

Application Effect of Risk Management in Nursing Work of Fever Clinics

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Abstract: *Objective:* To observe the application effect of risk management in the nursing work of fever clinics, especially its effect on improving nursing satisfaction and the work quality of nursing staff, as well as reducing the incidence of nursing risk events, and to provide a scientific reference for future clinical research and practice. *Methods:* This study adopted a retrospective approach, fixing the research period from December 2024 to August 2025. A total of 110 patients admitted to the fever clinic of our hospital were selected as the research objects and divided into two groups (the control group and the experimental group) using the random number table method. Each group had 55 patients. Then, differentiated nursing strategies were implemented for the two groups. Both the control group and the experimental group received routine nursing. The difference was that the experimental group was additionally given risk management measures on the basis of routine nursing. After 7 days of intervention, the nursing satisfaction rate, nursing quality, cognitive score of fever clinic risks, nursing error rate, complaint rate, and incidence of risk events were compared and analyzed between the two groups. *Results:* The nursing satisfaction score, nursing complaint rate, incidence of nursing risk events, nursing error rate, nursing quality score, and cognitive score of fever clinic risks in the experimental group were significantly better than those in the control group. The differences were statistically significant ($P < 0.05$). *Conclusion:* Risk management has a significant application effect in the nursing work of fever clinics, playing a positive role for both patients and nursing staff. It is an effective measure to comprehensively improve nursing quality and an important means to greatly reduce the incidence of nursing risk events, thus having high clinical promotion value.

Keywords: Application effect; Fever clinics; Nursing work; Risk management

Online publication: Nov 10, 2025

1. Introduction

As an important window of a hospital, the outpatient department is also a crucial component of the hospital system. Among its various sections, the fever clinic receives a large number of febrile patients every day, characterized by high complexity and mobility. This situation inherently poses severe risks and enormous pressure on nursing management work. In particular, many diseases accompanied by fever symptoms are highly transmissible. This

can bring potential risks to medical staff and other patients, posing a great threat to their life and health. Moreover, the consultation process in fever clinics is generally complicated, which places higher requirements on the professional capabilities of nursing staff.

Improper nursing care or mistakes in any link can easily lead to medical disputes. This not only reduces patients' satisfaction with nursing work but may also restrict the sustainable development of the hospital in the long run. For these reasons, the top priority of the hospital's fever clinic is to strengthen risk management. By accurately identifying potential risk points in nursing work and proactively adopting scientific and effective intervention measures, it can significantly reduce the incidence of nursing-related risk events, improve the efficiency of patients' medical treatment, and ensure the personal safety of both medical staff and patients^[1]. Therefore, this study was conducted and is reported as follows. It aims to explore the application effect of risk management in the nursing work of fever clinics, so as to provide references for relevant personnel.

2. Materials and methods

2.1. General information

This study adopted a retrospective research method, with the research period ranging from December 2024 to August 2025. A total of 110 patients from the fever clinic of our hospital were included as research subjects. These patients were divided into two groups with equal numbers using the lottery method, namely the control group and the experimental group, with 55 patients in each group.

In the control group, there were 22 male patients and 33 female patients. The maximum age was 80 years old, the minimum age was 5 years old, and the average age was (55.26 ± 1.05) years old. The patients' body temperature ranged from 38.55°C to 39.43°C, with an average temperature of (38.88 ± 0.22) °C.

In the experimental group, there were 23 male patients and 32 female patients. The maximum age was 79 years old, the minimum age was 4 years old, and the average age was (60.24 ± 9.22) years old. The patients' body temperature ranged from 38.6°C to 39.6°C, with an average temperature of (39.02 ± 0.22) °C. Statistical analysis showed that there were no statistically significant differences in the general information between the two groups of patients ($P > 0.05$), indicating good comparability^[2,3].

2.2. Methods

Both the control group and the experimental group received conventional management, including temperature monitoring, pre-examination triage, and guiding patients to take medications standardized in accordance with medical orders. The difference was that the experimental group was additionally provided with a risk management model on the basis of conventional management. The details are as follows:

- (1) Establish a risk management team, where doctors and nurses with rich clinical experience can serve as members of the risk management team, responsible for planning and implementing risk management plans^[4]. Team members regularly learn and understand professional knowledge of risk management and master the main content of relevant laws and regulations through training, lectures and other activities. The risk management team is responsible for optimizing the whole-process service chain covering patient admission, diagnosis and treatment, clinical nursing, and discharge follow-up. It focuses on identifying key links in this process that are most prone to risks, and formulates and implements targeted intervention measures to improve the risk response capability of the entire team and comprehensively enhance their

professional literacy. Medicine dispensing and infusion are the links most prone to risks in fever clinics. Therefore, the team implements a person-specific responsibility system; specifically, a designated person is fully responsible for the whole-process operation of medicine dispensing and infusion and records the relevant operations, aiming to reduce the possibility of problems caused by cross-operation ^[5];

- (2) Improve the professional literacy of nurses by establishing a systematic training mechanism. Head nurses or experienced senior nurses serve as training instructors, focusing on providing professional training in both theoretical and practical aspects for new nurses and those with insufficient experience. The training content not only includes basic training on routine operations, laws and regulations, core systems, and communication skills, but also covers special training specifically for special patient groups such as elderly patients and children. Professional training is used to improve nurses' risk prevention capabilities. In addition, a hierarchical nursing system was established and strictly implemented to ensure that refined nursing is implemented in every detail of the work. A positive atmosphere for team communication and experience sharing was created; nurses are encouraged to take advantage of favorable opportunities such as morning and evening meetings and handovers to share experience with each other and conduct in-depth discussions on special cases, so as to improve the professional literacy of the entire nursing team ^[6,7];
- (3) Establish and improve nursing work systems:
 - (i) The management and supervision of nurses' work were strengthened systematically to ensure that every piece of work meets the strict requirements of rules and regulations. For example, key systems such as shift handover, verification, rescue, and nursing technology operation were strictly implemented. Nurses are required to treat every detail with excellence, ensuring that potential risks and hidden dangers can be identified in the shortest possible time to achieve the goal of targeted intervention;
 - (ii) A special nursing safety management committee was set up. This organization is responsible for comprehensively updating and formulating systems related to nursing safety, determining quality control standards, and planning and implementing safety management training plans. In addition, the nursing safety management committee is also responsible for revising the complete nursing process of the fever clinic and formulating operation specifications by category, ensuring the standardized and reasonable use of safety inspection record forms. In particular, it should formulate emergency plans specifically for special situations in advance based on daily nursing work experience, such as febrile convulsions, drug side effects, and anaphylactic shock, so as to build a solid defense line for patients' lives and safety ^[8];
 - (iii) Eventually, incentive and restraint mechanisms were established and improved. A combination of process evaluation and result evaluation was adopted to scientifically and comprehensively assess the work effect of nurses. Their nursing performance was closely linked to performance appraisal, position promotion, etc., so as to arouse nurses' work enthusiasm and strengthen their subjective initiative. Among them, appropriate rewards were given to nurses with excellent performance; on the contrary, serious handling was given to those with poor performance. The combination of leniency and strictness was used to improve the overall safety level and nursing quality of the fever clinic nursing team;
- (4) Strengthen health education and improve communication skills by letting professional and humanized health education and communication services run through the whole process of patients from admission to discharge. The main content of health education includes key knowledge such as the cause, prevention,

and treatment of fever-related diseases. In addition, patients should also be educated on scientific and effective self-care methods and skills, so as to deepen patients' understanding and cognition of fever-related diseases and improve their self-management ability. Moreover, nurses need to provide timely and professional mental health services for patients based on their actual physical conditions, such as psychological counseling and emotional support, aiming to effectively alleviate patients' negative emotions and strengthen their confidence in treatment [9,10]. Rehabilitation training is crucial for patients' recovery; nurses can design targeted rehabilitation training plans for them to enhance the practical effect of nursing work.

2.3. Observation indicators

Nursing quality of the two groups includes service attitude, communication ability, work initiative and sense of responsibility, nursing operation skills, first-aid and emergency response ability, etc. Nursing satisfaction rate of the two groups includes nursing complaint rate, nursing error rate, incidence of risk events of the two groups, as well as the cognitive score of fever clinic-related risks among patients or nursing staff.

2.4. Statistical methods

SPSS 25.0 software was used for data processing and statistical analysis. Measurement data were expressed as mean $\pm$ standard deviation (SD), and independent sample t-test was used for comparison between groups. Count data were described in the form of cases (percentage) [n (%)], and chi-square test (χ^2 test) was used for comparison between groups. A difference was considered statistically significant when $P < 0.05$.

3. Results

3.1. Comparison of nursing satisfaction rate between the two groups

Table 1. Comparison of nursing satisfaction rate between the two groups [n (%)]

Group	n	Very satisfied	Basically satisfied	Dissatisfied	Total satisfaction rate
Experimental group	55	34 (61.82)	20 (36.36)	1 (1.82)	54 (98.18)
Control group	55	30 (54.55)	15 (27.27)	10 (18.18)	45 (81.82)
χ^2	-	-	-	-	8.182
P	-	-	-	-	0.004

3.2. Comparison of nursing quality scores between the two groups

Table 2. Comparison of nursing quality scores between the two groups (mean $\pm$ SD, points)

Group	n	Service attitude	Communication ability	Initiative and responsibility	Nursing technology	First-aid ability
Experimental group	55	98.15 $\pm$ 1.27	96.27 $\pm$ 1.05	92.58 $\pm$ 1.35	93.67 $\pm$ 1.51	91.25 $\pm$ 1.77
Control group	55	82.51 $\pm$ 1.39	79.29 $\pm$ 1.77	78.51 $\pm$ 1.78	79.51 $\pm$ 1.08	80.29 $\pm$ 1.33
t		61.604	61.189	46.707	56.566	36.713
P		0	0	0	0	0

3.3. Comparison of nursing complaint rate, nursing error rate, incidence of risk events and cognitive score of fever clinic risks between the two groups

Table 3 Comparison of nursing complaint rate, nursing error rate, incidence of Risk events and cognitive score of fever clinic risks between the two groups [n (%), mean $\pm$ SD]

Group	n	Cognitive score of fever clinic risks (points)	Incidence of risk events	Nursing error rate	Nursing complaint rate
Experimental group	55	85.18 $\pm$ 1.62	1 (1.82)	0 (0)	0 (0)
Control group	55	73.22 $\pm$ 1.05	6 (10.91)	5 (9.09)	4 (7.27)
<i>t</i> / χ^2	-	45.945	3.814	5.238	4.151
<i>P</i>	-	0	0.050	0	0.042

Through the data analysis in **Table 1**, **Table 2**, and **Table 3**, the experimental group showed significantly better performance in all aspects compared with the control group.

4. Discussion

Patients admitted to hospital fever clinics usually suffer from sudden and acute diseases, with common conditions including influenza, pneumonia, hyperthyroidism, and others. The most common symptom of these diseases is high fever, and other symptoms such as fatigue, chills, and shortness of breath may also occur. Moreover, due to the characteristics of sudden onset and strong infectivity of such diseases, fever clinics may need to receive a large number of patients with similar symptoms in a short period of time, showing obvious aggregation characteristics from the perspective of time distribution. Under the influence of multiple factors, nursing work in fever clinics faces enormous pressure and burden. Sometimes, inadequate doctor-patient communication or untimely and incomplete information transmission may lead to a series of nursing risk events. This not only reduces patients' satisfaction with nursing work but may also directly affect the nursing effect^[11]. Based on this, fever clinics should implement the principle of "early detection, early diagnosis, and early treatment", scientifically apply the risk management model, and curb potential risks in nursing work at an early stage to reduce the incidence of nursing risk events.

With the continuous deepening of relevant clinical research, the application of risk management in nursing work of fever clinics has shown significant effects. Establishing a risk management team and improving the professional literacy of nurses can provide high-quality nursing services for patients, enhance nursing quality, and effectively reduce the incidence of nursing risk events. Establishing and improving nursing work systems requires nurses to perform various nursing operation procedures in accordance with rules and regulations, thereby promoting the overall nursing work of fever clinics to develop in a more standardized and systematic direction. Strengthening health education and improving communication skills can help nurses fully grasp patients' conditions, provide a scientific basis for formulating personalized nursing plans and rehabilitation training programs, improve patients' satisfaction with nursing work in fever clinics, and build a harmonious doctor-patient relationship^[12,13].

In this study, 110 febrile patients admitted to the fever clinic of our hospital from December 2024 to August 2025 were selected for comparative analysis, and the patients were divided into the control group and the

experimental group. Nursing satisfaction rate, nursing quality, nursing complaint rate, nursing error rate, incidence of risk events, and cognitive score of fever clinic risks were used as evaluation indicators. The research results showed that compared with the control group, the experimental group had a higher overall satisfaction rate with nursing work, significantly improved nursing quality and cognitive score of fever clinic risks, while the nursing complaint rate, nursing error rate, and incidence of risk events decreased significantly. All the above differences were statistically significant ($P < 0.05$)^[14].

In the past two years, with the wide application of the risk management model in the field of medical care, its advantages have become increasingly prominent and have been strongly recognized by the majority of medical staff and patients. On the one hand, the risk management model advocates systematic and professional training as well as standardized management, which is of great benefit to comprehensively improving the professional literacy of nurses, significantly enhancing the effect of nursing work, and promoting the overall progress and development of the nursing team. On the other hand, relying on scientific and complete management systems and standardized operating procedures, the non-standard operations and behaviors of nurses can be effectively restricted. This can minimize operational errors, improve patients' recognition and satisfaction with nursing work, and lay a foundation for building a harmonious doctor-patient relationship^[15].

5. Conclusion

In summary, risk management has a significant application effect in nursing work of fever clinics and has broad development prospects. To further expand the application scope of the risk management model in the medical field, relevant personnel should strengthen research on this model, actively summarize experiences and lessons, and enable it to play a greater role in clinical practice.

Disclosure statement

The authors declare no conflict of interest.

References

- [1] Wang Y, 2022, Observation on the Application Effect of Risk Management in Nursing Work of Fever Clinics. *Smart Healthcare*, 8(22): 202–205.
- [2] Wang Y, 2021, Observation on the Application Effect of Risk Management in Nursing Work of Fever Clinics. *Modern Health Preservation (Lower Half)*, 21(8): 103–105.
- [3] Zhuge H, Fu Y, Li M, et al., 2024, Evaluation and Analysis of the Application Value of Risk Management in Nursing Work of Fever Clinics. *Proceedings of the Academic Seminar Series on Life Care and Intelligent Health Care - Care for Life Lecture Hall*, 1–3.
- [4] Zeng L, 2021, Analysis on the Application Effect of Risk Management in Nursing Work of Fever Clinics. *Medical Diet and Health*, 19(18): 125–126.
- [5] Zhang X, 2020, Discussion on the Application Effect of Risk Factor Management in Nursing Work of Fever Clinics. *Pharmacy Weekly*, 29(22): 35–36.
- [6] He S, Gao L, Zou Y, 2021, Application of Risk Factor Management in Nursing Work of Fever Clinics. *Medical Aesthetics and Cosmetology*, 30(3): 173.

- [7] Zuo M, 2020, Observation on the Application Effect of Risk Factor Management in Nursing Work of Fever Clinics. *Must-read for Health*, 2020(17): 152.
- [8] Pan S, 2022, Observation on the Application Effect of Risk Factor Management in Nursing Work of Fever Clinics. *Mother and Baby World*, 2022(4): 160–161.
- [9] Rong H, 2021, Application of Risk Factor Management in Nursing Work of Fever Clinics. *Contemporary Nursing*, 4(4).
- [10] Zhou C, 2020, Analysis on the Application of Risk Factor Management in Nursing of Fever Clinics. *China Health Care and Nutrition*, 30(35): 384–385.
- [11] Li Y, 2021, Observation on the Application Effect of Risk Factor Management in Nursing Work of Fever Clinics. *Electronic Journal of Practical Clinical Nursing*, 6(33): 106–108.
- [12] Liu Y, Cheng J, 2022, Research on the Application of Risk Factor Management in Nursing of Fever Clinics. *Longevity*, 2022(4): 156–158.
- [13] Wang D, 2022, Analysis on the Application of Risk Management in Nursing Work of Fever Clinics. *Healthy Women*, 2022(28): 154–156.
- [14] Shen Y, Ouyang H, Ding S, 2022, Analysis on the Role of Risk Factor Management Model in Nursing of Fever Clinics. *Oriental Medicated Diet*, 2022(6): 150–152.
- [15] Zhou X, Yang Y, 2021, Nursing Management and Effect of Fever Clinics. *Health World*, 2021(7): 248.

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