



Application Effect of Humanistic Care Time Checklist on Nursing Quality of ICU Patients

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Abstract

Background: We aimed to explore the effect of humanistic care time checklist on nursing quality of intensive care unit (ICU) patients.

Methods: Overall, 230 patients hospitalized in ICU of Tongji Medical College of Huazhong University of Science and Technology, Wuhan, China from June 2018 to May 2019 were included in this retrospective study. Overall, 115 patients were included in the control group. Another 115 patients were included in the observation group. The nurses communicated routinely with the patients in the control group, and communicated with the patients in the observation group according to the self-designed humanistic care time checklist. The results of the implementation of humanistic care measures were evaluated by "ICU patients' humanistic care time satisfaction questionnaire".

Results: The satisfaction of humanistic care in the observation group was significantly higher than that in the control group ($P < 0.05$).

Conclusion: Communication between nurses and patients according to the requirements of humanistic care time checklist can improve patients' satisfaction with nursing care.

Keywords: Intensive care unit; Humanistic care time checklist; Nursing care quality

Introduction

Intensive care unit (ICU) as the main department of the hospital, the patients in ICU are seriously ill, and their physiological and psychological burden is heavy. Therefore, the treatment and clinical nursing are put forward higher requirements in order to reduce the accident of patients and the contradiction between doctors and patients (1,2). In terms of the particularity of ICU patients, the variety of patients' conditions increase the difficulty of nursing work, and require nurses

to master professional knowledge and nursing skills (3). However, due to the patient's depression and irritability, it directly affects the patient's cooperation in clinical medical care. Nursing work focuses on the monitoring of the vital signs of the disease and disease changes. However, it ignores the need for human care of patients, which leads to limited nursing effects and poor patient mood (4, 5).



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American scholar Jean Watson (6) proposed humanistic care mode. The theory includes three main concepts: interpersonal care relationship, caring time and ten caring elements. Watson believes that caring moment is a specific time and space for nurses and patients to communicate and share their life experiences with each other in order to meet the needs of patients (7). ICU patients, as a special group of patients, are bound to have different needs from inpatients in general wards (8,9). Humanistic care in clinical practice has improved the quality of care and patient satisfaction, and a large number of related studies have emerged (10-13). The application in ICU has also been reported (14), but the application of humanistic care time for ICU nurses is rare.

We aimed to explore the effect of humanistic care time checklist on nursing quality of ICU patients.

Methods

Subjects

This study was approved by the Ethics Committee of Tongji Medical College of Huazhong University of Science and Technology.

Overall, 230 patients hospitalized in ICU of our hospital from June 2018 to May 2019 were included in this retrospective study. Inclusion criteria: 1) patients with clear consciousness; 2) patients without mental disorder; 3) patients with good understanding and communication skills; 4) patients with informed consent. Exclusion criteria: Patients with mental illness or cognitive dysfunction and consciousness disorder who cannot cooperate. Totally, 115 patients hospitalized from Jun 2018 to Nov 2018 were included in the control group. Another 115 patients hospitalized from Dec 2018 to May 2019 were included in the observation group. All patients were given routine nursing following the doctor's advice. The nurses communicated routinely with the patients in the control group, and communicated with the patients in the observation group according to the self-designed humanistic care time checklist.

Humanities care nursing group

The humane care time checklist involved multiple aspects of ICU monitoring, prevention, and treatment measures. Therefore, a caring communication group composed of doctors and nurses was established. The head nurse served as the team leader and was mainly responsible for the training and inspection of the implementation of the humanistic care checklist. The team members included all the responsible nurses and doctors of the ICU. The main content of the training was knowledge about humanistic care and communication skills. 1) Basic knowledge of humanistic care theory and nurse-patient communication skills. 2) Interpretation of the application effect of music therapy in ICU, and interpretation of the physiological and psychological impact of the ICU environment and visiting system on patients. 3) The living habits, customs and precautions of relevant religious sects. The training methods mainly included morning lectures and case demonstrations. Through discussion, the nurses believe that the time when ICU patients need humane care is before going to bed every day.

Development of ICU humanistic care time Checklist

Process quality control was performed on patient vital signs, patient needs and family needs by the patient's nurses. The needs of patients mainly included cover demand, diet, drinking water, ward volume, light, visiting time, religious belief, listening to music and so on. The needs of family members mainly included visiting time, whether to inform patients of their illness, etc. At the four times of 2:00, 9:00, 17:00 and 21:30 every day, the nurses supervised whether the needs of the patients and their families mentioned on the check sheet were maximized. Among them, 21:30 is the key supervision and implementation time throughout the day. At this time, the needs of each patient were checked item by item according to the items listed in the care checklist. After the check was completed, the nurses signed in the bottom column of the patient's needs, and the unfinished items would be completed item by item in 30 min. In order to ensure the effective-

ness, the care checklist was dynamically adjusted according to the patient's situation, and the nurse on duty would hand over the care check sheet in detail according to the care checklist. The implementation of the humanistic care checklist (Supplementary Table 1-Not published; Readers may

contact the authors if needed) was supervised and controlled by the leader of each group, and the head nurse will check it on the next morning. For unfinished projects, analyze the reasons and supervised to improve. It linked with the nurse's personal assessment.

Table 1: The satisfaction from the implementation of the humanistic care time checklist

<i>Items</i>	<i>Control group</i>	<i>Observation group</i>	<i>Z</i>	<i>P</i>
When there is a need (such as drinking water, eating, defecating), the nurse can respond as soon as possible	9.60	9.81	2.54 2	0.0 12
When patients can not drink, nurses can use effective means to alleviate thirst	9.43	9.85	2.24 5	0.0 15
The volume of ward is appropriate, and the volume of transfusion and operation can be reduced at night, so as not to affect sleep at night	9.30	9.87	2.78 3	0.0 08
The light in the ward is suitable, and the light can be turned off at night	9.35	9.89	2.78 1	0.0 08
There are staff to assist the meal in time, and feedback to family members	9.37	9.87	2.77 8	0.0 14
The temperature of ward is suitable, and the cover is increased or decreased in time	9.12	9.85	3.45 5	0.0 02
Pay attention to pain and take effective pain relief measures, rather than just comfort	9.34	9.78	2.54 1	0.0 35
Frequently change the lying position for patients to ensure that the body and limbs are in a comfortable position	9.45	9.87	2.34 6	0.0 47
Consciously protect patients' privacy during various operations	9.51	9.89	2.35 1	0.0 40
Before each treatment and nursing operation, we can explain the purpose, function, etc., and respect the choice of patients	9.58	9.82	2.25 1	0.0 49
Patients can discuss bad emotions (worry, fear) with medical staff and get their encouragement	9.38	9.85	2.76 9	0.0 19
Patients can communicate with the medical staff to	9.35	9.75	2.59	0.0

understand their condition in more detail			5	36
Medical staff inform about disease prevention and prognosis	9.38	9.78	2.54 2	0.0 36
Reasonable arrangements for family members to visit the ward	9.21	9.89	3.12 5	0.0 03
Respect patients' religious beliefs	9.21	9.89	3.12 5	0.0 03
The ward plays music according to the needs of patients	9.25	9.85	3.00 9	0.0 04
Total satisfaction scores	148.8	157.6	7.21 8	0.0 00

Evaluation

Based on qualitative interviews with patients and their families in the early stage, we developed the "satisfaction questionnaire for the implementation of the humanistic care time checklist" to evaluate the implementation results. The content included basic physiological needs, comfort, respect, support and other aspects. There were 16 entries in total. The nurse in charge shall conduct cross-track follow-up on the 30-day after the patient is discharged from the hospital, and objectively evaluate the follow-up results. Five grades were used: very few=2, few=4, general=6, often=8, always=10. Item scores ranged from 2 to 10. The total score of the scale ranged from 32 to 160. The higher the score, the higher the satisfaction.

Statistical analysis

Statistical analysis was made by software SPSS 24.0 (International Business Machines, corp., Armonk, NY, USA). The item scores of the questionnaire were non normal distribution detected by normal test, and analyzed by rank sum test. Hypothesis test level of significance $\alpha = 0.05$. Differences were considered statistically significant when $P < 0.05$.

Results

The general information

In the control group, there were 64 males and 51 females, with an average age of (58.5 ± 9.2) yr old. There were 48 cases of chronic obstructive pneumonia disease, 22 cases of gastrointestinal bleeding, 11 cases of pulmonary infection, 8 cases of hemoptysis, 8 cases of pancreatitis, 8 cases of malignant tumor, 5 cases of fever and 5 cases of pesticide poisoning. In the observation group, there were 60 males and 55 females, with an average age of (56.5 ± 7.9) yr old. There were 43 cases of chronic obstructive pneumonia, 18 cases of malignant tumor, 16 cases of gastrointestinal bleeding, 15 cases of pulmonary infection, 12 cases of interstitial pneumonia, 8 cases of pesticide poisoning, 1 case of aspiration pneumonia, 1 case of epidemic hemorrhagic fever and 1 case of leukemia. There were no significant differences between the two groups in age and gender ($P > 0.05$).

Satisfaction for the implementation of the humanistic care time checklist

The reliability coefficient of Cronbach's α was 0.931. Overall, 230 questionnaires were sent out and all of them were recovered effectively. As shown in Table 1, the satisfaction of humanistic care in the observation group was significantly higher than that in the control group ($P < 0.05$).

Discussion

Watson's theory holds that the interaction process of caring time should fully reflect the patient-centered orientation, the sense of presence and intentionality, and conscious behavior choice between nurses and patients (15,16). The occurrence of caring times requires nurses to come to patients when they need, and to interact with patients by virtue of their professional skills, etiquette and intentional preparation. In this process, nurses create a personal connection with patients through their speech, behavior, cognition, body language, emotion, intuition, thinking and feeling. This is a moment of mutual ownership and interaction between nurses and patients. It is in line with the "people-centered" nursing concept of holistic nursing and pays attention to the psychological needs of patients. It is of great significance to promote the in-depth development of holistic nursing and the further implementation of humanistic care.

With the continuous and in-depth development of humanistic care in clinic, the requirements for patient care are also higher and higher. The time, frequency, each department defines content and form of humanistic care between nurses and patients. In the daily nursing work, nurses take special time to carry out humanistic care and communication with patients, turn passive service into active service, give patients active help and psychological intervention, and realize the concrete and operability of humanistic care.

In this study, the nurses believe that the time when ICU patients need humane care is before going to bed every day. The reason is that for the patient in our department, the time for visits from family members has passed for a long time. If the lights are turned off at night, the patient will feel scared under the sound of various instruments, and sleep disorders, etc. Therefore, more humanistic care should be given to ICU patients at night.

Inpatients' satisfaction with humanistic care is an important index to evaluate the quality of humanistic care. Our study showed that nurses actively

communicated, cared and respected for patients, make patients feel cared. The items and total scores of patients in the observation group were significantly higher than those in the control group in terms of satisfaction with care and nursing services. The items with the best improvement effect include, 1) the temperature of the ward is appropriate, and the cover is increased or decreased in time, 2) family members are reasonably arranged to visit the ward, 3) the nurses respect the religious belief of the patient, and 4) the nurses play music in the ward according to the needs of the patient.

ICU patients are critically ill and need special treatment methods and instruments. Nurses need to strengthen the study and training of relevant theoretical knowledge, such as indwelling catheterization and early extubation. At the same time, nurses should be encouraged to learn about psychological knowledge in order to provide patients with effective psychological support and intervention, and should pay attention to the protection of patients' privacy when communicating with patients.

Conclusion

The humanistic care checklist can not only effectively improve the patient's medical experience, increase the patient's sense of gain, and increase inpatients' satisfaction with the nurse's care and nursing services, but also enhance the nurse's ability to care. The core value is to achieve the goal of high-quality nursing services that patients are satisfied.

Journalism Ethics considerations

Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

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Conflicts of interest

The author declare that they have no competing interest.

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