Analysis of the Application Value of Psychological Nursing in Respiratory Critical Illness Patients

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Abstract: Objective To explore the clinical application value of psychological nursing in critically ill respiratory patients. **Method:** This study selected 100 patients admitted to our hospital from January 2023 to January 2025 as the research subjects. They were evenly divided into a control group and an observation group, with 50 patients in each group. The control group received routine hospital care, while the observation group received psychological care. The SAS and SDS scores, as well as nursing satisfaction indicators, were compared between the two groups of patients. **Conclusion:** The observation group using psychological nursing had significantly better psychological state scores than the control group, and nursing satisfaction was also significantly higher than the control group, with statistical significance (p<0.05). **Conclusion:** The application of psychological nursing in critically ill respiratory patients can effectively improve their negative psychological state, enhance nursing satisfaction, and has important clinical promotion value.

Keywords: Psychological Care; Critically Ill Respiratory Patients; Nursing Satisfaction

Respiratory critical illness mainly includes acute respiratory distress syndrome, severe pneumonia, severe asthma, etc. After illness, the main manifestations are shortness of breath, severe hypoxia, and difficulty breathing. The condition is generally severe and requires hospitalization for treatment. Middle aged and elderly people are the main group affected by respiratory critical illness. However, due to the age limit of elderly patients, their understanding of the disease and treatment plans is not comprehensive, which increases their negative emotions. Patients are easily affected by depression and anxiety, resulting in a decrease in their own disease treatment compliance, which is not conducive to the improvement of their symptoms. Under the background of the development of modern medical technology, patients' requirements for clinical nursing are constantly increasing, and the importance of psychological nursing is gradually becoming prominent. Psychological nursing aims to alleviate patients' psychological stress, enhance treatment compliance and rehabilitation motivation through systematic evaluation, supportive communication, emotional counseling, and cognitive intervention. Therefore, it is of great significance to explore the specific application value of psychological nursing in such patients.

1.Data and Methods

1.1 General Information

This study selected 100 critically ill respiratory patients admitted to our hospital from January 2023 to January 2025 as the research subjects. They were divided into a control group and an observation group using a random number table method, with 50 cases in each group. Inclusion criteria: ① Meet the clinical diagnosis of respiratory critical illness; ② Complete clinical data; ③ Informed consent from patients or family members. Exclusion criteria: ① Presence of mental or cognitive disorders; ② Merge severe multiple organ failure; ③ Accompanied by coagulation dysfunction. There were 28 males and 22 females in the control group; The types of diseases include 8 cases of respiratory failure, 12 cases of severe pneumonia, 7 cases of acute respiratory distress syndrome, 15 cases of severe bronchial asthma, and 8 other cases; The age range is 38-81 years old, with an average age of (60.2 ± 4.1) years. There were 26 males and 24 females in the observation group; The types of diseases include 9 cases of respiratory failure, 10 cases of severe pneumonia, 8 cases of acute respiratory distress syndrome, 16 cases of severe bronchial asthma, and 7 other cases; The

age range is 36-79 years old, with an average age of (59.8 ± 3.9) years. There was no statistically significant difference in baseline data between the two groups (P>0.05), indicating comparability.

1.2 Method

Control group: Patients in the control group received routine hospital nursing care, while those in the control group received routine hospital nursing plans. The plan follows the diagnosis, treatment, and nursing standards for respiratory critical illness, with 1) continuous and rigorous monitoring of vital signs such as heart rate, blood pressure, blood oxygen saturation, respiratory rate, and consciousness status of patients; 2) Strictly follow medical orders, conduct precise medication management, and observe drug reactions; 3) Implement professional basic nursing and specialized nursing operations, including respiratory management as needed, ensuring smooth and reasonable parameters of mechanical ventilation patient pipelines, and preventing complications such as ventilator-associated pneumonia; Provide necessary nutritional support and daily care; 4) Regularly assess and record the condition, and promptly provide feedback on important changes to the doctor. All nursing operations are aimed at maintaining the stability of patients' vital signs and supporting the main treatment measures. The communication between nursing staff and patients mainly revolves around disease treatment and physical sensations.

Observation group: Patients in the observation group received personalized psychological nursing intervention on the basis of routine nursing. 1) In the early stage of patient admission, a preliminary psychological assessment is conducted by the responsible nurse. The Self Rating Anxiety Scale (SAS) and Self Rating Depression Scale (SDS) are used to quantify the patient's psychological state. Combined with clinical observation and interviews, the patient's anxiety sources, fear content, and psychological needs are identified, and a differentiated psychological nursing plan is developed accordingly. The plan will also be dynamically adjusted according to the patient's disease medical plan. 2) Psychological nursing intervention focuses on establishing supportive treatment relationships and targeted psychological counseling. Nursing staff will increase the frequency and depth of communication with patients, using techniques such as empathy, listening, and active attention to repeatedly explain the condition, treatment objectives, and necessity of equipment use in easy to understand language, correct their disease cognitive misconceptions, and enhance patients' confidence in recovery through successful case sharing; For patients who cannot speak while using a ventilator, communication tools such as text boards, gestures, and eye contact can be used to ensure their needs are understood and reduce feelings of helplessness.

3) Nursing staff need to optimize the environment and provide relaxation training to alleviate patients' immediate stress. By adjusting the ward lighting, reducing unnecessary noise, and allowing for the placement of a small number of personal items, patients' familiarity with the treatment environment can be enhanced. Nursing staff also need to guide patients in learning and practicing simple relaxation techniques, such as slow abdominal breathing, meditation, and listening to music when the condition permits. Nurses can also perform gentle limb massages to help reduce physiological and psychological stress levels during breathing difficulties or before and after medical procedures. 4) Nursing staff need to strengthen the family support system and continuity of psychological support, encourage and guide family members to infect patients with positive emotions during visits, provide emotional support, explain patients' psychological characteristics to family members to obtain their cooperation; Before the patient is transferred to a regular ward or discharged, necessary psychological state reassessment and health guidance should be provided to help them smoothly transition to the subsequent rehabilitation stage.

1.3 Evaluation Indicators

Compare the SAS and SDS scores, as well as nursing satisfaction indicators, between two groups of patients.

1.4 Statistical Methods

The experimental data of this study were analyzed using SPSS22.00 statistical software, and t-test was performed. A P<0.05 indicates that the data study has statistical significance.

2.Results

2.1 Comparison of nursing satisfaction between two groups of patients

As shown in Table 1, the total satisfaction rate of the observation group patients was 96%, significantly higher than the control group's 84%, and the difference was statistically significant (P<0.05).

Table 1. Comparison of Nursing Satisfaction Between the Two Groups

Group	Very Satisfied	Satisfied	Dissatisfied	Total Satisfaction Rate
Observation Group (n=50)	27	21	2	48 (96%)
Control Group (n=50)	20	22	8	42 (84%)
P	<0.05			

2.2. Comparison of SAS and SDS Scores Between Two Groups of Patients

As shown in Table 2, the SDS and SAS scores of the two groups of patients before nursing were not comparable (P>0.05). After nursing, the observation group had significantly better scores than the control group, and the difference was statistically significant (P<0.05).

Table 2. Comparison of SAS and SDS Scores Between the Two Patient Groups

Group	SDS		SAS	
	Before Care	After Care	Before Care	After Care
Observation Group (n=50)	57.54±2.58	31.54±2.14	53.47±3.58	31.24±4.57
Control Group (n=50)	58.54±2.47	37.54±2.23	53.87±3.41	36.35±4.38
P	>0.05	<0.05	>0.05	<0.05

3. Discussion

Psychological nursing, as a key component of the modern nursing system, has individualized and professional characteristics. The nursing content is patient-centered, focusing on their cognitive, emotional, and behavioral responses, emphasizing proactivity, and requiring nursing staff to actively evaluate and discover psychological problems, rather than passively responding. Nursing staff will need to customize intervention strategies based on each patient's disease stage, personality, cultural background, and specific psychological needs, rather than being uniform. Psychological nursing is integrated and not isolated, but closely integrated and complementary with basic nursing and specialized treatment operations, running through the entire nursing process from admission to discharge. The implementation relies on the professional skill of therapeutic communication, which requires nursing staff to have the professional communication skills of empathy, listening, active attention, and effective health education. Psychological nursing also emphasizes the role of the environment and support system, establishing a comprehensive psychological support system for patients by optimizing the physical environment, mobilizing family and social support networks.

Psychological nursing is of great value for critically ill respiratory patients. On the one hand, it can promote the stability and improvement of patients' psychological state. By timely alleviating fear, anxiety, and despair, it can effectively reduce the excessive release of catecholamines caused by psychological stress, reduce cardiac load and oxygen consumption, indirectly create a more favorable physiological environment for the recovery of respiratory function, and form a virtuous cycle. On the other hand, it can improve patients' treatment compliance and cooperation. When patients understand the necessity of treatment and reduce their fear of ventilators and other equipment, they need to actively cooperate with airway management, position changes, and other treatment measures to reduce human-machine confrontation and improve the safety of medical intervention. In addition, psychological care can enhance patients' medical experience by maintaining their dignity, meeting their emotional and informational needs, and building a trusting and harmonious nurse patient relationship.

In summary, research has found that the application of psychological nursing in critically ill respiratory patients can not only improve the doctor-patient relationship, but also fully meet the nursing needs of patients, thereby enhancing their confidence in disease treatment and ultimately achieving the dual goals of improving patient prognosis and medical humanistic care.

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