STUDY ON THE EFFECT OF PSYCHOLOGICAL NURSING ON THE NEGATIVE EMOTIONS AND QUALITY OF LIFE OF ELDERLY PATIENTS WITH HEART FAILURE IN THE COMMUNITY

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ABSTRACT

Objective: Psychological care intervention in patients with heart failure Reference value for patient clinical treatment.
Methods: This study selected 92 elderly patients with heart failure in a community from October 2020 to April 2021. Divided into control groups (46 patients) and 46 patients). The control group adopted general nursing measures.
Results: After psych care intervention, the anxiety score (45.19±5.35), depression score (46.24±4.67) were lower than the control group (50.28±5.72, 49.69±5.42) (t=4.408,3.271, P=0.001,0.002); Prognostic quality of life scores were higher in psychological function (80.49±5.18), somatic function (85.46±4.91), social function (86.26±4.61), role function (87.45±5.33) (75.38±5.36, 73.58±4.89, 77.48±4.59, 79.23±5.16), Differences are statis significant (t=4.650, 11.627, 9.143, 7.515, P=0.001, 0.001, 0.001, 0.001), Patients had higher care satisfaction than the control group (P<0.05).
Conclusion: Psychological nursing intervention measures and compared the influence of different nursing methods on negative emotions and quality of life.

Keywords: Psychological care, patients with heart failure, negative emotions, quality of life.

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Background

Chronic heart failure (CHF) is caused by chronic primary cardiomyopathy and cardiac overload, which leads to impaired ventricular ejection and filling capacity[1-3], severe myocardial deconstruction, and the inability to maintain effective cardiac output. Chronic heart failure is the terminal stage of heart disease. Patients with this disease mainly have difficulty breathing and reduced exercise endurance[4-5]. With the aging of the population, the incidence of chronic cardiovascular diseases is getting higher and higher. Among them, the incidence of chronic heart failure patients is increasing. Due to the decline of the physiological functions of the elderly, the various functions of the body are weakened, and the mental strength is increased. Exhaustion diseases have recurring episodes, and there are many complications, and patients need more expenses during hospitalization, so it is easy to cause patients' adverse emotional reactions[6-8]. In view of this, this study mainly explores the impact of psychological care on the negative emotions and quality of life of elderly patients with heart failure in the community, and provides reference value for the clinical treatment of patients.

Research objects and methods

Research object

In this study, 92 elderly patients with heart failure in the community from October 2020 to April 2021 were selected as the research objects. They were divided into a control group (46 cases) and an observation group (46 cases).

The inclusion criteria:
• The patient's age ≥60 years old;
• It meets the diagnostic criteria for chronic heart failure;
• The duration of heart failure is greater than 6 months;
• The patient's heart function is graded between II and IV.

Exclusion criteria:
• Patients with mental illness;
• Patients with various diseases such as heart, liver and kidney.

In the observation group, there were 26 males (56.52%) and 20 females (43.48%) in the observation group. The age of the patients was 60-79 years old; the average age was (69.13±4.51), and the cardiac function classification II was 13 cases (28.26). %), 22 cases (47.83%) of grade III, 11 cases (23.91%) of grade IV; 24 males (52.17%) in the control group, 22 females (47.83%), and the age of the patients was 60-83 years old, with an average age of (71.68±6.53), 16 cases (34.78%) for grade II, 21 cases (45.65%) for grade III, and 9 cases (19.57%) for grade IV. There was no difference in the general information of the two groups of patients, and they were comparable (P>0.05).

Research methods

The control group adopts general nursing measures, which mainly include measures such as regulating blood lipids, controlling blood sugar, strengthening heart drugs, improving patients' ventricular remodeling, and giving patients discharge health guidance and follow-up.

The psychological care measures given to patients in the observation group mainly include the following: to correctly assess the mental state of the patient, first fully understand the mental state of the patient, and at the same time, the nursing staff should understand the patient's basic family information, the patient's educational background and family status, and the patient Nursing staff use various mental health assessment scales, observation methods and other methods to assess the mental state of patients. First, the patient has just been admitted

to the hospital. During the process of talking with the patient, strengthen the psychological counseling of the patient. Use encouraging language to inform patients of the treatment plan of the disease, and build the patient's confidence in overcoming the disease[9-10]. Clinical nurses use conversations and other methods to analyze patients' misunderstandings of disease cognition and inform patients of correct disease cognition. At the same time, they can also explain correct disease knowledge to patients through knowledge lectures, role-playing, etc., so that patients can learn from their thoughts. Improve disease awareness, so as to better improve patient compliance. After the patient is discharged from the hospital, the follow-up of the patient is strengthened, and the various problems of the patient can be solved through the telephone follow-up, which can make the patient have a better mental state.

Evaluation index

• Anxiety and Depression Scale, using Zung Depression (SDS) and Anxiety Scale (SAS)[11]. There are 20 items on the Anxiety and Depression Scale, each of which is divided into 1-4 points, with the highest score being 80 Minute. Depression index = total patient score/80. Anxiety index = total patient score/80.

• Quality of life assessment[12], using the quality-of-life scale to assess the quality of life of patients, mainly including role function, physical function, mental function and social function. The higher the score, the higher the quality of life of the patient.

• Nursing Satisfaction Scale, the nursing satisfaction scale self-made in this study is used to evaluate patients, the main score is 0-10 points, the patients are very satisfied with the nursing work as 10 points, and the patients dissatisfied with the nursing work are recorded as 0 marks.

Statistical methods

In this study, SPSS22.0 software was used for statistical analysis. The measurement data used mean ± standard deviation (x̄±s), the data between groups used t test, and the count data used χ^2 test. α=0.05 was used as the test level, P<0.05, and the difference was statistically significant. Learn meaning.

Results

Comparison of anxiety and depression scores of the two groups of patients

This study found that after psychological

care, the anxiety score (45.19±5.35) and depression score (46.24±4.67) of the observation group were lower than those of the control group (50.28±5.72, 49.69±5.42), and the difference was statistically significant (t= 4.408, 3.271, P=0.001, 0.002).

Group	Number of cases	Anxiety score		Depression score	
		Before	After	Before	After
Control	46	57.27±3.62	50.28±5.72	55.47±3.94	49.69±5.42
Observation	46	56.09±3.54	45.19±5.35	54.35±3.61	46.24±4.67
t		1.581	4.408	1.422	3.271
P		0.117	0.001	0.158	0.002

Table 1: Comparison of anxiety and depression scores between the two groups of patients (x̄±s, points).

Comparison of the quality-of-life scores of the two groups of patients

This study found that after using psychological care, the observation group patients' prognostic quality of life scores was in terms of psychological function (80.49±5.18), physical function (85.46±4.91), social function (86.25±4.61), and role function (87.45±5.33) The scores were higher than those of the control group (75.38±5.36, 73.58±4.89, 77.48±4.59, 79.23±5.16), and the difference was statistically significant (t=4.650, 11.627, 9.143, 7.515, P=0.001, 0.001, 0.001, 0.001).

Group	Number of cases	Time	Mental function	Physical function	Social function	Role function
Control	46	Before	64.51±4.08	68.73±4.46	70.62±4.08	72.49±5.35
		After	65.63±4.27	67.82±4.69	71.59±4.35	71.62±5.41
t			1.286	0.954	1.103	0.776
P			0.202	0.343	0.273	0.44
Observation	46	Before	75.38±5.36	73.58±4.89	77.48±4.59	79.23±5.16
		After	80.49±5.18	85.46±4.91	86.25±4.61	87.45±5.33
t			4.650	11.627	9.143	7.515
P			0.001	0.001	0.001	0.001

Table 2: Comparison of the quality of life scores between the two groups (x̄±s, points).

Comparison of nursing satisfaction between the two groups of patients before and after intervention

This study adopted psychological nursing intervention measures for patients in the observation group. The study found that the nursing satisfaction of the observation group (97.83%) was higher than that of the control group (67.39%) after the intervention, and the difference was statistically significant (χ²=10.614, P= 0.001).

Group	Number of cases	Very satisfied	Satisfied	Dissatisfied	Satisfaction
Control	46	20 (43.48)	11 (23.91)	15 (32.61)	31 (67.39)
Observation	46	26 (56.52)	19 (41.30)	1 (2.17)	45 (97.83)
χ²					10.614
P					0.001

Table 3: Comparison of patient care satisfaction between the two groups (%).

Discussion

Chronic heart failure (CHF) is due to chronic primary cardiomyopathy and cardiac overload, resulting in impaired ventricular ejection and filling capacity, severe myocardial dysconstriction, and inability to maintain effective cardiac output. Patients with this disease are mainly dyspnea, fatigue, and reduced exercise endurance, which seriously affects the prognosis of the patient's quality of life. The elderly in the community are mostly patients with chronic diseases. Among them, chronic heart failure in the elderly is one of the common cardiovascular diseases. The disease recurs and has a higher mortality rate. Therefore, patients will have greater adverse emotional reactions[13-14]. The emergence of anxiety and depression will affect the patient's disease prognosis treatment. Anxiety and depression are a negative psychological reaction, which will also have a greater impact on the patient's body. The existence of negative emotions will affect the patient's neuroendocrine system. Patients will experience increased blood pressure, increased myocardial burden, and also affect the patient's cardiac function. Therefore, it is particularly important to adopt appropriate treatment methods to improve the patient's unhealthy mood[15-16].

Domestic scholars have found that the treatment of patients with chronic heart failure should not only prolong the patient's quality of life, but also improve the patient's mental health, and ultimately improve the patient's prognostic quality of life. Domestic researchers found[17] that the treatment of patients with chronic heart failure is mainly drug therapy, but drug therapy only improves the treatment effect of the patient's disease, and cannot change the patient's adverse mental state and emotional response. It is necessary for patients with chronic heart failure. Active psychological care relieves patients' adverse emotional reactions, which is of great significance for the recovery of patients from illness (120). In this study, psychological nursing intervention was

used to strengthen the clinical treatment of the patient's disease. By assessing the patient's mental state, the nursing staff used various mental health assessment scales, observation methods and other methods to evaluate the mental state of the patient. Develop appropriate psychological care intervention programs to provide psychological care and treatment to patients, and at the same time strengthen disease health education for patients, and inform patients of the basic knowledge of heart failure and adverse drug reactions of patients. During the conversation, strengthen the psychological counseling of patients, and at the same time, through knowledge lectures, role-playing, etc., to explain the correct disease knowledge to the patients, so that the patients can improve their cognition of the disease in their thinking, so as to better improve the patient's health. Therapeutic effect[21-23].

This study found that after using psychological care, the anxiety and depression scores of the observation group were lower than those of the control group (P<0.05). This study found that after using psychological care, the observation group patients' prognostic quality of life scores were scores in psychological function (80.49±5.18), physical function (85.46±4.91), social function (86.25±4.61), and role function (87.45±5.33) It was higher than the control group (75.38±5.36, 73.58±4.89, 77.48±4.59, 79.23±5.16), and the difference was statistically significant (P<0.05). Studies have found that the quality of life as an indicator of the health status of patients has been gradually used to evaluate the health status of cardiovascular and cerebrovascular diseases. Due to the disease, patients with chronic heart failure have greatly restricted their activity ability, which affects the patient's prognostic quality of life. This study uses the quality of life scale to investigate the patients and find that psychological nursing interventions are effective in improving patients' psychological, Physiological and social functions have been greatly improved. Studies have found that the main factors affecting the quality of life are social support status and adverse emotional reactions. By increasing the patient's social support status and improving the patient's disease cognition, the more social support, the better the patient's prognostic quality of life[24-25]. Studies have found[26] that the prognostic quality of life of patients is related to the patient's psychological state, and adverse emotional reactions will affect the prognostic quality of life of patients. This study found that the nursing satisfaction of the observation group was higher than that of the control group after the use of psychological care. This indicates that the application of psychological nursing intervention has higher satisfaction with the nursing staff, which is also conducive to the recovery of the patient's illness. The implementation of psychological nursing interventions for elderly patients with heart failure in the community can improve the patients' negative emotions and improve the patients' quality of life and nursing satisfaction.

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