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ORIGINAL

ANALYSIS OF THE EFFECT OF HUMANISTIC NURSING AND PSYCHOTHERAPY ON EMOTIONAL STABILITY OF PATIENTS IN PSYCHIATRIC NURSING

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ABSTRACT

Objective: To explore the application of humanized nursing and psychotherapy concept in the management of mental health care and its impact on patient relations, so as to establish a harmonious relationship and improve the quality of nursing and psychotherapy.
Methods: From May 2021 to March 2021, 110 psychiatric patients were clustered into follow-up and control group. The team adopted the conventional nursing and psychotherapy mode and added a more humanized nursing and psychotherapy mode based on team nursing. The two groups were compared in their satisfaction with medical services, nursing dependence, nursing errors, psychotherapy and nursing disputes.
Conclusion: The humanistic nursing model for patients is helpful to improve nursing satisfaction and dependence, reduce the incidence of poor nursing and psychotherapy on patients.

KEY WORDS: humanized nursing management concept; Psychiatry Department; Nursing management; Nurse patient relationship

1 INTRODUCTION

Humanized nursing is to eliminate patients' pain, enable patients to leave hospital as soon as possible, improve patient satisfaction, and establish a comprehensive and all-round service concept (O'Neill, Johnson, & Mandela,

2019; Ray & Simpson, 2019). It is also an important manifestation of humanistic spirit in psychotherapy and nursing work. Humanized nursing care is more concerned about patients' psychological ideas and requirements than previous nursing care. Therefore, the application of humanistic nursing care in psychiatric department will be better than traditional psychiatric care. How to meet the reasonable needs of psychiatric patients during hospitalization, and more humanistic care, is a problem that the majority of psychiatric nursing workers must face.

Nurses not only assume the role of nurses, but also serve as patient managers, educators and consultants. Personalized nursing for psychiatric patients should be guided and nursed according to different patients' reaction modes and manifestations, integrate nurses' emotions and emotions into the nursing process, give full play to nurses' enthusiasm, sense of responsibility, sympathy and patience, so that patients can truly understand the people-oriented humanistic care, create a harmonious atmosphere, enable nurses and patients to establish mutual respect and trust, and improve patient satisfaction (Collom, Patterson, Lawrence-Smith, & Tracy, 2019). China's psychiatric hospitals basically adopt a closed management model, ignoring the overall concept of human beings (Stolz, Rásky, & Jagsch, 2020). Nurses should carry out targeted communication on harmful factors that are not conducive to patients' health to eliminate patients' psychological barriers. In order to avoid various pathogenic factors that cause mental disorders, it is necessary to carry out humanized, multi angle and all-round nursing to maximize the physical and mental recovery of patients (Hilty, Liu, Stubbe, & Teshima, 2019).

In the process of rehabilitation, the nursing level of nursing staff plays a very important role, but there are also many risks in their work, especially the nursing staff in the psychiatric department, who have high psychological pressure, strong sense of job burnout, are in a high-risk environment for a long time and low social support, so we must adopt a humanistic nursing concept management model to improve the nursing status of nursing staff (FRICKE, RANDALL, & MACLAINE, 2021; Rovers et al., 2020). Humanized nursing concept is a new nursing service concept formed by the transformation and development of medical model. With the domestic economic development and the diversified development of medical service, the domestic medical service system is facing revolutionary changes. Nursing staff must fully understand the value of people, understand the meaning of life, and fully interpret the connotation of humanistic care (Fahed, Barron, & Steffens, 2020). As a special interpersonal relationship in nursing work, nurse patient relationship is a concrete embodiment of interpersonal relationship in medical situations. Humanized nursing can provide patients with real and sincere care and consideration, so that patients can feel warm and sincere, and thus obtain a sense of satisfaction and security. The humanistic nursing

concept can fully demonstrate the multiple roles of nurses, expand the scope of nursing, establish a good nurse patient relationship, and help patients recover as soon as possible (Busch, Moretti, Travaini, Wu, & Rimondini, 2019).

2 RELATED WORK

Patients who have recovered in psychiatric hospitals receive hospitalization. They are not accompanied by their families and can only receive comprehensive care from nurses (Lima et al., 2021; Ramos et al., 2021). During rehabilitation, people receiving psychotherapy will encounter problems related to different degrees of self realization and obvious social function defects, which make them unable to adapt to society after discharge. Psychiatry mainly relies on long-term oral treatment (Xue, Yi, Xue, & Sun, 2021). Therefore, drug therapy must be combined with effective personal treatment and effective nursing to improve the efficiency of patients' rehabilitation (Kuntarti, Umar, & Irawati, 2020). However, the traditional form of psychiatric care does not take into account the needs of people and does not improve the health of patients.

According to the hierarchical demand theory, people's needs can be divided into five levels, which can be gradually upgraded from low to high (Akinluyi, Fadamiro, Ayoola, & Alade, 2021; Guillaumie, Boiral, Desgroseilliers, Vonarx, & Roy, 2022). However, these purchase orders were not completely processed, but were modified according to the specific situation. The Maallo requirement hierarchy has two basic starting points: first, all people have requirements (Lavorato Neto, Rodrigues, Silva, Turato, & Campos, 2018). When one level is satisfied, the other level appears; Second, when there are many needs at the same time, but none of them are met, the most urgent needs must be met first. Only when this demand is met, other higher level needs will have a catalytic effect (Du, Li, Qu, Li, & Bao, 2019). Maslow believes that it is precisely because of the existence of a certain demand that people urge them to obtain, and demand is the fundamental driving force. Therefore, demand is motivation and the most fundamental internal driving force for human survival. The famous Maslow hierarchy of demand theory is shown in Figure 1.

Figure 1 Maslow's hierarchy of demand theory

Studies shown that personalized nursing models for patients with mental illness can effectively help them better understand mental illness and its dependence, improve their status and social functions, and promote their rehabilitation (Gareau, de Oliveira, & Gallani, 2022; Guimarães et al., 2018; Jager & Perron, 2018). Foreign scholars pointed out that the purpose of the ongoing mental health care reform is to provide humanitarian assistance to patients during their rehabilitation, eliminate mental disorders, and restore them to the best state (Khalil, Felemban, & Tunker, 2019). In addition, more attention has been paid to the need for personal care for patients and the quality of personal care provided by nurses during psychiatric rehabilitation. At the same time, some studies show that patients are currently facing various forms of social discrimination, especially because of the lack of human resources needed to provide medical services and the lack of humanitarian education for nursing staff (Jones, Raynor, & Polyakova-Norwood, 2020).

The humanistic care evaluation tools commonly used by foreign scholars include CARE-Q, CBA, CBI and NCI. The questionnaire on individualized nursing needs compiled by domestic scholars includes: The questionnaire on individualized nursing needs of inpatients was compiled. Based on Watson's humanistic care theory, the elderly care behavior evaluation scale was developed. Based on the theory of human level needs, a questionnaire on personalized nursing behavior needs was developed (Bambi, Iozzo, Rasero, & Lucchini, 2020). After searching and consulting books, the standard questionnaire on individualized nursing needs of patients in psychiatric rehabilitation period could not be obtained.

Due to different diseases and experiences, the evaluation tools for patients with common diseases cannot fully present the personalized nursing care of patients in psychiatric rehabilitation period, so the existing evaluation tools for personalized nursing needs are not suitable for patients in psychiatric rehabilitation period. Due to the lack of evaluation tools for individualized nursing needs of patients in psychiatric rehabilitation period, the development of individualized nursing and the quality of service for psychiatric patients have been seriously restricted (Cheng et al., 2020). In this regard, it is necessary to further study the method of evaluating the personal care needs of patients during the rehabilitation of mental illness, and how to develop personal care evaluation indicators based on the closed treatment of psychiatric wards and the subjective views of patients during the rehabilitation of mental illness (de Macedo et al., 2018; Fernández-Castillo, González-Caro, Fernández-García, Porcel-Gálvez, & Garnacho-Montero, 2021). Therefore, this study took into account the actual situation of psychiatric hospitals and the existing means of evaluating personal care from the perspective of personal care. According to Ollie's needs ranking theory and Watson's humanitarian nursing theory, a questionnaire was prepared for the mentally disabled who need personal care.

3 General Data and Methods

3.1 Research object

From September 2021 to December 2021, 110 inpatients in the mental hospital of Municipal Psychiatric Hospital were randomly checked with convenient samples and personal care lasted for three months. 1) Conform to the diagnostic criteria for mental diseases (ICD-10); (2) The patient in the psychiatric rehabilitation period, and the self identification ability basically recovered. ≤ 60 copies; 3) Fully understand and express the language; (4) Willing to participate in this research. Exception criteria: 1) The patient's condition changes after the recovery period; (2) Due to the lack of data collection, effectiveness cannot be assessed. (1) Discharge; (2) Not willing to continue research cooperation.

Calculate the formula according to the sample size compared with the mean of two samples.

$$n_1 = n_2 = 2 \times \left\{ \frac{(u_\alpha + u_\beta)\sigma}{\delta} \right\}^2 \quad (1)$$

According to the literature, the degree of variation is σ=6.08, the allowable error is δ=4.17, and the values are α=0.05 and β=0.10, which are tested bilaterally. After calculation, the sample size of each group is 45 cases. Considering the 20% loss rate, it is finally determined that n_1= n_2=55 cases, a total of 110 cases.

3.2 Research methods

3.2.1 Personalized nursing method

3.2.1.1 Control group

Give routine psychiatric care. Contents of routine psychiatric care:

(1) Safety care

① Keep track of the patient's condition, keep track of every suspicious sign, pay close attention to the patients who commit suicide, self injury, impulsive injury, attempt to run away or have behavior at any time, and take effective measures to prevent any unexpected signs; ② Strengthen the inspection, strictly implement the graded nursing system, inspect the ward on time, and deal with accidents in a timely manner; ③ Strengthen safety management, leave no hidden danger, regularly check dangerous goods, such as ropes, inflammables and explosives, metals, drugs and others (glass,

wires, bricks and tiles, etc.), and find out in time in case of any abnormality.

(2) Daily life care

① Do a good job of morning and evening care, keep the bed clean and dry, and change the bedding regularly; ② Do a good job of skin care and check the skin for damage or skin disease. Long term bedridden patients should turn over regularly and massage the pressure parts to prevent bedsores; ③ For those who cannot take care of themselves in daily life, do a good job of oral care, or help the patient wash; Patients with high fever and coma should follow the nursing routine for patients with high fever and coma; ④ Help patients to do a good job in personal hygiene, regularly bathe, cut hair, cut finger (toe) nails, change clothes in time, and assist female patients to take care of menstrual hygiene.

(3) Dietary care

① Tableware management: the sanitary staff shall keep the tableware uniformly, distribute it when needed, and take it back after use (one set for each person); ② Give food and drink according to the doctor's advice; ③ Nursing before meals: Before meals, let the patients wash their hands and stand in line to receive food. Avoid disputes and scalds. For those who cannot get up to eat, they should assist in eating, and those who must fast should do a good job in persuading them to prevent stealing and eating.

(4) Sleep care

① Create an appropriate sleeping environment for patients: quiet environment, fresh air, and appropriate temperature; ② Observation: the relationship between sleep hours, depth, insomnia and mental symptoms, to prevent masked sleep, to be good at detecting disguised sleep, and to observe the performance of insomnia.

(5) Drug compliance nursing

① Some patients can not correctly understand drugs or worry about side effects of drugs and other reasons, which lead to Tibetan drug behavior, usually hidden under the tongue, cheeks or between lips and teeth in the mouth; Or pretend to quickly slide the medicine into the finger seams, sleeves or pockets when taking it; Even spit the medicine into the cup while drinking water and taking medicine; Some patients quickly hide in places that are not easy for nurses to see after taking the medicine, such as the toilet, and use their fingers to stimulate the pharynx to vomit the medicine, so the nurses should timely find out the behavior of hiding the medicine; ② Guide patients to take medicine according to different situations: for patients with Tibetan medicine caused by disease factors, nurses make them realize that they are

sick and need to take medicine through explanation; For patients who are afraid of side effects of drugs and hide drugs, nurses explain that mild reactions have no effect on the body, and doctors will deal with severe adverse reactions in a timely manner to ensure that patients do not worry about taking drugs; ③ When taking medicine, all patients should swallow it carefully. Use a tongue depressor to check the upper and lower parts of the tongue and cheeks in the mouth, as well as the palms, sleeves and medicine cups of the patients; After taking medicine, the patient with vomiting behavior should stay within the sight of the nurse for 10-15 minutes to prevent vomiting.

(6) Visiting care

① Reasonably arrange visiting time; ② Specially assigned person for reception and special registration, including patient name, visitor name and affiliation; ③ Visiting at specified places; ④ The articles brought to patients by visitors should be carefully checked to prevent dangerous articles from being brought in; ⑤ The receptionist should make good use of visiting opportunities to do a good job of health education for the family members according to the patient's situation. Inform the family members not to bring mental stimulation and trauma to the patient, and inform the patient of major accidents in the patient's home only with the consent of the doctor to avoid causing emotional fluctuations of the patient; For patients who urgently need to be discharged from hospital, we should assist medical staff in persuading and dissuading them.

3.2.1.2 Test group

Through routine nursing measures, the unit has developed targeted personalized nursing measures to meet nursing needs. According to a project, the patients with large demand in the second phase of the survey were given a higher evaluation, and the following measures were taken:

(1) Psychological nursing

Activity time: The activity is scheduled to be held every Monday, and the activity time is 1-1.5 hours.

Activity mode: Hold a psychological symposium (10 people in a group), which is conducted by means of explanation and guidance, and focuses on the psychological needs and problems of the interviewees.

Participants: 1 host, 1 facilitator and 10 patients.

Objective: To eliminate patients' doubts, alleviate or remove their bad emotions, so that patients can face real life optimistically and increase their trust.

Methods: The moderator guided the main content of the discussion, encouraged the patients to speak out their troubles, and recorded the patients' psychological problems to feed back to the doctor in time. According to the patients' psychological problems, the moderator should help the patients to solve them with a sincere and enthusiastic attitude according to the suggestions given by the doctor, and guide the patients to live an optimistic and confident life.

(2) Recreational care

Activity time: The activity is scheduled to be held every Tuesday, and the activity time is 1-1.5 hours.

Activity mode: group activities (10 people in a group), which are conducted by means of explanation, demonstration, etc., with the fun needs and hobbies of the activity members as the center.

Participants: 1 host, 1 facilitator and 10 patients.

Objective: To improve the patients' initiative, cooperation ability and movement coordination, and make the dull life full of fun.

Methods: Outdoor activities (including aerobics, basketball, table tennis, pulling weeds and planting flowers, cleaning up the hospital, etc.); Optional activities (including painting, beading, origami, handcraft, chess, card playing, music appreciation, reading, newspaper reading, etc.). If an accident occurs during the activity and it is not suitable to continue to participate in the activity, a specially assigned person should help the person to enter the ward for rest. The host recorded the performance of each patient in this activity, including the initiative, persistence, degree of mutual cooperation, how to complete quantification and attitude towards occupational therapy. The recorded results shall be fed back to the physician in time as an important basis for later evaluation of occupational therapy.

(3) Social skills training

Time: The activity is scheduled to be held every Wednesday, and each activity lasts for 1-1.5 hours.

Activity mode: group training (10 persons in a group), which is carried out by means of explanation, demonstration, role play (scene simulation), games, watching videos, discussion, etc., focusing on the social needs and problems of the training objects.
Participants: 1 host, 1 facilitator and 10 patients.

(4) Life Problem Solving Training

Time: The activity is scheduled to be held every Thursday, and each

activity lasts for 1-1.5 hours.

Activity mode: group training (10 persons in a group), which is carried out by means of explanation, demonstration, role play (scene simulation), discussion and other ways, focusing on the needs and problems of the training objects.

Participants: 1 host, 1 facilitator and 10 patients.

(5) Health education

Time: The activity is scheduled to be held every Friday, and each activity lasts for 1-1.5 hours.

Activity mode: health education lectures (10 persons in a group) were held, and the lectures were conducted by means of explanation, discussion, questions, etc., focusing on the health needs and problems of the forum members.

Participants: 1 host, 1 facilitator and 10 patients.

(6) Encourage family members to visit

Time: The activity is scheduled to be held every Saturday.

Objective: To strive for family members to visit once a week so as to meet patients' yearning for their relatives.

Method: The staff calls the patient's family members every Saturday to encourage them to visit the patient as much as possible, and do a good job of health education for the family members to make them realize that face-to-face communication with the patient is conducive to the stability and recovery of the patient's condition.

(7) Increase social support

Activity time: The activity is scheduled to be held every Sunday, and the activity time is 1-1.5 hours.

Objective: To promote one-to-one communication between patients and social workers to meet the needs of patients for psychosocial support.

Participants: 1 host, 1 facilitator, 10 patients and 10 social workers.

Background of social workers participating in the study: There are 10 social workers in total, including 3 social workers and 7 assistant social workers. These 10 social workers have received unified training before the start of the study.

Methods: 10 social workers were introduced into the ward every Sunday to let patients and social workers speak freely and communicate freely, pay attention to guiding patients to speak out their inner confusion or questions, pay attention to enlightening patients' inner world, infuse thoughts full of love and hope, and increase the possibility of patients returning to society.

3.3 Survey tools

General information questionnaire: the same as Table 1. Nursing satisfaction questionnaire: 80~100 points are very satisfied; 60~80 is basically satisfactory; If the score is less than 60, the patient will be evaluated. The full score is 100;

3.4 Quality control

1) In terms of researchers, a personal group of nurses led by researchers was established. The team is composed of nurses who have worked in the psychiatric hospital. Before the start of personal care, the relevant personnel must receive training every week. The training content should conform to the personal care measures formulated, and specify the specific implementation methods and preventive measures. If any nurse raises questions about the personalized nursing measures, they shall answer them in a timely manner until the nurse can fully grasp the measures and ensure the correct implementation;

4 RESULTS

We made detailed statistics on the basic information set for the case and control groups. See Figure 2 for basic information.

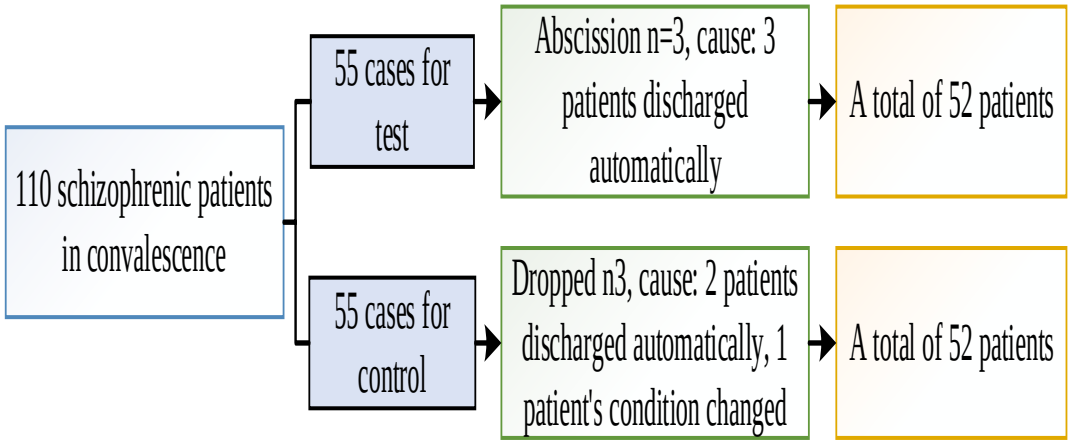

Figure 2 Abscission of two groups of patients

As in Table 1 and Figure 3, 110 patients were studied, and 6 patients fell off. Finally, 104 patients completed this study.

Table 1 Comparison of patients (n=104)

Item	Classification	Test group (n=52)	Control group (n=52)	χ^2	P value
Gender	Male	39	38	0.050	0.821
	Female	13	14		
Age	~30	10	11	0.515	0.197
	31~45	18	20		
	46~60	16	15		
	Over 60	8	6		
Marital status	Unmarried	9	8	0.655	0.724
	Married	19	23		
	Widow/Divorce	25	20		
Number of hospitalizations	Once	9	11	0.412	0.813
	2 times	11	12		
	3 or more times	31	30		
Monthly household income (yuan)	Below 2000	11	11	0.535	0.765
	2000~5000	29	26		
	More than 5000	11	16		
Family attention	Difference	11	10	0.163	0.921
	Commonly	23	25		
	Preferably	17	18		
Nursing satisfaction	Dissatisfied	9	10	0.088	0.956
	Basically satisfied	24	24		
	Very satisfied	20	17		

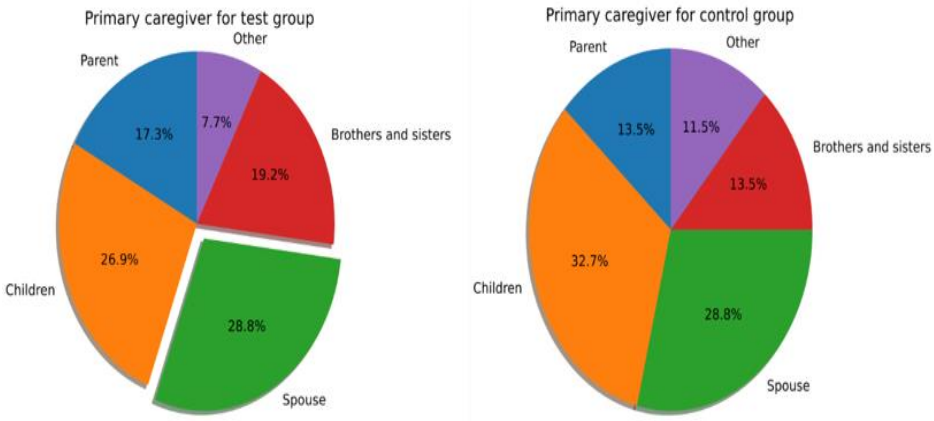

Figure 3 The primary caregiver for different groups

Total satisfaction rate%=(number of highly satisfied people + number of basically)/52x100%. Analysis and ranking showed that the overall satisfaction of the two groups. The overall satisfaction before and after personal care increased from 84.6% to 96.2%. After individual nursing, the overall satisfaction was significantly higher than that of the control group. See Table 2.

Table 2 Comparison of nursing satisfaction

Group	Before intervention				After intervention				U	P
	Very satisfied	Basically satisfied	Dissatisfied	Total satisfaction rate	Very satisfied	Basically satisfied	Dissatisfied	Total satisfaction rate		
Test group (n=52)	20	23	9	82.69%	35	15	2	96.15%	857.0	0.000
Control group (n=52)	19	23	10	80.77%	21	25	6	88.46%	1318.0	0.808
U	-	-	-	1313.3	-	-	-	839.7	-	-
P	-	-	-	0.787	-	-	-	0.000	-	-

The independent T test of the two groups showed that there was no difference in the treatment effect scores between the first two groups (P>0.05). See Figure 4.

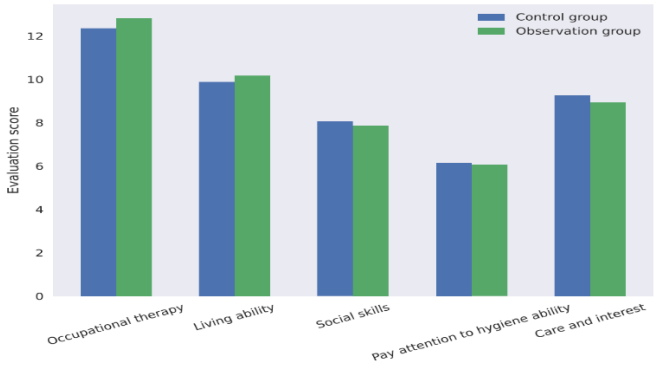

Figure 4 Comparison of rehabilitation efficacy evaluation score of two groups

The paired t-test showed that the scores of occupational therapy, living ability, social ability, hygienic ability, care and interest in the test group decreased from 12.38 ± 2.16, 9.88 ± 2.67, 8.06 ± 1.98, 6.15 ± 1.77, 9.25 ± 1.67 before personalized care to 8.04 ± 1.92, 6.53 ± 1.75, 5.17 ± 1.08, 3.06 ± 0.55, 6.13 ± 1.39 after personalized care (P<0.05). See Table 3.

Table 3 Comparison of rehabilitation efficacy

Group	Test group (n=52)		t	P	Control group (n=52)		t	P
	Before intervention	After intervention			Before intervention	After intervention		
Occupational therapy	12.38±2.16	8.04±1.92	10.722	0.000	12.81±2.86	11.88±5.56	1.823	0.073
Living ability	9.88±2.67	6.53±1.75	7.658	0.000	10.13±2.45	9.58±1.66	1.422	0.155
Social skills	8.06±1.98	5.17±1.08	9.354	0.000	7.83±1.74	7.65±1.02	0.786	0.433
Pay attention to hygiene ability	6.15±1.77	3.06±0.55	11.788	0.000	6.05±0.58	5.88±0.47	1.455	0.147
Care and interest	9.25±1.67	6.13±1.39	10.377	0.000	8.94±1.53	8.71±1.44	0.660	0.512

Two independent T tests showed that the scores of work, living ability,

social ability, health ability, nursing ability and personal nursing interest were 8.05 ± 1.97, 6.54 ± 1.76, 5.18 ± 1.09, 3.07 ± 0.55 and 6.14 ± 1.36 respectively. The scores of the two groups were much lower than those of the control group (11.88 ± 2.52, 9.58 ± 1.66, 7.65 ± 1.02, 5.88 ± 0.46 and 8.71 ± 1.44). The difference was significant (p<0.05). See Figure 5.

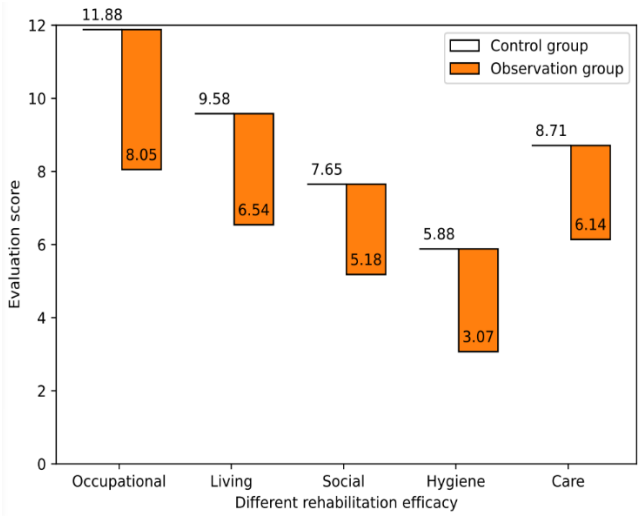

Figure 5 Comparison of rehabilitation efficacy

The paired t-test showed that the scores of SDS and SAS in the test group decreased from 55.26 ± 5.93 and 51.45 ± 5.44 before individualized nursing to 42.55 ± 4.84 and 38.43 ± 4.36 after individualized nursing, respectively, with significant differences (P<0.05). The scores of SDS and SAS in the control group were not statistically significant before and after individualized nursing (P>0.05). See Figure 6.

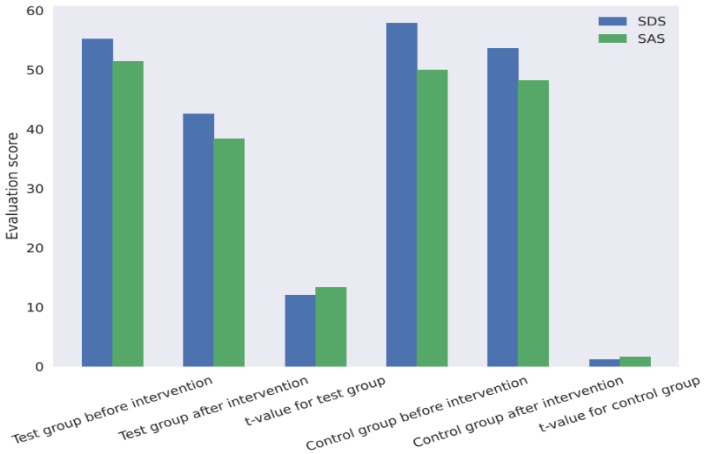

Figure 6 Comparison of negative emotions between the two groups before and after intervention (± s)

The comparison of nursing satisfaction between the two groups of nurses is shown in Figure 7. The nursing satisfaction of patients in the observation group is better than that in the control group (P<0.05).

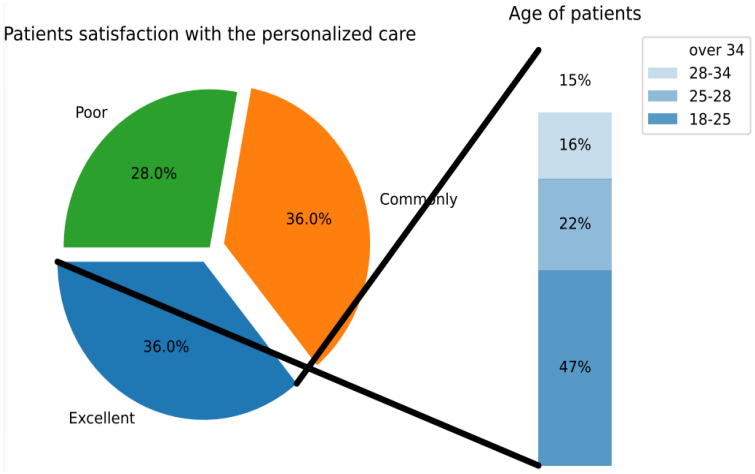

Figure 7 Comparison of nursing satisfaction between two groups of nurses

About the index of nursing risk incidence rate, the nursing effect of the observation group was more significant. See Table 4.

Table 4 Indicators of nursing risk incidence rate of two groups of patients (n, %)

Group	Cases	Complaint	Self injury	The patient hurts	Incidence rate of nursing risk
Control group	30	2	2	2	20.00
Observation group	30	1	0	1	6.65
x^2	-	-	-	-	9.656
P	-	-	-	-	0.000

Of the 22 nurses in this study, only one had nursing errors, with a nursing error rate of 4.55%; One case of nurse patient dispute occurred, the incidence rate was 4.55%. The compliance of the observation group in diet, medication, health education and health psychology was significantly higher. See Table 5.

Table 5 Comparison of compliance of patients in groups ($\bar{x} \pm s$)

Group	Medication	Diet	Health knowledge education	Psychological aspects
Control group (n=50)	62.33±3.23	65.35±3.65	59.34±2.43	55.35±1.63
Observation group (n=54)	86.21±5.23	89.35±5.55	78.32±3.92	79.21±3.67
t	-28.173	-26.072	-29.903	-42.444
P	0.000	0.000	0.000	0.000

In professional ability and job satisfaction before nursing management, after nursing management, the professional ability and job satisfaction of nursing staff decreased significantly, especially in the observation group (P<0.05). See Table 6.

Table 6 Score of professional ability and job satisfaction ($\bar{x} \pm s$)

Group	Number of cases	Professional competence of nursing staff		Job satisfaction	
		Before care	After care	Before care	After care
Control group	30	7.54±1.38	8.04±0.97	7.25±0.67	8.11±0.63
Observation group	30	7.64±1.26	9.53±0.34	7.16±0.83	9.75±0.37
t	-	0.283	6.356	0.188	7.127
P	-	0.711	0.015	0.725	0.014

In summary, the above results show that conventional nursing measures still play a role in promoting the rehabilitation effect of patients in psychiatric rehabilitation period, but compared with personalized nursing measures based on the needs of patients, the effect of personalized nursing measures is significantly better. The treatment and rehabilitation of psychiatric department are inseparable. They complement and promote each other to achieve the integration of psychiatric treatment and rehabilitation. Therefore, we should deeply understand the inpatient life and psychological state of patients in psychiatric rehabilitation period, and fully understand their basic survival care needs as ordinary people. Effective individualized nursing should be carried out at the early stage of rehabilitation. Guided by the actual needs of the patients, timely and effective help should be provided on the basis of full respect, understanding and care for the patients, so that the patients can finally reach a healthy state in all aspects of physiology, psychology and society.

5 DISCUSSION

Nurses are also facing more psychological pressure and unsafe factors in nursing work. In nursing management, it is necessary to change the concept of nursing management and improve the enthusiasm of nurses. Humanized nursing management is the requirement of the development of modern medicine. In nursing services, the concept of "patient-centered" nursing services has gradually become the mainstream. The implementation of humanistic nursing in psychiatric department not only provides better services for patients with mental disorders, but also reduces nurse patient disputes, at the same time, it also stimulates the enthusiasm of nurses, stabilizes the nursing team, and significantly improves the overall quality of nursing staff. This study shows that good humanistic nursing can enhance the patient's confidence, and also make the nursing staff more confident to serve each patient well, realizing a win-win situation between nurses and patients, effectively improving the quality of nursing, and playing an important role in psychiatric nursing. To sum up, humanized service has a high application value in psychiatric nursing, which is conducive to improving patients'

compliance, promoting the smooth development of nursing work, restoring patients' health as soon as possible, reducing the rate of nursing errors, reducing medical disputes, and maintaining patients' physical and mental health.

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