



# HEALTHCARE PROFESSIONALS PERCEPTIONS OF SPECIALIST PALLIATIVE CARE SERVICES IN A MODEL 4 CANCER CENTRE

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## BACKGROUND

The most common place of death in Ireland is in hospital (39.4%). Despite most bereaved family and friends perceiving end of life care in hospital provided as ‘very good’; 11% reported care as ‘fair’ to ‘poor’.<sup>1</sup>

Palliative Care principles are regularly used by healthcare professionals (HCP) in the course of their clinical practice, despite variable levels of education.<sup>2</sup> A similar survey by the same author identified that 70% of 43 HCP in a Model 3 hospital had no formal palliative care education. 18.6% of those surveyed saw the role of SPC in end-of-life care only. 25% reported a lack of education as a barrier to palliative care referral.<sup>3</sup>

## OBJECTIVE

Assess Healthcare Professionals (HCP) level of education and perceptions of Specialist Palliative Care (SPC) Services in a Model 4 Hospital and National Cancer Centre.

## METHODS

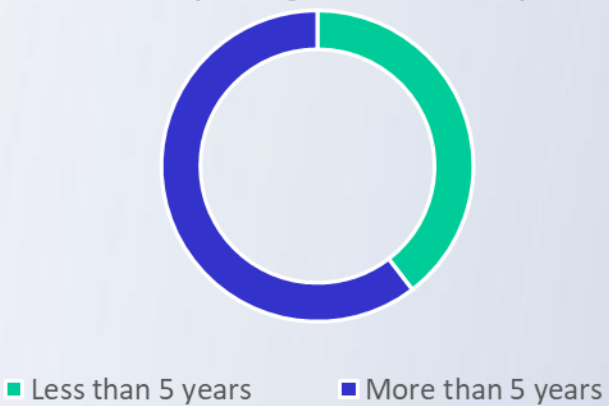
Approval for this project was granted by the Quality, Safety and Improvement Directorate. As the work was classified as a service evaluation, formal ethical approval was not required. Healthcare professionals who were not employed in Specialist Palliative Care were considered eligible for inclusion. A cross-sectional survey was distributed via internal email to medical, nursing, and allied health professionals working in a Model 4 Cancer Centre. Participation was voluntary, and all responses were anonymised to maintain confidentiality. The survey included structured questions aimed at exploring participants’ knowledge, attitudes, and practices relevant to the study topic. Data were summarised using descriptive statistics. Findings were compared with those from a similar survey previously conducted in a Model 3 Hospital, to explore differences across care settings.

## RESULTS

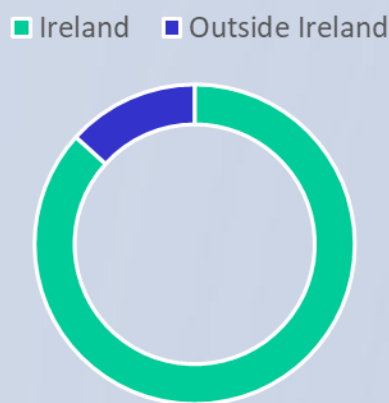
Department	No (%)
Medicine	22 (41.5%)
Emergency Department	16 (30.2%)
Haematology/ Oncology	6 (11.3%)
Medicine for the Elderly	5 (9.4%)
ICU	3 (5.7%)
Surgery	1 (1.9%)

Position	No (%)
Registrar	22 (41.5%)
Senior House Officer	19 (35.8%)
Staff Nurse	7 (13.2%)
Advanced Nurse Practitioner	2 (3.8%)
Clinical Nurse Specialist	1 (1.9%)
Consultant	1 (1.9%)
Intern	1 (1.9%)

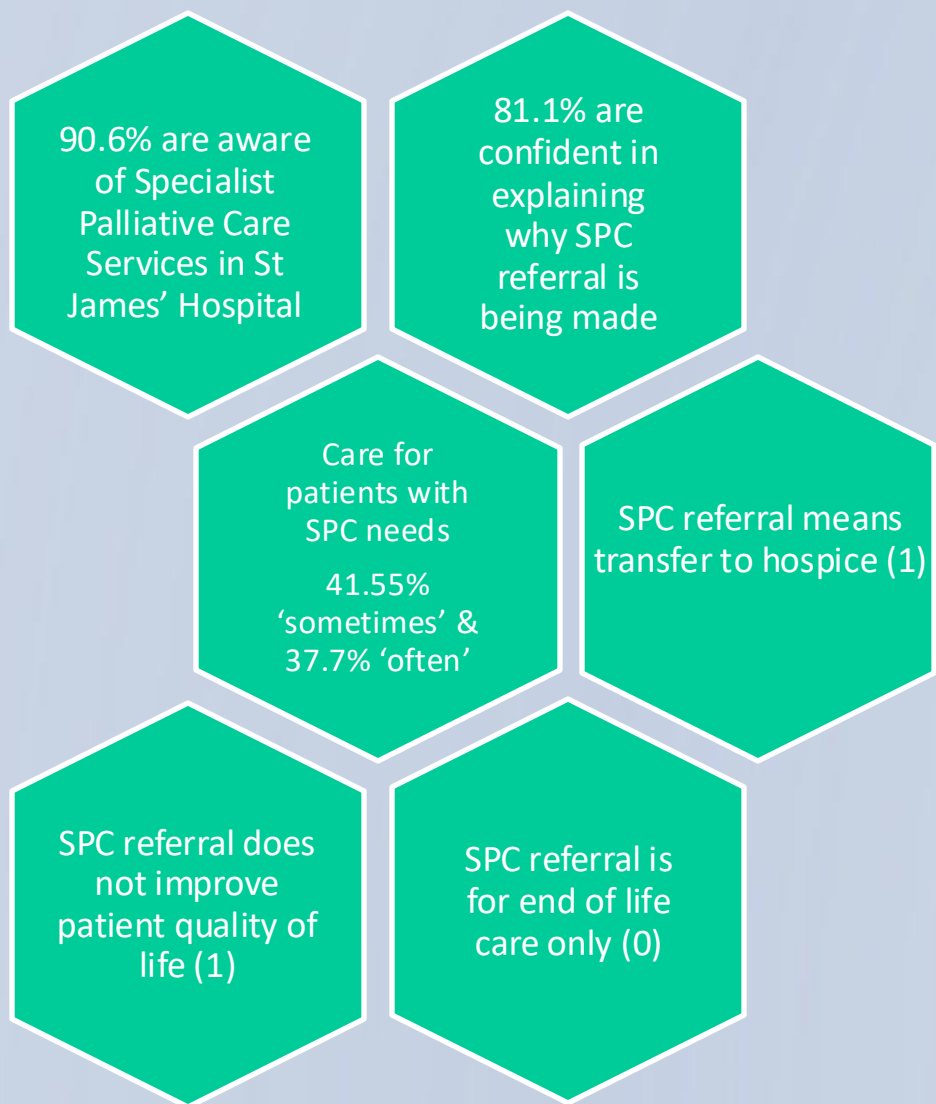
Years of postgraduate experience



Location of Training

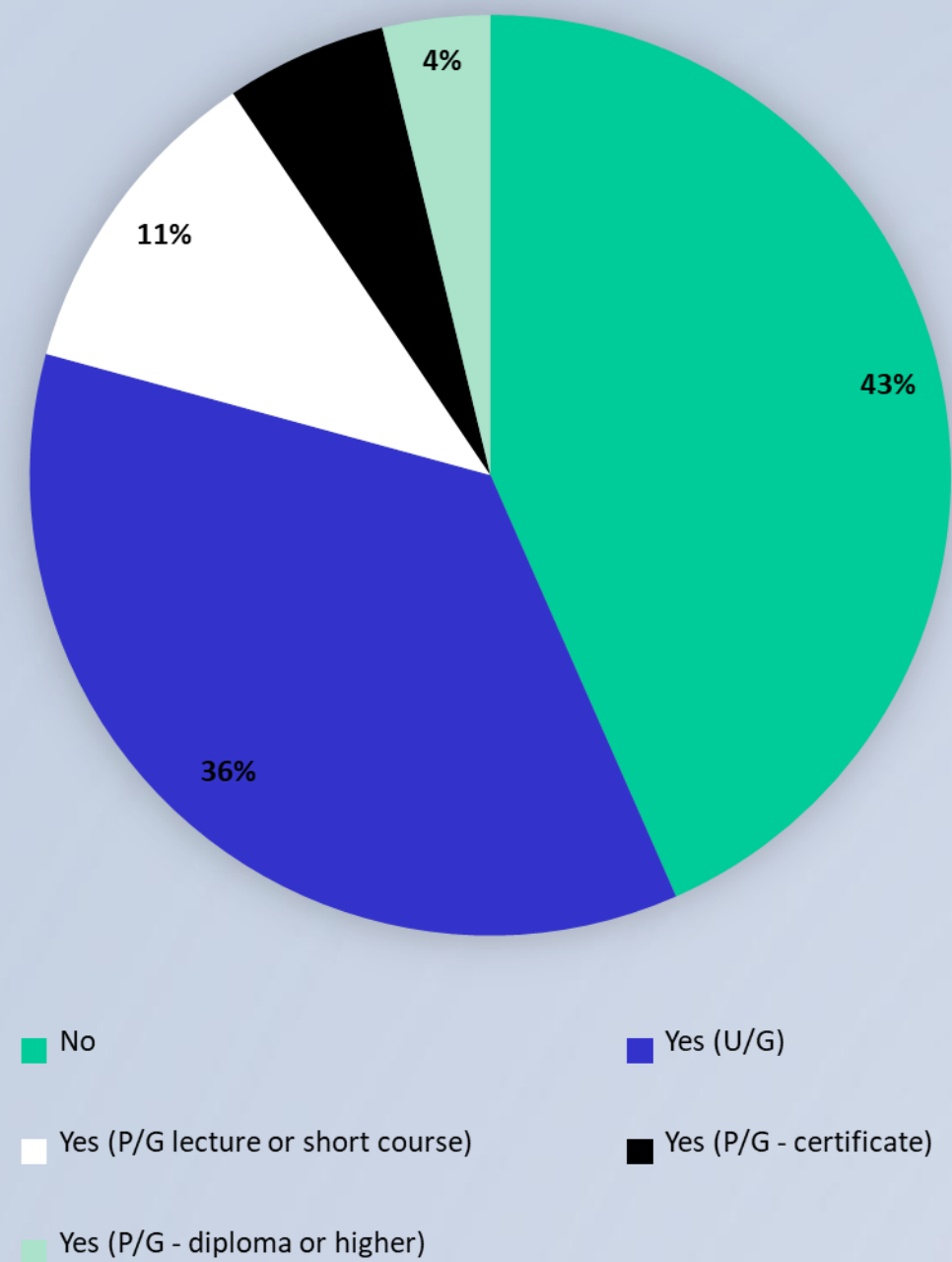


Indications for SPC referral	Number (%)	Barriers to SPC referral	Number (%)
End-of-life care	52 (98.1%)	Uncertainty about ceiling of care	29 (55.8%)
Physical symptom control	52 (98.1%)	Unpredictable course of disease	24 (46.2%)
Psychological/ emotional support	50 (94.3%)	Lack of education	20 (38.5%)
Discharge planning	43 (81.1%)	Uncertainty about the role of SPC	12 (23.1%)
Bereavement support	41 (77.4%)	None	12 (23.1%)
Carer support	40 (75.5%)	Feeling of failure	5 (9.6%)

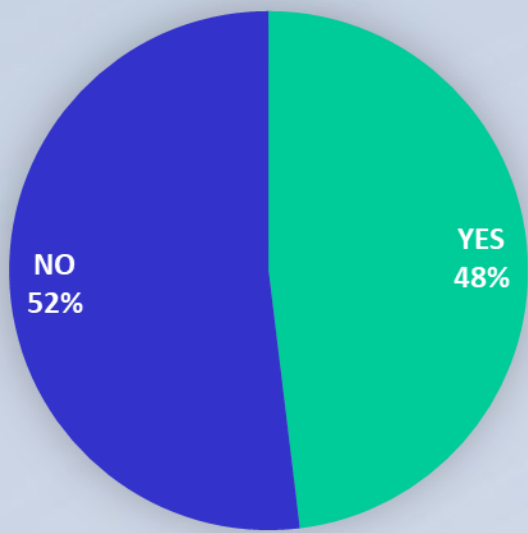


## RESULTS

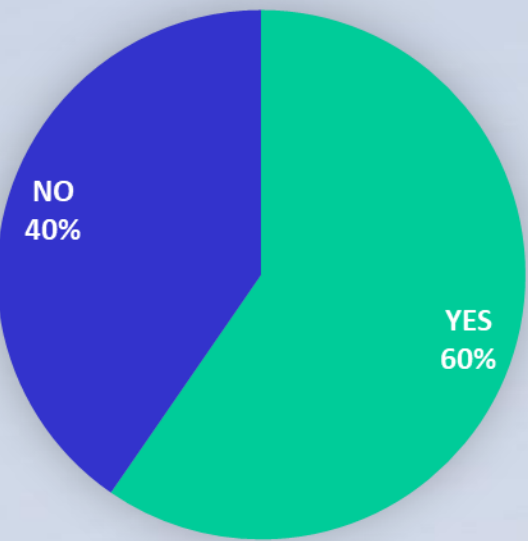
### Exposed to formal palliative care education



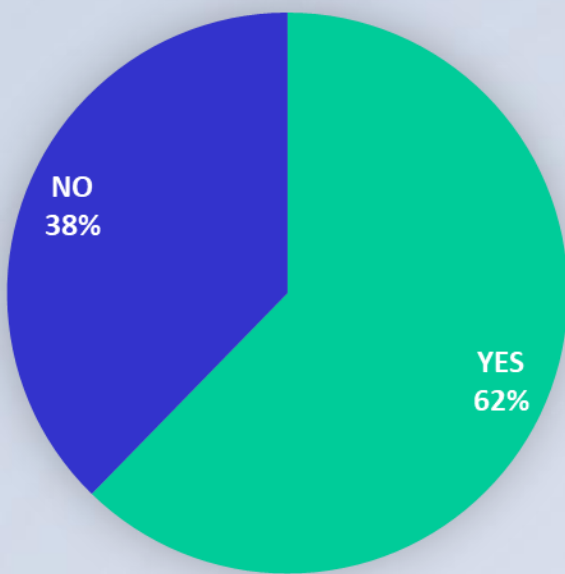
### Educated on examination of the dying patient



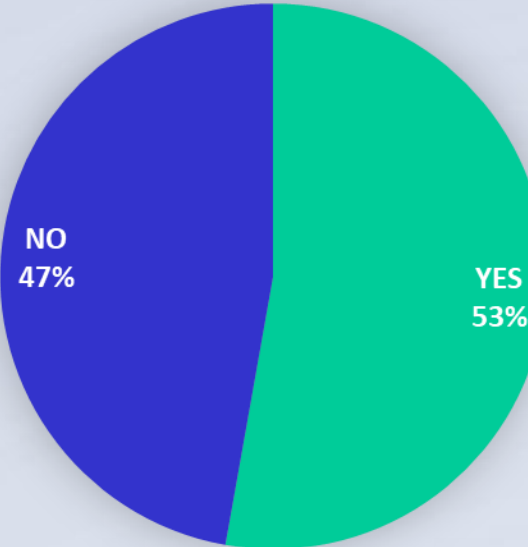
### Educated of assessment of symptoms in the dying patient



### Confidence in discussing death and dying



### Confidence in discussing advanced care planning



## CONCLUSIONS

This study highlights significant gaps in palliative care education among HCP, with many reporting no formal training. While education rates were higher in the Model 4 Cancer Centre compared to a Model 3 Hospital (56.3% vs 30%), a greater proportion of respondents in the tertiary setting identified lack of education as a barrier to SPC referral. This may reflect increased awareness of unmet learning needs in more specialist environments.

Commonly reported barriers to SPC referral included uncertainty regarding the ceiling of care and the anticipated clinical course. These findings suggest that targeted education is necessary to support HCPs in confidently applying palliative care principles in practice.

Future efforts should focus on developing and implementing a structured education model within the hospital. Educational initiatives should prioritise recognition of dying, symptom assessment, and communication skills for complex conversations. A blended approach—encompassing formal teaching, bedside learning, simulation, and guided reflection—should be considered, aligned with national competency frameworks.

Enhancing palliative care training at local and national levels may improve the quality of generalist palliative care, support timely and appropriate SPC referrals, and ultimately enhance the care experience for patients and families, particularly at end of life.

## REFERENCES

1. National End of Life Survey 2023
2. Department of Health and Children DOHC, Report of the National Advisory Committee on Palliative Care. 2001, Department of Health and Children: Dublin p. 157.
3. Hayes A et al. Perceptions of Specialist Palliative Care Services among Healthcare Professionals in a Peripheral Hospital