

Research on the Ideological and Political Teaching Reform of Graduation Internship Courses for Nursing Students in Universities Oriented by Humanistic Care

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Abstract: *Objective:* To explore the reform pathways and practical outcomes of ideological and political education integrated into graduation internship courses for nursing undergraduates under a humanistic care-oriented framework. *Methods:* Ninety-four nursing undergraduates were recruited as research subjects. The CAI (Caring Ability Inventory) Humanistic Care Competency Scale was used to conduct pre-internship and post-internship assessments. Combined with classroom observations and in-depth interviews, the existing teaching status and prominent problems were analyzed; targeted reform strategies were proposed and verified in practical teaching. *Results:* Prior to the reform, nursing students' humanistic care capacity remained at a moderate level, with three-dimensional features: relatively adequate cognition, insufficient courage, and deficient patience. After implementing the reform, significant improvements were achieved in the cognition, courage, and patience dimensions. Students demonstrated a remarkable increase in voluntary caring behaviors, and patient satisfaction scores rose substantially. *Conclusion:* Reform measures including optimizing teaching content, strengthening preceptor teams, perfecting evaluation systems, and improving school-hospital collaborative mechanisms can effectively enhance nursing students' humanistic care ability and professional literacy, and deliver feasible approaches for the ideological and political reform of graduation internship courses.

Keywords: Humanistic care; Nursing undergraduates; Graduation internship; Curriculum ideological and political education; Teaching reform

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1. Introduction

The professional attributes of the nursing industry require nursing students to master solid clinical operational

skills as well as profound humanistic care literacy and noble professional ethics. The graduation internship acts as a critical transitional stage for nursing students from campus to clinical practice, and it also serves as a core carrier for carrying out curriculum ideological and political education and cultivating students' humanistic care ability. The *Guiding Outline for the Construction of Curriculum Ideological and Political Education in Institutions of Higher Learning* issued by the Ministry of Education clearly points out that medical majors should guide students to respect patients and master communication skills while cultivating exquisite medical skills, so as to improve their comprehensive quality and humanistic accomplishment ^[1]. At present, nursing education in China attaches great importance to the integration of humanistic care and curriculum ideological and political education. Nevertheless, restricted by special teaching scenarios, uneven teachers' competence, and insufficient school-hospital collaboration, the expected teaching effects cannot be fully realized during graduation internships.

Watson's Theory of Humanistic Care holds that care is the essence and core of nursing. Nursing students need to achieve integrated development in three dimensions: cognition, courage, and patience. The ten caring elements proposed by this theory provide direct theoretical support for the design of ideological and political teaching during internships ^[2]. On this basis, this paper takes university nursing students as research objects. Through empirical investigation, it analyzes the current situation and problems of ideological and political teaching in graduation internships oriented by humanistic care, explores scientific and feasible reform countermeasures, and puts them into practice, so as to provide support for cultivating nursing talents with both moral integrity and professional proficiency and promoting the high-quality development of nursing education.

2. Research subjects and methods

A total of 94 nursing undergraduates of the 2024 cohort from a certain university who participated in clinical graduation internships were selected as research subjects, with an internship period of no less than 8 months. The Chinese version of the Caring Ability Inventory (CAI), compiled by Nkongho and sinicized and revised by Xu Juan et al., was adopted ^[3,4]. Questionnaire surveys were carried out in the first week of department rotation (before reform) and one week before the end of internship (after reform). Questionnaires were distributed and collected on site. A total of 94 questionnaires were issued, and 94 valid ones were recovered, with an effective recovery rate of 100%. Qualitative data were collected via clinical teaching observation and patient satisfaction surveys. Measurement data were expressed as mean $\pm$ standard deviation ($\bar{x} \pm s$), and enumeration data were expressed as frequency and percentage.

3. Current situation and problems of ideological and political teaching in graduation internships for nursing students oriented by humanistic care

3.1. Initial integration of humanistic care and ideological education, with room for in-depth combination

Surveys show that 92.6% of nursing students have received humanistic care education, and ideological and political education in the curriculum has been initially integrated into internship teaching. Most clinical departments integrate ideological elements into academic learning and case analysis. However, the depth of integration is insufficient. After processing reverse items in accordance with CAI scoring rules, the average

total score of students' humanistic care ability was 178.94 points (moderate level). Among sub-dimensions: the average cognition score was 68.53 points (score rate 69.9%); the average courage score was 56.98 points (score rate 62.6%); the average patience score was 53.43 points (score rate 76.3%). The results indicate that students have a relatively good understanding of humanistic care, but their ability to take the initiative to express care and conduct communication under complex clinical scenarios needs to be improved. In terms of total score distribution, 57 students scored between 150 and 190, accounting for 60.6%; 29 students scored above 190, accounting for 30.9%. It demonstrates that although a foundation has been laid for integrating ideological education and humanistic care, more efforts are needed to transform theoretical cognition into clinical caring behaviors. Zhao Jia et al pointed out that immersive ideological education should run through the whole internship to realize the transformation from knowledge to practice ^[5].

3.2. Gradual improvement of preceptors' ideological teaching ability, still inadequate to meet internship teaching needs

With the advancement of nursing education reform, most hospitals have carried out pre-job training and special ideological training for clinical preceptors, and many teachers can integrate professional ethics guidance into clinical teaching according to classroom observation and students' feedback. However, teachers' ideological teaching capacity still fails to meet internship requirements fully. On the one hand, clinical preceptors bear heavy clinical workloads and have limited access to further study, leading to a shallow understanding of ideological connotations and unsystematic, targeted integration of ideological elements. A similar dilemma was found in the ideological practice of surgical nursing courses by Li Fang et al. ^[6]. On the other hand, some preceptors lack awareness of active care, which corresponds to students' low average courage score (56.98, 62.6%). It reflects that teachers' demonstration in guiding students to express active care and emotions needs to be strengthened. Shi Xuan et al. argued that exploring ideological paths in clinical internship teaching should focus on teachers' exemplary leading role ^[7].

3.3. Basic establishment of teaching evaluation system, insufficient guidance and comprehensiveness

At present, most universities include ideological performance in internship assessment and initially build evaluation systems covering theoretical and operational examinations. But the evaluation lacks orientation and comprehensiveness. Existing assessment mainly focuses on theoretical knowledge and operational proficiency, while process evaluation of humanistic caring behaviors, professional ethics, and implementation of ideological requirements is missing, resulting in students' insufficient ability to maintain long-term patient-oriented patience when facing negative emotions. Besides, evaluators are mostly limited to preceptors, without self-evaluation from students, patient feedback, or joint school-hospital assessment, which cannot fully and objectively reflect students' humanistic literacy and ideological attainment, weakening the guiding function of evaluation. Geng Lijuan et al. found that the absence of multi-subject evaluation directly impairs teaching outcomes in pediatric nursing internship ideological research ^[8].

3.4. Initial formation of school-hospital collaborative education mechanism, insufficient integrated educational synergy

Schools and hospitals have initially built collaborative systems: campus instructors provide ideological guidance during internships while hospital preceptors integrate ideological education into clinical practice,

forming a preliminary linkage mechanism. Nevertheless, the synergy effect is weak due to the lack of regular communication channels between schools and hospitals, insufficient coordination between campus tutors and clinical preceptors, and disjointed ideological teaching and clinical practice. Survey data shows that 94.7% of students have no independent nursing experience, which means graduation internships play a decisive role in shaping their humanistic care ability and professional ethics. Insufficient school-hospital coordination may hinder students' transformation of humanistic theories and ideological concepts learned at school into clinical caring behaviors, failing to leverage the advantages of collaborative education fully and failing to meet the cultivation demands of humanistic care competence.

4. Reform countermeasures for ideological and political teaching of graduation internships oriented by humanistic care

Based on CAI scale survey data and practical experience of preceptor training and situational teaching, targeted reform strategies are proposed via literature research, case analysis, and school-hospital collaborative seminars to address the above teaching deficiencies.

4.1. Optimize teaching content to deepen integration of humanistic care and ideological education

Focus on the two weak dimensions (courage and patience) based on the characteristics of nursing internships. Integrate anti-epidemic spirit, model worker spirit, and craftsman spirit into clinical teaching with real clinical cases, and cultivate students' initiative and persistence in caring for patients. Extract ideological elements from emergency rescue, chronic disease nursing, and palliative care; design situational teaching content to guide students to pay attention to patients' psychological and emotional needs, and realize the transformation from "understanding theories" to "understanding patients", and from "skilled operation" to "thoughtful care". Based on the ten caring elements of Watson's theory, embed concepts such as "providing a supportive environment" and "meeting human needs" into the teaching of each department: internal medicine focuses on cultivating patience in long-term chronic disease care; emergency medicine emphasizes courage and responsibility in sudden incidents; surgery highlights prudence and accountability in perioperative monitoring. Compile internship case collections containing touching stories of veteran nursing practitioners and industry models to enhance the appeal of teaching and make up structural defects in students' humanistic care capacity. Chen Yiwen et al. verified that ideological teaching taking life education as an entry point can effectively strengthen nursing students' sense of life meaning and professional identity^[9].

4.2. Strengthen preceptor team building and continuously improve teachers' ideological teaching competence

Construct a school-hospital joint training system for preceptors. Establish access standards to select nursing staff with both professional excellence and noble humanistic literacy as preceptors. Organize regular special training and teaching seminars on humanistic care and ideological education, and invite experts to give lectures to improve teachers' skills in excavating and integrating ideological elements. Build an online communication platform for school and hospital tutors to promote mutual progress. Incorporate ideological teaching performance into preceptor assessment and carry out teaching competitions to stimulate teachers' enthusiasm. Set up a mentoring mechanism for senior backbone teachers to guide young preceptors, organize

regular classroom observation and case discussions to solve problems of disjointed theory and clinical practice in ideological integration.

4.3. Perfect teaching evaluation system to strengthen its guidance and comprehensiveness

Build a combined evaluation system integrating process evaluation and outcome assessment with multi-subject participation. Take students' humanistic care ability and ideological practice as core evaluation indicators, refine assessment criteria with reference to CAI scale results, and track students' active caring behaviors, patient-oriented patience, and professional ethics throughout the whole internship. Adopt a multi-subject evaluation model including hospital preceptors, campus instructors, student self-evaluation, and patient feedback to guarantee objective and comprehensive assessment results. Link evaluation outcomes with internship scores, merit evaluation, and awards to guide students to attach importance to improving humanistic care and ideological literacy, and targetedly make up their deficiencies in courage and patience dimensions.

4.4. Improve school-hospital collaborative mechanism to gather all-round educational synergy

Set up a school-hospital collaborative leading group and hold regular joint education meetings to coordinate the promotion of ideological teaching reform. Clarify the division of responsibilities: campus tutors provide ideological theoretical guidance and psychological counseling; hospital preceptors integrate humanistic demonstration and ideological education into clinical practice, realizing seamless connection between campus teaching and clinical internships. Build an "Internet + education" collaborative platform to share teaching resources and launch synchronous school-hospital classes, enabling students to participate in campus ideological activities during internships. Give full play to the collaborative role of families and society to form an education pattern led by schools and hospitals with family coordination and social participation. Establish special ideological files for each intern, filled jointly by campus and hospital tutors, with regular feedback on students' performance to resolve their ideological and practical difficulties in a timely manner.

5. Practice and effects of the ideological teaching reform oriented by humanistic care

5.1. Practice subjects and process

The same 94 nursing students covering internal medicine, surgery, emergency, obstetrics and gynecology, pediatrics and other departments were selected as practice subjects with an 8-month practice cycle. All four reform countermeasures were strictly implemented throughout the practice: optimize teaching content, strengthen preceptor teams, perfect evaluation systems, and improve collaborative mechanisms. The CAI scale was used for pre- and post-practice evaluation, and case reflections, patient feedback, and preceptor assessments were collected to track overall effects and adjust teaching plans in a timely manner.

5.2. Analysis of practical effects

Post-practice scale assessment showed that nursing students' overall humanistic care ability was improved, with structural deficiencies in courage and patience alleviated and cognition level elevated. Most students took more initiative in caring behaviors; they proactively paid attention to patients' psychological demands

during condition observation, psychological nursing, and health education, and patient satisfaction with student nursing services increased. Meanwhile, preceptors could skillfully extract ideological elements from clinical scenarios and integrate them into teaching. Students' professional identity and ethical quality were enhanced, and their reflections demonstrated a deeper understanding of occupational values, reaching the expected reform goals.

5.3. Practice reflections

The reform achieved certain effects yet still has shortcomings. Some preceptors lack innovation in ideological teaching and mostly adopt case lectures without immersive and interactive design. Nursing students have large individual gaps; students from different departments and with different foundations show uneven ideological literacy, and personalized teaching fails to cover underachievers whose improvement effects are insignificant fully. The collection and application of patient feedback lack standardized scales and recording procedures, reducing the scientific rigor of evaluation.

6. Conclusion and prospect

Empirical research shows that although the ideological and political teaching of graduation internships for university nursing students oriented by humanistic care has achieved initial progress, defects still exist in integration depth, teachers' matching capacity, evaluation system completeness, and school-hospital collaboration. The reform practice of optimizing teaching content, strengthening preceptor teams, perfecting evaluation systems, and improving collaborative mechanisms has verified the feasibility and effectiveness of these strategies in improving nursing students' humanistic care ability and professional quality. Future research shall expand sample size, combine the development demands of the nursing industry and the growth characteristics of nursing students, continuously innovate teaching modes, perfect long-term school-hospital collaborative education mechanisms, and provide solid support for cultivating new-era nursing talents with the professional spirit of respecting life, healing the wounded and rescuing the dying, dedication and boundless great love.

Disclosure statement

The authors declare no conflict of interest.

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