

The Clinical Effects of Psychological Nursing in the Pediatric Intensive Care Unit

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ABSTRACT

Objective: To explore the effects of psychological nursing in the pediatric intensive care unit. **Methods:** 110 cases of intensive care of children from January 2014 to January 2015 were selected and randomly divided into the observation group (n=55) and the control group (n=55). The children of the control group were given usual nursing care, the patients of the observation group were given psychological nursing. On two groups of patients before and after the intervention of the SAS scores and SDS scores、compliance、parents care quality satisfaction are compared. **Results:** Before intervention, the observation group of patients and the control group of patients with SAS scores and SDS scores difference no statistical significance ($P > 0.05$), and after the intervention, the observation group patients' scores of SAS and SDS were significantly better than the control group, and the observation group below the control group ($P < 0.05$). The observation group of compliance rate was 96.36%, and the control group of compliance rate was 69.09%, it below the observation ($P < 0.05$). Parents care quality satisfaction of observation group was obviously better than that of control group with that difference is statistically significant ($P < 0.05$). **Conclusion:** psychological nursing measures used in pediatric intensive care unit has certain feasibility and is worth popularizing clinically.

Introduction

Intensive care unit (ICU) is a relatively special unit in hospitals where critically ill patients are rescued. The patients all have serious illness or their diseases deteriorate and change. When they are rescuing, their relatives cannot stay with them [1, 2]. The effect of illness itself and the loneliness of the single treatment take negative effects on patients, which cause them have anxiety、melancholy,

even affect the recovery^[3, 4]. Especially for the patients in the pediatric intensive care unit, the bad psychological state has a directly effect on the clinical efficacy and affect the children's development. So, it is necessary to take the psychological nursing in the pediatric intensive care unit.

1 Material and methods

1.1 General material

110 cases of intensive care of children from January 2016 to January 2017 are selected. Take the children who reach the occupancy standard and whose relatives agree the research as the selected standard, at the same time, the patients with mental illness are excluded. The 110 patients are randomly divided into the observation group (n=55) and the control group (n=55). In the observation group, there are 30 males and 25 females with the average age (5.3 ± 3.1), which has 18 cases with respiratory infectious disease, 15 cases with cardiovascular disease, 10 cases with digestive system disease and 12 cases with other disease. In the control group, there are 27 males and 28 females with the average age (4.9 ± 2.8), which has 14 cases with respiratory infectious disease, 18 cases with cardiovascular disease, 10 cases with digestive system disease and 13 cases with other disease. The two groups have no statistic difference ($P<0.05$) on the general material, such as sex, average age and types of disease.

1.2 Methods

1.2.1 Nursing methods on the control group

Usual nursing care is given, which concludes ① Observe patients' vital signs and illness change in real-time. Survey and write down the temperature, pulse, respiration and blood pressure in detail in every two hours. Meanwhile, pay more attention to the children's changes of delirious, complexion and pupil. When abnormal changes appear, tell the doctor and do emergency work in time. ② Feed the children according to the volume on time. Nasal feeding is given to the children who cannot feed normally. Keep the room quietly. ③ Clean the skin on time. Nurse the mouth and eyes once a day and keep them clean. Meanwhile, keep the bedding sheets clean and dry. Help the children turn over and pat on the back every 24 hours in order to prevent some complications, for example, pressure sore.

1.2.2 Nursing methods on the observation group

Psychological nursing is given on the basis of the control group, which concludes ① Psychological assessment: First assess children's psychological characteristics thoroughly. According to the clinical reports and the retrospective analysis, make a clear summary about characteristics of children's psychological state: (1) Fear (2) Separation anxiety (3) Loss of control. According to the different psychological states, take pertinence nursing measures and nursing on their patients as well. ② Nursing on fear: When the child comes to the pediatric intensive care unit, his disease has deteriorated.

And he meets the unfamiliar environment, doctors and nurses by himself, he feels nervous and scared. He is also afraid of the noise of all kinds of apparatus in the ward. So, nursing members should help children make a relaxed and happy ward environment, such as, playing soft music to change the over quiet atmosphere and telling stories and putting toys on the head of his bed to relax him, which eliminate the alienation to doctors and nurses and the fear to the environment. ③ Nursing on separation anxiety: Separation anxiety is a kind of bad mood which appears when children separate from the something daily, for example, their parents. It even affects some functional impairment. When the child comes to the pediatric intensive care unit, he feels painful because of the separation from his parents and the lack of freedom. He may catch the separation anxiety. And this bad feeling is growing gradually, which directly affects the clinical treatment. So when nursing members have conversations with children, pay more attention to the gentle attitude like their mothers, hug and touch them in order to relax their anxious mood. At the same time, get on well with them by talking about funny things in their life and study. Encourage children and tell them to keep good mood to cooperate the treatment which can help them go back home earlier when they miss home. Improve their positive mood and overcome disease with a positive attitude. ④ Nursing on loss of control: When nursing members communicate with the children, emphasis the initiative as more as possible. Encourage them to do something they can do, such as, wash their faces and dress themselves. Meanwhile, give them more freedom and increase their activity time and room in order to transfer their attention on illness. ⑤ Nursing on parents' psychology: It is easy for children's parents to cause all kinds of negative moods when they are told their children come to the pediatric intensive care unit. So, nursing members should take the psychological nursing in time. First nursing member should tell parents the relative information about disease, such as, the clinical signs, the route of transmission and the precautionary measures, which can help them improve their anxiety and tension caused by their false perception. When nursing is operating, nursing members must do it stably and skillfully in order to gain parents' trust. Increasing the visiting hour is necessary to help them know about their children's illness and cooperate nursing members positively to encourage the children. At the same time, when nursing members communicate with parents, tell them to treat some questions during the treatment with a dialectic and correct view. Give some successful cases to lead them have a positive attitude.

1.2.3 Assessment of efficacy

About two groups of patients, before and after the intervention of the SAS scores and SDS scores, compliance, parents care quality satisfaction are compared.

1.2.4 Statistical Methods

Use SPSS21.0 to make a data processing and use $\bar{x} \pm s$ to express the measurement results. Use t and χ^2 to check the difference between the two groups. Difference is statistically significant ($P < 0.05$).

2 Result

2.1 Before and after the intervention of the SAS scores and SDS scores are compared.

Before the intervention, the SAS scores and SDS scores between the two groups have no obvious differences ($t=0.951$, $P=0.343$; $t=0.563$, $P=0.574$). After the intervention, the SAS scores and SDS scores between the two groups are notably better than those before the intervention. The children with psychological nursing are better than the children with usual nursing. Difference is statistically significant ($t=10.500$, $P=0.000$; $t=11.368$, $P=0.000$). Details in Table 1:

Table 1 Before and after the intervention of the SAS scores and SDS scores are compared

Time	Group	Number	SDS scores	SAS scores
Before	Observation Group	55	45.13±4.32	27.42±3.99
	Control Group	55	44.28±5.02	26.99±4.01
	t		0.952	0.563
	p		0.343	0.574
After	Observation Group	40	29.33±4.11	16.33±2.01
	Control Group	40	37.44±3.99	23.11±3.94
	t		10.500	11.368
	p		0.000	0.000

2.2 Compliance is compared.

The compliance rate of the observation group is 96.36%,

which is obviously better than that of the control group (69.09%). Difference is statistically significant ($\chi^2=14.315$, $P=0.001$). Details in Table 2:

Table 2 Compliance is compared. Ratio (%)

Group	Number	Full [n(%)]	General [n(%)]	No [n(%)]	Ratio[n(%)]
Observation Group	55	40 (72.72)	13 (23.64)	2 (3.64)	53 (96.36)
Control Group	55	28 (50.91)	10 (18.18)	17 (39.91)	38 (69.09)
χ^2			14.315		
P			0.001		

2.3 Parents care quality satisfaction is compared.

The satisfaction in the observation group is obviously

higher than that in the control group. Difference is statistically significant ($\chi^2=14.546$, $P=0.000$). Details in Table 3:

Table 3 Parents care quality satisfaction is compared. Ratio (%)

Group	Number	High [n(%)]	General [n(%)]	No [n(%)]	Ratio[n(%)]
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Observation Group	55	37 (67.27)	15 (27.27)	3 (5.46)	52 (94.54)
Control Group	55	24 (43.63)	12 (21.82)	19 (34.55)	36 (65.45)
X ²			14.315		
P			0.001		

3 Discussion

Pediatric intensive care unit, PICU, is a more frequent unit which is used for treating pediatric severe patients^[5-7]. This unit belongs to a main kind of clinical bases in severe medical disciplines. It can provide the systematical and high quality medical treatment and related technologies of nursing for children with one or more system dysfunction or organ dysfunction which are caused by some multiple factors. This unit also treat and nurse pediatric severe patients in hospitals intensively, and it has obvious specialization^[8]. But children are lack of full cognitive ability, have a great dependence on their parents, suffer from the illness, and face the unfamiliar environment. They feel anxious, even catch a depression which is bad for their recovery. So nursing members should master the professional psychological nursing knowledge, keep a kind look, improve the communicative skill and give children and their parents psychological nursing in proper time in order to improve the clinical effect.

Nursing pays attention to the humanities concern, it concludes the holistic care on the body and mind, even the whole society^[9, 10]. Nursing members analysis psychological characters and then give them the proper psychological nursing. First, help them overcome fear and improve the bad mood caused by the depressed ward with some methods, such as, playing soft music, telling stories and putting toys. What nursing members do is to eliminate the children's fear when they meet the new environment themselves and help them to overcome illness with a positive attitude. Second, give children mother-like nursing for the negative mood which is caused by separation from parents and encourage and arrange in time when they miss home. Make sure that children would like to believe and trust nursing members during the treatment and promote a more smooth treatment. Then transfer children's attention by increasing their initiative, make sure to build the confidence to face their disease again and again. Finally, give some psychological nursing on parents and tell them to give children positive attitude during the treatment. Tell some information related to the disease and successful cases. Encourage children to face and overcome disease with their parents.

The results show that the SAS scores and SDS scores are notably improved after the intervention and they are better than those of the usual nursing. Difference is statistically significant ($P < 0.05$). The compliance rate and the satisfaction of the observation group is obviously better than those of the control group. Difference is statistically significant ($P < 0.05$). All above show that psychological nursing measures used in pediatric intensive care unit has positive effect on children and their parents. It can be used in nursing and is worth popularizing clinically.

References

- [1] Dong Lihong, Xiao Leyun, Zhu Xiaolin. Analysis of Incidence and Influencing Factors of Delirium on ICP Patients[J]. China Medical Herald, 2014(35):41-44.
- [2] Gao Jing, etc. Analysis of Causes of Complicated Pulmonary Infection and Nursing Countermeasures[J]. China Health Care & Nutrition, 2013(02): 7-8.
- [3] Liu Yi, Liao Shipeng, Ji Qiuming, etc. Controlled Study on PSD Treatment with Antidepressants and Psychotherapy[J]. International Journal of Geriatric Psychiatry, 2015 (02): 53-56.
- [4] Zhang Meichun, Tao Hui, Liu Dan, etc. Clinical Application of Psychological Nursing in Treatment of Patients with Neurological Disease [J]. International Journal of Geriatric Psychiatry, 2015(02): 90-93.
- [5] Madden K, Wolfe J, Collura C. Pediatric Palliative Care in the Intensive Care Unit[J]. Crit Care Nurs Clin North Am, 2015, 27(3): 341-354.
- [6] Pan Xihui, Yi Shanghui, Yi Yinsha, etc. 118 PICU Nurses' Analysis of Knowledge, Attitudes and Practice on Pediatric Pain[J]. Journal of Nursing, 2014(05): 6-8.
- [7] Zhang Zhenhua. Nursing Experience on Using of Mild Hypothermia Therapy in PICU[J]. Guide of China Medicine, 2014(35): 41-44.
- [8] Pan Xihui, Yi Shanghui, Yi Yinsha, etc. 118 PICU Nurses' Analysis of Knowledge, Attitudes and Practice on Pediatric Pain[J]. Journal of Nursing, 2014(05):6-8.
- [9] Zhang Yinrui. Application of psychological nursing in PICU[J]. Hebei Medical Journal, 2013 (16): 2533-2534.
- [10] Zeng Hui. Application of psychological nursing in PICU[J]. China Journal of Pharmaceutical Economics, 2014(35): 41-44.