



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: The pressing need for improved palliative care education is evident in Liberia and Indonesia. Here, healthcare professionals are grappling with a lack of access to essential resources for their professional development. This review is thus crucial in its objective to assess the availability of palliative care education and the various factors impacting it in these nations.

Methods: This review employs a rigorous approach to assess the state of palliative care education in Liberia and Indonesia. Healthcare professionals in these countries lack access to necessary educational resources, which hampers their professional development. The primary aim of this review is to examine the availability of palliative care education and the various factors affecting it in these nations.

Results: Through a comprehensive analysis of fourteen qualifying research articles, it has been determined that inadequate infrastructure, insufficient government support, and lack of access to a dedicated palliative care curriculum are common factors significantly impacting palliative care education in developing nations. The reviewed literature also highlights the slow progress of palliative care education in Liberia.

Conclusions: The comprehensive analysis of fourteen qualifying research articles has revealed that inadequate infrastructure, insufficient government support, and lack of access to a dedicated palliative care curriculum significantly impact education in developing nations. The reviewed literature also emphasizes the slow progress of palliative care education in Liberia.

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INTRODUCTION

Palliative care is a comprehensive approach to enhancing the quality of life for individuals with complex illnesses (Rhee et al., 2018). About 40 million people need a computer yearly, with 78% residing 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 fact that the availability and accessibility of palliative care services are insufficient, and there is a 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 important to offer education on palliative care in Liberia to improve the accessibility and quality of palliative care services. A general knowledge approach can help promote palliative care in the public sphere and raise awareness among all healthcare professionals and the public." (Hannon et al., 2016; Jack et al., 2012). According to a previous study 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' practice (Ndlovu et al., 2021). In Uganda and South Africa, palliative care has been officially recognized as a subject of research (Fraser and colleagues, 2018a; Rawlinson and colleagues, 2014a). However, in countries like Liberia, there is a lack of funding and resources for the education of palliative care. 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 essential to address stigmatization and myths about palliative care and make it more accessible for Liberians. A 2021 study by Mitchell and colleagues found that the African Association of Hospices has developed an early education curriculum, a competency framework for African hospices, and a self-development e-learning model. However, palliative care education has received little emphasis in developing countries such as Liberia and Indonesia. A key part of this education involves training in palliative care, including public education on its importance for all residents (Bassah et al., 2014). Integrating palliative care education in schools for people of all ages and backgrounds is essential. The first phase should

provide basic information about health professionals and staff in clinics, nursing homes, and other health facilities. This includes all personnel, including cleaning staff, family members, mechanics, and administrators. The next phase should focus on educating medical experts who do not regularly care for patients and patients who cannot provide palliative care for themselves. This progression ensures adequate care throughout the medical system (Boske et al., 2021). In the third phase, we emphasized the importance of medical professionals who often care for patients at the end of life. These professionals must have a good understanding of palliative care. In the fourth phase, we proposed a 160-hour preparation program for medical professionals needing specialized end-of-life care training. The fifth stage describes the special treatment that medical experts and others must provide to care for and treat 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 expertise in palliative care (Musick et al., 2021; Bush, 2012). The last step emphasizes the need for ongoing professional or doctoral education for future leaders and researchers in palliative care (Rhee et al., 2018).

Health care in Liberia

Hospice care was incorporated into Liberia's medical services framework in 2013. However, there is a lack of palliative care education for patients with advanced HIV/AIDS, tuberculosis, diabetes, and other diseases (Mick et al., 2021). The education system for hospice care in Liberia faces social and financial obstacles, including the perspectives of patients and families, the attitudes of medical service providers, the lack of education and training for medical workers, and the need for better coordination. (Anyanwu & Agbedia, 2020). To adequately provide palliative care education, medical providers must be equipped with sufficient facilities and be made widely known. Implementing ambulatory care in Liberia will require the collaboration of medical personnel in clinics and primary health workers. Health professionals can have a positive impact by promoting palliative care training. Palliative care education is crucial for enhancing the quality of life for patients in Liberia, including young individuals with cancer. Training materials should be customized for different audiences and students to prepare them better

socially (Anyanwu & Agbedia, 2020). The Hospice Education Group has collaborated with the African Hospice to enhance educational resources for hospice care for Liberian doctors. Palliative care has been available in Africa for nearly 40 years, and its services have expanded, particularly in response to the HIV/AIDS crisis (Adejoh et al., 2021). In Liberia, there is a lack of sufficient education and training programs in palliative care despite the support of international organizations, which hinders cancer treatment (Aldridge et al., 2016). Education is crucial to the palliative care team's success, recruitment, retention, and sustainability (Frey et al., 2014). The palliative care team also supports and educates colleagues (Peters and others, 2012). However, several challenges are associated with providing education in Liberia, including 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 individuals involved in palliative care. Consequently, medical professionals at all levels are better equipped to provide high-quality care to those in need (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 emphasized the need for palliative care in Indonesia, especially 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 improvement. The national health insurance system aims to provide everyone with access to healthcare, regardless of their 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 training and education in palliative care must be improved in some areas. (Kim et al., 2020).

Hospitals and first-line care centers need to know about palliative care to ensure continuity of patient care. (Kristanti et al., 2017). The study by Nkhoma et al. highlights the availability of palliative care services in seven cities across Indonesia's three main islands. This raises some critical questions: Why is it important to offer education and training in palliative care in Indonesia and Liberia? What factors support or hinder palliative education and training? What is the role of medical professionals in providing palliative care in both countries? Additionally, why is it necessary for everyone, not just experts, to know about palliative care? It is crucial to note that many individuals needing palliative care may not have access to it solely 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 expanding community palliative care education and training knowledge. Additionally, I will conduct systematic searches and analyses of literature to identify critical questions that can help improve palliative care through hospital and nursing home education."

MATERIAL AND METHODS

I have reviewed information on palliative care, education, training, and literature in Indonesia and Liberia. The study analyzes all relevant literature on this subject from PubMed, ScienceDirect, 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, identified as MS and ER, independently extracted data from the articles. They utilized a data extraction form and resolved any issues that arose. To guarantee comprehensive data extraction, they employed a checklist encompassing the author's name, article title, year of publication, language, type of paper, and article quality.

Synthesis of Results

The results of the studies were combined using a narrative synthesis approach and subsequently discussed and summarized.

RESULTS

Study Selection

Figure 1 displays the results of a search across research databases (Scopus 30, PubMed 85, Google Scholar 180; Science Direct 95), yielding 390 documents. However, after removing duplicates, 300 papers remained. Between December 2020 and December 2021, researchers gathered articles on improving palliative education in Africa (specifically Liberia) and Indonesia. The search covered articles published from January 2010 to December 2021. All the articles were organized using Mendeley's bibliography software and computer folders. Initially, 65 documents were selected based on specific criteria, with 40 meeting the criteria for full-text review (as indicated in Figure 1). Only 14 articles were deemed suitable for this study's objectives and standards. Table 1 briefly describes the purpose and conclusions of these 14 articles. Among these, four highlighted the need to expand knowledge on educating children in palliative care in the context of death. Five studies showed that palliative care education in Africa has been improving gradually. Three studies focused on training medical professionals to work in palliative care in Africa, while two

highlighted the slow progress of palliative care education in Indonesia.

Student nurses, doctors, and nurses working in the community usually carry out nursing treatment. It is integrated into the health professional program curriculum (Hicks et al., 2021). The study suggests 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 take place formally or informally, either online or in person. Extending the duration of Palliative Care Training to at least two years is necessary to improve the quality of care. Formal learning allows students to contribute to the education and enhancement of the palliative care health system. 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: inadequate infrastructure, lack of government support, and inaccessibility to the Palliative Care Program. These articles also 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 critical in this context.

Figure 1: The PRISMA diagram primarily focuses on reporting reviews that evaluate the effects of interventions but can also serve as a basis for writing systematic reviews with specific objectives. Education in palliative care is essential for providing high-quality care and encouraging team participation. However, both Liberia and Indonesia face challenges in providing palliative care education. In Indonesia, these challenges include

government strategy, lack of education, attitudes toward medical care, and social conditions. Despite some support from cultural, governmental, and local organizations, more training and specialized doctors are still needed to improve palliative care services. The informal education of palliative care providers needs more structured training and official recognition of specific palliative care (PC) training. Although the importance of providing

education and training to health workers in palliative care is improving, there are still numerous educational and training deficiencies in Liberia. This may be due to a need for more subsidies for expert care and hierarchical limitations related to insufficiently qualified teachers. Despite efforts to improve the education and training of palliative care, there are still only a few trained palliative care providers 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.

Area	Uganda	Kenya
Palliative care education and training.	HAU creates palliative care training programs for an alternate scope of medical care workers.	Expand the promotion and conveyance of post-graduate PC.
	Adapt palliative care to educational programs of health care professionals, ensuring.	Integrate PC in medical professionals' educational programs.

DISCUSSION

Nursing students and doctors from Liberia and Indonesia are concerned that the level of education in palliative care is insufficient in both countries. They believe that palliative care teaching 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 and 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, expanded education for palliative care across regions is possible. (Harding et al., 2013)New specialists and nurses must possess adequate competencies and skills in palliative care. Therefore, they should undergo training in this area. (Kristanti

et al., 2017)Many organizations, experts, and instructors are interested in palliative care education and seek to provide ongoing education in this field at both the 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 supported 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 effectively reduced negative attitudes toward death and improved 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 few 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 is 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 grey reports, this study is considered 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. Individuals in these countries can improve their understanding and skills by completing such courses, resulting 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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