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Observation on the Application Effect of Evidence-based Nursing in Psychiatric Nursing and its Impact on Social Functions

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Abstract: *Purpose:* To briefly analyze the advantages of evidence-based nursing for patients with mental illness. *Methods:* 88 psychiatric patients admitted to our hospital from January 2025 to December 2025 were selected and randomly grouped. The control group received routine care, and the observation group received evidence-based care. Compare clinical nursing effects. *Results:* The PANSS score of the patients in the observation group was lower than that of the control group ($p < 0.05$); in addition, the BPRS and MRSS scores of the observation group were lower than those of the control group ($p < 0.05$). The SQLS scores of the observation group were lower than those of the control group ($p < 0.05$). *Conclusion:* The implementation of evidence-based nursing care for patients with mental illness has significant effects, helping to improve patients' clinical symptoms, improve patients' social functions and quality of life, and the intervention effect is definite.

Keywords: Evidence-based nursing; Psychiatric nursing; Social function; Quality of life

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1. Introduction

With the increasing pressure on people in today's society, the rehabilitation of patients with mental disorders and the restoration of social functions have become one of the core challenges of mental health work [1]. Basic care relies more on clinical experience. There is no standardized intervention for complex cognitive impairment, emotional disorders, and social withdrawal. Moreover, personalized intervention using bones does not really meet the pain point needs, resulting in limited patients' ability to return to society [2]. Evidence-based nursing (EBN), as the best clinical scientific research evidence, can deeply integrate professional experience and patient preferences, which can replace traditional empirical nursing and help improve the quality of nursing care [3]. At present, menstrual care has a relatively mature development and experience system of traditional Chinese medicine in the field of physical diseases, but there are still many areas that need to be explored in terms of guidance for psychiatric patients. In view of this, this article

introduces evidence-based concepts to provide patients with more standardized intervention methods to alleviate patients' neurological symptoms and promote the gradual reconstruction of their social functions, thereby building a higher-level mental health service system. Therefore, 88 psychiatric patients admitted to our hospital from January 2025 to December 2025 were selected, and the nursing process and situation were reported as follows.

2. Materials and methods

2.1. General information

88 psychiatric patients admitted to our hospital from January 2025 to December 2025 were selected and divided into groups using a random number table, with 44 patients in each group. The observation group included 24/20 men and women, aged 23–62 (37.59 ± 5.88) years old, and the control group included 21/23 men and women, aged 25–64 (36.95 ± 5.17) years old. Comparing the data between the above groups, differences can be found, $p > 0.05$. All patients can be followed up, have family members accompanying them for treatment, and can follow medical advice.

2.2. Intervention methods

The control group received routine care. That is to provide oral education to patients according to the rules and regulations, guide patients to take medicine correctly, and manage the ward environment well, etc.

The observation group adopted a dynamic intervention plan based on evidence-based nursing practice (EBNP) and strictly followed the five core steps of raising questions, verifying evidence, evaluating evidence, applying evidence, and evaluating effects. First, the nursing team should comb through the databases reviewed, review best practice evidence on current social functional deficits in patients with psychosis, and construct an intervention list and plan.

At the implementation level: the first stage is "precise assessment", which uses a scale to evaluate the patient's pathological symptoms. The SDSS scale can also be used to screen his family status, occupation, and lack of interaction in interpersonal relationships to identify the key points of nursing intervention. In the second stage, nursing steps are optimized through the implementation of evidence-based interventions; first, a thinking technology checklist is used to guide patients to capture the causes of their own anxiety. Especially about the push of self-emotions, such as I will definitely not be able to sleep tonight or my condition will not get better. Secondly, Socratic questioning can be used to help patients examine their self-cognition, guide them to peel off the deviations between objective sleep facts and subjective anxiety, and prevent them from falling into cognitive traps. Finally, the patient is guided to perform cognitive substitution and transform catastrophic thinking into realistic thinking. When it comes to falling asleep, change "you must fall asleep immediately" to "it is good for your body to lie down and rest even if you are awake." Through such intervention, the closed-loop strategy of "identification-evaluation-replacement" can be realized to help patients break the cycle of rumination and reduce the level of arousal from a psychological level, thereby effectively improving insomnia symptoms. In terms of sleep management, five-tone therapy can be introduced at 8 o'clock every night to interfere with hearing using palace tunes. For playback, you can choose "Goose Falling on the Sand" or "Fishing Boat Sings Evening" as representative tracks, combined with aromatic touch or abdominal breathing training, and set the frequency to 30 minutes each time to create a peaceful sleeping environment; the third stage is "Social Skills Special Training (SST)", which carries out

group simulation activities every week, mainly including role play and simulation of daily social situations, such as supermarket shopping. Nursing staff can correct the patient's behavior according to his behavior and give positive feedback to improve his self-efficacy. In the fourth stage, that is, the Family Joint Rehabilitation Fund needs to provide systematic support based on evidence-based evidence, with weekly visits by family members. The specific steps are as follows: First, assessment and training. Nursing staff should use the "Low Negative Emotional Expression Intervention Guide" to understand the patients' daily life and interpret their emotions. Secondly, during the situational demonstration process, non-judgmental dialogue should be simulated, showing how to respond to the patient through listening and empathy, helping the patient calm down, and the family members should observe the key points in the communication and conversation. Third, during the practical teaching process, nursing staff need to accompany and guide the whole process, and family members and patients have 15 minutes of in-depth communication, and practice expressing care rather than blaming through words starting with me to avoid conflicting topics. Fourth, immediate feedback and reinforcement. Nursing staff should review the communication between family members and patients and praise the highlights in the communication. We can conduct a collective discussion on areas for improvement, and finally issue a "Family Communication Correction Checklist" to consolidate the results of communication.

2.3. Evaluation criteria

(1) Investigate the Personal and Social Functioning Scale (PSP), which mainly examines content in four areas, namely activities beneficial to society, personal and social relationships, self-care, disruptive and cooperative behaviors. It is based on a 6-level scoring method from asymptomatic to very severe, with a 100-point score. A high score indicates that the patient can fully cope with life and participate in social activities. The lower the score, the patient lacks autonomy or is accompanied by extreme behaviors.

(2) The Psychosis Rating Scale (BPRS) evaluates the patient's condition. The higher the score, the more serious the condition; the Recovery Status Scale (MRSS) evaluates the patient's recovery status. The higher the score, the better the recovery.

(3) Use the Schizophrenia Life Quality Scale (SQLS) for evaluation. The higher the score, the worse the quality of life.

2.4. Statistical methods

Adopt professional analysis methods and apply SPSS 26.0 software. Measurement data ($\overline{x} \pm s$) are expressed, and t test is performed; count data are expressed as n (%), and χ^2 test is performed. $p < 0.05$ was considered to be statistically different.

3. Results

3.1. Comparative symptom scales

The PANSS scores of the patients in the observation group were lower than those of the control group, $p < 0.05$. See **Table 1**.

Table 1. PANSS scores of two groups of patients ($\overline{x} \pm s$, points)

Group	n	Positive symptoms	Negative symptoms	General psychopathological symptoms	PANSS total score
Observation group	44	9.87 ± 0.76	24.62 ± 1.84	20.69 ± 1.51	52.31 ± 3.29
Regular group	44	11.63 ± 1.32	31.25 ± 2.64	25.65 ± 2.56	64.58 ± 4.49
t		8.336	14.255	17.982	14.832
p		> 0.05	> 0.05	< 0.05	< 0.05

3.2. Comparing psychiatric rating scales

The BPRS and MRSS scores of the observation group were lower than those of the control group, $p < 0.05$. See **Table 2**.

Table 2. Comparison of BPRS and MRSS scores between the two groups ($\overline{x} \pm$ s, points)

Group	n	Symptoms/side effects		motivation/energy		psychosocial		total score	
		Before intervention	After intervention	Before intervention	After intervention	Before intervention	After intervention	Before intervention	After intervention
Observation group	44	22.51 ± 2.34	10.09 ± 1.23	39.85 ± 4.12	14.50 ± 1.33	30.52 ± 3.16	21.20 ± 2.42	79.86 ± 7.59	45.50 ± 4.25
Regular group	44	22.66 ± 2.71	15.91 ± 1.84	40.03 ± 4.27	18.03 ± 1.75	30.69 ± 3.28	26.79 ± 2.45	79.12 ± 7.12	59.71 ± 6.02
t		0.015	14.203	0.147	7.638	0.046	8.527	0.068	10.745
p		> 0.05	< 0.05	> 0.05	< 0.05	> 0.05	< 0.05	> 0.05	< 0.05

4. Discussions

Mental illness is different from ordinary physical diseases. It is not a single disease, but a collective term that includes a series of complex psychological disorders that cause abnormalities in cognition, emotion, behavior, and will [4].

The advantage of evidence-based nursing in the psychiatric nursing process is that it can integrate clinical experience with scientific research evidence and the individual needs of patients in multiple dimensions to improve the scientificity and standardization of nursing services [5]. First of all, student nursing can break the traditional experience-driven outcome and use structured nursing paths to help patients pinpoint the causes of functional defects, reduce bias and blindness in nursing decisions, and ensure that patients receive optimal resource support. Secondly, this nursing model emphasizes that nursing decisions should be rigorous, and dual adjustments are made through the update of dynamic evidence and feedback of results, promoting the transformation of nursing services from passive execution to active improvement, and gradually shifting the focus of nursing from single symptom management to the reconstruction of social functions. This can improve patients' adaptability in daily life and improve psychological resilience [6]. Finally, in the process of evidence-based practice, we should not only improve the quality of care and achieve closed-loop management, but also give nursing staff more autonomy, improve the professionalism and synergy of the team through scientific evidence, and provide an evaluable, forward-looking and double-optimal clinical care method for the long-term recovery of mental patients [7].

The data analysis of this study shows that observation has better performance in the results of multi-dimensional scales, which further verifies the core efficacy of evidence-based nursing and is beneficial to the rehabilitation and improvement of mental patients. The PANSS score of the observation group was lower than that of the control group ($p < 0.05$). Personalized intervention for patients' negative and positive symptoms can prevent the continued deterioration of patients' daily life status and also help improve patients' knowledge of the disease and self-understanding; BPRS score The decrease ($p < 0.05$) shows that evidence-based disease observation and standardized psychological counseling can better improve the acuity of nursing decision-making, so that nursing intervention can directly affect the changes in the patient's condition, and can also fundamentally alleviate the patient's psychological pain and agitated behavior and symptoms. state; the MRSS score was lower than that of the control group ($p < 0.05$), which can prove that under the guidance of mass nursing, patients can enhance their environmental adaptability, and can also provide them with social skills training methods and methods, which can help to make up for the patients' social functional deficiencies. Through modeling, the pseudosocial approach achieves functional reconstruction, reduces the patient's willingness to engage in social withdrawal behavior, and can also better improve his adaptability in family and society [8]; the SQLS score is lower than that of the control group ($p < 0.05$), indicating a substantial improvement in the patient's quality of life. Analyzing the underlying reasons, confirmatory care can break away from the shackles of a single symptom management and establish a comprehensive support system. It should not only control symptoms, but also focus on improving the patient's psychological feelings, so that the patient can move from clinical recovery to social recovery.

5. Conclusion

To sum up, nursing at a high level can transform clinical evidence into nursing operation practices, and achieve symptom management, behavior management, and life management of patients. Through precise intervention in the entire process, extending to family management, it can provide patients with full-service services in a more systematic manner, reflecting the advantages of the individualized nursing model. At the same time, in the process of optimizing treatment results, the patient's social and psychological aspects are also reshaped, which is also the cornerstone of maintaining a healthy life and has far-reaching clinical guidance value for improving the overall quality and prognosis level of psychiatric care.

About the author

Lin Chao (1990.03-) female; Han nationality; native of Changzhou, Jiangsu; undergraduate; supervisor nurse; Wujin Third People's Hospital; research direction: psychiatric nursing.

Disclosure statement

The author declares no conflict of interest.

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