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The Role of Social Learning Theory in the Construction of Hospice Care Volunteer Training System

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Abstract: With the increasing aging of society and the advancement of medical technology, hospice care—a medical service model aimed at improving the quality of life—has gradually attracted widespread attention. In hospice care, volunteers play an extremely important role, providing abundant support and care to patients and their families. However, the quality and training level of volunteers directly affect the effectiveness of hospice care services and their social recognition. To meet the growing demand for hospice care, it is particularly important to establish a sound volunteer training system. Focusing on the construction of the "hospice care volunteer training system", this paper applies the heuristic thinking of Bandura's Social Learning Theory to explore its role and significance in the process of constructing the hospice care volunteer training system.

Keywords: Hospice care; Volunteer training; Social learning theory; Social workers

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1. Problem statement: The necessity of constructing a training system for hospice care volunteers

In 2017, the Medical Administration Bureau of the National Health and Family Planning Commission issued the Practice Guidelines for Hospice Care (Trial) and the Basic Standards and Management Specifications for Hospice Care Centers (Trial). The promulgation of these two specifications provided China with actionable standards and guidelines for hospice care. The documents stipulate that hospice care practices should be centered on terminally ill patients and their families, emphasizing the need to establish a social support system. They also highlight the importance of giving full play to the role of volunteers or the social support system in follow-up visits and support during the depression phase, helping patients cope with emotional reactions and enabling them to spend the final stage of life with a positive attitude. As a crucial component of the whole-life-cycle health management for individuals, hospice care is a team-based service model that provides symptom control, palliative medical care,

psychological support, and other services to patients in the terminal stage of life.

With the progress of the times, the service team of hospice care is gradually moving towards interdisciplinary collaboration, and the development of its talent pool is also fraught with challenges. Particularly for hospice care volunteer services, aspects such as the volunteers' role positioning, service scope, and work content remain ambiguous. Throughout the development of hospice care in China, the positioning of hospice care volunteers has not been clearly defined. Furthermore, there are certain differences in service skills and values between hospice care volunteers and volunteers engaged in other related services. Given the unique characteristics of hospice care patients and the emotional needs of their families, hospice care volunteers must receive systematic training before they can start providing services. Therefore, the author argues that the training for hospice care volunteers needs to be more specialized and clear-cut, and should be jointly carried out by volunteers and medical social workers [1–2].

2. Literature review: Reflection on the training system for hospice care volunteers

The service principles of the hospice care team adhere to the "comprehensive care for the individual, the family, the team, and the entire process". In all aspects of hospice care volunteers, including recruitment, training, management, and evaluation, there are issues regarding the definition of the boundaries of volunteer services, and different scholars have different interpretations on each aspect. Zhu Haiyan et al. pointed out that volunteers provide all-around care in terms of physiology, psychology, and spirituality for terminally ill patients from their hospitalization to discharge and home care. This care aims to alleviate the pain caused by various physical discomforts of terminally ill patients, enrich their spiritual life, help them get rid of loneliness and fear, ensure that more lives are respected to the greatest extent, allow patients to end their lives with dignity and no regrets, and improve patient satisfaction. The Shanghai Hospice Care Service Standards state that volunteers shall be responsible for caring for, listening to, and accompanying patients; reading newspapers or writing letters on behalf of patients; helping patients fulfill their wishes; assisting patients with hair washing, bathing, etc.; organizing communication and exchanges among patients; and encouraging patients to participate in appropriate cultural and recreational activities. The Basic Hospice Care Service Standards issued by Heilongjiang Province in 2022 specifies that hospice care volunteers need to perform a total of eight related functions, including: assisting social workers in providing relevant services to patients; caring for, listening to, and accompanying patients; reading newspapers or writing letters on behalf of patients; helping patients fulfill their wishes; assisting patients with body cleaning; organizing communication and exchanges among patients; encouraging both patients and their families to express their feelings; and encouraging patients to participate in appropriate cultural and recreational activities. The definition of these service functions is based on the division of partial concepts and does not form a more systematic and complete arrangement of relevant tasks and training [3].

At present, many foundations and social service organizations at home and abroad are carrying out hospice care-related projects. Guangzhou Red House Social Work Service Center is a professional social work institution engaged in life education and life care services for urban young people. It divides volunteer training into three stages: elementary, intermediate, and advanced, which involve popular science knowledge of hospice care, professional companionship and care skills, and the ability to lead teams independently. The VITAS Hospice Care Program in the United States mentions in terms of volunteer training that volunteers will learn about the concept of hospice care, caring for terminally ill patients, issues of grief and loss, health and safety precautions, and other topics. In addition, the program also has a certain professional matching for volunteers' skills and interests, and

divides volunteers into a total of 6 categories: administrative and community outreach volunteers, personal care volunteers, supplementary care volunteers, art volunteers, Paw Pals volunteers (and their pets), and bereavement and spiritual care volunteers [4].

Through the collation of relevant literature at home and abroad and information on the official websites of specific institutions, the main content and current situation of hospice care volunteer services have been clarified, and an analysis of the existing problems in the hospice care volunteer training system has been conducted based on the above current situation and experience:

1) When facing the pain of patients and their families, feeling empathy, powerlessness, and unclear job responsibility boundaries are common sources of psychological pressure for hospice care volunteers; 2) Negative emotional infection. Long-term companionship and service make volunteers have a close connection with patients, and the pain and sorrow of patients and their families will seriously affect the volunteers' own mood; 3) Lack of hospice care-related skills. The incomplete skill training system leads to volunteers still feeling insufficient in communication skills and spiritual care capabilities in practice even after receiving training, and finding it difficult to cope with complex and changeable real situations; 4) The general public's lack of life education makes it difficult for volunteers to talk about death with patients and their families; 5) The public has a misunderstanding of the connotation of hospice care and is unaware of what content hospice care services provide, so the work of volunteers is often difficult to be understood by patients, their families, and medical staff; 6) The operation funds for hospice care volunteer programs are insufficient, and the recruitment, management, and training systems are not perfect.

To sum up, under the guidance of the core principle of "comprehensive care for the individual, the family, the team, and the entire process", China's hospice care volunteer service has initially built a multi-level practical framework covering service positioning, function division, and training management. Although different regions and institutions have formulated corresponding standards for the roles and task contents of volunteers, there are still common problems of insufficient systematicness and lack of standardization at present. On this basis, the introduction of social learning theory can provide theoretical support for the capacity development and service integration of volunteers. This theory emphasizes that individuals acquire behaviors and internalize roles through various mechanisms such as observation, imitation, and social reinforcement, and is particularly suitable for explaining the learning process of volunteers in complex situations such as team collaboration, spiritual care, and practical skills [5].

3. Social learning: Significance of applying the hospice care volunteer training system

In the 1960s, American psychologist Albert Bandura proposed the social learning theory, which holds that human behavior can be formed or reinforced through the interaction between individuals and their environment. Different from behavioral psychology, the social learning theory places greater emphasis on the role of external cues in an individual's internal psychological activities and behavioral processes, while also highlighting the reinforcing influence of cognitive factors on behavioral habits. In summary, the social learning theory emphasizes three characteristics: the observational learning process, the enhancement of self-efficacy, and the triadic reciprocal behavior [6].

3.1. Construction of the observational learning process

Bandura believed that there are two ways to acquire knowledge or skills through observational learning: one is learning "through the consequences of responses", i.e., gaining knowledge and skills through direct experience; the other is learning "through the demonstration of models", that is, acquiring knowledge and skills through indirect experience. The former is learning by using direct experience, which is called enactive learning; the latter is learning by observing the learning processes and results of others, so as to improve learning efficiency. In the process of hospice care volunteer training, the explanation of basic knowledge and the practical operation of professional skills involve a considerable amount of content. By constructing the observational learning process, social workers can assist volunteers in: 1) Developing keen insight. For hospice care work, keen insight into details is crucial. Through observational learning, volunteers can gradually develop this valuable quality; 2) Enhancing empathy. Effective observation is not only the awareness of external behaviors, but also the perception of others' inner worlds. Cultivating volunteers' empathy can help them communicate better with patients and establish trusting relationships; 3) Preventing service deviations. Through observational learning, volunteers can promptly identify and correct their shortcomings or deviations in services, ensuring the stability of service quality; 4) Improving service quality. Through observational learning, volunteers can better understand the needs and troubles of patients and their families, thereby providing more considerate and effective services; 5) Establishing an evaluation mechanism. Observational learning can help establish an effective evaluation mechanism to objectively assess the service quality and progress of volunteers [7].

The construction of the observational learning process plays a crucial role in the volunteer training conducted by hospice care social workers. It not only improves service quality and enhances empathy but also promotes team collaboration and continuous professional development. This training method should be valued and effectively implemented.

3.2. Enhancing self-efficacy

Bandura believed that self-efficacy refers to an individual's feelings regarding their confidence in completing a task, sense of self-esteem, sense of accomplishment, and other related aspects when facing a certain task, and a person's confidence is influenced by factors such as self-reinforcement, outcome expectations, and efficacy expectations. The application of this concept in hospice care volunteer training holds significant importance, mainly including: 1) Improving the ability to cope with setbacks. Volunteers with strong self-efficacy can better accept and cope with these challenges, learning and growing from them; 2) Enhancing psychological resilience. In the face of challenges and pressures in hospice care work, self-efficacy helps volunteers maintain psychological balance and resilience, enabling them to better deal with difficulties; 3) Boosting self-confidence. Volunteers with strong self-efficacy are more likely to believe that they can cope with various challenges and difficulties, thereby maintaining confidence and composure when interacting with patients; 4) Improving service quality. When volunteers have confidence in themselves, they are more likely to provide high-quality services, which helps improve patients' hospice care experience and quality of life; 5) Strengthening professional satisfaction. Self-efficacy is closely related to professional satisfaction. When volunteers have confidence and a sense of accomplishment in their work, they are more likely to feel satisfied and engaged in their profession.

During the training process, emphasis should be placed on cultivating volunteers' self-efficacy, helping them establish a confident and positive mindset, so that they can better contribute to hospice care work. By using this theory to foster the enhancement of volunteers' self-efficacy, they can improve their own abilities in service

practice, truly engage in hospice care-related services, connect with the inner worlds of patients and their families, and clearly and explicitly build confidence and service behaviors in the process of providing services [8].

3.3. Rational application of the triadic reciprocal determinism

Bandura argued that human cognition, behavior, and environment each possess independence while interacting with one another, forming a dynamic reciprocal determinism relationship. In the relationship between behavior and environment, the environment determines the direction and intensity of behavioral choices, and in turn, behavior can transform the environment to some extent to adapt to human needs. The relationship between the environment and individuals shows that humans are neither passive beings controlled by the environment nor free agents who can do whatever they want; instead, the two complement each other. The rational application of this theory in the process of hospice care volunteer training can help volunteers understand the interactive effects among individuals, behaviors, and the environment. Social work often emphasizes the "balance between humans and the environment", and the same applies to hospice care services. Interactions exist extensively—between patients and their families, between families and the environment, and between social workers/volunteers and families—and such interactions are even more meaningful during the end-of-life stage. After a series of training sessions, volunteers can gain a deeper understanding of the application related to the "balance between humans and the environment", which enables them to complete relevant services more efficiently and professionally [9–10].

4. Social learning: Application and innovation of the hospice care volunteer training system

4.1. Clarify the training process and build a visualized volunteer training classroom

The observational learning process of behavior acquisition reflects the general laws of human learning. Social workers should conduct high-quality hospice care volunteer service training through multiple pathways, combining learning from direct experience and indirect experience. Firstly, arrange on-site observation of service scenarios. Volunteers are arranged to observe hospice care service scenarios on-site, including hospitals, nursing homes, and families. This allows volunteers to understand the needs of patients and their families while observing the performance of professional service staff in practical work. Secondly, carry out simulated scenario drills. Simulated scenarios are used to let volunteers participate in role-playing, simulate various hospice care situations, and then design real cases to improve their practical operation skills. Thirdly, organize group discussions and reflections. After the observation, group discussions are held for volunteers to share their observation and simulation experiences. At the same time, volunteers are encouraged to reflect on their own performance, share insights and learned experiences, so as to promote mutual learning. Fourthly, conduct a multi-dimensional evaluation. This evaluation not only focuses on the technical level but also takes into account volunteers' performance in communication, emotional support, and other aspects. Through multi-dimensional evaluation, a comprehensive understanding of volunteers' overall quality can be obtained, promoting their balanced development in all aspects. Finally, pay attention to real-time feedback and adjustment. During the training process, real-time feedback is provided to help volunteers correct mistakes and improve in a timely manner. The training plan is adjusted according to observation results to meet the learning needs of volunteers at different levels. In addition, a feedback loop mechanism is established to regularly review and update volunteers' observational learning plans, and volunteers are encouraged to put forward suggestions for training improvement, so as to promote the continuous optimization of the training system.

4.2. Emphasize process orientation and conduct individualized hospice care training courses

In the training of hospice care volunteers, emphasizing process orientation and conducting individualized training courses can better address the individual differences among volunteers, enhance their personal skills and care capabilities, and help them understand the characteristics and learning progress of each volunteer. Firstly, emphasize individual needs assessment. Before the training, social workers can conduct an individual needs assessment of volunteers to understand their backgrounds, experiences, and learning needs. Meanwhile, they should develop individual development plans and tailor the training content and direction based on the assessment results. Secondly, adopt flexible training methods. Social workers can provide diverse training methods, including online learning, on-site internships, and group discussions, to meet the individual learning preferences of volunteers. Asynchronous learning can also be considered, allowing volunteers to arrange their study according to their own schedules and improve their learning autonomy. Thirdly, apply real cases and simulated scenarios. According to the service background and focus areas of each volunteer, social workers can provide relevant real cases and simulated scenarios, enabling volunteers to better apply the knowledge they have learned and respond to various situations in a more flexible and creative manner. Finally, focus on individual feedback and evaluation. Provide real-time feedback during the individual training process, pay attention to the learning progress and performance of volunteers, and establish a regular individual evaluation mechanism. This ensures that the training effect is consistent with individual needs and allows for timely adjustments to the training plan [11–14].

4.3. Establish a token mechanism to promote the improvement of volunteers' self-efficacy

To enhance the capabilities of hospice care volunteers and ensure high-quality services, the author believes that incentives through a token policy can be adopted to boost their self-efficacy. Firstly, establish a reward system. The primary step is to design a clear reward system that links tokens to volunteers' performance. For instance, tokens are awarded to volunteers for completing a certain number of training courses, successfully handling complex situations, participating in team collaboration, and other positive behaviors, so as to enhance their enthusiasm for participation. Secondly, provide personalized reward options. Offer a variety of reward choices to meet the individualized needs of different volunteers. Develop personalized reward plans by understanding the interests and needs of each volunteer. Thirdly, ensure token convertibility. This is the most crucial aspect: set rules for converting tokens into specific benefits or services, allowing volunteers to clearly recognize the practical value of tokens and thereby making the tokens more appealing. Fourthly, provide social recognition and commendation. It should be noted that this does not necessarily refer to recognition and commendation from the entire society; instead, a public social recognition mechanism can be designed. Volunteer achievements are promoted through platforms such as bulletin boards and social media. The key purpose is to provide volunteers with positive social feedback, increase their sense of recognition within the community, and thus enhance their self-efficacy.

4.4. Integrate community education to build a hospice care-friendly social environment

As hospice care gradually comes into public view and gains increasing acceptance, the author holds that the implementation of community life education is conducive to faster development of a friendly social environment. By integrating community education into hospice care volunteer training, we can enhance community residents' awareness and understanding of hospice care services, build a more friendly and supportive community environment, and improve the quality of volunteers' services as well as their social recognition. First, conduct

research based on community needs. Before launching volunteer training, carry out research on community needs to understand the community's cognitive level, demands, and expectations regarding hospice care services. Adjust the training content in light of the actual situation of the community to make it more in line with the characteristics and needs of the local community. Second, launch community publicity activities. Make use of community resources to carry out hospice care publicity activities, so as to improve community residents' awareness and understanding of hospice care services. In addition, forums, health lectures, and other forms can be held to convey the core concepts of hospice care and the importance of volunteer services to the community. Third, strengthen community partnerships. Social workers can establish cooperative relationships with community institutions, schools, social organizations, and other entities to jointly promote the development of a hospice care-friendly society. This collaboration can help attract community resources, provide support such as training venues and practical opportunities, and strengthen cooperation both within and outside the community. Fourth, encourage participation in community activities. Encourage volunteers to actively participate in community activities to enhance the community's acceptance of hospice care. Through volunteers' practical participation, community residents' understanding of hospice care services can be promoted, and relevant misunderstandings and outdated concepts can be eliminated [15].

5. Conclusion

The training of hospice care volunteers is a typical form of instructional learning. Social learning theory, as a theory of interactive influence on behavior, has been explored in this paper regarding its application characteristics in the training of hospice care volunteers, with several relevant training features summarized as follows. Firstly, the core view of social learning theory emphasizes that individuals learn through observation, imitation, and social interaction. In the training of hospice care volunteers, the authors draw on this theory to provide diverse learning opportunities by means of on-site observation of service scenarios, simulated situational drills, and other methods. By observing the practical work of professional hospice care staff, volunteers can acquire service skills through observable learning; meanwhile, experience sharing in group discussions effectively enhances their professional knowledge and practical skills. Secondly, social learning theory stresses that learning is a social process that needs to take place in a social environment. During the training, experienced social workers act as mentors to conduct personalized communication and guidance with volunteers. This not only provides individualized guidance but also creates a positive social environment, enabling volunteers to better integrate and develop in collective learning. Furthermore, social learning theory also focuses on the autonomy and initiative of learning. In the training of hospice care volunteers, volunteers are encouraged to participate in practical services, group discussions, and personal reflection, so as to cultivate their ability of autonomous learning. In conclusion, the application of social learning theory in the training of hospice care volunteers has enriched the training strategies. Through the social learning process, volunteers have achieved more comprehensive and in-depth development during the training, making a positive contribution to the sustainable development of the hospice care cause. In the future, we will continue to pay attention to and reflect on the social work-related service content of hospice care, and influence lives with lives.

Disclosure statement

The author declares no conflict of interest.

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