

Practical Exploration of Integrating Course-based Ideological and Political Education into Pediatric Nursing Teaching.

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Abstract: Pediatric nursing teaching, given the characteristics of the pediatric population's physiological and psychological immaturity and high family involvement, imposes special requirements on learners' protective awareness and ethical judgment. The individual dignity and professional responsibility addressed by course-based ideological and political education inherently overlap with professional goals such as prioritizing pediatric patient safety and family-centered care; however, cognitive biases and structural barriers in actual teaching lead to a separation between the two. Starting from the logic of integration, this study extracts three types of value elements from the protection of pediatric patients' rights, family-centered care, and professional risk situations, constructs a categorized and hierarchical content system, and proposes three organizational strategies—narrative pedagogy, role simulation, and behavioral representation of formative evaluation—to form an operable teaching transmission mechanism.

Keywords: Pediatric Nursing Teaching; Course-based Ideological and Political Education; Extraction of Value Elements; Narrative Pedagogy; Formative Evaluation

Introduction

The particularities of the teaching subjects and service objects in pediatric nursing, as a core clinical course of the nursing major, determine that mere technical competence training cannot meet the actual demands of clinical positions. Due to their limited cognitive abilities, sick children cannot fully express their own feelings, while parents frequently intervene in nursing decisions because of anxiety. These situations require nursing staff to possess emotional responsiveness and ethical judgment that go beyond operational skills. Therefore, identifying and cultivating a sense of responsibility, empathy, and humanistic attitudes directly related to the well-being of sick children in pediatric nursing teaching is of irreplaceable professional significance. The core concept of course-based ideological and political education lies in integrating value guidance into professional education, which is highly consistent with the intrinsic demands of pediatric nursing teaching. Current discussions on the integration of the two mostly remain at the macro level, lacking systematic identification and classification of value elements in the specific context of pediatric nursing, and also lacking methodological research on transforming value goals into concrete teaching strategies and evaluation indicators. Based on the professional characteristics of pediatric nursing teaching, this study analyzes the overlapping dimensions between course-based ideological and political education and disciplinary teaching objectives, constructs an operable system of value elements, and designs corresponding teaching organization strategies and transmission mechanisms, in order to bridge the teaching gap between value guidance and skill training.

1. The Internal Logic of Integrating Pediatric Nursing Teaching with Course-Based Ideological and Political Education

1.1 Special Demands of Pediatric Nursing's Professional Characteristics on Value Guidance

The service objects of pediatric nursing are children in the rapid growth and development stage, whose physiological, psychological, and cognitive levels are immature and who lack the ability to make independent decisions. This characteristic determines that pediatric nursing staff must not only possess solid disease care skills but also assume the responsibility of emotional support and

communication coordination for the sick children and their families. Compared with adult nursing, the pediatric nursing environment often presents complex interactive situations caused by children's crying, non-cooperation, and parental anxiety. Nursing staff's behavioral demonstrations have a direct impact on children's medical experience and the establishment of family trust. Therefore, while teaching operational techniques, pediatric nursing teaching needs to strengthen learners' protective awareness and responsibility judgment ability when facing vulnerable groups^[1].

Another significant characteristic of pediatric nursing is the extremely high level of family involvement, and the family-centered care model has become the core principle of this field. Under this model, nursing staff must simultaneously manage the condition of sick children, soothe parental emotions, and coordinate family decisions, which places higher demands on learners' emotional regulation ability and value choices. If the elements of course-based ideological and political education are not effectively integrated, learners may focus only on technical operations while neglecting responses to the dignity of sick children and the psychological needs of their families. Therefore, pediatric nursing teaching must, based on its professional characteristics, identify those value demands that are directly related to the well-being of sick children and transform them into teachable and assessable learning objectives.

1.2 Analysis of the Overlapping Dimensions between Course-Based Ideological and Political Education and Pediatric Nursing Teaching Objectives

Course-based ideological and political education emphasizes the integration of the cultivation of individual dignity, social responsibility, and professional ethics into professional education, while the teaching objectives of pediatric nursing themselves include the priority protection of sick children's life safety, empathetic responses to pain and fear, and respect for and support of family caregiving abilities. The two share a high degree of overlap in the core concept of "people-centeredness." Specifically, the content in pediatric nursing teaching regarding aseptic techniques, medication safety, and risk prevention naturally carries a reverence for sick children's right to life and health; meanwhile, the teaching of communication skills with children, play guidance, and pain assessment implies the recognition of and respect for children's right to expression. These overlapping dimensions provide a logical foundation for the seamless integration of course-based ideological and political education^[2].

Further analysis shows that the emotional labor and ethical decision-making training in pediatric nursing teaching share goal consistency with the intrinsic value identification pursued by course-based ideological and political education. For example, in a simulated emergency situation of a sick child, learners need to make quick judgments and take actions that are most beneficial to the child. This process not only tests clinical competence but also implicitly examines whether learners prioritize the child's interests above all else. The sense of responsibility, empathy, and fair attitude emphasized by course-based ideological and political education are precisely the professional competencies repeatedly reinforced in pediatric nursing teaching through case discussions, role-playing, and other methods. The intersection of these two teaching objectives is not an external addition but an inherent component within professional education itself.

1.3 Cognitive Biases and Structural Barriers in the Integration Process

In the actual practice of integrating course-based ideological and political education into pediatric nursing teaching, learners and some teaching organizers may hold a cognitive bias, namely, believing that value guidance is an additional component independent of professional skills. This bias manifests as excessive emphasis on technical operation assessments while insufficient evaluation of behavioral manifestations of professional attitudes, such as psychological responses to sick children and family communication. Another type of cognitive bias is the abstraction and sloganization of value elements, failing to connect them with behavioral choices in specific pediatric nursing contexts, resulting in learners being able to recite certain concepts but unable to apply them appropriately when a sick child cries or parents raise concerns^[3].

Structural barriers are mainly manifested in the two aspects of teaching resource allocation and the evaluation system. Pediatric nursing courses typically include a large amount of skill training and clinical internship time, so the class hours used for discussing value judgments and ethical situations are significantly compressed. Current assessments mostly use operational accuracy and theoretical examination scores as indicators, and the mechanisms for recording and providing feedback on learners' behaviors such as empathetic responses and risk communication demonstrated in simulated or real

scenarios remain incomplete. The systematic presentation of topics such as sick children's rights and family decision-making participation in teaching materials is also insufficient. These factors jointly constrain the deep integration of course-based ideological and political education into pediatric nursing teaching, which makes the two sets of objectives, originally intrinsically connected, artificially separated in actual teaching.

2. Categorized and Hierarchical Construction of Course-Based Ideological and Political Elements in Pediatric Nursing

2.1 Extraction of Nursing Ethical Elements Based on the Protection of Sick Children's Rights and Interests

The core content of protecting sick children's rights and interests covers the right to informed consent, the right to privacy protection, and the right to receive safe medical care. In pediatric nursing teaching, starting from the reality of children's insufficient decision-making ability due to age differences, this study extracts "the principle of the best interests of the child in surrogate decision-making" as a key ethical element. This element requires learners, when facing inconsistencies between parents' or guardians' opinions and the child's immediate expressions, to recognize the child's physical and psychological distress signals and prioritize nursing measures that alleviate such distress. In the teaching process, the protection of sick children's privacy can be specified into concrete behavioral norms such as covering behaviors during procedures, medical record information management, and wording in communication with the child, all of which constitute teachable ethical elements.

Another extractable ethical element is the "balance between minimal harm and benefit." Pediatric nursing procedures often involve situations such as invasive operations, medication use, and restraint measures, each of which may cause varying degrees of physical or psychological impact on the sick child. From the perspective of protecting the child's rights and interests, it is necessary to guide learners to develop the habit of assessing the necessity of procedures and considering alternative options. For example, using a topical anesthetic patch before venipuncture and selecting appropriate fixation methods to reduce repeated punctures imply respect for the child's bodily autonomy behind these technical decisions. Transforming such decision-making logic into teaching points can translate nursing ethics from abstract principles into concrete behavioral guidelines.

2.2 Elements of Humanistic Care in the Family-Centered Care Concept

Family-centered care emphasizes the integrity of the sick child and the family unit, requiring nursing staff to regard parents as collaborators in the care team. The humanistic care elements that can be extracted from this include "understanding and acceptance of the family context." Different families differ in economic conditions, cultural backgrounds, health beliefs, and coping styles. During the nursing process, learners need to recognize the impact of these differences on compliance and adjust their communication strategies accordingly. For example, for parents who have difficulty understanding medical orders due to language barriers or insufficient health literacy, learners should have the awareness of using methods such as illustrations and the teach-back technique to ensure complete information transfer. This element goes beyond mere emotional sympathy and points to behavioral responses based on cognitive analysis^[4].

Another element of humanistic care is the "emotional container and supportive communication." In the pediatric nursing environment, parents' anxiety, fear, and even anger are common, and these emotions may be directed toward nursing staff. In the teaching process, this study extracts the elements of cultivating learners' own emotion regulation and their ability to bear parents' emotions. Specifically, learners need to master skills such as recognizing nonverbal cues of parents' emotional states, using open-ended questions to guide them to express their core concerns, and conveying objective information without escalating conflicts. These elements concretize humanistic care into observable and trainable nursing behaviors rather than remaining at the level of attitudinal advocacy.

2.3 Elements of Responsibility Awareness in Professional Risk Situations of Pediatric Nursing

The occupational risks in pediatric nursing include needlestick injuries, exposure to respiratory infectious diseases, musculoskeletal injuries caused by children's non-cooperation, and personal safety

threats arising from conflicts with parents. From these risk situations, this study extracts the responsibility awareness element of “risk anticipation and active protection.” This element requires learners, before entering the operation environment, to assess potential risks based on factors such as the child’s age, diagnosis, emotional state, and parental cooperation, and to proactively take protective measures. For example, when performing blood collection on an agitated child, one should prepare auxiliary fixation personnel in advance and select safer blood collection devices; these behaviors reflect a responsible attitude toward the safety of both oneself and the child.

Another element of responsibility awareness is the “standardized handling and reflection after the occurrence of a risk.” When an occupational injury event occurs, whether learners can report according to the procedure, conduct post-exposure prophylaxis, document the event, and participate in subsequent discussions reflects their level of understanding of professional responsibility. In the teaching process, the implementation rate of standard precaution measures, the timeliness of needlestick injury reporting, and the completeness of causal attribution in event analysis reports can be used as observational indicators. Responsibility awareness is not only manifested in the avoidance of accidents but also in the ability to distinguish between systemic factors and individual operational factors after an accident occurs; this helps learners extract directions for improvement from a single event and form a closed-loop responsibility cognition.

3. Organizational Strategies and Transmission Mechanisms for Integrating Course-Based Ideological and Political Education into Pediatric Nursing Teaching

3.1 Design Principles of Narrative Pedagogy Embedded in Nursing Contexts

Narrative pedagogy constructs a complete story line of nursing events, presenting technical operations within the context of the child’s family background, disease progression, and emotional interactions. In pediatric nursing teaching, narrative materials can be adapted from real cases, retaining key information such as the child’s age, diagnosis, family response patterns, and the nursing staff’s decision-making process. When learners read or listen to the narratives, they not only acquire disease care knowledge but also observe how the nursing staff in the narratives respond to the child’s fear, parents’ questions, and communication within the multidisciplinary team. The design principle of this process is to use the plot tension of the story to stimulate learners’ emotional engagement, allowing them to experience value trade-offs in nursing decisions without departing from the professional framework. Narrative materials should be designed with varying levels of situational complexity, such as parental emotional outbursts during acute condition changes or family resource depletion in long-term care of chronic diseases, in order to enhance learners’ depth of understanding of the real situations in pediatric nursing.

In the narrative materials, the implicit value elements need to be made explicit through structured question guidance. Designers can set “hypothetical pauses” at key narrative nodes, requiring learners to predict the nursing staff’s next action and explain their reasoning. For example, when the narrative mentions that a child exhibits aggressive behavior due to repeated hospitalizations, learners need to choose between different strategies such as restraint, comfort, or play intervention, and analyze the impact of each strategy on the child’s autonomy and treatment safety. The effectiveness of narrative pedagogy depends on a balance among material authenticity, situational complexity, and depth of reflection. Its design principle is essentially to transform abstract value orientations into discernible choices within specific contexts. To enhance teaching operability, a narrative case library can be established and classified according to the child’s age, disease type, and intensity of ethical conflicts, so that learners at different stages can be matched with narrative materials of appropriate difficulty^[5].

3.2 The Path of Implicit Value Transmission Based on Role Simulation

Role simulation provides learners with an opportunity to experience entering another person’s perspective. In pediatric nursing teaching, multiple roles such as a standardized sick child, an anxious parent, and an exhausted nurse can be set up. By playing the role of a nursing staff member, learners need to complete technical operations and emotional responses simultaneously in simulated situations, and their behavioral choices often reflect their level of understanding of the real needs of the sick child and the family. The path of implicit value transmission lies in the fact that, during the simulation process, learners receive not direct value preaching but authentic feedback from standardized patients, peer observers, and instructors on the effects of their behaviors. For example, when a learner informs a

parent of test results in a harsh tone, the standardized patient's display of avoidance or non-cooperation prompts the learner to reflect on their communication style. In the simulated situation, sudden interfering factors may be added, such as a parent suddenly interrupting the procedure or the sick child's crying intensifying, in order to test the stability of learners' value judgments under pressure.

Another path is to set up role reversal, allowing learners to play the role of the sick child or the parent. By experiencing the discomfort of restraint belts, the anxiety of long waits, or the helplessness caused by information asymmetry, learners can reconstruct their understanding of the care recipient's situation at a cognitive level. The value identification generated by this type of experiential learning is implicit and less likely to be consciously rejected or resisted by learners. Teaching organizers can control the level of tension in the simulated situation, provide a safe and tolerant environment, and structure the discussion, so that the emotional experiences generated in role simulation are transformed into stable professional behavioral tendencies. This path does not rely on external indoctrination but uses situational pressure and feedback mechanisms to achieve the natural acquisition of value concepts. The debriefing session after role simulation can use video playback and frame-by-frame analysis to help learners precisely identify their own nonverbal behaviors at critical moments and the implicit value orientations behind them.

3.3 Behavioral Representation Methods of Ideological and Political Objectives in Formative Evaluation

The objectives of course-based ideological and political education, such as responsibility awareness, empathy, and ethical judgment, need to be transformed into observable and recordable behavioral indicators before they can be incorporated into the formative evaluation system. In pediatric nursing teaching, this study sets the "frequency of risk identification behaviors" as a representation of responsibility awareness, and it counts the number of times learners actively check the sick child's identity, assess environmental safety, and inquire about allergy history before simulated operations. Empathy can be represented as the "type and density of emotionally responsive statements," such as the proportion of confirmation phrases used by learners during communication sessions. Each behavioral indicator requires a clear operational definition and observation context, so that evaluators can record the behaviors under a unified standard. Differentiated weight coefficients can be assigned to different value objectives; for example, in acute and critical care simulations, the scoring weight of risk identification behaviors can be increased to reflect the priority level of that value element in a specific context^[6].

Another dimension of behavioral representation methods is the establishment of a contextualized behavioral checklist, which decomposes specific value objectives into a series of action or language units. For example, for the objective of "family-centered care," this study designs a checklist item that includes three behaviors: proactively asking parents for their opinions on the nursing plan, explaining the purpose of the procedure in language that parents can understand, and soliciting parents' opinions on alternative options before making a decision. During the formative evaluation process, instructors can check the observed behaviors in real time in simulated or clinical environments and aggregate them to generate a value competency profile for each learner. This evaluation method transforms competencies that are difficult to quantify into concrete behavioral evidence, provides targeted feedback for teaching adjustments, and avoids making abstract judgments about learners. The behavioral checklist can be customized according to the core task modules of pediatric nursing, such as fever management, pain assessment, and medication safety, with corresponding value behavior items designed for each unit, thereby achieving precise alignment between evaluation and teaching content.

Conclusion

Starting from the professional characteristics of pediatric nursing teaching, this study clarifies the intrinsic overlap between course-based ideological and political education and disciplinary teaching objectives in the three dimensions of protecting sick children's rights and interests, family-centered care, and professional responsibility awareness. It also reveals the practical difficulties caused by cognitive biases and structural barriers in the integration process. On this basis, this study constructs a categorized and hierarchical content system that includes ethical elements, humanistic care elements, and responsibility awareness elements, enabling the originally abstract value orientations to be realized as identifiable and teachable behavioral norms in the specific context of pediatric nursing. Furthermore, this study proposes the design principles of narrative pedagogy embedded in nursing contexts, the

operational path of role simulation for transmitting implicit values, and the behavioral representation methods of ideological and political objectives in formative evaluation, thus forming a complete closed loop from content construction to teaching implementation and then to evaluation and feedback. Future research can be extended in the following directions: first, to explore the differences in students' acceptance of value elements across different educational systems and learning stages, and to develop staged teaching materials and activity plans; second, to use technical means such as eye tracking and voice emotion analysis to quantify learners' value judgment processes in simulated situations, thereby providing more precise observational indicators for behavioral representation; third, to conduct longitudinal follow-up studies to examine the sustained impact of the integration of course-based ideological and political education on learners' professional behavioral performance during clinical internships and after entering the workplace, in order to verify the long-term effects of the teaching strategies.

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