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ORIGINAL ARTICLE

Randomized Controlled Trial

Effect of sequential nursing care combined with communication intervention on visual recovery and pain after cataract ultrasound emulsification

Jing-Cao Wang, Qing Zhang, Man-Rong Yu, Yun-Xia Yang, Hui-Min Jiang

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Abstract

BACKGROUND

Cataracts are a common ophthalmic disease and postoperative vision recovery is crucial to patient quality of life. Rational and efficient care models play an important role in promoting vision recovery.

AIM

To evaluate the clinical effectiveness of procedural nursing care combined with communication intervention in vision recovery after cataract ultrasound emulsification.

METHODS

A randomized controlled study was conducted on 100 patients with cataracts who underwent ultrasound emulsification surgery. They were randomly assigned to an experimental group or a control group. The experimental group received procedural nursing combined with Connect, Introduce, Communicate, Ask, Respond, Exit (CICARE) communication intervention, whereas the control group received conventional nursing. The effectiveness of the nursing model was assessed by comparing differences in vision recovery, pain scores, and mental health status between the two groups.

RESULTS

It was found that over time the visual acuity of patients in both groups gradually recovered and patients in the experimental group had lower pain scores and superior mental health status than the control group ($P < 0.05$).

CONCLUSION
Procedural nursing combined with CICARE communication intervention has positive effects on vision recovery in patients after cataract ultrasound emulsification.

Key Words: Sequential nursing; Communication intervention; CICARE; Cataract ultrasound emulsification; Vision restoration

Core Tip: Sequential nursing care combined with Connect, Introduce, Communicate, Ask, Respond, Exit communication intervention effectively promoted visual recovery and reduced pain after cataract ultrasonoemulsification surgery.

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INTRODUCTION

Cataract is a common ophthalmic condition that causes visual impairment, mainly due to clouding of the lens in the eye [1]. The clouding may be caused by a variety of factors such as aging, genetics, local nutritional disorders, and immune and metabolic abnormalities. In addition, exposure to bright light, smoking, alcohol abuse, malnutrition, and long-term glucocorticoid use increase the risk of cataracts. The incidence of cataracts increases with age. This is mainly due to age-related degenerative changes in the lens that lead to cataracts. The prevalence of cataracts is particularly high in middle-aged and older adults aged over 40 years, with cataracts being more prevalent in the 50-60 age group[2]. Moreover, the prevalence of cataract increases with age, but has also shown an increasing trend in recent years. This may be related to changes in factors such as modern lifestyle, environmental factors, or genetic factors[3]. Cataract ultrasonic emulsification aspiration combined with intraocular lens (IOL) implantation is commonly performed in the clinic because of the advantages of small incisions, mild reaction, and minor postoperative astigmatism; it is currently the most effective method to cure cataract and rebuild visual function. With the continuous improvement of surgical methods and innovation of IOL and implantation devices, cataract surgery has been perfected and has achieved satisfactory results in reconstructing visual function. The principle of the procedure is as follows: A probe with an ultrasound handle vibrates linearly in the longitudinal direction at a very high speed, and the rapidly vibrating probe cuts into the lens, emulsifying it into small pieces, and they are sucked out through the core of the probe[4].

Procedural nursing is a standardized and regulated nursing model that ensures the quality and efficiency of nursing care through the development of clear nursing procedures and operational protocols. It emphasizes the standardized, scientific, and systematic nature of nursing care and focuses on optimization and improvement of the nursing process to improve the quality of care and patient satisfaction[5]. Procedural nursing has several characteristics including standardization, systematization, relevance, continuity, and evaluation. It defines a series of tasks and activities performed in a specific sequence to ensure consistency in the quality and effectiveness of care[6]. The nursing procedure is a systematic process involving multiple steps and components that must be completed in collaboration with the entire team. Also, the nursing process is based on the individualized needs of the patient and is designed to provide the best possible healthcare. In addition, the nursing process is not a one-time activity but rather an ongoing process that is required to be updated and adapted throughout the nursing process. Finally, the process of care should be evaluated to determine whether it is effective and to make timely corrections and improvements. The Connect, Introduce, Communicate, Ask, Respond, Exit (CICARE) model of communication intervention is a process-oriented approach implemented by healthcare organizations in the United States that promotes the delivery of healthcare services to patients in a manner that conveys a sense of respect, acceptance, and care for the patient[6]. There are six key steps in the CICARE process: Connect, introduce, communicate, ask, respond, and exit[7].

There are few previous studies on procedural nursing combined with CICARE communication intervention and the present study aimed to explore the effects of the application of this combined model on the care of patients with cataracts. Through an empirical study, we expect to provide new ideas and methods for future nursing care and better quality nursing care for patients with cataracts.

MATERIALS AND METHODS

Study subjects

100 cataract patients from February 2022 to February 2024 were selected for the study. A total of 100 patients with cataracts were selected for this study, all of whom underwent cataract ultrasonic emulsification surgery. The age of the

enrolled patients ranged from 46 years to 87 years, and the exclusion criteria included other ocular diseases, contraindications to surgery, and severe cardiac, pulmonary, hepatic, renal, and other organ insufficiencies. Patients were randomly divided into two groups of 50. The control group had conventional nursing measures applied, whereas the experimental group had procedural nursing and CICARE communication interventions jointly applied, based on conventional nursing.

All patients underwent cataract ultrasound emulsification, which consisted of the following steps: All patients underwent cataract ultrasonoemulsification, which consisted of the following steps: (1) An incision was made in the cornea to form two incisions at the limbal site, which were approximately 2.8 mm in diameter to allow passage of instruments such as the ultrasonic emulsification rods. A further 1 mm lateral incision is made to allow the operator to carry out a smooth surgical operation; (2) Viscoelastic is injected into the eye through the incision to protect the intraocular tissues as well as to maintain the space for surgical manipulation; (3) Tear the anterior lens capsule membrane to get the appropriate size and shape of the tearing capsule, circular tearing capsule, approximately 5 mm in diameter; (4) Doing water separation and water layer to reduce the pulling on the suspensory ligament during ultrasonic emulsification; (5) Aspirate the cloudy lens by ultrasonic emulsification; (6) Performing IA to aspirate the peripheral cortex; (7) Implantation of the IOL in the lens capsule and alignment of the IOL position; and (8) Suction of excess viscoelastic as well as water-sealing of the incision[8].

Nursing methods

Patients in the control group received routine post-cataract-surgery care, which included eye cleaning, eye drops, avoiding strenuous exercise, and regular follow-up visits[9].

Patients in the experimental group received procedural nursing combined with the CICARE communication intervention: (1) Procedural nursing includes a detailed nursing plan, including preoperative preparation, postoperative care, intraoperative care, and rehabilitation guidance the nursing operation specifications are strictly implemented to ensure that each step meets the standards, the nursing effect is regularly assessed, and the nursing plan is adjusted according to the assessment results; and (2) CICARE communication intervention includes, addressing the patient by name when contacting them to establish a sense of cordiality, introducing the patient to the nurse and the nursing team, explaining the care plan and purpose, communicating with patients to understand their needs and feelings, and answer their questions. In addition, asking patients if they have any discomfort or pain, giving them timely care and comfort, giving patients accurate answers to questions and concerns, and when leaving patients, inform them of the next nursing arrangements and precautions.

Data collection and assessment

Basic clinical data including age and sex were collected from all patients. The following indicators were recorded and assessed periodically after surgery: (1) Visual recovery: Naked-eye visual acuity was measured using a standard visual acuity scale, and the changes in visual acuity were recorded on postoperative day one; (2) Pain level: The pain level was assessed using a pain rating scale, and pain scores were recorded on postoperative 1 hour, 6 hours, and 24 hours; (3) Pittsburgh Sleep Quality Scale, Depression Self-Measurement Scale, and Anxiety Self-Measurement Scale were used to assess the postoperative psychological well-being in both groups.

Sleep Quality Inventory: Pittsburgh Sleep Quality Index (PSQI) contains nine self-assessment items including sleep quality, time to sleep, sleep duration, sleep efficiency, sleep disorders, use of hypnotic drugs, and daytime dysfunction. The scores range from 0 to 21, with higher scores indicating poorer sleep quality. Each item is scored as 0 for no or 1 for yes. The nine item scores were summed to obtain a total PSQI score.

Depression Self-Measurement Scale: This scale consists of 20 declarative sentences and corresponding question entries, each of which corresponds to a symptom of interest and is rated on a four-point scale. Twenty items reflect four groups of symptoms specific to depressive symptoms, including affective symptoms, somatic symptoms, psychomotor disorders, and depressive psychological disorders.

Anxiety Self-Measurement Scale: The scale is rated on a four-point scale, with positively scored questions rated in the order of one, two, three, and four, and negatively scored questions rated as four, three, two, and one. Scores from the 20 items were summed to obtain a crude score, which was converted using a formula to obtain a standard score. Standard scores are usually interpreted as follows: 50-59 mild anxiety, 60-69 moderate anxiety, and ≥ 69 severe anxiety.

Statistical analysis

Data were processed and analyzed using Statistical Package for the Social Sciences 26.0 statistical software, and descriptive statistics, *t*-tests, or χ^2 tests were used to compare the differences between the two groups of patients for visual acuity recovery and pain level, and to assess the effect of procedural nursing combined with CICARE communication intervention.

Quality control

To ensure accuracy and reliability, the following quality control measures were taken: All nursing staff were trained in procedural nursing and the CICARE communication intervention model to ensure proficiency in relevant knowledge and skills; data collection and assessment were performed in strict compliance with the study protocol to ensure authenticity and completeness of the data; and the data were checked and calibrated regularly to deal with abnormalities in a timely manner.

RESULTS

Basic information

The baseline characteristics of the control and experimental groups were similar. No significant differences were observed in age (P = 0.481), sex (P = 0.881), educational level (P = 0.318), occupation (P = 0.648), or residence (P = 0.672) between the groups. This similarity suggests that any subsequent differences are likely due to experimental interventions or other unmeasured variables (Table 1).

Postoperative visual recovery in patients

Comparing the visual acuity recovery of patients one day after surgery, The experimental group (0.65 ± 0.07) was superior to the control group (0.50 ± 0.08), with P values indicating strong statistical significance (P < 0.05).

Postoperative changes in patients' pain

Table 2 compares the mean postoperative pain or discomfort scores between the control and experimental groups at different time points: 1 hour, 6 hours, and 24 hours after surgery. The control group had significantly higher mean values compared to the experimental group at all three time points, with P values indicating strong statistical significance (P < 0.05). This suggests that the experimental intervention was effective in reducing postoperative discomfort or pain.

Assessment of patients' psychological state after surgery

Table 3 compares the mean scores on the PSQI, Self-Rating Depression Scale (SDS), and Self-Rating Anxiety Scale (SAS) between the control and experimental groups. The control group showed significantly higher scores in all three metrics, with a mean PSQI score of 10.50 ± 2.10, SDS score of 55.00 ± 8.50, and SAS score of 58.00 ± 9.20. In contrast, the experimental group had lower scores: PSQI score of 6.80 ± 1.70, SDS score of 42.00 ± 6.30, and SAS score of 45.00 ± 7.10. The Z scores (-4.32, 6.54, 7.21) and P value (P < 0.01) indicated strong statistical significance, suggesting that the experimental group experienced better sleep quality, less depression, and less anxiety compared to the control group.

DISCUSSION

This randomized controlled study analyzed the clinical value of procedural nursing combined with CICARE communication intervention in patients after cataract ultrasound emulsification[10]. The results showed that compared to the control group, the experimental group had lower postoperative pain scores and better postoperative mental health status.

A rational and efficient model of care is important for the visual recovery of patients after cataract surgery[1]. It has also been reported in the literature that different modes of care may have different effects on the visual recovery of patients after cataract surgery. An efficient care model can improve patient compliance behaviors and self-management abilities, thus accelerating vision recovery[11]. Previous studies have concluded that by enhancing patient health education regarding cataract surgery, postoperative precautions, and possible complications, self-care awareness, and cooperation and satisfaction with treatment can be improved[12]. Psychological support and intervention are also an important component of an efficient nursing model, which can assist patients to alleviate negative emotions, such as anxiety and depression and improve confidence in recovery and quality of life[13]. The results of this study showed that procedural nursing combined with CICARE communication intervention played a positive role in promoting vision recovery in patients after cataract ultrasound emulsification[14]. Compared with the control group, patients in the experimental group demonstrated better postoperative vision recovery[15]. This finding may be related to the systematic and comprehensive nature of programmed care, which ensures that patients receive continuous and standardized care services throughout the recovery process. The application of CICARE communication intervention also improved the quality of communication between doctors and patients, which assisted patients to better understand the treatment process and postoperative precautions, thus improving vision recovery[16,17].

Pain is a common postoperative complication that not only affects the speed of patient recovery, but may also cause other psychological problems. Reducing postoperative pain improves patient satisfaction. The results of this study also showed that the psychological health status of patients in the experimental group was significantly better than that of patients in the control group, during the postoperative period[12]. This was mainly reflected by the lower scores on the Pittsburgh Sleep Quality Scale, the Depression Self-Measurement Scale, and the Anxiety Self-Measurement Scale for patients in the experimental group compared to those in the control group[18-20]. This finding further confirms the positive effect of programmed care combined with CICARE communication intervention in improving patients' mental health. By focusing on the patients' psychological needs and providing personalized psychological support and interventions, we were able to reduce psychological stress and alleviate anxiety and depression, thereby improving overall quality of life.

Despite the significant advantages of this care model, its limitations should not be ignored. First, strict protocols of procedural nursing may lead to a lack of flexibility and innovation on the part of nursing staff in the face of complex and changing clinical situations. When facing challenging situations or unexpected problems, they may have difficulty making timely and appropriate adjustments based on the specific situation. This may limit the personalization of nursing services and affect patient satisfaction and rehabilitation outcomes.

Table 1 Basic information for study cohort

Variable	Control group	Experimental group	t/χ^2	*P* value
Age (years) (mean ± SD)	65.3 ± 9.2	64.9 ± 8.3	0.229	0.819
Gender (male/female)	26/24	25/25	0.040	0.881
Education				
Primary school and below	8	7	0.357	0.318
Junior high school	15	16		
High school/vocational school	18	17		
College degree and above	9	10		
Occupation			0.159	0.648
Employed	12	13		
Retired	28	27		
Unemployed	10	10		
Residence			0.074	0.672
Urban	32	31		
Township/rural	18	19		

Table 2 Postoperative changes in pain

Postoperative hours	Control group	Experimental group	*t* value	*P* value
1 (mean ± SD)	4.50 ± 1.20	3.00 ± 0.80	11.921	< 0.01
6 (mean ± SD)	3.20 ± 0.90	2.00 ± 0.60	9.013	< 0.01
24 (mean ± SD)	1.50 ± 0.70	0.50 ± 0.20	7.214	< 0.05

Table 3 Postoperative assessment in psychological state

Group	Pittsburgh Sleep Quality Index score	Self-Rating Depression Scale score	Self-Rating Anxiety Scale score
Control group (mean ± SD)	10.50 ± 2.10	55.00 ± 8.50	58.00 ± 9.20
Experimental group (mean ± SD)	6.80 ± 1.70	42.00 ± 6.30	45.00 ± 7.10
Z scores	-4.32	6.54	7.21
P value	< 0.01	< 0.01	< 0.01

CONCLUSION

Although procedural nursing care combined with CICARE communication intervention has significant advantages for the rehabilitation of patients after cataract ultrasound emulsification, its limitations should not be ignored. To fully realize the potential of this care model, there is a requirement to strengthen the training and support for nursing staff, improve professional quality and skill levels, and continuously optimize and improve the nursing process and methods. At the same time, there is a need to further explore how to better apply this care model to other disciplines to promote the continuous improvement and development of healthcare services.

FOOTNOTES

Author contributions: Wang JC designed the research study; Wang JC, Zhang Q, Yu MR, Yang YX, and Jiang HM performed the research; Wang JC and Zhang Q analyzed the data and wrote the manuscript; all authors have read and approved the final manuscript.

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