

A Study on the Application of Hospice Care Among Terminally Ill Patients in a Geriatric Ward

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Abstract: **Objective:** To analyze the value of hospice care in terminally ill patients in geriatric wards. **Methods:** Sixty terminal patients in the geriatric ward of the hospital from January 2022 to October 2022 were selected and divided into observation group (30 cases) and control group (30 cases) according to the random number table method. The control group adopted the conventional care model, while the observation group added hospice care. The changes in pain scores and quality of life scores before and after care were compared between the two groups, and the differences in satisfaction between the two groups were also compared. **Results:** The change of each score in the observation group was higher than that in the control group ($P<0.05$); the satisfaction of the observation group was higher than that of the control group ($P<0.05$). **Conclusion:** The application of hospice care can help reduce patients' pain and improve their quality of life and satisfaction, and can be promoted and used among terminal patients in geriatric wards.

Keywords: Geriatric Ward; Clinical Care; Hospice Care; Quality of Life; Satisfaction Rate

Introduction

End-of-life care is a hot topic in the world, especially for the elderly, and its scientific and rational meaning is very special. Many elderly people suffer from physical and psychological trauma, especially from physical pain, during their lifetime. The WHO currently proposes a three-step analgesic therapy, but there are still some patients whose pain is not effectively relieved, thus requiring enhanced clinical care interventions^[1]. Terminally ill patients in geriatric wards suffer from disease and in the terminal phase, the main focus is on pain relief and alleviation of negative emotions, and conventional nursing measures are not sufficiently effective in this regard. Therefore, hospice care needs to be enhanced for terminally ill patients in geriatric wards so that all aspects of the patient's needs can be addressed to alleviate disease suffering and delay the progression of the disease, which helps to improve the quality of life of the patient^[2]. In order to observe the value of the application of hospice care, 60 terminal patients in hospital geriatric wards from January 2022 to October 2022 were selected for comparison and observation in the article as follows.

1. Materials and Methods

1.1 Clinical information

Sixty terminally ill patients admitted to the geriatric ward of the hospital from January 2022 to October 2022 were selected and divided into observation group (30 cases) and control group (30 cases) according to the random number table method. There were 15 male and 15 female cases in the observation group; age 36-86 years, with a mean of (66.9 ± 8.6) years; TNM stage: 12 cases in stage III and 18 cases in stage IV. In the control group, there were 16 males and 14 females; age 34-85 years, mean (67.1 ± 8.4) years; TNM stage: 13 cases in stage III and 17 cases in stage IV. Inclusion criteria: ① expected survival time <6 months; ② patients and family members were informed about this study and voluntarily signed the consent form. Exclusion criteria: patients with combined cognitive impairment and psychiatric disease.

1.2 Methods

The control group adopted the conventional care model, including psychological care, medication instruction, and complication care.

In the observation group, hospice care was added, and the specific measures were: (1) Pain intervention: ① Pain assessment: patients' pain was assessed using a visual analog rating scale, and for patients who could not accurately self-assess, the facial expression evaluation method could be used for assessment. It is also necessary to ask patients about the pain location, pain degree and triggering factors, and make relevant records. According to the requirements of the Consensus on Standardized Treatment of Cancer Pain, the principle of "routine, quantitative, comprehensive and dynamic" should be followed, and the three-step treatment plan of WHO should be strictly followed. When the score is 7 and above, the assessment is done 6 times a day. In acute pain episodes, the physician needs to be informed and the pain condition should be assessed at an interval of 1 h after oral drug administration, or at an interval of 30 min for patients administered intramuscularly or intravenously, and the pain assessment results should be recorded; the patient should also be asked whether the pain is relieved and whether the patient is satisfied with the pain interventions, and the drug administration plan should be adjusted according to the patient's pain relief status. ② Adverse reaction prevention: A variety of adverse reactions are likely to occur during the application of analgesic drugs, including nausea and vomiting, constipation, drowsiness, etc. For patients with mild to moderate nausea and vomiting, antiemetic drugs can be given to intervene; while patients with severe nausea and vomiting can be changed from oral medication to other methods of administration, such as subcutaneous injection and intravenous administration. For patients with constipation, patients should be advised to drink more water, consume more high-fiber, easy-to-digest foods, and develop regular bowel habits; if conventional interventions cannot be linked, laxative medications can be given. For patients with drowsiness symptoms, the amount of medication can be given appropriately to relieve drowsiness symptoms. ③ Health education: according to the actual situation of patients, personalized health education programs are formulated and explained through group lectures and one-on-one explanations. Patients and family members need to be explained the role and effect of analgesic programs, including the use of various evaluation scales, possible adverse effects of drug treatment and life interventions.

(2) Hospice care: ① Strengthen family guidance: through the assistance of volunteers, family members can temporarily relieve physical and mental fatigue, and arrange relevant medical personnel to start hospice care training for family members, so that they can better grasp relevant knowledge and assist in the development of hospice care, thus improving the quality of life of patients and at the same time reducing the psychological pressure of family members. Some family members have a low acceptance of death and have strong grief reactions, so family guidance is needed to help them reduce their grief reactions so that they can better accompany and care for the patient and gain the strength to live a normal life. ② Death education: We educate patients and family members about death, share articles on the topic of "facing death", and help patients and family members improve their understanding of care and update their knowledge of death. Medical and nursing staff need to persuade patients and families to participate in hospice care in a positive manner, helping patients to fulfill their wishes as much as possible and to live their last days without regrets. ③ Organize communication: Organize inner communication and dialogue between patients and families so that patients and families can better communicate about their stress and concerns and so that patients and families can open up and release their stress, thus reducing negative emotions on both sides. ④ Humanistic care: Have family members prepare things that patients usually like and decorate the patient's ward appropriately, such as old photos, flowers, books and other items, thus creating a warm environment that can help reduce the patient's loneliness. In the terminal stage, patients will have more negative emotions due to various factors, so it is necessary to observe patients more, interact with them more, ask them about their feelings and concerns, understand the reasons for their psychological problems through communication, and satisfy their various needs to the greatest extent, so as to build a good nurse-patient relationship, so that patients can trust medical and nursing staff more and reduce their resistance to nursing Psychology. The end-of-life stage is a huge problem for all patients, and most of them have inexplicable resistance and resistance to death, showing a negative attitude and even anger. Therefore, it is necessary to take different psychological interventions according to the psychological characteristics of patients to keep them in a good psychological condition, to

guide them step by step to establish the correct concept of death, to organize the patient's choice within the organization, and to give the greatest help and support. At this stage it is also necessary to top family members to accompany and reassure the patient, stabilize the patient's emotions, and thus spend the last time peacefully.

1.3 Observation indicators

The changes in pain scores and quality of life scores before and after care were compared between the two groups, and the differences in satisfaction between the two groups were compared. The total score of the pain score was 10, and the higher the score, the more severe the patient's pain was. The total score of quality of life score was 100, and the higher the score, the higher the quality of life of the patients.

1.4 Statistical analysis

SPSS 22.0 statistical software was used for statistical analysis, and differences were considered statistically significant at $P < 0.05$.

2. Results

2.1 Changes in each score in both groups

The change in each score was higher in the observation group than in the control group ($P < 0.05$), as shown in Table 1.

Table 1 Changes in each score in both groups (scores)

Groups	Pain scores		Quality of life scores	
	Before Care	After Care	Before Care	After Care
Observation group ($n=30$)	6.2±1.3	2.6±0.4	51.6±6.5	68.6±12.3
ontrol group ($n=30$)	6.3±1.4	4.0±0.7	51.8±6.4	60.8±8.4
<i>t</i> Value	1.125	5.326	1.205	5.285
<i>P</i> Value	0.103	0.043	0.111	0.042

2.2 Differences in satisfaction between the two groups

The satisfaction level of the observation group was higher than that of the control group ($P < 0.05$), as shown in Table 2.

Table 2 Differences in satisfaction between the two groups

Groups	Very satisfaction	Basic satisfaction	Dissatisfaction	Total satisfaction rate (%)
Observation group ($n=30$)	12	15	3	90.0
ontrol group ($n=30$)	9	13	8	73.3
χ^2 Value				2.783
<i>P</i> Value				0.095

3. Discussion

The incidence of cancer pain and disease torment in the elderly population is high, which has a great impact on the quality of life of patients, and some of them even suffer from self-harm and suicide. Therefore, strengthening hospice care is of great practical significance. Pain is a subjective sensation and therefore requires accurate assessment of the pain level by health care professionals. In this study, a visual analog scale was first adopted, and for patients who could not be accurately assessed, a facial expression scale was used to assess, which can effectively improve the scientific nature of the assessment results. Also in treatment, it is necessary to refer to the relevant criteria in the treatment guidelines, adopt a standardized analgesic protocol, and strengthen the dynamic assessment during treatment, so as to reduce the adverse effects of analgesic drug use^[3]. Improving quality of life is one of the key principles in the treatment of terminally ill patients, and pain is an unpleasant emotional experience, thus requiring aggressive interventions. Physicians need to pay attention to assessing the nature and extent of patients' pain and focus on the impact of pain on patients' quality of life, enhance health education, and

emphasize the role of standardized treatment for pain relief, thus enabling patients to access effective analgesic measures that can help improve their quality of life.

For elderly terminal patients, nursing support should also be enhanced. Hospice care refers to the provision of various interventions for patients in the terminal phase, including basic care, death education, and psychological care, to improve patients' understanding of death, eliminate fear and anxiety about death, reduce suffering, and improve their quality of life^[4]. Hospice care helps patients improve their psychological condition and gain comfort at the heart level, which helps patients face life with a positive attitude and maximizes their quality of life. In hospice care, it is necessary to provide patients with a comfortable environment as much as possible, satisfy patients' reasonable requirements to the maximum extent, and let family members prepare items cherished by patients, such as old photos and things of memorial significance, which can effectively relieve patients' psychological pressure. At the same time, death education should be strengthened so that patients and family members can understand death correctly and establish the correct concept of death step by step. In the terminal stage, it is necessary to aim at improving the physical and mental conditions of patients, adopt effective pain relief measures, strengthen psychological guidance, help patients to fulfill various unfulfilled wishes, reduce negative emotions, respect patients' choices, and let patients go to the end of their lives in a peaceful and comfortable state. In this study, the change in each score of the observation group was higher than that of the control group ($P<0.05$); the satisfaction of the observation group was higher than that of the control group ($P<0.05$), which shows that the development of hospice care can help improve the quality of life and satisfaction of patients, and can be applied in elderly terminal patients. However, due to the small sample size selected for this study, it is necessary to further expand the sample size for multicenter, randomized controlled observation to improve the credibility of the findings of this study.

In conclusion, the application of hospice care can help reduce patients' pain and improve their quality of life and satisfaction, and can be promoted for use in terminally ill patients in geriatric wards.

References

- [1] Li YL. Measures and effects of implementing humanistic care in the intensive care unit[J]. Journal of Traditional Chinese Medicine Management, 2018,26(17):127-128.
- [2] Jiang Y, Tang JM. Pain-based hospice care in patients with advanced gastric cancer[J]. Nursing Practice and Research, 2020,17(22):30-32.
- [3] Zhong Q, Zhong XJ, Liu ZF. Pain care with hospice care in the care of patients with advanced gastric cancer[J]. China Modern Medicine, 2020,27(25):212-214.
- [4] Cheng CY, Chen LZ, Hu YY. The impact of pain care combined with hospice care on patients with advanced gastric cancer[J]. Chinese Journal of Urban and Rural Enterprise Hygiene, 2019,34(7):150-151.