

If health education is also included in the communication process, the effect is usually better. Nurses can explain to patients the methods of psychological support, the condition of the disease, the treatment process, and how to deal with side effects. Through this way, patients can better understand their own situation, feel more relaxed, and are more likely to cooperate with the treatment. Studies have shown that this comprehensive service can reduce anxiety, relieve pain, improve sleep quality, and enhance the quality of life (Fu et al., 2024). When explaining, nurses need to consider the patient's comprehension ability and clarify what they really need to know. They cannot use the same expressions for everyone. This targeted communication is itself a form of respect for the patient.

5.3 Integration of psychological intervention and social support

Patient-centered care mainly focuses on the patient themselves, while also considering their family situation and external support resources. The psychological state of patients is often closely related to the environment they are in. Nowadays, many integrated care models combine psychological intervention, basic treatment, and family support. Nursing staff help patients adjust their mindset, teach them some relaxation techniques, and at the same time, family members also participate in the care process. This integrated care model is usually more effective than traditional care. Studies have found that this model can reduce patients' anxiety and fatigue, improve their physical condition, and enhance their quality of life (Zhu and Liu, 2025). For patients with colon cancer, nursing staff can appropriately increase the frequency of follow-ups and guide family members on how to provide assistance. These practices help patients better adapt to treatment and reduce the risk of complications (Table 1) (Wu and Meng, 2025).

Table 1 Comparison of nutritional status before and after nursing care between the 2 groups ($X \pm SD$) (Adopted from Wu and Meng, 2025)

-	Control group (N = 77)	Observation group (N = 80)	t	P-value
Before				
BMI (kg/m^2)	22.13 ± 1.86	22.29 ± 3.24	0.378	.706
SGA	12.68 ± 2.12	11.86 ± 3.09	1.932	.055
Serum prealbumin ($\text{PA}/[\text{mg} \cdot \text{L}^{-1}]$)	173.56 ± 12.57	175.08 ± 14.19	0.709	.479
Serum total protein ($\text{TP}/[\text{g} \cdot \text{L}^{-1}]$)	67.88 ± 4.39	68.18 ± 5.26	0.387	.699
Serum albumin ($\text{ALB}/[\text{g} \cdot \text{L}^{-1}]$)	42.73 ± 3.65	43.08 ± 3.82	0.587	.558
triceps skinfold thickness (mm)	13.98 ± 2.11	14.03 ± 2.56	0.133	.894
Post				
BMI (kg/m^2)	21.04 ± 1.56	22.01 ± 2.48	2.921	.004
SGA	9.85 ± 2.18	8.13 ± 1.96	8.869	<.001
Serum prealbumin ($\text{PA}/[\text{mg} \cdot \text{L}^{-1}]$)	156.63 ± 13.74	165.88 ± 11.27	4.62	<.001
Serum total protein ($\text{TP}/[\text{g} \cdot \text{L}^{-1}]$)	64.53 ± 3.19	66.05 ± 4.26	2.523	.013
Serum albumin ($\text{ALB}/[\text{g} \cdot \text{L}^{-1}]$)	39.63 ± 3.45	41.13 ± 4.05	2.494	.014
triceps skinfold thickness (mm)	13.01 ± 1.63	13.24 ± 1.96	0.798	.426

Table caption: AL=Serum albumin; BMI=Body mass index, PA=Prealbumin; SGA=Subjective global assessment; SD=Standard deviation, TP=Total protei

In practical work, nurses can also play the role of a "bridge" to help patients establish connections with more support resources, such as community services or patient support groups. In some care plans, encouraging family members to participate in daily care can reduce patients' concerns about their own condition and enhance their confidence (Zhang et al., 2025). At the same time, good communication can also improve family relationships, making it easier for patients to adapt to the treatment process. If patients can continue to receive support after discharge, this will also help stabilize their emotions and enhance their self-management ability (Ye and Zhao, 2025). In summary, integrating psychological intervention with family support and social support usually leads to better nursing outcomes.