Educational Needs in Palliative Care Among Health and Psychosocial Care Professionals in Croatia: A Qualitative Study

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Abstract

Background: The palliative care for individuals with life-threatening illnesses and their families involves complex, ongoing interventions that require specific competencies from both professionals and volunteers. In Croatia, the White Paper of the European Association for Palliative Care (EAPC) on education and core competencies has served as a key framework for training programs. Despite its broad application, variations in curricula and training approaches remain, underscoring the importance of adapting education to the specific needs of learners.

Aim: The aim of this study was to explore the educational needs in palliative care among nurses, physicians, psychologists, and social workers in order to develop training programs or modules tailored to the actual needs of these professionals.

Methods: Qualitative research was conducted in 2024 in the County of Međimurje, Croatia. Four focus groups were organised with each group representing a different profession: 8 nurses, 4 psychologists, 6 social workers and 6 general practitioners. All the participants worked in general palliative care services.

The data was analysed using thematic analysis.

Results: Two main themes emerged from the focus groups: 1) Challenges in working with patients and families facing life-threatening illness, and 2) Strengthening competencies through education.

Key areas for improvement included communication, decision-making, coping with death and bereavement, and identifying palliative care needs. Healthcare professionals also highlighted pain management and self-care. Social workers emphasized family dynamics, while psychologists focused on bereavement and end-of-life support.

Conclusion: The study highlights the need for structured and targeted educational programs in palliative care, adapted to the distinct roles and responsibilities of various professionals. Emphasis should be placed on enhancing communication skills, addressing ethical dilemmas, and strengthening psychosocial competencies to ensure comprehensive and compassionate care.

Keywords: palliative care, patients, physicians, psychologists, social workers, knowledge, education

Introduction

The palliative care of patients facing life-threatening illnesses and the support to their families necessitates complex and continuous care throughout the illness progression and in the bereavement process. This care involves physical, social, psychological and spiritual aspects in order to relieve suffering and maintain the quality of life. The provision of such care requires specific knowledge, skills and attitudes of professionals and volunteers providing the care (1-3). Education represents one of the quality indicators for palliative care development in the EAPC Atlas of Palliative care in Europe 2019 emphasizing that there are 6387 specialized palliative care services in 49 countries in Europe: 29 out of 51 countries have official specialization in palliative medicine, 22 out of 51 countries have some palliative care education in nursing schools, while in medical schools only 9 out of 51 countries have palliative care modules as mandatory (2). In Croatia, it is estimated that around 300 professionals work in specialist palliative care and all of them completed the palliative care course Fundamentals of Palliative Care, defined as mandatory by the Ministry of Health. Other educational activities such as workshops, round tables, courses, congresses, palliative care modules in nursing or medical schools do take place, both nationally and locally, but vary greatly.

Palliative care can be delivered on three levels: the palliative care approach by all professionals, general palliative care by those professionals often involved in care towards the end of life and specialist palliative care for people with more complex needs. The educational needs may differ and are discipline-specific (4), with professionals requiring different degrees of knowledge and education. However, the European Association for Palliative Care (EAPC) emphasizes that there are some elements of knowledge and some competencies relevant to all professionals involved in palliative care: core constituents of palliative care, physical, psychological, social and spiritual care, care for the patient's family, ethical issues, interdisciplinary teamwork, communication skills and self-care (5, 6). The White Paper on education and core competencies in palliative care on education and core competencies in palliative care summarizes global expert opinions and defines ten core interdisciplinary competencies in palliative care as educational guidelines and a framework, and it was intended, created and developed for practitioners and educators (5, 6).

The literature provides a great range of other guidelines and education frameworks, which all advocate the same philosophy, principles, and areas of knowledge needed in palliative care (7-10). Some emphasize a broader approach to education, such as the latest World Health Organization Framework, which encourages interdisciplinary learning and collaborative practice, and the guide produced by the University of Edinburgh and partners, which integrates palliative care into health professional education (7, 8). Others explore in greater depth the content of documents intended for various professional groups or other stakeholders within palliative care (4). Many European countries follow the EAPC White Paper and other guidelines on education and have developed different training programs based on the guidelines, supplemented by their own research studies (9, 10).

The EAPC White Paper has also been widely used in Croatia in the development of most education programmes, both for professionals and volunteers (11-13). Although specialized educational programmes for different professional groups have been created, there is no formal framework for education in palliative care in Croatia and educational programs are not necessarily recognised.

While programmes for general palliative care and palliative care approaches have not been developed yet, many educational activities at different levels have been carried out in Croatia throughout the years: university-level education, college and nursing school education, courses and conferences, short educational activities such as round tables, workshops, public forums, online learning and self-learning (14-20).

The aim of this study was to gain insight into the educational needs of nurses, physicians, psychologists, and social workers working in general palliative care. The findings will serve as a foundation for developing education and training programs/modules that align with current guidelines while also addressing the specific needs of professionals in the County of Međimurje, Croatia.

Methods

Study design

A qualitative study was conducted, including 4 focus groups.

Ethics

The research was conducted in accordance with ethical guidelines and principles. The study was approved by the Ethics Committee of the Čakovec Primary Care Health Centre (Dom zdravlja Čakovec), under no. 2109-69-25-2.

Participants

Participants were professionals that work in general palliative care services in the area.

The participants were divided into four professional groups based on their roles in palliative care. The focus group of nurses consisted of eight district nurses and home care nurses providing both medical and personal care to patients. The physicians' group included six general practitioners (GPs) involved in palliative care. Six social workers were from primary care social work services. Lastly, the psychologists' group comprised four professionals who occasionally support palliative care patients and their families, particularly during the bereavement period.

Data collection and analysis

This study is part of a larger research project which will be conducted in the subsequent phases of the EU project "Strengthening Comprehensive Palliative Care in the Cross-Border Regions of Croatia and Slovenia – PALI CARE". Focus groups were held during meetings organized by the county's palliative care service coordinator with the author moderating all four groups. Open ended, semi-structured questions were used, allowing participants to talk about and emphasize challenges in their work with palliative patients and their families, as well as to define areas of knowledge and forms of education that would strengthen their competences and improve their work and care for patients (Appendix 1).

The EAPC White Paper on education and core competencies was used to help participants identify key knowledge, skills, and attitudes essential for palliative care professionals in Europe

The data was analysed using thematic analysis. Detailed notes were taken during the discussions with a colleague's assistance to ensure accuracy and capture key elements. The notes included full sentences, highlighted keywords, and specific aspects relevant to the topics discussed. Thematic analysis was performed manually following an inductive approach. Data were categorized based on emerging themes and specific characteristics identified within each focus group. To enhance the credibility of the findings, the grouped data were later presented to selected participants from each focus group for revision, allowing them to check whether the categorization accurately reflected their perspectives and experiences.

Results

The study included 24 participants across four focus groups, each representing a different professional group: 8 nurses, 4 psychologists, 6 social workers, and 6 physicians.

Two main themes were identified:

- Challenges working with people who face life-threatening illnesses and their families
- Competencies that need improvement and strengthening by education

These themes differed across the professions, and they will be considered separately (Table 1).

Table 1. *Results of the study; Themes and subthemes*

	Theme 1 Challenges working with people who face life-threatening illnesses and their families	**Theme 2** Competencies that need improvement and strengthening by education
	Subthemes	Subthemes
Physicians	• Increasing workload (legislation, paperwork, task shifting to primary care services, etc.) • Complexity of palliative care provision and symptom management • Ethical issues in palliative care • Communication in palliative care • Unrealistic expectations and requests of patients	• Pain treatment • Treatment of other specific symptoms in palliative care Ethical issues in palliative care • Communication about prognosis, plan of care, end of life • Self-care
Nurses	• Emotional and psychological burden • Attitudes toward death and dying influence nurses' practice • Practical skills (specific and rare medical procedures • Effective and therapeutic communication	• Identification of patients that need palliative care • Specific communication in palliative care (patient, family) • Symptom management within the framework of nursing competencies • Essential support in bereavement • Self-care
Social workers	• Resource issues in providing social aspects of care (place of care, timeline in realization of patient's rights) • Wide range of jobs, can provide only some parts of the support for the patients and family in care and bereavement • Challenges in effective communication regarding end of life, care plans and bereavement	• Family care specific for palliative care • Bereavement support within a certain workplace of a social worker • Communication regarding death, dying, care plan and bereavement • Self-care
Psychologists	• Lack of time and continuity of support for each person in care due to the number of people in need of support • Organizational challenges (more experienced psychologists) Lack of experience in complex psychological situations (younger psychologists) • Collaboration with other services in the identification of palliative care patients/ families and cooperative care • Challenge of developing specialized skills such as bereavement for children due to the wide range of support needs	• Essentials in identification of patients that need palliative care • Bereavement support for the family • Support at the end of life • Communication regarding death, dying, coping, loss and bereavement • Self-care

1. Physicians

1.1. Challenges working with people who face life-threatening illnesses and their families

The physicians in the study acknowledged their roles and responsibilities in palliative care while also recognizing the challenges associated with its complexity. One of the challenges that all the participants emphasized was the increasing workload that included not only a larger number of patients but also more tasks in the care of a single patient: more paperwork, more legislation, an increase in diagnostics and task shifting to primary health care. They all stressed that there was increased responsibility due to the complexity of care, numerous ethical issues, lack of time for each patient and their family during a visit to the clinic. They also talked of the increased challenges in communication about the diagnosis, prognosis and topics such as life threatening illnesses, care plan and difficult decisions.

„It is a part of my job to talk to patients about their health, their illness and treatment, but when there are no options and cure, I just don't know what to say. I want to help, but nothing sounds right.“ (Doctor 1)

One of the great challenges for physicians was coping with the unrealistic expectations of patients and their families and their requests from physicians.

„I can understand that everyone wants the best for their loved ones, but if expectations and requests are not realistic, you need to follow your professional guidelines and that will not be enough for that family.“ (Doctor 2)

Treating symptoms and patients' conditions is also challenging as patients with palliative care needs require a different approach and different care goals.

1.2. Competencies that need improvement and strengthening by education

The physicians reported numerous challenges particularly with specialized knowledge, skills, and approaches required for working with palliative care patients.

The physicians identified several areas for improvement, including pain management in palliative care, symptom management in the final stages of illness (such as dyspnoea, vomiting, nausea, and agitation), ethical considerations, communication about diagnosis and prognosis, end-of-life care and coping with the dying process, decision-making regarding treatment and care options, and communication with the patients' families.

When the competences defined by the EAPC were mentioned, all the physicians strongly agreed they lacked knowledge and needed to consider the practice of self-care, to help them face the challenges at work (Table 1).

„I am very glad that more and more physicians talk about self-care, because firstly we need to admit that we need support. In some places, that is just a normal part of a doctor's job. But we need to make those changes as a profession.“ (Doctor 3)

2. Nurses

2.1. Challenges working with people who face life-threatening illnesses and their families

Nurses expressed experiencing a significant emotional and psychological burden as they frequently witness patient suffering (Table 1). This was particularly evident when patient care did not lead to recovery and improvement as unlike the other patients they visit who do improve, palliative care patients deteriorate and they become involved with death and bereavement.

„Sometimes, I just get into the office at the end of the day, and I am drained. With palliative care patients, it is different. You know that things are not going to be better, but you cannot do anything. You don't even know what to say.“ (Nurse 1)

Nurses also acknowledged the challenges arising from their attitudes towards death, dying, treatment and difficult communication which affects the care they provide and the way they feel about it. They noticed that adapting their approach directly influenced their practice as they identify patients with palliative care needs earlier, pay greater attention to other symptoms rather than just physical, and they work more as a team with other professionals. This reflection was only seen in the focus group conducted with nurses and may reflect their role in the discussion and planning of patient care with palliative care services on an everyday basis, as their workplaces are located close to the specialist palliative care team.

„We talk about death and dying a lot now, every day. About how people suffer, how they grieve, what the customs around death are, does one need to take children to the funeral and so on. We comment on and plan things that need to be done for the patient together with colleagues from palliative care services. And it is normal. I feel like I can understand people's needs better now.“ (Nurse 2)

Nurses also emphasized the lack of certain competencies in their work. There are some specific medical procedures that nurses rarely encounter and therefore do not have enough experience to provide this care adequately. Furthermore, they feel responsible towards their patient's needs and understand the patient's wish to be cared for at home, but often some forms of care and medical procedures cannot be carried out in the patient's home due to legal regulations and the defined competences of the nurses, leaving them with no choice except hospital admission.

„Sometimes patients just cannot understand or accept that it is not possible to provide certain parts of care and procedures at home. But again, there are still many skills we should learn to do our work more efficiently. It is just that one person cannot do much alone, we need to improve things together.“ (Nurse 3)

Communication was recognized as the most valuable tool in patient care—not only for those receiving palliative care but also for their families, whose involvement often includes a range of emotions, reactions, and decisions that may require open discussion as well as psychosocial and spiritual support.2.2. Competencies that need improvement and strengthening by education.

Nurses identified areas for improvement in palliative care to enhance their skills, strengthen their role, and provide more effective, patient-centred support for both patients and their families. Nurses identified essential educational themes in palliative care, including symptom management, practical skills, and specific medical procedures. They also highlighted the importance of ethics, professional well-being, and family support, including in bereavement.

„Indeed, I want to learn! We approach everyone in the same way, but when you are faced with a specific situation whic is frequent in palliative care, then you want to know more “(Nurse 3)

Identifying patients in need of palliative care is a crucial responsibility for all healthcare professionals and the nurses emphasized that recognizing palliative patients is a fundamental aspect of their education. All nurses in the focus group recognized the challenges of communication in palliative care and expressed strong interest in training and professional development in this area.

„I speak about symptoms and physical care normally with the patients and their families. But when I get to the themes such as progression of illness or the obvious end of life, I get off-topic even though I know the family and have looked after them for a long time. What to say to a dying person - everything will be fine?“ (Nurse 4)

3. Social workers

3.1. Challenges working with people who face life-threatening illnesses and their families

The main challenge identified among social workers was finding the appropriate care settings for the patients who may require enhanced support but are unable to care for themselves and lack family assistance due to social circumstances (Table 1). Social workers face significant difficulties in securing placements as there is a severe shortage of government-funded health care institutions and nursing homes, and most patients lack the financial resources to afford private care.

„It is really stressful! Yes, that is your job, but you just cannot find a nursing home for that patient who cannot be alone at home. Times are really changing, and place of care is becoming a really huge issue!“ (Social Worker 1)

A further challenge was realization of social rights, mainly financial support for patients due to delays in obtaining this essential support. The procedures are undertaken by a separate body and take a very long time as there are no special regulations for the procedure for palliative care patients. Therefore, social workers are not able to help the patients obtain the support they need and are entitled to in an appropriate timescale, even though they are aware that time is limited for people with a life-threatening illness.

„There should be some priorities in the realization of patients' social rights because palliative care patients really do not have as much time as everybody else! Why? We all know why!" (Social Worker 2)

Social workers recognized that providing psychological support to individuals and groups, including bereavement care, is part of their role. However, due to their broad responsibilities across various citizen groups, they can offer general palliative care but lack the capacity to provide specialized palliative care for more complex issues, due to time restraints.

3.2. Competencies that need improvement and strengthening by education

Social workers were very open to the idea of education on palliative care, especially undertaking modules that would be useful for their work. Although social workers focus on the family care as part of their role on an everyday basis, they indicated that the care for the family in palliative care was one of the most important areas for their education.

Another significant education need for social workers was bereavement support, which does not exist in Croatia as a special service within health and social care.

„It is a shame that bereavement is actually a part of our training in social work, but due to the wide range of jobs, you cannot develop more specific knowledge about that subject and when you need it, you wish you knew more!" (Social Worker 3)

They saw communication as the main tool in their work as social workers, but they expressed the need for more education on specific communication in palliative care in all its aspects.

Social workers are also familiar with benefits of supervision and self-care, and they supported the need of care for professionals as one of the necessary educational needs.

„Supervision or other types of formal support are something every person who works with continuous psychological stress should have because it is good for you!" (Social Worker 4)

4. Psychologists

4.1. Challenges working with people who face life-threatening illnesses and their families

Within the focus group of psychologists, there were differences in the length of work in the profession and the amount of experience, and this resulted in a varied response from the study participants (Table 1).

While more experienced psychologists emphasized organizational challenges as a major issue, since mental health services are new services which face the challenges of becoming established with clearly defined roles, the less experienced and younger psychologists reported their lack of experience as a challenge in complex psychological situations.

„Preparing a child for the death of his mother is something I just do not know how to do."(Psychologist 1)

All psychologists recognized a major issue – lack of time and continuity of support for each person in care. Most of the people in need of support caused by illness, loss and grief require continuous care, but psychologists struggle to enable this due to the large number of people that require professional help.

„I can squeeze them somewhere in my schedule if it is urgent, but I know that without continuity of care I will not help them much. (Psychologist 2)

One of the challenges recognized through the focus group was the lack of collaboration with other services about people that require palliative care. Psychologists acknowledged that collaboration with palliative care and other services would benefit to all involved in the care, and this was even more important as there are no formal bereavement services or professionals working within palliative care in Croatia.

Another challenge that psychologists faced in their work was similar to the one experienced by social workers. They provide support to every person within the community that is in need, and so they cannot develop specialized skills for one group of service users, which would be the case if they worked in specialized palliative care service or some other specialized service.

4.2. Competencies that need improvement and strengthening by education

While discussing the EAPC White Paper and the importance of interdisciplinary collaboration in palliative care, psychologists recognized the need for education on identifying individuals who may require palliative care. This knowledge would enhance their ability to work effectively within the team and provide better support to those in need.

„Now I understand why I should be able to recognize patients with palliative care needs. Not only can we help them more together, but I can provide them with some very useful information about palliative care services." (Psychologist 3)

Psychologists identified bereavement support and support at the end of life as major educational needs so that they could improve their work with palliative care patients.

They identified communication and self-care as valuable educational areas, not only for enhancing their skills in palliative care but also in other aspects of their professional work.

„Communication is our tool for work, but even so, one can never stop learning how to think or speak about feelings at the end of life, decisions about life, losing yourself or others and so on. Simultaneously, we all have our own attitudes, values and fears which should not stop us form helping people in our care." (Psychologist 4)

Discussion

The results of this study were presented through two recurring themes for every focus group: the main challenges of working in generalist palliative care and the competencies that need improvement. There was a commonality in the areas of work for all professionals with differences across the professions.

All the professionals emphasised that to facilitate the provision of generalist palliative care there was a need to develop their knowledge and skills in the identification of patients who need palliative care, communication, coping with ethical issues and enabling self-care. Pain treatment in palliative care was seen as important for physicians and nurses, whereas psychologists and social workers identified family dynamics and bereavement as areas for development.

One of the most important findings gained through this research, supported by earlier studies, was the acknowledgment of all the participants that development of their knowledge, attitudes and skills in palliative care is of great importance (21). Furthermore, the study highlights the deep connection between the challenges and difficulties professionals face and education as a form of strengthening their capacities, enabling them to improve the palliative care they provide.

Nurses participating in the study emphasized that their workplace is at the same location where the mobile palliative care team is located, and this enables collaboration and learning about palliative care daily. They had noticed the change in their thinking and attitudes and how this influenced their practice for the better. Numerous studies emphasize a significant correlation between the competences and education of professionals and their well-being as well as the quality of palliative care they provide (22). Sanghe and many other authors recognize that nurses or other professionals who are skilful, knowledgeable and comfortable with their work in palliative care can improve the quality of care and satisfaction of patients and their families. However, research showed that if they did not have confidence in the care they were providing due to lack of knowledge and skills, this can result in both moral distress and burnout syndrome for the professionals and inadequate care for patients and their families (22, 23).

These studies have also suggested that common themes include workload, emotional and psychological burden due to the outcome of care, complexity of care, ethical issues, unrealistic expectations of patients and families, challenges with effective communication and lack of resources in providing palliative care (22, 23).

Research has shown that education in different areas of palliative care not only reduces some of the negative issues but also encourages elements of palliative care such as interdisciplinary work, joint decisions, care plans, and peer supervision (23).

One of the milestones in interdisciplinary work and good palliative care is the identification of patients that need palliative care, and this was underlined as an area for education and development by all focus groups in the study. A study conducted by Kochems at al. emphasizes that palliative care depends on the early identification of patients that may need palliative care, which relies on education and knowledge. If the identification is not optimally performed, this may result in undertreatment or overtreatment and the lack of multidisciplinary care and support (24).

General palliative care services face a huge responsibility of early identification of patient needs as collaboration with physicians and nurses who have an interest in and knowledge of palliative care may lead to the referral of patients in a more timely way and result in better care outcomes.

Good care outcomes in palliative care are always related to good therapeutic communication. It has been demonstrated both in the literature and in everyday practice that if the approach, interactions and relationships between professionals, patients and family members in palliative care are based on the philosophy of palliative care this may affect not only the way a person dies but the way in which the family experiences the loss (25). Discussions within the focus groups indicate a growing awareness of effective communication skills as a key tool in palliative care, benefiting not only patients and families but also healthcare professionals in their work. Similarly to the results of our study, research highlights that nurses and doctors as the primary professionals in palliative care play a crucial role in pain and symptom management. The findings emphasize the need for improvement in competencies to provide a unique approach and management required in palliative care (26, 27).

Other significant findings that emerged from all focus groups in this study, especially from groups of social workers and psychologists, are the challenges of working in general services that provide a wide range of services to the general population with different needs. This may disable the professionals from developing specialized skills within palliative care. However, they do need to gain new knowledge and skills for them to provide care within their professional role.

The need for education in palliative care has been suggested in many areas. For instance, the European Academy of Neurology / EAPC consensus paper suggested that education about palliative care principles within neurology teams would help to improve skills regarding the communication and understanding of the end of life care and thus result in better overall care (28). Other studies outline their needs for education in specific fields of medicine which require different knowledge within palliative care important for their speciality (28, 29).

Despite the existing frameworks, guidelines and programmes for education in palliative care, there is a constant interest in research in this field, focusing on the specifics of different countries, professions, resources, and regulations. These guidelines encourage and emphasize continuous activity in the advocacy, professional empowerment, education and research in palliative care due to the variability in access to and ongoing changes in palliative care development (30, 31).

This study has both strengths and limitations. One limitation is that it was conducted in the Međimurje County so the findings may not fully apply to other regions of Croatia or beyond. The study also had a relatively small number of participants so that some perspectives may not have been fully captured. Additionally, because the study focused on what professionals think they need in terms of education, it may not completely reflect the actual gaps in their knowledge and skills.

Despite these limitations, the study has several strengths. Research on palliative care knowledge in Croatia has mostly been conducted through small studies as part of Master's theses by nursing students, and no studies have explored the educational needs of healthcare professionals. To the best of our knowledge this is the first study conducted in Croatia to explore the educational needs of professionals working in general palliative care, which might fill an important gap in research. By using focus groups, the study allowed for open discussions providing valuable insights into real-life challenges and needs. The findings can be used to develop training programmes within the PALI-CARE Project, ensuring that education is tailored to the actual needs of professionals.

This research also supports efforts to improve teamwork and communication among different professions involved in palliative care, ultimately leading to better care for patients and their families.

Implications for Future Research

Future research should focus on a broader sample of healthcare professionals to gain a more comprehensive understanding of their educational needs in palliative care. Conducting anonymous online surveys can provide quantifiable data and enable comparisons across different regions and healthcare settings. Further research is needed to explore how education may lead to real-life changes in clinical practice and in the care of patients and their families.

Conclusion

This study provides an insight into the educational needs of professionals working in general palliative care. The areas of specific concern were the identification of patients who need palliative care, self-care and pain treatment in palliative care for doctors and nurses whereas psychologists and social workers identified family dynamics and bereavement. All professionals identified therapeutic communication and ethical issues.

These issues should be considered in developing education and training programmes, that will be truly tailored to the real needs of professionals but also in accordance with the European and Croatian guidelines.

Declarations

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Ethics considerations: The authors confirm that the research was conducted in accordance with ethical guidelines and principles. The study was approved by the Ethics Committee of the Čakovec Primary Care Health Centre (Dom zdravlja Čakovec); (document number. 2109-69-25-2).

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