

Life Review the Impact of Combined Watson Care Theory Intervention on Psychological Status and Quality of Life in Patients with Terminal Lung Cancer

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Abstract

Objective: To analyze the impact of combined Watson care theory intervention on the psychological state and quality of life in patients with terminal lung cancer. **Methods:** 72 patients with terminal lung cancer admitted from March 2021 to January 2024 were selected, which were divided into research group (life review combined with Watson care theory intervention) and control group (conventional intervention), with 36 cases each. Compare the nursing effect between the two groups. **Results:** The anxiety self-rating scale (SAS) and depression self-rating scale (SDS) scores were significantly lower than those of the control group, and the quality of life score was significantly higher than that of the control group ($P < 0.05$). **Conclusion:** Life review combined with Watson care theory intervention can improve the psychological state and improve the quality of life of patients with terminal lung cancer.

Keywords

Life Review, Watson Theory of Care, Lung Cancer, Quality of Life

1. Introduction

Lung cancer is one of the most common malignancies. End stage of lung cancer The patient is suffering from the pain caused by the disease, dyspnea and other pain, at the same time To be affected by loneliness, anxiety, fear and other emotional interference, seriously affect the mental health And quality of life. Compared with 1999, the life years of lung cancer standardized disability loss, early

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death loss and disability adjustment life have increased significantly in 2019, and it is expected that the incidence and disease burden will become more severe in the future [1]. Lung cancer patients progress to the terminal stage, when it is impossible to use medical surgery to effectively cure the tumor. Under the influence of factors such as incurable diseases, short life cycle and clinical symptoms, lung cancer patients are easy to breed negative psychology such as loneliness and fear. Continuous negative psychology can kill the will to survive and reduce treatment compliance and quality of life [2]. Routine nursing methods can meet the needs of patients' physiological dimension, but the psychological dimension of patients and nursing efforts are insufficient. Life reviews can allow patients to gain a sense of accomplishment and satisfaction in recalling the past, thus alleviating negative emotions [3]. Watson Humanistic care theory is a kind of humanistic care nursing mode, which can be based on patients The actual condition, to provide individualized, targeted nursing services. Watson Care theory pays attention to humanistic care, emphasizing that nursing staff should provide a comprehensive perspective, combined with the individual characteristics of patients, targeted psychological support, to improve the psychological state of patients [4]. The study points out that the combination of life review and Watson care theory has a value in improving the physical and mental burden of lung cancer patients [5]. In view of the few reports on the application of this joint measure in patients with terminal lung cancer, 72 patients with terminal lung cancer admitted to our hospital from March 2021 to January 2024 were selected for verification and discussion.

2. Objects and Methods

2.1. Object

72 end-stage lung cancer patients admitted to our hospital from March 2021 to January 2024 were selected. Among them, the study group included 20 males and 16 females, aged 55 - 75 years, with a mean age (65.00 ± 4.74). In the control group, 22 men and 14 women were male, aged from 54 to 75 years, with a mean age (64.70 ± 4.54 years). The study was reviewed and approved by the hospital ethics committee. The general data of the two groups were comparable, $P > 0.05$. Inclusion criteria: 1) Meet the diagnostic criteria for lung cancer, clinical stage III to IV [6]; 2) Clear cognition and nursing care; 3) Family members and patients volunteered to participate in the study; 4) Estimated survival of 3 months; 5) First treatment. Exclusion criteria: 1) Patients with cognitive impairment; 2) Severe malnutrition; 3) Patients with other malignant tumors.

2.2. Methods

2.2.1. The Control Group

The control group takes routine nursing measures, the nursing staff communicate with the family members, truthfully inform the patients of the current treatment progress and prognosis outcome, so that they can gradually accept the

reality, and cooperate with the nursing staff, and provide patients with targeted life and treatment; follow the advice, analgesia and other drugs to prevent adverse drug reactions; make personalized diet plan, improve intestinal nutrition support, prevent malnutrition; meet the reasonable needs of patients; urge the family members to accompany more, and create a comfortable and warm treatment environment, etc.

2.2.2. The Study Group

The study group provides a life review combined with the Watson care theory intervention. 1) Life review: Establish a professional life review nursing team, Head nurse, nurses who have participated in the Watson care theory, psychological consultant and 1 - 2 family members were included; Developing a care plan, the intervention phase was divided into childhood, juvenile and youth and middle life according to the patient's life stage, 1 week of intervention for each stage; working with the family members, inform patients about the life review of nursing concepts and intervention plan, obtain the understanding and cooperation of the patients; week 1 to 2 (childhood and youth), combining this with the context of The Times, guide patients and relatives and friends to recall the good time together; week 3 to 4 (young and middle age), work achievements with their children and spouses and family, good travel and life experience, Immersed in good memories; for each review phase, working working with patients, use text, pictures and other forms to record the beautiful experiences, easy to read at any time. 2) Integrate the Watson care theory into the life review intervention stage; cognitive education, based on the patient's treatment status and the current physical and mental state, combined with the way it accepts things, such as oral and short videos and articles, develop personalized intervention strategies, introduce the basic knowledge of end-stage lung cancer, how to improve and improve the quality of life as much as possible, to correct the patients' cognitive misunderstandings, for them to look at their current situation rationally, let nature take its course for every day; communicate communication with patients, understand their psychological condition, working with family members to provide spiritual support, on the basis of a life review, increase in music therapy and mindfulness training, Encourage patients to release their emotions; provide analgesic drug intervention as prescribed by the doctor, to reduce the burden of cancer pain, combine massage and hot compress and other measures to reduce the pain; when the patient's vital signs are stable, can help him out of bed, the diastolic limb, turning joint; care for the complications, develop specific plans of skin, oral cavity and excretion by clinical nursing path; give dietary care, by healthy eating and patients' dietary preferences, develop light, nutritious and diverse dietary strategies, Make food into a form for easy absorption; good ward environment care, that providing ventilation and long illumination, indoor, according to the needs of the patients, Flexible arrangement, create a warm and comfortable treatment environment.

Both groups will intervene for 6 weeks.

2.3. Observation Indicators

1) Anxiety self-rating scale (SAS), the total score of 50 is anxiety, depression self-rating scale (SDS), score 53 is depression, the lower the score, the better. 2) Quality of life of cancer patients (EORTC QLQ-C30), a total of 30 items, 1 to 4 points score, this study selected physical function, emotional function and cognitive function and other functional dimensions, 0 to 100 points, the higher the better, pain, fatigue and other fields, 0 to 100 points, the lower the score, the better.

2.4. Statistical Analysis

By SPSS 23.0 analysis, the measurement data conform to the normal distribution, expressed as ($\pm s$), with t-test, $P < 0.05$.

3. Results

3.1. Comparison of the Psychological Status between the Two Groups

The psychological status of the study group was significantly lower than that of the control group ($P < 0.05$). See Table 1:

Table 1. The ratio of two groups ($\pm s$, points) \bar{x} .

group (n)	SAS		SDS	
	Pre-care and post-care care		Pre-care and post-care care	
The research group (n = 36)	58.45 \pm 1.32	40.23 \pm 2.51*	58.76 \pm 3.15	41.23 \pm 1.66*
control group (n = 36)	58.61 \pm 1.55	46.55 \pm 1.52*	58.71 \pm 2.10	45.42 \pm 1.59*
<i>t</i>	0.472	12.923	0.079	10.937
<i>P</i>	0.639	0.000	0.937	0.000

Note: Table compares before and after nursing in the same group, * $P < 0.05$.

Table 2. Comparison of quality of life in the two groups ($\pm s$, points) \bar{x} .

group (n)	Somatic function		Cognitive function		Emotional function		Role function	
	Pre-care and post-care care		Pre-care and post-care care		Pre-care and post-care care		Pre-care and post-care care	
The research group (n = 36)	51.23 \pm 1.42	73.23 \pm 2.44*	50.65 \pm 2.01	72.31 \pm 1.44*	51.44 \pm 1.55	72.44 \pm 1.06*	52.12 \pm 1.44	70.45 \pm 1.61*
control group (n = 36)	51.20 \pm 1.44	67.65 \pm 1.51*	50.61 \pm 2.14	69.34 \pm 1.23*	51.23 \pm 1.41	68.45 \pm 1.25*	51.14 \pm 1.56	67.45 \pm 2.55*
<i>t</i>	0.089	11.668	0.082	9.410	0.601	14.607	0.057	5.969
<i>P</i>	0.929	0.000	0.935	0.000	0.550	0.000	0.955	0.000

Continued

Tired field		Social function		Field of nausea and vomiting		Pain field	
Pre-care and post-care care		Pre-care and post-care care		Pre-care and post-care care		Pre-care and post-care care	
71.32 ± 1.66	43.23 ± 2.51*	50.34 ± 2.56	72.35 ± 3.44*	69.45 ± 2.51	46.34 ± 2.05*	69.54 ± 2.78	44.53 ± 2.16*
71.23 ± 1.56	55.34 ± 3.41*	50.40 ± 2.61	69.45 ± 1.17*	69.41 ± 2.10	56.55 ± 1.51*	69.51 ± 2.71	51.23 ± 3.44*
00.237	17.160	0.098	4.789	0.073	24.060	0.046	9.897
0.813	0.000	0.922	0.000	0.942	0.000	0.963	0.000

Note: Table compares before and after nursing in the same group, *P < 0.05.

3.2. Comparison of the Two Groups

The quality of life of the study group was significantly higher than the control group (P < 0.05), shown in **Table 2**.

4. Discussion

The end stage of lung cancer is the end stage of lung cancer. The clinical treatment at this stage is mainly palliative therapy and hospice care, and the treatment focuses on improvement rather than cure. How to reduce the symptom burden of patients, improve the quality of life, reduce the regret of life dying, is the main point of clinical nursing intervention. The survey shows that patients with terminal lung cancer can reduce the quality of life under the influence of symptom burden and negative emotions, which will form a vicious circle, which can affect the survival cycle [7]. Routine care countermeasures are not effective for patients at this stage. Watson Care theory is one of the research hotspots of cancer clinical care in recent years [8]. This theory belongs to a theory of humanistic care, which emphasizes that providing nursing intervention for patients should take into account both physiological and psychological dimensions, and formulate individual physical and mental care strategies for them from the perspective of humanistic care [8]. This study concluded that the SAS and SDS scores were lower in the study group. It shows that the combination therapy in this study can be effective in reducing psychological stress in patients. The analysis reason is that by guiding patients to recall the past, the life review can distract the attention to the current situation in the immersive memory, and in the course of life reorganization, re-recognize and affirm themselves, which is conducive to alleviating their negative psychology such as inferiority and fear [9]. Provide patients with Watson care theory, this study attaches great importance to the individual differences of patients, respect the individual ideas, to provide physical and psychological dimensions of comfort for nursing goal, through education and psychological counseling, pain and complications intervention

eliminate adverse factors affecting the state of body and mind, let it to comfortable, pleasant attitude in the face of life and treatment [10]. Life review combined with Watson care theory, can help patients to relieve negative emotions, enhance the psychological efficacy of patients, and let them face treatment and death with a natural attitude. The higher QOL scores in the study group indicated that the combined measures could improve QOL. Guo Wei [11] Reported that the combination of life review and Watson care theory can significantly improve the quality of life of lung cancer patients. Consistent with the conclusions of this study. The life review intervention affirms the patient's life experience, so that they can re-recognize their own existence value, conducive to reduce the negative impact of pain. Watson Care theory pays attention to the comprehensiveness of nursing, from the correction of patients' mistakes and eliminates the adverse factors that are not conducive to their treatment and life, combined with careful and comprehensive life and psychological nursing, help to reduce the psychological pressure of patients, improve the quality of life [12]. In addition, this study believes that the combination of life review and Watson care theory, by reshaping the meaning of life for patients and positive self-affirmation, is conducive to improving the coordination degree of medical work, ensure the implementation of medical intervention in place, and also help improve the quality of life.

In conclusion, the life review combined with Watson care theory was applied to lung cancer in the clinical care of end-stage patients, it can improve their psychological condition and improve the quality of life Quantity, reduce the pain, and enhance the sense of self-esteem.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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