

Palliative care education and training in Liberia: A qualitative exploration of current state and challenges to further development

Moses Tende Stephens^{1,2*}  and Erna Rochmawati¹ 

¹College of Nursing, Universitas Muhammadiyah Yogyakarta, Indonesia

²College of Nursing, United Methodist University, Liberia



*Corresponding author:


Moses Tende Stephens
 College of Nursing, Universitas Muhammadiyah Yogyakarta, Jl. Brawijaya, Geblagan, Tamantirto, Kec. Kasihan, Kabupaten Bantul, Daerah Istimewa Yogyakarta 55183, Indonesia | College of Nursing, United Methodist University, 859V+2X4, Ashmun St, Monrovia, Liberia
 Email: moses.tende.psc20@mail.umy.ac.id

Article info:

Received: 8 August 2022

Revised: 6 September 2022

Accepted: 3 October 2022

 This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License, which allows others to remix, tweak, and build upon the work non-commercially as long as the original work is properly cited. The new creations are not necessarily licensed under the identical terms.

E-ISSN: 2477-4073 | P-ISSN: 2528-181X

Abstract

Background: Palliative care is an integral approach to enhancing patients' overall quality of life by taking into account their entire lives and addressing any suffering they may be experiencing. Thus, palliative care education and training should be advanced. However, palliative care training and education in Liberia have just started, and their development warrants further investigation.

Objective: This research aimed to explore the state of palliative care education in Liberia and highlight its barriers and challenges.

Methods: A descriptive qualitative exploratory study design was adopted in this study. Semi-structured interviews were conducted with ten male lecturers and four female nurses to gain in-depth insight into their perspectives on palliative care education. Thematic analysis with NVivo 12 plus was used for data analysis.

Results: Four themes emerged from the data: 1) the need for palliative education (lack of healthcare professionals, government support, regular workshops, integration, and interprofessional education on palliative care), 2) palliative care barriers (lack of curriculum implementation, lack of experience, lack of government actions, and poor infrastructures), 3) the level of student knowledge (senior and junior level, same educational level, and regular teaching materials), and 4) the roles of health care professionals (attention on palliative care, providing education on pain, and public awareness).

Conclusion: The study findings may serve as input to develop palliative care education and training in Liberia. The identified gaps must be filled, and critical barriers must be overcome if the area of palliative care needs to be advanced. However, the comprehensive knowledge gathered in this study can be used by nurses, lecturers, and multidisciplinary teams to achieve the effectiveness of palliative care for patients.

Keywords

palliative care; curriculum; health personnel; nursing; Liberia

Background

Palliative care is an interdisciplinary medical caregiving approach to optimize the quality of life and mitigate suffering among people with severe, complex, and often terminal illnesses (Rhee et al., 2018; Suprayitno & Setiawan, 2021). About 40 million people worldwide need palliative care annually, most of whom reside in low and middle-income nations. Sadly, only 14% of those needing palliative care receive it. This is because neither palliative care services nor medical students are adequately provided (Bush & Shahwan-Akl, 2013; Stephens & Rochmawati, 2022). Integrating palliative care into educational programs is challenging for many developing nations (Frey et al., 2014; Rochmawati et al., 2016). Education about the needs of the terminally ill is essential if Liberia is to provide adequate palliative care services. In addition, the general knowledge approach can aid in expanding medical staff and public understanding of

palliative care (Downing et al., 2016; Downing et al., 2015; Fraser et al., 2017; Gage et al., 2020).

A lack of formal education in palliative care or health professional training has been linked to the absence of palliative care in most African countries, according to a recent study (Aldridge et al., 2016). Experts in many African countries were unprepared to have meaningful conversations about death and dying (Hannon et al., 2016; Head et al., 2016; Iida et al., 2021; Jack et al., 2012; Rhee et al., 2018). Relational factors, such as the ability to connect with patients and oneself, may be negatively impacted by difficulties in communication among healthcare professionals (Ens et al., 2011; Ingleton et al., 2013). Some African nations are creating comprehensive national programs to address the lack of palliative care professionals and resources.

Liberia's rural and remote communities, where access to specialized medical care is limited, have a greater need for public advocacy and education to dispel the myths and

stigmas that prevent palliative care education from being made available (Fraser et al., 2017; Iida et al., 2021; Martins Pereira et al., 2011). In addition, the African Palliative Care Association has developed an e-learning model for individual growth and development, a core palliative care curriculum, and a core competency framework for palliative care providers across Africa (Frey et al., 2014).

A shortage of skilled palliative care providers and a desire for formal education recognition of palliative care training were among the challenges in palliative care education (Fraser et al., 2017). Palliative care education has grown in the region since establishing the African Palliative Care Association in 2002 (Fraser et al., 2017). However, palliative care expertise is often lacking due to a lack of knowledge and understanding of palliative training and a scarcity of education (Amery et al., 2010). Previous researchers discovered that nurses were aware of palliative care education but reported insufficient palliative care training and education. A preliminary study by Sieh et al. (2019) reviewed patient characteristics in the hospital and discussed education among Liberian palliative specialists.

Furthermore, researchers discovered a need for palliative care education in primary nursing education and workplace training (Rawlinson et al., 2014). This research study corroborates previous literature results because participants reported a need for palliative care education in nursing and workplace training (Downing & Ling, 2012; Fraser et al., 2017; Harding et al., 2013; Jack et al., 2012). In addition, Balicas (2018) reported, "Nurses' knowledge improved after a brief palliative nursing education." Therefore, it is recommended that palliative nursing education be included in continuing education for nurses. This qualitative study aimed to explore the provision of palliative care education and training in Liberia and highlight barriers to Liberia's palliative care education.

Methods

Study Design

A qualitative exploratory descriptive design was employed, focusing on authentic human experiences, meaning, and understanding. In addition, the study's dense data descriptions allowed a better understanding of lecturers' and nurses' perspectives on palliative care education in Liberia.

Participants

Fourteen participants were selected in this study using purposive sampling because of their experience in education and training in public and private Universities. The inclusion criteria of the participants were lecturers and nurses of palliative care professionals and educators who were 65 years of age and older. The exclusion criteria were participants under age 65 because of their inexperience in palliative care education, individuals who did not meet the lecturer criteria, and non-English written publications. The researcher initially contacted the participants via telephone and skype and screened them to ensure they met the eligibility criteria.

Data Collection

Data collection was conducted from June 2021 to May 2022. Qualitative interviews were the primary data collection method for this study, and all interviews were conducted via Phone and

Skype. Phone and Skype are valuable means of conducting interviews, allowing busy faculty members to participate in the research. In addition, telephone and Skype interviews were the only convenient ways for the researchers to connect with participants across the country. Data were collected during a semi-structured online interview and reflected the need for education for palliative care.

As a means of maintaining methodological coherence throughout data collection, an interview guide was used. Involvement from palliative care experts in the framework's development led to the publication of this manual. In addition, the researchers asked a supplementary question to ascertain the respondents' demographic characteristics. It took about an hour to complete the semi-structured interviews, while the member check interviews took about 30 seconds.

To maintain consistency in the collected data, each interview was based on four specific questions ("How is the need for palliative care education and training in Liberia essential? What are the barriers to providing palliative education and training in Liberia? What is the role of Liberian healthcare professionals, including nurses, in palliative care education? What is the level of senior and junior students in palliative care knowledge of BSN nursing students?") and one general question ("Is there anything else you'd like to share about the palliative care training?") helped facilitate the collection of supplementary information, improving the data's overall quality.

The researchers recorded and stored all verbal interactions during each interview on a computer as part of the data collection process. As a result, data were verbatim transcribed following each interview. The transcript results were entered into NVivo 12 plus to complete an iterative analysis process (Martins Pereira et al., 2011; Reigada et al., 2014). Individual interviews were recorded during the online discussion using a Sony digital flash memory voice recorder and phone recorder. Thematic development was enabled by creating nodes from accumulated data to justify using domains and elements from the concept of palliative care education exploration.

Data Analysis

The research adopted a qualitative method, and the data were analyzed using the thematic analysis outlined by Braun and Clarke (2006), with the following steps: familiarizing with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and lastly producing the report.

The researchers first organized the data into transcripts and then generated the formation of themes on the NVivo 12 plus software program after separating the data into Nodes. Next, the researchers attempted to understand the impact of the need for palliative care education by analyzing the data in individual paragraphs, sentences, or lines of text. As a result, after addressing all of the themes or nodes, the researchers reached the point of data saturation (Aldridge et al., 2016; Frey et al., 2014; Harding et al., 2013). As a result, data saturation required adjusting and readjusting data into each preset theme (Fusch & Ness, 2015). The four main themes are referred to as the parent and child nodes to explain the study further. In addition, the data for the four themes were divided into 15 child nodes (see Figure 1).

Trustworthiness

As guided by [Korstjens and Moser \(2018\)](#), trustworthiness is the degree to which typical confidence, credibility, and authenticity characteristics manifest in qualitative research findings. The individual semi-structured interviews were recorded using an electronic audio recorder to seek the study's credibility. And this interview was repeated twice to enable the researchers to capture all of the information adequately. To establish this study's rigor, the researchers considered each participant's interview's credibility, dependability, and transferability. Therefore, an audit trial was conducted to achieve credibility throughout the data collection. Before the data coding, the participant's data were returned for comment before proceeding to the next of the study. This process was done to ensure that the interpretation was based on participants' reports. In addition, the researchers discussed guaranteeing the selection of the most relevant codes, sub-themes, and themes.

Furthermore, the dependability of this study was achieved, as the researchers used interview guidelines as interview memoirs for all participants. This process was done to ensure consistency during data collection. Finally, the appropriate selection of participants, data collection, and analysis with relevant quotations can be used to judge these findings' transferability.

Ethical Considerations

Before data collection, an ethical approval certificate was obtained (date of approval: 8 February 2022; approval Code: 027/EC-KEPK FKIK UMY/II/2022) from the Universitas of Muhammadiyah Yogyakarta review board. Before handling the research tool, participants signed a consent form containing the study's purpose, rights, and obligations. The participants'

data would not be sold to a second party for profit, and their privacy would be protected. Participants were also informed about voluntary participation and the right to withdraw from the study. In addition, this manuscript was derived from a thesis by [Stephens \(2022\)](#) entitled "Exploration of palliative care education and training in Liberia: a qualitative study."

Results

Participants' Characteristics and Interviews' Types and Durations

The results of this qualitative study are based on interviews with fourteen participants from two different sectors: the universities and hospitals in Liberia's capital city. All lecturers and healthcare workers voluntarily participated in the study. Participants were initially contacted through various social networking sources and subsequently agreed to participate in the study. The fourteen participants in this study were employed in different universities and hospitals around Liberia, six at the United Methodist University, four at the University of Liberia, and four at the Redemption Hospital. The participants had expertise in the field of education and health. Additional caregiver demographics aided in defining the participants' standard of living and quality of life. Finally, participants' educational backgrounds included many health educators; participants with university doctoral degrees comprised 100 percent ([Table 1](#)). In addition, the participants' age ranged from 65 and up, and they hailed from across Liberia, with a combined 12–34 years of academic and clinical midwifery experience. Furthermore, they have between six and nineteen years of experience instructing in bachelor's and master's degree programs in nursing.

Table 1 Participants' characteristics and interviews' types and durations

Participant	Sex	Current College/ Workplace	Major	Type of interview	Duration of interview
Participant 1	M	University of Liberia	Oncologist	Skype videoconference	1:30 Minutes
Participant 2	F	Redemption Hospital	Interprofessional Education	Skype videoconference	1 hour
Participant 3	F	Redemption Hospital	Medical oncologist	Telephone call	1: 25 minutes
Participant 4	M	United Methodist University	Surgical oncology	Skype videoconference	1: 30 minutes
Participant 5	M	University of Liberia	Radiation oncology	Skype videoconference	1: 10 minutes
Participant 6	M	United Methodist University	pediatrician	Skype videoconference	1: 30 minutes
Participant 7	M	United Methodist University	Health Education	Telephone call	1: 25 minutes
Participant 8	F	Redemption Hospital	Midwifery	Telephone call	1 hour
Participant 9	M	University of Liberia	Microbiologist	Telephone call	1: 30 minutes
Participant 10	M	United Methodist University	Clinical Immunology	Skype videoconference	1: 30 minutes
Participant 11	M	University of Liberia	Nephrology	Telephone call	1: 30 minutes
Participant 12	F	Redemption Hospital	Dermatology	Telephone call	1: 30 minutes
Participant 13	M	United Methodist University	Medical oncologist	Telephone call	1: 16 minutes
Participant 14	M	United Methodist University	Health Education	Skype videoconference	1: 30 minutes

Thematic Findings

The thematic findings of this study can be seen in [Figure 1](#), using a mind map to visually organize information in a hierarchy, showing relationships between different pieces of data used ([Ingleton et al., 2013](#); [Stephens & Rochmawati, 2022](#)). The mind map is frequently based on a single concept, which is drawn as an image in the center of a blank page and

attached to associated idea representations ([Fusch & Ness, 2015](#)). The researcher used a mind map to help confirm the structure of the nodes.

Four themes emerged from the data: the need for palliative education, the palliative care barriers, the level of student knowledge, and the role of health care professionals.

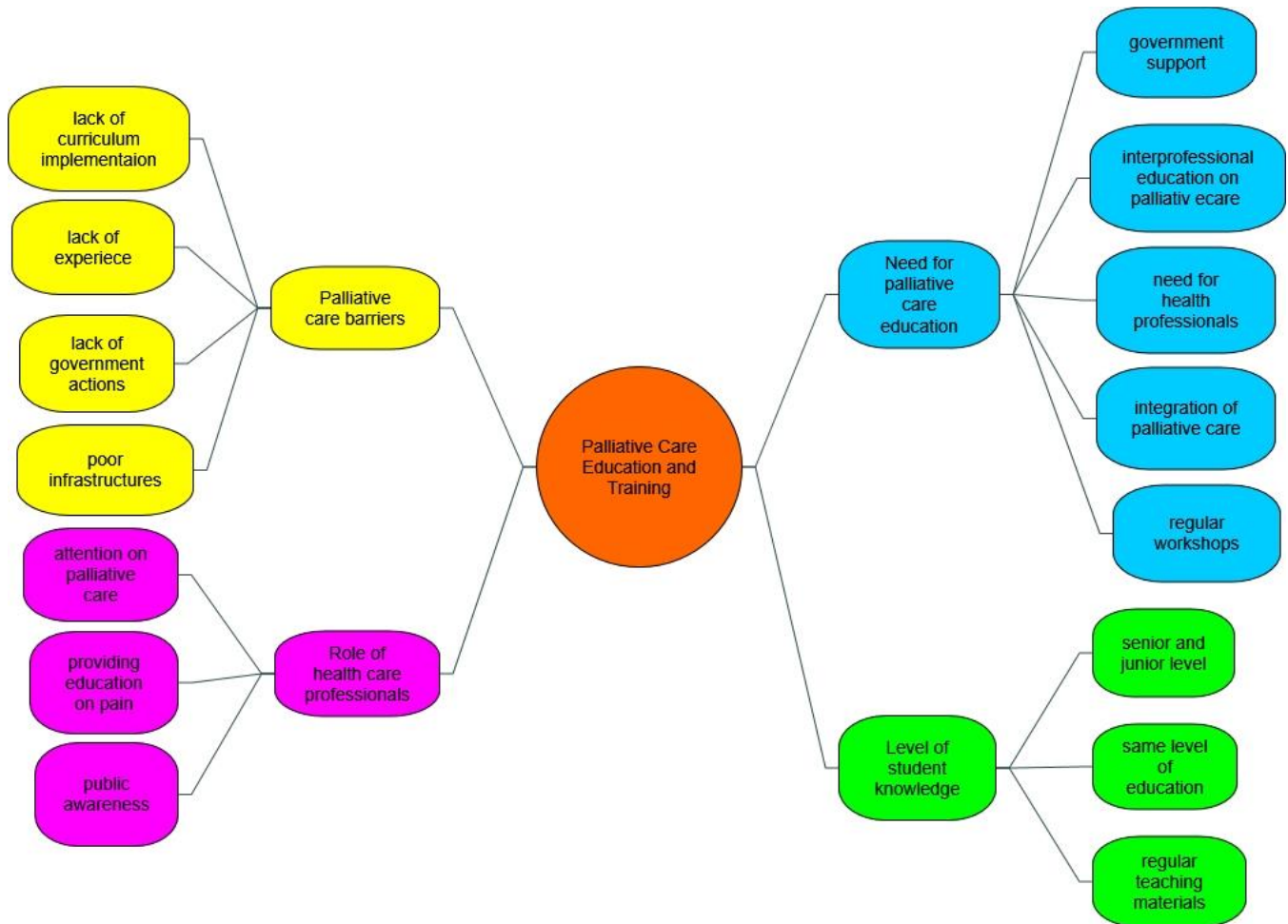


Figure 1 Thematic findings developed using NVivo 12 plus

Theme 1: The Need for Palliative Education

The theme “the need for palliative care education” has subthemes, such as the need for healthcare professionals, integration of palliative care, government support, regular workshops, and interprofessional education on palliative care. However, the need for palliative care education in Liberia is essential because the country does not have a palliative care education and training program that is well known. This is expressed by the participants:

- “It is crucial to have palliative care education and training in the education system. However, the country has many obstacles that hinder the adoption of palliative care training and education in Liberia. And the most important of these obstacles is the lack of an integrated system that connects teachers and students and allows them to perform their duties optimally. And the conversation on palliative care education and training in Liberia was abolished.” (Participant 2)
- “Interprofessional education on palliative care is needed as it is one of the key elements that can improve Liberia’s palliative care division.” (Participant 6)
- “That palliative care education and training are crucial for the health system because cancer care has started to pick up in some rural areas.” (Participant 3)
- “The absence of the educational system affects people’s lives. And before the improvement happens, it needs governmental support because if the government helps, it will save many lives.” (Participant 5)
- “I have noticed the educational standard in the entire country, not forgetting the government is behind its educational activities.” (Participant 14)
- “Regular workshops must be part of national agenda, to encourage many people to join the fight against cancer.” (Participant 4)

- “Palliative care training and education are more needed in Liberia. Furthermore, government assistance is required throughout the country to standardize the educational system by bringing in some high-profile professors capable of changing the palliative care scenario.” (Participant 13)
- “Palliative care training in Liberia is crucial because the rest of the rural area is not receiving formal education that better the system.” (Participant 10)
- “The southeastern region of Liberia is the part of the country that needs the most palliative care training and education because there are too many lacks when it comes to education.” (Participant 11)
- “In view of the lack of palliative care education and training, the public has to add voice to the voice of the health worker to implement palliative care training. And it is essential to have palliative care education that will open the way to better treatment in the future.” (Participant 12)
- “That palliative care education and training needs should be considered one of the pivotal aspects of the health care system.” (Participant 7)
- “Only one government hospital is carryout interprofessional education on palliative care in the entire nation, which is not good enough to repair the gap” (Participant 8)

Theme 2: Palliative Care Barriers

The “palliative care barriers” theme comprises subthemes: lack of curriculum implementation, lack of experience, lack of government actions, and poor infrastructures. The palliative care barriers have been the grassroots conversation about palliative care education in Liberia. One of the significant barriers is that the government is paying no attention to palliative care education to help promote the discussion on palliative care education. Participants expressed this:

- “In Lofa county hospital, some cases were discovered of cancer and reported to the government. Still, there was no response to help solve the problem, so as far as I am concerned, the government is the obstacle to the palliative training promotion.” (Participant 10)”
- “The lack of curriculum implementation is one of the growing problems initiating palliative care education in Liberia.” (Participant 3)
- “For palliative care to be adopted into the education system, it must require the government’s help because the country’s present situation affects all school systems. The country Liberia needs some international assistance to grow the palliative care service since the country is still in its worst stage of economy.” (Participant 4)
- “The country’s economic situation is the main reason the government cannot improve its palliative care training.” (Participant 6)
- “The lack of experience in palliative care education is one of the greater barriers to our education system.” (Participant 5)
- “A lack of teachers’ competency, not being involved in the health care curriculum, and the absence of government help.” And researchers are not focusing on palliative care education and training in Liberia, which is one of the country’s barriers. (Participant 8)
- “One of the barriers here is the absence of medical school in Liberia. The government is not making more effort to build a medical university that will teach all those important subjects. The participant also pointed out that the country needs a medical university focusing only on palliative care education and training.” (Participant 9)
- “All the laws maker in the house of representative in Liberia has to come together to provide a solution to improve the country’s palliative care training.” (Participant 1 response elaborated on the government absentees in answer to Liberia’s palliative care education and training program)
- “The lack of government actions on the palliative care education and training will surely cause a lot of problems for this nation in the future.” (Participant 11)
- “Some barriers to palliative care education and training here in Liberia include the lack of professors not coming together to address Liberia’s palliative care training issues. Because I think we, the lecturers, can break palliative care to live here in Liberia by creating more workshops on managing pain.” (Participant 13)
- “One of the barriers here is the lack of a Ph.D. professor that will direct research in the health care system.” (Participant 14)
- “Poor infrastructure has contributed to the absence of palliative care training because palliative care education needs building to be conducted in.” (Participant 12)

Theme 3: The Level of Student Knowledge

This theme comprises subthemes like senior and junior levels, the same level of education, and regular teaching materials. The level of the student’s knowledge in palliative care education is needed to strengthen its standard as it opens the gateway to improving palliative care services. This is expressed by the participants:

- “In Liberia, the palliative care education among students had been divided into some regions, but at my university, we focus on their senior students getting the full knowledge of palliative care education than the junior.” (Participant 2)
- “I believed that palliative care education and training would save people’s lives in the future even though Liberia is late in its development. And regular teaching materials sharing the same message and the same level of knowledge can be the pathway.” (Participant 3)
- “I had not seen any difference in the various universities and hospitals for the knowledge comparison at both levels, so I think they all are learning the same materials.” (Participant 4)
- “That not all Liberian university students have heard about palliative care education. And if they do, there will be a small gap between the level of student knowledge.” (Participant 5)
- “The country needs more professors to change palliative care education and training in Liberia, and professors are expected to break down the level of activity in palliative care.” (Participant 6)

- “I have not seen any change concerning the palliative care study level. And that the University of Liberia should research palliative care education and training to improve Liberian palliative care studies. The student has not been made aware of the course palliative care and possesses no knowledge about its definition.” (Participant 7)
- “The country needs curriculum reform to fix the education system here in Liberia.” (Participant 8)
- “I think if there is palliative care education in the curriculum, in this case, we can talk about the different levels, but that is not my concern right now; we need action, not talking.” (Participant 9)

Theme 4: The Role of Healthcare Professionals

This theme has subthemes, including providing education on pain, attention to palliative care, and public awareness. The role of health care professionals in palliative care training is one of the essential mediums of educating the public. The participants expressed this issue:

- “Because of a lack of knowledge in palliative care education and training, the role of the health care worker in managing a patient’s pain is limited but more attention on palliative care education and training is the gateway.” (Participant 1)
- “Most health care workers are willing to conduct more public awareness on palliative care to educate the people, but they lack financial issues.” (Participants 5)
- “Nurses in Liberia are doing enough in palliative care education, including providing education on pain, and also help in the management of pain.” (Participant 2)
- “Liberian health professionals only focus on palliative care in the capital city, Monrovia health system, so most of their palliative care workshops have taken place in the capital city. But at least they are getting help from USAID and the United Nations health care commission to build the system.” (Participant 3)
- “Many health professionals in Liberia engage in community service and workshops to ensure that palliative care knowledge is met. For example, the Maryland county health care system is increasing its work on palliative care training.” (Participant 4)
- “The health professionals in Liberia could only handle workshops according to what they have learned.” (Participant 7)
- “The health care professionals in Liberia could not do much because they do not possess such quality knowledge.” (Participant 8)
- “Public awareness is expected in all sixteen counties in Liberia, provided the health care professionals are training well” (Participant 13)
- “In Liberia, some health professionals who learned outside the country are experienced in palliative care, providing that knowledge to others and playing more roles. And try to teach the patient how to realize intensive pain in the body. However, healthcare professionals in Liberia are passionate about the training process, so they are highly waiting for palliative care education to be fully established in the Liberian health curriculum.” (Participant 10)

Discussion

This study aimed to explore the state of palliative care education in Liberia and the factors that affect its accessibility. Four themes emerged from the analysis: the need for palliative education, the palliative care barriers, the level of student knowledge, and the role of health care professionals. Each theme is discussed in the following.

Summary of the Findings

Theme 1: The Need for Palliative Education

To meet the demand for palliative education, more roles are required, including the need for healthcare professionals, palliative care integration, government support, regular workshops, interprofessional education, and lecturers involved in palliative care education and training.

Many of the informants in this study expressed how it is crucial to have palliative care education and training in the education system. However, the country has many obstacles that hinder the adoption of palliative care training and education. And the most important of these obstacles is the lack of an integrated system that connects teachers and students and allows them to perform their duties optimally. Away from this qualitative study, a previous study by [Stephens and Rochmawati \(2022\)](#) discusses how the conversation on the need for palliative care education and training in Liberia was abolished.

In addition, hospitals will become increasingly important in providing that care. Generalist palliative care providers in hospitals and universities provide most palliative care education. Clinicians who do not have specialized training in palliative care but care for patients nearing the end of their lives play an important role. A recent policy in Liberia emphasized the importance of generalist provider training and education to provide adequate palliative care ([Sieh et al., 2019](#)).

Theme 2: The Palliative Care Barriers

The palliative care barriers were widely talked about throughout this study. At the same time, the majority of the informants expressed a lack of experience, and a lack of curriculum implementation, including poor infrastructure and the absence of government help. And researchers are not focusing on palliative care education and training in Liberia, which is one of the country's barriers. The palliative care barriers have been the grassroots conversation about palliative care education in Liberia. One of the significant barriers is that the government is paying no attention to palliative care education to help promote the discussion on palliative care education. [Sieh et al. \(2019\)](#) reported significant challenges for generalists in palliative care working in Liberia.

In addition, the findings uncovered the palliative care barriers associated with providing and managing palliative care, including the need for more training and education. The study participants felt they were not adequately prepared to discuss prognosis and care goals with patients and their families, despite using care pathways as guides. Two-thirds of the participants in our study desired more palliative care education, including four nurses and ten professors. According to many educators, many nursing students and professionals would enroll in palliative care courses if they were made available.

Researchers and policymakers have called for better training and education for all health professionals caring for patients at the end of life in response to calls for better identification of patients nearing palliative care. Almost all healthcare providers dealing with patients need to be aware of the specific requirements of terminally ill patients and the appropriate ways to cater to them ([Stephens & Rochmawati, 2022](#)). Current Liberian policy mandates that medical staff is educated on signs of impending death and care for terminally ill patients ([Stephens & Rochmawati, 2022](#)).

Theme 3: The Level of Student Knowledge

This present study found that palliative care education among students had been divided into some regions in Liberia. In addition, some participant responses showed that universities

focus on only senior students getting the full knowledge of palliative care education than the junior.

This study also finds participants comparing the level of education, like senior and junior levels, the same level of education, and regular teaching materials. The level of the student's knowledge in palliative care education is needed to strengthen its standard as it opens the gateway to improving palliative care services.

Similarly, this research demonstrates that a lack of regular training materials is one of the many obstacles to providing palliative care education and management in the hospital setting, which aligns with other studies ([Fraser et al., 2017](#); [Glass et al., 2020](#); [Powell et al., 2011](#)). [Pandey et al. \(2015\)](#) pointed out that nurses are only moderately knowledgeable about palliative care. In fact, in our study, many participants felt unprepared to have difficult conversations with patients and their families about prognosis and care objectives. Nurses are aware of palliative care education when providing palliative care but also feel unprepared to provide adequate care to the population. More than two-thirds of our study participants wanted more education on palliative care. Numerous studies have highlighted the importance of palliative care education and training as it plays a pivotal role in fostering teamwork amongst palliative care professionals ([Amery et al., 2010](#); [Bassah et al., 2014](#); [Eriksson et al., 2015](#); [Sieh et al., 2019](#); [Virdun et al., 2015](#)).

Theme 4: The Role of Health Care Professionals

The role of health care professionals in palliative care training is one of the essential mediums of educating the public. This qualitative study found a lack of knowledge in palliative care education and training, the role of the health care worker in managing a patient's pain is limited but more attention on palliative care education and training is the gateway.

However, there have been reports in some studies of the difficulties integrating palliative care training into a generalist workload and defining palliative care's role outside of the specialist setting ([Budukh et al., 2021](#); [Paal et al., 2020](#)).

There was a substantial gap between palliative care provision as enshrined in policy and the reality documented by frontline professionals due to difficulties defining the nature and limits of palliative care educators and negotiating partnership working.

The study participants, especially those not medical specialists, reported feeling unprepared and insecure in their palliative care skills. They also did not feel confident in their ability to have open and honest conversations about treatment options and expectations with patients and their loved ones. However, they agreed that changing attitudes and beliefs were crucial to providing quality palliative care beyond what could be achieved through education and training alone, which is in line with [Downing et al. \(2016\)](#).

Fewer had worked in a specialist palliative care setting after registration, and fewer had received general palliative care training. Respondents rarely cited medication, symptom management, and practical communication training, which aligns with previous studies ([Bush & Shahwan-Akl, 2013](#); [Head et al., 2016](#); [Pandey et al., 2015](#)). A previous study pointed out that most respondents to a survey about additional training needs in palliative care identified a focus on medication education as an area where they could benefit,

followed by a focus on general palliative care education and a focus on training educators (Budukh et al., 2021; Paal et al., 2020).

Implications of the Study

Lack of access to health care services, including palliative care, is widely seen as a problem in Liberia and internationally. Given the global concern about the lack of palliative care education, this phenomenon has grave consequences for international cooperation. The study's findings of an absence of research into palliative care in the Liberian setting present an opportunity for nurses and other health professionals to conduct their investigations to develop culturally appropriate methods for expanding access to and enhancing the effectiveness of palliative care. For example, investigating the factors that influence palliative care education, contrasting the efficacy of palliative care, identifying patient and family preferences and how these affect health care, and developing or adapting tools to measure changes in health education. And patient satisfaction with palliative care training is in all areas of nursing practice that could be studied to improve its provision. Therefore, the comprehensive knowledge gathered in this study can be used by nurses, lecturers, and multidisciplinary teams to achieve the effectiveness of palliative care for patients nationally and internationally.

Numerous studies show that nursing education is needed to integrate palliative care education into university programs to meet nurses' professional and personal expectations in end-of-life care. Palliative care used to be put aside for cancer patients, but it has evolved into a treatment option for people with chronic, incurable illnesses (Alele et al., 2020; Sieh et al., 2019). As the population ages, many patients will require palliative care in various settings, including nursing homes, hospitals, and acute care clinical settings (Anyanwu & Agbedia, 2020; Bush & Shahwan-Akl, 2013; Effendy & Kristanti, 2021).

In addition, patients with life-limiting illnesses will increasingly come into contact with primary care nurses who lack specialist palliative care education and experience. Nurses' understanding of palliative care can be improved by incorporating more palliative care education into nursing education programs and through professional development activities (Rochmawati et al., 2016). This study should aim to train not only specialist palliative care nurses but also all generalist nurses who may come into direct contact with patients with palliative care needs. Families' lack of understanding of palliative care services, such as referral timing, symptom management, and service availability, can be linked to palliative patients' poor quality of life. It is also critical to educate the general public about palliative care (Stephens & Rochmawati, 2022).

Limitations

The researchers acknowledge the study's limitations. Qualitative data were collected from participant interviews based on universities, hospital recruitment, and fliers posted in various locations to learn about Liberia's palliative care education and training. As a result, only 14 palliative care educators who met the study's eligibility requirements were recruited. Because of the gatekeeping efforts of hospice administrators, only one local hospice organization agreed to

distribute fliers to their patients. The researcher distributed many fliers to both public and private locations. Initially, the plan called for 20 to 14 educators to be hired.

Conclusion

This research shows a critical need for training in palliative care in Liberia. It needs to be taught as an integral part of medical training, focusing on the patient's needs in all aspects of their work and communication. Some respondents admitted they knew very little about palliative care. As a result of this research, palliative care has been incorporated into the curricula of three institutions: two academic institutions and one medical center. Everyone involved in developing palliative care education in Liberia will be interested in the findings. The study results revealed several barriers to delivering and managing palliative care, including a need for more education and training. While care pathways were considered helpful guides, some participants felt students were unprepared to discuss prognosis and care goals with patients and their families. Four nurses and ten lecturers participated in the study's phases, and two-thirds of our sample felt they needed more palliative care training. According to most lecturers, many students and practitioners would pursue palliative care training if it were available. Because it investigates the influencing factors, this study encourages researchers to conduct studies on the success factors of palliative care education.

Declaration of Conflicting Interest

There is no conflict of interest in this research.

Funding

This study was self-funded by both authors.

Acknowledgment

The authors would like to thank the participants in this for their cooperation and support during data collection.

Authors' Contributions

Both authors (MS, ER) participated sufficiently in the manuscript's concept, design, analysis, writing, and critical revision. In addition, the first author (MS) conducted the interviews and collection.

Authors' Biographies

Moses Tende Stephens is a Graduate of the Master of Nursing at the Universitas Muhammadiyah Yogyakarta, Indonesia, and is a former Training Director of the New Hope School of Health Science, Monrovia, Liberia.

Erna Rochmawati, S.Kp., MNSc., M.MEd.Ed., Ph.D. is an Associate professor and the Head of the Master of Nursing Department at the Universitas Muhammadiyah Yogyakarta, Indonesia.

Data Availability

Due to the nature of this research, participants of this study did not provide consent for their data to be shared publicly, so supporting data is not available.

References

- Aldridge, M. D., Hasselaar, J., Garralda, E., van der Eerden, M., Stevenson, D., McKendrick, K., Centeno, C., & Meier, D. E. (2016). Education, implementation, and policy barriers to greater integration of palliative care: A literature review. *Palliative Medicine*, 30(3), 224-239. <https://doi.org/10.1177/0269216315606645>

- Alele, D., Dahn, B., Camanor, S., Ikpi, E., Lieber, M., Dottino, A., Johnson, B., Gharoro, E. P., & Beddoe, A. M. (2020). Novel use of fine needle aspiration (FNA) biopsy to diagnose cervical cancer in a low-resource setting: A case series Morovia, Liberia. *Clinical Case Reports*, 8(8), 1413-1418. <https://doi.org/10.1002/ccr3.2911>
- Amery, J. M., Rose, C. J., Byarugaba, C., & Agupio, G. (2010). A study into the children's palliative care educational needs of health professionals in Uganda. *Journal of Palliative Medicine*, 13(2), 147-153. <https://doi.org/10.1089/jpm.2009.0153>
- Anyanwu, E. C., & Agbedia, C. (2020). The practice of palliative care amongst nurses in selected hospitals in Eastern Nigeria. *Open Journal of Nursing*, 10(06), 100799. <http://www.scirp.org/journal/Paperabs.aspx?PaperID=100799>
- Balicas, M. R. (2018). *The effect of palliative care nursing education to improve knowledge in palliative care of hospital-based nurses caring for patients with chronic, serious illness*. https://hsrc.himmelfarb.gwu.edu/son_dnp/33
- Bassah, N., Seymour, J., & Cox, K. (2014). A modified systematic review of research evidence about education for pre-registration nurses in palliative care. *BMC Palliative Care*, 13(1), 1-10. <https://doi.org/10.1186/1472-684X-13-56>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp0630a>
- Budukh, A. M., Chaudhary, D., Sancheti, S., Dora, T., Goel, A. K., Singla, A., Sali, A., Shinde, S., Chauhan, K. S., & Kadam, P. (2021). Determinants of completion of cancer directed treatment: An experience from a rural cancer centre, Sangrur, Punjab state, India. *Ecancermedicalscience*, 15, 1313. <https://doi.org/10.3332%2Fecancer.2021.1313>
- Bush, T., & Shahwan-Akl, L. (2013). Palliative care education—does it influence future practice? *Contemporary Nurse*, 43(2), 172-177. <https://doi.org/10.5172/conu.2013.43.2.172>
- Downing, J., Batuli, M., Kivumbi, G., Kabahweza, J., Grant, L., Murray, S. A., Namukwaya, E., & Leng, M. (2016). A palliative care link nurse programme in Mulago Hospital, Uganda: An evaluation using mixed methods. *BMC Palliative Care*, 15(1), 1-13. <https://doi.org/10.1186/s12904-016-0115-6>
- Downing, J., Knapp, C., Muckaden, M. A., Fowler-Kerry, S., & Marston, J. (2015). Priorities for global research into children's palliative care: Results of an International Delphi Study. *BMC Palliative Care*, 14(1), 1-10. <https://doi.org/10.1186/s12904-015-0031-1>
- Downing, J., & Ling, J. (2012). Education in children's palliative care across Europe and internationally. *International Journal of Palliative Nursing*, 18(3), 115-120. <https://doi.org/10.12968/ijpn.2012.18.3.115>
- Effendy, C., & Kristanti, M. S. (2021). The importance of providing palliative care for patients with severe COVID-19 in Indonesia. *Belitung Nursing Journal*, 7(5), 438-442. <https://doi.org/10.33546/bnj.1466>
- Ens, C. D. L., Chochinov, H. M., Gwyther, E., Moses, S., Jackson, C., Thompson, G., & Harding, R. (2011). Postgraduate palliative care education: Evaluation of a South African programme. *South African Medical Journal*, 101(1), 42-44. <https://doi.org/10.7196/samj.4171>
- Eriksson, G., Bergstedt, T. W., & Melin-Johansson, C. (2015). The need for palliative care education, support, and reflection among rural nurses and other staff: A quantitative study. *Palliative & Supportive Care*, 13(2), 265-274. <https://doi.org/10.1017/S1478951513001272>
- Fraser, B. A., Powell, R. A., Mwangi-Powell, F. N., Namisango, E., Hannon, B., Zimmermann, C., & Rodin, G. (2017). Palliative care development in Africa: Lessons from Uganda and Kenya. *Journal of Global Oncology*, 4, 1-10. <https://doi.org/10.1200/JGO.2017.010090>
- Frey, R., Gott, M., Raphael, D., O'Callaghan, A., Robinson, J., Boyd, M., Laking, G., Manson, L., & Snow, B. (2014). Clinical staff perceptions of palliative care-related quality of care, service access, education and training needs and delivery confidence in an acute hospital setting. *BMJ Supportive & Palliative Care*, 4(4), 381-389. <http://dx.doi.org/10.1136/bmjspcare-2012-000346>
- Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *Qualitative Report*, 20(9), 1408-1416. <https://doi.org/10.46743/2160-3715/2015.2281>
- Gage, C. H., Geduld, H., & Stassen, W. (2020). South African paramedic perspectives on prehospital palliative care. *BMC Palliative Care*, 19(1), 1-11. <https://dx.doi.org/10.1186%2Fs12904-020-00663-5>
- Glass, M., Rana, S., Coghlan, R., Lerner, Z. I., Harrison, J. D., Stoltenberg, M., Namukwaya, E., & Humphreys, J. (2020). Global palliative care education in the time of COVID-19. *Journal of Pain and Symptom Management*, 60(4), e14-e19. <https://doi.org/10.1016/j.jpainsymman.2020.07.018>
- Hannon, B., Zimmermann, C., Knaul, F. M., Powell, R. A., Mwangi-Powell, F. N., & Rodin, G. (2016). Provision of palliative care in low-and middle-income countries: Overcoming obstacles for effective treatment delivery. *Journal of Clinical Oncology*, 34(1), 62-68. <https://doi.org/10.1200/JCO.2015.62.1615>
- Harding, R., Selman, L., Powell, R. A., Namisango, E., Downing, J., Merriman, A., Ali, Z., Gikaara, N., Gwyther, L., & Higginson, I. (2013). Research into palliative care in sub-Saharan Africa. *The Lancet Oncology*, 14(4), e183-e188. [https://doi.org/10.1016/S1470-2045\(12\)70396-0](https://doi.org/10.1016/S1470-2045(12)70396-0)
- Head, B. A., Schapmire, T. J., Earnshaw, L., Chenault, J., Pfeifer, M., Sawning, S., & Shaw, M. A. (2016). Improving medical graduates' training in palliative care: Advancing education and practice. *Advances in Medical Education and Practice*, 7, 99-113. <https://doi.org/10.2147%2FAMEP.S94550>
- Iida, K., Ryan, A., Hasson, F., Payne, S., & McIlfratrick, S. (2021). Palliative and end-of-life educational interventions for staff working in long-term care facilities: An integrative review of the literature. *International Journal of Older People Nursing*, 16(1), e12347. <https://doi.org/10.1111/opn.12347>
- Ingleton, C., Gardiner, C., Seymour, J. E., Richards, N., & Gott, M. (2013). Exploring education and training needs among the palliative care workforce. *BMJ Supportive & Palliative Care*, 3(2), 207-212. <http://dx.doi.org/10.1136/bmjspcare-2012-000233>
- Jack, B. A., Kirton, J. A., Birakurataki, J., & Merriman, A. (2012). The personal value of being a palliative care community volunteer worker in Uganda: A qualitative study. *Palliative Medicine*, 26(5), 753-759. <https://doi.org/10.1177/0269216311413628>
- Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120-124. <https://doi.org/10.1080/13814788.2017.1375092>
- Martins Pereira, S., Fonseca, A. M., & Sofia Carvalho, A. (2011). Burnout in palliative care: A systematic review. *Nursing Ethics*, 18(3), 317-326. <https://doi.org/10.1177/0969733011398092>
- Paal, P., Brandstötter, C., Bükki, J., Elsner, F., Ersteniuk, A., Jentschke, E., Stähli, A., & Slugotska, I. (2020). One-week multidisciplinary post-graduate palliative care training: An outcome-based program evaluation. *BMC Medical Education*, 20(1), 1-9. <https://doi.org/10.1186/s12909-020-02200-7>
- Pandey, S., Gaire, D., Dhakal, S., Jaishwal, N., Kharel, P. M., & Vaidya, P. (2015). Perception of palliative care among medical students in a teaching hospital. *Journal of the Nepal Medical Association*, 53(198), 113-117. <https://doi.org/10.31729/jnma.2772>
- Powell, R. A., Mwangi-Powell, F. N., Kiyange, F., Radbruch, L., & Harding, R. (2011). Palliative care development in Africa: how can we provide enough quality care? *BMJ Supportive & Palliative Care*, 1(2), 113-114. <https://doi.org/10.1136/bmjspcare-2011-000101>
- Rawlinson, F. M., Gwyther, L., Kiyange, F., Luyirika, E., Meiring, M., & Downing, J. (2014). The current situation in education and training of health-care professionals across Africa to optimise the delivery of palliative care for cancer patients. *Ecancermedicalscience*, 8, 492. <https://doi.org/10.3332/ecancer.2014.492>
- Reigada, C., Ribeiro, J. L. P., & Novellas, A. (2014). Educational programs for family caregivers in palliative care: a literature review. *Journal of Palliative Care and Medicine*, 4(5). <http://dx.doi.org/10.4172/2165-7386.1000195>
- Rhee, J. Y., Garralda, E., Namisango, E., Luyirika, E., de Lima, L., Powell, R. A., & Centeno, C. (2018). The African Palliative Care Association (APCA) atlas of palliative care development in Africa: A comparative analysis. *The Lancet Global Health*, 6, S21. [https://doi.org/10.1016/S2214-109X\(18\)30150-5](https://doi.org/10.1016/S2214-109X(18)30150-5)
- Rochmawati, E., Wiechula, R., & Cameron, K. (2016). Current status of palliative care services in Indonesia: A literature review. *International Nursing Review*, 63(2), 180-190. <https://doi.org/10.1111/inr.12236>
- Sieh, S. B., Sieh, C. V. M., Desmond, J., & Machalaba, C. C. (2019). Providing dignified palliative care services in Liberia. *Annals of Global Health*, 85(1), 124. <https://doi.org/10.5334%2Fagoh.2590>
- Stephens, M. T. (2022). *Exploration of palliative care education and training in Liberia: A qualitative study* [Thesis, Universitas

Muhammadiyah Yogyakarta]. Yogyakarta, Indonesia. <https://etd.uy.ac.id/id/eprint/33612/>

Stephens, M. T., & Rochmawati, E. (2022). The need for palliative care education and training in Liberia and Indonesia : A literature review. *Jurnal Aisyah: Jurnal Ilmu Kesehatan*, 7(1), 277–286. <https://doi.org/10.30604/jika.v7i1.881>

Suprayitno, E., & Setiawan, I. (2021). Nurses' roles in palliative care: An Islamic perspective. *Belitung Nursing Journal*, 7(1), 50-54. <https://doi.org/10.33546/bnj.1254>

Virdun, C., Brown, N., Phillips, J., Lockett, T., Agar, M., Green, A., & Davidson, P. M. (2015). Elements of optimal paediatric palliative care

for children and young people: An integrative review using a systematic approach. *Collegian*, 22(4), 421-431. <https://doi.org/10.1016/j.colegn.2014.07.001>

Cite this article as: Stephens, M. T., & Rochmawati, E. (2022). Palliative care education and training in Liberia: A qualitative exploration of current state and challenges to further development. *Belitung Nursing Journal*, 8(5), 453-461. <https://doi.org/10.33546/bnj.2237>