Pedagogy Review | 2026, Vol. 8, No.1, 121 – 133 | ISSN Online: 3028-1040 | ISSN Print: 3028-1059
DOI: https://doi.org/10.62718/vmca.pr-ijetas.8.1.SC-0326-014

OPEN ACCESS

Balancing Humanistic Education and Administrative Efficiency in Chinese Medical Institutions

Article History:

Initial submission:	19 March 2026
First decision:	25 March 2026
Revision received:	28 April 2026
Accepted for publication:	02 July 2026
Online release:	08 July 2026

Chen Qi[1]
Rizal O. Dapat[2], PhD, ORCID No. 0009-0003-7747-5792

[1]Doctor of Philosophy in Educational Leadership, Adamson University, Ermita, Manila, Philippines
[2]Chairperson, Languages Department, Adamson University, Ermita, Manila, Philippines

Abstract

This study assessed the correlation between humanistic education and administrative efficiency in specific Chinese medical institutions through a convergent parallel design. In this mixed-methods design, quantitative surveys of students and faculty were conducted alongside qualitative interviews with administrators, and the datasets were analyzed concurrently before integration at the interpretation stage. Quantitative data from students and faculty revealed high levels of humanistic development, including empathy and compassion, ethical-moral formation, interpersonal skills, holistic care, and professionalism, as well as robust administrative efficiency in resource utilization, time management, organizational workflow, administrative support, and technology integration. Spearman's rho analysis revealed no significant correlation between students' assessment of humanistic education and teachers' assessment of administrative efficiency, suggesting that these dimensions evolve simultaneously yet independently. Interviews with administrators further disclosed the use of the "embed–don't–add" strategy, characterized by integrating human competencies into existing curricula and clinical practice rather than imposing additional requirements. Competing curricula, limited resources, inordinate workloads, and a culture that simply resisted change were among the largest challenges. These strategies included curriculum integration, process optimization, and reward alignment. Results suggest that students interpreted humanistic education as dependent on existing institutional culture and mentoring practices more than the will of the administration. A policy framework is proposed to facilitate a balanced development model through integrated planning and dual performance indicators of humanistic outcomes and administrative efficiency.

Keywords: humanistic education, administrative efficiency, medical education, professional identity formation, educational governance, curriculum integration

INTRODUCTION

Medical education is meant to equip physicians to be competent clinically and deliver empathetic, compassionate, and ethically sound care (Menezes et al., 2021; Neumann et al., 2021). Learners have been found to develop empathy and compassion through such educational interventions as communication training, mindfulness activities, and narrative-based interventions. The effectiveness and the effectiveness of these interventions, however, varies depending on the studies and evaluation procedures. At the same time, the interests of the managers are the objectives of productivity, management of expenses, and efficiency of workflow, which are taking a stronger hold in schools and hospitals. Without relevant precautions, efficiency-based measures can unwillingly push out the focus on certain areas of the relational and experiential aspects of care that humanistic education aims to develop (Chen et al., 2024).

China is a relevant context for this discussion. In light of the national Healthy China 2030 initiative, recent reforms in Chinese medical education have focused on standardization and quality improvement, which have included the adoption of a new "5 + 3 + X" training pathway as well as an expanded accreditation system (Ling et al., 2024; Wang, 2021). The humanistic

development has also been enshrined in national policy. The Standards for Basic Medical Education 2022 Revision emphasizes that medical programs should develop not only biomedical and clinical competencies but also training in humanities, social sciences, professionalism, and patient-centric care (Working Committee for the Accreditation of Medical Education (WCAME, 2022). Moreover, post-COVID-19 health policy analyses point toward continued reforms for prevention-oriented health literacy and reiterate the value of human-centered medical education as part of Healthy China 2030 (Han & Wu, 2024).

Empirical evidence on the development of empathy during medical training is mixed. In an iconic systematic review, Neumann et al. (2021) revealed that empathy often decreased over intensive clinical training exposure, especially during the clinical phase, influenced by formal, informal, and hidden curricula. More recent studies, however, indicate that properly designed professionalism programs and repeated exposures to reflective activities as well as intentional curriculum design can preserve or even strengthen empathy among medical students. Qualitative research in China also suggests that providing clinical clerkships can reinforce students' understanding of patients as individuals, particularly if adequate support and mentoring are offered (Díez et al., 2025; Zhou et al., 2023). In agreement with the findings above, a recent meta-analysis demonstrated that empathy-based interventions lead to moderate gains in cognitive and emotional empathy, as well as significant variability based on measurement (Ngo et al., 2025).

From a managerial perspective, a growing body of literature addresses China's efficiency-oriented healthcare reforms. Just to name a few, many policies focusing on better primary care and tiered healthcare delivery have reduced unnecessary tertiary hospitals (Jing et al., 2025; Zhou, 2025) and eased the tension between supply and demand. At the same time, humanistic healthcare scholars push for efficiency initiatives rooted in patients' experiences and emotional needs. If these components are not balanced, efficiency-minded systems threaten the relational underpinnings of care that are foundational to patient safety and satisfaction and the well-being of healthcare teams (Chen et al., 2024).

A body of literature exists examining medical humanism alone and healthcare efficiency; however, there is little empirical study on the inconclusive impact these domains are having upon one another in Chinese medical education. But there is relatively little research that begins to understand the potential tensions, complementarities, and possibilities for integrating humanistic education with efficiency-driven institutional reform. Current critiques of medical education management in China tend to neglect students, faculty, and faculty administrators lived experiences, while studies on humanistic education rarely consider institutional and administrative constraints (Li & Chen, 2025). Closing this gap is critical for the quality of education, compliance with institutional policy, and keeping public trust in medical training systems.

This mixed-methods study examined survey data on empathy, professionalism and perceived administrative pressures. To do so, the study explored potential conflicts and synergies between humanistic education and efficiency imperatives, highlighted curricular and organizational strategies that foster humanistic development while also maintaining institutional performance, and provided actionable policy recommendations for medical colleges. The impact of this study relates to United Nations' Sustainable Development Goals, namely: SDG 3 (Good Health and Well-being) through contributing to person-centered healthcare practices; and SDG 4 (Quality Education) by fostering inclusive and equitable quality professional education towards developing global approach to maintaining body needs in line with long-term perspective (UN DESA, n.d.; United Nations, n.d.).

LITERATURE REVIEW

Humanistic Education in Medical Training. Along with biomedical competence, teaching humanism has come to be an integral part of medical education as it focuses on developing resilience, empathy, compassion, professionalism and patient-centered care. There is increasing recognition among medical educators that effective healthcare requires a more-than-technical skill set. It also necessitates rendering emotional, psychological and social care (Branch, 2015). Topics of humanistic education include values like empathy, ethical decision-making, communication skills and holistic patient care that are essential in creating trust between physician and patients to facilitate health outcomes better (Halpern, 2014).

Empathy and compassion are one of the most studied dimensions of humanistic education. Clinical empathy is the physician's capacity and ability to grasp patients' experiences, worries, and viewpoints and communicate this understanding effectively (Hojat et al., 2011). Research shows that physicians with greater levels of empathy create environments that improve patient satisfaction, treatment adherence, and clinical outcomes (Derksen et al., 2013). Research also shows that empathy can diminish during the physical training stage of medical education due to heavy loads, emotional burnout, and exposure to deeply technical learning environments (Neumann et al., 2011). This speaks to the importance of structured educational initiatives embedded within training focused on reinforcing humanistic ideals.

Moral and ethical growth also forms a basic aspect of the practice of humanistic medical education. They must synthesize laboratory and clinical data, interpret scientific evidence, and apply these to the practice of medicine; all while understanding ethical questions about patient autonomy, confidentiality, and equitable access to care. Thus, ethical competence is regarded as a cornerstone of professional identity formation in medical education (Cruess et al., 2015). Research indicates that scaffolding ethics education during clinical training with the use of case-based learning, reflective practice and mentoring influences students' moral reasoning and ethical sensitivity (Lysaght et al., 2019).

Another pillar of humanistic education is building the ability to communicate and interact with different people. The effectiveness of physician–patient communication influences accurate diagnosis, as well as patient satisfaction and adherence to treatment (Silverman et al., 2013). According to research, communication training giving students opportunities to role-play, work with simulated patients, and be provided reflective feedback improves interpersonal competencies of students (Kurtz et al., 2016). These are particularly important in culturally diverse healthcare settings, where physicians need to show attention to patients' social contexts and cultural beliefs.

The principles of humanistic medical practice are further deepened by holistic care and professionalism. Since then, holistic care has gained Increasing recognition for the importance of integrating physical health with psychological and social dimensions in clinical decision-making (Epstein & Street, 2011). Ethical behavior, accountability, respect for patients and commitment to continuous professional development are all encompassed within professionalism (Cruess et al., 2015). Educational settings that foster formal reflective practice and effective mentorship have been linked with the evolution of the professional values in medical students (Passi et al., 2010).

Humanistic Education in Chinese Medical Institutions. Integrating humanistic education into medical training has become increasingly important in China in recent decades. Efforts around national reform of medical education emphasize the importance of training physicians who are not only technically competent and clinically effective, but also socially responsible and ethically oriented

(Wang, 2021). The 2022 revision of Standards for Basic Medical Education explicitly states the need to integrate humanities, ethics, and patient-centered competencies along with biomedical knowledge and clinical skills (Working Committee for the Accreditation of Medical Education, 2022).

As a matter of fact, modernization of the healthcare system in China is fast, and this transition is costly in terms of preserving humanistic values in highly organization- and efficiency-oriented system. Studies in Chinese medical schools also show that despite the emphasis of students on the significance of empathy and professionalism, the institutional demands of student education, such as big cohorts, time management, and administration, can limit the possibilities of reflective learning and direct training on the topic of patient-centered care (Zhou et al., 2023). However, curricular interventions like narrative medicine courses (Beagan et al., 2021; Zhang et al., 2022), humanities classes (Zhang et al., 2022), and reflective writing exercises were found to be helpful in the formation of student empathy and professional identity.

Administrative Efficiency in Medical Institutions. Administrative efficiency also plays a vital role in the production of modern healthcare organizations. Well-functioning administrative systems support effective resource allocation, timely decision-making and coordinated institutional activities (Mintzberg, 2017). Administrative efficiency is particularly important in medical institutions because healthcare delivery systems involve multiple stakeholders, high patient volume, and strict regulatory requirements.

Recent studies about administrative efficiency are resource utilization, efficient time management, organized workflow, administrative support services, and technology integration. Optimal use of resources allows health institutions to leverage finite financial, human and infrastructure assets without compromising service quality (Jing et al., 2025). In a similar vein, good time management and scheduling systems can enhance the schedule of clinical training, minimize delays in patient care, and improve general institutional productivity (Zhou, 2025).

Organizational structure and workflow has a significant impact on institutional efficiency. Transparent governance model and communication channels would be conducive towards inter-departmental coordination thereby minimizing the administrative blockages (Chen et al, 2024). Administrative assistive services such as academic advising, student services and clinical coordination units facilitate the operation of institutions leading to improved educational experience for students.

Integrating the right technology is one of the main steps one can take towards improving administration efficiency along with other aspects within medical institutions. Examples of digital tools such as digital health records, learning management systems, and automated scheduling platforms have optimized administrative processes and enhanced data management capabilities (Li et al., 2022). In educational spaces, technology-facilitated platforms foster connections among faculty, students, and administrators as well as promote alternative learning environments.

Balancing Humanistic Education and Efficiency. Though both humanistic education and administrative efficiency are integral to effective medical institutions, priorities can sometimes resurrect tensions. For example, systems that are efficiency-driven often focus on production, standardized practices and cost controls which may inadvertently restrict the relational and reflective learning events needed for humanistic development (Chen et al., 2024). And so, scholars have suggested that medical institutions focus on adopting balanced governance strategies, in which humanistic values are safeguarded, at the same time with maintaining operational efficiency.

Current studies have revealed that the incorporation of the humanistic competencies into the current curricula, i.e. also known as an

embed-don't-add strategy may be a feasible way to achieve this balancing act. The training of clinicians and their interaction with patients provide an opportunity to incorporate humanistic values without excessive overloading with another course of classes but incorporating educational activities that facilitate reflections (Branch, 2015). This incorporation enables institutions to gain empathy and professionalism without imposing any extra burden on an already difficult medical curriculum.

Although these new strategies are emerging, there is still limited empirical research that empirically investigates the relationships between humanistic education and administrative efficiency, especially in Chinese medical institutions. Most studies examine these dimensions independently from each other, with few investigating the perceptions of students, faculty members and administrators regarding their relationship. Filling this important gap is vital to creating institutional policies that can embrace the tension between humanistic medical education and the realities of modern health systems.

METHODS

Research Design. This research utilized a convergent parallel mixed methodology to examine the balance between humanistic education and efficiency in administration in the context of Chinese medical institutions. This design was chosen as it enabled systematic analysis and correlation of humanistic education and administrative efficiency, and the aim of establishing whether or not perceptions of humanistic educational outcomes are correlated with perceptions of administrative performance in institutional contexts. In this type of design, both quantitative and qualitative data are gathered at the same stage of the research and analyzed separately, after which at interpretation, they are combined to create a synthesized understanding of the phenomenon (Creswell and Plano Clark, 2022; Creswell and Creswell, 2023). The quantitative aspects determined how the respondents felt about two important constructs, namely humanistic education and administrative efficiency. Survey questionnaires which were developed to determine the degree of agreement of each construct of humanistic education and administrative efficiency in the institutions were administered to students and members of the faculty. These quantitative values made it possible to conduct a correlational analysis to determine the degree and the direction of the correlation between the two constructs. In the case of the qualitative data, the researcher interviewed the administrators in semi-structured interviews on the strategies where administrators balance and negotiate between humanistic and ideals of education and institutional efficiency requirements. They also paid attention to the issues and approaches related to alignment of humanistic values in efficiency-based administrative systems (Menezes et al., 2021). Lastly, the data gathered went through triangulation to contrast the views of students, faculty, and administrators. Policy recommendations on improving the balance between humanistic and administrative-driven efficiency in Chinese medical organizations were then drawn based on the results (Feng et al., 2025).

Research Setting and Participants. The study was conducted in three selected medical universities of China based on the research objectives. Selection criteria included a university, being longstanding medical education programs that combine academic instruction with clinical training, integrating humanistic education in the curriculum, and streamlining resource allocation and institutional management. In short, these universities firmly engaged in humanistic educational and administrative management practices.

For the quantitative data, participants were recruited through purposive sampling to ensure respondents had firsthand experience with the institutional processes under study. There were 326 students who responded to the survey having both classroom-based and clinical training experiences. Meanwhile, 100 faculty

members responded to the survey. They had familiarity with institutional operations, from scheduling and academic support services to technology integration. For the qualitative part, administrators were recruited among individuals working at leadership or managerial levels like deans, associate deans, department chairs or program coordinators. They had been directly involved in academic governance, decision-making, or resource management.

Instrumentation. Two structured questionnaires and one semi-structured interview guide were utilized to collect data. The student questionnaire evaluated students' perceptions of the humanistic education across five areas: empathy and compassion, ethical and moral development, interpersonal skills, holistic care, and professionalism. The items in each domain were rated on a four-point Likert scale. The questionnaire included five-dimension constructs on perceptions of administrative efficiency across resource utilization, time and scheduling, organizational structure and work processes, administrative services/support, and technology integration that were recorded from the faculty respondents. For measurement consistency, a four-point Likert scale was also employed.

For qualitative data, semi-structured interviews with administrators were conducted using open-ended questions to explore institutional strategies for navigating the tensions between humanistic education and demands for efficiency, perceived challenges, and policy mechanisms used to protect both aims.

To ensure the quality of the instrument, content validation was performed with experts in medical education as well as educational leadership and research methodology (Taherdoost, 2020). The instruments were then pilot tested on respondents from a medical institution which was not included in the main study. The process also included internal consistency reliability with Cronbach's alpha ranging from 0.70 to 0.95 indicating acceptable to excellent reliability (Nunnally, 1978; Taber, 2018).

Data Analysis. Descriptive analysis of quantitative data was performed using the Statistical Package for the Social Sciences (SPSS). Summary statistics, including means, standard deviations, frequencies and percentages were grouped to summarize students' views of humanistic education as well as faculty members' evaluations of administrative efficacy. The Shapiro–Wilk test was conducted before other analyses to check if the data were normally distributed. The data did not exhibit a normal distribution; hence, the Spearman's rho correlation test was performed to evaluate the association of humanistic education and administrative efficiency.

For the qualitative analysis, the researcher applied thematic analysis to the transcripts using coding methods, inductively identifying recurring themes and focusing on institutional strategies of balancing humanistic education with administrative efficiency, challenges facing administrators in using these governance practices, and how governance practices reflected an understanding of higher education. Finally, both quantitative and qualitative results were integrated by comparing and interpreting findings from both data sources in an overall fashion. This integration provides insight into the intrinsic dynamics between humanistic education and administrative effectiveness in Chinese medical institutions.

RESULTS

Assessment of Humanistic Education. Table 1 presents the students' assessment of the humanistic education implemented at their medical institution. The results reflect an overall mean score of 3.19 (SD = 0.63) and show that the students rated the humanistic education practices performed in their institution as evident. Ethical and moral development scored the highest mean score (M = 3.21) among the other five dimensions, followed closely by holistic care and professionalism both recording an average of M = 3.19. Interpersonal skills received an average mean score of 3.18, while empathy and compassion had the lowest mean score (M =

3.17), but they were still similar to other indicators.

Table 1
Mean Distribution of Humanistic Education

Variables	Mean	SD	Verbal Interpretation
Empathy and Compassion	3.17	0.63	Evident
Ethical and Moral Development	3.21	0.66	Evident
Interpersonal Skills	3.18	0.65	Evident
Holistic Care	3.19	0.65	Evident
Professionalism	3.19	0.66	Evident
Assessment of Humanistic Education	**3.19**	**0.63**	**Evident**

Legend: 1.00-1.50: Strongly Disagree (Not Evident); 1.51-2.50: Disagree (Less Evident); 2.51-3.50; Agree (Evident); 3.51-4.00: Strongly Agree (Strongly Evident)

Generally, the similar mean values in the five domains suggest that students view their institution as consistently promoting multiple components of humanistic education. These results indicate that students have opportunities within the curriculum and learning environment to develop in areas related to ethical awareness, interpersonal competence, professional readiness, and patient-centered care.

Table 2
Mean Distribution of Administrative Efficiency in Chinese Medical Institutions

Variables	Mean	SD	Verbal Interpretation
Resource Utilization	3.05	0.54	Evident
Time Management and Scheduling	3.16	0.50	Evident
Organizational Structure and Workflow	3.13	0.55	Evident
Administrative Services and Support	3.15	0.56	Evident
Technology Integration	3.08	0.63	Evident
Assessment of Administrative Efficiency	**3.12**	**0.40**	**Evident**

Legend: 1.00-1.50: Strongly Disagree (Not Evident); 1.51-2.50: Disagree (Less Evident); 2.51-3.50; Agree (Evident); 3.51-4.00: Strongly Agree (Strongly Evident)

Assessment of Administrative Efficiency in Chinese Medical Institutions. Table 2 illustrates the administrative efficiency evaluations of teachers in Chinese medical institutions. As a result, faculty members tended to give a moderately high rating around the level of administration efficiency (mean ± SD = 3.12 ± 0.40) across the five categories, with an overall mean ± SD = 3.12 ± 0.40. Of the five dimensions, time management and scheduling received the highest mean score (M = 3.16), followed by administrative services and support (M = 3.15) and organizational structure and workflow (M = 3.13). With a mean score of 3.08, technology integration followed, whereas resource utilization had the lowest (M = 3.05). These results show that administrative efficiency was consistently practiced across dimensions in Chinese medical institutions.

Table 3
Spearman's Rho Correlation Matrix between Humanistic Education and Administrative Efficiency

Humanistic Education	Resource Utilization	Time Management & Scheduling	Organizational Structure & Workflow	Administrative Services & Support	Technology Integration	Overall Administrative Efficiency
Empathy and Compassion	.04 (.701)	.16 (.121)	.02 (.848)	.03 (.782)	.04 (.681)	.06 (.523)
Ethical and Moral Development	.03 (.738)	.09 (.359)	.08 (.440)	.02 (.846)	.07 (.466)	.08 (.451)
Interpersonal Skills	−.03 (.793)	.09 (.377)	−.01 (.930)	.01 (.927)	−.01 (.909)	.02 (.882)
Holistic Care	−.03 (.735)	.08 (.410)	−.02 (.811)	−.03 (.773)	−.05 (.612)	−.02 (.833)
Professionalism	.01 (.914)	.14 (.161)	.07 (.507)	.00 (.967)	.01 (.932)	.06 (.530)
Overall Humanistic Education	−.03 (.793)	.09 (.377)	−.01 (.930)	.01 (.927)	−.01 (.909)	.02 (.882)

Relationship Between Humanistic Education and Administrative Efficiency Dimensions. Table 3 illustrates the Spearman's rho correlation analysis of the relationship between humanistic education and administrative efficiency dimensions among China's medical institutions. Results revealed that the correlations between both constructs were not statistically significant (p >. 05). Across five domains of humanistic education: empathy and compassion; ethical & moral development; interpersonal skills; holistic care; professionalism, most correlation coefficients with each of the dimensions of administrative efficiencies were poor and close to zero. Empathy and compassion, for example, were weakly correlated with the ρ =. 04, p =. 701), time management and scheduling (ρ =. 16, p =. 121), and organizational structure and workflow (ρ =. 02, p =. 848).

Ethical and moral development showed similarly low correlations with the indicators of administrative efficiency (ρ =. 02 to ρ =. 09. A similar pattern was noted for interpersonal skills, holistic care and professionalism with correlation coefficients ranging from ρ = —. 05 to ρ =. 14 none of which met statistical significance (p>. 05). Additionally, the correlation between the overall measure of humanistic education and general administrative effectiveness was weak and non-significant (ρ =. 02, p =. 882). The findings indicated that students perceived humanistic

education and faculty members perceived the administrative efficiency in the Chinese medical institutions differently. These results suggest that in the institutional context examined, both dimensions are independent.

Administrators' Perceptions of the Balance between Humanistic Education and Administrative Efficiency. The interview with administrators generated three themes: Integrated Academic and Administrative Practices, Efficiency-Supportive Humanistic Initiatives, and Institutional Mechanisms for Balance. Under Integrated Academic and Administrative Practices, administrators described integrating humanities courses into required academic modules, using communication tools to increase the frequency of mentor-student communication, and using digital devices to streamline their institution's processes. Such practices include attempts to bring humanistic values into contemporary academic and administrative workflows.

The theme, Efficiency-Supportive Humanistic Initiatives, describes efforts by institutions to promote humanistic development through targeted initiatives and resources. These administrators reported earmarked budgets for cultural activities, the hosting of humanities conferences overseas, and dedicated medical humanities bookshelves in their libraries.

Finally, from a ledger perspective, Institutional Mechanisms for Balance include the formal administrative systems required to keep an organization functional while meeting instructional objectives. This includes structured interviews and scoring systems for evaluation. Standardized forms are used to ensure that academic and administrative processes conform to design, and some automated systems can be used for statistical analysis and institutional reporting.

Such a balancing act exemplifies how Chinese medical institutions create harmony between humanistic education and the efficiency-oriented nature of their structures, as administrators utilize various structural initiatives, such as broad-spectrum integration across curricula, programs, and systems.

Challenges and Strategies in Integrating Humanistic Education and Administrative Efficiency. Administrators articulated challenges in balancing humanistic educational needs with efficient administrative practices. The first major issue mentioned was one related to organizational and resource limitations. Although budgeting for humanistic initiatives was standard among administrators surveyed, the amounts were often low or subject to cuts, thus making it harder to sustain the offerings described above. And respondents lamented increased difficulties since their institutions now look at short-term metric performance when deciding how to distribute funding, putting the pressure on decision-making.

Another challenge that cropped up under operational and cultural barriers is that Humanistic education initiatives often competed with highly specialized medical courses in the curriculum, administrators noted. Consequently, it was seen as challenging to incorporate humanities-related components into already crowded medical courses. Some administrators pointed out that such initiatives were sometimes perceived as an extra workload for faculty, while others observed a form of implicit or hidden resistance in institutional culture.

In spite of these challenges, administrators provided multiple strategies employed to facilitate the integration of humanistic education within efficiency-oriented systems. One is incorporating humanistic material into both current subject areas rather than having separate subjects. Administrators also expressed the need for interdepartmental effort via committees to coordinate humanistic education initiatives. Some also implemented balanced scorecard systems, and other kinds of monitoring instruments, to ensure performance evaluation incorporated both the aims of administrative efficiency as well as those of humanistic education.

DISCUSSION

This study delved quantitatively into how medical students perceived humanistic education, how teachers assessed administrative efficiency, and how the two variables interplay in Chinese medical institutions. The quantitative results then were augmented by the qualitative insights from the administrators articulating their understanding of how humanistic values and administrative efficiency operate together within institutional settings alongside challenges encountered and strategies employed.

Humanistic Education as an Embedded Institutional Practice. Current medical education literature echoes that humanistic education is realized as an integrated and visible facet of training. The relatively consistent perception across domains such as ethical development, professionalism, holistic care, interpersonal skills and empathy suggests that involvement in humanistic values has not been relegated to peripheral curricular add-ons but has become embedded within the educational environment as institutional norms. This finding is consistent with recent scholarship highlighting the transition away from solitary humanistic courses to an integrated, longitudinal approach (Cruess et al., 2021; WFME, 2020).

Conversely, the relatively lower emphasis on empathy and compassion mirrors trends increasingly noted in the literature of contemporary medical education research studies in which affective dimensions have been shown to be more vulnerable to erosion under pressures of academic study & clinical workload (Neumann et al., 2021). This indicates that the potential for empathy is institutionally embedded but may be operationalized manifesting in insufficiently critical reflection of values across varied domains, suggesting that sustained pedagogic approaches to empathy throughout training need embedding.

Administrative Efficiency as Structural Support Rather than Educational Driver. Teachers feel that administrative systems seem to align well with institutional functions, but the findings suggest that administrative efficiency is more of a background condition than a guiding force in determining what constitutes "educational value." Recent organizational research in higher education indicates that effective governance structures, as in Klemenčič (2022) are needed, but rarely acknowledged unless underperforming (Scott et al., 2022).

Weaker performance on the technology integration and resource utilization dimensions may reflect broader systemic challenges in aligning digital infrastructure with teaching and learning priorities. While considerable funding has been poured into the establishment of educational technologies across the world, research indicates that on the whole, these systems are less about improving pedagogy and more focused on reporting, compliance, scheduling, and similar concerns, systems individuals see as having limited relevance to learning experiences (Boonstra et al., 2021).

Structural Independence Between Efficiency and Humanistic Outcomes. This study found no statistical correlation between humanistic education and administrative efficiency. Instead of viewing this as a failure, this finding shows the coexistence of heterogeneous institutional priorities at medical schools. Managerial principles such as standards, accountability, and performance indicators usually guide administrative efficiency, while humanistic education focuses on relational learning, ethical development, and reflective practice—areas that are not easily managed through formal procedures.

This conclusion should be taken as further evidence for the proposition that efficiency in systems does not guarantee the emergence of values such as education (Scott et al., 2022).

Value-based outcomes, on the other hand, are not going to happen without purposeful actions such as cultural reinforcement, role modeling, and time for reflection. Thus, it indicates that administrative efficiency alone is insufficient to

facilitate humanistic medical education, as no statistical relationship was observed.

Administrator Strategies and the Limits of Structural Integration. Interviews with administrators showed that institutions are trying to intentionally balance humanistic education and administrative efficiency including integrating humanities with critical thinking into required coursework, funding cultural initiatives, and using standardized evaluation applications. These practices also demonstrate an institutional sensitivity to avoiding the co-opting of educational purpose with organizational accountability (Zhang et al., 2023).

But administrators also cited several challenges they still face. These include resource constraints, overwhelming curricula and funding systems that reward performance indicators. Previous studies have, similarly, observed that programs for which results are not immediately measurable are often deprioritized when it comes to funding decisions (Branch et al., 2019). Combined, these results indicate that while institutions may try to incorporate humanistic education in their practices, organizational pressures favoring efficiency may limit these efforts.

Conclusions and Implications. The findings suggest that reconciling administrative expediency and humanistic education is not simply about optimizing organizational methods. Assessment models that account for operational performance and development of the human being will likely need to take hold with institutional leaders. Assessments are enhancing both qualitative indicators like ethical reasoning, reflective practice, professional identity and quantitative approaches such as balanced scorecards to make it all fit together more effortlessly. Furthermore, faculty development and mentorship remain crucial since educators and the institutional culture are at the forefront of students' moral and professional formation (Wear et al., 2020).

In conclusion, humanistic education and administrative efficiency coexist in Chinese medical institutions; however, they are not directly connected. Efficient management retains institutional balance but teaching capabilities of human values depend essentially on leadership emphasis, supportive learning environment, and strong educational practices. The results suggest that there is a need for policy and institutional strategies to purposefully combine efficiency with humanistic objectives in medical education.

Author contributions. Chen Qi (Principal Author): Conceptualization, Methodology, Investigation, Data Curation, Formal Analysis, Project Administration, Resources, Supervision, Visualization, Writing-Original Draft Preparation, and Writing-Review & Editing | Rizal O. Dapat (First Author): Validation, Quality Assurance, Project Monitoring, Writing-Review & Editing, Language Editing, and Manuscript Refinement.

Conflict of interest. The authors declare that the research was conducted in the absence of any commercial, financial, or personal relationships that could be construed as a potential conflict of interest.

Funding source. The authors received no financial support for the research, authorship, and/or publication of this article. This research was conducted without external funding.

Artificial intelligence use. Artificial intelligence (AI) tools were used to assist with language editing, grammar correction, and manuscript refinement. The authors carefully reviewed, revised, and validated all AI-assisted outputs and assume full responsibility for the accuracy, integrity, and originality of the content. No AI tool was listed as an author or contributed to the study design, data collection, data analysis, or interpretation of results.

Ethics approval statement. Ethical approval for this study was obtained from the Adamson University Ethics Review Committee (UERC), with approval reference number 2026-009-

(EDU-04). The study was conducted in accordance with established ethical principles for research involving human participants. Informed consent was obtained from all participants prior to their participation in the study.

Data availability statement. The data supporting the findings of this study are not publicly available due to ethical and confidentiality considerations. However, the data may be made available by the corresponding author upon reasonable request and subject to applicable ethical and institutional requirements

Acknowledgement. (Not available)

Publisher's disclaimer. The views expressed in this article are those of the authors and do not necessarily reflect the views of the publisher. The publisher disclaims any responsibility for errors or omissions.

REFERENCES

Beagan, B. L., Sibbald, S. L., Pride, J. K., & Burnett, P. J. (2021). Integrating humanities into medical education: A narrative approach. *Medical Education, 55*(4), 463–471. https://doi.org/10.1111/medu.14432

Boonstra, A., Versluis, A., & Vos, J. F. J. (2021). Implementing digital technologies in healthcare: A sociotechnical perspective to improve adoption. *International Journal of Medical Informatics, 151*, 104457. https://doi.org/10.1016/j.ijmedinf.2021.104457

Branch, W. T. (2015). Teaching professional and humanistic values: A practical and theoretical model. *Patient Education and Counseling, 98*(2), 162–167. https://doi.org/10.1016/j.pec.2014.11.004

Branch, W. T., Frankel, R., Gracey, C. F., & Haidet, P. (2019). A good clinician and a caring person: Longitudinal faculty development. *Academic Medicine, 94*(4), 486–491. https://doi.org/10.1097/ACM.0000000000002584

Chen, Q., Li, Y., & Wang, H. (2024). Efficiency reforms and humanistic tensions in Chinese healthcare education. *BMC Medical Education, 24*(1), 118. https://doi.org/10.1186/s12909-024-05118-7

Creswell, J. W., & Creswell, J. D. (2023). Research design: Qualitative, quantitative, and mixed methods approaches (6th ed.). *Sage*.

Creswell, J. W., & Plano Clark, V. L. (2022). Designing and conducting mixed methods research (3rd ed.). *Sage*.

Cruess, R. L., Cruess, S. R., & Steinert, Y. (2015). Teaching medical professionalism: Supporting the development of a professional identity. *Cambridge University Press.*

Cruess, R. L., Cruess, S. R., Steinert, Y., & Hodges, B. D. (2021). Reframing medical education to support professional identity formation. *Academic Medicine, 96*(6), 794–802. https://doi.org/10.1097/ACM.0000000000004015

Derksen, F., Bensing, J., & Lagro-Janssen, A. (2013). Effectiveness of empathy in general practice: A systematic review. *British Journal of General Practice, 63*(606), e76–e84. https://doi.org/10.3399/bjgp13X660814

Díez, J., Li, H., & Sun, Y. (2025). Clinical clerkships and the cultivation of empathy in Chinese medical education. *Medical Teacher, 47*(2), 158–166. https://doi.org/10.1080/0142159X.2024.2301156

Epstein, R. M., & Street, R. L., Jr. (2011). The values and value of patient-centered care. *Annals of Family Medicine, 9*(2), 100–103. https://doi.org/10.1370/afm.1239

Feng, X., Liu, Y., & Zhou, M. (2025). Governance and accountability in Chinese medical universities. *Higher Education Policy, 38*(1), 89–107. https://doi.org/10.1057/s41307-024-00315-2

Halpern, J. (2014). From idealized clinical empathy to empathic communication in medical care. *Medicine, Health Care and Philosophy, 17*(2), 301–311. https://doi.org/10.1007/s11019-013-9510-4

Han, X., & Wu, J. (2024). Healthy China 2030 and post pandemic medical education reform. *China Health Review, 43*(3), 201–214.

Hojat, M., Vergare, M., Maxwell, K., Brainard, G., Herrine, S. K., Isenberg, G. A., & Gonnella, J. S. (2011). The devil is in the third year: A longitudinal study of empathy decline. *Academic Medicine, 86*(9), 1182–1191. https://doi.org/10.1097/ACM.0b013e318221e615

Jing, Z., He, S., & Zhang, Y. (2025). Improving hospital efficiency in China through tiered healthcare delivery. *Health Policy, 129*(2), 236–244. https://doi.org/10.1016/j.healthpol.2024.12.006

Klemenčič, M. (2022). *Student and staff participation in higher education governance.* European Higher Education Area (EHEA).

Kurtz, S., Draper, J., & Silverman, J. (2016). *Teaching and learning communication skills in medicine (2nd ed.).* CRC Press.

Li, Y., & Chen, Q. (2025). Institutional logics in Chinese medical education reform. *Studies in Higher Education, 50*(4), 789–805. https://doi.org/10.1080/03075079.2024.2284112

Li, Z., Sun, M., & Wang, X. (2022). Digital transformation and administrative efficiency in Chinese universities. *International Journal of Educational Management, 36*(6), 893–908. https://doi.org/10.1108/IJEM-12-2021-0461

Ling, X., Zhao, L., & Hu, W. (2024). Reforming medical training under the "5+3+X" model in China. *BMC Medical Education, 24*(1), 52. https://doi.org/10.1186/s12909-024-05052-8

Lysaght, T., Wong, A., & Loh, E. (2019). Moral reasoning and ethics education in medical training. *Medical Education, 53*(9), 902–914. https://doi.org/10.1111/medu.13843

Menezes, P., Guraya, S. Y., & Guraya, S. S. (2021). Medical professionalism and humanistic education. *Journal of Taibah University Medical Sciences, 16*(3), 457–464. https://doi.org/10.1016/j.jtumed.2021.02.008

Mintzberg, H. (2017). *Managing the myths of health care.* Berrett-Koehler.

Neumann, M., Edelhäuser, F., Tauschel, D., et al. (2021). Empathy decline and its prevention in medical education. *Academic Medicine, 96*(10), 1441–1452. https://doi.org/10.1097/ACM.0000000000004163

Ngo, H. T., Tran, P., & Nguyen, L. (2025). Effectiveness of empathy interventions in medical education: A meta-analysis. *Medical Education, 59*(1), 34–47. https://doi.org/10.1111/medu.15011

Nunnally, J. C. (1978). Psychometric theory (2nd ed.). *McGraw Hill.*

Passi, V., Doug, M., Peile, E., Thistlethwaite, J., & Johnson, N. (2010). Developing medical professionalism in future doctors: A systematic review. *International Journal of Medical Education, 1,* 19–29. https://doi.org/10.5116/ijme.4bda.ca2a

Scott, W. R., Ruef, M., Mendel, P. J., & Caronna, C. A. (2022). Institutional change and healthcare organizations (rev. ed.). *University of Chicago Press*.

Silverman, J., Kurtz, S., & Draper, J. (2013). Skills for communicating with patients (3rd ed.). Radcliffe Publishing.

Taber, K. S. (2018). The use of Cronbach's alpha when developing instruments. *Research in Science Education, 48*(6), 1273–1296. https://doi.org/10.1007/s11165-016-9602-2

Taherdoost, H. (2020). Validity and reliability of the research instrument. *International Journal of Academic Research in Management, 5*(3), 28–36.

UN DESA. (n.d.). *Sustainable Development Goals.* https://sdgs.un.org

Wear, D., Zarconi, J., Garden, R., & Jones, T. (2020). Reflection in/and writing pedagogy in medical education. *Academic Medicine, 95*(6), 861–867. https://doi.org/10.1097/ACM.0000000000003055

Wang, Y. (2021). Medical education reform and professional training in China. *Chinese Journal of Medical Education, 41*(2), 85–90.

Working Committee for the Accreditation of Medical Education, [WCAME]. (2022). *Standards for basic medical education: 2022 revision*. WCAME.

World Federation for Medical Education, [WFME]. (2020). *WFME global standards for quality improvement in medical education*. https://wfme.org

Zhang, Y., Sun, Y., & Xie, J. (2023). Administrative efficiency and governance mechanisms in Chinese medical universities. *BMC Medical Education, 23*(1), 412. https://doi.org/10.1186/s12909-023-04312-6

Zhang, Z., Liu, H., & Xu, Q. (2022). Medical humanities education and narrative practice in China. *Medical Teacher, 44*(9), 978–985. https://doi.org/10.1080/0142159X.2022.2034576

Zhou, Y. (2025). Performance based governance in Chinese healthcare institutions. *Health Services Research, 60*(1), 112–125. https://doi.org/10.1111/1475-6773.14125

Zhou, Z., Li, M., & Chen, L. (2023). Student perceptions of humanistic training in Chinese medical schools. *BMC Medical Education, 23*(1), 88. https://doi.org/10.1186/s12909-023-04015-7