



Featured Article

Advancing Palliative Care Through Education

A Worldwide Journey

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As the global burden of chronic and life-limiting illnesses continues to rise, the demand for high-quality palliative care—and by extension, well-prepared palliative care nurses—is greater than ever. This article explores the current landscape of palliative care nursing education in various regions of the world, highlighting key international initiatives, innovations, and persistent challenges. Major global efforts advocating for universal palliative care access and the integration of palliative care education into nursing curricula have laid important groundwork. Regional

successes, including structured certification programs, national frameworks, community-based trainings, and culturally tailored approaches, showcase adaptive educational models responsive to local needs. Despite progress, significant barriers remain, including limited resources, insufficient faculty training, variability in educational standards, and lack of policy support in many low- and middle-income countries, which hinder consistent implementation. By comparing global strategies and identifying areas for development, this article underscores the need for collaborative, context-sensitive solutions to strengthen palliative care nursing education worldwide.

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Several key initiatives and organizations are addressing this need. The End-of-Life Nursing Education Consortium (ELNEC), active since 2000, provides a structured, culturally adaptable curriculum now implemented in 116 countries and translated into 12 languages. Its train-the-trainer model promotes sustainability and interdisciplinary collaboration and includes tailored programs for nursing students and faculty, making this a gold standard educational tool for nursing programs worldwide.⁷ The US-based Education in Palliative and End-of-LifeCareProgramdeliverscomprehensive, competency-based PC education for interdisciplinary teams including nurses, using a modular approach that allows customization to local clinical and cultural settings.⁸ The World Health Organization emphasizes integrating PC into national health systems, particularly in primary care, and calls for culturally appropriate and system-specific education.⁹ The International Association for Hospice and Palliative Care¹⁰ supports educators, defines core competencies, and maintains global standards and resources—particularly in LMICs.¹¹ Finally, the European Association for Palliative Care¹² promotes accessible, evidence-based education and advocates for integrating PC into nursing curricula across Europe and beyond.¹³⁻¹⁷

Standardizing PC education in nursing ensures consistent, high-quality care, while tailoring it to local cultures and systems enhances relevance and integration. Blending these approaches creates a stronger global PC framework.¹⁸⁻²⁰ By integrating standardized principles with tailored education, a more comprehensive and globally effective PC education system can be created—one that supports nurses, HCPs, and more importantly, patients and families.²¹ Building on this foundation, the authors offer a global perspective through international exemplars that showcase progress and varied strategies in advancing PC education.

METHODS

For 3 world regions—East Asia (Japan), South-East Asia (India), and Central-Eastern Europe (Romania, Hungary, Albania, and Greece)—examples of successful practices in PC nursing education are presented (Figure). Contributors from each region were asked to provide the following: an overview of current efforts to integrate PC content into schools of nursing; a description of how educational content and delivery have been culturally adapted to respect and align with local beliefs, customs, and end-of-life practices; innovations in pedagogy or creative teaching strategies used to deliver PC education effectively; and key challenges and emerging opportunities in advancing PC education. This article shares diverse approaches to strengthen global PC nursing and concludes with a summary of key challenges, opportunities, and future directions.

GLOBAL EXEMPLARS IN PC

Albania

Overview of Efforts to Integrate PC Education into Schools of Nursing

PC education in Albania has evolved from minimal awareness in the early 2000s to a nationally integrated component of nursing curricula. Initial efforts began through the advocacy of nurses sharing stories of patients with serious illness. The education of nurses in PC became a growing demand. Intensive lobbying and advocacy efforts led to the introduction of PC education in primary care nursing in 2007. Since 2013, ELNEC materials have been used in all nursing schools, contributing to standardization and accessibility of PC content.

Cultural Adaptations to Align With Traditional Beliefs and Practices

Integration efforts in Albania have included contextual adaptation of PC materials, including translations into Albanian, along with annual updates of content. Patient narratives and culturally resonant examples have been used to convey the importance of PC, enhancing community and provider acceptance in a country where traditional perceptions of end-of-life care previously hindered progress.

Innovations and Teaching Strategies

Throughout Albania, teaching strategies include a blend of theoretical and practical learning through residential hospice training, storytelling, and case-based learning. A significant milestone was the training of 15 nurse leaders through the Romanian 1-year-long “Transformative Leadership” program, with nurse educators comprising nearly half of the participants. ELNEC-based education has also been supported by faculty development efforts, including international and local workshops, ensuring high-quality instruction aligned with global best practices.

Challenges and Opportunities

Albania’s challenges include continued misconceptions about PC, limited integration of PC into public health institutions, lack of standardized curricula across all programs, and insufficient hands-on clinical experiences. However, its inclusion in the national cancer control program and increasing interest in PC integration at the primary care level are promising. Advocacy for mandatory inclusion of PC in all nursing programs and the development of a national unified curriculum are seen as key opportunities. Continued investment in faculty development and student research is also needed to sustain growth.

Greece

Overview of Efforts to Integrate PC Education Into Nursing Schools

In Greece, the significance of PC education has grown in response to demographic and health system pressures. Efforts



began with short courses led by specially trained academics, focusing on pain, grief, and bereavement. These pioneers also established the first adult (Palliative Care Service of Holy Metropolis Mesogeia and Lavreotiki, Spata in Attica, Greece) and pediatric (Merimna specialized home palliative care for children with life-threatening diseases in Athens, Greece) PC organizations. In 2003, the National and Kapodistrian University of Athens launched a 2-year Master of Science program in oncology nursing and PC, which was restructured in 2020 into 3 distinct tracks: adult PC, pediatric PC, and oncology nursing. From 2010 to 2021, a collaborative Master of Science program between the National and Kapodistrian University of Athens' Medical and Nursing Schools graduated 210 nurses. PC was first introduced into undergraduate curricula in 2005 as an elective and became a required course by the eighth semester in 2012. Currently, 4 other nursing schools also offer PC as an elective.

Innovations and Teaching Strategies Used to Deliver Education

Greek nursing programs employ a blend of didactic and experiential learning, aligned with international frameworks, including European Association for Palliative Care and ELNEC. Teaching methods include role play, case studies, video analysis, and online modules. Students engage with real-world PC through site visits to various PC sites. Assignments involve reflective observation and analysis of clinical experiences. Graduate-level programs emphasize multidisciplinary teaching, inviting contributions from visiting professors and other health care professionals. Notably, PC content is now also delivered in distance learning formats, including a blended PhD program that expands access across Greece.

Cultural Adaptations to Align With Traditional Beliefs and Practices

Cultural norms in Greece often influence end-of-life care decisions. Death is often a private, family-centered experience, with limited community involvement. Because of this, people who are dying can be isolated from the community and knowledge of terminal diagnosis may be withheld. These realities may necessitate sensitive cultural adaptations within PC education. Programs include spirituality, multicultural care, and ethical communication, preparing nurses to navigate these complex situations with cultural humility and respect.

Challenges and Opportunities

Despite steady progress, PC education in Greece faces several challenges: limited trained professionals, poor interprofessional collaboration, cultural misconceptions, and a physician-centric health care model. Nursing shortages further hinder the delivery of holistic PC. However, the 2022 national legislation recognizing PC as part of the health care system and the formation of a National PC Committee mark significant opportunities for growth. New proposals include an 18-month

PC nursing specialization and a structured 400-hour (200 theory/200 practice) training program for professionals entering new PC services. Since 2023, ELNEC has been translated into Greek and disseminated regionally, helping to build a stronger, more connected PC workforce.

Hungary

Overview of Efforts to Integrate PC Education Into Schools of Nursing

Hungary, a rapidly aging society, faces growing demand for PC, particularly for cancer patients, who comprised nearly 22% of total deaths in 2020. Since 1994, PC education has been a required component of nursing programs. Nurses are viewed as central coordinators of PC, which has led to the development of a tiered education model. A mandatory 40-hour basic PC course is required for nurses in specialized PC, while a 500-hour advanced training program includes clinical rotations in PC, oncology, and gerontology. Elements of PC are also incorporated into undergraduate and postgraduate nursing curricula, though often in limited and largely theoretical formats.²²⁻²⁸

Innovations and Teaching Strategies Used to Deliver Education

Hungary has introduced training strategies that allow nurses to pursue focused content areas such as symptom management, wound care, or grief communication. The ELNEC curriculum has been widely adopted for both adult and pediatric care. Simulation and case-based learning approaches are increasingly emphasized to strengthen clinical decision-making and interdisciplinary collaboration.

Cultural Adaptations to Align With Traditional Beliefs and Practices

Hungarian PC education recognizes the importance of emotional, spiritual, and familial dimensions of care. Training encourages culturally sensitive communication and supports holistic, dignified approaches to death and dying. Educators emphasize empathy, family involvement, and spiritual care aligned with Hungarian societal values.

Challenges and Opportunities

Challenges include limited instructional time within core nursing curricula, a shortage of qualified PC educators, and limited access to simulation tools for experiential learning. Furthermore, Advanced Practice Registered Nurse roles in PC remain underdeveloped, and there is still resistance from providers, as well as patients and families, to fully adopting the PC philosophy. Nonetheless, Hungary is making steady progress. The integration of sensitization courses and micro-certification programs is expanding generalist training. Advanced Practice Registered Nurse role development—particularly in geriatrics and community health—offers a clear opportunity to grow the PC workforce. Despite limited resources, Hungary benefits from high educational standards



and an increasing national commitment to advancing PC education.

India

Overview of Efforts to Integrate PC Education Into Schools of Nursing

While early ELNEC trainings were held in India prior to 2011, they did not fully address the complex needs of such a large, diverse, and resource-variable country. In response, a culturally adapted nurse training initiative—ELNEC India—was launched in 2013, led by an American champion nurse alongside a team of Indian nurses. This adaptation included a recalibration of the ELNEC curriculum to better reflect nursing roles in India, local health care contexts, and the availability of medications and resources. A pivotal milestone in mainstreaming PC education was the successful collaboration with the Nursing Council of India, which resulted in the mandate of both theory and clinical practice in PC during the fourth semester of Bachelor of Science nursing programs. This mandate impacts over 5000 colleges and universities, marking one of the largest national-level integrations of PC into nursing curricula to date.

Cultural Adaptations to Align With Traditional Beliefs and Practices

The ELNEC curriculum was thoughtfully adapted to reflect India's unique cultural, spiritual, and health care realities. This included modifications to language, examples, and delivery methods that align with local customs, family dynamics, and traditional approaches to end-of-life care. Efforts were also made to acknowledge and incorporate India's diverse health care infrastructure, including community-based and home-care models. Nurse leaders have been instrumental in these efforts, ensuring both cultural integrity and practical feasibility of educational offerings across the country.

Innovations and Teaching Strategies

To overcome barriers of scale and access, ELNEC India successfully implemented a train-the-trainer model, allowing exponential growth of nurse educators across regions. A key innovation was the strategic partnership with Cipla Pharmaceuticals, whose generous funding commitment has supported 20 nurses annually for 5 years. This includes training, travel, lodging, and conference participation—ensuring that nurses from across India can access high-quality education and join a growing network of PC leaders.

Challenges and Opportunities

In addition to common misconceptions about the value of PC, financial barriers posed significant challenges to launching ELNEC India, as nurses' low salaries and high training costs limited access. With support from organizational partner Cipla, India now has a strong network of trained nurse educators and broad ELNEC implementation, positioning it as a regional leader in PC education. Notably, India's integration

of PC into national nursing licensure standards represents a major milestone—one not yet achieved in some high-income countries, including the United States.

Japan

Overview of Efforts to Integrate PC Education Into Schools of Nursing

Japan, also facing the demands of a rapidly aging population, has taken deliberate steps to incorporate PC into nursing education. Legislative frameworks such as the Cancer Control Act of 2007 and the Third Basic Plan to Promote Cancer Control Programs have mandated the inclusion of PC in nursing curricula.²⁹ As a result, the Model Core Curriculum for Nursing Education now includes both theoretical and clinical components of palliative and end-of-life care.³⁰ While implementation varies across institutions, several nursing schools have adopted dedicated coursework and clinical training in PC.

Cultural Adaptations to Align With Traditional Beliefs and Practices

Japanese PC education reflects the country's deep-rooted cultural values and end-of-life traditions. Programs incorporate traditional rituals, such as *matsugo no mizu* (water of the final moment) and *yukan* (bathing the deceased). A strong emphasis is placed on family-centered decision-making, in alignment with the cultural value of *wa* (harmony), recognizing older adults' reluctance to express personal preferences. Sensitivity to the taboo of death must be reflected in the content, training students to engage in respectful and culturally appropriate conversations around dying. These adaptations support culturally sensitive approaches to PC and enhance trust between providers, patients, and families.

Innovations and Teaching Strategies

Several institutions, such as the Institute of Science Tokyo, offer dedicated PC courses to third-year undergraduate nursing students. These courses include: symptom management across various illnesses (cancer, dementia, heart failure, and renal failure); communication skills and role-playing to improve interactions with patients and families; clinical decision-making through case-based discussions; and interdisciplinary collaboration with PC teams. The ELNEC-Japan core curriculum is commonly used to ensure alignment with international standards. Practical training occurs in various settings, including home care, hospital units, and specialized palliative teams. Innovative methods like virtual reality (VR) and simulation-based learning are being introduced to expand clinical exposure and prepare students for real-world scenarios.

Challenges and Opportunities

Despite considerable progress, challenges persist, including a shortage of trained faculty, disparities in PC education across institutions, and the requirement for greater technological integration. Opportunities lie in expanding faculty development,



standardizing curricula, and leveraging digital tools, such as VR, to supplement hands-on clinical experiences.³¹ By addressing these areas, Japan is poised to further strengthen its nursing workforce to effectively meet the increasing demand for PC and ensure the delivery of high-quality, patient-centered support.

Romania

Overview of Efforts to Integrate PC Education Into Schools of Nursing

PC education in Romania has made notable strides since the early 1990s, led primarily by Hospice Casa Speranței (HCS), which initiated Romania's palliative movement and remains central to nursing education efforts. Following Romania's participation in the 2011 ELNEC Train-the-Trainer seminar, ELNEC materials were translated and adapted into Romanian, resulting in the development of 2 formal PC nursing curricula. Over 10,500 nurses and nursing students have completed ELNEC-based training to date.

Cultural Adaptations to Align With Traditional Beliefs and Practices

Romanian culture emphasizes home-based care and family involvement at the end of life. However, delivering care at home is hindered by a lingering hospital-centric system.³² ELNEC Romania incorporates traditional caregiving roles and spiritual practices, engaging spiritual counselors and promoting culturally sensitive communication and ethical decision-making.³³

Innovations and Teaching Strategies Used to Deliver Education

Romania has implemented several innovative teaching strategies to strengthen PC education. In January 2021, an International Palliative Nursing Masterclass initiative was developed by the University of Transylvania from Brasov, Faculty of Medicine, Nursing Division, through the Romanian-American collaboration, in partnership with HCS. Recognized palliative nurse specialists and professors from University of Transylvania from Brasov, HCS, the University of Rhode Island College of Nursing, the University of Maryland-Baltimore Graduate Program in Palliative Care, and the Tan Chingfen Graduate School of Nursing, University of Massachusetts Chan Medical School planned topic areas, provided scholarly content, and delivered the inaugural International Palliative Nursing Masterclass program in June 2021.³⁴ In addition, a Transformational Palliative Nursing Leadership Program, initially launched in Romania, is now integrated into the Multidisciplinary PC Master's Program at the University of Transylvania in Brasov and has since been adopted in other Central and Eastern European countries, including Albania, Armenia, Greece, Hungary, and Moldova. Ongoing mentorship is supported through monthly case-based teleconferences and regional faculty development programs, with Romanian trainers actively mentoring peers across the region.

Challenges and Opportunities

Romania's hierarchical medical culture, also inherited from communism, limits nursing autonomy and restricts critical decision-making. Generally, nurses remain subordinate to physicians, limiting leadership and clinical influence—particularly challenging in PC, where nursing roles are central.³⁴ Despite the challenges, Romania has strong potential to grow PC education and awareness. Romania benefits from robust international collaborations—such as partnerships with ELNEC and the American Austrian Foundation—which provide critical support for sustainable educational and clinical capacity building. A dedicated PC Master's program and international partnerships and advocacy offer powerful momentum to influence national health policy and formally elevate the role of nurses in PC delivery.

DISCUSSION AND CROSS-COUNTRY SYNTHESIS

Challenges

Financial and Resource Constraints

Limited health care and education funding across all 6 countries hinders the delivery of comprehensive PC nursing education. Inconsistent access to simulation technology, clinical placements, and digital learning platforms—especially in rural and underserved areas—further exacerbates disparities. Low nurse salaries, insufficient institutional support, and constrained faculty development opportunities limit program scalability and career advancement for nurses pursuing PC specialization.

Limited Clinical Exposure

Across several countries, nursing students have limited hands-on experience in PC. Clinical hours remain minimal in undergraduate programs, and opportunities for home- and community-based care—aligned with cultural preferences—are often lacking due to structural or institutional constraints. Variability across institutions further contributes to uneven clinical preparation.

Faculty Shortages and Unequal Distribution of Trained Educators

A shortage of qualified PC faculty persists across countries, particularly in rural or regional institutions. This results in unequal access to high-quality education, with urban centers often better resourced. Reliance on a few key organizations or individuals further limits national capacity for faculty development and program expansion.

Cultural Misconceptions and Stigma

Across all 6 countries, cultural misunderstandings and stigma hinder the acceptance of PC. Taboos around discussing death and the perception of PC as only for terminal cancer patients continue to challenge communication and integration efforts among health care providers and communities.



Physician-Centric Health Care Models

In several countries, including Greece, Hungary, Romania, Japan, and India, hierarchical systems limit nursing autonomy and interprofessional collaboration. Traditional deference to physician authority often restricts nurses' roles in decision-making and care planning, posing a barrier to effective PC delivery.

Inconsistent Policy Integration

In many countries, the absence of national mandates for PC education leads to fragmented implementation. While some frameworks exist—such as Japan's Cancer Control Act—curriculum integration remains inconsistent and is often dependent on local initiatives rather than standardized policy.

Table summarizes the efforts, delivery models, innovations, and challenges related to PC education across the countries highlighted in the article.

Opportunities

Virtual and Hybrid Learning Models

The development of distance education and hybrid education models provides a replicable framework for other countries. Virtual platforms can bridge geographic and financial gaps, expand reach to underserved communities, and allow greater access to expert faculty. VR and online case simulations offer additional scalable models to enhance student engagement. Teleconferences and international mentorship programs serve as innovative approaches to sustaining learning in low-resource settings.

TABLE | Summary of Efforts, Delivery, Innovations, and Challenges

Description	Albania	Greece	Hungary	India	Japan	Romania
Efforts						
Virtual and hybrid learning models	+	+	+	+	+++	+++
Micro-certification and modular learning	+	+	++	+	++	+++
Cultural and narrative integration	+	+	+	+	++	+++
Leadership development and advocacy	++	+	+	++	++	+++
Legislative shifts	+	++	+	+	++	+++
Innovation						
Curriculum development	+++	++	++	+	++	+++
Research and faculty development	+	++	++	+	+++	++
Delivery						
Policy and system-level integration	++	+	++	+	+++	+++
Challenges						
Financial and resource constraints	+++	+++	+++	+++	+++	+++
Limited clinical exposure	+++	+++	+++	+++	++	++
Faculty shortages and unequal distribution of trained educators	+++	+++	+++	+++	++	++
Cultural misconceptions and stigma	+++	+++	+++	+++	+++	+++
Physician-centric health care models	+++	+++	+++	++	++	+++
Inconsistent policy integration	+++	+++	+++	+++	++	+++

+, low; ++, medium; +++, intense.



FIGURE. Location of successful practices in PC education, including Albania, Greece, Hungary, India, Japan, and Romania. PC, palliative care.

Micro-Certification and Modular Learning

Micro-certification and modular learning represent flexible, scalable approaches to professional development, particularly beneficial for health care providers who cannot participate in full formal programs. These models often include targeted, low-cost certifications in key areas such as symptom management and communication. Offering multiple levels of training, from introductory to advanced, allows learners to progress at their own pace and build expertise incrementally. Incorporating case-based modules and self-paced learning further supports accessibility and adaptability within these educational frameworks.

Cultural and Narrative Integration

Incorporating storytelling, patient narratives, and culturally adapted educational materials can effectively reduce resistance to PC initiatives and enhance their acceptance. Integrating spiritual care and traditional caregiving practices helps build public trust and makes programs more relevant to the communities they serve. Additionally, aligning care models with cultural rituals and emphasizing family-centered approaches strengthen the connection between health care services and societal values.

Leadership Development and Advocacy

Investing in nurse leadership training programs fosters a strong cadre of educators and advocates who drive regional and national PC initiatives. Successful leadership pipelines support advocacy efforts across multiple regions, building sustainable

leadership capacity.³³ Expanding faculty development is key to cultivating the next generation of PC nurse educators.

Legislative Shifts

Recent national legislation integrating PC into health care systems creates vital policy opportunities to sustain educational and service advancements. Government-endorsed frameworks, including core curricula and cancer control laws, provide strong platforms for expanding PC. Ongoing leadership in developing key pillars—such as patient empowerment, professional education, service provision, policy change, essential medications, and research—continues to drive progress regionally and beyond.^{34,35} Box describes a model for capacity building in global PC education.

Curriculum Development

Curriculum development in PC is evolving globally, with efforts to integrate content across academic levels and adapt teaching to local cultural contexts. Tiered education models—from undergraduate sensitization to advanced postgraduate training—offer scalable approaches. Exemplars include structured progressions with introductory to postgraduate programs, online master's and PhD training, and integration of didactic and experiential clinical learning. Implementation of programs, such as ELNEC, offers both standardization and cultural adaptation through translation and customization. These initiatives enhance PC education quality and consistency while fostering regional and international collaboration in PC training.



Research and Faculty Development

Research and faculty development are essential components in building sustainable and evidence-based PC education programs worldwide. Several countries are embedding research into curricula to foster inquiry and generate contextually relevant knowledge. Student-led research initiatives explore local PC needs and cultural perceptions, directly informing policy and practice. International masterclasses incorporate research and evaluation, promoting outcome-based education. Innovations such as VR in communication training offer new insights into pedagogy and learner experience.

Faculty development is equally vital, enhancing instructional quality and leadership. Graduate programs benefit from interprofessional collaboration, visiting faculty, and regional training initiatives that strengthen national capacity and extend expertise across borders. Emphasis on aligning faculty development with national policy ensures long-term investment in PC education. Collectively, these efforts support a global movement to build a skilled, research-informed, and culturally responsive PC education workforce.

Policy and System-Level Integration

Policy and system-level integration of PC education is essential for expanding access to high-quality, sustainable care. Several of the countries inquired are taking important steps to embed PC into national curricula, licensure, and regulatory frameworks, laying the foundation for consistent and equitable training. While some have mandated basic PC education or included it in national core curricula, variability in implementation highlights the need for stronger oversight and standardization. At the same time, expanding nursing roles is gaining recognition as critical to meeting population needs. Efforts to define advanced practice roles, integrate nurses into multidisciplinary teams, and promote leadership pathways point to a global shift toward professionalizing and systematizing the PC nursing workforce—especially in underserved areas.

CONCLUSION

Education is the cornerstone of advancing PC globally, equipping nurses and other HCPs with the essential knowledge, skills, and compassion needed to provide high-quality, culturally sensitive care. As the global burden of serious illness grows, access to PC remains limited, despite its recognition as a human right.³⁵ The urgent need for well-trained providers, especially nurses, sustainable systems, and culturally relevant education is clear.³⁶ Programs like ELNEC have set the gold standard, building a global network of nursing leaders who, step by step, transform suffering into dignity, pain into peace, and isolation into support.

The future of global PC education lies in collaboration across regions to create unified, scalable approaches. Innovative models like virtual and hybrid learning can expand access, especially in underserved areas. Sustaining education

through mentorship and ongoing training ensures that providers remain current. Research and data will guide improvements and validate impact. Continued global investment in PC education is a moral imperative, so no one faces serious illness or the end of life without skilled, compassionate care. Through education, nurses become key implementers in clinical practice who consistently support daily care, improve pain and symptom management, communicate compassionately with patients and families, address holistic needs, and collaborate effectively within interdisciplinary teams.

BOX. Expanding education in underserved regions: a model for capacity building

In February 2025, the End-of-Life Nursing Education Consortium (ELNEC) held its first-ever palliative care course in Eswatini, Africa—marking a critical step toward building sustainable palliative care capacity in a region burdened by significant health disparities. As a low-resource country with one of the highest HIV prevalence rates in the world and limited access to specialized health care services, Eswatini faces unique challenges in delivering holistic, person-centered care. A total of 57 health leaders and professionals from across the country attended the 3-day course. In addition to didactic training, ELNEC faculty engaged in strategic planning with local palliative care teams and nursing school faculty to outline future collaboration. This initiative not only fills a vital gap in health professional education but also lays the groundwork for long-term system change through curriculum development, clinical immersion, and international mentorship. Eswatini's progress illustrates how targeted global partnerships can accelerate workforce development and support context-specific, culturally relevant care in low-resource settings.

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References

1. World Health Organization. Palliative care. <https://www.who.int/news-room/fact-sheets/detail/palliative-care>. Accessed July 14, 2025.
2. Hannon B, Zimmermann C, Knaul FM, Powell RA, Mwangi-Powell FN, Rodin G. Provision of palliative care in low- and middle-income countries: overcoming obstacles for effective treatment delivery. *J Clin Oncol.* 2016;34:62-68.
3. Clark D, Baur N, Clelland D, et al. Mapping levels of palliative care development in 198 countries: the situation in 2017. *J Pain Symptom Manage.* 2020;59:794-807.e4.
4. Radbruch L, De Lima L, Knaul F, et al. Redefining palliative care—a new consensus-based definition. *J Pain Symptom Manage.* 2020;60:754-764.
5. Kristanti MS, Hidayati NW, Maryadi. Comparison of palliative care education for family caregivers in high- and low-income countries: an integrative review. *Belitung Nurs J.* 2023;9:411-420.
6. Sánchez-Cárdenas MA, Tibaquirá CAN, Mantilla-Manosalva N, Fonseca DA, Morales AM, Delgado MXL. Palliative care education in undergraduate medical and nursing programs in Colombia: a cross-sectional analysis. *BMC Palliat Care.* 2024;23:149.
7. American Association of Colleges of Nursing; City of Hope. End-of-Life Nursing Education Consortium (ELNEC) project: a national and international education initiative to improve palliative care. American Association of Colleges of Nursing. <https://www.aacnnursing.org/elnecc/about>. Accessed July 14, 2025.
8. The Education in Palliative and End-of-Life Care (EPEC) Program. Northwestern University Feinberg School of Medicine. <https://www.bioethics.northwestern.edu/programs/epec/>. Accessed July 14, 2025.
9. World Health Organization. *Planning and Implementing Palliative Care Services: A Guide for Program Managers.* World Health Organization; 2016. <https://www.who.int/publications/i/item/planning-and-implementing-palliative-care-services-a-guide-for-programme-managers>. Accessed July 14, 2025.
10. International Association for Hospice and Palliative Care. Vision, mission & values. <https://iahpc.org/about-us/who-we-are/vision-mission-values/>. Accessed July 14, 2025.
11. Bruera E, De Lima L, Woodruff R. The International Association for Hospice and Palliative Care: international activities and initiatives. *J Pain Symptom Manage.* 2002;24:102-105.
12. Martins Pereira S, Hernández-Marrero P, Pasman HR, Capelas ML, Larkin P, Francke AL. Nursing education on palliative care across Europe: Results and recommendations from the EAPC Taskforce on preparation for practice in palliative care nursing across the EU based on an online survey and country reports. *Palliat Med.* 2021;35:130-141. doi:10.1177/0269216320956817.
13. Mason SR, Ling J, Stanculescu L, et al. From European Association for Palliative Care recommendations to a blended, standardized, free-to-access undergraduate curriculum in palliative medicine: the EDUPALL project. *J Palliat Med.* 2020;23:1571-1585.
14. Best M, Leget C, Goodhead A, Paal P. An EAPC white paper on multi-disciplinary education for spiritual care in palliative care. *BMC Palliat Care.* 2020;19:9.
15. Mosioiu D, Payne S, Predoiu O, et al. Core palliative care research competencies framework for palliative care clinicians. *J Palliat Med.* 2024;27:471-480.
16. Hokka M, Ravelin T, Coupez V, et al. The core palliative care competencies for undergraduate nursing education: an international multisite nominal group inquiry. *J Palliat Care.* 2024;39:217-226.
17. Arias-Casais N, Garralda E, Rhee JY, et al. *EAPC Atlas of Palliative Care in Europe 2019.* EAPC Press; 2019.
18. Monette EM. Cultural considerations in palliative care provision: a scoping review of Canadian literature. *Palliat Med Rep.* 2021;2:146-156.
19. World Health Organization. *Integrating Palliative Care and Symptom Relief Into Primary Health Care: A WHO Guide for Planners, Implementers and Managers.* World Health Organization; 2018. <https://www.who.int/publications/i/item/integrating-palliative-care-and-symptom-relief-into-primary-health-care>. Accessed April 7, 2025.
20. Ferrell BR, Twaddle ML, Melnick A, Meier DE. National Consensus Project clinical practice guidelines for quality palliative care, 4th edition. *J Palliat Med.* 2018;21:1684-1689.
21. Ministry of the Interior. Health professional guideline on comprehensive hospice and palliative care for adult cancer patients. *Health Gazette.* 2023;73:476-526.
22. Csikós A. *Palliative Care.* Medicina Book Publishing House Ltd; 2022.
23. Lukacs M. The role of palliative nurses in the multidisciplinary team. *J Nurs Theory Pract.* 2024;37:13. doi:10.55608/nover.37.0016.
24. Oláh A, Máté O, Betlehem J, Fullér N. Introduction of Advanced Practice Nurse (APN) MSc training in Hungary. *Nurse.* 2015;28:3-10.
25. Ujváriné Siket A, Oláh A, Tulkán I, Karamánné Pakai A, Zrínyi M. The role of the APN nurse in individual client journeys in the community of practice team. *Public Health.* 2019;907:301.
26. Betlehem J, Pek E, Banfa B, Oláh A. Current characteristics of the Hungarian nurses' workforce. In: Stiglic G, Pajnikhar M, Vrbanjak D, eds. *Teaching and Learning in Nursing.* InTech; 2017. Chapter 8. doi:10.5772/intechopen.68383.
27. Galvács H, Dózsa K, Mongel I. The role and task of extended-scope nurses in general practice preventive care. *AranyPajzs.* 2024;3:36.
28. Ministry of Health, Labour and Welfare. Third basic plan to promote cancer control programs. <https://www.mhlw.go.jp/stf/seisaku-ohou-10900000-Kenkoukyoku/0000196975.pdf>. Accessed July 14, 2025.
29. Ministry of Education, Culture, Sports, Science and Technology (Japan). Model core curriculum for nursing education. https://www.mext.go.jp/content/20230718-mxt_igaku-000030966_7.pdf. Accessed July 14, 2025.
30. Zhang L, Huang YL, Wu XQ, et al. The impact of virtual clinical simulation on nursing students' palliative care knowledge, ability, and attitudes: a mixed methods study. *Nurse Educ Today.* 2024;132:106037.
31. Heinrich A. The emergence of the socialist healthcare model after the First World War. In: Nullmeier F, González de Reufels D, Obinger H, eds. *International Impacts on Social Policy. Global Dynamics of Social Policy.* Palgrave Macmillan; 2022.
32. Mitrea N, Ancuța C, Malloy P, Moșoiu D. Developing, promoting, and sustaining palliative care across Central Eastern Europe: educating nurses to be leaders is a critical first step. *J Hosp Palliat Nurs.* 2019;21:510-517.
33. Mitrea N, Gerzhevitz D, Mathe T, et al. Palliative care masterclass for nurses in Central-Eastern Europe: an international collaboration. *J Hosp Palliat Nurs.* 2022;24:E83-E87.
34. Zylicz Z. Transitions in End of Life Care: Hospice and Related Developments in Eastern Europe and Central Asia. *BMJ.* 2003;326:228.
35. World Health Organization. *Assessing the Development of Palliative Care Worldwide: A Set of Actionable Indicators.* World Health Organization; 2021. <https://apps.who.int/iris/handle/10665/345532>. Accessed July 14, 2025.
36. Ezer T, Lohman D, de Luca GB. Palliative care and human rights: a decade of evolution in standards. *J Pain Symptom Manage.* 2018;55(2 Suppl):S163-S169.