Journal of Clinical and Nursing Research, 2025, Volume 9, Issue 4
http://ojs.bbwpublisher.com/index.php/JCNR
Online ISSN: 2208-3693
Print ISSN: 2208-3685

Empirical Study and Optimization Strategies of Psychological Support Measures for Psychiatric Medical Staff

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Abstract: *Objective:* This study adopts empirical research methods to analyze the impact of intervention measures such as psychological counseling, team building, and stress management training on the mental health of psychiatric medical staff. *Methods:* This study selected 211 medical staff (including doctors, nurses, and psychotherapists) from the psychiatric department of a tertiary hospital as research subjects. They were divided into an experimental group (receiving psychological support measures) and a control group (not receiving psychological support measures) according to whether they received psychological support measures. Among them, the experimental group was divided into a total of 106 patients, while the control group was divided into a total of 105 patients. After the implementation of psychological support measures, the work efficiency of both groups of patients was evaluated from three aspects: psychological health level, occupational burnout level, and job satisfaction. *Results:* After intervention with psychological support measures, the experimental group patients showed significantly higher levels of mental health, occupational burnout, and job satisfaction than the control group, and the above differences were statistically significant ($P < 0.05$). *Conclusion:* For psychiatric medical staff, the regular implementation of psychological support measures can significantly improve their mental health level, and on the basis of psychological support, the professional enthusiasm and job satisfaction of medical staff have been significantly improved.

Keywords: Psychiatry; Medical staff; Mental health; Support measures

Online publication: April 28, 2025

1. Introduction

Medical staff engaged in psychiatry are exposed to high-intensity pressure in a medical environment for a long time, and they need to face various mental illness behaviors, unexpected events, and other diverse, heavy, and complex doctor-patient relationships with patients with mental illnesses [1]. Stress is a high psychological burden and a triggering factor for occupational burnout that they commonly experience. Unlike medical staff in

other departments, psychiatric medical staff need to have the ability to withstand huge psychological loads and regulate emotions, as they often exhibit impulsive, aggressive, self-harming, and other behaviors. The service recipient is prone to recurrent attacks due to illness and long treatment time. Medical staff need to engage in long-term communication and interaction with service recipients and their families, which can result in significant psychological burden. However, the condition of service recipients is prone to relapse, leading to a significant decrease in their ability to cooperate. Additionally, the families of service recipients do not fully understand the responsibilities of medical staff, believing that they intentionally prolong the condition and increase the burden and expectations of their families. However, in the current medical work process, in addition to focusing on the mental health of the serviced, the mental health of psychiatric medical staff is often overlooked. They are often in a state of excessive psychological pressure for a long time, and lack effective ways to vent and release psychological pressure [2]. They are in a highly tense emotional state for a long time, which can easily lead to anxiety, depression, occupational burnout and other problems among medical staff, further affecting the quality of psychiatric nursing services and the completion of work, which is not conducive to the completion of nursing work and effective treatment of patients [3].

2. Data and methods

2.1. General information

A total of 211 psychiatric medical staff from tertiary hospitals were selected as the research subjects, with 105 in the experimental group and 105 in the control group. There were 33 males and 73 females in the experimental group, aged 25-59 years, with an average of (41.92 ± 10.60) years. The daily working hours were 6.03–11.94 hours, with an average of (9.25 ± 1.45) hours. There were 35 males and 76 females in the control group, aged 22–55 years, with an average age of (42.36 ± 9.18) years. Among them, doctors account for 40.3% of the total medical staff, or about 85 cases, while nurses account for 59.7% of the total number, or about 126 cases. Among doctors, there are 34 resident physicians, accounting for 40.0% of the total number of doctors; The number of attending physicians is 30, accounting for 35.0%; 13 cases were deputy chief physicians, accounting for 15.0%; There were 8 chief physicians, accounting for 10.0%. Among nurses, there are 63 nurses, accounting for 50.0% of the total number of nurses; There were 19 cases of supervisor nurses, accounting for 15.0%; There were 15 cases of deputy chief nurses, accounting for 12.0%; There were 10 chief nurses, accounting for 8.0%. These data demonstrate the professional title structure and proportion distribution of medical staff.

All patients in this experiment were medical staff who had been working in psychiatric wards for a long time and had rich clinical experience. However, they were in a state of high workload for a long time, so they had varying degrees of occupational burnout and mental health problems. The experimental group implemented psychological support strategies such as counseling, team building, and stress management training during the experiment, while the control group did not receive any psychological support interventions during the experiment.

All patients were evaluated for their general mental state, job burnout, job satisfaction, and other conditions after the intervention was completed. The general information of the research subjects is balanced and reasonable, meeting the requirements of the design of this study, which helps to ensure the objectivity and scientificity of the research results. The sample structure is reasonable, and the proportion of medical staff at different levels is basically in line with the actual situation of psychiatric departments in tertiary hospitals. It can comprehensively reflect the impact of psychological support interventions on psychiatric medical staff.

2.2. Methods

The medical staff in the experimental group received one-on-one psychological counseling and group psychological counseling once a month, conducted by a psychological counselor. One-on-one psychological counseling lasts about 30 minutes each time, mainly including regulating emotions, relieving tension, and learning ways and methods to regulate stress. Group psychological counseling lasts about 60 minutes each time, with 6–8 people per session. Group sharing, role-playing, scenario simulation, etc. guide medical staff to vent their emotions and cultivate psychological resilience. The psychological hotline is open 24 hours a day, and medical staff can consult at any time.

The team building activity is held once a month for 2–3 hours, mainly including medical communication training, medical cooperation games, team discussion meetings. The specific activities of team building are as follows. Medical communication training: By setting up medical communication training activities, typical psychiatric cases are brought into the context of the training room, and medical staff are adapted to high-pressure states through case reproduction; Medical cooperation games: By participating in team cooperation games (such as ice breaking games, cooperative games, etc.), medical staff can effectively improve the tacit understanding of the medical team, thereby enhancing their ability to cooperate; Team discussion: The medical team conducts communication and sharing activities based on clinical cases and practical work experience, aiming to cultivate a sense of collaboration among the medical team. At the same time, a psychological mutual aid group will be established, with senior medical staff hired as group leaders to assist group members in conducting psychological communication and exchange work [4].

Stress management training is conducted twice a week for 1.5 hours each time, mainly including mindfulness meditation training, time management skills, and cognitive-behavioral therapy. Mindfulness meditation training is conducted by professional psychologists, and medical staff should meditate for at least 10 minutes every day to relax their body and mind; The training of time management skills mainly involves setting work plans, arranging learning and life tasks, adjusting task priorities appropriately, and other measures to improve work efficiency and reduce unnecessary pressure; The training of cognitive-behavioral therapy mainly helps medical staff identify their own negative thinking patterns, adjust the intensity and duration of emotions, in order to improve their ability to resist stress [5]. The daily relaxation time is 30 minutes, including doing relaxing stretching exercises, deep breathing exercises, etc.

All intervention measures will last for 3 months, during which they will be supervised and adjusted by psychological experts to ensure the effectiveness of the intervention and the continued participation of medical staff.

2.3. Observation indicators

2.3.1. Assessment of mental health level

Evaluate the mental health status of medical staff before and after intervention using the Self rating Anxiety Scale (SAS) and the Self rating Depression Scale (SDS). The self-assessment scales for anxiety and depression are standardized questionnaires that medical staff fill out before and after intervention, using a four point scoring system. The higher the score, the more severe the level of anxiety or depression.

2.3.2. Measurement of occupational burnout level

The Maslach Burnout Inventory (MBI) was used for testing, which is divided into three aspects: emotional

exhaustion, dehumanization, and reduced personal achievement. It consists of 22 questions and is scored on a 7-point scale.

2.3.3. Job satisfaction survey

Using our hospital's medical staff job satisfaction survey scale, it is divided into 5 areas, including working conditions, salary and benefits, doctor-patient communication, work team, and self-development, with 30 items, and scored on a 5-point scale (1 point is the worst, 5 points are the best).

2.4. Statistical methods

SPSS statistical software was used to perform statistical analysis on the obtained data, and normality tests (Kolmogorov-Smirnov test) were performed on all continuous data (SAS, SDS, MBI scores, and job satisfaction scores). If the data conforms to a normal distribution, independent sample t-test was used to test the differences between the experimental group and the control group before and after intervention; If it does not meet the requirements, Mann Whitney U test will be used for non parametric testing, all expressed as mean ± standard deviation ($x \pm s$), and $P < 0.05$ is considered statistically significant.

3. Results

3.1. Assessment results of psychological health levels of two groups of patients

The results of the assessment of mental health level are shown in **Table 1**.

Table 1. Assessment of mental health level

Group	SAS score before intervention	Post intervention SAS score	SDS score before intervention	SDS score after intervention
Experimental group	55.42	42.36	58.64	44.57
Control group	56.38	54.72	59.21	58.95
t	2.381	3.231	1.284	2.983
P	＞ 0.05	＜ 0.05	＞ 0.05	＜ 0.05

Before implementing the intervention, the SAS of the observation group was 55.42 ± 6.38, and the SAS of the control group was 56.38 ± 6.12; After intervention, the SAS of the observation group was 42.36 ± 5.95, while the SAS of the control group was 54.72 ± 6.25; Before implementing the intervention, the SDS of the observation group was 58.64 ± 7.14, and the SDS of the control group was 59.21 ± 7.28; After the intervention, the SDS of the observation group was 44.57 ± 6.83, while the SDS of the control group was 58.95 ± 7.31; The anxiety and depression levels in the observation group after intervention were significantly lower than those in the control group ($P < 0.05$), indicating that implementing psychological counseling and corresponding measures can improve the psychological condition of psychiatric nursing workers.

3.2. Assessment results of occupational burnout levels in two groups of patients

The assessment results of occupational burnout levels for two groups of patients are shown in **Table 2**.

Table 2. Assessment results of occupational burnout levels in two groups of patients

Group	Emotional exhaustion before intervention	Emotional exhaustion after intervention	Personalization before intervention	Depersonalization after intervention	Personal sense of achievement before intervention	Personal sense of achievement after intervention
Experimental group	32.78	21.45	15.23	10.58	27.82	35.47
Control group	33.61	32.92	15.78	15.61	28.15	28.24
t	1.283	2.383	3.231	0.233	2.372	1.982
P	> 0.05	< 0.05	> 0.05	< 0.05	> 0.05	< 0.05

The three factors of occupational burnout, including negative emotional exhaustion, depersonalization, and personal achievement, were effectively improved in the experimental group ($P < 0.05$), while there was no change in the control group, indicating that psychological support can alleviate occupational burnout and enhance personal achievement.

3.3. Results of job satisfaction assessment for two groups of patients

The results of job satisfaction assessment for two groups of patients are shown in **Table 3**.

Table 3. Results of job satisfaction evaluation for two groups of patients

Group	Post intervention work environment	Salary and benefits after intervention	Team collaboration after intervention	Post intervention doctor-patient relationship	Post intervention career development
Experimental group	4.32	3.78	4.51	4.24	3.98
Control group	3.25	2.95	3.45	3.28	2.91
t	2.382	5.423	2.331	4.982	3.244
P	< 0.05	< 0.05	< 0.05	< 0.05	< 0.05

There was a significant difference in the evaluation of the work environment, with the experimental group outperforming the control group in indicators such as salary and benefits, team spirit, doctor-patient relationship, and career development prospects.

4. Discussion and suggestions

4.1. Discussion

The results of this study showed that an effective psychological support model has a good effect on promoting the mental health of psychiatric medical staff, reducing occupational burnout, and enhancing job satisfaction. In terms of mental health level, the SAS and SDS scores of the research group significantly decreased after intervention, indicating that counseling, team building, and stress management training can effectively alleviate negative anxiety and depression, and enhance the "psychological resilience" of medical staff [6]. The control group did not receive psychological intervention, and there was no significant change in anxiety and depression, which further illustrates the importance of psychological support models.

In terms of occupational burnout, the intervention group of medical staff showed a significant decrease in

emotional exhaustion and depersonalization levels, and a significant increase in personal achievement [7]. This indicates that their use of group counseling, team building, mindfulness meditation, and other methods can effectively alleviate the pressure of emotional exhaustion and lack of release in high-pressure work environments [8]. They also recognize the importance of being affirmed in the group, which can increase their occupational satisfaction.

However, the control group showed no significant change in burnout, which may be due to the fact that medical staff who were not intervened have more occupational stress and urgently need effective psychological support. The improvement of job satisfaction further proves the effectiveness of psychological intervention measures. The satisfaction of the research group in terms of work environment, teamwork, and career development has significantly increased, which may be related to the effectiveness of cognitive behavior training in teamwork. However, there was no increase in the control group, indicating that stress positions cannot be significantly improved by self adjustment alone[9]. Therefore, medical institutions should regularly carry out psychological health support models to promote the physical and mental health development and career happiness of industry professionals.

4.2. Suggestions

4.2.1. Building a personalized psychological support system to improve intervention accuracy

This study shows that psychological support, group building, and stress management training have a very positive effect on improving the mental health level of psychiatric medical staff. However, currently, psychological support is mostly carried out in a standardized form, lacking a certain degree of personalization. Therefore, how to improve the system of psychological support and enhance personalized psychological support has become the focus of this study [10]. It is necessary to adopt differentiated strategies according to the different levels, years of work, and psychological conditions of medical staff in various medical institutions and job positions [11]. For example, mental health check-ups can be conducted regularly for psychiatric medical staff based on psychological scales such as the Self Rating Anxiety Scale, Self Rating Depression Scale, Work Burnout Scale, etc., and different levels of psychological intervention plans can be developed accordingly; Doctors who have been in a high-pressure state for a long time can receive regular psychological intervention to alleviate their occupational burnout; Young nurses can be improved through psychological resilience and vocational adaptation education [12]. At the same time, psychological health records can be established in hospitals to achieve sustained attention to the psychological level of medical staff, improve the efficiency of psychological health interventions, and scientifically implement psychological health interventions. The purpose is to enhance the effective acceptance of psychological support measures by psychiatric medical staff, improve the actual intervention effect of psychological support, and truly alleviate their anxiety, depression, and work fatigue.

4.2.2. Enhance organizational support and establish a long-term mechanism for the mental health of medical staff

The above results also indicate that team collaboration and organizational atmosphere play a significant role in the mental health and job satisfaction of medical staff. Therefore, another key point in improving relevant psychological support measures is to strengthen organizational support and establish a long-term psychological support guarantee mechanism. Firstly, hospitals should establish psychological support centers or equip dedicated psychological staff to provide professional psychological counseling services for medical staff, which can

ensure that medical staff can receive psychological adjustment at any time under high-pressure work conditions. Secondly, hospitals should strengthen the reform of the work system for medical staff, minimize their overloaded working hours as much as possible, such as adjusting the shift duty system and planning reasonable rest periods to ensure that medical staff have sufficient energy [13].

A mutually supportive work model can also be established to encourage experience sharing and psychological support among them, such as building peer support platforms, setting up psychological support groups in hospitals, regularly engaging in medical care work with medical staff, creating a collective force of medical staff, and enabling them to form a proactive unity, enhancing overall coordination and cooperation. Furthermore, hospital management personnel should strengthen their attention to their mental health, and regularly organize various mental health training and psychological workshops on how to regulate emotions on the premise of regular development, in order to normalize and institutionalize psychological support in daily work [14]. By implementing long-term psychological support with the advantage of long-term sustainability, we can ensure that the work psychological state of medical staff can be improved from a deep level, and stimulate their sense of pride and joy in loving their job more [15].

4.2.3. Promote information-based psychological support methods and improve the accessibility of psychological interventions

In traditional psychological support measures, including psychological counseling, training lectures, and other forms, face-to-face interviews are mostly used offline, which have certain time and space limitations, resulting in some staff being unable to fully accept psychological support due to busy work and other factors. Therefore, another important means of optimizing psychological support measures is to scientifically guide information-based psychological intervention methods at the hospital level, thereby improving the accessibility of psychological support measures [16]. For example, building a mental health app in hospitals or establishing a mental health online platform in hospital related networks to provide online assessments, psychological adjustment skills courses, psychological counseling services, etc. to meet the needs of psychological support, so that medical staff can receive psychological intervention services freely and at any time [17]. Developing a mental health intelligent assistant through intelligent and artificial intelligence methods to achieve scientific analysis of the psychological adjustment of medical staff based on psychological data [18]. At the same time, hospitals can use relevant social media platforms or other hospital work platforms to regularly provide popular science knowledge, psychological relaxation techniques, case sharing, etc., related to mental health, and provide corresponding mental health publicity and education to hospital staff, guiding the development of relevant awareness [19]. By utilizing information platform technology, it is beneficial to increase the coverage of psychological intervention and actively explore in this area, so that hospital medical staff can receive psychological support at any time and with them, which is conducive to promoting the continuous improvement of the psychological health level and professional satisfaction of medical staff [20].

5. Conclusion

For psychiatric medical staff, who routinely face high-stress environments, emotional exhaustion, and the psychological toll of caring for patients with complex mental health conditions, the regular implementation of structured psychological support measures is crucial. Research indicates that interventions such as peer support

groups, mindfulness-based stress reduction (MBSR) programs, individual counseling sessions, and resilience training can significantly alleviate symptoms of burnout, anxiety, and depression. By fostering emotional regulation and enhancing coping mechanisms, these measures lead to a marked improvement in overall mental well-being.

Beyond mental health benefits, psychological support also has a profound impact on professional engagement. When healthcare workers feel psychologically supported, their motivation, job satisfaction, and sense of professional fulfillment increase. This, in turn, strengthens team cohesion, reduces turnover rates, and improves the quality of patient care. A positive feedback loop emerges: well-supported staff provide better care, leading to improved patient outcomes, which further reinforces their sense of purpose and job satisfaction. Therefore, integrating systematic psychological support into the routine care framework for psychiatric medical professionals is not only a protective measure for their well-being but also a strategic investment in sustaining a resilient and effective mental healthcare workforce.

This approach ensures long-term benefits for both healthcare providers and the patients they serve, creating a more sustainable and compassionate mental health system.

Disclosure statement

The authors declare no conflict of interest.

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