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

Wenjing Ma*

Hainan Vocational University of Science and Technology, Haikou, 571137, China
**Corresponding author: 15765819693@163.com*

Abstract: *Given the physiological and psychological immaturity of children, the participation of families in their lives, etc., pediatric nursing education should foster a sense of responsibility and ethical awareness in students. The first is to protect the rights of individuals and establish their responsibilities in mandatory ideological and political education to achieve the goals of learning, such as safeguarding the health of young children and providing family-centered care; however, there are cognitive biases and structural obstacles in the teaching process that prevent this ideal from being realised. Based on the logic of integration, this paper extracts three types of value elements from the protection of children's rights, family-oriented care and professional risk situations; thus, it has built an organised and hierarchical system of content and put forward three organisational strategies—narrative pedagogy, role simulation and behaviour representation of formative assessment—to establish an operable teaching-transmission mechanism.*

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

Introduction

Since the teaching subjects and service objects in pediatric nursing are specific parts of the main clinical course for students in the nursing major, simple training of technical skills will not meet the actual demands of clinical practice. Because they have limited cognitive functions, ill children cannot express their emotions properly, and parents are often anxious about how to care for them. At this time, the nursing staff needs to be emotionally intelligent and have a sense of right and wrong. Therefore, we need to learn how to feel responsible, empathize, and take care of the well-being of sick children in order to provide good nursing education for pediatric nursing students. The basic idea of course-based ideological and political education is to integrate value guidance with professional education, and this is very much in line with the necessary demands of teaching pediatric nursing. Most of the current discussion on the integration of the two is still at a high level, and there has been no systematic identification and classification of value elements in the specific context of pediatric nursing, nor has methodological research been conducted to transform value goals into concrete teaching strategies and evaluation indicators. Teaching pediatric nursing is a professional task, so this paper will first study the general characteristics of course-based ideological and political education and disciplinary teaching goals, then develop an applicable system of value elements, and finally design corresponding teaching organisation strategies and transmission methods to bridge the teaching gap between value guidance and skill training.

1. 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 their periods of rapid growth and development; they have immature physiological, psychological and cognitive systems and lack the ability to make independent decisions. Therefore, nursing staff for children should have good skills in treating illnesses as well as the ability to care for the mental health of these children and communicate effectively with sick children and their families. The environment for paediatric nursing is generally

more complicated than that for adult nursing because of crying, disobedience and anxiety from children and parents. The behaviour of nursing staff affects the medical experience of children and the foundation of family trust. Therefore, in addition to teaching operating skills, pediatric nursing education should also instill a sense of responsibility and a protective attitude in students towards vulnerable groups[1].

Another characteristic of paediatric nursing is the high degree of family participation, and in recent years, the family-oriented care model has gradually become the main way of operation. Based on the above model, nurses need to manage the health of sick children, alleviate the anxiety of parents, and coordinate family decisions at the same time; thus, learners should have good emotional regulation abilities and values. If the elements of course-based ideological and political education are not well integrated, learners will focus only on technical skills and fail to give due attention to the dignity of sick children and the emotional needs of their families. Therefore, given the professional nature of pediatric nursing education, it is necessary to determine the values required for the health of sick children and transform them into teachable and measurable 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 aims to integrate the cultivation of individual dignity, social responsibility and professional ethics into vocational education, and the teaching objectives of pediatric nursing also give prominence to protecting the lives of sick children, empathic response to pain and fear, and respect for and support of family caregiving abilities. Both have the same basic idea of "people-orientation" and are therefore very close. The contents of pediatric nursing teaching on aseptic techniques, medication safety and risk prevention naturally have a sense of respect for sick children's right to life and health; at the same time, teaching communication skills with children, play guidance and pain assessment shows that one is aware of and respects children's right to expression. The sizes above can be applied generally to the implementation of course-based ideological and political education[2].

Based on the analysis above, the goal consistency of emotional labour and ethical decision-making training in pediatric nursing teaching is the same as that of intrinsic value identification in course-based ideological and political education. For instance, in a simulated emergency where a child is ill, you need to make a quick decision and choose the best way to help the child. In this way, we will also know whether people are paying more attention to what children like better. The sense of social responsibility, empathy and fairness that have been nurtured in the course-based ideological and political education are precisely the professional qualities continuously strengthened in pediatric nursing teaching through case discussions, role-playing and other methods. The intersection of the two teaching goals is not an external addition but an inherent part of professional education.

1.3 Cognitive Biases and Structural Barriers to the Integration Process

In the actual teaching of course-based ideological and political education for pediatric nurses, some students and teachers may have a cognitive bias and believe that value education is an extra course not directly related to professional ability. The above bias is that the evaluation only focuses on the technical operation and neglects the behaviour of professional attitude, such as psychological responses to sick children and family communication. Another kind of cognitive bias is the abstraction and sloganisation of value elements; they are not connected to actual behaviour in specific situations of pediatric nursing, so although learners can list some concepts, they cannot use them properly when a sick child cries or parents express their worries[3].

The two main kinds of structural barriers are in the distribution of teaching resources and the evaluation system. Pediatric nursing courses generally have a large number of skills training and clinical internship hours, so the class time for discussing values and ethics is relatively short. At present, evaluation is based on the accuracy of operations and scores in theoretical tests; there is no system to observe and give feedback on students' behaviour during empathetic responses and risk communication in simulated or real situations. Organised presentation of topics such as the rights of sick children and family participation in decisions is also missing from the teaching materials. All of the above reasons prevent us from integrating course-based ideological and political education with the teaching of pediatric nursing; thus, the two goals are no longer in harmony and have been artificially separated in practice.

2. Categorization 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 main contents of protecting the rights and interests of sick children are the right to informed consent, the right to privacy and the right to receive safe medical treatment. Given that children have limited decision-making ability due to the differences in age among young children, the first ethical basis for this paper is to adhere to the principle of the best interests of the child in surrogate decision-making. Therefore, when parents and teachers have different views on how to handle a situation, they need to be able to recognise that a child is unhappy based on changes in body language and emotions, and promptly address the child's distress. During the course of teaching, the protection of sick children's privacy can be specified as particular behavioural norms, such as covering up behaviour during medical examinations, handling of medical record information and wording in communication with the child; all of which are teachable ethical components.

Another kind of ethical attribute that can be derived is the "balance of minimal harm and benefit". Many nursing activities for children, such as invasive procedures, drug administration and restraint, can all cause different degrees of harm to the sick child's body or mind. To protect the rights and interests of children, we need to help the learners form a habit of judging the need for a procedure and considering other options. For example, before phlebotomy (drawing blood), one can use a topical anaesthetic patch, choose a suitable fixator, and thereby reduce the number of times a child's blood needs to be drawn. Turn the Decision-Making Logic into teaching points to make the abstract ideas of nursing ethics more concrete and behavioural.

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

Family-centred care puts the well-being of the sick child and the family unit first, so nurses are expected to work together with parents in the care team. The humanistic care element that can be obtained from this is "understanding and acceptance of the family environment". Families have different economic situations, cultures, health beliefs and ways of dealing with problems. At the same time, learners should also know how to modify their way of speaking according to differences in behaviour and behave better. For example, if parents do not understand the medical orders because of a language barrier or lack of health literacy, teachers should use pictures and the teach-back method to ensure that all the information has been communicated. It is not only about emotions but also about how people behave according to their thoughts[4].

Another attribute of humanistic care is the "emotional reservoir and supportive talk". Parents in the pediatric nursing environment are often anxious, fearful or even angry, and these emotions may be directed at the nursing staff. At this time, this paper will take out the contents of nurturing students' self-regulation of emotions and their ability to handle parental emotions. That is to say, the learner should be able to observe how their parents show emotions nonverbally, ask open-ended questions to help them express their real feelings in words, and present related information calmly without causing conflict. The above are specific expressions of humanistic care, and they can be observed and learned by nurses; they are not abstract ideas.

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

Pediatric nurses are exposed to many risks in their daily work, such as needlestick injuries, infection with airborne diseases, musculoskeletal disorders caused by the demanding nature of caring for children, etc. Given the risk situation mentioned above, this paper will investigate people's sense of responsibility for "risk anticipation and proactive prevention". Learners should be able to anticipate potential dangers in their environment before they occur, consider various factors such as the child's age, specific situations, emotions, support from parents, etc., and then take corresponding precautions. For instance, when drawing blood from an agitated child, one should have auxiliary fixation staff ready in advance and choose a safer blood collection device; such behaviour shows a sense of responsibility for the safety of oneself and the child.

Another kind of responsibility consciousness is to standardise the handling of risks and learn from them after they occur. When there is an occupational injury, whether the learners can report it in

accordance with the procedures, receive post-exposure prophylaxis, document the incident, and take part in follow-up discussions shows that they have grasped the idea of professional responsibility. At the same time, we can also learn how often standard precautions are taken in teaching, how quickly needlestick injuries are reported after they occur, and whether causal attribution in event analysis reports is complete. Responsibility awareness is not only to prevent accidents but also to determine whether the root cause of an accident is systemic or individual; thus, learners can learn how to improve based on a single incident and establish a closed-loop sense of responsibility.

3. Organizational Strategies and Transmission Modes for Integrating Course-based Ideological and Political Education in Pediatric Nursing Teaching

3.1 Design Principles of Narrative Pedagogy in Nursing Contexts

Narrative Pedagogy creates a whole story of nursing activities and shows how technical operations are connected to a child's family background, changes in illness and emotions, etc. Narrative materials for teaching pediatric nursing can be based on real cases, and important information about the child's age, illness, family's reaction and nursing staff's decisions can be included. As the learners read and listen to the stories, they will learn about disease care and also observe how the nurses in the stories deal with the child's fear, the parents' questions, and communication among all parts of the medical team. The Design Idea of this process is to use plot tension in a story to move students emotionally, have them experience the trade-off of values in nursing decisions, and maintain a professional attitude. The Design of the narrative material should cover all kinds of cases, such as emotional outbursts of parents due to sudden health problems or lack of family resources in long-term care for chronic diseases, to help learners better understand the actual circumstances of pediatric nursing.

Design a set of questions that can help us better uncover the values in the narrative materials. Designers can set "hypothetical pauses" at important times in the story, and then have learners predict what the nursing staff will do next and why. For instance, when the story says that a child behaves aggressively because they have been in the hospital many times, learners need to choose from several options, such as restraint, comfort or play intervention, and decide which way will affect the child's sense of self-control and the safety of medical treatment differently. The reason for the good effect of narrative pedagogy is that it has rich materials, situations and thoughts. The Design Idea is to apply the general direction of values in daily life in a practical way. To enhance the application of teaching, a narrative case library should be built and organised according to the age of the children, the type of illness and the extent of ethical conflict, so that learners at all stages can be matched with narrative materials of appropriate difficulty[5].

3.2 The Path of Implicit Value Transmission Based on Role Simulation

Role-playing helps students feel what it is like to be someone else. Many roles can be set up in the teaching of pediatric nursing, such as a typical ill child, a worried parent, and a tired nurse. By playing the role of nursing staff, learners need to carry out all kinds of technical operations and emotional responses in a simulated environment; their choices in behaviour can show how well they have understood the actual needs of a sick child and the family. To spread implicit values, one can have learners experience these values indirectly by participating in a simulation, and then genuine feedback on the results of their behaviour will be provided by standardised patients, peer observers and teachers. For example, if a student tells their parents about the test results in an angry way, the standardised patient may not respond or cooperate easily, and then the student will learn to speak to them differently. Unexpected things will happen in the simulated world, such as a parent suddenly leaving during play or a sick child showing strong emotions; we will be able to manage our emotions in such situations.

Another way is to create a situation of role reversal and have the learners take turns being the ill child or the parent. Based on the experience of wearing a restraint belt, long waits for care services, and the feeling of helplessness due to information asymmetry, learners can better understand the situation of people in need of care. The values that have been learned through such experience are often unconscious, so they are unlikely to be opposed by learners. Teaching organisers can modify the intensity of the situation in the role-playing, create a safe and tolerant environment, lead group discussions, etc., so that the emotional experience gained through role-playing can be transformed into stable tendencies for professional behaviour. It does not need to be taught externally in this way; rather, under the pressure of circumstances and through feedback, students will learn the values naturally.

After the role-playing activity, there will be a debriefing session, and videos and pictures will be shown to help the participants reflect on their own non-verbal behaviour at that time and the values they hope to achieve.

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

The aim of course-based ideological and political education is to cultivate a sense of social responsibility, empathy and other moral qualities in students; these should be in observable and measurable forms before being added to the formative assessment system. Frequency of risk identification behaviour is used to measure responsibility awareness in the context of teaching pediatric nursing; that is to say, it counts how many times students proactively confirm the identity of the sick child, check the safety of the environment, and ask about allergies before performing simulated operations. Empathy can be expressed in the form and frequency of emotionally responsive statements, such as the proportion of confirmation phrases used by learners in communication. All the indices of behaviour should have specific operating definitions and observation areas, and evaluators need to be able to record behaviour according to the same norm. Different weights can be given to the various levels of the objective; for example, in simulations of acute and critical care, the weight of the risk-identification behaviour score can be increased to show that this part of the total score is more important in such circumstances[6].

Another way to refer to behaviour is a contextualised behaviour checklist that breaks down specific values into a list of behaviours or words. For example, to achieve the goal of "family-centred care", three behaviours have been added to the checklist in this paper: proactively asking parents what they hope to achieve with the nursing plan, explaining the reasons for the procedure in simple terms so that parents can understand, and discussing other choices with the parents before making a final decision. Formative assessment can be used to observe how children behave in simulated or real situations, and based on this observation, a profile of the values competence of each child can be established. Therefore, the assessment will be more in line with the students' actual abilities that are not easy to observe through behaviour, offer specific support for improving teaching, and avoid making generalisations about the students. Based on the main tasks of paediatric nursing, such as managing fever, assessing pain and administering medication correctly, a behaviour checklist can be developed, and corresponding values for behaviour items will be added in each module to ensure that the assessment and teaching content are in line.

Conclusion

Given that pediatric nursing education is professional in nature, this paper believes that the goals of course-based ideological and political education are in line with the objectives of disciplinary teaching in the three areas of protecting the rights and interests of sick children, family-centred care and professional responsibility awareness. Therefore, it can be concluded that there are indeed problems of cognitive biases and structural barriers to the integration process. Based on the above, this paper has built an organised and tiered system of content that includes ethical factors, humanistic care factors and responsibility consciousness factors to make the original abstract values concrete and teachable behavioural norms in the specific environment of paediatric nursing. In addition, this paper will present some design ideas for narrative pedagogy in nursing situations, explore how to use role-playing to present implicit values, put forward ways to conduct behaviour representation for the purpose of achieving ideological and political goals in formative assessment, and thus build a complete closed-loop system from content construction to teaching implementation and then to evaluation and feedback. The following will be the subjects of future studies. First, it will be determined how students' acceptance of values varies among different educational institutions and at different times in their studies, and then suitable teaching materials and activity plans will be developed accordingly. Second, there are some technical tools, such as eye-tracking and voice-emotion analysis, that can be employed to quantify the process of learning in simulations where students make value judgments and gain more accurate observations of behaviour. Third, a long-term follow-up study will be carried out to determine whether the integrated ideological and political education in this course continues to affect students' professional behaviour and performance during clinical internships and after they graduate from university.

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