

# Exploration of the Application of Humanistic Care in High-Quality Nursing Services of Gastroenterology Department

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**Abstract:** *Objective:* To explore the application effect of humanistic care in high-quality nursing services of the gastroenterology department. *Methods:* A total of 40 patients in the gastroenterology department admitted to our hospital from July 2024 to July 2025 were randomly divided into two groups. The experimental group (20 cases) received high-quality nursing services integrated with humanistic care, while the control group (20 cases) only received high-quality nursing services. *Results:* The scores of depression (SDS) and anxiety (SAS) in the control group were significantly higher than those in the experimental group; the understanding and mastery of dietary health knowledge in the control group were significantly lower than those in the experimental group; the satisfaction degree of the control group was significantly lower than that of the experimental group, and the differences between the groups were statistically significant ( $p < 0.05$ ). *Conclusion:* The application of humanistic care in high-quality nursing services of the gastroenterology department can not only promote the rapid recovery of the body, but also improve patients' compliance, effectively alleviate their negative emotions, guide patients to develop good dietary and living habits, and effectively improve their quality of life. Therefore, it has high clinical application value and is worthy of vigorous promotion and active reference.

**Keywords:** Humanistic care; Gastroenterology department; High-quality nursing services; Application

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## 1. Introduction

In recent years, with the continuous advancement of medical models and the increasing emphasis on patient-centered care, the integration of humanistic care into clinical nursing practice has gained widespread attention. High-quality nursing services aim to improve patient outcomes through standardized and meticulous nursing interventions. However, the specific role of humanistic care within such services, particularly in specialized departments such as gastroenterology, remains to be further explored. Gastroenterology patients often experience physical discomfort and negative emotions, making comprehensive nursing support essential. This study aims to investigate the application effect of humanistic care in high-quality nursing services for gastroenterology patients,

providing a reference for optimizing clinical nursing strategies.

## 2. Materials and methods

### 2.1. General information

A total of 40 patients in the gastroenterology department admitted to our hospital from July 2024 to July 2025 were selected as the research subjects, and they were randomly divided into the experimental group and the control group, with 20 cases in each group.

(1) Control group

11 males and 9 females; aged 19–78 years, with an average age of  $(45.31 \pm 5.14)$  years.

(2) Experimental group

7 males and 13 females; aged 20–77 years, with an average age of  $(45.17 \pm 5.22)$  years. There were no statistically significant differences in general data between the two groups ( $p > 0.05$ ), so they were comparable.

#### 2.1.1. Inclusion criteria

- (1) Meeting the diagnostic criteria for related diseases in the gastroenterology department;
- (2) Aged 18 years and above, able to communicate normally;
- (3) Patients or their family members fully informed, voluntarily participating and signing the informed consent form, etc.

#### 2.1.2. Exclusion criteria

- (1) Unable to cooperate with nursing and research;
- (2) With severe underlying diseases;
- (3) Incomplete clinical data, etc.

## 2.2. Nursing methods

The control group only received high-quality nursing services, mainly including routine content such as observation of adverse reactions, basic nursing operations, medication guidance, and environmental maintenance <sup>[1]</sup>.

On the basis of high-quality nursing intervention, the experimental group integrated humanistic care into the nursing content. The specific measures are as follows:

(1) Daily care

Medical staff guide patients to attach great importance to infection prevention, conduct careful cleaning and disinfection, ensure personal food hygiene, and avoid cross-infection. At the same time, correct patients' mentality, ensure they have sufficient sleep, and develop healthy living habits <sup>[2]</sup>.

(2) Psychological care

Patients in the gastroenterology department have complex and recurrent conditions, leading to easy occurrence of negative emotions such as depression and irritability, and their compliance with treatment and nursing also decreases accordingly. Medical staff understand and respect patients' emotional fluctuations, increase face-to-face communication opportunities with patients, guide them to express their anxiety and pressure, and take effective measures to comfort their emotions in a timely manner <sup>[3]</sup>. For

example, tell patients about successful cases to enhance their self-confidence, enable them to maintain a positive attitude, and actively participate in nursing and treatment <sup>[4]</sup>.

(3) Medication care

When administering medication to patients, nurses should strictly follow the doctor's advice and repeatedly emphasize to patients the serious harm of arbitrarily discontinuing medication; after patients take the medication, nurses need to carefully observe whether patients have adverse reactions and inquire about their feelings in a timely manner. If any abnormalities occur, they should feed back to the attending doctor immediately for corresponding adjustments and treatment <sup>[5]</sup>.

(4) Dietary guidance

Medical staff formulate personalized dietary plans for patients based on their specific conditions, eating habits and nutritional status. First, explain in detail the close relationship between diet and disease rehabilitation to patients, and emphasize the importance of a reasonable diet. For example, for patients with gastric ulcers, explain the reasons for avoiding spicy, too cold, overheated and irritating foods, as well as the benefits of regular eating and small frequent meals <sup>[6]</sup>. Secondly, specifically guide patients to choose appropriate types of food. For example, encourage patients with weak digestive function to intake easily digestible liquid or semi-liquid foods, such as rice porridge, noodle soup, steamed eggs, etc.; for cirrhotic patients who need to limit protein intake, inform them the detail appropriate daily protein intake and sources of high-quality protein, such as lean meat, fish, soy products, etc., and remind them to avoid rough and hard foods to prevent bleeding from esophageal varices. At the same time, patiently correct patients' bad eating habits, such as advising patients to quit smoking and limit alcohol, and reduce the intake of high-oil, high-sugar and high-salt foods <sup>[7]</sup>.

(5) Health education and humanistic care

The purpose of humanistic care is to transform the learned nursing knowledge into basic care and emotional dedication to patients, which belongs to the scope of cultural nursing. In practice, nurses should not only have necessary nursing skills, but also provide services to patients from emotional, spiritual and cultural levels, which can not only show care for life, but also ensure that patients' physical and mental health needs are fully met. Therefore, humanistic care should be reflected in all links of high-quality nursing services, improve nurses' humanistic care ability, and create a people-oriented nursing atmosphere in the hospital, so that patients can feel the care and respect from nurses. In addition, throughout the nursing process, nurses should always keep a smile, have exquisite nursing skills, kind language and gentle movements, pay attention to transmitting positive energy to patients and gain their trust. Health education is a characteristic activity in high-quality nursing services, which will promote the further improvement of nursing level. Through health education activities implemented by nurses, patients and their family members can abandon unhealthy behaviors and establish the concept of healthy diet and life, which can not only speed up the patients' recovery, but also prevent the recurrence of diseases. In this process, nurses should be good at stimulating the subjective initiative of patients and their family members, explain in detail matters related to the patients' own diseases, enable patients and their family members to have a sufficient understanding of the condition, independently adjust their mentality, develop healthy dietary and living habits, and form stable and lasting healthy behaviors <sup>[8,9]</sup>.

## 2.3. Observation indicators

(1) Anxiety and depression scoring indicators

The Self-Rating Anxiety Scale (SAS) and Self-Rating Depression Scale (SDS) were used to evaluate the psychological status of the two groups of patients before and after nursing. The higher the standard score of the SAS scale, the more serious the anxiety. Among them, 50–59 points were mild anxiety, 60–69 points were moderate anxiety, and 70 points and above were severe anxiety. The higher the standard score of the SDS scale, the more serious the depression. 53–62 points were mild depression, 63–72 points were moderate depression, and 73 points and above were severe depression.

(2) Nursing satisfaction scoring indicators

A self-designed nursing satisfaction questionnaire was used for evaluation. Among them, 90–100 points were very satisfied, 80–89 points were satisfied, 60–79 points were average, and below 60 points were dissatisfied. After the nursing, the investigators explained the questionnaire filling requirements to the patients in detail, guided the patients to complete it independently and collected it on the spot.

(3) Health education scoring indicators

Mainly including patients’ understanding and cognition of dietary health knowledge, such as dietary methods and precautions. Each item was scored out of 100 points.

### 2.4. Statistical methods

All data in this study were processed using SPSS 26.0 statistical software. Measurement data were expressed as mean ± standard deviation ( $\bar{x} \pm s$ ), and inter-group comparison was performed using independent sample *t*-test; count data were expressed as rate (%), and inter-group comparison was performed using  $\chi^2$  test. A *p*-value < 0.05 was considered statistically significant [10].

## 3. Results

### 3.1. Comparison of SAS and SDS scores between the two groups

In terms of SAS and SDS scores, the control group was higher than the experimental group, and the differences between the groups (*p* < 0.05) were statistically significant, as shown in **Table 1**.

**Table 1.** Comparison of SAS and SDS scores between the two groups ( $\bar{x} \pm s$ , points)

Group	n	SAS score		SDS score	
		Before intervention	After intervention	Before intervention	After intervention
Experimental group	20	58.47 ± 6.71	43.06 ± 3.82	65.79 ± 5.38	42.83 ± 4.19
Control group	20	59.81 ± 6.64	33.47 ± 4.06	66.86 ± 5.44	30.42 ± 5.16
<i>t</i>	–	0.7774	9.4225	0.7659	10.2261
<i>p</i>	–	0.4400	0.0000	0.4468	0.0000

### 3.2. Comparison of nursing satisfaction scores between the two groups

In terms of nursing satisfaction, the control group was significantly lower than the experimental group, and the difference between the groups (*p* < 0.05) was statistically significant, as shown in **Table 2**.

**Table 2.** Comparison of nursing satisfaction scores between the two groups [n(%)]

Group	n	Very satisfied	Satisfied	Dissatisfied	Total satisfaction
Experimental group	20	11	8	1	19(95.00)
Control group	20	8	7	5	15(75.00)
$\chi^2$					4.3242
<i>p</i>					0.0375

### 3.3. Comparison of dietary health education scores between the two groups

In terms of dietary health education, the scores of the experimental group in dietary methods, the importance of diet and dietary precautions were significantly higher than those of the control group, and the difference between the groups ( $p < 0.05$ ) was statistically significant, as shown in **Table 3**.

**Table 3.** Comparison of dietary health education scores between the two groups ( $\bar{x} \pm s$ , points)

Group	n	Dietary methods	Importance of diet	Dietary precautions
Experimental group	20	97.53 $\pm$ 1.31	96.37 $\pm$ 2.55	94.65 $\pm$ 3.16
Control group	20	78.51 $\pm$ 2.43	76.45 $\pm$ 3.51	80.67 $\pm$ 4.32
<i>t</i>		37.7368	25.1483	14.3060
<i>p</i>		0.0000	0.0000	0.0000

## 4. Discussion

First, in terms of improving the negative emotions of patients in the gastroenterology department, the research results show that the scores of the experimental group are much lower than those of the control group, and psychological care in humanistic care plays an important role. Gastroenterological diseases are characterized by easy recurrence and long treatment cycle, so patients are prone to various negative emotions such as depression and anxiety. Nurses in the experimental group communicated face-to-face with patients to understand their anxiety and pressure, and combined with successful cases, the patients' negative emotions were effectively relieved, and their confidence in overcoming the "illness" was greatly increased. Emotional support can reduce the occurrence of negative emotions such as depression and anxiety, correct patients' mentality, and lay a solid foundation for patients' recovery and discharge<sup>[11]</sup>.

Second, in terms of patient satisfaction, the control group was significantly lower than the experimental group. The experimental group integrated humanistic care measures on the basis of high-quality nursing, such as smiling service, exquisite technology, kind language, gentle movements, transmitting positive energy, and making patients feel respected and cared for. Specific as follows: in terms of dietary guidance, nurses formulated personalized dietary plans according to the actual situation of patients and patiently explained relevant precautions; in terms of medication care, nurses administered medication according to the doctor's advice, observed adverse reactions, and fed back abnormalities in a timely manner; in terms of daily care, guided patients to develop healthy habits and ensured they had sufficient sleep, etc. This comprehensive and warm nursing service made patients feel respected and cared for, and their satisfaction also increased accordingly<sup>[12]</sup>. The control group focused on routine basic nursing and ignored emotional nursing services, resulting in low patient satisfaction. Therefore, nurses

should realize the importance of humanistic care, pay attention to integrating humanistic care into daily nursing, and further improve patient satisfaction<sup>[13]</sup>.

Third, in terms of dietary health education, the scores of the experimental group in dietary methods, the importance of diet and dietary precautions were significantly higher than those of the control group. As an important part of humanistic care, nurses popularized knowledge about gastroenterological diseases to patients and their family members in an easy-to-understand way, corrected their unhealthy behaviors, and helped them establish healthy living awareness<sup>[14,15]</sup>. Especially in dietary guidance, formulate plans for different diseases and individual conditions. For example, patients with gastric ulcers need to avoid acidic and irritating foods, and emphasize the principles of small frequent meals and balanced nutrition, so that patients can clearly understand the close relationship between diet and disease rehabilitation, thereby actively cooperating with and adopting healthy dietary suggestions. Telephone follow-up after discharge extends health education to home care, which helps patients form stable and lasting healthy behaviors, and is of great significance for preventing the recurrence of old diseases and promoting the recovery of physical health.

## 5. Conclusion

In conclusion, the implementation of high-quality nursing services with humanistic care for patients in the gastroenterology department can not only effectively relieve their negative emotions, improve patients' treatment compliance, but also improve patients' quality of life, help patients develop good dietary and living habits, and promote the recovery of physical health. It has high clinical application value and can be used for reference and promotion.

## Disclosure statement

The author declares no conflict of interest.

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