American Journal of
Biomedical Science & Research

www.biomedgrid.com
ISSN: 2642-1747

Research Article

Construction of a Theoretical Model of Humanistic Nursing Care in Methadone Clinics

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To Cite This article: *Fu Li, Hui Xing, Junhui Yan* and Ting Gao, Construction of a Theoretical Model of Humanistic Nursing Care in Methadone Clinics. Am J Biomed Sci & Res. 2026 30(4) AJBSR.MS.ID.003942,* **DOI:** 10.34297/AJBSR.2026.30.003942

Received: March 11, 2026; **Published:** March 17, 2026

Abstract

Objective: To construct a scientific and feasible theoretical model of humanistic nursing care in methadone clinics, so as to provide standardized guidance and theoretical basis for the practice of humanistic nursing care in methadone clinics, improve the medical experience of patients receiving Methadone Maintenance Treatment (MMT), enhance treatment compliance and reduce the relapse rate.

Methods: Based on the group standard Management Specification for Humanistic Care of Outpatients, semi-structured interviews were conducted to collect the cognition, experience and demands of humanistic care from medical staff, patients and their family members in methadone clinics. Grounded theory was adopted for data coding and analysis, and combined with the Delphi method for expert letter consultation, a theoretical model of humanistic nursing care in methadone clinics was constructed.

Results: The effective recovery rates of the two rounds of Delphi consultation questionnaires were 93.3% and 96.7% respectively; the authority coefficients of the two rounds of consultation were 0.88 and 0.89 respectively; the Kendall's concordance coefficients for the necessity, rationality and feasibility of the indicators in the first round of consultation were 0.352, 0.398 and 0.263 (all $P<0.001$), and those in the second round were 0.548, 0.407 and 0.386 (all $P<0.001$). The finally constructed theoretical model included 4 first-level indicators, 12 second-level indicators and 58 third-level indicators, covering four core dimensions: care subject, care content, care process and care guarantee.

Conclusion: The construction process of the theoretical model is scientific, the content setting is in line with the particularity of patients in methadone clinics and the needs of clinical practice, and the indicators are specific and feasible with certain scientificity and reliability. It can provide support for the standardized development of humanistic nursing care work in methadone clinics.

Keywords: Methadone Clinic, Humanistic Nursing Care, Theoretical Model, Grounded Theory, Delphi Method

Introduction

Methadone Maintenance Treatment (MMT) is a drug replacement therapy clinically adopted for opioid addicts such as heroin abusers [1]. Based on the bio-psycho-social medical model, it uses legal, safe and effective methadone to replace drugs, which significantly reduces addicts' dependence on heroin and other drugs, and decreases drug-related illegal and criminal activities as well as the transmission of infectious diseases such as HIV and hepatitis C. It is an important measure to solve public health problems related to drug hazards [2]. By 2020, there were 1.801 million drug abusers in China, among whom 734,000 were opioid addicts, accounting for 40.8% of the total number of drug abusers, and the demand for nursing services for a large number of MMT patients is urgent to be met [3].

Humanistic nursing care refers to nurses' sincere care for patients' life and health, rights and demands, personality and dignity with a humanitarian spirit. In addition to providing necessary diagnostic and therapeutic technical services, it also involves offering spiritual, cultural and emotional services to meet patients' physical and mental health needs [4,5]. The Action Plan for Further Improving Nursing Services (2023-2025) issued by the National Health

Commission of China in 2023 explicitly emphasizes the importance of humanistic nursing, pointing out that it plays a vital role in improving patients' medical experience, promoting a harmonious nurse-patient relationship, boosting the development of the nursing profession and advancing the construction of Healthy China [6].

As a special group, patients in methadone clinics are prone to negative emotions such as inferiority, anxiety and depression due to their addiction experience, and often face problems such as social exclusion and family alienation. Their psychological and emotional needs are more prominent, and the demand for humanistic nursing care is more urgent [7,8]. However, the current nursing work in China's methadone clinics mostly focuses on the implementation of drug treatment, and the practice of humanistic nursing care lacks systematic theoretical guidance and standardized criteria. There are problems such as a single way of care, care content not meeting patients' needs, and uneven humanistic care capabilities of medical staff, which make it difficult to meet the physical and mental needs of MMT patients and affect treatment compliance and relapse rate to a certain extent [9,10].

The group standard Management Specification for Humanistic Care of Outpatients defines the environment, facilities, processes and measures for humanistic care of outpatients, providing a basic framework for the practice of outpatient humanistic care [11,12]. Based on this, combined with the results of semi-structured interviews, this study uses grounded theory and Delphi method to construct a theoretical model of humanistic nursing care in methadone clinics. It provides ideas for the theoretical system of humanistic care in methadone clinics and scientific guidance for clinical nursing practice, which is of great clinical and social significance for improving MMT patients' treatment compliance, alleviating their psychological state and reducing the relapse rate.

Methods

Establishment of the Research Group

The research group consisted of 9 members, including 1 chief pharmacist, 1 chief nurse, 2 associate chief nurses and 6 nurses-in-charge, among whom 1 held a doctoral degree, 5 held master's degrees and 4 held bachelor's degrees. The group members were mainly responsible for literature retrieval and collation, designing semi-structured interview outlines, conducting interviews, organizing expert letter consultations, carrying out data coding and analysis, and processing data, so as to ensure the scientificity and standardization of the research process.

Literature Retrieval and Data Collation

With the search terms of "methadone clinic", "humanistic nursing care", "theoretical model", "grounded theory" and "Delphi method", literature retrieval was conducted in databases such as CNKI, Wanfang, PubMed and Web of Science. Meanwhile, the group standard Management Specification for Humanistic Care of Outpatients, relevant diagnosis and treatment specifications for methadone clinics and works on humanistic nursing care were collated to sort out the core connotation and practical key points of humanistic nursing care, as well as the characteristics and humanistic care demands of patients in methadone clinics, laying a theoretical foundation for the construction of the theoretical model [13].

Semi-Structured Interviews and Data Collection

Referring to the processes and requirements for humanistic care of outpatients in the Management Specification for Humanistic Care of Outpatients and combining with the particularity of patients in methadone clinics, a semi-structured interview outline was designed, covering the cognition, experience, demands and existing problems of humanistic care of three groups: patients, medical staff and family members. The interviewees were selected from medical staff (2 head nurses, 4 nurses, 2 doctors), 10 patients and 6 family members in methadone clinics of 2 Grade A tertiary hospitals. The inclusion criteria were as follows: medical staff were on-the-job personnel in methadone clinics with more than 1 year of relevant work experience; patients had received MMT for more than 1 month with clear consciousness and normal communication ability; family members were the main caregivers of patients and had lived with patients for more than 3 months. One-on-one face-to-face interviews were conducted, with each interview lasting 30-60 minutes. The whole interview process was recorded by audio, and on-site records were made at the same time. The audio was transcribed into written data within 24 hours after the interview to ensure the integrity and authenticity of the data. A total of 24 valid interview data were collected, including 8 from medical staff, 10 from patients and 6 from family members.

Data Coding and Analysis Based on Grounded Theory

In accordance with the procedural grounded theory paradigm, the interview data were subjected to three-level coding analysis: open coding, axial coding and selective coding, and memo writing and constant comparison were carried out throughout the data analysis process [14]. ① Open coding: the interview data were coded word by word for conceptualization and categorization, and initial concepts were formed through constant comparison, revision, integration and induction, which were divided into corresponding categories; ② Axial coding: the initial concepts and categories were reorganized and summarized, the connections between different concepts and categories were concluded, first-level categories were formed by merging, and the subordinate or causal relationships between second-level categories and first-level categories were established; ③ Selective coding: the core category was selected, the story line was found and systematically connected with other supporting categories, and combined with literature supplementation, a draft theoretical model of humanistic nursing care in methadone clinics was initially formed [15].

Expert Letter Consultation Based on Delphi Method

Expert Selection: A total of 30 experts from the fields of humanistic nursing, clinical nursing, nursing management, mental health and drug dependence treatment were selected. The inclu-

sion criteria for experts were as follows: ① Bachelor's degree or above; ② Having the professional title of nurse-in-charge or above; ③ engaging in relevant fields for more than 10 years; ④ Having interest in the research topic and being willing to participate in the consultation. Finally, 27 experts were identified, covering 15 Grade A tertiary hospitals and 3 institutions of higher education in South China, Central China, East China and Southwest China, with good representativeness, high academic level and rich practical experience.

Questionnaire Design and Distribution: The expert consultation questionnaire consisted of three parts: ① Expert invitation letter, including research topic introduction, expert invitation letter and filling instructions; ② Consultation questionnaire on the theoretical model of humanistic nursing care in methadone clinics, which evaluated the necessity, rationality and feasibility of the first-level, second-level and third-level indicators of the model draft by using a 5-point Likert scale (1=strongly disagree, 5=strongly agree), and an opinion revision column was set after each indicator for experts to put forward revision suggestions; ③ Expert basic situation questionnaire, including experts' general situation, familiarity with the consultation content and judgment basis. Questionnaires were distributed by a combination of e-mail and face-to-face distribution, and two rounds of expert letter consultation were carried out. After the recovery of questionnaires, the contents were checked one by one, and experts were timely verified for missing fills or unclear expressions to ensure the validity of the questionnaires [16].

Indicator Screening Principles: The indicator screening principles were as follows: the mean score of necessity, rationality or feasibility of indicators >3.50, Coefficient of Variation (CV) <0.25. Combined with experts' opinions and the discussion results of the research group, the included indicators were determined, and the indicators that did not meet the requirements were revised, merged or deleted.

Statistical Methods

Excel 2021 and SPSS 26.0 software were used for data entry and analysis. The basic situation of experts was expressed by frequency and composition ratio; the enthusiasm of experts was expressed by the effective recovery rate of questionnaires; the degree of centralization of experts' opinions was expressed by mean ± standard deviation; the authority degree of experts was expressed by authority Coefficient (Cr), where Cr=(Ca+Cs)/2 (Ca is the judgment basis, Cs is the familiarity coefficient); the coordination degree of experts' opinions was expressed by Coefficient of Variation (CV) and Kendall's concordance coefficient (Kendall's W value). A P value <0.05 was considered statistically significant.

Results

Basic Situation of Experts

Among the 27 experts participating in the consultation, 3 (11.1%) were aged 30-39 years, 13 (48.1%) were aged 40-49 years, and 11 (40.7%) were over 50 years old; 4 (14.8%) had 10-19 years of work experience, 11 (40.7%) had 20-29 years, and 12 (44.4%) had 30 years or more; 14 (51.9%) had a bachelor's degree, 8 (29.6%) had a master's degree, and 5 (18.5%) had a doctoral degree; 13 (48.1%) had associate senior professional titles and 14 (51.9%) had senior professional titles; 10 (37.0%) were engaged in nursing management, 6 (22.2%) in humanistic nursing, 7 (25.9%) in clinical nursing, 2 (7.4%) in mental health and 2 (7.4%) in drug dependence treatment.

Enthusiasm and Authority Degree of Experts

In the first round of consultation, 30 questionnaires were distributed and 28 valid ones were recovered, with an effective recovery rate of 93.3%, and 20 experts put forward revision suggestions; in the second round, 28 questionnaires were distributed and 27 valid ones were recovered, with an effective recovery rate of 96.7%, and 9 experts put forward revision suggestions. The Ca of the two rounds of consultation were 0.90 and 0.92 respectively, the Cs were 0.86 and 0.85 respectively, and the Cr were 0.88 and 0.89 respectively, all >0.70, indicating high expert authority and reliable consultation results.

Coordination Degree of Experts' Opinions

The Kendall's W values of the indicators in the first and second rounds of consultation were all statistically significant (all P<0.001), as shown in Table 1. In the first round of consultation, the CV ranges of necessity, rationality and feasibility of the indicators were 0.05-0.19, 0.04-0.16 and 0.05-0.23 respectively; in the second round, the CV ranges were 0.08-0.16, 0.04-0.13 and 0.07-0.19 respectively, all <0.25, indicating that experts' opinions tended to be consistent with a good coordination degree (Table 1).

Table 1: Kendall's concordance coefficients and their significance tests in two rounds of consultation.

Round	Item	Kendall's W value	χ^2 value	P value
1st	Necessity	0.352	76.892	<0.001
	Rationality	0.398	872.345	<0.001
	Feasibility	0.263	428.761	<0.001
2nd	Necessity	0.548	115.678	<0.001
	Rationality	0.407	835.921	<0.001
	Feasibility	0.386	592.347	<0.001

Construction and Improvement of the Theoretical Model

After the first round of expert letter consultation, the research group revised the draft theoretical model combined with experts' opinions and interview data: 5 third-level indicators that did not conform to the particularity of methadone clinics such as "general humanistic environment construction" were deleted; 5 third-level indicators such as "exclusive protection of patients' privacy" and "guidance on family communication skills" were added; the language description of 15 indicators was revised (e.g., "respect patients' personality" was revised to "respect patients' personality, eliminate discrimination and treat them equally"); the attribution of some second-level indicators was adjusted, and "psychological counselling" was moved from "care content" to the waiting care link in "care process".

After the second round of expert letter consultation, experts' opinions tended to be consistent, and the research group adopted 5 reasonable suggestions, mainly optimizing the language description of indicators (e.g., "nurse humanistic care training" was revised to "specialized humanistic care training for nurses, focusing on the psychological characteristics and communication skills of MMT patients") without adjusting the overall framework. The finally constructed theoretical model of humanistic nursing care in methadone clinics included 4 first-level indicators, 12 second-level indicators and 58 third-level indicators, and the specific contents are shown in (Table 2).

Table 2: Indicator system of the theoretical model of humanistic nursing care in methadone clinics.

First-Level Indicators (Combined Weight)	Second-Level Indicators (Combined Weight)	Third-Level Indicators (Combined Weight)
1. Care Subject (0.200)	1.1 Medical staff (0.500)	1.1.1 Master basic humanistic care knowledge and understand the psychological characteristics of MMT patients;
		1.1.2 Respect patients' personality, eliminate discrimination and treat them equally;
		1.1.3 Possess good communication skills and be good at listening to patients' demands;
		1.1.4 Participate in specialized humanistic care training regularly;
		1.1.5 Maintain a warm and patient service attitude.
	1.2 Nursing managers (0.300)	1.2.1 Formulate outpatient humanistic care management systems;
		1.2.2 Organize humanistic care training and assessment;
		1.2.3 Supervise the implementation of humanistic care measures;
		1.2.4 Solve problems in the practice of humanistic care in a timely manner
	1.3 Family members (0.200)	1.3.1 Provide emotional support for patients and avoid accusation and discrimination; 1.3.2 Cooperate with medical staff to carry out nursing care; 1.3.3 Learn skills of communication and psychological counselling with patients
2. Care Content (0.350)	2.1 Privacy protection (0.250)	2.1.1 Set up separate diagnosis and treatment as well as medicine collection areas;
		2.1.2 Do not disclose patients' illness and personal information;
		2.1.3 Use partition curtains or screens during interviews, diagnosis and treatment;
		2.1.4 Properly keep patients' medical records and diagnosis and treatment data.
	2.2 Psychological care (0.300)	2.2.1 Actively assess patients' psychological state;
		2.2.2 Conduct targeted counselling for patients with negative emotions;
		2.2.3 Encourage patients to express their inner feelings;
		2.2.4 Help patients establish treatment confidence;
		2.2.5 Link with psychological support resources
	2.3 Health care (0.250)	2.3.1 Inform patients of the administration method, dosage and precautions of methadone;
		2.3.2 Carry out health education on drug hazards and rehabilitation knowledge;
		2.3.3 Guide patients to develop healthy living habits;
		2.3.4 Remind patients of regular follow-up and examination
	2.4 Social support care (0.200)	2.4.1 Help patients coordinate family relations;
		2.4.2 Provide guidance on employment and social integration;
		2.4.3 Establish patient communication groups to promote peer support;
		2.4.4 Link with social assistance resources;

3. Care Process (0.300)	3.1 Pre-clinic care (0.200)	3.1.1 Be warm and patient when answering telephone consultations and solve doubts;
		3.1.2 Provide a variety of convenient appointment methods;
		3.1.3 Publicize medical treatment processes and doctor appointment information;
		3.1.4 Provide hospital route and parking guidance.
	3.2 In-clinic care (0.500)	3.2.1 Medical guides take the initiative to receive patients and conduct correct triage;
		3.2.2 Provide full accompaniment services for special patients;
		3.2.3 Inform patients of medical treatment processes and health knowledge during waiting;
		3.2.4 Implement one doctor for one patient during diagnosis and treatment to protect privacy;
		3.2.5 Explain illness and diagnosis and treatment plans in popular language;
		3.2.6 Provide guidance for payment and medicine collection;
		3.2.7 Perform examinations and tests gently and inform patients of precautions.
	3.3 Post-clinic care (0.300)	3.3.1 Carry out follow-up reminder services;
		3.3.2 Conduct follow-up visits by telephone and WeChat;
		3.3.3 Answer doubts about post-clinic medication and rehabilitation;
		3.3.4 Provide home nursing guidance;
		3.3.5 Respond to patients' subsequent demands in a timely manner
4. Care Guarantee (0.150)	4.1 Environmental guarantee (0.400)	4.1.1 Keep the outpatient environment clean, quiet and warm;
		4.1.2 Equip with sufficient and comfortable waiting chairs;
		4.1.3 Set up privacy protection facilities;
		4.1.4 Equip with convenient service items (wheelchairs, drinking water, etc.)
	4.2 Institutional guarantee (0.600)	4.2.1 Establish an assessment and evaluation system for humanistic care;
		4.2.2 Incorporate humanistic care into the performance appraisal of medical staff;
		4.2.3 Establish a mechanism for collecting and feeding back patients' opinions;
		4.2.4 Carry out continuous quality improvement of humanistic care on a regular basis.

Discussion

Scientificity of the Theoretical Model of Humanistic Nursing Care in Methadone Clinics

In constructing the theoretical model, this study took the group standard Management Specification for Humanistic Care of Outpatients as the basis, combined with the particularity of patients in methadone clinics, and integrated the core connotations of Maslow's Hierarchy of Needs and Watson's Theory of Human Caring to ensure the scientificity and standardization of the model content [17,18,19,20]. The grounded theory was adopted in the model construction process, and the real demands and experiences of front-line medical staff, patients and their family members were collected through semi-structured interviews to ensure that the model was in line with clinical practice. Meanwhile, the Delphi method was used to select authoritative experts from multiple fields for letter consultation. The effective recovery rates of the two rounds of consultation were both >90%, the authority coefficients were both >0.85, and the coordination degree of experts' opinions was good, indicating that the model construction process was scientific and the consultation results were reliable [21,22].

The model covers four core dimensions: care subject, care content, care process and care guarantee, forming a complete framework of "subject-content-process-guarantee", which not only reflects the common requirements of humanistic nursing care, but also highlights the particularity of methadone clinics. For example, "privacy protection" and "social support care" are specially set in the care content, which are in line with the core needs of MMT patients who fear discrimination and need social acceptance; the whole-process care of pre-clinic, in-clinic and post-clinic is refined in the care process, which conforms to the requirements of the Management Specification for Humanistic Care of Outpatients and the characteristics of long-term treatment in methadone clinics [13].

Targeted Nature of the Theoretical Model of Humanistic Nursing Care in Methadone Clinics

As a special group, patients in methadone clinics have significant differences in humanistic care demands compared with ordinary outpatients, and they pay more attention to privacy protection, psychological support and social acceptance [23]. The interview transcripts show that MMT patients generally have feelings of inferiority and anxiety, worry about the disclosure of their illness, and

yearn for respect and understanding; medical staff reflect that the current outpatient humanistic care lacks systematic norms and is difficult to meet the personalized needs of patients; family members hope to receive guidance on communication skills to better support patients' treatment [24].

The theoretical model constructed in this study fully responds to these demands: in terms of privacy protection, it clearly requires the establishment of separate diagnosis and treatment areas, proper keeping of patients' data and avoidance of disclosing patients' information; in terms of psychological care, it emphasizes active assessment of patients' psychological state, targeted counselling and helping patients establish treatment confidence; in terms of social support care, it proposes measures such as coordinating family relations, providing employment guidance and establishing peer support groups; at the same time, family members are included in the care subject, their care responsibilities are clarified, and communication skills guidance is provided to form a medical staff-family member collaborative care model [25]. All these contents are in line with the clinical reality of methadone clinics and have strong pertinence and operability.

Practical Significance of the Theoretical Model of Humanistic Nursing Care in Methadone Clinics

At present, the practice of humanistic nursing care in China's methadone clinics lacks systematic theoretical guidance and standardized criteria, leading to scattered and inadequate care measures and affecting the treatment effect [26]. The theoretical model constructed in this study clarifies the core content, implementation process and safeguard measures of humanistic nursing care in methadone clinics, provides clear guidance for clinical nursing practice, and can effectively standardize the humanistic care behaviours of medical staff and improve the quality of humanistic care services.

The application of the model can effectively improve the medical experience of MMT patients, alleviate their negative emotions, enhance treatment compliance and reduce the relapse rate; it can also promote a harmonious nurse-patient relationship, reduce nurse-patient conflicts and improve the level of outpatient nursing services [18]. In addition, the model can also provide a basis for the training and assessment of humanistic nursing care in methadone clinics, help medical staff improve their humanistic care capabilities, and promote the development of nursing work in methadone clinics towards humanization, standardization and systematization, which is of great social significance for reducing drug-related hazards and promoting public health security [27, 28].

Research Limitations and Prospects

This study only selected methadone clinics of 2 Grade A tertiary hospitals for interviews, and the geographical and hospital grade coverage of the interviewees was not extensive enough, which may lead to certain limitations in the representativeness of the model; the construction of the model is based on the current clinical practice and research status, and with the continuous development of nursing work in methadone clinics, the content of the model needs to be further optimized and improved. In the next step, we will expand the geographical and hospital grade coverage of interviewees, include relevant personnel from community methadone clinics, and further verify the applicability and feasibility of the model; at the same time, the model will be piloted in some methadone clinics, and revised and improved according to the application effect to form a promotable specification for humanistic nursing care in methadone clinics, providing more powerful support for clinical practice.

Conclusion

Based on the group standard Management Specification for Humanistic Care of Outpatients, this study successfully constructed a theoretical model of humanistic nursing care in methadone clinics through semi-structured interviews, grounded theory analysis and Delphi method expert letter consultation. The model has a scientific structure, comprehensive content and strong targeting, with certain scientificity and reliability. It can provide theoretical guidance and practical basis for the standardized development of humanistic nursing care work in methadone clinics, and is of great significance for improving the medical experience of MMT patients, enhancing treatment compliance and reducing the relapse rate.

Acknowledgement

None.

Conflict of Interest

None.

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