

The Importance of Medical Humanities Education in the Cultivation of Medical Students' Comprehensive Quality

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Abstract: With the continuous advancement of global medical technology and the increasing demand for humanized medical services, the cultivation of medical students' comprehensive quality has become a core goal of medical education. The purpose of this study is to explore the core role and practical value of medical humanities education in the cultivation of medical students' comprehensive quality, and to provide theoretical support and practical reference for the reform of global medical education. This study adopted a mixed research method combining systematic literature review and cross-sectional survey. First, a comprehensive search was conducted in databases such as PubMed, Web of Science, and CNKI to sort out and analyze domestic and foreign literatures on medical humanities education and medical students' comprehensive quality cultivation in the past 10 years; then, a questionnaire survey was carried out among 500 medical students from 10 medical colleges and universities in different countries to investigate their cognitive level of medical humanities, the current situation of receiving humanities education, and the impact of humanities education on their professional literacy, communication ability and ethical judgment. The results showed that medical humanities education has a significant positive correlation with the improvement of medical students' comprehensive quality, which can effectively enhance their empathy ability, sense of professional responsibility, ethical decision-making ability and doctor-patient communication skills; however, there are problems such as inadequate integration of humanities education into professional training, single teaching mode and uneven teaching quality in medical education in many countries. The conclusion points out that medical humanities education is an indispensable part of medical students' comprehensive quality cultivation, and it is

necessary to construct a diversified and integrated medical humanities education system integrating curriculum setting, practical teaching and cultural edification to promote the all-round development of medical students and meet the needs of modern medical practice.

Keywords: Medical Humanities Education; Medical Students; Comprehensive Quality Cultivation; Professional Ethics; Doctor-Patient Communication

1. Introduction

1.1 Research Background and Significance

The global medical field is undergoing profound changes driven by technological innovation and shifting societal expectations. The widespread application of precision medicine, artificial intelligence-assisted diagnosis and treatment, and telemedicine has optimized diagnostic efficiency and treatment outcomes, yet it has also raised new challenges to the doctor-patient relationship. The over-reliance on technical tools may lead to the alienation between medical staff and patients, making the humanistic care dimension in medical services gradually weakened. Against this backdrop, the demand for medical professionals with both superb professional skills and strong humanistic literacy has become increasingly prominent in clinical practice. Medical students, as the reserve force of the medical profession, their comprehensive quality directly determines the development trend of the medical industry and the quality of medical services in the future.

Medical humanities education, which focuses on nurturing medical students' sense of humanity, ethical values, and communication skills, plays an irreplaceable role in shaping their comprehensive quality. The in-depth exploration of the importance of medical humanities education in the cultivation of medical students' comprehensive quality is of great theoretical and

practical significance. Theoretically, it helps to improve the theoretical system of medical education, clarify the intrinsic logical relationship between medical humanities education and comprehensive quality cultivation. Practically, it provides targeted strategies for medical colleges and universities to carry out humanities education, which is conducive to cultivating medical professionals who meet the needs of modern society, alleviating doctor-patient conflicts, and promoting the healthy and sustainable development of the medical and health industry.

1.2 Review of Domestic and Foreign Research Status

Foreign research on medical humanities education has a relatively long history and has formed a relatively mature system. In countries such as the United States and the United Kingdom, medical humanities education has been integrated into the entire medical education process. Many medical colleges and universities have set up specialized medical humanities courses, such as medical ethics, medical history, and doctor-patient communication, and have established a diversified teaching model combining classroom teaching, clinical practice, and community service. Relevant studies have confirmed that medical humanities education can significantly improve medical students' empathy ability and ethical decision-making ability, and has a positive impact on their career development. However, foreign research also has limitations, such as the lack of in-depth research on the differences in the effect of medical humanities education under different cultural backgrounds.

Domestic research on medical humanities education has developed rapidly in recent years, and more and more scholars have realized its importance. Relevant studies mainly focus on the current situation of medical humanities education in domestic medical colleges and universities, the existing problems, and the construction of curriculum systems. Some studies have carried out empirical research on the impact of medical humanities education on medical students' comprehensive quality, and the results show that there is a positive correlation between the two. However, domestic research still has some deficiencies: first, the research methods are relatively single, mostly using literature research and questionnaire surveys,

lacking in-depth qualitative research and long-term follow-up studies; second, the research on the action mechanism of medical humanities education on comprehensive quality cultivation is not in-depth enough, and the understanding of the internal logic is not clear; third, the proposed optimization strategies are relatively general, lacking operability and pertinence, and it is difficult to effectively solve the practical problems in the process of education and teaching.

2. Core Connotation and Value Core of Medical Humanities Education

2.1 Definition of the Core Concept of Medical Humanities Education

Medical humanities education is a type of educational activity that takes medical students as the main object, integrates humanistic knowledge, humanistic spirit and humanistic quality into the process of medical education. Its core connotation includes three aspects: first, the inheritance of humanistic knowledge, which involves disciplines such as medical ethics, medical history, medical law, literature, and sociology, helping medical students to establish a comprehensive knowledge structure; second, the cultivation of humanistic spirit, which focuses on nurturing medical students' respect for life, empathy for patients, sense of social responsibility and professional ethics, enabling them to treat patients with a humanitarian attitude in clinical practice; third, the training of humanistic skills, which mainly includes doctor-patient communication skills, conflict resolution skills, and teamwork skills, helping medical students to better interact with patients and their families, and improve the quality of medical services.

It should be emphasized that medical humanities education is not an isolated educational activity, but an organic part of the entire medical education system. It runs through the whole process of medical students' training, from pre-clinical education to clinical practice, and is closely integrated with professional medical education. The goal of medical humanities education is not only to improve medical students' humanistic literacy, but also to promote the coordinated development of their professional skills and humanistic quality, so as to cultivate qualified medical professionals who can meet the needs of modern medical practice.

2.2 Value Orientation of Medical Humanities Education in the Medical Education System

Medical humanities education occupies an important position in the medical education system and has multiple value orientations. Firstly, it is the inherent requirement of medical education's essential attribute. Medicine is a discipline that combines science and humanity, and the ultimate goal of medical practice is to protect human life and health. Medical humanities education helps medical students to recognize the humanistic nature of medicine, avoid the tendency of "technical ism" in medical education, and ensure the correct direction of medical education. Secondly, it is the core support for cultivating medical students' professional ethics. In the process of medical practice, medical staff will face various ethical dilemmas. Medical humanities education enables medical students to master the basic principles and methods of medical ethics, establish correct ethical values, and make reasonable ethical decisions when facing complex medical problems.

Thirdly, it is an important guarantee for improving the quality of doctor-patient communication. The tense doctor-patient relationship has become a prominent problem in the current medical field, and the lack of effective communication is one of the important reasons. Medical humanities education trains medical students' communication skills and empathy ability, enabling them to listen to patients' needs and concerns, explain medical knowledge and treatment plans to patients in an easy-to-understand way, and establish a harmonious doctor-patient relationship. Finally, it is the driving force for the sustainable development of the medical industry. With the continuous improvement of people's living standards and the increasing awareness of rights protection, the demand for humanized medical services is getting higher and higher. Medical humanities education cultivates medical professionals with comprehensive quality, which can promote the transformation of medical services from "disease-centered" to "patient-centered", and promote the sustainable development of the medical industry.

3. Core Dimensions and Practical Demands of Medical Students' Comprehensive Quality Cultivation

3.1 Core Constituent Dimensions of Medical Students' Comprehensive Quality

The comprehensive quality of medical students is a multi-dimensional and multi-level organic whole, which is composed of multiple interrelated and mutually restrictive dimensions. Based on the characteristics of the medical profession and the needs of modern medical practice, this study divides the core constituent dimensions of medical students' comprehensive quality into four aspects: professional literacy, humanistic literacy, practical ability and innovative ability. Table 1 shows the specific indicators and weight distribution of each dimension.

Table 1. Core Constituent Dimensions and Indicator System of Medical Students' Comprehensive Quality

Core Dimensions	Specific Indicators	Weight
Professional Literacy	Mastery of basic medical knowledge; Professional skills proficiency; Ability to update professional knowledge	35%
Humanistic Literacy	Respect for life; Empathy ability; Professional ethics; Sense of social responsibility	30%
Practical Ability	Clinical operation ability; Doctor-patient communication ability; Teamwork ability; Emergency response ability	25%
Innovative Ability	Scientific research thinking; Ability to solve practical problems creatively; Ability to accept new technologies and new methods	10%

Among them, professional literacy is the foundation of medical students' comprehensive quality, which directly determines their ability to engage in medical work. Humanistic literacy is the core of medical students' comprehensive quality, which reflects the humanistic care awareness and ethical level of medical students. Practical ability is the key to transforming theoretical knowledge into practical results, which is an important criterion for evaluating the quality of medical students. Innovative ability is the driving force for medical students' long-term development, which helps them adapt to the continuous development and change of the medical industry.

3.2 Practical Demands for Medical Students' Comprehensive Quality Cultivation in the

Modern Medical Environment

The modern medical environment, characterized by technological innovation, diversified patient needs and increasingly complex doctor-patient relationships, puts forward higher practical demands for the comprehensive quality of medical students. Firstly, the rapid development of medical technology requires medical students to have higher professional literacy and innovative ability. The continuous emergence of new technologies, new methods and new drugs requires medical students to keep learning and updating their knowledge reserves, master the latest medical technologies, and apply them to clinical practice. At the same time, they need to have scientific research thinking and innovative ability to promote the progress of medical technology.

Secondly, the increasing demand for humanized medical services requires medical students to have higher humanistic literacy. With the improvement of people's living standards and the enhancement of rights protection awareness, patients are no longer satisfied with simple disease treatment, but also hope to get respect, care and emotional comfort in the medical process. This requires medical students to establish a "patient-centered" service concept, have strong empathy ability and communication skills, and be able to communicate effectively with patients and their families.

Thirdly, the increasingly complex doctor-patient relationship requires medical students to have higher ethical literacy and conflict resolution ability. In recent years, doctor-patient conflicts have occurred frequently, which have seriously affected the normal medical order. The root cause of many doctor-patient conflicts is the lack of effective communication and mutual understanding between doctors and patients. Medical students need to master the basic knowledge of medical ethics and medical law, establish correct ethical values, and be able to properly handle various contradictions and disputes in clinical practice.

Finally, the trend of medical teamwork requires medical students to have higher teamwork ability. Modern medical treatment is no longer a single doctor's independent work, but requires the cooperation of multiple disciplines and multiple professionals. Medical students need to learn to communicate and cooperate with nurses, technicians and other medical staff, give full play to their own advantages, and jointly

complete the task of diagnosis and treatment.

4. Mechanism of Action and Practical Status of Medical Humanities Education in Medical Students' Comprehensive Quality Cultivation

4.1 Action Path of Medical Humanities Education in Improving Medical Students' Comprehensive Quality

Medical humanities education improves medical students' comprehensive quality through multiple paths, forming a multi-dimensional and multi-level action mechanism. The first path is knowledge infiltration. Through the teaching of medical humanities courses such as medical ethics, medical history and medical law, medical students are enabled to master relevant humanistic knowledge, establish a comprehensive knowledge structure, and lay a theoretical foundation for the improvement of comprehensive quality. For example, the study of medical ethics helps medical students to understand the ethical principles and norms in medical practice, and improve their ethical judgment ability.

The second path is practical edification. Medical humanities education combines classroom teaching with clinical practice, community service and other practical activities, allowing medical students to experience the humanistic connotation of medicine in practice. In clinical practice, medical students can directly contact patients, understand their pain and needs, and enhance their empathy ability and sense of responsibility. Community service activities enable medical students to go deep into the public, understand the health status and medical needs of the grassroots, and enhance their sense of social responsibility.

The third path is cultural edification. Medical colleges and universities create a strong humanistic cultural atmosphere through various forms of cultural activities, such as medical humanities lectures, medical literature appreciation, and medical ethics seminars. This cultural atmosphere can subtly influence medical students' values and behaviors, promote the internalization of humanistic spirit, and improve their humanistic literacy.

The fourth path is role modeling. Teachers' words and deeds have an important influence on medical students. Medical humanities teachers and clinical teachers with high humanistic literacy can set an example for medical students,

show them the humanistic care in medical practice through their own behaviors, and guide medical students to establish correct professional values and service concepts.

4.2 Practical Status of Medical Humanities Education Integrated into Medical Students' Cultivation at Home and Abroad

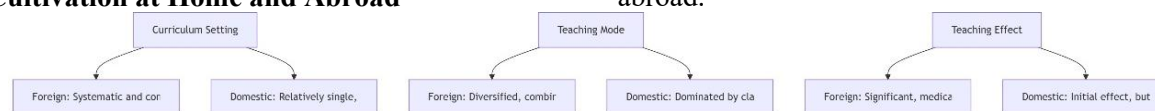


Figure 1. Comparison of the Practice Status of Medical Humanities Education at Home and Abroad

In foreign countries, medical humanities education has formed a relatively mature system. For example, Harvard Medical School has set up a complete medical humanities curriculum system, including medical ethics, medical history, literature and art, and social medicine. The teaching mode adopts a combination of case teaching, seminar and clinical practice, which effectively improves the humanistic literacy of medical students. In domestic medical colleges and universities, although medical humanities education has been paid more attention, there are still many problems in practice. Most medical colleges and universities have set up medical ethics and other related courses, but the curriculum content is relatively single, the teaching method is backward, and the integration with professional courses and clinical practice is not close, resulting in poor teaching effect.

4.3 Existing Problems of Medical Humanities Education in Medical Students' Comprehensive Quality Cultivation

Despite the continuous development of medical humanities education, there are still many problems in the process of promoting medical students' comprehensive quality cultivation. Firstly, the curriculum system is irrational. On the one hand, the proportion of medical humanities courses is too low, and the number of class hours is insufficient, which cannot meet the needs of cultivating medical students' humanistic literacy. On the other hand, the curriculum content is outdated, divorced from the actual needs of clinical practice, and lacks pertinence and practicality. In addition, the connection between medical humanities courses and professional courses is not close, and there is a phenomenon of "two skins", which cannot form a joint force to promote the improvement of medical students' comprehensive quality.

There are obvious differences in the practice of integrating medical humanities education into medical students' cultivation at home and abroad, which are mainly reflected in curriculum setting, teaching mode and teaching effect. Figure 1 shows the comparison of the practice status of medical humanities education at home and abroad.

Secondly, the teaching mode and method are single. Most medical colleges and universities still adopt the traditional classroom teaching mode, which is dominated by teachers' lectures and students' passive acceptance. This teaching mode cannot fully mobilize students' learning enthusiasm and initiative, and it is difficult to achieve the goal of cultivating students' humanistic literacy and practical ability. The lack of innovative teaching methods such as case teaching, scenario simulation and PBL (Problem-Based Learning) makes the teaching content boring and the teaching effect poor.

Thirdly, the construction of the teaching staff is weak. At present, the teachers engaged in medical humanities education in domestic medical colleges and universities are mainly composed of teachers from the Department of Humanities and Social Sciences, and most of them lack clinical medical experience. They are not familiar with the actual situation of clinical practice, so it is difficult to combine the teaching content with clinical practice, which affects the teaching effect. In addition, the number of medical humanities teachers is insufficient, and the level of professional quality is uneven, which cannot meet the needs of the development of medical humanities education.

Fourthly, the evaluation and supervision mechanism is imperfect. There is no scientific and reasonable evaluation system for the effect of medical humanities education. The existing evaluation methods are mostly based on written exams, which can only evaluate students' mastery of theoretical knowledge, but cannot effectively evaluate their humanistic literacy and practical ability. At the same time, the supervision mechanism for the teaching process of medical humanities education is not perfect, and there is a lack of effective supervision and assessment of teachers' teaching quality and

students' learning effect, which affects the quality of medical humanities education.

5. Optimization Strategies for Strengthening Medical Humanities Education to Empower Medical Students' Comprehensive Quality Cultivation

5.1 Constructing a Diversified Medical Humanities Curriculum System

Constructing a diversified medical humanities curriculum system is the basis for strengthening medical humanities education. Firstly, it is necessary to adjust the curriculum structure and increase the proportion of medical humanities courses. On the basis of retaining traditional courses such as medical ethics and medical history, it is necessary to add courses such as doctor-patient communication, medical psychology, medical law and medical literature, so as to enrich the content of medical humanities courses and improve the comprehensiveness of the curriculum system. At the same time, it is necessary to reasonably arrange the number of class hours of medical humanities courses, ensuring that they account for a certain proportion in the total class hours of medical education.

Secondly, it is necessary to strengthen the integration of medical humanities courses and professional courses. It is necessary to infiltrate humanistic concepts and content into professional courses such as anatomy, physiology and clinical medicine, so that medical students can realize the humanistic connotation of medicine in the process of learning professional knowledge. For example, in the teaching of anatomy, it is possible to introduce the history of anatomy and the ethical issues involved, so as to cultivate students' respect for life. In the teaching of clinical medicine, it is possible to combine clinical cases to carry out doctor-patient communication training, so as to improve students' communication ability.

Thirdly, it is necessary to set up elective courses and special lectures on medical humanities. According to the interests and needs of students, various elective courses on medical humanities are set up, such as medical philosophy, medical aesthetics and medical ethics cases analysis. At the same time, experts and scholars in the field of medical humanities and clinical medical experts are invited to give special lectures,

introducing the latest research results and practical experience of medical humanities, so as to broaden students' horizons and improve their humanistic literacy.

5.2 Innovating Medical Humanities Education Teaching Modes and Methods

Innovating teaching modes and methods is an important means to improve the effect of medical humanities education. Firstly, it is necessary to promote the reform of teaching modes and adopt a diversified teaching mode combining classroom teaching, clinical practice and social practice. Classroom teaching should focus on cultivating students' theoretical knowledge and thinking ability; clinical practice should focus on cultivating students' practical ability and humanistic care awareness; social practice should focus on cultivating students' sense of social responsibility. Through the organic combination of the three, the comprehensive improvement of students' humanistic literacy is realized.

Secondly, it is necessary to adopt innovative teaching methods such as case teaching, scenario simulation and PBL. Case teaching can combine typical clinical cases with humanistic knowledge, so that students can learn to apply humanistic principles to solve practical problems. Scenario simulation can simulate clinical doctor-patient communication scenarios, allowing students to play the roles of doctors and patients, so as to improve their communication ability and emergency response ability. PBL takes problems as the core, guides students to carry out independent inquiry and cooperative learning, and cultivates students' critical thinking ability and innovative ability.

Thirdly, it is necessary to make full use of information technology to carry out online medical humanities education. It is possible to build an online learning platform for medical humanities, upload teaching videos, courseware, case materials and other resources, so that students can carry out autonomous learning anytime and anywhere. At the same time, online discussion and interaction can be carried out through the platform, which enhances the interaction between teachers and students and between students and students, and improves the learning effect.

5.3 Improving the Evaluation and Guarantee Mechanism of Medical Humanities Education

Improving the evaluation and guarantee mechanism is an important guarantee for the healthy development of medical humanities education. Firstly, it is necessary to establish a scientific and reasonable evaluation system for medical humanities education. The evaluation system should not only include the evaluation of students' mastery of theoretical knowledge, but also focus on the evaluation of their humanistic literacy and practical ability. The evaluation methods can adopt a combination of formative evaluation and summative evaluation, including classroom performance, homework completion, case analysis, practical skills assessment and questionnaire survey. Through multi-dimensional evaluation, the true level of students' humanistic literacy is comprehensively reflected.

Secondly, it is necessary to strengthen the construction of the teaching staff. On the one hand, it is necessary to increase the introduction of high-level medical humanities teachers and improve the professional quality of the teaching staff. On the other hand, it is necessary to strengthen the training of existing teachers, organize them to participate in clinical practice and academic exchanges, so as to improve their clinical medical experience and professional level. In addition, it is necessary to establish a teacher incentive mechanism to encourage teachers to engage in the research and teaching reform of medical humanities education.

Thirdly, it is necessary to improve the supervision mechanism of medical humanities education. It is necessary to establish a special supervision group to supervise the teaching process, teaching quality and teaching effect of medical humanities education. Regular teaching inspections and evaluations are carried out to find and solve problems in a timely manner. At the same time, it is necessary to strengthen the feedback mechanism of teaching information, collect students' opinions and suggestions on medical humanities education, and continuously improve the quality of teaching.

6. Conclusion

Medical humanities education is an indispensable part of medical students' comprehensive quality cultivation, which plays a crucial role in improving medical students' humanistic literacy, professional ethics, communication ability and practical ability. In the modern medical environment, the demand

for medical students' comprehensive quality is getting higher and higher, which puts forward new requirements for the development of medical humanities education. However, there are still many problems in the current medical humanities education, such as irrational curriculum system, single teaching mode, weak teaching staff and imperfect evaluation mechanism.

To solve these problems, it is necessary to take a series of optimization strategies, including constructing a diversified medical humanities curriculum system, innovating teaching modes and methods, and improving the evaluation and guarantee mechanism. Only in this way can we effectively improve the quality of medical humanities education, give full play to its role in promoting medical students' comprehensive quality cultivation, and cultivate medical professionals who meet the needs of modern society. The research results of this study provide a theoretical basis and practical reference for the reform and development of medical humanities education, but there are also limitations. For example, the research sample is relatively limited, and the research results need to be further verified by a larger sample. In the future, we will carry out in-depth research on the long-term effect of medical humanities education and the differences in the effect of education under different cultural backgrounds, so as to further improve the theoretical system of medical humanities education.

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