



Research on the Reform Path of Nursing Talent Training Model for Health Care

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Abstract

In the context of the accelerated global aging process and the increasingly diverse health care demands, the shortage of skilled elderly care and nursing professionals has emerged as a key constraint impeding the development of this sector. This article offers a systematic review of both domestic and international research on the development of elderly care and nursing talent, examines structural deficiencies in current training models, and proposes reform pathways informed by international best practices and localized implementation. The findings reveal that the existing training system is confronted with three major challenges: curricula that do not align with industry needs, limited practical skill development, and insufficient integration between education and industry. Drawing on the German dual system and the Japanese long-term care model, this study illustrates how interdisciplinary collaboration, tiered certification frameworks, and cultural integration have enhanced the adaptability of professional competencies. Future reforms should be guided by the principles of "collaboration between medicine and education, integration of

theory and practice, and cross-sectoral integration," with the objective of establishing a demand-driven, competency-based training system. This article aims to provide theoretical insights and actionable recommendations for advancing innovation in elderly care education.

Keywords: healthcare and rehabilitation care, talent cultivation model, international comparison, reform path.

1 Introduction

Healthcare and wellness care is a comprehensive service that integrates preventive health care, rehabilitation therapy, psychological adjustment, and health management. The cultivation of healthcare and wellness care professionals faces structural challenges. Due to environmental pollution, unhealthy lifestyles, and increased work and study stress, health problems are becoming increasingly serious. With the increasingly severe aging of the population, the improvement of people's consumption capacity, and changes in consumption awareness, the content and scope of healthcare and wellness care services are constantly expanding. According to the "China Elderly Industry Development Report 2023", only 21.3% of the healthcare and wellness care personnel in China have professional qualifications. It is estimated that the shortage will reach 3 million people by 2025.

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This contradiction highlights the gap between the traditional training model and industrial upgrading: The hospital-centered training model is unable to cover emerging scenarios such as community elderly care and health tourism, and problems such as lagging courses, disconnection between theory and practice, and insufficient collaboration between schools and enterprises need to be resolved. The talents cultivated by the traditional nursing education model have difficulty meeting the needs of healthcare and wellness care. Currently, there is an urgent need to transform the training model to fundamentally solve the problem of nursing talent demand.

Therefore, this study, based on the analysis of the demand trends of healthcare and wellness care and the current pain points of healthcare and wellness care talent cultivation, through reviewing domestic and foreign research and practice, comparing typical nursing training models at home and abroad, and according to the reform practices of nursing talent cultivation in institutions such as Panzhihua University, constructs a new training model of "medical education collaboration, integration of theory and practice, and cross-border integration", to promote the dynamic adaptation of nursing talent cultivation to the healthcare and wellness care industry.

2 The Connotation of Health Care and the Characteristics of Talent Demand

2.1 Definition

At present, the academic community has not yet reached a consensus on the definition of "health care nursing". However, in the actual development of the health care industry, institutions such as "health care nursing centers" have been established, and in some schools, there are also mentions of health care nursing or nursing (with a focus on health care) in their professional settings and talent training plans. Therefore, both in theory and practice, it is necessary to clarify the concept of health care nursing and establish a specialized health care nursing talent training plan and model.

The health care industry is an industry model centered on the health industry, aiming to improve people's lifestyle, enhance the quality of life and happiness index of the people, integrating multiple functions such as health, health preservation, and elderly care, and with the goals of disease prevention, health preservation, high-end elderly care, etc., combined with various business forms such as nutritious diet,

health care, medical beauty, ecological tourism, cultural leisure, and sports activities. The development of the health care industry relies on knowledge and skills such as nursing, prevention, health preservation, health care, rehabilitation, etc. This requires the training of health care nursing talents to be centered around the development needs of the health care industry. Its core competencies include 8 abilities such as elderly care knowledge, elderly medicine knowledge, rehabilitation nursing ability, health preservation and health care knowledge, injection and infusion ability, disease prevention and control ability, service awareness, intelligent elderly care service ability, health and hygiene knowledge, communication ability, etc., essentially integrating medical science, nursing, psychology, management, and humanities cross-domain capabilities and qualities.

Based on this, this study believes that health care nursing is a comprehensive service system aimed at improving the quality of life, through nursing, rehabilitation, psychological intervention and other means to meet the health needs of the entire life cycle. The health care nursing major is a professional that trains proficiently in knowledge and skills such as disease nursing, health preservation, rehabilitation therapy, psychological adjustment, health education, etc., and has skilled and service-oriented high-quality talents required by the development of the health care industry.

2.2 Structural Transformation of Demand

The demand for health care and elderly care is undergoing a fundamental transformation from single medical care to comprehensive life-cycle health management. Its structural characteristics are mainly reflected in the following dimensions.

2.2.1 Diversification of Service Scenarios

It extends from treatment to prevention. According to the "Report on the Development of Health Management and Health Industry in China (2023)", the proportion of people at high risk of chronic diseases is 34.7%, driving the surge in preventive care demands such as health risk assessment and lifestyle intervention [1]. Deepening of medical care and elderly care integration. Data from the National Health Commission shows that as of 2023, 7,800 medical care and elderly care integration institutions have been established across the country, an increase of 62% compared to 2020 [2]. It requires nursing staff to possess dual skills in medical care and elderly care (Mid-term Evaluation Report of the "14th Five-Year

Plan for Health Aging", 2023). Integration of cultural tourism and health care. New business models such as "thermal therapy" and "forest health care" have emerged. In places like Yunnan and Hainan, the annual growth rate of health care tourism revenue exceeds 20%, and there is an urgent need for skilled professionals with both health knowledge and tourism capabilities (Ministry of Culture and Tourism, 2022).

2.2.2 Community-oriented Service Scenarios

Core of home-based care. A survey by the Ministry of Civil Affairs shows that 92% of the elderly prefer home-based care. In 2023, the volume of home-based medical beds and home-based nursing services increased by 45%, promoting the transformation of nursing services to embedded community and family contract-based models [3]. Popularization of day care. 42,000 community day care centers have been built across the country, covering 68% of the population, but the proportion of professional nursing staff is less than 30%, exposing a shortage of community nursing talents (Ministry of Civil Affairs, 2023). Shortage of hospice care. Only 12% of cancer patients at the terminal stage receive professional hospice care. There is a scarcity of nursing talents in fields such as psychological support and pain management (China Life Care Association, 2024).

2.2.3 Technology-driven Intelligence

Widespread adoption of smart devices. Smart wristbands and remote monitoring devices have penetrated 53% of elderly care institutions, but only 28% of caregivers can proficiently operate the data analysis platform (Smart Health Elderly Care Industry Development White Paper, 2024) [4].

Demand for AI-assisted decision-making. The application rate of AI-based health warning systems in tertiary hospitals exceeds 70%, requiring caregivers to possess the ability to interpret data and make human-machine collaborative decisions [10].

The rise of virtual services. The user base of the metaverse health care platform has exceeded 5 million, giving rise to new digital nursing positions such as virtual companionship and remote psychological counseling (Ai Media Research, 2024).

2.2.4 Upgraded Consumption for Personalization

Enhanced cultural identity. Necessity of psychological care. With aging and social pressure, the detection rate of depression among the elderly reaches 15.8%, and the rate of psychological sub-health among teenagers

is 31.2%, driving psychological care from an ancillary service to a core capability (Peking University Institute of Mental Health, 2023).

In summary, the demand for elderly care nursing has undergone significant changes in the spatial, temporal, technological, and cultural dimensions [11]. In the spatial dimension, it has shifted from hospitals to multiple scenarios such as communities, families, and travel destinations; in the temporal dimension, it has moved from disease treatment to lifelong health intervention; in the technological dimension, it has moved from manual operation to more human-machine collaborative intelligent services; in the cultural dimension, it has shifted from standardized services to personalized supply integrating regional culture. These changes require talent cultivation to break through traditional medical boundaries and build a "nursing+" interdisciplinary capability matrix to cope with the challenges of rapid industry iteration.

3 Comparison of Domestic and International Training Models

3.1 Analysis of International Typical Models

In foreign countries, the professional settings in Singapore are closely aligned with social needs, establishing a nursing education goal from "centering on diseases" to "centering on needs", setting a competency-oriented curriculum plan, adopting a cross-disciplinary education model for nursing talent cultivation based on the comprehensive and diverse nature of nursing needs, emphasizing the cultivation of students' cooperation and autonomy abilities, and strengthening humanistic care education. Nursing courses and practices cover aspects such as human physiology, psychology, society, emotions, interpersonal relationships, and spirit. In Japan, the training of elderly care talents is conducted according to the educational level from low to high, namely, care welfare specialists, social welfare specialists, and elderly specialist nurses (CNS). Different types, levels, and professional fields of elderly care service vocational qualifications have been formed. The training goals of the three qualifications are from low to high, from simple to complex, and from easy to difficult, aiming to provide targeted care services for elderly people with different physical conditions and service demands. The content of Japanese elderly care nursing vocational qualification courses covers skills, ethics, interpersonal relationships, and humanistic care, with soft skills courses accounting for

approximately 1/5 to 1/4 of the total class hours. In the education process, Japan strengthens individualized, comprehensive, and standardized internships and practical training. Germany's talent cultivation system focuses on the all-round development of nursing personnel. On January 1, 2020, Germany began to implement the new "Nursing Profession Law" and its supporting laws and regulations. The training system for nursing personnel was reformed, and the talent cultivation system was improved. The basic direction of nursing talent cultivation was adjusted to generalist general nurses, no longer subdivided into pediatric care, elderly care, and clinical nursing students. Although in the training of higher grades, one can choose pediatric care or elderly care directions, the focus of the reform is on general nursing training. Everyone receiving nursing training will acquire the basic nursing skills needed to care for people of different ages and different needs. In the training of nursing skills, the requirements of the dual system are also implemented, with joint teaching by schools and enterprises, clear division of theoretical teaching and practical training, and close integration and coordinated development of education and training. In recent years, the United States has highly emphasized the cultivation of overall nursing talents. Talent cultivation is based on a systematic scientific ability model, and the courses emphasize the setting of ethics, philosophy, and humanities courses. The Philippines adopts a dual training model (Dual Training System, DTS) combining school and enterprise, emphasizing the improvement of trainees' knowledge and skills through practical experience in the workplace to obtain the specific abilities stipulated in the training regulations; at the same time, trainees can study at their own pace, with guidance from teachers; a project-based teaching method is adopted, and this real teaching mode enables students to gain practice in planning, implementation, and evaluation of real projects.

3.2 Domestic Model and Its Limitations

Regarding the nursing talent training model, domestic experts and scholars have proposed their own viewpoints from different perspectives. Tong et al. [5] proposed the "2+1" model for vocational college students, which means 2 years of study in the school + 1 year of clinical hospital learning and practice, and constructed a teaching system where theory teaching and practical teaching mutually support, characterized by "one main, two auxiliary, three strong" features; Young et al. [6] proposed the "1+1+1" model: that is,

"professional basic courses + clinical training courses + on-the-job internship", integrating teaching, learning and doing, enabling better combination of theory and practice; Li et al. [7] constructed the "124" nursing talent training model: adhering to the orientation of job requirements, emphasizing the improvement of nursing practice; highlighting the characteristics of the nursing profession, increasing the proportion of psychology, humanities and social science knowledge, and enhancing the cultivation of students' awareness of humanistic care; attempting the order-based training model, promoting effective connection between school teaching and medical institutions; Zhang et al. [8] compared the "2+2" medical-education collaborative nursing talent training model and the "3+1" traditional talent training model, and pointed out that the "2+2" medical-education collaborative nursing talent training model can improve the quality of clinical nursing teaching and cultivate students' core abilities; Zhou et al. [9] proposed to introduce traditional Chinese medicine education into the training of elderly care talents, cultivating elderly care talents with the thinking of traditional Chinese medicine diagnosis and nursing, capable of conducting simple and effective traditional Chinese medicine diagnosis and nursing.

In China, the existing nursing training models mostly focus on patient care in hospitals. According to research, there are three core problems in China's nursing talent training. First, the curriculum system is lagging behind. The statistics in the "National Nursing Education Quality White Paper 2022" show that 78% of nursing professional courses in China do not offer cross-disciplinary content such as "elderly psychological support" and "health tourism". Students' knowledge structure and ability qualities cannot adapt to new nursing needs such as health care tourism, community day care, community embedded elderly care, home-based nursing, and hospice care. Second, practical ability is insufficient. The survey of care institutions shows that fresh graduates need an adaptation period of 6-12 months, which is much longer than the 1-3 months in the German "dual system" training model (China Gerontological Association, 2023), indicating that students' ability to apply theory to practice is poor. Third, the integration of industry and education is weak. Relevant surveys show that only 35% of universities have established deep cooperation with care enterprises, which is much lower than the 92% coverage rate of "school-enterprise joint courses" in Germany (OECD, 2021). Table 1 compares the main nursing training models.

Table 1. Nursing talent training model.

Mode type	Core Feature	Applicable Scenarios
German Dual System	The enterprise takes the lead in course development(accounting for 65%), and implements a stepped certification system (beginner-advanced-expert level)	Training of technical and skilled personnel
Singapore' CPE model	Interdisciplinary integrated course(Medicine+Humanities+Management), implementing "Sandwich" teaching(Theory-Practice-Theory)	Comprehensive talent cultivation
The Japanese care system	Establish a lifelong learning system(divided into five levels of qualification certification), and focus on integrating traditional culture	Care in an aging society
Chinese "1+1+1" model	Segmented training between schools and enterprises, with the practical training sessions concentrated in tertiary hospital.	Hospital-oriented talent cultivation

From the above table, it can be seen that most advanced countries mainly focus on broadening the scope of curriculum design and increasing the proportion of basic courses in the curriculum system. The impact on talent cultivation is the generalization and integration of nursing talents. At the same time, it emphasizes the respect for service recipients and maintaining good communication by nursing staff during their work.

Looking at the current research on nursing talent cultivation models in China, it mainly focuses on theoretical and practical teaching for students who are employed in clinical hospitals. The cultivation model basically has not escaped the influence of the biomedical model. It emphasizes "patient-care" education and operational procedures in nursing, and the construction of course content is centered on providing patient care in hospitals. However, there are few courses in areas such as humanistic knowledge, traditional Chinese medicine culture, health knowledge, and health preservation skills. This educational model cannot meet the needs of current new types of nursing such as health care, community care, and family care. With the development of the health care industry, there is a urgent need for a large number of health care professionals specializing in disease prevention, health preservation, rehabilitation therapy, and health education.

4 Reform Path

4.0.1 Adapt to market demands and update talent cultivation goals

In response to the rapid development of society and the transformation of the medical model, based on the needs of the people for health care and the growth and development of students, following the educational philosophy of "for the people, for livelihood, facing the market, highlighting characteristics", fully implement the policy of quality-oriented education. Through a comprehensive analysis of social needs and future trends in nursing development, precisely refine the knowledge, skills, thoughts, and qualities required for health care professionals, clearly define the goals of health care talent cultivation, and cultivate high-quality applied specialized talents who are all-round in morality, intelligence, physical fitness, aesthetics, and labor, have a solid basic theory, strong practical ability, excellent service awareness, high humanistic literacy, and basic clinical nursing skills, teaching skills, management skills, research skills, learning ability, and good professional qualities.

4.0.2 Optimize the curriculum system and adjust the course structure

Based on the training objectives, the guiding ideology for optimizing the curriculum system is to simplify the foundation, highlight nursing, increase humanities content, strengthen practice, focus on qualities, and enhance capabilities. By applying modern educational concepts, medical concepts, and nursing

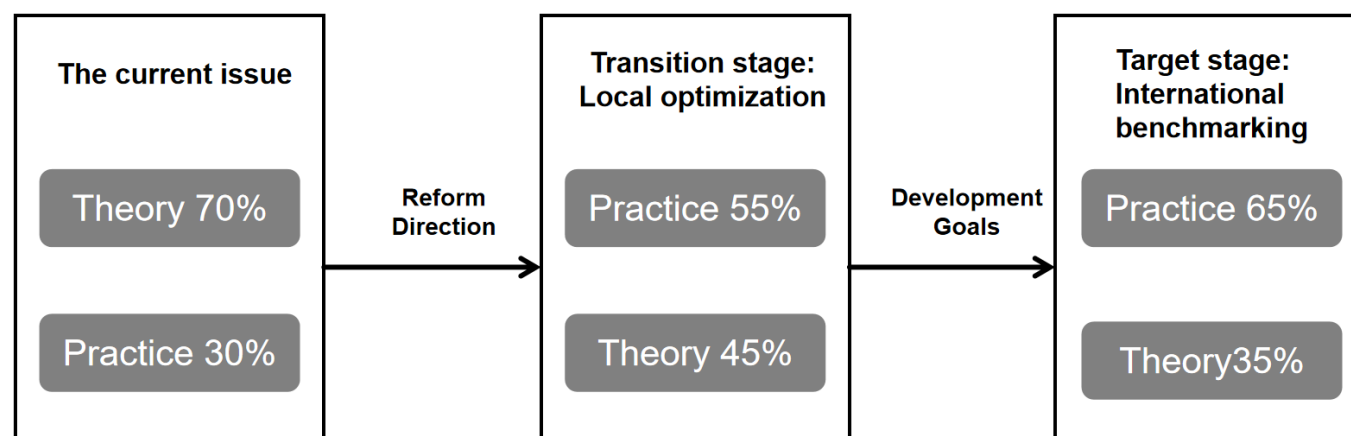


Figure 1. Schematic diagram of the three-stage optimization of class time structure.

concepts, it emphasizes the combination of theory and practice. The course structure is reorganized and optimized. Firstly, attach importance to the integration of theory and practice. On the basis of the traditional "three-stage" course structure of "basic - clinical - internship", reduce the total class hours of theoretical courses and increase the experimental and practical class hours, so that theoretical learning can be integrated with professional practice, and increase the intensity of experimental and practical teaching reform, forming a model where there is clinical training in basic theory teaching and basic theory teaching in the clinical stage. This will help students develop and improve their practical skills. In the reform process, a progressive adjustment of theoretical and practical class hours can be adopted. Figure 1 shows the proportion of theoretical and practical courses at different stages. Secondly, increase humanities education courses. According to the requirements of clinical nursing and the development trend of modern nursing, pay attention to interdisciplinary and integrated learning, and add nursing humanities courses in elective and compulsory courses to cultivate students' compassionate spirit and a sense of justice, helping students form a firm professional ideology and values. Thirdly, highlight the characteristics of health care nursing. Based on the development of health care industries and market demands, increase the theoretical and practical class hours of health care nursing and the development of health care industries, to more effectively enable students to understand the market demand and development trend of health care nursing, and improve and perfect their own abilities and qualities in a targeted manner. This will enable students not only to engage in

nursing work in hospitals, but also to work in various health care and elderly care institutions such as clinical nursing, rehabilitation nursing, elderly care, community nursing, and preventive health care.

4.1 Establish a "module-based" curriculum system and highlight the characteristics

In order to better meet the needs of the Kangyang industry for nursing professionals, improve the quality of talent cultivation, broaden students' employment channels and development space, and enhance students' professional competitiveness and employment quality, modules such as geriatric care, emergency care, and community care can be added to the talent cultivation plan for students to choose and study. Students can freely select a module based on their own interests for study, and upon passing the assessment, they can obtain corresponding credits. The College of Health Care in Panzhihua University has added characteristic courses such as community nursing, geriatric nursing, psychiatric nursing, traditional Chinese medicine nursing, rehabilitation nursing, traditional Chinese medicine health preservation nursing, nutrition and diet for the elderly, hospice care, safe medication and nursing, etc. in the nursing major curriculum, highlighting the school's characteristic of health care, and has been highly welcomed by students and enterprises.

4.2 Reform teaching methods and deepen industry-education integration

Adhere to the student-centered approach, adopt flexible and diverse teaching methods such as situational teaching and case teaching to stimulate students' learning interest, mobilize their learning

enthusiasm, initiative, and creativity. Strengthen in-depth cooperation with health care enterprises and elderly care institutions in all aspects, through the establishment of internship bases and cooperative education methods, to effectively implement industry-education integration. During the cooperation process, enterprises can not only provide students with internship opportunities but also participate in the design of teaching content and the construction of the curriculum system to ensure that the educational content is closely aligned with industry needs. Increase the types and locations of practical internship units, change the previous situation where practical internships are all arranged in hospitals, and focus on cultivating students' clinical decision-making and problem-solving abilities. Enable students to directly contact the actual working environment during the learning process, increase practical experience, master more skills, understand the current situation and trends of health care development, and improve work ability and employment competitiveness.

4.3 Strengthen teacher training and build a "dual-qualified" team

Strengthen cooperation with hospitals and health care institutions, actively introduce nursing backbone from major hospitals and health care institutions to serve as part-time teachers, build a dedicated and part-time combined nursing teacher team, and regularly dispatch school teachers to conduct practical training in hospitals and health care institutions to better understand the development status and talent needs of the industry, so that more teachers can become "dual-qualified" teachers, and build a high-quality teacher team with excellent moral character, reasonable structure, excellent quality, and dedicated and part-time combination.

5 Summary and Outlook

5.1 Summary

Due to the intensification of aging, the enhancement of health awareness, and the transformation of consumption patterns, the demand for health care and nursing services has expanded from traditional "patient care" to multiple dimensions such as preventive care, psychological care, health preservation, and nutritional diet. Nursing professionals must keep up with the demand market and cultivate high-quality nursing talents with interdisciplinary capabilities to meet the market's

demand for nursing professionals in terms of quantity and quality. Germany's "dual system", Singapore's "CPE model", and Japan's "care system" emphasize generalist education, interdisciplinary integration, practice-oriented approaches, and humanistic care. China must learn from and draw on their advanced experiences, adjust the curriculum system, and focus on in-depth cooperation with enterprises and communities to implement the reform path of "medical-education collaboration, theory-practice integration, and cross-border integration", and cultivate interdisciplinary talents with capabilities in clinical nursing, rehabilitation, psychological adjustment, and health education.

5.2 Future Research Directions

1. Quantitative Research on Nursing Competence Standards. Build a core competence model for nursing talents applicable to the Chinese health care industry, and clarify the ability indicators and certification systems for different levels (such as primary, advanced, and expert levels).
2. Application of Intelligence and Digitalization in Health Care and Nursing Education. Explore the application effects of technologies such as virtual simulation and AI-assisted teaching in practical skills training, for example, developing virtual laboratory courses for health care and nursing.
3. Integration Innovation of Traditional Culture and Health Care. Deeply explore the integration models of traditional Chinese health preservation and regional health care cultures (such as the Sunlight Health Care feature of Panzhihua) in curriculum design and practical teaching.
4. Longitudinal Tracking and Effect Evaluation Research. Conduct longitudinal tracking of the reform-based training model (such as the modular courses of Panzhihua University) and evaluate the long-term effects of graduates in terms of employment adaptability, career development, and industry contribution.

In conclusion, the reform of the talent training model is one of the core aspects of university teaching reform. With the development of society, technological progress, and the transformation of nursing service models, the nursing major should keep pace with the times, build a distinctive education model that meets market demands, and cultivate nursing professionals who meet social needs.

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Not applicable.

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Conflicts of Interest

The author declares no conflicts of interest.

Ethical Approval and Consent to Participate

Not applicable.

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