

The Application of Psychological Nursing in Pediatric Clinical Nursing

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Abstract: *Objective:* To study the application effect of psychological nursing in pediatric clinical nursing. *Method:* 100 pediatric patients who underwent treatment in our hospital from January 2019 to December 2020 were selected as the research subjects. They were randomly divided into a control group and an observation group, with 50 cases in each group. The control group received routine nursing care, while the observation group received psychological care based on routine nursing care. The nursing compliance, incidence of adverse events, and parental satisfaction of the two groups of pediatric patients were compared and analyzed. *Result:* Through psychological nursing intervention, it was found that the observation group had better nursing compliance, incidence of adverse events, and parental satisfaction than the control group, $P < 0.05$, the differences are statistically significant. *Conclusion:* The application of psychological nursing in pediatric clinical nursing can improve the compliance of pediatric care, reduce the incidence of adverse events, enhance parental satisfaction, and have clinical promotion and application value.

Keywords: Psychological care; Pediatrics; Clinical nursing; Application; Children with illness

Online publication: July 23, 2024

1. Introduction

In the modern medical field, clinical nursing is no longer just a technical operation, but a comprehensive practice that integrates multi-dimensional nursing models such as humanistic care and psychological care. Due to the young age and immature psychological development of children, they often exhibit stronger psychological sensitivity and dependence when facing diseases and treatment, especially in pediatric clinical nursing^[1]. Psychological care aims to use professional psychological intervention methods to help children establish a positive attitude, promote communication and trust between children and medical staff, create a more harmonious environment for treatment, reduce negative emotions such as anxiety and fear, and improve treatment compliance^[2]. In pediatric clinical nursing, the application of psychological care involves multiple aspects, such as preoperative and postoperative psychological adjustment, pain management, sleep improvement, and family support.

2. Materials and methods

2.1. General information

100 pediatric patients who underwent treatment in our hospital from January 2019 to December 2020 were selected as the research subjects. They were randomly assigned to a control group and an observation group, with 50 cases in each group. There were 26 males and 24 females in the control group, aged 3–11 years, with an average age of (6.31 ± 1.32) years; Weight ranges from 13–49kg, with an average of (38.77 ± 2.32) kg; There were 10 cases of bronchitis, 25 cases of pneumonia, 10 cases of upper respiratory tract infections, and 5 cases of diarrhea. 28 males and 22 females in the observation group; Age range from 3–11 years old, with an average of (6.82 ± 1.44) years old; Weight 12–48kg, average (37.69 ± 2.55) kg; There were 9 cases of bronchitis, 23 cases of pneumonia, 12 cases of upper respiratory tract infections, and 6 cases of diarrhea. The basic information of the two groups of children was compared, and the difference was not statistically significant ($P > 0.05$), indicating comparability.

2.1.1. Inclusion criteria

- (1) Clear awareness of the patient;
- (2) The clinical data of the patient is complete;
- (3) The child has clear awareness and good communication skills.

2.1.2. Exclusion criteria

- (1) The child has tumor disease, severe organ disease, hematological system disease, immune system disease;
- (2) Children who withdrew from the study midway.

2.2. Method

2.2.1. Control group

- (1) The control group received routine care, including regular monitoring of vital signs such as body temperature, pulse, and respiration, together with timely observation and treatment of the patient's condition;
- (2) Strictly follow the principle of “three checks and nine pairs”, actively receive the sick child and their parents, and guide the nursing process of the sick child^[3];
- (3) Help the sick child alleviate their painful crying and treat them in a gentle manner;
- (4) During the infusion and injection process, use gentle techniques and skilled techniques to achieve a successful first puncture and avoid the pain caused by a second puncture;
- (5) Strengthen inspections during the infusion process to avoid adverse infusion events^[4].

2.2.2. Observation group

- (1) In order to alleviate the fear and anxiety of pediatric patients towards intravenous therapy, efforts are made to create a warm and comfortable environment for intravenous therapy, including adjusting the temperature, humidity, and lighting of the ward to ensure a quiet and tidy environment;
- (2) Place some children's favorite toys and decorations in the ward to make the ward look fun and allow the children to receive treatment in a relaxed and pleasant atmosphere^[5];
- (3) Actively communicate with parents, introduce the importance and methods of psychological care to them, and strive for their full cooperation and support;
- (4) Encourage parents to show an optimistic attitude in front of their children, set an example for them, and

enhance their confidence in overcoming the disease;

- (5) As medical staff, one should have a certain level of psychological intervention ability to better provide psychological care services for children. Nursing staff should strengthen their basic psychological intervention skills, focus on learning psychology-related knowledge, mastering them, etc., to better understand the psychological needs of patients and provide personalized psychological nursing interventions for them;
- (6) Nursing staff need to carefully observe the characteristics of the child to provide better psychological care. For example, some children may exhibit certain levels of tension, anxiety, or fear, leading to resistance to the treatment process. Nursing staff need to be more patient and meticulous in providing psychological care. By establishing a trusting relationship with the children, they can feel the care and warmth of medical staff;
- (7) Using some relaxation techniques, such as deep breathing, tapping, etc., to help the child relieve their tense emotions;
- (8) Through games, stories, and other means, allow children to receive treatment in a relaxed and enjoyable atmosphere. Some children may exhibit strong resistance, crying, or struggling behavior, crying and leaving. Nursing staff need to quickly determine the reasons for the child's lack of cooperation, such as pain, fear, or other reasons ^[6];
- (9) Using different methods to divert the attention of the child, such as playing anime characters to communicate with the child, using cartoon language to inform the child of the treatment process, etc, ^[7] emphasizing the selection of appropriate intervention methods based on the child's age, personality, and other characteristics. For example, for younger children, a gentle tone and friendly attitude can be used to soothe them. For older children, it is possible to have in-depth communication with them, understand their thoughts and feelings, and find solutions to their problems ^[8]. When necessary, parents can be sought for assistance and support to help the child overcome treatment difficulties together;
- (10) After a successful puncture, the patient can be guided to actively accomplish their wishes, such as choosing the position they want to sit, choosing their favorite TV channel, or rewarding the patient with stickers, in order to strengthen their cooperative behavior;
- (11) After the patient is discharged from the hospital, follow-up visits will be conducted through phone, and other means to understand the patient's recovery situation and psychological needs and to provide them with necessary psychological support and guidance ^[9]. If the child needs follow-up consultation, the family members should be informed of the consultation time and precautions accordingly ^[10].

2.3. Observation indicators

- (1) Compare the nursing compliance of two groups of pediatric patients, using a self-made compliance questionnaire from our hospital for evaluation, with a maximum score of 100 points, > 90 points indicating compliance, 60–89 points indicating partial compliance, and < 60 points indicating non-compliance.
- (2) Compare the incidence of adverse events between two groups of pediatric patients, including infusion swelling and needle detachment.
- (3) Compare the satisfaction levels of parents of two groups of patients, which are divided into dissatisfied, moderately satisfied, and very satisfied.

2.4. Statistical methods

The data was analyzed using SPSS 22.0 statistical software. Count data is represented as n (%) and the chi-

square test is used. Measurement data is represented by: mean \pm standard deviation (SD) and a *t*-test is used. $P < 0.05$ indicates a statistically significant difference.

3. Results

3.1. Comparison of nursing compliance between two groups of pediatric patients

The compliance rate of the control group was 76.00%, lower than the proportion of 94.00% in the observation group, and the compliance rate of the control group was 46.00%, lower than the proportion of 78.00% in the observation group, with a statistically significant difference ($P < 0.05$), as shown in **Table 1**.

Table 1. Nursing compliance of two groups of pediatric patients [*n* (%)]

Group	Non-compliance	Basic compliance	Compliance	Compliance rate
Control group (<i>n</i> = 50)	12 (24.00%)	15 (30.00%)	23 (46.00%)	38 (76.00%)
Observation group (<i>n</i> = 50)	3 (6.00%)	8 (16.00%)	39 (78.00%)	47 (94.00%)

3.2. Comparing the incidence of adverse events between two groups of pediatric patients

The compliance rate of the control group was 16.00, which was higher than the proportion of 4.00% in the observation group, and the difference was statistically significant ($P < 0.05$), as shown in **Table 2**.

Table 2. Incidence of adverse events in two groups of pediatric patients [*n* (%)]

Group	Infusion swelling	Needle detachment	Total incidence rate
Control group (<i>n</i> = 50)	5 (10.00%)	3 (6.00%)	8 (16.00%)
Observation group (<i>n</i> = 50)	2 (4.00%)	0	2 (4.00%)

3.3. Comparison of parental satisfaction between two groups of pediatric patients

The satisfaction rate of the observation group was 94.00%, higher than the proportion of the control group at 78.00%, and the proportion of “very satisfied” in the observation group was 72.00%, much higher than the proportion of the control group at 42.00%, with statistical significance ($P < 0.05$), as shown in **Table 3**.

Table 3. Satisfaction of parents of two groups of children [*n* (%)]

Group	Not satisfied	Generally satisfied	Very satisfied	Satisfaction rate
Control group (<i>n</i> = 50)	11 (22.00%)	18 (36.00%)	21 (42.00%)	39 (78.00%)
Observation group (<i>n</i> = 50)	3 (6.00%)	11 (22.00%)	36 (72.00%)	47 (94.00%)

4. Discussion

With the transformation of medical models and the updating of people’s health concepts, mental health is receiving more and more attention from people. Psychological care, as an effective nursing method, can not only improve the satisfaction and trust of patients and parents, but also reduce the occurrence of doctor-patient conflicts and disputes, which helps to build a harmonious doctor-patient relationship. The importance of applying psychological care in pediatric clinical nursing cannot be ignored^[11]. From the perspective of the affected child, they are in a developmental stage both physiologically and psychologically, and their cognitive and psycholog-

ical abilities towards the disease are relatively weak. Therefore, in pediatric nursing, special attention should also be paid to the child's psychological state in addition to the physical condition of the child^[12]. Psychological care can alleviate negative emotions such as fear and anxiety in children, enhance their confidence and cooperation, help them better receive treatment and care, and improve treatment effectiveness and recovery speed^[13]. The above data fully proves that the application effect of psychological care in pediatric nursing is significant and has great clinical promotion value^[14].

In terms of nursing compliance, the observation group showed significantly higher nursing compliance than the control group. Psychological care can effectively alleviate the fear and anxiety of children, make them more willing to cooperate with treatment, and thus improve the efficiency and effectiveness of nursing.

In terms of adverse events, the incidence of adverse events in the observation group was significantly lower than that in the control group. Psychological care reduces the psychological burden on children and their resistance to treatment, thereby reducing the incidence of adverse events^[15].

In terms of parental satisfaction, the observation group also showed significantly higher parental satisfaction than the control group. Parents are the closest people to the sick child, and their satisfaction with nursing work directly affects the treatment effectiveness and rehabilitation process of the sick child. Psychological care enhances communication and cooperation with parents, allowing them to have a better understanding of the treatment process and the psychological needs of the child, thereby improving their satisfaction. This result is beneficial for improving the doctor-patient relationship and enhancing the overall image and service quality of the hospital.

In summary, the application of psychological care in pediatric clinical nursing has a significant effect, which can alleviate the discomfort symptoms of children, improve their nursing compliance, reduce the incidence of adverse events, and improve nursing effectiveness and parental satisfaction. Therefore, psychological nursing strategies should be further promoted and applied to provide more comprehensive and detailed nursing services for children.

Disclosure statement

The author declares no conflict of interest.

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