

Research on the Importance and Countermeasures of Humanistic Literacy of Medical Staff

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Abstract: The humanistic quality of medicine is related to the harmony and stability of the doctor-patient relationship. Maintaining a good relationship between doctors and patients is the basis for using medical technology, transmitting medical information and interpreting disease conditions. A good doctor-patient relationship can be based on the doctor's proper communication skills, sensitivity, humility and respect for the patient's wishes, and the breakdown of the doctor-patient relationship can affect medical behavior throughout life, and will also have a negative impact on the patient's treatment and recovery effect. Strengthening medical humanistic quality education is not only conducive to improving the comprehensive quality of medical personnel, but also of great significance to improving the quality of medical services. This article will explore the importance of strengthening the humanistic quality education of medical students and related countermeasures.

Keywords: Medical humanistic quality, Doctor-patient relationship, Countermeasure, Education

1. Introduction

1.1. The importance of strengthening the humanistic quality of medical staff

Strengthening the humanistic quality education of medical personnel is the requirement of medical education goals. Education is a social activity to cultivate people, and the ultimate purpose of medical education is to enable the comprehensive and effective development of medical personnel. Through professional medical education, medical personnel can become medical experts, but they cannot become harmoniously developed social people, and it is fundamental for medical staff to understand values and generate warm feelings. In 1999, the International Institute for Medical Education (IIME) established the "Global Minimum Basic Requirements for Medical Education" (GMER) for undergraduate medical education. GMER regulates the basic qualities that medical students trained in colleges and universities around the world must have. That is, basic science, clinical skills, group health care, professional values and critical thinking, information management, communication skills. It can be seen that the basic quality of a qualified medical talent should be developed in an all-round and effective way, in addition to mastering knowledge and skills, it is also necessary to have noble medical ethics, positive attitude to life, high creative spirit and ability, sense of social responsibility and cooperation spirit, compassion and humanitarian spirit, etc., which is also the goal requirement of medical education [1].

Strengthening the humanistic quality education of medical students is the need to adapt to the transformation of the social medical model [2]. In the 21st century, the medical model has changed from the traditional biological model to the bio-psycho-social medical model. This new medical model requires doctors to comprehensively observe and analyze patients, diseases and healthy people from biological, psychological, and social aspects, and explore and solve the common problems of human survival and development from different angles, as well as the problems of medicine itself. For example, the intensification of competition in modern society, the increase of work pressure, and lifestyle changes have made cardiovascular and cerebrovascular diseases, tumors, and mental disorders become new killers of human health. If we simply comprehensively study the occurrence, development and change of human etiology from the natural attributes of people, it is difficult to fully understand and grasp the dynamic development of diseases. A qualified doctor must not only have noble medical ethics, exquisite medical skills and good service art, but also be good at comprehensively observing and analyzing the patient's situation from psychological, social, biological and other factors. The new medical model puts forward higher requirements for medical talents in natural science and humanities [3].

Strengthening the humanistic quality education of medical personnel is the essential requirement of medicine. Medicine is different from other sciences in that its objects of study and service are people. Medicine is a humanology, a social science. The profession of a doctor is a profession in which "health is related to life". Although it has a very distinct professional and technical nature, as a discipline of human life, it is closely related to society. Because in the field of medicine, whether it is from the concept of health, disease, clinical decision-making process, or from the care for patients, there is a deep humanistic care [4].

1.2. Problems in the humanistic quality education of medical personnel

Faced with the urgent demand for humanistic quality education in medical education, the humanistic quality education of some medical schools has not been able to actively adapt to this demand. The main manifestations are:

Single-discipline medical schools limit the development of the humanities. The school-running model of single-discipline medical schools has a model of overly strengthening professional awareness and professional education, which largely restricts the all-round development of medical talents. The vast majority of medical students focus on mathematics, physics and chemistry in middle school, ignoring humanities and social sciences, it can be said that their humanistic quality is "congenital deficiency", and the relative lack of humanistic quality education after studying medicine leads to "acquired stunted" [5]. Due to "congenital insufficiency" and "acquired stunting", the quality structure of medical students generally has the following defects: First, ideals and beliefs are relatively weak, and they are unwilling to pursue lofty beliefs; Second, moral standards are slipping. In particular, the lack of public morality is serious. Third, cultural literacy is lacking, and many medical staff's language expression skills need to be strengthened. Fourth, poor psychological quality. There are problems such as interpersonal communication disorders, emotional confusion, and self-evaluation disorders. Fifth, the sense of utilitarianism is too strong, and attention is paid to economic benefits. Sixth, social resilience is poor. Lack of skills to communicate with patients and lack of ability to solve complex and practical problems.

Influenced by biomedical models. There are "three separations" in the current medical education model:

The first "separation" refers to the separation of medicine and education. "Medical education" is supposed to be a whole, but in fact it is not. From the perspective of physician quality, most of the teachers in medical schools have only learned medical knowledge, but have never learned educational theories such as cognitive psychology. From the perspective of the teaching process, most of the

doctors do not study and use teaching methods in depth, and do not pay much attention to the learning ability of medical staff. It can be seen that "medicine" and "education" are relatively separate [6].

The second "separation" refers to the separation of organs from the human body. The current medical teaching model only focuses on "dismantling" the human body, but does not focus on "recombining" the human body. For example, anatomy "splits" the human body from the system. Internal medicine and surgery distinguish diseases by whether they "move the knife" or not. Obstetrics and gynecology "separates" the human body from disease in terms of gender. Pediatrics "separates" the human body from disease in terms of age. Originally, it was necessary to deepen the understanding of the human body and disease through "unbundling". The problem is that our education tends to stop at disassembled "human parts" and does not pay attention to "recombining" the human body. In this way, it is difficult for medical staff to develop dialectical thinking and innovative thinking.

The third "separation" refers to the separation of professions and humanities. In essence, it means that the requirements of the modern medical model are not implemented in teaching, and the verbal requirement to establish a new medical humanistic view is not reflected in the course structure.

2. Humanistic quality education content for medical staff

Medical humanistic quality refers to the quality of medical staff on the basis of medical professional knowledge, humanistic care, human care and human dignity care, which is an important quality that medical personnel must have. The specific requirements for medical humanistic quality include the following aspects:

2.1. Medical expertise

Medicine is a highly specialized discipline, and medical staff must have solid medical expertise to be able to correctly diagnose diseases, formulate treatment plans, and carry out medical services. Therefore, medical staff should continuously improve their skill level and practical ability while learning the medical profession, so as to become a medical staff with practical experience and high-level skills.

2.2. Humanistic care

Medical personnel should pay attention to the feelings and needs of patients, respect patients' personality and human rights, and care for and care for patients' physical and mental health. Medical staff should pay attention to communication with patients in the medical process, respect patients' opinions and choices, help patients build a sense of trust and security, and make patients feel the care and love of medical staff [7].

2.3. Human care

Medical staff should pay attention to the human needs of patients, pay attention to the mental health and mental health of patients, and help patients solve psychological problems and spiritual problems. Medical staff should pay attention to emotional communication with patients in the medical process, understand the inner world of patients, understand patients' emotional needs, help patients establish positive emotions and mentality, and make patients feel the humane care of medical staff.

2.4. Human dignity care

Medical personnel should respect and uphold human dignity and oppose any form of discrimination and stigmatization. Medical personnel should pay attention to the human rights and dignity of patients

in the medical process, protect patients' privacy and personal information, safeguard patients' dignity and rights, and make patients feel the human dignity and care of medical personnel.

2.5. Have a work ethic

Medical staff should abide by professional ethics, uphold medical ethics, medical style and medical discipline, adhere to the patient-centered service concept, and be conscientious and responsible. Maintain medical order and safety, and establish a good image of medical personnel.

2.6. Team player

Medical staff should pay attention to teamwork, actively participate in medical team work, cooperate and cooperate, support each other, jointly complete medical tasks, and improve the quality and efficiency of medical services.

In general, the humanistic quality of medicine is an important quality that medical personnel must have, and it is an important guarantee for medical personnel to improve the quality and level of medical services [7]. Medical staff should pay attention to improving medical professional knowledge, pay attention to patients' humanistic care, humane care and human dignity care, abide by professional ethics, have team spirit, and provide patients with high-quality and efficient medical services.

3. The main methods to strengthen the humanistic quality education of medical personnel

The humanistic quality education of medical personnel should focus on helping them overcome the separation of medicine and education, organs and human body, and profession and humanities through the study of medical and humanistic knowledge [7]. Fully understand disease and health, understand life and human beings, understand professional value and meaning of life, and internalize it into the noble moral sentiments and spiritual realm of healing and saving people, saving lives and helping the wounded. Specific approaches are:

First, build a new medical education model. In-depth study of the innovation of medical education models, breakthroughs in the reform and adjustment of the curriculum system of medical schools, reduction of unnecessary repetitive content in courses, strengthening practical skills training, and strengthening the setting of cutting-edge medical theories and humanities elective courses. Through the reform of medical education models such as teaching content and teaching methods, we attach importance to humanistic care [8]. In building a new medical education model, we should pursue the combination of scientific connotation and professional quality, the cultivation of humanistic education and cultural quality, the integration of psychological personality and social responsibility, and the cultivation of innovative spirit and adaptability.

Second, improve the medical humanities curriculum. In improving the medical humanities curriculum, attention is paid to the construction of three levels: the first level of courses is philosophy, sociology, psychology, aesthetics and other humanities and social science courses. It is mainly to train medical students to establish a correct world view, outlook on life and values. The second-level courses are medical ethics, medical sociology, medical psychology, medical history, health law, etc., which belong to the marginal disciplines at the intersection of humanities and social sciences and medicine. It mainly allows medical staff to use the theoretical methods of humanities and social sciences to discuss issues related to medicine, the profession of doctors, and the development of medical and health care, and pay attention to the value of life and health [6]. The third level of courses is a comprehensive course in ecology and environment, community health care, health management, and demography. The course at this level is to apply the cultivation of humanistic quality to medical practice and improve the comprehensive quality of medical staff [9]. The three levels of courses

complement each other, expand the humanistic knowledge structure of medical staff, and help medical staff to truly achieve "proficient in medical skills and understand humanities".

Third, to enhance the humanistic spirit of medical staff, most doctors in medical colleges graduated from medical colleges, and should continue to strengthen the edification of humanities. If they do not strengthen their study in the future, it will inevitably lead to a situation in which they will only "see the disease but not see the person, and cure the disease but not the heart". In particular, the medical ethics and medical style of clinical teaching doctors will directly affect the value orientation of young medical practitioners [10]. Whether it is basic medical courses or clinicians, they must strengthen their learning, constantly improve their humanistic qualities, and influence and infect young medical practitioners through the infiltration of theory and practice with their good character [11].

Fourth, strengthen clinical practice education, and create typical cases and simulation exercises in the humanistic quality education of medical staff. Let medical staff have a deeper understanding of the background and pain of patients' diseases, improve doctor-patient communication and emotional expression skills, and achieve the goal of integrating people and medicine [4].

4. Conclusion

Based on the above content research, the history of medical development proves that without good and profound humanistic knowledge, there can be no outstanding achievements in medicine. Medicine that loses its humanistic spirit will inevitably lead to the deviation of medical purpose and the lag in the development of humanistic medicine. Humanistic quality is an important medical resource, seemingly intangible, but in fact infinitely valuable. A hospital that is truly people-oriented, attentive service and has a good reputation will inevitably produce huge social and economic benefits and promote the sustainable development of the hospital. Therefore, only by infiltrating and integrating culture and medicine, and paying attention to the integration of medical education and humanistic education, can we cultivate human doctors who are "proficient in medical skills, understand humanities, have morality and can innovate", and cultivate senior medical talents who contribute to the country's medical and health undertakings.

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