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The Role Of Healthcare Support Workers In Providing Palliative And End-Of-Life Care In The Community At Saudi Arabia:A Systematic Review 2024

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Abstract:

Background
Despite the widespread use of Health Care Support Workers (HCSWs) in providing palliative and end-of-life care, there is little information available about their contributions towards supporting patients who want to be cared for at home or to die at home. Informal caregivers are the backbone of home-based palliative care (PC) because they play a vital role in offering more seamless and timely support, preventing suffering and fostering comfort and dignity. Specialized home-based PC teams must recognize unmet needs in fulfilling daily responsibilities and enhance their preparedness for caring. (a) explore how PC professionals perceive the preparedness of ICs to provide PC at home and (b) determine what barriers and enablers they consider essential for the delivery of high-quality PC at home. Globally, the demand for community palliative care, delivered within the home setting, is rising. Hospice support workers, also referred to as healthcare assistants, play a crucial role in providing this care, but evidence indicates they face challenges relating to inadequate training, isolation and emotional labor.
Aim of this systematically review: To evaluated the role of healthcare support workers in providing palliative care in the community at Saudi Arabia 2024.
Method: the review was conducted in two databases (Scopus and PubMed) with the use of the following keywords: “Role of Health Care support workers and palliative care”, “providing palliative care in the community ”, “social issues,“ demographic profiles ” , from September 2024 to January 2024.who worked in specialized PC teams were recruited for a descriptive qualitative research study.
Results: The findings that appeared to be about the same topic grouped together. Grouping findings according to their topical similarities allowed us to recognize whether the findings from different studies confirmed extended or refuted one another. This helped preserve the integrity and complexity of the finding, thus optimising the validity of the integration process.
Conclusion: Professionals deemed it essential for healthcare support PC staff to be experienced, accessible, person-centered, and proactive. Furthermore, effective communication and a well-defined network for requesting certain community resources or services were deemed crucial for delivering high-quality PC at community

Keywords: role, Healthcare , support workers , providing palliative, end-of-life care , community Saudi Arabia.

Introduction

The need for providing palliative care is increasing worldwide because of the progression in life expectancy accompanied by advances in medical care and having many patients with incurable and advanced diseases (1). This palliative care is characterized by a multidisciplinary need for psychological, spiritual, physical, as well as environmental holistic care for patients and their caregivers aimed at achieving “death with dignity” (2) .care is a crucial element of universal healthcare and is recommended by the World Health Organization (WHO) as fundamental in the continuity of care. (3) showed that early palliative care resulted in improved quality of life and longer survival. Healthcare workers play an important role in diagnosing and identifying patients with a life limiting or threatening illness, as well as educating and counselling patients and their families about their conditions and initiating a palliative care approach. (4) A significant responsibility that healthcare workers have is to ensure that patients requiring palliative care are identified promptly so that a palliative care approach can be initiated early. Healthcare workers need to know when to refer patients for palliative care to ensure patients receive the care timeously. This research will evaluate healthcare workers’ ability to identify patients needing palliative care in a primary care setting.(5)

Burnout is a common problem affecting healthcare professionals, who often experience burnout at a higher rate compared to the general population, which mostly attributed to work-related stress (6) , burnout is a complex process that includes three dimensions; high emotional exhaustion (EE), high depersonalization (DP), and low personal accomplishment (PA)

and its severity ranges from being absent to severe symptoms (7) Within the context of Long-Term Care , PSWs are regarded as healthcare professionals as they provide supportive and personal care to physically and cognitively impaired older adults who require long or short-term support (8) . PSWs represent the largest workforce in the Canadian Long-Term Care sector and provide 90% or more of the direct care in Long-Term Care homes (9). PSWs employed in the LTC sector in Canada are typically female, over the age of 40, not born in Canada, and speak English as a second language (10). Recent research on PSWs’ role in Canadian Long-Term Care homes has found that despite providing 90% or more of the direct care to residents, PSWs have no role or 10 are rarely included in the care planning process for residents (11)

Ontario Long-Term Care homes employ over 100,000 people in the province, with 58% of employees being PSWs (12). Similar to other jurisdictions in Canada and around the world, Ontario LTC homes are currently in a health human resource crisis as there is a critical need to increase the number of staff (including PSWs) in Long-Term Care to meet the minimum daily care average (Ministry of Long-Term Care, 2020). Chronic staff shortages in LTC over the recent decades and the need for an economic solution to provide increasing care capacity and acuity levels have led to a heavy reliance on PSWs within LTC (13). In the recent Long-Term Care Staffing Study released by the Ministry of Long-Term Care in 2020, the Advisory Group reported “recognition of the critical role of PSWs” as one of their recommendations to address the staffing crisis in LTC (14)

Methodology

Aim of the Study

To evaluated the role of healthcare support workers in providing palliative care in the community at Saudi Arabia 2024 .

Study design:

This Systematic review endeavors the role of role of healthcare support workers in providing palliative care for early intervention the community at Saudi Arabia categorized by the World Bank Income Groups. LMIC classification is based on Gross National Income (GNI) calculated using conversion factors derived from the Atlas method. The countries falling within these income groups are subject to annual updates. To ensure a rigorous and all-encompassing approach and role of health care social work specific inclusion and exclusion criteria were meticulously applied

Search strategy:

The review was conducted in two databases (Scopus and PubMed) with the use of the following keywords: “role of healthcare support workers in providing palliative care in the community” , demographic profiles “social determinants ,“social capital “social characteristics and gender ”

All the included variables reveal that the social impact of palliative care is the most important factor for management and prevention, in terms of aggravation and more, of the palliative care .

Searches and Data Sources:

We searched for all studies published from 2010 to 2024 using two databases, Scopus and PubMed. These databases were preferred because they contain significant elements from the biomedical sciences, psychology, and sociology literature. The following keywords Soc. Sci. 2024, 449 were applied in the databases during the literature search: ", All the included variables reveal that the social impact of palliative care is the most important factor for management and prevention, in terms of aggravation and more, of the palliative care.

Selection criteria:

Inclusion criteria and Exclusion Criteria

Providing palliative care in the community

Data Extraction

The screening of articles was carried out in two phases. In the first phase, articles were screened on the basis of title and abstract. The abstracts of all the selected titles were sorted for more detailed information. Two independent reviewers read the abstracts and categorized them as relevant, not relevant, or possibly relevant. In the second phase, the full-text articles were assessed for eligibility. Two reviewers in dependently applied inclusion and exclusion criteria to potentially eligible papers and both reviewers then independently extracted data from the original articles. Any disagreements were independently checked by the second reviewer and a consensus was reached.

The process of selecting the articles, which are contained in this review.

Presents method used for selecting eligible studies for this review. In the first stage, Pro Quest and Scopus returned 240 articles. After duplicate articles and those published before 2020 were removed, 94 remained. Non-peer-reviewed articles (75) and articles not mainly about health insurance Saudi Arabia, (22) were then excluded. After excluding studies with sample sizes under 80 and response rates under 60%, 7 articles were included in this review

Table1: Summary of Findings of the healthcare support workers in providing palliative and end-of-life care in the community.

Author, Date, Country	Region	Study design	Study aim	Results
Morganet al (2024)(15)	South Africa.	cross-sectional survey	evaluated healthcare workers' ability to identify patients who are eligible for palliative care based on their training or experience in palliative care.	Palliative care is essential for people with life limiting and life-threatening illnesses. Palliative care is a crucial element of universal healthcare and is recommended by the World Health Organization (WHO) as fundamental in the continuity of care. Temel and colleagues showed that early palliative care resulted in improved quality of life and longer survival. Healthcare workers play an important role in diagnosing and identifying patients with a life limiting or threatening illness, as well as

				educating and counselling patients and their families about their conditions and initiating a palliative care approach. A significant responsibility that healthcare workers have is to ensure that patients requiring palliative care identified promptly so that a palliative care approach can initiated early. Healthcare workers need to know when to refer patients for palliative care to ensure patients receive the care timeously. **Conclusions** The results of the baseline staff knowledge assessment demonstrated poor knowledge of the indications for a palliative care approach. Staff members are good at identifying cancer and dementia indicators for palliative care, but are less able to identify the need for palliative care for trauma victims. More training and mentorship is recommended to make South Africa CDC and HEC a site that allows staff good palliative care experience, with a particular focus on nursing staff inclusion in the discussion or decision to implement a palliative care approach.
AlKhalifa et al (2024) (16)	Kingdom of Saudi Arabia	Observational cross-sectional	To estimate the rate and associated factors of burnout and its dimensions among healthcare workers of the Palliative Care	The increasing need for palliative care is mostly accompanied by stressful life for health workers as they daily face tragedy and suffering; therefore, they are at higher risk for burnout. Burnout symptoms among healthcare workers not only affect their wellbeing but also are also associated with poor quality of care delivered to patients and an increase in the risk of making errors. Furthermore, burnout has been associated with higher rates of job turnover, absenteeism, and

				decreased productivity as well as job dissatisfaction, which consequently leads to shortages of healthcare workers and increased demand for them. Therefore, preventing burnout among healthcare workers in general, and those working in palliative care in particular through training in communication skills, meditation, mindfulness, and self-care efforts is vital to maintaining adequate quality of care **Conclusions** Burnout is a prevalent problem among healthcare workers working in palliative care in Riyadh, with no difference between physicians, nurses, and other workers. Divorced/widowed participants and those with shorter annual vacations were more likely to express burnout compared to their counterparts. Decision makers should take care of the working environment of this category of healthcare, particularly their annual vacation length, and specific attention should given to divorced/widowed workers to reduce the burden of burnout among them.

O'Donnell, et al (2024) (17)	From hospitals across the U.S.	qualitative research methodology of interpretive description	To better understand the IPCP contributions of advanced palliative social workers (PSWs) through the eyes of their colleagues.	Early IPPC research focused primarily on identifying the barriers and facilitators associated with the adoption of this model across healthcare settings. Although studies exploring the processes of IPPC team collaboration are emerging, few examine the ways in which IPPC teams utilize and integrate the skills and expertise of social workers to increase their overall effectiveness and efficiency. Systematic review of IPPC studies between 2000 and 2019, they found that IPPC team members work together to contribute to the overall effectiveness of the delivery of patient care through: (a) bridging professional, social, physical, and task-related gaps, (b) negotiating overlaps in roles and tasks, and (c) creating spaces for collaboration to occur. Yet, their review also revealed that most studies focused solely on physicians and nurses; studies typically lumped all other professions in a "general" category. These studies, as well as calls to action by social work leaders, suggest a need to better define palliative social workers (PSWs) roles in IPPC teams. **Conclusions** Taken as a whole, the study's findings suggest that IPPC team members regard PSWs as valuable colleagues in the development of a therapeutic alliance with patients and their families and their ability to deliver goal concordant palliative care. PSWs are viewed as important IPPC team members who can support patients and families, individual IPPC team members, and the IPPC team's collective functioning. The tremendous growth of

				palliative care programs underscores the need for institutional support directed toward increasing the pipeline of highly skilled, social workers.
Dávalos-Batallas et al. (2022) (18)	In Ecuador recruited	A qualitative study	To explore the knowledge, attitudes and expectations related to palliative care of the physicians in Ecuador	According to the World Health Organization (WHO), the worldwide need for PC is high and will continue rising , because of the ever-increasing load that non-transmissible diseases represent and of the aging process of the population . On the other hand, there is evidence in various literature reviews that early referral of the patients to PC determines that they manage their symptoms with more confidence and approach their end-of-life with hope, since it helps them to drive the adaptation process to their diseases and to better understand them , the study by Qureshi et al. states that starting PC in the early stages of a disease is associated with a lower use of hospital care and to an improvement in the quality of the care provided to

				the patient and of the clinical results of care , thus the importance of having units specialized in this type of care. The Worldwide Hospice Palliative Care Alliance (WHPCA) estimates that at least 40 million people need PC annually and in the world (20 million at the end-of-life stage); however, PC is only integrated in 20 of the 234 countries of the world (8.5%) and 75% of the world population does not have adequate access even to medications to control pain. The biggest development of PC has been recorded in developed countries. Nevertheless, 80% of the individuals who need PC live in low- to mid- income countries like Ecuador that is considered a mid-income country. Despite being the only realistic and human alternative to the suffering of many people, the percentage of patients receiving such care is very low, given the scarcity of infrastructure and of specialized personnel and to the unequal distribution in the country . **Conclusions** It is necessary to maintain the implementation path of PC in Ecuador. It is essential that PC is included in the medical cross-training of the country, as well as to increase the number of services where PC are provided with optimum quality standards guaranteed by a multi-disciplinary team trained in the subject matter. Likewise, it is necessary to drive research that sustains the practice, as well as to provide material and human resources which allow for the provision of services, the effective support from Politics and from

				health institutions being required.
Just, et al (2024) (19)	Canada’s	A qualitative descriptive single case study	To understand PSWs’ role in end of-life care in an LTC home in Ontario, Canada.	End-of-life care is defined as supportive care to provide a high quality of life for dying individuals and their families in the days, weeks, or months before death. The literature presents conceptual inconsistencies regarding the terminology surrounding palliative and end-of-life care. While both palliative care and end-of-life care involve providing support to individuals nearing death, the term "end-of-life care" is defined both legally and clinically as the care provided during the final six months of life to ensure a dignified death. Consequently, end-of-life care falls under the broader category of palliative care. Prior to the COVID-19 pandemic, Canada’s LTC homes were increasingly becoming the place of death for LTC residents. Canada’s annual mortality rate for LTC residents has been steadily increasing prior to the COVID-19 pandemic, with the increase attributed to the growing population of older adults who are living longer, with multiple chronic conditions, in advanced stages of illness and with higher care needs. Thus, where previous generations of older adults experienced a sudden death in an acute care setting, a significant percentage of Canada’s current older adult population will experience a gradual and expected death in an LTC setting. **Conclusions** This review was to explore HCAs’ experiences and perspectives of their role in

				end-of-life care in LTC. Findings from this review expanded the concept of end-of-life care by illustrating the role-required and extra-role behaviors HCAs perform in LTC. Contributions from this scoping review stand to inform industry stakeholders and clinical educators on the invaluable role of HCAs in end-of-life care. Furthermore, this review provides evidence to support a gap in the literature regarding the role of HCAs in end-of-life care. Further research is needed to explore HCAs' role in end-of-life care from the perspective of residents, family members, HCAs, and registered health care providers in LTC.
McIlfatrick et al (2021) (20)	France	An explanatory sequential mixed methods study,	To examine public awareness, knowledge, and perceptions of palliative care and identify strategies to raise awareness within a public health framework.	It is estimated that by 2060 there will be an 87% increase in the number of people dying with serious health-related suffering, and immediate global action is required to integrate palliative care into health systems . Over the last two decades, the WHO advocated that palliative care should be considered as a public health issue, with calls for earlier integration of palliative care within the wider healthcare system to improve access and availability. Integration of palliative care into other parts of the health system, and more broadly into society itself, is supported by a recent article in the Lancet . This earlier or 'integrated' model of palliative care enables palliative care professionals to build relationships and become increasingly responsive to the need of patients and their families. Despite this recommendation, evidence repeatedly demonstrates that palliative care is accessed late in the

				illness course. What the public know and understan about palliative care may impact on future access to quality care in the event of a serious illness . **Conclusions** In conclusion, this population based mixed methods study builds upon previous research in this area, indicating widespread misunderstandings of the concept palliative care. Variances in understanding were associated with several demographic characteristics however reasons why these are influencers are unknown. Whilst the public report a willingness to engage in such conversations, societal restrictions impinge on this occurring. Understanding is derived from limited ad hoc personal experiences focusing on the end of life and not the holistic palliative care journey. The findings provide an empirical basis from which to understand how the public view palliative care, to inform and stimulate focused debate on how to increase awareness and dispel misunderstandings. Education is key to advancing public understanding of palliative care. By shifting the view of palliative care to earlier integration across disease types and care settings, essential conversations can start earlier and ensure palliative care reaches everyone who would benefit.
Alkhudairi. et al (2019), (21)	Saudi Arabia	A cross-sectional study	To evaluate the awareness, knowledge, and beliefs of the Saudi adult population about PC	The World Health Organization has promoted PC as being a public health issue and it was even considered by the United Nations agreements as a human right. Although many governments accept this issue formally, the actual placing of PC within public health strategies and its

				translation into practice vary widely across the world, which is an issue related directly to the variations in the awareness of PC among both public populations and health-care providers . According to a global research, public awareness of PC was considered satisfactory in only twenty countries all over the world till the year 2013 in spite of the global efforts done to enhance the public awareness of PC. Palliative care (PC) could be defined as an approach to improve the quality of life of patients(and may be their families as well) suffering from life-threatening terminal illness, by means of prevention and relief of suffering through early identification; perfect assessment; and treatment of pain and other physical, psychosocial, and spiritual problems. **Conclusion** Knowledge and awareness of PC among the surveyed Saudis is very low. There is a need for more institutional efforts through implementation of educational programs for both the general population and the health-care personnel using all multimedia to advertise and promote this branch of medicine that will functionally take care of terminally ill patients and promote literacy of PC among its populace. There is also a need to conduct a kingdom-wide similar survey to confirm our results. Nongovernmental sectors should also participate in programs to improve the knowledge and awareness of PC.

Results and discussion

The findings that appeared to be about the same topic were grouped together. Grouping findings according to their topical similarities allowed us to recognize whether the findings from different studies confirmed extended or refuted one another. This helped preserve the integrity and complexity of the finding, thus optimizing the validity of the integration process. The statements of findings were then reduced into more explicable themes through eliminating redundancies and refining statements while retaining the contradictions and ambiguities .

Care while acknowledging the wide range of tasks provided by HCSWs in palliative and end-of-life care, there are also a number of challenges related to the role. This While acknowledging the wide range of tasks provided by HCSWs in palliative and end-of-life care, there are
also a number of challenges related to the role. These include inadequate training (22)
We will debate some of the challenges and supporting factors that influence HCSWs' ability to provide palliative and end-of-life care in the community. We then continue to outline strengths and weaknesses of the review followed by a conclusion. Finally, the paper closes with implications for further research (23)

The review has shown that a substantial proportion of HCSWs had no nationally recognized qualification, no training on appointment or felt inadequately prepared for their job (24). In some situations, HCSWs tend to have on-the job training from co-workers, who themselves may not have had any formal training (25). This may have affected the standard and quality of care delivered. On a wider scale, inadequate training of HCSWs might have implications for informal corers who may replicate the care they observe, thus perpetuating poor practice . Moreover, because of the way HCSWs were prepared for their role, they felt uncertain as to whether they were providing appropriate care (26).
HCSWs – wherever they practice in the world – require close support and supervision from district and community nurses. in summary, HCSWs have significant unmet training needs despite playing a key role in the provision of community-based palliative and end-of-life care. There was a suggestion by HCSWs that the theoretical or textbook training they had received was relevant, yet not sufficient to master the situations faced on the job . According to the Department of Health, Social Services and Public Safety (27), all staff providing palliative care should have access to training in the palliative care approach, a fundamental recommendation not always adhered to.

Conclusion

Health Care Support Workers are actively involved in a wide range of different tasks required to fulfil the patients desire to be cared for and to die at home. Unclear role boundaries (crossing the professional and informal care division) act as a stressor that causes feelings of stress. The varying UK/USA context did not suggest any differences in the roles/tasks performed by HCSWs. The type of studies included in the review does not allow any inferences to suggest that in the absence of HCSWs, hospital admission would have been necessary

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