



Comfort Nursing and Continuous Nursing's Effectiveness with Patients receiving Chemotherapy for Colorectal Cancer

Hediye Utli*

Department of Elderly Care, Vocational School of Health Services, Mardin Artuklu University, Mardin, Turkey

*Corresponding Author's E-mail: utlihediye@artuklu.edu.tr

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Abstract

Objective: The study on the nursing mode of elderly chronic diseases against the backdrop of medical-nursing combination was undertaken with the objective of examining how the continuous advancement of medical technology has led to the medical-nursing combination mode targeted at senior chronic diseases.

Methods: A total of 100 elderly patients with chronic diseases who were admitted to our hospital between April 2019 and April 2020 were chosen, and 50 patients from each group were randomly assigned to the control group and the experimental group. In order to compare patients' nursing effectiveness rate, satisfaction with nursing, ability to care for oneself six months after nursing, quality of life (QLI) scores, blood glucose, blood pressure, and lipid levels at various times, continuous nursing was performed on patients in the control group and continuous nursing combined with comfort nursing was performed on patients in the experimental group.

Results: The experimental group, when compared to the control group, showed statistically significant improvements in the nursing effective rate, nursing satisfaction, Exercise of Self-Care Agency (ESCA) scale scores, QLI scores, and blood sugar, blood pressure, and lipid levels at various points after nursing.

Conclusion: In the context of medical-nursing combination, continuous nursing intervention along with comfort nursing intervention is conducive to promoting the nursing effect and self-care ability of elderly patients with chronic diseases and obviously enhances their psychological and quality of life.

Keywords: Medical-nursing, Chronic diseases, Self-care, Fatigue, Chemotherapy, Cancer, Psychological, Exercise of Self-Care Agency (ESCA)

INTRODUCTION

Age-related chronic ailments include osteoporosis, osteostension, diabetes, sleeplessness, and constipation. All organ functions are constantly deteriorating as people age, which results in the inability to maintain daily human activities and subsequently chronic diseases. The integration of nursing technology and means with medical technology and means, which is more suitable to the senior population, in daily life, is referred to as the combination

of medical and healthcare. As a result, medical-nursing teams are used more frequently with senior patients who have chronic illnesses. For various patient treatments and nursing periods, continuous nursing refers to many standard continuous nursing models. Elderly chronic diseases demand a lengthy course of physical nursing and treatment, therefore it is more efficient to use continuous nursing to teach patients the value of chronic disease nursing and eventually develop the fundamental skills necessary for self-care (Cerna K, et al., 2019) Continuous

nursing, on the other hand, is an objective nursing mode carried out by the nursing staff, who may neglect certain of the patients' subjective requirements and sensations. As a result, patients receiving such nursing care are very likely to suffer some negative emotions or discomfort. As the name suggests, comfort nursing is a nursing approach that enables nursing patients to maintain their physical and mental pleasure while lowering negative feelings. Comfort nursing, as opposed to continuous nursing, is more concerned on the feeling and comfort of the patient while readily ignoring some objective needs. Therefore, combining comfort nursing with continuous nursing is more complete and crucial for treating chronic diseases as well as promoting physical and mental growth. In this study, the impact of medical-nursing integration on the ability and satisfaction of elderly patients with chronic conditions to care for they was investigated (Borody TJ, et al., 2019).

Lung cancer incidence has been rising annually in recent years due to societal growth and lifestyle changes. In China right now, lung cancer is the malignant tumour with the highest incidence and mortality rate. Lung cancer is intimately associated with smoking, environmental pollution, infection, and other factors. Patients' quality of life is significantly impacted by the clinical symptoms of lung cancer, which mostly include coughing, expectoration, haemoptysis, and chest pain and tightness. Patients with advanced lung cancer can mostly get conservative chemotherapy and surgical treatment in clinical settings. Chemotherapy causes major side effects include decreased immunity, impaired organ function, nausea, vomiting, exhaustion, and baldness in addition to killing a lot of healthy cells in addition to cancer cells (Linzey JR, et al., 2019).

Patients experience poor sleep quality and negative emotions like anxiety, fear, and depression due to the physiological pain brought on by chemotherapy and the disease itself, as well as the serious condition and lengthy course of the disease. This worsens the patient's condition and lessens the effectiveness of the treatment. According to certain research, individuals with lung cancer who receive psychological assistance report feeling better about their treatment compliance and their negative feelings are substantially reduced. Health education for people with lung cancer can increase understanding about the disease, significantly lessen cancer pain, and enhance quality of life. Clinically, the major methods used to treat lung cancer patients include surgery, chemotherapy, radiotherapy, etc. Chemotherapy is a powerful strategy for treating cancer because it uses chemical medications to destroy cancer cells while reducing and inhibiting the spread of cancerous tumours. In this study, the nursing impact of psychological intervention mixed with health education on lung cancer patients undergoing chemotherapy was examined in relation to 70 lung cancer patients who received chemotherapy in our hospital between June 2017 and June 2020 (Lane T, et

al., 2019).

DISCUSSION

Cholecystitis is the term used to describe the process of acute and chronic gallbladder inflammation brought on by stones or other conditions. It affects the digestive system and is relatively frequent. Even if the symptoms of chronic cholecystitis are not dangerous, it frequently coexists with gallbladder stones for a long time. But it frequently has an impact on patients' quality of life. Before the age of 50, the incidence of acute calculous cholecystitis is three times higher in women than in males. Elderly people with severe illnesses are more likely to develop acute acalculous cholecystitis, which can have a detrimental effect on both the patient's physical and mental health (Czynski AJ, et al., 2021).

The mental vitality score, social interaction score, emotional restriction score, and mental status of the observation group in this study were significantly higher than those of the control group after nursing, indicating that the hierarchical nursing management model and MDT collaborative nursing can effectively improve the patients with acute cholecystitis and gallbladder stones after surgery and self-care ability in daily life. Following are the justifications for the analysis: Combining MDT collaborative nursing with hierarchical nursing can effectively increase the nursing staff's active nursing awareness, allow them to complete nursing tasks in an organised manner, motivate them to complete nursing tasks with a purpose, and ultimately improve the standard of care and quality of life. To avoid preserving the patency of the patient's respiratory tract and to reduce problems such respiratory tract infections, MDT collaborative care mixed with hierarchical care is beneficial. Placement of wound cushions and ward environmental care are helpful to lessen patients' discomfort, maintain a clean and orderly ward, boost comfort, enhance patients' quality of life, and enhance nurses' satisfaction with their work. Nursing of the drainage tube and drainage bag is beneficial to keep the drainage tube open, enable it to drain completely, and enhance the cleanliness of the drainage, so successfully preventing infection (Ishii H, et al., 2020).

In this study, the observation group's scores for social comfort, physical comfort, and psychological comfort were all significantly higher than those of the control group after breastfeeding. Because the MDT collaborative nursing combined hierarchical nursing management model can standardised the diet structure, improve the body's defence capabilities, and successfully establish a standardised lifestyle and eating habits, which will help improve the quality of life in the future, it can effectively improve the comfort of patients (Quist M, et al., 2020). Emotional nursing can simultaneously address patients' anxiety, sadness, and other emotions, administer submissive psychotherapy, manage the patients' emotions, and motivate them to keep a good outlook. The MDT collaborative nursing joint-

level nursing management model places an emphasis on the "patient-centered" nursing concept, describes the physiological and psychological aspects of nursing, and is capable of offering patients high-quality, professional, and comprehensive nursing services as well as social, physical, emotional, physiological, other aspects, and social support in order to maximise their physical and psychological comfort and lessen unpleasant feelings (Jenny O, et al., 2021).

In this study, the observation group had greater levels of health knowledge, self-care abilities, self-care responsibilities, and self-concept than the control group after nursing. The patient's nursing skills can be significantly improved by the MDT collaborative nursing integrated hierarchical nursing management approach. The MDT model shows that by establishing an MDT nursing team, the MDT collaborative nursing joint-level nursing management model can successfully enhance patients' capacity for self-care (Miao X, et al., 2020). Scientific nursing plans are developed and implemented together by multidisciplinary specialists, which can enhance the overall effectiveness and efficiency of nursing. The roles and duties of each team member are made clear during the perioperative phase. For instance, the psychologist can focus on relieving unpleasant feelings like anxiety and tension. Specialist nursing staff educates patients prior to surgery to increase their willingness to cooperate with treatment, actively engages patients during surgery to help them relax, and carefully monitors vital signs following surgery. The attending surgeon was steady, precise, and light during the procedure to minimise pain, and the dietician created a postoperative food programme to speed recovery that was improved by consultations (Stewart I, et al., 2018).

CONCLUSION

Although novel, this study has certain drawbacks. The study's findings could be skewed or unrepresentative because the chosen patients were all individuals who had treatment or care at our hospital. As a result, it is difficult to choose which patients should be left out. In conclusion, the MDT collaborative nursing integrated hierarchical nursing management model can effectively improve patients' quality of life, satisfaction with care, and ability to care for them if they have gallbladder stones following acute cholecystitis. Following surgery, post-nursing care for patients with acute cholecystitis has a specific reference value.

CONFLICT OF INTEREST

None

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REFERENCES

1. Cerna K, Ivarsson J, Weilenmann A, Steineck G (2019). Supporting self-management of radiation-induced bowel and bladder dysfunction in pelvic-cancer rehabilitation: an ethnographic study. *J Clin Nurs*. 28: 2624-2634.
2. Borody TJ, Eslick GD, Clancy RL (2019). Fecal microbiota transplantation as a new therapy: from *Clostridioides difficile* infection to inflammatory bowel disease, irritable bowel syndrome, and colon cancer. *Curr Opin Pharmacol*. 49: 43-51.
3. Linzey JR, Burke JF, Nadel JL (2019). Incidence of the initiation of comfort care immediately following emergent neurosurgical and endovascular procedures. *J Neurosurg*. 131: 1725-1733.
4. Lane T, Ramadurai D, Simonetti J (2019). Public awareness and perceptions of palliative and comfort care. *Am J Med Sci*. 132: 129-131.
5. Czyski AJ, Souza M, Lechner BE (2021). The mother baby comfort care pathway: the development of a rooming-in-based perinatal palliative care program. *Adv Neonatal Care*. 42: 11-30.
6. Ishii H, Azuma K, Kawahara A, Matsuo N, Tokito T, et al (2020). Atezolizumab plus carboplatin and etoposide in small cell lung cancer patients previously treated with platinum-based chemotherapy. *Invest New Drugs*. 39:15-20.
7. Quist M, Langer SW, Lill Lund C (2020). Effects of an exercise intervention for patients with advanced inoperable lung cancer undergoing chemotherapy: a randomized clinical trial. *Clin Lung Cancer*. 145: 43-45.
8. Jenny O, Helen K (2021) Role of the clinical nurse specialist as a non-medical prescriber in managing the palliative care needs of individuals with advanced lung cancer. *Int J Palliat Nurs*. 27: 174-178.
9. Miao X, Yuli Y, Binbin W (2020). Effect of self-management efficacy on self-perceived burden of lung cancer patients undergoing chemotherapy. *Nurs Res*. 34: 835-841.
10. Stewart I, Khakwani A, Hubbard RB (2018). Are working practices of lung cancer nurse specialists associated with variation in peoples' receipt of anticancer therapy? *Lung Cancer*. 123:160-165.