Application value analysis of humanized nursing mode in operating room nursing

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Abstract: Objective: Combined with the nursing situation in the operating room to implement humanized nursing intervention, observe the nursing application effect and analyze the value of its use, to provide innovative basis for the operating room nursing. **Methods:** A total of 100 patients in the operating room of our hospital were selected, and the patient data from August 2017 to August 2018 were collected centrally to provide the carrier for this topic investigation. At the same time, 50 patients were selected for routine nursing and 50 patients for humanistic nursing. The scores of SAS and SDS before and after nursing were statistically analyzed. The knowledge rate of surgical related medical knowledge was inquired by questionnaire. Statistics of the two groups of patients to the nursing scores. **Results:** The difference of SAS and SDS scores before nursing was not obvious in the two groups, and the distance was increased after nursing. There was a significant difference between the two groups ($P<0.05$). The rate of operation and disease awareness in the observation group was higher than that in the control group, and there was a significant difference between the two groups ($P<0.05$). Patients in the observation group were higher than the control group in all nursing scores, the two groups of comparative analysis has a significant difference ($P<0.05$). **Conclusion:** The operating room nursing work, aiming at the condition of the patients, at the request of the original routine nursing on patients with combined with the chief complaint of humanized nursing intervention, can help patients to realize self operation requirements, combined with the wishes of patients on the analysis of nursing, improve the effect of the holistic nursing, the series in the operating room nursing work can be used as the reference direction, appropriate adjustments to the original form of nursing of the single.

1. Introduction

Surgery have different priorities, but after surgery in patients with more resistance is reduced, over a period of time, the operation is a panoramic display surgical medicine development of human to fight disease, to save the lives of countless patients, eradicate lesions more help patients recover in a short period of time, has become a common form of clinical treatment, most patients and families can accept surgical treatment, and for surgery must have confidence, but their cognitive operation is not sound, mental pressure is big, there are plenty of doubt and guess, is not conducive to patients in the treatment of cooperation and self protection. Humanized nursing for patients with improved swot analysis and reduce the psychological pressure, at the same time in various nursing can do self compliance and protection, improve the success rate of the procedure, helps to reduce patients in perioperative of discomfort, humanized nursing more respect the wishes of patients, rather than nurses “haircut carrying pole with its load a hot”, greatly improve the actual effect of nursing care.

2. Materials and Methods

2.1 General Materials

Selected out from the operating room of a total of 100 cases of patients, concentrated in August 2017 to August 2018 to be obtained between the patients with carrier information is provided for the investigation of the topic, at the same time, the choices of routine nursing care of patients in

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selected 50 cases, 36 cases of male patients with women in 14 cases, patients' age range in age from 25 to 78 years old, take the average of (45.58 + 6.57) years, 50 cases of implementation of humanization nursing patients. There were 26 male patients and 24 female patients, and the patients' ages ranged from 24 to 70 years old, with an average age of (49.67±5.67) years old. The types of diseases, surgical forms and baseline data of the patients in the two groups were not correlated with this statistics, which did not have reference significance.

2.2 Methods

Routine nursing: preoperative preparation, check all surgical supplies disinfection, security, running state, how surgery on the patients of fasting the water and other relevant requirements, the names of the patients with preoperative verification, such as basic information, and soothe patients, simple language to encourage patients to reduce the tension, check the patient's individual situation and operating room arrangement, check number, name, gender, age, bed in hospital, don't, between surgery, surgery were, name of the surgery, surgical site and banned from food, drink, allergies, blood type. Make the patient and identification belt, medical record, operation schedule, operation notice consistent. Establish intravenous infusion channels and choose the puncture site of infusion correctly according to the specific situation and surgical site. Work together with the surgeon and anesthesiologist to arrange the surgical position. During the placement, the movements are gentle and coordinated to prevent tissue injury and postural hypotension.

Humanized nursing, preoperative communication with patients, propaganda and education to patients, families, let patients have basic medical cognition, and for the operation process, time, anesthesia are summarized, the problems such as guide patients to tell their own questions at the same time, protect the patients privacy from the ward about privacy, answer in patients with doubt, for privacy by family members, in the doctor's office private communication. Completely relieve the patient's tension and get more active cooperation from the patient. Intraoperative analysis of the situation of early surgery to share the possibility of thinking in advance, such as drainage tube fall off, catheterization inflammation and other problems screening, under certain circumstances, nurses need to carry out operating room nursing simulation in advance, so as to achieve smooth and professional intraoperative puncture and other movements. Pay attention to the wording of intraoperative conversation and avoid too much discussion of surgical problems when the patient is conscious, so as not to cause discomfort to the patient. After the operation, put up a guardrail to protect the safety of patients, and introduce the operation with the family members, ask the family members to talk in a low voice, give patients enough space to rest. After the operation, the patient should be conscious and check the patient's physical condition, ask the patient about their feelings, ask the patient about the acceptability of air temperature and humidity, and conduct psychological counseling for patients with mental irritability. During the operation handover, the patient should explain in detail the matters needing attention after the operation, including the patient's skin, blood transfusion, infusion, drainage tube, medical records and belongings. Pay attention to elderly patients, pediatric patients, low resistance, escort during perioperative nursing note image, check the female nurses occupational clothing, nails, etc, ask the opinions of the patients to nursing staff, can be combined with the patients' demands change nursing responsibility, follow-up of patient records, at any time to understand the patient's perioperative psychological and physical changes and corresponding nursing debate, around the patient is making humanized nursing care plan.

2.3 Observation Indicators

The scores of SAS and SDS before and after nursing were statistically analyzed. The main statistical measure of SAS is the total score. At the end of the evaluation by the self-evaluator, the scores of each of the 20 items are added together, and then multiplied by 1.25 to get the whole part, to get the standard score. You can also check the “rough score standard score conversion table” for the same conversion. The higher the score, the worse the symptoms. SDS” adds the scores of each question to a rough score. Multiply the rough score by 1.25 and round it to a whole number to get the standard score. The critical value of depression was T score 50, and the higher the score was, the more obvious the depression tendency was. The knowledge rate of surgical related medical

knowledge was inquired by questionnaire. The questionnaire questions of awareness rate mainly include the following basic questions in the general direction: preoperative matters needing attention; Perioperative dietary requirements; Understanding of medication requirements and instructions; Requirements for intraoperative cooperation; Matters needing attention during postoperative recovery; The cause of disease and the possibility of recurrence after operation; A series of policies and basis for payment; Understanding of the basic environment of the hospital. Statistics of the two groups of patients to the nursing scores. Nursing score mainly from the nursing image (nurses wear, action, operation of professional), nursing services (communication, description, guidance), psychological care (way, attitude, privacy protection), basic care and other aspects of the evaluation, while the overall nursing score statistics.

2.4 Statistical Method

The excel SPSS20.0 system was used to carry out the data statistics and analysis. The X^2 test was performed on the counting data, and the t test was performed on the counting data, which was expressed as x±s. There was a significant difference in the comparative analysis between the two groups (P<0.05).

3. Results

The number of patients in the observation group with disease awareness (over 80 points in the title check) was 38, accounting for 76% of the total cases. The number of partially known cases (above 60 points in the title check) was 10, accounting for 20% of the total cases; The number of unknown cases (below 60 points in the title check) was 2, accounting for 4% of the total cases.

The number of patients in the control group with known diseases (over 80 points in the title check) was 25, accounting for 50% of the total number of patients. The number of partially known cases (above 60 points in the title check) was 17, accounting for 34% of the total cases. The number of unknown patients (below 60 points for verification) was 8, accounting for 16% of the total cases. There was a significant difference between the two groups (P<0.05).

Table 1 comparison of disease awareness rate in nursing between the two groups [n(%)]

Group	n	disease awareness	partially known	unknown
the observation group	50	38(76%)	10(20%)	2(4%)
the control group	50	25(50%)	17(34%)	8(16%)
t	-	8.523	7.415	7.596
P	-	<0.05	<0.05	<0.05

Of two groups of patients in nursing before SAS (anxiety), SDS score (depression) basic wandering under the equal interval, no obvious difference, the scores of the two groups after nursing are reduced, and illustrate the nursing effect is good, and observation group score lower more, observe the groups of SAS (anxiety), SDS (depression) is also at the same time to achieve control. There was a significant difference between the two groups (P<0.05).

Table 2 control scores of SAS (anxiety) and SDS (depression) before and after nursing in the two groups

Group	n	SAS		SDS	
		nursing before	nursing after	nursing before	nursing after
the observation group	50	45.26±2.14	38.45±3.41	55.63±2.34	39.64±5.25
the control group	50	46.74±2.18	41.29±6.25	54.71±2.36	40.27±5.14
X^2	-	3.241	6.352	5.263	3.241
P	-	<0.05	<0.05	<0.05	<0.05

The overall nursing score of patients in the observation group was higher than that of the control group, and the final total score was higher than that of the control group, indicating the best

doctor-patient relationship in the observation group. Patients' nursing staff's recognition was high, and the score was not affected by objective human factors. All questionnaires were collected effectively, and no false questionnaires were found in the personal evaluation. The difference between the two groups was statistically significant (P<0.05).

Table 3 comparison of nursing achievements of patients in the operating room

Group	n	nursing image	nursing services	psychological care	basic care	overall nursing score
the observation group	50	85.62±6.24	90.24±5.12	87.54±3.62	88.52±6.34	82.74±5.21
the control group	50	80.21±5.24	82.47±5.26	85.24±7.15	76.58±6.28	79.63±2.47
X^2	-	63.263	6.352	6.253	6.785	3.749
P	-	<0.05	<0.05	<0.05	<0.05	<0.05

4. Discussion

Operating room of humanized nursing, combined with surgical treatment in patients with psychological problems, cognitive problems, individual differences in nursing analysis, guided by the patient's individual situation, fully understand the complaints of the patients in the perioperative, by analysis of patient's specific investigation record for configuration nurse, patients with perioperative patients with long-term observation, and reflection to understand the patient's vital signs of change, and analysis of the mood of patients with adverse factors, positive psychological guidance, giving patients for surgery and disease patients, improve swot analysis, convenient patients and families in a series of nursing work actively cooperate with, At the same time, in the propaganda and education, patients are required to grasp the ability of self-examination and self-protection, induce patients to say the true feelings, humanize patients to adjust problems, and promote patients in the perioperative period to get good nursing help, timely nursing care. In this survey, patients in the observation group had higher scores than those in the control group. Based on various nursing rules of the operating room, humanized nursing should be carried out for patients, specifically understanding patients' personal thoughts, family members' surgical requirements, etc., so as to improve the overall nursing effect through humanized nursing arrangements.

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