

Application humanized nursing mode in operating room nursing

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Abstract: Objective: Combined with the nursing conditions in the operating room to analyze the application of humanized nursing form, explore the application value of humanized nursing in the operating room. **Method:** Our hospital operating room work, draw out the routine nursing care of 100 patients, respectively, humanized nursing, two groups have 50 cases in contrast, nursing during the questionnaires, and directly communicate with patients, get real feedback questionnaire, compared two groups of image of nursing, nursing care, psychological nursing, basic nursing, nursing total score of value, compared two groups of patients after nursing clinical effective, and inefficient, from the patients psychological pressure level assessment, SAS, SDS and HRSD scores before and after the investigation of patient care. **Results:** In the observation group, nursing image was 88.25 ± 3.29 , nursing service was 90.25 ± 6.32 , psychological nursing was 91.28 ± 5.27 , basic nursing was 88.63 ± 4.21 , and total nursing score was 95.68 ± 4.56 . Control group nursing image 76.52 ± 6.27 , nursing service 79.65 ± 8.25 , psychological care 81.29 ± 6.25 , basic care 85.26 ± 7.41 , total nursing score 83.65 ± 7.41 . There was a significant difference between the two groups ($P < 0.05$). In the observation group, 33 cases were effective, 16 cases were obvious, and 1 case was invalid. The total effective rate was 98%. In the control group, 29 cases were effective, 17 cases were significant, and 4 cases were not. The total effective rate was 92%, and there was a significant difference between the two groups ($P < 0.05$). Before nursing, the SAS scores of the observation group were 57.59 ± 6.25 , SDS scores were 63.74 ± 5.29 , and HRSD scores were 12.69 ± 5.25 . The SAS scores of the control group were 57.48 ± 5.62 , SDS scores were 62.48 ± 7.15 , and HRSD scores were 13.75 ± 4.25 . There was a significant difference between the two groups ($P < 0.05$). After nursing, SAS score of observation group was 32.62 ± 7.15 , SDS score was 46.32 ± 5.25 , and HRSD score was 4.58 ± 6.23 . The SAS scores of the control group were 53.29 ± 6.35 , SDS scores were 50.24 ± 7.58 , and HRSD scores were 7.54 ± 5.28 . There was a significant difference between the two groups ($P < 0.05$). **Conclusion:** In operating room nursing, it is necessary to carry out humanized nursing intervention for patients, pay attention to patients' chief complaint and analyze patients' needs during perioperative period in operating room, so as to improve the value of nursing.

1. Introduction

Operating room were independent of hospital treatment, surgery can treat many diseases, small to a few minutes, to a few hours, can in a relatively short time resection in patients with lesions, the combination form of surgery for postoperative maintenance, until discharge, is a form of medical advances, but the operation of the harm to human body is also inevitable, postoperative patients need quiet rest, surgery itself also has certain risk, combined with the different forms of arrangements, surgery, humanistic care, focus on the status of the perioperative patients, thereby giving more considerate care to help patients, help to improve the image of nursing, Combined with the actual needs of patients to improve the effect of nursing.

2. Materials and Methods

2.1 General Materials

Combined with the hospital operating room work, transferred out of the routine nursing care of 100 patients, respectively, humanized nursing, two groups have 50 cases in contrast, observation

group of 27 cases of male patients with women in 23 cases, patients' age range at the age of 21 to 75, take the average of $(45.62 + 11.25)$ years, male has 28 cases, control group patients women in 22 cases, patients age range in 23 ~ 74 years old, take the average of $(46.23 + 10.28)$ years. The patient's surgical arrangement plan and surgical progress were not significantly related to this survey, and no discussion was necessary.

2.2 Methods

Routine care: Ready to all the surgical equipment, completes the asepsis check, ensure the equipment can normal operation, sterile clean operating room, check the patient's name, age, bed before surgery, hospitalization, families don't series such as information, will wear jewelry, such as false teeth removed, replace the hospital gown and check the skin integrity, patients should check all the indications before operation, rule out other contraindications, help patients to establish a venous channel, connecting suction device, and confirm that attract the unobstructed, to assist in anesthesia, after anesthesia doctors put good position placement in the process of the patients, gentle movements, avoid produce discomfort, Pay attention to avoid the occurrence of tissue damage, postural hypotension and other problems, check the patient's vital signs after surgery, ensure that the patient's breathing rate is normal, make clear the patient's condition, and take precautions for infection.

Humanized nursing: combined with the form of nursing in nursing of each link pay attention to provide personalized service, set up during the intravenous route, combined with surgery in patients with required for correct selection of puncture, and ahead of the piercing operation practice, strive for to a puncture success, after connecting suction device, carry on side of client's head will attract and convenient anesthesia doctors use at any time, need is to use two attract a bottle, a attract bottle full change in time, prevent outflows. Only after the patient is awake, extubated and safely removed from the operating room can the aspirator be turned off. The changes of the condition were observed closely after the operation, especially whether the patient's body position was correct and whether the limbs, nerves and great blood vessels were compressed. Keep urinary tube, drainage tube and intravenous infusion channel unobstructed, supervise the correct execution of aseptic operation, and immediately correct any violation of aseptic principle. Should pay attention to don't talk in the operation and related matters, to discuss the operation step less frequently, to avoid panic in the surgery, patients with postoperative protection of patient privacy, avoid skin too exposed patients, push patients pay attention to the patients during the period of stable balance of the head, hands and feet, up the fence around, perioperative psychological guidance for patients, and patients with surgery, postoperative patients with stable emotion, postoperative improvement and matters needing attention, the prone position surgery should pay special attention to protect eye, perineum, prevent crushed and detergent chemical burns. It is important to test the water temperature during the operation to avoid tissue scald. Under the condition that patients are conscious, patients' feelings should be asked to eliminate their doubts about the operation, so that patients can fully feel respected and cared, treat patients equally, and pay attention to maintain the dignity of the operation of patients.

2.3 Observation Indicators

Questionnaires during nursing, and directly communicate with patients, get real feedback questionnaire, compared two groups of image of nursing, nursing care, psychological nursing, basic nursing, nursing total score of value, compared two groups of patients after nursing clinical effective, and inefficiency, perioperative patients without infection, abnormal, compliance, smooth operation, postoperative recovery faster as the effective; Patients with mild perioperative pain, psychological tension and normal postoperative recovery were considered as significant effects. Patients with large psychological pressure, very nervous, physical pain, infection, etc., and slow postoperative recovery were considered invalid. The differences of SAS, SDS and HRSD scores before and after nursing were investigated from the psychological stress level of patients.

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 $\bar{x} \pm s$. There was a significant difference in the comparative analysis between the two groups ($P < 0.05$).

3. Results

In the observation group, nursing image was 88.25 ± 3.29 , nursing service was 90.25 ± 6.32 , psychological care was 91.28 ± 5.27 , basic care was 88.63 ± 4.21 , and total nursing score was 95.68 ± 4.56 . Control group nursing image 76.52 ± 6.27 , nursing service 79.65 ± 8.25 , psychological care 81.29 ± 6.25 , basic care 85.26 ± 7.41 , total nursing score 83.65 ± 7.41 . There was a significant difference between the two groups ($P < 0.05$).

Table 1 comparison of nursing scores between the two groups

Group	n	nursing image	nursing service	psychological care	basic care	total nursing score
the observation group	50	88.25 ± 3.29	90.25 ± 6.32	91.28 ± 5.27	88.63 ± 4.21	95.68 ± 4.56
the control group	50	76.52 ± 6.27	79.65 ± 8.25	81.29 ± 6.25	85.26 ± 7.41	83.65 ± 7.41
X^2	-	2.365	6.258	3.247	2.385	2.385
P	-	<0.05	<0.05	<0.05	<0.05	<0.05

In the observation group, 33 cases were effective, 16 cases were obvious, and 1 case was invalid. The total effective rate was 98%. In the control group, 29 cases were effective, 17 cases were significant, and 4 cases were not. The total effective rate was 92%, and there was a significant difference between the two groups ($P < 0.05$).

Table 2 comparison of effective infection nursing in two groups

Group	effective	obvious	invalid	total effective rate
the observation group	33	16	1	98%
the control group	29	17	4	92%
X^2	0.68	0.51	5.23	5.42
P	< 0.05	< 0.05	< 0.05	< 0.05

Before nursing, the SAS scores of the observation group were 57.59 ± 6.25 , SDS scores were 63.74 ± 5.29 , and HRSD scores were 12.69 ± 5.25 . The SAS scores of the control group were 57.48 ± 5.62 , SDS scores were 62.48 ± 7.15 , and HRSD scores were 13.75 ± 4.25 . There was a significant difference between the two groups ($P < 0.05$).

After nursing, SAS score of observation group was 32.62 ± 7.15 , SDS score was 46.32 ± 5.25 , and HRSD score was 4.58 ± 6.23 . The SAS scores of the control group were 53.29 ± 6.35 , SDS scores were 50.24 ± 7.58 , and HRSD scores were 7.54 ± 5.28 . There was a significant difference between the two groups ($P < 0.05$).

Table 3 comparison of SAS, SDS and HRSD scores before and after treatment between the two groups (score, $\bar{x} \pm s$)

Group	n	time	SAS	SDS	HRSD
the observation group	50	Before nursing	57.59 ± 6.25	63.74 ± 5.29	12.69 ± 5.25
	-	After nursing	32.62 ± 7.15	46.32 ± 5.25	4.58 ± 6.23
the control group	50	Before nursing	57.48 ± 5.62	62.48 ± 7.15	13.75 ± 4.25
	-	After nursing	53.29 ± 6.35	50.24 ± 7.58	7.54 ± 5.28

4. Discussion

Surgical treatment with high efficiency, short treatment time, but for patients, a panic, fear,

strangeness for surgery, perioperative of ego to protect consciousness is not enough, self-care ability is poor, the operating room nursing, should alleviate the patient's psychological fear, by way of humanized nursing, to respect patients, and be able to listen to the opinions of the patients, screening patients psychological confusion, physical problems, more meticulous care, thoughtful, humanized nursing work is suitable for the operating room, should follow up nursing analysis combined with surgery form, to reduce the operation risk, under the concept of human to improve the efficiency of nursing.

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