

Training practices for hospice nurse specialists in general hospitals: a scoping review

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Abstract: To conduct a scoping review of hospice nurse specialist training practices in general hospitals at home and abroad, with the aim of providing a reference for the development of hospice nurse specialist training in China. A scoping review research method was used to screen Chinese and English literature published in China Knowledge Network (CNN), Wanfang, Wipro, China Biomedical Literature Database (CBLD), PubMed, Web of Science, Embase, and Cochrane Library databases from the time of database construction to 1 March 2025, and to analyse the included literature. A total of 10 pieces of literature were included, and although some progress has been made in the training model, training content, and training effect in this field, there are still problems such as insufficient standardisation of the content of the training model and imperfect evaluation system. In the future, the training model should be refined according to China's national conditions, the systematicity and relevance of the training content should be strengthened, and a unified assessment standard should be established to promote the improvement of the quality of training for hospice nurse specialists in China.

1. Introduction

With the aging of the global population and the increase in the number of patients with chronic diseases, the demand for hospice care is growing[1,2] Palliative care aims to help patients pass through the last stage of life calmly and comfortably by means of symptom management, psychological support, and spiritual comfort, and has gradually received widespread attention and importance from the society as a healthcare service model that provides all-around care to end-stage patients[3]. As an important provider of medical services, general hospitals bear the important task of providing hospice care for terminal patients. In recent years, China's hospice career has been developing rapidly, and more and more general hospitals are carrying out hospice services, and the enhancement of the professional competence of hospice nurse specialists is particularly important[4]. Specialist nurse (Specialist nurse) refers to the nurses who are qualified by the relevant accreditation agencies in specific nursing specialties, after systematic and professional education and training, with solid theoretical knowledge of nursing, rich clinical practice experience, and superb nursing skills[5,6]. In the field of hospice care, specialist nurses refer to professional nurses who provide a full range of physical, psychological, spiritual, and social support to terminally ill patients[7]. Despite the increasing importance of hospice care, the supply of hospice resources in developing countries

and resource-limited areas is still insufficient, and the practical experience and theories of hospice nurse specialist training are not yet perfect, so there are many problems and challenges[8]. This study provides a scoping review of hospice nurse specialist training practices in general hospitals at home and abroad, aiming to provide theoretical basis and practical guidance for hospice training in China.

2. Information and Methodology

2.1 Inclusion Criteria

Inclusion Criteria: ① The research subjects are practicing nurses engaged in hospice services in general hospitals; ② The research content is hospice nurse specialist training practice or contains specific training programmes; ③ There is no limitation on the type of research design. Exclusion criteria: ① literature not published in Chinese or English; ② non-original research literature such as reviews and conference abstracts; ③ literature for which the full text is not available; ④ literature with incomplete descriptions of the training programme, such as failure to specify the form of training, the length of training, or the lack of evaluation of the effect.

2.2 Search strategy

Adopting the combination of subject words and free words, the systematic search of China Knowledge, Wanfang, Wipro, China Biomedical Literature Database, PubMed, Web of Science, Embase, Cochrane Library 8 Chinese and English databases was carried out, with the time limit of the construction of the database to 1 March 2025. The Chinese search formula was based on the China Knowledge Network as an example: ((“ hospice” OR “hospice care” OR “palliative care”) AND (“specialist nurse” OR “specialist care” OR “specialist training” OR “specialist education”) AND (“training” OR “practice” OR “education” OR “programme”)); the English search formula was based on the PubMed as an example (Box 1):

Box 1 PubMed search formula

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#1 ("Palliative care"[MeSH] OR "hospice care"[MeSH] OR "terminal care"[MeSH] OR "end-of-life care"[MeSH] OR "palliative care"[All Fields] OR "hospice care"[All Fields] OR "terminal care"[All Fields] OR "end-of-life care"[All Fields] OR "palliative nursing"[All Fields] OR "hospice nursing"[All Fields])
#2 ("Education, nursing, continuing"[MeSH] OR "education, nursing, graduate"[MeSH] OR "education, nursing"[MeSH] OR "training"[All Fields] OR "training program"[All Fields] OR "training course"[All Fields] OR "training intervention"[All Fields] OR "training module"[All Fields] OR "training curriculum"[All Fields] OR "training scheme"[All Fields] OR "training plan"[All Fields] OR "training strategy"[All Fields] OR "training model"[All Fields])
#3 ("Nurses"[MeSH] OR "nursing staff"[MeSH] OR "nurse practitioners"[MeSH] OR "nurse"[All Fields] OR "nurses"[All Fields] OR "nursing staff"[All Fields] OR "nurse practitioners"[All Fields] OR "nursing personnel"[All Fields])
#4 #1 AND #2 AND #3
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2.3 Literature screening

EndNote was used to manage literature de-duplication, and literature screening was performed in pairs independently according to the nerf criteria. Two researchers have received professional evidence-based training, researcher A on the title and abstract of the literature initial screening, exclude the literature does not meet the content of the study, researcher B full-text reading through the initial screening of the literature, the implementation of the second screening, to determine the final inclusion of the literature.

2.4 Data extraction

The two researchers independently extracted and checked the information of the included literature, including: country, author, year, study design, study population, training duration, methodology, content and evaluation indicators. In case of disagreement between the two researchers on the inclusion of literature and data extraction, a third researcher will adjudicate.

2.5 Statistical analysis

Excel software was used to extract and enter information for summarisation and qualitative range synthesis of the summarised information.

3. Results

3.1 Literature screening results

The preliminary search yielded a total of 2,875 pieces of literature, and 10 pieces of literature were finally included after screening. The PRISMA screening process is shown in Figure 1.

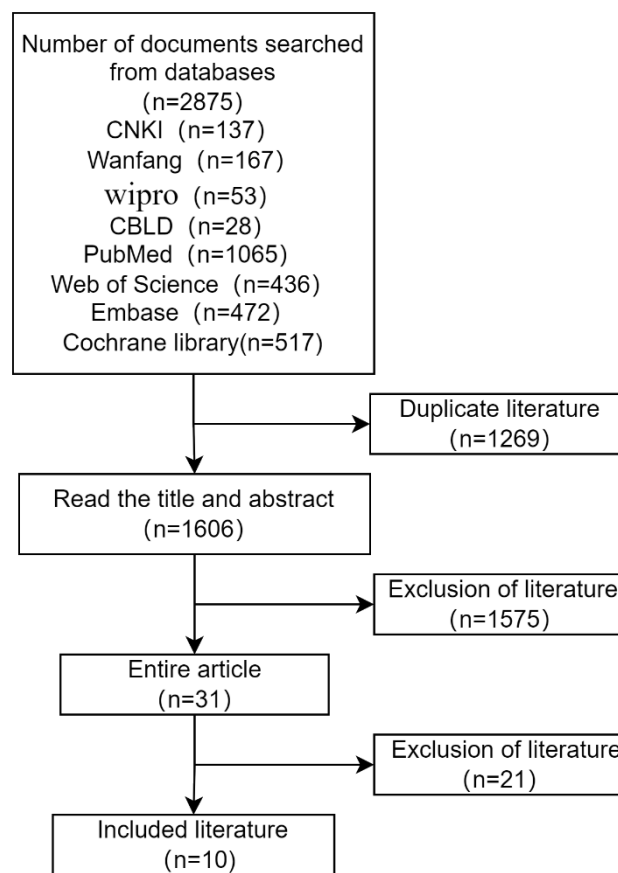


Figure 1 Flowchart of literature screening

3.2 Characteristics of the included literature

Ten pieces of literature were included that were published between 2019-2023, and the study design included quantitative, mixed, qualitative, and cross-sectional surveys. Table 1.

Table 1 Content of included literature

| Author | Country | Year | Design | Population | Duration | Content | indicators |
|-------------------------------------|----------|------|------------------------|---------------------------------|----------|--|--|
| Megan Doherty et al. [9] | Canadian | 2022 | RCT | Medical personnel (250) | a | Pain/non-pain symptom management etc. | Knowledge, confidence, attitudes, etc. |
| Caitlin Tabler Bishop et al. [10] | America | 2019 | RCT | Registered nurses (95) | b | culture, ethics, bereavement care, etc. | Knowledge, confidence, etc. |
| Isidro Garc ía Salvador et al. [11] | Spanish | 2023 | Qualitative research | Primary care nurses (102) | c | Bereavement care, etc. | Knowledge, practical, etc. |
| Xu Xianghua et al. [12] | China | 2019 | Cross-sectional survey | Hospice nurse specialists (63) | d | Pain care, spiritual care, etc. | Theory exam, satisfaction, etc. |
| He Miao et al. [13] | China | 2021 | Retrospective study | Hospice nurses (100) | c | Evidence-based pain education, reactions, etc. | Knowledge, practical, etc. |
| Liu Xiangyu et al. [14] | China | 2021 | Cross-sectional survey | Hospice nurse specialists (497) | e | General hospice care, comfort care, etc. | Theoretical examination, etc. |
| Liu Xiangyu et al. [15] | China | 2023 | Cross-sectional survey | Hospice Nurse Specialist (615) | f | General hospice care, comfort care, etc. | Theoretical examination, etc. |
| Zhou Yumei et al. [16] | China | 2022 | Mixed research | Oncology Nurses (50) | g | Hospice overview, death education, etc. | Theoretical examination, etc. |
| Ou Xiaohong et al. [17] | China | 2023 | Mixed research | Hospice nurse specialists (33) | h | Pain management, death education, etc. | Knowledge test, interview, etc. |
| Yin Xiaoli et al. [18] | China | 2022 | Qualitative research | Hospice Pilot Nurse (11) | i | Hospice overview, comfort care, etc. | Interview method: training gains, etc. |

Remarks: a. 7 core sessions + monthly tutorials; b. 8 weeks of online courses + 3 hours of face-to-face training; c. Unspecified; d. 2 months (1 month of theory + 1 month of practical); e. 4 weeks (160 hours) f. 2 weeks (56 hours of theory) + 1 month (160 hours of practical); g. 6 weeks (213 hours); h. 3 weeks (98 hours); i. 4 weeks.

3.3 Training status and needs

Whether in developed or developing countries, hospice nurses in general hospitals generally have deficiencies in hospice knowledge and skills. Although some nurses have received specialist training, their practical application ability is low. 1 study showed [12] that the training of hospice specialist nurses in China is in its infancy, and only 39.1% of professional nurses have received training related to hospice specialties, which has not yet resulted in a systematic and standardised training system. 2 studies have shown [11,12] that only 14.7% of hospice nurses are able to apply the theoretical knowledge into clinical practice, and there is a large gap between theory and practice. 1 study showed [18] that although hospice nurse specialists gained a lot from practical training, they also faced problems such as difficulty in understanding care and lack of nursing communication skills. Several studies have shown [12,13,14,17] that nurses have high training needs in the hospice field, especially in symptom management, psychological support, communication skills, and spiritual care.

3.4 Training methods and content

In order to enhance the effectiveness of training, researchers have proposed a variety of innovative training methods. 2 studies [9,10] combined the Internet and teaching mode to effectively enhance the hospice care competence of specialist nurses; 4 studies [12,14,16,17] conducted scenario simulation, role-playing, case analysis, and group discussion through an experiential training teaching mode, which closely combined theory and practice to effectively enhance the nurses' core competencies such as pain management, death acceptance, and death thinking expression; 1 study

[11] learnt how to cope with the psychological needs of bereaved family members through workshops and practiced practical exercises; and 2 studies [14,16] constructed a hospice nurse specialist training system and a training curriculum based on the Delphi method, to enhance the hospice knowledge and skills of specialist nurses. Of the included literature, 8 used the training method of combining theoretical knowledge with practical skills, ranging from hospice basics to specific symptom management, psychological support, communication skills, and ethical and legal issues, so that the nurses could apply what they had learnt to their practical work and enhance their comprehensive competence.

3.5 Training Effectiveness and Evaluation

Theoretical examinations, operational assessments, and training satisfaction surveys are commonly used evaluation indicators in the included literature. 3 studies [9,10,11] investigated the changes in specialist nurses' knowledge, confidence, attitude, and clinical practice after training, and the results showed that: hospice specialist nurse training enhanced nurses' comprehensive competence while increasing their understanding of end-of-life care and the value of life. 2 qualitative studies showed [11,18] that: nurses need a hospice specialist nurse training platform to help disease patients with advanced disease to better receive hospice services. Several studies have shown that: specialist nurses have a high level of recognition of the training; 1 study [18] investigated the practical application of specialist nurses at the end of the training, and the results showed that: the practice of specialist nurses who had gone through the training was significantly improved.

4. Discussion

4.1 Training mode optimisation

The training mode of hospice nurse specialists has gradually shifted from traditional theoretical lectures to a diversified, practice-oriented mode. The traditional training model focuses on the teaching of theoretical knowledge, such as relevant basic concepts, principles, ethical and legal frameworks, etc. Although theoretical knowledge is the basis for nurses to engage in hospice work, it is difficult for clinical nurses to fully understand and master the use of hospice knowledge in practical situations by purely giving lectures, especially when faced with the complex and changeable emotional, psychological and social needs of patients and their families. The diversified, practice-oriented training model, while retaining the necessary theoretical courses, combines Internet⁺, experiential teaching mode, and integrates theoretical knowledge into practical operations through case analysis, role-playing, group discussion, etc., so that nurses can learn how to communicate with patients and their families, manage their symptoms, and provide psychological support, etc., in real or simulated hospice environments, and thus enhance nurses' practical abilities[19]. Multidisciplinary experts such as physicians, counsellors, and social workers were introduced to participate in the training process, and interdisciplinary team simulation exercises were used to promote the specialist nurses' understanding of and respect for the hospice team's area of expertise and to improve their teamwork skills. After the completion of a single training session, specialist nurses are encouraged to attend online or continuing education courses to update their knowledge and skills.

4.2 Training content implementation

At present, the training of hospice nurse specialists in China is still in the initial stage of development, the training base of each hospital independently selects the training content and arranges the curriculum, which can be customised according to the base's own resources and

characteristics to meet the specific needs of hospice nurse specialists in different regions and institutions, with flexibility and innovation. Studies have shown that bases construct hospice nurse specialist training systems and curriculum content settings based on the Delphi method, effectively improving the hospice knowledge and skills of specialist nurses [20]. However, the variability and non-standardisation of the bases can lead to large gaps in the professional skills, knowledge and professionalism of hospice nurse specialists, affecting the quality of subsequent hospice services. Therefore, the training of hospice nurse specialists should be developed towards standardisation and standardisation, and a unified training syllabus and assessment standards should be developed. Training bases should strengthen communication and cooperation, share training experience and resources, and jointly improve the quality and effect of training.

4.3 Training effect improvement

The evaluation of training effect is an important link to ensure the quality of hospice nurse specialist training, which directly affects the quality of subsequent nursing services. Effective assessment can not only test the practicality and relevance of the training content, but also reflect the specialist nurse's mastery of knowledge and the improvement of practical ability. At present, each hospital training base uses its own set of training effect assessment indicators, the lack of unified assessment standards and assessment system, the training effect between different training bases is difficult to make horizontal comparison, unable to accurately judge the quality of the training of each base, the recognition and credibility of the training results will be questioned, affecting the competitiveness of the hospice specialist nurses in the career development and the opportunity for promotion. Meanwhile, the continuity of training effects still needs further attention. Several studies have shown [19,20] that although nurse specialists show high competence improvement in the short term after training, the effect gradually diminishes over time. Therefore, a unified evaluation standard and assessment system for the training effect of hospice nurse specialists should be established, follow-up guidance should be strengthened, and regular continuing education and practice feedback should be provided to ensure that nurse specialists can continue to improve their professional competence.

5. Limitations

Only eight databases were searched in this study, and the number of included literature was limited; some of the included literature did not assess the baseline level of the study population, which can lead to bias in the results, and literature other than Chinese and English was not included, which can lead to language bias; most of the included literature were cross-sectional surveys and mixed studies, and the reliability and credibility of the study evaluations need to be improved, and in the future, we can carry out original studies, such as randomised controlled trials, to test the training effects and ensure the reliability of training quality.

6. Conclusion

In summary, the training practice of hospice nurse specialists in general hospitals plays an important role in improving the quality of hospice services. Although some progress has been made in the training of hospice nurse specialists at home and abroad, there are still problems such as insufficient standardisation of the content of the training model and imperfect evaluation system. In the future, training models suitable for China's national conditions should be further explored to contribute to the training of high-quality hospice nurse specialists and to provide patients with higher-quality hospice services.

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