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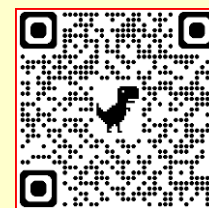
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## Analysis of the Current Status of Hospice Competencies and Factors Influencing Them among Practicing Nursing Students

LIU ran\*, CAI yu<sup>1</sup>, YUAN xinguo<sup>2</sup>, LI chenshuang<sup>2</sup>, DING luhan<sup>3</sup>, LI shijun<sup>3</sup>, SU qiaoyin<sup>3</sup>

<sup>1,2,3</sup> Nursing College of Pingdingshan University, Pingdingshan, Henan Province, China.

**Corresponding Author:** LIU ran

Nursing College of Pingdingshan University, Pingdingshan, Henan Province, China.

### ABSTRACT

**Objective** : The purpose of this study was to comprehensively understand the status quo and influencing factors of hospice care ability of practice nursing students, and to provide reference for improving the hospice care ability of practice nursing students.

**Methods** : 143 nursing students from two hospitals in Anyang City were investigated by convenient sampling method.

**Results** : The scores of hospice nursing ability were  $53.67 \pm 11.67$ . Multiple linear regression analysis showed that internship duration and whether they thought they had self-cognitive ability were important factors affecting the hospice care ability of student interns ( $P < 0.05$ ).

**Conclusion** : The hospice ability of student nurses is in the middle level, and the cognitive level and nursing skills of hospice care are generally insufficient.

**KEY WORDS:** internship nursing students, hospice competence, influencing factors.

### Introduction

Hospice care is a holistic approach to patient care provided by healthcare workers, volunteers, and volunteers that aims to enable terminally ill patients to pass away in peace, tranquility, and dignity at the end of their lives. Hospice care also includes family members<sup>2</sup>. Hospice care improves symptom management and meets the needs of patients and families, thereby improving the quality of life of patients and caregivers and reducing symptom burden and health care utilization, and the main target group of services has been gradually expanded from oncology patients to other critically

ill patients, who have a huge and urgent need for hospice care. In addition to the changes brought about by disease, the gradually growing problem of aging is also one of the important factors in accelerating the development of hospice care in China<sup>3</sup>. As human society continues to develop, people's concept of health is undergoing a transformation. More and more people begin to pay attention to physical and mental health rather than the absence of disease and pain at the physiological level, and this conceptual shift has led to a greater emphasis on the quality of life. Especially when facing the end of life, the need for hospice care is becoming

increasingly prominent .<sup>4</sup> Although the demand for hospice care has shown an upward trend, the development of hospice care in China has not been satisfactory.<sup>5</sup> At this stage, there is a relative lack of hospice resources and a limited number of professional hospice teams and service organizations in China, which cannot meet the growing market demand. In addition, the concept and practice of hospice care has not yet been widely popularized in China, and many people lack sufficient knowledge and understanding of it, which also limits the development of hospice care.<sup>6</sup> As the core force of the nursing profession in the future, the professional competence of intern nursing students in the field of hospice care determines the quality of hospice services in future clinical practice. Enhancing the hospice competence of nurse trainees and providing prospective training and education for the effective development and implementation of hospice care has become a hot issue in various medical schools. Therefore, it is urgent to actively develop hospice education in China.

The development of hospice care in foreign countries is relatively early,<sup>7</sup> and has formed a more perfect theoretical system and practice mode.<sup>7</sup> Some developed countries have accumulated rich experience in hospice care and established a more perfect training system, and also pay more attention to the performance and ability assessment of intern nursing students in hospice practice. However, research in the field of hospice care in China is still in the preliminary stage,<sup>8</sup> and most of the studies mainly focus on the cognition and competence assessment of hospice care by clinical healthcare workers<sup>9,10</sup>, with relatively few studies on the training and research of intern nursing students in this field. Therefore, this study explored the current situation of intern nursing students in terms of hospice competence, analyzed the factors that may affect their hospice competence, and provided targeted references for improving the hospice competence of intern nursing students.

## Objects and Methods

### Subjects of the Study

Convenience sampling method was adopted to select 143 nursing students who had clinical internships in two tertiary hospitals in Pingdingshan City from October 2023 to November 2023, and the number of nursing students who had clinical internships in two tertiary hospitals in Pingdingshan City was 143 people. Inclusion criteria: ① internship nursing students whose internship length exceeded one month; ② informed consent and voluntary participation in this research study. Exclusion criteria: ① those who were unable to fill in the questionnaire due to vacation or other special reasons; ② internship nursing students who withdrew from the survey for various reasons during the survey.

### Research Tools

The general information survey included gender, age, education, length of internship, whether or not they would like to pursue nursing as a career, whether or not they felt they had self-awareness, whether or not their learning and communication skills were helpful in improving hospice competency, and whether or not the hospice orientation at the internship facility was helpful in improving hospice competency.

The Hospice Competency Assessment Questionnaire for Nursing Students developed by Jing Zhao<sup>11</sup> et al. was used, which contains three dimensions: cultural and ethical values, effective caregiving skills, and interprofessional teamwork, with a total of 16 entries. Each entry was scored on a 5-point Likert scale ranging from 16 to 80, and the scores clearly reflected the level of the practicing nursing students' hospice competence. Specifically, a mean score of less than 3 for each dimension was considered insufficient competence, 3 to 4 indicated average competence, and a score higher than 4 represented excellent competence. After statistical analysis, the Cronbach's  $\alpha$  coefficient of the questionnaire was 0.872, with good reliability and validity.

### Data Collection

This study was conducted through the questionnaire star issued network questionnaires in the form of a total of 158 questionnaires, of which the effective questionnaires reached 143, the effective recovery rate of 90.51%.

### Statistical Methods

Questionnaire data were downloaded from the Questionnaire Star website and analyzed using SPSS 27.0. General information was expressed as frequency (n) and constitutive ratio (%), hospice competence scores were expressed as mean  $\pm$  standard deviation ( $\bar{x} \pm s$ ), comparison of hospice competence scores of different characteristics was performed by independent samples t-test or one-way ANOVA, and factors affecting hospice competence of internship nurses were analyzed by multivariate linear regression, and the difference was considered statistically significant at  $P < 0.05$ .

## Results

General information about the internship nursing students (see Table 1)

Of the 143 practicing nurses, 109 (76.22%) were female and 34 (23.78%) were male; of these, 100 (69.93%) were undergraduate practicing nurses, 39 (27.27%) were college practicing nurses, and 4 (2.80%) were secondary school practicing nurses.

Table 1 General information on the study population

project	class	Example number(n)	Constituent ratio(%)
sex	man	34	23.78
	woman	109	76.22
age	$\leq 19$	2	1.40
	20~23	105	73.43
	$\geq 24$	36	25.17
education level	technical secondary school	4	2.80
	junior college	39	27.27

	undergraduate	100	69.93
Length of internship	1~3months	16	11.19
	4~6months	73	51.05
	7~9months	54	37.76
Willingness to pursue a career in nursing	yes	101	70.63
	deny	42	29.37
Whether or not they consider themselves self-aware	yes	115	80.42
	deny	28	19.58
Whether or not one's own learning and communication skills contribute to hospice competencies	yes	122	85.31
	deny	21	14.69
Whether the hospice orientation of the internship organization contributed to the improvement of hospice competence	yes	106	74.13
	deny	37	25.87
Whether one's level of understanding of hospice care affects hospice competence	yes	124	86.71
	deny	19	13.29
Whether or not hospice care is considered to be an important endeavor	yes	117	81.82
	deny	26	18.18
Whether hospice care is seen as needing to respect the wishes of patients and families	yes	120	83.92
	deny	23	16.08
Whether hospice care, etc., is covered in the internship orientation	yes	92	64.34
	deny	51	35.66
Does the clinical instructor have a high quality lead in hospice care	yes	92	64.34
	deny	51	35.66

Hospice competency scores for practicing nursing students (see Table 2)

The total score on the Hospice Competency Assessment Questionnaire for practicing nursing students was (53.67 ± 11.67). The dimension of effective caregiving skills had the highest score and the dimension of interprofessional teamwork had the lowest score.

Table 2 Hospice competency assessment questionnaire scores (n=143)

project	entry	Score for each dimension	Average score of entries
Cultural and ethical values	5	17.23±4.18	3.45±0.84
Effective caregiving skills	6	19.83±4.41	3.30±0.73
Interdisciplinary teamwork	5	16.62±3.80	3.32±0.76
totals	16	53.67±11.67	3.35±0.73

Comparison of hospice competency scores among nursing students with different characteristics (see Table 3)

The analysis found that there was a statistically significant difference between the length of the internship and whether or not they perceived themselves as having self-perceived competence in the total hospice competency score ( $P<0.05$ ).

Table 3 Comparison of hospice competency scores of intern nursing students with different characteristics (n=143)

Project	class	score	t/F	P
sex	man	52.21±10.62	- 0.838	0.403
	woman	54.13±12.00		
age	≤19	49.50±2.21	1.854	0.093
	20~23	55.14±10.72		

	≥24	51.91±10.37		
education level	technical secondary school	53.00±6.78	0.075	0.927
	junior college	54.28±12.04		
	undergraduate	53.46±11.74		
Length of internship	1~3months	46.88±12.68	10.260	<0.001
	4~6months	51.43±10.68		
	7~9months	58.70±10.84		
Willingness to pursue a career in nursing	yes	53.88±12.39	0.333	0.740
	deny	53.17±9.81		
Whether or not they consider themselves self-aware	yes	55.09±11.07	3.024	0.003
	deny	47.86±12.63		
Whether or not one's own learning and communication skills contribute to hospice competencies	yes	53.83±11.84	0.386	0.700
	deny	52.76±10.85		
Whether the hospice orientation of the internship organization contributed to the improvement of hospice competence	yes	54.37±12.24	1.211	0.228
	deny	51.67±9.73		
Whether one's level of understanding of hospice care affects hospice competence	yes	53.99±11.39	0.839	0.403
	deny	51.58±13.47		
Whether or not hospice care is considered to be an important endeavor	yes	54.14±11.73	1.012	0.313
	deny	51.58±11.34		
Whether hospice care is seen as needing to respect the wishes of patients and families	yes	53.86±11.77	0.437	0.663
	deny	52.70±11.33		
Whether hospice care, etc., is covered in the internship orientation	yes	53.51±12.38	- 0.220	0.826
	deny	53.96±10.36		
Does the clinical instructor have a high quality lead in hospice care	yes	53.08±12.71	- 0.888	0.376
	deny	54.75±9.51		

Multiple linear regression analysis of factors influencing hospice competence in practicing nursing students (see Table 4)

The total hospice competency score was used as the dependent variable, and the factors that were statistically different in the one-way ANOVA were selected as the independent variables for the stepwise multiple linear stepwise regression analysis. In the regression analysis, the independent variables were assigned in the following ways: length of internship: March = 1, June = 2, September = 3; whether or not they considered themselves to have self-awareness: yes = 1, no = 2. After analyzing the data, it was found that the length of the internship and whether or not they considered themselves to have self-awareness were the main factors that influenced the total score of hospice competence of the internship nursing students ( $P < 0.05$ ).

Table 4 Multiple linear regression analysis of factors influencing hospice competence of nurse interns

Project	$\beta$	SE	$\beta'$	t	P	VIF
constant	47.824	4.287	—	11.156	0.000	—
Length of internship	6.188	1.376	0.344	4.496	0.000	1.002
Whether or not they consider themselves self-aware	-6.834	2.245	-0.233	-3.045	0.003	1.002

Note:  $R^2 = 0.179$ , adjusted  $R^2 = 0.168$ ;  $F = 15.303$ ,  $P < 0.001$ .

## Discussion

Status of Hospice Competencies for Nurse Interns

The total score of the hospice competency assessment questionnaire of 143 intern nursing students in this study was (53.67±11.67), which was at a medium level compared with the middle value of 40

points of the scale, and was lower than the results of the survey of 665 intern nursing students from 30 hospitals in 33 schools in China by Fu Ying Ying et al.<sup>12</sup> (63.12±10.17) points. The reason for this is firstly because the development of hospice competence may be affected by the degree of emphasis on hospice education and research in medical schools. In the field of medical education, professional education and research on hospice care is relatively lagging behind, which to some extent limits the intern nursing students' in-depth understanding and comprehensive grasp of hospice care. As hospice care involves multidisciplinary knowledge, there are relatively few specialized courses on hospice care in the current curriculum of medical schools, and the teaching content fails to fully cover the core concepts and practical skills of hospice care. As a result, nursing interns often lack systematic theoretical support and practical guidance when they come into contact with hospice care, resulting in a lack of comprehensive knowledge and limited awareness of hospice care. This not only affects the performance of interns in hospice practice, but also affects the improvement of hospice service quality. At the same time, some theoretical courses in medical schools are mainly undertaken by clinical nursing faculty, and the comprehensive strength of the faculty's medical institution has a certain impact on their teaching ability. Due to the differences in the degree of attention, resource investment and practical experience of each medical institution in the field of hospice care, the knowledge reserve and teaching ability of clinical nursing teachers in hospice care are also uneven<sup>13</sup>.

Although most medical schools offer hospice-related courses, most of them are set as elective courses<sup>14</sup>, and the teaching method is mostly based on theoretical lectures. This curriculum and teaching method neglects the importance of practical skills training in hospice competency development. Hospice care requires not only theoretical knowledge, but also practical operation and hands-on experience. Lack of practical and skills training may lead to difficulties in translating theoretical knowledge into practical operation ability for nurse interns, thus affecting their hospice competence. The second is related to the uneven level of medical care between regions<sup>15,16</sup>, at present, China's hospice care is mainly concentrated in the north, Guangzhou and Shenzhen and other more developed areas and large urban hospitals ad hoc wards, in the remote areas are almost not involved in hospice services, the popularization of the degree of obvious insufficient<sup>17</sup>. Therefore, there is a real difference in the quality of education received by practicing nursing students during their school studies and clinical internships, and this difference inevitably has an impact. The third is that the length of the internship also has an impact on the hospice competence of practicing nursing students. In this survey, it was found that 51% of the internship nurse practitioners had internships that lasted 4-6 months. Students with relatively longer internships had more exposure to and participation in the actual work of hospice, and thus were able to acquire more hospice skills. In contrast, students with shorter internships may lack sufficient opportunities for practice, resulting in their hospice skills not being effectively enhanced. In addition, the content of the work of practicing nursing students in their clinical placements also affects their hospice competence. Due to the busyness and complexity of clinical work, nurse interns are more likely to do some basic nursing work during their clinical internship. Therefore, nursing students have fewer opportunities to participate in hospice-related nursing work during their internships, and the lack of practical operation and hands-on experience makes it difficult for nursing students to truly master and improve their hospice skills.

Analysis of Factors Influencing Hospice Competence of Nurse Interns

### Hospice competence was higher among nursing students with longer internships

The present study revealed that the hospice competency score of nursing students with internship duration of 7-9 months was (58.70±10.84), which was the main influencing factor. The reasons for this may be, firstly, with the gradual accumulation of internship duration, the interns' knowledge base in hospice care is getting richer and richer, and their learning ability, understanding and acceptance ability have also been significantly improved in a subtle way. At the same time, the accumulation of specialized knowledge deepened the interns' understanding of hospice care, and the increase in clinical practice experience gave the interns a deeper understanding of hospice care<sup>18</sup>. When practicing hospice care in the future, these accumulated experiences will become valuable assets for nurse interns. They will be able to face all kinds of difficulties and challenges more calmly, and more skillfully utilize the knowledge and skills they have learned to provide more professional and caring nursing services to patients. At the same time, these experiences can also improve the problem-solving ability of nursing interns, so that they can find solutions more quickly when facing complex problems, and provide better treatment results and care experience for patients. Therefore, the increase in internship hours not only helps nurse interns progress in the hospice field, but also lays a solid foundation for their future career development. Second, exposure to hospice care promotes the internalization and translation of hospice-related knowledge into the care of patients, as well as the development of practical skills in the field. Clinical practice gives nurse interns the opportunity to combine learned theory with actual practice, further deepening their professionalism. In addition, through communication with patients, nurse interns are able to better understand the needs and emotions of patients and reduce their own fear and anxiety about death, thus increasing their confidence in hospice work. This increased confidence will help nurse interns to face various challenges more comfortably in their future work and provide patients with better and more humanized care services<sup>19</sup>. Therefore, contact with patients has a positive contribution to the growth and development of nursing students.

### Hospice competence is higher among nurse practitioners who perceive themselves to be self-aware

This study showed that nurse interns who perceived themselves as having self-awareness were more likely to belong to the hospice cognitive ability group or the general cognitive ability group, which fits with the Knowing-Believing-Doing theory,<sup>20,21</sup> where the more self-awareness the interns have, the more positive they will be in carrying out hospice actions, and the more demand they have for hospice knowledge, the more proactive they will be in their learning, and the higher the level of their cognitive ability will be<sup>22</sup>. In hospice care, nurse interns often need to face patients' pain, grief and death. Nurse interns with self-awareness are able to recognize their own emotional reactions and also adopt appropriate methods to regulate their emotions to ensure that they remain calm, professional, and provide effective support to patients and families. Therefore, the enhancement of self-awareness among nurse interns plays an important role in the enhancement of hospice competence.

### Conclusion

- 1) The hospice competence of the nurse interns in this study was at an intermediate level, and there was much room for improvement.
- 2) The length of internship and whether or not they perceived themselves as self-aware were the two key factors influencing their hospice competence.

## Recommendations and Limitations

### Suggestions

In order to equip nurse interns with more comprehensive and specialized hospice competencies, the following recommendations are made based on the results of the study:

- 1) Provide intern nursing students with earlier and more hospice practice positions, which can start from the sophomore year to go to the hospital for regular rotation according to the situation of the nursing students; assign a hospice mentor to each intern nursing student; regularly collect practical feedback from the nursing students, and correct and improve the existing problems in a timely manner; and organize regular hospice training for the nursing students, so as to update their knowledge and skills.
- 2) In hospice nursing education, hospice-related courses should be reasonably designed<sup>24</sup> to enhance the rigor, scientificity, and interest of the courses, to stimulate the interest in hospice learning and to promote the enthusiasm of internship nursing students to learn.
- 3) Medical schools and clinical practice bases should actively explore diversified teaching methods and practical activities<sup>23</sup>. Through the introduction of self-reflection, role-playing, simulation exercises and other activities, to provide a more realistic, in-depth learning experience for intern nursing students, to help them more comprehensive understanding of their own strengths and weaknesses in hospice care.

### Limitations

1. This study was limited by sample size and geographic location, resulting in results that are not broadly applicable to the population as a whole.
2. The study was limited by time and could not follow and observe the study participants over time, resulting in results that were not comprehensive enough.

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