Short Communication

Summarize: Study Examines Effect of Psychological Nursing Care on Outpatients

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Abstract

To understand the application of psychological nursing in the outpatient department of Grade A Rehabilitation hospital.

Method: The mood of 575,083 outpatients waiting for treatment in 2022 in Anhui Wannan Rehabilitation hospital, a Grade III A Rehabilitation hospital, was observed, and appropriate psychological nursing intervention was provided to the patient.

Result: The total number of outpatient visits was 575,080, including 262,161 observational and interventional. The final number of visits to psychological clinics was 561. Conclusion: Through effective psychological nursing methods, the incidence of psychological disorders among patients has significantly reduced.

Keywords: Psychological nursing; Empathy; Emotional relief

Recommendations

1. Consider the negative emotions of outpatients.
2. Reduce negative emotional interference and improve medical efficiency.

Background

Nursing practice includes completing basic nursing work in an organized, purposeful, and planned manner. It involves observing and understanding patients’ basic condition, using nursing instruments to monitor or obtain patient condition data, and cooperate with doctors to complete diagnosis and treatment. With various developments in the field of psychology, psychological care has emerged from basic care, and its application has become increasingly widespread.

Psychological care is not only aimed at monitoring the psychological activities of patients, but it also involves the adoption of a series of positive psychological care measures to influence patients’ feelings and understanding, change their negative psychological state and behavior, and help them adapt to the new medical environment. It also enhances the psychological state of patients and encourages them to actively cooperate with clinical diagnosis and treatment work [1].

The outpatient department is the face of a hospital, and assumes the responsibility of promoting the hospital’s image in various functional departments within the hospital. In order to further enhance patient satisfaction with hospital nursing work, it is particularly important to strengthen professionalism in outpatient guidance [2]. Outpatients generally include individuals with physical diseases accompanied by symptoms such as pain, nausea, vomiting, dizziness, etc. The extension of waiting time due to non-human factors may result in a bad mood among patients,
and physical diseases combined with negative emotional effects could actually worsen the primary disease. Outpatient nurses observe the emotional changes of patients through patrols. During a short waiting period, they use their professional psychological nursing skills to identify the severity of the patient’s condition and provide real-time psychological nursing intervention for waiting patients. This could alleviate the outbreak of negative emotions during the patient’s waiting period and assist doctors in orderly diagnosis and treatment [3].

According to an epidemiological survey of psychological symptoms in tertiary comprehensive hospitals by Zhiwei, et al. [4], the detection rate of anxiety in outpatients was 20.0%, depression 22.3%, and comorbidities of anxiety and depression 14.8%. In our outpatient department, the total number of outpatient visits was 575,080 in 2022, including 262,161 observational and interventional. The final number of visits to the psychological outpatient department was 561, accounting for 0.2%.

In sum, the type and volume of psychological problems among outpatient patients include anxiety, accounting for 20.0%, depression 22.3%, and other physical disorders, hypochondriasis, and mental distress. According to Yan Hong’s satisfaction survey of outpatients in a tertiary hospital in June 2022 [5], the overall average patient satisfaction was 3.82, with gaps existing between satisfaction scores. From the ranking of various dimensions, the highest ranked is service attitude, with an average score of 4.00, reaching a relatively good satisfaction level. The second is service technology level, with an average score of 3.98, which has not yet reached a relatively satisfaction level. The lower satisfaction scores for service efficiency, service costs, and environmental facilities are 3.63, 3.66, and 3.72, respectively, which are lower than the overall average score of 3.82. Therefore, there is nevertheless scope for improvement in the satisfaction levels of service quality in public hospitals. Meanwhile, our hospital’s patient satisfaction survey for 2022 was 98.6%.

We summarize our experience in outpatient psychological care and share our work methods as follows:

Based on the psychological status of outpatient patients, we first made adjustments to the patient’s medical environment by:

1. Ensuring that the outpatient hall is spacious, bright, and tidy, with some flowers and plants placed. Regular cleaning of the washroom to prevent slipping, and providing fresh air to reduce the discomfort of patients;
2. Installing drinking water equipment, clean paper cups, and convenient power banks in the lobby, to alleviate waiting patients’ concerns and anxieties of phones running out of battery and preventing contact with their families in a timely manner;
3. Providing face-to-face service work such as “one-stop” service/consultation/health education, as well as complete convenience service boxes and items;
4. Arranging volunteers to cooperate with outpatient nurses, paying timely attention to patients in need, and assisting them in a timely manner;
5. Providing free wheelchair services for emergency, elderly, and patients in need, including medical treatment, examination, treatment, and admission, in a one-on-one service;
6. Improving the identification of various specialized and auxiliary examination locations such as outpatient ultrasound rooms, electrocardiogram examination rooms, laboratory departments, and maternal and infant rooms, and ensuring that the identification and guidance routes are clear and attractive;
7. Providing comprehensive services such as medical treatment, examination, and admission for elderly or disabled patients with limited mobility;
8. Opening a green channel and window for “elderly people over 70 years of age” to seek medical treatment, make cash payments, avail self-service machine equipment, and arranging medical guidance on duty projects;
9. Placing inspection promotional materials and magazines in the auxiliary examination department for patients waiting for examination to read, arranging for nurses to patrol, and promptly observing and alleviating the tension of patients waiting for examination;
10. Regularly soliciting opinions from waiting patients on the waiting process;
11. Distributing nursing work quality questionnaires to outpatient patients at random, and promptly collecting feedback on service issues.

We have provided relevant psychological knowledge training to doctors and nurses in outpatient guidance and work by:

1. Arranging for nurses to participate in various psychological knowledge popularization and lectures organized by the Municipal Psychological Association; offering simulated psychological intervention methods;
2. Regularly arranging psychological knowledge popularization lectures and practical exercises in the hospital, so that every outpatient healthcare worker can observe the patient’s negative emotional performance during the limited waiting time for seeking medical treatment, and providing timely intervention and referral, or multidisciplinary consultation;
3. Ensuring that outpatient nurses often visit various outpatient departments, and provide psychological knowledge promotion to new doctors, so as to help them identify the patient’s psychological state in a short period of time, and contact a psychologist in a timely manner;
4. Organizing clinical departments and psychological lectures within the hospital can accurately guide outpatients to register with the corresponding departments, and simultaneously, guide psychological patients to the psychological department, reducing anxiety regarding the selection of medical and psychological departments for patients;
5. Regularly conducting professional knowledge assessment exams to enable outpatient nurses to learn how to observe and manage patients’ emotional changes.

The process of psychological care for waiting patients through outpatient guidance is as follows:
1. Observing the facial expressions [6] and body language [7] of waiting patients helps assess their psychological state and provide real-time attention to reduce their anxiety and improve their compliance with medical treatment;
2. When encountering restless patients, understand and encourage them to dissipate negative emotions, while providing real-time assistance, urge patients to actively respond to adverse events and difficulties;
3. For patients with limited medical knowledge, patiently listen to their demands, actively help them clarify their thoughts, help them identify the main reasons for seeking medical treatment, and promptly provide registered medical treatment without wasting their time;
4. The job responsibilities of outpatient guidance nurses also include popularizing psychological rehabilitation and mental health knowledge, and enhancing patients’ awareness of self- psychological care;
5. Among patients who have a relatively long waiting time (over 30 minutes) [8], by listening and empathizing with the patient venting negative emotions;
6. When the patient has obvious negative emotions and cannot relieve them, they should inform the visiting doctor of the patient’s situation in a timely manner upon arrival at the corresponding medical department for further psychological intervention;
7. When patients’ emotions cannot be calmed down after the visit, the guide doctor will take the patient to the psychological department for psychological evaluation and treatment;
8. Regularly promote and train all staff on psychological knowledge, so that each outpatient doctor can assess the patient’s psychological condition in a short period of time, intervene, and refer patients in a timely manner, and take good care of both the physical and psychological aspects of the patient.

Existing shortcomings
1. Psychological nursing work in the outpatient department also requires a large number of nurses with professional knowledge to participate. Given the shortage of manpower, we recruited medical students from relevant medical schools such as Wannan Medical College. After receiving short-term training, they were asked to participate in the outpatient inspection work. When encountering patients with poor emotions, their main task was to understand what help the patients were seeking, manage it in a timely manner, or contact their own teachers to help in the handling of such patients;
2. Each clinic in the outpatient department arranges interns to work together with teachers, who are responsible for diagnosing and treating patients, while students are responsible for observing and guiding patients to seek medical treatment. When patients have obvious negative emotions, they should promptly seek the help of a psychologist to address their problem;
3. For outpatients who cannot classify their level of psychological care based on time-consuming psychological measurements, we analyze and evaluate the patient’s priorities based on their objective performance and the nursing supervisor’s judgment. We expect to share specific data in the next paper. The method of observing the emotional performance of patients and judging their emotional situation should not be used for evaluating the level of psychological care in wards;

Insufficient funding
Outpatient nurses need to have multiple specialties and abilities, not only mastering basic nursing knowledge, but also becoming proficient in psychological nursing knowledge. With the cooperation of joint interns, they can efficiently complete outpatient psychological nursing work.

References


