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RESEARCH ARTICLE

ASSESSING THE QUALITY OF AESTHETIC EDUCATION CURRICULUM AND ITS IMPACT ON MEDICAL STUDENTS' EFFICACY

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ABSTRACT

This study focused on aesthetic education, particularly within the Chinese educational landscape and has provided a comprehensive understanding of its theoretical foundations and practical implications. This study delved into historical, cultural, and educational dimensions, drawing on the insights of influential thinkers and traditions. Through a diverse range of indicators, we assessed the curriculum's impact on students and identified a strong, statistically significant positive relationship between perceived quality and efficacy. This correlation underscores the inherent effectiveness of higher-quality aesthetic education. These findings carry implications for educators and policymakers, emphasizing the ongoing need for efforts to enhance the quality of aesthetic education for a more impactful educational experience.

INTRODUCTION

Medical aesthetic education started late, and research regarding it is relatively insufficient. Among medical colleges and universities, some schools have formulated relevant systems for the implementation of aesthetic education according to their own regional characteristics, school conditions, and teachers' characteristics, and began to pay attention to the integration of aesthetic education teaching and medical culture education. However, due to the influence of educational concepts, teachers, and venues, the aesthetic education curriculum presents a single way and the teaching form is monotonous, and no systematic and complete aesthetic education curriculum system for medical students has been established. The school generally expects related research topics to appear. Therefore, in this context, this topic for medical students to carry out six layers of aesthetic education curriculum system construction and practice research, has very important practical significance.

Background of the Study: Aesthetic education, an intricate and dynamic field, emerged as a cornerstone in the comprehensive development of individuals, shaping cognitive, emotional, and social dimensions. Philosophically grounded and pedagogically inspired, it seeks to cultivate a refined sensibility towards beauty, creativity, and cultural expression. Aesthetic education finds its theoretical foundation in influential thinkers such as John Dewey, who underscored its pivotal role in holistic individual development (Dewey, 1934).

Dewey's assertion that aesthetic experiences are not mere embellishments but integral to the process of meaning-making and personal growth provides a philosophical bedrock for understanding the transformative power of aesthetics. In the context of China, the roots of aesthetic education delve into ancient philosophical traditions, prominently Confucianism and Daoism. These traditions historically emphasized the importance of harmony, balance, and beauty in both artistic expression and daily life (Feng, 2011). The Confucian principles, with their emphasis on moral character, social responsibility, and a well-rounded appreciation for the arts, have profoundly influenced education in China for centuries (Xing, 2004). Moreover, Daoist philosophy, with its focus on naturalness and spontaneity, adds a distinctive perspective to the Chinese aesthetic ethos. Contemporary China is witnessing a renewed interest in aesthetic education, mirroring the nation's ambitious drive for creative and innovative societal development (Xu, 2018). This resurgence reflects a broader acknowledgment of the role of aesthetic education in nurturing culturally literate citizens capable of navigating the complexities of the modern world (Wang, 2016). Aesthetic education motivates medical students to see, feel, and appreciate beauty in its wholeness, thus inspiring an objective view of things, an emotional experience of awe and wonder, and an understanding of the exquisiteness of life. It aims to improve the overall quality of medical education through a variety of approaches and techniques, however, the absence of specific details about the existing landscape of medical aesthetic education leaves a gap in the understanding of its implementation, challenges, and potential innovations.

Furthermore, despite the existence of transformative power in aesthetic experiences and their role in medical education, current research does not explore the diverse pedagogical approaches and techniques used in this context. A more detailed investigation into the various methods employed to integrate aesthetics into medical education would provide valuable insights into effective teaching strategies and potential areas for improvement may also be needed.

This study sought to explore the various dimensions of aesthetic education, delving into its theoretical foundations and practical applications in educational settings. Through a comparative analysis of aesthetic education in China and other global contexts, we aim to unravel cultural nuances and unique approaches shaping the aesthetic learning experience. By drawing on historical texts, educational policies, and contemporary scholarship, this study aspired to contribute to a deeper understanding of the evolving role of aesthetic education in shaping individuals and societies, with a specific focus on the Chinese educational landscape.

Statement of the Problem: This study investigated the construction and practice of the aesthetic education curriculum system on the efficacy of medical students in Yichun University. Specifically, answers to the following questions were sought:

- Is there a significant difference in the assessment of medical student respondents of the efficiency of the current aesthetic education curriculum system in schools when their profile is taken as test factors?
- Is there a significant relationship between the quality and overall efficacy of the current aesthetic education curriculum system in schools for medical students?
- Based on the results of this research, what model or framework may be recommended for the further development of aesthetic education curriculum systems in schools?

Significance of the Study

This research is helpful to the following:

Medical students: This study helps to improve the comprehensive quality of medical students and cultivate high-quality "new medical" talents. The construction of new medical science advocates the construction of a new medical system structure with interdisciplinary integration. The construction of a large aesthetic education curriculum system helps aesthetic education take root in the medical curriculum for normal and effective implementation, improves the due status of aesthetic education in medical education, and optimizes the existing medical education curriculum system.

Medical colleges and universities: This study provides a template for the innovation of aesthetic education in medical colleges and universities. At present, there are many problems in medical colleges and universities, such as the lack of aesthetic education courses. The study sought to analyze the effectiveness of the curriculum system through practical application and effect evaluation, providing a reference scheme for medical colleges to carry out aesthetic education work and build a large aesthetic education curriculum system.

Teachers: This study provides a unique opportunity for educators to gain insights into the strengths and weaknesses of the existing curriculum, enabling them to refine teaching strategies and enhance the educational experience for medical students. By understanding the specific needs and preferences of students, teachers can tailor their approaches, fostering a more student-centered learning environment. Additionally, the study offers the chance for teachers to explore interdisciplinary collaboration, identify areas for professional development, and advocate for institutional changes that can positively impact the holistic development and well-being of medical students.

Curriculum developers: This investigation provides a nuanced understanding of the strengths and weaknesses within the aesthetic education curriculum for medical students. The findings serve as a

guide for refining and enriching the curriculum, ensuring its alignment with the distinctive demands of medical education and its effective contribution to students' overall efficacy. This study offers an opportunity for curriculum developers to tailor aesthetic education specifically to the context of medical training, integrate interdisciplinary elements more effectively, establish quality assurance measures, explore innovative pedagogical approaches, and address the professional development needs of educators.

People and Society: From the perspective of social development, aesthetic education is an important means to promote social harmony, enrich the spiritual civilization of human society, and rebuild national cultural confidence.

Future Researchers: The process and results of this study may be helpful as a basis for future researchers who wish to conduct a similar study on aesthetic education.

Scope and Delimitation of the Study: This study focused on the views of medical students in a public university on the quality and efficacy of the teaching practice of the medical aesthetic education curriculum system, with the ultimate goal of formulating a model or a framework to further build a better medical aesthetic education curriculum system. This study identified the problems that needed to be solved actively in the construction of the medical aesthetic education curriculum system and evaluated the quality and efficacy of the overall efficacy of the current aesthetic education curriculum system. The subjects of this study were undergraduate students majoring in medicine in Yichun University. It was conducted during the first semester of School Year 2023–2024.

Theoretical Framework: This study is anchored on the following theories and concepts:

Maxine Greene's Theory of Wide Awakeness and Aesthetic Education (2001). Wide-awakeness is a concept that Greene drew from phenomenologist Alfred Schutz and poet Henry David Thoreau, which describes a degree of consciousness necessary for actors to critically and deliberately make choices and have an impact on the world. Wide-awakeness assumes that an individual who actively perceives as they experience the world would be equipped to pose meaningful questions and potentially to enact change. Heritage of this concept is also drawn to Paulo Freire's conscientization and John Dewey's extraordinary experiences.

John Dewey's Aesthetic Experiences. Anticipating the naturalism of Art as Experience, Dewey argues that there is no essential gap between aesthetic experience and other forms of experience. The function of the fine arts is not to provide an escape from ordinary life. Rather, it is the enhancement of qualities that make ordinary experiences appealing. The arts are the main means of achieving "an intensified, enhanced appreciation" (DE: 246). Their purpose, beyond being enjoyable, is that they fix taste, reveal depth of meaning in otherwise mediocre experiences, and concentrate and focus elements of what is considered good. In the end the fine arts are "not luxuries of education, but emphatic expressions of that which makes any education worthwhile."

Applying the aforementioned theories to the focus of this study, it can be inferred that both significantly enrich the theoretical framework with which the researcher is working with. Greene's wide-awakeness concept, a product of phenomenologist Alfred Schutz's philosophy and poet Henry David Thoreau's vision, posits that a heightened state of consciousness is pivotal for individuals to critically engage with the world, ask meaningful questions, and effect transformative change. This aligns seamlessly with Dewey's philosophy, particularly his rejection of an essential gap between aesthetic and ordinary experiences, emphasizing the idea that the fine arts are not an escape from everyday life but a means to intensify and enhance the qualities that make ordinary experiences inherently appealing. Within the medical education context, the synthesis of these theories highlights the imperative of cultivating a curriculum that moves beyond routine

practices. It advocates for classrooms that actively engage with immediate social circumstances, embracing the uniqueness of the medical learning space. Greene's call for such classrooms resonates with Dewey's emphasis on aesthetic experiences as integral expressions of what makes any education worthwhile. By applying these foundational theories, the thesis seeks to evaluate how well the aesthetic education curriculum aligns with the principles of wide-awakeness and Dewey's vision of aesthetic experiences, ensuring that it contributes meaningfully to the efficacy of future healthcare professionals.

Methodology

This chapter discusses the following research local and design, the subjects, the research instrument, the data collection process, and the statistical data analysis used.

Research Locale: Established in the vibrant city of Yichun in Jiangxi Province, China, Yichun University (YU) heralds its origins back to the turn of the century, juxtaposing its modern identity against the historical backdrop of a region steeped in Confucianism and classical learning. The university, which took its current form in January 2000 with the amalgamation of Yichun Teachers College, Yichun Medicine College, and Yichun Agriculture College, boasts a captivating campus situated at the foothills of a mountain and along the banks of a river. This serene setting provides an idyllic backdrop for academic pursuits. Academically, YU comprises 11 faculties, ranging from the humanities and sciences to medicine, business, law, and vocational and technical education. The institution's motto, "Creativity, Development, and Reform," encapsulates its commitment to fostering innovation and responding dynamically to the evolving needs of education and society.

Sample and Sampling Technique: The researcher used purposive sampling to select 100 students and 20 faculty members as participants. The purposeful selection of an informant based on their traits is known as judgment sampling, with the researcher selecting respondents based on certain criteria. Students, specifically, had to be currently enrolled in YU, taking up medicine, and have taken aesthetic education courses. On the other hand, the teachers must be faculty members engaged in the theoretical teaching or practical teaching of aesthetic education for medical students and have participated in the setting and teaching reform of aesthetic education curriculum.

Data Gathering Procedure: The researcher asked the school administration for permission to perform the study. Invitations to participate in the study were forwarded to students and instructors after clearance was granted. Before being requested to participate, the participants were required to complete consent papers. Data collection for the survey and interviews took place at around the same time. While interviews were conducted via online video conferencing, surveys were conducted using online survey questionnaires. The procedure was recorded, and the interviews were conducted in Mandarin. It was translated into English and transcribed. Member checking were used by the researcher to guarantee the reliability of the data. When all questionnaires were completed by the respondents, totaled, and documented, the data was sent to a statistician for data analysis in accordance with the predetermined goals.

Statistical Analysis: The data was statistically evaluated so that the researcher could quickly and simply examine and comprehend the findings. In realizing the purpose of this study, the following statistical tools were used via the Statistical Package for the Social Sciences (SPSS) software:

Weighted Mean: This refers to the average sum of set values found by adding all values and dividing by the total number of values (Nieswiadomy, 2007). This was used to assess the quality of the current aesthetic learning curriculum.

Standard Deviation: It is a measurement that indicates the average deviation or variation of all the values in a set of values from the mean value of those data. It is the most widely used measure of variability when interval data is obtained. This was used as a requirement for the other statistical measures used in this study.

Analysis of Variance: This test was used in determining the significant differences in the assessment of the quality of aesthetic learning curriculum when they are grouped by age, sex, major, and length of learning experience in medical aesthetic education courses.

Pearson's Product Moment of Correlation: This test was used to determine the relationship that exists between the assessment of the quality and overall efficacy of the current aesthetic learning curriculum.

RESULTS AND ANALYSIS

The following section presents the results and discussion of the study, offering insights into the perceived effectiveness and areas of improvement in the aesthetic education curriculum based on the feedback and assessments of medical students. Table 1 presents the evaluation of how effectively the aesthetic education curriculum enhances students' abilities in understanding and applying aesthetic concepts. The students' comprehension of the curriculum's objectives in finding, creating, and enhancing beauty has a mean score of 3.08 and an SD of 0.74, ranking fifth. This indicates that, while students find the curriculum effective, there may be aspects of the program's goals that could be clarified or emphasized more strongly. Practical sessions during classroom setups, rated as the second most effective with a mean score of 3.12 and an SD of 0.54. This reflects the curriculum's strength in providing hands-on experience, which is vital in aesthetic education. The clear explanation of theoretical aspects of aesthetic activities during class discussions, with a mean of 3.03 and an SD of 0.67, ranks sixth. This suggests that while the curriculum is effective in delivering theoretical knowledge, it is perceived as the least effective among the listed indicators. The students' growing appreciation for beauty, tied at fifth with a mean score of 3.08 and an SD of 0.74, implies that the curriculum is successful in enhancing students' aesthetic sensibilities as part of their educational experience. The consistent monitoring and updating of students' aesthetic development by teachers, with a mean score of 3.10 and an SD of 0.53, shares the third rank, indicating an effective approach to personalized learning and progress tracking.

Confidence in performing aesthetic enhancement activities upon graduation also has a mean score of 3.10, but with an SD of 0.60. This level of confidence speaks to the curriculum's efficacy in preparing students for practical applications in their future careers. The strongest indicator, with the highest mean score of 3.45 and an SD of 0.78, is the conviction in the need to find and create beauty, ranked first. This reflects a strong endorsement of the curriculum's ability to instill an understanding of the importance of aesthetics in the medical field. In summary, the overall efficacy of the curriculum in fostering aesthetic ability, with a mean score of 3.14 and an SD of 0.66, is not ranked but is interpreted as "Effective." Table 2 offers insight into students' perceptions of the academic efficacy of their aesthetic education curriculum. The encouragement from teachers, which inspires students to study more, has a mean score of 3.25 and an SD of 0.65, ranked third. This suggests that teacher support is a significant motivating factor in students' academic efforts and is effectively fostering a study-driven environment. Teachers serving as role models for the better creation and enhancement of aesthetic activities are seen as the most effective aspect, with the highest mean score of 3.44 and an SD of 0.68, ranks first. This indicates that teachers are successfully imparting not just knowledge, but also serving as influential examples for students to emulate. The improvement of grades as a direct result of class learning has a mean score of 3.32 and an SD of 0.55, ranks second. This implies that the curriculum is effective in enhancing students' academic performance.

Table 1. Assessment of the efficacy of aesthetic education curriculum – aesthetic efficacy

Indicators	Mean	SD	Rank	Interpretation
I fully understand the underlying objective of finding, creating and enhancing beauty in general.	3.08	0.74	5	Effective
My teachers let us do practical sessions during classroom setups.	3.12	0.54	2	Effective
Theoretical parts of aesthetic activities, and their benefits are well-explained during class discussions.	3.03	0.67	6	Effective
My appreciation for beauty is enhanced day by day because of my current aesthetic education class.	3.08	0.74	5	Effective
My aesthetic development is consistently checked and updated by the teacher.	3.10	0.53	3	Effective
I am confident that I can perform the aesthetic enhancement activities and procedures when I shall have graduated.	3.10	0.60	3	Effective
I am convinced that there is a need to find and create beauty.	3.45	0.78	1	Effective
Aesthetic Ability Efficacy	3.14	0.66	-	Effective

Scale: 1–1.50: Not Effective; 1.51–2.50: Slightly Effective; 2.51–3.50: Effective; 3.51–4.00: Very Effective

Table 2. Assessment of efficacy of aesthetic education curriculum – academic efficacy

Indicators	Mean	SD	Rank	Interpretation
The encouragement I get from my teachers inspire me to study more.	3.25	0.65	3	Effective
My teachers become my role model to be better in creating and enhancing aesthetic activities.	3.44	0.68	1	Effective
My grade is constantly improving as I am learning in class.	3.32	0.55	2	Effective
I am inspired to learn more and do research about the lessons we have in class.	3.22	0.63	5	Effective
The aesthetic activities and better lifestyle allow me to study better and get higher grades.	3.15	0.54	6	Effective
The integration of the theories and techniques that I have learned in class makes me more competent in doing aesthetic enhancement activities.	3.24	0.73	4	Effective
I am constantly in awe to realize how much I have learned since I first joined the class/ medical aesthetic program.	3.11	0.76	7	Effective
Academic Efficacy	3.25	0.65	-	Effective

Scale: 1–1.50: Not Effective; 1.51–2.50: Slightly Effective; 2.51–3.50: Effective; 3.51–4.00: Very Effective

Table 3. Assessment of efficacy of aesthetic education curriculum – mental-emotional efficacy

Indicators	Mean	SD	Rank	Interpretation
My classes make me appreciate what I have and people around me.	3.68	0.59	1	Very Effective
The lessons and activities in my class do not stress me out; rather they motivate me to learn more so I can become effective in medical aesthetics in the future.	3.17	0.61	5	Effective
Realizing the many forms of beauty, I am grateful and happy with the way I look.	3.22	0.74	4	Effective
The course enlightens me of my capabilities and make me care for myself through a healthy lifestyle and perspective.	3.13	0.80	6	Effective
The lessons I have in classes can be applied in life so I am more excited to participate and learn more.	3.56	0.73	2	Very Effective
I feel and act beautiful/handsome.	3.45	0.53	3	Effective
I am more confident as a person and I couldn't wait to share my learnings so I can help others.	3.09	0.70	7	Effective
Mental-Emotional Efficacy	3.33	0.67	-	Effective

Scale: 1–1.50: Not Effective; 1.51–2.50: Slightly Effective; 2.51–3.50: Effective; 3.51–4.00: Very Effective

Table 4. Level of efficacy of aesthetic education

Domains	Mean	SD	Rank	Interpretation
Aesthetic Ability Efficacy	3.14	0.66	3	Effective
Academic Efficacy	3.25	0.65	2	Effective
Mental-Emotional Efficacy	3.33	0.67	1	Effective
Efficacy	3.24	0.66	-	Effective

Scale: 1–1.50: Not Effective; 1.51–2.50: Slightly Effective; 2.51–3.50: Effective; 3.51–4.00: Very Effective

Table 5. Differences in the level of efficacy of aesthetic education based on demographic profile

Profile	Mean	SD	Stat. Value	P-Value	Interpretation/ Decision
Age					
Below 18 years old	3.22	0.67	F= 0.06	0.88	Not significant/ Accept H ₀
18–21 years old	3.23	0.60			
22–24 years old	3.24	0.69			
Above 25 years old	3.22	0.61			
Sex					
Male	3.21	0.69	t= -0.73	0.29	Not significant/ Accept H ₀
Female	3.24	0.67			
Major					
Clinical medicine	3.24	0.68	F= 0.19	0.74	Not significant/ Accept H ₀
Aesthetic medicine	3.27	0.67			
Anesthesia medicine	3.25	0.67			
Other medical major	3.25	0.64			
Length of Learning Experience					
One year or less	3.22	0.68	F= 0.24	0.79	Not significant/ Accept H ₀
Two years	3.26	0.60			
Three years or more	3.22	0.66			

Table 6. Relationship between Quality and Efficacy of Aesthetic Education Curriculum

Pearson r Coefficient	P-Value	Decision/ Interpretation
0.73 (strong, positive)	0.000	Reject H0 /Significant

Inspiration to learn more and engage in research about class lessons is rated with a mean of 3.22 and an SD of 0.63. While still deemed effective, this shows that there could be more potential to ignite academic curiosity among students. The impact of aesthetic activities and lifestyle on study habits and grades is given a mean score of 3.15 and an SD of 0.54, ranks sixth.

This suggests that while the curriculum contributes to better study habits and academic performance, it may not be the most influential factor. The integration of theories and techniques from the classroom, which enhances competence in performing aesthetic enhancement activities, has a mean of 3.24 and an SD of 0.73, ranking fourth. This indicates an effective translation of academic learning into practical skills. The realization of the extent of learning since joining the class or program has a mean score of 3.11 and an SD of 0.76 and ranks seventh. Despite being the lowest rank, it still reflects an overall effectiveness of the curriculum in imparting knowledge. Overall, the curriculum's academic efficacy is rated with a mean of 3.25 and an SD of 0.65, without a specific rank, but interpreted as "Effective." Table 3 provides an analysis of the impact of the aesthetic education curriculum on students' mental and emotional well-being. The top-ranked indicator, with a mean score of 3.68 and an SD of 0.59, is the students' appreciation for their possessions and the people around them, as a result of their classes. It indicates that the curriculum has a strong positive impact on students' gratitude and appreciation, which are crucial components of mental-emotional well-being.

The curriculum's ability to motivate students without causing stress, and instead fostering a desire to learn and become effective in medical aesthetics, has a mean score of 3.17 and an SD of 0.61. This suggests that the curriculum is generally successful in promoting a positive learning environment, although there may be room for improvement in minimizing stress. Students' satisfaction and happiness with their appearance, inspired by the realization of the many forms of beauty, is rated with a mean score of 3.22 and an SD of 0.74. This reflects an effective curriculum that promotes self-acceptance and gratitude. The curriculum's contribution to students' self-awareness and care for themselves through a healthy lifestyle has a mean score of 3.13 and an SD of 0.80.

While still considered "Effective," it indicates that the program could potentially enhance its role in encouraging personal well-being. The practical application of classroom lessons to life, which excites students to participate and learn has a mean score of 3.56 and an SD of 0.73. This indicates a high level of engagement and enthusiasm generated by the curriculum. Feeling and acting beautiful or handsome, which has a mean score of 3.45 and an SD of 0.53, points to the curriculum's efficacy in enhancing students' self-esteem and self-perception. Confidence as a person and eagerness to share learnings to help others is the least ranked indicator with a mean score of 3.09 and an SD of 0.70. Although labeled "Effective," this area could be further strengthened to boost students' confidence and altruistic motivations. Overall, the Mental-Emotional Efficacy of the curriculum, with a mean score of 3.33 and an SD of 0.67, is not assigned a specific rank but is interpreted as "Effective." Table 4 consolidates the effectiveness of the aesthetic education curriculum across three key domains: aesthetic ability efficacy, academic efficacy, and mental-emotional efficacy. These domains are essential to the holistic development of students in an aesthetic education program. The aesthetic ability efficacy, which pertains to the students' capacity to understand and apply aesthetic concepts, has a mean score of 3.14 and an SD of 0.66. This "Effective" rating suggests that the curriculum is successfully equipping students with aesthetic skills, though it is the least effective of the three domains.

Academic efficacy, reflecting the curriculum's impact on students' academic performance and motivation, scores a mean of 3.25 with an SD of 0.65. This indicates that the curriculum is slightly more effective in academic aspects compared to aesthetic ability, contributing positively to students' academic growth. Mental-emotional efficacy is rated the highest with a mean score of 3.33 and an SD of 0.67. This domain highlights the significant impact the curriculum has on students' mental and emotional health.

The composite measure of efficacy across all domains is 3.24 with an SD of 0.66, and while it is not ranked individually, it is labeled "Effective." This overarching efficacy rating indicates that overall, the aesthetic education curriculum is effectively promoting a well-rounded educational experience that encompasses skill development, academic achievement, and mental-emotional well-being. Table 5 evaluates whether demographic factors such as age, sex, major, and length of learning experience have a statistically significant effect on the perceived efficacy of an aesthetic education curriculum. Starting with age, the mean scores are tightly clustered, with the youngest group (below 18 years old) and the oldest group (above 25 years old) both having a mean of 3.22, and the 18–21 and 22–24 years-old groups scoring slightly higher at 3.23 and 3.24, respectively. The standard deviations are similar across these age groups, suggesting consistency in responses. The F-value is reported as 0.06 with a p-value of 0.88, which is above the typical threshold for statistical significance, leading to the acceptance of the null hypothesis (H0) that age does not significantly affect the perceived efficacy of the education received. Regarding sex, males have a mean efficacy score of 3.21 with a standard deviation of 0.69, and females have a mean of 3.24 with a standard deviation of 0.67. The t-test yields a value of -0.73 and a p-value of 0.29, which is not statistically significant. Therefore, the null hypothesis that there is no difference in perceived efficacy between male and female students is accepted.

In the comparison across majors, the mean scores are again close, ranging from 3.24 to 3.27, with standard deviations between 0.64 and 0.68. The F-value here is 0.19 with a p-value of 0.74, indicating no significant difference in the perceived efficacy of the curriculum among students of different medical majors, leading to the acceptance of the null hypothesis. Lastly, the length of learning experience is assessed with mean scores of 3.22 for those with one year or less, 3.26 for those with two years, and 3.22 for those with three years or more. The F-value for this group is 0.24 with a p-value of 0.79, which does not suggest a significant difference based on how long the students have been participating in the program. Overall, the statistical analysis indicates that the perceived efficacy of the aesthetic education curriculum is not significantly affected by the demographic variables of age, sex, major, or length of learning experience. This suggests that the program is uniformly effective across different demographic profiles.

Table 6 presents the results of a statistical analysis using Pearson's r correlation coefficient to determine the strength and direction of the relationship between the perceived quality and efficacy of an aesthetic education curriculum. The Pearson r coefficient is reported as 0.73, which indicates a strong, positive relationship between the two variables. This means that as the perceived quality of the aesthetic education curriculum increases, so does its perceived efficacy. The value is significant enough to suggest a meaningful and robust correlation. Based on these results, it can be concluded that there is no relationship between quality and efficacy. The interpretation of the findings is that there is a significant and positive relationship between the quality and efficacy of the aesthetic education curriculum, reinforcing the idea that higher-quality education is likely to be more effective.

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