

# Analysis of the Effect of Implementing Humanized Care Service in Severe ICU Patients

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**Abstract:** *Objective:* To analyze the effect of implementing humanized nursing service intervention for severe patients in the intensive care unit (ICU). *Methods:* A hundred severely ill ICU patients who were treated from January 2021 to December 2022 were selected and grouped into a control group and an observation group. The control group adopted routine nursing services and the observation group adopted humanized nursing services. The nursing outcome of the two groups was analyzed. *Results:* The nursing risk incidence of the observation group was lower than that of the control group ( $P < 0.05$ ). The scale of comfort and nursing satisfaction in the observation group was higher than those in the control group ( $P < 0.05$ ). *Conclusion:* The implementation of a humanized care service for ICU patients lowered nursing risk incidences and increased the physical comfort and nursing satisfaction of these patients.

**Keywords:** ICU; Severe patients; Humanized nursing service; Nursing effect

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## 1. Introduction

Patients admitted to the intensive care unit (ICU) often suffer from critical diseases, and require intensive treatment, which can relieve their condition and reduce the fatality rate<sup>[1,2]</sup>. In today's clinical setting, humanized nursing service integrates high-quality nursing service by combining routine nursing measures with "human care". This intervention provides patients with a better nursing experience, emotional well-being, and physical health<sup>[3]</sup>. In this study, 100 severely ill ICU patients were selected to analyze the effects of humanized nursing service in the treatment of ICU patients and its outcome.

## 2. Data and methods

### 2.1. General information

A hundred patients admitted to the ICU from January 2021 to December 2022 were grouped into a control group and an observation group of 50 patients each. The control group consisted of 27 males and 23 females aged 49–83 years old, with an average age of  $63.15 \pm 2.85$  years. The observation group consisted of 29 males and 21 females aged 50–82 years old, with an average age of  $63.21 \pm 2.79$  years. The data between the two

groups were consistent ( $P > 0.05$ ).

## 2.2. Methods

Routine nursing services are used for the control group. The patient's vital signs were monitored during treatment and medication was administered according to the doctor's advice. Data associated with disease-related indicators was recorded and the patients were encouraged to comply with clinical diagnosis and treatment.

Humanized nursing service was applied to the observation group. The patient's vital signs, condition, and mental state were closely monitored to ensure their clear consciousness. Nurses effectively communicated with the patients regarding disease diagnosis and treatment and provided the necessary nursing services. According to the patient's condition, the oxygen flow rate and medication administration were adjusted accordingly. During the process of treatment, emotional comfort and psychological counseling were provided to the patients to ensure a state of stable mood. The patients were patiently guided to increase their medical compliance and confidence in rehabilitation. After the patient's condition was stable, family members were encouraged to visit them for moral support. Unhealthy lifestyle habits of the patients were also addressed, including cessation of smoking and drinking, irregular work schedule, and unhealthy sleeping habits. Patients were educated and guided on the correct living habits to promote fast recovery. The patient's understanding of their disease was enhanced through targeted disease analysis according to the patient's condition. Furthermore, a medication management system was established according to the doctor's guidance to ensure patient safety and prevent unwanted side effects.

## 2.3. Observation indicators

The incidence of nursing risk between the two groups was analyzed. The Comfort Status scale was used to evaluate the patient's physiological comfort, psychological comfort, social and cultural comfort, and environmental comfort, with a total score of 120 points. The highest index score was 20 points, 40 points, 32 points, and 28 points respectively, where the score and comfort were positively correlated. Lastly, the patient's satisfaction with care was measured using a self-made questionnaire.

## 2.4. Statistical analysis

Statistical analysis was carried out using the SPSS 21.0 version software. The measurement data were expressed as mean  $\pm$  standard deviation and compared using the  $t$ -test; count data were expressed as  $n$  (%) and analyzed using the chi-squared ( $\chi^2$ ) test.

## 3. Result

### 3.1. Prevalence of nursing risk

As shown in **Table 1**, the incidence of nursing care risk in the observation group was lower than in the control group ( $P < 0.05$ ).

**Table 1.** Prevalence of nursing risk between the two groups ( $n$  [%])

Group	Case ( $n$ )	Pressure sores	Tumbling	Falling from the bed	Aspiration	Incidence rate
Control group	50	2 (4.00%)	1 (2.00%)	1 (2.00%)	3 (6.00%)	7 (14.00%)
Observation group	50	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (2.00%)	1 (2.00%)
$\chi^2$	-	-	-	-	-	4.8913
$P$	-	-	-	-	-	0.0269

### 3.2. Comparison of comfort score

As shown in **Table 2**, the comfort score in the observation group was higher than that of the control group ( $P < 0.05$ ).

**Table 2.** Comfort score of ICU patients (mean  $\pm$  standard deviation, points)

Grouping	Case (n)	Physiological comfort		Psychological comfort		Social and cultural comfort level		Environmental comfort	
		Before nursing service	After nursing service	Before nursing service	After nursing service	Before nursing service	After nursing service	Before nursing service	After nursing service
Control group	50	12.56 $\pm$ 1.63	18.60 $\pm$ 1.29	10.94 $\pm$ 2.50	16.10 $\pm$ 3.29	8.99 $\pm$ 3.34	13.57 $\pm$ 2.79	8.73 $\pm$ 2.14	10.40 $\pm$ 1.79
Observation group	50	12.67 $\pm$ 1.49	24.78 $\pm$ 1.33	11.03 $\pm$ 2.47	25.38 $\pm$ 2.90	9.02 $\pm$ 3.27	19.30 $\pm$ 2.42	8.81 $\pm$ 2.35	14.22 $\pm$ 1.06
<i>t</i>	-	0.3522	23.5850	0.1810	14.9622	0.0453	10.9704	0.1779	12.9843
<i>P</i>	-	0.7254	0.0000	0.8567	0.0000	0.9639	0.0000	0.8591	0.0000

### 3.3. Satisfaction with nursing care

As shown in **Table 3**, the nursing satisfaction of the observation group was higher than that of the control group ( $P < 0.05$ ).

**Table 3.** Satisfaction with nursing care of ICU patients (n [%])

Grouping	Case (n)	Very satisfied	Satisfied	General satisfaction	Discontent	Degree of satisfaction
Control group	50	13 (26.00%)	14 (28.00%)	14 (28.00%)	9 (18.00%)	41 (82.00%)
Observation group	50	15 (30.00%)	20 (40.00%)	15 (30.00%)	0 (0.00%)	50 (100.00%)
$\chi^2$	-	-	-	-	-	9.8901
<i>P</i>	-	-	-	-	-	0.0016

## 4. Discussion

All ICU patients suffer from acute and critical diseases. Following the onset of the disease, the physiological and organ function of the patients are significantly affected. The patient's life is significantly threatened and their body is greatly damaged <sup>[4,5]</sup>. After the patient is admitted to the ICU, the medical staff provides symptomatic diagnosis and treatment measures according to the type, development process, and other aspects of the disease. Timely diagnosis and treatment of the disease can hinder the development of the disease and alleviate its impact on the patient's health, ultimately promoting a good prognosis of recovery <sup>[6,7]</sup>. Through observation of previous ICU patients, many were depressed, had poor compliance, and had low confidence in survival. This was most likely due to the patient's misunderstanding of their disease, inadequate medical environment, and distorted cognitive concepts that negatively affected the patient's mood, mentality, and behavior during treatment. All these factors would adversely affect the patient's recovery <sup>[8,9]</sup>.

The implementation of appropriate nursing services aims to provide help to patients to increase their medical compliance so that patients receive effective diagnosis and treatment to promote recovery <sup>[10]</sup>. Nowadays, many nursing measures in clinical practice have implemented nursing interventions for ICU patients, but do not cater fully to the mentality and medical satisfaction of the patients. Hence, the outcome

of the intervention was not ideal<sup>[11]</sup>. The humanized nursing service is established from the humanistic care perspective of nursing service, emphasizing the importance of patient-centered care. By taking into account the patient's differences, corresponding measures and appropriate intervention measures can be implemented to fully meet the demands of the patient and provide the best nursing service<sup>[12-14]</sup>.

Clinical implementation of the humanized nursing service has shown significant improvement in patient outcomes. Humanized nursing service emphasizes the patient's specific needs to provide targeted nursing services to promote fast recovery<sup>[15]</sup>. Humanized nursing service prioritizes the patient's experience, feelings, individual differences, and disease characteristics to facilitate targeted patient rehabilitation. The patient's physical and mental state are also attended to during the treatment to improve their disease recovery rate<sup>[16,17]</sup>. Humanized nursing services also facilitate full cooperation with clinical diagnosis and treatment by encouraging patient compliance to improve the treatment outcomes. Furthermore, the timeliness of the patient's rehabilitation after treatment can also be improved. Humanized nursing service integrates humanistic care and provides a better quality of nursing service, hence this nursing intervention is highly effective<sup>[18]</sup>. Based on the characteristics of humanized nursing service, nursing care interventions for ICU patients encompass clinical and nursing interventions, psychological interventions, lifestyle management, cognitive guidance, emotion, and medication management. By addressing all these factors, ICU patients can be provided the right treatment while maintaining their physical and mental health, to promote rapid recovery, and enhance treatment efficacy, and timeliness of rehabilitation<sup>[19,20]</sup>.

## 5. Conclusion

The implementation of humanized nursing service intervention for the treatment of ICU patients greatly promoted the safety and physical comfort of these patients and reduced the risk of nursing care incidences.

## Disclosure statement

The author declares no conflict of interest.

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