

End of Life Care

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August 2026

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Conversations that matter most: improving communication in end of life care PHSO

Parliamentary and Health Service Ombudsman

Good end of life care depends on good communication. When patients and families receive clear, honest and timely information, they are better able to face what lies ahead. When communication breaks down, the consequences can last a lifetime.

Read the report at <https://www.ombudsman.org.uk/publications/conversations-matter-most-improving-communication-end-life-care-0>

1. Interventions for Xerostomia and Thirst in Adults Receiving Palliative and End-Of-Life Care: A Systematic Review With Synthesis Without Meta-Analysis

Authors: Belo, Anna Caroline de Sousa and Santos, Allan Bruno Alves de Sousa

Publication Date: 2026

Journal: The American Journal of Hospice & Palliative Care , pp. 10499091261474447

Abstract: Background Xerostomia and thirst are among the most prevalent and distressing symptoms in palliative care, yet the effectiveness of relieving interventions in this population remains uncertain. Objective To evaluate the effectiveness of symptomatic interventions on the intensity of xerostomia and thirst in adults receiving palliative and end-of-life care. Design Systematic review with synthesis without meta-analysis (SWiM), reported per PRISMA 2020. Methods We searched five databases from inception to June 2026 for randomized controlled trials. Two reviewers independently selected studies, extracted data, and assessed risk of bias (RoB 2). Given the small number of studies and incomplete reporting of dispersion measures, data were not imputed; results were synthesized narratively and structured by comparator type. Results Six trials (235 participants) were included. No outcome had sufficient data for meta-analysis. Of five trials evaluable for xerostomia, two favored the intervention, three showed no clear difference, and none favored the comparator. Benefit clustered in comparisons against usual care, whereas placebo-controlled trials showed no advantage of the active agent. Risk of bias was high in three trials and raised concerns in the remainder; certainty of evidence was very low. Conclusions Evidence is insufficient for quantitative synthesis and of very low certainty. Symptom improvement appears more attributable to structured oral care than to any specific agent. Larger, better-reported trials are needed, and thirst remains markedly understudied.

2. A retrospective single-centre evaluation of systemic anticancer therapy near the end of life in patients with solid organ malignancies

Authors: Chapman, Millicent; Nilsen, Oliver; Estacio, Ortis; Siderov, Jim; Yeo, Belinda and Hafeez, Umbreen

Publication Date: 2026

Journal: Internal Medicine Journal

Abstract: Background Systemic anticancer therapy (SACT) near the end of life can contribute to significant patient morbidity and mortality in an already vulnerable population. There are variable rates of SACT use within 30 days of death in Australia, including immunotherapy (IO). Aims To assess the characteristics of medical oncology patients who died within 30 days of SACT and 30 or 90 days of IO and identify factors associated with treatment-related mortality (TRM). Methods Retrospective study of 2948 medical oncology patients at a tertiary metropolitan hospital, between 1 January 2019 and 31 December 2023, who received intravenous or subcutaneous SACT within 30 days of death, and a subgroup who received IO within 90 days of death. Demographic, oncological and mortality-related data were collected. Descriptive statistics and univariable logistic regression analyses were used. Results Overall, 170 (5.8%) patients died within 30 days of receiving SACT. Thirty-seven (22%) deaths were attributed to treatment-related complications. Pre-treatment Eastern Co-operative Group Score 0-1 (odds ratio (OR) = 2.43, P = 0.03, 95% confidence interval (CI) 1.08-5.49) or chemotherapy administration (OR = 20.3, P < 0.001, 95% CI 4.58-89.97) were associated with TRM within 30 days of SACT. A total of 855 patients received IO containing regimens, of which 61 (7.1%) died within 30 days and 139 (16.3%) died within 90 days. Conclusion The proportion of patients who died within 30 days of SACT was comparable to that of previous Australian studies. TRM was associated with good pre-treatment performance status or chemotherapy administration. Prospective research should examine IO use at the end of life and evaluate

optimal patient selection for SACT in larger Australian cohorts.

3. Between reality and meaning: a qualitative study on virtual reality as a compassionate technology in end-of-life care

Authors: Chatchumni, Manaporn; Phibunnithikasem, Petpailin; Thatsiriniratkul, Ravinan; Prasertsri, Thongdech; Chotikunnan, Rawiphon and Chotikunnan, Phichitphon

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2669695

Abstract: Background Virtual reality (VR) is increasingly recognized as a supportive tool in palliative care due to its potential to promote relaxation, emotional comfort, and spiritual reflection. In Thailand, where end-of-life care is shaped by family relationships, Buddhist beliefs, and the value of a peaceful death, little is known about how VR is perceived in this context. Aim To explore perceptions, emotional and spiritual needs, and anticipated acceptability of VR in end-of-life care among terminally ill patients, family caregivers, and palliative care professionals in Thailand. Method A qualitative descriptive study was conducted using semi-structured interviews with 15 purposively selected participants, including five terminally ill patients, five family caregivers, and five healthcare professionals. The study focused on anticipated rather than directly experienced use of VR. Interviews were conducted in Thai, audio-recorded, transcribed verbatim, and analyzed using inductive content analysis. Rigor was enhanced through investigator triangulation, reflexive memo writing, peer debriefing, and an audit trail. Results Four interrelated themes were developed: (1) emotional and existential needs, including longing for home, peace, and unresolved concerns; (2) spirituality and meaning, where VR was perceived as a medium for reflection and religious connection; (3) facilitators and barriers, including perceived benefits alongside concerns about usability, emotional impact, and staff workload; and (4) compassionate innovation, reflecting the potential of VR to support dignity, comfort, and meaning at the end of life. Participants viewed VR not merely as a distraction tool, but as a means of symbolic connection and emotional support. Conclusion In this Thai palliative care context, VR was perceived as a potentially compassionate and culturally meaningful technology that may support emotional, existential, and spiritual well-being when tailored to patient readiness, cultural values, and clinical feasibility. As findings reflect anticipated perceptions, further research is needed to evaluate its practical, emotional, and ethical impacts in clinical settings.

4. Palliative and end of life care in older major trauma - A point prevalence evaluation in England, Wales and Scotland

Authors: Cole, Elaine; Jarman, Heather and collaborators, PECOT

Publication Date: 2026

Journal: Injury 57(9), pp. 113199

Abstract: Introduction Traumatic injury in older people is a significant health burden with

higher mortality rates than younger cohorts. Survival following older trauma may be complicated by the patients pre-injury state and clinical uncertainty. Timely identification of palliative and end-of-life care needs may be challenging for acute clinical teams, and treatment escalation planning is not routinely embedded in trauma care. This point prevalence snap-shot aimed to evaluate treatment escalation discussions and palliative/end of life care (EoLC) practice in older major trauma patients at a national level. Methods A one-day point prevalence "flash-mob" audit was conducted across Major Trauma Centres (MTCs) and Trauma Units (TUs) in England, Wales and Scotland. All trauma patients aged ≥ 65 years in hospital were eligible for inclusion. Patients with and without treatment escalation plans (TEPs) and those on care pathways were analysed. Results Data from 957 patients in 49 hospitals were included and median time from injury was 11 days (interquartile range 4-24). A TEP or equivalent was documented in 393 patients (41.0%). Among patients with a TEP, there were more aged > 85 years (165/393 (41.9%)), than in those without a TEP (167/564 (29.6%)), $p < 0.001$). Clinical frailty scoring was performed in 657 patients (68.6%), and where recorded, TEPs were associated with increased frailty (CFS ≥ 5 TEP: 68% 207/304] vs. No TEP: 46.4% 164/353], $p < 0.001$). Polytrauma predominated over any single site injury (TEP: 140/393, 35.6% vs. No TEP: 197/564, 34.9%). Admitting specialty teams differed between groups and those with a TEP were more likely to be under the care of a medical consultant (92/393, 23.4%) compared to only 60/564, 10.6% of the no-TEP patients ($p < 0.001$). A fifth of those with a TEP were on a documented palliative, time-limited or end-of-life care pathway (20.3%). Care pathways were more likely in those with older age ($p < 0.001$) and severe frailty (CFS ≥ 7) ($p = 0.03$) rather than injury type, clinical specialty or advance care plans. Conclusion This national snapshot demonstrates limited and variable use of treatment escalation planning with low rates of recorded palliative and EoLC need discussions in older major trauma patients. Greater integration of frailty assessment and early goals-of-care discussions are required to improve care for this growing population.

5. Policy priorities in palliative and end-of-life care: An exploration of issues reflected in public strategy

Authors: Collins, Anna;Coghlan, Rachel;Agar, Meera R.;Greenland, Rohan;Hofmeyer, Christine;Boughey, Mark and Philip, Jennifer

Publication Date: 2026

Journal: Health Policy (Amsterdam, Netherlands) 172, pp. 105685

Abstract: Objectives To map the issues and priorities reflected in palliative and end-of-life care policy in Australia. Methods A qualitative documentary policy analysis examined the content of national and state-based policies and strategies on palliative and end-of-life care that were published in Australia and identified during July-September 2020. Summative content analysis was used to quantify policy characteristics, key domains and depth of coverage across strategy documents and to identify emergent themes. Results Nine policies comprising a total of 304 pages published from 2005-2019 and covering all jurisdictions of Australia were included. Whilst there was breadth of coverage of key palliative care domains across policies, the depth to which they were covered varied. Use of research evidence to guide policy outcomes was infrequent. Aspirational narratives were commonly used to convey shared principles of person-centred, high quality, integrated, coordinated and accessible care

for the person and their family carer. The conceptual framing and definitions of palliative care and end-of-life care were inconsistent and varied, and there was a disconnect between this framing and the target audiences, the actions to achieve priority areas, and the intended outcomes. Conclusions This study documented the key priorities articulated in palliative care and end-of-life care policy in Australia, revealing possibilities for a re-imagined best-practice evidence-to-policy cycle.

6. Consciousness Changes and Palliative Sedation in Advanced Cancer Hospice Patients: A Prospective Study

Authors: de-Santiago-Ruiz, Ana;Rocafort-Gil, Javier;Rivadeneira-Cabana, Jos;Puerta-Ardiz, Mar;Ávila-Montenegro, Elena;Botella-Trelis, Jos and Alonso-Babarro, Alberto

Publication Date: 2026

Journal: Journal of Pain and Symptom Management 72(3), pp. e207–e221

Abstract: Context Prospective evidence on palliative sedation in inpatient hospice is limited. Comparative data on the trajectory of level of consciousness in sedated and nonsedated patients during the last days of life are lacking. Objectives To compare trajectories of level of consciousness during the last days of life between sedated and nonsedated advanced cancer patients admitted to inpatient hospice, and to describe the frequency of palliative sedation and associated clinical factors, including complex sedation. Methods Prospective, multicenter, observational cohort study. Adult patients with advanced cancer admitted to four inpatient hospices between October 2022 and November 2024 who died during admission were included. Results Among 286 patients who died during admission, 167 (58.4%) received palliative sedation, of whom 72 (43.1%) required complex sedation involving two or more drugs. During the last days of life, consciousness, assessed using the palliative-adapted Richmond Agitation-Sedation Scale, declined progressively in both sedated and nonsedated patients, with differences observed only during the final hours of life, when sedated patients exhibited lower median scores (-5 vs. -4; $P = 0.0002$). Sedated patients were younger, less dependent at admission, had a higher symptom burden, and more often used opioids and benzodiazepines. Delirium was the main indication for palliative sedation (65.9%), particularly associated with complex sedation, which was linked to greater clinical complexity and higher sedative doses. Conclusion In patients with advanced cancer admitted to inpatient hospice, trajectories of level of consciousness during the last days of life are largely similar in sedated and nonsedated patients. Palliative sedation is frequently used, mainly in the presence of delirium, while complex sedation reflects greater clinical complexity.

7. Communication Tools for End-of-Life Conversations in Palliative Nursing: A Narrative Review

Authors: Giachello, Martina;Provasoli, Chiara;Cosmai, Simone;Modena, Gloria Maria;Cattani, Daniela;Dacomi, Alessandra;Chiari, Cristina;Scollo, Sarah;Mancin, Stefano;Lopane, Diego and Mazzoleni, Beatrice

Publication Date: 2026

Journal: American Journal of Hospice & Palliative Medicine 43(8), pp. 892–899

Abstract: Background: Effective end-of-life communication is essential to patient-centered palliative care, yet nurses often report feeling unprepared for these challenging conversations. A variety of structured tools have emerged to support healthcare professionals in facilitating meaningful discussions with terminally ill patients. Objectives: This narrative review aims to identify and synthesize the main communication tools available to nurses to improve end-of-life conversations, with a focus on practical, evidence-based strategies that enhance patient-centered care planning. Methods: A comprehensive literature search was conducted in PubMed, CINAHL, Scopus, and UpToDate for studies published between 2012 and March 2025. Inclusion criteria encompassed English or Italian peer-reviewed articles focusing on adult patients receiving palliative care and evaluating communication tools designed for or involving nurses. Data were extracted and summarized based on study type, tool, and reported outcomes. Results: Nineteen studies met the inclusion criteria, including randomized controlled trials, systematic reviews, and qualitative studies. Communication tools were categorized into five main groups: card games, question prompt lists, acronym-based protocols, structured conversation guides, and digital tools. Across studies, these tools were associated with improved communication quality, greater patient participation, increased expression of care preferences, and enhanced emotional well-being. Conclusion: Nurse-led use of structured communication tools can facilitate timely, compassionate end-of-life conversations aligned with patients' values and needs. Their integration into palliative nursing practice requires targeted training and institutional support. Future research should explore their long-term effects on patient outcomes and care quality.

8. Exploring Virtual Reality as an Intervention to Improve Symptom Severity in Hospice-Eligible Patients

Authors: Maciejewski, Hannah;Levy, Kathryn;Mann, Catherine M.;Sullivan, Suzanne S.;Schuster, Gina and Kerr, Christopher W.

Publication Date: 2026

Journal: American Journal of Hospice & Palliative Medicine 43(8), pp. 861–868

Abstract: Virtual reality (VR) as an intervention has appeared in the literature and in clinical settings across many different populations. To expand the use of this care option, it is worth considering the ways in which a VR application may benefit individuals with life-limiting illness in hospice and palliative care settings. The incorporation of VR as a therapy option may aid in symptom management and support people nearing the end of life in focusing on aspects of their overall well-being. The goals of this study were to: 1) explore virtual reality as an intervention to improve symptom severity in hospice-eligible patients, 2) correlate self-reported presence scores to changes in symptom severity and 3) find evidence for feasibility of this type of intervention with a hospice eligible population. Participants partook in targeted, individualized VR experiences unique and personal to each participant; allowing them to revisit personally significant places where they experienced positive, meaningful memories during youth and adulthood. Due to difficulties in recruitment, a sample for sufficient statistical analysis was not achieved. However, the study yielded two takeaways: 1) evidence for feasibility and acceptability of this type of longitudinal intervention for hospice and palliative

populations, 2) and VR sessions to meaningful places suggested potential symptom improvement and increased presence in VR with repeated sessions. Future research efforts should aim to expand on the use of VR in hospice-eligible populations.

9. Economic cost of informal cancer caregiving at the end of life: systematic search and narrative synthesis

Authors: Platts, Cara;Collins, Anna;Schilling, Chris;Christopoulos, Georgia;Le, Brian;Dunn, Sadie;Mclachlan, Sue-Anne;Dillon, Louise;Chandler, Samantha;Maher, Terry;Gardiner, Clare and Philip, Jennifer

Publication Date: 2026

Journal: BMJ Supportive & Palliative Care

Abstract: Background Informal caregivers are essential to the provision of cancer care at the end of life, yet the economic costs they bear remain poorly understood and are neither routinely captured nor used in economic evaluation. The absence of consistent data collection and agreed methods for valuation risks underestimating these costs in both policy and practice. Aim To synthesise the current evidence on the costs borne by informal caregivers for individuals with cancer who have accessed palliative care or are at the end of life and to highlight methodological considerations in measuring these costs. Design A systematic search and narrative synthesis. Data Sources MEDLINE, CINAHL, PsycINFO and Cochrane databases were searched for relevant studies published in English between 2013 and 2023. Results The analysis included 18 studies. Costs to caregivers were categorised into direct costs (eg, out-of-pocket expenses), indirect costs (eg, employment impact) and time costs associated with caregiving tasks. Carer costs varied by cancer stream, functional status and phase of illness. Significant inequities were evident, with carers who were female, rurally located or from socioeconomically disadvantaged groups experiencing higher burdens. There was no standard methodology for measurement of caregiving costs. Heterogeneity in study design, populations and valuation methodologies limited direct comparison of cost estimates across settings. Conclusions Informal caregiving imposes significant and unevenly distributed costs. There is a need for an economic tool to standardise how these costs are measured. This would promote integration of carer cost into economic evaluations and would inform policies that support equity and sustainability in cancer care.

10. Advance care planning in the end-of-life phase: coordinating between social worlds

Authors: Posthuma, Estella;Schuurmans, Jitse;Peeters, Hugo;Bal, Roland and Wallenburg, Iris

Publication Date: 2026

Journal: Social Science & Medicine (1982) 406, pp. 119669

Abstract: Advance care planning (ACP) for people in the last phase of life, living at home with complex care needs, is increasingly seen as a valuable practice to deliver patient-centred care and to prevent unnecessary hospitalizations and delay nursing home admissions. A notable

difficulty of ACP is the coordination of ACP-practices over various domains involved in patient care (e.g. home care, GP care, hospital care). We draw on ethnographic data on ACP practices in home care, GP-care and hospital care in the Netherlands. We use social worlds theory to analyse the different information requirements of collaborating social worlds in end-of-life care (home care; GP care; hospital care) and show how actors succeed in coordinating ACP through three different coordinating practices: (1) via articulation work; (2) via boundary objects; and (3) via patients and their loved ones as boundary subjects. Furthermore, we articulate the conditions under which written ACP-agreements emerge as boundary objects to coordinate ACP practices in different domains of patient care. In the paper, we contribute to literature on coordination of care across domains by presenting a holistic account of care coordination practices in end-of-life care.

11. Pruritus, Fever, and Sweats at the End of Life: Nursing Assessment and Management Considerations

Authors: Smothers, Angel;Kitzmilller, Amanda and Niland, Diana

Publication Date: 2026

Journal: Journal of Hospice & Palliative Nursing 28(4), pp. 172–174

Abstract: Pruritus, fever, and sweats are frequently observed thermoregulatory symptoms among patients with advanced chronic illnesses, especially during the terminal phase. These symptoms can substantially affect patient comfort and may contribute to fatigue, delirium, sleep disturbances, and lead to increased caregiver burden. Nurses play a crucial role in distinguishing between reversible and irreversible causes of pruritus, fever, and sweats. They are essential in implementing evidence-based interventions focused on patient comfort that align with the goals of care for both patients and families. This article presents a thorough, evidence-based review of the assessment and management of pruritus, fever, and sweats at the end of life.

12. A Retrospective Mixed-Methods Analysis of Falls Among Patients in a Social Model Hospice Residential Care Home

Authors: Weisse, Carol S.;Melekis, Kelly;Nguyen, Lam;Collier, Cort and Kelley, Nadia

Publication Date: 2026

Journal: The American Journal of Hospice & Palliative Care , pp. 10499091261476214

Abstract: While falls among older adults have been studied extensively in various medical settings, less is known about falls occurring during home hospice care when care is provided by informal caregivers. A retrospective mixed methods design was used to examine patients' and caregivers' experiences with falls, including fall frequency and characteristics, contributing factors, and fall consequences and corrective measures. A data registry of 535 hospice patients who received care between 2004-2020 was queried to identify patients that experienced one or more falls during their stay in one of 4 residential care homes (RCHs). A total of 81 patients (15.1%) experienced one or more falls, and there were 119 falls across

13,860 days of care or 8.6 falls per 1000 days of care. The majority of patients who fell (65%) did so just once, and for most of the falls there were either no injuries (50%) or minor injuries (44%). Only two falls (6%) resulted in hospitalization. In the 24-hour period prior to patients' falls, opiates were shown to be the most frequently administered medication followed by benzodiazepines, with higher rates of falls among patients who consumed both of these medications in combination. Most falls occurred in the bedroom or bathroom and were related to toileting needs. Results suggest that informal caregivers may benefit from additional training when supporting hospice patients' toileting needs, especially when they have received opiates and benzodiazepines. Results illustrate caregivers' efforts to balance fall risk with patients' desire for autonomy as a central element of home hospice care.

13. Supporting homecare workers to provide palliative and end-of-life care: A scoping review of interventions and their implementation

Authors: Williamson, Lesley E.; Dhawan, Annika; Mujtabah, Fatima; Yeung, Ai Qi Katrina; Leverton, Monica; Sleeman, Katherine E.; Burgess, Abigail; Ellis-Smith, Clare and Evans, Catherine J.

Publication Date: 2026

Journal: Palliative Care and Social Practice 20, pp. 26323524261467434

Abstract: Background Social homecare workers provide care to enable people to live as independently as possible in their own homes. They play a central role in supporting palliative and end-of-life care but often encounter challenges and can feel disempowered. Objectives We aimed to scope the evidence on interventions to support homecare workers' provision of palliative and end-of-life care, and the contextual factors that influence their implementation. Eligibility Criteria Papers were included if they reported primary research of any design, evaluating any intervention supporting homecare workers to provide palliative and end-of-life care. Sources of Evidence We systematically searched four bibliographic databases and supplemented this with reference chaining and grey literature searching. Charting Methods Using a qualitative content analysis, we deductively mapped data against the four contextual domains of the Practical Robust Implementation and Sustainability Model. Results We found 13 papers reporting interventions to support homecare workers to provide palliative and end-of-life care, of which only seven described contextual factors that influence their implementation. The most common intervention type was training, and most cited contextual factors related to homecare workers' perspectives of the intervention. Characteristics relating to homecare workers' schedules and agency staff turnover were also described as influencing implementation of interventions. However, few reported the influence of the perspectives or characteristics of managers, people receiving homecare, and families. Only two of the seven papers mentioned the influence of the external environment or infrastructure to promote implementation and sustainability of interventions. Conclusions The scarcity of evidence on interventions and their implementation is a missed opportunity to support the homecare sector's response to increasing demand for community-based care and reduced hospital deaths. Better understanding of how the workforce can be supported to provide palliative and end-of-life care, in a sustainable way, would help facilitate high-quality care at home for people approaching the end of life.

14. Factors Associated With Potentially Inappropriate Medication Use and Deprescribing Among Patients Receiving Home-Based Hospice Care

Authors: Wu, Yi-Chen;Yang, Yu-Chang;Lee, Meng-Sui;Yen, Yung-Feng and Chen, Mei-Ju

Publication Date: 2026

Journal: The American Journal of Hospice & Palliative Care 43(9), pp. 932–939

Abstract: PurposeThis study aimed to examine the factors associated with potentially inappropriate medication (PIM) use and the deprescribing among home hospice patients in Taipei, Taiwan.MethodsWe analyzed 101 home hospice patients from a Taipei City hospital from 2016 to 2022, using 2 significant PIMs which are identified by the OncPal guideline and STOPPFrail version 2 respectively. Logistic regression and Cox proportional hazards regression were used to analyze factors associated with PIMs and the deprescribing.ResultsOf the 101 participants, about half of the patients were prescribed at least 1 of the 2 PIM at the beginning of the program. 41.6% had excessive polypharmacy and 29.7% received nasogastric tube feeding. The common drug of the both PIMs included antihypertensives, antiulcer agents, vitamins and statins. We found the factor associated with using both PIMs is excessive polypharmacy, with adjusted odds ratios of 5.87 (95% CI: 2.14-16.08) for STOPPFrail and 10.39 (95% CI: 3.38-31.99) for OncPal respectively. The discontinuation rate is about 30%. A negative association was found between nasogastric tube feeding and PIM deprescribing, with adjusted hazard ratios of 0.23 (95% CI: 0.07-0.82) for STOPPFrail and 0.08 (95% CI: 0.02-0.46) for OncPal.ConclusionThis study demonstrates a high prevalence of PIMs among home-hospice care patients, with PIMs being less likely to be deprescribed in those receiving nasogastric tube feeding. The further research may be warranted to minimize use of PIM to enhance medication safety for patients.

15. Application of Immersive Teaching in the Training of Hospice Care Professionals: A Randomized Clinical Trial

Authors: Zhang, Huirong;Li, Ying;Lu, Qin and Cao, Feng

Publication Date: 2026

Journal: American Journal of Hospice & Palliative Medicine 43(8), pp. 819–825

Abstract: Context: Hospice care landscape is the stark contrast between developed and developing countries. There is a pressing need to strengthen the construction of hospice care talent teams further and establish corresponding training and development systems. Moreover, the study on the immersive teaching in hospice care training is lacking. Background: This study aimed to investigate the application and responses for immersive teaching in the training of hospice care professionals. Methods: This was a randomized clinical trial. 48 hospice care professionals participating in training programs from May 2021 to November 2023 were divided into an intervention group and a control group, with 24 participants in each group. Traditional teaching was given to the control group, while traditional teaching methods combined with immersive teaching were given to the intervention group. Both groups' theory, operation, and satisfaction scores were compared. Results: Under the teaching modes

adopted by both groups, both groups' theoretical and practical operation scores improved. The similar theoretical scores were found between the 2 groups ($P > 0.05$). However, the operational scores of the intervention group were significantly higher than those of the control group ($P < 0.05$). The satisfaction and simulated experience satisfaction of the trainees in the intervention group were significantly higher than those in the control group, with statistically significant differences ($P < 0.05$). Conclusion: The application of immersive teaching in the training of hospice care professionals helps enhance operational ability and simulate experience, and thus improve satisfaction among trainees.

Sources Used:

The following databases are searched on a regular basis in the development of this bulletin:
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