

Psychological Intervention Nursing and Its Curative Effect Analysis of College Students with Group Fever in Isolation

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Abstract: Objective: To explore the psychological intervention nursing and its efficacy when college student group fever was isolated and treated. Methods: a total of 105 febrile college students were randomly spot checked at the time of admission, and those with psychological abnormalities were given psychological intervention at the same time as conventional drug treatment, using SCL-90 for efficacy observation. Results: of the 105 cases spot checked immediately, 44 were psychologically abnormal. The psychological response characteristics include six main categories: Neuroticism, Suspicion, depression, anxiety, compulsion and fear, and this condition may lead to severe psychological disorders or even somatic diseases if psychological intervention is not given promptly. Among the college students who had received no psychological intervention, the condition was improved significantly different ($P < 0.01$). Conclusion: it is necessary to give psychological intervention early to the population whose group fever was isolated and treated, which is beneficial to improve the fever condition of college students.

1. Introduction

Fever is a common clinical difficult condition in internal medicine, most group fever will cause fear of epidemic infectious diseases, especially in all large and high schools, the population base is large, and the living hygiene conditions are limited, so for college students in Colleges and universities group fever which leads to be isolated treatment is often due to a long time fever, considering themselves to have an incurable disease [1-2]. On college campus, the psychological problems of university students are still just staying in classroom teaching and extracurricular psychological counseling and mentoring, while the emphasis on and Research on the management of psychological problems after fever is still high. As we know, every stage of life is inevitably ill, once people get ill, not only will show maladaptation physically, but also psychological changes as the body changes, which will cause extremely adverse effects on College Students' rehabilitation and prognosis [3]. For this purpose, here a random sample of 105 patients who were admitted to our institute as college students were retrospectively analyzed and reported as follows.

2. Materials and Methods

2.1 General Information

A total of 105 college students were randomly enrolled and divided into two groups: observation group (55 male, 38 female, 17 female, and control group (50 male, 33 female, 17 female). The body temperature was above the normal range for all patients, and the persistent fever was maintained at 37.5° C-39.4 ° C, all accompanied by symptoms of cough, pharyngeal pain, headache, systemic soreness, and rhinorrhea. They exhibit feelings of distress to their own disease, to health care workers, to the hospital environment due to isolation, and are associated with psychological symptoms such as emotional instability, impulsivity and pessimism, loneliness, and noncompliance with treatment due to the patients' inability to access and corresponding communication.

2.2 Method

(1) Psychological examination

The 90 item symptom checklist (SCL-90) was administered to 105 consecutive university students at the initial febrile isolation and at the time of release from isolation after recovery, and was assessed and analyzed by a Psychometrist.

(2) General psychological care

Febrile college students enter an isolated ward immediately after explaining the need for isolation by the physician in charge and the nurse, introducing the ward management system and protective measures, guiding them to do self-protection in order to stabilize their emotions and cooperate with isolation. The physician in charge and the nurse in charge admitted the isolate in good faith, spoke to them many times, listened to their heart with intent, often understood the changes in their mental state, gave them inappropriate words to be inclusive, understood, always give sincere help, support and comfort.

(3) Rational mood therapy

Rational emotion therapy is the personality theory and psychotherapy proposed by the American clinical psychologist Albert Ellis in the 1950s [4]. The event itself is not the cause of the emotional reaction or behavioural consequences, and it is the unreasonable belief of the event that 'thought perceptions or interpretations' are the true cause. Thus, to improve people's adverse emotions and behaviours, interventions are required to dissuade the occurrence and existence of irrational ideas, and to instead generate rational ones. The intervention was given by counselors for 40 min once daily. On the first day, febrile college students were asked to identify the precipitating event that produced them abnormal emotions. Day 5-6 summary assessment of treatment effect, continue to check to assess the presence of abnormal psychological problems and the way of wrong cognition, establish a follow-up contact card.

(4) Relaxation training

Group or individual relaxation therapy was adopted according to the condition, which was given as 30min once a day and self-training once a day. Counselors give the psychological cue of whole-body muscle relaxation to febrile college students to get relaxation of the muscles in every part of their body, which achieves the effect of relieving tension and anxiety.

2.3 Observation of the Condition

The nursing staff should closely observe the temperature change, and also pay attention to observe the accompanying symptoms when fever, with or without chills and chills, rash, pharyngeal pain, arthralgia, abdominal pain, headache, with or without changes in vital signs, timely and physician communication to provide the diagnosis. And the patient's relevant examination care includes [5]:

(1) For blood culture examination in febrile patients, care should be taken when drawing blood cultures to maintain strict aseptic practices, and they should be drawn before antibiotics are

administered, when the patients fear chills and chills. Blood specimens were also drawn from the veins at two parts of the body at the same time as prescribed.

(2)For the patients to do the invasive examination such as bone puncture and lumbar puncture, the preoperative caregivers should communicate fully with the patients, give a statement of purpose and precautions, and obtain the cooperation of the patients. Postoperative attention was paid to observe the patient with and without malaise reaction.

2.4 Statistical Analysis

Statistical analysis was implemented by SPSS13. 0, and counting data were χ^2 -test, and the metrology data were expressed in ($\bar{x} \pm s$) by t-test, and the difference was considered statistically significant at $P < 0.05$.

3. Result

3.1 Pre - and Post Scl-90 Treatment Psychometric Test Results Vs

After the college student group fever was isolated and treated, many people felt maladaptive because of the fear of the disease and the sudden change in their living environment, and the results of psychological examination showed that 44 of the 100 cases immediately spot checked were psychological abnormalities. The psychological response characteristics include six main categories: Neuroticism, Sus - picion, depression, anxiety, compulsion and fear, and this condition may lead to severe psychological disorders or even somatic diseases if psychological intervention is not given promptly. As can be seen in Table 1, the psychotherapy effects of somatization, obsessive-compulsive symptoms, and interpersonal disorder among college students were statistically significant at $P < 0.01$; Anxiety, paranoia, psychotic affect $P < 0.05$.

Table 1 Comparison of Psychometric Test Results Before and after Scl-90 Treatment ($\bar{x} \pm s$)

Positive items	Before treatment	After treatment	t
Somatization	1.53±0.45	1.20±0.33	3.31
Obsessive compulsive symptoms	1.64±0.62	1.32±0.34	2.84
Interpersonal barriers	1.41±0.58	1.24±0.33	2.76
Depressed	1.39±0.47	1.21±0.37	1.62
Anxious	1.42±0.53	1.17±0.32	2.57
Hostile	1.39±0.56	1.14±0.28	1.29
terror	1.27±0.45	1.12±0.28	1.33
Paranoia	1.37±0.61	1.16±0.25	2.05
Psychosis	1.44±0.53	1.19±0.27	2.51

3.2 Satisfactory Nursing Care and Effective Rate Were Compared between the Two Groups

Remission of fever was observed in 52 patients in the observation group who were discharged after treatment, resulting in a cure rate of 94.5%, and the remaining 3 patients only achieved a certain remission due to their more severe condition. In the control group, only 39 patients were discharged with curative rate after treatment, which was only 78.0%, 1 college student was more seriously ill and had excessive psychological stress, and the remaining 10 patients had a fever situation which was improved. Comparisons of test effects between two groups with $P < 0.05$ showed significant statistical significance, and the specific data are shown in Figure 1:

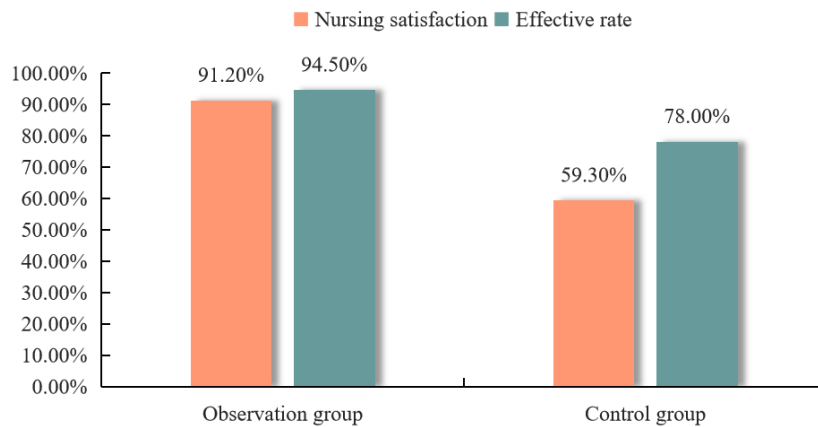


Fig.1 Satisfactory Nursing Care and Effective Rate Were Compared between the Two Groups

4. Discussion

The febrile isolated college students all had a process of acclimatization, and they all wanted to be understood and accepted as soon as possible, to improve the relationship between the sick and establish feelings and a close relationship between the health care and the sick, all of which were beneficial for the sick to escape silence and achieve a sense of security, to eliminate self-inferiority, and to establish confidence in overcoming the disease [6]. Every febrile isolation patient wants to be noticed, valued, thought so that it will be better treated and examined, therefore, is sensitive to the respect and concern of others, self-esteem, if injured, will affect the confidence in the treatment and produce distrust in medical staff.

The results of this study show that: the psychological characteristics exhibited by college students after fever are mainly anxiety, fear, loneliness, shyness, dependence, low self-esteem, etc. fear: since college students are used to group life, once febrile, can't learn and live with their classmates like usual, plus one's own, family members are not all around, so, Usually they all feel anxiety, depression, loneliness, loneliness, etc. Helplessness: for college students, their emotional volatility is relatively large, and they also have a strong dependence on others and family members, but the number of single children has been increasing in recent years, and the care usually received at home is also more, once admitted to this large family, it is difficult to feel the care and care of teachers and classmates, a volume of disease occurs, Together with their lack of psychological preparation, emotional vulnerability creates feelings of helplessness. Overactive behavior: current college students do not suffer any frustration due to not moving into society, being shallow, old, and having an uncertain idea, especially some students have strong personalities and compare appointments, and will develop self killing and other overactive behaviors once hurt or are accidentally suffered, such as illness, etc. Hostility: students usually live at the front line of three points in classrooms, restaurants, quarters, once they come to the hospital in an illness, they feel unwell, and are extremely irritable and angry, even some students abuse medical personnel.

Our results also showed that 52 patients in the observation group were in remission of fever and were discharged from the hospital after treatment, achieving a cure rate of 94.5%, and the remaining 3 patients received only a certain remission due to their more severe condition. In the control group, only 39 patients were discharged with curative rate after treatment, which was only 78.0%, 1 college student was more seriously ill and had excessive psychological stress, and the remaining 10 patients had a fever situation which was improved. The lack of highlighting psychological problems among college students during closed-end management is the result of the multi-channel access to proper information, the establishment of a corresponding emotional drainage channel and having

sufficient material and mental support [7-8], through the active psychological treatment can effectively alleviate the somatization symptoms, anxiety, panic, and other psychological diseases that affect college students to cooperate positively with treatment. Effectively helped college students return to health quickly.

Nursing care measures: caring, body adherent college students. After college students entered an isolated ward, because of being observed in isolation, the family and relatives could not be accompanied, the activity space was narrow, depression gradually occurred and closed feeling developed. They are characterized by depressed mood, sluggish face, little babbling, apathy, decreased movement, poor appetite, and early awakening from insomnia [9]. Psychological comfort, body patch should be given during routine care. Nurses should build their minds to the college students and often talk with every college student to promote knee talk, to help them overcome psychological barriers and solve difficulties in life. Devote more emotions to college students. First of all, it needs caregivers to do their own psychological commissioning, and to create a good nurse patient relationship with their enthusiastic, self-confidence, calmness and harmonious positive mind. Secondly talk to many college students and encourage them to pour their minds. Through the conversation with college students, timely understanding of the psychological changes of patients, giving comfort and mentorship, and encouraging their confidence to beat the disease. Fear taking care: the feelings of fear in college student patients is actually a self protective psyche. With a higher cultural level and emotional subtlety, medical and nursing staff should first pay attention to the elegant and operationally skilled behavior, give help whenever possible, and earn a sense of trust and security to them [10]. Overly aggressive nursing care: to respect the privacy rights of students, to try to make them feel respect and equality, to eliminate their prepared mind, and to appropriately educate students about self-esteem and self love.

5. Conclusion

In summary, the results of this paper on the psychological intervention and efficacy of isolation treatment of fever in college students indicate that various public health emergencies can cause different degrees of psychological problems, and in severe cases, various psychological diseases. Through the psychological characteristics and nursing intervention after fever for college students at school, it is able to maintain patients in the optimal psychological state, which is beneficial to the better of College Students' conditions.

References

- [1] Tuladhar J B. *Perceived psychological stress among undergraduate students: role of academic factors of a medical college of Kathmandu*. *Journal of Gandaki Medical College-Nepal*, vol. 14, no. 1, pp. 59-62, 2021.
- [2] Luay A, Shihab, Saja K, et al. *Internet addiction and its effect on family relationships among Nursing College students of Basrah University, Iraq*. *Bioscience Research*, vol. 16, no. 3, pp. 2439-2449, 2019.
- [3] Hai Yan He. *Summary of Research on Psychological Crisis and Intervention of College Students*. *Intelligence health*, vol. 005, no. 003, pp. 47-48, 2019.
- [4] Zhang X, Liu J, Zhu H, et al. *Effect of Psychological Intervention on Quality of Life and Psychological Outcomes of Colorectal Cancer Patients*. *Psychiatry Interpersonal & Biological Processes*, vol. 83, no. 1, pp. 1-12, 2019.
- [5] Guan Ru Shan, Qiu Chu Yan, Hong Zhi Yu, et al. *Psychological Intervention on Depression and Anxiety of Drug Addicts from the Perspective of Positive Psychology*. *Psychol SCI*, vol. 014, no. 004, pp. 9-12, 2019.
- [6] Wu L, Ke Y, Chen Y, et al. *Nursing, Psychological Intervention and Self-Management after Deep Brain Stimulation in Parkinson's Disease*. *Journal of Behavioral and Brain Science*, vol. 10, no. 12, pp. 517-530, 2020.
- [7] Kim M S, Yun S Y. *A Study on the Influence of Nursing College Student's Service Satisfaction on Moral and Psychological well-being*. *Indian Journal of Public Health Research and Development*, vol. 10, no. 11, pp. 4374, 2019.
- [8] Li C, Duan J. *Effect of high-quality nursing intervention on psychological emotion, life quality and nursing satisfaction of patients with nasopharyngeal carcinoma undergoing radiotherapy*. *American Journal of*

Translational Research, vol. 13, no. 5, pp. 4928-4938, 2021.

- [9] Guochun Hong. *Curative Effect of Ulinastatin Combined with Octreotide on Acute Pancreatitis and Its Effect on Serum Levels of LPS, AMY and CRP. Marker immunoassay and clinical*, vol. 026, no. 003, pp. 443-446,485, 2019.
- [10] Jiao mindhui, Zhang Xiaoxu, chonghao Duan. *Curative Effect of Gamma Globulin combined with Prednisone in treatment Myasthenia Gravis and its Effect on Serum AchRAb TGF- β 1 and Complement. Hebei medicine*, vol. 025, no. 005, pp. 751-755, 2019.