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论著

基于 Roy 适应模式干预青年急性心肌梗死患者疾病恐惧和污名化研究

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摘要 目的:探讨基于 Roy 适应模式干预青年急性心肌梗死患者疾病恐惧和污名化、改善其治疗依从性的机制。方法:选取 2023 年 10 月至 2024 年 9 月在天津市胸科医院住院治疗的青年急性心肌梗死患者 150 例作为调查对象,随机平均分为对照组和干预组。对照组采用急性心肌梗死常规护理,干预组采用急性心肌梗死常规护理结合基于 Roy 适应模式的护理干预方案。对比分析两组患者治疗前后焦虑自评量表(SAS)、抑郁自评量表(SDS)、一般自我效能感量表(GSES)、恐惧疾病进展简化量表(FoP-Q-SF)、Morisky 用药依从性量表(MMAS-8)、公众污名量表(PDDS)、自我耻辱感量表(SSOSH)评分的差异。结果:治疗后 1 个月、2 个月、3 个月,两组患者 SAS 量表评分均较治疗前降低,且干预组的评分均低于对照组($t=3.016、20.479、25.447$,均 $P<0.05$);两组患者 SDS 量表评分均较治疗前降低,且干预组的评分均低于对照组($t=5.700、17.545、14.704$,均 $P<0.05$);两组患者 FoP-Q-SF 量表评分均较治疗前降低,且干预组的评分均低于对照组($t=3.854、3.933、3.934$,均 $P<0.05$);两组患者 PDDS 量表评分均较治疗前降低,且干预组的评分均低于对照组($t=5.243、8.777、10.149$,均 $P<0.05$);两组患者 SSOSH 量表评分均较治疗前降低,且干预组的评分均低于对照组($t=6.851、10.498、6.728$,均 $P<0.05$);两组患者 GSES 量表评分均较治疗前升高,且干预组的评分均高于对照组($t=3.374、4.441、10.277$,均 $P<0.05$);两组患者 MMAS-8 量表评分均较治疗前升高,且干预组的评分均高于对照组($t=2.877、5.030、4.963$,均 $P<0.05$)。结论:基于 Roy 适应模式的护理干预可以降低青年急性心肌梗死患者的疾病恐惧和污名化,降低其焦虑抑郁水平,提高其治疗依从性和自我管理能力和自我管理能力,改善患者生活质量。

关键词 Roy 适应模式;护理干预;青年;急性心肌梗死;疾病恐惧;污名化;治疗依从性

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Intervention of disease fear and stigma in young patients with acute myocardial infarction based on Roy adaptation model

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Abstract Objective: To explore the mechanism of intervention with disease fear and stigma to improve treatment compliance in young patients with acute myocardial infarction based on Roy adaptation model. **Methods:** A total of 150 young patients with acute myocardial infarction hospitalized in Tianjin Chest Hospital from October 2023 to September 2024 were selected as the investigation objects and randomly divided into 2 groups, namely control group and intervention group. The control group received routine care for acute myocardial infarction, while the intervention group was treated with acute myocardial infarction routine nursing combined with nursing intervention scheme based on Roy adaptation model. Self-Rating Anxiety Scale(SAS), Self-Rating Depression Scale (SDS), General Self-Efficacy Scale(GSES), Fear of Progression Questionnaire-Short Form (FoP-Q-SF), Morisky medication adherence scale (MMAS-8), Perceived defamation-Discrimination scale (PDDS), and Self Stigma of Seeking Help Scale (SSOSH) were compared and analyzed between the two groups before and after treatment. **Results:** At 1 month, 2 months and 3 months after treatment, the scores of SAS scales in both groups were lower than before treatment, and the scores of the intervention group were lower than those of the control group ($t=3.016, 20.479, 25.447$, all $P<0.05$); the scores of SDS scales in both groups were lower than before treatment, and the scores of the intervention group were lower than those of the control group ($t=5.700, 17.545, 14.704$, all $P<0.05$); the scores of FoP-Q-SF scales in both groups were lower than before treatment, and the scores of the intervention group were lower than those of the control group ($t=3.854, 3.933, 3.934$, all $P<0.05$); the scores of PDDS scales in both groups were lower than before treatment, and the scores of the intervention group were lower than those of the control group ($t=5.243, 8.777, 10.149$, all $P<0.05$); the scores of SSOSH scales in both groups were lower than those before treatment, and the scores of the intervention group

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were lower than those of the control group ($t=6.851, 10.498, 6.728$, all $P<0.05$); the scores of GSES scales in both groups were higher than those before treatment, and the scores of the intervention group were higher than those of the control group ($t=3.374, 4.441, 10.277$, all $P<0.05$); the scores of MMAS-8 scales in both groups were higher than those before treatment, and the scores of the intervention group were higher than those of the control group ($t=2.877, 5.030, 4.963$, all $P<0.05$). **Conclusion:** Nursing intervention based on Roy adaptation model can reduce disease fear and stigma in young patients with acute myocardial infarction, lower anxiety and depression level, improve treatment compliance and self-management ability, and enhance patients' quality of life.

Key words Roy adaptation model; nursing intervention; youth; acute myocardial infarction; fear of disease; stigmatization; treatment compliance

急性心肌梗死(AMI)是世界范围内导致患者死亡的重要原因,年轻患者(≤ 45 岁)的AMI发病率正在逐渐增长。研究表明,疾病恐惧和污名化广泛存在于青年AMI患者中,其中疾病恐惧是青年AMI患者最常见的心理负担之一^[1]。Roy适应模式的护理干预最早是由Callista Roy提出的,研究认为人类是一个完整的适应系统,生命是一个不断适应各种内外环境刺激的过程,且护理的目的是促进人们不断适应环境的变化,保持人的身体、心理和社会的完整性,以提高国民的健康水平^[2]。Roy适应模式在护理实践中应用广泛,尤其在针对青年AMI患者的护理中显示出独特优势^[3]。在护理实践中,Roy适应模式指导护理人员评估患者的适应能力,通过控制刺激和增强应对机制,促进患者的适应性反应,减少无效反应,从而改善健康状况。该模式为护理干预提供了理论基础,特别是在针对青年AMI患者的疾病恐惧和污名化问题上,有助于提高其治疗依从性^[4]。本研究拟探讨基于Roy适应模式干预青年AMI患者疾病恐惧和污名化,改善其治疗依从性的机制,希望为临床工作提供参考。

1 对象与方法

1.1 研究对象 选取2023年10月至2024年9月在天津市胸科医院住院治疗的青年AMI患者150例作为调查对象。纳入标准:(1)入选患者均符合AMI的诊断标准。(2)年龄18~45岁。(3)患者的临床资料完整且已签署知情同意书。排除标准:(1)合并其他肿瘤疾病者。(2)精神或意识障碍者。(3)不能配合完成本次研究的患者。本研究已获得天津市胸科医院伦理审查委员会批准(2025LW-03)。

1.2 方法

1.2.1 研究分组 将150例青年AMI患者按照随机数字法分为对照组($n=75$)和干预组($n=75$)。对照组采用AMI常规护理,主要护理措施包括:入院评估、疼痛护理、术前宣教,饮食指导、活动休息指导、并发症预防及护理,并根据患者个体差异,实施个性化护理,帮助患者建立战胜疾病的信心,减轻患者心理压力,进行常规的心理干预。

干预组采用Roy适应模式的护理干预方案。干预组在干预前(入院前2d病情平稳时)采用AMI常规护理,干预后在常规护理的基础上,将Roy适应模式贯穿于整个护理过程,并根据患者情况制定相应的护理计划。具体措施:住院期间采取持续干预模式,出院后每个月随访1次,共3次:(1)初步评估:干预小组通过观察、交流、身体功能检查等方式收集患者的基础资料和临床资料,评估患者相互依赖、生理功能、角色功能、自我概念等因素,区分适应性反应和无效反应。(2)二次评估:收集并识别导致患者无效反应的内在刺激、相关刺激和主要刺激,进一步明确影响因素。(3)护理诊断:根据收集和总结的上述数据以及收集到的证据,提出患者现有或潜在的护理诊断。(4)目标制定:制定相应的护理目标,积极将无效反应转化为适应性反应,扩大适应范围,以达到满意的临床护理效果。(5)护理措施:针对各种适应性问题制定相应的护理措施,减少相应刺激的频率和强度,促进患者在生理功能、相互依赖、角色功能、自我概念4个方面的适应性。①生理功能:当青年AMI患者因体力不足而感到不适时,要保持环境安静舒适,卧床休息,解释原因,指导患者放松技巧和应对方法。青年AMI易受体位、饮食、病情变化、情绪、季节、气候等因素影响,应计算患者的每日能量需求,并实施适当的饮食干预,控制热量、钠盐的摄入,增加钙和钾的摄入。睡眠和排便习惯的问题也应及时处理。根据患者的病情和个体的身体承受力,制定个性化的运动指导,帮助患者养成良好的生活习惯。②相互依赖:患者对长期治疗和战胜疾病的信心大部分来源于家庭成员的有效鼓励和监督,应鼓励家庭成员参与患者的康复治疗,让患者感到被尊重、被需要。③角色功能:使患者逐渐意识到对整个家庭和社会的重要性,增强他们的家庭和社会责任感。此外,鼓励患者参与制定康复护理计划,积极面对疾病并配合医务人员。④自我概念:护理人员积极通过沟通及时了解患者的心理状态。运用健康手册、宣教视频、微信、讲座等多种形式对患者进行健康教育,促进其

对自身疾病的认识和评估,保持良好的心态。对于具有消极自我概念的患者,护理人员通过建立群体,让患者接触到成功应对疾病的人,增强患者战胜疾病的信心,形成积极的自我概念,借鉴以往应对困难的成功经验,制定应对疾病的策略。

1.3 观察指标 治疗前、治疗后1个月、治疗后2个月和治疗后3个月,对两组患者使用以下量表进行测评:(1)焦虑自评量表(SAS)^[5],该量表的 Cronbach's α 值为 0.87。(2)抑郁自评量表(SDS)^[6],该量表的 Cronbach's α 值为 0.89。(3)一般自我效能感量表(GSES)^[7],该量表的 Cronbach's α 值为 0.87。(4)恐惧疾病进展简化量表(FoP-Q-SF)^[8],该量表的 Cronbach's α 值为 0.90。(5)Morisky 用药依从性量表(MMAS-8)^[9],该量表的 Cronbach's α 值为 0.91。(6)公众污名量表(PDDS)^[10],该量表的 Cronbach's α 值为 0.89。(7)自我耻辱感量表(SSOSH)^[11],该量表的 Cronbach's α 值为 0.84。以上量表均具有较高的信度和效度。

1.4 统计学处理 使用 SPSS.22 软件进行统计分析,符合正态分布的计量数据表示为 $\bar{x}\pm s$ 。计量资料采用单向方差分析(ANOVA)、独立的 t 检验以及 Mann-Whitney U 检验,分类变量采用卡方检验。 $P < 0.05$ 为差异具有统计学意义。

2 结果

2.1 两组患者一般资料比较 两组在年龄、性别、体重指数(BMI)、吸烟史、饮酒史、高血压史、高脂血症史、糖尿病史、心绞痛发作史和早发冠心病家族史方面,差异均无统计学意义(均 $P > 0.05$),见表 1。

表 2 两组患者治疗前后焦虑自评量表评分比较(分, $\bar{x}\pm s$)

Tab.2 Comparison of SAS fraction between the two groups before and after intervention (score, $\bar{x}\pm s$)

组别	治疗前	治疗后			F	P
		1个月	2个月	3个月		
干预组(n=75)	73.56±18.13	61.96±19.27	31.00±5.02	27.55±1.32	221.035	0.000
对照组(n=75)	74.47±15.81	69.99±14.76	62.35±11.87	51.92±8.23	40.540	0.000
t	0.319	3.016	20.479	25.447	-	-
P	0.750	0.004	0.000	0.000	-	-

注:SAS:焦虑自评量表

表 3 两组患者治疗前后抑郁自评量表评分比较(分, $\bar{x}\pm s$)

Tab.3 Comparison of SDS fraction between the two groups before and after intervention (score, $\bar{x}\pm s$)

组别	治疗前	治疗后			F	P
		1个月	2个月	3个月		
干预组(n=75)	69.91±13.53	53.31±10.49	32.73±5.05	27.36±1.41	342.269	0.000
对照组(n=75)	69.47±13.04	63.71±10.94	51.24±7.77	42.60±8.97	97.340	0.000
t	0.209	5.700	17.545	14.704	-	-
P	0.835	0.000	0.000	0.000	-	-

注:SDS:抑郁自评量表

表 1 两组一般资料比较[n(%), $\bar{x}\pm s$]

Tab.1 Comparison of general data between two groups

[n(%), $\bar{x}\pm s$]

项目	干预组(n=75)	对照组(n=75)	t/ χ^2	P
年龄(岁)	37.44±4.40	37.63±4.43	8.137	0.918
性别			0.698	0.403
男	48(64.00)	43(57.33)		
女	27(36.00)	32(42.67)		
BMI(kg/m ²)	23.00±2.32	23.71±2.54	1.915	0.059
吸烟史	25(33.33)	27(36.00)	0.118	0.731
饮酒史	20(26.67)	22(29.33)	0.132	0.716
高血压史	11(14.67)	12(16.00)	0.051	0.821
高脂血症史	3(4.00)	4(5.33)	0.150	0.699
糖尿病史	9(12.00)	10(13.33)	0.060	0.806
心绞痛发作史	7(9.33)	8(10.67)	0.074	0.785
早发冠心病家族史	6(8.00)	8(10.67)	0.315	0.575

注: BMI: 体重指数

2.2 两组患者治疗前后 SAS 评分比较 两组患者 SAS 评分较治疗前降低,且干预组的评分低于对照组($P < 0.05$),见表 2。

2.3 两组患者治疗前后 SDS 评分比较 两组患者 SDS 评分较治疗前降低,且干预组的评分低于对照组($P < 0.05$),见表 3。

2.4 两组患者治疗前后 GSES 评分比较 两组患者 GSES 评分较治疗前升高,且干预组的评分高于对照组($P < 0.05$),见表 4。

2.5 两组患者治疗前后 FoP-Q-SF 评分比较 两组患者 FoP-Q-SF 量表评分较治疗前降低,且干预

组的评分低于对照组 ($P < 0.05$), 见表 5。

2.6 两组患者治疗前后 MMAS-8 评分比较 两组患者 MMAS-8 评分较治疗前升高, 且干预组的评分高于对照组 ($P < 0.05$), 见表 6。

2.7 两组患者治疗前后 PDDS 评分比较 两组患者

PDDS 评分较治疗前降低, 且干预组的评分低于对照组 ($P < 0.05$), 见表 7。

2.8 两组患者治疗前后 SSOSH 评分比较 两组患者 SSOSH 评分较治疗前降低, 且干预组的评分低于对照组 ($P < 0.05$), 见表 8。

表 4 两组患者治疗前后一般自我效能感量表评分比较(分, $\bar{x} \pm s$)

Tab.4 Comparison of GSES between the two groups before and after intervention (score, $\bar{x} \pm s$)

组别	治疗前	治疗后			F	P
		1 个月	2 个月	3 个月		
干预组(n=75)	1.49±0.50	1.75±0.44	2.56±1.03	3.76±0.43	195.951	0.000
对照组(n=75)	1.43±0.49	1.48±0.50	1.92±0.67	2.64±0.83	55.324	0.000
t	0.928	3.374	4.441	10.277	-	-
P	0.357	0.001	0.000	0.000	-	-

注: GSES: 一般自我效能感量表

表 5 两组患者治疗前后恐惧疾病进展简化量表评分比较(分, $\bar{x} \pm s$)

Tab.5 Comparison of the fraction of the FoP-Q-SF between the two groups before and after intervention (score, $\bar{x} \pm s$)

组别	治疗前	治疗后			F	P
		1 个月	2 个月	3 个月		
干预组(n=75)	49.92±5.41	40.99±10.49	34.65±8.51	25.99±7.89	113.826	0.000
对照组(n=75)	49.87±7.30	46.99±8.21	39.41±7.35	30.99±7.10	101.633	0.000
t	0.049	3.854	3.933	3.934	-	-
P	0.961	0.000	0.000	0.000	-	-

注: FoP-Q-SF: 恐惧疾病进展简化量表

表 6 两组患者治疗前后 Morisky 用药依从性量表评分比较(分, $\bar{x} \pm s$)

Tab.6 Comparison of MMAS-8 fraction between the two groups before and after intervention (score, $\bar{x} \pm s$)

组别	治疗前	治疗后			F	P
		1 个月	2 个月	3 个月		
干预组(n=75)	4.21±1.28	5.38±1.31	6.44±1.06	7.33±0.70	110.557	0.000
对照组(n=75)	4.46±1.16	4.77±1.14	5.48±1.05	6.69±0.90	62.436	0.000
t	1.200	2.877	5.030	4.963	-	-
P	0.234	0.005	0.000	0.000	-	-

注: MMAS-8: Morisky 用药依从性量表

表 7 两组患者治疗前后公众污名量表评分比较(分, $\bar{x} \pm s$)

Tab.7 Comparison of Public Stigma Scale between the two groups before and after intervention (score, $\bar{x} \pm s$)

组别	治疗前	治疗后			F	P
		1 个月	2 个月	3 个月		
干预组(n=75)	42.45±3.83	34.44±5.78	27.55±4.68	17.67±2.63	442.742	0.000
对照组(n=75)	42.79±3.61	38.68±4.03	34.67±4.36	26.13±6.57	175.015	0.000
t	0.528	5.243	8.777	10.149	-	-
P	0.599	0.000	0.000	0.000	-	-

表 8 两组患者治疗前后自我耻辱感量表评分比较(分, $\bar{x} \pm s$)

Tab.8 Comparison of SSOSH between the two groups before and after intervention (score, $\bar{x} \pm s$)

组别	治疗前	治疗后			F	P
		1 个月	2 个月	3 个月		
干预组(n=75)	47.97±1.38	40.12±6.18	34.40±5.71	25.12±5.85	271.054	0.000
对照组(n=75)	47.63±1.19	45.12±1.91	42.31±3.23	32.84±8.30	149.364	0.000
t	1.563	6.851	10.498	6.728	-	-
P	0.122	0.000	0.000	0.000	-	-

注: SSOSH: 自我耻辱感量表

3 讨论

近年来,在预防管理措施不断实施的同时,青年AMI患者的疾病认知、自我管理能力和药物依从性效果仍然较差,这与疾病恐惧和污名化息息相关^[12-13]。良好的自我管理是改善青年AMI患者健康状况的最有效措施,将治疗依从性的提升纳入青年AMI患者的干预目标,可以延缓疾病的发展,预防并发症的发生,带来长期的临床效益。研究表明,基于Roy适应模式的护理干预通过全面评估患者的生理功能、自我概念、角色功能和相互依赖关系,制定针对性的护理计划,可显著降低患者的耻辱感,改善焦虑、抑郁负性情绪,提高患者的心理弹性和自尊水平,帮助患者更乐观地应对治疗后的变化,更快地适应新生活。通过个性化的健康教育、心理支持和行为指导,可有效提高患者的自我效能感和自我管理能力,进而改善青年AMI患者治疗依从性,这一发现与其他学者采用Roy护理对AMI患者治疗依从性的研究结果相一致^[12,14]。

根据研究结果,对疾病进展表现出高度恐惧的青年AMI患者有更高程度的自我污名化,对于很多患者而言,后一种痛苦远比前一种更致命,因为它以道德评判的方式使患者蒙羞。青年AMI患者可能会因为疼痛、感染等身体不适而加重抑郁,从而减少社会交往和社会支持,导致自我效能感低,由于负面情绪的积累,患者可能会出现疾病引起的负面自我形象,导致自我孤立,担心在人际交往中被排斥和歧视,从而产生高度的污名化和社会异化。本研究证实,干预后,Roy适应模式各适应维度的平均得分显著提高,这是因为青年AMI患者遵循护理建议,改变生活方式,以控制和避免疾病的不良后果。另一项研究也证实,根据Roy适应理论对青年AMI患者进行护理干预,与传统护理相比,显著降低了患者的耻辱感^[15]。由此可推测,通过教育和鼓励,也能够有效减少青年AMI患者对手术的恐惧和抗拒,在一定程度上减轻手术引起的应激反应,从而提高术后用药依从性。因此,基于Roy适应模式的护理干预在青年AMI患者中取得了显著效果。通过针对性地减轻患者的疾病恐惧和污名化感知,有效提升了其治疗依从性。该模式不仅关注患者的生理症状,更重视其心理和社会层面的适应。干预后,患者的心态更加积极,对治疗的接受度显著提高,从而促进了疾病的康复进程。这一成果进一步验证了

Roy适应模式在青年AMI患者护理中的有效性和实用性,为临床护理工作提供了新的思路和方向。

综上所述,基于Roy适应模式的护理干预可以降低青年AMI患者疾病恐惧和污名化,降低焦虑抑郁水平,提高其治疗依从性和自我管理能力和改善生活质量,值得临床推广使用。

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