



PALLIATIVE CARE COMPETENCE OF NURSING FACULTY IN NURSING SCHOOLS OF REGION VII

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Abstract: This study was conducted to determine the competence of nursing faculty in palliative care as a basis for developing a faculty enhancement program. Using a descriptive correlational approach, the study examined the competence of 113 nursing faculty from the following schools in the provinces of Cebu, Bohol, and Negros Oriental in Region VII: Cebu Doctors' University, University of Cebu-Banilad, Southwestern University PHINMA, Cebu Normal University, Cebu Institute of Technology-University, University of Southern Philippines Foundation, Holy Name University, University of Bohol, Mater Dei College, and Silliman University. The Palliative Care Competence Framework served as the tool to assess competence levels across six domains: Principles of Palliative Care; Communication; Optimizing Comfort and Quality of Life; Care Planning and Collaborative Practice; Loss, Grief and Bereavement; and Professional and Ethical Practice in the Context of Palliative Care. Scores below the median indicate low level of competence while scores equal to or above the median indicate high level of competence. The findings revealed that nursing faculty in the selected schools in Region VII demonstrated high level of competence in palliative care.

Keywords: Palliative care competence, palliative care competence framework, Region VII nursing faculty, nursing faculty competence in palliative care

I. INTRODUCTION

When care is provided to a patient diagnosed with a debilitating medical condition, such as terminal cancer, severe fatal infection, or advanced age, coupled with underlying chronic diseases of the heart, lungs, and other major organs of the body, or cases in which the disease is thought to have no cure at all, a nurse would typically ask, "How can I best provide the most effective nursing caring care to my patient at this very sensitive and emotional moment of his life and to the rest of the family?" This conundrum leads the nurse to reflect and examine one's understanding, knowledge, and the basic competence in one of the emerging practices and specializations in the healthcare industry today called Palliative Care.

The World Health Organization (WHO, n.d.) defines palliative care as an "approach that improves the quality of life of individuals and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual". This involves collaboration with other health care practitioners but because nursing as a profession provides direct, actual, and hands-on care among various clients across the lifespan, specific core competence should be properly examined and enhanced in order to provide a better opportunity for a more effective delivery of palliative care that

will hopefully benefit patients and their families during life-threatening conditions.

According to the Department of Health (DOH, 2015) Administrative Order No. 2015-0052, it is estimated that 80,000 new patients are diagnosed with cancer every year in the Philippines and more than 75% are in advanced stages and will need some pain relief and palliative care. With these data, there will certainly be a need for more nurses with basic and specialized competence in the field of palliative care. This is where the role of the nursing faculty would be very important as they continue to contribute to the education of nursing students, the next generation of the nursing workforce, in the hope of developing the beginning competence in the field of palliative care.

With the continuing developments going on around the globe—technology, migration, cultural adaptations, and more, the nursing faculty is expected to manifest a degree of readiness and competence as they supervise several learning experiences of nursing students. Providing nursing care to their clients during end of life stages, specifically in a hospital or community setting, requires palliative care in managing the signs and symptoms of patients diagnosed with life-threatening conditions.

Palliative care encompasses several domains that are necessary to be effective across all developmental stages and with multi-cultural orientation. Our basic understanding of the concept, communication styles and techniques, nursing care planning, and ethical considerations are some components that may require further enrichment. This is more than having to provide routine care to a patient admitted for any medical, surgical, or obstetric condition. The challenge is to have adequate knowledge, appropriate skills, and a positive attitude to be an effective giver of care most especially during these difficult times. A holistic care should include the biologic, psycho-social, and spiritual nature of man.

The questions are: How prepared are our nursing faculty for palliative care? What particular domain in palliative care are they good or weak at? The researcher would like to know more about this emerging trend in our health care system as more and more patients may require this modality of care. Also, the researcher believes that an in-depth assessment of the nursing faculty in this area can lead to an enhanced capacity as well as confidence in supervising the nursing students as they provide palliative care to their patients.

The researcher's experiences, both in the personal and professional dimensions, have also contributed to the interest in exploring the factors that can make a health care professional competent in times when a patient is in a situation whether to accept or not a life-threatening diagnosis, to perform a nursing procedure that may prolong life yet the suffering is completely evident, or when the time comes that the human body has now to separate from the human spirit. Such possibilities require a degree of competence with palliative care.

The researcher also believes that as a member of the academe, it is vital that we understand the changing dynamics of these times and to analyze more carefully the learning needs that our nursing faculty may have to help them become more effective in their responsibility to create more meaningful learning experiences for our nursing students, for them to appreciate more the profession, most especially in cultivating a compassionate and globally competent nursing care across the client's lifespan.

II. METHODOLOGY

A descriptive design was utilized to determine the competence of 113 nursing faculty members in teaching palliative care.

At the time of data collection, there were 10 Higher Education Institutions in Region VII providing the Bachelor of Science in Nursing program, specifically in Cebu, Bohol, and Negros Oriental. The aforementioned schools were: Cebu

Doctors' University, a private non-sectarian university located in Mandaue City, Cebu; University of Cebu-Banilad, a private university located in Banilad, Cebu City, Cebu; Southwestern University-PHINMA, a private university located along Urgello Street, Cebu City, Cebu; Cebu Normal University, a state university located along Osmeña Boulevard, Cebu City, Cebu; University of Southern Philippines Foundation, a private foundation and non-sectarian university located along Salinas Drive, Lahug, Cebu City, Cebu; Cebu Institute of Technology-University, a private university located along Natalio Bacalso Avenue, Cebu City, Cebu; Holy Name University, a Catholic university located in Tagbilaran City, Bohol; University of Bohol, a private university located in Tagbilaran City, Bohol; Mater Dei College, a private university located in Tubigon, Bohol; and Silliman University, a private university located in Dumaguete City, Negros Oriental.

Approval from the CDU Institutional Ethics Review Committee was granted for the implementation of the study. The request to conduct the study was granted by the Dean of the Graduate School of Cebu Doctors' University. The Deans of the Colleges of Nursing of all the identified universities also granted permission for their respective nursing faculty members to participate in the study. An exemption was made for Cebu Doctors' University since the researcher was the Dean of its College of Nursing. However, a formal letter request was forwarded to the Vice President for Academic Affairs of Cebu Doctors' University who granted permission for its nursing faculty to participate.

Respondents were selected through purposive sampling to ensure that only the full-time Nursing teachers who had supervised nursing students who cared for patients that required palliative care in the hospital or community were included in the study. All respondents provided their signed informed consents.

This study utilized the Palliative Care Competence Framework developed by Ryan et al. (2014). As an open-source framework, each domain of competence is defined by a statement. The domain statement remains similar with the respective level of the setting where palliative care is provided. The corresponding indicators outline the competences required by health care professionals in the context of their role and at the level at which palliative care is provided irrespective of care setting. There are six domains of competence, namely: Principles of Palliative Care (7 indicators); Communication (9 indicators); Optimizing Comfort and Quality of Life (8 indicators); Care Planning and Collaborative Practice (9 indicators); Loss, Grief and Bereavement (8 indicators); and Professional and Ethical Practice in the Context of Palliative Care (6 indicators).

The 47-item framework was constructed based on "Yes" or "No" remarks for each of the indicators within the domains of palliative care competence. Each domain of palliative care competence had been evaluated through face and content validity. The framework had been rated as appropriate by 105 practitioners and educational experts (Ryan et al., 2014). Each domain was scored through median split, wherein values above the median are categorized as "High competence" while values below the median are labeled as "Low competence".

The data used for this study were subjected to item analysis using frequency and percentage for the indicators of the Domains of Palliative Care Competence.

III. RESULTS AND DISCUSSION

Overall palliative care competence of the nursing faculty in the selected schools of Region VII revealed a median score of 23.5. The tables below present the item analysis of every domain and the corresponding median scores.

As shown in Table 1, the respondents' score for Principles of Palliative

Care Domain of Competence is 6.63 and is interpreted as high level of competence. This competence centers on the nursing faculty's understanding of the principles that govern the practice of palliative care. In items 1, 2, 3, and 5, the respondents scored a level of

competence above 90%. The findings of this study clearly show that these items best describe the respondent's foundation as to the theoretical information of conditions that may require palliative care.

Table 1. Item Analysis and Domain Score for Principles of Palliative Care Level of Nurses' Competence

Principles of Palliative Care Level of Competence As a health care professional you should:	Yes f (%)	No f (%)	Domain Score
<i>Understand and be able to describe the meaning of the term "life-threatening condition."</i>	113 (100%)	-	6.63 <i>High</i> <i>Competence</i>
<i>Understand and be able to apply the principles of palliative care that affirm life, offer people with life-limiting conditions a support system to help them live as actively as possible until death with optimal quality of life and help families cope during illness.</i>	108 (95.6%)	5 (4.4%)	
<i>Understand the significance of the physical, psychological, social and spiritual issues that affect people with life-limiting conditions and their families throughout the continuum of care.</i>	110 (97.3%)	3 (2.7%)	
<i>Demonstrate the ability to use the palliative care approach as early as is appropriate in order to facilitate person-centered practice that recognizes the concerns, goals, beliefs and culture of the person and her/his family.</i>	78 (69%)	35 (31%)	
<i>Provide empathetic care to individuals with life-limiting conditions and their families, with clear regard to the individuality of each person.</i>	108 (95.6%)	5 (4.4%)	
<i>Show a commitment to one's own continued professional development and learning and facilitate the learning and development of others, in order to improve care for those with life-limiting conditions and their families.</i>	108 (95.6%)	5 (4.4%)	
<i>Show a commitment to developing self-care strategies and to attending to any impact that working with people facing life-limiting conditions and their families may have on you.</i>	102 (90.3%)	11 (9.7%)	

With constant exposure to similar cases, it may most definitely create an automatic impulse that a life-threatening condition exists. It can also be attributed to the fact that in terms of theory, a great number of professional nursing courses provide an outline of diseases and conditions that are categorized as life-threatening in nature. Their educational background, wherein majority have Master's or even doctorate degrees, also includes courses that delve deeper into the conditions of patients and would provide a clearer understanding of conditions that may be life-threatening in nature. Items 6 and 7 recognize one's commitment to learn more and develop strategies that may work well with patients and their families towards a more acceptable care given the sensitivity and uniqueness of the situation. It is very noteworthy to know that such competence is

high among the nursing faculty as it is part of their responsibility for continuing personal and professional development to maintain a positive attribute.

Emergence of professional groups that cater to palliative care is also gaining some progress locally, nationally and internationally. These groups usually conduct seminars and conventions with Continuing Professional Development (CPD) units to allow health care professionals to be updated in this field of practice.

Item 4 describes the ability of the respondent to utilize palliative care appropriately given various variables, such as age, culture, and beliefs of the patient. It is in this particular item that a good number of respondents have found it challenging as it may require a better and deeper understanding of palliative care in order to be

most effective in specific situations. Meeting a patient’s individual needs can sometimes be a challenging task, but meeting a patient’s palliative care needs in the context of cultural diversity can even be more challenging for those unaccustomed to doing so. Research has shown that cultural knowledge and awareness in nursing is extremely important and as a result, the lack of it may cause deficits in practice and nurses may have ethnocentric and stereotyped attitudes toward patients (Mitchell & Jozwiak-Shields, 2017). While it is a fact that more foreigners are now residing in our country, this does not automatically make our nurses culturally

competent. There has to be meaningful experiences with them in the context of actual nursing care as well as to read further regarding their background as culture has so many intricacies that one needs to discover. Culture Care Theory of Diversity and Universality Theory by Leininger (1991, as cited in McFarland, 2008) presents such an assumption that different cultures perceive, know, and practice care in different ways, yet there are some commonalities about care among all cultures of the world. As nurses, the challenges of knowing, perceiving, and practicing care in the context of culture is definitely a continuing development.

Table 2. Item Analysis and Domain Score of Communication Level of Nurses’ Palliative Care Competence

Communication Level of Competence As a health care professional you should:	Yes f (%)	No f (%)	Domain Score
<i>Understand the essential role communication plays in palliative care.</i>	113 (100%)	-	8.33 <i>High</i> Competence
<i>Understand the different types of communication, e.g., verbal, non-verbal, visual, written, and interpersonal interaction (either one-to-one or with a group or team).</i>	113 (100%)	-	
<i>Demonstrate the ability to communicate effectively with the person with a life-limiting condition, their family and the interdisciplinary team in order to establish, maintain and conclude a therapeutic relationship.</i>	98 (86.7%)	15 (13.3%)	
<i>Demonstrate the ability to communicate effectively with individuals and families from diverse cultures and different backgrounds, using professional interpreters where necessary and/or assistive communication technology where necessary.</i>	93 (82.36%)	20 (17.7%)	
<i>Modify your own communication style to facilitate communication with individuals with a range of communication impairments or seek facilitation in this area if required.</i>	107 (94.7%)	6 (5.3%)	
<i>Understand the importance of using strategies that empower effective communication, e.g., active listening, plain language, appropriate tone, clarifying statements, inviting questions.</i>	110 (97.3%)	3 (2.7%)	
<i>Demonstrate an ability to be attentive to the person through careful listening to help the person and their family feel they have been heard.</i>	107 (94.7%)	6 (5.3%)	
<i>Support individuals (or parents in the case of children and minors) to make informed decisions regarding the level of information they wish to receive and want to share with their family.</i>	105 (92.9%)	8 (7.1%)	
<i>Act as an advocate for the person and their family to ensure appropriate and timely palliative care intervention.</i>	95 (84.1%)	18 (15.9%)	

As shown in Table 2, the Communication Domain of Competence score of 8.33 indicates that the level of communication was high. This domain of competence assesses the ability of the respondents to understand, utilize, and advocate appropriate communication styles in palliative care. When a health care

provider, particularly a nurse, relays sensitive information, such as vital signs that may point to the possibility of death, or presence of bleeding in operative sites that may be observable by the family, the process of transmitting the information takes a considerable amount of effort on the part of the nurse in order to maintain the psycho-

social integrity of the patient and the family. Items 1, 2, 5, and 6 assess the knowledge of the nursing faculty regarding the importance of communication in palliative care. The results yielded a high average score of 95%. This comes as no surprise as communication is a basic competence of a beginning nurse and is very much emphasized starting from the baccalaureate program and more so in graduate programs. Nursing as a profession entails a necessity to constantly interact with patients and their families, developing a better communication habit over time. From greeting the patient during morning rounds, endorsement to the incoming nurse as well as collaborating with other health care members, these may slowly yet surely move a nurse to have a considerable competence in communication. Considering also their years of teaching as nursing faculty members and experience as staff nurses, these interactions with students and patients in the clinical or other settings can also contribute to their high level of competence in communication.

Items 3, 4, and 7 look into the ability of the respondents to demonstrate appropriateness of effective communication in a variety of settings. The level of competence is also high at 88% on the average but is lower compared to the scores for knowledge they have with communication. In this area, the nursing faculty should be constantly exposed to critically-ill patients with cultural diversities for them to develop and become more adept at communication. One has to rather be a facilitator between the students and family to enhance the nursing students' interpersonal skills. The extent of one's experience as a nursing faculty plays a big role in developing one's own competence.

Items 8 and 9 deal with supporting and advocating communication in palliative

care. The result is also high with an average score of 88%. Nurses are also well-trained to be advocates as part of their responsibility to put the patient's interest and welfare first at all times. But this may present a challenge as being an advocate entails a superior amount of knowledge and experience. Advocacy is a contentious issue and there is continued debate as to whether a nurse can ever truly represent a patient's views and interests (Penn, 1994). To advocate in a situation wherein the patient seems likely to experience death is really challenging and thus may require a significant amount of training both in knowledge and skills to remain effective and still be caring. Also, the family members and even significant others like close relatives who may be in psychological pain brought about by the situation may need some degree of counselling that has to be appropriate in terms of approach and strategy that the nursing faculty has to consider.

Table 3 shows the Optimizing Comfort and Quality of Life Domain of Competence score of 7.30 and this indicates a high level of competence in this domain. This competence gives meaning to the role that comfort measures nurses can provide to the patient who is exhibiting signs and symptoms that can be related to life-threatening conditions and yet are able to maintain an optimum quality of life. Providing comfort measures to a patient considering the possibility of death can be challenging to the nurse. Comfort measures may cover physical dimensions like the therapeutic use of touch, being gentle with the use of injections, and in applying pressure to bleeding sites. Psycho-social and spiritual comfort measures are also provided to patients including counselling and pastoral care services.

Table 3. Item Analysis and Domain Score of Optimizing Comfort and Quality of Life Level of Nurses' Competence

Optimizing Comfort and Quality of Life Level of Competence	Yes f (%)	No f (%)	Domain Score
As a health care professional you should:			
<i>Understand the significance of anticipating and responding to the needs of people with life-limiting conditions and their families (e.g., physical, psychological, social and spiritual) in a proactive and timely manner.</i>	113 (100%)	-	7.30 High Competence
<i>Understand how the palliative care approach can enhance the assessment and management of symptoms.</i>	106 (93.8%)	7 (6.2%)	
<i>Exhibit an ability to apply a range of assessment tools to gather information.</i>	85 (75.2%)	28 (24.8%)	
<i>Evaluate non-complex interventions and propose alternative actions if deemed necessary.</i>	95 (84.1%)	18 (15.9%)	
<i>Recognize the importance and benefit of multidisciplinary working in optimizing comfort and enhancing the quality of life of the person with a life-limiting condition and her/his family.</i>	109 (96.5%)	4 (3.5%)	
<i>Recognize the ways in which people with life-limiting conditions and their families can be engaged in self-management of their condition.</i>	112 (99.10%)	1 (0.9%)	
<i>Demonstrate professional awareness of the scope of, and benefits of timely and appropriate access to specialist palliative care services.</i>	98 (86.7%)	15 (13.3%)	
<i>Make yourself aware of the uniqueness of a good death and facilitate the achievement of this as much as possible.</i>	107 (94.7%)	6 (5.3%)	

The nursing faculty has to remain considerate most especially in the use of words during conversations as well as the actions that go with them to be comforting and respectful with the patient. Items 1, 2, 5, 6, and 8 describe the competence in responding to the needs of the patient and family, its approach considering the multicultural facet, benefits of a multidisciplinary team, engagement of families in self-management, and self-awareness of a good death. This competence was rated high by the respondents. Since the nursing faculty provides nursing care mainly in the hospital setting, it is very possible to encounter circumstances that deal with life-threatening conditions. It begins with observing, then assisting, and hopefully performing nursing procedures that promote comfort to the family. Early exposure promotes more experiences and can therefore improve their competence. The respondent's educational background, years of teaching as nursing faculty, and years of experience as a staff nurse have embedded opportunities for more

knowledge, practice, and positive attitude which are important in relaying the message of optimizing comfort and quality of life to patients and their families.

Items 3, 4, and 7 deal with competence with the use of assessment tools, evaluation of care provided, and demonstrating awareness of specialist palliative care services. The respondents' average score is below 85%, lower than that of the other items in this domain. The nursing faculty may require further exposure to these assessment methods which are part of the nursing process. Exposure to variations in client-care according to age, development, culture, gender and spiritual orientation fosters the development of the skill. Johns Hopkins University Evidence-based Practice Center (2017) has conducted an assessment of tools used in palliative care and have identified 150 assessment tools addressing most domains of palliative care. Given this number of tools, it will therefore take a considerable amount of time to slowly integrate and demonstrate understanding and application of these assessment tools. A

nursing faculty is mostly involved not only in the clinical exposure of the nursing students but may also have other responsibilities, such as classroom teaching and research, thus, a limitation to the mastery of this competence can really exist. Another consideration is that in the nursing process,

assessment is just one part of the process. An overview to assessment is first established and then would move to other components, such as formulating nursing diagnosis, care planning, implementation, and evaluation.

Table 4. Item Analysis and Domain Score of Care Planning and Collaborative Practice Level of Nurses' Competence

Care Planning and Collaborative Practice Level of Competence	Yes f (%)	No f (%)	Domain Score
As a health care professional you should:			
<i>Recognize the impact of a life-limiting condition on the person and her/his family and be able to provide support in order to help the individual to adapt to the changes in her/his condition.</i>	111 (98.2%)	2 (1.8%)	8.11 High Competence
<i>Recognize the impact of a life-limiting condition on the person and her/his family's mental health and coping mechanisms and be able to provide support in order to help the individual to adapt to the bereavement and loss.</i>	110 (97.3%)	3 (2.7%)	
<i>Appreciate the roles, responsibilities and professional boundaries of individual members of the interdisciplinary team</i>	111 (98.2%)	2 (1.8%)	
<i>Understand the collaborative relationship between the person with life-limiting conditions, the health care professional, the family and all the other agents of care involved with the person and the family in order to develop an individualized and coherent plan of care to assist the person and the family to attain realistic goals and outcomes in all care settings</i>	107 (94.7%)	6 (5.3%)	
<i>Collaborate effectively with others as a member or leader of a multidisciplinary team.</i>	97 (85.8%)	16 (14.2%)	
<i>Identify priorities or concerns for the individual with a life-limiting condition and their carers, taking account of the individual's coping strategies and how the person perceives their diagnosis.</i>	100 (88.5%)	13 (11.5%)	
<i>Critically evaluate outcomes of interventions against established standards and guidelines.</i>	90 (79.6%)	23 (20.4%)	
<i>Demonstrate an understanding of advance care planning and an appreciation of the appropriate time(s) to engage in discussions about preferences for care with the person with a life-limiting condition and her/his family.</i>	99 (87.6%)	14 (12.4%)	
<i>Demonstrate an ability to communicate sensitively and clearly about advance care planning with the person, the family and the range of professionals and agencies involved.</i>	91 (80.5%)	22 (19.5%)	

In Table 4, the Care Planning and Collaborative Practice Domain of Competence score of 8.11 indicates a high level of competence. This domain determines the ability of the respondents to formulate an inclusive nursing care plan considering the impact of the life-threatening condition to a patient's physical, mental, psycho-social and spiritual well-being. In the process of planning, the role of collaboration in palliative care is also being assessed. Items 1 and 2 identify the competence in

recognizing the impact of the life-threatening condition to the patient and family. The respondents had an average score of 97% for these items indicating a high level of competence. The experiences that the nursing faculty have as professional nurses and as persons in terms of dealing with death of a loved one, having a terminally-ill member of the family, or any crisis that has struck them as an individual or as a member of the family has helped them understand the enormous impact of any life-threatening

condition and this can be incorporated in the care planning as the nursing faculty deals with similar situations.

Items 3, 4, and 5 consider the role of collaboration in palliative care. As mentioned earlier, efforts in palliative care should be collaborative to have a more meaningful impact to the patient and the family. The respondents' average score of 90% indicates a high level of competence. Knowing one's scope and limitations opens the horizon to acknowledge the existence of other professionals who may have the appropriate expertise in specific areas of palliative care. Being in a clinical area allows them to work with and recognize the presence of other health care professionals and appreciate the contributions they provide. Nursing faculty have this constant opportunity as they go through supervising the nursing students, but with the fast turnover of medical staff right now, the need for a better and more effective collaboration should be considered. According to a study by NSI Nursing Solutions, (2018) entitled "National Healthcare Retention & RN Staffing Report," the average hospital turnover rate in 2017 was 18.2%, which is the highest recorded turnover in the industry for almost a decade. Since 2013, the average hospital had a turnover rate of 85.2%. Having new personnel requires some time for familiarization which may also affect the collaboration efforts of the medical team.

Items 6, 7, 8, and 9 look into the care planning competence of the respondents. An average score of not more than 85% among the respondents was seen. It is part of the responsibility of nursing faculty to check the nursing care plans that student nurses make and supervise them in the implementation and evaluation of the plan. By doing so, they become exposed to a variety of possibilities that every patient's condition presents as each has its own characteristics of uniqueness, but the actual formulation, implementation and evaluation of the care plan which requires more time to make

through wide readings, analysis, comparisons and in some cases research, become more limited and in the long run may reduce a nursing faculty's competence as one has to actually experience it more to be able to retain the skills needed for it. This is clearly noticeable in the results of the study.

Table 5 shows a score of 7.46 indicating a high level of competence in the Loss, Grief and Bereavement Domain of Competence. This domain assesses the support to the patient and the family through counselling given the possibility of loss or during the process of grief and bereavement. Also, identifying possible complications that may occur with a dysfunctional grieving process is an important competence in this domain. Items 1, 2, 3, 6, 7, and 8 of this domain consider the competence in terms of grief, loss, and bereavement as to the process, appropriate response, factors, impact and self-awareness to prevent a negative impact to others. On the average, the number of respondents who answered "Yes" is greater than 90% but scores for items 4 and 5 are lower than 90%. Kubler-Ross's model in 1969 clearly depicts that throughout life, we experience many instances of grief. Grief can be caused by situations, relationships, or even substance abuse. Children may grieve a divorce, a wife may grieve the death of her husband, a teenager might grieve the ending of a relationship, or you might have received terminal medical news and are grieving your impending death (Gregory, 2018). Considering the nursing faculty's personal experiences and professional exposure to circumstances related to death and dying, an intrinsic motivation to be an additional source of strength to others may seem likely to develop slowly during these trying times as one has to remain strong yet sympathetic to be able to model a sense of effectiveness in dealing with the situation towards the nursing students.

Table 5. Item Analysis and Domain Score of Loss, Grief and Bereavement Level of Nurses' Competence

Loss, Grief and Bereavement Level of Competence	Yes f (%)	No f (%)	Domain Score
As a health care professional you should:			
<i>Understand that grief is a normal and appropriate response to loss which has physical, psychological, spiritual, emotional and social aspects that affect how it is experienced.</i>	113 (100%)	-	7.46 High Competence
<i>Recognize the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief.</i>	109 (96.5%)	4 (3.5%)	
<i>Recognize the factors which may put a person at risk of encountering difficulties in their grief, whilst also remaining aware of the resources and resiliencies that are particular to each person and family.</i>	106 (93.8%)	7 (6.2%)	
<i>Demonstrate an ability to engage with a person who is experiencing loss in the context of professional scope of practice and/or role.</i>	98 (86.7%)	15 (13.3%)	
<i>Assist the family to access bereavement information and support at a level that is appropriate to their needs.</i>	95 (84.10%)	18 (15.9%)	
<i>Recognize the psychological impact of death and dying on individuals with increased stress vulnerability.</i>	109 (96.50%)	4 (3.5%)	
<i>Understand the personal impact of loss, grief and bereavement and recognize your own loss responses and engage in activities that maintain your resilience on an on-going basis.</i>	110 (97.3%)	3 (2.7%)	
<i>Possess a level of self-awareness that prevents your own experiences of loss from negatively impacting on the person with a life-limiting condition or their family.</i>	103 (91.20%)	10 (8.8%)	

This does not have to mean that the nursing faculty are used to dealing with a patient's death because every experience has its own degree of uniqueness. Rather, it is a presentation of the desire to remain helpful despite the emotional turbulence that goes within.

Items 4 and 5 consider the actual engagement that the nursing faculty experiences in times of loss, its approach, and the assistance that one can extend. A common nursing activity that can enhance this competence includes counselling which may require patience as the situation can be sensitive at times. As a nursing faculty, the amount of time that can be afforded to develop further this strength can be limited as one has to consider other factors that concern the student nurses learning opportunities. Engagements in actual counseling with families experiencing loss may decrease over time as other responsibilities of the nursing faculty come in. Nurse-patient ratio can be another factor that can contribute to the reason why such

competence does not have a higher score compared to other indicators.

Table 6 shows a score of 5.55 for the Professional and Ethical Practice in the Context of Palliative Care Domain of Competence indicating a high level of competence. This domain is centered on the respondents' practice of palliative care with respect to ethical considerations. The nursing faculty is completely aware that nursing as a profession maintains a code of ethics and standards that is well defined and incorporated into nursing education and practice from the baccalaureate to the Master's programs and more so with doctoral programs. The respondents' average score in this domain is more than 90% in all items except for item 5. The existence of the International Council of Nurses' Code of Ethics adopted by the International Council of Nurses (ICN, 2012), which has undergone several reviews and revisions, is a clear testament that the profession is serious in its commitment to maintain an ethical practice across any specialization. In the Philippines, the Philippine Regulatory Board of Nursing

(PRBON, 2004), passed Board Resolution number 220, Series of 2004, promulgating the Philippine Nursing Code of Ethics. This, together with other courses in the baccalaureate program such as Bioethics,

and other philosophical concepts in graduate education through case analysis, critiquing, sharing, and actual experience of clinical cases, all contribute to the high competence that the nursing faculty have in this domain.

Table 6. Item Analysis and Domain Score of Professional and Ethical Practice of Palliative Care Level of Nurses' Competence

Professional and Ethical Practice of Palliative Care Level of Competence	Yes f (%)	No f (%)	Domain Score
As a health care professional you should:			
<i>Work within your current Code of Professional Conduct and engage ethically, knowledgeably and respectfully with other disciplines.</i>	111 (98.20%)	2 (1.80%)	5.55 High Competence
<i>Recognize and respect your professional responsibility to care for people with life-limiting conditions and their families to ensure their comfort and dignity.</i>	111 (98.20%)	2 (1.80%)	
<i>In the context of your current professional role, establish collegial partnerships and in the context of palliative care contribute to the professional development of students, peers, colleagues and others through consultation, education, leadership, mentorship and coaching.</i>	102 (90.30%)	11 (9.70%)	
<i>Use the resources available fairly in the context of providing appropriate care to the person with a life-limiting condition.</i>	102 (90.30%)	11 (9.70%)	
<i>In the context of professional scope of practice and/or role, anticipate and demonstrate the ability to address potential ethical issues that may be encountered when caring for the person with a life-limiting condition and her/his family such as: Do Not Attempt Resuscitation Orders, withdrawal and withholding of treatment, use of artificial hydration and feeding, palliative sedation and requests for euthanasia.</i>	95 (84.10%)	18 (15.90%)	
<i>Establish and respect person's wishes about their care and options/preferences. This includes: Recognizing the person's right to make informed decisions to refuse additional treatment(s), seeking, responding to and implementing people's preferences about where they are cared for (e.g., in their own homes) if this is practicable, respecting advance care plans made by people where the decision is an informed choice and relates to the situation that has arisen (Medical Council, 2009) and demonstrate a commitment to engage in anti-discriminatory practice in relation to end of life care and service delivery.</i>	106 (93.80%)	7 (6.20%)	

There is a wide range of medical issues and ethical dilemmas that arise in the provision of palliative care. It is now realized that a good understanding of medical ethics will contribute to the health professional's decision-making and day-to-day practice of medicine for a terminally ill patient (Mohanti, 2009). Because of the limited exposure to actual life-threatening cases in the clinical areas, the competence of the nursing faculty can be in a way affected. It is therefore very important that constant exposure to various situations related to palliative care be promoted through different learning pedagogies to improve the level of competence in this particular indicator.

IV. CONCLUSION

Based on the results of the study, the nursing faculty in the selected nursing schools in Region VII had a high level of competence in palliative care. The findings of the study showed that palliative care is a necessary and essential addition to the current needs of the health care industry and that its contribution in terms of knowledge, skills, and attitudes extends not only to one's personal or professional development but more so to a society that is in dire need of compassionate and respectful care most especially in times of deep loss, grief, and sorrow.

The integration of palliative care to hospice care and end-of-life care can be recommended in any health care undergraduate program. This has to be intensified in the graduate level to develop students who will become future healthcare professionals and achieve a more meaningful practice in their respective fields.

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