

# Research on Stratified Training Strategies for Elderly Care Talents Under the Background of Integrated Medical and Elderly Care

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**Abstract:** In recent years, the aging of the population in China has become increasingly serious. With the continuous deepening of medical and elderly care policies, the demand for compound and stratified nursing talents in elderly care services is increasingly urgent. Against this background, higher vocational colleges urgently need to reconstruct the training system of elderly care talents, especially focusing on stratified and classified talent training. Only in this way can the quality of elderly care services be comprehensively improved and the sustainable development of the industry be promoted. Based on the background of integrated medical and elderly care and the current situation of supply and demand of elderly care services in China, this paper first briefly expounds on the significance of stratified training of elderly care talents, and then summarizes effective strategies for stratified training. It is hoped to further optimize the talent supply structure, improve the adaptability of students to future posts, and cultivate more high-quality talents to actively respond to the aging of the population.

**Keywords:** Integrated medical and elderly care; Elderly care talents; Stratified training; Strategies

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## 1. Introduction

Against the background of the accelerating aging process in China, the number of disabled, demented and chronically ill elderly people continues to expand. To meet the integrated needs of medical treatment and elderly care, the core direction of elderly care service reform should be “integrated medical and elderly care”. To support the implementation of “integrated medical and elderly care”, the quantity and quality of elderly care talents are crucial. However, there are a series of problems in the training of elderly care talents in higher vocational colleges, such as inconsistent standards and unclear levels, which may lead to the mismatch between trained talents and multi-level and differentiated service needs. Based on this, stratified training emerges as the times require. It is not only the key to effectively break the talent bottleneck, but also an effective path to comprehensively improve service quality. Therefore, the research on stratified training of elderly care talents under the background of integrated medical and elderly care is of great practical

significance.

## **2. Significance of stratified training of elderly care talents under the background of integrated medical and elderly care**

### **2.1. Meet multi-level elderly care service needs and improve the quality of integrated medical and elderly care services**

The intensification of aging has led to increasingly obvious differences in the physical conditions and living care needs of the elderly group, which puts forward different requirements for the professionalism and accuracy of nursing services. Stratified training can cultivate nursing talents with differentiated abilities such as basic life care, medical care, rehabilitation guidance, psychological counseling and emergency disposal of emergencies according to the specific service levels and post requirements, so as to meet different care needs and change the previous “one-size-fits-all” training mode <sup>[1]</sup>. Stratified training enables talents for basic care, professional nursing, advanced nursing and other services to perform their respective duties and give full play to their abilities, effectively solving the inconsistency between different levels of care needs and supply, truly making the best use of talents, comprehensively improving the safety, professionalism and satisfaction of integrated medical and elderly care services, and providing high-quality, all-round and professional care services for the elderly.

### **2.2. Break the talent development dilemma and promote the professional construction of elderly care team**

The main factors affecting the development of the elderly care industry are the insufficient total number of elderly care talents, low professional skill level, high mobility and unbalanced structure. The root cause of these problems lies in the vague training system and the uneven career promotion channels. Stratified training of elderly care talents further clarifies the differentiated growth paths for primary nurses, intermediate nurses and senior nursing management talents, and can build a stepped talent training system, so that students have a clearer career development direction, thereby enhancing their professional identity <sup>[2,3]</sup>. Moreover, stratified training focuses on the core competencies of integrated medical and elderly care, attaches importance to the professional skill training of students, strives to enable more students to master professional skills such as medical care, rehabilitation care and emergency first aid, makes up for the deficiency of “emphasizing care over medical treatment” in the original elderly care, and ultimately cultivates more professional and compound talents <sup>[4]</sup>.

### **2.3. Improve the elderly care service system and support the national strategy of actively responding to population aging**

Integrated medical and elderly care is not only a key measure to actively respond to population aging, but also an effective path to further build a systematic and improved elderly care service system. Professional and stratified nursing talents are the core to promote the implementation of the integrated medical and elderly care policy and the orderly operation of the security system <sup>[5]</sup>. Cultivating more professional and stratified elderly care talents can not only support the coordinated development of college education, institutional training and industry norms, but also have a profound impact on improving the overall efficiency of the elderly care service system.

### **3. Effective strategies for stratified training of elderly care talents under the background of integrated medical and elderly care**

#### **3.1. Reconstruct the “modular + progressive” curriculum system based on post-competency**

In view of the problems such as the mixture of medical and life care contents, lack of hierarchy and logic in the traditional elderly care curriculum, the primary task of higher vocational colleges is to reconstruct the curriculum system according to the physiological and pathological characteristics of the elderly and the difficulty of care. The focus is to disassemble and integrate the curriculum contents into three core modules: “basic life care”, “chronic disease rehabilitation care” and “emergency first aid and specialized care”, which are set hierarchically according to the training of primary, intermediate and senior talents. The content of the junior-level talent training courses mainly focuses on the “basic life care” module, aiming to cultivate students’ abilities in assisting the elderly with daily life, basic hygiene cleaning, and communication skills, ensuring they reach the “care” level. The content of the intermediate-level talent training courses is based on the “basic life care” module and further includes the “chronic disease rehabilitation care” module, which specifically covers medication management for common elderly diseases, rehabilitation training assistance, and psychological counseling courses. The focus is on cultivating students’ regular medical care capabilities, preparing for the goal of “medical care and rehabilitation”. The content of the senior-level talent training courses should fully integrate the “basic life care”, “chronic disease rehabilitation care”, and “emergency first aid and specialized care” modules. Particularly, the emphasis should be placed on the “emergency first aid and specialized care” module. By teaching students higher-level content, such as comprehensive elderly assessment, hospice care, specialized care for dementia, and emergency first aid, it ensures that students achieve comprehensive development<sup>[6,7]</sup>.

In addition, higher vocational colleges should set courses guided by the “micro-major” concept. Students can further access higher-level skill micro-courses such as nasal feeding care and pressure sore treatment after completing the compulsory modules of their own level<sup>[8]</sup>. In this way, higher vocational colleges can build a highly flexible curriculum structure to ensure that students at different levels master more matching knowledge and skills, laying a solid foundation for their future career development.

#### **3.2. Construct “graded scenarios + virtual simulation” training scenarios based on real work process**

Most vocational colleges have the problem of “homogenization” in their practical training scenarios, which is a key factor restricting the effectiveness of elderly care talent cultivation. To promote the stratified training plan, vocational colleges should establish close and stable cooperative relationships with medical and elderly care integration institutions. The key is to jointly establish graded and classified training bases with these institutions, and gradually advance the training environment from traditional classrooms to simulated living rooms, simulated wards, and intensive care units. For students at the primary level, vocational colleges should create “standardized simulated living rooms” for them, with the assistance of highly realistic elderly models, allowing students to have the opportunity to personally experience life care processes such as turning over, patting back, and feeding care, in order to standardize their operations and make them understand the importance of humanistic care. For students at the intermediate level, vocational colleges should create “simulated nursing stations” training scenarios and equip them with professional medical equipment. By introducing real case scenarios, they should enable students to repeatedly conduct semi-invasive nursing

training such as blood sugar monitoring, catheter maintenance, and rehabilitation equipment operation. During the training process, teachers should flexibly apply VR technology to simulate the handling procedures of common complications, in order to cultivate students' good clinical thinking and enhance their emergency response capabilities. For students at the advanced level, teachers should lead them to conduct practical drills in the intensive care area or hospice care area of the institution, or place students in realistic emergency training rooms, allowing them to conduct multi-disciplinary collaboration drills for complex cases, to improve students' comprehensive treatment levels and cultivate their ability to formulate personalized care plans<sup>[9-11]</sup>. These training scenarios have the significant characteristics of being realistic and stratified, which can provide students with immersive training experiences and help them become excellent "nursing experts".

### **3.3. Build a mixed stratified teaching team of "double-teacher intercommunication + full-time and part-time complementation"**

The level of the teaching team is closely related to the effect of stratified training. To specifically address the shortcomings of current teaching teams, such as "understanding medicine but not nurturing" or "understanding nurturing but not medicine", the school should strive to build a mixed-type stratified teaching team that combines "dual-teacher intercommunication + professional and part-time complementarity". This team is composed of school full-time teachers, clinical nurses from hospitals, and experienced nursing staff from institutions. Each level corresponds to a different combination of teachers, aiming to provide precise and matching guidance and assistance to students. For students at the primary level, experienced nursing staff from the institution should take the leading role, with school teachers playing the supporting role. School teachers should focus on teaching students practical skills and service norms, aiming to lay a solid foundation for their later on-the-job practice. For students at the intermediate level, a "dual-mentor" system is recommended. In other words, clinical nurses from hospitals and professional teachers from the school should jointly teach. Among them, clinical nurses mainly demonstrate medical care techniques and correct students' incorrect operations, while professional teachers from the school mainly help students systematically organize theoretical knowledge to ensure that they not only have a solid medical theory foundation but also improve their skill levels. For students at the higher level, the school should actively hire industry experts and form a "master studio" together with the discipline leader, leading students to discuss cases and tackle projects. In this process, they can enhance their ability to solve complex care problems<sup>[12,13]</sup>. Higher vocational colleges should regularly send in-house teachers to participate in on-the-job training at cooperative institutions, so that they can bring the latest medical technologies into the classroom and share them with students; at the same time, actively invite key personnel from the institution to come to the classroom and teach students first-hand practical experience, so as to ensure that students' learning keeps pace with industry development and truly builds a highly skilled teaching team.

### **3.4. Implement diversified stratified assessment and certification of "integration of certificate and evidence + value-added evaluation"**

In the past, the evaluation of talent training effect mostly relied on a final exam paper, which was one-sided, lacking objectivity and comprehensiveness. To scientifically evaluate the effect of stratified training of elderly care talents, higher vocational colleges should establish a diversified evaluation system that is closely connected with the national vocational skill level standards and deeply integrated with industry access qualifications. First, vocational colleges should meticulously review the vocational skill level standards

for junior, intermediate, and advanced levels of elderly care assistants and medical care assistants, and incorporate them into the assessment indicators of courses at all levels. Once students at different levels complete their course studies, they can independently participate in the corresponding level's vocational skill certification, thereby preparing for future certification-based employment. Second, attach importance to value-added evaluation. More specifically, from schools to teachers, they should focus on the progress and learning outcomes of students throughout their entire process from enrollment to graduation, rather than solely concentrating on their final exam scores. Relying on a big data platform, teachers can record real-time data of students in various aspects such as practical operation, case analysis, and internship performance. Subsequently, different ability profiles can be drawn up to provide a scientific basis for personalized guidance<sup>[14]</sup>.

In addition, the focus of evaluation should be different for students at different levels. For primary students, the evaluation should focus on operational standardization and service attitude. For intermediate students, in addition to the above, the evaluation dimensions of accurate condition observation and nursing plan execution should be added. For senior students, the focus is on assessing their ability to solve complex problems, teamwork ability, innovative thinking, etc<sup>[15]</sup>. Only in this way can the objectivity and comprehensiveness of the evaluation be ensured, and the continuous improvement of talent training quality be promoted.

## 4. Conclusion

Based on the above research and analysis, the accelerated promotion of integrated medical and elderly care puts forward higher requirements for the quality and quantity of high-quality elderly care talents. The stratified talent training concept proposed in this paper can not only effectively solve the problem of talent shortage but also further improve service quality, and more importantly, provide guidance for building a comprehensive elderly care service system. This paper puts forward effective strategies for stratified training of elderly care talents under the background of integrated medical and elderly care from four dimensions: curriculum system, training scenarios, teaching team, and assessment, which is conducive to improving the pertinence of talent training. More importantly, it can transport more and more practical elderly care talents to actively respond to the aging of the population, and lay a solid talent foundation for truly realizing the livelihood goal of providing for the elderly.

## Disclosure statement

The authors declare no conflict of interest.

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