

# Research on the innovation of nursing ward mode integrating Chinese medicine characteristics and humanistic care

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**Abstract:** As the concept of ‘patient-centered’ nursing continues to deepen, exploring a new model of nursing ward management that suits Chinese characteristics has become a key issue in modern nursing reform. Traditional Chinese medicine (TCM) nursing, an essential part of traditional Chinese medicine, offers significant advantages such as holistic thinking, syndrome differentiation-based care, and emotional support. By effectively integrating the humanistic care philosophy centered on respecting life and individual feelings, it can help create a more humane, efficient, and culturally rich ward nursing model. This article reviews literature, conducts field observations, and studies case studies to outline the pathways for embedding humanistic elements in current TCM nursing practices, explores the feasible implementation mechanisms of these elements in nursing wards, and proposes a new four-pronged ward nursing model: creating a TCM cultural atmosphere, optimizing the humanistic nursing process, enhancing communication among medical staff and patients, and providing intelligent support.

**Keywords:** TCM Characteristics; Humanistic Care; Nursing

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## Introduction:

As modern medical concepts evolve, nursing practices are shifting from a disease-centered approach to a patient-centered holistic care model. This shift is particularly evident in the era of increasingly personalized and humanized healthcare, where the traditional ward nursing model, which is primarily based on functional zoning and hierarchical nursing, has shown significant limitations, including poor flexibility, lack of cultural identity, and insufficient psychological support. Meanwhile, Traditional Chinese Medicine (TCM) nursing, an integral part of traditional Chinese medicine, emphasizes the principles of ‘tailored treatment, balance of form and spirit, and emotional harmony.’ These principles align closely with the current international nursing values of holistic care and humanistic concern. However, in the actual nursing system, TCM nursing often remains an auxiliary technique, with its overall theory, cultural atmosphere, and service methods not fully integrated into ward management and service processes, thus failing to achieve systematic and sustained service value. Additionally, humanistic concern in some nursing practices faces issues such as unclear standards and formalistic implementation, which prevent it from effectively enhancing clinical nursing outcomes.

## 1. Nursing mode integrating TCM characteristics and humanistic care

Traditional Chinese medicine (TCM) nursing emphasizes ‘differential diagnosis and treatment,’ ‘tailored care for individuals,’ and ‘the balance of form and spirit,’ reflecting a high level of humanistic spirit and holistic thinking. As modern medical nursing concepts shift from the ‘biomedical model’ to the ‘biological-psychological-social-cultural’ model, a nursing approach that integrates TCM characteristics with humanistic care has emerged. This integration is not just a combination of technical methods but also a synthesis of value systems. It emphasizes the importance of adhering to TCM principles such as ‘yin-yang and the five elements’ and ‘zang-fu meridians,’ while focusing on the overall adjustment of patients’ emotional states, psychological conditions, cultural backgrounds, and social support systems. The goal is to build a patient-centered, humanized care system. In practice, this nursing model typically includes three dimensions: first, creating an atmosphere of TCM culture through room decoration, aromatherapy, and meridian map displays, subtly influencing patients with positive TCM concepts; second, using TCM nursing techniques combined with humanistic interventions, such as ear acupoint pressing, moxibustion, meridian massage, and music therapy, along with psychological counseling, verbal comfort, and personalized daily care, to enhance patients’ subjective well-being; third, establishing a positive communication mechanism among healthcare providers, patients, and families, emphasizing the value of ‘emotional regulation’ in the recovery process, respecting patients’ personal preferences, and involving family support to

build a caring and supportive care relationship.

## **2. Implementation path of nursing ward mode integrating TCM characteristics and humanistic care**

### **2.1 Construction of two-way integration mechanism at the level of institutional system**

The first step in implementing a nursing ward model that integrates traditional Chinese medicine (TCM) characteristics with humanistic care is to establish a 'two-way integration' operational mechanism at the institutional level. This involves incorporating TCM nursing standards into the hospital's nursing quality management system and simultaneously establishing standards for humanistic care. The implementation of this mechanism can be structured in three layers: First, a TCM Humanistic Nursing Task Force 'should be established, comprising departments such as the nursing department, TCM department, medical affairs office, and quality control office. This task force will be responsible for formulating integration strategies, developing indicator systems, and conducting annual evaluations. Second, a directory list of nursing service items should be created, systematically cataloging TCM nursing techniques (such as syndrome differentiation, emotional regulation, and surface intervention) and humanistic nursing content (such as emotion recognition, cultural respect, and ethical support). This will form a service package system, promoting the transition of nursing services from fragmented operations to structured delivery. Third, a dual-line evaluation system should be introduced at the quality control level. This includes setting up technical quality indicators (such as TCM intervention execution rate and complication improvement rate) and humanistic experience indicators (such as nursing satisfaction and emotional stability index), to achieve quantitative management and continuous optimization of the integrated nursing model. The greatest value of this mechanism lies in providing stable organizational support, standardized pathways, and performance evaluation criteria for integrated nursing, thereby avoiding the limitations of relying on individual experience and enhancing the sustainability of the overall nursing system.

### **2.2 Design of TCM culture embedding in space and visual environment**

First, in the design of ward spaces, it is essential to define a 'cultural positioning.' The hospital's infrastructure and TCM departments should collaborate to establish a visual unification plan, 'which includes setting the color tone of the space (such as using the Five Elements colors to correspond with emotions), principles for the decoration and configuration of Chinese herbal medicines, and parameters for adjusting odors and lighting. A designated area at the bedside should be reserved for displaying TCM nursing information, including patient constitution type cards, personalized care recommendation cards, and daily status charts. This helps healthcare providers and patients efficiently communicate information, allowing patients to better understand their conditions and enhance cultural recognition. In the visual communication system, a unified layout and format for text and images should be established, such as meridian diagrams, health knowledge tables, and calendars of the Five Phases and Six Qi, to prevent information confusion and cognitive fatigue. Additionally, the intelligent interaction system should incorporate TCM elements, such as a nursing workstation that can display a nursing task scheduling interface based on the theory of constitution differentiation, and an individual comfort preference module embedded in the bedside call system, to improve the accuracy of service responses. The ultimate goal is to create a TCM humanistic atmosphere that is visible and perceptible, 'reshaping the emotional connection between patients and the nursing environment through multidimensional spatial elements, thereby realizing the potential therapeutic function of culture as healing.'

### **2.3 Reconstruction of the path of TCM and humanistic coordination in nursing process**

In the nursing phase, an integrated process structure should be established, starting with a nursing assessment, followed by TCM constitution determination, followed by a humanistic psychological screening, and finally, the formulation of personalized care plans. This involves using multi-dimensional information collection tools to comprehensively evaluate the patient's constitution (such as the TCM constitution classification table), emotional state (such as the HAD scale), and cultural preferences. The results are then digitized and input into

the nursing information system, which automatically matches intervention measures. In the implementation phase, it is stipulated that each nursing operation should incorporate elements of TCM techniques and humanistic communication steps. For example, before performing basic nursing, the four steps of communication, comfort, intervention technology, and feedback 'must be completed. Additionally, for critical points such as nighttime care and postoperative observation periods, TCM emotional regulation procedures (such as ear acupoint pressing and five-tone calming) and emotional expression windows should be set up to guide patients in releasing their emotions and to establish an emotional connection between healthcare providers and patients. Furthermore, a dynamic feedback mechanism is introduced in process management, requiring nurses to fill out a fusion nursing record sheet 'after each shift, recording the intervention methods, patient reactions, and satisfaction levels, which serve as the basis for adjusting individualized care plans. This process not only enhances the humanistic aspect of nursing operations but also promotes the transition of TCM nursing from operational skills 'to care philosophy.'

## **2.4 Reshaping the ability structure of nursing team and optimizing the training mechanism**

The success of integrated nursing models hinges on people, particularly the capability restructuring and professional development of the nursing team. To achieve this, a job competency model should be developed, centered on 'professional TCM skills + humanistic care qualities,' which can be broken down into several modules, such as TCM nursing diagnostic skills, proficiency in non-drug therapies, cross-cultural communication skills, and psychological intervention capabilities. This will clarify the skill levels required for different positions at all levels of the nursing staff. In terms of training mechanisms, a four-pronged approach— 'theoretical lectures—simulation training—scenario drills—clinical mentoring' —should be adopted to enhance systematic learning of TCM knowledge and practical operational skills. Hospitals are advised to establish a 'TCM-humanistic care capability enhancement special training program,' led by the hospital's nursing department and TCM experts, with quarterly closed-loop training sessions and mandatory assessments linked to performance evaluations. To ensure the continuity of skills, a mentorship system should be implemented, with mid-to-senior-level nursing professionals serving as TCM nursing mentors to provide one-on-one guidance to young nurses, enhancing their technical standards and professional identity.

## **3. Innovative methods of nursing ward mode integrating TCM characteristics and humanistic care**

### **3.1 Build “digital TCM constitution identification system” to support nursing intervention decision**

Traditional Chinese medicine (TCM) nursing relies heavily on experiential body identification and manual recording, lacking efficient and standardized recognition tools, which limits its widespread application in clinical settings. To overcome this limitation, an innovative 'Digital TCM Constitution Recognition System' should be developed to support the precise integration of humanistic care with TCM interventions. This system is based on the nine constitution theories of TCM, integrating non-invasive intelligent detection methods such as facial recognition, voice analysis, tongue image photography, and fingertip pulse signal collection. Using artificial intelligence algorithms for multi-modal data clustering and discriminative learning, the system accurately identifies patients 'constitutions and provides personalized care recommendations. The system interface is divided into three main modules: 'Quick Assessment, 'Care Intervention Recommendation, 'and Humanistic Prompt. 'Nursing staff can input basic data through bedside terminals, and the system automatically generates individual profiles and intervention suggestions. By cross-matching constitution status with emotional state, the system further suggests that nursing staff should enhance verbal comfort, family collaboration, or music therapy in specific conditions. This method not only significantly improves the efficiency and accuracy of body identification but also provides a quantitative basis for humanistic care interventions, truly transitioning the humanistic approach of TCM nursing from experiential 'to data-driven.' It represents a significant breakthrough in the deep integration of intelligent nursing and personalized TCM care.

### **3.2 Develop a dynamic intervention mechanism of “chronic rhythm and nursing behavior linkage”**

Traditional Chinese medicine emphasizes the unity of the body, time, and space, particularly the connection between human physiolog-

ical functions and the twelve hours of the day. However, this aspect is rarely considered in current nursing practices. To address this, an innovative strategy called the ‘Hourly Rhythm-Nursing Behavior Linkage Mechanism’ can be proposed. This mechanism integrates biological rhythms into the nursing behavior decision-making model to achieve dynamic and sequential nursing interventions. Based on the hour-by-hour patterns of organ and blood circulation described in the \*Huangdi Neijing\*, and considering the individual disease patterns and emotional changes of patients, a 24-hour cycle nursing intervention rhythm chart can be designed. The nursing system backend sets the weight and priority of nursing tasks at different times, such as reducing disruptive operations and focusing on sleep during the liver meridian’s active period from 1-3 AM; and increasing heat therapy and digestive aids during the small intestine meridian’s dominant period from 1-3 PM. By linking with the hospital information platform, the system automatically sends each patient’s Rhythmic Nursing Plan ‘and provides dynamic modification permissions to adapt to changes in the patient’s condition. Additionally, the nursing staff’s scheduling plans can be adjusted according to this rhythmic logic, achieving a three-dimensional synergy of’ person-time-operation, ‘aligning the nursing rhythm with the body’s physiological rhythm, thus enhancing the timeliness and adaptability of nursing actions. This approach breaks the limitations of static nursing paths by integrating the traditional TCM concept of ‘harmony between heaven and man’ into the modern nursing rhythm regulation system, representing a key technical path for the integration of intelligent nursing rhythm and TCM dynamic nursing thinking.

### **3.3 Construct a synergistic intervention mode of “narrative therapy + TCM emotional regulation”**

The core of humanistic care lies in addressing individual life experiences and psychological needs. Traditional Chinese Medicine (TCM) emotional regulation excels in identifying the seven emotions and harmonizing the mind. Integrating narrative therapy with emotional nursing is an innovative approach to achieve deep psychological intervention and cultural comfort. This model is based on the ‘narrative listening’ method in clinical psychological nursing, combined with TCM’s emotional system of joy, anger, worry, thought, sorrow, fear, and shock, to create a four-stage collaborative path: ‘narration—emotional recognition—regulation—tracking. ‘First, a’ narrative interview record ‘module is established, where dedicated nursing staff or psychological nurses guide patients to share their disease experiences, cultural backgrounds, family relationships, and other life stories, capturing the emotional hints and psychological tension points in their narratives. Next, using TCM emotional theory for classification and emotional recognition, the narrative content is encoded and mapped to specific emotional states (such as ‘anger leads to qi rising ‘and’ thought leads to qi stagnation ‘), and a regulation plan is formulated based on the results of physical constitution assessment. For example, it may recommend using ‘Anshen Dingzhi Decoction ‘as an external herbal treatment, along with non-drug interventions like the five-tone therapy and Tai Chi breathing techniques to alleviate emotions. Finally, a’ narrative nursing follow-up mechanism ‘is set up, tracking the evolution of emotions through diary writing, video feedback, or voice communication, and adjusting the nursing intervention path accordingly. This method respects individual subjective experiences while organically integrating traditional’ emotional nursing ‘with modern’ meaning-building ‘psychological intervention, truly transforming from’ disease care ‘to’ human care,’ and promoting the deep implementation of the concept of humanistic care in TCM nursing practice.

Conclusion: As modern medicine advances towards more refined and technologically advanced practices, the traditional biomedical focus of nursing models can no longer meet patients’ growing emotional, cultural, and psychological needs. Traditional Chinese Medicine (TCM) nursing, an integral part of the Chinese medical system, aligns well with the core values of humanism, which emphasize ‘people-oriented care and respect for life.’ This article explores a nursing ward model that integrates TCM characteristics with humanistic care, systematically outlining implementation paths such as institutional restructuring, spatial design, process optimization, and capacity building. It proposes innovative methods like a digital syndrome differentiation system, a rhythm linkage mechanism, and narrative regulation integration, forming a comprehensive nursing model with Chinese characteristics, cultural roots, and clinical effectiveness. This model not only aims to reshape the logic of nursing behavior and enhance patient experience but also provides theoretical support and practical models for the development of a diversified international nursing model and the construction of a Chinese-characteristic nursing system, demonstrating significant practical value and potential for promotion.

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- Research of Guangyuan Science and Technology Bureau: Exploration of building a TCM characteristic humanistic nursing ward (Project number: 23ZDYF0046)