

Combined clinical nursing path influencing negative emotions and living quality of patients co-infected with ulcerative colitis and lower gastrointestinal hemorrhage.

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Abstract

Objective: This study aimed at discussing influences of combined clinical nursing path on negative emotions and living quality of patients co-infected with Ulcerative Colitis (UC) and lower gastrointestinal hemorrhage.

Method: A total of 84 patients co-infected with UC and lower gastrointestinal hemorrhage and admitted to our hospital from March 2016-2017 were selected as research objects and randomly divided into observation and control groups with 42 patients in each group. The control group was given conventional medical nursing, whereas the observation group was provided with pertinent clinical nursing practices, such as diet nursing, health education, and psychological intervention, based on the control group. Nursing effects on the two groups were observed and compared.

Results: The two groups did not show any difference in anxiety and depression scores before combined clinical nursing path ($P > 0.05$). After corresponding nursing measures were respectively taken, anxiety 36.26 ± 9.54 and depression 37.90 ± 8.03 scores of the observation group were both significantly lower than those of the control group. Comparative differences between the two groups presented statistical significance ($P < 0.05$). The two groups exhibited difference in distribution of satisfaction degrees ($P < 0.05$). Satisfaction degree (95.24%) in the observation group was significantly higher than that in the control group (76.19%) according to further statistical analysis, and comparative differences between the two groups indicated statistical significance ($P < 0.05$). Living quality score 3.97 ± 1.04 of the observation group was significantly higher 3.11 ± 0.95 than that of the control group after nursing, and comparative differences between the two groups yielded statistical significance ($P < 0.05$).

Conclusion: Combined clinical nursing path can significantly improve negative emotions and living quality of patients co-infected with UC and lower gastrointestinal hemorrhage.

Keywords: Ulcerative colitis (UC), Lower gastrointestinal haemorrhage, Clinical nursing path, Effect.

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Introduction

Ulcerative Colitis (UC) is a clinically common intestinal non-specific inflammatory disease that infringes upon the rectum and sigmoid mucosa of unknown etiology [1]. UC features high recurrence rate and poor therapeutic effects.

UC combined with lower gastrointestinal hemorrhage results in enormous mental pressure to patients and can possibly aggravate their state of illness [2]. Study shows that negative emotions of patients can be effectively relieved.

Enhancing nursing service mechanism can improve therapeutic effects and living quality of patients [3].

A total of 84 patients co-infected with UC and lower gastrointestinal hemorrhage and admitted to our hospital were enrolled in this study to analyze influences of combined clinical nursing path on negative emotions and living quality of patients co-infected with UC combined with lower gastrointestinal hemorrhage.

Data and Methodology

General data

A total of 84 patients co-infected with UC combined with lower gastrointestinal hemorrhage and received in our hospital were selected as research objects and randomly divided into observation and control groups. The observation group consisted of 42 patients: 22 males (52.38%) and 20 females (47.62%) and their ages ranged within 25-56 y old and averaged 42.5 ± 6.7 y old. Meanwhile, the control group included 42 patients: 24 males (57.14%) and 18 females (42.86%) and their ages between 26-58 y old and averaged 43.9 ± 5.4 y old. Differences between gender and age of the two groups did not show any statistical significance ($P > 0.05$).

Nursing methods

The control group was cared for with conventional medical nursing. Meanwhile, the observation group was provided with pertinent clinical nursing based on the control group: (1) Diet nursing: more meals with less food in each meal were suggested for patients. Pungent, raw, or cold food, and cigarette and wine were forbidden. (2) Health education: health education was enhanced, disease knowledge, and matters needing attention in nursing process were patiently explained to patients through lectures, brochures, and other means to enhance their understanding of diseases and encourage them to cooperate in treatment and nursing. (3) Psychological intervention: UC patients usually presented negative emotions, including anxiety and depression. Nurses patiently listened to patients, communicated more with them, and solved problems worrying patients to relieve their negative emotions. (4) Crissum nursing: warm water with liquid soap was used to wash crissum daily to prevent its inflammation or ulceration. Clothes and bed sheets were kept clean and sanitary. Laundry was sun-dried after washing, and drying in the shade was avoided. (5) Extended nursing outside the hospital: regular telephone follow-up visit was performed to patients after discharge to solve their problems. Home health care matters and other important concerns were explained.

Evaluation indexes

Depression, anxiety and satisfaction degree of patients in the two groups were compared. Anxiety and depression were evaluated in reference to self-rating anxiety scale and self-

rating depression scale. Higher scores indicate poorer states. Patients in the two groups were evaluated before and after nursing. Nursing satisfaction degree rating form was formulated by our hospital, and it was scored according into four grades: very satisfying, satisfying, basically satisfying, and unsatisfying (satisfaction degree=1-dissatisfaction rate). Evaluation was implemented after nursing.

Statistical method

SPSS19.0 statistical software package was used for data statistics. χ^2 test was used for numeration data, and t-test was used for measured data. $P < 0.05$ indicated statistically significant difference.

Results

Comparison of anxiety and depression scores of patients in the two groups before and after nursing

Statistical results implied that the two groups exhibited no difference in anxiety or depression scores before nursing ($P > 0.05$). After implementation of corresponding nursing measures, both anxiety 36.26 ± 9.54 and depression 37.90 ± 8.03 scores in the observation group were significantly lower than that those of the control group. Comparative differences between the two groups also indicated statistical significance ($P < 0.05$) (Table 1).

Comparison of nursing satisfaction degree between the two groups

Statistical data indicated that the two groups featured statistical difference in distribution of satisfaction degrees ($P < 0.05$). Based on statistical analysis, satisfaction degree (95.24%) of the observation group was significantly higher than that (76.19%) of the control group. Comparative differences between the two groups also showed statistical significance ($P < 0.05$) (Table 2).

Comparison of living quality between the two groups

Living quality score 3.97 ± 1.04 of the observation group was significantly higher than that 3.11 ± 0.95 of the control group, and comparative differences between them were statistically significant ($P < 0.05$) (Table 3).

Table 1. Comparison of anxiety and depression scores between the two groups before and after nursing.

Group	Number patients	Anxiety score		Depression score	
		Before nursing	After nursing	Before nursing	After nursing
Observation group	42	64.33 ± 3.60	36.26 ± 9.54	63.17 ± 5.16	37.90 ± 8.03
Control group	42	63.81 ± 4.79	50.21 ± 8.44	62.79 ± 5.76	53.33 ± 4.12
T		0.566	7.097	0.319	11.083

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P	0.573	0	0.75	0
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Table 2. Comparison of satisfaction degree between the two groups (number of patients (%)).

Group	n	Very satisfying	Satisfying	Basically satisfying	Unsatisfying	Satisfaction degree
Observation group	42	24 (57.14)	7 (16.67)	9 (21.43)	2 (4.76)	40 (95.24)
Control group	42	15 (35.71)	10 (23.81)	7 (16.67)	10 (23.81)	32 (76.19)
χ^2						4.764
P						0.029

Table 3. Comparison of living quality between the two groups.

Group	Time	Body function	Psychological health	Daily moving function	Energy	Social function	activity	Overall health
Observation group (n=42)	Before nursing	2.18 ± 0.68	2.44 ± 0.89	2.13 ± 0.76	2.26 ± 0.62	2.01 ± 0.55		2.53 ± 0.81
	After nursing	3.32 ± 0.66 [#]	3.84 ± 1.07 [#]	3.44 ± 0.82 [#]	3.57 ± 0.77 [#]	2.87 ± 0.71 [#]		3.97 ± 1.04 [#]
Control group (n=42)	Before nursing	2.21 ± 0.71	2.46 ± 0.93	2.17 ± 0.81	2.29 ± 0.67	2.04 ± 0.58		2.57 ± 0.85
	After nursing	2.78 ± 0.76 [*]	3.07 ± 0.96 [*]	2.85 ± 0.87 [*]	2.92 ± 0.83 [*]	2.47 ± 0.63 [*]		3.11 ± 0.95 [*]

Note: ^{*}means compared with before nursing, P<0.05; [#]means compared with the control group, P<0.05.

Discussion

UC morbidity has been continuously rising. Repeated attacks are easy to handle, but treatment presents difficulty. Lower gastrointestinal hemorrhage is one of the common complications of repeated attacks, and no clinical means are available for treatment of UC co-infected with lower gastrointestinal hemorrhage [4]. Symptoms can only be relieved by drugs and patients may generate negative emotions that can affect therapeutic effects. Reasonable nursing can effectively relieve negative emotions of patients co-infected with UC and lower gastrointestinal hemorrhage. Clinical nursing path, an overall nursing mode, mainly aims at one disease by developing a plan and guide based on diagnosis, treatment, diet, and psychology of patients to help them recuperate their health [5].

Matters needing attention in concrete nursing process include the following: (1) Health education [6]: nurses may organize patients to carry out health knowledge lectures emphasizing on explaining relevant information about co-infection of UC and lower gastrointestinal hemorrhage together with anxiety and depression to patients to enhance their cognition on relevant knowledge. Nurses can organize recreational activities to enhance patient enthusiasm in participating in activities. (2) Psychological counselling [7]: nurses should regularly evaluate and understand patients' mental status and timely provide psychological counselling to their negative emotions. Patients with favourable therapeutic effect can be invited to share their treatment experience to enhance their confidence in fighting

against the disease. Attention should be paid to collaborative effect of family members of patients to enhance benign interactions among patients and their family members and further alleviate patients' negative emotions. (3) Improving behaviour after following doctor's instructions [8]: nurses should regularly carry out propagandizing activities to enhance cognition degree in patients during co-infection with UC and lower gastrointestinal hemorrhage together with anxiety and depression to deeply experience the importance of treating the disease. A supervisory team can also be established to irregularly check patients' lifestyles, timely correct their bad lifestyles, and help them in cultivating good life conducts, including correct habits of using pharmaceutical drugs and following doctor's instructions. (4) Establishing good lifestyle [9,10]: nurses should inform patients of high-risk factors and advise them to refrain from these high-risk factors and to establish good lifestyles. Patients should be guided to eat more subsalt and low-fat food and vegetables and fruits rich in vitamins. Patients should avoid cigarettes and wines, obtain ample sleep, appropriately do physical exercises, and try their best to guarantee living quality within ideal range.

This study showed that anxiety and depression scores of the observation group were both distinctly lower than those of the control group after nursing clinical nursing path. Results indicated that combined clinical nursing path can effectively overcome negative emotions caused by long-term treatment and contribute to effective therapy. Similarly, living quality and satisfaction degree scores of patients in the observation group were also significantly higher than those in the control group.

These findings indicate that effective nursing solved doubts of patients and aided them in understanding that the disease should not be feared. Hence, patients should actively cooperate during treatment and regain their confidence.

Conclusion

In conclusion, combined clinical nursing path can significantly improve negative emotions and living quality of patients co-infected with UC and lower gastrointestinal hemorrhage. Thus, this method should be promoted.

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