

Qualitative Study on the Needs of Clinical Nursing Teachers' Humanistic Care Competency Training

Yanning Wang^{1,2}, Rabigul Rahman^{1,2}, Jing Gao³, Yanni Wang^{1,2}, Qin Lv^{1,2}, Feng Fu^{1,2*}

¹Department of Nursing, Xinjiang Medical University, Urumqi 830000, Xinjiang Uygur Autonomous Region, China

²Health Care Research Center for Xinjiang Regional population, Urumqi 830000, Xinjiang Uygur Autonomous Region, China

³Department of Nursing, The First Affiliated Hospital of Xinjiang Medical University, Urumqi 830000, Xinjiang Uygur Autonomous Region, China

*Corresponding author's email: Feng Fu, fengfu@xjmu.edu.cn

Abstract: This study addresses issues such as an overemphasis on technical skills and neglect of humanistic aspects among clinical nursing educators during the transition of nursing education toward “integration of technology and humanism.” It aims to identify gaps in humanistic care practice capabilities, training needs, and contextual challenges faced by clinical nursing educators during clinical teaching. Employing a phenomenological research approach, semi-structured in-depth interviews were conducted with 11 clinical nursing educators with ≥5 years of experience at a tertiary-level Class A hospital in Urumqi. Data analysis was conducted using NVivo 12.0 combined with Colaizzi’s seven-step analysis method. Two major categories of positive and negative needs were extracted: positive needs included training to alleviate student anxiety, enhance teachers’ professional identity, and deepen understanding of humanistic theories; negative needs included high practical difficulty and insufficient awareness of caring education among teachers. The findings indicate that clinical nursing instructors have substantial training needs in humanistic care competencies. There is an urgent need to establish a standardized, institution-wide collaborative training system and strengthen reflective practice capabilities. Through two-way capacity building, nursing humanities education should shift toward simultaneously enhancing both educators’ teaching competencies and students’ learning capabilities.

Keywords: Clinical nursing teachers; Humanistic care competency; Qualitative research; Nursing education; Training needs

1 Introduction

Currently, nursing education is in a deepening transition stage from “emphasizing technology over humanity” to “integration of technology and humanity” (Li, 2025). Against this background, clinical nursing teachers’ teaching practice presents certain phased characteristics: the current teaching focus of clinical nursing teachers is generally concentrated on training standardized operational procedures, while there is still room for improvement in the penetration of humanistic care concepts and value guidance (Liao et al., 2026). This emphasis on teaching focus has led to a sense of powerlessness in clinical practice among a large number of nursing students during their internship period (Jing et al., 2025). At the same time, nursing students’ demand for humanistic care support during their internship process is increasingly prominent, and the cultivation of their humanistic care competen-

cy is closely related to the clinical teaching environment (Inocian et al., 2022). As key guides for nursing students’ professional socialization, the continuous optimization of clinical nursing teachers’ humanistic care teaching competency has become an important issue for improving the quality of nursing humanistic education (Zhang, 2025). However, some nursing students reported experiencing distress due to lack of humanistic care during their internship, partly attributable to clinical nursing teachers’ humanistic care practical competency (Hao et al., 2021). Issues such as inadequate humanistic care practice and weak awareness of humanistic care for students among clinical nursing teachers, this “guide” group in clinical teaching work, urgently require systematic research to address.

International and domestic research provides important foundations for this. Internationally, Swanson’s Caring Theory and Watson’s Theory of Human

Caring have constructed corresponding theoretical frameworks for humanistic care education and training (Hu et al., 2025; Li, 2025; McKelvey, 2018; Iwasiw & Goldenberg, 2015). Educational models such as Mini-CEX, narrative education, curriculum ideological and political education, and reflective teaching have demonstrated positive effects in cultivating humanistic quality (Jing et al., 2025; Li, 2025; Rai et al., 2024). Domestic research has also made progress, but there is still room for expansion: for example, the usage rate of narrative teaching methods in clinical teaching is only 35.7%, and the systematic integration of real case resources needs to be strengthened (Lin, 2025). Existing research has identified teaching duration, training experience, teaching ability, and personality characteristics as influencing factors of teachers' humanistic care competency (Wang et al., 2022). However, there are also some research limitations: for example, most studies remain at the level of cross-sectional quantitative description, failing to deeply reveal the internal mechanisms and practical representations of teachers' competency development.

Existing research has extensively examined the competency requirements and training needs of clinical nursing teachers in implementing humanistic care teaching, revealing critical gaps in teaching design and immediate feedback competencies (Yao et al., 2025; Cao et al., 2025), as well as the pressing need for interdisciplinary knowledge integration including infectious disease psychological intervention, interpretation of traditional Chinese medicine humanistic concepts, and guided teaching strategies for nursing graduate students (He, Sheng, & Chen, 2025; Hao et al., 2021; Zhang et al., 2025; Wu & Zhang, 2025). However, systematic qualitative exploration of contextual challenges and practical competency gaps remains insufficient, particularly regarding the transformation from student-centered outcome verification to teacher-centered capacity building.

Based on the identified gaps, this study aims to systematically explore the competency gaps, training needs, and contextual challenges of clinical nursing teachers in implementing humanistic care teaching through qualitative research methods. By examining teachers' real needs in interdisciplinary humanistic knowledge reserves and high-level talent cultivation strategies, and systematically conducting competency training to address dilemmas in teaching design and

immediate feedback capabilities, this research will provide solid evidence for constructing precise, staged, and specialized clinical nursing teachers' humanistic care competency training systems.

2 Research method

2.1 Research subjects

Eleven clinical nursing teachers with 5 years or more of work experience from a tertiary Grade A hospital in Urumqi were selected as research subjects using purposive sampling method. ① Inclusion criteria: A. Informed consent and willingness to participate in this study interview; B. 5 years or more of work experience; C. Good communication ability, able to express thoughts accurately and clearly. ② Exclusion criteria: Those who were temporarily not on duty due to various reasons (such as maternity leave, external training, etc.) during the research process. ③ Sample size determination: The sample size was determined when qualitative interview results reached information saturation and no new themes emerged (Li & Liu, 2012). Considering clinical nursing teachers' gender, age, professional title, and clinical teaching duration, 11 clinical nursing teachers with 5 years or more of work experience from a tertiary Grade A hospital in Urumqi were ultimately selected as research subjects. Respondents were coded as M1-M11. General information of respondents is shown in Table 1.

2.2 Methods

2.2.1 Data collection method

Data were collected by researchers who had received systematic training in qualitative research using phenomenological research methods and semi-structured, individual in-depth interviews to deeply explore subjects' experiences (Ivey, 2012). Before interviews, researchers established open and trusting communication relationships with respondents, explained the purpose, significance, interview duration, and result handling methods of this study, and emphasized voluntary and confidentiality principles with the option to interrupt interviews at any time. To protect respondents' privacy, names were replaced by codes. Based on research objectives, the author reviewed literature and discussed with two experts in this field to

determine the interview outline: ① Could you talk about your understanding of humanistic care? ② What was the most memorable scenario and your inner feelings when implementing humanistic care for students during clinical teaching? ③ What troubled you most when implementing humanistic care in clinical teaching? ④ Do you think you need training to enhance humanistic care competency in future clinical

teaching work? Interviews were conducted in quiet, undisturbed rooms. Each interview lasted 30-60 minutes. During interviews, questioning methods were adjusted according to specific situations. Researchers listened carefully, recorded promptly, and audio-recorded interview content while closely observing and recording non-verbal information such as respondents' expressions and gestures.

Table 1 General Information of Respondents (n = 11)

Number	Gender	Age (years)	Teaching duration (years)	Highest education	Professional title
M1	Female	38	8	Bachelor's degree	Associate Chief Nurse
M2	Female	42	10	Master's degree	Associate Chief Nurse
M3	Female	42	9	Master's degree	Associate Chief Nurse
M4	Female	45	14	Master's degree	Associate Chief Nurse
M5	Female	39	5	Master's degree	Chief Nurse
M6	Female	40	7	Bachelor's degree	Chief Nurse
M7	Male	34	5	Master's degree	Chief Nurse
M8	Female	39	5	Master's degree	Chief Nurse
M9	Female	51	23	Bachelor's degree	Associate Chief Nurse
M10	Female	46	10	Bachelor's degree	Associate Chief Nurse
M11	Male	39	7	Master's degree	Chief Nurse

2.2.2 Data analysis method

Within 24 hours after interviews, audio recordings were transcribed verbatim independently by two researchers. After consistency verification with Kappa coefficient ≥ 0.85 , NVivo 12.0 was used to transcribe data into text. During repeated reading, meaningful statements were extracted, similar viewpoints were identified, qualitative research experts were consulted to control ideas and refine themes, and finally respondents were asked to verify to confirm interviewers' understanding and ensure research accuracy and validity. Data analysis was conducted according to Colaizzi's 7-step analysis method (Colaizzi, 1978).

3 Results

3.1 Current challenges in implementing humanistic care practices during clinical teaching

3.1.1 Clinical nursing educators generally perceive significant difficulties in implementing such practices

It is widely recognized that integrating humanistic care into teaching has garnered significant external

attention and advocacy. However, most respondents indicated that implementing humanistic care for nursing students during clinical teaching is far from straightforward, with outcomes falling considerably short of ideal expectations. M1: "I used to think humanistic care should be simple just showing concern for our students. But when it comes to actual implementation, we often don't know where to start, even though our intentions are genuinely for the students' benefit." M2: "As a clinical instructor, providing just the right amount of humanistic care actually requires considerable skill. It's not as simple as just paying attention to our students, as many imagine. Current perceptions tend to be rather idealistic." M3: "Most students have strong subjective views. Sometimes our intentions as teachers are good, but due to differing perspectives or even significant age gaps, both teachers and students may feel the humanistic care provided by the instructor falls short."

3.1.2 Limited training formats and weak practical awareness among relevant teachers

During the interviews, we learned that all interviewees had participated in training related to humanistic care competencies during their clinical teaching

careers. However, most interviewees felt that past training programs suffered from issues such as overly monotonous formats. M4: "Since I began working as a clinical nursing instructor, we've participated in numerous humanistic care training sessions organized by schools, hospitals, and other institutions each year. However, these previous sessions were more like knowledge lectures than actual training, offering little help in improving our skills. We were also reluctant to participate in this format during our rest time." Additionally, most clinical nursing instructors within this study's scope are either department head nurses or nursing leaders designated by head nurses. While they possess extensive clinical nursing experience, they lack awareness of nursing students' specific care needs. M5: "During clinical teaching, I may have focused more on cultivating students' clinical skills while overlooking their emotional experiences. After continuous reflection, I realized I indeed had insufficient awareness of students' care needs, but I'm genuinely unsure how to address this."

3.2 Clinical nursing educators' needs for relevant training

3.2.1 Alleviating nursing students' negative emotions to promote their cultivation and development

Nursing students commonly experience various psychological stresses during hospital clerkships and internships, such as cognitive anxiety about unfamiliar clinical tasks, concerns about inadequate clinical competence, and fear of independently managing patients. Clinical nursing educators, as experienced clinical nurses possessing keen insight and mature empathy, require specialized training in enhancing humanistic care competencies. This enables them to consistently engage nursing students in humanistic communication and guidance, positively influencing the development of crucial psychological support systems, student cultivation, and future career trajectories. M6: "Many undergraduate students I've encountered enter clinical settings with anxiety, fearing to face patients and families alone. However, through our patient and attentive inquiries and care during teaching, most are able to adjust their emotions and achieve self-improvement in clinical instruction. "Moreover, humanistic care fosters positive teacher-student interactions in clinical teaching, mitigates potential issues during instruction, and enhances nursing students' clinical

learning experiences, thereby promoting their development." M7: "During clinical teaching, we often encounter students with low cooperation levels. Concerned about their learning outcomes, we sometimes strain relationships through miscommunication. In reality, taking a moment to offer genuine care often resolves these issues smoothly."

3.2.2 Strengthening professional identity through mutual empowerment between faculty and students

The role of humanistic care practice is bidirectional for both teachers and students. Currently, with the continuous development of nursing education, emphasis is placed on nursing students engaging deeply in clinical practice, while also requiring clinical nursing instructors to enhance their capacity for humanistic care during clinical teaching. This "bidirectionality" refers, on one hand, to instructors strengthening humanistic care for nursing students in their work, replacing the rigid supervision model that previously overlooked students' humanistic experiences with a caring supervision approach that "lets go but keeps an eye on" to guiding students to explore professional values and establish career goals. On the other hand, the act of providing care itself enhances clinical nursing instructors' sense of professional responsibility and identity. This study found that as humanistic care competencies improve, clinical nursing instructors' sense of belonging to the clinical nursing and teaching professions also increases. M8: "When I provide humanistic care to nursing students, I feel grounded and happy. Students are particularly eager to have me as their clinical instructor or lecturer. This win-win situation gives me a strong sense of accomplishment." M9: "During interactions with students, I sometimes realize my answers aren't comprehensive enough. This serves as both a challenge and motivation, prompting me to strengthen my knowledge in weaker areas and injecting new energy into my work."

3.2.3 Promoting the practical application of theoretical knowledge in humanistic care

All interviewed clinical nursing educators unanimously agreed that through sustained practice of humanistic care particularly among those with years of experience in clinical teaching roles theories of humanistic care deemed dry, hollow, and abstract in classrooms and textbooks gradually became tangible

and concrete after internalization through practice. M10: “As a student, I found humanistic care profoundly abstruse, but when I actually encountered similar situations and practiced it myself, it suddenly clicked.” This transformative process follows a cyclical path of “practice-reflection-synthesis,” enabling educators to profoundly appreciate how humanistic care enhances teaching effectiveness and deepens theoretical understanding. M11: “For a long time after starting work, including the very beginning, I always felt care theory was hollow. But through sustained interaction with students, I gradually grasped its core through reflection and practice.”

4 Discussion

The aforementioned research findings systematically reveal that the current implementation of humanistic care practices among clinical nursing educators faces challenges including high implementation difficulty, limited training formats, and insufficient recognition of practical needs among educators. These issues point to the core need for training in humanistic care competencies among clinical nursing educators. Based on semi-structured interviews with relevant educators, this study identifies three key dimensions for enhancing humanistic care competency training among clinical nursing instructors: boosting teacher engagement, strengthening cognitive understanding, and innovating training methods. A systematic discussion is conducted around these three aspects.

4.1 Offering diverse training programs to boost teacher engagement

Rational training programs for enhancing humanistic care competencies form the foundation for improving clinical nursing educators’ capabilities in this area, representing a concrete manifestation of their training needs. As early as 1996, the American Association of Colleges of Nursing (AACN) established relevant training standards (American Association of Colleges of Nursing, 1996). Currently, however, training systems for enhancing humanistic care competencies among clinical nursing educators remain inadequate in many countries and regions. Addressing the issues and needs raised by the interviewed educators in this study, we must encourage universities and hos-

pitals to jointly design and implement diversified training programs. These should feature standardized, scientific, and systematic curricula in terms of training objectives and delivery models (Caffarella & Daffron, 2013). Training should extend beyond the classroom walls, incorporating multiple practical training activities to achieve an organic integration of theory and practice (Center for Engaged Learning, 2026). Diversified training not only inspires educators’ enthusiasm for participation but also effectively and comprehensively enhances their capacity for humanistic care.

4.2 Enhancing clinical nursing educators’ understanding of person-centered care through a dual-center teaching approach

Currently, clinical nursing educators employ largely consistent teaching strategies in clinical instruction, reflecting a widespread recognition of humanistic care practices among this group, a finding consistent with the results of this study. While clinical nursing educators possess a certain foundation of care knowledge and clinical research capabilities, there remains a lack of awareness regarding the implementation of humanistic care practices during the clinical teaching process for nursing students. This indicates a need to enhance this group’s awareness of humanistic care competencies within clinical teaching. Currently, no comprehensive assessment, training, or selection mechanisms have been established for this group, leaving a lack of quantitative evidence (Ivey, 2012; Colaizzi, 1978). Relevant teaching administrators may consider modifying existing teaching strategies. Previous research indicates that exploring and reforming teaching models centered on students has achieved mutually beneficial teaching outcomes (Liu, Zhou, & Liu, 2020). Therefore, on one hand, detailed learning plans should be developed based on nursing student training requirements, guided by enhancing students’ perception of humanistic care and clinical instructors’ cognitive abilities in this area (Lyu & Xu, 2017). On the other hand, clinical teaching should flexibly and scientifically adopt interactive teaching models. By connecting theoretical concepts to practical cases, care theories can be explained in an accessible manner, enabling instructors to genuinely understand and master care theories and skills. This approach will better enhance the recognition of humanistic care practices within clinical teaching work.

4.3 Establish a joint training module for teachers and students to enhance communication and interaction between them

During this study, some respondents also indicated that the inability to provide adequate humanistic care to students in clinical teaching stemmed from difficulties in effective communication with nursing students. Therefore, to enhance humanistic care competencies, beyond continuously accumulating and integrating knowledge from humanistic care theories, teaching case practices, and reflective reviews, it is necessary to design dedicated training modules for both clinical instructors and students (Li et al., 2025). Teacher-Student Joint Training aims to further improve clinical nursing educators' capacity for compassionate care practices. Additionally, it is recommended that clinical nursing mentors engage in discussions with other preceptors and academic faculty to foster comprehensive interactive training (University of Wisconsin-Eau Claire, 2024). Research indicates that group-centered inquiry-based learning can enhance the cultivation of humanistic care competencies (Yang et al., 2017). During training, clinical nursing instructors and nursing students can form groups to discuss insights on care practices, teacher-student communication techniques, and psychological counseling with relevant trainers (Chipeta & Hwang, 2024). Furthermore, clinical nursing instructors and relevant students should exchange insights on humanistic care theories in the classroom and provide timely feedback on clinical practice experiences (Gu et al., 2025). This facilitates teachers' reflection on teaching methods and quality while enabling administrators to comprehensively evaluate improvements in their capacity for humanistic care. It also promotes the timely development of scientific, effective, and feasible intervention measures to address existing shortcomings.

4.4 Research limitations

While this study reveals certain patterns, it also has limitations. First, regarding the research sample, all interviewed teachers were from a tertiary hospital in Urumqi, resulting in a single institution and a small sample size. Additionally, the sample consisted primarily of clinical nursing teachers at the levels of chief nurses and associate chief nurses, lacking diversity in professional levels. Second, regarding method-

ology, data collection primarily relied on interviews with relevant faculty members. This approach may introduce subjective embellishments that could influence the design of different training module plans. Although the study adhered to the principle of deep information saturation required in qualitative research, the findings still carry certain limitations. The applicability of this research should be evaluated within specific contexts. Therefore, future studies could conduct multi-site, multi-sample qualitative research or employ mixed-methods approaches incorporating quantitative measurement tools to further validate and enrich the conclusions of this study.

5 Conclusion

This study found that clinical nursing educators currently require further training to enhance their humanistic care competencies. This study synthesizes the practical challenges and core needs in humanistic care practices among clinical nursing educators, indicating that training formats require transformation while incorporating three key design directions. The specific reasons for altering training formats include high implementation difficulty, limited diversity in existing formats, and educators' weak awareness of students' care needs. The three design directions focus on alleviating students' negative emotions to foster their growth and development, enhancing mutual empowerment to strengthen professional identity among educators and students, and promoting the practical application of humanistic care theories.

About the author

Yanning Wang is a undergraduate students currently studying at the School of Nursing, Xinjiang Medical University, with a research focus on maternal care.

Rabigul Rahman, Yanni Wang and Qin Lv are the teachers at he School of Nursing in Xinjiang Medical University, Their research focus on the humanities and social sciences of nursing.

Jing Gao is a Master of Nursing whose research focus on the humanities and social sciences of nursing.

Feng Fu (Corresponding Author): Doctor, lecturer, teaching at the Department of Nursing Humanities, School of Nursing, Xinjiang Medical University. Research focuses on the humanities and social sciences of nursing, including maternal care, etc. Email address: fengfu@xjmu.edu.cn

Author contributions

Yanning Wang: Conceptualization, methodology, formal analysis, writing-original draft preparation.

Rabigul Rahman: formal analysis.

Jing Gao: Data analysis, validation.

Yanni Wang: Supervision, project administration.

Qin Lv: Methodology, supervision.

Feng Fu: Writing-review and editing, critical revision, final approval of the manuscript.

All authors approved the final version of this manuscript. Feng Fu is responsible for the overall content as guarantor.

Acknowledgments

The authors thank the participants and staff from the First Affiliated Hospital of Xinjiang Medical University.

Funding

This work was supported by the 12th Key Project of Educational Teaching Reform Research of Xinjiang Medical University (YG2024024).

Data availability statement

Data used for analysis are available on reasonable request. Datasets can be obtained from the corresponding author (fengfu@xjmu.edu.cn).

Conflict of interest

None declared

References

- [1] American Association of Colleges of Nursing. (1996). *The essentials of master's education for advanced practice nursing*. ERIC. <https://www.aacn.nche.edu/education-resources/essentials-series>
- [2] Caffarella, R. S., & Daffron, S. R. (2013). *Planning programs for adult learners: A practical guide* (3rd ed.). Jossey-Bass.
- [3] Cao, L., Li, H., Zhuge, C., & Cui, H. (2025). Exploration of teaching and training mode of humanistic care in oncology based on integrated medicine model. *Chinese Youjiang Medical Journal*, 53(11), 1059-1062. <https://doi.org/10.3969/j.issn.1003-1383.2025.11.015>
- [4] Center for Engaged Learning. (2026). *Work-integrated learning*. <https://www.centerforengagedlearning.org/resources/work-integrated-learning/>
- [5] Colaizzi, P. F. (1978). *Psychological research as the phenomenologists view it*. Oxford University Press.
- [6] Chipeta, M. C., & Hwang, H. F. (2024). Defining and characterizing the nursing student-faculty relationship in clinical practice: A concept analysis. *Advances in Medical Education and Practice*, 15, 1113-1125. <https://doi.org/10.2147/AMEP.S494380>
- [7] Inocian, E. P., Hill, M. B., Felicilda-Reynaldo, R. F. D., Kelly, S. H., Paragas, E. D., & Turk, M. T. (2022). Factors in the clinical learning environment that influence caring behaviors of undergraduate nursing students: An integrative review. *Nurse Education in Practice*, 63, 103391. <https://doi.org/10.1016/j.nepr.2022.103391>
- [8] Gu, B., Lv, Y., Zhu, J., Sun, X., & Li, K. (2025). Analyzing the practice of medical humanistic care based on a social learning model: Mapping the trajectory of the learning dynamic process from the learner's perspective. *Frontiers in Medicine*, 12, 1601951. <https://doi.org/10.3389/fmed.2025.1601951>
- [9] Hao, B., Geng, L., Liu, Y., Yang, B., Mi, Y., Yan, Q., ... & Chen, Z. (2021). Experience of implementing humanistic care in clinical practice stage of master of nursing specialist students: A qualitative study. *Chinese Nursing Research*, 35(21), 3796-3800. <https://doi.org/10.12102/j.issn.1009-6493.2021.21.008>
- [10] He, Y., Sheng, L., & Chen, C. (2025). Cultivating doctor-patient communication and humanistic care among oncology graduate interns in the post-pandemic era. *China Higher Medical Education*, 10, 341-342. <https://doi.org/10.3969/j.issn.1002-1701.2025.10.062>
- [11] Hu, R., Guan, Y., Wang, C., Ren, Y., Zou, R., & Xu, J. (2025). A qualitative study on humanistic care ability of medical care assistants toward patients based on Swanson's caring theory. *Modern Nurse*, 32(15), 89-92. <https://doi.org/10.19793/j.cnki.1006-6411.2025.15.023>
- [12] Ivey, J. (2012). The value of qualitative research methods. *Pediatric Nursing*, 38(6), 319-320.
- [13] Jing, T., Sui, Z., Shen, X., & Deng, Q. (2025). The effect of Mini-CEX teaching mode on nursing interns' cultivation of humanistic care ability in humanistic care wards. *Health Vocational Education*, 43(22), 101-104. <https://doi.org/10.20037/j.issn.1671-1246.2025.22.27>
- [14] Li, C. (2025). Exploration of cultivating humanistic care ability of nursing students from the perspective of course ideological and political education based on data analysis—Through taking the basic course of nursing as an example. *Heilongjiang Science*, 16(19), 69-71. <http://dx.chinadoi.cn/10.3969/j.issn.1674-8646.2025.19.020>
- [15] Li, X., Li, R., Chen, Y., Zhang, L., Zou, J., Zhou, Y., ... & Ying, B. (2025). Developing a core competency framework for nursing educators under international collaborative programs: Insights from a Delphi study. *Asian Nursing Research*, 19(3), 311-321. <https://doi.org/10.1016/j.anr.2025.02.002>
- [16] Li, Y. (2025). Exploration of paths for enhancing humanistic care competence of undergraduate nursing students based on teaching practice in many institutions. *Heilongjiang Science*, 16(19), 102-104. <http://dx.chinadoi.cn/10.3969/j.issn.1674-8646.2025.19.031>
- [17] Li, Z., & Liu, Y. (2012). *Nursing research methods* (pp. 87-96). People's Medical Publishing House.
- [18] Lin, J. (2025). Exploration of nursing education model based on humanistic care ability cultivation. *Neijiang Science and Technology*, 46(8), 147-148.
- [19] Liao, G., Liu, Z., Zhang, Z., Shang, J., Yi, Y., Xu, D., ... & Yao, J. (2026). Liao, G., Liu, Z., Zhang, Z., Shang, J., Yi, Y., Xu, D., ... & Yao, J. (2026). Differences between

- preceptors and nursing students in understanding teaching needs: A mixed methods study. *Nurse Educator*, 00(0), 1-7. <https://doi.org/10.1097/NNE.0000000000002114>
- [20] Liu, Z., Zhou, X., & Liu, X. (2020). Research progress on the training model of nursing master degree based on the competency of specialized nurses. *Journal of Nurses Training*, 35(10), 889-891. <http://dx.chinadoi.cn/10.16821/j.cnki.hsxx.2020.10.006>
- [21] Lyu, Y., & Xu, X. (2017). Practical research on the cultivation of humanistic care ability of nursing students. *Chongqing Medicine*, 46(10), 1429-1431. <https://doi.org/10.3969/j.issn.1671-8348.2017.10.046>
- [22] McKelvey, M. M. (2018). Finding meaning through Kristen Swanson's caring behaviors: A cornerstone of healing for nursing education. *Creative Nursing*, 24(1), 6-11. <https://doi.org/10.1891/1078-4535.24.1.6>
- [23] Iwasiw, C. L., & Goldenberg, D. (2015). Single theory, eclectic and guiding principles for organizing framework for curriculum development in nursing education. *Nurse Educator*.
- [24] Rai, P., Goel, A., Bhat, S. K., Singh, A., Srivastava, R., & Singh, S. (2024). Assessing residents in the department of surgery at a tertiary care centre using mini-clinical evaluation exercise (Mini-CEX). *Cureus*, 16(4), e58011. <https://doi.org/10.7759/cureus.58011>
- [25] University of Wisconsin-Eau Claire. (2024). *Faculty handbook: Precepted clinical experience*. <https://public-webuploads.uwec.edu/documents/Faculty-Handbook-January-2024-Final.pdf>
- [26] Wang, Y., Li, Y., Chen, Y., Jiang, M., Li, Y., & Lin, C. (2022). Study on the current status and influencing factors of humanistic care ability of clinical nursing teachers. *China Medicine and Pharmacy*, 12(6), 124-127. <http://dx.chinadoi.cn/10.3969/j.issn.2095-0616.2022.06.032>
- [27] Wu, W. J., & Zhang, Y. C. (2025). Application effect of integrating traditional Chinese medicine humanistic into the training program for orthopedic TCM nursing talents. *Journal of Traditional Chinese Medicine Management*, 33(23), 46-48. <https://doi.org/10.16690/j.cnki.1007-9203.2025.23.013>
- [28] Yang, X., Wu, W., Liu, Y., Guan, C., Huang, H., Han, Y., & Hu, D. (2017). Thinking on nursing humanistic care standardization construction. *Chinese Nursing Research*, 31(28), 3509-3511. <https://www.hlyjzz.com/thesisDetails?columnId=84886127&Fpath=home&index=0&lang=en>
- [29] Yao, X., Xie, H., Zhu, L., & Huang, S. (2025). Research on the trinity path of integrating narrative education into the cultivation of humanistic care ability for higher vocational nursing students. *Modern Hospital Journal*, 25(9), 1473-1476. <https://doi.org/10.3969/j.issn.1671-332X.2025.09.039>
- [30] Zhang, L., Zhu, B., Zhao, Q., Ji, Y., Yue, T., Li, J., ... & Sun, H. (2025). Study on the effect of teaching practice in undergraduate nursing humanistic care course under the concept of whole life cycle. *Chinese Journal of Nursing Education*, 22(2), 171-176. <https://jy.zhhlzss.com/EN/10.3761/j.issn.1672-9234.2025.02.007>
- [31] Zhang, Y. (2025). Construction and practical pathways of a humanistic care competence training system in nursing education. *Journal of International Education and Development*, 9(9), 185-188. <https://doi.org/10.47297/wspiedWSP2516-250041.20250909>