Research Article

Psychological Nursing Effect of Patients with Gynecological Malignant Tumor

Hui Wang,1,2 Xitao Gao,1 and Na Chen1

1The First People’s Hospital of Lianyungang, 222001, China
2Lianyungang Clinical College of Nanjing Medical University, China

Correspondence should be addressed to Na Chen; 782098197@njmu.edu.cn

Received 10 March 2022; Revised 27 March 2022; Accepted 25 April 2022; Published 23 May 2022

Academic Editor: Aamir Jalil

Copyright © 2022 Hui Wang et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Objective. To analyze the psychological nursing effect of patients with gynecological malignant tumor. Method. A total of 104 patients with gynecological malignant tumor receiving chemotherapy in our hospital from December 2019 to November 2020 were selected and randomly divided into observation group and control group with 52 cases each. Patients in the control group were treated with routine nursing of gynecological malignant tumor chemotherapy. The observation group applied psychological nursing methods on the basis of the control group, and psychological status, quality of sleep, quality of life, treatment coordination, and adverse reactions were compared between the two groups. Results. There was no difference in anxiety and depression scores (P > 0.05), the postintervention score was lower than the preintervention score, and the reduction was more significant in the observation group (P < 0.05). After intervention, PSQI scores of the two groups of subjects were significantly lower than before intervention (P < 0.05), subjects in the observation group were significantly lower than those in the control group, and the difference was statistically significant (P < 0.05). After intervention, the total score of FACT-B scale was significantly higher in the observation group than in the control group (P < 0.05). After intervention, there was no statistically significant difference in hematology, allergic reaction, or hair loss between the two groups (P > 0.05). The incidence of gastrointestinal and neurological adverse events in the observation group was significantly lower than that in the control group, and the difference was statistically significant (P < 0.05). Conclusion. The psychological state of patients with gynecological malignant tumor mainly included anxiety and terror and so on. Through psychological counseling, it could effectively alleviate the abovementioned bad psychology, improve the cooperation of patients with tumor treatment, and reduce the occurrence of patients’ adverse reactions.

1. Introduction

Gynecological malignant tumor patients are a special group of tumor patients. Due to the special location of genital tumors, it is often necessary to remove part or all of the female genital organs [1]; in addition to the physical impact, women with sensitive and delicate psychological characteristics, gynecological malignant tumor patients have a higher demand for psychological care services [2]. With the transformation of medical treatment and nursing from a simple biological model to a psychological and social medical model, psychological nursing has become an important part of holistic nursing [3, 4]. Research has shown that psychotherapy can reduce depression, anxiety, and distress in patients [5]. In addition, psychological interventions are usually done after cancer treatment [6]. However, the surgical period can be particularly painful for cancer patients, and there is growing evidence that preoperative interventions may have an impact on postoperative recovery [7, 8]. The purpose of this study was to
There were 16 cases of endometrial cancer, 17 cases of cervical cancer, and 24 cases of ovarian cancer. In the control group, the average age was 50 ± 3.62 years. There were 13 cases of endometrial cancer, 15 cases of cervical cancer, and 24 cases of ovarian cancer. In the observation group, the average age was 50 ± 3.62 years.

In total, 104 patients with gynecological malignant tumors meeting the diagnostic criteria [9] were included. The malig

dent patients who might die in the short term were excluded and patients with severe mental illness were excluded.

2. Methodology. The patients in the control group received routine nursing care of gynecological malignant tumor chemotherapy. The observation group used psychological nursing methods on the basis of the control group, as follows:

2.1. General Information. A total of 104 patients with gynecological malignant tumor receiving chemotherapy in our hospital from December 2019 to November 2020 were selected and randomly divided into observation group and control group with 52 cases each. In the observation group, the average age was (50.36 ± 5.80) between 33 and 65 years. There were 13 cases of endometrial cancer, 15 cases of cervical cancer, and 24 cases of ovarian cancer. In the control group, the average age was (50.82 ± 5.71) between 34 and 66 years. There were 16 cases of endometrial cancer, 17 cases of cervical cancer, and 19 cases of ovarian cancer. Baseline data were comparable between groups (P > 0.05).

This study was carried out with the consent of the ethics committee of our hospital.

2.1.1. Inclusion Criteria

(1) These are patients with gynecological malignant tumor meeting the diagnostic criteria [9]; the malignant tumor was later confirmed by pathological sections.

(2) Volunteer to participate in this survey within one month of knowing the condition, be above 18 years old, and was conscious who was able to read text.

(3) The psychological assessment questionnaire was complete and valid.

2.1.2. Exclusion Criteria

(1) Excluding other viscera dysfunction diseases.

(2) Patients with cognitive and motor dysfunction were excluded and patients with severe mental illness.

(3) Excluding patients with other malignant tumors.

(4) Excluding patients who might die in the short term.

(5) Patients with incomplete clinical data were excluded.

2.2. Methodology. The patients in the control group received routine nursing care of gynecological malignant tumor chemotherapy. The observation group used psychological nursing methods on the basis of the control group, as follows:

(1) Good Nurse-Patient Relationship. Establish a good relationship with patients, and actively understand their psychological needs and emotional changes; through positive attitudes, actions, and words, the patient could be helped to eliminate concerns and other adverse psychological factors.

(2) Confidence Building. After the patient was admitted to the hospital, through the explanation of the related knowledge of gynecological malignant tumors and the psychological influence on the treatment of gynecological neo-plastic tumors, striving to promote the patient’s confidence in fighting the disease.

(3) Targeted Psychological Counseling. For nervous anxiety, the ward was kept comfortable, tidy, and played soothing light music. Nurses took the initiative to introduce admission notes, preoperative precautions, postoperative adverse reactions, and related measures to familiarize patients with the in-hospital environment as soon as possible and reduce strangeness. For inferiority complex, patients who underwent chemotherapy for malignant trophoblastic tumors need to explain that it would not affect future fertility. Removal of the uterus and ovaries had no effect on sexual function, did not reduce sexual sensitivity or loss of female characteristics, did not affect knowledge of sexual life, and so on, so that it could overcome inferiority complex. For fear, explaining relevant knowledge to patients to eliminates their anxiety and fear of surgery.

(4) Psychological Relaxation. Through the normal training of patients, the heavy psychological burden of patients could be relaxed as far as possible, and happy emotions could be imagined in the mind. It could also imagine the body inside the tumor cells is weak, the patient’s immune detection and tumor killing function were unusually strong, found that the tumor cells immediately destroyed, and the body was gradually recovering. Or through the beautiful music, the tense muscles of patients can relax, so that the body’s immune ability could effectively play a role.
Family and Social Support. Reasonably guide the family members of the patients to show positive energy in front of the patients so that they could feel the warmth of the family, which could make the patient maintain a good psychological state, and establish the confidence to overcome the disease.

Encourage patients to take part in more beneficial activities, such as singing, dancing, painting, and calligraphy to cultivate optimistic attitude, so as to promote the recovery of the disease.

2.3. Observational Index. The main observation indicators were as follows:

(1) Comparing the psychological status of the two groups before and after the intervention, Hamilton Depression Scale (HAMD) [10] and Hamilton Anxiety Scale (HAMA) [11] were used for assessment, respectively, anxiety < 50 was considered normal, and depression < 53 was considered normal. The lower the score, the better the psychological status. The higher the score, the more severe the psychological disorder.

(2) PSQI [12] was used to assess the sleep quality of subjects; the lower the score, the better the sleep.

(3) Quality of Life Assessment Scale (FACT-B) [13] was used to assess the subjects’ quality of life; the higher the score, the better the patient’s quality of life.

(4) Compare the treatment coordination of patients (the total score was 100 points, and 90–100 points indicated complete adherence to treatment; 70–90 points indicated that they basically cooperated with treatment, but there was still mild resistance. A score below 70 indicated that the patient did not cooperate with the treatment and had a serious resistance [14]).

(5) Adverse reactions such as nervous system, hematology, allergic reaction, gastrointestinal tract, and hair loss after chemotherapy were recorded.

2.4. Statistical Method. The SPSS 20.0 statistical software was used for data analysis. T test was used for measurement data. χ² test was used for counting data. P < 0.05 was considered statistically significant.

3. Results

3.1. Results of Psychological Status. There was no difference in anxiety and depression scores (P > 0.05), the postintervention score was lower than the preintervention score, and the reduction was more significant in the observation group (P < 0.05). Results of psychological status are shown in Table 1.

3.2. Results of Sleep Quality. Before intervention, there was no statistically significant difference in PSQI scores between the two groups (P > 0.05). After intervention, PSQI scores of the two groups of subjects were significantly lower than before intervention (P < 0.05); moreover, subjects in the observation group were significantly lower than those in the control group, and the difference was statistically significant.

| Groups               | Physiology | Social family | Emotion     | Function   | Additional attention | Total score |
|----------------------|------------|---------------|-------------|------------|----------------------|-------------|
| Observation group (52) | 81.27 ± 3.82 | 85.70 ± 3.95 | 80.12 ± 4.01 | 78.80 ± 3.52 | 82.63 ± 3.32 | 82.64 ± 7.86 |
| Control group (52)   | 88.66 ± 4.03 | 89.85 ± 4.06 | 87.34 ± 4.51 | 90.88 ± 5.76 | 89.62 ± 4.01 | 89.33 ± 5.52 |
| F                    | 5.052      | 6.162         | 6.113       | 5.025      | 7.841              | 9.053       |
| P                    | <0.05      | <0.05         | <0.05       | <0.05      | <0.05              | <0.05       |

| Groups               | Perfect coordination | Part of the coordination | No coordination | Total coordination |
|----------------------|----------------------|--------------------------|-----------------|--------------------|
| Observation group (52) | 31                   | 19                       | 2               | 96.15%             |
| Control group (52)   | 20                   | 21                       | 11              | 78.85%             |
| χ²                   |                      |                          | 6.052           |                   |
| P                    |                      |                          | <0.05           |                   |

| Groups               | Nervous system | Hematology | Allergic reaction | Gastrointestinal tract | Hair loss |
|----------------------|---------------|------------|-------------------|------------------------|-----------|
| Observation group (52) | 17 (32.69)   | 44 (84.62) | 7 (13.46)         | 20 (38.46)             | 38 (73.08) |
| Control group (52)   | 42 (80.77)   | 46 (88.46) | 8 (15.38)         | 43 (82.69)             | 40 (76.92) |
| χ²                   | 12.022       | 0.665      | 0.952             | 10.871                 | 0.540     |
| P                    | <0.05        | >0.05      | >0.05             | <0.05                  | >0.05     |
significant \((P < 0.05)\). Results of sleep quality are shown in Table 2.

3.3. Results of Life Quality. After intervention, the scores of physiology, social family, emotion, function, and additional attention and the total score of FACT-B scale were significantly higher in the observation group than in the control group, and the difference was statistically significant \((P < 0.05)\). Results of life quality are shown in Table 3.

3.4. Results of Degree of Therapeutic Coordination. After the implementation of psychological nursing, the total degree of cooperation of the observation group was 96.15\%. And the total degree of cooperation of observation group was 78.85\%. After the implementation of psychological nursing, the degree of tumor treatment cooperation of the observation group was higher than the control group \((P < 0.05)\). Results of degree of therapeutic coordination are shown in Table 4.

3.5. Results of Adverse Reactions. After intervention, there was no statistically significant difference in hematology, allergic reaction, or hair loss between the two groups \((P > 0.05)\). The incidence of gastrointestinal and neurological adverse events in the observation group was significantly lower than that in the control group, and the difference was statistically significant \((P < 0.05)\). Results of adverse reactions are shown in Table 5.

4. Discussion

Cancer is a disease, and its characteristic is that it potentially affects people’s happiness. In the years from diagnosis to satisfactory recovery, individuals are tortured in almost every aspect of life [15]. Gynecological malignancies account for 19\% of new female cancer cases worldwide. There has been a steady increase in the incidence of gynecological malignancies, including cervical, endometrial, and ovarian cancers; in particular, the incidence of endometrial cancer has increased more than sixfold in 10 years [16]. Most patients with gynecological malignant tumors will have psychological problems before and after treatment, which will weaken the confidence of patients to overcome the disease. And this will bring adverse effects to the treatment of doctors, so the implementation of effective psychological care for patients with positive clinical significance [17]. On the basis of establishing a good nurse-patient relationship, use communication skills to explain the related knowledge of gynecological tumors in concise and easy-to-understand language to guide patients to correctly understand their own diseases [18], make patients aware of the influence of mental factors on the treatment effect of the disease, and inform patients that negative emotions such as anxiety, depression, and irritability will reduce the effectiveness of surgical treatment and affect the recovery of the disease [19, 20]. There was no difference in anxiety and depression scores \((P > 0.05)\), the postintervention score was lower than the preintervention score, and the reduction was more significant in the observation group \((P < 0.05)\). After intervention, PSQI scores of the two groups of subjects were significantly lower than before intervention \((P < 0.05)\), subjects in the observation group were significantly lower than those in the control group, and the difference was statistically significant \((P < 0.05)\). After intervention, the total score of FACT-B scale was significantly higher in the observation group than in the control group, and the difference was statistically significant \((P < 0.05)\). After the implementation of psychological nursing, the degree of tumor treatment cooperation of the observation group was higher than the control group \((P < 0.05)\). After intervention, there was no statistically significant difference in hematology, allergic reaction, or hair loss between the two groups \((P > 0.05)\). The incidence of gastrointestinal and neurological adverse events in the observation group was significantly lower than that in the control group, and the difference was statistically significant \((P > 0.05)\).

According to the review, psychological nursing can help patients correctly recognize the harm of gynecological malignant tumors and related treatment details and help patients alleviate their panic psychology. The treatment and nursing of gynecological malignant tumors is a long-term process. Through psychological counseling, patients can increase their confidence and patience in fighting diseases, improve the effect of treatment, and improve their quality of life.

This study does not involve the treatment and rehabilitation effect of psychological nursing combined with drugs, exercise, and other therapies on gynecological malignant tumors, which is the main deficiency of this study. I hope relevant research can be carried out in the future.

Data Availability

The data used to support the findings of this study are included within the article.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

References

[1] J. I. Shim, A. K. W. Han, H. J. Jeon et al., “Clinical experience of uterine smooth muscle tumor of uncertain malignant potential in two gynecological centers: oncological and obstetrical aspects,” European Journal of Obstetrics & Gynecology and Reproductive Biology, vol. 246, pp. 7–13, 2020.

[2] H. Kameyama, Y. Shimada, K. Abe et al., “Digestive surgery intervention for gynecological malignant tumor,” Gan To Kagaku Ryoho Cancer & Chemotherapy, vol. 46, no. 13, pp. 2176–2178, 2019.

[3] E. Margo-Dermer, A. Dépelteau, A. Girard, and C. Hudon, “Psychological distress in frequent users of primary health care and emergency departments: a scoping review,” Public Health, vol. 172, pp. 1–7, 2019.

[4] L. G. Gidding, M. G. Spigt, and G. J. Dinant, “Patients with psychological ICPC codes in primary care; a case-control study investigating the decade before presenting with problems,” European Journal of General Practice, vol. 23, no. 1, pp. 217–224, 2017.

[5] S. Alfonsson, E. Wallin, and P. Maathz, “Factor structure and validity of the Depression, Anxiety and Stress Scale-21 in
Swedish translation,” *Journal of Psychiatric and Mental Health Nursing*, vol. 24, no. 2-3, pp. 154–162, 2017.

[6] G. Rodin, C. Lo, A. Rydall et al., "Managing cancer and living meaningfully (CALM): a randomized controlled trial of a psychological intervention for patients with advanced cancer,” *Journal of Clinical Oncology*, vol. 36, no. 23, pp. 2422–2422, 2018.

[7] A. B. von Heymann-Horan, L. B. Puggaard, K. G. Nissen et al., "Dyadic psychological intervention for patients with cancer and caregivers in home-based specialized palliative care: the Domus model,” *Palliative & Supportive Care*, vol. 16, no. 2, pp. 189–197, 2018.

[8] V. Wittmann, M. Látos, Z. Horváth et al., "Complex supportive care of patients with breast cancer. The preliminary results of a psychological intervention study,” *Orvosi Hetilap*, vol. 160, no. 18, pp. 700–709, 2019.

[9] M. Virarkar, D. Ganeshan, C. Devine, R. Bassett Jr., V. Kuchana, and P. Bhosale, "Diagnostic value of PET/CT versus PET/MRI in gynecological malignancies of the pelvis: a meta-analysis,” *Clinical Imaging*, vol. 60, no. 1, pp. 53–61, 2019.

[10] Y. Wang and J. Tao, "Study on the consistency between the Patient Health Questionnaire Depression Scale and Hamilton Depression Scale in clinical nursing,” *Journal of Zhihar Medical College*, vol. 39, no. 17, pp. 76–77, 2018.

[11] S. Chengdong and Y. Pan, “The correlation between Hamilton Depression and Anxiety Scale and Positive and Negative Emotion Scale,” *General Care*, vol. 17, no. 2, pp. 18–20, 2019.

[12] K. Tsunoda, H. Mutsuzaki, K. Hotta, Y. Shimizu, N. Kitano, and Y. Wadano, "Correlation between sleep and psychological mood states in female wheelchair basketball players on a Japanese national team,” *Journal of Physical Therapy Science*, vol. 29, no. 9, pp. 1497–1501, 2017.

[13] S. Fengge, Y. Ruiqin, and Z. Fen, "Application of psychological nursing combined with empirical nursing intervention in gynecologic cancer patients with diabetes mellitus,” *Qilu Journal Of Nursing*, vol. 26, no. 16, p. 3, 2020.

[14] M. H. Voss, J. B. Novik, M. D. Hellmann et al., "Correlation of degree of tumor immune infiltration and insertion-and-deletion (indel) burden with outcome on programmed death 1 (PD1) therapy in advanced renal cell cancer (RCC),” *Journal of Clinical Oncology*, vol. 36, 15_supplement, pp. 4518–4518, 2018.

[15] P. Debra and J. Rosenberg, “How obesity affects cancer treatment-and how to talk with patients about prevention,” *The American Journal of Managed Care*, vol. 25, no. 11, pp. 336–337, 2019.

[16] T. Kajimura, S. Sato, A. Murakami et al., "Overexpression of carbonyl reductase 1 inhibits malignant behaviors and epithelial mesenchymal transition by suppressing TGFβ signaling in uterine leiomyosarcoma cells,” *Oncology Letters*, vol. 18, no. 2, pp. 1503–1512, 2019.

[17] F. Mascilini, T. Pasciuto, M. Leombroni et al., "Ultrasound features and clinical outcome of patients with malignant ovarian masses diagnosed during pregnancy: experience of a gynecological oncology ultrasound center,” *International Journal Of Gynecological Cancer*, vol. 29, no. 7, pp. 1182–1194, 2019.

[18] L. Jing, C. Jia, and T. Qiyuan, “Effect of targeted psychological nursing on compliance and negative emotion of gynecological tumor patients,” *China Cancer Clinic and Rehabilitation*, vol. 28, no. 8, p. 4, 2021.

[19] X. Wu, Z. Jinhua, and T. Wenjuan, "Application of psychological nursing intervention in the nursing of gynecological malignant tumors,” *Oriental Medicated Diet*, vol. 192, no. 10, 2020.

[20] A. Barcellini, V. Vitolo, A. Facoetti et al., “Feasibility of carbon ion radiotherapy in the treatment of gynecological melanoma,” *In Vivo (Athens, Greece)*, vol. 33, no. 2, pp. 473–476, 2019.