

Application of focused resolution model in improving quality of life and emotional state of patients with laryngeal or hypopharyngeal cancer

Liu Hong, Yu Wenjun, Yang Lixin, Sun He, Liu Duo*

First Hospital of Jilin University (the Eastern Division), Changchun, Jilin, 130031, China

Keywords: focused solution mode; Laryngeal cancer. Stomach cancer; Psychological intervention

Abstract: Objective: To explore the effect of focused resolution model in the treatment of patients with laryngeal cancer or hypopharyngeal cancer. **Methods:** 92 patients with laryngeal cancer or hypopharyngeal cancer who visited our hospital from June 2018 to June 2019 were treated as observation subjects, and the treatment time of the patients was sorted. The first 46 patients were classified as the control group, and the last 46 patients were classified as the psychological intervention group. The control group was treated with routine therapy, while the psychological intervention group was treated with problem-focused therapy. The experimental observation indexes were psychological state and happiness level of patients. **Results:** After 5 stages of psychological intervention, the scores of anxiety and depression scales in the psychological intervention group were lower than those in the control group, with significant difference ($P < 0.05$). The happiness index of the patients in the psychological intervention group was (84.95 ± 10.73) points, and the happiness index of the patients in the control group was (71.46 ± 11.25) points, the difference was significant ($P < 0.05$). **Conclusion:** To strengthen the psychological intervention of patients with laryngeal cancer or hypopharyngeal cancer in the treatment process can eliminate the negative emotions of patients to some extent, improve the level of happiness and quality of life of patients, and play an irreplaceable role in clinical treatment, so it can be promoted and extended.

1. Introduction

After surgical treatment, many cancer patients usually show obvious psychological trauma and adverse emotional state, which will not only seriously affect the quality of surgery and postoperative rehabilitation effect, but also easily cause a series of complications, making patients suffer from the disease again. Therefore, it is urgent to strengthen psychological intervention for cancer patients. The core belief of the focused solution model is to fully believe in patients' development potential and respect the objective law of individual psychological occurrence and development. This study applied the focused solution model to the clinical treatment of patients with laryngeal cancer and hypopharyngeal cancer, and achieved a good effect. Detailed report is hereby made:

2. Materials and Methods

2.1 General Materials

The 92 patients with laryngeal cancer or hypopharyngeal cancer who visited our hospital from June 2018 to June 2019 were treated as the treatment observation objects. The treatment time of the patients was sorted, the first 46 patients were classified as the control group, and the last 46 patients were classified as the psychological intervention group. In this study, 92 patients have been clearly diagnosed. For participation in this experiment, all patients are voluntary and have signed informed consent. In the control group, there were 40 male patients, 6 female patients, 20 patients suffering from laryngeal cancer and 26 patients suffering from hypopharyngeal cancer. The age distribution was concentrated between 57 and 67 years old. The average length of illness was (4.84 ± 0.52) months. In the psychological intervention group, there were 39 male patients, 7 female patients, 22 patients suffering from laryngeal cancer and 24 patients suffering from hypopharyngeal cancer. The

age distribution was concentrated between 60 and 68 years old. The average length of illness was (5.48 ± 0.62) months. After testing, there was no significant difference in the above basic data ($P > 0.05$), and psychological intervention research could be carried out.

2.2 Methods

Patients in the control group received conventional treatment. The patients in the psychological intervention group were treated with a problem-focused approach. The method is divided into the following five stages:

First, describe the problem phase. First by the medical workers initiate related work, need every day to patients and patients to communicate and communication, understand at this moment the idea of patients, to discuss problems in the process of treatment and patient in solving the problem of the adopted the strategies and methods, attitude to actively cooperate with treatment and reasonable treatment for sure and encourage patients to try to develop their own to fight the disease, in order to increase patients with courage and determination.

Second, the goal construction stage. In addition to the specific situation of patients, medical workers need to establish a common treatment goal with patients and reach a long-term cooperative relationship. Therefore, it is necessary to ask miracle questions to the patients, and explore together with the patients to improve their living conditions after the problem is solved. At this stage, patients should be encouraged to think boldly and innovate, and speak out their own ideas, so as to guide the direction of patients' development and provide good psychological space for patients to cure diseases.

Third, the exception search phase. Breakthrough in order to help the patients psychological barriers, in addition to set clear goals, provide a certain amount of mental energy, also need to find the disease treatment, exceptions, which appeared in the process of the treatment which is beneficial to patients treatment method and means, through the method can make patients effectively organize the past experience and use in the treatment of the current process, make the patients have the feasible methodology.

Forth, Give feedback. Clear goals and specific treatment methods are established for the patient through the three stages above, followed by feedback on the treatment measures taken by the patient. In the feedback process, we should pay attention to the superior power and resources that patients display in the development process, and enhance their subjective initiative and sense of self-worth by giving positive feedback, so that patients can establish a positive cycle in the treatment process and finally achieve the goal of curing the disease.

Fifth, Treatment evaluation stage. In this stage, it is necessary to conduct an overall evaluation of the treatment process, and to capture and evaluate the minor changes of patients, so as to help patients explore the value and significance of progress, so that patients can truly establish their self-growth consciousness from the heart, and establish a lifelong development concept while achieving the simple purpose of treating diseases.

2.3 Observation Indexes

The experimental observation indexes were psychological state and happiness level of patients. When assessing the psychological state of patients, the anxiety level of patients was mainly assessed by SAS scale and the depression level of patients was mainly assessed by SDS scale. In the SDS scale assessment, there are three grades according to the score: major depression (72 or above), moderate depression (63 to 72), and mild depression (53 to 62). On the SAS scale, there were three ratings based on scores: intense anxiety (70 +), moderate anxiety (60 to 69), and mild anxiety (53 to 62).

The GWB scale was used to assess patients' well-being. This scale is composed of 6 factors, a total of 18 test items. The higher the scale score of the patients, the higher their happiness index and the stronger their happiness. Since the retest coefficient of the scale is as high as 0.85, it can accurately reflect the happiness level of patients to a large extent.

2.4 Statistical Methods

All the data obtained from this experiment were entered into SPSS20.0 system for statistical analysis. T test was used for inter-group comparison of measurement data, and $P < 0.05$ was taken as the significant difference indicator.

3. Results

3.1 comparative analysis of psychological status between the two groups of patients

After 5 stages of psychological intervention, the scores of anxiety and depression scales in the psychological intervention group were lower than those in the control group, with significant difference ($P < 0.05$). Specific data are shown in table 1.

Table 1 comparative analysis of psychological status of patients in the two groups

Groups	N	Anxiety score		Depression score	
		Before psychological intervention	After psychological intervention	Before psychological intervention	After psychological intervention
the control group	46	47.43 ± 6.79	32.57 ± 7.43	50.83 ± 8.26	41.36 ± 8.84
the psychological intervention group	46	48.58 ± 7.25	20.47 ± 8.15	51.47 ± 9.03	37.43 ± 9.23
t		1.573	8.489	0.849	7.346
P		>0.05	<0.05	>0.05	<0.05

3.2 comparative analysis of patients' happiness index between the two groups

The happiness index of the patients in the psychological intervention group was (84.95 ± 10.73) points, and the happiness index of the patients in the control group was (71.46 ± 11.25) points, the difference was significant ($P < 0.05$). Specific data are shown in table 2.

Table 2 comparative analysis of happiness index between the two groups of patients

Groups	N	total points	vigor	the degree of depression	joy of life	state of mind level	ability to control emotional behavior	Anxiety relaxation level
the control group	46	71.46 ± 11.25	15.35 ± 4.02	6.36 ± 3.25	6.26 ± 1.52	14.86 ± 5.01	13.46 ± 2.52	21.25 ± 3.85
the psychological intervention group	46	84.95 ± 10.73	18.04 ± 3.46	10.36 ± 3.74	6.46 ± 1.35	15.03 ± 4.02	12.83 ± 2.16	20.36 ± 3.36
t		7.346	5.754	5.498	1.973	1.348	4.326	7.334
P		<0.05	<0.05	<0.05	>0.05	>0.05	<0.05	<0.05

4. Discussion

At present, the mode of focused problem solving with psychological intervention as the core has been widely used in the postoperative treatment of cancer patients. According to the existing research results, this model has a good therapeutic effect for the treatment of diseases such as laryngeal cancer, spinal cord injury and postpartum depression. It can not only improve the patients' bad emotional state, but also enhance their interaction with reality and enhance their ability to cope with diseases and life. The core concept of the problem-focused solution mode is to explore and stimulate the inherent potential of patients, and help patients build the awareness and ability of

seeking medical treatment actively, cooperating with treatment actively and developing treatment methods actively. Since cancer patients do not have a certain psychological preparation when they learn that they are suffering from cancer, it is very easy to burst out a large number of negative emotions, not only psychological state will be greatly damaged, but also will appear depressed, the ability to deal with the reality, as well as world-weary suicide and other conditions.

In this study, the psychological intervention method was applied in postoperative treatment of patients with laryngeal cancer and hypopharyngeal cancer. The experimental results showed that, after five stages of psychological intervention, the scores of anxiety and depression scales in the psychological intervention group were lower than those in the control group, with significant difference ($P < 0.05$). The happiness index of the patients in the psychological intervention group was (84.95 ± 10.73) points, and the happiness index of the patients in the control group was (71.46 ± 11.25) points, the difference was significant ($P < 0.05$). So you can think, focusing on solving schema can mitigate the degree of anxiety and depression of patients, making patients improve some psychological ability, this is mainly because in the process of psychological intervention, medical workers to patients demonstrated positive attitude and reasonable behavior, have played an important role in encouraging patients, and then through the construction of a harmonious interpersonal relationship mode provides patients with emotional support, make the patient no longer Mired in irrational beliefs. In addition, we can know that the patients' cognitive function and quality of life have recovered and developed through the improvement of happiness level. This shows that helping patients develop their individual potential and establishing the consciousness of being responsible for themselves can change the bad habits of patients from various aspects, improve their subjective initiative, develop their personal ability from the perspective of interest, and finally achieve their personal goals.

To sum up, to strengthen the psychological intervention of patients with laryngeal cancer or hypopharyngeal cancer in the treatment process by using the focused solution mode can eliminate the negative emotions of patients to some extent, improve their happiness level and quality of life, and play an irreplaceable role in clinical treatment, so it can be promoted and extended.

References

- [1] Zhang Man, Yan Guozhen, Zhou Mei, et al. Application of focused solution model in improving the quality of life and emotional state of patients with laryngeal or hypopharyngeal cancer [J]. *Contemporary Nurses (the 10th issue)*, 2017(12):109-111.
- [2] Luo Chunyan. The value of focused solution model in improving negative mood and quality of life in elderly hypertensive patients [J]. *Chinese Journal of Gerontology* (21).
- [3] Xu Xiaoqun, Xu Duo, Wu Zheng. Application effect of focused solution model in improving perioperative negative emotions and quality of life of thyroid cancer patients [J]. *Zhejiang Medical*, 2016, 38(17).
- [4] Jiang Peilan, Chen Xuelin, Cai Zhaohong, et al. The value of focused solution model in improving negative emotion and quality of life in uremia patients [J]. *Zhejiang Medical Education*, 2015, 14(5):24-26.
- [5] Xiao Hongying. Observation on the clinical effect of focused solution model in improving the emotional state of patients undergoing laryngeal cancer surgery [J]. *Northern Pharmacy*, 2014(10):152-153.
- [6] Wang Juzi, Liu Chaohua, Ren Shuting. Effects of focused solution model on negative emotions and quality of life of patients undergoing postoperative chemotherapy for lung cancer [J]. *Nursing Research*, 2017, 31(2):511-512.
- [7] Wu Liying, Xie Meilian, Liu Peizhen. Effects of resolution mode on negative emotion and quality of life in patients undergoing radical cervical cancer surgery [J]. *China Medical Innovation*, 2015(31):81-84.

- [8] He Wan, Xi Feng, Luo Chunyan, et al. The value of focused solution model in improving negative emotions and quality of life in elderly hypertensive patients [J]. *Chinese Gerontology*, 2015, v.35(21):6238-6240.
- [9] He Manman. Application of focused solution model in postoperative care of patients with cervical cancer [J]. *Hospital Management BBS*, 2017, 34(12):34-36.
- [10] Jin Honglu, Zhang Jizhou, Zhou Jianshuang. Application of focused solution model in health education and management of patients with cancer pain [J]. *Journal of Nursing Education*, 2015, 30(10):939-941.