

# Research on the Application Effect of Humanized Nursing Management in Pediatric Rehabilitation Wards

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**Abstract:** *Objective:* To explore the application effect of humanized nursing management in pediatric rehabilitation wards. *Methods:* 82 pediatric patients admitted to our hospital between January 2023 and January 2024 were randomly divided into a control group and an observation group. Among them, the control group was given routine care, while the observation group received humanized nursing management, and the clinical nursing effects and situations of the two groups of children were compared and analyzed. *Results:* After nursing, the observation group showed significantly better performance in intelligent Developmental Quotient (DQ) values ( $P < 0.05$ ). The clinical nursing satisfaction of the observation group was significantly better than that of the control group ( $\chi^2 = 11.710$ ,  $P < 0.05$ ). *Conclusion:* Humanized nursing management for patients in pediatric rehabilitation wards not only improves their recovery but also significantly enhances parental satisfaction, which is worth learning from and promoting in clinical settings.

**Keywords:** Humanized nursing; Children; Rehabilitation ward; Application effect

**Online publication:** August 9, 2024

## 1. Introduction

With the progress of society and the continuous improvement of people’s health awareness, the demand for medical care is also increasing<sup>[1]</sup>. Especially the manifestation of humanistic nursing in medical care is an important medical field that is currently lacking and urgently needs to be optimized and improved<sup>[2]</sup>. Specifically, humanized nursing is based on the people-oriented concept, transforming the passive operation of nursing staff into active care, and providing high-quality services for individuals. In the pediatric rehabilitation department, humanized nursing showcases humanistic care and spirit, taking care of children’s limited feelings and expressions due to their young age, as well as poor treatment compliance and other issues. Therefore, special attention is paid to the needs of children, appropriate nursing management methods are adopted, and humanized nursing interventions are carried out. This means that throughout the entire nursing process, nursing staff should always prioritize the needs of the child, strive to understand their feelings, respect their wishes,

and demonstrate care and support during the nursing process<sup>[3]</sup>. For the follow-up rehabilitation treatment and nursing of patients with moderate to severe illness, it is necessary to use management systems, innovative technologies, etc. to adjust adaptive nursing interventions, ensure better results, and enhance the quality of life and ability of patients after discharge. Research has shown that applying humanized nursing management measures to children's rehabilitation process can achieve better results, meet the special needs of children in the rehabilitation process, help them better adapt to the treatment environment, enhance their treatment compliance, and improve rehabilitation effectiveness<sup>[4]</sup>. 82 children in the rehabilitation department admitted to our hospital from January 2023 to January 2024 were selected as the research subjects. The effects of different nursing measures were observed, and the results are shown below.

## 2. General information and methods

### 2.1. General information

82 patients admitted to the children's rehabilitation ward of our hospital from January 2023 to January 2024 were selected and randomly divided into a control group and an observation group. There were 41 cases in the control group, 22 males and 19 females, aged between 3.1 and 8.5 years, with an average age of  $5.8 \pm 1.2$  years. There were 41 cases in the observation group, 24 males and 17 females, aged between 2.6 and 7.0 years, with an average age of  $5.6 \pm 1.6$  years. There was no significant difference in the general information of gender and age between the two groups of patients, which can be compared and analyzed ( $P > 0.05$ ).

### 2.2. Methods

The control group adopted conventional nursing methods. In the observation group, conventional nursing methods were used in combination with humanized nursing management, as follows:

- (1) Establishing a team leader for management: A team leader was established for overall management and supervision, playing a coordinating role in systematic nursing management, and implementing humanized management concepts and measures<sup>[5]</sup>. Abandoning traditional models, team leaders allocated human resources, especially in some rescue and emergency work, to play a cooperative role, making the best use of people and resources<sup>[6]</sup>.
- (2) Innovative technology applications: Technological progress itself has laid a solid foundation for humanized nursing, enabling effective, tangible, and sensory humanized nursing management to be in place. By providing regular training or direct technical guidance to nursing staff, their professional and nursing abilities can be improved, effectively improving patient comfort and satisfaction, and enabling them to receive better nursing services.
- (3) Hospitalization environment management: Effective management of the inpatient environment was done to ensure that the room was ventilated, clean, and tidy. Simple, safe, and environmentally friendly materials were installed in children's rehabilitation rooms to minimize their discomfort. It is generally believed that hospitals are a relatively unfamiliar environment, which can cause psychological tension, fear, low mood, and other negative emotions in children, affecting treatment compliance. To address these issues, we ensured daily cleaning and management of the ward, adjusted the temperature to  $22-25^{\circ}\text{C}$  and humidity to  $50-60\%$ , and regularly and comprehensively disinfected the ward every two days to maintain a good environment<sup>[7]</sup>. Furthermore, an appropriate layout of living areas, handicraft areas, painting areas, etc. in the ward was provided for the patients to feel warm and comfortable, and reduce their psychological burden to some extent<sup>[8]</sup>.

- (4) Dietary management: The management of children’s diet is crucial, and it should also reflect humanization and be personalized according to the situation of different children. In the past, a unified plan was adopted, requiring more intake of high vitamin and high protein foods. However, considering the situation of different children, it was also necessary to consider calories, digestion, etc., and try to adapt and supplement the diet as much as possible, which is conducive to the recovery of children and the improvement of their quality of life <sup>[9]</sup>. Some children with cerebral palsy may experience choking and coughing during eating due to the disease affecting the throat muscles, and in severe cases, it can affect breathing. Individual eating training was required, known as assisted eating and “eating less and more frequently,” to avoid adverse effects. Some children may experience a preference for food, and during hospitalization, a buffet kitchen was provided for them to choose and process independently. However, regular nutritional intake was also necessary to reduce the intake of stimulating foods and prevent medication from causing side effects on the child.
- (5) Nurse-patient relationship: When making initial contact with the patient, the nursing staff used a gentle and friendly tone to greet them, and tried to use the patient’s nickname to enhance the intimacy between the nurse and the patient, and create a relaxed and harmonious communication atmosphere <sup>[10]</sup>. Before performing any medical procedures, they provided sufficient encouragement to the child, such as explaining in gentle and simple language, which was more conducive to the child’s understanding and acceptance, improving cooperation, diverting the child’s attention, shortening the operation time, and reducing the child’s pain and fear. In daily communication, nursing staff used language that the child could understand, patiently and meticulously communicated with them, eliminated the child’s doubts and anxieties about unknown operations, and enhanced trust between each other. During special times, they prepared small gifts for the sick, especially for holidays and birthdays, which could be celebrated in the ward, to liven up the atmosphere, regulate emotions, improve the psychological comfort of the patient, and enhance the trust in the medical team. This promoted the rehabilitation process, reflected the humanistic care of modern medicine, and was also an important means to achieve high-quality medical services.
- (6) Family management: Nursing staff actively communicated with the families of the affected children, with a sincere attitude, gentle tone, and warm expression, to establish a close nurse-patient relationship <sup>[11]</sup>. By providing a detailed introduction to the patient’s condition, parents could clearly understand the etiology, examination, treatment, and prognosis, and establish a long-term care plan. Parents were also encouraged to participate, spend more time with their children, understand the hardships and psychological pressure of hospitalization, help alleviate anxiety and fear, and encourage children to actively cooperate with treatment and care. It was even more necessary to persuade parents to stay calm, ensure their psychological and emotional stability, make rational choices and judgments, provide a good rehabilitation environment for the child, and actively cooperate with treatment and care from the family side to achieve twice the result with half the effort.

### **2.3. Evaluation criteria**

Our hospital conducted humanized nursing management interventions for the admitted pediatric patients in the rehabilitation department. We strictly followed the adaptive evaluation scale for this stage and observed the intelligence Developmental Quotient (DQ) value and satisfaction of the patients.

Specifically, the Infant Neurological International Battery (INFANIB) scale and the Gesell developmental scale were used to evaluate the rehabilitation status of the children. A satisfaction evaluation form was

distributed during the follow-up visit to record the rehabilitation status of the discharged children and evaluate their satisfaction<sup>[12]</sup>. The questionnaire includes more than ten items such as technical level, speech and behavior, and service attitude. The satisfaction level is divided into three ratings: dissatisfied, basically satisfied, and very satisfied. Objective evaluation, clear reasons, and special areas were marked as much as possible. Based on the satisfaction survey designed by our hospital, the satisfaction of parents was calculated. Total satisfaction = (very satisfied + basically satisfied)/total number of cases × 100%.

## 2.4. Statistical methods

Statistical software SPSS21.0 was used for unified data analysis, and the data was presented in the following form: measurement data were expressed as mean ± standard deviation (SD), and intergroup comparisons were conducted using *t*-tests. Count data were represented as [*n* (%)], and  $\chi^2$  test was used for intergroup comparison. *P* < 0.05 indicated a statistically significant difference.

## 3. Results

### 3.1. Comparison of intelligent DQ values

After humanized nursing management intervention, the intelligent DQ value of the observation group was significantly higher than that of the control group (*P* < 0.05), as shown in Table 1.

**Table 1.** Comparison of intelligent DQ values between two groups of children (mean ± SD, score)

Group	Fine motor skills	Movement	Social interaction	Language
Control group ( <i>n</i> = 41)	74 ± 12	87 ± 7	81 ± 7	110 ± 12
Observation group ( <i>n</i> = 41)	95 ± 12	100 ± 11	95 ± 14	110 ± 13
<i>t</i>	6.286	5.972	7.265	5.554
<i>P</i>	< 0.05	< 0.05	< 0.05	< 0.05

### 3.2. Comparison of nursing satisfaction

After the intervention of humanized nursing management, the satisfaction of parents in the observation group was significantly higher than that in the control group. 33 parents in the observation group were satisfied, 8 were basically satisfied, and 0 were dissatisfied; 21 parents in the control group were satisfied, 11 were basically satisfied, and 9 were dissatisfied. The satisfaction rate of parents in the observation group was 100%, which was higher than 78% in the control group. The difference between the groups was statistically significant ( $\chi^2 = 11.710$ , *P* < 0.05), as shown in Table 2.

**Table 2.** Comparison of nursing satisfaction between family members of two groups of pediatric patients [*n* (%)]

Group	Very satisfied	Basically satisfied	Not satisfied	Total satisfaction
Control group ( <i>n</i> = 41)	21	11	9	32 (78.0)
Observation group ( <i>n</i> = 41)	33	8	0	41 (100.0)
$\chi^2$	-	-	-	11.710
<i>P</i>	-	-	-	< 0.05

## 4. Discussion

With the increasing cultural quality and health awareness of contemporary citizens, the demand for humanized nursing management is becoming increasingly strong. However, corresponding management issues and disharmonious nurse-patient relationships urgently require the intervention of humanized nursing management measures to provide patients with a comfortable and good rehabilitation environment <sup>[13]</sup>. Clinical use of various treatment methods, followed by follow-up nursing and training, can better achieve the expected rehabilitation effect, especially for children. By selecting reasonable and scientific nursing methods, providing patients with follow-up scientific rehabilitation management, innovative technology application, psychological counseling, hospitalization management, family management, etc., not only alleviates their anxiety during hospitalization and maintains physical and mental comfort, but also cooperates with nursing to promote subsequent rehabilitation and recovery <sup>[14]</sup>.

Implementing humanized nursing management is to prioritize patients as the primary element of productivity and provide more care beyond treatment and detailed services for children <sup>[15]</sup>. This requires nursing staff to have a solid professional foundation and excellent professional ethics, be able to communicate with patients in a timely manner, respect and understand them, adjust the details of nursing operations, and achieve high-quality services. The results of this study showed that the observation group had significantly higher recovery and family satisfaction after humanized nursing than the control group ( $P < 0.05$ ). The research results are also consistent with relevant authoritative research, indicating that humanized nursing management intervention in children's rehabilitation has high significance and value, and should be further promoted in the future.

## 5. Conclusion

In summary, humanized nursing management intervention for children admitted to the rehabilitation department can effectively enhance their functions in fine motor skills, social interaction, language, and other aspects, satisfying children and parents. It is worth continuing to integrate in future medical management, fully demonstrating the humanistic care and spirit of medical development, and making children and parents feel at ease.

## Disclosure statement

The author declares no conflict of interest.

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