

Study on the Impact of Detailed Nursing Care on Improving Patient Satisfaction in Emergency Medicine Departments

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Abstract: *Objective:* To observe the impact of detailed nursing care on improving patient satisfaction in emergency medicine departments. *Methods:* 62 patients in the emergency medicine department of the hospital (from August 2024 to November 2025) were selected and randomly divided into an observation group (31 cases) of detailed care and a control group (31 cases) of routine care. The study observed patients' negative emotions, incidence of adverse events, compliance, self-efficacy, and satisfaction. *Results:* After the intervention, compared with the control group, the observation group had lower negative emotion scores, lower incidence of adverse events, higher compliance, higher self-efficacy scores, and higher satisfaction scores, $P < 0.05$. *Conclusion:* Detailed care can alleviate the negative emotions of emergency medical patients, reduce the incidence of adverse events, and improve compliance, self-efficacy, and satisfaction, which is worth learning from.

Keywords: Detailed care; Emergency medicine; Satisfaction

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1. Introduction

In hospitals, the emergency internal medicine department is an important department for treating critically ill patients. Analysis shows that patients have complex and changeable conditions, sudden onset, and rapid progression, and many patients suffer from obvious physical discomfort after onset^[1]. For patients, the disease occurs suddenly; they are unfamiliar with the diagnosis and treatment environment, and their condition is in an unknown state. Under the influence of the above factors, it is very easy to have negative emotions, which will further increase their physical and mental burden. It will also affect the stability of vital signs and have an impact on diagnosis and treatment cooperation and treatment efficiency^[2]. In routine emergency care, more emphasis is placed on first aid work and basic care, while less attention is paid to patients' medical experience and psychological feelings, and safety hazards in multiple links such as transport

and operation cannot be well avoided^[3]. Detailed nursing has attracted widespread attention. This nursing model pays more attention to the subtle aspects of the nursing process, effectively integrates humanistic care into the nursing operation process, and strengthens safety protection. It is more consistent with the characteristics of emergency medical patients. Hence, the implementation effect of this nursing model can be further explored.

2. Materials and methods

2.1. General information

62 patients in the emergency department of medicine in the hospital from August 2024 to November 2025 were selected and randomly divided into 2 groups. There were 31 patients in the control group, 19 males and 12 females, aged 32 to 74 (53.58 ± 3.61) years old, and 31 patients in the observation group, 18 males and 13 females, aged 31 to 75 (53.65 ± 3.58) years old. Comparison of general data, $P > 0.05$.

Inclusion criteria: patients admitted to the emergency internal medicine department; clear consciousness; complete clinical data.

Exclusion criteria: mental illness; combined with multiple organ failure and other critical end-stage diseases; cognitive impairment.

2.2. Method

Control group: Monitor vital signs, observe changes in the patient's condition, comfort the patient's emotions, and cooperate with doctors to carry out nursing operations.

Observation group: (1) Optimize the emergency diagnosis and treatment environment, keep the clinics, corridors, and other areas clean and tidy, carry out partition cleaning and disinfection work every day in accordance with hospital infection requirements, and maintain indoor air circulation. The various instruments and first aid items used must be classified and placed in an orderly manner so that they can be accessed more accurately and quickly. Reasonably adjust the brightness of indoor lights to prevent direct strong light from irritating the patient's eyes. (2) The patient's medical experience will also be directly affected by the professional image and service attitude of medical staff. Therefore, all personnel must dress uniformly, maintain a dignified manner and a gentle attitude when facing patients, and maintain gentle movements and skillful techniques during related nursing operations to avoid causing discomfort to patients. In response to the complaints and questions of patients and their families, the nursing staff patiently listened and answered them, actively communicated with them, explained in detail issues related to diagnosis, treatment, and care, and gave verbal encouragement during the communication process to soothe the patients' emotions. (3) For patients undergoing intravenous infusion, it is necessary to increase the number of patrols, pay attention to testing vital signs, and always pay attention to whether there are adverse reactions to the infusion, such as rash, pain, etc. During the infusion process, the drip rate should be controlled, generally 40 to 60 drops per minute. For patients who need to replenish blood volume in a short period of time, the drip rate needs to be adjusted to 60 to 100 drops per minute. During this process, the importance of controlling the infusion drip rate was explained to the patient and family members in advance, and they were told not to adjust the drip rate at will, to protect the puncture site, and to fix the infusion line to prevent problems such as line slippage. (4) During the patient reception process, the reception efficiency must be improved, the work should be

kept standardized and humane, and appropriate transportation methods, such as flat cars or wheelchairs, can be selected taking into account the patient's condition, and stability should be maintained during the transportation period. If the patient has problems such as agitation, protection and fixation work needs to be done to avoid accidents. If the patient's clothes are contaminated by secretions, dirt, etc., they need to be cleaned in time, and the family members should be assisted to change them. During this process, attention should be paid to protecting the patient's private parts to reduce the patient's uneasiness. (5) Before formally treating the patient, rescue equipment, emergency medicines, and monitoring equipment must be prepared in advance and ensure that they are in a usable state, and then cooperate with the doctor to perform rescue operations according to the patient's condition. Regarding department rescue procedures, disease knowledge, etc., it is necessary to use simple and easy-to-understand language to explain to patients and their families to enhance understanding between both parties and also help patients actively cooperate with the treatment process. If the patient's condition is critical, triage, referral, and docking work need to be completed in a short period of time, and the patient should actively coordinate with the corresponding departments to carry out joint treatment to minimize the patient's treatment time.

2.3. Observation indicators

(1) Negative emotions: Self-rating Anxiety Scale (SAS) and Self-rating Depression Scale (SDS), the lower the score, the better; (2) Statistical incidence of adverse events; (3) Compliance: divided into complete compliance, non-compliance, and non-compliance; (4) Self-efficacy: Self-efficacy scale, 1 to 4 points, the higher the score, the better; (5) Satisfaction: Total score is 100 points, 5 aspects, 20 points each.

2.4. Statistical methods

SPSS 26.0 software; measurement data and counting data are represented by (Mean $\pm$ SD), n%, respectively. Carry out t and χ^2 test; $P < 0.05$ indicates the difference is statistically significant.

3. Results

3.1. Comparison of negative emotions

After intervention, the observation group was lower than the control group, $P < 0.05$ (Table 1).

Table 1. Comparison of negative emotions (points)

Group	SAS		SDS	
	Before intervention	After intervention	Before intervention	After intervention
Control group ($n = 31$)	65.82 $\pm$ 2.78	48.73 $\pm$ 2.59	62.84 $\pm$ 2.54	45.69 $\pm$ 2.15
Observation group ($n = 31$)	65.58 $\pm$ 2.57	45.68 $\pm$ 2.45	62.95 $\pm$ 2.47	42.58 $\pm$ 2.20
t	0.353	4.763	0.173	5.629
P	0.725	0.000	0.863	0.000

3.2. Comparison of adverse event incidence rates

The observation group was lower than the control group, $P < 0.05$ (Table 2).

Table 2. Comparison of adverse event incidence rates (n%)

Group	Pipe slippage	Infusion reaction	Nursing operation errors	Adverse events occur
Control group (<i>n</i> = 31)	2(6.45)	1(3.23)	1(3.23)	4(12.90)
Observation group (<i>n</i> = 31)	0(0.00)	0(0.00)	0(0.00)	0(0.00)
χ^2				4.276
<i>P</i>				0.039

3.3. Compliance comparison

The observation group was lower than the control group, $P < 0.05$ (Table 3).

Table 3. Comparison of compliance (n%)

Group	Complete compliance	Partial compliance	Noncompliance	Always comply
Control group (<i>n</i> = 31)	10(32.26)	14(45.16)	7(22.58)	24(77.42)
Observation group (<i>n</i> = 31)	14(45.16)	16(51.61)	1(3.23)	30(96.77)
χ^2	-	-	-	5.167
<i>P</i>	-	-	-	0.023

3.4. Self-efficacy comparison

The observation group was lower than the control group, $P < 0.05$ (Table 4).

Table 4. Self-efficacy comparison (points)

Group	Self-awareness	Self-confidence	Therapeutic environment	Sense of disease control
Control group (<i>n</i> = 31)	1.83 ± 0.33	1.53 ± 0.43	1.72 ± 0.46	1.46 ± 0.17
Observation group (<i>n</i> = 31)	3.46 ± 0.45	3.11 ± 0.64	3.12 ± 0.66	2.64 ± 0.66
<i>t</i>	16.263	11.409	6.246	9.640
<i>P</i>	0.000	0.000	0.000	0.000

3.5. Satisfaction comparison

The observation group was higher than the control group, $P < 0.05$ (Table 5).

Table 5. Comparison of satisfaction (points)

Group	Nursing attitude	Nursing guidance	Nurse-patient communication	Nursing responsibility	Nursing motivation	Total score
Control group (<i>n</i> = 31)	17.34 ± 1.16	17.20 ± 1.20	17.56 ± 1.20	17.28 ± 1.42	17.11 ± 1.16	90.37 ± 2.74
Observation group (<i>n</i> = 31)	18.72 ± 0.87	18.54 ± 0.64	18.26 ± 0.74	18.14 ± 0.68	18.42 ± 0.55	94.58 ± 2.62
<i>t</i>	4.299	5.486	2.764	3.041	5.681	6.183
<i>P</i>	0.000	0.000	0.008	0.004	0.000	0.000

4. Discussions

There is uncertainty about the condition of patients in the emergency medicine department, and the pace of patient treatment is tight. In this case, the professional requirements for nursing work are further raised, and compared with general departments, the emergency medicine department further raises the requirements for nursing meticulousness [4]. The sudden onset of the disease will cause great pain to patients, and there will be

a large flow of people in the emergency area, and there will also be problems such as a noisy environment. The above aspects will cause patients to increase their psychological pressure, become agitated, and even resist treatment ^[5]. There are many emergency operations and frequent transfers. If comprehensive nursing services are not provided, various adverse events may easily occur. Detailed nursing is an effective nursing model. During the implementation process, more attention is paid to details and refined measures are effectively implemented. It is not only conducive to the smooth development of treatment work, but also provides emotional comfort to patients, further improving the quality of care and service levels.

In the results of this study, the negative emotion score of the observation group was lower than that of the control group ($P < 0.05$). During the detailed care period, the environment in the emergency room is optimized to keep it quiet, clean, and with soft lighting. Through the above aspects, patients can reduce the negative external stimulation they receive and maintain a good emotional state. Nursing staff pay attention to appearance, manners, and communication methods, and can meet the needs of patients as much as possible and provide encouragement, which is conducive to alleviating patients' uneasiness. The effective implementation of various nursing operations can avoid causing physical discomfort to patients ^[6]. The above content gives patients a sense of security in terms of environment, words, deeds, and operations, thereby alleviating negative emotions. The incidence rate of adverse events in the observation group was lower than that in the control group ($P < 0.05$). During detailed care, the frequency of patrols for infusion patients should be increased, the drip rate should be strictly controlled, and the puncture site and pipeline should be fixed to prevent various adverse events, such as the pipeline falling off. During the admission and referral process, appropriate tools should be selected according to the patient's actual condition, and agitated patients should be temporarily immobilized. Through the above aspects, accidents such as falls can be prevented ^[7]. Having all kinds of first aid items ready can ensure a smooth operation process and avoid various problems caused by insufficient preparation. Through active detail control and risk prediction, various safety hazards during care are reduced, and ultimately the incidence of adverse events is reduced. The compliance of the observation group was higher than that of the control group ($P < 0.05$). During the detailed care process, the nursing staff maintains a cordial attitude, ensures gentle care operations, and further explains the treatment process and cooperation points, etc., which can provide patients with more detailed care, improve their physical and mental comfort, reduce their resistance, actively cooperate with various clinical work, and improve compliance ^[8]. The self-efficacy score of the observation group was higher than that of the control group ($P < 0.05$). During the detailed care process, all aspects of knowledge are explained to the patient, which is helpful for the patient to master certain self-care knowledge. Through nursing, the patient's mood is in a stable state; the patient has a good medical experience, and the treatment process goes smoothly. Through the above aspects, the patient's confidence in managing and controlling their own condition can be improved, which is conducive to the continuous improvement of self-management ability and significantly improves self-efficacy. The satisfaction score of the observation group was higher than that of the control group ($P < 0.05$). Detailed care runs through the entire patient treatment process, such as admission, transfer, infusion, communication, etc., ensuring the safety and effectiveness of diagnosis and treatment to a large extent. Moreover, paying attention to the protection of patient privacy during care can not only improve physical comfort, but also maintain a good psychological feeling ^[9]. Detailed nursing care has humanized characteristics, and related nursing operations are more standardized and rigorous. At the same time, patients are given positive emotional guidance during the nursing period, so that their physical and mental needs during the medical treatment can be satisfied from different levels. Nurses and patients maintain a good

relationship and communicate smoothly, so that patients can receive more considerate nursing services, thereby improving satisfaction.

Therefore, detailed care can help relieve negative emotions of emergency medical patients, reduce the occurrence of adverse events, and improve compliance, self-efficacy, and satisfaction, and has promotion value.

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Disclosure statement

The author declares no conflict of interest.

References

- [1] Tong XS, Wang YM, Jin JF, et al., 2022, Observation on the Application Effect of Optimizing the Nursing Process of Chest Pain Center Based on Process Reengineering Theory. *Chinese Journal of Integrated Traditional Chinese and Western Medicine in Emergency Medicine*, 29(2): 213–217.
- [2] Luo CF, Shi L, Du ZN, et al., 2025, Construction of Early Identification, PreExamination and Triage Assessment Tool for Patients with Acute Posterior Circulation Ischemic Stroke. *Journal of Nursing*, 32(8): 74–78.
- [3] Ju W, Chen Y, Yu J, 2025, Research on the Application of Cloud Visiting in the Transformation of Emergency Integrated Nursing Model. *Theory and Practice of Internal Medicine*, 20(3): 254–258.
- [4] Zhang DQ, Ding J, 2022, Research on the Infection Control Effect of the Nursing Quality Graded Management System during Endoscopic Treatment of Emergency Patients. *Chinese Journal of Emergency Resuscitation and Disaster Medicine*, 17(3): 395–397 + 405.
- [5] Wu JQ, Wang XR, 2022, Application of InHospital Emergency 3P Management Model in Percutaneous Coronary Intervention in the Treatment of Acute Myocardial Infarction in the Elderly. *Geriatric Medicine and Health Care*, 28(6): 1283–1287.
- [6] Ran X, Fan L, Ma XY, et al., 2022, Construction of a Triage Tool for Patients with Acute NonTraumatic Chest Pain Based on the HEART Score. *Journal of Nursing*, 29(13): 12–16.
- [7] Duan BB, 2023, Application of Improved Emergency Nursing Path Combined with Standardized Nursing in Early Stage rtPA Intravenous Thrombolysis Treatment of Acute Cerebral Infarction. *China Medical Herald*, 20(15): 180–183.
- [8] Shi HZ, Huang XQ, 2022, Impact of Crisis Management Model on Emergency Treatment and Cardiorenal Function in Patients with Acute Severe Viral Myocarditis Combined with Acute Renal Failure. *Chinese Journal of Emergency Resuscitation and Disaster Medicine*, 17(2): 230–233 + 242.
- [9] Li HQ, Lin HN, 2024, Application of Optimized Emergency Procedures Combined with Detailed Care in PCI. *Guizhou Medicine*, 48(7): 1147–1148.

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