

Exploring the Practice of Labor Education for Medical Students Based on the Construction of student professional organizations from the Perspective of Mental Health

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Abstract: Objective: Medical students face high-intensity academic and employment pressure, and are a high incidence group of psychological problems. This research aims to explore an effective path to deeply integrate labor education and mental health education with student professional organizations the carrier, and provide practical reference for the talent training of medical schools. **Methods:** Adopt the literature research method to systematically sort out the theoretical basis of labor education and mental health education, analyze the actual dilemma of the student professional organizations, and combine experiential learning theory, communities of practice theory, self-efficacy theory, and self-determination theory to build an implementation framework of "promoting mental health through labor education". **Results:** At present, there are three dilemmas in the construction of student professional organizations in medical schools: insufficient value guidance, lack of resource integration, and narrow coverage, which restricts the performance of its psychological education function. Based on this, this study has built an implementation path of organically integrating positive psychological quality cultivation into community labor education from the three levels of whole-process guidance, all-round support and full participation. **Conclusion:** The organic combination of labor education and mental health education through the hub of student professional organizations can effectively improve the psychological resilience and professional adaptability of medical students, and provide an operable practical paradigm for medical schools to explore a new model of talent training under the background of the "integration of five educations".

Keywords: Labor Education; Mental Health; Student Professional Organizations.

1. Introduction

In March 2020, the Central Committee of the Communist Party of China and the State Council issued the Opinions on Comprehensively Strengthening Labor Education in universities, middle and primary schools in the New Era, which promoted labor education to an important part of the socialist education system with Chinese characteristics, and clearly required that labor education be integrated into the whole process of talent cultivation, running through all sections of universities, middle and primary schools, and through the family. , all aspects of school and society [1]. In April 2023, the Ministry of Education and other 17 departments jointly issued the Special Action Plan for Comprehensively Strengthening and Improving Students' Mental Health Work in the New Era (2023-2025), further advocating "promoting mental health through labor education" and requiring students to temper their willpower and cultivate a sound personality through hands-on practice and hard work [2]. This series of policy documents has pointed out the direction for the integrated development of labor education and mental health education in colleges and universities in the new era.

As a reserve talent for the national medical and health industry, medical students have a long training cycle, heavy coursework burden and a large knowledge system. They are under significant pressure in interpersonal relationships, postgraduate entrance examination and further study, career development, etc. According to the relevant survey, 58.6% of

medical students are prone to psychological problems due to the difficulty of professional courses and strict skill assessment standards, and 42.3% of students are confused about career development [3]. Compared with general labor education, the labor education of medical students must take into account the dual goals of professional skills and psychological resilience cultivation. This characteristic determines that medical schools need to explore a labor education carrier that can not only consolidate professional ability but also provide psychological support in real service situations.

As the core carrier of the second classroom of medical schools, the activities of student professional organizations naturally have professional practice and collective collaboration. Studies have confirmed that service learning and student associations have a positive effect on the formation of professional identity of medical students [4-6], but the study of systematically examining the internal role mechanism of student professional organizations from the perspective of mental health is still insufficient. Based on this, this article aims to explore how to integrate the care goal of mental health into the whole process of labor education with professional associations, build an implementation path of deep integration of the two, and provide new ideas and methods for the talent training of medical schools.

2. Theoretical Foundations and Logical Alignment

2.1. The Mental Health Promotion Mechanism of Labor Education

The role of labor education in promoting mental health has been widely supported by theoretical and empirical research. From a psychological perspective, labor is an embodied practical activity that can promote individuals' mental health development through three dimensions: bodily activation, relationship building, and meaning generation [7]. In purposeful and structured labor practice, individuals can gain a sense of control and confirm self-worth, thus effectively alleviating anxiety and powerlessness caused by academic pressure.

Empirical research has demonstrated that students who frequently participate in professional practice labor and public service labor score significantly lower on the Self-Rating Anxiety Scale and Self-Rating Depression Scale than students who do not ($P < 0.05$), and their professional identity scores are 23.6% higher, with interpersonal communication satisfaction scores 19.8% higher [8]. Shen's research also confirmed that labor education significantly promotes college students' self-cognition and self-confidence [9]. Ding further pointed out that labor education can achieve positive intervention in college students' mental health through the progressive process of "behavioral activation—emotional regulation—cognitive restructuring—personality shaping" [10]. Chen and Zhang proposed that promoting mental health through labor education represents a new pathway for mental health education for medical students in the new era, in that labor practice can promote mental health through physical participation and meaning construction [11].

2.2. The Distinctiveness of Medical Students and the Necessity of Promoting Mental Health Through Labor Education

The group of medical students has distinct characteristics, and their mental health problems are more prominent. First of all, medical education has the characteristics of long study system, high intensity and high requirements. Students need to master a large amount of professional knowledge and skills in a limited time, and the academic pressure is much higher than that of other students [3]. Secondly, the medical profession has the characteristics of high risk, high responsibility and high pressure. In the process of learning, medical students need to face complex life scenarios such as life, old age, illness and death, which is easy to cause professional burnout and psychological trauma [12].

Traditional mental health education mostly adopts classroom lectures, individual consultation and other forms, which makes it difficult to effectively solve the specific psychological problems encountered by medical students in professional practice. Labor education can provide a realistic carrier for behavioral activation for mental health education, so that students can experience success and grow in real professional practice, so as to improve psychological resilience and professional adaptability [10]. Therefore, it is particularly necessary and important for medical students to promote mental health through labor education.

2.3. The Unique Advantages of student professional organizations as a Hub for Integrating Labor Education and Mental Health Education

As the core carrier of the second classroom of medical schools, student professional organizations have unique advantages in promoting the integration of labor education and mental health education. First of all, the activities of student professional organizations are professional and practical, which can organically combine labor education with professional learning, thereby avoiding the disconnection between labor education and professional education [13]. Secondly, the activities of student professional organizations have collective cooperation, which can provide students with a good interpersonal interaction environment and help students establish a sense of belonging and social support network.

Kolb's experiential learning theory posits that effective learning occurs through a cycle of "concrete experience—reflective observation—abstract conceptualization—active experimentation," and the professional labor practice within student professional organizations provides students with immersive concrete experiences [14]. Wenger's communities of practice theory further reveals that students can progressively construct their professional identity from novice to quasi-professional within authentic communities of practice, and the social learning occurring in this process plays an irreplaceable role in developing professional competence and psychological resilience [15]. When participating in organization-based labor centered on professional service, students not only consolidate professional skills but also derive a sense of meaning and belonging in authentic helping contexts [16].

3. Practical Challenges

At present, the construction of student professional organizations in medical schools faces three real dilemmas in promoting the integration of labor education and mental health education. These dilemmas are intertwined and jointly restrict the effective performance of the psychological education function of these organizations.

3.1. Insufficient Value Guidance: Utilitarian Participation Weakens the Intrinsic Educational Value of Labor

The root of the dilemma of value guidance lies in the influence of utilitarian motivation and the lack of guiding role. On the one hand, the main purpose of some students' participation in organization activities is to obtain comprehensive quality credits, enrich the content of resumes or obtain the qualification of merit and evaluation. This utilitarian motivation to participate weakens the educational value inherent in labor [17]. Students tend to pay more attention to the form and results of activities, neglecting the experience and growth in the process of labor, and it is difficult to get a real sense of accomplishment and meaning from labor.

On the other hand, the absence of guidance teachers has not effectively played the function of psychological education. The instructors of many student professional organizations only participate symbolically in the stage of activity approval and summary, and lack in-depth guidance on the whole

process of activities [18]. Especially when students encounter setbacks and have negative emotions, the lack of timely psychological intervention and guidance leads to the inability to effectively transform negative experiences in the labor process, and may even have a negative impact on students' mental health. The research of Demak and others proves the need to guide teachers to intervene from the opposite side: if there is no effective guidance from educators in the student organization, may lead the organizational culture toward a hierarchical atmosphere, which is not conducive to the healthy growth of students [4].

3.2. Inadequate Resource Integration: Activities are Limited to Campus Simulation Drills

The dilemma of resource integration stems from the lack of structural linkage mechanism inside and outside the school. At present, the activities of many student professional organizations of medical schools are still limited to the campus, mainly in the form of simulation drills, knowledge competitions, lecture forums, etc., and there is a lack of opportunities to carry out professional labor in real service scenarios [16]. Although campus simulation activities can improve students' professional skills to a certain extent, they cannot provide real interpersonal interaction experience and problem-solving situations. It is difficult for students to obtain direct successful experience from them, and the effect of improving self-efficacy is limited [19].

In addition, the connection between organization activities and the first classroom is not close enough, and it is difficult for the results of labor education to be effectively recognized. Many schools have not yet integrated organization-based professional service into their talent cultivation programs; the time and energy students invest in organization-based labor cannot be recognized through corresponding academic credits, which to some extent dampens students' participation motivation [20].

3.3. Narrow Coverage: Psychological Benefits are Difficult to Benefit Most Students

The challenge of coverage stems from narrow participation channels and rigid member roles. On the one hand, the core members of the professional organization usually only account for a small part of the total number of students. Most students can only be spectators or temporary participants, and it is difficult to participate in organization activities in depth [21]. On the other hand, there is often an obvious role differentiation within the organization. A few backbone members undertake most of the work, while ordinary members are in a state of passive participation and lack the opportunity to exercise their subjectivity.

This situation of a minority participating while the majority observe watching makes it difficult for positive psychological benefits such as collective belonging and labor honor to benefit the majority of students. At the same time, due to the lack of an effective communication mechanism, the influence of organization activities is limited to internal members and fails to form a good atmosphere of labor education throughout the school.

4. Implementation Path

In response to the above difficulties, this article proposes to organically integrate the cultivation of positive psychological

qualities into the implementation path of student professional organizations education from the three levels of whole-process guidance, all-round support and full participation.

The three paths respectively target the emergence, strengthening, and broader reach of the psychological education function within labor, collectively oriented toward elevating the mental health promotion value of organization-based labor from a spontaneous state to conscious design.

4.1. Strengthening Value Guidance: Realizing the Psychological Education Function Through Whole-Process Immersion

The core of value guidance is to solve the problem of "why we labor". It is necessary to deeply integrate psychological care into the whole process of labor practice through an institutionalized guidance mechanism.

First, embedding faculty advisors to establish a psychological support mechanism to guide teachers to participate in the whole process. Implement the normalization system for professional teachers and counselors to enter the organization, and clarify the frequency requirements for guiding teachers to participate in professional service labor every semester [18]. Set up psychological attention links at the key nodes of labor practice: carry out task decomposition and pressure expectations before the activity is carried out to help students set reasonable work goals; intervene in time when frustrated in the service process, guide students to reconstruct failure cognition into learning opportunities, and understand failure as a signal of ability improvement; after the activity, the group Weaving reflective sharing transforms fragmented negative experiences into structured growth experiences. If necessary, short-term psychological counseling skills training can be carried out for instructors to improve their emotional awareness and cognitive guidance ability. This design transforms psychological care from occasional personal behavior to an institutionalized fixed process, so that every setback in the labor process becomes a training opportunity for psychological resilience.

Second, establishing a visible and imitable mechanism for transmitting positive values through role model demonstrations. Every semester, individuals or teams with outstanding performance in professional service labor are selected, and their growth stories are produced into pictures or short videos, and released regularly through the organization's official account, campus publicity column and other channels. When new members join the organization, arrange excellent members to serve as peer guides, demonstrate professional operations on the spot in daily activities, and convey a positive attitude with their own words and deeds. According to Bandura's social learning theory, individuals acquire attitudes and behavioral patterns by observing the actions of role models and the consequences thereof [19]. This way of "people around them talking about things" enables new members to intuitively perceive alternative experiences, thus stimulating internal labor motivation and value recognition.

4.2. Deepening Resource Integration: Building a Platform for Psychological Education with All-Around Support

The core of resource integration lies in addressing the question of "where we labor." Students should be enabled to gain direct successful experiences through solving authentic

problems and to continuously enhance their self-efficacy through progressive learning practice.

First, establishing campus–community partnerships to enhance self-efficacy through successful experiences in authentic settings. Sign long-term cooperation agreements with affiliated hospitals, community health service centers, elderly care institutions, primary and secondary schools, and other organizations to establish stable off-campus labor education bases [22–23]. Each semester, jointly formulate organization professional service plans with clearly defined service roles, frequency, and supervisory arrangements. Integrate professional labor such as hospital guide volunteering, health knowledge dissemination, medical science popularization, chronic disease management, and hospice care into the service menu, with healthcare professionals from partner institutions and organization faculty advisors jointly providing on-site guidance. Students receive systematic task training before service, real-time feedback and guidance during service, and complete reflective documentation and summary reports after service. Service labor in real situations allows students to directly perceive the improvement of professional ability in the process of solving practical problems and obtain real feedback from the service object. According to Bandura’s self-efficacy theory, such direct successful experience is the most effective pathway for enhancing self-efficacy [19]; The ability recognition obtained by students in the process will effectively hedge the sense of self-negation brought about by academic pressure.

The second is the extension of the classroom to cultivate the sense of self-efficacy through systematic practice. Integrate organization professional services into the talent training plan and organically connect with the first classroom. Students can apply for corresponding credits according to the regulations by incorporating the results of student professional organizations such as medical guidance services, health science popularization, organization practice and student professional organizations modules such as internship and summer social practice [20]. Construct a progressive practice pathway of “cognitive learning—simulated training—authentic service delivery”: the first year is mainly professional cognitive education and on-campus simulation training, and students’ professional interests and basic labor skills are cultivated through visits to hospitals, first aid skills training and other activities; the second year involves participation in community health services organized by the student professional organizations, carry out basic professional services such as health propaganda and blood pressure measurement; the third year and above involves in-depth professional service through placements at affiliated practice sites, such as chronic disease management, rehabilitation guidance, and hospice care. The three form a complete chain from shallow to deep, so that labor education rises from fragmented activities to systematic practice throughout the whole process of cultivation, and the sense of self-efficacy is also constantly consolidated and internalized in this continuous process.

4.3. Broadening Coverage: Realizing the Psychological Education Effectiveness of Full Participation

The core of full participation lies in addressing the question of “who labors.” We should expand the boundaries of participation through digital technology, activate the subject

consciousness through empowerment, and make the psychological benefits of student professional organizations benefit more students.

First, leveraging digital empowerment to build emotional connections through shareable collective memory [21]. Every semester, produce documentary short films or member growth stories for the key service projects of the organization, and regularly push them through the campus new media platform, so that students who do not participate in the activity can also intuitively perceive the process and results of the organization’s labor. Establish an online organization, encourage members to share their feelings and gains in the service process, and form a continuous peer interaction atmosphere. For core participants, the digital dissemination of results enhances the sense of labor honor; for students who do not participate in the organization, seeing the real growth experience of their peers can establish an emotional connection with the organization at the cognitive level and lay the foundation for their subsequent participation in organization activities.

Second, implementing empowerment to satisfy basic psychological needs through agentic practice. At the beginning of each semester, solicit service project proposals from all members during the design of professional service programs, and determine key priorities and role assignments through collective discussion. During the implementation phase, establish a rotating leadership system whereby different members take turns assuming responsibilities such as activity coordination, resource management, and outcome documentation. According to self-determination theory, human beings have three basic psychological needs—autonomy, competence, and relatedness—and when these needs are satisfied, individuals demonstrate stronger intrinsic motivation and psychological well-being [24]; this mechanism has also received empirical support among medical student populations [25]. Students’ participation in project decision-making satisfies the need for autonomy, applying their knowledge and receiving feedback during service satisfies the need for competence, and forming connections with peers and service recipients satisfies the need for relatedness[26]. It is this positive psychological effect that promotes the transformation of students from passive participants to active co-builders.

5. Discussion

The present study systematically explored the practical pathways for medical students’ labor education based on student professional organizations development from the perspective of mental health. Compared with existing research, the innovations of this study are as follows. First, it proactively integrates the objectives of mental health education into the entire labor education process, constructing a theoretical framework for “promoting mental health through labor education.” Second, it identifies the unique advantages of student professional organizations as a hub for integrating labor education and mental health education and proposes a replicable and scalable implementation pathway. Third, it systematically designs specific strategies for psychological education from the three dimensions of whole-process, all-around, and full participation, elevating the mental health promotion value of labor education from a spontaneous state to intentional design.

The practical significance of this study is that it provides specific guidance for medical schools to carry out the

integration of labor education and mental health education. Through the carrier of professional organization, it can effectively solve the problems of disconnection between traditional labor education and professional education, mental health education and practice, and realize the educational goal of “growing in labor and strengthening in practice”. At the same time, the implementation path proposed in this study also provides a reference for the reform of labor education in other types of colleges and universities.

This research also has certain limitations: first, this study mainly adopts the literature research method and lacks the support of empirical data; second, the implementation path proposed by this study has not been tested in practice, and its effectiveness needs to be further verified; finally, this study does not consider different types of organization (e.g., clinical medicine, basic medical sciences, public health). Future research can carry out longitudinal tracking and control experiments to empirically test the specific effect of the model on the mental health of medical students, quantitatively analyze the effects of different paths, and explore the differentiated implementation strategies of different types of professional communities.

6. Conclusion

Labor education and mental health education are both important dimensions of the "integration of five educations", and the two are highly compatible in terms of educational goals and educational mechanisms. Through the organic combination of student professional organizations, it provides an operable practical paradigm for the cultivation of talents in medical schools. This article builds an implementation path from the three levels of whole-process guidance, all-round support and full participation: the whole process guidance focuses on integrating psychological care into every link of labor practice and promoting the occurrence of psychological education functions; all-round support focuses on building a practice platform for in-campus and off-campus linkage to enhance students in real situations. The sense of self-efficacy; the participation of all employees focuses on expanding the boundaries of participation, so that the psychological benefits of student professional organizations can benefit more students.

This study shows that carrying out labor education with student professional organizations as the carrier can effectively improve the psychological resilience and professional adaptability of medical students, and is an effective way to realize “promoting mental health through labor education.” In the future, medical schools should further strengthen the construction of professional associations, improve the institutional guarantee, integrate internal and external resources, promote the deep integration of labor education and mental health education, and cultivate high-quality medical talents with holistic development encompassing moral, intellectual, physical, aesthetic, and labor education.

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