

Original Article

Impact of humanized nursing care on negative emotions and quality of life of patients with mental disorders

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Abstract: Objective: To explore the impact of humanized nursing care on negative emotions and quality of life (QOL) of patients with mental disorders. Methods: Among the 112 patients with mental disorders treated in our hospital from July, 2017 to November, 2019, 53 who received routine care served as the control group and 59 who received humanized nursing care were in the observation group. Changes in self-rating anxiety scale (SAS) and self-rating depression scale (SDS) scores were compared for mental status assessment, and the generic quality of life inventory-74 (GQOL-74) was used to evaluate their QOL. Besides, patient satisfaction, scores of activity of daily living (ADL) scale and mini-mental state examination (MMSE) were compared after intervention. Results: After intervention, patients in the observation group had higher scores in the self-rating anxiety scale, self-rating depression scale, the generic quality of life inventory-74, and mini-mental state examination, and lower scores in the activities of daily living scale; they also presented a higher overall satisfaction than those in control group. Conclusion: Humanized nursing care contributes to the relief of negative emotions and the enhancement of quality of life of patients with mental disorders, which is worth popularizing in clinical nursing services.

Keywords: Humanized nursing care, mental disorder, negative emotion, quality of life

Introduction

Mental disorders are chronic mental illnesses [1] that mostly begin in adolescence and affect people's cognition, feeling, thinking and behavior, all of which may threaten the physical and mental health of patients throughout life [2]. Affective disorders [3] and brain disorders [4] are common types; and congenital heredity [5], personality and physical factors [6], organic factors [7], and social environment [8] are all major triggers. Patients with mental disorders suffer from negative symptoms [9] (affective disorder, hypobulia) and positive symptoms [10] (delusion, illusion). Common mental diseases include schizophrenia [11], manic-depressive disorder [12], involuntal psychosis [13], paranoid disorder [14] and mental disorders associated with organic diseases [15].

Antipsychotics are more effective in the treatment of positive symptoms than for negative symptoms; moreover, long-term medication is required [16]. Therefore, it is urgent to seek available adjuvant treatments to improve negative symptoms, which will greatly contribute to the recovery of mental disorders and the improvement of (QOL) of patients. Considering all these, comprehensive, systematic, targeted, and humanized nursing interventions are indispensable.

Humanized nursing care, the sum of all kinds of patient-centered nursing techniques, focuses on patients' QOL, personality and psychological need-satisfaction [17, 18]. Challenged by the disease, patients with mental disorders are physically and mentally affected, so more comprehensive nursing measures are taken in

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humanized nursing care. In this controlled study, the influence of humanized nursing care on negative emotions and QOL was explored in patients with mental disorders.

Materials and methods

Participants

One-hundred and twelve patients with mental disorders treated in The Fourth People's Hospital of Wuhu from July 2017 to November 2019 were recruited. Among them, 53 patients (28 males and 25 females; average age: 28.53 ± 1.48 years; average course of disease: 6.83 ± 1.03 years) served as the control group and 59 patients (30 males and 29 females; average age: 29.03 ± 1.41 years; average course of disease: 7.08 ± 1.19 years) were the observation group. Inclusion criteria: patients with Mini Mental State Scale (MMSE) scores >10 ; patients without severe lesions of the heart, liver, kidney and other important organs; patients who received 3 months of stable doses of medication; patients with junior high school education or above. Exclusion criteria: patients with severe mental disorders ($MMSE \leq 9$ points); patients with consciousness disorders; patients with a history of functional psychiatric disorders; patients who participated in other clinical trials. All participants participated in this study voluntarily. This study was approved by the ethics committee of the Fourth People's Hospital of Wuhu.

Methods

Patients in the control group were given routine care: Nurses guided the management of daily life, and supervised the use of drugs.

Patients in the observation group were given humanized nursing care: 1. In terms of living care, nurses provided patients with as much convenience as possible to enhance their physical and mental comfort and gave them a sense of being respected. Patients can react differently during an episode, some with strong depression and negative emotions, even suicidal behavior, so attention to ward management and the safety of medical staff is important. The ward was kept clean and tidy. 2. In terms of daily activities, open activity rooms were provided to solve concerns of patients and enhance their social skills. Nurses commu-

nicated with patients to understand their health conditions and encouraged and listened patiently to patients. 3. Nurses carried out one-on-one psychological counseling for anxiety and depression to favor the establishment of positive coping styles of the patients, to mobilize their subjective initiative and self-confidence, and maintain a peaceful state of mind. 4. Nurses regularly organized vocational rehabilitation training. For example, on the premise of ensuring safety, patients were encouraged to assist medical staff to maintain the order and cleanliness in the cafeteria, and to participate in simulated shopping games, so as to practice their hands-on ability and lay a foundation for their return to society.

Outcome measures

Self-rating anxiety scale (SAS) [19] and self-rating depression scale (SDS) [20] were used for mental status assessment. The higher the score, the higher the level of anxiety and depression.

Generic quality of life inventory-74 (GQOL-74) [21] estimated patients' QOL including material well-being, physical functioning, psychological functioning and social functioning, with 100 points for each dimension. Higher scores indicated higher QOL of patients.

Activity of daily living (ADL) scale [22] was employed to evaluate patients' ADL. Physical self-care scale includes six items: toilet use, eating, dressing, grooming, walking and bathing. Instrumental ADL scale includes eight items: telephone use, shopping, meal preparation, housekeeping, laundry, transportation, medication management and financial management. For each individual item, normal function was scored 1 and function decline scored 2-4. A total score below 16 was considered completely normal, and above 16 was considered to have varying degrees of functional decline, with the highest score of 64.

Mini Mental State Scale (MMSE) [23] evaluated patients' cognitive function in terms of orientation, memory, attention, calculation, and visual/spatial skills. With a full score of 30, ≤ 26 indicated cognitive dysfunction.

A self-made satisfaction questionnaire was developed to investigate the satisfaction of

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Table 1. General data

	Control group (n=53)	Observation group (n=59)	χ^2/t	P
Sex [case (%)]			0.0439	0.8339
Male	28	30		
Female	25	29		
Age/years old	28.53±1.48	29.03±1.41	1.8302	0.0699
Course of disease (years)	6.83±1.03	7.08±1.19	1.1824	0.2396
Education			0.4136	0.8132
Junior High School	21	20		
Senior high School	20	25		
College Degree or Above	12	14		

patients with nursing services, which was graded as satisfied, moderately satisfied and dissatisfied. Total satisfaction rate = (cases of satisfied + moderately satisfied cases)/total cases ×100%.

Statistical methods

Data processing was carried out with SPSS 21.0. The measurement data were expressed by mean ± standard deviation and analyzed by t test. The categorical data were expressed by percentage (%) and analyzed by chi-square test. $P < 0.05$ was considered statistically significant.

Results

General data

Patients in the two groups were comparable in sex, age, course of disease, and education ($P > 0.05$) (**Table 1**).

Scores of SDS and SAS score

The Scores of SDS and SAS showed no significant difference between the two groups before intervention ($P > 0.05$). After intervention, they decreased in both groups, and the decrease in the observation group was greatest ($P < 0.001$), (**Table 2**).

Scores of quality of life

Before intervention, there was no significant difference in scores of material well-being, physical functioning, psychological functioning and social functioning between the two groups ($P > 0.05$). After intervention, the scores in all

dimensions increased, and those in observation group were remarkably higher than in the control group ($P < 0.001$) (**Table 3**).

ADL and MMSE scores

No significant differences were found in ADL and MMSE scores between the two groups before intervention ($P > 0.05$). After intervention, patients in the observation group presented with lower

ADL scores and higher MMSE scores than those in control group ($P < 0.001$) (**Figure 1**).

Patient satisfaction with the nursing care

The total satisfaction rate of patients in the observation group (94.9%) was higher than that in the control group (77.4%) ($P < 0.05$) (**Table 4**).

Discussion

Mental illness has a large negative impact on patients' physical and mental health, ADL and social function. Nowadays, as society progresses, increasing stress has heightened the incidence of mental disorders [24]. Although medication is effective, it is inseparable from the support of targeted nursing intervention. The difficulties in the care of this disease are multifaceted. Due to a long disease course patients suffer from long-term psychiatric impairment; in addition, the aggravation of symptoms results in increased damage of functional brain activities, impaired motor function and daily living ability, as well as impulsive assaults, stubborn personality, a mechanized lifestyle and other behavioral obstacles, thereby leading to impairment of cognitive function and difficulty in management [25, 26]. Therefore, in the process of improved nursing measures, humanized care and "people-oriented" concepts should be adopted.

SAS and SDS scores in patients with humanized nursing care were found to be remarkably better than those of controls with routine care, suggesting that humanized nursing care can effectively alleviate patients' anxiety and depression and stabilize their mental state;

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Table 2. SDS and SAS scores

	SAS score		SDS score	
	Before intervention	After intervention	Before intervention	After intervention
Control group (n=53)	48.61±5.36	26.26±3.25	49.68±6.03	34.26±4.23
Observation group (n=59)	49.06±5.24	19.35±2.09	50.14±6.24	26.35±3.82
χ^2/t	0.4489	13.5170	0.3958	10.3994
P	0.6544	<0.001	0.6931	<0.001

Table 3. Scores of quality of life

	Material well-being		Physical functioning	
	Before intervention	After intervention	Before intervention	After intervention
Control group (n=53)	65.82±5.15	74.25±6.52	64.26±4.92	72.62±7.08
Observation group (n=59)	66.05±5.37	85.21±7.06	65.35±4.88	86.15±6.84
χ^2/t	0.2307	8.5038	1.1757	10.2799
P	0.8179	<0.001	0.2423	<0.001

	Psychological functioning		Social functioning	
	Before intervention	After intervention	Before intervention	After intervention
Control group (n=53)	51.36±4.25	79.36±6.68	63.11±5.64	75.25±4.61
Observation group (n=59)	52.22±4.03	88.26±6.23	63.94±5.81	86.92±5.11
χ^2/t	1.0988	7.2948	0.7653	12.6358
P	0.2742	<0.001	0.4457	<0.001

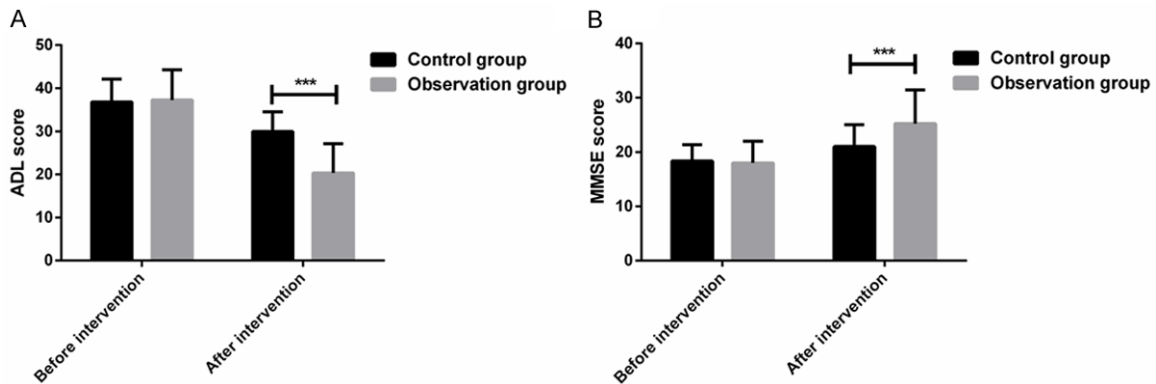


Figure 1. ADL and MMSE scores. A. ADL score of patients in both groups; B. MMSE score of patients in both groups. ***P<0.001.

Table 4. Patient satisfaction

	Satisfied	Moderately satisfied	Dissatisfied	Total satisfaction rate
Control group (n=53)	15 (28.3)	26 (49.1)	12 (22.6)	41 (77.4)
Observation group (n=59)	39 (66.1)	17 (28.8)	3 (5.1)	56 (94.9)
χ^2/t				7.4191
P				0.0065

besides, the observation group showed higher GQOL-74 scores and higher satisfaction than the control group. This may be associated with

the fact that humanized nursing care is carried out with patients as the center, and more targeted measures are given on the basis of spe-

cific analysis of their concerns. It eliminates prejudice and realizes the concept of respect and care, thus greatly improving their satisfaction with the nursing mode. This person-centered care has been previously illustrated [27]. The reason for decreased ADL score and increased MMSE score in observation group may be that humanized nursing care starts from specialist care, psychological care and daily living care, focusing on stabilizing the patient's psychological state, cultivating self-care ability, improving living habits, promoting daily living ability and social competence.

Since patients with mental disorders are easily influenced by individual psychological conditions and their external environment, the goals in rehabilitation are to not only effectively control psychiatric symptoms, but also to help them improve their social, professional and family life adaptability and enhance their social functioning [28]. In the process of rehabilitation, patients have complicated mental activities and strong fluctuations in mood, and effective nursing measures are effective in the critical period of treatment and can prevent the recurrence of illness by paying close attention to the psychological and physiological changes of patients. Implementing the concept of "people-oriented" [29], humanized nursing care follows a series of nursing measures in which more attention is paid to the patient's individual personality, QOL and psychological needs [30]. Since patients with mental disorders are physically and mentally impaired, it is necessary to analyze their specific concerns prior to nursing care. Moreover, taking the patient's health as the center of nursing care is conducive to the reconstruction of social competence [31]. The limitations of this study lie in the small sample size and the different mental status of each patients; a larger sample size is needed if more convincing conclusions are to be obtained.

To sum up, humanized nursing care contributes to the relief of negative emotions, the enhancement of QOL, and the recovery of social skills, which is worthy of clinical promotion.

Disclosure of conflict of interest

None.

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