



Psychological Nursing Combined with Pain Nursing in the Care of Postoperative Cancer Patients

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Abstract

Objective: To explore and analyze the nursing effect of psychological nursing combined with pain nursing in patients after cancer surgery. **Methods:** From January 2023 to January 2024, 150 cancer patients were randomly divided into control group and observation group. The control group received routine nursing, the observation group received psychological nursing combined with pain nursing, and the pain degree of the two groups was compared. Mental state and quality of life. **Results:** The observation group was superior to the control group ($P < 0.05$). **Conclusion:** Psychological nursing combined with pain nursing can significantly improve the pain degree and psychological state of patients, and ensure the sustainable improvement of patients' quality of life.

Keywords

Cancer surgery; psychological care; pain care; pain level; psychological state; quality of life

Against the backdrop of the changing lifestyle and dietary structure of the population, the number of cancer cases in China is currently at a high level, posing a serious threat to the health of the population. In the current process of actual intervention for cancer patients, radiotherapy, chemotherapy and surgical intervention are all used frequently, which have a positive impact on improving the patient's condition and prolonging survival time. Among them, surgical intervention is used more frequently, but it can have different degrees of impact on the patient's physiological and psychological state after surgery [1, 2]. For example, in the research of Chen Furong [3] and Sun Zhao [4], anxiety and depression are both high-incidence negative emotions in cancer patients, which can further have a significant impact on the patient's physical and mental state, thereby affecting the patient's prognosis. At the same time, pain is also an inevitable symptom that patients will foresee after cancer surgery. Pain is the fifth vital sign after body temperature, pulse, respiration and blood pressure. Most patients choose to tolerate mild and moderate pain and are unwilling to tell medical staff, which makes the pain vicious and aggravated. It can not only cause obvious discomfort to the patient's body and affect their daily quality and quality of life, but also further affect the patient's psychological state and even cause mental, psychological and social cognitive problems. Therefore, it is of great significance to provide such patients with efficient nursing intervention in a timely manner [5, 6]. This article will explore and analyze the nursing effect of psychological care combined with pain care in patients after cancer surgery. The details are as follows.

1. Materials and Methods

1.1 General information

Time: January 2023 to January 2024. Subjects: 150 cancer patients, randomly divided into control group and

observation group. There were 75 patients in the control group, including 45 males and 30 females, aged 34-79 years old, with an average age of (63.42 ± 6.11) years old. There were 75 patients in the observation group, including 42 males and 33 females, aged 34-78 years old, with an average age of (62.85 ± 5.97) years old. The general data of the two groups were compared, $P > 0.05$.

1.2 Methods

1.2.1 Control group method

Follow the doctor's orders and various hospital rules and regulations, and provide patients with routine nursing measures such as condition monitoring and medication guidance.

1.2.2 Observation group methods

① Build a professional nursing team. Use the method of intra-departmental selection to identify nursing staff with a solid theoretical foundation and practical skills, guide them to serve as the team leader, strengthen training so that they can clearly understand the connotation and implementation methods of psychological care and pain care, and simultaneously strengthen the ideological education of nursing staff, establish a patient-centered, moral care concept for them, and ensure the improvement of the overall nursing quality.

② Pay attention to the health education for patients. A. Clarify the implementation methods of health education, and use centralized, individual and repeated health education to intervene in patients. You can set up a bulletin board in the ward to post cancer radiotherapy-related knowledge to guide patients to learn. B. Carry out centralized health education work, invite cancer experts, attending physicians, and backbone nursing staff to participate, hold cancer health knowledge lectures for patients, popularize cancer-related knowledge for patients, and enable patients to initially master disease-related knowledge. C. Implement interactive health education, through the mode of education staff asking questions-patient answers and patients asking questions-education staff answering questions, further consolidate patients' mastery of cancer-related knowledge, and simultaneously implement health education by using picture education, making pictures of what is cancer, healthy diet for cancer, healthy exercise, radiotherapy attention content, ways to improve sleep quality, etc., and discuss and answer around the picture content to ensure that patients can effectively master the relevant questions and ensure the effectiveness of education.

③ Carry out pain care and use visual analog scale (VAS) to evaluate the patient's pain level. The total score is 10 points. The higher the score, the more significant the patient's pain level is. A pain score of < 5 points means that the patient's pain level is low and within the tolerable range; a pain score of 5-7 points means that the pain is severe; a pain score of > 8 points means that the pain is extremely severe. Provide targeted pain care based on factors such as the patient's pain condition and the root cause of the pain. A. In terms of drug analgesia, a three-level analgesic approach is used to intervene in the patient. The first level: Give the patient non-narcotic analgesic drugs, which can be mainly ibuprofen, aspirin and other types of drugs. The second level: Patients are mainly given opioids combined with non-steroidal anti-inflammatory drugs and auxiliary analgesics, such as codeine, analgesics and other types of drugs. The third step: Give the patient morphine, morphine hydrochloride multiple sustained-release tablets and other types of powerful narcotic analgesics. During the medication period, the patient's various reactions and physiological indicators should be closely monitored and recorded. For patients who are taking analgesic drugs for the first time or switching to another analgesic drug, they should communicate with the relevant doctors in a timely manner and formulate a customized plan. A comprehensive intervention plan can ensure the effectiveness of the intervention while minimizing possible drug side effects (such as nausea, vomiting, excessive sedation, etc.) and the patient's dependence on the drug. The dosage of the drug should be based on the patient's It depends on the actual condition. For patients with mild and moderate pain, music therapy is provided. Music is a special language. According to relevant domestic research, soft music and soothing melodies can effectively reduce patients' adverse reactions during the intervention process. experience, thereby alleviating the patient's pain level. Select palace-style repertoire and guide them to listen to "Moonlight Night on the Spring River", "Moonlight Night on the Autumn Lake" and other types of repertoire every day; pay attention to adjusting the volume when playing music to avoid excessive volume, so that the patient feels comfortable. Divert the patient's attention from pain. B. Strengthen pain monitoring, implement the assessment of the degree every day, and record the patient's pain location, pain intensity, pain duration and nature, etc. Based on the recorded data, draw the patient's exclusive pain curve, and simultaneously monitor the patient's drug use situation, clarify the adverse reactions that occur, conduct a comprehensive analysis based on the

pain curve and the patient's condition, and work with the attending physician to make targeted adjustments to the patient's analgesic drug application plan to ensure the high quality of pain care.

④ Psychological care, psychological care is divided into three stages: A. Understanding period, nursing staff strengthen the frequency of communication with patients, fully understand the main psychological problems they face in the process, and record them, such as problems in re-living and emotional state. After fully understanding, formulate corresponding psychological guidance plans for the collected problems, and then provide targeted psychological guidance for patients with various psychological problems. B. Guidance period, guide patients to carry out reading activities, mainly books on philosophy of life and practical life, so as to divert patients' attention and focus their attention on the process of gradually turning to real life. In the process of reading, through inspiration, induction, explanation, comfort and other methods, guide patients to face the current reality and have a correct way to deal with various psychological contradictions in their hearts, so as to correctly deal with future life and diseases. C. Support period, organize patients to carry out corresponding discussions, in which relevant nursing staff will perform, comment and encourage patients, and invite patients' families to participate in the meeting, and give patients psychological support at the same time, so that patients can feel support from many aspects, enhance their confidence in entering a normal life, and at the same time, they can be inspired and educated accordingly in the process.

1.3 Observation indicators

1.3.1 Degree of pain

The visual analogue scale (VAS) is used to evaluate the pain. The higher the score, the more severe the pain.

1.3.2 Mental state

The Self-Rating Anxiety Scale (SAS) and the Self-Rating Depression Scale (SDS) are used to evaluate. The higher the score, the worse the mental state.

1.3.3 Quality of life

It is assessed using the Chinese Cancer Patients Quality of Life Scale (QLQ). The higher the score, the better the quality of life.

1.4 Statistical methods

The data were included in SPSS22.0 software for analysis, and measurement data were compared using *t* test, and expressed as ($\bar{x} \pm s$), $P < 0.05$ was considered a significant difference, with statistical significance.

2. Results

2.1 Pain levels in the two groups

There was no significant difference between the two groups before intervention. After intervention, the observation group was better than the control group, $P < 0.05$, as shown below:

Table 1. Pain levels in the two groups ($\bar{x} \pm s$)

Group	Number of cases	VAS score	
		Before intervention	After intervention
Control group	75	(6.28±1.30) points	(4.36±2.10) points
Observation Group	75	(6.34±1.24) points	(2.01±0.97) points
<i>t</i>	--	0.211	6.769
<i>P</i>	--	0.882	0.001

2.2 Two groups of psychological states

There was no significant difference between the two groups before intervention. After intervention, the observation group was better than the control group, $P < 0.05$, as shown below:

Table 2. Psychological status of the two groups ($\bar{x} \pm s$)

Group	Number of cases	SDS score		SAS Scoring	
		Before intervention	After intervention	Before intervention	After intervention
Control group	75	(54.37±1.16) points	(52.55±1.00) points	(53.04±1.30) points	(51.59±1.05) points
Observation Group	75	(54.46±1.11) points	(48.69±1.38) points	(53.10±1.26) points	(49.02±0.98) points
<i>t</i>	--	0.400	16.175	0.237	12.779
<i>P</i>	--	0.690	0.001	0.813	0.001

2.3 Quality of life in the two groups

There was no significant difference between the two groups before intervention. After intervention, the observation group was better than the control group, $P < 0.05$, as shown below:

Table 3. Quality of life of the two groups of patients ($\bar{x} \pm s$)

Group	Number of cases	Physical symptoms		Mental Psychology		Social Relationships		QLQ Total Score	
		Before intervention	After intervention	Before intervention	After intervention	Before intervention	After intervention	Before intervention	After intervention
Control group	75	17.23±2.97	19.88±1.32	8.77±1.12	11.79±0.87	4.32±0.55	5.63±0.87	30.41±4.64	35.99±3.07
Observation Group	75	16.97±3.01	23.94±3.82	8.89±1.02	15.32±1.36	4.40±0.55	7.94±0.98	30.26±4.58	47.20±6.61
<i>t</i>	--	0.197	4.120	0.143	6.816	0.226	5.221	0.129	11.254
<i>P</i>	--	0.852	0.001	0.958	0.001	0.819	0.001	0.970	0.001

3. Discussion

For cancer patients, after undergoing surgical intervention, they not only have to endure great pain in terms of physiology, but also have different degrees of impact on their psychological state. For example, they are in a highly tense state of mind, causing anxiety or even depression, which has a serious impact on the patient's postoperative recovery effect and quality of life. Especially for patients who still need to receive radiotherapy or chemotherapy after surgery, this situation will be more obvious. Affected by the above factors, it is necessary to give patients efficient nursing measures in time after surgery to ensure the patient's final recovery effect and improvement of their quality of life. In the past, the traditional nursing model was based on the problems shown by the patient and provided corresponding nursing intervention, which largely ignored the patient's spiritual and psychological needs, which significantly affected the final intervention effect [7, 8].

This study applied psychological nursing combined with a pain nursing model to intervene in patients, and found that patients have obvious advantages in terms of pain level, psychological state, and quality of life, which is basically consistent with the research of Li Xiaoqiong [9] and others. To a large extent, it shows that this nursing model can significantly improve the physical and mental status of patients and ensure the improvement of their quality of life. Analyzing the reasons, it is believed that psychological care and pain care are new nursing models. This type of nursing model can be patient-centered, fully focus on the actual nursing needs of patients, and implement targeted nursing measures [10]. By carrying out health education, promptly correcting patients' erroneous cognitions, following the principle of cognitive improvement of behavior, and mobilizing patients' enthusiasm in the nursing process to the greatest extent, enabling patients to re-establish their confidence in receiving treatment and improving their condition, ensuring Improvement of its recovery effect. Simultaneously implement pain care, promptly assess the patient's pain level, and carry out targeted drug analgesia and music therapy to minimize the patient's pain level. Cooperate with efficient psychological care and start from the patient's physiological, psychological and social

dimensions to improve the patient's psychological state to the greatest extent and ensure the improvement of the patient's physical and mental state and quality of life.

In summary, psychological care combined with pain care can significantly improve patients' pain levels and psychological status and ensure sustainable improvement of patients' quality of life.

References

- [1] Huang Lianchun, Cai Xiuzhen. Effect of narrative medicine nursing on fear of cancer recurrence and sleep quality in patients after endoscopic mucosal dissection for esophageal cancer [J]. *World Journal of Sleep Medicine*, 2024, 11(01): 163-166+170.
- [2] Rao Zejuan, Hu Huayu, Huang Aiyu. The role of cluster nursing program in preventing urinary retention after extensive gynecological cancer dissection and its impact on patient compliance [J]. *Nursing Practice and Research*, 2023, 20(16): 2395-2399.
- [3] Chen Furong, Ou Mei, Xiao Zirui, et al. Cross-sectional analysis of death anxiety in newly diagnosed cancer patients [J]. *Journal of Nursing*, 2023, 38(22): 1-5.
- [4] Sun Zhao, Zhang Jiaoping, Sun Li. Relationship between fear of cancer recurrence and postoperative anxiety, depression and hope levels in patients with oral cancer[J]. *Health Research*, 2024, 44(1): 42-46.
- [5] Wan Shanshan. Application of individualized care in postoperative care of patients with thyroid cancer[J]. *Chinese Medical Guide*, 2021, 19(21): 197-198.
- [6] Xu Cuiping. Exploring the effect of rapid recovery surgical nursing on postoperative pain and gastrointestinal function recovery in patients undergoing intestinal cancer resection[J]. *Chinese Rural Health*, 2020, 12(22):64.
- [7] Zhan Qing, Zhang Ping, Song Xuhong. Effect of empathetic psychological nursing rounds on post-traumatic growth of cancer patients after surgery[J]. *Journal of Nursing*, 2013, 20(01): 71-73.
- [8] Han Yan, Lai Gaoyuan. Effect of health education combined with psychological care on postoperative cancer patients[J]. *Journal of Shandong Medical College*, 2022, 44(06): 443-445.
- [9] Li Xiaoqiong. Effect of pain care combined with psychological intervention on postoperative pain and sleep quality in cancer patients[J]. *World Journal of Sleep Medicine*, 2021, 8(9): 1601-1602.
- [10] Li Yaxin, Hu Donghui, Ji Xiaoli, et al. A systematic review of the incidence and influencing factors of fear of disease progression in patients after cancer surgery[J]. *Evidence-Based Nursing*, 2022, 8(12): 1579-1585.