

# Research Progress of Non-Psychiatric Psychological Nursing Intervention

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**How to cite this paper:** Tian, H.Y., Wang, L.Y., Jian, C.P., Liu, R.X. and Zhang, Y.N. (2024) Research Progress of Non-Psychiatric Psychological Nursing Intervention. *Journal of Biosciences and Medicines*, 12, 261-270.

<https://doi.org/10.4236/jbm.2024.1212021>

**Received:** October 30, 2024

**Accepted:** December 9, 2024

**Published:** December 12, 2024

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## Abstract

Negative emotional and psychological problems are very common in non-psychiatric patients, which affect the clinical outcome and quality of life of patients. Psychological nursing intervention can effectively adjust patients' negative emotions such as depression and anxiety and improve their quality of life. It is worth popularizing and applying. The nursing models of graded psychological nursing, hierarchical psychological nursing and step-by-step psychological nursing enable nurses to adopt progressive nursing intervention methods for patients with different degrees of psychological problems. The methods and models of psychological nursing intervention in non-psychiatric department were summarized in order to better carry out psychological nursing intervention in non-psychiatric department.

## Keywords

Non-Psychiatric Department, Psychological Nursing, Graded Psychological Nursing, Review

## 1. Introduction

With the change of medical concept, more and more attention has been paid to mental health problems. Negative emotions are very common in clinical non-psychiatric patients. Depressive symptoms, depression and anxiety disorders and stress-related disorders are the most common mental health status of patients in general hospitals [1]. Investigations at home and abroad have found that there are significant psychological problems among inpatients in general hospitals. A study shows that the prevalence rates of depression, anxiety and comorbidities of depression and anxiety are 13.6%, 8.1% and 5.2% respectively [2]. A systematic review and re-evaluation abroad showed that among inpatients in general hospitals,

the prevalence rates of major depression, anxiety disorder, generalized anxiety disorder and panic disorder were 12% to 20%, 8%, 5% and 3%, respectively. Based on these data, it is estimated that about 1/3 of inpatients suffer from mental illness [3]. The problem of anxiety and depression widely exists in different departments and inpatients with different diseases in general hospitals, but there are differences in the incidence rate [4]. And the coexistence of somatic diseases and mental diseases often leads to poor outcome and health-related quality of life of patients [5]. Psychological problems often interact with somatic diseases, such as chronic diseases [6]-[8], cardiovascular diseases [9] [10], surgical diseases [11] [12], etc. The mental health level of non-psychiatric patients urgently needs to be improved. Psychological nursing intervention for non-psychiatric patients is particularly important. This article summarizes the nursing mode and related technology application of psychological nursing intervention in non-psychiatric department.

## **2. The Concept of Psychological Nursing**

Psychological nursing means that in the whole process of nursing, nurses actively influence the psychological activities of patients and help patients to obtain the most suitable physical and mental state under their own conditions under the guidance of psychological theory [13].

It is mentioned in the “training syllabus for new nurses” that psychological nursing should master the psychological characteristics of patients, identification and intervention measures of common psychological problems such as stress reaction, anxiety and affective disorders, including patients of different ages and special patients [14].

## **3. Current Situation of Psychological Nursing Intervention in Non-Psychiatric Department**

### **3.1. The Mode of Psychological Nursing Intervention**

#### **3.1.1. Graded Psychological Nursing**

In the “Theory of levels of Psychological Nursing” put forward by British scholar Nichol [15], psychological nursing is divided into three levels: first-level psychological nursing-perception: when medical staff come into contact with patients, they should listen and communicate with patients. Secondary psychological nursing-intervention: medical staff with basic training carry out simple psychological nursing intervention, evaluate the patient’s psychological state with simple method, record it, give information and education, emotional nursing, counseling nursing, and maintain, support or refer to the patient according to the situation. Tertiary psychological nursing-psychotherapy: after unsuccessful intervention, the patients and their families communicated and agreed, and then referred to the clinical psychologist for treatment. In domestic clinical practice, graded psychological nursing often uses scientific psychological evaluation tools to determine the level of psychological intervention, and the corresponding intervention contents are taken according to different levels [16].

Li Jia [17] used anxiety screening questionnaire (GAD-7) and Depression scale (PHQ-9) to evaluate psychological nursing into four levels. The higher the score, the more serious the psychological problems and the lower the psychological level. The fourth-level psychological nursing is general psychological nursing, the third-level psychological nursing is psychological group therapy, the second-level psychological nursing is technical psychological nursing, and the first-level psychological nursing will be referred to psychosomatic / psychiatric specialist. Lu Ying [18] carried out grading psychological nursing for outpatients with functional dyspepsia (FD). The classification of psychological sleep problems was based on self-rating anxiety scale (SAS), self-rating Depression scale (SDS) and Pittsburgh Sleep quality Index (PSQI). The lower the level of psychological nursing, the more serious the psychological sleep problems. The third-level psychological nursing carried out personalized psychological follow-up once a week on the basis of general psychological nursing, and the second-level psychological nursing was dynamically evaluated by psychiatrists, followed up by telephone twice a week, professional nursing care of first-level psychological nursing, visit by psychological experts, and daily telephone communication. Three months later, the results showed that the bad mood and sleep quality of FD patients were significantly improved.

### 3.1.2. Stratified Psychological Nursing

Stratified psychological nursing intervention is mostly used in psychological nursing of parturients in hospital, combined with other techniques, such as a study combining meditation and relaxation with multi-mode stratified psychological nursing, using Hamilton Depression scale (HAMD) and Hamilton anxiety scale (HAMA) to evaluate the psychological state of parturients, and taking corresponding psychological intervention according to different degrees of mental state. Measures include delivery education, humanistic care, cognitive behavior intervention and interactive doula delivery. The results showed that the method of meditation and relaxation combined with multi-mode stratified psychological intervention could reduce the fear of delivery and improve the outcome of delivery [19]. Li Yanxin [20] carried out stratified psychological intervention on patients with type An aortic dissection before operation. The anxiety state of the patients was evaluated by self-rating anxiety scale (SAS), which was divided into three levels: mild, moderate and severe. The results showed that the patients' anxiety decreased, treatment compliance and operation consent rate increased after stratified psychological nursing before operation. In one study, stratified psychological nursing intervention was used in "two-heart care" and evaluated with anxiety rating scale. People without anxiety and mild anxiety received low-intensity psychological intervention, including deep breath sound therapy and exercise behavior therapy. Patients with moderate and severe anxiety received high-intensity psychological intervention, including psychological interviews and psychological consultations of psychological counselors [21].

### 3.2.3. Step Psychological Nursing

Step-by-step nursing is widely used in mental health intervention, which is divided into progressive and hierarchical intervention [22]. In a nursing care for psychological distress of cancer patients, gradual observation and waiting are adopted to guide self-help and face-to-face problem-solving treatment. step-by-step nursing measures referred to special mental health care [23]. In an intervention for anxiety and depression in the elderly, step-by-step nursing was divided into two steps, followed by evaluation after low-intensity intervention, and high-intensity intervention if needed [24]. There is also mental health intervention for pediatric caregivers, step-by-step nursing measures are through early identification of pain, followed by psychosocial assessment, intervention and psychotherapy according to the results, and psychiatric care after failure, including diagnosis or drug treatment [25]. In a study of step-by-step psychological care for patients with head and neck tumors, through 2 weeks of observation and waiting, 4 weeks of instructive self-help, 6 weeks of face-to-face problem-solving therapy, 4 weeks of professional psychological intervention and/or drug therapy, it was found that it could improve the psychological distress and quality of life of patients with head and neck tumor [26].

## 4. Application of Psychological Nursing Technology

### 4.1. Mindfulness Therapy

Mindfulness refers to consciously focusing on the present, facing the present, and whether or not to judge the physical experience [27]. The concept of mindfulness is applied in many forms, such as mindfulness decompression training, mindfulness cognitive therapy (MBCT), acceptance and commitment therapy (ACT), dialectical behavioral therapy (DBT) and mindfulness recurrence prevention therapy (MBRP) [28]. Mindfulness stress training includes the following methods: mindfulness meditation, body scanning, mindfulness yoga and walking meditation. Mindfulness decompression therapy is widely used in clinic, and it is widely used in cancer patients. Mindfulness decompression therapy in patients with breast cancer can reduce the degree of anxiety and depression [29] [30], promote mental health and improve cognitive function [31]. Mindfulness decompression therapy can also reduce the fear of cancer recurrence [32] and cancer-related fatigue [33]. In a study of mindfulness decompression intervention in patients with cervical cancer during radiotherapy, decompression Mini Game and Baduanjin were found to relieve the psychological pain of the patients [34]. In addition, mindfulness decompression therapy was used in patients with coronary heart disease after PCI [35], stroke patients [36], hypertension and glycosuria patients [37]. The results showed that it could not only improve the physical and mental health of patients, but also improve the living habits and coping strategies of patients with chronic diseases. Mindfulness therapy was applied to maintenance hemodialysis patients, including mindfulness decompression therapy, mindfulness cognitive therapy, acceptance and commitment therapy, which improved patients' negative mood, compliance, sleep quality and fatigue symptoms [38].

## 4.2. Narrative Nursing

Narrative nursing means that nurses actively listen to, absorb and accept patients' stories, help patients reconstruct their lives and disease stories, find out the main points of nursing in listening, and carry out targeted nursing intervention to patients [39]. Narrative nursing research focuses on the nursing of tumor patients, elderly patients and dementia patients in non-psychiatric clinical intervention [40]. In a study of narrative nursing intervention for patients with breast cancer during chemotherapy, five steps of externalization, deconstruction, rewriting, external witnesses and treatment documents were used for a total of 12 - 18 times during the whole chemotherapy period. The results show that narrative nursing can effectively reduce the psychological pain of breast cancer patients undergoing chemotherapy and reduce the interference of somatic symptoms and symptoms to life during chemotherapy. And effectively improve the psychosocial adaptability of patients [41]. Zhang Lili [42] and others conducted narrative nursing intervention on elderly cancer patients who implemented protective medicine to listen, encourage patients to narrate, time 30 min, reflective writing and reflective diary, nurses drew a rewriting mind map, and then the intervention group shared cases for brainstorming. The results showed that it could effectively improve the patients' bad emotions such as anxiety and depression, and improve their social function activities and quality of life. A study of disease narrative intervention in patients with advanced cancer through telephone interviews and social networks has shown that it can improve patients' happiness [43]. Narrative nursing intervention was used to study the sense of shame in rectal cancer enterostomy patients [44] and bladder cancer abdominal wall stoma patients [45]. In addition, there are studies in elderly patients with chronic obstructive pulmonary disease [46], stroke patients [47]-[49], patients with systemic lupus erythematosus [50] [51], maintenance hemodialysis patients [52]. Intervention in patients with adrenocorticoidosis [53] and other groups showed that it can reduce the negative mood of patients and improve their quality of life.

## 4.3. Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is a group of short-term and structured classic psychological therapy methods that change bad thinking or belief, bring about changes in behavior and emotion, and regulate emotional and psychological problems. It is widely used in breast cancer, prostate cancer, bladder cancer and other cancer patients [54]. It is also used in patients with laryngeal cancer [55]. Studies have shown that it can effectively regulate the psychological problems of patients, and the application of CBT can effectively reduce the fear of disease progression in cancer patients [56]. The traditional CBT is mostly face-to-face. Due to the influence of many factors in real life, computerized Cognitive Behavioral Therapy (CCBT) / Web-based CBT (ICBT) is developed, which uses multimedia as a tool, through computer or mobile phone interface, with clear steps and highly structured multimedia interaction to show the basic principles and methods of cognitive behavioral therapy. A CCBT intervention for breast cancer patients was divided into five stages,

and each stage was composed of three modules: animated video, game form: answer + video, audio + immersive relaxation. The results showed that it could improve patients' negative mood and sleep quality [57]. The application of ICBT in patients with irritable bowel syndrome has been found to reduce intestinal symptoms and improve quality of life and psychological status [58]. A Meta analysis of the effect of ICBT intervention on negative emotion in pregnant women found that ICBT can effectively improve postpartum depression, anxiety and stress symptoms, but there is still controversy in terms of treatment compliance [59].

## 5. Summary

Mental health problems are significant in non-psychiatric patients, and physical and mental diseases often affect patients' disease prognosis and health-related quality of life, so psychological nursing intervention is necessary and of great significance to reduce patients' negative emotions. It has a good effect in adjusting the mental state, but due to many influencing factors, some outcome indicators are controversial, and the compliance of patients is also difficult to control. Psychological nursing intervention is widely used in non-psychiatric departments in clinic, involving different departments and different diseases, but in different studies, most of the techniques related to psychological intervention have a fixed theoretical framework. However, the specific methods used in different studies are still different, the pre-intervention time, the cycle is not fixed, the intervention plan has not yet formed a unified consensus. In addition, there is no fixed mode of personnel training before psychological nursing intervention, the issue of qualification is controversial, and the quality control in the intervention cannot be guaranteed. Therefore, non-psychiatric psychological nursing intervention still needs to be explored from the following aspects. First, strengthen the clinical research of psychological nursing intervention. At present, the clinical intervention time is short, the sample size is small, and there are many heterogeneous factors, which need further research and standardization. To explore the long-term intervention effect of psychological nursing on non-psychiatric clinical patients. Second, strengthen the standardization and unity of the intervention program, different intervention methods in different diseases in the specific implementation plan, implementation time, implementation cycle, evaluation effect and attention matters all need guidance from normative documents such as guidelines or expert consensus. Third, strengthen the training of non-psychiatric psychological nursing intervention personnel. In order to ensure the effect of psychological nursing intervention, the training of psychological nursing staff should be standardized and effective. Psychological nursing is not only one of the links of overall medical care, but also the embodiment of humanistic care, in which the limitations and shortcomings still have areas for improvement and development.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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