

Construction of Nursing Staff Training Program for Hospice Nursing Specialists in China

Hui Ji

International College, Krirk University, Bangkok 10220, THAILAND

Abstract: Based on the analysis of existing responsibilities, the formation of specialist nurse hospice care ability framework, develop the items of hospice care course knowledge system, using literature research method, and through the depth interview of hospice care related experts and patients' families, understand the specialist nurse hospice care knowledge level and learning needs, build the hospice care course knowledge system, form a talent training plan. The specific content includes the training objectives, content, methods and the corresponding assessment mechanism.

Keywords: Hospice Care, Specialist Nurse, Training Program.

1. Introduction

China has entered an aging society. There are now about 190.64 million people aged over 65 years old, accounting for 13.50% of the total population. With the increase of the elderly population, the prevalence of various chronic lifelong diseases is also rising rapidly, positive medical measures are not omnipotent, when the patient's disease progress to the end stage, they still bear the physical and mental problems, such as dyspnea, pain, anorexia, anxiety, depression, insomnia, psychological pressure, these symptoms make the patient's quality of life is greatly affected. Han Ge pigeon (2019) that patients into the end of life, after diagnosed as incurable disease, the implementation of various medical and nursing technology, not only let the patient suffering from disease, reduce the quality of life, and the patient's family need to shoulder economic and spiritual pressure, so patients after diagnosed with incurable disease, can be through hospice care to improve their quality of life.

2. Research Background

2.1. The Chinese Government Attaches Great Importance to Hospice Care

Documents issued by the state in 2015 made it clear that comprehensive elderly care services, including care, hospitalization and living care, should be provided to the elderly. Later, The State Council also issued the "Healthy China 2030" Plan Outline and other documents, which also stressed the need to further strengthen long-term care, geriatric management and care institutions for the elderly, so as to improve the domestic medical and health system as a whole. In 2017, relevant departments successively issued the Basic Standards and Management Standards of Hospice Care Centers (Trial), which clearly stipulated the basic conditions, practice norms and personnel training requirements of hospice care centers (National Health and Family Planning Commission, 2017,2018).In 2019, the National Health Commission issued relevant documents, pointing out that the second batch of hospice care pilot work will be started, and clarifying the tasks of building a hospice care service system, establishing a working mechanism and exploring institutional guarantee (National Health Commission, 2019).Therefore, we shows that promoting the construction of hospice care is

an important measure of medical reform and nursing development in China.

2.2. Nurses are an important force to promote hospice care

According to the American Society of Clinical Oncology (ASCO), the hospice care multidisciplinary collaboration team covers a large number of people, including not only doctors, nurses, nutritionists and physical therapists, but also lawyers, social workers, families and other related collaborators. Among these groups, the most indispensable members are nurses, who play the role of coordinating relationships, evaluating patients, intervening and meeting patients' multiple maintenance needs, and are the backbone of the care work (Osman, 2018).Nursing workers play an irreplaceable key role throughout the hospice care period, and play an inaccessible role in the practical implementation of the hospice care process (Lu Yuhan, 2018).Domestic lack of hospice care nursing talents, and personnel quality needs to further strengthen, the shortage of nursing talents seriously affect the hospice care sustained and effective development, and hospice care training is still in the beginning, has not established a standard and unified theory system, lack of practical training (Sun Li, Xu Baohui and Gu Daoqin, etc., 2019).

2.3. Nursing Care Nurses Face Challenges in Their Work

Lu Yuhan (2017) found that the problems of hospice care nurses at this stage are mainly reflected in the lack of hospice care knowledge and confidence, believing that they cannot provide high-level care services for patients. In addition, there are also some problems in cooperation and communication with other personnel. Ge Nan, Qu Xuan and Ning Xiaohong (2018) surveyed 141 students who attended the 2016 Beijing palliative care training course for the elderly, and found that 131 and 92.9% of them needed assistance from others when patients with advanced disease, and 136 wanted to receive further palliative education training.

Nurses currently working in hospice care specialists are facing challenges in their work. Therefore, the training of hospice care and nursing care professionals has exerted a great positive effect on improving the quality of hospice care services and promoting the steady development of hospice

care.

3. Connotation of Nursing in Hospice Care

The following will be analyzed from the definition of hospice care, the role and importance of nursing workers, the current situation of the training and the existing problems of specialized nurses.

3.1. Definition of Hospice Care

As for the connotation of hospice care, the academic circle generally adopts the definition of WHO, that is, it provides all kinds of positive care for patients without curative possibility, so as to guarantee and improve their quality of life. Guo Qiaohong (2018) believes that in the early stage of the disease, curative treatment is mainly used; when the disease reaches the incurable stage, hospice care is the main way to relieve the physical and mental pain, optimize the quality of life, and reduce the psychological pressure and bereavement of their families.

3.2. Multidisciplinary Teamwork in Hospice Care

Panning care involves more groups, not only have medical staff, social workers, but also contains psychological therapists, volunteers and nutritionists, nurses in the team is not only a caregiver, or patient data assessors, educators, coordinator and researchers, has an irreplaceable role (Wang Can fei, jia and Wu Ke, etc., 2018).The fundamental connotation of hospice care is to meet the needs of patients and their caregivers' body, heart, society and spirit, so as to optimize the quality of life, which is difficult to complete by relying solely on the power of medical workers. According to relevant research in China, hospice care for patients with terminal cancer can effectively improve the quality of life of patients and their families (Yang Bo, Zhao Yun and Meng Aijun 2018).

3.3. The Training of Hospice Care Specialist Nurses Is Relatively Lagging Behind

The Association of Anning and Palliative Nurses (HPNA) (2001) defines the core competencies that hospice care nurses should have, including clinical judgment, systematic thinking, professional ability, cultural care, and ethics. Nurses are a very critical part of the whole hospice care team and play a vital role in conducting hospice care. At present, the United Kingdom, the United States and other developed countries have formed a relatively complete education and training system for hospice care nurses, because the promotion process of hospice care is relatively slow, in the cultivation of hospice care nurses.

Nursing workers need to strengthen the level of hospice care, through school education and on-the-job education together. The hospice care ability of nursing students needs to be obtained through the school courses, which is the necessary basis for cultivating professional hospice care talents. Panning care course should be set as a required course in the nursing course system, for nursing students, aspects of nursing students to strengthen the level of hospice care. The construction of the hospice care education system should become the direction of the school curriculum teaching reform, among which the curriculum construction is the focus of the education system, and the curriculum knowledge

system is the foundation of the curriculum construction.

4. Training Status of Hospice Care Nurses at Home and Abroad

Training for hospice care nurses is ongoing in various countries around the world. The following briefly describes the End-of-Life Nursing Education Consortium, ELNEC) program, WHO and India, and Palliative and Palliative care Education (Education in Palliative and End of Life Care, EPEC).

4.1. Current Status of Hospice Care Personnel Training Program Construction Abroad

Europe and the United States have a relatively sound hospice care education system, medical professional are set about hospice care courses, now more is the way of integrated courses, the hospice care content in the form of modules to join other professional courses, combined with related professional knowledge, reduce the repetition of the course content (Song Shuang and Ning Xiaohong, 2018).Britain since 1990 in most medical schools to hospice care in the required course, regulation 5 year course must be arranged an average of 13 hours of hospice care courses, and gradually intensify training, arranged 45 hours for such courses, more than half of the students think through this course, get enough knowledge and skills to deal with the problem of hospice care. Australia will hospice care content included in compulsory professional courses "pain management", "tumor care", "elderly care", "community care" and elective courses, "hospice care basic introduction" as graduate education compulsory course, and "critical inquiry of adult hospice care", "modern treatment of sadness" and other elective courses (Pester & Greig2018).

Foreign countries have formed a system in the training of hospice care nurses, but because most of the training does not determine the specific methods or evaluation methods, and hospice care is culturally specific, we need to learn from foreign research to build a training program for hospice care nurses suitable for China.

4.2. Current Situation of Domestic Hospice Care Training

The number and quality of existing hospice care staff are difficult to meet patient needs. Chen Yongyi, Cheng Qinqin and Liu Xiangyu (2018) showed that the development of hospice care can not only improve the quality of life of patients and their families at the end of life, but also help reduce medical costs and optimize the utilization of medical resources. At present, there are many training studies on hospice nursing nurses in China.

At the end of 2016, relevant organizations clarified the medical and nursing care training and its effectiveness evaluation plan at the meeting, formulated the training outline, and made specific arrangements for the compilation of teaching materials. In July 2018, China Life Care Association held the first teacher training class in Guangxi, which includes professional ethics and ethics of medical care practitioners, psychological care, hospice care, etc. In December 2019, China Life Care Association carried out professional skills training for life care instructors. The training content includes hospice care related theories, methods, techniques and practice. It adopts the form of offline teaching, practice and online training. Students who complete the course and pass

the examination will be the professional skills certificate of life care instructor. The training of hospice care talents led by China Life Care Association is of great significance to the standardized training of hospice care talents in China, but the teaching and evaluation methods are relatively simple, and the specific assessment and evaluation methods are not clear.

In 2020, the upcoming training course for hospice nursing nurses held by the Chinese Nursing Society clearly stipulates that the training subjects should have more than 5 years of clinical practice experience, including more than 2 years of advanced nursing work experience in acute and critical diseases, tumors and other diseases. It can be seen that the Chinese Nursing Society has trained senior nurses with certain working experience, because the domestic hospice care services are in their infancy, and many studies show that the nurses' level of hospice care knowledge is low (Wu Shiju and Gong Guomei, 2018), so the training objects should include nurses with low seniority.

4.3. Current Situation of Course Knowledge Construction of Hospice Care in China

According to the survey, 46% of medical and nursing colleges offer hospice care courses, most of which teach in the form of elective courses, which are optional and not universal (Shi Baoxin, 2015). Nursing professional part of hospice care knowledge in the form of a chapter in the professional core courses "basic nursing", "geriatric nursing", "community nursing", generally 2~4 hours, completed in the form of classroom teaching, hospice care knowledge in <2% of professional courses (JiJingMin, Di Shuzhen and Feng Lili, etc., 2020). "Basic nursing" mainly includes hospice overview, dying and dying, dying patients and families, death nursing, "elderly nursing" mainly includes the elderly hospice overview, the elderly death education, elderly hospice care (dying elderly symptoms care, psychological care and widowed elderly grief counseling), "community nursing" involves the health needs, common symptoms and nursing methods, communication and death education, etc.

In Taiwan, some charities will carry out education and publicity on hospice care, actively carry out activities such as hospice care concept and death education, and provide targeted training for relevant practitioners. In addition, it also offers this aspect of education courses, in terms of curriculum, including medical, nursing, social work, spiritual four professional 12 sets of core standard curriculum, at the same time for different levels of medical personnel to provide different education, divided into entry, professional on-the-job, expert teachers three levels (Lai Weili, Yang Wanping and zhao type, 2009).

To sum up, foreign countries have shown cultural specificity in hospice care training, so it is necessary to learn from foreign research and build a training program for hospice care nurses suitable for China. At present, China is continuing to explore and try to carry out hospice care training, and the training effect is worthy of affirmation, but most of them do not specify the specific construction method of the training program or establish the training program based on the theoretical method, and the perfect training program still needs to be further explored.

5. Construction of the Training Program for Hospice Care Talents

5.1. Research Method and Design

In hospice care nursing staff as the main body, focusing on the hospice care core ability, in-depth interview, grasp the interview object of the core ability of hospice care, hospice care patients care experience, research now various problems in domestic hospice care training, further enhance the service level of hospice care, to establish a scientific hospice care curriculum system to provide some reliable basis. Based on the research of hospice care cognition, it can be seen that multidisciplinary teamwork in the whole process of nursing has the key, thus more scientific evaluation of hospice care core ability, designed for specialized nursing staff hospice care courses, such as physical and mental care, ethical care, etc., preliminary build hospice care personnel training system.

5.2. Interviews

In order to understand the real professional group construction situation, this study from November 2021 to January 2022 is expected to interview 12 in hospice care work doctors, nurses, government staff and caregivers of advanced cancer patients, data collection including name, age, education, working years, work field and position. Among them, there are 2 men and 10 women; 4 between 30-40, 8 between 40-50; 8 years to 20 years, 8 in 11-30 years; 4 with hospice care; 3 managers (director, head nurse and section chief); 8 with bachelor degree or above; 5 with senior professional titles.

5.3. Interview Outline

This study collected data in the form of individual in-depth interviews. Agree on the time with the interviewees in advance, inform the interviewees of the main content and purpose of the interview before interviewing the interviewees, and then agree on the time and place with the interviewees after obtaining the informed consent of the interviewees. During the interview, the researchers create an open and unguided interview environment for the interviewees to express their true views, views and feelings without hesitation. The interview duration of each interviewer was between 30 and 70 min, and the informed consent for the interview was issued before the formal start of the interview. During the interview, various methods such as listening, questioning and guidance were comprehensively used, and the content was adjusted reasonably according to the specific situation of the interview, so that the interviewees could express their true ideas. In addition, the interviewer observed the respondent's facial expressions and body movements in real time, and recorded them completely. The interview outline is adjusted and improved on the basis of literature reading, expert demonstration and pre-interview. After the interview, the records will be kept, and the interview recording and interview notes will be sorted out in time. Each interview content will be transcribed and numbered within 24 hours after the interview, etc. Then the interviewees will check to confirm whether they are consistent with their wishes.

6. Analysis and Discussion

This study mainly analyzed and discussed the interview data to discuss the construction of hospice care nurses. When the interview reached the 12th interviewees, seven themes

including nursing ethics, symptom management, psychological care, social support, comfort care, communication and cooperation, and self-psychological adjustment were extracted. Based on seven dimensions, the construction of hospice care nursing staff was discussed. The objectives of the training program of hospice care nurses are clearly defined, and the objectives are divided based on the integrated course design model. Based on this, the corresponding training content, form and assessment mechanism are determined, and the training program is finally formed. The training target is a registered nurse working in the hospice care unit (institution).

6.1. Training Objectives

(1) Nursing ethics: maintain the dignity, customs and religious beliefs of patients and their families, respect the will of patients and their families to know the condition, and the willingness to treat it, and respect and understand the subjective feelings of patients (such as pain and discomfort).

(2) Comfortable care: to provide a quiet, comfortable and private environment for patients and their families, and to protect the private content described by patients and their families.

(3) Symptoms management: can evaluate the final common symptoms (pain, dyspnea, expectoration, hemoptysis, nausea and vomiting, haematemesis, abdominal distension, edema, fever, anorexia / cachexia, dry mouth, sleep / awakening disorder (insomnia), delusion, etc.).

(4) Nursing evaluation: it can care for patients according to the evaluation results, provide patients with hospice care information support for patients, and timely identify the negative emotions of patients of different ages.

(5) Psychological nursing: according to the personal characteristics timely and effectively deal with the psychological problems, timely identify the negative emotions of different ages, according to the personal characteristics timely and effectively deal with the psychological problems, help patients' families deal with bereavement, actively seek counselors help solve the complex psychological problems of patients and their families.

(6) Team cooperation: can negotiate with patients, families and multidisciplinary team care plan, evaluate the spiritual needs of patients, using spiritual care method to meet the spiritual needs of patients, evaluate the families of spiritual needs, using the spiritual care method to meet the spiritual needs of families, according to families of different ages death education.

(7) Self-adjustment: can actively seek professionals to help solve the complex spiritual problems of patients and their families, and rationally control emotions in the negative psychological reactions of patients and their families. Identify the problems such as professional energy exhaustion, teach the impact of self-regulating negative emotions on work, use social support resources to adjust work pressure, correctly understand and evaluate their own role, and maintain a normal working mentality.

6.2. Training Content

(1) Nursing ethics: the concept of dignity, the dignity of dying patients, the ethics of the form and etiquette of funeral. Ethical issues of informing bad news, principles of illness notification, skills and strategies, patterns and steps, and common legal issues in hospice care. Humanistic care, moral requirements and principles of hospice care, the current legal

practice of hospice care at home and abroad, and the moral requirements and principles of hospice care. The principles of hospice care, the objectives and significance of hospice care, the status and development trend of hospice care, and the role, responsibilities and requirements of nurses in hospice care.

(2) Symptom management: principles of symptom management of end-stage diseases, pain, dyspnea, expectoration, hemoptysis, nausea and vomiting, hematemesis, edema, abdominal distension, fever, anorexia / cachexia, dry mouth, sleep / awakening disorders (insomnia), false clinical manifestations, treatment and nursing measures. Physiological changes in dying patients, common symptoms of dying patients.

(3) Psychological nursing: the psychological response and change characteristics of patients with end-stage diseases, the methods of psychological counseling, and the clinical manifestations and treatment of the common psychological problems of patients with end-stage diseases. How to communicate with patients, common problems and solutions in communication with patients, psychological reactions and change characteristics of family members of different ages, psychological counseling methods, clinical manifestations and treatment of common psychological problems of family members, how to communicate with family members, etc.

(4) Spiritual care: common problems and solutions in communication with family members, the concept of sad counseling, the development process of sadness, normal sadness and pathological sadness, the content and methods of sad counseling, and the sad counseling methods for special people. Spiritual related concepts, development and research status of spiritual care, spiritual distress and spiritual needs of end-stage patients, assessment, meaning of spiritual needs, care measures and methods.

(5) Death education: the concept and standard of death, death cultural background and attitude towards death, the death attitude of different groups of people, and the understanding of death by different beliefs. The scientific view and attitude of hospice care workers, the development status of death education, goals, functions and methods of goals, the role of nurses in death education, guide dying patients and their families to prepare for death in advance.

(6) Team cooperation: the purpose and precautions of communication with multidisciplinary team staff, how to communicate with multidisciplinary team staff, and how to request help from multidisciplinary team staff. The purpose of communication with multidisciplinary team staff, pay attention to role-playing matters, how to communicate with multidisciplinary team staff, and how to request help from multidisciplinary team staff.

(7) Self-adjustment: pressure and adaptation in hospice care, the concept of work fatigue, coping and adaptation, methods of stress assessment, stress and adaptation in hospice care, self-education channels and self-management strategies to optimize the professional psychological quality of nurses. The development of hospice nurses at home and abroad, the role of hospice nurses at home and abroad.

6.3. Training Method

The choice of training methods is first based on the type of learning objectives. The basic knowledge objectives are mainly completed through active or passive acquisition of knowledge, such as teaching and reading literature. Application objectives are achieved by making the training objects master operational skills, such as case teaching and

skill training. The achievement of comprehensive objectives is based on the completion of basic knowledge objectives and application objectives, and through field learning or scene reduction, such as scenario simulation and internship. Interpersonal goals are mainly obtained through communication with senior hospice care nurses or experts or peers, which can be achieved in the form of role playing and inviting expert lectures. The care goal is that by comprehensively mastering the knowledge and skills of hospice care, the trainees can relieve the pain of patients, maintain their own psychological health, and achieve the care goal. Learning learning objectives are internalized in the training process, so that students can actively learn to acquire knowledge and actively learn cutting-edge knowledge.

6.4. Assessment and Evaluation Method

Evaluation method should be based on the training objectives, in addition, hospice care nurse training also has relatively high practice, training objectives, training methods, the corresponding evaluation also has certain differences, such as basic knowledge target can be measured by questionnaire and theoretical evaluation, comprehensive target in the form of scenario simulation, can adopt the objective structured clinical examination (Objective structured clinical examination, OSCE) evaluation. For interpersonal and care goals, the achievement of training objectives should be evaluated by self-evaluation of training objects and teacher feedback. Learning objectives: Training objects should periodically report their gains and feelings, share their learning skills, and evaluate their mastery of this goal.

7. Summary and Suggestions

This study did not involve the specific duration and organizational form of the training development, because the training should be based on the different training subjects. If the training object is full, the theoretical content training and practice training can cross, training can be completed in the whole time, if the training object use the time after work, the work often face the end stage patients, should consider to reduce the practice training time, can take "phased learning mode" (Huang Ruiyu, tao and Zhang Yongchun, 2017), "three steps sequential method" (Sun Jing, Zhu Haihua and Guo Lizhen, 2019) and other forms of training. Attention should be paid to grouping nurses with different demographic characteristics, such as encouraging nurses with teaching experience to share their learning results periodically, organizing nurses of different ages and professional titles to study together, and discuss their learning experience.

References

- [1] Chen Wanqing, Zheng Rongshou and Zhang Zhisu. (2013). Analysis of the incidence and death of malignant tumors in China. *Chinese Tumors*, 2017,26,1 – 7.
- [2] Chen Yongyi, Cheng Qinqin, Liu Xiangyu and so on.(2018). The role and status of nurses in hospice care. *Nursing Management in China*, 18,311-315.
- [3] Ge Nan, Qu Xuan and Ning Xiaohong, etc.(2018) Preliminary survey of the needs of continuing education in soothing medicine. *Journal of the Chinese Academy of Medical Sciences*, 40,390-394.
- [4] Guo Qiaohong, (2018).hospice care from an international perspective. *Medical Research and Education*, 35,1 – 6.
- [5] Han Ge, Chen Changying and Shi Yan, etc.(2019). The Enlightenment of the core ability research and training status of hospice care nurses abroad to China. *Nursing Management in China*, 19,796-800.
- [6] Hospice and Palliative Credentialing Center. (2018).Statement on continuing competence for nursing. https://advancingexpertcare.org/HPNA/Certification/Resources/ContinuingCompetence/HPCC/CertificationWeb/Continuing_Competence.aspx.
- [7] Ji Jingmin, Di Shuzhen and Feng Lili, etc.(2020). The significance of offering hospice care courses in medical school education. *Medical Research and Education*, 37,71 – 75.
- [8] Kelly, K., Thrane, S., Virani, R., Ferrell, B., & Malloy, P.(2011).Expanding palliative care nursing education in California: the ELNEC Geriatric project. *International journal of palliative nursing*, 17, 188-194.
- [9] Lai Weishu, Yang Wanping, Zhao Ke shi.(2009). Education in hospice care-nursing students, general caregivers and specialist caregivers. *Journal of Nursing*, 50,11-16.
- [10] Lu Yuhan. (2017). The current situation and development direction of hospice care in China. *Chinese Journal of Nursing*, 52,659-664.
- [11] Lu Yuhan. (2018). Role and thinking of nurses in hospice care for cancer patients. *Chinese Journal of Modern Nursing*, 24,3726-3730.
- [12] National Health Commission (2018).The Guiding Opinions on Promoting the Reform and Development of the Nursing Service Industry. Take it from: <http://www.nhfpc.gov.cn/yzygj/s7659/201807/1a71c7bea4a04d5f82d1aea262ab465e.shtml>.
- [13] Osman, H., Shrestha, S., Temin, S., Ali, Z.V., Corvera, R.A., Dungu, H.D., ...& Cleary, J.F.(2018).Palliative care in the global setting: ASCO resource-stratified practice guideline. *Journal of global oncology*, 4, 1-24.
- [14] Pester, B., & Greig, M.(2018).Resources for educating, training, and mentoring nurses and unregulated nursing care providers in palliative care: a review and expert consultation. *Journal of palliative medicine*, 21, 50.
- [15] Shi Baoxin.(2015). The present situation and prospect of hospice care education in China. *The Chinese Mental Health Association. Compilation of papers from the eighth National Academic Conference on Mental Health*.
- [16] Song Shuang and Ning Xiaohong.(2018). Development and enlightenment of soothing medical education for medical students abroad. *Journal of the Chinese Academy of Medical Sciences*, 40,385-389.
- [17] Sun Li, Xu Baohui and Gu Daoqin, etc.(2019). Progress of training of hospice care nurses at home and abroad. *Journal of Nursing*, 26,27-30.
- [18] The National Health and Family Planning Commission (2017).Notice on the printing and issuance of the National Nursing Development Plan (2016-2020). Take it from: <http://www.nhfpc.gov.cn/yzygj/s3593/201611/92b2e8f8cc644a899e9d0fd572aefef3.shtml>.
- [19] The National Health and Family Planning Commission (2017).Notice on Printing the Basic Standards and Management Standards of Hospice Care Centers (Trial). Take it from: <http://www.nhfpc.gov.cn/yzygj>.
- [20] The National Health and Family Planning Commission (2017).The Fifth National Health Service Survey and Analysis Report. Take it from: <http://www.nhfpc.gov.cn/ewebeditor/uploadfile/2016/10/20161026163512679.pdf>.

- [21] The National Health and Family Planning Commission (2018). Notice on the issuance of hospice care practice guidelines (trial). Take it from: <http://www.nhfpc.gov.cn/zyzygj.shtml>.
- [22] The National Health Commission (2020). Notice of the General Office of the State Council on the second batch of hospice care pilot work. Take it from: <http://www.nhc.gov.cn/ljks/s7785/201912/efe3ed3d9dce4f519bc7bba7997b59d8.shtml>.
- [23] Wang Canfei, Jia Huiying and Wu Ke, etc. (2018). Progress in the application of multidisciplinary collaboration mode in hospice care. *Chinese Journal of Nursing*, 53, 866-872.
- [24] Wan-ping Yang. (2017). Panning care fall classes. Take it from: <https://www.ewant.org/admin/tool/mooccourse/mnetcourseinfo.php?ostid=6&id=826>.
- [25] Wu Shiju, Gong Guomei. (2018). Research status of domestic nursing staff. *Nursing Research*, 32, 3372-3374.
- [26] Yang Bo, Zhao Yun and Meng Aijun Feng. (2018). Conduct multidisciplinary care team hospice care research for patients with advanced tumors. *Journal of Nursing*, 33, 1-4.