

Effect of Personalized Nursing Intervention on Quality of Life of Patients with Gastroesophageal Reflux Disease

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Abstract

Objective: Personalized nursing intervention on the quality of life of patients with gastroesophageal reflux disease. **Methods:** 100 patients with gastroesophageal reflux disease admitted to our hospital from January 2019 to January 2020 were selected for study, and randomly divided into control group and observation group with 50 patients respectively. Patients in the control group received simple routine nursing intervention, observation group in the control group on the basis of personalized nursing intervention. The improvement of psychological state, quality of life and satisfaction rate of nursing before and after nursing were compared and analyzed. **Results:** After nursing intervention, the psychological effect of the control group was significantly worse than that of the observation group, and the difference between the two groups was statistically significant ($P < 0.05$). The quality of life score of the control group was significantly lower than that of the observation group, and the difference between the two groups was statistically significant ($P < 0.05$). The nursing satisfaction rate of the control group was significantly lower than that of the observation group, and the difference between the two groups was statistically significant ($P < 0.05$). **Conclusion:** Personalized nursing intervention for patients with gastroesophageal reflux disease can relieve patients' bad mood to a large extent, improve patients' quality of life and increase clinical nursing satisfaction, which can be popularized in clinical application.

Keywords

Personalized Nursing Intervention, Gastroesophageal Reflux, The Quality of Life

1. Introduction

Gastroesophageal reflux disease (GERD) is a common disease clinically, which refers to the reflux of gastric contents into the esophagus [1], causing discomfort and complications for patients. The symptoms of the disease are mainly heartburn and acid reflux, which are prone to recurrent attacks. Patients need to seek medical treatment for many times [2], and effective treatment should be given to relieve the symptoms of patients. Clinically, single acid inhibition treatment has no obvious effect. This time, 100 patients with gastroesophageal reflux disease admitted to our hospital were treated with personalized nursing intervention to improve the quality of life of the patients. The report is as follows:

2. Materials and methods

2.1 General Information

A total of 150 patients with gastroesophageal reflux disease admitted to our hospital from January 2019 to January 2020 were selected for study and randomly divided into a control group and an observation group of 50 patients. Inclusion criteria: after examination, all patients met the diagnostic criteria for gastroesophageal reflux disease and volunteered to accept this study. Exclusion criteria: patients with malignant tumor, peptic ulcer, cardiac, hepatic and renal dysfunction, and hemorrhage. There were 51 male patients and 49 female patients, aged 12-70 years, with an average age of (45.14±9.07) years. In the observation group, there were 29 male patients and 21 female patients, aged 23-78 years, with an average age of (46.17±1.9) years. In the control group, there were 27 male patients and 23 female patients, aged 20-79 years, with an average age of (45.81±1.6) years. There was no significant difference between the two groups in terms of disease, age, gender and other general information, which was comparable.

2.2 Methods

The patients in the control group received routine nursing intervention, and were instructed to take mosapride and rabeprazole orally. The condition of the patients was observed and basic nursing was given timely to ensure the normal breathing of the patients. Medication guidance, stabilizing the mood of patients with gastroesophageal reflux disease, oral preaching knowledge and harm of gastroesophageal reflux disease, etc.

Patients in the observation group were given personalized nursing intervention, including the following contents:

(1) Psychological intervention: Relevant literature shows that patients will cause changes in esophageal motility due to internal and external environmental stimulation and emotional factors, which will further aggravate the condition or cause recurrence. The nurse should take the initiative to talk with the patient once a week for about 25 minutes each time. Nurse patient to introduce the relevant situations of the disease, patients with the condition of the patient's life, diet condition, professional environment, such as sudden events, in particular, to determine the main influence factors, targeted to patients with psychological counseling, told relatives more love and care for the patient, for the treatment of patients with a comfortable atmosphere.

(2) Health education: after understand various aspects of patients, the health education to patients, hold a seminar, health handbook, broadcast video, etc., make the patient to comprehensive understanding of disease, such as the pathogenesis, causes, treatments, drugs, nursing intervention, considerations and complications, make the patients cooperate with medical staff's work. Inform patients of drug mechanism, time and dose, possible adverse reactions, etc., to improve patient compliance behavior.

(3) Life intervention: instruct patients to eat scientifically, develop the habit of eating less and more frequently, avoid eating too much food that promotes the secretion of gastric acid, eat a light diet, forbid frying, spicy food, prohibit alcohol, chewing gum appropriately, and effectively improve the esophageal clearing function. Adhere to appropriate exercise, regulate their own emotions, so that their mood. To guide patients with gastroesophageal reflux disease to get regular rest and abstain from unhealthy living habits. Gastroesophageal reflux patients are encouraged to participate in tai chi, aerobics and other aerobic exercises to improve their health and sleep quality. As well as the supine knowledge of keeping the head low and feet high, it can completely eliminate the patient's gastric residual fluid.

2.3 Observation index

The anxiety Self-assessment Scale (SAS), depression self-assessment Scale (SDS) and the comprehensive Quality of life Questionnaire (GQOLI-74) were used as references to complete the evaluation of the improvement of patients' psychological state and the quality of life scores. Moreover, the self-made questionnaire was used in our hospital. The higher the score of 0~100, the better the nursing satisfaction of the patients, and the overall satisfaction rate = satisfaction rate + general rate.

2.4 Statistical Methods

SPSS18.0 software was used for comparative analysis of the data in this study. Measurement data were represented by ($\bar{x} \pm S$), tested by T value, counted by %, and tested by X. Statistically significant difference was found when $P < 0.05$.

3. The Results

3.1 Comparison of mental state improvement between the two groups

There was no significant difference in the mental state of patients in the two groups before nursing, and the mental state of patients in the control group after nursing was significantly worse than that in the observation group, with significant difference between the two groups ($P < 0.05$, as shown in Table 1).

Table 1. The changes of psychological state of patients in the two groups were compared

group	n	SAS		SDS	
		Care before	After the nursing	Care before	After the nursing
Observation group	50	55.35±5.45	42.22±5.24	63.33±4.54	45.22±5.35
The control group	50	55.53±5.71	50.13±4.68	62.35±4.78	53.68±4.58
t	/	0.188	5.343	0.256	6.343
p	/	> 0.05	< 0.05	> 0.05	< 0.05

3.2 Comparison of the improvement of life quality between the two groups

The quality of life score of the control group was significantly worse than that of the observation group, and the difference between the two groups was statistically significant ($P < 0.05$), as shown in Table 2.

Table 2. The quality of life improvement was compared between the two groups

group	n	Social function	Psychological function	Material life	The body function
Observation group	50	69.02±7.23	68.22±6.74	68.13±6.06	67.13±6.13
The control group	50	64.22±5.89	65.03±6.73	64.22±7.04	62.25±5.15
t	/	3.659	3.054	3.077	3.827
p	/	< 0.05	< 0.05	< 0.05	< 0.05

3.3 Comparison of nursing satisfaction rates between the two groups

The nursing satisfaction rate of the control group was significantly lower than that of the observation group, and the difference between the two groups was statistically significant ($P < 0.05$), as shown in Table 3.

Table 3. The nursing satisfaction rates of the two groups were compared

group	n	Satisfaction	General	Dissatisfaction	Total satisfaction rate
Observation group	50	30 (60.00%)	18 (36.00%)	2 (4.00%)	96%
The control group	50	21 (42.00%)	16 (32.00%)	13 (26.00%)	74.00%
X^2	/	/	/	/	6.271
P	/	/	/	/	< 0.05

4. Discussion

Gastroesophageal reflux disease is a common disease in clinical practice. Due to the changes in people's living habits and diet structure, the incidence of this disease is increasing year by year, and gradually tends to be younger, which has a serious impact on the quality of life of patients. Gastroesophageal reflux disease (GERD) is a psychosomatic disease [3], which affects not only the body but also the mental state of patients. As one of the more common gastrointestinal diseases, it can cause a series of problems and reduce the quality of life of patients with gastroesophageal reflux disease. In addition to active drug therapy, appropriate nursing guidance is especially important for patients with gastroesophageal reflux disease. Therefore, at the same time of treatment, nursing intervention should be given to patients to ensure the normal treatment [4].

Personalized nursing intervention in one of the key recommendation of modern nursing service mode, is on the basis of conventional nursing intervention, taking patients as the center, fully combined with the condition of ga-

gastroesophageal reflux disease characteristics, age and social relations, for gastroesophageal reflux disease to provide a series of targeted, individualized services and guidance, comprehensive nursing intervention on the patients, meet the care needs of patients, improve patient satisfaction with care [5]. In personalized nursing intervention, nursing staff and patients as early as possible to talk, the patient's family, life, work and physical conditions to understand and evaluate, targeted to the patient for psychological counseling, so that patients keep a good mood. According to the patient's mental state and educational level, the nursing staff will introduce the relevant information of the disease to the patient, patiently answer the patient's questions, make a scientific and reasonable diet plan for the patient, and cultivate the habit of eating less and more meals for the patient, which is conducive to improving the condition and promoting the recovery of the body [6].

This nursing intervention was conducted on 100 patients with gastroesophageal reflux disease admitted to our hospital. The results showed that before intervention, there was no difference in the quality of life scores between the two groups ($P > 0.05$). After the intervention, the patient's quality of life score observing group is significantly higher than the control group, there are significant differences, $P < 0.05$, statistical significance was found between groups that personalized nursing intervention application in gastroesophageal reflux disease can significantly improve the life quality of patients, make the bad feelings of patients adjust, make the body function of the patients to recover. Personalized nursing, as a new clinical high-quality nursing measure in recent years, is of great significance for alleviating patients' pain and improving patients' quality of life, and has extensive clinical application reference value [7]. Therefore, this study combined with the clinical and pathological characteristics of gastroesophageal reflux disease, proposed the application of personalized nursing in this disease. The quality of life, nursing satisfaction and nursing compliance of patients in the observation group were significantly higher than those in the control group.

To sum up, personalized clinical nursing intervention for patients with gastroesophageal reflux disease can relieve patients' bad mood to a large extent, improve patients' quality of life and increase clinical nursing satisfaction, which can be popularized in clinical application.

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