

application of cultural psychology in language translation; then, we can study cultural psychology in the context of intercultural communication from the aspects of cultural mistranslation and In addition, the application of cultural psychology in language translation is studied from two aspects: cultural mistranslation and cultural cutting; finally, the influence of cultural psychology on the growing of Chinese neologisms is discussed in depth on the basis of the comparison of the cultural psychology of Chinese and Japanese neologisms, and strategies and methods for the growing of Chinese neologisms under cultural psychology are proposed.

Subjects and methods: (1) To analyse in depth the connotation of intercultural communication from three perspectives of content realisation, nature and purpose, and to draw out the important role of cultural psychology on translation work in the context of intercultural communication, and to explore the influence on Chinese neologisms increasingly in the context of semantic transfer in intercultural communication from the differences in language habits, the associative meanings of neologisms and the differences in language environment. (2) To study the connection and mutual influence of cultural psychology and language translation. Translation is a process of cultural psychology transmission, and cultural psychology is an important vehicle for translation work. (3) To analyse the cultural psychology of Chinese and Japanese neologisms in this context, and to find the regular features of Japanese translations of neologisms from the comparison of the cultural psychology of neologisms in the fields of politics, economy, life, culture and society. (4) To explore the strategies and paths of Japanese translation of Chinese neologisms under the cultural psychology.

Results: (1) Impact. The influence of cultural psychology on the Japanese translation of Chinese neologisms under cross-cultural communication is mainly reflected in three aspects. Firstly, it is the influence of differences in language habits. Different ethnic groups have different ways of expressing themselves in language due to differences in historical development, living environment and cultural environment, which is ultimately the influence of differences in cultural connotation and national characteristics; secondly, it is the influence of the associative meaning of new words. The second is the difference in the language environment, the difference in the language regions of the country, and the difference in the inner meaning of the new words, which is ultimately due to the existence of cultural differences that make the translation connotation of the understanding of the language domain very different.

(2) Strategies. Firstly, to actively cultivate a good cross-cultural awareness, to attach importance to both cultural psychology and a certain awareness of cross-cultural communication, to have a rich knowledge of Japanese traditional and modern culture, to correctly understand the impact of changes in the Japanese social environment on cultural psychology, to be familiar with cultural differences and ethnic differences, and thus to develop a good sense of response and cross-cultural communication.

Secondly, pay attention to the influence of culture on translation, overcome the cognitive bias produced by cultural differences and cultural psychology, fully understand the cultural basis of the two languages, grasp the context, sense and emotion of new words, and better be understood by the other side through language processing and compilation to truly realise intercultural communication.

Conclusions: To sum up, with the deepening development of China's reform and opening-up policy, the cooperation and exchange between China and Japan has become more and more frequent, and the cooperation and exchange between the two countries is always inseparable from the translation work with cultural psychology as the carrier. For the translation workers, to accurately grasp the Japanese translation of new words, they must understand the cultural differences between the two countries, overcome the influence of cross-cultural communication, and on the basis of fully understanding the language, culture and history of the two countries processing and compiling the language of the new word, to deliver the original context of the new word more accurately to the reader audience, and to truly realise cross-cultural communication.

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ADJUSTMENTS AND STRATEGIES OF THE RURAL SOCIAL SECURITY SYSTEM BASED ON PSYCHOLOGY

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Background: Since the end of the twentieth century, China has entered a society with an ageing population, with the number of elderly people showing a constant rise and a gradual increase in the proportion of the total population in China. In a press conference held at the State Information Office on

11 May 2021, the National Bureau of Statistics released key data from the seventh national census, including the latest data on the ageing of the population in China. The figures show that the number of elderly people in China will increase by 5.44% in 2021 compared to the number of elderly people in 2020, but also that the number of young people and adults will decrease by 6.79%. In terms of numbers, there are currently 264.02 million people aged 60 years and over in China, accounting for 18.70% of the total population, of which 196.04 million are aged 65 years and over, accounting for 13.50% of the total population. The person in charge of the Department of Elderly Services of the Ministry of Civil Affairs of China said that by making corresponding forecasts, it is possible to obtain the result that the number of elderly people in China will exceed 30,000,000 in the period of the 14th Five-Year Plan of the country's development.

The main reason for the ageing of the population in China is the fact that in the middle of the last century, there was a peak in the number of births. After compiling statistics on the number of births in the last 60 years, it was found that since the early 1960s, the number of births in China has shown a high growth rate in the following decade, especially in 1963, when the number of births reached a staggering 29.34 million. In addition, a study of the data contained in the National Health and Welfare Commission's National Ageing Development Bulletin for the year 2020 shows that when comparing the level of population ageing in urban areas with that in rural areas, the former is lower than the latter. The total population of China's rural areas is 509.79 million, with 121.38 million elderly people aged 60 years and above, accounting for 23.81% of the total population in rural areas, 7.99% higher than in urban areas, while the proportion of elderly people aged 65 years and above in the total population in rural areas is 17.72%, 6.61% higher than in urban areas. This is 6.61% higher than in urban areas.

Against the backdrop of an increasingly serious population ageing problem, the protection of the rights and interests of the elderly population has become a common responsibility of society as a whole, and the achievement of a secure old age is one of the top priorities in the process of social development, especially the social security of the elderly population in rural areas, which is a crucial element. Nowadays, in the context of China's accelerating urbanisation process, more and more young and middle-aged rural labourers are choosing to leave their hometowns and work in the cities, so as to earn more economic income and achieve an effective improvement in living standards, while also creating a more solid foundation for the further acceleration of China's urbanisation process. However, this situation has also led to the creation of some negative problems, the most typical of which is the increase in the number of elderly people left behind and empty nesters, the growing problem of hollowing out of the countryside and the inability to provide good care for the elderly in rural areas. In addition, since the middle and end of the last century, China has implemented a family planning policy in order to reduce the size of the population, resulting in the majority of the population born in the 1980s and 1990s being only children, which has led to the pressure and burden of supporting the elderly being too much for only children, and the need to rely on the strength of society to better solve the rural elderly problem. Compared to urban areas, rural areas in China are still lagging behind in terms of development, and as a result, their social security system has more deficiencies. Exploring how to more effectively protect the rights and interests of the elderly population in rural areas and how to better cope with the ageing of the rural population is a key part of the various tasks and undertakings currently being carried out in China.

The rural social security system is an important element in providing protection for the elderly population in rural areas. In the mid-1980s, the Old Farmers' Insurance Scheme, which was introduced in China, had many problems in its operation and did not meet the actual needs. However, no new system was introduced until the early part of this century. It was not until the introduction of the new rural insurance system in 2002 that rural pensions were once again taken seriously. In 2011, China introduced social pension insurance for urban residents, and within the next year achieved full coverage. The insurance is aimed at non-working residents in urban areas between the ages of 16 and 60, with a view to further solving the pension problems of this group. This is similar to the NPA, and professionals suggest that it would be inconsistent with the goal of optimising the allocation of resources to separate the urban and NPAs and to set up two separate institutions to administer them. At the same time, in order to be able to truly implement the establishment of an integrated urban and rural social security system, the State Council proposed in 2014 that the urban residential insurance and the new rural insurance be implemented in parallel, and that the establishment of a unified urban and rural residents' medical insurance, namely the basic pension insurance system for urban and rural residents, be completed.

To a certain extent, the elderly population in rural areas is influenced by their own financial situation when choosing whether to purchase social pension insurance, and psychological factors are

also one of the factors that can play a decisive role. At present, the social pension insurance system in rural areas in China still has certain shortcomings, and it should be adjusted from the perspective of psychology, so that the system can better meet the psychological needs of the rural elderly population, so that more elderly people can be motivated to take out social pension insurance and truly play the role of the system itself.

Objective: There are five main psychological influences on the decision of older people in rural areas to take up the social insurance system: first, the psychology of benefits. In essence, social security is a form of investment, so when deciding whether or not to purchase social security, the rural elderly population tends to prioritise the benefits they will enjoy after purchase; secondly, the psychology of need. According to the classic Maslow's Hierarchy of Needs theory put forward by economist Maslow, the purchase of social pension insurance by the rural population can be classified into the level of security needs. However, for the rural population with a low income level, the basic needs of life are more important and the consumption of security needs such as social pension insurance often needs to take a back seat; thirdly, satisfaction psychology. For the majority of people in rural areas, they tend to be more receptive to systems and policies that can bring them benefits and welfare, and are more willing to cooperate. The economic sector has proven over a long period of time that people tend to have a herd mentality when it comes to consumer activities, and this mentality also applies in the case of social pension insurance, where the rural population is often influenced by the purchasing behaviour of others when using social pension insurance as an investment channel; fifthly, the mentality of caution. In comparison, most people in rural areas in China do not have a wide range of capital sources and the amount of capital they have is relatively small, therefore, this group generally prefers to deposit their savings in the bank than to use the funds on hand to purchase social pension insurance, and many elderly people in rural areas believe that purchasing social pension insurance involves certain risks. This cautionary mentality largely influences the purchasing behaviour of the rural population.

On this basis, the above five psychologies should be used as the basis for the process of adjusting and optimising the social pension insurance system in rural areas in China at this stage. In this paper, we aim to understand the psychological perceptions and thoughts of the elderly population in rural areas, and to develop more effective adjustment strategies based on this content, so that the social pension insurance system in China can play its role more fully and make a greater contribution to the realization of a secure old age.

Subjects and methods: This paper focuses on the population in rural areas, especially the elderly population, and the content of China's social pension insurance system. It aims to clearly sort out the matches or mismatches between the needs and psychology of the population and the current social pension insurance system, so as to find more scientific, reasonable and effective adjustment and optimisation strategies to help the quality of the application of the social pension insurance system. This will help to improve the quality of the social security system.

Based on the analysis of the actual situation of the elderly population in China, we use data analysis and data collection to explore more deeply the strategies that can optimise the quality of social pension insurance in rural areas, so as to motivate more rural people to purchase social pension insurance as a channel of investment, which can also provide a guarantee for their own well-being in their old age.

Result: Through the research and analysis of this paper, it is possible to understand the psychology of the rural population towards the social pension insurance system, and to study more feasible and reasonable strategies to adjust the system, so as to rationalise the management mechanism of the system in a higher quality and to motivate the rural population to participate in the insurance.

Discussion: The government should play an active role in the process of restructuring the social security system in rural areas, and should play a leading role in the optimisation of the system. At the same time, more efforts should be injected into innovative forms and models of protection, and the quality of other work carried out in relation to them, in order to support the smooth promotion of a better social security system. In conclusion, during the adjustment of the currently applied rural social security system, it is crucial to take into account the psychological needs of the population in rural areas, to play the leading role of government departments and policies, and to increase policy support.

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PSYCHOLOGICAL REACTIONS AND NURSING COUNTERMEASURES OF PATIENTS WITH ORAL AND MAXILLOFACIAL SURGERY

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Background: Oral and maxillofacial surgery is a discipline that focuses on surgical treatment and realizes the prevention and treatment of oral organs, facial soft tissues, maxillofacial and maxillofacial bones, mandibles, zygomatic bones, salivary glands and neck diseases. Oral and maxillofacial surgery is becoming more and more mature, and great progress and optimization have been made in the classification of oral and maxillofacial surgical diseases, as well as in the composition, diagnosis and treatment. Since the reform and opening up, my country's economic level has been further improved, people's quality of life has been improved, and more people have begun to pay attention to the solution of oral problems. Therefore, the psychological response and nursing work of oral and maxillofacial surgery patients have become hot topic of discussion among scholars.

Objective: Generally speaking, oral and maxillofacial surgery patients will face a series of physiological changes such as facial shape changes, difficulty eating, and slurred speech after surgery. Such conditions are likely to cause a series of negative emotions in oral and maxillofacial surgery patients, such as anxiety, Irritability, fear, etc. Negative psychological reactions will not only affect the follow-up treatment effect, but also hinder the orderly development of nursing work. Therefore, in order to completely solve such problems, it is necessary to fully grasp the psychological characteristics and psychological characteristics of oral and maxillofacial surgery patients. Therefore, targeted nursing measures can be taken to eliminate the resistance of patients, adapt to the changes brought about by the operation more quickly, and keep a positive and optimistic attitude all the time.

Subjects and methods: This article will take the oral and maxillofacial surgery patients admitted to a local hospital as the research object. There are 110 patients in total, including 57 male patients and 53 female patients. The age of the patients is generally between 40 and 75 years old. All patients were equally divided into two groups, and there was no significant difference in gender and age between the two groups, which were comparable. Finally, the psychological reactions of the patients were observed, and targeted psychological interventions were implemented. According to psychological indicators, blood pressure changes and other data, the specific Treatment results. After a period of observation, it can be seen that most of the psychological reactions of oral and maxillofacial surgery patients are: fear. There is a certain sense of despair and depression. The treatment cost of oral and maxillofacial diseases is high, which will cause a serious economic burden to some families. Many patients will worry that they will become a burden to the family, which will lead to negative and self-blaming emotions; pessimism and disappointment , Since oral and maxillofacial surgery will bring many changes to patients' eating habits and communication methods, many patients will lose confidence in their future life due to changes in living habits; anxiety and irritability, patients after surgical treatment will There are certain restrictions in communicating with others, which will inevitably lead to upset emotions, and due to the local pain caused by the postoperative catheter, it will also cause patients to have anxiety and even conflict with nursing work.

In order to help oral and maxillofacial surgery patients quickly get out of the postoperative trauma and adjust their psychological state in a timely manner, medical staff need to take the following nursing measures: First, create a good hospital environment for the patients, and make a comprehensive introduction to the hospital, so that the patients can adapt to the new situation as soon as possible. environment to reduce the pressure of diagnosis and treatment; the second is to accurately analyze the patient's psychological characteristics, and strengthen communication and exchanges with patients; the third is to carry out education for family members, teach them how to comfort patients, and clarify the patients' true thoughts and actual demands; It is necessary to improve the professional ability of nursing staff, enrich the knowledge reserve, and minimize the pain caused by nursing to patients; the fifth is to respect the individual rights of patients, guide patients to use auxiliary methods to express their opinions, and introduce medical development trends, so as to give patients Hope to keep a positive attitude.

Results: According to the actual survey, the anxiety and depression levels of the patients before nursing intervention were 18.2 and 17.6, respectively, and after the nursing intervention, the anxiety and depression levels were 6.1 and 5.9, respectively, and the patient satisfaction was as high as 98.2, which proves that the relevant methods are feasible, can play a role in reducing the psychological burden of patients.