



Exploring the Vital Role of Palliative Care Education and Training in Liberia and Indonesia: A Comprehensive Review of Literature

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Abstract

Background: Palliative care education needs to be improved in some countries like Liberia and Indonesia. Healthcare professionals in these countries do not have access to any educational resources for palliative care, which acts as a barrier to their professional growth. The main objective of this review is to scrutinize the availability of palliative care education and the various factors that affect it in Liberia and Indonesia.

Methods: Palliative care education needs to be improved in some countries, such as Liberia and Indonesia. Healthcare professionals in these countries do not have access to educational resources for palliative care, which acts as a barrier to their professional growth. The main objective of this review is to scrutinize the availability of palliative care education and the various factors that affect it in Liberia and Indonesia.

Results: After conducting a comprehensive analysis of fourteen qualifying research articles, it has been determined that three distinct common denominators significantly impact palliative care education in developing nations. These factors include inadequate infrastructure, insufficient government backing, and absence of access to a dedicated palliative care curriculum. The reviewed literature also emphasizes the sluggish growth of palliative care education in Liberia.

Conclusions: After conducting a comprehensive analysis of fourteen qualifying research articles, it has been determined that three distinct common denominators significantly impact palliative care education in developing nations. These factors include inadequate infrastructure, insufficient government backing, and absence of access to a dedicated palliative care curriculum. The reviewed literature also emphasizes the sluggish growth of palliative care education in Liberia.

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INTRODUCTION

Palliative care is a holistic approach to improving the quality of life for individuals with complex illnesses (Rhee et al., 2018). About 40 million people require a computer annually, and 78% of them live in low- and middle-income countries (Wiese et al., 2013).

Only 14% of individuals who require a personal computer can receive it. This concerning situation can be attributed to the insufficient availability and accessibility of palliative care services, as well as the lack of exposure to palliative care during healthcare professional training (Rhee et al., 2018). In many countries where palliative care is still in its early stages,

its integration into the educational curriculum is limited (Frey et al., 2014; Rochmawati et al., 2016). It is crucial to provide education on palliative care in Liberia to enhance the accessibility and quality of palliative care services. A general knowledge approach can help propagate palliative care in the public domain and improve awareness among all healthcare professionals and the public (Hannon et al., 2016; Jack et al., 2012). According to a previous study conducted by Aldridge et al. (2016), formal education or training for health professionals in palliative care (PC) is lacking in most African countries. As a result, specialists in many African nations lack the knowledge and competence to conduct end-of-life discussions, indicating a lack of information about palliative care (Sasaki H et al., 2017). Deficiencies may impede effective communication between health professionals and patients, as well as between health professionals themselves (Ens et al., 2011; Ingleton et al., 2013). Some African countries have established national palliative care programs to address the skills and knowledge needed for effective practice (Agom and colleagues, 2020). Only four African countries – Uganda, South Africa, Kenya, and Tanzania – have integrated palliative care into their national health policies and strategies (Hicks and colleagues, 2021). Swaziland, Rwanda, and Mozambique have drafted guidelines that require the Ministry of Health's approval. Five African countries, including Uganda, South Africa, Kenya, Tanzania, and Rwanda, have integrated palliative care into medical professionals (Ndlovu et al., 2021). In Uganda

and South Africa, palliative care was officially recognized as a subject of research (Fraser and colleagues, 2018a; Rawlinson and colleagues, 2014a). In countries such as Liberia, funding and resources for the education of palliative care do not play a large role. To successfully implement palliative care, it is essential to consider local resources, customs, and corporate education initiatives to train medical professionals and volunteers. Community-based volunteer programs in palliative care play an important role, especially in remote and confined areas where specialized medical facilities are difficult to reach (Ida and others, 2021; Pereira and others, 2011). Investing in research infrastructure and supporting local researchers is necessary to address stigmatization and myths about palliative care and make it easier for Liberians. According to a 2021 study by Mitchell and colleagues, the African Association of Hospices has developed an early education curriculum and a framework for competence for African hospices, as well as a self-development e-learning model. However, in developing countries such as Liberia and Indonesia, palliative care education has been little emphasized. A key aspect of this education is the training in palliative care, which should include public education on the importance of palliative care for all residents (Bassah et al., 2014). Integrating palliative care education in schools for all ages and backgrounds is essential. The first phase should cover basic information on health professionals and staff working in clinics, nursing homes, and other health facilities. This includes all personnel, including cleaning staff, family,

mechanics, and administrators. The following phase should focus on educating medical experts who do not regularly care for patients and patients who cannot provide palliative care. This progress ensures adequate care throughout the medical administration process (Boske et al., 2021). In the third phase, we highlighted the importance of medical professionals who often care for patients and people dying. Such professionals must have a good understanding of palliative care. In the fourth phase, we proposed a 160-hour preparation program for medical professionals requiring specialized training in the care of the end of life. The fifth stage describes the special treatment that medical experts and other people have to provide care and therapy to terminally ill people. In some countries, specialization or sub-specialization programs have already been implemented for doctors and nurses to ensure a high level of specialization in palliative care (Musick et al., 2021; Bush, 2012). The last step emphasizes the need for continued professional or doctoral education for future leaders and researchers in palliative care (Rhee et al., 2018).

Health care in Liberia

Hospice care was included in Liberia's medical services framework in 2013. However, palliative care education for patients with advanced HIV/AIDS, tuberculosis, diabetes, and other diseases is lacking (Mick et al., 2021). Liberia's hospice education faces social and financial obstacles, including the views of patients and families, the mentalities of medical

service providers, the lack of education and training of medical workers, and the need for coordination. Liberian palliative care education has faced social and financial obstacles, including the perspective of patients and families, the mentalities of health professionals, the lack of education and training of medical staff, and the need for coordination. (Anyanwu & Agbedia, 2020). To provide adequate palliative care education, the medical providers must be equipped, have sufficient facilities, and be made more widely known. Implementing ambulatory care in Liberia will require the collaboration of medical personnel in clinics and primary health workers. Health professionals can play a positive role in spreading palliative care training. Palliative care education is an essential factor in improving the quality of life of Liberian patients, including young people with cancer. Training resources should be tailored to audiences and students to shape them socially (Anyanwu & Agbedia 2020). The Hospice Education Group has worked with the African Hospice to improve the educational resources for hospice care for Liberian doctors. Palliative care in Africa has existed for almost 40 years, and its services have expanded, especially in response to the HIV/AIDS crisis. (Adejoh et al., 2021). In Liberia, despite the support of international organizations, insufficient education and training programs in palliative care prevent cancer treatment (Aldridge et al., 2016). Education is essential to the palliative care team's success, recruitment, retention, and sustainability (Frey et al., 2014). The palliative care team supports and educates its colleagues

(Peters and others, 2012). Several challenges are associated with providing education in Liberia, such as the availability of teachers, the impact on organizations when students are absent for face-to-face meetings, distances, coordination, and costs. In 2004, the World Health Organization recommended that governments include palliative care in education plans (Downing et al. 2015). In recent years, various educational programs for palliative care have been introduced in different parts of Africa. These programs are accessible to health and social care professionals, volunteers, religious leaders, teachers, and other persons engaged in palliative care. As a result, medical professionals at all levels are now better equipped to provide high-quality care to those who need it (Aldridge and colleagues, 2016).

Health care in Indonesia

In 2014, the Government of Indonesia launched the national health insurance system to promote universal health care. This has highlighted the need for palliative care in Indonesia, particularly for various cancer patients. In 2007, the Indonesian Government implemented a palliative care strategy in some medical facilities. However, the approach to education and training in palliative care in certain hospitals and regions in Indonesia still needs to be improved. The national health insurance system aims to provide access to health care to the entire population regardless of economic status (Cleary et al., 2013). In Indonesia, only 14 hospitals offer palliative care and inter-

professional education to more than 273 million people. However, studies have shown that in some areas, training and education in palliative care must be improved (Kim et al., 2020). Knowledge of palliative care between hospitals and first-line care centers is necessary for the continuity of care between healthcare providers (Kristanti et al., 2017). According to Nkhoma et al., seven cities across Indonesia's three significant islands provide palliative care services. 2021. This raises some critical questions: Why provide education and training in palliative care in Indonesia and Liberia? What factors promote or hinder palliative education and training? What is the role of medical professionals in providing palliative care in both countries? And why does everyone, not just experts, have to know about palliative care? It is important to note that many people who need palliative care may not be able to access it only through specific palliative care providers (Paal et al., 2020). The development of palliative care education can improve the health system (Ens et al., 2011). This literature review aims to determine the current state of palliative care education in Liberia and Indonesia and the factors affecting it. The review emphasizes the importance of enlarging the community's knowledge of palliative care education and training. In addition, I can conduct systematic searches and analyses of literature to identify critical questions that can help improve palliative care through hospital and nursing home education.

MATERIA AND METHODS

A review of information on palliative care, education, training, and literature in Indonesia and Liberia has been carried out. The study analyses all relevant literature on this subject from PubMed, Science Direct, Scopus, and Google Scholar databases. The search terms used in this review are based on the initial literature search. I am exploring relevant hits and keywords used in articles specific to the research questions for the literature.

Research strategy

To find relevant studies on palliative care education and training in Liberia and Indonesia, we conducted a search using the following keywords: "palliative care education," "palliative care training," "palliative care in Africa," "palliative care in Liberia," and "palliative care in Indonesia." We used popular academic search engines such as Scopus, PubMed, Google Scholar, and Science Direct to locate the most relevant articles for our research.

Study Selection

Two researchers conducted a screening process to identify relevant articles. They reviewed the search titles and abstracts to select papers pertinent to their research. Then, they reviewed the content of the selected documents to ensure that all information was present. If there were any disagreements between the researchers at

any stage of the screening process, they would discuss and resolve them mutually.

Data collection process

Two researchers, with the initials MS and ER, independently extracted data from the articles. They used a data extraction form and resolved any issues that came up. To ensure that all relevant data was extracted, they used a checklist that included the author's name, article title, year of publication, language, type of paper, and quality of the article.

Synthesis of Results

The studies' results were combined using a narrative synthesis approach, which was subsequently discussed and summarized.

RESULTS

Study Selection

Figure 1 shows the results of 390 documents obtained using search strategies in research databases (Scopus 30, PubMed 85, Google Scholar 180, Science Direct 95), but 300 papers were published after duplication. Between December 2020 and December 2021, researchers sought articles on improving palliative education in Africa (Liberia) and Indonesia. The goal was to provide a clear picture of the state of PCs on both continents. The search was limited to articles published between January 2010 and December 2021. All articles are organized using Mendeley's bibliography software and computer folders.

The study chose 65 documents based on criteria, with 40 eligible for a full-text selection (as shown in Figure 1). However, only 14 articles were found to be suitable for the objectives and standards of this study. Table 1 briefly describes the purpose and conclusions of these 14 articles. Four of the 14 articles highlighted the need to expand knowledge on educating children in palliative care in death. Five studies have shown that providing palliative care education in Africa has improved slowly but steadily. Three studies focused on medical professionals training palliative care workers in Africa, and two showed the slow development of palliative care education in Indonesia.

The nursing treatment is usually carried out by student nurses, doctors, and nurses working in the community. It is integrated into the health professional program curriculum (Hicks et al., 2021). The study suggests that home care training and education can help raise the standard (Frey R and Hannon, 2016).

Palliative care education in Liberia and Indonesia: main findings

Education and training can overcome the need for more trained medical personnel and adequate medical care. As R. Robinson and colleagues suggested, one effective strategy is educating nurses involved in palliative care. (2014b) Education can be offered formally or informally, online or face-to-face. To improve Education in palliative care is the best way to ensure high-quality care and team participation. However, palliative care education in Liberia and Indonesia faces challenges and obstacles.

the quality of care, extending the duration of Palliative Care Training to at least two years is necessary. Formal learning enables students to participate in the education and improvement of the health system for palliative care. In contrast, informal learning enables communities to participate in palliative care education and training, as highlighted in several papers (Rawlinson et al., 2014b). After thoroughly reviewing the study, we identified three common factors affecting palliative care education in developing countries. These include inadequate infrastructure, lack of government support, and inaccessibility to the Palliative Care Program. Likewise, these articles demonstrate the gradual development of education and training in hospice care in Liberia.

In both countries, the Indonesian Nursing Education Association (Rochmawati et al., 2016) and the African Association for Palliative Care, which includes support from families and communities to increase the education and training of palliative care (Grant, Downing, et al., 2011), were identified as facilitating factors. Providing knowledge and training in palliative care is an essential facilitator at its peak. Human resources criteria are

Figure 1: The (PRISMA) diagram focuses primarily on reporting reviews evaluating the effects of interventions but can also be used as a basis for writing systematic reviews with objectives.

Indonesia's challenges are related to government strategy, lack of education, attitude toward medical care, and social conditions. Although support from cultural, governmental,

and local organizations supports palliative care, there still needs to be more training and specialized doctors. The informal education of palliative care providers needs more training and official recognition of specific PC training. Although the importance of providing education and training to health workers in palliative care is improving, the number of

educational and training deficiencies in Liberia still needs to be higher. This may be due to a need for more subsidies for the care of experts and hierarchical limitations related to insufficiently qualified teachers. Despite efforts to improve the education and training of palliative care, only some trained palliative care providers are still in Liberia.

Table 1: In previous related studies using data extraction tables, we individually mapped the data of the articles contained by all authors, year of publication, title, language, methodology, purpose, and significant findings.

Writer (year)	Title	Year	Language	Method	Objective	Finding
Rhee et al.	The African PC Association (APCA) Atlas of Palliative Care Development in Africa	2018	English	Qualitative interviews	The objective was to develop and use many indicators to measure the development of African palliative care.	Uganda, South Africa, and Kenya offer the best professional hospice and PC services (71% of the identified palliative care services).
Anyanwu and Agbedia	The Practice of Palliative Care among Nurses in Selected Hospitals in Eastern Nigeria	2020	English	descriptive cross-sectional design.	Determine how nurses' variables, knowledge, and attitudes affect palliative care practices in eastern Nigeria.	Most respondents (40.1%) had RN / RM as the highest educational qualification.
Amery et al.	A study of children's PC educational needs of health professionals in Uganda	2010	English	The Mixed Quantitative and qualitative survey set	To survey the educational needs of Ugandan healthcare professionals related to palliative care (CPC).	Communication with children was rated highest in all three arms of the study self-assessment survey.

Writer (year)	Title	Year	Language	Method	Objective	Finding
Aldridge et al.	Education, implementation, and policy to PC	2016	English	Using literature review	Provide an overview of the barriers to the broader integration of PC.	They identified critical barriers to palliative care integration in three domains of the World Health Organization: (1) education domain.
Bush	PC Education: Does it influence future practice?	2012	English	A descriptive/explorative mixed methods study	This research study aims to determine whether completing selective oncology and PC courses will help a group of undergraduate nursing students.	The results of this study emphasized the importance of students studying a particular topic within a single program and how this opportunity encouraged them to participate in learning processes.
Fraser et al.	Palliative care development in Africa: Lessons from Uganda and Kenya	2018	English	Review	They investigated the impact of approaches to facilitate the development of PC Uganda and Kenya.	In both countries, the success of these efforts is related to integrating PCs into the curriculum.
Pandey et al.	Perception of PC among medical students in a teaching hospital	2015	English	A descriptive study /using a self-structured pretested questionnaire	Finding the perception of medical students in PC in teaching hospitals.	Of the 270 medical students, only 152 heard the term PC. Eighty-four students also know they can provide early PC in a life-threatening disease.

Writer (year)	Title	Year	Language	Method	Objective	Finding
Reigada et al.	Educational programs for Family Caregivers in PC	2014	English	Using the literature review.	Analyze the literature on educational programs to empower PC patient care workers to explain conceptual differences between programs and psychosocial interventions.	Eight studies were identified and analyzed on program topics, measuring instruments, locations, results, strategies, and duration.
Frey et al. (Frey et al., 2014)	Perceptions of clinical staff about palliative care-related quality of care, access to services, education, and confidence in training needs and delivery in an acute hospital setting	2014	English	A descriptive cross-sectional design	This study aimed to examine the perception of PC training.	On average, the clinical staff rated the quality of care provided to hospitalized people as "good" ($\bar{x} = 4.17$, $SD = 0.91$).
Peters et al.	Is work stress in palliative care nurses a concern?	2014	English	A literature review	This article aims to critically examine the current literature on stress and burnout in palliative care nurses.	Work demands were a common cause of stress in the reported studies. However, there is substantial evidence that palliative care or hospice caregivers were exposed to higher stress levels than caregivers in other disciplines.

Writer (year)	Title	Year	Language	Method	Objective	Finding
Ingleton et al.	Exploring Education and training needs among the palliative care workforce	2013	English	Mixed Methods(Qualitative and Quantitative)	Education and training are seen as essential parts of the provision of palliative care.	The focus groups' results revealed various barriers to providing and managing palliative care, not least the need for more education and training.
Ens et al.	Graduate Palliative Care Training: Evaluation of South African programs.	2011	English	A mixed method approach.	The purpose is to assess the degree of the University of Cape Town (UCT) Graduate Distance Education PC concerning perceptual abilities that affect palliative care.	The general graduate school survey results were 5 out of 6 categories, significantly higher than current students.
Iida et al.	Palliative and end-of-life educational interventions for staff working in long-term care facilities	2021	English	An integrative review of the literature	Integration of the current literature on palliative care and educational interventions in the care of EOL of LTCF employees and identification of disabilities and remedies in implementing interventions.	Despite the development of research in this area and this environment, the results are suboptimal research and educational practices for development, global volatility and non-standardized educational approaches, and a lack of perspective of service users. It suggests that it remains.

Writer (year)	Title	Year	Language	Method	Objective	Finding
Jack BA et al.	The personal value of being a PC Community Volunteer Worker in Uganda	2012	English	A qualitative study	This study assesses volunteer motivation and the personal impact of working in Uganda as a PC community volunteer.	The results identify a cultural desire as an essential motivation to help people participate in volunteering.
Paal et al.	Interdisciplinary post-graduate PC education and training	2020	English	qualitative methodology	Facilitate ideas for the timely integration of palliative care services, facilitate interdisciplinary networking and communication, and improve self-care, introspection, and team-building skills.	Fifty-three of the 56 nurses in all palliative care professions completed the evaluation form (94.6% of the respondents), with an average age of 39 (22-64) and an average work experience of 13.6 (1- 44) years.
Rochmawati et al.	Current Status of PC services in Indonesia	2016	English	literature review	Review the medical literature on palliative care in Indonesia and identify factors that can influence its evolution.	Identified barriers to palliative care delivery are the limited understanding of palliative care by medical professionals, the challenging geography, and restricted access to opioid medications.

Table 2: Summary of strategies for developing palliative care for the Kenya and Uganda domains.

DISCUSSION

Nursing students and doctors from Liberia and Indonesia are concerned that the level of education in palliative care is not sufficient in both countries. They believe that the teaching of palliative care should be better integrated into medical education. Physicians in Liberia and Indonesia consider palliative care an essential aspect of cancer patient care. However, students still require better knowledge of the broad concept of palliative care, as well as practical skills to improve their understanding of this field (Gage et al., 2020). Most doctors treating terminally ill patients are unwilling to work in PC services. However, those who receive palliative care education are more open to carrying out such work ((Grant, Brown et al., 2011). Despite the challenges, the number of PCs being used for educational purposes is increasing in these countries, and the inventory of PC education is expanding (Duncan & Sinanovic, 2019). With the recognition of the PC as a critical component of healthcare through the WHO goal, there is a possibility of expanded education for palliative care across the regions (Harding et al., 2013). New specialists and nurses must possess adequate competencies and skills in palliative care.

Therefore, it should be mandatory for them to undergo training in this area (Kristanti et al., 2017). The field of palliative care education is of interest to many organizations, experts, and instructors who seek to provide ongoing education in this field at both undergraduate and graduate levels. (Grant, Brown, et al., 2011)

Education in palliative care in other neighboring countries, Uganda and Kenya.

This review focuses on the status of palliative care education and training in Liberia and Indonesia, as the training structures in some African countries are different. In comparison, Liberia, Uganda, and Kenya have implemented undergraduate and post-graduate education in palliative care to a great extent. Their policies and various educational interventions acknowledge the importance of palliative care education and training (Nkhoma et al., 2021). The African Palliative Care Association hosted an essential educational program focused on palliative care (Fraser et al., 2018b). The Build Critical Mass in Africa research has shown support for enhancing palliative care education and training in Uganda and Kenya (Aldridge et al., 2016). Researchers' attitudes toward palliative care education and care in both

countries are positive and encouraging (Kim et al., 2020). One of our higher institutions in Liberia requires this training. A table illustrates strategies for developing the palliative care field in Kenya and Uganda (Agom et al., 2020). Palliative care education, including humanities, has been proven to effectively reduce negative attitudes towards death and improve communication skills (Jack BA et al., 2012). More significant studies in Indonesia's nursing literature are needed to assess the knowledge and skills of palliative nursing. This makes it challenging to identify and address the actual education needs of nurses regarding palliative care (Loth et al., 2020). To improve the education of nurses in palliative care, it is essential to evaluate their knowledge and determine factors associated with their understanding of palliative care (Elysabeth et al., 2017).

Limitations to the Study

The available evidence on palliative education and training is limited due to the small number of studies conducted in Liberia and Indonesia. The low number is because research in this area still needs to be well-developed and integrated. Unfortunately, non-English papers published after 2010 were excluded from the study, resulting in the rejection of the article. Moreover, there is a growing demand for more education and research in non-Anglophone countries. It's worth noting that most studies reviewed in this article have a high risk of selection bias.

"The results of this review should not be generalized to a broader population. The review was conducted by two authors who ensured impartiality. Given the contentious nature of many of the grey reports, this study is considered to be extensive and inclusive."

CONCLUSION AND FUTURE RESEARCH DIRECTION

This literature review investigates the accessibility of palliative care education and the factors that impact it in Liberia and Indonesia. It also outlines the crucial elements of palliative care education and provides detailed information on community training. It highlights the sluggish advancement of palliative care education in Liberia and Indonesia and identifies two modes of education: formal and informal.

Future programs in Liberia and Indonesia could include live online classes and active online groups that offer peer support and feedback to enhance palliative care education. Additionally, videos can be a valuable resource, provided proper consent is obtained. By completing such courses, individuals in these countries can improve their understanding and skills, which will ultimately result in better-quality palliative care.

Formal and informal learning opportunities can help spread the knowledge and skills required for quality palliative care provision throughout Liberia and Indonesia. However, the limited number of studies on this topic hinders the quality of evidence available. This scarcity of

research is because palliative education and training are still emerging in these countries, and education research needs to be more developed and integrated.

As a result, the findings of this review cannot be assumed to be transferable to a broader context. Two authors conducted the review, and it does not contain any bias. After intensive study, the article concluded that three unique common factors affect palliative care education in developing countries. These factors include poor infrastructure, lack of government support, and the inaccessibility of a palliative care curriculum. Similarly, those articles show the slow development of PC education and training in Liberia. This study encourages researchers to conduct studies on the success factors of palliative care education because it explores the factors that affect it.

DECLARATION SECTION

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Conflict of interest

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Data availability:

Data are available by contacting the corresponding author by email.

Authors' contribution

Study conception and design: MS, ER.
Literature review/analysis: MS. Manuscript draft writing: MS study supervision: ER. Critical revisions for important intellectual content: ER.

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