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Application of Narrative Nursing in Informing Cancer Patients of Their Condition

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Abstract

Objective: To discuss the application of narrative nursing in cancer patients. **Methods:** 76 cases of cancer patients in our hospital were randomly selected and divided into groups according to random way, 38 cases of routine nursing (control group), another 38 cases of narrative nursing (observation group), after observation and comparison, conclusions were drawn. **Results:** For the comparison of data, the data of the observation group nursing method was more advantageous, the difference was statistically significant ($P < 0.05$). After nursing, the satisfaction of nurse-patient communication, SAS and SDS scores and disease awareness rate in the observation group were higher than those in the control group, and the difference was statistically significant ($P < 0.05$). **Conclusion:** Using this research method for nursing, can prepare for disease notification, help patients establish positive psychological defense, can greatly improve the awareness of cancer patients, improve the satisfaction of cancer patients and nurses communication, worthy of clinical application.

Keywords

Narrative nursing; cancer; informed consent; disease disclosure; health education; nurse-patient communication

Cancer is relatively common in clinical practice. The main symptom is the appearance of malignant tumors in the patient's body. It has a significant impact on the patient's survival and quality of life, and is more likely to lead to death. However, timely and effective clinical treatment can effectively control the patient's The condition of the patient can be improved by delaying the progression of the patient's disease, increasing the cure rate of some malignant tumors, and improving the patient's health [1, 2]. In the clinical diagnosis and treatment of cancer patients, medical staff use narrative nursing to care for them, which can greatly improve the patient's understanding of the disease. The acceptance ability of the patients was improved, and the psychological state of the patients was adjusted, showing an excellent implementation effect. This study used narrative nursing to analyze the application and impact of nursing care for cancer patients, aiming to improve the clinical effect. After observation, the clinical effect was satisfactory, and the report is as follows.

1. Materials and Methods

1.1 General information

We randomly divided 76 cancer patients admitted to our hospital from January to December 2021 into the control group: aged 64-81 years, with an average age of (58.47±4.31) years, 23 male patients, 15 female patients, a total of 38 cases; observation group: aged 65-82 years, with an average age of (58.94±4.73) years, 24 male patients, 14 female patients, a total of 38 cases.

Note: The article was originally published in *Contemporary Nursing*, and this is an authorized translation of it.

Inclusion criteria: ① Age 18 years and above; ② Expected survival time is 6 months or longer; ③ Can communicate in simple language and have a certain reading comprehension ability.

Exclusion criteria: ① history of mental illness; ② severe intellectual or hearing impairment; ③ patients unwilling to cooperate; ④ damage to important organs. There was no statistically significant difference in basic data ($P > 0.05$).

1.2 Methods

Control group: routine care was given, including adverse reactions to chemotherapy and preventive measures, dietary requirements, activity requirements, etc. On the day of hospitalization, the responsible nurse communicated with the family members. If the family members requested to conceal the condition, the opinions of the family members should be respected. If the patient's condition needed to be informed, the scope of disclosure should be discussed with the family members first. Whether it was full disclosure or partial disclosure, the doctor would inform the family members of the condition according to the wishes of the family members. The head nurse communicated with the patient, gave the patient psychological comfort, and patiently answered the patient's questions. If there were serious psychological problems, a psychologist was consulted.

Observation group: narrative nursing intervention was implemented with the following methods:

① Team establishment. The nursing staff of the department will form a nursing team, with the head nurse or experienced nursing staff as the team leader. The team members will receive clinical nursing professional skills training. The training content will mainly focus on communication methods, nursing methods, precautions, etc., to comprehensively improve the professional skills and nursing capabilities of the nursing staff. The team members will also be evaluated on their skills after the training. After reaching the clinical operation standards, they can join this nursing team.

② Pre-notification assessment. One day after the patient is hospitalized, use the test assessment questionnaire to fully understand the patient's condition, psychology, personality, preferences, etc., formulate a disease notification plan to make the plan more practical, select the communication method, and appropriately adjust the notification method to improve the patient's acceptance of the disease.

③ Disease notification. Inform the patient of his/her condition based on the patient's test and assessment results. If the patient knows or has already known his/her condition, the nursing staff can soothe the patient's mental state and emotions, and guide the patient's medical compliance behavior and clinical treatment willingness. If the patient does not know his/her condition, the nursing staff will proceed in a step-by-step manner during the disease notification period, communicate with the patient repeatedly, relieve the patient's psychological pressure, and improve the patient's acceptance.

④ Understanding stage. After the first notification, the patient's emotions may fluctuate greatly. The responsible nurse should talk to the patient face to face for at least 15 minutes every day. By asking questions, the responsible nurse can guide the patient's narrative and ask the patient to tell the story as he or she pleases without interruption or evaluation. At the same time, pay attention to the patient's fear, silence and non-verbal behavior, and explore the true feelings behind them. By listening carefully to the patient's story, you can understand the patient's inner feelings in a timely manner, understand the patient's understanding of the current condition, and his or her views and suggestions on the next treatment plan.

⑤ Response stage. Based on the concern and understanding of the patient, the nurse should provide feedback. Psychological support can be given to the patient based on the emotional keywords used in the patient's story. If the patient often mentions words such as helplessness and fear, the nurse should immediately comfort and ask the reason for the fear; correct the unhealthy lifestyle mentioned by the patient, such as liking to eat hot rice and eating pickled vegetables for breakfast. After discussing the treatment/nursing plan that the patient is concerned about, the nurse will respond according to the patient's acceptance; for individual problems, the nurse needs to organize and summarize the narrative, write it down in a reflective way, and provide a detailed response plan. First, evaluate the factors that currently bother the patient, and based on the evaluation results, guide the patient to recall past experiences and coping strategies to overcome difficulties, and find solutions to the problem. Encourage patients to apply past positive experiences and experiences to the present, inspire and practice their intrinsic motivation. Invite the patient's family and friends to participate in the entire narrative process, encourage the patient more, and support the patient. The response can be combined with other people's stories to provide patients with references and encourage them to explore positive and valuable events.

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⑥ Continuous quality improvement. The narrative nursing team conducts a narrative round every week and conducts group discussions on personal reflections. They discuss listening and response skills, analyze the shortcomings of the response plan, further clarify the position and division of labor of nurses in disease notification, and continuously improve the quality of narrative nursing services.

1.3 Index determination

The degree of disease awareness in the two groups after intervention was observed. Unaware: patients did not know that they had cancer; Partially aware: patients only knew part of the above disease; Fully aware: patients knew that they had cancer and knew the tumor stage, whether it had metastasis, treatment methods and prognosis, etc. Disease awareness rate = (full awareness + partial awareness) / total number of cases x 76%.

The two groups used a self-made questionnaire to evaluate the satisfaction with nurse-patient communication. It included 14 aspects, and each item was very satisfied, satisfied, average, and dissatisfied. The higher the score, the higher the satisfaction.

The two groups used the Self-Rating Anxiety Scale (SAS) and the Self-Rating Depression Scale (SDS) to evaluate anxiety and depression. The full score is 100 points, and the higher the score, the more severe the anxiety or depression symptoms.

1.4 Statistical methods

SPSS 24.0 software was used to analyze the data. *The chi- square test was used* to test the quantitative data such as the degree of disease awareness (n, %), and the *t*-test was used to test the quantitative data such as the satisfaction of nurse-patient communication and nursing effect ($\bar{x} \pm s$, points). $P < 0.05$ was considered statistically significant.

2. Results

2.1 Comparison of disease awareness between the two groups

After nursing, the condition awareness rate of the observation group was significantly higher than that of the control group. The difference in condition awareness between the two groups was statistically significant ($P < 0.05$) after χ^2 test. The condition awareness of the observation group was better than that of the control group. See Table 1 for specific data.

Table 1. Comparison of the degree of awareness of the disease between the two groups of patients [n (%)]

Group	n	Fully aware	Partially aware	Unknown	Total effective
Observation Group	38	13 (34.21)	19 (50.00)	6 (15.78)	32 (84.21)
Control group	38	8 (21.05)	16 (42.10)	14 (36.84)	24 (63.15)
χ^2 value					11.435
P-value					0.000

2.2 Satisfaction of nurse-patient communication

The satisfaction of nurse-patient communication in the observation group after nursing care was significantly higher than that in the control group, and the difference was statistically significant ($P < 0.05$). Specific data are shown in Table 2.

Table 2. Comparison of satisfaction with nurse-patient communication between the two groups of patients [$\bar{x} \pm s$, points]

Group	n	Total satisfaction score
Observation Group	38	51.22±4.28
Control group	38	44.58±5.78
t-value	-	5.691
P-value	-	0.000

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2.3 SAS and SDS scores of the two groups

Before nursing, there was no statistically significant difference between the two groups; after nursing, the SAS and SDS scores of the observation group were significantly better than those of the control group, and the difference was statistically significant ($P < 0.05$). Specific data are shown in Table 3.

Table 3. Comparison of SAS and SDS scores between the two groups of patients [$\bar{x} \pm s$, points]

Group	n	SAS Scoring		SDS score	
		Before Care	After Care	Before Care	After Care
Observation Group	38	64.79±2.97	42.94±1.72	78.36±3.81	31.71±2.76
Control group	38	65.38±3.42	56.71±3.19	79.27±2.55	55.21±3.85
t-value	-	0.802	23.421	1.223	30.580
P-value	-	0.424	0.000	0.225	0.000

3. Discussion

Cancer has a great impact on the patient's psychology and personal feelings during its development. During the clinical diagnosis and treatment process, cancer patients often have a low acceptance of the disease, which leads to resistance to treatment and lack of cooperation. Therefore, clinical diagnosis and treatment results are often unsatisfactory, and the patient's survival period is relatively short.

Cancer patients usually receive traditional clinical care during the clinical process. During the clinical process, great attention is paid to the patient's disease progress, diagnosis and treatment methods, medication dosage, etc., while the patient's personal thoughts and psychological state are underestimated and cannot effectively stimulate the patient. Due to lack of cooperation in diagnosis and treatment, patients' nursing satisfaction cannot be effectively improved [3-5]. The importance of narrative nursing lies in enhancing the humane care of nursing and paying attention to the patient's mental health and personal emotions. The purpose of implementation is to improve the patient's recovery efficiency and reduce the patient's diagnosis and treatment time, thereby effectively improving the effect of clinical nursing [6-8]. This study uses different care styles to compare data and draw conclusions. The results showed that the patient-nurse communication satisfaction, SAS and SDS scores, and disease awareness rate of the observation group were significantly better than those of the control group. There was a significant difference in the data comparison between the two groups ($P < 0.05$), indicating that the observation group had superior effects on using narrative nursing. Compared with the control group, the reason is that narrative care was used in the clinical care of cancer patients, and effective coordination was carried out in the way of disease notification and communication with patients. During the implementation period, patients' acceptance of the disease was greatly improved, and patients were more comfortable in clinical diagnosis and treatment. Increased enthusiasm and enthusiasm for nursing cooperation have a great positive impact on clinical diagnosis and treatment implementation.

In conclusion, the use of this research method for nursing can prepare for disease notification and help patients build positive psychological defenses, which can greatly improve the awareness of cancer patients and increase the satisfaction of cancer patients in communicating with nurses. Therefore, it has important promotion value and clinical application value.

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