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IMPROVEMENT PATHS AND PRACTICE OF MEDICAL HUMANISTIC CARE IN PUBLIC HOSPITALS: A CASE STUDY OF BEIJING TSINGHUA CHANGGUNG HOSPITAL

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Abstract: In September 2024, the National Health Commission and three other departments jointly issued the Action Plan for Improving Medical Humanistic Care (2024-2027), marking a new stage in which medical humanities construction in China entered systematic advancement. Taking Beijing Tsinghua Changgung Hospital as a case, this paper systematically analyzes the hospital's three-in-one action plan under the national policy framework, namely cultivation of medical students' humanistic literacy, construction of hospital humanistic care, and promotion of noble professional spirit. Combined with its practical exploration from 2024 to 2025, the paper discusses the paths and mechanisms by which medical humanistic care is transformed from policy concept into clinical practice. The study shows that the hospital has formed a replicable and promotable model for building a humanistic hospital through the integration of top-level design, multi-department collaboration, cultural guidance, and institutional guarantee. Its experience indicates that systematic top-level design, collaborative advancement by multiple departments, and integration of diversified forces are key to making medical humanities construction effective.
Keywords: Medical humanities; Narrative medicine; Closed-loop management; Case study

1 INTRODUCTION

The spirit of medical humanities is the concrete embodiment of humanistic spirit in the medical field. It focuses on the overall well-being of patients rather than disease itself. As medicine shifts from the biomedical model to the bio-psycho-social model, medical humanities have increasingly become a core element of high-quality development. However, how to truly implement humanistic concepts in daily services is not only an academic issue, but also a practical requirement for the construction of Healthy China and the improvement of doctor-patient relations.

In September 2024, the National Health Commission and three other departments jointly issued the Action Plan for Improving Medical Humanistic Care (2024-2027) (hereinafter referred to as the National Action Plan), requiring coordinated advancement in three aspects: medical students' literacy, institutional humanistic care, and promotion of professional spirit. This marks China's medical humanities construction moving from scattered exploration toward systematic advancement.

Beijing Tsinghua Changgung Hospital is a public hospital jointly built and managed by Tsinghua University and the Beijing Municipal Hospital Management Center. It quickly responded to the national call, formulated its own Action Plan for Improving Medical Humanistic Care (2025-2027) (hereinafter referred to as the Hospital Action Plan), and carried out systematic preliminary exploration from 2024 to 2025. Taking the hospital as a case, this paper analyzes the design logic, implementation path, and preliminary effects of its plan, with the hope of providing reference for other public hospitals.

2 LITERATURE REVIEW AND THEORETICAL BASIS

2.1 Connotation and Evolution of Medical Humanistic Care

Medical humanistic care is the process of paying attention to and responding to patients' psychological, social, and cultural needs in medical services. Its core is to respect the subject status of patients and attend to their overall well-being. Since the 1970s, Western scholars have systematically focused on medical humanities, emphasizing that medicine is not only a science but also an art. Domestic scholars introduced related concepts in the early twenty-first century and formed research with local characteristics by integrating traditional Chinese medical culture. Li Xiaozhen et al. pointed out that the key to humanistic care construction lies in transforming concepts into operable service norms [1].

2.2 Domestic and International Practice of Medical Humanities Construction

Medical humanities education started earlier abroad. The United States, the United Kingdom, and other countries have incorporated it into the core curriculum of medical education and established relatively complete clinical humanistic care evaluation mechanisms. In China, the process has evolved from conceptual advocacy to practical exploration. In recent years, narrative medicine, medical social work, and humanistic departments have continuously emerged.

In terms of humanistic hospital construction, existing studies have taken specific hospitals as cases and discussed construction paths around such elements as humanistic concept, humanistic management, humanistic literacy, humanistic environment, and humanistic service [2]. As a practical tool for implementing medical humanities, narrative medicine has been confirmed to play a positive role in hospital culture construction [3]. Medical humanities theory also provides a foundational conceptual basis for understanding the relationship between medicine, ethics, culture, and care [4]. In the cultivation of medical students' humanistic literacy, researchers have constructed a four-in-one training model involving medical school, hospital, discipline, and professional master's degree program [5]. In terms of PDCA closed-loop management, existing studies have confirmed its effectiveness in improving medical service quality and patient satisfaction [6]. In medical social work, the collaborative model of medical social work and volunteer work has been confirmed to effectively improve hospital humanistic care.

Overall, existing research has formed a relatively rich methodological system, but studies that systematically introduce the PDCA closed-loop management concept into the field of medical humanities construction remain relatively rare. This is precisely the entry point of this study.

2.3 Policy Implementation and Closed-Loop Management Perspective

This paper adopts an analytical perspective that combines top-down and bottom-up approaches in policy implementation theory, focusing on how national policies are implemented at the hospital level.

At the same time, this paper introduces PDCA closed-loop management as an analytical tool. The PDCA cycle, namely plan, do, check, and act, is a basic method of quality management and has been widely applied in medical service quality management and patient satisfaction management in recent years [6-7]. Introducing the PDCA perspective into medical humanities construction helps reveal how the hospital realizes continuous improvement of humanistic work through the closed-loop mechanism of plan, do, check, and act, rather than promoting it in a campaign-like manner. The following sections systematically review the design, practical exploration, and rectification mechanism of the hospital from this perspective.

3 RESEARCH DESIGN

3.1 Research Method

This paper adopts the case study method and conducts an in-depth analysis of Beijing Tsinghua Changgung Hospital as a single case. The case study method is suitable for exploring questions of how and why, and can reveal the internal mechanisms of complex phenomena.

3.2 Case Selection

The hospital is an affiliated hospital of Tsinghua University. Since its opening in 2014, it has consistently adhered to the values of being people-oriented, helping the world, cultivating virtue, and pursuing the highest good, accumulating rich experience in medical humanities construction. After the release of the national policy, the hospital responded rapidly, formulated a systematic three-year action plan, and carried out multiple preliminary practices from 2024 to 2025. It is therefore typical and representative.

3.3 Data Sources

The analytical materials of this paper mainly include: (1) the Action Plan for Improving Medical Humanistic Care (2024-2027), a national policy document; (2) the Action Plan for Improving Medical Humanistic Care of Beijing Tsinghua Changgung Hospital (2025-2027); and (3) relevant information publicly released on the hospital's official website and official WeChat account, as well as work materials from 2024 to 2025.

4 FRAMEWORK ANALYSIS OF THE NATIONAL ACTION PLAN

4.1 Overall Goals and Core Principles

The National Action Plan clearly proposes that the core principles should be mutual respect, privacy protection, strict compliance with laws and regulations, and strengthened communication. It adheres to patient-centeredness, vigorously promotes medical humanities education, strengthens medical humanistic care, enhances communication and mutual trust between doctors and patients, and builds a harmonious doctor-patient relationship. The action plan emphasizes that the cultivation of the medical humanistic spirit should run through the entire process of medical student training and the whole professional cycle of medical personnel [8].

4.2 Three-in-One Action Framework

The National Action Plan constructs a systematic framework consisting of three major action sections: cultivation of medical students' humanistic literacy, construction of humanistic care in medical institutions, and promotion of noble professional spirit [8].

4.3 Policy Innovation and Institutional Design

The innovation of the National Action Plan is reflected in three aspects. It transforms humanistic care from soft advocacy into hard requirements and clarifies responsibility division and time nodes. It emphasizes full-process coverage, incorporating both medical student cultivation and the whole career cycle of medical personnel. It also stresses multi-subject collaboration, requiring health, education, traditional Chinese medicine, disease control, and other departments to work together [8].

5 SYSTEMATIC CONSTRUCTION OF THE HOSPITAL ACTION PLAN

After the release of the National Action Plan, Beijing Tsinghua Changgung Hospital combined it with its own actual situation and passed and issued the Hospital Action Plan after deliberation by the committee in June 2025. While following the national policy framework, the plan reflects distinctive hospital characteristics.

5.1 Overall Positioning and Goals

The hospital takes mutual respect, privacy protection, strict compliance with laws and regulations, and strengthened communication as its core principles. Guided by the values of being people-oriented, helping the world, cultivating virtue, and pursuing the highest good, it adheres to patient-centeredness and strives to build a humanistic hospital with Tsinghua characteristics and the Changgung brand, as well as a warm hospital where patients are satisfied and employees are happy [9].

5.2 Hospital-Level Translation of the Three-in-One Framework

5.2.1 Action for cultivating medical students' humanistic literacy

The hospital constructs a progressive system of cognition, identification, and practice. At the cognitive level, it covers pre-job training, the Three Basics and Three Stricts courses, and distinctive courses. At the identification level, it builds a narrative medicine brand and improves psychological counseling through the Qingxin Xiaozhu platform. At the practice level, it organizes early clinical exposure and community free clinics through the Excellent Physician-Scientist project.

5.2.2 Action for building hospital humanistic care

This action covers six dimensions. In organization, the committee provides unified leadership and the hospital formulates the Humanistic Department Construction System. In culture, it innovates publicity, establishes hospital-department two-level management, and gives play to the characteristics of traditional Chinese medicine. In training, it constructs a three-in-one system and implements a lecture tour plan. In communication, it optimizes outpatient visits, upgrades intelligent guidance, and conducts special ward rounds. In environment, it promotes intelligent restroom renovation, barrier-free facilities, child-friendly spaces, art therapy, and smart services. In medical social work and volunteer services, it improves the dual-wheel-driven model of leadership and professional empowerment, takes the six-in-one structure of clinical service, hospice care, community service, volunteer service, public welfare, and teaching research as its starting point, and uses medical social work-volunteer linkage to optimize management.

5.2.3 Action for promoting noble professional spirit

The hospital continuously stimulates motivation by inheriting tradition, selecting models, cultivating traditional Chinese medicine culture, and using publicity platforms. It constructs a whole-chain cultivation system of curriculum, teaching, and care; selects models such as Chinese Good Doctors; carries out parallel medical records; establishes a five-dimensional evaluation system of morality, ability, diligence, performance, and integrity and a Medical Ethics Award; promotes preventive treatment, health-preserving exercises, and seasonal health management; and integrates official WeChat, the official website, and new-media matrices to disseminate stories of famous medical professionals.

5.3 Task Ledger and Implementation Guarantee

The Hospital Action Plan includes a detailed task ledger that clarifies time nodes and responsible departments. Special tasks such as revising internal humanistic systems have deadlines, while routine tasks such as humanistic department construction are continuously carried out. This ledger-style management ensures operability [9].

From the perspective of closed-loop management, this ledger is the refinement of the plan stage. It transforms the abstract three-in-one framework into specific tasks that can be tracked and assessed, answering the three core questions of what to do, who will do it, and when it will be completed, and providing a basis for subsequent execution, inspection, and rectification.

6 PRACTICAL EXPLORATION AND PRELIMINARY RESULTS

6.1 Preliminary Exploration of Cultivating Medical Students' Humanistic Literacy

From 2024 to 2025, the Teaching Department integrated humanistic literacy into the whole process of young physician training, covering pre-job training and resident morning courses, and extending from theory to practice. At the same

time, it coordinated with the Publicity Center and the Social Service Department to provide psychological counseling and stress relief, creating a strong atmosphere. Relying on the early exposure courses of the Excellent Physician-Scientist project, medical students improved their communication ability in practice.

6.2 Practical Effects of Hospital Humanistic Care Construction

At the organizational and institutional level, the hospital clarified that the main responsible person is the first responsible person, designated the Legal Affairs Department and the Teaching Department as specific functional departments, and established a coordination mechanism involving 13 departments. It formulated the Humanistic Department Construction System, promoted multiple research projects, and published more than ten articles.

At the cultural and environmental level, in combination with the tenth anniversary of the hospital's founding, the hospital carried out activities such as commemorative albums, oral history, department history compilation, and the essay collection Ten Years of Medical Dreams. It completed the one-stop outpatient consultation service center, reached an 88% self-service rate, shortened the average waiting time at the outpatient medical counter to 6 minutes and 8 seconds, completed green landscaping, barrier-free facilities, and child waiting area renovations, and built demonstration projects for smart consultation rooms and smart wards. Similar studies on new cultural construction in public hospitals also show that cultural integration is an important support for high-quality development [10].

At the training and communication level, the hospital invited several lecturers from the Beijing lecture tour group to give lectures and successfully applied for municipal continuing education credits in humanistic medicine. The Medical Management Department developed a cross-clinic report-viewing function, improving the order of queuing.

At the level of social work and volunteer services, the hospital deepened the collaborative linkage between medical social workers and volunteers and promoted the professional development of services. Social work services covered 37 departments and included distinctive projects such as mindfulness-based stress reduction, sandplay therapy, and art therapy, effectively responding to the psychosocial needs of patients and their families. Volunteer service accumulated more than 390,000 hours, and 75 volunteers were rated as Beijing five-star volunteers. The hospital also built brands such as the Shuimu Xinglin Science Popularization Group and the Nightingale Service Team, carrying out health science popularization and free clinics in communities and benefiting tens of thousands of people. The practice echoes research on the doctor-patient-social worker service model in public hospitals [11].

6.3 Practical Exploration of Promoting Professional Spirit

The hospital strives to construct a cultivation mechanism that combines endogenous incentives and cultural immersion. At the endogenous incentive level, it emphasizes the leading role of mentors in moral education and establishes an incentive mechanism based on mutual evaluation between teachers and students. At the same time, by selecting individual and collective models such as Shuimu Xinglin Good Doctors and Chinese Good Doctors, it forms a typical cultivation model organically connecting selection, display, and incentive. At the cultural immersion level, it actively promotes traditional health-preserving exercises such as Baduanjin and Wuqinxi, regularly releases seasonal health science popularization content, continuously improves the operation mechanism of the official website, official WeChat, and new-media matrices, systematically carries out cultural special work, and gradually forms a professional-spirit cultivation and dissemination system with hospital characteristics. Narrative medicine research further suggests that professional spirit cultivation can be strengthened through narrative reflection and humanistic practice [12-13].

7 DISCUSSION AND ANALYSIS

From the perspective of PDCA closed-loop management, the hospital's practice can be summarized into four interconnected stages.

Plan stage: institutional transformation of the policy framework. The hospital transforms the soft advocacy of the National Action Plan into hard tasks in the Hospital Action Plan. Through the task ledger, it clarifies time nodes and responsibility division, transforming humanistic construction from conceptual consensus into an executable and traceable action plan.

Do stage: systematic advancement through multiple measures. Under the unified leadership of the committee and collaboration among 13 departments, humanistic construction covers teaching, medical care, management, logistics, information, and other aspects, reflecting the concept of full participation and full-process integration. Particularly noteworthy is the hospital's path of integrating hard technology with soft humanities. It embeds humanistic concepts into information-process optimization and medical-environment renovation, transforming humanistic care from an abstract idea into a service experience that patients can perceive. This is consistent with Wang Nan et al.'s finding that humanistic hospital construction requires multi-department collaboration [14].

Check stage: scientific evaluation driven by data. The hospital regards refined patient-satisfaction management by department as an important starting point for testing the effectiveness of humanistic construction. It constructs a multi-dimensional data comparison system, comparing internal evaluation results horizontally with municipal averages, vertically with the previous quarter, and with rankings among similar departments. This design gives the evaluation results diagnostic value and can accurately locate service shortcomings of each department in doctor-patient communication and humanistic care, providing clear directions for continuous improvement. Judging from the results,

the hospital's comprehensive satisfaction ranking rose from 14th in the city in 2023 to 1st in 2025, with a score increase of 5.56%, which to some extent verifies the effectiveness of the above humanistic construction path.

Act stage: problem-oriented rectification loop. In response to shortcomings in humanistic services exposed by evaluation, the hospital issues rectification notices to responsible departments and clarifies deadlines. It tracks effects quarterly and verifies them through the next round of surveys. Humanistic measures that are implemented and improve patient perception are regarded as effective, while those without improvement require continued rectification until the problem is solved. At the same time, effective experience is incorporated into the institutional system. The essence of this mechanism is to transform problems found during inspection into inputs for the next round of planning and to solidify verified practices into institutional norms. Thus, a complete loop of inspection, rectification, verification, and institutionalization is formed, providing institutional guarantee for the sustainable optimization of humanistic construction. Competence-oriented and new-era medical-humanities education studies also support the need to transform humanistic requirements into continuous cultivation mechanisms [15-17].

It can therefore be argued that the success of the hospital lies not only in the content design of the three-in-one framework, but also in the closed-loop management logic behind it. It is this continuous cycle of plan, do, check, and act that enables humanistic construction to deepen year by year rather than stop at document release.

Although the hospital has achieved preliminary results in medical humanities construction, it still faces several challenges. First, the quantitative evaluation dimensions of humanistic construction effects need to be expanded. At present, the effectiveness of humanistic construction is mainly tested through patient satisfaction evaluation. However, satisfaction reflects comprehensive medical experience more broadly. How to further include more diversified evaluation dimensions such as participation in narrative medicine, coverage of humanistic training, and patients' perceived humanistic experience on the basis of satisfaction evaluation still requires continuous exploration. Second, the sustainability of resource input remains an issue. Humanistic construction requires long-term investment, and how to maintain stable resource support in daily hospital operation requires institutional arrangements.

8 CONCLUSION

Taking Beijing Tsinghua Changgung Hospital as a case, this paper systematically analyzes the paths and practices for improving medical humanistic care in public hospitals. The study shows that, under the guidance of the national policy framework, the hospital has constructed a three-in-one systematic framework consisting of cultivation of medical students' humanistic literacy, construction of hospital humanistic care, and promotion of noble professional spirit. Its practical exploration from 2024 to 2025 has preliminarily verified the feasibility of this framework.

The hospital's experience can be understood at two levels. At the content level, it is a systematic three-in-one design. At the mechanism level, it is a closed-loop management logic running throughout the process. The former answers what to do, while the latter answers how to do it continuously. The combination of the two enables humanistic construction to avoid the common difficulties of campaign-style and fragmented implementation.

The hospital's practices in organizational guarantee, technology integration, resource integration, and cultural guidance provide useful reference for other public hospitals to systematically promote medical humanities construction.

Medical humanities construction is a long-term systematic project that requires the coordinated efforts of policy, institutions, resources, and professions. In the future, while deepening practice, theoretical research should be strengthened, a scientific evaluation system should be constructed, and humanistic construction should be promoted from experience-driven to evidence-driven and from highlight projects to routine mechanisms.

COMPETING INTERESTS

The authors have no relevant financial or non-financial interests to disclose.

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