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Level of competency in palliative care nursing in the preparation to nurse certification of the Department of Health

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Abstract

To improve the quality of palliative care, The study aims to assess how factors such as sociodemographic profile in terms of age by generation, gender, marital status, highest educational attainment, position in the organization, and acquired training in palliative and geriatric care best describe the situation and level at which we find ourselves today in palliative care. The objectives of the study are to determine the level of competency in palliative care in preparation for certification as a nurse practitioner of DOH. This study will also determine the required competency in palliative care in terms of knowledge, skills, attitude, and spiritual care, and based on the results, a framework will be developed to intensify the certification program for nurses. By using the descriptive questionnaire, it was possible to collect data on the current condition and interpret the current situation by comparing the socio- demographic profile in terms of age, gender, highest level of education, number of trainings related to palliative care and years of work experience in the hospital. The study measure the level of competence in palliative care that is conducted as part of the preparation for the certification of nurses of the Ministry of Health. To provide optimal care and treatment, at least a basic level of competence in palliative care is required. Therefore, competence is a prerequisite for high quality nursing care in the clinical setting.

Keywords: level of competency, palliative care nursing

Level of competency in palliative care nursing in the preparation to nurse certification of the Department of Health

1. Introduction

Palliative care exists in a variety of healthcare settings. The variability of this treatment is greatly influenced by nurses. In literature, various degrees of education and palliative care are acknowledged. Therefore, nurses need a particular skill set to provide high-quality palliative care. For patients with life- threatening diseases and those patients who may be undergoing end-of-life operations, palliative care is a sort of specialized medical care. Registered nurses are essential for delivering high-quality palliative and end-of-life care to patients. According to reports in the literature, registered nurses claim that neither academic nor continuing education and training programs adequately prepare them in palliative care. To care for patients with long-term diseases and those who are nearing the end of their life, it is necessary to possess specific knowledge and even skills in a variety of fields, such as non-pharmacological symptom control, cultural considerations, and pain management. (Manning et al., 2020).

Since nurses support patients and provide them with medical care in a number of settings, including hospitals, nursing homes, and doctor's offices, they are one of the most crucial parts of the healthcare system. Patients who are reaching the end of their life require specialized care from registered nurses, especially palliative care nurses who are knowledgeable and equipped in this field. A hospice nurse or a palliative care nurse offers care for terminal patients when recovery is no longer feasible. They might perform home visits for the patient or work at a hospice facility. Palliative care nurses help patients and their families feel less pain by determining their physical, psychological, and spiritual requirements. Families' unique needs, which include a supporting team, professional counseling, training in communication skills, and culturally particular requirements, are regarded to be crucial for providing adequate palliative care. In order to significantly enhance their capabilities and working circumstances, it is crucial to understand and address the requirements of nurses. This will not only have an influence on the nurses themselves but also the patient population as a whole via the quality of care provided.

Objectives of the Study - This study aims to determine the level of competency in palliative care nursing in preparation for nurse certification of the DOH. Specifically, this study aims to determine the demographic profile of the respondents in relation to the following: age by generation, highest educational attainment, and acquired training in both palliative care and geriatric nursing. In addition, this study will determine the required competency in palliative care in terms of knowledge, skills, attitude, and spiritual care of nurses; and this study will also determine the knowledge, skills, attitude and spiritual care on palliative care of elderly patients with age of 59 to 95 years old. Based on the results, a framework will be developed to intensify the certification program for nurses.

Theoretical Framework - The study's most important component is Benner's theory. The nursing profession presently uses the novice to expert model, sometimes referred to as Benner's phases of clinical competence, which was developed via the research and theory works of Patricia Benner. Based on the Dreyfus model of competency development, Benner's work as it relates to the nursing profession. According to this nursing theory, skilled nurses gain their knowledge of patient care through time through a suitable educational foundation and a range of experiences that provide them increased proficiency in dealing with patients. (nursing-theory.org, 2023). One can gain information and skills ("knowing how") without ever studying the theory ("knowing that"), according to Dr. Benner's thesis, which focuses less on how to become a nurse and more on how nurses acquire knowledge. Her research was based on the Dreyfus model of skill development.

Based on studies of chess players, air force pilots, army commanders, and tank drivers, the Dreyfus model

was developed by brothers Stuart and Hubert Dreyfus. The Dreyfus brothers held that learning is situational and experiential (learning via experience), and that a student must progress through five very diverse learning stages before becoming an expert. Selected research participants were at the advanced beginning, competent, and proficient levels in their development of palliative care abilities. Because the nurse has prior experience in particular circumstances, they exhibit relatively acceptable performance as an advanced beginner. Although the nurse is proficient and effective in several areas of her work, she occasionally need encouragement. The nurse exhibits competence if she has spent the last two or three years in the same or comparable circumstances. The nurse is able to display effectiveness, coordination, and a certain amount of self-assurance in their acts. For a competent nurse, a plan offers a perspective, and a plan built on thoughtful aware, abstract, analytical examination of competency promotes efficiency and organization. Without giving encouraging cues, nursing care is given in an acceptable amount of time.

Figure 1. Benner's theory

A competent nurse views circumstances as a totality rather than as a collection of separate elements. Competent nurses are aware of a situation's significance in terms of long-term objectives. The skilled nurse gains knowledge through experience about the normal occurrences to anticipate in each circumstance and how to adjust plans in light of those events. When the anticipated usual picture does not appear, they may also tell. A holistic awareness helps competent nurses make better decisions because it makes it easier to see which of the various features and components that are present are the most crucial and appropriate for the given circumstance.

This theory is appropriate for this study because it allows different stages to depict the mobility and growth of nurses in the past, as well as their transition from abstract conceptions to tangible experiences. As these abstract ideas are enlarged by clinical experiences garnered through years of practice and study, each step builds on the one before it. As a result, this approach has altered public perceptions of what it means to be an expert in nursing. Expert nurses are no longer the ones with the best paying jobs, but the ones who deliver the most exquisite nursing care, according to this idea on the various degrees of nurses. (Nursing-theory.org, 2023).

Conceptual Framework - The conceptual framework that is described below highlights the independent and dependent variables, including the nurses' sociodemographic profile, which includes age, sex, greatest educational attainment, number of palliative care trainings, and years of hospital work experience. In contrast, the study's outcome variable, or palliative care competency, is broken down into five domains: knowledge, skills, attitude, and spiritual care. This refers to the nurse's competency in palliative care nursing and knowledge, skills, attitude,

and spiritual care on palliative care of elderly patients that will be measured using a questionnaire. The line that connects the boxes denotes the relationship between the variables, specifically, the variation in level of competency in palliative care nursing in terms of age, sex, highest educational attainment, number of trainings related to palliative care, and years of experience.

2. Methods

Research Design - The research utilized descriptive quantitative study. This will establish the level of knowledge that elderly patients have on palliative care as well as the competency of nurses who may be involved in providing it. The use of the descriptive survey questionnaire could indicate the gathering of information about the current situation and could be used to interpret the current situation by comparing their socio-demographic profile in terms of age, sex, highest educational attainment, number of trainings related to palliative care, and years of work experience in hospitals.

Participants of the Study - In order to collect the data, a whole population sample was employed. A total of 50 elderly patients hospitalized at Batangas Medical Center and 100 registered nurses from that facility participated in the research, with a 100% retrieval rate. Before distributing a letter of consent to the appropriate respondents, the study title, goals, and sample questionnaire were first given to the nursing director and the professional training research office of the Batangas Medical Center. The nurses and the elderly patients of the above hospital were informed of the purpose of the study and were made aware of privacy issues. They were also asked to sign an informed consent before participating in the survey.

Instrument of the Study - A descriptive questionnaire designed with Part 1 of which included the demographic profile of the respondents and Part 2 of the questionnaire was adapted from Palliative Care Providers' Self-Competence in Kenya developed by J Hosp Palliat Nurs in May 2017. Part II survey questionnaire measured self-assessment of clinical competence and in palliative care concerns. In this section clinical care describes all tasks performed by registered nurses such as patient assessment and management, and family interactions. A Likert scale was used for self- assessment of clinical competence (1–Need Further Basic Information, 2–Competent to perform with minimal supervision and coaching, 3–Competent to perform with the Medical Team consultation, 4 –Competent to perform independently).

Data Gathering Procedure - The first phase of data collection, questionnaires were distributed to nurses of different areas of the Batangas Medical Center who care for adult patients. The researcher used a purposive sample in this study, specifically the total population. The survey had a 95% response rate and received responses from 150 people in total. A hard copy of the questionnaire, which asked about the participants' practices in managing palliative care for adult patients, was sent to them along with information on the study's objectives. A precise coding, summary, and analysis of the data were performed. Questionnaires were distributed towards the 2nd week of December 2022. Responses were collected immediately until the last week of January 2023. Data collection was affected greatly by shifting duties of respondents, skeletal workforce implementation, vacation/ leaves, sick leaves and the Covid 19 precautions on Covid Wards.

Data Analysis - The study used descriptive statistics to summarize the sample and its characteristics. The frequency of the actual number of respondents who actually responded to a specific question or item on the questionnaire was employed in the study's descriptive statistical methodology. The quantity of checkmarks next to each category or item is also referred to. In order to give a more understandable and accurate interpretation, the weighted mean is also calculated by balancing the options differently. Quantitative findings were derived through a comprehensive analysis of the recorded replies to the questionnaire, which were tabulated. They were also used in the care of palliative patients and can be used to guide decision- making in changing practices in the clinical setting.

Ethical Consideration - The researchers used informed consent as preparation for administering the questionnaires. Informed consent was used to ask respondents for their consent to participate. In order for

participants to make a fully informed, deliberate, and free decision about whether or not to participate, without pressure or coercion, the researcher must provide them with enough information and assurances about their participation.

3. Results and discussion

Table 1

Competency Required in Palliative Care in Terms of Knowledge

Indicators	Mean		V.I		Rank	
3.1 Knowledge	**N**	**E**	**N**	**E**	**N**	**E**
1. Promote the need for palliative care for seriously ill patients and their families, from the time of diagnosis, as essential to quality care and an integral component of nursing care.	3.49	2.94	C	C	1	5
2.Demonstrate an understanding of the principles and philosophy of specialist palliative and end of life care as applied to people with advanced, progressive disease, and, influence practice to ensure this is embedded across all aspects of service delivery	3.45	2.58	C	C	4	8
3. Identify the dynamic changes in population demographics, health care economics, service delivery, care giving demands, and financial impact of serious illness on the patient and family that necessitate improved professional preparation for palliative care.	3.45	2.82	C	C	4	6
4. Demonstrate and understanding of the care needs of patients living with a range of advanced progressive life limiting conditions and liaise with relevant specialists to ensure the delivery of safe, effective care.	3.46	2.56	C	C	2	9
5. Utilize knowledge of holistic needs assessment to assess, plan, implement and evaluate the needs of patients with advanced, progressive diseases at all stages of their disease trajectory, in partnership with the multidisciplinary team.	3.4	2.44	C	AB	6.5	10
6. Demonstrate knowledge of symptom management and palliative care emergencies and apply appropriate clinical judgment to direct pharmacological and non-pharmacological interventions.	3.4	3.3	C	C	6.5	3
7. Use specialist knowledge and advanced communication skills to develop and enhance therapeutic relationships with the patient their families and those important to them, to sensitively assess and respond appropriately to the impact of the life limiting illness	3.33	2.62	C	C	9	7
8. Identify and manage risks and contribute to multi- professional and interagency discussions related to critical, serious and adverse incidents, and/or root cause analysis.	3.3	3.22	C	C	10	4
9. Maintain and develop knowledge and understanding of relevant policies and guidelines and collaborate with other members of the multi-professional team to implement them in own area of practice.	3.38	3.38	C	C	8	1.5
10. Evaluate patient and family outcomes from palliative care within the context of patient goals of care, national quality standards, and value.	3.45	3.38	C	C	4	1.5
Composite Mean	**3.41**	**2.92**	**C**	**C**		

Legend: 4.50-5.00 E- Expert; 3.50 – 4.49 – P-Proficient; 2.50 – 3.49 –C- Competent; 1.50 – 2.49 – AB-Advanced Beginner; 1.00 – 1.49 – N-Novice; V.I-verbal interpretation; N-Nurses; E-Elderly

As the population ages, more people are passing away following protracted illnesses from cancer, chronic respiratory infections, heart disease, and cerebrovascular diseases like stroke. Palliative care focuses on patients' and their families' needs as well as enhancing quality of life when a life- threatening illness is still in its early stages.

According to the nurse respondents, the promotion of the need for palliative care for seriously ill patients and their families, starting at the time of diagnosis, as a prerequisite for quality care and a crucial element of nursing care, ranks first. The ability to demonstrate that they comprehend the care demands of patients with a variety of advanced, progressive, life-limiting diseases and work with pertinent specialists to assure the delivery

of safe, effective care is ranked second in their competence. However, respondents are on Rank 4 of being competent based on their ability to demonstrate an understanding of the principles and philosophy of specialist palliative and end- of-life care as applied to patients with advanced, progressive disease, influence practice to ensure that this is incorporated into all aspects of service delivery, and identify dynamic changes in population demographics, health care economics, service delivery, care giving demands, and financial implications. In order to assess, plan, implement, and evaluate the needs of patients with advanced, progressive diseases at all stages of their disease trajectory, in collaboration with the multidisciplinary team, one must use knowledge of holistic needs assessment.

Additionally, one must demonstrate knowledge of symptom management and palliative care emergencies and use appropriate clinical judgment to direct pharmacological and non-pharmacological interventions. The ability to collaborate with other members of the multi- professional team to execute pertinent policies and guidelines in one's area of practice is what earns one a rank of 8 for competence in this area. In order to build and improve therapeutic relationships with patients, their families, and others who are essential to them, rank 9 practitioners must apply specialized knowledge and advanced communication skills. They must also compassionately analyze the impact of the patient's life-limiting condition and take necessary action. The respondents' ability to identify risks, manage them, and contribute to multi-professional and interagency talks about critical, serious, and unfavorable situations as well as root cause analysis makes up the final 10th percentile of their competence in terms of knowledge in palliative care.

On the other hand, the composite mean of 2.92 can be used to infer that the elderly respondents had enough understanding of palliative care. The two items with the highest weighted means of 3.38, which indicate competence, are that they evaluate patient and family outcomes from palliative care within the context of patient goals of care, national quality standards, and value, and they maintain and develop knowledge and understanding of relevant policies and guidelines and collaborate with other members of the multi-professional team to implement them in own area of practice. A weighted mean of 2.94 was nevertheless regarded as "competent" and were placed fifth for promoting the need for palliative care for very ill patients and their families from the time of diagnosis as being crucial to quality treatment and a crucial part of nursing care. The fact that they partner with the multidisciplinary team to assess, plan, implement, and evaluate the needs of patients with advanced, progressive diseases at all stages of their disease trajectory, while also using their knowledge of holistic needs assessment, indicates that they are an advanced beginner with a weighted mean of 2.44.

Comparing the nurse’s and the elderly patient's ratings in terms of the nurses’ knowledge on palliative care shows that they were generally “competent” as indicated by the composite means of 3.41 and 2.92, respectively. Although there could have been a 0.49 difference on their ratings, they still fall on the same bracket. The nurses could look on their knowledge indicators on which they had high ratings and seemed of lower assessment for the elderly patients. Utilizing knowledge of holistic needs assessment to assess, plan, implement and evaluate the needs of patients with advanced, progressive diseases at all stages of their disease trajectory, in partnership with the multidisciplinary team had the highest difference of 0.93 from the ratings of the nurses at 3.4 which is interpreted as competent compared to the elderly patients’ rating at 2.58 which they perceived as advanced beginner. They could also look into the knowledge indicator, demonstrating an understanding of the principles and philosophy of specialist palliative and end of life care as applied to people with advanced, progressive disease, and, influence practice to ensure this is embedded across all aspects of service delivery, since the ratings of nurses and elderly patients both being competent at 3.45 and 2.58, respectively, yet with a difference of 0.87.

According to the Spanish Society of Palliative Care, a specialist palliative care nurse maintains, develops, and analyzes their knowledge of the appropriate scope of practice, including pertinent assessment, treatments, and care interventions, to make professional decisions in order to meet the needs of patients, their families/caregivers, and those who are important to them for palliative and end-of-life care and based on Ahmed et al. (2020), to assist older people in their local communities, Saudi Arabians must be knowledgeable about palliative care. To make effective use of this profession's services, the general public should have at least a basic understanding of it.

Though it may not always be embraced, palliative care is beneficial to the community on many levels. To construct a well-respected healthcare system, communities must comprehend the core, basic concepts of palliative care.

Education has a significant impact on health care personnel' knowledge, which serves as the foundation for enhanced clinical practice. The value of interdisciplinary collaboration in the delivery of palliative care services cannot be overstated. Nurses are recognized as second only to physicians in the medical profession due to their critical role in providing palliative care and their commitment for patients with life-limiting and/or life-threatening illnesses. However, a variety of elements influence how competent nurses execute in their roles as medical experts in a palliative care setting. Additionally, they thought that nurses could be injured by life reviews if they listened to another person's life story. The participants did agree, however, that life review might, with the proper training, be a useful intervention in palliative care. Nurses lack of knowledge and misunderstanding about palliative care. As a result, all nurses working for government hospitals must complete their foundational training. The fundamentals of symptom management and palliative care must be covered in detail in this course. (Journal of Hospice & Palliative Nursing, 2014).

The nurse respondent's competency in skills with a rank of 1.5 includes advocating for the rights of patients, their families/careers, and those close to them within the care environment and recognizing the influences of power, control, and conflict. She also assists the patient, family, informal caregivers, and professional colleagues in coping with and building resilience for dealing with suffering, grief, loss, and bereavement associated with serious illness. The ability to effectively and compassionately educate patients, families, healthcare professionals, and the general public about palliative care issues earns them the rating of 3.

Recognizing the need for consultation for complex patient and family requirements is rank four. Assessing, planning, and treating patients' physical, psychological, social, and spiritual requirements to enhance quality of life for patients with serious illnesses and their families is listed as one of their top five competencies. Rank 6 is responsible for tracking, assessing, and changing care based on patient-specific outcomes. Rank 7 involves employing reliable, standardized assessment instruments along with skilled clinical examination and interviewing techniques to conduct a thorough assessment of the pain and symptoms typical of serious disease. The application of self-care techniques to enable coping with pain, loss, moral discomfort, and compassion fatigue is on the rank 8 of skills. To execute a thorough and methodical patient-centered holistic evaluation utilizing appropriate tools/frameworks, taking into consideration physical, psychological, social, cultural, spiritual, and environmental aspects, comes in at rank 9 in their competency on skills in palliative care. Ranking 10 comes in last with identification and management of risks and contribution to multi-professional and interagency talks about critical, serious, and adverse incidents and/or root cause analysis.

Based on the patient respondents' assessment, nurses had adequate palliative care abilities, as shown by the composite mean of 3.42. With a weighted mean of 3.62, the most important factor was that they effectively and compassionately communicate and educate patients, families, healthcare professionals, and the general public about palliative care issues. Next in line, they evaluated two abilities with equal ratings: the first is that they help patients, families, informal caregivers, and professional coworkers deal with and develop resilience for dealing with suffering, grief, loss, and bereavement associated with serious illness; the other ability is that they recognize the need to seek consultation (from, for example, advanced practice nursing specialists, specialty palliative care teams, ethics consultants, etc.) for complex patient cases. However, identifying and managing risks as well as participating in multi- professional and interagency talks about critical, serious, and adverse situations as well as root cause analysis. Despite receiving the lowest evaluation, with a weighted mean of 3.26, he was nonetheless considered "competent."

As observed from the table, both nurses and the elderly patients assessed the nurses as competent in terms of their skills in palliative care with composite means of 4.48 and 3.42, correspondingly. It is also good to note that they have similar assessments as to which indicators the patients observed the nurses as proficient and competent. In addition, both rated above 3.0 and very minimal difference compared to their knowledge assessment in Table 3.

The maximum difference was 0.11 for indicators 1 and 9. Those are, performing a comprehensive assessment of pain and symptoms common in serious illness, using valid, standardized assessment tools and strong interviewing and clinical examination skills and that they advocate for the rights of patient their families/carers and those important to them within the care environment and recognize the influences of power, control and conflict.

Table 2

Competency Required in Palliative Care in Terms of Skills

Indicators	Mean		V.I		Rank	
3.2 Skills	**N**	**E**	**N**	**E**	**N**	**E**
1. Perform a comprehensive assessment of pain and symptoms common in serious illness, using valid, standardized assessment tools and strong interviewing and clinical examination skills.	3.45	3.34	C	C	7	7
2. Complete a comprehensive and systematic patient-centered holistic assessment using relevant tools/frameworks, taking into account physical, psychological, social, cultural, spiritual and environmental aspects	3.36	3.30	C	C	9	9
3. Identify and manage risks and contribute to multi-professional and interagency discussions related to critical, serious and adverse incidents, and/or root cause analysis.	3.34	3.26	C	C	10	10
4. Assess, plan, and treat patients' physical, psychological, social and spiritual needs to improve quality of life for patients with serious illness and their families.	3.48	3.38	C	C	5	6
5. Implement self-care strategies to support coping with suffering, loss, moral distress and compassion fatigue.	3.39	3.32	C	C	8	8
6. Assist the patient, family, informal caregivers, and professional colleagues to cope with and build resilience for dealing with suffering, grief, loss and bereavement associated with serious illness.	3.61	3.52	P	P	1.5	2.5
7. Recognize the need to seek consultation (i.e. from advanced practice nursing specialists, specialty palliative care teams, ethics consultants, etc.) for complex patient and family needs	3.53	3.52	P	P	4	2.5
8. Monitor and evaluate all interventions and modify care in response to patient specific outcomes.	3.46	3.4	C	C	6	5
9. Advocate for the rights of patient their families/carers and those important to them within the care environment and recognize the influences of power, control and conflict.	3.61	3.5	P	P	1.5	4
10. Educate and communicate effectively and compassionately with the patient, family, health care team members, and the public about palliative care issues.	3.6	3.62	P	P	3	1
Composite Mean	**3.48**	**3.42**	**C**	**C**		

Legend: 4.50-5.00 E- Expert; 3.50 – 4.49 – P-Proficient; 2.50 – 3.49 –C- Competent; 1.50 – 2.49 – AB-Advanced Beginner;1.00 – 1.49 – N-Novice; V.I-verbal interpretation; N-Nurses; E-Elderly

The review found that a nurse's role in palliative care is fundamentally based on the principles of nursing care. To provide patients with life-threatening illnesses and their families with individualized palliative care, nurses must possess a solid awareness of the nursing essentials. The competencies are focused on early recognition and assessment of the needs of the patient with a life-threatening illness, the provision of appropriate care based on the patient's individual needs, and the maintenance of quality of life, i.e., by attending to the patient's physical, psychological, social, and spiritual needs, as well as by communicating and cooperating with the patient, significant caregivers, and the various professional groups involved. The ability to deal with loss, sadness, and grieving has been added to the list of fundamental skills in order to improve the moral and proper palliative care provided to patients and their caregivers (*BMC Medical Education,* 2021).

Instead than concentrating on specific duties like vital signs, medicines, and interventions, palliative care nurses instead prioritize comfort, symptom control, and support. Many nurses who provide palliative care face the challenge of developing a consistent paradigm that reflects compassionate, individualized care regardless of

setting. Palliative care requires a high level of critical thinking, improved mental function, and the ability to employ complex palliative care techniques. Palliative care patients and their loved ones regularly struggle with serious illnesses at the end of life and passing.

According to the findings in the table 3, nurses had a competent attitude when providing palliative care as indicated by the composite mean of 3.37. The respondents' acceptance of personal responsibility for career development and the upkeep of professional credibility and competence is ranked first. Obtaining and displaying respect for the patient's and family's beliefs, preferences, care objectives, and shared decision-making during a serious illness and at the end of life is ranked number two. Their stance on fostering an effective learning environment to support the professional development of staff and students, showing respect for patients' and their families' cultural, spiritual, and other forms of diversity when providing palliative care services, and preserving patients' comfort and dignity up until death are ranked fourth.

Rank 6 entails participation in clinical supervision, reflective practice, and self-evaluation with the goal of using these to enhance care and practice; rank 7 entails providing competent, compassionate, and culturally appropriate care for patients and their families from the time of a serious illness diagnosis until the end of life. To oversee and help others within the parameters of each person's function, competence, and capability is the respondent's eighth- ranked attitude in terms of palliative care. Participation in professional or therapeutic forums, as well as the encouragement of enduring relationships, was ranked ninth. The attitude toward recognizing, putting into practice, and effectively communicating current state and federal legal rules pertinent to the care of patients with serious illnesses and their families comes in at number 10 on the list.

The composite mean of 3.04 indicates that the patient respondents assessed the nurses as competent also in palliative care in terms of attitude. With a weighted mean of 3.88, they were proficient at eliciting and displaying respect for the patient's and family's values, preferences, care objectives, and shared decision-making during serious illness and at the end of life. With a weighted mean of 3.76, they were also skilled at supporting and supervising others within the parameters of each individual's position, competence, and capability. With a weighted mean of 2.96, they were skilled in it and ranked fifth on the list in terms of attitude. They provide competent, compassionate, and culturally sensitive treatment for patients and their families from the time of a serious disease' diagnosis through the end of life. However, embracing personal responsibility for professional growth and the preservation of competence was still regarded as "competent" despite placing last with a weighted mean of 2.62.

As seen from the table, both nurses and the elderly respondents assessed the nurses as competent in terms of attitude, though their ratings had a difference of 0.66, 3.73 as to nurses' assessment which for them is already proficient yet 3.07 as to the patients' assessment which fall to being competent. There are clearly conflicts in their assessment of their attitudes as to what their patients experienced. The nurses rated themselves proficient on 8 indicators of which are considered competent as to their patients' assessment. The highest difference of 1.22 was noted on indicator 2, that is, accepting personal responsibility for professional development and the maintenance of professional competence and credibility wherein the nurses rated themselves of a mean of 3.84 while the patients rated the nurses with a mean of 2.62. The nurse also has 1.08 higher assessments on facilitating an effective learning environment to support the professional development of staff and students with an average of 3.78 compared to the patients' assessment of 2.62. However, both groups of respondents rated the nurses both proficient on indicators 1 and 8. These are, eliciting and demonstrating respect for the patient and family values, preferences, goals of care, and shared decision- making during serious illness and at end of life, as well as, supervising and supporting others within the scope of each individual's role, competence and capability.

Table 3

Competency Required in Palliative Care in Terms of Attitude

Indicators	Mean		V.I		Rank	
3.3 Attitude	**N**	**E**	**N**	**E**	**N**	**E**
1. Elicit and demonstrate respect for the patient and family values, preferences, goals of care, and shared decision-making during serious illness and at end of life.	3.83	3.88	P	P	2	1
2. Accept personal responsibility for professional development and the maintenance of professional competence and credibility	3.84	2.62	P	C	1	10
3. Facilitate an effective learning environment to support the professional development of staff and students	3.78	2.7	P	C	4	9
4. Engage in clinical supervision, reflective practice and self-evaluation and use this to improve care and practice.	3.73	2.72	P	C	6	8
5.Participate in clinical forums or professional groups and facilitate sustainable partnerships	3.64	2.78	P	C	9	7
6. Know, apply, and effectively communicate current state and federal legal guidelines relevant to the care of patients with serious illness and their families.	3.55	2.86	P	C	10	6
7. Provide competent, compassionate and culturally sensitive care for patients and their families at the time of diagnosis of a serious illness through the end of life.	3.7	2.96	P	C	7	5
8. Supervise and support others within the scope of each individual's role, competence and capability	3.68	3.76	P	P	8	2
9. Demonstrate respect for cultural, spiritual and other forms of diversity for patients and their families in the provision of palliative care services.	3.78	3.06	P	C	4	3
10. Maintaining comfort and dignity of patient until death.	3.78	3.04	P	C	4	4
Composite Mean	**3.73**	**3.07**	**P**	**C**		

Legend: 4.50-5.00 E- Expert; 3.50 – 4.49 – P-Proficient; 2.50 – 3.49 –C- Competent; 1.50 – 2.49 – AB-Advanced Beginner; 1.00 – 1.49 – N-Novice; V.I-verbal interpretation; N-Nurses; E-Elderly

The nursing skills necessary to care for these patients are holistic; such care may include, for example, the treatment of pain, nausea, and constipation; the management of anxiety, depression, and agitation caring for the patient's loved ones; and identifying spiritual distress. Additionally, it has been demonstrated that end-of-life patients have a particularly strong need for occupational therapy and Nambayan, et. al., (2015) in which every Filipino's life and death are significantly influenced by their culture, customs, beliefs, and religion. The family is also crucial and plays a big role, especially when making healthcare decisions. Families typically take an active role in providing for their loved ones who are dying, and healthcare professionals are also expected to act in a similar manner. These are the hospice and palliative care advocates who, despite all the obstacles, work tirelessly to raise the quality of life and instill a sense of dignity in their patients. Nursing standards require complete and compassionate care for the terminally ill. This includes preparing families for imminent mortality and letting them know about it. Nurses should collaborate. Medical staff members are present to aid the patient and family and ensure effective symptom management. Nurses and other healthcare professionals have a duty to design decision-making procedures that consider physiologic realities, patient preferences, and knowledge of what may or may not be achieved clinically. Setting care goals for this patient at this time may provide a starting point for discussing the type of care that should be provided. Collaboration with decision-making specialists, such as palliative care teams or ethics committees, is a typical component of this approach. (ANA Center for Ethics and Human Rights, 2016)

In terms of spirituality in palliative care, the nurse respondents demonstrate proficiency. Sources of hope and strength are investigated in order of importance, starting with the immediate environment and connections. Rank 2 examines the connection between spirituality and health and tackles existential themes like the patient's worries or future goals. While rank 3 entails providing competent, compassionate, and culturally sensitive care to patients

and their families from the time a serious illness is identified until death. The fourth ranking, are they religious practices, examines how a patient's capacity to follow their religion may be impacted by their disease. The respondent's perspective on acknowledging one's own ethical, cultural, and spiritual values and beliefs on serious illness and death and applying ethical principles to the care of seriously sick patients and their families received a rating of 5.5. While rank 8 takes care of a terminally ill patient's spiritual needs, rank 7 provides a support network to assist people live as fully as they can until death. Using the theories of loss, grief, and bereavement to assess and properly support those experiencing loss and grief, including complicated grief, and bereavement in specialized palliative and end-of-life care comes in at rank 10, along with demonstrating a professional duty of care for the patient's body after death, respecting any wishes expressed by the family, and taking into account any legal, cultural, religious, or health and safety requirements.

Table 4

Competency Required in Palliative Care in Terms of Spiritual

Indicators	Mean		V.I		Rank	
3.4 Spiritual	**N**	**E**	**N**	**E**	**N**	**E**
1. Recognize one's own ethical, cultural and spiritual values and beliefs about serious illness and death.	3.71	3.14	P	C	5.5	2
2. Apply ethical principles in the care of patients with serious illness and their families.	3.71	3.12	P	C	5.5	3.5
3. Provide competent, compassionate and culturally sensitive care for patients and their families at the time of diagnosis of a serious illness through the end of life.	3.75	3.08	P	C	3	7
4. Use the theories of loss, grief and bereavement to assess and appropriately support those facing loss and grief, including complicated grief, and bereavement in specialist palliative and end of life care.	3.51	2.84	P	C	10	10
5. Demonstrate professional duty of care for the patient's body after death, respecting any wishes expressed by the family, taking into account any legal, cultural, religious or health and safety requirements.	3.67	3.12	P	C	9	3.5
6. Sources of hope and strength, investigates sources of support, particularly surrounding people and relationships.	3.82	3.02	P	C	1	8
7. Religious practices, reviews the impact that an illness might have on the patient's ability to maintain religious practices.	3.72	3.1	P	C	4	5.5
8. Relationship between spiritual beliefs and health, explores existential issues such as the patient's concerns or vision for the future.	3.78	2.9	P	C	2	9
9. Offering a support system to help patients live as actively as possible until death	3.7	3.34	P	C	7	1
10. Addressing the spiritual needs of a terminally ill patient.	3.69	3.1	P	C	8	5.5
Composite Mean	**3.71**	**3.08**	**P**	**C**		

Legend: 4.50-5.00 E- Expert; 3.50 – 4.49 – P-Proficient; 2.50 – 3.49 –C- Competent; 1.50 – 2.49 –AB-Advanced Beginner; 1.00 – 1.49 – N-Novice; V.I-verbal interpretation; N-Nurses; E-Elderly

With a composite mean of 3.08, patient respondents assessed the nurses as competent in all aspects of spiritual palliative care. The most important factor was accepting one's own ethical, cultural, and spiritual values and opinions regarding serious sickness and death, with a weighted mean of 3.14, followed by providing a support network to help patients be as active as possible until death, with a weighted mean of 3.34. However, while providing specialized palliative and end-of-life care, employ the theories of loss, sorrow, and bereavement to diagnose and properly support persons going through loss and grief, particularly difficult grief, and bereavement.

It can be easily gleaned from the table that both nurses and patients had totally different assessments on the nurses' spirituality. The nurses assessed themselves as proficient while the elderly respondents assessed the nurses as competent in all aspects with 3.71 and 3.08 composite means, subsequently. The highest difference that is 0.88, incurred was on indicator 8 that states that the relationship between spiritual beliefs and health, explores

existential issues such as the patient's concerns or vision for the future which the nurses had an average of 3.78 while the patients resulted to an average of 2.9. A 0.80 difference was also noted on indicator 6 that is, Sources of hope and strength, investigates sources of support, particularly surrounding people and relationships. Generally, the nurses must look into all aspects since their assessment of themselves were not as to the level of what their patients experienced.

In a few of multi-professional seminars in the US and the UK, but not often in nursing practice, spirituality is portrayed as the search for meaning in life. This viewpoint holds that all patients, regardless of whether they identify as religious or not, are spiritual in that they are concerned about the meaning of their lives, and because everyone shares these concerns, regardless of religion, every member of the palliative care team can provide spiritual support. Even if some of its proponents wish to distinguish between spiritual care and socio-psycho emotional care, it can be difficult to do so. The distinction between spiritual care and religion is a topic that is debated more frequently in the UK than in less secular countries, and by authors in the nursing area than in the pastoral care sector. Palliative Medicine (2002) in which understanding a person's reaction to illness requires an understanding of the complex interplay between biological, social, psychological, and spiritual factors. This method acknowledges that relationships, including interactions between the patient and himself or herself, others in the patient's immediate environment, and relationships within the larger community, must also be taken into account for health care to be effective. The interaction between the doctor and the patient must be considered. All of these components enable the unique story of each patient. It can be useful to hear the patient's account of how he or she responded to and understood their illness. Patients with terminal illnesses and the people who cared for them were invited to share their lived experiences with spirituality and their participation in the spiritual life as part of this phenomenological study. It provided evidence of the numerous benefits that can result from exploring spirituality.

Based on the results of a recent study, a framework has been developed to intensify the certification program for nurses. The study found that nurses who are certified in palliative care have a better understanding of the needs of patients and families, and they are better equipped to provide compassionate and quality care. To become a certified palliative care nurse, individuals must a licensing exam. They must also have at least one year of clinical experience working in a general ward, an intensive care unit, coronary care unit, or with patients who are terminally ill.

The study found that the following competencies are essential for nurses working in palliative care; Understanding of palliative care principles and practices, including the capacity to interact with patients, families, and other healthcare professionals effectively, the capacity to offer patients and families emotional and spiritual support, the capacity to control pain and other symptoms, and the capacity to coordinate care across settings. Additionally, the study discovered that active listening, problem-solving; teamwork, compassion, and resilience are crucial abilities for nurses working in palliative care. The study concluded that the certification program for nurses should be intensified to ensure that all nurses who provide palliative care have the knowledge, skills, and competencies necessary to provide high-quality care to patients and families. There are several advantages to getting ethical, professional, and thorough palliative care. Patients and their family gain from better quality of life, less stress, and better coping mechanisms. The type of treatment delivered also has a favorable effect on the medical workers who deliver it. A career in palliative care may be satisfying and gratifying, but it can also be difficult. For all medical personnel who work with patients and families who need palliative care, training and support are essential.

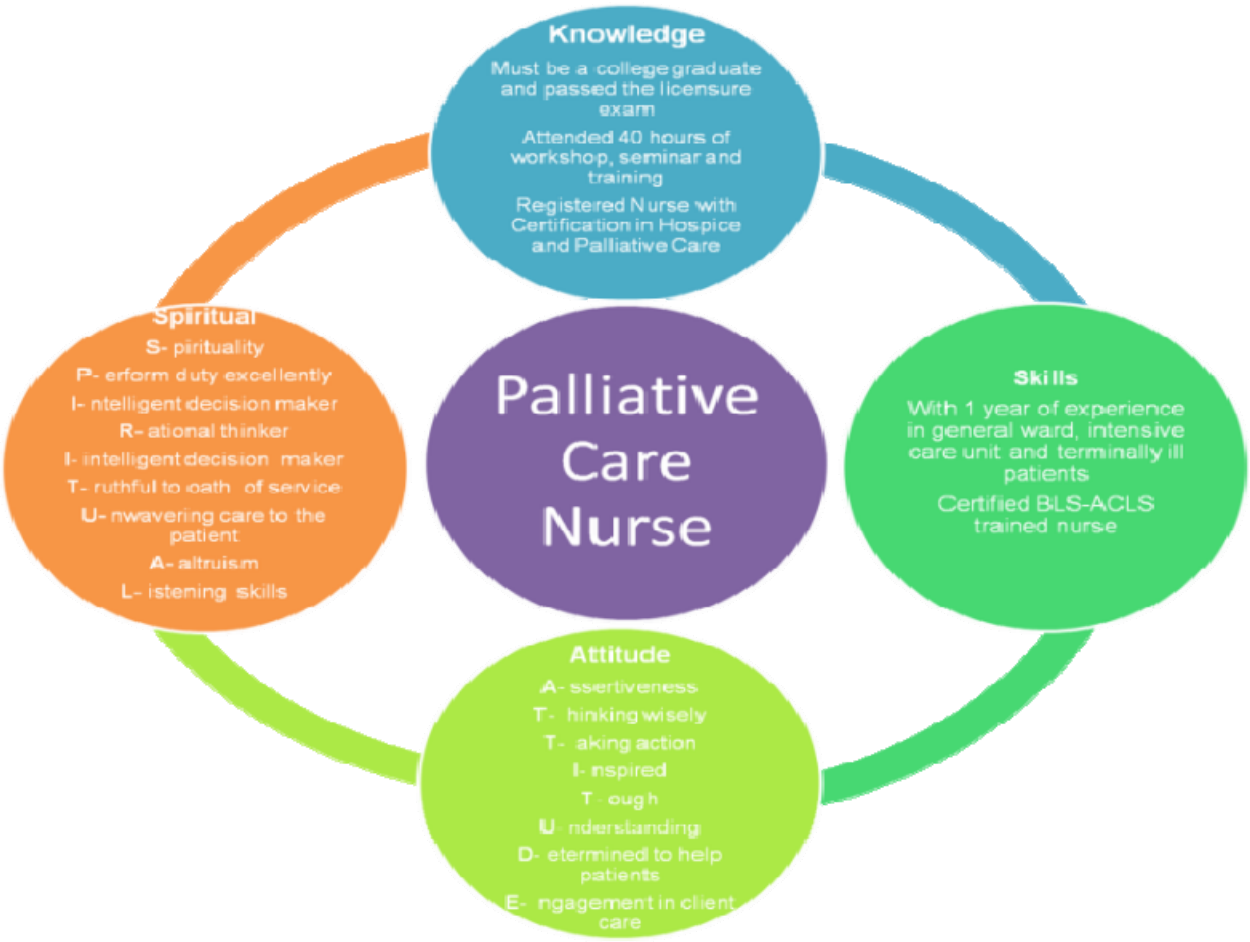

Figure 3. Palliative Care Nurse

4. Conclusion and recommendation

In conclusion, this study examined the demographic characteristics of nurses who care for elderly patients. The findings indicated that women make up the majority of nurses, particularly those from Generation X, college graduates, and registered nurses. Most of the nurses lacked credentials of formal education in palliative and geriatric care. Nurses who care for elderly patients should receive additional training and education, since this would enable them to better understand their requirements and give the best care possible. The findings of this study revealed a substantial difference in the level of palliative nursing care competences among nurses who were divided into groups based on their age, sex, and marital status, level of education, plantilla position, and possession of certifications in geriatric and palliative care. Nurses with various plantilla positions were found to have the most significant differences. Higher plantilla positions increased the possibility that nurses would possess the knowledge, abilities, attitudes, and spirituality necessary to provide excellent palliative care. The findings of this study indicate that responding nurses are knowledgeable and skilled in providing palliative care. They can promote the importance of palliative care for critically ill patients and their families from the moment of diagnosis and can fight for the rights of patients, families, and carers. They are also able to identify the impacts of power, control, and conflict in the healthcare setting, which suggests that nurses are well-suited to offer patients and their families' high-quality palliative care.

The ability of nurses to offer palliative care is crucial since it is a vital part of healthcare. The outcome demonstrates that nurses are capable of giving patients and their families the finest care possible. In terms of attitude and spirituality, the respondents were skilled nurses. They had a favorable attitude toward taking personal accountability for professional growth and the upkeep of professional competence and credibility. They also showed a deep spiritual basis, relying on sources of courage and hope and looking into other people

and connections for assistance. The difficulties of their career, both professionally and personally, can be successfully met by nurses. The results indicate that a framework will be developed to improve the certification program for nurses by strengthening the standards for passing the licensure exam to become a palliative care nurse. Palliative care nurses do not need to be certified; rather, it is a sign of dedication to and expertise in a particular field. For palliative care nurses, a minimum of one year of clinical experience on a general ward, an intensive care unit, or with patients who are terminally ill is necessary.

Based on the conclusion drawn and discussed, the following recommendations are hereby given. The study determined that nurses' knowledge of palliative nursing care and their expertise, attitude, and spirituality are their sole areas of proficiency. The study also demonstrates that elderly patients only exhibit the knowledge, abilities, attitude, and spirituality necessary for providing palliative care, indicating that these patients have not yet received the nursing care they need. This indicates that in order to provide quality medical treatment for palliative patients, particularly senior patients, palliative nursing care in the Batangas Medical Center needs key skills and expertise on palliative nursing care through a specific orientation or seminar on palliative care. The Batangas Medical Center's newly recruited nurses must take a palliative care nursing course as part of their orientation in order to improve their knowledge, skills, and attitude about treating palliative conditions. The Department of Health's nurse certification programs are required for all nurses working at the BMC to get training in palliative nursing care. This training aims to improve nurses' attitudes and spirituality as well as their knowledge and abilities in this field. DOH Trained nurses in Palliative Care nursing of the Batangas Medical Center must facilitate and conduct seminars and trainings on chosen nurses of the Batangas Medical Center preferably nurses on a managerial position to ensure dissemination of their knowledge, skills, attitude and spiritual care and to be able to deliver a comprehensive approach in assisting palliative patients to their subordinates. A palliative care orientation is required for nursing students who will affiliate in Batangas Medical Center, in particular for elderly patients to make sure that the particular patients and their family are handled and cared for properly.

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