



## The Need for Palliative Care Education and Training in Liberia and Indonesia: A Literature Review

Moses Tende Stephens<sup>1\*)</sup>, Erna Rochmawati<sup>1</sup>

<sup>1</sup> Master of Nursing Program, University of Muhammadiyah Yogyakarta

### ARTICLE INFO

#### Article history:

Received 11 November 2021  
Accepted 21 February 2022  
Published 10 March 2022

#### Keyword:

Palliative care  
Education  
Training  
Liberia  
Indonesia

### ABSTRACT

Palliative care education is still in its infancy in some countries, including Liberia and Indonesia. The palliative care education resources for health care professionals in Liberia and Indonesia have not been emerging into the tutorial curriculum for advancement. The purpose of this review was to identify the availability of palliative care education and factors that influences palliative care education in Liberia and Indonesia. In this study, the researcher performed a literature review of articles found in Scopus, PubMed, Google Scholar, and Science Direct, published until December 2021. And then, the eligible studies investigating the need for palliative care education and training in Liberia and Indonesia were included in the study. The quality of the studies was assessed using a critical appraisal tool from the Joanna Briggs Institute, and PRISMA was used to analyze the finding data. And for the results after a comprehensive review, this review included fourteen eligible papers. After intensive study, the paper concluded that three unique common factors affect palliative care education in developing countries. Those factors included poor infrastructure, lack of governmental support, and the unavailability of a palliative care curriculum. Likewise, those articles show the slow development of PC education in Liberia. This literature review shows the lack of palliative care education in Liberia and Indonesia. As identified, there is a gap in palliative care education and training that needs to be answered. Therefore, there is a need to invest in human resources and palliative care education resources because of its slow improvement.

This open access article is under the [CC-BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



## Perlunya Pendidikan dan Pelatihan Perawatan Paliatif di Liberia dan Indonesia: Literature Review

### ABSTRAK

Pendidikan perawatan paliatif masih dalam tahap awal di beberapa negara, termasuk Liberia dan Indonesia. Sumber daya pendidikan perawatan paliatif untuk profesional perawatan kesehatan di Liberia dan Indonesia belum muncul ke dalam kurikulum tutorial untuk kemajuan. Tujuan dari tinjauan ini adalah untuk mengidentifikasi ketersediaan pendidikan perawatan paliatif dan faktor-faktor yang mempengaruhi pendidikan perawatan paliatif di Liberia dan Indonesia. Dalam studi ini, peneliti melakukan tinjauan literatur artikel yang ditemukan di Scopus, PubMed, Google Scholar, dan Science Direct, yang diterbitkan hingga Desember 2021. Kemudian, studi yang memenuhi syarat yang menyelidiki perlunya pendidikan dan pelatihan perawatan paliatif di Liberia dan Indonesia adalah termasuk dalam studi. Kualitas studi dinilai menggunakan alat penilaian kritis dari Joanna Briggs Institute, dan PRISMA digunakan untuk menganalisis data temuan. Dan untuk hasil setelah tinjauan komprehensif, tinjauan ini mencakup empat belas makalah yang memenuhi syarat. Setelah studi intensif, makalah menyimpulkan bahwa tiga faktor umum yang unik mempengaruhi pendidikan perawatan paliatif di negara berkembang. Faktor-faktor tersebut termasuk infrastruktur yang buruk, kurangnya dukungan pemerintah, dan

#### Kata kunci:

Perawatan paliatif  
Pendidikan  
Pelatihan  
Liberia  
Indonesia

#### \*) corresponding author

Moses Tende Stephens, S.Kep., Ns

Master of Nursing Program, University of Muhammadiyah Yogyakarta  
Jl. Brawijaya, Tamantirto, Kasihan, Bantul, Yogyakarta 55183

Email: [moses.tende.psc20@mail.umy.ac.id](mailto:moses.tende.psc20@mail.umy.ac.id)

DOI: 10.30604/jika.v7i1.881

tidak tersedianya kurikulum perawatan paliatif. Demikian juga, artikel-artikel tersebut menunjukkan lambatnya perkembangan pendidikan PC di Liberia. Tinjauan pustaka ini menunjukkan kurangnya pendidikan perawatan paliatif di Liberia dan Indonesia. Seperti yang teridentifikasi, ada kesenjangan dalam pendidikan dan pelatihan perawatan paliatif yang perlu dijawab. Oleh karena itu, ada kebutuhan untuk berinvestasi dalam sumber daya manusia dan sumber daya pendidikan perawatan paliatif karena Peningkatannya yang lambat.



This open access article is under the [CC-BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.

## INTRODUCTION

Palliative care is an integrative approach to maximize the quality of life and minimize those with severe and complex illnesses (Rhee et al., 2018). About forty million people need a PC every year; 78% live in low- and middle-income countries (Wiese et al., 2013). Globally, only fourteenth percent of people needing PC receive it. This situation is due to the limited availability and access to palliative care services and lack of exposure to palliative care during health care professional training (Rhee et al., 2018). Many countries where palliative care is still in its infancy stage experience limited palliative care integration into their curriculum (Frey et al., 2014; Rochmawati et al., 2016). The need for palliative care education is critical in Liberia to improve the availability and quality of palliative care services. The general knowledge approach helps implement palliative care in public and can enhance the knowledge about palliative care for all healthcare professionals and the public (Hannon et al., 2016; Jack et al., 2012). A previous study found that most African countries lack formal education in PC settings or training for health professionals, which explains the lack of knowledge about PC (Aldridge et al., 2016). Most of the specialists throughout many African nations have been discovered to lack competence and skills in accomplishing end-of-life discussions, which may be visible as proof of the absence of elements of Palliative care knowledge (Sasaki H et al., 2017). Arguably, deficiencies can affect relational factors by rendering healthcare professionals incompetent to communicate with patients and even with themselves. (Ens et al., 2011; Ingleton et al., 2013). However, some African countries are developing national palliative care programs to bridge the skills and knowledge needed to practice palliative care (Agom et al., 2020).

Only four African countries (Uganda, South Africa, Kenya, and Tanzania) have integrated palliative care into their national health policies and strategies (Hicks et al., 2021). Swaziland, Rwanda, and Mozambique have draft guidelines that require the Ministry of Health approval. Five African countries, including Uganda, South Africa, Kenya, Tanzania, and Rwanda, integrate palliative care into medical professionals' curricula (Ndlovu et al., 2021). And two (Uganda and South Africa) recognize palliative care as a research subject (Fraser et al., 2018a; Rawlinson et al., 2014a). Funding and resources for PC education remain a low priority for a country like Liberia, as successful implementation of PC requires considering local resources and customs and corporate education initiatives to train medical professionals and volunteers. Community-based volunteer programs for palliative care are essential in many areas. It is especially critical in remote and interior where specialized medical facilities are an additional challenge (Iida et al., 2021; Pereira et al., 2011). Public advocacy and education are also essential in addressing the stigma and myths that impede the

availability of PC education in Liberia, requiring investments in research infrastructure and support from local researchers (Mitchinson et al., 2021). In addition, the African Palliative Care Association has developed a core palliative care curriculum and core competence framework for PC providers across Africa and an e-learning model for self-development learning (Rochmawati et al., 2016 et Rawlinson et al., 2014b). Although many researchers have produced scientific work in the field of palliative care, however, there is less attention paid to palliative care education in developing countries such as Liberia and Indonesia.

One of the fundamental components required in the Liberian and Indonesian palliative care instructive educational plan is to deal with training in palliative care. The six stages of palliative care education include public knowledge about palliative care education for all residents (Bassah et al., 2014). What's more, learning palliative care should begin effectively in school for every one of the populaces. Stage one simultaneously serves the essential information about wellbeing concerns experts and the entire staff working in clinics, nursing homes, and other clinical care offices. Also, this incorporates staff individuals working in cleaning, family, mechanics, and organization. Stage two, the subsequent advance, includes palliative care knowledge as far as wellbeing might be concerned experts adding to the individuals who don't consistently provide care for the sick and dying individual. This progression guarantees a sufficient degree of care throughout medical administration (Boske et al., 2021). Also, stage three discussed the medical care experts who regularly need to care for sick and dying individuals who need good knowledge about palliative care. Stage four discussed the term of the preparation program and proposed 160 hours as proper for medical services proficient who need to focus on dying individuals. The fifth step discusses specific care for medical experts and others whose primary errand is care and therapy of debilitated and dying individuals. A few nations have effectively presented a specialization or sub-specialization for doctors and medical attendants (Musick et al., 2021 et Bush, 2012). This progression assists with guaranteeing a significant degree of specific palliative care. The last advance clarifies the further scholastic schooling prompting an expert's or Ph.D. degree which, is fundamental for future pioneers and analysts in palliative care (Rhee et al., 2018).

## Health care in Liberia

Palliative care came into the Liberian medical services framework in 2013. Liberia faces a deficiency of palliative care education, especially for patients with the cutting edge phase of HIV/AIDS, tuberculosis, diabetes, and diseases (Musick et al., 2021). Palliative care education in Liberia faces social and financial variables. And the view of patients and their families, mentalities of medical services suppliers, absence of

education and training for the medical care workforce, and absence of coordination (Anyanwu & Agbedia, 2020). Backing palliative care education requires equipped medical care suppliers, sufficient facilities, and good public awareness. It will require a joint effort between medical personnel in clinics and essential care workers to implement palliative care across Liberia. Health professionals play a positive role in spreading the training of PC. The need for palliative care schooling stays indispensable to add to the lifetime of patients, both older and young people with malignancy in Liberia (Anyanwu & Agbedia, 2020).

The palliative care education resources for medical care experts in Liberia had elevated by the Africa Palliative Care Relationship with the (World Health Association) Palliative Care education Group. Palliative care has been available in Africa for almost forty years, and its services are growing in light of the HIV/AIDS pestilence (Adejoh et al., 2021). In any case, the necessities for improving malignant growth patients stay a test in Liberia. Palliative care education and training drives have not been met all through this point in Liberia. International organizations play a majority role in supporting palliative care education and training (Aldridge et al., 2016).

Education might be a key and indispensable commitment to all palliative care groups' viability, enlistment, maintenance, and supportability (Frey R et al., 2014). Palliative care groups have the pivotal task of supporting and teaching associates (Peters et al., 2012). There are a few asset challenges when considering conveying instruction in Liberia: accessibility of instructors, the effect on associations of time away for students for vis-à-vis meetings, voyaging distances, coordination, and cost (Fraser et al., 2018b). The World Health Organization suggested in 2004 that legislatures remember palliative care for preparing educational plans (Downing et al., 2015). Medical care laborers at all levels and such educational programs for palliative care have been created across the regions of Africa in recent years, with an assortment of courses accessible for health and social care experts, volunteers, strict pioneers, instructors, and others associated with the arrangement of palliative care services ((Aldridge et al., 2016).

## Health care in Indonesia

When the Indonesian government launched the National Health Insurance as a system to implement universal health care in 2014, the necessity for palliative care in Indonesia began to get more attention alongside the revelation of a diversity of cancer patients. In 2007, the Indonesian government demonstrated their help by giving the Palliative care strategy, proclaiming implementation of palliative care in a few medical facilities (Loth et al., 2020). The approach of palliative care education and training is still very limited in certain hospitals and regions of Indonesia. The national health insurance intended to reach the entire population in Indonesia, no matter their economic status (Cleary et al., 2013). There are only 14 hospitals within the country, with over 273 million people giving palliative care and interprofessional education for palliative care. Palliative care training and education in Indonesia still need improvement; studies show it is lacking in some regions (Kim et al., 2020). The shortage of palliative knowledge between hospitals and first care centers hinders continuity of care between healthcare providers (Kristanti et al., 2017). Palliative care activities in Indonesia are available in seven cities on three big islands (Nkhoma et al., 2021). That carries us to the accompanying inquiries: How is the need for palliative care education and training in Liberia and Indonesia are essential?

What are the boundaries and facilitating factors in giving palliative education and training? What is the role of the Liberian and Indonesian medical care experts in palliative care? Yet, for what reason should everyone be keen on learning palliative care when there are experts to deal with that? An expected large number of individuals needing palliative care can't be hand-off by specific palliative care suppliers alone (Paal et al., 2020). The development of palliative care education will further develop the health system (Ens et al., 2011).

## Objective

The overall purpose of this literature review about palliative care education training in Liberia and Indonesia was to identify the availability of palliative care education and factors that influences palliative care education in Liberia and Indonesia. And also point out the element to provide complete knowledge to the communities about palliative care education and training. And able to systematically search and synthesize the literature to identify critical questions intended to improve palliative care through education, hospitals, and nursing homes.

## METHOD

A comprehensive review was carryout and was managed to the research employing a systematic review method. All literature was inquiry in the following database and search engine: PubMed, Science Direct, Scopus, and Google Scholar. The following keywords: Palliative care, education, Indonesia, Liberia, Training, and literature were researched from a relevant website. The search terms for this review were supported by an initial search of the literature, exploring relevant hits and keywords utilized in articles specific to the research questions for the literature.

## Research strategy

In this study, the search strategy included: Palliative AND Care, AND, education, AND, training, AND Liberia, AND Indonesia. The most effective terms which helped identify related articles included "palliative care education, palliative care training, and palliative care in Africa, Liberia, and Indonesia. These terms were used to search for related studies on Scopus, PubMed, Google Scholar, Science Direct.

## Study selection

Two researchers separately screened the titles and abstracts of the searched articles to make relevant of them. And then, they screened the entire work of the selected papers to find out any missing content. And if there were a disagreement in any step, the two researchers would argue and sort it out to revolve it.

## Data collection process

The two researchers (MS AND ER) individually extracted the data from the articles based on the data extraction form and over any issue. All data were extracted using a checklist consisting of the Author's name, the title of each article, the year the article was published, language, type of paper, and finally, the quality of the article.

**Synthesis of results**

A narrative synthesis approach was used to synthesize the finding of the studies, which were then discussed and summarized.

**RESULTS AND DISCUSSION**

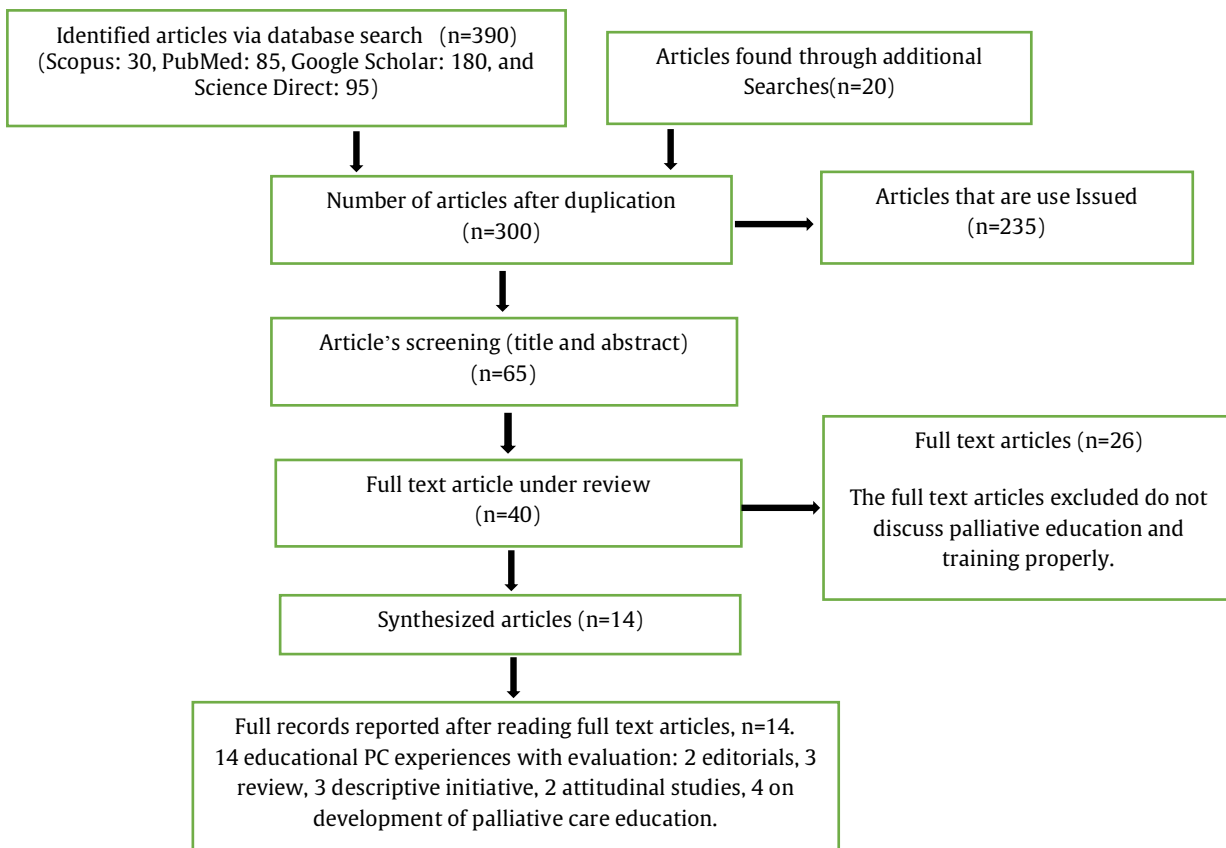
**Study selection**

Figure 1 shows the search results of 390 documents obtained using the search strategy in the research data based (Scopus: 30, PubMed: 85, Google Scholar: 180, and Science

Direct: 95), but the number of articles after duplication was 300.

**Inclusion and exclusion criteria**

The search period lasted from December 2020 to December 2021. We inserted papers associated with the Improvement of palliative care education in Africa (Liberia) and Indonesia to permit a clear description of the state of affairs of PC in both continents. The research was limited to English articles, published papers between January 2010 and December 2021. All articles searched were class using Mendeley bibliographic software and using folders on the computer.



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

The titles and abstracts of 65 documents were screened in terms of criteria, 40 articles were eligible for the full-text screening ( table 1), and only 14 articles were suitable in terms of the objectives and criteria of the present study. Table 1 briefly describes the 14 articles included in the study based on the objective and findings. Of these articles, four studies show the lack of knowledge in palliative care education with dying children. Five studies show the slow Improvement of palliative care education in Africa. Three focuses on health professional who trains palliative care workers in Africa, and two studies show the slow evolution of palliative care education in Indonesia. Education in palliative care is usually carryout by a student nurse, doctors, and nurses working in the community and integrated into the curriculum of the

health professional program (Hicks et al., 2021). In inspection to educate family and the community groups about palliation care training and education on how to give care at home would elevate the palliative care standard (Frey R et al., 2014 et Hannon et al., 2016).

**Palliative care education in Liberia and Indonesia-major findings**

Palliative care education and training for health care workers is a way to address the inadequate number of trained clinicians in the field and the steadily neglected palliative care need that has come about. Educating link nurses in PC is one way to utilize nurses in the palliative field (Rawlinson et al.,

2014b). And the method of education delivery has to include formal or informal, online or face to face in the learning process. The educational length for palliative care training has to be expected to expand for two years for better care delivery. Those articles mention formal learning, which empowers students to interact in PC education to enhance the health systems. And the informal learning articles review communities' involvement in palliative care education through training (Rawlinson et al., 2014b). After a thorough revision of the study, we found three common factors affecting palliative care education in developing countries. Those factors included poor infrastructure, lack of governmental support, and the unavailability of a palliative care curriculum. Likewise, those articles show the slow development of PC education and training in Liberia.

Facilitating factors identified in both countries included: The Indonesian association of nursing education (Rochmawati et al., 2016) and the African palliative care association, including family and community support to grow palliative care education and its training (Grant, Downing, et al., 2011). Providing knowledge and training in palliative care are critical facilitators in its turn of events. The human resources criteria have best represented by palliative care education (Grant, Brown, et al., 2011).

### **Challenges and barriers in palliative care education: Liberia and Indonesia**

The challenges in PC education and training in Indonesia are often associated with government strategy, the absence of palliative care education, the attitude of medical care expect, and general social conditions inside the country (Nkhoma et al., 2021). The working factors supporting the inventory of palliative care in Indonesia include culture support, government strategy support, and support from local organizations (Rochmawati et al., 2016). In Indonesia, there is a shortage of palliative care education and specialist clinicians (Rochmawati et al., 2016).

The challenges of informal education remain a lack of training of palliative care providers and the requirement for a formal acknowledgment of specific PC training (Fraser et al., 2018b). The significance of palliative care education and training among health workers has likewise been perceived as improving. Since 2002 African palliative care Association was recognized, palliative care education has been expanding within the region (Sasaki et al., 2017). Notwithstanding this endeavor's to enhance palliative care education and training, there remain inadequate numbers of trained palliative care suppliers in Liberia. The shortfall of Palliative care education could be the shortage of subsidizing expert palliative care and hierarchical limitations related to insufficient numbers of qualified teachers (Bush, 2012; Fraser et al., 2018b).

There is a growing call for nursing institutions that have not sufficiently embedded palliative care education into the educational program to expand familiarity with palliative care contents and skills to do precisely that (Downing et al., 2016). Students can not expect themselves to be experts in any capacity because of the absence of knowledge within the clinical area (Adejoh et al., 2021). In any case, the schools and medical clinics want students and new graduates responsible for this material and looking for a complete competency level despite the absence of training and teaching regarding the subject (Bush, 2012). The widespread integration of palliative care into the tutorial curriculum with formal and informal learning in Africa (Liberia) will help its application into standard health care (Jack BA et al., 2012). The limited knowledge and understanding of palliative training often

provide a low palliative care expertise and scarcity of PC education (Amery et al., 2010).

Liberia and Indonesia nursing students and doctors believe that palliative care education in both countries has appeared to be underdeveloped and should be more integrated into medical education. Palliative care is considered a significant field in malignancy care by Liberian and Indonesian doctors. Students possessing knowledge of the broad concept of PC, further Improvement, and practical skills are missing (Gage et al., 2020). Most doctors treating terminally sick patients would not work in PC services, but those who had required palliative care education were significantly more accepting to carry on the work ((Grant, Brown, et al., 2011). Regardless of the difficulties, the inventory of PC education inside these countries is growing (Duncan & Sinanovic, 2019). With the acknowledgment of PC as a critical component of health care through the WHO goal, there's a possibility for expanded education for palliative care across the regions (Harding et al., 2013). Palliative care competencies and skills should be compulsory for all new specialists and nurses (Kristanti et al., 2017). The literature on palliative care education does provide interest to numerous associations, organizations, experts, and instructors in presenting progressing training within the subject at the undergraduate and graduate levels ((Grant, Brown, et al., 2011)

### **Education in palliative care in other neighboring countries, Uganda and Kenya**

This review examines exclusively palliative care education and training in Liberia and Indonesia, as training structures in some African countries differ. In Uganda and Kenya, it is clear that undergraduate and postgraduate education in palliative care is high in implementation compared to Liberia. The need for palliative care education and training is recognizable in their policy and multiple educational interventions (Nkhoma et al., 2021). The African palliative care Association organized an essential educational program on palliative care (Fraser et al., 2018b). The Expanded advancement of palliative care education and training in Uganda and Kenya has been endorsed by the foundation of globally coordinated efforts to build critical mass research in Africa (Aldridge et al., 2016). The researcher's mentality toward palliative care education and caring in both countries is usually good at the highest expected point (Kim et al., 2020). As for my country, Liberia, we lack this training in one of our higher institutions. A table explains the strategies for developing the palliative care domain in Kenya and Uganda (Agom et al., 2020).

The palliative courses are productive in significantly lessening negative attitudes toward death and expanding communication skills. Palliative care education, including the humanities, may serve as a vehicle (Jack BA et al., 2012). A study conducted by ((Elysabeth et al., 2017). stated that the Current nursing literature in Indonesia lacks significant studies to evaluate palliative nursing knowledge and skills. Without appropriate data about Nurse knowledge regarding palliative care, it will fail to recognize and address real care education needs (Loth et al., 2020). In this way, there is an urgent call to analyze the PC educational needs of nurses by identifying nurses' knowledge of palliative care, and also, necessary to identify the factors associated with PC knowledge (Elysabeth et al., 2017).

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

Authors	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 aim was to develop and use many indicators to measure palliative care development in Africa.	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 amongst Nurses in Selected Hospitals in Eastern Nigeria	2020	English	descriptive cross-sectional design.	To determine how the nurse's variables, knowledge, and attitudes in eastern Nigeria affect palliative care practices.	The majority of respondents (40.1%) had RN / RM as the highest education qualification.
Amery et al.	A study into the 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
Aldridge et al.	Education, implementation, and policy to PC	2016	English	Using literature review	To provide an overview of the barriers to the broader integration of PC.	They identified critical barriers to palliative care integration across three World Health Organization domains: (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.	This study's results emphasized the importance of students studying a particular topic within a single program and how this opportunity encouraged them to participate in the 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 facilitating the development of PC Uganda and Kenya.	In both countries, the success of these efforts appears to be related to integrating PC 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 total of 270 medical students, only 152 heard the term PC Eighty-four students also know that they can provide early PC in a life-threatening illness.
Reigada et al.	Educational Programs for Family Caregivers in PC	2014	English	Using literature review.	To analyze the literature on educational programs to empower PC patient care workers to explain the 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)	Clinical staff perceptions of palliative care-related quality of care, service access, education, and training needs and delivery confidence in an acute hospital setting	2014	English	A descriptive cross-sectional design	The purpose of this study was to examine clinical staff perception of PC training.	On average, the clinical staff rated the quality of care provided to people who die in the hospital as 'good' ("x=4.17, SD=0.91).
Peters et al.	Is work stress in Palliative care nurses a cause for concern?	2014	English	A literature review	This paper aims to critically examine the current literature concerning stress and burnout in palliative care nurses.	In the reported studies, work demands were a common cause of stress. Still, there is substantial evidence that palliative care or hospice caregivers were exposed to higher

stress levels than caregivers in other disciplines.

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 providing palliative care	Findings from focus groups revealed that various barriers exist to the provision and management of palliative care, not least a 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 in terms of perceptual abilities that affect palliative care.	The general graduate school survey results were 5 out of 6 categories, significantly higher than the 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 current literature on palliative care and educational interventions in EOL care for employees working at LTCF, and identification of disabilities and remedies in implementing interventions.	Despite the development of research in this area and this environment, the results are suboptimal development research and educational practices, global volatility and non-standardized educational approaches, and a lack of perspective from service users. It suggests that it remains.
Jack BA et al.	The personal value of being a PC Community Volunteer Worker in Uganda	2012	English	A qualitative study	This study aims to assess volunteer motivation and the personal impact of working in Uganda as a PC community volunteer.	The results identify a cultural desire to be an essential motivation to help people participate in volunteering.
Paal et al.	Interdisciplinary postgraduate PC education and training	2020	English	qualitative methodology	To facilitate ideas for 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 assessment sheet (94.6% of respondents), with an average age of 39 (22-64) and an average work experience of 13.6 (1-44 years old).
Rochmawati et al.	Current status of PC services in Indonesia	2016	English	literature review	Review the medical literature on the provision of palliative care in Indonesia and identify factors that may influence the evolution of palliative care.	Identified barriers to palliative care delivery are medical professionals' limited understanding of palliative care, Indonesia's challenging geography, and limited access to opioid medications.

**Table 2**  
**Summary of Strategies for Developing Palliative Care for Kenya and Uganda Domain.**

Area	Uganda	Kenya
Palliative care education and training.	Creating palliative care training programs for an alternate scope of medical care laborers by HAU.	Expand promotion and conveyance of postgraduate PC.
	To fixture the palliative care into educational programs of health care professionals ensuring.	Institute PC into educational programs of medical care experts.

### LIMITATIONS TO THE STUDY

The limited number of studies likewise restricts the quality of the proof found. The reasons have been for the low study number were that palliative education and training are still a new field in Liberia and Indonesia and that education research is not yet well developed and integrated. In any case, excluding non-English papers after 2010 at the study's outset concluded in the article rejection. Excluding other things, the shortage of Palliative care education and research beginning of non-Anglophone countries. Most studies reviewed in this paper have a high risk of selection bias. Correspondingly, the findings of this review cannot be assumed to be transferrable to a volume context. This review does not contain biases as it was carryout by two authors. The majority of grey reports had contentious published papers, so it's believed that the study was comprehensive.

### CONCLUSION AND RECOMMENDATIONS

The main objective of this literature review is to explore the availability of palliative care education and factors that influence palliative care education in Liberia and Indonesia. Likewise, to point out the elements and provide complete knowledge about palliative care education and training to the communities. The review points out the availability of PC education and shows the slow improvement of PC education in Liberia and Indonesia. In the study, two mediums of palliative care education were found formal and informal. Future programs on palliative looking at Liberia and Indonesia might imagine getting some live online classes active online groups providing peer support and criticism. Actual patient videos will be precious if this is done with appropriate consent. Indonesia and Liberia are probably ready for palliative care education and expected to realize more knowledge after completing the course. Formal and informal learning will help disseminate the understanding and skills needed to deliver quality PC in Liberia and Indonesia. The limited number of studies likewise restricts the quality of the proof found. The reasons have been for the low study number were that palliative education and training are still a new field in Liberia and Indonesia and that education research is not yet well developed and integrated. Correspondingly, the findings of this review cannot be assumed to be transferrable to a volume context. This review does not contain biases as it was carryout by two authors. After intensive study, the paper concluded that three unique common factors affect palliative care education in developing countries. Those factors included poor infrastructure, lack of governmental support, and the unavailability of a palliative care curriculum. Likewise, those articles show the slow development of PC education and training in Liberia. This study encourages researchers to undertake studies in the success factors of palliative care education because it explored the affecting factors.

### Acknowledgment

I will jump at the chance to thank my partners who are engaged with planning and conveying palliative care education across Liberia and Indonesia. And will like to thank the Rector Dr.Ir.Gunawan Budiyanto, MP.IPM Universitas Muhammadiyah Yogyakarta, Indonesia for his prestigious global scholarship, Master of Nursing.

### ETHICAL CONSIDERATION

#### Funding Statement

The Author (s) received no financial support for this article's research, authorship, and publication.

#### Conflict of Interest Statement

The authors declared no potential conflicts of interest for this article's research, authorship, and publication.

#### Author Contributions

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

### REFERENCES

- Adejoh, S. O., Boele, F., Akeju, D., Dandadzi, A., Nabirye, E., Namisango, E., Namukwaya, E., Ebenso, B., Nkhoma, K., & Allsop, M. J. (2021). The role, impact, and support of informal caregivers in the delivery of palliative care for patients with advanced cancer: A multi-country qualitative study. *Palliative Medicine*, *35*(3), 552–562. <https://doi.org/10.1177/0269216320974925>
- Agom, D. A., Onyeka, T. C., Ominyi, J., Sixsmith, J., Neill, S., Allen, S., & Poole, H. (2020). An Ethnographic Study of Palliative and End-of-Life Care in a Nigerian Hospital: Impact of Education on Care Provision and Utilization. *SAGE Open*, *10*(3). <https://doi.org/10.1177/2158244020938700>
- 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>
- 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), 617–635. <https://doi.org/10.4236/ojn.2020.106043>
- 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>
- Boske, E. C. E., Nienhuis, P. H., Hammer, C., Jalving, M., Kruyt, F. A. E., de Vries, J., Roodenburg, J. L. N., Metman, M. J. H., & Kruijff, S. (2021). The Summer School Oncology Groningen: Improving a Successful International Course by Refining the Old, Maintaining What's Good. *Journal of Cancer Education*. <https://doi.org/10.1007/s13187-020-01944-6>
- Bush, T. (2012). Palliative Care Education: Does it Influence Future Practice. *Journal of Palliative Care & Medicine, 02*(04), 10–13. <https://doi.org/10.4172/2165-7386.1000113>
- Cleary, J., Radbruch, L., Torode, J., & Cherny, N. I. (2013). Formulary availability and regulatory barriers to accessibility of opioids for cancer pain in Asia: A report from the Global Opioid Policy Initiative (GOPI). *Annals of Oncology, 24*(SUPPLEMENT11), xi24–xi32. <https://doi.org/10.1093/annonc/mdt500>
- 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., Powell, R. A., Marston, J., Huwa, C., Chandra, L., Garchakova, A., & Harding, R. (2016). Children's palliative care in low- and middle-income countries. *Archives of Disease in Childhood, 101*(1), 85–90. <https://doi.org/10.1136/archdischild-2015-308307>
- Duncan, K., & Sinanovic, E. (2019). A cost comparison analysis of pediatric intermediate care in a tertiary hospital and an intermediate care facility in Cape Town, South Africa. *PLoS ONE, 14*(4), 1–11. <https://doi.org/10.1371/journal.pone.0214492>
- Elysaabeth, D., Arna, T., Tarihoran, U., Kristen, U., Wacana, K., & Gunawan, W. (2017). *Faculty of Nursing and Allied Health Sciences University of Pelita Harapan. July 2013*.
- 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 program. *South African Medical Journal, 101*(1), 42–44. <https://doi.org/10.7196/samj.4171>
- Fraser, B. A., Powell, R. A., Mwangi-Powell, F. N., Namisango, E., Hannon, B., Zimmermann, C., & Rodin, G. (2018a). Palliative care development in Africa: Lessons from Uganda and Kenya. *Journal of Global Oncology, 2018*(4), 1–10. <https://doi.org/10.1200/JGO.2017.010090>
- Fraser, B. A., Powell, R. A., Mwangi-Powell, F. N., Namisango, E., Hannon, B., Zimmermann, C., & Rodin, G. (2018b). Palliative care development in Africa: Lessons from Uganda and Kenya. *Journal of Global Oncology, 2018*(4). <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). In an acute hospital setting, clinical staff perceptions of palliative care-related quality of care, service access, education, training needs, and delivery confidence. *BMJ Supportive and Palliative Care, 4*(4), 381–389. <https://doi.org/10.1136/bmjspcare-2012-000346>
- Gage, C. H., Geduld, H., & Stassen, W. (2020). South African paramedic perspectives on prehospital palliative care. *BMC Palliative Care, 19*(1), 1–11. <https://doi.org/10.1186/s12904-020-00663-5>
- Grant, L., Brown, J., Leng, M., Bettega, N., & Murray, S. A. (2011). Palliative care making a difference in rural Uganda, Kenya, and Malawi: Three rapid evaluation field studies. *BMC Palliative Care, 10*. <https://doi.org/10.1186/1472-684X-10-8>
- Grant, L., Downing, J., Namukwaya, E., Leng, M., & Murray, S. A. (2011). Palliative care in Africa since 2005: good progress, but much further to go. *BMJ Supportive & Palliative Care, 1*(2), 118–122. <https://doi.org/10.1136/bmjspcare-2011-000057>
- 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)
- Hicks, M. L., Mutombo, A., YouYou, T. G., Analet, M. M., Sylvain, M. K., Mathieu, K. M., Henry-Tillman, R., Lombe, D., Hicks, M. M., Pinder, L., Kanda, L., Kanda, M., & Parham, G. P. (2021). Building workforce capacity for the surgical management of cervical cancer in a fragile, low-income African nation-Democratic Republic of the Congo. *Cancer medical science, 15*, 1–8. <https://doi.org/10.3332/ecancer.2021.1232>
- Iida, K., Ryan, A., Hasson, F., Payne, S., & McIlfatrick, 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), 1–14. <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 and Palliative Care, 3*(2), 207–212. <https://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>
- Kim, J. S., Kim, J., & Gelegjamts, D. (2020). Knowledge, attitude and self-efficacy towards palliative care among nurses in Mongolia: A cross-sectional descriptive study. *PLoS ONE, 15*(7 July), 1–15. <https://doi.org/10.1371/journal.pone.0236390>
- Kristanti, M. S., Setiyarini, S., & Effendy, C. (2017). Enhancing the quality of life for palliative care cancer patients in Indonesia through family caregivers: A primary skills training pilot study. *BMC Palliative Care, 16*(1), 1–7. <https://doi.org/10.1186/s12904-016-0178-4>
- Loth, C. C., Namisango, E., Powell, R. A., Pabst, K. H., Leng, M., Hamada, M., & Radbruch, L. (2020). We get volunteers from good-hearted community members" - An exploratory study of palliative care volunteers across Africa. *BMC Palliative Care, 19*(1), 1–10. <https://doi.org/10.1186/s12904-020-00545-w>
- Mitchinson, L., Dowrick, A., Buck, C., Hoernke, K., Martin, S., Vanderslott, S., Robinson, H., Rankl, F., Manby, L., Lewis-Jackson, S., & Vindrola-Padros, C. (2021). Missing the human connection: A rapid appraisal of healthcare workers' perceptions and experiences of providing palliative care during the COVID-19 pandemic. *Palliative Medicine, 35*(5), 852–861. <https://doi.org/10.1177/02692163211004228>
- Musick, D. W., Vari, R. C., Kraemer, M. S., Trinkle, D. B., Vari, P. M., Smith, J. C., & Learman, L. A. (2021). Building Health Systems

- Science Education from the Core Domain of Interprofessional Education at Virginia Tech Carilion School of Medicine. *Medical Science Educator*, 31(1), 215–222. <https://doi.org/10.1007/s40670-020-01148-z>
- Ndlovu, N., Ndarukwa, S., Nyamhunga, A., Musiwa-Mba, P., Nyakabau, A. M., Kadzatsa, W., & Mushonga, M. (2021). Education and training of clinical oncologists—experience from a low-resource setting in Zimbabwe. *Cancer medical science*, 15, 1–11. <https://doi.org/10.3332/ECANCER.2021.1208>
- Nkhoma, K. B., Ebenso, B., Akeju, D., Adejoh, S., Bennett, M., Chirenje, M., Dandadzi, A., Nabirye, E., Namukwaya, E., Namisango, E., Okunade, K., Salako, O., Harding, R., & Allsop, M. J. (2021). Stakeholder perspectives and requirements to guide the development of digital technology for palliative cancer services: a multi-country, cross-sectional, qualitative study in Nigeria, Uganda, and Zimbabwe. *BMC Palliative Care*, 20(1), 1–16. <https://doi.org/10.1186/s12904-020-00694-y>
- Paal, P., Brandstötter, C., Bükki, J., Elsner, F., Ersteniuk, A., Jentschke, E., Stähli, A., & Slugotska, I. (2020). One-week multidisciplinary postgraduate palliative care training: An outcome-based program evaluation. *BMC Medical Education*, 20(1), 1–9. <https://doi.org/10.1186/s12909-020-02200-7>
- Pereira, S. M., Fonseca, A. M., & Carvalho, A. S. (2011). Burnout in palliative care: A systematic review. *Nursing Ethics*, 18(3), 317–326. <https://doi.org/10.1177/0969733011398092>
- Peters, L., Cant, R., Sellick, K., O'Connor, M., Lee, S., Burney, S., & Karimi, L. (2012). Is work stress in Palliative care nurses a cause for concern? A literature review. *International Journal of Palliative Nursing*, 18(11), 561–567. <https://doi.org/10.12968/ijpn.2012.18.11.561>
- Rawlinson, F. M., Gwyther, L., Kiyange, F., Luyirika, E., Meiring, M., & Downing, J. (2014a). The current situation in education and training of healthcare professionals across Africa to optimize the delivery of palliative care for cancer patients. *Cancer medical science*, 8(December). <https://doi.org/10.3332/ecancer.2014.492>
- Rawlinson, F. M., Gwyther, L., Kiyange, F., Luyirika, E., Meiring, M., & Downing, J. (2014b). The current situation in education and training of healthcare professionals across Africa to optimize the delivery of palliative care for cancer patients. *Cancer medical science*, 8, 1–12. <https://doi.org/10.3332/ecancer.2014.492>
- Reigada, C., Pais-ribeiro, J. L., & Novellas, A. (2014). Educational Programs for Family Caregivers in Palliative Care: A Literature Review. *Journal of Palliative Care & Medicine*, 04(05). <https://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). A comparative analysis is the African Palliative Care Association (APCA) Atlas of Palliative Care Development in Africa. *The Lancet Global Health*, 4(March), 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., Lecturer, S., Muhammadiyah Yogyakarta, U., & Lingkar Selatan, J. (2016). *2 Senior Lecturer in Medical Surgical Nursing, School of Nursing*. 180–190.
- Sasaki, H., Bouesseau, M. C., Marston, J., & Mori, R. (2017). A scoping review of palliative care for children in low- and middle-income countries. *BMC Palliative Care*, 16(1), 2–10. <https://doi.org/10.1186/s12904-017-0242-8>
- Wiese, C. H., Lassen, C. L., Bartels, U. E., Taghavi, M., Elhabash, S., Graf, B. M., & Hanekop, G. G. (2013). International recommendations for outpatient palliative care and