

Discussion on Application of Humanized Nursing Care in the Respiratory Department

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ABSTRACT **Objective:** To explore humanized nursing care in the Respiratory Department. **Method:** Humanized nursing is offered to 143 patients who have been cured in the Respiratory Department of one hospital from January 2015 to May 2015, comprising 67 males and 76 females with age from 51 to 72. **Result:** The above humanized nursing has obvious effects on 143 patients (100%), has effect on 141 patients (98.6%) and no effects on two patients (1.40%) with the overall effective rate of 98.60%. **Conclusion:** Humanized nursing has good implementation effects in the Respiratory Department, improves life quality and satisfaction degree in nursing, so it is worth promoting clinically.

KEYWORDS

Respiratory
Humanized nursing care
Satisfaction degree

1. Introduction

Humanized nursing care is a kind of new people-oriented and patient-center service concept aiming to eliminate pain brought about by diseases, in recovering physical and mental health. As a new nursing mode, it, adapting to the requirements of the new medical mode, not only provides high-quality service for patients but greatly pushes the development of nursing career and is really patients-center. Advocating "people-oriented" can not only improve the quality of nursing personnel and the grade of hospital but also embodies the concept of "patient-center". Widely promoting humanized nursing is the basis for building a harmonious society. Humanized nursing first highlights the respect to people. Nursing is what patients volunteer to accept rather than being forced to receive, which is the nature of the nursing career, because nursing has been highlighting the respect to patients since Florence Nightingale founded it. Humanized nursing treats human as a whole in the big background of society and environment, which is also the essential result of medical mode changes [1]. The paper selects 143 patients treated in the Respiratory De-

partment of one hospital from January 2015 to May 2015 and offers them humanized nursing, obtaining obvious effects. The report is as follows.

2. Data and Methods

2.1. General data

The 143 patients selected from the Respiratory Department of one hospital from January 2015 to May 2015 are 67 males and 76 females. They age from 51–72 and 62.3 on average. And they comprise 40 cough patients, 20 hemoptysis patients, 20 dyspnea patients, 35 wheezing patients, 15 chest pain patients and 13 hyperpyrexia patients.

2.2. Humanized nursing methods

2.2.1. Building humanized ward environment

They can eliminate patients' nervous mood and make patients feel the warmth of home. In the endemic area, there should be the microwave oven set up, with the environment being neat and bright; the layout should be reasonable with different labels pointing towards clear and explicit directions. The nurse station should be an open bar counter and every ward should have positive health news for patients to read. Wards shall be equipped with a free phone so that patients can make free long-distance telephone calls to contact their family members and medical personnel at any time. Wards shall have bedside lamps in order to avoid disturbing other patients and the floor should be covered with non-slip mats. Every ward should be equipped with air-conditioning and TV so that patients can adjust the temperature in wards at any time and enrich their lives. In the bathroom, handrails

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and pothooks should be installed and cool and hot water should be supplied 24 hours. Meanwhile, every ward should have a porch and internal corridor. The porch should be wide, bright and neat for patients to rest or have entertainment.

2.2.2. Humanized nursing manners, language and appealing appearance

The appearance and posture of nurses can cause strong gut reaction of patients. Nurses shall greet lying-in women with a warm smile and communicate with them in a kind-hearted and comfortable manner rather than merely calling their bed numbers. Nurses should not say “I do not know” when patients ask questions, or say “no” when patients meet difficult things or say “it does not matter” when patients have chief complaints, so as to bridge the distance with patients. Meanwhile, nurses shall strengthen the communication with patients’ family members to make them understand and cooperate on nursing work [2].

2.2.3. Nurses should introduce the hospital to patients

Nurses should introduce the hospital to patients including telling them the names of heads of department, head nurse, doctors in-charge and nurses in-charge. Besides that, introduce the hospital’s environment to them, telling them the admission guide and distribute health education manuals to them to eliminate patients’ worries and anxiety in a strange environment, making lying-in women adapt to the hospital environment as soon as possible [3].

2.2.4. Life nursing care

Nurses should be responsible for communication among nurses and learning about patients’ conditions, such as the assessment of self-care ability of patients according to the assessment criteria thereof, nursing problems and corresponding nursing measures. Nursing work is trivial, but our life nursing care should embody details extensively. Nurses should assist patients to keep mouth and perineum clean, and keep wards clean every morning and every evening. Nurses shall make preparation for the patients going outside for examination, urging patients to excrete urine and stool, washing hands for patients before meals, assisting them to have a meal, feeding the patients who have poor self-care ability when necessary and getting a bottle of hot water for patients who are unable to move freely. We should replace wet-oxygen liquid for oxygen inhalation patients every day, replace humidification bottle for them every week and sterilize corrugated hose and the pipes of the breathing machine. Nurses shall regularly patrol wards, observe the transfusion of patients, help long-term bed-ridden patients turn over, pat on their backs, guide their joint movement, prevent complication and fill in nursing records. Nurses can urge patients to cut their nails, shave their faces and help dependent patients wash hair and wipe body on bed [4].

2.2.5. Health material and education dissemination

Health material dissemination and education work should be carried out for the entire treatment of patients. Patients should be briefed on the features of respiratory internal diseases, patients’ diseases, treatment plan and the importance of different examinations. Nurses shall actively answer patients’ questions, help patients supplement necessary medical knowledge and let patients understand the importance of doctors’ and nurses’ work, learn simple self-nursing work and better cooperate with treatment as well as nursing work.

2.2.6. Nursing care of dyspnea patients

In the nursing care of dyspnea patients, patients should be in a sitting position or semi-reclining position. Nurses shall timely offer patients reasonable oxygen therapy, offer sputum suction when necessary in order to keep respiratory tract unobstructed. Closely observe conditions, pay attention to the changes in body temperature, pulse, breathing, blood pressure and sense of patients at any time, and prepare salvage equipment, as well as accessory and drugs according to conditions. In the nursing of hyperpyrexia patients, nurses should make patients rest in bed. If patients have delirium and disturbance of consciousness, bed blockage should be installed to keep patients’ safety. Body temperature monitoring: nurses should measure the body temperature of patients whose body temperature is above 37.2 °C four times every day. As for patients whose temperature is above 39 °C, they should be measured every four hours, offering patients drug cooling or physical cooling according to doctor’s advice, re-measuring patients’ body temperatures after 30–60 minutes. Nurses should regularly open windows for ventilation but should avoid having the patients catch a cold.

Meanwhile, nurses should strengthen the monitoring of patients about changes of their blood routine, compression of blood cells and electrolyte, as well as observe whether patients are dehydrated when they perspire a lot or if patients have poor appetite or are vomiting. Nurses should pay attention to the peripheral circulation of patients, because hyperpyrexia, coldness extremities and cyanosis suggest sickness aggravation of the patients. In the nursing of cough and expectoration patients, nurses should encourage patients to drink more water, guide patients to effectively cough and expectorate, offer patients expectoration drugs and aerosol inhalation according to doctor’s advice, offer sputum suction to the patients who are unable to expectorate, and strictly conform to the sterile operation procedures. In the nursing of chest pain patients, nurses should help them in a comfortable lying position to avoid inducing or intensifying the pain, and guide patients to use relaxation technologies or distract their attention [5,6].

2.2.7. Mental intervention

The patients in Department of Respiratory Medicine tend

to have a long course and need to be hospitalized for a long time, which cause different degrees of negative moods and bad mental states, so nurses must value the mental intervention of patients. Nurses should strengthen communication with patients, learn about patients' mental state through patients' words and daily observation, provide targeted mental counselling, explain the importance of keeping good mental state to patients, and let patients untie their knots in their mind, build confidence and better cooperate with treatment.

2.2.8. Nursing care after being discharged

Nurses should explain healthcare and family nursing knowledge to patients, urge them regularly to return for re-examination and pay follow-up visits to them by phone and going to patients' home.

2.3. Statistical analysis

Nurses should use SPSS statistical software to process and measure the data, express data in the means and standard deviation and use "t" to examine the comparison between groups in the same period. $p < 0.05$ means statistical significance.

3. Result

Among 143 patients in the Respiratory Department, the above humanized nursing has obvious effects on 143 patients (100%), has effect on 141 patients (98.60%) and no effects on two patients (1.40%) with the overall effective rate of 98.60%.

4. Discussion

With the development of society and improvement of the living standards, people's life quality improves too. In terms of medical service, people are not only satisfied with health demands any more, but also value life quality likewise, which raises higher requirements for nursing service. Humanized nursing is a new nursing mode with "people-oriented" goals as the core concept of nursing service, which creates a warmer and more humanized service environment for patients, starting from patients' demands, building a close relationship between nurses and patients, improving the satisfaction degree of patients and the quality of nursing service through humanized nursing measures. Humanized nursing measures look ordinary, but their effects are unexpected. Affiliative smile, warm words and sweet service improve the image of medical personnel intangibly and even work as lubricant and reduction valve in relieving disputes between doctors and patients at a crucial time. Humanized nursing plays a great function in hospitals and is approved by patients, so it is actively explored and carried out by every Department of Nursing in any hospital. During the practice, many Directors of Department of Nursing find that there are still many difficulties in the overall promotion of humanized nursing in

hospitals, and they should call on hospital leaders to value the construction of the nursing team and the specialization of nursing so as to provide strong support for the Department of Nursing in promoting humanized nursing [7,8].

The data shows that humanized nursing has obvious effects on 143 cases (100%), has effects on 141 patients (98.60%) and no effects on two patients (1.40%) with the overall effective rate of 98.60%. As to humanized nursing intervention, on the one hand, nurses shall communicate with patients in the manner that patients can accept so as to learn about the causes of mental problems of patients during hospitalization (such as lacking healing knowledge), and introduce the doctor-in-charge and other treatments as well as nursing personnel to them in order to relieve their mental pressure and improve their confidence in recovery; on the other hand, a series of psychological counselling measures, including playing light music, introducing the knowledge about diseases and obtaining family members' support and encouragement, can relieve patients' anxiety, horror and other negative moods to improve their cooperation in treatment, which can effectively improve curative effects and the satisfaction degree of patients. Besides, in the aspect of humanized nursing intervention, a series of nursing measures, such as mental intervention, medication nursing and news as well as education of health knowledge can relieve patients' cough, chest pain, poor health and other clinical symptoms and promote their immunity so as to improve their physical and mental states and life quality.

In short, humanized nursing intervention can improve the curative effects and life quality of the patients in the Respiratory Department, with great clinical value.

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