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Research Progress on the Current Status of Non-Accompanied Wards in China

Wenxin Li[1,2], Li Li[3*]

[1]Operating Room, The First Affiliated Hospital of Yangtze University, Jingzhou, China
[2]Medical School, Yangtze University, Jingzhou, China
[3]Department of Spinal Surgery, The First Affiliated Hospital of Yangtze University, Jingzhou, China
Email: *785266634@qq.com

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Abstract

With the intensification of population aging and changes in family structures in modern society, the traditional family accompaniment model has become increasingly inadequate in meeting the practical needs of modern patients. As a result, the non-accompanied ward, as a novel nursing service model, has emerged. This paper reviews relevant domestic and international studies in recent years, compares the visitation policy differences between the two care models, and conducts an in-depth analysis of the current research status of non-accompanied wards in China from five dimensions: evolutionary trends, research entry points, theoretical perspectives, methodologies, and future development trends. The study finds that non-accompanied wards in China are evolving from merely "substituting for basic nursing care" toward "intelligent, patient-centered hospitals." However, challenges such as insufficient policy tools, limited application scenarios, and ethical decision-making difficulties remain.

Keywords

Review, Non-Accompanied Ward, Nursing Management, Patient-Centered Care, Smart Healthcare

1. Introduction: Accompaniment and Visitation from Domestic and International Perspectives

The Non-accompanied ward refers to a model in which patients are not accompanied by family members during their hospitalization, and daily life care and medical nursing are undertaken by nurses and standardized trained medical nursing assistants. From an international perspective, accompaniment and visitation policies have always been in a dynamic game. On the one hand, strict visitation

*Corresponding author.

restrictions have been proven to have significant infection control benefits. For example, an observational study showed that restricted visitation policies were significantly associated with a reduction in healthcare-acquired respiratory viral infections in hospitalized children [1]. However, everything has two sides. Retrospective analysis pointed out that restricting family visitation may lead to an increased incidence of postoperative delirium and agitation, thereby increasing the frequency of physical restraints and exacerbating the anxiety of family members [2]. Therefore, the international nursing community increasingly advocates for a patient- and family-centered care model, which has been demonstrated through systematic reviews to effectively improve healthcare quality [3]. Compared with international approaches that focus primarily on "visitation management," China's non-accompanied ward model places greater emphasis on transforming the caregiving structure and service delivery model. In recent years, research in China has moved beyond debating "whether to implement" non-accompanied wards and has instead shifted toward exploring how to implement them with high quality in the local healthcare context.

2. Evolutionary Trends: The Transition from "Basic Nursing" to "Smart Humanism"

Looking back at the literature of the past decade or so, the research on domestic non-accompanied wards has shown obvious stage-by-stage evolutionary characteristics.

2.1. Transition and Connotation Extension

Early research mostly focused on aspects such as "basic nursing," "hospital infection," and "safety management." The studies by Xie Chaoying [4] and Zhu Lina [5] focused on reducing the risk of cross-infection and occupational exposure through the non-accompanied model; the bibliometric analysis by Fan Weiying *et al.* [6] also pointed out that early research hotspots were concentrated on safety management in special departments such as psychiatry and ICU. With the promotion of "high-quality nursing services" by the former Ministry of Health starting in 2010, the focus of development gradually shifted to "nursing quality control," "patient satisfaction," and "full-process refined management." The "Six-ization" management model (such as systematized management, life-oriented nursing, etc.) proposed by Sun Yan [7] and Chen Ying [8] was representative of this period. In the past three years, the research focus has significantly shifted to directions such as "intelligent management," "humanistic care," and "narrative medicine." The intelligent nursing management platform constructed by Xu Hongyan *et al.* [9] and the incubator transfer traceability system applied by Tong Dan [10] in the neonatology department mark the entry of non-accompanied wards into the era of "smart medical care." At the same time, Wang Yanzhi [11] introduced narrative medicine into the neonatal non-accompanied ward, emphasizing humanistic manifestations beyond technology.

2.2. Key Issues yet to Be Resolved

Although the results of current research have significantly improved compared to the beginning, global issues still exist.

2.2.1. Structural Shortage in Human Resource Allocation

The relevant research conducted by Gao Xing [12] clearly revealed the quite tense actual situation in human resource allocation in non-accompanied wards in respiratory medicine. Meanwhile, the survey conducted by Ji Xiaowei [13] on primary healthcare institutions prominently showed a series of unignorable problems in the current nursing assistant team, such as serious aging, generally low educational backgrounds of members, and unusually high staff mobility.

2.2.2. Economic Burden and Payment System

Deng Yong [14] and He Chaogui [15] both mentioned that, due to the lack of unified medical insurance payment standards and a reasonable charging and pricing mechanism, this may cause patients' economic burdens to become increasingly heavy, thereby becoming a huge obstacle in the promotion process.

2.2.3. Ethical and Decision-Making Dilemmas

Hu Die *et al.* [16] discussed a situation where patients encounter dilemmas when participating in medical decisions without their family members present. These dilemmas involve multiple levels, such as inadequate information exchange and a lack of trust.

3. Research Perspectives: Neglected Issues

Existing literature indicates that research related to non-accompanied wards may have a "survivorship bias" in terms of research subjects and scenarios, causing some areas to be underestimated or directly ignored.

3.1. Neglected Subgroups

Current research directions mostly focus on fields such as general surgery [17], orthopedics [18]-[20], and neonatology [11]. However, research on the special psychological and behavioral needs of elderly patients or those with cognitive impairment in the absence of accompanying personnel is relatively scarce. Although there is research on elderly hip fractures [19], nursing interventions specifically for the elderly or patients with cognitive impairment lacking family comfort are not comprehensive enough. Meanwhile, issues such as cultural adaptability and communication barriers faced by ethnic minority patients or cross-regional medical seekers in the non-accompanied model are almost nonexistent in the existing literature.

3.2. Bias in Research Scenarios

The vast majority of research samples come from Grade III Level A hospitals [12] [21], while research on non-accompanied practices in grassroots hospitals, namely

secondary hospitals and community health service centers, is very rare. A survey by Zhang Zhixia [22] showed that the acceptance level among grassroots patients is relatively low, and they are more seriously constrained by the economy and concepts. However, research on adaptive modification models at this level is still lacking. Although Pan Shaofen [23] discussed the effects in private hospitals, the sample size was small. Therefore, the development of non-accompanied services in private and primary healthcare institutions is worth further promotion.

3.3. Exploration of Implicit Variables

Existing studies focus more on explicit indicators (such as complication rates, satisfaction), while insufficient attention is paid to implicit variables. For example, research on the impact of the non-accompanied model on "family psychology" (whether guilt arises from being unable to fulfill filial piety) and "nursing assistant occupational burnout" is still limited.

4. Theoretical Perspectives: Managerialism and Humanism

Domestic research on non-accompanied wards is no longer merely a summary of experience but has begun to conduct academic research from multiple theoretical perspectives, mainly forming two major theoretical camps.

In this paper, "Managerialism" refers to an approach centered on standardization, institutionalization, and measurable performance, using tools such as the "six-dimension" management model, the Kano model, SERVQUAL, SWOT analysis, and policy instruments to improve efficiency, quality, and management in non-accompanied wards. Its strength lies in clear procedures and easy implementation, but its weakness is that it may overemphasize metrics and order while overlooking individual patient differences and emotional care needs.

"Humanism" emphasizes that nursing is not only about management and technique, but also about understanding, empathy, and human connection, especially when patients are without family accompaniment and rely on nurses for emotional support. Drawing on perspectives such as Watson's theory of human caring and narrative medicine, it focuses on patients' anxiety, loneliness, and lived experience; however, this kind of care is more difficult to operationalize and standardize, making it more difficult to implement in busy clinical settings.

4.1. Managerialism Perspective

This perspective occupies the mainstream position and aims to enhance management effectiveness through standardized tools. In the "Six-ization" management theory, Chen Ying [8] and Sun Yan [7] applied this theory, emphasizing the standardization and normalization of ward management. This theory can establish a clear scope of responsibilities and operating procedures, ensuring that ward order is maintained when the workload increases. Therefore, it has a wide range of application and is easy to promote, but it may ignore individual differences and struggle to meet the personalized and special needs of patients. In the Kano model

and SERVQUAL model, Liang Die [24] and Yu Li [25] used these models respectively to analyze the gap between patients' real needs and the medical services provided, quantifying the data to accurately identify shortcomings in nursing behavior. This model helps precisely promote high-quality services to improve patient satisfaction, but overly focusing on indicator data easily "commodifies" nursing services, which may dilute the humanistic care that should exist in the nursing process. In SWOT analysis and policy tool theory, Zhu Lina [5] and Chen Xinlei [26] analyzed the current real situation of non-accompaniment and corresponding policies from a macro-management dimension, providing a basis for top-level design. However, it focuses on macro strategies and policy formulation, and how to concretely promote and implement policies at the realistic level of clinical frontlines needs to be strengthened.

4.2. Humanistic Perspective

In response to the questioning of "no kinship" that "non-accompaniment" may bring, research from a humanistic perspective is gradually increasing. The studies by Zhang Baoxiang [27], Chu Liangliang [28], and Huang Bi [29] are all based on Watson's human caring theory, focusing on nurses' empathy and caring behaviors. It emphasizes that the essence of nursing is the connection between people. When patients are in an unfamiliar environment with reduced family accompaniment, nurses' humanistic care often becomes an important psychological support for patients, which can effectively relieve patients' anxiety, loneliness, and unfamiliarity. However, under high-load clinical work situations, theories are difficult to translate into specific, operable implementation methods. How to translate theories into specific, operable implementation methods remains to be studied. In narrative medicine, Wang Yanzhi [11] and Zhou Yating [30] explored the application of narrative medicine in pediatrics and neonatology, improving the doctor-patient connection through "storytelling." This perspective injects warmth into the "cold" management model, but at the same time, it places higher demands on medical staff's literary literacy and empathy.

Overall, current research is in a developmental stage from "managerialism" to "giving equal weight to management and humanism." Future efforts should be devoted to resolving the balance between "high-efficiency non-accompanied management" and "high-emotional nursing needs."

Pursuing management efficiency should not be opposed to humanistic care. Attempts can be made to integrate Watson's human caring theory into the "Six-ization" management. Making the caring behavior itself an executable and assessable "standard" thereby solves the problem that humanistic care is difficult to "land." However, in complex nursing work, blindly increasing assessments often yields opposite results. In the future, attempts can be made to use SWOT and policy tool theories to solve corresponding problems, such as human resource shortages and charging issues. Only by solving the problems to be resolved in actual nursing work through macro policies, while reducing the load of non-nursing

work on nurses, will nurses complete narrative medicine and humanistic care more proactively, seriously, and efficiently, thereby overcoming the limitation of managerialism that "ignores individuals."

5. Methodology: Research Methods and Limitations

5.1. The Dominance and Limitations of Quantitative Research

Randomized Controlled Trials (RCTs) or quasi-experimental studies are common methods for evaluating the effects of non-accompanied wards [18] [20] [31]-[36]. These studies usually compare the differences between the non-accompanied group and the routine accompanied group in terms of compliance, complications, satisfaction, etc. Their advantage lies in intuitive data, relatively high evidence levels, and easily quantified promotion. Their limitations and misunderstandings are that many studies suffer from problems such as small sample sizes, data from a single center, and short intervention times. Meanwhile, there is often a methodological misunderstanding involving lax control over confounding factors. Non-accompanied wards are usually equipped with better and more complete nursing resources. Although nursing assistants cannot perform invasive operations, they can independently complete life care tasks such as assisting with eating and turning over, thereby somewhat alleviating the problems caused by unreasonable nurse-patient ratios in China. Whether the improvement in the corresponding effects of non-accompanied wards stems from the "non-accompanied model" itself or from the "increase in nursing resource input" is often difficult to distinguish.

5.2. The Rise and Value of Qualitative Research

Scholars such as Wang Yuxiu [37], He Feng [38], and Wu Dongju [39] used phenomenological methods to conduct in-depth interviews with nurses, patients, and stakeholders. Advantages: It can reveal deep-level experiences that scales cannot measure, such as nurses' ambivalent psychology of coexisting "physical and mental exhaustion" and "professional identity" [37], as well as radiotherapy patients' specific concerns about costs [39]. Limitations: It has a certain degree of subjectivity and individual differences exist.

5.3. Application of Mixed Methods and Bibliometrics

Fan Weiying [6] used bibliometric methods to present research hotspots from a macro level. Overall, however, in the existing literature, mixed-method research that closely combines quantitative data and qualitative experiences is relatively rare, and this type of research is also one of the key means to evaluate and explain complex nursing interventions.

6. Development Trends: Current Status and Forward-Looking Predictions

Based on current research progress, this paper elaborates on the development status and potential trends of no-accompaniment wards in China.

6.1. Current Policies and Reforms

Shifting from "pilot exploration" to "standardization and payment reform," policy analysis by Luo Xiaoling [40] and Chen Xinlei [26] indicates that relevant competent departments will formulate more standardized "pricing standards and medical insurance payment policies for non-accompanied services" in the future, in order to address the situations of "difficulty in charging and chaotic charging." Furthermore, for the nursing assistant team, "occupational entry and hierarchical training systems" [13] will also become one of the key elements of policy norms.

Nowadays, as "non-accompanied wards" move from early localized exploration toward high-quality development, the top-level design at the national level has shifted from purely "appealing documents" to a policy combination of "substantive work plans" and "national-level project guidelines." Through national medical security policies and industry planning, strong macro support has been provided for the promotion of non-accompanied wards.

6.1.1. Top-Level Design and Standardized Models

Addressing the issues of "insufficient policy tools" and "inconsistent implementation standards" pointed out in previous research, the "Pilot Work Plan for Hospital non-accompanied wards Services" [41] released by the National Health Commission marks that the non-accompanied model has officially entered the pilot and standardized implementation stage at the national level. The plan clearly defines the connotation of "non-accompanied wards services." Under the premise of patients' willingness, life care is provided by nurses or medical nursing assistants. At the same time, it strictly distinguishes the difference between "life care" and "nursing operations," effectively avoiding the ethical and legal risks of nursing assistants replacing nurses in professional operations.

6.1.2. Crack the Pricing Standards and Charging Dilemma

Addressing the core pain points repeatedly mentioned in the literature, namely "difficult to charge, chaotic charging," and "lack of a reasonable pricing mechanism," the National Healthcare Security Administration provided an authoritative response by issuing the "Guidelines for Nursing Category Projects (Trial)" [42].

Setting up an independent price item for "non-accompanied wards services" in the existing clinical charging standards and implementing government-guided price management makes the service charging "lawful," solving the long-standing historical problem of charging for non-accompanied services in public hospitals and legalizing the charging for this service.

6.2. Technical Support and Development Forecast

Research by Xu Hongyan [9] and Tong Dan [10] has foretold that technological innovation is gradually arriving. In the future, the "AI intelligent accompaniment platform" will not be limited to reservation management but is more likely to integrate wearable device monitoring, fall prevention early warning, and remote kinship interaction systems. Internet of Things (IoT) technology will also transi-

tion from local to comprehensive, thereby alleviating the difficulties in human resource allocation proposed by Gao Xing [12].

6.3. Behavioral Psychology

After Hu Die [16] pointed out the clinical decision-making dilemma, future related research will focus heavily on developing and valuing remote decision-making models that collaborate across multiple parties: "doctors-nurses-patients-families." Meanwhile, content regarding "compassion fatigue interventions" [28] [43] targeting nursing personnel will also become a focal point in the field of behavioral psychology research. From a societal perspective, with the continuous, widespread, and in-depth development of publicity and science popularization activities, family members' acceptance of the non-accompanied model is expected to gradually transform from the original "forced acceptance" state to an "active choice" state.

7. Conclusion

The development of non-accompanied wards in China has moved beyond the initial stage of merely pursuing the absence of family accompaniment and is now entering a new phase of high-quality development characterized by quality, intelligence, and humanistic care. In the future, longer-term and multicenter randomized controlled trials (RCTs) or quasi-experimental studies are still needed to evaluate the clinical effectiveness of non-accompanied wards more comprehensively and accurately, and to further distinguish whether such improvements result from the non-accompanied ward model itself or from increased nursing resource input. Going forward, efforts should focus on enhancing nursing productivity through technological innovation, removing economic barriers through policy support, and improving nurse-patient relationships through humanistic theories, so as to realize a care vision that progresses from "physical separation" to "emotional connection."

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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