

The Impact of Systematic Nursing Interventions Combined with Stress Awareness Training on the Quality of Life and Psychological Status of Acute Pancreatitis Patients



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Abstract

Introduction: Acute Pancreatitis (AP) is an acute clinical concern, which affects the patients' condition in a severe manner due to inflammation. Some of the many problems associated with acute or chronic pancreatitis include gastrointestinal, metabolic, and psychological issues.

Objective: To investigate the effects on the psychological state, quality of life (QoL), and medical results of patients with AP of comprehensive nursing treatments in conjunction with stress awareness programs

Methods: Overall, 153 patients with AP were randomly separated into two groups over two years: Group A acknowledged systematic nursing interventions and mindfulness-based stress reduction training, while Group B acknowledged routine care. Stress, depression, and four domains (environmental, social connections, and wellness of psychological and physical) of QoL were considered as key outcome indicators. Data were examined with SPSS software.

Results: Results showed that compared with Group B, Group A experienced significantly shorter recovery times for bowel sounds, abdominal pain, and complications. Psychological assessments revealed that Group A had lower anxiety and depression scores. In addition, the complication rate in Group A was lower. QoL scores in Group A showed significant improvement across all domains, with notable differences including their physical, psychological, and social interactive capabilities.

Conclusion: The integration of systematic nursing interventions with stress awareness training advanced the QoL, psychological state, and medical results of patients with AP.

Keywords: Systematic nursing interventions, stress awareness training, acute pancreatitis, quality of life (QoL), psychological status

1. Introduction

With an increasing speed of lifestyle and an extensive food supply, the overall incidence of acute pancreatitis (AP) has increased annually, varying from 4.8 to 74.1 per 10, 000 individuals [1]. AP is a frequent but multifactorial disorder, associated with inflammation of the pancreas, and symptoms and complications can vary. This condition presents clinical symptoms like abdominal pain, bloating, and lower indigestion, lack of appetite, and rapid pulse, which leads to a poor quality of life (QoL) among the patients [2]. Various factors contribute to the development of acute pancreatitis, including gallstones, alcohol consumption, and other causes such as trauma, medication use, and hyperlipidemia (Figure 1). The condition has a fast beginning and speedy development. It is commonly followed by repercussions such as peritonitis, infections, and disbelief, any of which can endanger patients' lives if not treated immediately [3].

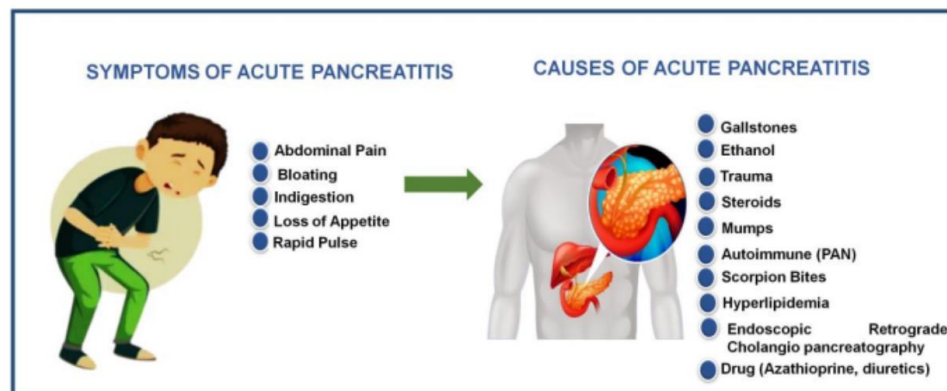


Figure 1: Symptoms and Causes of Acute Pancreatitis (AP)

The therapeutic procedure can result in several dangerous consequences, and patients are vulnerable to stress, depression, and other feelings, so treatments must involve treatments using a methodological and suitable nursing approach [4]. Through the continual growth of the concept of biopsychosocial medicine, scientists have shown a strong interest in the use of psychological interventions for mindfulness stress management training [5]. Self-control is a function of awareness in which people are aware of thoughts, behaviors, and actions beyond criticism. Mindfulness stress management guidance is a training method based on mindfulness theory that uses extensive meditation events to assist the trainees to manage their feelings and deal with difficulties with the ultimate objective of alleviating mental and physical issues [6]. At present, there is limited research that emphasizes training for awareness managing stress in AP treatment. As a result, it is critical to investigate the efficacy of standard nursing assistance along with the awareness of specialization in decreasing stress for the management of AP [7]. The patient can be

aware of the negative effects, but due to reduced ventilator function or apparent disease of the lung, has reduced capacity for down regulation, leading to mood swings and in far advanced stages, normal life impairment in the patients' and family lives [8]. Focusing on the patient's emotions, narrative nursing is a micro-level theory linked to the stories that are told within the healthcare process when patients are presented with issues [9]. In the procedure, they help them to address the issues that are concerned by knowing how others feel and evaluating their opinions and paying appropriate, active, and tender concern to patients, altering the perceptions of life and disease narratives [10]. Consequently, nursing is very vital in an improved QoL along with the outcomes and prognosis of diseases in AP patients [11]. Incorporating the content of stress awareness and systematic nursing therapy has some benefits in the treatment of physiological and psychological disorders of patients [12]. Such programs, which rely on mindfulness-based approaches, aim to reduce emotional pain, enhance methods of managing stress, and increase overall mental health [13]. These therapies will be most beneficial to patients with AP who often experience severe psychological stress due to the severity and uncontrolled nature of the situation. Such an extensive treatment plan corresponds with recent tendencies in modern medicine based on patient-centered approaches [14]. This study aims to evaluate the effectiveness of systematic nursing interventions and stress awareness training in patients with AP. The objective of the study is to assess the impact of these interventions on systemic inflammation, nutritional status, recovery time, and psychological well-being, compared to routine nursing care. The study further investigated inflammatory markers, clinical complications, and QoL outcomes.

Research Aim

- This study demonstrated the effectiveness of systematic nursing interventions and stress training in reducing systemic inflammation.
- Highlighted the positive impact of these interventions on nutritional status, including improved food intake and protein consumption.
- Provided evidence that nursing interventions contributed to quicker recovery times and better psychological health.
- Exhibited improvement in psychological well-being positively influences physical health outcomes, reducing complications and hospital stays.

2. Literature Reviews

The author of [15] assessed the mental and physical wellness of patients with recently discovered pancreatic malignancy and found high symptom burden, low well-being, and high distress levels. The study suggested that to enhance patient results and general health, comprehensive care techniques that prioritize symptom treatment and mental wellness could be implemented, as these patients face significant challenges due to the disease's poor prognosis. According to the article [16], the effect of specialist interdisciplinary nursing treatment on the after-treatment QoL of patients with pancreatic cancer was analyzed. Results showed that the study group experienced shorter recovery time, higher

QoL, and lesser occurrence of difficult reactions, suggesting its potential for clinical application. Researchers of [17] examined that AP was a growing hospital admission indication, causing significant morbidity and mortality. Diagnosis required imaging, stomach discomfort, and amylase/lipase levels ≥ 3 times excessively of normality. Treatment involved gastrointestinal analgesia, and intravenous water therapy. Proactive management was crucial to prevent recurrence and pancreatic cancer. Study [18] compared patients with AP can receive both regular treatment and prompt enteral feeding care. Controlled trials reveal a significant improvement in all aspects of patients' health, encompassing mental wellness, immune system modulation, and dietary health. The investigation employed statistical approaches and presented data in a visual manner using assessment tables.

Using structural equation modeling (SEM), study [19] assessed how stress and anxiety influence the health-related QoL (HRQoL) of those who have experienced post-severe acute pancreatitis (SAP). In the light of the research, stress and anxiety directly affect the HRQoL negatively and anxiety affects the HRQoL negatively through depression. Better knowledge of the relationship between depression and anxiety was required in order to assess and treat these conditions more frequently in SAP patients with improved HRQoL. The AP was often caused by serious diseases whose manifestations included increased insulin resistance, hormonal stress, and hyperglycemia. They expressed that those negative emotions could cause the increase in risk rate and negatively affect the QoL of patients [20]. A nursing model was developed to address these issues, and the intervention and control groups. Results showed significant differences in emotional, satisfaction, and caring behaviors. With reference to [21], 68 pancreatic cancer patients found that predictive nursing improved their health, post-chemotherapy cognitive condition, and cancer-associated lethargy. The intervention led to lower anxiety and depression scores, higher QoL, and a decreased frequency of difficult reactions. It also suggested that for the patients receiving radiation treatment, anticipatory nursing was a good choice because it improves health, reduces exhaustion, and minimizes adverse reactions, making it a promising clinical application. The work of [22] determined that pancreatic ductal adenocarcinoma remains a leading cause of cancer-related death, despite novel research and therapeutic options. Patients and doctors could weigh hope against a potentially fatal treatment, focusing on symptom management, QoL, and multidisciplinary team care. Author of [23] analyzed 102 patients with Hemofiltration, which was used for treating major organ diseases, including AP, and severe renal insufficiency. Results showed that quality nursing care improved patients' psychological status, nursing compliance, renal function, neurological recovery, self-care ability, and overall QoL, leading to higher satisfaction.

3. Methodology

The methodology section outlines the steps involved in data collection, participant selection, and group allocation. Patients are separated into two groups, such as Group A, which received systematic nursing interventions and stress awareness training, and Group B, which acknowledged routine nursing care.

The section also details the measurement tools used to assess key outcomes. Figure 2 represents the methodological flow.

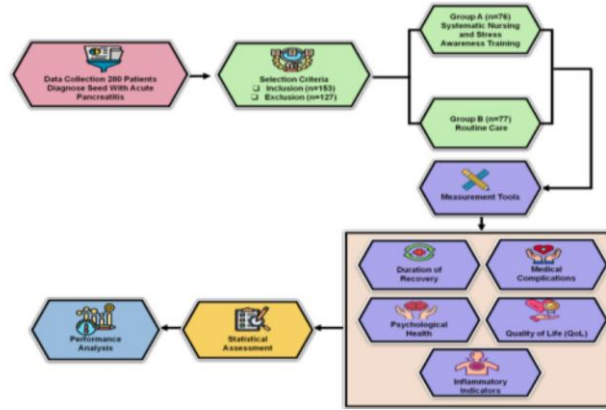


Figure 2: Methodological Flow

3.1 Data Collection of Study Participants

A collection of 153 patients with AP were included in the study, who were randomly assigned to two groups: Group A (systematic nursing and stress awareness training) and Group B (routine care). Below is the demographic data of the participants, based on key characteristics, such as age, gender, and other relevant factors.

Table 1: Demographic Characteristics of Participants

Demographic Variable	Group A (n=76)	Group B (n=77)
Age Range (years)	18-80 (Years)	
Gender		
Male	40 (52.6%)	42 (54.5%)
Female	36 (47.4%)	35 (45.5%)
Previous History		
Smoking History	42 (55.26%)	50 (64.93%)
Alcohol History	34 (44.73%)	27 (35.06%)
Etiology of Acute Pancreatitis		
Gallstones	20 (26.3%)	25 (32.5%)
Hypertriglyceridemia	18 (23.7%)	15 (19.5%)
Autoimmune Diseases	5 (6.6%)	7 (9.1%)
Infections	12 (15.8%)	9 (11.7%)
Medications	8 (10.5%)	11 (14.3%)
Trauma or Surgery in the Belly Area	7 (9.2%)	8 (10.38%)

Cystic Fibrosis	6 (7.8%)	2 (2.6%)
Comorbid Conditions (Yes)		
Hypertension	30 (39.5%)	29 (37.6%)
Diabetes	25 (32.9%)	22 (28.57%)
Cardiovascular Disease	10 (13.2%)	12 (15.6%)
Renal Disease	5 (6.5%)	6 (7.8%)
Respiratory Conditions	6 (7.9%)	8 (10.4%)
Length of Hospital Stay (Days)	5-12	5-14

3.2 Selection Criteria

The selection criteria for this study ensured the inclusion of patients identified with AP who met the age and medical stability requirements. Exclusions were applied to those with chronic pancreatitis, severe organ failure, or recent surgeries to maintain homogeneity. Figure 3 outlines the detailed selection process

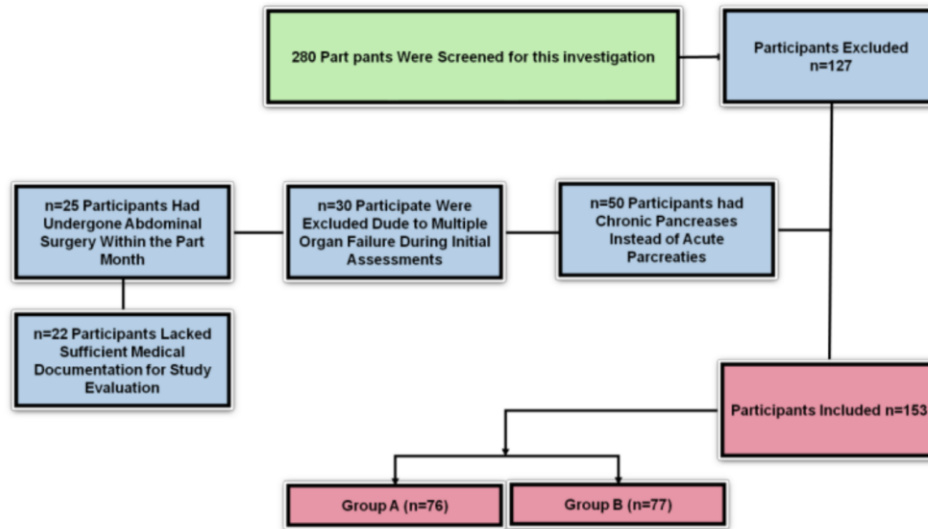


Figure 3: Selection Process Structure

3.3 Group Allocation

The 153 participants were randomly assigned into two groups to ensure balanced baseline characteristics. Group A (n=76) received systematic nursing intervention combined with stress awareness training, while Group B (n=77) received routine nursing care. Randomization was conducted using a computerized random number generator.

3.4 Systematic Nursing Interventions and Stress Awareness Training in Group A

The EG, consisting of 76 participants, received mindfulness stress reduction training combined with systematic nursing interventions over a 4-week program. In week 1, a professional psychologist introduced mindfulness concepts, including mindful breathing and introspection, to help patients manage stress, providing educational materials for practice. Week 2 focused on walking meditation, where patients learned to integrate mindfulness into daily movements with guided sessions and self-

practice exercises. Week 3 presented body scanning techniques, permitting patients to achieve awareness of the physical signals as well as lessening tension. Mindfulness meditation was applied in week 4 alongside some easy yoga movements that are meant to calm the mind. The frequency of the sessions was twice a week, per 2 hours, with additional personal practice that ranges from 20-30 minutes daily. This structured intervention was designed for increasing QoL, decreasing symptoms of anxiety and depression, and improving recovery from AP.

3.5 Routine Nursing Care in Group B

Group B was comprised of 77 patients who received normal nursing interventions and care in adherence to hospital-laid down standard treatment protocols for acute pancreatitis. At admission, a general physical examination of the patient was checked, more specifically the vital signs, abdominal pain and distension. The patients were explained how to relax their abdominal muscles and were offered analgesic medicines when needed. Nasogastric tubes were daily assessed for correct positioning and patency, while the volume of nasogastric tube drainage was documented every 12 hours. Care incorporated intravenous fluid treatment for blood volume preservation, water-electrolyte balance, and acid-base correction. Before discharge, patients were presented with training on maintaining a healthy diet, adequate sleep, modest exercise, and appropriate nutrition for sustained recovery at home. The patient was engaged throughout the hospital stay, therefore having a consistent and systematic manner of attention.

3.6 Measurement Tools

The observation variables for the study are as follows:

(1) Duration of Recovery: The days taken to manage primary signs and symptoms of AP, for instance, gastrointestinal sounds, the presence of abdominal distension, and abdominal pain to be normal. This period can be calculated from the appearance of the first symptoms to that time when patients can be stated to be out of critical condition that requires hospitalization or when they need to visit outpatient department. The duration does not include complete healing but includes the time requirements for alleviation of subjective symptoms to a level that allows a patient to be deemed clinically stable.

(2) Medical Complications: The incidence of complications includes Gastrointestinal Bleeding, Infection, Acute Renal Failure (ARF), Peritonitis, and Multisystem Organ Failure (MSOF) during the treatment was recorded.

(3) Psychological Health: The Hospital Anxiety and Depression Scale (HADS) was used to determine the level of depression and anxiety. Higher ratings designate more severe anxiety and depression.

(4) Quality of Life (QoL): Patient QoL was evaluated using the WHOQOL-BREF scale; this evaluates four areas: environment influences, social connections, psychological wellness, and physical wellness. A greater score indicates an improved QoL.

(5) Inflammatory Indicators: Serum samples were collected and subsequently tested for inflammatory markers, including TNF- α , IL-6, IL-1 β , and IL-8, using enzyme-linked immunosorbent assay (ELISA).

Blood samples (5 mL) were collected after overnight fasting. Elevated levels of these cytokines were used to assess the severity of inflammation. These measurements were critical for evaluating both the physical and psychological outcomes of the interventions

3.7 Statistical Assessment

The statistical application SPSS (Statistical Package 18.0) was used to examine the data in this study. The statistics were summarized using descriptive metrics such as standard deviation and mean. The comparison of groups (Group A and Group B) was carried out with chi-square analyses for category variables and t-tests of independence for constant variables. In the result section, this study assessed several key parameters: Systemic Inflammatory Response Syndrome (SIRS) assessment, Mini Nutritional Assessment (MNA), and key interventions focusing on inflammatory markers, nutritional status, recovery time, psychological health (anxiety and depression scores), and QoL. These assessments helped quantify the impact of the intervention on the inflammatory response, nutritional improvement, and emotional well-being. Statistical implication originated as p-value of <0.05 and the effectiveness of the intervention was evaluated by comparing pre- and post-intervention outcomes in both groups.

4. Results

This section analyses significant enhancements in recovery time, psychological well-being, systemic inflammation, and nutritional status in Group A compared to Group B, emphasizing the beneficial actions of systematic nursing interventions and stress awareness training in patients with AP.

The SIRS assessment evaluates key physiological and biochemical markers that reflect the body's response to systemic inflammation. Table 2 reveals certain conventional biomarkers, including the heart rate, white plasma cell count, respiration rates, and temperatures that are mandatory in the diagnosis of SIRS. Moreover, blood glucose level, lactate, and platelet count were incorporated to provide an expanded view of inflammation and potential consequences. All the inflammatory indices became significantly better in Group A, which supports the notion that the treatment enhanced overall stabilization of the physiological state as well as reduction of inflammation. The use of lactate and blood glucose as indicators up-grades takes into account the inflammation's metabolic effect and provides a more comprehensive acute pancreatitis patient condition assessment.

Table 2: Systemic Inflammatory Response Syndrome (SIRS) Assessment

Parameter	CG (n=77)	EG (n=76)	t-value	P-value
Temperature (°C)	37.2±0.5	36.9±0.4	3.650	<0.001
Heart Rate (beats/min)	105.6±10.4	98.2±8.7	4.229	<0.001
Respiratory Rate (breaths/min)	24.5±3.6	22.1±3.1	3.809	<0.001
White Blood Cell Count (×10 ⁹ /L)	13.2±3.1	11.6±2.8	3.470	0.001
Blood Glucose (mg/dL)	145.2±22.4	134.6±18.3	2.321	0.022

Platelet Count ($\times 10^9/L$)	250.6 $\pm$ 52.3	267.8 $\pm$ 48.7	1.724	0.089
Lactate (mmol/L)	2.5 $\pm$ 0.8	1.9 $\pm$ 0.6	3.452	0.001

Table 3 compares the inflammatory markers between Group B and Group A. Group A for all types of these pro-inflammatory cytokines was comparatively lower, proving thereby there is a decrease in inflammation in the body system. These findings indicate that the systematic nursing and stress awareness enhanced an inflammatory reaction in AP patients following the treatments, enabling a greater clinical improvement and quicker recovery. The reduction in inflammation further strengthens social cognition perspective that psychological well-being and stress management are pivotal correlates of physical health.

Table 3: Comparison of Inflammatory Markers (Mean $\pm$ SD)

Inflammatory Marker	CG (n=77)	EG (n=76)	t-value	P-value
TNF- α (pg/mL)	35.7 $\pm$ 12.3	28.4 $\pm$ 8.9	3.850	<0.001
IL-6 (pg/mL)	32.5 $\pm$ 10.1	25.1 $\pm$ 7.8	4.102	<0.001
IL-1 β (pg/mL)	25.2 $\pm$ 9.3	19.8 $\pm$ 6.4	3.415	0.001
IL-8 (pg/mL)	45.3 $\pm$ 13.2	38.7 $\pm$ 11.4	2.716	0.008

The MNA is a valuable tool for assessing the nutritional status of the patients, most especially the chronic or the acute ones. Several parameters receive evaluation in Table 4, including the total nutritional status score, weight loss, food intake, and BMI. Extra indicators like mid-arm and calf circumference and protein consumption were also used to provide a broader view of the nutritional status. Considerable development in Group A implies that this type of intervention might have been beneficial to the nutritional status, possibly through influencing the sort of foods consumed and protein intake. Thus, the MNA parameter offers insightful information about the link between nutrition and recovery for patients with pancreatitis or other inflammatory diseases.

Table 4: Mini Nutritional Assessment (MNA)

Parameter	CG (n=77)	EG (n=76)	t-value	P-value
Nutritional Status Score	19.4 $\pm$ 3.1	22.8 $\pm$ 2.5	5.846	<0.001
Food Intake (score)	3.6 $\pm$ 1.2	4.1 $\pm$ 0.9	2.768	0.006
Weight Loss (score)	2.8 $\pm$ 1.0	1.9 $\pm$ 0.8	3.527	<0.001
BMI (kg/m ²)	21.4 $\pm$ 3.3	22.7 $\pm$ 3.1	2.264	0.025
Mid-arm Circumference (cm)	23.2 $\pm$ 3.0	25.0 $\pm$ 2.4	4.231	<0.001
Calf Circumference (cm)	30.4 $\pm$ 4.1	32.0 $\pm$ 3.5	2.221	0.028
Protein Intake (g/day)	68.5 $\pm$ 12.2	76.3 $\pm$ 14.5	3.045	0.003

Table 5 summarizes the differences of the two groups in terms of the major medical complications. From the analysis, it was observed that Group B had more overall complications than Group A, with especially less frequency of infection (3.9%vs. 11.7%, p=0.022). This indicates that the intervention has the potential of minimizing the appearance of other complications within the system most probably due

to improved immunity and the ability to manage stress. Other analyzed complications indicated potential differences, including peritonitis, acute renal failure, and gastrointestinal bleeding but the results were not significant. The total decrease in complications (9.2% vs. 24.7%, $p=0.016$) emphasizes the possibility of nursing affordance and stress awareness interventions on recovery and clinical achievements.

Table 5: Comparison of Medical Complications [n (%)]

Complications	CG (n=77)	EG (n=76)	χ^2	P-value
Infection	9 (11.7%)	3 (3.9%)	5.238	0.022
Peritonitis	4 (5.2%)	2 (2.6%)	1.223	0.269
Acute Renal Failure	3 (3.9%)	1 (1.3%)	1.267	0.260
Gastrointestinal Bleeding	2 (2.6%)	1 (1.3%)	0.605	0.438
Multisystem Organ Failure (MSOF)	1 (1.3%)	0 (0%)	1.267	0.260
Total Complications	19 (24.7%)	7 (9.2%)	5.840	0.016

Table 6 delves a difference of recovery metrics and psychological health results between Group A and Group B. These results show that Group A, which implemented nursing interventions and stress awareness training, reported shorter recovery periods from various parameters than Group B. The sample results were that Group A had a quicker return on bowel sounds, abdominal pain and complications, a decrease in fever/temperature, and back to normal diet/oral intakes. All the notions of recovery were enhanced statistically with $p<0.001$. Based on the findings, Group A has a shorter recovery time on these factors by using combination of nursing interventions and stress management, which enhances the physical recovery process and health status. Regarding psychological health, Group A also had better results; the level of anxiety and depression was significantly lower than in Group B. These results highlight the advantages of intervention to occur not only in enabling quicker recoveries in physical functioning but also for mental well-being post illness, especially in those recovering from acute medical illnesses such as pancreatitis.

Table 6: Comparison of Recovery and Psychological Health (Mean $\pm$ SD, Points)

Outcome Measure	Group B (n=77)	Group A (n=76)	t-value	P-value
Recovery Time				
Recovery Time (Days)	7.8 $\pm$ 2.1	6.2 $\pm$ 1.5	4.526	<0.001
Bowel Sounds	4.1 $\pm$ 0.8	3.2 $\pm$ 0.7	5.350	<0.001
Abdominal Pain	5.3 $\pm$ 1.2	4.1 $\pm$ 0.9	4.221	<0.001
Complications	1.7 $\pm$ 0.5	1.1 $\pm$ 0.3	3.619	<0.001
Reduction in Fever/ Temperature ($^{\circ}$ C)	37.4 $\pm$ 0.7	36.7 $\pm$ 0.6	3.924	<0.001
Return to Normal Diet/ Oral Intake (Days)	4.5 $\pm$ 1.3	3.2 $\pm$ 1.0	5.423	<0.001
Psychological Health				

Anxiety (HADS-A Score)	15.6±4.3	11.2±3.7	5.672	<0.001
Depression (HADS-D Score)	14.8±4.5	11.3±3.5	4.219	<0.001

Table 7 compares the QoL scores before and after intervention using the World Health Organization Quality of Life: Brief Version (WHOQOL-BREF) scale for both groups. The data show the pre-intervention and post-intervention scores for each domain of health, encompassing environment wellness, social connections, psychological wellness, and physical wellness. The CG exhibited significant improvements in all domains, but the EG showed a more pronounced improvement, particularly in psychological wellness, social connections, and total QoL. The differences in ratings were statistically significant ($p<0.05$) in all domains, indicating that the intervention positively affected the patients' QoL. The EG demonstrated better outcomes, indicating that stress awareness training and comprehensive nursing care combined were more effective compared to routine nursing interventions.

Table 7. Quality of Life Scores (WHOQOL-BREF) Before and After Intervention (Mean $\pm$ SD, Points)

Domain	CG Before (n=77)	CG After (n=77)	EG Before (n=76)	EG After (n=76)	t-value	P-value
Physical wellness	52.4±8.5	54.1±7.2	59.1±7.6	65.3±6.5	3.577	<0.001
Psychological wellness	53.6±8.3	56.4±7.0	61.2±6.8	67.4±5.9	4.219	<0.001
Social Connections	59.8±9.1	61.3±8.3	64.4±7.9	69.7±7.3	2.492	0.015
Environment Health	60.1±7.8	62.0±6.9	66.3±6.2	71.2±5.8	3.178	0.002
Overall QoL	57.2±7.4	60.5±6.9	62.8±6.5	68.3±6.1	3.752	<0.001

5. Discussions

Study demonstrated the substantial effects of the interventions on the psychological and physical wellness of AP patients. The SIRS assessment revealed substantial improvements in inflammation-related markers. Group A showed a decrease in temperature, heart rate and respiratory rate. Additionally, inflammatory markers were significantly reduced in Group A. In terms of nutritional status, Group A exhibited improved scores on the MNA, including a higher nutritional status score, better food intake, and improved protein consumption. These improvements suggest that the intervention positively impacted nutritional recovery. The recovery time in Group A (6.2 ± 1.5 days, $p<0.001$) was notably shorter compared to Group B (7.8 ± 2.1 days, $p<0.001$), further supporting the clinical efficacy of the intervention in accelerating recovery. These results are consistent with existing literature, highlighting the role of nursing interventions and stress reduction in improving patient outcomes.

6. Conclusion

Acute Pancreatitis (AP) is a potentially severe illness that was defined by inflammatory of the pancreas, often leading to systemic complications such as organ failure, infections, and impaired nutritional status. It is essential to manage both the physiological and psychological aspects of the condition for optimal recovery. The focus of this investigation was to examine how a treatment affected the patients with AP by utilizing the SIRS Assessment and the MNA. The results indicated significant improvements in both inflammatory markers and nutritional status. The SIRS assessment showed reduced temperature ($36.9 \pm 0.4^{\circ}\text{C}$), heart rate (98.2 ± 8.7 beats/min), and respiratory rate (22.1 ± 3.1). In the MNA, Group A had a higher nutritional status score (22.8 ± 2.5) and better food intake and protein consumption. Moreover, Group A had a shorter recovery period as compared to the other group. Therefore, the results of this study suggest that giving attention to stress and systematic nursing care for acute pancreatitis patients would yield substantial improvements to their physical and psychological wellness. Further studies could aim at understanding the sustained impact of such interventions as well as the generalization of the method in other inflammatory disorders or during surgery. In addition, further investigation into the characteristics, such as the frequency and duration of the interventions, will be crucial to figuring out how to get the best results for patients.

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