

A SWOT Analysis of Death Literacy Education in Nursing: Implications for Hospice and Palliative Care in China

Anyun Wang^{1,*}, Fei Nan^{2,*}, Lian-shun Jin³, Hongyan Jin⁴

¹Department of Central Sterile Supply, Yanbian University Hospital, Yanji, 133000, People's Republic of China; ²School of Nursing, Yanbian University, Yanji, 133002, People's Republic of China; ³Department of Hemodialysis Room, Yanbian University Hospital, Yanji, 133000, People's Republic of China; ⁴Department of Infection Control, Yanbian University Hospital, Yanji, 133000, People's Republic of China

*These authors contributed equally to this article

Correspondence: Lian-shun Jin, Department of Hemodialysis Room, Yanbian University Hospital, No. 1327 Juzi Street, Yanji, 133000, People's Republic of China, Tel +86-15526770593, Email lianshunjin_jls@126.com; Hongyan Jin, Department of Infection Control, Yanbian University Hospital, No. 1327 Juzi Street, Yanji, 133000, People's Republic of China, Tel +86-15526770379, Email jinhongyanhyjm@163.com

Objective: The demand for mortality-related education among hospice care providers in China remains high; however, the overall level of death literacy in China is comparatively low. Given that nurses constitute the primary workforce in hospice and palliative care delivery, enhancing nursing education in death literacy is essential for the effective implementation of related services.

Methods: A Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis was conducted to examine the internal advantages and limitations, as well as external opportunities and challenges, associated with death literacy nursing education in China.

Results: The strengths lie in the strong policy support for healthcare and the advancement of palliative care pilot programs, as well as the growing demand for palliative and end-of-life care accompanied by the successful localization of international experience. The weaknesses include limited educational and faculty resources, a shortage of qualified professionals and institutions, and persistent cultural taboos and traditional moral barriers that hinder development in this field. The opportunities are from shifting public awareness toward end-of-life care, increased international collaboration, and the adoption of more diverse and innovative teaching methods. The threats involve the uneven distribution of medical resources, growing industry competition and talent loss, the complexity of legal, regulatory, and ethical issues, and the continuing challenges of achieving effective interdisciplinary collaboration.

Conclusion: This study is the first to systematically apply SWOT analysis to provide empirical evidence for the strategic planning of death literacy education in nursing in China. It suggests that to improve death literacy nursing education in China, it is recommended to enhance policy implementation, incorporate international best practices, and promote the integration of intelligent technologies and interdisciplinary collaboration. These efforts should aim to extend educational outreach and resource accessibility to community-level and primary care settings. These strategic initiatives are expected to directly enhance nurses' communication and care competence at the end of life, thereby improving patients' quality of life in their final stages and advancing the goals of the *Healthy China 2030* initiative in the field of palliative care.

Keywords: competence, death literacy, end-of-life care, nursing education, SWOT analysis

Introduction

With the accelerating pace of population aging in China and the rising prevalence of chronic diseases, cancer, and other life-limiting conditions, achieving a dignified mortality has been identified as a key objective of the "Healthy China 2030" initiative. The challenges of population aging and chronic diseases faced by China are highly consistent with the World Health Organization's designation of palliative care as a global public health priority. Therefore, promoting death literacy education in China amid aging and chronic disease contexts not only directly responds to domestic health needs but also aligns with the WHO's global direction for advancing palliative care as a public health priority. Previous

research has indicated that the overall level of death literacy among Chinese nurses remains low, despite the growing demand for high-quality hospice care services.¹ As healthcare professionals who interact most frequently with patients and families, nurses are not only implementers of medical interventions but also key providers of symptom management, psychological support, and spiritual care. Therefore, enhancing nurses' death literacy represents the most direct and effective approach to improving the quality of end-of-life care. Educational initiatives aimed at improving death literacy among nursing personnel play a critical role in shaping their hospice care capabilities and directly influence the quality of care provided to patients at the end of life. While substantial research on death literacy among informal caregivers of terminally ill individuals has been conducted internationally, related studies within the Chinese context remain limited. Death literacy refers to the knowledge and skills required for individuals to access, understand, and act upon end-of-life and death care options.² However, existing research on death literacy among Chinese nurses has largely focused on descriptive surveys, with limited comprehensive studies that systematically examine the internal and external factors influencing its development from a strategic perspective. This research gap highlights the lack of robust empirical evidence to inform and guide educational policy development and implementation.

Currently, death literacy education for nurses in China is undergoing a transition from theoretical exploration to practical application. This area of education is at a pivotal stage, facing both urgent developmental needs and significant opportunities and challenges. The present analysis utilizes the Strengths, Weaknesses, Opportunities, and Threats (SWOT) framework to examine the current landscape of death literacy education in nursing, specifically within the context of hospice and palliative care. The aim is to offer a reference for promoting the dissemination of death literacy education and for strengthening the hospice and palliative care competence of nursing personnel.

Strengths of Death Literacy Nursing Education in China

Medical Policy Support and Advancement of Hospice Care Pilot Programs

The concept of death literacy, originating from public health approaches in hospice and palliative care, encompasses the knowledge and skills required to understand and evaluate end-of-life care options and make informed decisions subsequently.² This educational framework aligns with China's national policy direction for hospice and palliative care. Several national-level policies have been issued to support the development of palliative care, including the *Basic Standards and Management Specifications for Hospice Centers (Trial)* and the *Practice Guidelines for Hospice Care (Trial)*, which represent the first institutional-level standards for hospice services in China. The *14th Five-Year Plan for Healthy Aging* proposes a steady expansion of hospice care pilot programs, encouraging provinces and municipalities with suitable conditions to implement such services comprehensively. The *Healthy China 2030 Planning Outline* emphasizes the need to enhance the development of hospice care facilities and related health services.³

As of 2023, 152 hospice care pilot program regions had been designated across the country, and palliative care services were rapidly developing. In 2024, the National Healthcare Security Administration introduced new reimbursement categories, including "hospice care", to support palliative care advancement through legislative, financial, and policy mechanisms. These initiatives have led to heightened societal attention to death literacy, thereby fostering an environment conducive to the development of death literacy education among nursing personnel.

Growing Demand for Hospice and Palliative Care, and Localized International Experience

Advancements in diagnostic and therapeutic technologies have extended the survival period of terminally ill patients, leading to a continuous increase in the demand for hospice and palliative care services. Despite this trend, mortality preparedness remains limited among terminally ill patients in China, due to cultural taboos and medical decision-making authority being family-centric.⁴ By the end of 2023, the population of people who were 65 years and older had reached 217 million, accounting for 15.4% of the national population, thereby necessitating an improvement in the end-of-life care competencies of nursing personnel.⁵

International research and policy have emphasized the role of informal caregivers in hospice care and the importance of improving their death literacy to enhance service delivery and reduce healthcare burdens. Chinese traditional culture,

with its rich philosophical understanding of life and mortality, provides meaningful perspectives for modern interpretation of end-of-life issues. These cultural foundations support the adaptation and localization of international approaches to death literacy education and contribute to the acceptance and internalization of such education within nursing practice.

Efforts to integrate international experience into local practice began in the early 1980s, when Tianjin Medical College established the first research center on end-of-life care in mainland China. Since then, numerous medical institutions have incorporated mortality-related content into their curricula. In 2022, the Peking Union Medical College Hospital launched an outpatient hospice and palliative care clinic and established the Palliative Medicine Center. These developments have received positive social responses and have demonstrated the value of localized approaches in enhancing the hospice and palliative care capabilities of nurses while addressing the growing need for professional personnel in this field.

Weaknesses of Death Literacy Nursing Education in China

Limited Educational and Faculty Resources, Shortage of Professional Personnel and Institutions

Despite the growing demand for hospice care services, the availability of such healthcare institutions and trained professionals in China remains limited. Hospice care facilities are primarily concentrated in first-tier cities, restricting access in primary-level hospitals and rural areas. There is a pronounced shortage of trained hospice care personnel and faculty, and there is no established mechanism yet for collaborative practice across professional roles, such as social workers and volunteers.

Compared to other countries, China's efforts in mortality education began relatively late, and the development of educational infrastructure, curriculum content, and textbook materials remains at an early stage. Most medical colleges have yet to introduce structured mortality education courses. Where available, such courses are typically offered as electives rather than core requirements.⁶ The marginalization of death education within the curriculum is gradually changing in the context of globalization. For example, in the United States, although the Liaison Committee on Medical Education only requires medical students to attain a general "baseline level" of end-of-life care training,⁷ such training has been incorporated as a compulsory component of medical education. In contrast, China still lacks systematic and mandatory curricula in death education, which mainly appears as elective, experiential, or fragmented modules. There is also a scarcity of professional teaching staff in this field, and the existing curriculum design lacks systematic organization and comprehensiveness. Current educational programs often emphasize theoretical instruction with limited practical training, resulting in inadequate experiential competence among students. Existing research has indicated that undergraduate nursing students demonstrate only moderate willingness to provide care for terminally ill older patients, indicating that hospice care does not yet have strong appeal as a professional focus among nursing undergraduates.

Cultural Taboos and Traditional Moral Concept Barriers

The implementation of mortality education in China is hindered by a combination of environmental, internal, and organizational challenges. These cultural barriers are deeply rooted in philosophical and social traditions. First, Confucianism emphasizes the notions of "valuing life and avoiding death" and the saying "If one does not yet understand life, how can one understand death?", which regard open discussion of death as disrespectful and inauspicious, thereby shaping a pervasive social avoidance of death. Second, within the Confucian framework of filial piety, it is considered an absolute moral duty for children to pursue every possible means to prolong their parents' lives. This makes discussions about end-of-life decisions within families extremely difficult and even subject to misinterpretation as unfilial behavior. Furthermore, the Daoist pursuit of immortality and the Buddhist belief in reincarnation, often intertwined in popular belief, further complicate the public's understanding and attitudes toward death. These barriers underscore the need to clarify the essential objectives, functional roles, and cultural meanings of mortality education, and to reconstruct societal frameworks around mortality awareness. Traditional values such as "valuing life over mortality" remain deeply ingrained. Particularly in economically disadvantaged areas, there is often resistance to discontinuing ineffective life-prolonging treatments, and discussions surrounding mortality are frequently avoided. These cultural norms can

negatively influence the death literacy of nursing personnel, who may be insufficiently prepared to cope with the realities of terminal care. Many individuals, including medical professionals, lack adequate communication skills and coping strategies related to end-of-life care.⁸ Clinical nurses, in particular, often report low levels of preparedness in mortality coping, and research has found that nurses working in intensive care units (ICUs) in tertiary Grade A hospitals exhibit moderate levels of professional mortality avoidance.⁹ Influenced by traditional cultural and ethical systems, it is common in clinical practice for end-of-life decision-making to be discussed with family surrogates rather than directly with patients. This common practice reflects the previously mentioned family-centered ethical norm, particularly the principle of filial piety, which places family consensus above the individual autonomy of the patient. This family-dominated decision-making model is prevalent across East Asia (eg, Japan¹⁰ and South Korea¹¹) and stands in sharp contrast to the Western ethical emphasis on patient autonomy. Therefore, death literacy education in China cannot simply replicate Western communication models that prioritize individual autonomy; instead, it should focus on developing culturally grounded strategies that emphasize family communication and consensus-building. This practice has become an implicit social norm, contributing to moral conflicts for healthcare providers and creating tension between respecting patient autonomy and accommodating family expectations.¹²

Opportunities for Death Literacy Nursing Education in China

Social Cognitive Transformation

With the ongoing aging of the population and increasing pressure on social care systems, public awareness of hospice and palliative care has shifted, with greater emphasis now placed on improving quality of life. In response to the growing societal demand for end-of-life care services, there is an emerging need to establish community-based support systems for informal caregivers to enhance public death literacy.¹³ Societal recognition of the significance of death literacy in hospice and palliative care has increased, facilitating coordinated development between educational initiatives and clinical practice. Death literacy education integrates multidisciplinary knowledge spanning medicine, ethics, psychology, and related fields. This integration contributes to the overall development of nursing personnel by improving their professional competence and addressing the workforce gap in hospice care services. Furthermore, enhanced training in death literacy promotes broader public recognition of the nursing profession. Through the dissemination of death literacy concepts, the public is encouraged to adopt new social values that support shared decision-making in end-of-life care planning and delivery.

International Exchange and Cooperation and Application of Diversified Teaching

Methods

The adoption of digital tools and the expansion of online education including telemedicine and virtual simulation platforms have introduced flexible, accessible avenues for death literacy instruction. In the context of globalization, there has been an increased emphasis on international academic collaboration supporting knowledge exchange across countries. In China, national funding initiatives and the creation of academic exchange platforms have facilitated cross-border dialogue, creating new opportunities for the ongoing advancement of death literacy education among nursing personnel.

Practical training activities and simulated experiences are increasingly incorporated into mortality education curricula, emphasizing the importance of aligning theoretical instruction with clinical application. The design of diverse and interactive educational formats offers meaningful guidance for the continued development of death literacy education in China. With the rapid advancement of internet-based technologies, instruction models have become more varied. Implementation now includes not only traditional methods such as videos, audio materials, and lectures, but also innovative formats such as mortality cafés, comfort tea houses, online forums, reflective writing, and structured small-group discussions focused on challenging conversations.^{14,15} Innovative teaching formats such as “Death Cafés” and online forums align closely with the global trend of decentralizing death education and integrating it into community contexts, providing valuable international examples for developing localized interactive approaches in China. These flexible instructional formats help overcome time and space constraints often faced by working nurses, allowing for

extended opportunities for reflection and discussion. By accommodating scheduling conflicts between work and study, these teaching methods contribute positively to the enhancement of nurses' death literacy and foster deeper engagement with end-of-life care practices.

Threats to Death Literacy Nursing Education in China

Uneven Medical Resource Allocation

The distribution of medical resources in China remains imbalanced, with certain regions, particularly primary healthcare institutions lacking end-of-life care service infrastructure and adequately trained professionals. This resource disparity restricts opportunities for nursing students to engage in meaningful clinical practice during their training, thereby limiting the development of end-of-life care competence. Additionally, insufficient healthcare infrastructure impedes the expansion of hospice and palliative care services, presenting challenges to the advancement of death literacy education among nursing personnel.

Industry Competition and Talent Drain

As the healthcare industry continues to expand, the nursing labor market has become increasingly competitive. Beyond the field of end-of-life care, a range of alternative career pathways has emerged for nursing professionals. As a result, nursing personnel with strong competence in death literacy and end-of-life care may transition to other fields due to factors such as compensation, workload, and professional development opportunities. This talent migration diminishes the pool of qualified personnel in hospice nursing, adversely affecting both the quality of care provided and the long-term goals of research application and workforce training in death literacy education.

Complexity of Laws, Regulations, and Ethical Issues

Hospice care involves supporting patients with terminal illness and their families through multifaceted and emotionally challenging processes, which often expose hospice nurses to ethical dilemmas.¹⁶ End-of-life care is governed by a complex legal and ethical landscape, encompassing issues such as the legality of euthanasia, the principle of patient autonomy, and the equitable distribution of limited healthcare resources. In the current context, there is an absence of standardized and clearly defined national policies, which complicates the teaching process. China's ethical and legal challenges in end-of-life decision-making highlight the tension between the family-centered Eastern ethical framework and the individual autonomy-based Western model. This tension is common across many Asian healthcare systems. Therefore, death literacy education in China should not simply adopt ethical and legal models rooted in Western individualism but should instead focus on developing communication and decision-making frameworks compatible with local family-centered values. Educators encounter difficulties in establishing consistent instructional frameworks, and students may experience confusion when confronted with ethically ambiguous scenarios, ultimately reducing instructional effectiveness and professional skill development. Such dilemmas partly stem from differing emphases in end-of-life ethics between the East and the West. In North America and Western Europe, patient autonomy is typically regarded as the supreme principle, whereas in China and other East Asian societies, family-centered decision-making often coexists, and sometimes conflicts, with this principle. Hence, death literacy education should guide students to understand these cultural differences and cultivate culturally sensitive and ethically sound decision-making skills in clinical practice.

Addressing mortality avoidance attitudes among hospice care providers is essential to fostering adequate death literacy. In the cultural setting of mortality avoidance in China, there is a pressing need to explore indigenous cultural perspectives on mortality in order to respond to the diverse needs of patients and their families. Achieving this requires strengthening nurses' foundational knowledge, implementing scenario-based simulations for hospice care, and enhancing training in ethical decision-making.

Difficulties in Interdisciplinary Collaboration

The integration of interdisciplinary collaboration into hospice care in China is still in a relatively early stage. Nursing professionals in mortality education may encounter challenges arising from intra- and interprofessional differences,

involving themselves, patients, family members, and colleagues. Disparities in disciplinary knowledge frameworks and terminology may hinder mutual understanding across professional boundaries, leading to inefficient communication during mortality education and grief counseling interventions. Internationally, interdisciplinary teamwork is widely recognized as the cornerstone of high-quality palliative care. The UK model, for instance, features fixed teams comprising physicians, nurses, social workers, psychologists, and spiritual care providers, who engage in regular case discussions to ensure effective collaboration.¹¹ When developing localized models, China can draw on such international experiences by establishing standardized communication processes to overcome existing barriers to cooperation. Implementing death literacy nursing education effectively demands substantial investments in both material and financial resources, as well as coordinated integration of available assets. This process requires robust government support and interdepartmental cooperation. The development of a comprehensive and practical death literacy education system necessitates the involvement and guidance of experts from multiple disciplines, a process that remains challenging to establish within current structural limitations.

Strategic Recommendations

Strengths-Opportunities Strategy

The integration of China's rich cultural heritage, societal attention to end-of-life care, and policy support creates favorable conditions for curriculum enhancement. Development of death literacy nursing textbooks with culturally relevant content is recommended, incorporating traditional Chinese perspectives on life and mortality along with contemporary palliative care principles. The adoption of diverse instructional methods and international collaboration can further improve educational quality and faculty competence.¹⁷ Indicated approaches include case-based scenario simulations, inclusion of advanced international cases in end-of-life care, and cross-cultural discussions to expand students' perspectives.

Weaknesses-Opportunities Strategy

To address the limitations of the current curriculum structure and insufficient faculty resources, it is essential to utilize ongoing education reforms and supportive policies to improve curriculum design. Increasing the academic credit and instructional hours allocated to death literacy nursing courses, while constructing a theory-practice integrated curriculum system, is recommended. Faculty development should be strengthened by facilitating advanced training opportunities in domestic and international end-of-life care institutions and by inviting experts for lectures and workshops.¹⁸ The use of online teaching platforms and the development of digital courses may help offset faculty shortages. Moving forward, interdisciplinary life-mortality education tailored to specific patient population characteristics is essential to enhance end-of-life care capabilities among healthcare providers. The application of innovative technologies, such as virtual reality (VR) and augmented reality, is also encouraged to improve teaching effectiveness.¹⁹

Strengths-Threats Strategy

To capitalize on the demand for clinical application, collaboration with medical institutions should be intensified to establish stable clinical teaching bases. In response to regional disparities in healthcare resource allocation, ongoing development of death literacy for clinical nurses may be supported through distance learning and outreach programs in rural areas. These measures can improve the practicality of death literacy content, diversify its implementation, and enhance the development of assessment tools. Expanding death literacy education to primary healthcare institutions may further strengthen end-of-life care capabilities among primary care nurses.² Additionally, enhancing cross-sector collaboration within the healthcare industry and improving employment conditions and career incentives for palliative care nurses are necessary to mitigate workforce attrition.

Weaknesses-Threats Strategy

Given the constraints of traditional beliefs and the complexity of legal and ethical issues, it is necessary to reinforce public education and awareness regarding end-of-life care. Public engagement through media campaigns and

community-based activities can help disseminate knowledge and reshape societal attitudes toward mortality and palliative care.²⁰ Academic forums should be organized to address legal, regulatory, and ethical challenges, supporting the development of instructional guidelines for educators and learners.²¹ Furthermore, strengthening ethics education in nursing curricula is vital to foster appropriate values and ethical reasoning skills among students.

Conclusion

Death literacy nursing education in China presents both distinct strengths and developmental opportunities, alongside notable challenges and threats that hinder the advancement of end-of-life care competence. Continued attention to pedagogical challenges and ongoing refinement of instructional strategies are required to meet evolving societal needs and the increasing public demand for high-quality end-of-life care services. Therefore, systematically advancing death literacy education in nursing is not only an essential requirement for enhancing professional nursing competence but also a key pathway toward achieving the goal of comprehensive health coverage across the life course outlined in the “*Healthy China 2030*” strategy. Based on SWOT analysis, China’s death literacy nursing education needs to prioritize on addressing the following issues: (1) Construct a standardized curriculum system by drawing on international experience to develop localized textbooks covering medical, ethical, and psychological content. (2) Break through cultural barriers through case-based instruction and interactive formats such as comfort tea houses to enhance communication skills among medical students. (3) Integrate intelligent technologies by developing virtual simulation platforms, including VR simulations of end-of-life scenarios, to improve experiential learning and hands-on competence. (4) Strengthen policy implementation by expanding medical insurance coverage and promoting multi-disciplinary collaboration mechanisms to ensure that teaching resources are accessible at grassroots levels. The implementation of these initiatives is expected to generate profound and multi-level impacts: at the micro level, improving the quality of life for terminally ill patients and their families; at the meso level, enhancing nurses’ professional competence and sense of value while reducing burnout; and at the macro level, laying a solid human resource foundation for developing a palliative care system with Chinese characteristics and promoting the optimal allocation of healthcare resources.

Abbreviations

SWOT, Strengths, Weaknesses, Opportunities, Threats; VR, Virtual Reality.

Data Sharing Statement

All data generated or analysed during this study are included in this article. Further enquiries can be directed to the corresponding author.

Ethical Approval

This study is a literature review and does not require the informed consent of patients, and does not require ethical approval.

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Disclosure

The authors declare that they have no competing interests.

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