Humanized nursing evaluation of neurosurgical patients

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Abstract: Purpose: By observing and comparing the patients' reaction after operation, this paper proves that humanized nursing has better effect in neurosurgery operation. **Method:** In this paper, 160 neurosurgical patients were selected as the research object. According to the nursing methods, they were randomly divided into control group (80 cases) and experimental group (80 cases). The control group was given routine nursing management during neurosurgery operation. The experimental group carried out humanized nursing management during neurosurgery operation. Finally, the clinical effects of the two groups were observed and compared. **Result:** The quality of recovery and satisfaction of patients in the experimental group were significantly higher than those in the control group. At the same time, the incidence of complications and nursing defects was significantly lower than that of the control group. The difference was statistically significant ($P < 0.05$). **Conclusion:** Humanized nursing for neurosurgical patients will reduce the incidence of nursing defects and complications, which is conducive to improving doctor-patient relationship.

1. Introduction

With the improvement of medical technology, people's requirements for the quality of nursing are getting higher and higher. Operating room is an important place for patients to carry out surgical treatment, and the quality of nursing directly affects the effect of operation. Therefore, there are higher requirements for the nursing work of the operating room nurses. The workload of nurses in operating room is large, and nurses lack regular working hours, which seriously affects the quality of nursing work in operating room. Therefore, it is necessary to introduce the concept of humanized management in the nursing management of Neurosurgery operation. In recent years, many hospitals have carried out humanized nursing services for surgical patients, such as relieving patients' tension, improving comfort, operating room environment, nurses' non-verbal communication behavior and so on. However, there are few studies on evaluating the effect of humanized nursing. Through the analysis of the recovery status and satisfaction degree of patients with humanized nursing, this paper proves that personalized nursing is conducive to the recovery of neurosurgical patients.

2. Humanized nursing methods

2.1 Humanized hospitalization environment

Individualized nursing needs to create a harmonious, warm and comfortable ward environment for patients, especially VIP ward. Warm tone is the main color in the ward. The basic living facilities are equipped in the room. The temperature and humidity of the room are kept at 26 C and 50% respectively. The warmth and safety of the patients and their families can be felt at home as far as possible. Keep the air fresh in the ward. Each bed is separated by a curtain, so that patients have their own relatively independent and private space. Wards should be ventilated regularly. The ward should avoid noise and harmful sound and light stimulation. Hospital should be patient-centered.

2.2 Preoperative nursing

Nurses should establish information assessment forms for patients. Only in this way can nurses fully understand the patient's condition. Nurses should introduce patients to the operating room environment, advanced equipment, doctor's operation technology and the whole operation process, which will reduce the discomfort in the operation process. Nursing staff should instruct patients

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how to cooperate with the operation, which will improve the success rate of the operation. Through preoperative nursing, nurses will increase the success rate of the operation.

2.3 Intraoperative nursing

Nurses thoroughly remove the secretions, vomits, sputum and other foreign bodies in the patient's oral and respiratory tracts, which will maintain the patient's normal respiratory tract unobstructed. Nurses should closely monitor patients' vital signs and supplement blood volume according to their condition, which will avoid unnecessary risks. Nurses should control the temperature in the operating room, which will meet the needs of patients. Nurses should actively cooperate with doctors in the progress of surgery, supplement surgical items, and adjust the light, which will ensure a good surgical vision. Through intraoperative care, nurses will increase the success rate of the operation.

2.4 Postoperative nursing

When the patient is sent back to ICU or ward, the nursing staff should transfer the medical record and explain the patient's condition in detail. Nurses should regularly check the patient's drainage tube and intubation scale, which will ensure that the drainage tube and respiratory tract are unobstructed. Nurses can stimulate the activity level of patients' ascending reticular activation system through vision, olfaction, hearing and movement, which will promote the growth of axons damaged by brain tissue and promote rehabilitation. Nurses should be patient in answering questions from patients and their families, which will enhance patients' confidence in disease recovery.

3. Materials and methods

3.1 Sample selection

160 cases of neurosurgical patients in our hospital from 2016 to 2018 were selected. According to the nursing methods, 80 cases in the control group and 80 cases in the experimental group were randomly divided into two groups. There was no significant difference in general data between the two groups ($P > 0.05$), which was comparable.

3.2 Method

The control group was given routine nursing management during the operation. Nurses were arranged to participate in the operation according to the operation notice, and patients were admitted to the operating room for operation. The experimental group carried out humanized nursing management during the operation period.

3.3 Observation indicators

By observing and comparing the two groups of data, we can get the following data, including nursing satisfaction, the incidence of postoperative complications, the incidence of nursing defects, and so on.

3.4 Statistical method

The research data were processed by SPSS14.0 software, and the counting data were expressed as percentage (%). The statistical significance was expressed as $P < 0.05$.

4. Results

4.1 Patient's identity with nursing staff

The trust of nursing staff in the experimental group was significantly higher than that in the control group, and the incidence of complications and nursing defects in the experimental group were significantly lower than those in the control group. The difference was significant ($P < 0.05$). Details are shown in Table 1.

Table 1 Patient's identity with nursing staff

	The trust of nursing staff	Incidence of complications	Incidence of nursing defects
The experimental group	96.25%	8.75%	21.25%
The control group	75%	12.5%	37.5%
x^2 value	6.452	3.936	4.497
P value	0.011	0.047	0.034

4.2 Survey on the satisfaction of nursing staff

The satisfaction of humanized nursing group was better than that of control group. The satisfaction rate of humanized nursing group was 98.75%. The satisfaction rate of the control group was 92.5%. The difference was significant ($P < 0.05$). Details are shown in Table 2.

Table 2 Survey on the satisfaction of nursing staff

	Very satisfied	Satisfied	Dissatisfied
The experimental group	88.75%	10.00%	1.25%
The control group	67.50%	25.00%	7.50%

4.3 Survey of clinical monitoring indicators

The clinical monitoring indicators of the two groups were compared and the results were as follows. Respiratory frequency, heart rate, systolic blood pressure, diastolic blood pressure and oxygen saturation in the experimental group were significantly better than those in the conventional group. The difference was significant ($P < 0.05$). Details are shown in Table 3.

Table 3 Survey of clinical monitoring indicators ($\overline{x} \pm s$)

	Respiratory frequency	Heart rate	Systolic blood pressure	Diastolic blood pressure	Blood oxygen saturation
The experimental group	22.2±4.1	102.5±27.3	123.4±25.6	83.5±15.3	91.8±5.2
The control group	26.2±5.2	119.6±33.3	141.6±20.6	92.7±14.2	84.5±6.3
t value	9.131	11.417	12.528	10.413	11.325
P value	<0.05	<0.05	<0.05	<0.05	<0.05

5. Conclusions

Humanized nursing needs to create a humanized service environment for patients, and nurses need to improve the working environment of work efficiency, which will better reflect the humanistic spirit and humanistic care. With the continuous improvement of people's living standards, humanized nursing mode has been paid more and more attention in operating room nursing. Operating room nurses have a large workload and high mental stress. By implementing flexible scheduling, humanized scheduling and creating a harmonious working atmosphere, we can alleviate the working pressure of nurses, which improves their bad mood and reduces the occurrence of nursing defects. Therefore, reasonable nursing management is very important. Humanized nursing will give full play to the enthusiasm of nurses, which can effectively improve the success rate of surgery. The application of humanized nursing in neurosurgery patients has a remarkable effect, which can improve the recovery of patients after operation. By improving patient satisfaction and trust, hospitals can reduce doctor-patient disputes. The application of humanized nursing in neurosurgery patients is worth popularizing.

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