

Integrating Humanities into Medical Education

Wan Najwa Wan Mohd Zohdi

Department of Rehabilitation Medicine, Faculty of Medicine, Universiti Teknologi MARA,
Sungai Buloh, Selangor, Malaysia

E-mail: wannajwa@uitm.edu.my

Nasibah Azme (Corresponding author)

Department of Medical Education, Faculty of Medicine, Universiti Teknologi MARA, Sungai
Buloh, Selangor, Malaysia

Department of Physiology, Faculty of Medicine, Universiti Teknologi MARA, Sungai Buloh,
Selangor, Malaysia

E-mail: nasibah@uitm.edu.my

Received: December 12, 2024 Accepted: January 23, 2025 Published: February 6, 2025

doi:10.5296/ijssr.v13i1.22545 URL: <https://doi.org/10.5296/ijssr.v13i1.22545>

Abstract

Humanities are essential to medical training as they enhance scientific understanding with compassion, ethical decision-making and cultural sensitivity, promoting holistic health care providers. Integrating humanities into medical curricula emphasizes their impact on emotional intelligence, narrative medicine, communication skills, and ethical judgment. Based on diverse methodologies and theoretical frameworks such as narrative medicine and emotional intelligence, this review demonstrates how humanities enhance observational skills, empathy, and professionalism. Innovative strategies that blend medical education with the humanities, such as theater-based learning, art-based observation, and museum visits, are currently being adopted into medical training. Nonetheless, various implementation barriers, such as inadequate assessment tools, excessive workload, and skepticism, affect the successful integration of humanities into medical practice. From a global perspective, disparities in humanities integration between high-income and low-income countries become apparent, highlighting the need for scalable and culturally adapted solutions. Further studies focusing on longitudinal aspects, standardized assessment tools, and approaches to improve accessibility in resource-limited settings are warranted to fill these gaps. This review adds to the argument that the humanities are critical to medical education for building competent, compassionate, and ethically grounded healthcare providers.

Keywords: humanities, medical education, empathy, emotional intelligence, narrative medicine

1. Introduction

Humanities in medical education demonstrate their significance in the medical school curriculum. Joshi et al. state that the term humanity is derived from the Latin word ‘humanus,’ which signifies refined, cultured, and human, or ‘education suitable for a cultivated individual’ (Joshi et al., 2018). The authors elucidate that medical humanities is an expansive concept encompassing the acquisition of soft skills through literature (such as prose and poetry), history, visual arts (including painting and sculpture), and performing arts (theatre, cinema, music, and dance), among other disciplines (Joshi et al., 2018). Some experts define ‘humanities’ as an academic discipline that examines several facets of human society and culture (Joshi et al., 2018). The humanities encompass ancient and current languages, geography, history, religion, visual arts, anthropology, literature, philosophy, psychology, law, and politics. In medical education, the humanities are essential for cultivating a comprehensive understanding of patient care by considering healthcare’s emotional, social, and ethical aspects (Petrou et al., 2021). In addition, using humanities in medical education helps enhance empathy and refine observational skills. The topics also promote thoughtful practice, improve cultural competence, and highlight the humanistic aspect of medicine, supplementing scientific knowledge. Integrating humanities into medical education cultivates a more sensitive, culturally aware, and reflective healthcare professional, guaranteeing an encompassing approach to patient care that aligns scientific principles with humanistic values.

Contemporary medical education has its principal focus on the acquisition of technical skills and empirical knowledge in preparation for the intricacies of clinical practice. Expert judgment is as critical as technical competency in patient treatment since the learner needs to obtain knowledge, skills, and judgment to be ‘competent’. Such focus is necessary to diagnose and treat ailments, but it can swamp important parts of patient care that are harder to measure, such as empathy, communication and ethical reasoning. In healthcare, such a narrow view can result in burnout, depersonalization, crumbling patient-provider relationships, and moral distress. Medical schools remedy these deficiencies by incorporating humanities, stressing emotional intelligence and critical thought, and exposing the complex nature of the human condition. Engaging with and understanding personal experience and patient narratives is, therefore, a prerequisite to ethical and compassionate participation in care, and this is where the humanities facilitate this. More importantly, humanities significantly complement the more technical preoccupation of the medical education spectrum and produce practitioners whose command is as much of the science of medicine as it is of the art of healing. Such inclusion in medical education helps foster critical attributes such as ethical judgment, communication skills, and compassion.

The humanities provide a holistic view of medicine, merging scientific acuity with empathy. The humanities further allow healthcare providers to view patients not just as unique people with unique narratives and unique areas of need but as care models grounded in solid, uniquely humanistic scientific principles. In this specific context, the present paper endeavors to understand the application of humanities and its influence on medical professionalism and interpersonal skills in the medical education curriculum.

2. Method

The current review emerged from multiple contemporary sources to provide a comprehensive overview of the humanities in medical education. The databases assessed contained PubMed, Embase, Google Scholar, EBSCO-ERIC, and Web of Science, which ensured broad and multidisciplinary coverage of material relevant to this review. Original and review publications were obtained using keywords, including medical humanities, empathy in medical education, integration of humanities in healthcare, and narrative medicine. No stringent inclusion criteria were enforced, as the study sought to encompass diverse perspectives, including qualitative and quantitative studies, systematic reviews and theoretical discourses. This method guaranteed that this review was substantiated by a varied array of evidence, including the complexity and scope of the subject.

3. Theoretical Background

This review is conducted using narrative medicine and emotional intelligence as the theoretical framework since both emphasize the inclusion of humanities and emotions into medical education, the development of empathy, the practice of reflection and a deeper understanding of the human experience in healthcare.

3.1 Narrative Medicine

Narrative medicine is a global field that integrates humanities, arts, clinical practice, and health care justice, grounded in narratology, phenomenology (experience), and liberatory social philosophy. According to Palla et al. (Palla et al., 2024), narrative medicine is an approach grounded in particular communication skills, wherein storytelling serves as a crucial instrument for acquiring, comprehending, and integrating various perspectives of those involved in the disease and healthcare process; the authors articulate that the concept signifies a convergence between disease and illness, integrating the physician's clinical expertise with the patient's lived experience. According to Marini (Marini, 2015), narrative medicine is an interdisciplinary methodology that highlights the significance of patient narratives in reconciling numerous divides, including those between healthcare professionals and patients. The framework instructs healthcare workers to attentively listen and interact with patients' narratives, enhancing their understanding of a patient's emotional and social surroundings. Reflective writing, a critical instrument in narrative medicine, assists learners and clinicians in processing their experiences, identifying biases, and fostering empathy. Through the integration of storytelling practices, healthcare providers may deliver treatment that honors the uniqueness and intricacy of every patient.

3.2 Emotional Intelligence

Emotional intelligence is the capacity to regulate people's emotions and understand the emotions of others around them. The five essential components of emotional intelligence are self-awareness, self-regulation, motivation, empathy, and social skills (Khademi et al., 2021). Khademi et al. delineate that emotional intelligence in medicine includes self-awareness, self-management, social awareness, and relationship management (Khademi et al., 2021). The authors explain that cognitive ability assists healthcare professionals across diverse

personal, social, occupational, communicative, and financial spheres, including time management, decision-making, customer service, empathy, presenting skills, and communication management (Marini, 2015). In healthcare teams, communication is crucial for patients' diagnosis, care, and treatment; hence, acknowledging and improving emotional intelligence is vital for health promotion (Di Fabio & Kenny, 2016). In medical practice, emotional intelligence is essential for establishing trust, managing stress, and sustaining professional relationships with patients and colleagues. Training in emotional intelligence enables healthcare practitioners to improve their interpersonal skills, manage emotionally charged situations, and sustain patient-centered communication. Notably, this framework is vital for cultivating self-awareness, emotional regulation, and social competencies, which are important for delivering competent and compassionate medical treatment.

Integrating humanities into medical education bridges the scientific and emotive aspects of healthcare. Although scientific knowledge is indispensable for diagnosing and treating maladies, it must frequently address patient care's ethical, social, and psychological components. The humanities address this gap by promoting a more compassionate and comprehensive approach to medicine. By employing frameworks such as narrative medicine and emotional intelligence, the humanities reaffirm that exceptional healthcare is not solely concerned with treating maladies but also comprehending and resolving the broader human experience of illness and health.

4. Current Practices in Integrating Humanities into Medical Education

Medical students' clinical experiences, emotions, and ethical challenges are encouraged to be written about (Weurlander et al., 2018). The authors emphasize that healthcare students are expected to acquire theoretical knowledge, practical skills, and professional dispositions during their clinical placements, constituting a significant portion of their education; these dimensions of knowledge and competence represent the formal curriculum. The authors further elucidate that the numerous scenarios in clinical work are emotionally taxing, necessitating that students regulate their emotions to adapt and comprehend the formal curriculum's expectations (Weurlander et al., 2018). In the long term, learners may risk compassion fatigue or burnout if they fail to learn how to manage their and others' emotions.

Lönn et al. (2023) also studied the impact of emotionally intense scenarios in work-based learning on shaping the professional identities of medical students. Through an in-depth examination, students' most important issue in emotionally demanding experiences in work-integrated education is maintaining a professional facade (Lönn et al., 2023). Overall, these experiences inspire reflections by medical students on their clinical experiences, emotions, and ethical challenges in ways that enhance their self-awareness, empathy, and critical thinking and prompt them to think about the human aspects of their relationships with patients.

By engaging with patient narratives, medical students can develop a more profound understanding of patients' perspectives and facilitate a more comprehensive approach to care by gaining an appreciation for the lived experiences of illness. Expert patients contribute to more understanding of healthcare that integrates clinical knowledge and experiences by

sharing their stories and perspectives. Mazzoli Smith et al. (2023) elucidate that the objective of narratives in healthcare is to prioritize patients' desires and needs in the context of healthcare, thereby fostering person-centered care. Markedly, the narrative-based approach to healthcare education training equips professionals from various disciplines with the necessary competencies to more effectively interpret the lifeworlds of patients, such as the elderly (Mazzoli Smith et al., 2023). The strategy also facilitates improved communication and navigation through increasingly complex care trajectories (Mazzoli Smith et al., 2023). In nursing care, patient-centered care or person-centered care must recognize the experiences, stories, and knowledge of patients and provide care that is focused on and respectful of their values, preferences, and needs by involving the patient more in the care process, as per a study conducted by Johnsson et al. (Johnsson et al., 2018). Therefore, it is imperative that healthcare providers and professionals actively involve patients and their families in the care process in meaningful ways (Kwame & Petrucka, 2021).

Equally important, art-based observation programs using visual art, e.g., painting or sculpture, focus attention to detail that enhances diagnostic accuracy and helps medical students detect subtle clinical signals. Schaff et al. (2011) added that visual arts-based interventions aid students and doctors by developing their observation skills, thus improving their visual diagnostic skills.

In addition, role-playing within simulated cases prepares students with the skills to approach difficult conversations like revealing bad news or discussing complex treatment options while building their confidence and communication skills in these emotionally charged situations. This simulation allows self-reflection on communication and trains technical skills, as elucidated by Carrard et al. (2020). Combining these practices promotes interpersonal skills, observational acuity, and empathy, which are essential building blocks of patient-centered approaches to clinical practice.

5. Interactive Humanities Strategies in Medical Education

The strategies of medical education using innovative and interactive techniques from the humanities, enhance students' observational skills, critical thinking and empathy. In theater-based learning, drama promotes collaboration, creates deeper connections between patient experiences, and allows students to explore their emotions, body language, and empathy (Cernasev et al., 2020). The study conducted by Cernasev et al. (2020) confirms that theatrical performances can be a valuable educational resource for gaining insight into the patient experience of medication; through the cultivation of empathy skills, drama was discovered to improve nursing students' comprehension of the patient experience. Empathy highlights how a nurse establishes a cognitive and emotional connection with patients to gain insight into their world (Jefferies et al., 2021). Research conducted by Jefferies et al. shows that drama can also aid the comprehension of the patient experience among nursing students by instilling skills of empathy interpretation, which the researchers define as 'the process by which a nurse mentally and emotionally connects to a patient in order to gain insight into their world' (Jefferies et al., 2021). In a similar manner, museum visits provide students an opportunity to develop their observational and interpretive skills, which students need to

master in processing the complexity of clinical information through analyzing visual and cultural artifacts (Shifrin, 2023). Medical or ethical film discussions promote student understanding of ethical and social issues in medicine and encourage critical thinking with regard to moral dilemmas, cultural diversity, and patient care. In addition, students participate in ethics debates on euthanasia or organ transplantation, among others, which exposes them to the ethical complexities that accompany these professions and prepares them to sharpen their decision-making skills, engage with multiple views, and be able to express the rationale beneath their thinking (Shifrin, 2023). The ethical reasoning process is a way in which health professions students deal with ethical dilemmas (Hlaing et al., 2023). Together, these cutting-edge methods develop medical education that promotes a complete skill set in which both clinical and empathetic expertise, along with ethical soundness and cultural sensitivity, coexist.

6. Assessment Tools

The most often referenced tools used for integrating and assessing humanities in medicine are reflective essays and Objective Structured Clinical Examinations (OSCEs). Artioli et al. (Artioli et al., 2021) identified that reflective essays allow healthcare professionals and medical students to reflect on their experiences with an ability to learn from their successes and obstacles, which promotes the growth of self-awareness and empathy, which are the main constituents of patient-centered care. In the meantime, OSCE scores are designed to evaluate practical skills of simulated patient interactions in the context of empathy and communication. These assessments provide measurable outcomes since they attempt to explain how students can practice what they have learned in the humanities in so far as the practice of these principles is in accord with clinical practice.

7. Impact of Humanities on Medical Education

Humanities in medical education improves key abilities needed for patient care. First, empathy, a key component of humanities training, improves health outcomes by strengthening therapeutic alliances and emotional bonds between doctors and patients. According to Moudatsou et al. (Moudatsou et al., 2020), empathy is a key tool in the therapeutic relationship between caregivers and patients; markedly, it improves health outcomes. Empathy helps healthcare workers recognize consumers' experiences, fears, and views and improves therapeutic interaction (Moudatsou et al., 2020). Second, humanities also improve communication by encouraging attentive listening and patient-centered dialogue. Humanities-based training for front-line health professionals can foster empathy, connection and interpersonal communication (Siddiqi et al., 2024). Humanities also help students make ethical decisions in complex therapeutic scenarios (Hoang et al., 2022). Thus, the literature supports these statements, particularly the necessity of medical humanities training in the curriculum for medical and nursing students' future practice. Students and educators agree that the humanities promote personal and professional growth, hence demanding that more of them be included in the medical curriculum to create well-rounded healthcare providers.

8. Challenges in Implementation

Integrating humanities into medical education faces numerous challenges, such as excessive workloads, skepticism, and inadequate assessment techniques. Curriculum restrictions often impair humanities training owing to hectic workloads. Marcel (D'Eon, 2023) asserts that excessive medical curricula impede learning and exacerbate health issues. Poor health and significant burnout among medical students make balancing fundamental medical sciences with humanities difficult, especially in tightly regulated curricula. McFarland et al. (2018) agree that medical education should prioritize the humanities; while humanities may be soft, but they must be 'hardened' by including them in the core curriculum. Additionally, professor and student attitudes and opposition are major obstacles to effectively integrating humanities into medical education. According to Assing Hvidtet al. (2022), preclinical students prioritize biological knowledge building in response to an uneven or opposed institutional inclusion of the medical humanities.

Humanity and humanistic practice in medicine may be threatened by the skepticism concerning the relevance and practicality of including and giving a role to medical humanities in the clinical curriculum (Shapiro et al., 2009). According to Horton (Kollmer Horton, 2019), the medical humanities is a 'curricular orphan', referring to the fact that although the value of medical humanities is acknowledged, there is no adequate hard and fast design of how it should fit in medical education. As a result, there is endless talk about its role and efficacy. A study by Howick et al. (2024) also points to a 'hidden curriculum' at medical schools, which can dissipate empathy among trainees. Notably, this drop in engagement has been correlated to a feeling of skepticism around the nonclinical aspects of training, including the humanities. As a result, numerous students and educators regard the humanities as subordinate to the 'hard' sciences or a hindrance to clinical training. The absence of standardized methods for assessing empathy, ethical reasoning, and communication skills hinders the demonstration of the tangible benefits of humanities education, complicating efforts for integration. Most medical education specialists concur that practitioners must possess clinical skills, knowledge, attitudes, and behaviors about patients (Wald et al., 2019). Ataya et al. (2023) assert that medical education lacks suitable assessment instruments to evaluate and improve humanistic qualities. These issues underscore the necessity for a cultural and structural transformation in medical education to prioritize and incorporate the humanities, thereby equipping future healthcare professionals with empathetic, patient-centered care.

9. Global Perspectives

Incorporating the humanities into medical schools worldwide shows substantial variability in methods derived from their cultural and institutional environments. With structured programs and the use of institutional faculty and resources, many global institutions successfully integrate the humanities into medical courses to better promote empathy, good communication, and ethical reasoning. Hoang et al. (2022) argue that medical humanities training should be included in the curriculum to improve future practice for medical and nursing students. To identify the medical humanities themes covered in medical programs,

Howick et al. (2022) examined the websites relating to their curriculum of all authorized medical schools in Canada, the UK, and the U.S. It was found that medical humanities has increasingly been amended into curricula in medical schools of several nations (Howick et al., 2022). According to Ghias et al. (2020), humanities, social sciences, and art are included in the curricula for medical schools, especially in the Western world, as they contribute to the world's understanding and foster compassion and empathy. These programs include reflective writing, patient narratives and art-based learning designed for educational purposes. However, in low-income countries such as Pakistan, resource constraints, overcrowded curricula, and a lack of qualified faculty experienced in teaching humanities make the integration of humanities in medical education impossible (Ghias et al., 2020). Eichbaum et al. (2019) corroborate that low-resource settings, especially in Africa, have challenges in integrating medical humanities into their curricula. Like the constraints identified by Ghias et al. (2020), Eichbaum et al. (2019) point out that constrained funding, small pools of qualified faculty, and overbooked curricula in these regions frequently lead medical schools to direct resources to the biomedical sciences over the humanities. However, the authors agree that while the inclusion of humanities could have a transformative effect on teaching critical thinking, empathy, and ethical awareness, systemic barriers stand in the way of this inclusion. These results confirm the divide in humanities access between privileged and disadvantaged countries and emphasize the obligatory reform needed to equalize this opportunity (Eichbaum et al., 2019).

To address these inequities, there is an urgent need for innovative, low-cost solutions, like online resources or locally relevant case studies, that align with these regions' unique social and economic ecosystems. To rectify these discrepancies, global collaboration and resources must be allocated to ensure equitable access to the benefits of humanities education.

10. Conclusion and Future Directions

By integrating humanities into medical education, empathy, ethical reasoning, and communication skills needed in patient-centered care are enhanced. Although this has been acknowledged as beneficial, realistic implementation of humanities programs between high and low-income countries remains challenging because of resource constraints, overcrowding of curricula, and limited faculty expertise. Where reflective practice, art-based learning, and narrative medicine have been embraced by countries with established systems, it is proving difficult for other regions to absorb and adapt. These challenges must be addressed with context-sensitive adaptations and scalable strategies to make humanities education more accessible, ensuring that all medical students, regardless of geographic and economic barriers, are equipped with the skills needed to deliver compassionate and holistic care.

Future studies should tackle the existing gaps and lay the groundwork for a more empirical basis of the humanities within medical education. More longitudinal studies should be undertaken to assess the long-term impact of humanities training in empathic communication and ethical reasoning skills throughout the career of a medical practitioner. In addition, more rigorous scientific designs, such as randomized controlled trials, could provide more convincing causal evidence for the benefits of humanities treatments. A greater focus on

literature in cross-cultural studies is also necessary to pay attention to how different cultural contexts can affect the integration and outcomes of humanities education (Zhang et al., 2023). Standard assessment instruments must be created and approved before starting proposed research projects. This would help assess the success of humanities training by ensuring the homogeneity or comparability of research projects. Finally, future research should focus on exploring new and scalable methods of humanities integration, especially in resource-poor settings, to further promote equity across the global medical education landscape.

Acknowledgments

We sincerely thank the Faculty of Medicine, Universiti Teknologi MARA (UiTM), for their support, which has been instrumental in the successful completion of this work.

References

- Artioli, G., Deiana, L., De Vincenzo, F., Raucci, M., Amaducci, G., Bassi, M. C., ... Ghirrotto, L. (2021). Health professionals and students' experiences of reflective writing in learning: A qualitative meta-synthesis. *BMC Medical Education*, 21(1), 394. <https://doi.org/10.1186/s12909-021-02831-4>
- Assing Hvidt, E., Ulsø, A., Thorngreen, C. V., Søndergaard, J., & Andersen, C. M. (2022). Weak inclusion of the medical humanities in medical education: a qualitative study among Danish medical students. *BMC Medical Education*, 22(1), 660. <https://doi.org/10.1186/s12909-022-03723-x>
- Ataya, J., Jamous, I., & Dashash, M. (2023). Measurement of Humanity Among Health Professionals: Development and Validation of the Medical Humanity Scale Using the Delphi Method. *JMIR Form Res*, 7, e44241. <https://doi.org/10.2196/44241>
- Carrard, V., Bourquin, C., Orsini, S., Schmid Mast, M., & Berney, A. (2020). Virtual patient simulation in breaking bad news training for medical students. *Patient Education and Counseling*, 103(7), 1435–1438. <https://doi.org/10.1016/j.pec.2020.01.019>
- Cernasev, A., Kuftevec, S., Bortz, R., Schommer, J. C., & Ranelli, P. L. (2020). Using Theater as an Educational Tool for Understanding Medication Experiences from the Patient Perspective. *American Journal of Pharmaceutical Education*, 84(4), 7606. <https://doi.org/10.5688/ajpe7606>
- D'Eon, M. F. (2023). The overcrowded curriculum is alarming. *Canadian Medical Education Journal*, 14(4), 1–5. <https://doi.org/10.36834/cmej.78084>
- Di Fabio, A., & Kenny, M. E. (2016). Promoting Well-Being: The Contribution of Emotional Intelligence. *Frontiers in Psychology*, 7. <https://doi.org/10.3389/fpsyg.2016.01182>
- Eichbaum, Q., Reid, S., Coly, A., Naidu, T., & Omaswa, F. (2019). Conceptualizing Medical Humanities Programs in Low-Resource Settings in Africa. *Academic Medicine*, 94(8). <https://doi.org/10.1097/ACM.0000000000002789>
- Ghias, K., Khan, K. S., Ali, R., Azfar, S., & Ahmed, R. (2020). Impact of humanities and

social sciences curriculum in an undergraduate medical education program. *JPMA. The Journal of the Pakistan Medical Association*, 70(9), 1516. <https://doi.org/10.5455/JPMA.24043>

Hlaing, P. H., Hasswan, A., Salmanpour, V., Shorbagi, S., AlMahmoud, T., Jirjees, F. J., ... Sulaiman, N. (2023). Health professions students' approaches towards practice-driven ethical dilemmas; a case-based qualitative study. *BMC Medical Education*, 23(1), 307. <https://doi.org/10.1186/s12909-023-04089-4>

Hoang, B. L., Monrouxe, L. V., Chen, K.-S., Chang, S.-C., Chiavaroli, N., Mauludina, Y. S., & Huang, C.-D. (2022). Medical Humanities Education and Its Influence on Students' Outcomes in Taiwan: A Systematic Review. *Frontiers in Medicine*, 9. <https://doi.org/10.3389/fmed.2022.857488>

Howick, J., Slavin, D., Carr, S., Miall, F., Ohri, C., Ennion, S., & Gay, S. (2024). Towards an empathic hidden curriculum in medical school: A roadmap. *Journal of Evaluation in Clinical Practice*, 30(4), 525–532. <https://doi.org/10.1111/jep.13966>

Howick, J., Zhao, L., McKaig, B., Rosa, A., Campaner, R., Oke, J., & Ho, D. (2022). Do medical schools teach medical humanities? Review of curricula in the United States, Canada and the United Kingdom. *Journal of Evaluation in Clinical Practice*, 28(1), 86–92. <https://doi.org/10.1111/jep.13589>

Jefferies, D., Glew, P., Karhani, Z., McNally, S., & Ramjan, L. M. (2021). The educational benefits of drama in nursing education: A critical literature review. *Nurse Education Today*, 98, 104669. <https://doi.org/10.1016/j.nedt.2020.104669>

Johnsson, A., Wagman, P., Boman, Å., & Pennbrant, S. (2018). What are they talking about? Content of the communication exchanges between nurses, patients and relatives in a department of medicine for older people—An ethnographic study. *Journal of Clinical Nursing*, 27(7–8), e1651–e1659. <https://doi.org/10.1111/jocn.14315>

Joshi, A., Singhal, A., Loomba, P., Grover, S., Badyal, D., & Singh, T. (2018). Humanities in Medical Education. *Journal of Research in Medical Education & Ethics*, 8(si), 3–9. <https://doi.org/10.5958/2231-6728.2018.00045.8>

Khademi, E., Abdi, M., Saeidi, M., Piri, S., & Mohammadian, R. (2021). Emotional Intelligence and Quality of Nursing Care: A Need for Continuous Professional Development. *Iranian Journal of Nursing and Midwifery Research*, 26(4). https://doi.org/10.4103/ijnmr.IJNMR_268_19

Kollmer Horton, M. E. (2019). The orphan child: humanities in modern medical education. *Philosophy, Ethics, and Humanities in Medicine*, 14(1), 1. <https://doi.org/10.1186/s13010-018-0067-y>

Kwame, A., & Petrucka, P. M. (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. *BMC Nursing*, 20(1), 158. <https://doi.org/10.1186/s12912-021-00684-2>

- Lönn, A., Weurlander, M., Seeberger, A., Hult, H., Thornberg, R., & Wernerson, A. (2023). The impact of emotionally challenging situations on medical students' professional identity formation. *Advances in Health Sciences Education*, 28(5), 1557–1578. <https://doi.org/10.1007/s10459-023-10229-8>
- Marini, M. G. (2015). *Narrative medicine: bridging the gap between evidence-based care and medical humanities*. Springer International Publishing. <https://doi.org/10.1007/978-3-319-22090-1>
- Mazzoli Smith, L., Villar, F., & Wendel, S. (2023). Narrative-based learning for person-centered healthcare: the Caring Stories learning framework. *Medical Humanities*, 49(4), 583–592. <https://doi.org/10.1136/medhum-2022-012530>
- McFarland, J., Markovina, I., & Gibbs, T. (2018). *Opening Editorial - The Importance of the Humanities in Medical Education* (Vol. 7, p. 140). MedEdPublish (2016). <https://doi.org/10.15694/mep.2018.0000140.1>
- Moudatsou, M., Stavropoulou, A., Philalithis, A., & Koukouli, S. (2020). The Role of Empathy in Health and Social Care Professionals. In *Healthcare* (Vol. 8, Issue 1). <https://doi.org/10.3390/healthcare8010026>
- Palla, I., Turchetti, G., & Polvani, S. (2024). Narrative Medicine: theory, clinical practice and education – a scoping review. *BMC Health Services Research*, 24(1), 1116. <https://doi.org/10.1186/s12913-024-11530-x>
- Petrou, L., Mittelman, E., Osibona, O., Panahi, M., Harvey, J. M., Patrick, Y. A. A., & Leedham-Green, K. E. (2021). The role of humanities in the medical curriculum: medical students' perspectives. *BMC Medical Education*, 21(1), 179. <https://doi.org/10.1186/s12909-021-02555-5>
- Schaff, P. B., Isken, S., & Tager, R. M. (2011). From Contemporary Art to Core Clinical Skills: Observation, Interpretation, and Meaning-Making in a Complex Environment. *Academic Medicine*, 86(10). <https://doi.org/10.1097/ACM.0b013e31822c161d>
- Shapiro, J., Coulehan, J., Wear, D., & Montello, M. (2009). Medical Humanities and Their Discontents: Definitions, Critiques, and Implications. *Academic Medicine*, 84(2). <https://doi.org/10.1097/ACM.0b013e3181938bca>
- Shifrin, S. (2023). *The Museum as Experience: Learning, Connection, and Shared Space*. Arc Humanities Press. <https://doi.org/10.2307/jj.11786290>
- Siddiqi, D. A., Miraj, F., Munir, M., Naz, N., Shaikh, A. F., Khan, A. W., ... Chandir, S. (2024). Integrating humanities in healthcare: a mixed-methods study for development and testing of a humanities curriculum for front-line health workers in Karachi, Pakistan. *Medical Humanities*, 50(2), 372–382. <https://doi.org/10.1136/medhum-2022-012576>
- Wald, H. S., McFarland, J., & Markovina, I. (2019). Medical humanities in medical education and practice. *Medical Teacher*, 41(5), 492–496. <https://doi.org/10.1080/0142159X.2018.1497151>

Weurlander, M., Lönn, A., Seeberger, A., Broberger, E., Hult, H., & Wernerson, A. (2018). How do medical and nursing students experience emotional challenges during clinical placements? *International Journal of Medical Education*, 9, 74–82. <https://doi.org/10.5116/ijme.5a88.1f80>

Zhang, X., Pang, H., & Duan, Z. (2023). Educational efficacy of medical humanities in empathy of medical students and healthcare professionals: a systematic review and meta-analysis. *BMC Medical Education*, 23(1), 925. <https://doi.org/10.1186/s12909-023-04932-8>

Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).