

# Application of comfort nursing combined with psychological intervention in the treatment of emergency medical patients

Qihong Zhang

Department of Emergency, Zhuji People's Hospital of Zhejiang Province, Zhuji, China  
zjqh2021@163.com

**Abstract:** *Objective* This study's goal is to evaluate how psychological counseling and comfort nursing improve the treatment of ER patients. *Between July 2019 and December 2020, 66 emergency medical patients were admitted to our hospital, and were divided into two groups: a study group (psychological intervention combined with comfort nursing, n=33 cases) and a control group (conventional nursing, n by means of a random number table) = 33 cases. Results* Before breastfeeding, the two groups' self-rating depression scale (SDS) and self-rating anxiety scale (SAS) scores were compared.) After nursing, patients in the study group had a lower SDS and SAS score than those in the control group, which was statistically significant (P<0.05). Combining psychological intervention with comfort nursing may help patients improve their mood while increasing nursing satisfaction and nursing effect.

**Keywords:** Emergency Medicine; Psychological Intervention; Comfortable Nursing

## 1. Materials and Methods

### 1.1 Introduction

With the continuous development of society, the medical level has been greatly improved, and the clinical nursing model has also been innovated and improved, gradually adapting to the requirements of social development. In the emergency medical department, both physicians and patients are under greater pressure. An experimental study found that the implementation of comfortable nursing and psychological care programs for emergency medical patients can obtain satisfactory clinical treatment effects. Emergency medical is an important department of internal medicine, which is mainly used for life-threatening and sudden clinical situations of internal medicine patients. In the treatment of physical signs, such as acute heart failure, shock caused by various factors, etc. For emergency medical patients, the treatment is more difficult, the risk is greater, and the cure rate is extremely low. The factors that cause the above points are in addition to the critical condition, sudden onset of the disease, and the poor quality of the patient. Being able to take effective care plans for patients will also have an impact on the treatment effect. Therefore, it is very important to implement effective and comprehensive nursing intervention programs for emergency medical patients. Relevant research results show that in addition to conventional nursing intervention programs, nursing intervention models such as psychological nursing and comfort nursing have emerged in my country in recent years, and their clinical application has achieved significant results.

Between June 2018 and December 2019, 50 emergency medical patients were randomly divided into two groups: research (n=25) and control (n=25). The study group included 13 males and 12 females, ages 32 to 59, with an average of 45.564.57; disease types included 4 cases of acute poisoning, 3 cases of upper gastrointestinal bleeding, 8 cases of acute myocardial infarction, and 10 cases of cerebrovascular accident. The control group comprised 14 men and 11 females, ages 32 to 59, with an average of 46; illness types included 2 acute poisonings, 3 upper gastrointestinal bleedings, 12 acute myocardial infarctions, and 8 cerebrovascular accidents. There was no statistical significance between the two patient groups (P>0.05). The selected patients' ages must be between 32 and 59, they must be informed and consent to the study, and the medical committee must approve it. Patients with cognitive deterioration, verbal communication issues, blood disorders, or malignancies are eliminated.

## 1.2 Method

The control group performed routine care: routine diagnosis, monitoring of vital signs, medication according to doctor's orders, etc. Method: Before treatment, prepare the admission procedures for the patient. During the treatment, perform routine examinations for the patient, give the patient medication according to the doctor's order, monitor the patient's general condition, and inform the patient of precautions before leaving the hospital.

The research team carried out psychological intervention combined with comfort care: ①When the patient was admitted to the hospital, the nursing staff gave some help, carefully asked the patient's disease history, did a good job of comforting the patient and their family's bad mood, and understood the patient's needs for the ward environment. Arrange the ward according to the needs of patients to ensure that the temperature and humidity of the ward are appropriate. Patiently tell patients the content of routine examinations and related precautions, and do a good job of comforting the patients and their family members' bad emotions. When the patients carry out related examinations, provide assistance. Make sure that the movements are gentle during the operation and try to make the patients feel comfortable. Further inquire about the patient's medical history and condition, evaluate the severity of the patient's condition, and explain the effect of treatment and drugs to the patient, so that the patient can deepen their knowledge of the disease and relieve the patient's bad mood. ②Create a plan for the patient's personal condition inspection, closely monitor the patient's vital signs, frequently ask about the patient's comfort, and make appropriate adjustments according to the actual needs of the patient. ③For patients with acute poisoning, it is necessary to understand as much as possible the cause of the patient's poisoning, and to understand the patient's family situation, interpersonal relationship, personality characteristics, knowledge level, etc., respect, sympathize and understand the patient, and ease the patient's fear, despair, etc. Emotions, to ensure that patients can have a correct understanding of life, so that they can love life, have more confidence and courage in life; for patients with cerebrovascular accidents, acute myocardial infarction, upper gastrointestinal bleeding, fear, tension and other bad emotions often appear. Therefore, nurses need to conscientiously confide in the patient's expression and fully grasp the patient's inner thoughts(Cruickshank,2020). They must also be caring and considerate to patients, and their tone of voice should be sincere, using eye contact, gestures and other methods to guide patients to build confidence in overcoming the disease, face treatment with a positive and optimistic attitude, actively cooperate with medical staff, and attach importance to comfort nursing interventions(Kwan,2019). Assist the patient to take a comfortable lying position. For patients with acute myocardial infarction, drugs such as nitroglycerin can be used to relieve symptoms such as chest pain and discomfort, and guide the patient to defecate and maintain the correct defecation posture in bed to ensure that the comfort of the patient can be improved. After the patient's emergency crisis improves, in the course of stable treatment, guide the family members to the relevant precautions after the treatment, and inform the family members to pay close attention to the patient's general indications, and lead the patient to review regularly(Flaherty,1983;Henrikson,2003)

## 1.3 Observation index

Evaluating criteria for effective nursing care: the patient's clinical symptoms are effectively relieved and the emergency crisis disappears, which is deemed effective; the patient's clinical symptoms are not significantly improved, but the emergency risk has improved, which is deemed effective; the patient's emergency risk and clinical symptoms have no symptoms Change, and there is a tendency to aggravate, deemed invalid. Nursing effective rate = (effective + markedly effective) / total cases × 100%. The physical and mental condition mainly evaluates the psychological emotions of the two groups of patients, including fear, tension, and anxiety. Each item is scored at 5 levels. Through the psychological and emotional score scale, the patients choose the score for evaluation according to their own conditions. Evaluation of nursing satisfaction: using our hospital's self-developed questionnaire to investigate patients' satisfaction with nursing, it is divided into three levels: very satisfied, relatively satisfied, and dissatisfied. The survey content includes disease knowledge introduction, psychological and emotional comfort, nursing comfort, etc., nursing satisfaction Degree = (very satisfied + relatively satisfied) / total cases × 100%(Malloy,2010).

① Use the self-made nursing satisfaction questionnaire to evaluate the patient's nursing satisfaction. The content of the evaluation includes calming psychological emotions, nursing comfort, etc. The total score is 100 points. Very satisfied: >85 points; satisfied: 65 to 85 points; dissatisfied: <65 points. Satisfaction = (very satisfied + satisfied) / number of cases × 100%. ②Efficacy evaluation.

Significantly effective: the patient has no emergency crisis, and the underlying medical disease has been significantly relieved; effective: the patient's emergency crisis has improved significantly, and there is underlying disease; invalid: the patient's emergency crisis has not been alleviated or even worsened. Effective rate = (significantly effective + effective) / number of cases  $\times$  100%.

③Use self-rating anxiety scale (SAS) and self-rating depression scale (SDS) to evaluate patients' negative emotions, if SAS score/SDS score  $\geq$  51 points/53 points, Which means that there is a bad mood(Espeland,2003).

#### 1.4 Statistical method selection

SPSS 25.0 was used for statistics and analysis, mean  $\pm$  standard deviation ( $\bar{x} \pm s$ ) was used to represent numerical variables, t test, use case (%) to show qualitative data, and  $\chi^2$  test was performed;  $P < 0.05$ , which means that the data is significantly different.

## 2. Result

### 2.1 Observe the nursing effect of the two groups

After statistical analysis, the total effective rate of nursing care in the study group was 93.24%, and the total effective rate of nursing care in the routine group was 75.61%. There was a statistically significant difference in data comparison between the groups ( $P < 0.05$ ).

### 2.2 Observe the physical and mental improvement of the of patients

After statistical analysis, it was shown that the study group improved much more than the control group in terms of tension, anxiety, and dread. There was a statistically significant difference between the two sets of data ( $P < 0.05$ ). See Table 1 for further information.

Table 1 Comparison of the physical and mental improvement

Group	Number of cases	Nervous	Anxiety
Control group	25	4.63 $\pm$ 2.21	3.12 $\pm$ 2.46
Observation group	25	3.12 $\pm$ 1.21	1.44 $\pm$ 2.32
$\chi^2$		3.374	3.320
P		0	0

### 2.3 Observe the care satisfaction of the patients

The nursing satisfaction of the study group was higher than that of the control group ( $P < 0.05$ ). See Table 2.

Table 2 Comparison of nursing satisfaction

Group	Number of cases	Very satisfied	Satisfy	Dissatisfied	Totally satisfied
Control group	25	8 (32)	10 (40)	7 (28)	18 (72)
Observation group	25	10(40)	14(56)	1(4)	24(96)
$\chi^2$					13.623
P					0

### 3. Discuss

The emergency medical department is mainly used to solve the sudden clinical signs that endanger the lives of medical patients, such as acute heart failure, shock, etc. Therefore, the emergency medical patients are usually in poor condition and require effective nursing intervention. Both comfort care and psychological care are patient-centered nursing intervention measures. Through high-quality ward environment and highly comfortable intervention methods, the comfort of patients can be improved, and the negative emotions of patients can be adjusted through psychological care, and the physical and mental conditions of patients can be improved. Improve patient compliance with treatment and promote patient recovery(Aacharya,2011; Moskop,2009; Stawicki,2020).

In the hospital, the emergency medical department is an important department. If the medical patient has acute dangerous symptoms, it is necessary to implement effective methods to eliminate the patient's life-threatening signs to ensure their life safety. For emergency medical patients, the general condition is extremely poor and negative emotions are relatively strong. Therefore, it is necessary to ensure that the patient maintains a stable mood and a comfortable state during treatment. In clinical nursing, in addition to conventional nursing intervention programs, intervention programs such as comfort nursing and psychological nursing have continued to rise in my country in recent years, and have achieved excellent clinical results. The implementation of psychological care can effectively improve patients' unhealthy emotions. The purpose is to relieve a series of unhealthy emotions of patients, such as tension and fear, so that patients can actively cooperate with medical staff, strengthen exercise, maintain an optimistic and positive attitude, and promote the patient's rapid development. Rehabilitation is of great significance. Comfortable care adheres to the concept of taking the patient as the core, and provides patients with a high-quality ward environment, a comfortable treatment experience and a high-quality ward environment, thereby contributing to the treatment of patients' diseases. It aims to provide inpatients with a high-quality living environment and comfortable treatment experience(Skilbeck,2003).

The results of this study showed that after nursing, the SAS score and SDS score of the study group were significantly lower than those of the control group, and the difference was statistically significant ( $P < 0.05$ ). From this, it can be seen that psychological nursing intervention and comfort for emergency medical patients Nursing intervention can help patients effectively alleviate depression, anxiety and other bad emotions, ensure that patients' mental state can be effectively improved, face the disease with a positive attitude, and can actively cooperate with doctors to carry out treatment work.

The nursing satisfaction rate of the study group was higher than that of the control group, indicating that the application of comfort nursing intervention and psychological nursing intervention to emergency medical patients can significantly improve the comfort of patients during treatment, and effectively improve the nurse-patient relationship, making it more affordable More trust in medical staff to ensure that they can actively receive treatment and nursing work, which reduces the complaint rate and improves patient satisfaction. This study concludes that the effective rate of nursing care in the study group is higher than that in the control group(Apóstolo,2009). This may be because comfort care provides more comprehensive nursing intervention services for patients, which can reduce the discomfort of patients during hospitalization, and psychological care can relieve patients' unhealthy

emotions. Popularizing disease-related knowledge for patients' families can ensure that patients' families can also actively participate in the patient's nursing intervention work, thereby improving the patient's care effect. To sum up, in the treatment of emergency medical patients, the implementation of psychological intervention + comfort nursing intervention, while helping patients to improve nursing satisfaction and nursing effect, is also of great significance for improving bad mood (Zauszniewski, 2007).

In hospital internal medicine, emergency internal medicine is an important branch, which is mainly used to solve life-threatening and sudden clinical signs of internal medicine patients, such as acute heart failure, hyperthyroidism, and DIC and shock caused by many factors. Emergency medical treatment has greater risk, low cure rate and high difficulty. In addition to two factors such as rapid onset and more serious disease, the patient's physical quality, physical and mental condition, unreasonable nursing care, and underlying diseases are also factors in emergency medical treatment. The main factor that patients are difficult to cure. Therefore, it is very important to implement an effective nursing model for emergency medical patients. Comfortable care aims to be "people-oriented", providing patients with a high-quality ward environment and a high degree of comfort. Psychological care is the main part of the patient's negative emotions. The purpose is to improve the patient's physical and mental condition, so that the patient can face the clinical treatment with the best mentality, and then actively cooperate with the clinical medical staff to help the patient recover quickly and strengthen exercise as soon as possible (Burgess, 2007).

Clinical related experiments show that the application of psychological nursing combined with comfortable nursing mode is more beneficial to the clinical treatment of patients. Compared with conventional nursing mode, this combined nursing mode has more prominent curative effect. The implementation of psychological care can relieve the anxiety, tension and fear of patients to a certain extent, so that patients can maintain a good state of mind to receive clinical treatment, and at the same time, it can relieve negative emotions and improve the compliance of patients with clinical treatment. . Conventional nursing care can only deal with the clinical symptoms of the patient, but does not take into account the hidden or possible symptoms of the patient, which is extremely unfavorable for the patient's recovery. The comfort care is more specific, more meticulous and comprehensive, which can effectively reduce the painful experience of patients in hospital. This may be because the implementation of the comfortable care model has fully taken care of the patient's feelings. During the hospitalization period, patients' discomfort has been significantly reduced. The implementation of the psychological care model plays a very important role in alleviating the negative emotions of patients. Disease-related knowledge and treatment methods and effects actively eliminate the anxiety and anxiety of patients and their families. Based on this, compared with conventional nursing, the new model of comfort nursing combined with psychological nursing is easier to meet the requirements of patients and their families. This nursing path has a high evaluation and is worthy of further clinical application (Stuart, 2014).

#### 4. Conclusion

Conventional nursing for emergency department patients does not help the patient to calm down well. The patient is in an emotional and unstable state, which is not conducive to the recovery of the condition. Comfort nursing combined with psychological nursing can effectively promote the treatment effect of the patient and make it comfortable. Nursing can make the patient's ward bright and ventilated, will not make the patient feel depressed, relax the patient's body and mind, and help the patient to highly cooperate with the doctor's treatment. After the nursing staff understand the patient's condition, they take the initiative to chat with the patient to meet the patient's individual needs and provide comfortable services for the patient. Psychological nursing allows nursing staff to help patients dredge their negative emotions, explain to patients the knowledge and precautions about the disease, so as to promote the recovery of the condition and promote the harmonious relationship between the doctor and the patient. The joint care of the two helps to speed up the patient's illness. The effect of treatment, shorten the course of treatment, and improve the quality of life of patients.

In summary, through the comparative study of the effect of comfort nursing combined with psychological nursing methods and conventional nursing methods in emergency medical patient care, it can be concluded that the combined comfort nursing combined psychological nursing method is significantly better than conventional nursing methods, which improves patient satisfaction. It has a certain positive significance to promote the recovery of patients and shorten the length of hospitalization. The work efficiency of nursing staff is also significantly higher than that of

conventional nursing methods, which has been well received by patients and their families. Comfortable care combined with psychological care can promote the condition of patients in the emergency department, reduce the course of treatment, and can build a harmonious doctor-patient relationship. It is the first-choice nursing model in the emergency .

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