Application Analysis of Whole-Process Health Education Model in Cardiovascular Nursing Management

Shuang Li and Yan Gu*

The First Hospital of Jilin University, Changchun, Jilin, 130021, China

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Abstract: Objective: To analyze the application value of whole-process health education model in cardiovascular nursing management. **Methods:** 100 cases of cardiovascular patients admitted to our hospital were selected, the clinical data of the two groups were statistically analyzed, and were randomly divided into the observation group and the control group, 50 cases in each group. The observation group was provided with a whole-course health education model, while the control group was provided with a routine nursing model. The two groups were compared to the patients' medication compliance, outpatient follow-up compliance and lifestyle compliance at different stages before and after nursing. At the same time, the scores of medical and health cognition and daily life health cognition of the two groups were also compared. Then, the scores of physiological indicators during the period of hospitalization were compared. **Results:** Patients in the observation group had higher compliance and health awareness, and all physiological indicators in the observation group during admission were higher than those in the control group. There were significant differences in the comparative analysis between the two groups ($P<0.05$). **Conclusion:** In cardiovascular nursing, health education should be carried out for patients in combination with patients' disease problems, and health publicity and health problem explanation should be carried out before and after patients' admission, which is conducive to improving patients' bad habits, improving patients' awareness and compliance after admission, and improving patients' physiological indicators. Whole-course health education model is suitable for cardiovascular patient care activities.

1. Introduction

Cardiovascular disease is associated with the habit of life of patients with more, not only requires the patient take rests, should also maintain the stability of emotion, pay attention to control the "three highs", and actively exercise, timely release of pressure in life, through diet control, collaborative drug treatment, not just by disease of drug intervention, patients' health awareness and daily habits and so on is also a necessary condition for disease control, which requires patients in the treatment of cardiovascular, actively cooperate with the whole health education to patients, can change the bad habits of patients, fundamentally eliminate the recurrence of the disease patients, curb complications, clinical compliance degree is higher, The patient is in good physical and psychological condition.

2. Materials and Methods

2.1 General Materials

100 cases of cardiovascular patients admitted to our hospital were selected, the clinical data of the two groups were statistically analyzed, and were randomly divided into the observation group and the control group, 50 cases in each group. The observation group was provided with a whole-course health education model, while the control group was provided with a routine nursing model.A whole-course health education model was applied. There were 27 male patients and 23 female patients in the observation group, and the age of the patients ranged from 66 to 82 years old,

with an average age of (68.25±9.41) years old; In the control group, there were 31 male patients and 19 female patients, whose age ranged from 63 to 83 years old, with an average age of (70.54±10.26) years old. Congenital cardiovascular disease was excluded in this survey, and the acquired cardiovascular diseases of the patients included: 10 cases of atherosclerosis; 9 cases of rheumatic heart disease; 11 cases of pulmonary heart disease; 12 cases of infectious heart disease; Secretory heart disease in 13 cases; Blood heart disease: 15 cases; Nutritional metabolic heart disease: 7 cases; 6 cases of cardiac neurosis; The other 17 cases.

2.2 Methods

Routine care:

Patients feel pain, to assist the patient to rest in comfortable position, keep the environment quiet, help people release their, loose the neckline cuffs, let the patient more relaxed, introduce according to the doctor's advice to medicine, sublingual including suits, intravenous injection, both must pay attention to the corresponding items, and make notes with the patient, such as transfusion patients do not adjust at will drop should be charged, intravenous drip nitroglycerin group of patients may face flush fluid, should illustrate the possibility in advance, and avoid causing panic patients, patients if need to go out activities, should be prepared to small boxes to require patients carry emergency medicine, The family member of the patient should make clear the location of the patient's drug storage, and explain the storage requirements of the drug with the patient.

Whole-process health education and nursing:

(1) To strengthen the psychological induction of patients, patients with cardiovascular disease easily affected by the psychological mood, should assess patients psychological status, assist in combination with the patient to keep breathing smooth, such as when a patient is shortness of breath, lie down to rest, semi-fowler, sit lie to someone, make cross every drop, increase lung capacity, reduce the breathing difficulties, legs when sitting or semi-fowler prolapse, due to the gravity, the lower half of venous blood and edema fluid flow decreases, thus change HP also reduce, can relieve the degree of congestion and edema of the lungs, improve breathing difficulties. With the patient information of position, scientific problems such as the side effects of drugs, and take the initiative to ask the patient's feelings, encourage patients to say inner doubts, talk to the patients with close, after can be combined with medical environment, guide the patients in hospital through music, painting and other active hobby to keep happy, also shows that with the family not bad news communication with patients, the treatment of patients with optimistic attitude.

(2) Organize the patients to carry out propaganda and lecture activities. After the patients' condition is under control, carry out educational activities within the patients, such as chess, etc., which can divert the patients' attention, shorten the distance between the patients and the activities, and introduce the cardiovascular diseases naturally. During the mission, patients are encouraged to ask questions freely, record the questions that all patients are confused about, and take the initiative to explain in the follow-up mission. Brief and comprehensive explanations should be made on the spot, video content should be edited, and a atlas should be created based on the common clinical problems of patients, so that patients can refer to it by themselves.

(3) Food digestible and not easy to ferment food, prevent the occurrence of constipation, obese people should control diet, weight loss. Patients during the treatment, nursing staff should show understanding and respect, between words, little affectations, both must pay attention to from stimulus patients, let patients get me wrong, and are always ready to service the patients express, can be combined with the patient's physical quality, guide the simple training, exercise, such as cable machine can put the tubing in patients with body in front of or behind the neck, hands holding the ends of the cable machine tensile, women can choose yoga belt, training can not only shape beauty, also can improve the patients' lung function and stability of heart rate, etc.

(4) The contact number of the hospital, the contact number of nursing staff, systolic blood pressure standard value, fasting blood glucose value, male and female waist circumference ideal value were all explained to the patients, requiring the patients to pay attention to their own clinical data during the examination to understand the problems they should control. Communicate with

nursing staff in time if any problem occurs, and take care of yourself after discharge, and continue the nursing to family education.

2.3 Observation Indicators

The two groups were compared for medication compliance, outpatient follow-up compliance and lifestyle compliance at different stages before and after nursing. At the same time, the scores of medical and health cognition and daily life health cognition of the two groups were also compared. Then, the scores of physiological indicators during the period of hospitalization were compared.

2.4 Statistical Methods

Choose SPSS intelligent analysis system, building database according to material properties and analogy unit observation data, the hypothesis is tested samples with X^2, covered by the statistical mean, geometric mean and the median involves the quantity take t test, x±s (mean + _standard deviation) for the average standard deviation of plus or minus, P as the probability value, contrast there were significant differences between groups, $P < 0.05$, contrast there is no difference between groups ($P > 0.05$).

3. Results

Table 1. Compliance evaluation before and after nursing in the two groups

group	time	medication compliance	outpatient follow-up compliance	lifestyle compliance
the observation group	care before	45.23±6.25	58.49±6.28	38.69±7.49
	care after	61.29±8.52	71.26±5.48	49.58±6.25
the control group	care before	40.19±5.75	58.94±5.76	37.49±5.29
	care after	47.59±6.32	60.15±4.29	40.59±10.29

Table 2. Disease awareness scores of the two groups after nursing

group	n	medical health cognition	health cognition of ADL	total score
the observation group	50	84.25±10.59	80.29±6.74	88.59±7.49
the control group	50	77.51±12.64	70.94±5.69	76.29±12.84
X^2	-	6.524	5.485	5.784
P	-	<0.05	<0.05	<0.05

Table 3. Comparison of mental health indicators between the two groups (score, $\bar{x}$±s）

group	n	adaptive capacity to environment	psychological tolerance	rhythmicity of mental activity	level of consciousness	the ability to recover from trauma
the observation group	50	8.25±1.15	8.41±0.46	8.49±1.02	8.96±1.07	8.49±1.06
the control group	50	5.48±1.29	6.15±2.74	5.41±3.26	6.19±2.59	4.29±2.14
t	-	5.275	5.263	4.152	4.632	4.953
P	-	<0.05	<0.05	<0.05	<0.05	<0.05

4. Discussion

The whole health education started with the first side of the patients and nursing staff contact, to the patients discharged from hospital after no problem with the back end of a period of time, the entire health care should be combined with the clinical manifestations in patients with cardiovascular, analysis and assessment during cardiovascular disease in patients with psychological mood, physiological status, understand the patient's family environment and daily habits, to comprehensively control the patient's disease cause, fundamentally ban patients diet, optional activities at random, the patient only combining the doctor's advice, rational drug use and ability of self-regulation in life, to meet the requirements of the goal of treatment, the desired effect of nursing, Of the whole health education should be looking for more and more rich, more relaxed forms of propaganda and education, not only to word of mouth, face to face communication with patients, patients should also explore other accessible in mission mode, such as this article describes the video chat, play chess activities in the nature, atlas education forms, etc., also should pay attention to the patient's eating and exercise habits, and from the perspective of medical, let patients clear their own problems, such as weight control goal, understand the corresponding boundary value of the clinical data, such as systolic blood pressure values below 140 MMHG, patients if not up to standard, should have some understanding of systolic blood pressure to adjust pay attention to the problem of life, Cooperate with medical treatment to carry out self-analysis to improve the nursing management effect of cardiovascular patients under the mode of whole-course health education.

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