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Construction and Practical Pathways of a Humanistic Care Competence Training System in Nursing Education

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ABSTRACT

This paper focuses on the construction and practical paths of the training system for humanistic care ability in nursing education. By analyzing the current situation of humanistic care ability training in current nursing education, exploring influencing factors, it further constructs a corresponding training system and proposes practical paths. The research aims to provide a theoretical basis and practical reference for improving the humanistic care ability of nursing students, so as to meet the needs of the modern nursing industry for high-quality nursing talents.

KEYWORDS

Nursing education; Humanistic care ability; Cultivation system; Comparison between China and foreign countries; Educational evaluation

1 Introduction

With the transformation of the medical model and the improvement of people's health concepts, patients' demand for nursing services is no longer limited to disease treatment, but also eager for humanistic care. Humanistic care ability is an indispensable core literacy for nursing staff, which directly affects the quality of nursing and patients' medical experience. However, in current nursing education, the training of humanistic care ability has not yet formed a sound system, with problems such as unreasonable curriculum setup, single teaching methods, and insufficient humanistic literacy of the teaching staff. As a result, some nursing staff find it difficult to fully embody humanistic care in clinical work. In this context, in-depth research on the construction and practical paths of the training system for humanistic care ability in nursing education is of great practical significance for improving nursing quality and promoting patient recovery..

2 Current situation of cultivating humanistic care ability in nursing education

2.1 Course setting analysis

The analysis of humanistic care courses for nursing majors in three vocational colleges—Nanjing Health Vocational and Technical School, Xinjiang Production and Construction Corps Xingxin Vocational and Technical College, and Kangda College of Nanjing Medical University—was mainly conducted based on the open curriculum system documents of each institution. Among them, the relevant data of Xinjiang Production and Construction Corps Xingxin Vocational and Technical College were primarily derived from the 2024 Nursing Major Talent Training Program. This document clearly records the total class hours of the nursing program (2,812 hours), including 36 hours for Introduction to Nursing, 54 hours for Nursing Ethics, 36 hours for Nursing Psychology, 36 hours for Hospice Care, and 32 hours for the elective course Practice of Nurse-Patient Communication. Based on this, the total class hours of humanistic care-related courses in the college amount to 162 hours, accounting for approximately 7.4% of the total class hours.

Specific data regarding the proportion of practical hours and teaching formats in the teaching process were mainly obtained from the Curriculum Plan Compilation released by the Academic Affairs Office of Xinjiang Production and Construction Corps Xingxin Vocational and Technical College in 2023. In the nursing curriculum plans included in this compilation, the hour allocation for humanistic care courses is clearly specified as follows: 88% for classroom teaching, 10% for case analysis, and 2% for simulated scenario practice (involving simple ward scenario simulations such as feeding elderly patients). Currently, the practical links still focus on static case analysis, lacking immersive clinical scenario design, which reflects the theoretical tendency of teaching content.

2.2 Exploration of teaching methods

Teaching practices in the three vocational colleges—Kangda College of Nanjing Medical University, Xinjiang Production and Construction Corps Xingxin Vocational and Technical College, and Kangda College of Nanjing Medical University—show that traditional lecture-based teaching still dominates, and the application of interactive teaching methods is insufficient in both breadth and depth.

According to the 2024 Teaching Reform Report of the Nursing Department of Xinjiang Production and Construction

Corps Xingxin Vocational and Technical College, 75% of the college's humanistic care-related courses adopt a teacher-led theoretical lecture model, 20% use group discussions based on real clinical cases, and only 5% involve simple situational simulations (such as simulating patient complaint handling). Furthermore, most simulated scenarios are scripted exercises, lacking dynamic emergency designs (e.g., situations where patients suddenly lose emotional control).

In terms of student feedback, a survey conducted by the Teaching Quality Evaluation Center of Kangda College of Nanjing Medical University in the spring semester of 2024 showed that 74% of the surveyed students believed that "the weak practical links result in humanistic care knowledge remaining at the theoretical level, making it difficult to translate into clinical operational competence." This result is highly consistent with the survey data from Nanjing Health Vocational and Technical School (76%) and Kangda College of Nanjing Medical University (76%), highlighting the common shortcoming in practical teaching.

2.3 Construction of teaching staff

The research on the humanistic care teaching competence of nursing teachers in the three vocational colleges—Nanjing Health Vocational and Technical School, Xinjiang Production and Construction Corps Xingxin Vocational and Technical College, and Kangda College of Nanjing Medical University—was analyzed mainly based on two data sources.

Firstly, the Survey Report on the Construction of Teaching Staff released by the Vocational Education and Nursing Professional Teaching Guidance Committee in 2024. This report conducted a systematic survey of 120 nursing teachers (including 32 from the Nursing Department of Xinjiang Production and Construction Corps Xingxin Vocational and Technical College) using a standardized questionnaire. The data show that 31.7% of teachers at Nanjing Health Vocational and Technical School have received provincial or higher-level training in humanistic care teaching, 35% at Xinjiang Production and Construction Corps Xingxin Vocational and Technical College, and 30.8% at Kangda College of Nanjing Medical University.

Secondly, a special survey on the development needs of nursing teachers conducted by Xinjiang Production and Construction Corps Xingxin Vocational and Technical College in 2025 further revealed the current status of the college's teachers through in-depth interviews and quantitative statistics: 68% of the surveyed teachers stated that their teaching relies on accumulated clinical experience and traditional textbooks; 65% pointed out that they struggle to form a standardized teaching model due to the lack of systematic humanistic care teaching methods; meanwhile, only 10% of the college's nursing teachers have further education experience in humanities fields such as sociology and psychology. This proportion is lower than the 18% level of Xinjiang Production and Construction Corps Xingxin Vocational and Technical College (note: the original text may have a wording error; it is assumed to refer to the average level of the region or a comparison group), reflecting the lag in the construction of interdisciplinary teaching staff.

3 Analysis of influencing factors on nursing humanistic care ability

3.1 Individual-level factors

Learners' personality traits are the basic variables affecting the development of humanistic care ability. Studies have shown that students with high empathy and agreeable personality traits are more likely to perceive patients' emotional needs and show stronger initiative and sensitivity in nurse-patient interactions. The degree of professional value identification is also crucial—when students deeply understand the humanistic nature of the nursing profession and regard "care" as a core responsibility rather than an additional requirement, they will more actively participate in the learning of humanistic knowledge and practical training. In addition, the richness of life experience and reflection ability have an interactive impact: students with experiences such as volunteer services and family care, who are good at refining insights, have a deeper understanding of the physical and mental experience of patients' pain, and their care behaviors are more targeted and warm.

3.2 Educational system factors

The scientificity of the curriculum structure directly restricts the training effectiveness of humanistic care ability. If humanistic courses are limited to the basics of ethics and psychology, lacking special contents such as communication skills and social medicine, it will lead to the fragmentation of the knowledge system. The appropriateness of teaching methods is also important—teacher-centered indoctrinating teaching is difficult to cultivate students' situational adaptability, while interactive teaching strategies (such as case discussions and role simulation) can effectively promote the transformation of knowledge into ability. The evaluation orientation has a significant guiding role: when assessment only focuses on theoretical memory and ignores practical performance, it is easy to trigger students' utilitarian tendency of "valuing scores over ability." In addition, the completeness of teaching resource allocation (such as standardized patient banks and humanistic case databases) will also affect the depth and breadth of practical teaching.

3.3 Social environment factors

Occupational cognitive bias constitutes an external obstacle to humanistic care training. The widespread "technology supremacy" concept in society simplifies nursing work into operation execution, weakens its humanistic nature, and leads to a decrease in students' professional identity. The efficiency orientation of the medical system also has an impact—under the pressure of indicators such as bed turnover rate and workload assessment, the tendency of "valuing treatment over care" in clinical practice is strengthened, which indirectly weakens the emphasis on humanistic ability in the education link. The media frame effect cannot be ignored: the excessive amplification of conflicts in reports on negative medical events may make students form the cognitive bias that "humanistic care is prone to cause disputes," thereby inhibiting the initiative of their care behaviors.

4 Construction of the training system for nursing humanistic care ability

4.1 Determination of goals and principles

The training goals need to achieve three-dimensional integration: at the awareness level, enable students to establish a "patient-centered" professional values and internalize humanistic care into professional consciousness; at the knowledge level, master core knowledge modules such as nurse-patient communication, cross-cultural care, and psychological counseling; at the skill level, possess practical abilities such as situational judgment, emotional response, and conflict mediation, and be able to provide personalized care services for different groups (such as elderly patients and terminally ill patients). The training principles include: ① Learner-centered principle, designing hierarchical training programs based on students' cognitive characteristics and development needs; ② The principle of integrating knowledge and practice, realizing the transformation of knowledge into ability through the closed-loop design of "theoretical teaching - simulation training - clinical practice"; ③ The principle of systematic integration, embedding humanistic care training into the entire education process including curriculum system, practice links, and campus culture; ④ The principle of sustainable development, establishing a lifelong training mechanism covering school learning, clinical induction, and professional advancement to adapt to the ability needs of different stages.

4.2 Optimization of the curriculum system

The curriculum structure needs to achieve dual improvement in quality and quantity: on the basis of existing ethics and psychology courses, add specialized courses such as Clinical Communication Skills, Bioethics, and Geriatric Care Practice, so that the proportion of humanistic courses in total class hours can be increased to 12%. The practice system should construct a gradient training mode: the basic level carries out nurse-patient communication simulation (such as informing cancer patients of bad news) through standardized patients; the advanced level relies on affiliated hospitals to carry out clinical probation, focusing on training humanistic response in scenarios such as emergency and ICU; the innovative level sets up interdisciplinary collaboration projects, and completes complex case intervention jointly with social workers and psychologists. Content integration adopts modular design: decompose humanistic care elements into core modules such as "respecting autonomy," "alleviating pain," and "maintaining dignity," which are respectively embedded in professional courses such as basic nursing and specialized nursing. For example, in Surgical Nursing, combined with postoperative pain management, integrate the communication skills of "pain narrative"; in Pediatric Nursing, with children's psychological development characteristics, strengthen the ability of game-based nursing intervention. The quality monitoring mechanism needs to introduce multiple evaluation subjects, regularly collect students' self-evaluation, teachers' comments, patients' feedback, and clinical teaching opinions, forming a dynamically optimized curriculum improvement plan.

5 Practical paths for training nursing humanistic care ability

5.1 Humanistic care practice in clinical internship—taking the "standardized patient scenario simulation course" as an example

This course carefully selects typical scenarios commonly encountered in clinical work, such as difficulties in nurse-patient communication, psychological counseling for patients, and hospice care. Standardized patients who have received systematic professional training play different types of patients, including post-operative anxious patients, chronic disease patients with doubts about treatment plans, and depressed terminally ill patients. Students carry out nursing operations and communication work in strict accordance with clinical nursing procedures in the simulated scenarios. Teachers conduct real-time observation and detailed records through one-way glass, and after the scenario simulation, timely conduct comprehensive comments and targeted guidance on students' performance, clearly pointing out their strengths and weaknesses in humanistic care practice. After the course, students are organized to carry out reflection and discussion activities, prompting them to share their true feelings and profound experiences in the

simulation process, summarize experiences and lessons in practice, and form standardized reflection reports. Practice results show that through systematic training in this course, students' nurse-patient communication ability and humanistic care practice ability have been significantly improved.

5.2 Construction of campus culture and creation of humanistic atmosphere

A series of activities with the theme of humanistic care are widely carried out on campus, including humanistic care speech contests, essay contests, scenario performances, and volunteer services. Through diversified activity forms, students' awareness of humanistic care is effectively enhanced. A special humanistic care culture wall is set up to regularly update typical cases of humanistic care in nursing work and philosophical famous quotes. Posters and pictures embodying the concept of humanistic care are hung in campus places such as teaching buildings, libraries, and dormitories, creating a strong humanistic care atmosphere. Strengthen humanistic care interactions between teachers and students, and among students, and actively advocate the campus fashion of respecting, understanding, and caring for others. Teachers pay attention to setting an example in daily teaching and life, conveying the concept of humanistic care through their words and deeds, and at the same time encouraging students to help and care for each other in study and life. In addition, excellent nurses from the clinical front line are invited to the campus to give special lectures, sharing their valuable experiences and profound insights in practicing humanistic care in nursing work, allowing students to feel the unique charm of humanistic care at close range.

5.3 Exploration of school-hospital cooperation mode and interdisciplinary integration practice

Nursing colleges and hospitals actively build a long-term and stable cooperation mechanism, and jointly formulate a scientific and reasonable training plan for humanistic care ability. Hospitals provide sufficient clinical practice opportunities for students, carefully arrange experienced medical staff as students' teaching teachers, and give specific and detailed guidance on students' humanistic care practice during clinical internships. Medical staff deeply participate in the curriculum teaching and talent training program formulation of colleges, organically integrating real cases and humanistic care needs in clinical practice into teaching contents, making teaching more close to clinical reality. At the same time, actively carry out interdisciplinary cooperation, and jointly teach with teachers from psychology, sociology, ethics, literature and other disciplines, and jointly develop humanistic care-related courses and teaching resources. For example, cooperate with psychology teachers to offer the course Advanced Nursing Psychology, and analyze the nursing needs of different social groups in depth combined with sociological knowledge. Through interdisciplinary integration, students' knowledge and vision are effectively broadened, and their comprehensive ability of humanistic care is improved, enabling students to understand and practice humanistic care from multiple perspectives.

6 Conclusion

In current nursing education, there are obvious differences between China and foreign countries in the training of humanistic care ability in terms of curriculum setup, teaching methods, and teaching staff construction. Factors at the individual, educational system, and social environment levels all have an impact on the training of nursing humanistic care ability. The humanistic care ability of nursing students can be effectively improved by constructing a training system with clear goals and principles and an optimized curriculum system, as well as adopting practical paths such as scenario simulation in clinical internships, campus culture construction, school-hospital cooperation, and interdisciplinary integration. However, this study still has certain limitations, for example, the effectiveness of practical paths needs long-term follow-up verification. In the future, the research scope can be further expanded to explore more suitable humanistic care ability training models for nursing colleges at different levels..

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References

[1] Luo F , Cai J , Ma H ,et al.Application of a training program system centered on job competency in the standardized training of new nurses[J]. BMC Nursing, 2025, 24(1).

[2] Mo F , Hu X , Ma Q ,et al.Clinical narrative competence and humanistic care ability of nurses in assisted reproductive technology: a cross-sectional study[J].BMC Nursing, 2024, 23(1).

[3] Wang L , Huang R , Du Y , et al. Effectiveness of Narrative Nursing Education on Humanistic Care Quality of Nursing Interns[J]. Creative Education, 2024, 15(7):9.

[4] Liu X P , Li Q Q , Zhong Y Z ,et al.N97K The construction and practice of humanistic care teaching model based on 5C care theory[J].Nursing Communications, 2024, 8.

[5] Wang L , Liu W .Research Progress of Humanistic Care Nursing[J].Nursing journals, 2022(009):012.

[6] Wang L , Luo M , Huang R ,et al.Practical Experience in Home Care of Nursing Interns: A Qualitative Research[J].Nursing journals, 2020, 10(5):8.