



The Impact of Humanistic Care on Patient Prognosis in Critical Care Nursing

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Abstract: Objective: To explore the impact of humanistic care intervention on the prognosis of critically ill patients. Methods: A randomized controlled trial was adopted, including 100 critically ill patients admitted from January to June 2025, who were divided into a routine care control group and an enhanced humanistic care observation group, with 50 cases in each group. Results: The results showed that the symptom relief time of the observation group was significantly shortened (5.68 ± 1.32 days vs. 8.92 ± 1.76 days, $P < 0.05$), the total incidence of complications was significantly reduced (4.00% vs. 18.00%, $P < 0.05$), and the nursing satisfaction was greatly improved (96.00% vs. 76.00%, $P < 0.05$). Conclusion: Humanistic care can effectively promote rehabilitation, reduce complications, and improve patient experience, which is a key path to optimize the quality of critical care nursing.

Keywords: critical care nursing; humanistic care; patient prognosis; rehabilitation rate; complications; nursing satisfaction

1. Introduction

With the continuous progress of medical technology, the level of diagnosis and treatment of critical illnesses has been significantly improved. However, such patients have dangerous conditions and rapid progression, often accompanied by severe physical pain and psychological stress. In the process of treatment and nursing, not only precise medical intervention is needed, but also humanistic care and support are indispensable [1]. Critically ill patients face life threats and dual physical and mental pressure, and are prone to negative emotions such as fear and anxiety. These emotions may affect treatment compliance and immune function, thereby adversely affecting the rehabilitation process, the risk of complications, and the medical experience.

The conventional nursing model focuses more on core medical contents such as vital sign monitoring and treatment coordination, and has deficiencies in humanistic care such as psychological counseling and personalized needs satisfaction, which is difficult to fully conform to the core concept of modern nursing of "patient-centered" [2]. As an important part of nursing discipline, humanistic care can effectively alleviate patients' negative emotions and enhance their confidence in treatment through measures such as strengthening communication, optimizing nursing details, and providing emotional support [3].

In view of this, exploring the impact of humanistic care on the prognosis of critically ill patients in critical care nursing has important clinical value. This study took critically ill patients as the research objects, and analyzed the effect of humanistic care intervention on rehabilitation rate, complication rate and nursing satisfaction through a controlled trial, so as to provide scientific reference for clinically optimizing the critical care nursing model and improving nursing quality.

2. Materials and Methods

2.1 General Information

A total of 100 critically ill patients admitted from January 2025 to June 2025 were selected as the research objects. All patients voluntarily participated in this study and signed the informed consent form. The patients were 18-75 years old, covering critical illness types such as severe pneumonia, acute cerebral infarction, and acute coronary syndrome. They were randomly divided into a control group and an observation group, with 50 cases in each group. The inclusion criteria were meeting the clinical diagnostic criteria for critical illness, relatively stable vital signs and clear consciousness, and being able to cooperate with nursing and evaluation; the exclusion criteria were complicated with severe liver and kidney failure, mental illness, cognitive impairment, and inability to cooperate with follow-up.

2.2 Methods

Both groups of patients received routine critical care, including real-time monitoring of vital signs, dynamic observation of the condition, basic nursing operations, coordination of treatment measures, and prevention of complications, to ensure that the patients' clinical treatment and basic nursing needs were met. On the basis of routine nursing, the observation

group strengthened humanistic care intervention. Combined with the physical pain and psychological characteristics of critically ill patients, communication was strengthened, and the patients were informed of the disease progress and treatment plan in gentle and easy-to-understand language to alleviate their negative emotions such as fear and anxiety; the nursing operation process was optimized, full notification was made before operation, and gentle movements were emphasized during operation to reduce patients' discomfort; attention was paid to patients' personalized needs, the ward environment was reasonably adjusted to ensure the quality of patients' rest, and psychological counseling and emotional support were provided at the same time to timely respond to patients' reasonable demands and enhance their confidence in treatment. The control group only received the above routine nursing without additional humanistic care-related intervention measures. The nursing intervention cycle of both groups was the whole hospitalization period of the patients.

2.3 Evaluation Indicators and Judgment Standards

The core evaluation indicators were the patient's rehabilitation rate, complication rate and nursing satisfaction. The rehabilitation rate was judged by the symptom relief time, complications were judged by clinical confirmed results, and nursing satisfaction was judged by standardized scale scores.

2.4 Statistical Methods

SPSS 26.0 statistical software was used to process the research data. Measurement data were expressed as mean \pm standard deviation and tested by t-test; count data were expressed as rate and tested by χ^2 test. $P < 0.05$ was considered statistically significant.

3. Results

3.1 Comparison of Rehabilitation Rate between the Two Groups

The symptom relief time of the observation group was significantly shorter than that of the control group, indicating that strengthening humanistic care intervention could accelerate the rehabilitation process of critically ill patients, and the difference between the two groups was statistically significant ($P < 0.05$). See Table 1 for specific data.

Table 1. Comparison of Symptom Relief Time between the Two Groups of Critically Ill Patients ($\bar{x} \pm s$, d)

Group	Case Number	Symptom Relief Time (d)	t Value	P Value
Control Group	50	8.92 \pm 1.76	6.352	<0.05
Observation Group	50	5.68 \pm 1.32	6.352	<0.05

3.2 Comparison of Complication Rate between the Two Groups

During the nursing intervention period, the incidence of complications in the observation group was significantly lower than that in the control group, and the difference in the incidence of complications between the two groups was statistically significant ($P < 0.05$). Humanistic care intervention could effectively reduce the risk of complications in critically ill patients. See Table 2 for specific data.

Table 2. Comparison of Complication Rate between the Two Groups of Critically Ill Patients (Case, %)

Group	Case Number	Pulmonary Infection	Pressure Ulcer	Venous Thrombosis	Total Incidence Rate	χ^2 Value	P Value
Control Group	50	4 (8.00)	3 (6.00)	2 (4.00)	9 (18.00)	5.289	<0.05
Observation Group	50	1 (2.00)	0 (0.00)	1 (2.00)	2 (4.00)	5.289	<0.05

3.3 Comparison of Nursing Satisfaction between the Two Groups

Standardized scales were used to evaluate patients' nursing satisfaction. The nursing satisfaction of the observation group was significantly higher than that of the control group, and the difference between the two groups was statistically significant ($P < 0.05$), which fully reflected the clinical advantages of humanistic care nursing. See Table 3 for specific data.

Table 3. Comparison of Nursing Satisfaction between the Two Groups of Critically Ill Patients (Case, %)

Group	Case Number	Very Satisfied	Satisfied	Dissatisfied	Satisfaction Rate	χ^2 Value	P Value
Control Group	50	18 (36.00)	20 (40.00)	12 (24.00)	38 (76.00)	8.367	<0.05
Observation Group	50	32 (64.00)	16 (32.00)	2 (4.00)	48 (96.00)	8.367	<0.05

4. Discussion

Critically ill patients have dangerous and rapidly changing conditions, and are often accompanied by severe physical pain and strong psychological stress. The quality of nursing intervention is directly related to the patient's treatment outcome and medical experience. This study explored the application value of humanistic care in critical care nursing through a controlled trial. The results showed that the observation group with strengthened humanistic care intervention was significantly better than the control group with only routine nursing in terms of rehabilitation rate, complication prevention and control, and nursing satisfaction, which fully confirmed the core role of humanistic care in critical care nursing.

In terms of the rehabilitation process, the symptom relief time of the observation group was nearly 3.24 days shorter than that of the control group. The essence of this difference lies in the positive regulation of humanistic care on the patient's psychological state. Critically ill patients are prone to negative emotions such as fear and anxiety in the face of sudden illness. These emotions can affect the body's immune function and metabolic efficiency through the neuro-endocrine system, indirectly delaying the rehabilitation process. On the basis of routine nursing, the observation group effectively alleviated the patients' negative emotions and helped them establish confidence in treatment by informing them of the disease and treatment plan through gentle and easy-to-understand communication, supplemented by targeted psychological counseling, thereby improving treatment compliance and creating good physical and mental conditions for rehabilitation.

An in-depth analysis of the logic of complication prevention and control shows that the total incidence rate of the observation group was only 4%, which was much lower than 18% of the control group. This is closely related to the refined nursing concept advocated by humanistic care. Although conventional nursing can meet the needs of basic treatment and monitoring, it has deficiencies in detail optimization and personalized attention. The observation group reduced physical trauma and discomfort of patients through detailed improvements such as standardized pre-operation notification and gentle movements during operation; at the same time, combined with personalized measures such as ward environment adjustment and rest quality guarantee, it reduced the inducement risk of complications such as pressure ulcers and venous thrombosis; targeted health guidance and communication also made patients more actively cooperate with nursing related to pulmonary infection prevention, further building a solid defense line for complication prevention and control.

Focusing on the essence of the improvement of nursing satisfaction, the 96% satisfaction rate of the observation group was significantly higher than 76% of the control group, reflecting the urgent demand of patients for humanistic needs under the modern nursing model. When critically ill patients are in a physically fragile period, their needs for respect, understanding and emotional support are particularly strong. Through measures such as timely responding to reasonable demands and providing emotional support, humanistic care makes patients feel valued and cared for, breaks the limitation of "emphasizing treatment over humanism" in traditional nursing, conforms to the core connotation of "patient-centered" nursing, and thus greatly improves the patient's medical experience and nursing recognition.

In summary, humanistic care is not an additional item of conventional nursing, but a key support for optimizing the quality of critical care nursing. Through psychological regulation, detail optimization and emotional support, it improves the patient's physical and mental state in multiple dimensions, which not only accelerates the rehabilitation process and reduces the risk of complications, but also enhances the humanistic temperature of nursing services. In clinical practice, humanistic care should be deeply integrated into the whole process of critical care nursing. By improving the nursing process and strengthening the training of nurses' humanistic literacy, the organic unity of treatment effect and humanistic care can be achieved, so as to provide more high-quality and comprehensive nursing services for critically ill patients. The sample size of this study is limited. In the future, the sample scope can be expanded and the follow-up time can be extended to further explore the impact of humanistic care on the long-term prognosis of patients.

References

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