

chronic symptoms (Wang et al., 2025). Moreover, different studies have significant differences in intervention content, intervention intensity, and assessment indicators, which makes it difficult to directly compare the results and also indicates that there is currently a lack of unified standards. Therefore, although the existing evidence has shown that humanistic psychological care has many positive effects, promoting this care method to a larger scale and forming a more unified and standardized research design still require further research to verify its actual effectiveness.

From a broader perspective, there are still many practical issues that have not been resolved. For instance, the structured psychological intervention training for nurses is not yet mature. The related costs, promotion difficulties, and specific operational methods are all still unclear at present. Current research shows that intervention measures led by nurses can alleviate anxiety and depression to a certain extent, but there is no unified understanding of what role nurses should assume in the clinical environment and how to carry out psychological intervention more systematically. Especially in the care of patients with advanced cancer, such research is still relatively scarce (Malakian et al., 2021). For cancer survivors, the existing care model can only meet some psychological and mental needs, and the effect in improving the quality of life is not yet stable (Song et al., 2024).

7 Future Directions and Conclusions

Looking back, to ensure that psychological care based on humanistic care can play a more stable and clear role in chemotherapy patients, in the future, it cannot only rely on experience to advance, but should gradually move towards standardization and evidence-based approaches. Some initial models have already begun to take shape, such as positive psychological care based on the PERMA model, the nursing method combining self-efficacy and humanistic care, and behavioral nursing plans integrating multiple theories. These methods have shown certain effects in alleviating negative emotions, reducing fatigue, improving self-management ability, and improving quality of life. At the same time, continuous care and empowerment education also demonstrate good long-term value, which can help patients enhance their self-care ability, increase treatment compliance, and make their emotional state more stable. This suggests that contents such as early assessment, individualized psychological support, family participation, and enhancing patient initiative can actually be refined into relatively stable core elements, and further developed into replicable and scalable nursing pathways. In the next step, more multi-center and large-sample studies are needed to improve these key elements, establish more unified operation procedures, clarify when to intervene, what methods to adopt for intervention, and what indicators to use for evaluation, and at the same time, form flexible plans suitable for different cancer types and different treatment stages.

As clinical care increasingly emphasizes holistic care, future psychological nursing cannot be confined to a single nursing behavior, but should be placed within a more comprehensive humanistic care framework, combined more closely with multidisciplinary cooperation and digital means. For example, in patients undergoing chemotherapy for colon cancer, empowerment education involving oncology nurses, doctors, nutritionists, and psychologists has been proven to reduce psychological stress and improve quality of life. This indicates that teamwork, compared to single-position intervention, can better meet the physical, mental, and social needs of patients. Another example is the online psychological care provided to patients with cervical cancer and lung cancer, which not only alleviated anxiety, depression, and fatigue but also enhanced self-management ability, immune level, and quality of life. This also shows that conducting humanistic psychological care in an online format is feasible and has strong potential for promotion. In the future, more methods such as mobile applications, remote care, and data analysis can be combined to achieve more timely psychological assessment and individualized guidance, and connect patients, families, communities, and related support resources. At the same time, psychological doctors, social workers, and hospice care teams can be more deeply involved in chemotherapy care, jointly forming a more complete and patient-centered support system.

Based on the current research, integrating humanistic care into psychological nursing does indeed significantly alleviate patients' negative emotions such as anxiety and depression, enhance their self-confidence, help them cooperate more actively with treatment, reduce the discomfort caused by chemotherapy, improve their quality of life, and to some extent, promote long-term disease control and increase satisfaction. Whether combined with