

Current Status of Humanistic Education for Undergraduate Nursing Students and Strategies for Cultivation

Lijuan Ma, Zheng Qiao, Ling Chen*

Cancer Hospital Affiliated to Xinjiang Medical University, Urumqi 830011, Xinjiang Uygur Autonomous Region, China

**Author to whom correspondence should be addressed.*

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Abstract: Driven by the evolution of the medical model and the widespread adoption of patient-centered care, higher demands are now placed on the humanistic qualities of nursing professionals. Humanistic competence in nursing encompasses the knowledge, caring behaviors, and abilities required in clinical practice; it is intrinsically linked to the quality of nursing services and the overall patient experience. However, deficiencies exist in current undergraduate nursing curricula regarding humanistic education, which hinders the cultivation of competent nursing professionals. This paper systematically analyzes the status quo of humanistic education for undergraduate nursing students and explores existing challenges. Accordingly, it proposes feasible training strategies and practical approaches from multiple dimensions. This study aims to promote the reform of humanistic education, enhance the professional competence of nursing personnel, and provide a reference for future professional education.

Keywords: Nursing education; Undergraduate students; Humanistic competence; Status quo; Cultivation strategies

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1. Introduction

Nursing science integrates science, art, and the humanities. Proficient technical skills serve as the foundation of nursing practice, while profound humanistic competence constitutes its essence. In the context of the “Healthy China” strategy, the public demand for personalized and diversified health services is growing, imposing new standards for nurses’ humanistic care and communication competencies. Undergraduate nursing students constitute the backbone of the future nursing workforce; therefore, cultivating their humanistic competence is crucial to the development of the entire nursing profession. The undergraduate education stage is a critical period for nursing students to shape their professional values, spirit, and humanistic qualities. Consequently, conducting an in-depth analysis of the dilemmas in humanistic education for undergraduate nursing students and developing scientific, effective training models have become urgent

priorities in the field of nursing.

2. Current status of humanistic education for undergraduate nursing students

2.1. Deficiencies in humanistic care competence among undergraduate nursing students

First, the humanistic knowledge structure of nursing students is fragmented, with poor internalization. Although many colleges offer humanities and social science courses, such as nursing psychology, nursing etiquette, and nursing aesthetics, there is a lack of organic integration among them, as they are typically taught as isolated topics ^[1]. Nursing students often engage in exam-oriented learning, failing to internalize humanistic knowledge into their personal values, which leads to a disconnection between theory and practice. Second, humanistic care competence is often disconnected from practice. During clinical rotations, some students focus excessively on mastering operational procedures and completing technical tasks, paying insufficient attention to patients' emotional needs. In terms of communication, they tend to rely on medical jargon, lack the skills to proactively provide emotional support and spiritual comfort, and struggle to establish therapeutic relationships with patients ^[2]. Third, professional identity and values are weakening. Affected by academic pressure and employment competition, some students lack a sense of professional identity and pride. They often possess only a superficial understanding of nursing, lack an appreciation of core humanistic values such as caring and support, and are prone to job burnout ^[3].

2.2. Deficiencies in faculty teaching philosophies and competencies

First, teaching philosophies are relatively outdated. Some faculty members adhere to the traditional biomedical model and inadvertently prioritize technical skills in their teaching practice ^[4]. They focus heavily on explaining disease pathology and demonstrating operational skills but lack awareness of the need to integrate the humanistic spirit into professional teaching and cultivate students' empathy and caring abilities. Second, competence in humanistic education requires enhancement. Faculty teaching humanities courses may lack a nursing background and a sufficient understanding of specific ethical dilemmas in nursing practice, leading to teaching that is overly theoretical. Conversely, nursing faculty may find it difficult to naturally integrate humanistic elements into professional courses due to an insufficient humanistic knowledge base and lack of pedagogical training. This "two-track system" weakens the overall effectiveness of humanistic education. Third, teaching methods are dominated by traditional didactic instruction. Current humanistic education still relies primarily on classroom lectures, leaving students as passive recipients ^[5]. There is a lack of interactive and experiential teaching methods, such as case analysis, role-playing, group discussions, narrative pedagogy, and reflective writing, that can stimulate emotional engagement and promote value clarification. Consequently, the teaching lacks appeal and fails to provide sufficient intellectual enlightenment.

2.3. Inadequacies in the educational system and evaluation mechanisms

First, curriculum design and weighting are suboptimal. Compared with professional courses, humanities and social science courses account for a small proportion of total class hours. Most are offered in the early academic years and lack close connection with advanced professional courses and clinical practice, making it difficult to establish a continuous humanistic education framework ^[6]. Second, humanistic goals in clinical education are vague. Clinical practice guidelines and evaluation standards usually specify operational skills

clearly, but the requirements for students' humanistic care behaviors and communication skills remain relatively general. The lack of observable and measurable indicators easily leads to insufficient attention from both faculty and students [7]. Third, the educational function of the campus humanistic environment is underutilized. Some colleges have not effectively extended humanistic education from the formal curriculum to extracurricular activities [8]. The integration of professional characteristics and humanistic connotations in campus cultural activities is weak, and the promotion of the Nightingale spirit and role models is neither normalized nor contextualized. The cultivating influence of the overall humanistic atmosphere needs to be strengthened.

3. Correlation analysis of humanistic competence and related factors in undergraduate nursing students

To further clarify the internal structure of humanistic competence in undergraduate nursing students and its correlation with cognition, attitude, and practice intention, Pearson correlation analysis was employed to examine the linear relationships between variables ($p < 0.05$, $*p < 0.01$). Results indicated highly significant positive correlations among the cognition, courage, and patience dimensions of the CAI scale ($r = 0.52$ – 0.71 , $p < 0.01$), demonstrating good internal consistency, structural stability, and reliability. Additionally, significant positive correlations were observed among cognition, attitude, and practice intention ($r = 0.58$ – 0.75 , $p < 0.01$). This aligns with the theoretical “cognition-attitude-behavioral intention” framework, further validating the scale's structural validity.

Regarding inter-variable correlations, the CAI-patience dimension showed significant positive correlations with cognitive level ($r = 0.45$, $p < 0.01$), attitude orientation ($r = 0.31$, $p < 0.05$), and practice intention ($r = 0.50$, $p < 0.01$), suggesting it has the strongest association with humanistic performance. The CAI-cognition and CAI-courage dimensions were significantly correlated only with cognitive level ($r = 0.41$, 0.38 , respectively; $p < 0.05$) and practice intention ($r = 0.35$, 0.44 ; $p < 0.05/0.01$). No statistically significant correlation was found with the attitude dimension.

In summary, the overall CAI level is positively correlated with cognitive level and practice intention, with patience emerging as a key variable influencing attitude formation. These findings provide a robust empirical basis for subsequent regression analyses, the exploration of influence pathways, and the development of targeted training strategies.

Table 1. Correlation analysis of humanistic competence and related factors in undergraduate nursing students

Dimension	Dimension	CAI-cognition	CAI-courage	CAI-patience	Cognitive level	Attitudinal level	Behavioural intention
	CAI-cognition	1	0.68**	0.52**	0.41*	0.23	0.35*
	CAI-courage	0.68**	1	0.71**	0.38*	0.29	0.44**
	CAI-patience	0.52**	0.71**	1	0.45**	0.31*	0.50**
	Cognitive level	0.41*	0.38*	0.45**	1	0.63**	0.58**
	Attitudinal level	0.23	0.29	0.31*	0.63**	1	0.75**
	Behavioural intention	0.35*	0.44*	0.50**	0.58**	0.75**	1

4. Strategies and practical approaches for enhancing humanistic competence in undergraduate nursing students

4.1. Establishing a scientific and comprehensive humanistic curriculum system and innovating pedagogical approaches

First, institutions should dismantle disciplinary barriers and construct a modular, progressive humanistic curriculum cluster. By integrating courses such as medical ethics and health regulations, and establishing modules on nursing practice norms and ethical decision-making, educators can concurrently weave humanistic care strategies into clinical nursing instruction. This approach assists undergraduates in systematically mastering professional knowledge while cultivating humanistic competence. Second, implement student-centered experiential learning and reduce reliance on didactic lecturing. Incorporate real-world clinical cases and organize group discussions on ethical boundaries and the equitable allocation of medical resources. Enhance communication, empathy, and counseling skills through simulated nurse-patient conflict scenarios and Standardized Patient (SP) methodologies, reinforced by video debriefing. Furthermore, promote Problem-Based Learning (PBL) and Team-Based Learning (TBL) to guide students in independently exploring and collaboratively solving practical issues, such as hospice care and chronic disease management, thereby deepening their understanding and application of humanistic values ^[9,10].

4.2. Affirming student agency and stimulating intrinsic motivation for humanistic development

First, facilitate the role transformation of students into active constructors of knowledge. Guide them to conduct independent pre-class research to identify issues, engage actively in in-class discussions, and build a nursing knowledge system through post-class projects and practical activities, while teachers transition into the roles of facilitators and collaborators ^[11]. Second, cultivate students' capacity for self-directed learning and career planning awareness. Encourage them to read humanistic classics and biographies of eminent figures, and view high-quality films to cultivate humanistic literacy ^[12]. Closely link the enhancement of humanistic competence with career development, helping students realize that humanistic care is a core competency of distinguished nurses. Third, promote peer learning groups. Encourage students to form study circles to regularly share clinical experiences, provide mutual emotional and academic support, and solidify the foundation of humanistic practice through peer exchange and shared empathy.

4.3. Transforming faculty pedagogical philosophies and enhancing educational competence

First, establish the philosophies of “holistic education” and “ethical integration in curriculum”. Both professional and humanities faculty must clarify their fundamental responsibility of educating and nurturing students, deeply understanding the role of humanistic competence in nursing. In both curriculum and practical teaching, it is essential to consciously and strategically embed humanistic and scientific values, promoting the seamless integration of knowledge transmission and ability cultivation. Second, strengthen faculty development and team building. Institutions should regularly organize workshops and seminars on humanistic education, inviting senior experts in education, psychology, and ethics to provide systematic training ^[13]. Furthermore, encourage the formation of interdisciplinary teaching teams comprising both nursing and humanities faculty. Promote in-depth exchange and disciplinary complementarity through collaborative lesson planning, team teaching, and joint clinical supervision. Additionally, institutions should

identify and mentor distinguished educators who possess solid professional expertise and a profound spirit of care. By leveraging their exemplary role and influence in teaching practice and ethics, the overall quality of nursing humanistic education can be comprehensively improved^[14].

4.4. Optimizing evaluation systems and cultivating a humanistic environment

First, actively construct a diversified evaluation system for humanistic competence, focusing on the learning process. Faculty should shift from purely summative evaluation methods, paying attention not only to test scores but also to students' ongoing learning performance^[15]. For instance, curriculum evaluation should appropriately weigh performance in case analysis, communication skills during role-playing, and attitudes demonstrated in service learning. Simultaneously, develop specific scales for evaluating nursing humanistic competence to facilitate progressive assessment. Second, leverage the evaluative function of clinical practice. By revising clinical practice manuals, clearly define key behavioral indicators for humanistic care, such as initiating self-introductions, prioritizing patient comfort, and delivering effective health education. Faculty must regularly observe, document, and provide feedback on student behaviors. Finally, actively cultivate a positive campus humanistic environment. Institutions can organize a series of activities, such as "5.12" International Nurses Day celebrations, Nightingale exhibitions, medical humanities lectures, speeches by distinguished nursing alumni, nursing etiquette competitions, and humanities reading clubs. These initiatives aim to create a humanistic campus culture characterized by nursing professionalism, subtly influencing and immersing students in these values.

5. Conclusion

In summary, cultivating humanistic competence in undergraduate nursing students is a complex and systematic endeavor that aligns with the strategic goals of the "Healthy China" initiative. Current challenges in undergraduate education, such as insufficient internalization of humanistic values among students and outdated pedagogical concepts, can be addressed through strategic educational planning and the innovation of teaching methodologies. Future nursing humanistic education should evolve towards an integrated, whole-process approach to better foster the humanistic spirit and optimize the training of nursing professionals. Educators must take greater initiative and secure support from colleges, the healthcare sector, and other relevant stakeholders. Through the refinement of professional education, a workforce of nursing professionals proficient in clinical skills can be cultivated, contributing to safeguarding public health and well-being while demonstrating the profound professional value of nursing.

Disclosure statement

The authors declare no conflict of interest.

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