The Influence of TCM Emotional Nursing on Anxiety and Depression in Patients with Atrial Fibrillation

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Abstract **Objective:** To explore the effect of traditional Chinese medicine emotional nursing on anxiety and depression in patients with atrial fibrillation. **Methodology:** A total of 68 patients with atrial fibrillation complicated with anxiety and depression admitted to our hospital from September 2020 to August 2021 were selected as the research objects. They were divided into the control group and the observation group by convenience sampling, 34 cases in each group. The control group was given routine nursing, while the observation group was given traditional Chinese medicine emotional nursing on the basis of routine nursing. The nursing satisfaction, SAS score and SDS score of the two groups before and after intervention were compared and analyzed. **Results:** The nursing satisfaction score of the observation group was higher than that of the control group, and the SAS score and SDS score of the observation group were lower than that of the control group, and there were significant differences (P < 0.05). **Conclusion:** For patients with atrial fibrillation, traditional Chinese medicine emotional nursing can effectively reduce or eliminate patients' negative emotions, effectively improve patients' nursing satisfaction, which is worthy of promotion and application in clinical practice.

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1. Introduction

In clinic, atrial fibrillation is a very common disease, mainly manifested as tachyarrhythmia [1]. With the rapid development of our country's economy, the pressure of people's life and work become more and more, and the number of atrial fibrillation patients are increasing. According to relevant statistics, the number of patients with atrial fibrillation has exceeded 8.2 million, and the number of patients with arrhythmia is increasing [2,3]. The development of patients with atrial fibrillation is deeply affected by the psychological state of patients, especially in the onset of atrial fibrillation. Most patients with atrial fibrillation are in a negative mood, which leads to further aggravation of patients' conditions. Therefore, it is very important to pay attention to the psychological changes of patients during the recovery of atrial fibrillation [4].

2. Literature Review

The development of Western psychological nursing has been relatively perfect, the clinical effect has been recognized, and the application is more widely. However, there are differences in cultural traditions, values and living habits between China and the West. The psychological characteristics of Chinese people are obviously different from those of Westerners, so it is necessary to formulate targeted nursing programs according to the actual situation of Chinese patients. As a traditional Chinese medicine therapy, emotional therapy of Traditional Chinese Medicine (TCM) fully embodies the holistic view of the integration of form and spirit and the corresponding relationship between nature and human, which has a positive effect on the treatment of cardiovascular diseases. The method is based on the basic theory of traditional Chinese medicine as the guidance, to establish a good relationship between nurses and patients, the application of scientific and effective nursing methods, for patients to eliminate bad mood, improve the psychological state, so as to achieve the purpose of nursing treatment nursing methods [5].

3. Methodology

Based on this, in this study, 68 patients with atrial fibrillation admitted to our hospital from September 2020

to August 2021 were selected as research objects. To explore the application effect of TCM emotional nursing on anxiety and depression in patients with atrial fibrillation, the report is as follows.

3.1. Participants

Sixty-eight patients with atrial fibrillation admitted to our hospital from September 2020 to August 2021 were selected as the main research objects. Convenience sampling method was used to divide them into control group and observation group.From September 2020 to February 2021, 34 patients who met the exclusion criteria were included in the control group. Thirty-four patients admitted from March 2021 to August 2021 who met the exclusion criteria were included in the observation group. Inclusion criteria: (1) Patients diagnosed with atrial fibrillation (according to the diagnostic criteria of cardiovascular disease); (2) Those with anxiety and depression tendency: anxiety self-rating scale score ≥ 50, depression self-rating scale score ≥ 50; (3) Age ≥ 18 years old (male or female); Exclusion criteria: (1) The condition is severe or accompanied by recognition knowledge, consciousness disorder, unable to cooperate; (2) Patients with obvious aphasia, apraxia and deaf-mute; (3) Those with a history of mental disorders or a positive family history; (4) Patients with severe organ failure or other serious physical diseases cannot cooperate. Exclusion criteria: (1) Other serious diseases or exacerbations during the experiment; (2) Incomplete intervention and insufficient data collection. In the control group, 15 male patients and 19 female patients, The age range was (23-80) years, with an average age of (52.6 ± 15.9) years. In the observation group, there were 18 male patients and 16 female patients, with an age range of (23-89) years and an average age of (51.5 ± 18.9) years. There was no significant difference in the general data between the two groups ($P > 0.05$), which was comparable.

3.2. Research Method

3.2.1. The control group received routine care. Including health education, basic care, medication care, psychological care, regular review and so on [6]. The study period was from the first day of admission to the first day before discharge. (1) Health education: Inform patients of atrial fibrillation disease knowledge introduction, easy to induce the occurrence of atrial fibrillation mechanism, precautions for prevention. (2) Basic nursing: Inform the ward environment, rest, diet, exercise guidance, advocate healthy habits, ensure adequate sleep, avoid staying up late, stop smoking and limit alcohol. (3) Medication care: Guide patients to use drugs safely. Do not buy drugs without permission or add or reduce the dosage without following the doctor's advice. (4) Psychological care: The application of psychological methods to give patients listening, caring, sympathy, comfort, encouragement, explanation and other psychological care. (5) Regular review: patients are told to go to the hospital for regular review and seek medical attention in time when their condition changes.

3.2.2. Observation group of patients on the basis of routine nursing, but also to the TCM emotional nursing intervention [7]. The specific content includes speech heuristics [8], interpretive doubt method [9], musicotherapy [10].

Speech heuristics: This method is adopted for patients' anxiety, depression and other bad emotions. Nursing staff encourage and correct patients' bad emotions through warm language during hospitalization education. However, the premise of the use of speech guidance method is to maintain a friendly and cordial attitude, form a good nurse-patient relationship, effectively remove the patient's inner doubts, narrow the distance between nurses and patients, improve the patient's treatment and nursing compliance. Inform patients about the knowledge of the disease, treatment methods, treatment effect, improve the confidence of overcoming the disease, make them actively cooperate, positive and optimistic thought guidance, objective view of the disease, get rid of distractions, to eliminate the purpose of psychological pressure. Especially for patients with recurrent acute attacks of atrial fibrillation, to relieve their ideological concerns.

Interpretive doubt method: Recurrent atrial fibrillation, especially negative emotions can induce disease exacerbation. For patients with heavy ideological burden, nursing staff choose to talk with patients alone when they are relatively relaxed after the completion of treatment and nursing. To explain the confusion, make "issue list". The most common problems in patients with atrial fibrillation were summarized and high-frequency problems were concluded,(a: Why do I have this disease? b: Does this disease require lifelong medication? c: What causes the disease to worsen? And so on.). Appear "issue list", encourage patients to ask questions independently and answer them patiently, so as to avoid half-understanding, a minor illness is a serious one. Lead to mental tension, emotional anxiety and depression, so that patients understand that a good mood and mentality to promote the recovery of the disease.

Musicotherapy: This method is based on patients' emotional status and personal preferences. Based on the five elements of traditional Chinese medicine (gold, wood, water, fire and earth) and five tones (Shang, horn, feather, sign and palace). Choose the appropriate tone, melody and intensity of the music to play, to achieve the purpose of refreshing, refreshing, regulating emotions. According to the patient's condition and personal hobbies, the patient is asked to listen to music for 30 minutes every day, twice a day or according to their own needs or time arrangement, as appropriate to add or subtract the number of times, pay attention to the selection of the repertoire can not be great joy or sorrow, cause the patient's mood swings too large, to achieve the purpose of soothing the patient's bad mood, improve the psychological state.

4. Data Collection

In this study, observation indicators mainly used include: Nursing satisfaction, Self-Rating Anxiety Scale (SAS) [11], Self-Rating Depression Scale (SDS) [12], (1) Nursing satisfaction: develop the nursing satisfaction questionnaire, before the patient discharged from hospital, through the patient to fill in the nursing satisfaction questionnaire, to obtain nursing satisfaction

score, the total score is 100 points, < 60 is not satisfied, 60 ~ 90 is generally satisfied, ≥90 is satisfied, the sum of general satisfaction and satisfaction is the total satisfaction. (2) SAS was compiled by Zung, with a total of 20 items, which was used to evaluate patients' subjective feelings of anxiety. 50 ~ 60 were mild; 61 to 70 were classified as moderate; A score above 70 is considered severe. This scale is a mature scale, and the SAS score has the norm of Chinese population. The Cronbach's α coefficient of the scale is 0.73, indicating good reliability and validity. (3) SDS was compiled by Zung and consisted of 20 items to evaluate patients' subjective feelings of anxiety. 50 ~ 60 were mild; 61 to 70 were classified as moderate; A score above 70 is considered severe. The table is a mature scale, SDS score has Chinese population norm, Cronbach's α coefficient is 0.79, has good reliability and validity. The patients were assessed for anxiety and depression twice: once upon admission and again 24 hours before discharge, and the nursing satisfaction was assessed 24 hours before discharge.

5. Data Analysis

In this paper, we use the statistical software SPSS 25.0 to analysis the data, measurement data to conform to the normal distribution with $\bar{x}\pm s$, count data expressed with [n] (%), $P < 0.05$, shows that there are significant differences statistically significant.

6. Results

6.1. Comparative Analysis of Nursing Satisfaction between Two Groups

After intervention, the nursing satisfaction of the observation group (95.45%) was higher than that of the control group (81.82%), and there was a significant difference ($P < 0.05$). See Table 1 for details.

6.2. Comparison of SAS and SDS Scores before and after Intervention between the Two Groups

Compared with the SAS score of the control group before and after intervention, the SAS score of the observation group was lower, with significant difference ($P < 0.05$). The SDS score of the observation group was lower than that of the control group before and after intervention, with significant difference ($P < 0.05$). See Table 2 for details.

7. Discussion

In recent years, the incidence of atrial fibrillation has been on the rise, and it has become a major public health problem of great concern to the society. Atrial fibrillation is very easy to cause complications, which will cause the life safety of patients. If the patient suffers from atrial fibrillation, it will have a serious impact on the daily life of the patient and affect people's social activities and work to varying degrees. Meanwhile, the patient is prone to negative emotions and reduce the quality of life of the patient. TCM emotional nursing can be an effective method of emotional relief, for the medical staff to have a deeper understanding of the patient's condition, help them overcome the negative mood of anxiety and depression, answer the patient's disease confusion, improve the recovery confidence. Through this study, it was found that compared with the control group in nursing satisfaction, SDS score and SAS score, the observation group had more advantages, and there were significant differences ($P < 0.05$). Consistent with the study results of Jufeng Shen [13] in patients with myocardial infarction. It is suggested that emotional nursing of traditional Chinese medicine for patients with atrial fibrillation is helpful to improve patients' treatment compliance, improve patients' nursing satisfaction, and reduce or eliminate patients' negative emotions. In "Lingshu Shi Chuan", it is said that "the love of human beings, can not hate death and enjoy life, tell its defeat, the good language, guide it to its will, open it to its ability, although there is no Taoist, evil has the listener", which reflects the important role of emotional nursing in channeling patients' negative emotions [14,15].

8. Conclusion

In conclusion, for patients with atrial fibrillation, emotional nursing of traditional Chinese medicine can effectively reduce or eliminate patients' negative emotions and effectively improve patients' nursing satisfaction, which is worth promoting and applying in clinical practice.

Table 1. Comparison of nursing satisfaction before discharge between the two groups (n, %)

Group	Satisfaction with nursing			
	dissatisfaction (n)	Medium satisfaction (n)	satisfaction (n)	overall satisfaction (%)
Observation group (n=34)	2	16	32	95.45
Control group (n=34)	9	18	23	81.82

Table 2. Comparison of SAS and SDS scores before and after intervention between the two groups, $\bar{x}\pm s$

Group	SAS		SDS	
	Before intervention	After intervention	Before intervention	After intervention
Observation group (n=34)	54.15±2.79	34.51±6.97	57.59±4.53	28.47±5.19
Control group (n=34)	53.97±2.28	46.24±8.01	56.56±3.31	42.97±4.61
t-value	0.286	7.404	1.069	12.183
P-value	0.776	<0.001	0.289	<0.001

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Conflict of Interest Disclosure

There are no conflicts of interest.

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