

Research on Constructing Evaluation Index of Psychological Nursing Quality

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Abstract

Based on the "structure-process-outcome" three-dimensional quality model and combined with psychological nursing procedures, this paper constructs a comprehensive psychological nursing quality evaluation index system that includes personnel composition, organizational structure, psychological evaluation and intervention, and effect evaluation. Comprehensively evaluate the effects of psychological nursing and guide targeted psychological nursing. In this paper, two rounds of expert consultation were conducted. The positive coefficients of the two rounds were 97.30% and 91.67%, the authority coefficient was 0.825, and the coordination coefficients were 0.148 and 0.180 (both $P < 0.01$). The constructed psychological care quality evaluation index system includes 3 first-level indicators, 13 second-level indicators, and 47 third-level indicators. The evaluation index system of psychological nursing quality constructed in this article is scientific and feasible and can provide a reference for clinical evaluation of psychological service quality.

Keywords: *Psychological care, Quality evaluation, Evaluation index, Model*

1. Introduction

With the rapid development of the social economy, the psychological pressure that people face is increasing day by day, and mental and psychological problems are more common. Studies have found that the global adult population with mental and psychological problems reaches 17.5% [1], and 30% to 60% of inpatients in general hospitals have mental and psychological disorders such as anxiety and depression [2], but 83% of the patients see a doctor for physical symptoms [3]. The low recognition rate, missed diagnosis, and high misdiagnosis rate have gradually increased people's demand for psychological services, and patients are eager for psychological care and help [4][5]. Psychological nursing refers to that in nursing practice, nurses are guided by psychological knowledge and theories, based on good interpersonal relationships, according to certain procedures, using various psychological methods and techniques to eliminate or alleviate the patient's bad mental state and behavior [6], thereby improving the patient's mood and quality of life. Studies have found that psychological nursing in my country is in the stage of development and improvement, and its work system and psychological nursing model are constantly innovating, but it has not formed a standard, lacks systematic and operability psychological nursing evaluation tools, and cannot accurately evaluate the nursing staff's psychological nursing measures. Quality effect [7]. Therefore, this study uses the "structure-process-result" model [8] as the theoretical

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basis and uses the Delphi method and the analytic hierarchy process to construct a psychological nursing quality evaluation index system, aiming to systematically and objectively evaluate the effectiveness of psychological nursing work and discover in time Problems and deficiencies in the process of psychological nursing, and guide them to further develop targeted and personalized psychological nursing intervention measures.

Psychological nursing refers to the psychological maintenance and conditioning provided by the doctor in all aspects of the patient during the whole medical process. The verbal expressions, postures, attitudes, and behaviors of medical staff, mainly nurses, influence and change the patient's bad mental state and behavior, so that it is conducive to the improvement of the disease, recovery, and rehabilitation to achieve the best effect of medical treatment.

After people get sick, their normal social roles have undergone drastic changes. They have to endure the torture of the disease but also adapt to the outpatient or hospitalized environment and new groups, which will produce the patient's unique psychological needs and reactions (emotion, encouragement). Comfort, confidence, psychological comfort, peace, security, etc.). In the process of communicating with patients, nurses use good words, expressions, attitudes, and behaviors to influence the patient's perceptions and change their mental state and behavior [8]. Relieve the patient's nervousness, anxiety, pessimism, and depression about the disease, mobilize their subjective initiative, and establish confidence in overcoming the disease. Help patients establish new interpersonal relationships, especially doctor-patient relationships, nurse-patient relationships, and patient relationships to help patients adapt to new social roles and living environments. Through psychological care, nurses should try their best to create the best mental and physical state for patients that are conducive to treatment and rehabilitation.

According to foreign data, 30% to 60% of general medical and surgical patients in general hospitals suffer from obvious psychosocial or mental disorders and consume more medical resources than pure medical and surgical patients, but mental disorders (including depressive dementia, Substance abuse, etc.) have a recognition rate of 30% to 50%, and only 4% of patients with mental disorders receive mental health care.

To improve the ability of nursing professionals to adapt to the vigorous development of human health, some developed countries and regions are gradually popularizing higher nursing education, and according to the training goals of modern nursing talents, the curriculum of professional education and the knowledge structure of talents are carried out. A substantial adjustment was made, with particular emphasis on nurses should have a wealth of knowledge of humanities including psychology [9]. Nursing education in some developed countries has significantly increased the proportion of psychology courses in the curriculum. In the curriculum plan for four-year undergraduate nursing education in the United States, there is an average of nearly 100 hours of psychology curriculum content per year, including general psychology, developmental psychology, physiological psychology, social psychology, abnormal psychology, clinical psychotherapy, etc. In the training, the importance of the nurse-patient relationship and therapeutic communication to the patient's physical and mental recovery and the nurses' communication skills training is particularly emphasized [10]. After enrolling in Japan, nurses first receive education on `Human Love` so that they understand the meaning of love and how to love others. Then you have to study many humanities, including psychology and social psychology courses.

2. Research methods

2.1. Researchers

There are eight members of the research team, including one master supervisor, who is engaged in nursing management and psychological nursing. one director of the nursing department, engaged in hygiene management and nursing management. There are three outpatient psychological consultation experts, who are engaged in mental and mental health and have rich experience in psychological consultation. 1) Psychological nurse, who has received psychological training and obtained the certificate of a psychological counselor. 2) Master students. The members of the research team are responsible for consulting the literature, formulating the first draft of the psychological nursing quality evaluation index system, recruiting experts and distributing relevant materials, analyzing expert opinions, and making corresponding amendments.

2.2. Research method-Delphi method

Selection of correspondence experts: Expert inclusion criteria: ① Mental, mental health, nursing management, clinical nursing, and nursing education experts with relevant psychological work experience. ② Proficient in nursing psychology knowledge and participated in nursing psychology research. ③ Working for more than 5 years. ④ Bachelor's degree or above, intermediate, and above professional title. ⑤ Volunteer to participate in this research and have sufficient time to complete the expert letter inquiries. In the end, 36 letter-inquiry experts were included. 33 experts completed 2 rounds of letter inquiry, each from a different city. Among the 33 experts, 3 were males and 30 were females; they were 36 to 59 years old, with an average of 46.91 years old. Education: 16 undergraduates, 12 masters, and 5 doctors. Professional fields: 19 mental/mental health, 7 nursing management, 2 nursing teaching, and 5 clinical nursing. 25 experts have received training on psychological-related content. Title: 12 intermediate, 9 deputies senior, 12 seniors. The working life is 8-40 years, with an average of 25.15 years.

This article adopts the method of preliminary drafting indicators and compiling questionnaires. Based on the "structure-process-outcome" model, we consulted relevant domestic and foreign psychological nursing literature in the early stage, worked out a draft of psychological nursing quality evaluation indicators, and invited 5 experts to conduct pre-inquiry. The expert meeting method is adopted to solicit expert suggestions and opinions, and the inclusion criteria of experts are the same as inquiring experts by letter. Revise the draft indicators based on expert opinions, and form the first round of expert letter questionnaires, including letters to experts, indicator subjects, and questionnaires on the basic situation of experts.

The researcher will send out the questionnaire in a combination of paper and e-mail, and experts are requested to reply within one week. The first round of the letter questionnaire includes 3 first-level indicators, 16 second-level indicators, and 71 third-level indicators. Experts are asked to use the Likert 5-level scoring method to rate the importance of each indicator, and there is an expert opinion modification column. It is convenient for experts to make amendments or suggestions. After the first round of questionnaires is collected, the research team members will sort and analyze the data, combine expert opinions and indicator screening criteria, conduct discussion, analysis, and summary, feedback on expert opinions and modified results to the experts, and conduct the second round of expert letter inquiries. The inclusion criteria of the indicators are that the mean value of importance assignment is

>3.5 points, the coefficient of variation is <0.25, and the full score ratio is >20% [11]. In this study, two rounds of expert letter inquiries were conducted, and the expert opinions tended to be unanimous.

Use Excel 2016 software and SPSS 22.0 software for data entry and statistical analysis. The mean, standard deviation, coefficient of variation, frequency, and composition ratio are used for statistical description; the enthusiasm of experts is expressed by the questionnaire recovery rate, and the degree of authority is described by the authority coefficient, and the degree of expert authority is greater than or equal to 0.7 as the acceptable range [9], the degree of coordination. It is expressed by the coefficient of variation and Kendall harmony coefficient. Yaahp12.3 software is used for weight calculation and consistency checks.

3. Experimental process and results

3.1. Positive coefficient of experts

In the first round of expert letter inquiries, 37 questionnaires were issued and 36 valid questionnaires were returned. The effective response rate was 97.30%, and 12 (33.33%) experts proposed amendments. In the second round, 36 questionnaires were issued and 33 valid questionnaires were returned. The effective response rate was 91.67%. 4 (12.12%) experts proposed amendments, indicating that experts are more active in participating.

3.2. Expert authority coefficient

The expert's authority coefficient (Cr) is determined by the judgment basis (Ca) and familiarity (Cs), $Cr = (Ca + Cs) / 2$. The average value of judgment basis is 0.893, the average value of familiarity is 0.757, the authority coefficient is 0.825, and the authority coefficient is >0.70, indicating that the experts have high authority and the letter of inquiry results are credible.

3.3. Degree of coordination of expert opinions

The coordination coefficient of the first round of expert consultation was 0.148, and the second round was 0.180. The coordination coefficient of expert letter inquiries was slightly lower, which may be related to more index items, but they were statistically significant after the significance test ($P < 0.01$), indicating Experts have a high degree of coordination, and the result of the indicator letter inquiry is desirable.

3.4. Consultation results from experts

According to the indicator selection criteria, after the first round of expert correspondence, the secondary indicators "environment" and "medical resources" were deleted; "follow-up management" and "psychological service monitoring and research" were summarized as "psychological service research and follow-up", and "Satisfaction" was revised to "Doctor-patient satisfaction", and the corresponding three-level indicators were revised based on the revision of the second-level indicators in combination with expert opinions. A total of 27 third-level indicators were adjusted, of which 13 were deleted, 8 were revised and merged 5, increase by 1. After the second round of expert letter inquiries, the first-level and second-level indicators were not revised, and 7 third-level indicators were adjusted, of which 3 were deleted and 4 were combined. The final evaluation index system for psychological nursing quality includes 3 first-level indicators, 13 second-level indicators, and 47 third-level

indicators. The analytic hierarchy process is used to determine the weights of indicators at all levels, and the consistency coefficients (CR) of all levels are <0.1, and the consistency is good. The importance assignments and weights of indicators are shown in Table 1.

Table 1. Consultation results from experts in the psychological care quality evaluation index system

Evaluation index (weight)	Importance (x±, Minute)	Coefficient of Variation	Combination weight
1 Structural indicator (0.335)	4.82±0.39	0.08	
1.1 Provision of nursing staff (0.205)	4.73±0.45	0.10	0.069
1.1.1 Total number of nurses (0.185)	4.12±0.78	0.19	0.013
1.1.2 The composition ratio of nursing staff's energy level (0.188)	4.18±0.53	0.13	0.013
1.1.3 Nurse-patient ratio (0.205)	4.58±0.56	0.12	0.014
1.1.4 The number of competent persons in psychological nursing positions (0.211)	4.70±0.53	0.11	0.015
1.1.5 Psychological quality of nursing staff (0.211)	4.70±0.47	0.10	0.015
1.2 Nursing psychology knowledge and Technology (0.208)	4.79±0.42	0.09	0.070
1.2.1 Psychology foundation and related knowledge (law, ethics, etc.) (0.246)	4.45±0.56	0.13	0.017
1.2.2 Knowledge of clinical psychology (0.241)	4.36±0.65	0.15	0.017
1.2.3 Common psychological characteristics and psychological problems of patients (0.255)	4.61±0.56	0.12	0.018
1.2.4 Specialty psychological nursing technology (0.258)	4.67±0.54	0.12	0.018
1.3 Resource allocation (0.181)	4.18±0.39	0.09	0.061
1.3.1 Psychological team and consultation clinic (0.352)	4.45±0.56	0.13	0.021
1.3.2 Completion rate of monitoring equipment (0.331)	4.18±0.81	0.19	0.020
1.3.3 The completeness rate of venue equipment (0.317)	4.00±0.79	0.20	0.019
1.4 Psychological service ability training (0.207)	4.76±0.44	0.09	0.069
1.4.1 Coverage rate of psychological nursing training (0.343)	4.48±0.51	0.11	0.024
1.4.2 Implementation rate of psychological nursing training plan (0.340)	4.45±0.56	0.13	0.024
1.4.3 Pass rate of nurse psychological training assessment (0.317)	4.15±0.76	0.18	0.022
1.5 Psychological-related systems and norms (0.199)	4.58±0.50	0.11	0.067
1.5.1 Psychological serviceability assessment standard (0.320)	4.12±0.78	0.19	0.021
1.5.2 Develop standardized processes for psychological care (0.334)	4.30±0.73	0.17	0.022
1.5.3 Psychological crisis intervention system (0.346)	4.45±0.62	0.14	0.023
2 Process indexes (0.348)	5.00±0.00	0.00	
2.1 Psychological assessment (0.204)	4.79±0.42	0.09	0.071
2.1.1 Recognition rate of psychological problems (0.207)	4.67±0.48	0.10	0.015
2.1.2 Somatization symptoms of patients (0.200)	4.52±0.80	0.18	0.014
2.1.3 Self-adjustment ability of patients (0.198)	4.48±0.67	0.15	0.014
2.1.4 Patient social support system (0.200)	4.52±0.62	0.14	0.014
2.1.5 Evaluation of risk factors (personality, emotion) (0.195)	4.42±0.71	0.16	0.014
2.2 Psychological nursing intervention (0.204)	4.79±0.42	0.09	0.071
2.2.1 Observe the patient's mental state (0.132)	4.58±0.56	0.12	0.011
2.2.2 Formulation of the psychological care plan (0.125)	4.33±0.78	0.18	0.010
2.2.3 Implementation rate of psychological care measures (0.124)	4.30±0.77	0.18	0.010
2.2.4 Daily psychological care time after admission (0.122)	4.24±0.79	0.19	0.010
2.2.5 Frequency of psychological care received every week after admission (0.124)	4.30±0.77	0.18	0.010

2.2.6 Psychological nursing implementation record (0.125)	4.33±0.65	0.15	0.010
2.2.7 Psychological nursing supervision (0.129)	4.48±0.62	0.15	0.009
2.2.8 Management of psychotropic drugs (0.119)	4.15±0.80	0.19	0.009
2.3 Collaborative management of medical care (0.190)	4.45±0.51	0.11	0.066
2.3.1 Implementation rate of medical-nursing collaboration psychological program (0.520)	4.42±0.66	0.15	0.034
2.3.2 Referral rate for psychological problems (0.480)	4.09±0.77	0.19	0.032
2.4 Mental health education (0.202)	4.73±0.45	0.10	0.070
2.4.1 Popularization of psychological knowledge (0.332)	4.42±0.61	0.14	0.023
2.4.2 Psychological guidance for discharged patients (0.332)	4.42±0.66	0.15	0.023
2.4.3 Mental health promotion of key populations (0.336)	4.48±0.62	0.14	0.024
2.5 Psychological service research and follow-up (0.200)	4.67±0.48	0.10	0.069
2.5.1 Establishment of mental health files (0.498)	4.39±0.61	0.14	0.035
2.5.2 Information construction of follow-up service (0.502)	4.42±0.56	0.13	0.035
3 Result indicators (0.317)	4.55±0.62	0.14	
3.1 Doctor-patient satisfaction (0.328)	4.45±0.51	0.11	0.104
3.1.1 Patients' Satisfaction with psychological services (0.502)	4.39±0.79	0.16	0.052
3.1.2 Patient satisfaction with nursing work (0.301)	4.36±0.74	0.17	0.031
3.1.3 Job satisfaction of medical staff (0.197)	4.35±0.82	0.15	0.020
3.2 The patient's knowledge, faith, and action (0.339)	4.61±0.50	0.11	0.107
3.2.1 Awareness rate of patients' psychological knowledge (0.330)	4.45±0.62	0.14	0.035
3.2.2 Correct cognition of disease (0.332)	4.48±0.62	0.14	0.036
3.2.3 Patient psychological care compliance (0.338)	4.55±0.56	0.12	0.036
3.3 Patient outcome (0.333)	4.52±0.57	0.13	0.105
3.3.1 The improvement rate of patients' quality of life (0.342)	4.45±0.71	0.13	0.036
3.3.2 The degree of recovery of the patient's social function (0.354)	4.61±0.56	0.12	0.037
3.3.3 Readmission rate (0.304)	3.97±0.85	0.21	0.032

4. Experimental analysis

4.1. The evaluation index system of mental nursing quality is scientific and reliable

At present, domestic evaluation tools for the quality of psychological care services are limited, and a standardized system has not been formed. This research adopts the literature analysis method, the Delphi method, and takes the "three-dimensional quality structure" model as the framework. And build an evaluation index system based on psychological nursing procedures. Also, the Delphi method is combined with the analytic hierarchy process to quantify the subjective opinions of experts. Ensure the scientificity and reliability of the inquiry results. This research has consulted experts in many fields, not only mental and mental health. There is also clinical nursing, nursing management, nursing education, and other aspects. It aims to enrich the index system from multiple aspects and perspectives. Among them, 75.76% of the experts have received psychological-related knowledge and skills training, and the results of the letter inquiries are relatively reliable. The effective recovery rates of the second round of questionnaires were all above 90%, indicating that the experts were highly motivated to participate and they all put forward constructive opinions. The second round of the expert authority coefficient is 0.825, which is highly authoritative. The coordination coefficient of experts is statistically significant after the significance test ($P < 0.01$), and the coordination coefficient of the second round is higher than that of the first

round, indicating that the expert opinions tend to be consistent and the letter of inquiry results are credible.

4.2. The necessity of constructing the evaluation index system of psychological nursing quality

Psychological factors have a certain influence on the progression of the disease [12]. Studies have shown that more than 50% of patients in general hospitals have negative emotional states such as anxiety and depression, involving digestive, neurological, cardiovascular, respiratory, genitourinary, endocrine, exercise, and other systems, which are dangerous for the occurrence or progression of physical diseases Factor [13]. Strengthening psychological care and perfecting the evaluation index system of psychological care are key measures to improve patients' mental health, reduce risk factors, and promote disease recovery. The constructed psychological nursing quality evaluation index system makes up for the shortcomings of the traditional psychological nursing evaluation. At present, self-rating depression and anxiety scales are commonly used clinically to assess the improvement of patients' psychological problems. Studies have found that the implementation targets of psychological care are patients in various specialties, and the anxiety and depression scale only evaluates the improvement of patients' psychological problems, and cannot accurately evaluate the quality and effect of nursing staff implementing psychological care measures [14]. Therefore, it is necessary to develop a comprehensive and measurable psychological care quality evaluation index system to evaluate the effect of psychological care based on psychological nursing procedures.

4.3. Content analysis of the evaluation index system of psychological nursing quality

The structural indicators identified in this study include 5 secondary indicators and 18 tertiary indicators of nursing staffing, nursing psychology knowledge and technology, resource allocation, psychological serviceability training, and psychologically related systems and norms. Among them, nursing psychology knowledge and technology have the largest weight (0.208), which is similar to the research results of other scholars. Knowledge is the foundation, and the basic knowledge of nursing psychology determines whether nursing staff can apply psychological nursing flexibly and effectively to nursing work. Patients with different clinical diseases have different psychological characteristics. Specialized psychological nursing techniques are used to cultivate the nursing staff's ability to truly solve patients' psychological problems. The combined weights of nursing staffing and psychological serviceability training (0.069) in the secondary indicators are the same, and psychological nursing will be affected by whether the staff is systematized holistic training and human resource allocation. At present, clinical nurses have low levels of psychological nursing awareness and knowledge, and skills and lack confidence in identifying and solving patients' psychological problems. Therefore, strengthening the professional psychological skills training of nursing staff is an important prerequisite for improving the quality of psychological nursing.

The nursing staff is an important prerequisite for improving the quality of psychological nursing. The process index weight value in the index system of this study is the highest (0.348), and the monitoring point of nursing quality is moved forward, emphasizing the importance of paying attention to process control to improve the quality of nursing. The implementation process of psychological nursing is complicated, and problems in any link will affect the overall quality of psychological services. Process indicators include five

secondary indicators and 20 three-level indicators, including a psychological evaluation, psychological nursing intervention, medical-nursing collaborative management, mental health education, and psychological service research and follow-up. Psychological assessment (0.204) and psychological nursing intervention (0.204) in the secondary indicators have higher weights. Clinical patients have different levels of recovery due to complex diseases, and patients are under greater psychological pressure. Do a good job of psychological assessment and formulate personalized Diversified psychological care intervention programs are effective means to save medical resources, reduce hospitalization time and improve the quality of psychological care. Among the three-level indicators, the implementation rate of the medical-nursing collaboration psychological program has a higher weight. The "Mental Health Law" proposes that doctors should pay more attention to the mental state of patients [15], regularly assess and record the psychological and social factors of inpatients and outpatients, and Nursing staff effectively collaborate to improve the overall quality of care and the psychological flexibility of patients [16][17]. The combination of mental health file establishment and follow-up service information construction has the same weight (0.035). It is recommended that clinical medical staff do a good job of tracking and recording information for patients undergoing psychological care, improve nursing plans, and ensure the provision of high-quality psychological services.

The outcome indicators in the indicator system of this study include three secondary indicators and 9 tertiary indicators of doctor-patient satisfaction, patient knowledge, belief, and patient outcome. Evaluating whether the psychological care provided by the patient has achieved the expected results from the perspective of the patient is helpful for feedback and evaluation of the effects of psychological care and promotes the continuous improvement of the quality of psychological services. Among the secondary indicators, the weight of patients' knowledge, belief, behavior, and behavior is the largest (0.339). Behavior depends on attitude. Attitude is based on the understanding of results [18]. Patient psychological care compliance is related to disease information needs and attitudes. Among the three-level indicators, patients' satisfaction with psychological services has a higher weight, indicating that paying attention to patients' experience of seeking medical care during the process of psychological services is essential to improving the quality of psychological services. The third-level indicators also include the degree of recovery of the patient's social function. Psychological intervention is used to reduce the patient's physical and mental pain and improve the patient's quality of life and social function.

5. Conclusion

Through literature review, expert meetings, and the Delphi method, this research is based on the "structure-process-outcome" three-dimensional quality model, combined with psychological nursing procedures, and constructs including personnel composition, organizational structure, psychological evaluation and intervention, and effect evaluation. The comprehensive evaluation index system of psychological nursing quality guides the clinical comprehensive evaluation of psychological nursing effects and the development of targeted psychological nursing. Some indicators of this study have been pre-tested and their clinical effects have been tested. The next step will be to carry out empirical research on the indicator system to continuously improve the content of the indicators so that the evaluation indicators have better clinical application value.

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