

Analyzing the Clinical Application Value of Psychological Nursing in the Emergency Intensive Care Unit

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Abstract: Objective: To explore the clinical application value of psychological nursing in the Emergency Intensive Care Unit (EICU). **Methods:** A total of 148 critically ill patients admitted to our EICU from March 2021 to April 2023 were selected as the research subjects. Using a digital random grouping method, the patients were divided into two groups, with 74 cases in the control group and 74 cases in the experimental group. The control group received routine nursing measures, while the experimental group received psychological nursing on the basis of routine care. The psychological quality and satisfaction were compared between the two groups. **Results:** The psychological quality and satisfaction of the experimental group were higher than those of the control group, and the differences in the comparison results were statistically significant ($P < 0.05$). **Conclusion:** For patients in the Emergency Intensive Care Unit, psychological intervention during routine nursing processes can improve patients' psychological quality and increase their satisfaction. This method is worthy of further promotion and application.

Keywords: Emergency; Intensive Care Unit; Psychological Nursing

The intensive care unit (ICU) is an important place for admitting critically ill patients. Due to the severity of their conditions and the high risk of mortality, it is necessary to constantly monitor patients' vital sign changes and provide them with good care^[1]. The purpose of routine nursing is to prevent patients' conditions from deteriorating and to ensure that emergency measures are taken promptly to avoid threatening patients' lives. However, patients in the ICU also bear high psychological pressure, such as worrying about worsening conditions leading to death, concerns about the financial burden of treatment costs, and worries about causing economic strain on

their families. Psychological stress can lead to nervous tension and hormonal imbalance in patients, thereby negatively impacting the treatment of their illnesses^[2]. In order to ensure that patients receive good treatment and recover well in the ICU, measures should be taken to provide care from both physical and psychological perspectives. In order to further understand the value of psychological nursing, a study was conducted.

1. General Information

A total of 148 critically ill patients admitted to our EICU from March 2021 to April 2023 were selected as the study subjects. The patients were divided into



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two groups, a control group and an experimental group, using a digital random grouping method, with 74 patients in each group. The age range was 18 to 68 years old, with a mean age of (65.23±2.68) years. Inclusion criteria were: ① Patients requiring urgent rescue for critical illness; ② Patients with multiple injuries, poisoning, severe pneumonia, sepsis, and other critical conditions; ③ Patients with clear consciousness; ④ Patients who signed the informed consent form. Exclusion criteria were: ① Patients with cognitive, mental, and communication disorders; ② Patients with severe infections; ③ Patients with tumors. There was no statistically significant difference in the general information of the patients ($P > 0.05$)^[3].

1.1 Methods

Control group: Routine nursing. ① Vital signs monitoring: Critically ill patients in the intensive care unit (ICU) are constantly at risk of disease escalation or improvement, and continuous monitoring of parameters such as temperature, pulse, respiration, and heart rate is required to promptly detect these changes. Nurses regularly check patients' vital signs and inform the on-duty doctor promptly of any abnormal signs. ② Emergency plan: Emergency plans are developed based on the type of illness, with sufficient emergency medications such as rescue drugs readily available to the attending physician to prevent delays in treatment. ③ Airway clearance: ICU patients are often immobile, and hormonal imbalances can lead to secretion buildup and other debris in the airways. Nurses need to regularly assess patients' airways and clear any obstructions that may impede breathing. For patients requiring oxygen therapy, the oxygen delivery system should be checked for bending, damage, or blockage, and any issues should be addressed promptly. ④ Dietary care: Some critically ill patients experience gastrointestinal discomfort and require dietary interventions. These patients often have strong aversions to oily and spicy foods, so nursing care should avoid such foods and focus on providing a light diet, following the principle of small, frequent meals. ⑤ Correcting body positions: Monitor changes in patients' body positions and correct any incorrect positions promptly. Additionally, daily massages should be performed on patients' limbs to promote blood circulation^[4].

Experimental group: Routine nursing + psychological

nursing. Routine nursing is the same as in the control group. Psychological intervention: ① Stabilize patients' emotions by advising them to speak less and rest more. Assure patients with higher cognitive abilities that their condition is stable and there is no need to worry about worsening symptoms, thus reducing their anxiety and agitation. ② Actively inquire about patients' needs to make them feel cared for. Promptly respond to patients' requests and choose appropriate communication methods based on their emotional state. ③ Explain successful cases to patients, sharing past successful treatment cases to encourage them and prevent them from developing a mentality of giving up. ④ Inform patients that their condition has been communicated to their family members by the doctor and that necessary admission procedures have been completed, alleviating concerns about expenses and accompanying care. Patients are reassured to focus on recovery^[5].

1.2 Observation Indicators

Psychological quality: Combined with the SAS (Self-Rating Anxiety Scale), an ICU patient psychological quality questionnaire was formulated. Since the subjects of this study were predominantly critically ill patients, content related to severe illness was added to the rehabilitation quality assessment items. The assessment consists of three parts: optimistic mood, psychological resilience, and mental stability. The assessment of optimistic mood involves patients' confidence in the treatment of critically ill patients, expectations for the disease, and psychological expectations of possible outcomes, with 20 evaluation items scored on a scale of 0 to 100 points. The evaluation of psychological resilience comprises 10 items, each scored out of 10 points, mainly assessing the patient's acceptance of the worst possible outcomes of the disease. Mental stability mainly focuses on the patient's complete acceptance of how the disease progresses or whether the treatment results are ideal, scored on a scale of 0 to 100 points. Higher scores indicate better psychological quality in patients.

Satisfaction: A self-made nursing satisfaction survey form is used in our hospital, with a total score of 100 points. Scores ranging from 0 to 25 indicate dissatisfaction, 25 to 50 indicate basic satisfaction, 50 to 75 indicate comparative satisfaction, and 75 to 100 indicate very satisfaction. The overall satisfaction

rate is calculated as (total sample size - number of dissatisfied cases) / total sample size × 100%^[6].

1.3 Statistical Analysis

The data from the research results were processed using statistical software SPSS 23.0. Quantitative data and count data are represented by $\bar{x} \pm s$ (mean ± standard deviation) and (n, %) respectively. The t-test and chi-square test were used to examine differences. A

standard of $P < 0.05$ was adopted for testing, indicating significant differences with statistical significance.

2 Results

2.1 Comparison of Psychological Quality

The improvement in optimistic mood, psychological resilience, and mental stability in the experimental group was superior to that in the control group ($P < 0.05$). See **Table 1**.

Table 1 Comparison of Psychological Quality[n, $\bar{x} \pm s$]

Group	Example number	Optimism		Psychological strength		Mentality stability	
		Before nursing	After nursing	Before nursing	After nursing	Before nursing	After nursing
control group	74	68.52±3.69	78.69±3.54	53.67±2.98	60.87±2.98	60.32±2.27	72.64±3.87
experimental group	74	69.01±3.58	87.89±3.49	53.71±3.01	78.69±3.11	60.54±2.31	77.89±4.03
<i>t</i>		0.820	15.920	0.081	35.590	0.584	8.083
<i>P</i>		0.414	0.000	0.935	0.000	0.560	0.000

2.2 Comparison of Satisfaction

The total satisfaction of patients in the experimental

group was higher than that in the control group ($P < 0.05$). See **Table 2**.

Table 2 Comparison of Satisfaction[n, %]

Group	Example number	Very satisfied	More satisfied	Basically satisfied	unsatisfy	Total satisfaction(%)
control group	74	22	20	15	17	77.03
experimental group	74	26	17	25	6	91.89
χ^2						6.229
<i>P</i>						0.044

Discussion

Psychological nursing is a form of psychological intervention aimed at changing patients' cognitive perceptions, fostering positive and optimistic attitudes, and improving their emotional state. Critically ill patients endure immense physical and psychological suffering, especially those with compromised physiological capacities who are burdened with severe physical stress^[7]. Consequently, they often experience extreme pessimism and negativity. Studies have shown that psychological state is a critical factor affecting quality of life, as negative emotions alter hormone secretion levels, disrupting the body's hormonal regulation and impacting the normal functioning of systems such as blood circulation, nervous system, and digestion. In addition, critically ill patients' bodies are already in a state of disarray, making their conditions potentially worsen further. Patients in the intensive care unit (ICU) are in critical condition, and

many patients are able to persevere until stabilization due to their strong willpower. However, for patients lacking in determination and with a negative mindset, psychological intervention measures must be taken to instill confidence and courage in treatment through encouragement, guidance, and counseling. In summary, psychological nursing encompasses a wide range and varies in implementation from person to person. The psychological issues of different patients differ, and factors such as emotions, temperament, and condition are all important factors affecting communication. Only by establishing a good communication relationship with patients can targeted psychological counseling be provided, thereby maximizing the effectiveness of psychological nursing^[8].

The core of psychological intervention is to understand and grasp the patient's inner activities, identify the psychological issues of the patient, and gradually address them using gentle and soothing

methods, enabling patients to understand the disease anew and actively cooperate with treatment. During nursing, it is often observed that most patients hold pessimistic attitudes towards treatment, as the rescue of critically ill patients is not always smooth, and significant changes in patients' vital signs during rescue procedures can greatly affect their psychological well-being. Consequently, many patients exhibit low compliance and may entertain thoughts of giving up treatment, often being brought to the hospital by family members due to worsening symptoms. For these patients, the core of psychological intervention is to help them reassess their condition and reignite hope for treatment. Explaining successful cases can yield positive results. Furthermore, some patients face economic burdens, believing that cancer treatment is not only costly but also ineffective. They may feel that the longer they stay in the ICU, the greater the economic pressure, leading them to desire an early discharge. For such patients, psychological intervention should focus on encouraging them to actively cooperate with treatment, as only by doing so can their condition stabilize and they can be discharged sooner^[9].

The results of this study demonstrate that psychological intervention significantly improves patients' psychological quality. Following nursing care, the experimental group showed substantial improvements in optimistic mood, psychological resilience, and mental stability, with levels significantly higher than those of the control group. This indicates that implementing psychological intervention measures based on patients' psychological states can lead to changes in their optimistic mood, psychological resilience, and mental stability, thereby influencing their attitudes towards the disease. Surveying patient satisfaction revealed that 91.89% of the experimental group considered the nurses' service to meet their psychological expectations, compared to only 77.03% in the control group, showing a modest increase of 5 percentage points. From a psychological perspective, the root of psychological issues often lies in unrealistic expectations. For critically ill patients, the psychological expectation is survival, but as there are currently no effective methods to achieve this goal, patients' psychological expectations may shift directly from survival to death, causing psychological distress. Therefore, an important aspect of psychological

nursing is to lower patients' psychological expectations, bridging the gap between their expectations and reality, allowing them to approach the disease with a more balanced mindset. Furthermore, during the process of psychological nursing, nurses should listen to patients' concerns and encourage them to express their thoughts and worries, which can help alleviate their psychological pressure^[10].

In summary, for patients in emergency intensive care units, implementing psychological intervention alongside routine nursing care can improve patients' psychological quality and increase their satisfaction. This method is worthy of further promotion and application.

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