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PERCEPTIONS AND EXPERIENCES OF SOCIAL WORKERS AND MEMBERS OF THE MULTIDISCIPLINARY TEAM IN RENDERING PALLIATIVE CARE SERVICES TO PATIENTS WITH LIFE-LIMITING ILLNESSES IN PUBLIC HOSPITALS IN TWO HEALTH DISTRICTS IN THE EASTERN CAPE, SOUTH AFRICA

A THESIS SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

DEPARTMENT OF SOCIAL WORK

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT

FACULTY OF HUMANITIES

UNIVERSITY OF THE WITWATERSRAND

BY

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SUPERVISED BY PROFS E PRETORIUS AND N NZUZA-MOROE

OCTOBER 2025

DECLARATION

I declare that 'Perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses in public hospitals in two health districts in the Eastern Cape, South Africa' is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.



Signed …… ……. Date …23 October 2025……

ACKNOWLEDGEMENTS

Above all, I thank the Lord for the wisdom and the ability he granted me to carry out this research project. I thank him for the strength and the guidance he provides in my life.

Every special thanks to my mother, Matenza Swartbooi. Your unwavering belief in my abilities has been a driving force, and I am profoundly grateful for your support.

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Thank you to Profs E Pretorius and N Nzuza-Moroe, whose guidance, knowledge, and support carried me through when this research started. They added tremendous value to this thesis. I am grateful for the meticulous guidance in constructing this work.

Lastly, I express my deepest gratitude to my research participants, without whom this study would not have been possible. Their willingness to share their experiences and insights has enriched the depth and relevance of this work.

This journey has been marked by the support and encouragement of many, and I am truly fortunate to have had such an exceptional network of individuals behind me. Thank you all for being a part of this incredible chapter in my academic life.

DEDICATIONS

This PhD thesis is dedicated with profound love and gratitude to the four pillars of my life, each contributing immeasurably to the person I am today.

To My Mother, Matenza Swartbooi

To my dearest mother, whose boundless love, unwavering support, and sacrifices have been the bedrock of my academic journey. Your strength, resilience, and belief in my potential have been my guiding light. This thesis stands as a tribute to your enduring influence and the values you instilled in me.

In Loving Memory of My Father, Themba Daniel Swartbooi:

Dad, though you are no longer with us, your presence is felt on every page of this thesis. Your intellectual curiosity, dedication to learning, and the lessons of hard work continue to shape my academic path. This work is a testament to the enduring impact of your legacy.

In Fond Memory of My Uncle, Mothi Selai:

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In Loving Remembrance of My Grandmother, Mamothi Selai:

To my beloved grandmother, whose stories, wisdom, and unconditional love provided a foundation for my educational pursuits. Your nurturing spirit and

encouragement fuelled my intellectual curiosity. This thesis is dedicated to the memory of the woman whose influence continues to resonate in my life.

As I present this work, it is with deep gratitude for the love, guidance, and inspiration provided by these remarkable individuals. Each played a unique role in shaping my academic journey, and their collective influence is woven into the fabric of this thesis. May this work stand as a testament to the profound impact of family, love, and the enduring lessons learned from those who have touched our lives.

ABSTRACT

Death often occurs in the public health system, making it a natural place for the social worker to collaborate with the multidisciplinary team to provide end-of-life care to patients and families. Palliative care encompasses assessing and relieving suffering of all kinds, including pain, other physical and psychological symptoms, and social distress throughout the patient's disease process. Palliative care aims to prevent and relieve suffering, help people live as well as possible until they die, and support the operations of dying and bereavement. This study aimed to explore the perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses. The research study is rooted in the interpretivist paradigm, while a qualitative research approach and a multiple case study design were utilised. The study's population included social workers, doctors, nurses, and palliative care experts employed by the Department of Health and working in public hospitals in the Eastern Cape, aged between 24 and 65 years, representing both females and males. Purposive and voluntary sampling were used, and the study's sample comprised 55 participants, made up of 15 social workers, five palliative care experts, 20 nurses, and 15 doctors. The data was collected using semi-structured interviews, individual online interviews with the social workers and key informants using different semi-structured interview guides, and a survey using a self-administered questionnaire with doctors and nurses. Data was analysed using NVIVO version 12. Reflexive thematic analysis was used to analyse the transcribed data from the semi-structured interviews, and a systematic analysis was utilised to analyse the information collected via the self-administered questionnaires.

This study addresses the lack of knowledge about the perceptions and experiences of social workers and multidisciplinary team members providing palliative care in public hospitals

in the Eastern Cape, South Africa. It reveals that these professionals face significant challenges, including a lack of resources, insufficient training, and high emotional demands. The study emphasises the need for improved communication and stronger multidisciplinary team, as well as emotional support mechanisms for professionals to manage stress. Additionally, it highlights the importance of specialised training in palliative care to enhance service quality and caregiver well-being. These findings are essential for developing targeted interventions and policies to support healthcare professionals and improve palliative care services in the region.

Keywords: palliative care, life-limiting illnesses, multidisciplinary team, social work, Eastern Cape

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LIST OF ACRONYMS

AIDS: Acquired Immunodeficiency Syndrome

CPD: Continuous Professional Development

HIV: Human Immunodeficiency Virus

NCD: Non-Communicable Disease

NGO: Non-Government Organisation

NHI: National Health Insurance

SOP: Standard Operating Procedure

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1 Chapter One
Introduction

This chapter provides a general overview and introduction to the study. The background to the study, statement of the problem, and rationale for the study are discussed. The research questions, study aims, and objectives, and an outline of the research methods used are highlighted. The identified keywords are defined. The chapter concludes by providing an overview of the structure of the remaining chapters of the thesis.

1.1 Background to the Study

Worldwide, social workers, as part of a multidisciplinary team, are responsible for the provision of social welfare and social work services to improve the quality of life and social well-being of those in need of palliative care (International Association of Schools of Social Work, n.d.). In the current study, palliative care means supporting and assisting patients, their families, and carers with the practical, emotional, and social issues that may arise when living with a life-limiting illness (World Health Organization, 2014). The life-limiting conditions considered in the current study are the life-threatening conditions for which curative treatment may be feasible but fail, situations where premature death is inevitable, progressive conditions without remedial treatment options, and irreversible but non-progressive conditions causing severe disability, leading to susceptibility to ill health.

The profession of social work is concerned with people in societies with needs across all ages, classes, and religious and ethnic groups. Social work is a profession that combines practical application with academic study, aimed at fostering social change, development, cohesion, and the empowerment and liberation of individuals. Rooted in principles of social justice, human rights, collective responsibility, and respect for

diversity, social workers interact with individuals and systems to tackle life challenges and improve well-being. This profession draws upon theories from social work, social sciences, humanities, and indigenous knowledge, with a focus on addressing and changing structural inequalities and promoting social inclusion and poverty alleviation (International Federation of Social Workers, n.d.-a).

In short, social work is a profession that serves the needs of the community. In this context, social workers perform their roles within a human rights framework, promoting clients' social and economic empowerment. Social workers facilitate the empowerment of individuals, groups, and communities, emphasising collaboration on micro, mezzo, and macro levels of interactions and interventions (National Association of Social Workers, 2021). Social workers at the macro-level ultimately build stronger communities and provide a better life for the people. On a mezzo level, social workers advocate for and serve clients within all the public system that makes up the fabric of our communities, religion, and nations; ensuring that client's needs and challenges are understood and addressed in tandem with significant social issues (National Association of Social Workers, 2021). Social workers on the micro-level protect society's most vulnerable individuals in many different aspects of their lives.

The profession of social work can be considered both generic and specialised since the focus is on broad social problems, such as poverty, gender-based violence, and alcohol abuse, among others (Patel et al., 2008). In addition, most social workers' caseloads include working with people with life-limiting illnesses, who fear their loss of health and simultaneously face the high risk of premature death and need specialist care called palliative care. Kramer et al. (2003) identified that social workers deal with patients with life-limiting illnesses in various settings, including hospitals, private home-based care, hospices, emergency rooms, intensive care units, and paediatric settings. However, Kramer

et al. (2003) lament that many social worker textbooks do not include adequate palliative care and end-of-life care material, even though it is relevant to all social workers and essential to different specialised social worker roles. While palliative care has a relatively long history in North America and Europe, in the past two decades, palliative care has been increasingly introduced to sub-Saharan Africa, where numerous patients suffer from life-limiting illnesses (Clark et al., 2022).

Palliative care developed from services for a wide range of patients with life-limiting illnesses (World Health Organization, 2014). These life-limiting illnesses include non-curable communicable diseases (such as Acquired Immunodeficiency Syndrome [AIDS]) or non-communicable diseases (NCD) such as cancer, cardiac arrest, diabetes, respiratory failure, or multiple sclerosis. Patients affected by either type of life-limiting illness have contact with health professionals in the health care setting. Many patients communicate with professional social workers, who, in most cases in South Africa, do not necessarily practice as palliative care social work specialists (Defilippi, 2005). Despite this, professional social workers at the micro-level make an invaluable contribution to the patient and the family's experiences at the mezzo and macro levels. The social worker's role as part of the multidisciplinary team providing palliative care is essential in improving the quality of life of patients with life-limiting illnesses and their families, particularly in providing this specialised palliative care.

1.2 Statement of the Problem

There is a paucity of knowledge on the perceptions and experiences of social workers and the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses. An evaluation of peer-reviewed literature revealed that in South Africa, there are limited research studies about palliative care for patients with life-limiting illnesses in social work practice in primary care settings. The absence of relevant South

African literature sources regarding social workers' roles as part of the multidisciplinary team in the provision of palliative care might contribute to the limited understanding of and appreciation for the roles of social workers as multidisciplinary team members in palliative care in these settings. Even with the acknowledged importance of offering palliative care to patients facing life-limiting illnesses and the pivotal involvement of social workers in developed nations, there is a research gap concerning how social workers perceive their role in delivering palliative care in developing countries (Taels et al., 2021).

The current study contributed to the paucity of knowledge on the perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care to patients with life-limiting illnesses. The development and implementation of appropriate national policies that provide adequate policy guide for health care workers and the general public and the implementation of culturally-relevant palliative care services at all levels of society are required. People deal with death differently, and varying beliefs could create conflict among family members and between family members and health care providers. The social worker, as a member of the multidisciplinary team, could bridge the divide, facilitating the differences between families and health care providers because "the social worker has the skills to work with individuals in diverse environments, understand their social-ecological contexts, and help them make meaning of their decision-making experiences" (Bomba et al., 2011, p. 75).

1.3 Rationale for the Study

The expansion of palliative care in South Africa continues despite the absence of official public policy recognition, driven by the increasing unaddressed needs of patients with life-limiting illnesses and their families. Policy issues have long been the focus of intense societal debate, as providers, policymakers, legislators, and the public have

considered essential questions concerning the patient's quality of life (Theis et al., 2007). Despite this, these debates have yet to translate into actionable policies.

The current study sought to fill a critical gap by creating a platform for social workers and members of the multidisciplinary team to share their perceptions and experiences of rendering palliative care to patients with life-limiting illnesses. Understanding the role of social workers within such teams is essential because they provide unique psychosocial support that addresses the emotional, social, and practical needs of patients and families, dimensions often underrepresented in clinical care (Hudson et al., 2017). Without a clear understanding of their roles, social workers may face role ambiguity, which could compromise team collaboration and the quality of care delivered (Feron, 2020).

Moreover, this knowledge is vital for informing strategies to strengthen multidisciplinary collaboration, enhance the effectiveness of palliative care services, and advocate for the integration of social work perspectives into policy development. By shedding light on these roles, the current study contributes to a more holistic approach to palliative care that recognises the interplay between medical, social, and emotional support (O'Donnell, 2024). The findings offer specific recommendations for enhancing social workers' involvement in the multidisciplinary team and the broader public health system, providing actionable insights to improve palliative care practices and inform policy formulation relevant to rural South Africa.

1.4 Implications and Contributions of the Study

This study aimed to address the lack of understanding regarding how social workers and members of the multidisciplinary team perceive and experience providing palliative care to patients with life-limiting illnesses in a rural South African setting. By

fostering a deeper understanding and appreciation of social workers' roles within the multidisciplinary team, the study aimed to optimise their contributions to palliative care practices. This, in turn, sought to enhance the quality of social work programmes and inform in-service training for practitioners in primary care settings, ultimately improving palliative care services. Additionally, the study aimed to promote further research in palliative care social work.

I, as the primary researcher, believed this study was crucial for developing policy and identifying needs in palliative care to underpin service standards and effective service models. The findings indeed offered clear guidelines for enhancing the role of social workers within the multidisciplinary team and the public health system. These contributions significantly enrich the knowledge base, inform practice, and shape policy recommendations, fulfilling the study's objectives.

Despite existing literature focusing predominantly on patients and caregivers, there was limited information about the perceptions and experiences of social workers in the multidisciplinary team providing palliative care. This study addressed this gap by advocating for the recognition, appreciation, and optimisation of the social worker's multi-dimensional role in palliative care in rural settings. It also enriched the limited knowledge about social workers' roles in hospital settings, informing the development of relevant health policies and improving the understanding of palliative care services in both tertiary and primary care settings.

The study introduces innovative strategies to promote and expand access to high-quality palliative care within the public health system. Findings will be shared at academic conferences and published in peer-reviewed journals to ensure broad dissemination, aiming

to enhance palliative care social work practice, education, training, and research, particularly within the rural South African healthcare context.

1.5 The Research Questions

The following two research questions guided the study:

- How do social workers and members of multidisciplinary teams in public hospitals in the Eastern Cape perceive their role in rendering palliative care services to patients with life-limiting illnesses?
- What are the experiences of social workers and members of multidisciplinary teams in public hospitals in the Eastern Cape in rendering palliative care services to patients with life-limiting illnesses?

1.6 The Aims and Objectives of the Study

The primary aim of this study was to explore the perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services in public hospitals in two health districts in the Eastern Cape, South Africa.

The study objectives were the following:

- To explore social workers' and multidisciplinary team members' understanding of palliative care services.
- To explore how social workers and multidisciplinary team members experience rendering palliative care services to patients with life-limiting illnesses in the public health system.
- To explore the perceptions of multidisciplinary team members on the roles of the social worker in palliative care services in the public health system.
- To explore barriers to rendering palliative care services to patients with life-limiting illnesses in the public health system.

- To explore factors that enable the provision of palliative care services to patients with life-limiting illnesses in the public health system.
- To propose guidelines on strengthening the social worker's role as part of the multidisciplinary team when rendering palliative care services in the public health system.

1.7 An Overview of the Research Methodology

The study employed a qualitative research approach grounded in the interpretivist paradigm. Utilising a design, the research sought to gain an in-depth understanding of the unit of analysis (Yin, 2018). A sample of 55 study participants was purposefully selected using purposive sampling techniques. Semi-structured interviews using two self-developed interview guides were conducted with social workers and key informants. Self-administered questionnaires were employed for doctors and nurses, and data were analysed using systematic analysis. The interviews were audio-recorded and transcribed into English. Thematic analysis served as the method for data analysis. I meticulously transcribed and reviewed the transcripts multiple times, subsequently engaging in coding and theme development. Finally, I interpreted the collected and transcribed data to present the main findings aligned with the study objectives, emphasising key findings, drawing conclusions, and providing recommendations.

1.8 Definition of Concepts

Below are definitions of the key concepts used in this study.

1.8.1 Life-Limiting Illnesses

The term *life-limiting illness* is conceptualised as any medical diagnosis that prohibits or hinders one's life. As defined by World Health Organization (2014), life-limiting illnesses are diseases marked by progressive deterioration and ultimately result in

death for these patients. Life-limiting illnesses could be an illness from which there is no reasonable hope of cure and from which a person is expected to die. These severe conditions affect the patient suffering from the illness and the family. They are often referred to as life-limiting conditions or terminal illnesses. The choice to use the term life-limiting illness is an attempt to be consistent with the language of social work research in this area and that of the National Association of Social Workers (International Association of Schools of Social Work, n.d.).

1.8.2 Life-Threatening Illness

Life-threatening illnesses include non-communicable and communicable diseases. An NCD "is a disease that is not transmissible directly from one person to another" (Puoane et al., 2012, p. 73). Cardiovascular disease (coronary heart disease, stroke), cancer, chronic lung disease, diabetes, chronic neurologic disorders (Alzheimer's, dementia), arthritis/musculoskeletal diseases are all NCDs. A communicable disease "is an infectious disease that can be spread from one individual to another" (Kortenbout, 2011, p. 2). Communicable diseases include AIDS and tuberculosis. According to the World Health Assembly resolution (67.19, 2014) it is anticipated that the need for palliative care will rise significantly in the future due to the ageing global population and the growing prevalence of NCDs. Although the rationale of palliative care provision certainly includes giving painkilling medicines to relieve pain and other distressing symptoms, it goes further to include efforts to enhance the quality of life and even positively influence the course of the illness (World Health Organization, 2020b).

1.8.3 Multidisciplinary Team

A multidisciplinary team "is a group of healthcare professionals of varied disciplines and roles, working together towards a common goal of providing optimal care for a patient" (Spruyt, 2011, p. 17). Therefore, this definition will apply to the current

study. Most areas of healthcare now operate as multidisciplinary teams. Still, palliative care lends itself to this approach because of the multiple dimensions involved in caring for palliative patients physical, social, and psychological, with close links to the family. The term interdisciplinary collaboration is used in this study to refer to the process of working together within a multidisciplinary team and is defined by Bronstein (2002, pp. 113) as "…an effective interpersonal process that facilitates the achievement of goals that cannot be reached when individual professionals act on their own". Studies indicate that the functioning of multidisciplinary teams could significantly affect patient outcomes. In the current study, multidisciplinary teams involve social workers, doctors, and professional nurses who independently treat various issues a patient may have, focusing on the problems in which they specialise.

1.8.4 Palliative Care

Palliative care is derived from the Latin concept of the pallium, which means "a cover or cloak" (Phillips et al., 2010, p. 248). In a broad sense, palliative care describes a form of care offered to individuals whose illness or disease can be relieved but not cured. Health professionals in primary healthcare settings and hospices commonly use palliative care. The World Health Organization (2002, p. 83) defines palliative care as "an approach, which improves the quality of life of patients and their families facing life-threatening illness through the prevention and relief of suffering by early identification, assessment and treatment of pain and other physical, psychosocial and spiritual problems". The definition by the World Health Organization on palliative care is found most applicable in this study. According to the World Health Organization (2002, p. 83), palliative care; "provides relief from pain and other distressing symptoms; affirms life and regards dying as a normal process; intends neither to hasten nor postpone death; integrates the psychological and spiritual aspects of patient care; offers a support system to help patients

live as actively as possible until death; offers a support system to help the family cope during the patient's illness and in their own bereavement; uses a team approach to address the needs of patients and their families, including bereavement counselling; will enhance quality of life and may positively influence the course of an illness".

1.8.5 Public Health System

According to the World Health Organization (2000, p. 1), health systems consist of "all the people and actions whose primary purpose is to improve health. They may be integrated and centrally directed, but often they are not." Among the people involved in modern healthcare are doctors, nurses, and allied health professionals such as social workers, physiotherapists, nutritionists, and occupational therapists. However, a healthcare system is more than just the human resource component. In the current study's context, public health systems refer to social workers and other health workers helping patients and their families through life-changing and sometimes traumatic medical experiences, monitoring and evaluating a patient's mental and emotional health as they transition through various medical treatments.

1.8.6 Social Work

The International Federation of Social Workers defines social work as "a profession that promotes social change, problem-solving in human relationships and the empowerment and liberation of people to enhance wellbeing" (Bywaters & Napier, 2011, p. 5). Other definitions of social work that are also important include that "it is a profession that promotes social change, problem-solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the point where people interact with their environment. Principles of human rights and social justice are fundamental to social work" (Horner, 2012, p. 3). According to Schenck et al. (2015), the International

Association of the Schools of Social Work 2014 agreed on the following definition of social work: "Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work." In the current study, social work refers to the social worker's role in palliative care that improves the quality of life for a patient with a life-limiting illness.

1.8.7 Social Worker

A social worker "is a professional person who helps others resolve problems and obtain resources, provides support during crises, and facilitates social responses to needs" (DuBois & Miley, 2011, p. 3). As such, a social worker is a change agent in society and the lives of the individuals, families, and communities they serve (Bywaters & Napier, 2011; International Association of Schools of Social Work, n.d.). As a professional, a social worker has mastered the requisite knowledge base and skills and adheres to the values and ethics of the social work profession (DuBois & Miley, 2011). In South Africa, a social worker is a person registered under Section 17 of the Social Service Professions Act (Act No. 110) of 1978, as amended. For the current study, a social worker is a registered professional who renders palliative care services to patients with life-limiting illnesses in the hospital setting.

1.9 Limitations and Delimitations of the Study

Table 1.1 outlines the current study's limitations.

Table 1.1

Limitations and their Mitigation

Limitations	Mitigate the Limitations
Participants were reluctant to divulge information regarding palliative care due to the sensitive issues of the topic.	I used essential social work skills, such as active listening, empathy, and effective communication, to build trust and rapport with the participants. These efforts created a safe and respectful environment where the participants felt comfortable sharing their experiences and perspectives openly.
Some participants requested reimbursement for their participation when invited to take part in the study.	I explained to the participants that the study's aim was academic and that its findings would help improve social work practice. As a result, participants felt motivated to join the study. The participants were not reimbursed, and those who had requested reimbursement for their expenses participated.
In this study, it was challenging to involve social workers in hard-to-reach places because they often lacked the means to connect on online platforms.	I addressed the issue by conducting interviews through telephone calls, chat platforms, and instant messaging, ensuring consent, convenience, and adherence to ethical standards like confidentiality and privacy, and these interviews were recorded.
Time constraint was also a significant challenge in this research.	Effective time management was a crucial component in carrying out my research work. I conducted a thorough literature search to identify what was already known in my field of research and what gaps needed exploration, linking these points with my study design and findings.

1.10 An Outline of the Thesis

Chapter One provided a comprehensive overview of the study, covering the problem statement, rationale, implications, study questions, aims, objectives, methodologies, limitations, delimitations, concept definitions, report orientation, and conclusion.

In **Chapter Two**, the theoretical frameworks supporting the study are discussed. **Chapter Three,** the first of three literature review chapters, presents the history of social welfare and social work globally, regionally, and in South Africa between developed and developing countries. In **Chapter Four**, the development of public health services globally, regionally, and in South Africa is described.

Chapter Five explores the prevalence of life-limiting illnesses and the global context of palliative care, the palliative context in Africa, and the context of palliative care in South Africa. It also discussed the role of the social worker in the multidisciplinary palliative care team.

Chapter Six provides a comprehensive overview of the research methodology. It covers the research questions, aims, and objectives, as well as the research paradigm, approach, and design. Details of the study population, sample, and sampling procedures are included, and the research instruments, methods of data collection, and data analysis techniques are discussed. The chapter also addresses the trustworthiness of the study and outlines the ethical principles considered during the research process.

The empirical findings are presented in **Chapter Seven**. I critically reflect on the analysed data, and present and deliberate the findings using the thematic method of analysis. Themes and sub-themes are outlined, and the data collected from the participants, relevant literature, and theoretical frameworks were integrated into the discussion of the

findings in **Chapter Eight**. In **Chapter Nine**, the key findings and conclusions in relation to the objectives of the study are critically reflected on and debated, and recommendations are presented.

1.11 Summary

This chapter provided a context and a general idea of the study by focusing on the problem statement and basis of the study, highlighting the study questions, aims, and objectives. It offered a brief description of the methodology and its limitations and delimitations, a definition of concepts, and an outline of the research report. The next chapter deliberates on the theoretical frameworks underpinning the study.

2 Chapter Two
Theoretical Frameworks Underpinning the Study

Social work in palliative care aims to improve the quality of life of patients diagnosed with a life-limiting illness, help families cope with pain, and enrich society and community by orienting and empowering individuals and communities towards societal changes and new lifestyles (Csikai & Bullock, 2024). Social work is a profession that sees individuals and society supplementing and complementing each other. In addition, social work focuses on and considers the positive interactions of individuals and communities in solving human problems, despite being complex (Givens et al., 2024). In the current study, I considered the ecological systems perspective as the most applicable theoretical framework for the analysis because there is an interest in examining the roles of social workers in rendering palliative care from their perspectives. To complement the ecological systems perspective (Bronfenbrenner, 1994), the African cultural concept of death by Eyetsemitan (2002) was also included as a theoretical framework underpinning the study. These two theoretical frameworks are discussed in detail in this chapter.

2.1 Ecological Systems Perspective

The ecological systems perspective by Bronfenbrenner (1994) links individuals to their environment on the grounds that "human behaviour is to be understood within the social environment in which the behaviour takes place" (Norlin et al., 2003, p. 36). This perspective views the individual and his or her environments as forming an ecosystem, which consists of the individual, all the systems with which the individual has reciprocal relationships, the wider environment in which the individual acts, and all the mutual interrelationships that occur between the individual and the various subsystems (Weiss et al., 2013). The ecological perspective is centred on the transactions of the person-in-environment, including the person's ability to adapt to and cope with their environment

(Zastrow & Kirst-Ashman, 2004). Those transactions occur at five levels: the microsystem, mezzosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1994). For the current study, the ecological systems perspective is applicable in that it sheds light on understanding how social workers and members of a multidisciplinary team perceive their roles in providing palliative care to patients within their exosystem, which is the hospital and their interactions with patients, families, and the multidisciplinary health care team. This perspective examined social workers and members of the multidisciplinary team's understanding of palliative care and the factors influencing their ability to provide palliative care. Interprofessional work and multidisciplinary engagement were featured in this study because trends in social problems and professional practice make it virtually impossible to serve patients effectively without collaborations and interactions with professionals from different disciplines.

Furthermore, this highlighted factors that strengthened social workers' abilities to deliver palliative care. This was achieved by considering "the centrality of understanding people as they relate to their environment, and the reciprocal relationship of people to their environment" (Beder, 2013, p. 4), which are integral to palliative care social work practice. Each person is a microsystem, interacting interpersonally with other microsystems (Bronfenbrenner, 1994). In the hospital environment, the social worker interacts with various microsystems, including patients, families, and members of the multidisciplinary team.

The mezzosystem is the interaction between a microsystem and a larger unit, such as the multidisciplinary team and the family (Bronfenbrenner, 1994). In this regard, it is important to understand how social workers identify with the team and the family, the communication patterns between the social worker and the team and the family, and the role of the palliative care social worker as a member of the multidisciplinary team and

working with the family. In addition, it was important to understand how the social worker interacts with the family unit. The exosystem includes the interaction between the microsystem and the organisation, such as the hospital (Bronfenbrenner, 1994). “The hospital may dictate the size and composition of the social worker’s caseload therefore it is critical to examine the influence and attitude of the organisation towards the palliative care social worker” (Roer-Strier & Rosenthal, 2001, p. 218). As argued by Higgins (2022, p. 65), “one can consider the institution not, only as an entity in and of itself, but also a business of all the individuals and groups that comprise it”.

The macrosystem is the interaction between the microsystem and the broader cultural, economic, and historical context (Bronfenbrenner, 1994). It is “the influence of history, values, laws and regulations, aspects of social policy, and customs from the culture of origin and the host culture” (Roer-Strier & Rosenthal, 2001, p. 218). Social workers providing palliative care must have a broader understanding of how society views end-of-life. According to Silverman (2004, p. 128), “every society and faith system have developed some way of integrating the reality of end-of-life into their belief systems and ways of life”, and palliative care social workers must be aware of differences in beliefs about end-of-life. Individuals are part of a community and a social network. In that community, power, privilege, and common beliefs influence individual values (Ungar, 2002). The community influences the physical and social environments through cultural norms, values, beliefs, knowledge, and technology. As people develop and evolve, they adapt to their physical and social environment. The unwritten rules of society are not absent in healthcare settings. Rather, societal norms influence how care is provided and which choices patients, families, and health care providers ultimately make. Often, social workers are faced with guiding families through the decision of whether to provide care when a patient reaches end-of-life. Social workers must work to determine focus on

mediating what society is pressuring someone to do versus what the needs and wants of the patient truly are, as patients, families, and medical practitioners make choices for care in socially charged medical conditions. Social workers must focus on mediating between the patient's right to self-determination and the medical team's belief in the proper treatment for the patient. The social worker acts as an educator to the patient, family, and staff, a facilitator during the meetings and conversations about potential treatment options, and an advocate for the patient. The purpose of palliative care social work is to help foster healthy and independent transactions between individuals and their environment (Ungar, 2002).

This perspective, proposed by Bronfenbrenner (1994), emphasises the interconnectedness between individuals and their environments, highlighting the impact of various systems (microsystem, mezzosystem, exosystem, macrosystem, and chronosystem) on human development and behaviour. In the context of palliative care, applying this perspective allows researchers to explore how individuals interact with their social, cultural, and physical environments, and how these interactions influence their experiences with end-of-life care.

2.2 Relevance and Significance of Different Subsystems in the Ecological Systems Perspective for Palliative Care

2.2.1 Microsystem

The microsystem encompasses the immediate environments in which individuals interact directly, such as family, peers, and healthcare professionals. In palliative care, the microsystem includes patients, their families, and the healthcare team. The significance of the microsystem lies in its direct impact on the patient's daily experiences and well-being. For instance, the quality of interactions between patients and their caregivers can influence the patient's emotional and psychological state. Social workers in palliative care must

navigate these interactions to provide emotional support, facilitate communication, and advocate for patient-centred care (Bronfenbrenner, 1994).

2.2.2 Mezzosystem

The mezzosystem involves the interconnections between different microsystems. In palliative care, this includes the relationships between the healthcare team, patients, and their families. The mezzosystem is significant because effective palliative care often requires coordinated efforts among various stakeholders. Understanding the dynamics within the mezzosystem allows social workers to identify and address communication barriers, ensure continuity of care, and foster a collaborative environment. For example, a social worker may mediate between a patient's family and the medical team to ensure that the patient's wishes are respected while also considering the medical advice provided (Bronfenbrenner, 1994; Roer-Strier & Rosenthal, 2001; Silverman, 2004).

2.2.3 Exosystem

The exosystem refers to the broader organisational and institutional contexts that indirectly affect individuals. In palliative care, the exosystem includes external systems that influence the care provided, such as healthcare policies, available resources, and support structures for healthcare workers. Institutional policies guide the early involvement of palliative care teams and ensure comprehensive care, such as pain management and spiritual support (National Institute for Health and Care Excellence, 2022). Resources, like skilled professionals and pain management options, are essential for effective care, though resource limitations, especially in rural areas, can hinder care delivery (World Health Organization, 2021a). Additionally, support structures, including training and emotional support for healthcare workers, help prevent burnout and improve patient care (Brighton et al., 2019). A well-coordinated exosystem enhances the quality of palliative care by fostering a supportive environment for both patients and healthcare providers. The

exosystem is significant because institutional policies can either facilitate or hinder the provision of comprehensive palliative care. For instance, hospital policies regarding caseload management could impact the amount of time social workers can dedicate to each patient, influencing the quality of care provided. Social workers must understand and navigate these organisational influences to advocate for better policies and resources that support palliative care (Higgins, 2022; Roer-Strier & Rosenthal, 2001).

2.2.4 Macrosystem

The macrosystem encompasses the broader cultural, economic, and policy contexts that shape the environment in which palliative care is provided. This includes societal attitudes towards end-of-life care, cultural beliefs about death and dying, and national healthcare policies. The significance of the macrosystem is profound because these broader factors can influence patient and family expectations, healthcare practices, and the allocation of resources for palliative care. For example, cultural beliefs may affect how families perceive palliative care, potentially impacting their willingness to accept certain interventions. Social workers must be culturally competent and aware of these broader influences to effectively support patients and their families (Silverman, 2004).

2.2.5 Chronosystem

The chronosystem refers to the dimension of time, including life transitions and historical events. In palliative care, the chronosystem can include the progression of a patient's illness, changes in family dynamics over time, and evolving healthcare policies. The significance of the chronosystem lies in its ability to provide a temporal perspective on how individuals and systems change and adapt. Understanding these temporal aspects can help social workers anticipate and plan for the evolving needs of patients and their families, ensuring that care is responsive to changing circumstances (Bronfenbrenner, 1994). Considering the chronosystem alongside other ecological systems allows

researchers to explore how temporal factors shape palliative care experiences and outcomes over time, providing a comprehensive understanding of the dynamic nature of end-of-life care.

2.2.6 Convincing Arguments for Relevance and Significance

The ecological systems perspective promotes a comprehensive understanding and encourages interdisciplinary collaboration. It necessitates cultural competence, policy advocacy, and adaptive care. These elements are further explained below.

Holistic understanding: The ecological systems perspective offers a holistic framework that considers multiple layers of influence on palliative care. This comprehensive approach ensures that all relevant factors, from immediate family dynamics to broader societal attitudes, are considered in the provision of care (Weiss et al., 2013).

Interdisciplinary collaboration: By highlighting the interconnectedness of different systems, this perspective underscores the importance of interdisciplinary collaboration. Social workers can use this framework to facilitate better communication and coordination among the healthcare team, ultimately leading to more integrated and effective care (Beder, 2013; Weiss et al., 2013).

Cultural competence: The macrosystem's focus on cultural, economic, and policy contexts enables social workers to develop cultural competence. This is crucial in palliative care, where understanding and respecting diverse cultural beliefs about end-of-life care can significantly impact patient and family satisfaction and compliance with care plans (Roer-Strier & Rosenthal, 2001; Silverman, 2004).

Policy advocacy: Understanding the exosystem allows social workers to identify institutional barriers and advocate for policy changes that support better palliative care

practices. For instance, they can push for policies that reduce caseloads or increase funding for palliative care services (Higgins, 2022; Roer-Strier & Rosenthal, 2001).

Responsive care: The chronosystem's emphasis on temporal changes helps social workers provide care that is responsive to the evolving needs of the patients and their families. This foresight can improve the adaptability and responsiveness of palliative care services, ensuring that care remains relevant and effective over time (Bronfenbrenner, 1994).

The ecological systems perspective is highly relevant to the current study because it provides a comprehensive framework for understanding the multifaceted factors that influence palliative care experiences. Firstly, it allows for an in-depth exploration of the various layers of influence, from the immediate family and healthcare providers in the microsystem to the broader healthcare systems and community networks in the mezzosystem. By considering these layers, the perspective highlights the interconnectedness of individuals, institutions, and communities in shaping the care patients receive. Secondly, the ecological systems perspective emphasises the importance of cultural competence and the need for tailored care that respects the diverse beliefs, values, and practices of patients and families. This is particularly crucial in palliative care, where cultural sensitivity could significantly impact patient satisfaction and outcomes. Thirdly, the perspective advocates for policy development and advocacy that ensure adequate resources, support, and systemic change in palliative care services. Addressing these factors could lead to better coordination, enhanced social support, and more effective care delivery. By applying the ecological systems perspective, the current study provides a holistic understanding of the factors influencing palliative care, fostering improved interdisciplinary collaboration and patient-centred care.

2.3 The African Cultural Concept of Death

According to Eyetsemitan (2002), the traditional African belief system is called ancestor worship. In this context, I believe that every culture has its beliefs that describe how the world works and people's roles in the world. Religious beliefs significantly shape societies' cultures where most people share the same religion. Each culture has its ideas about the meaning and purpose of life and what happens after death. This informs how people from different cultures approach the end of life. For instance, individuals may cope with death more easily if they hold a belief in life after death. In some cultures, it is believed that the spirit of the deceased has a direct impact on the lives of their living family members (Gire, 2014). The family members are comforted by the belief that their loved one is watching over them. In general, ideas about the meaning of death help people make sense of it and cope with its mystery. In each culture, death is associated with rituals and customs to help people with grieving. Traditions offer people ways to process and express their grief. They also provide ways for the community to support the bereaved (Rosenblatt, (2008).

Understanding the African cultural concept of death is crucial for social workers who engage with individuals and communities from African backgrounds. Social workers play a vital role in providing culturally competent and sensitive support to those experiencing grief and loss. Social workers must be aware of and sensitive to the diverse cultural beliefs and practices surrounding death in African communities (Doka & Martin, 2011). This includes understanding the significance of rituals, customs, and taboos related to death and mourning. Social workers provide emotional support, counselling, and practical assistance to individuals and families coping with the loss of a loved one (Klass et al., 2014). Understanding the cultural context of death in African communities helps social workers offer appropriate interventions and resources.

Social workers play a role in facilitating community rituals and ceremonies that promote healing and resilience after a death (Potocky & Naseh, 2020). This may involve collaborating with community leaders and elders to organise culturally appropriate mourning practices. Social workers advocate for culturally responsive policies and services that meet the needs of African communities dealing with death and bereavement. This includes advocating for access to culturally competent grief support services and resources. By integrating knowledge of the African cultural concept of death into their practice, social workers can better support individuals and communities as they navigate the complex process of grief and mourning.

In this context, I am of the view that every culture has its set of beliefs that describe how the world works and people's roles in the world. In societies in which most people share the same religion, religious beliefs significantly shape the culture (Ekore & Lanre-Abass, 2016). Each culture has its beliefs about the meaning and purpose of life and what happens after death. This informs how people in those cultures approach death. The family members are comforted by the belief that their loved one is watching over them. In general, beliefs about the meaning of death help people make sense of it and cope with its mystery. In each culture, death is associated with rituals and customs to help people with the grieving process. Rituals offer people ways to process and express their grief. They also provide ways for the community to support the bereaved (Kastenbaum & Moreman, 2018; Mbiti, 2015). A bereaved person is in a period of grief and mourning after a loss. Having drawn from various theories and perspectives, death can create a sense of chaos and confusion (Mbiti, 2015; Ngubane, 1977; Van der Geest, 2004). Rituals and customs provide a sense of routine and normality. They provide a set of directions that help structure the time surrounding death. Also, they direct people's roles during this time. Adopted theories allowed me to situate myself within the research and form a part of the

understanding from my perceptions and experiences, which created meaning between me, as the researcher, and the participants. A good death from an African perspective involves the participation of multidisciplinary team members, family, neighbours, and the broader community, as it relies on effective communication and collaboration to help patients identify goals that are both realistic and personally meaningful.

The African cultural concept of death is relevant to the current study as it offers valuable insights into the beliefs, rituals, and communal practices that shape end-of-life experiences in African communities. These perspectives, which are deeply rooted in spiritual beliefs, communal values, and cultural traditions, influence how death is understood, the afterlife is perceived, and how caregiving is approached (Campbell & Amin, 2014). By considering these cultural factors, the study can help us to better understand the role of palliative care within the context of African communities and highlight the need for culturally sensitive practices in providing care to patients with life-limiting illnesses (Ekore & Lanre-Abass, 2016).

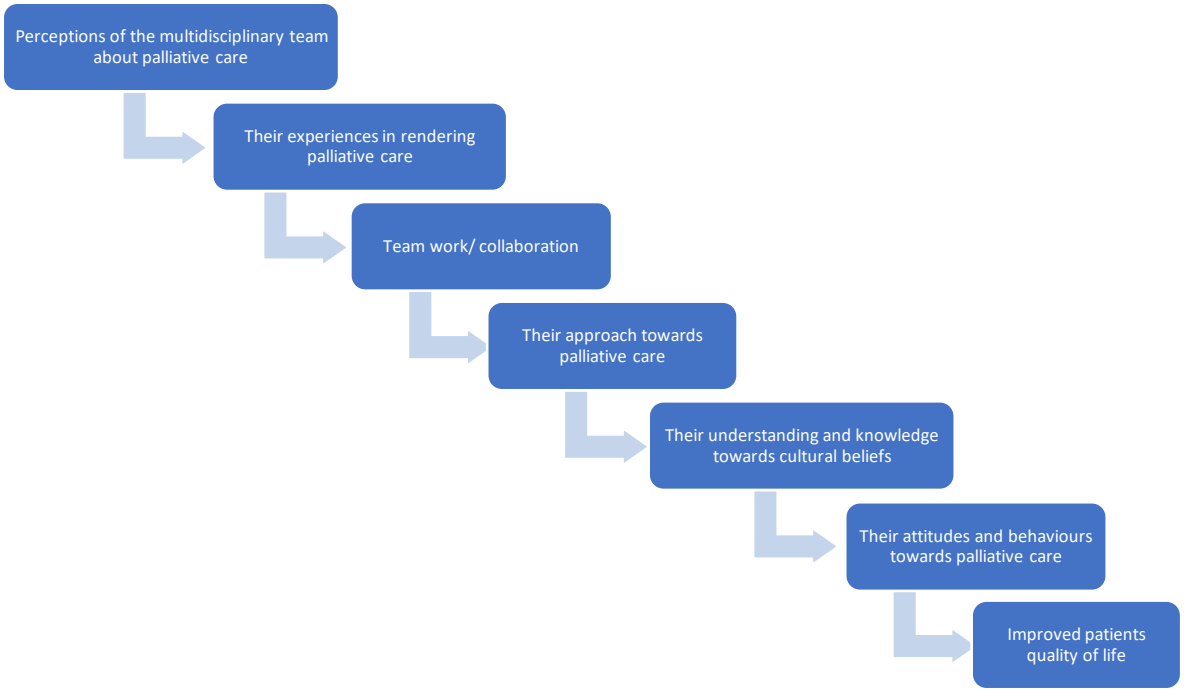
Given the cultural diversity within African communities, understanding the cultural concept of death theory is essential for providing culturally sensitive and appropriate palliative care. By incorporating this theory into the study, it will help explore how cultural beliefs and practices influence perceptions of death, attitudes towards end-of-life care, and preferences for care among African patients and families (Sítima et al., 2024). This knowledge can inform the development of culturally tailored interventions and support strategies to improve the quality of palliative care delivery (Van Heerden & Jenkins, 2022).

Figure 2.1 introduces these frameworks to provide a comprehensive understanding of palliative care within a cultural and environmental context. The figure illustrates how

different systems, from immediate personal relationships (microsystem) to broader cultural beliefs (macrosystem), shape the approach and effectiveness of palliative care in an African context. This integration emphasises the importance of cultural competence, community involvement, and multidisciplinary collaboration. The African cultural concept of death theory ensures that palliative care is culturally relevant and respectful, providing holistic care deeply rooted in the cultural context of the patients.

Figure 2.1

A Pictorial View of How the Theoretical Frameworks Came Together in This Study



This framework highlights the relevance to the current study for several reasons. Firstly, it underscores the core philosophy of palliative care, emphasising that its primary goal is not curative treatment but rather the alleviation of physical symptoms, the enhancement of quality of life, and support throughout the process of change. By focusing on symptom management and holistic support, palliative care aligns closely with the aims

of the current study, which likely centres on understanding and improving the care provided to individuals with life-limiting illnesses (World Health Organization, 2021a).

The framework underscores the importance of considering not only the physical symptoms but also the psychological, emotional, social, spiritual, cultural, and practical needs of patients. This holistic approach resonates with the multidimensional nature of palliative care, which acknowledges that individuals facing life-limiting illnesses require comprehensive support across various domains of their lives. Research studies and literature reviews in palliative care consistently highlight the importance of addressing these holistic needs to improve patient outcomes and quality of life (Ekore & Lanre-Abass, 2016).

The framework advocates for early engagement with patients and their families to ensure that appropriate support measures are in place. Research has shown that early integration of palliative care alongside standard medical treatment leads to better symptom management, improved quality of life, and increased satisfaction with care among patients and families (Ferrell et al., 2020). Evidence supporting this can be found in studies like the landmark trial conducted by the Worldwide Hospice and Palliative Care Alliance (2014), which demonstrated the benefits of early palliative care interventions in patients with advanced cancer.

The framework acknowledges the role of a multidisciplinary team in providing comprehensive care to patients. This resonates with the collaborative nature of palliative care, which often involves healthcare professionals from various disciplines, including physicians, nurses, social workers, psychologists, and chaplains, working together to address the diverse needs of patients and their families. Numerous studies cited by Pekarsky et al. (2021) have demonstrated the effectiveness of multidisciplinary palliative

care teams in improving patient outcomes, enhancing symptom management, and increasing satisfaction with care.

2.4 Integration of the Two Perspectives

To effectively integrate the ecological systems perspective and the African cultural concept of death into the figure illustrating the multidisciplinary team's views on palliative care, it is important to note that Figure 2.1 represents more than just perceptions it also encompasses their experiences and attitudes. Therefore, the integration of these theoretical frameworks should reflect the broader scope of insights captured in the figure.

2.4.1 Integration of the Ecological Systems Perspective

The integration of the ecological systems perspective highlights how individual team members' perceptions and experiences with palliative care are shaped by their immediate social environment, including interactions with patients, families, and colleagues (Bronfenbrenner, 1979; Sheldon, 1997). This includes their beliefs, values, and professional experiences influencing their approach to palliative care. It illustrates how interactions between team members, such as communication, coordination, and collaboration, influence their collective perceptions and experiences with palliative care, emphasising the importance of effective teamwork and collaboration in delivering high-quality care (World Health Organization, 2021a).

The discussion also considers how external factors, such as organisational policies, healthcare systems, and community resources, impact the multidisciplinary team's ability to provide palliative care (Worldwide Hospice and Palliative Care Alliance, 2020). These external influences may facilitate or hinder their approach to care. Additionally, the broader cultural and societal factors that shape the team's understanding and approach to

palliative care were examined, including cultural norms, values, and beliefs about death and dying that influenced their perceptions and practices (Ekore & Lanre-Abass, 2016).

Finally, the dimension of time was examined, showing how changes and transitions over time affect the multidisciplinary team's perceptions and practices of palliative care. This includes historical shifts in societal attitudes towards palliative care, changes in healthcare policies and regulations, and the personal and professional development of team members throughout their careers (Kelley et al., 2017). By incorporating the evolving experiences, ongoing training, and shifting cultural norms, the analysis underscores how these factors impact the team's ability to adapt and respond to new challenges and advancements in the field.

2.4.2 Integration of the African Cultural Concept of Death Theories

The incorporation of African cultural perspectives on death and dying emphasises the influence of these beliefs and practices on the multidisciplinary team's approach to palliative care (Mahilall, 2021). Each team member's perceptions are shaped by their understanding of traditional healing practices, rituals surrounding death and bereavement, and cultural attitudes towards end-of-life care (Bakitas et al., 2020). These cultural insights help the team reflect on how they interact with patients and families, particularly in contexts where cultural differences could play a role in shaping experiences of care (Mahilall, 2021).

The integration also highlights the importance of cultural competence and sensitivity in the team's interactions with patients and families from diverse cultural backgrounds (Bastos et al., 2024). By considering cultural beliefs and values, the team could have enhanced communication, facilitated better decision-making, and improved the overall quality of care (de Oliveira Parola, 2019). This awareness likely contributed to

creating an environment of respect, trust, and understanding between the team and the patients they cared for (Yevu Johnson, 2021).

Furthermore, the team's understanding of cultural diversity impacts their ability to provide culturally responsive palliative care (Nabachwa, 2022). Reflecting on experiences working with patients from different cultural backgrounds helped the team recognise and address cultural barriers in care delivery (Leng et al., 2024). By integrating African cultural concepts into their approach, the team could ensure that the care provided was not only medically effective but also sensitive to the patients' cultural needs and preferences (Court & Olivier, 2020).

By integrating these theoretical frameworks into the figure detailing the multidisciplinary team's perceptions, experiences, and attitudes toward palliative care, the current study provides a comprehensive understanding of the cultural, social, and environmental factors influencing team dynamics and approaches to care. This approach fostered a holistic perspective that considered the interplay between individual experiences, interpersonal interactions, and broader cultural and societal influences on palliative care delivery.

2.5 Summary

Chapter Two has provided a comprehensive explanation of the theoretical frameworks that underpin social work in palliative care, focusing on the ecological systems perspective and the African cultural concept of death. The ecological systems perspective offers a holistic understanding of how individuals interact within their environments, emphasising the importance of considering various systems and levels of influence, from the individual to the broader societal context. This perspective helped illuminate the roles of social workers in palliative care settings and their interactions with patients, families,

and members of a multidisciplinary team, highlighting the complexities and challenges they face.

Furthermore, the incorporation of the African cultural concept of death enriches our understanding of how cultural beliefs and practices shape an individual's experiences of death and grief. Recognising and respecting cultural diversity is essential for social workers in providing sensitive and effective support to diverse populations navigating end-of-life care and bereavement.

The synthesis of these theoretical frameworks provided a robust foundation for investigating the roles and experiences of social workers and the members of multidisciplinary teams in palliative care, considering both the ecological context in which they operate and the cultural nuances that influence their practice. By integrating these perspectives, this study aimed to contribute to a deeper understanding of how social workers can best support patients and families facing life-limiting illnesses, ultimately enhancing the quality of palliative care delivery. The next chapter presents the history of social welfare and social work.

3 Chapter Three
History of Social Welfare and Social Work

This section presents the first of three literature review chapters, providing a synthesis of existing research relevant to the field of study. According to Graham (1999), Pellebon (2007), and Schiele (1997), the primary purpose of the literature review is to assist in providing a synthesis to examine the research problem, showing that the researcher is familiar with the existing body of knowledge in the field of study. The history of social welfare and social work is a complex tapestry woven across the globe, shaped by cultural, economic, and political factors. This chapter provides an overview of the historical development of social welfare and social work, focusing on both developed and developing countries, globally and regionally. Special attention is given to the South African context to highlight regional dynamics. This chapter also highlights the gaps in the current body of knowledge and informs the research design decisions.

3.1 Historical Evolution of Social Welfare and Social Work Worldwide

Understanding the historical evolution of social welfare and social work is essential for comprehending the diverse trajectories and challenges that have shaped these fields across different regions.

The history of social welfare in developed countries has been significantly influenced by major social and economic changes. The roots of social welfare can be traced back to ancient civilisations where communal care for the vulnerable was embedded in cultural and religious practices (Haralambos & Heald, 2009). In Europe and North America, the Industrial Revolution in the 18th and 19th centuries triggered significant social changes, leading to the establishment of formalised social welfare systems. These systems emerged in response to urbanisation, industrialisation, and the resulting social

inequalities (Esping-Andersen, 1990). The 20th century saw the expansion of social welfare policies, especially after the Great Depression and World Wars, leading to comprehensive welfare states that ensured citizens' well-being through healthcare, education, and social security (Quadagno, 2006).

Europe's social welfare history is characterised by a transition from early philanthropic efforts to the establishment of comprehensive welfare states. Countries like Sweden, Germany, and the United Kingdom developed extensive social welfare systems to address societal needs post-industrialisation and post-war reconstruction (Thane, 2016). These countries implemented a range of social policies, including public health initiatives, unemployment insurance, and old-age pensions, reflecting a commitment to social equity and the protection of vulnerable populations.

In North America, the evolution of social welfare was similarly transformative. The New Deal era in the United States marked a significant shift in social welfare policies, with the government taking a more active role in providing economic security and social work becoming professionalised during this period (Trattner, 2007). The Social Security Act of 1935, a cornerstone of the New Deal, introduced unemployment insurance, old-age benefits, and assistance for dependent children, laying the foundation for the modern welfare state in the United States (Berkowitz, 2003).

In developing countries, the establishment of social welfare systems has faced unique challenges due to economic disparities, colonial legacies, and political instability.

Economic disparities and historical injustices often hindered the development of robust social policies in these regions (Mkandawire, 2004). In many developing countries, social work has adopted community-based approaches, focusing on empowerment and

sustainable development (Hugman, 2010). These approaches often emphasise local resources and culturally relevant practices to address social issues effectively.

Globalisation in the late 20th century facilitated the exchange of ideas and practices in social work, with international organisations playing a pivotal role in advocating for human rights and social justice, influencing the development of social work globally (Healy & Thomas, 2020). This exchange led to the adoption of international social work standards and practices, tailored to fit the unique contexts of developing countries.

In Latin America, social work has been influenced by socioeconomic disparities and the marginalisation of indigenous populations. Social work in this region often aligns with grassroots movements advocating for the rights of marginalised communities (Midgley, 1997). The liberation theology movement in the 1960s and 1970s, which emphasised social justice and human rights, significantly impacted social work practices in Latin America, encouraging social workers to engage in advocacy and community organisation (Cupples et al., 2019).

Asia presents a diverse path where social welfare is deeply influenced by cultural values that emphasise community and family. Countries like Japan and South Korea blend traditional values with modern approaches, reflecting social harmony (Fu & Hughes, 2009). Social welfare systems in these countries often include comprehensive health care, social security, and family support policies. In India, social work has evolved to address the social consequences of colonisation and promote inclusive development, focusing on issues such as poverty alleviation, education, and health care (Agnimitra & Sharma, 2023).

In Africa, the history of social welfare is marked by the challenges of colonialism and post-colonial transitions. Social work often focuses on community development and resilience, drawing on indigenous philosophies like Ubuntu, which emphasises

interconnectedness and communal support (Webb & Gray, 2012). Social workers in Africa address the unique social challenges faced by diverse communities, influenced by historical injustices and the need for community resilience (Mkandawire, 2004). Programmes often focus on areas such as HIV (Human Immunodeficiency Virus)/AIDS, child welfare, and poverty alleviation, integrating traditional support systems with formal social welfare services (Atkins et al., 2022).

3.2 South Africa: Historical Evolution of Social Welfare and Social Work Pre-Colonial Era and Indigenous Human Service Systems

Before European colonisation, South Africa was home to diverse indigenous communities, each with its own social structures and systems of communal support. These indigenous systems were deeply rooted in cultural traditions, spiritual beliefs, and kinship ties. They emphasised collective identity and community solidarity, viewing the well-being of individuals as intricately connected to the welfare of the entire community (Smith, 2017).

Afrocentric social work frameworks, such as those discussed by Midgley (1997) acknowledge the significance of spirituality in understanding and addressing human needs. These frameworks recognise spirituality as an integral aspect of human existence, alongside the material and social dimensions. In the context of South Africa's indigenous cultures, spirituality played a central role in guiding community values, norms, and practices related to social welfare.

However, the arrival of European colonisers in South Africa brought significant disruptions to these indigenous systems of communal support. Colonial interventions, including land dispossession, forced labour, and cultural assimilation policies, destabilised Indigenous communities and undermined their traditional social structures. The imposition

of colonial authority often led to the marginalisation and disenfranchisement of indigenous peoples (Gray et al., 2016; Midgley, 1997).

As Sobantu and Nel (2019) highlighted, colonial interventions also shaped the development of social welfare efforts in South Africa. These efforts were often characterised by paternalism, with colonial authorities seeking to impose control over Indigenous populations rather than empowering them. Missionary and philanthropic organisations, while providing some social services, often operated within a paternalistic framework that reinforced racial and social hierarchies. Overall, colonial interventions profoundly disrupted Indigenous systems of communal support in South Africa, leading to a shift towards paternalistic social welfare approaches. Understanding this historical context is essential for comprehending the challenges and complexities that continue to shape social welfare and social work in contemporary South Africa (Gray et al., 2016).

During the colonial era in South Africa, which lasted from the late 17th century until the mid-20th century, social welfare and social work were shaped by the policies and practices of European colonisers, primarily the Dutch and British (Terreblanche, 2002). Significant disruptions to Indigenous communal support systems and the imposition of colonial authority over the native populations characterised this period.

As mentioned, social work as a formalised profession did not emerge in South Africa until the 1920s (Drower, 2002). Prior to this, social welfare needs were primarily addressed informally at the family and community levels. However, with the increasing urbanisation and industrialisation brought about by colonial economic policies, concerns about poverty and social problems among the white population began to grow (Seekings & Nattrass, 2015). Colonial interventions further exacerbated social inequalities and disrupted Indigenous systems of communal support. Land dispossession, forced labour,

and discriminatory laws and policies systematically marginalised Indigenous communities, exacerbating poverty and social problems. In this context, social welfare efforts by colonial authorities were often paternalistic, seeking to exert control over Indigenous populations rather than empowering them (Gray et al., 2016).

During the apartheid era in South Africa, which spanned from 1948 to 1994, the government institutionalised racial segregation, leading to egregious social and economic disparities. Social welfare policies were intentionally crafted to reinforce racial hierarchies, with minimal support allocated to non-white populations (Ndemka, 2021). This systematic discrimination exacerbated existing inequalities and entrenched racial divisions within society (Taylor, 2024).

Social work during apartheid took on a critical role as a tool for resistance against the oppressive regime. Social workers played a pivotal role in advocating for social justice and challenging discriminatory policies. Despite facing significant risks and obstacles, social workers actively supported marginalised communities, providing essential services and empowering individuals to resist the injustices perpetuated by the apartheid government (Turton & Schmid, 2020).

In addition to direct interventions, social workers also engaged in advocacy and community organising efforts to mobilise resistance against apartheid policies. Through grassroots initiatives and collaboration with civil rights organisations, social workers contributed to the broader struggle for freedom and equality in South Africa (Bekker, 2020).

Overall, the apartheid era was characterised by institutionalised segregation and systemic discrimination, which profoundly impacted social welfare and social work. Despite facing considerable challenges, social workers emerged as champions of social

justice, using their profession as a tool for liberation and empowerment in the fight against apartheid (Patel, 2018).

The transition to democracy in South Africa in 1994 marked a pivotal moment in the history of social welfare and social work, ushering in significant changes and new opportunities for development and transformation (Patel, 2018). This transition was characterised by a shift from an apartheid-era welfare system based on racial segregation and inequality to one focused on inclusivity and social justice (Nzama, 2024). The democratic government prioritised social development, aiming to address historical injustices and provide equal access to social services for all citizens, regardless of race or socio-economic status. These changes created new possibilities for social workers to engage in transformative practices that promoted human rights, social justice, and community empowerment (Simcock et al., 2017). The White Paper for Social Welfare of 1997 serves as a guiding framework for the restructuring of the social welfare system, articulating a vision for a more inclusive, equitable, and sustainable approach (Patel, 2018). This policy document emphasises the importance of collaboration between government, civil society, and other stakeholders in building a developmental social welfare system that prioritises the needs of all citizens (Department of Welfare, 1997).

Social work, as a profession, underwent a profound evolution during this period. With the dismantling of apartheid-era policies and structures, social workers expanded their focus to include reconciliation, community development, and addressing the psychosocial consequences of apartheid (Turton & Schmid, 2020). Recognising the enduring legacy of apartheid, social workers played a crucial role in facilitating healing and social cohesion, working to bridge divides and promote understanding among diverse communities (Gray & Lombard, 2021).

The country's social welfare system has made significant strides in areas such as child protection, HIV/AIDS care, and poverty reduction. Government initiatives like the Reconstruction and Development Programme and the subsequent National Development Plan aim to address socio-economic disparities and improve the quality of life for all South Africans (Seekings & Nattrass, 2015). However, the transition to democracy also brought to the forefront persistent challenges, including poverty, inequality, and the HIV/AIDS epidemic. Despite significant progress, socio-economic disparities continue to plague South African society, disproportionately affecting marginalised communities. Social workers remain at the forefront of efforts to address these challenges, providing essential services, advocacy, and support to those most in need (Patel, 2018). The transition to democracy in South Africa brought about significant changes in social welfare and social work, laying the foundation for a more inclusive and equitable society (Patel, 2015). While progress has been made, ongoing challenges underscore the continued importance of social welfare and social work in addressing the complex social, economic, and health issues facing the country (Lombard, 2020).

In addition to addressing poverty and inequality, social welfare and social work systems in democratic South Africa are deeply involved in responding to the HIV/AIDS epidemic, which has posed significant health and social challenges since the early 1990s. The epidemic has disproportionately affected certain populations, exacerbating existing vulnerabilities and inequalities. Social workers have played a critical role in HIV/AIDS prevention, treatment, and support programmes, adopting a holistic approach to addressing the psychosocial dimensions of the epidemic (Shisana et al., 2014). This approach recognises that the impacts of HIV/AIDS extend beyond medical treatment and encompass social, economic, and psychological factors that affect individuals, families, and communities (van Dyk & van Dyk, 2020).

One of the key contributions of social workers in the HIV/AIDS response has been in providing psychosocial support to those affected by the epidemic. This includes counselling services for individuals living with HIV/AIDS, as well as their families and caregivers, to help them cope with the emotional and psychological challenges associated with the disease (Patel, 2018). Social workers also play a vital role in facilitating support groups and community-based initiatives aimed at reducing stigma and discrimination against people living with HIV/AIDS (Zelnick et al., 2018).

Moreover, social workers are involved in advocacy efforts to promote HIV/AIDS awareness, prevention, and access to care. They work collaboratively with government agencies, non-government organisations (NGOs), and community-based organisations to develop and implement strategies for HIV/AIDS education, prevention, and treatment (Simcock et al., 2017). This may involve outreach programmes, community workshops, and public awareness campaigns aimed at promoting safer sexual practices, HIV testing, and access to antiretroviral therapy and other essential services (Gray et al., 2016).

In addition, social workers address the social determinants of HIV/AIDS, such as poverty, gender inequality, and lack of access to education and healthcare. They advocate for policies and programmes that address these underlying factors and promote social justice and human rights (Nzama, 2024). By addressing the root causes of vulnerability to HIV/AIDS, social workers contribute to more effective and sustainable responses to the epidemic. The HIV/AIDS epidemic has underscored the importance of social welfare and social work in addressing complex health and social challenges. By integrating medical, psychosocial, and community-based approaches, social workers are instrumental in supporting individuals and communities affected by HIV/AIDS and advocating for broader social change to mitigate the impact of the epidemic (Patel, 2018).

3.2.1 Social Welfare and Social Work Systems in Democratic South Africa

In democratic South Africa, social welfare and social work systems continue to evolve to address the diverse and complex needs of the population. Social workers remain integral to these systems, playing a crucial role in addressing societal challenges and promoting social justice and well-being (Patel, 2018). However, tensions and debates persist within the profession regarding professional status and political influence (Smith, 2017).

One area of contention revolves around the professional status of social workers and the degree of autonomy they have in their practice. The Social and Associated Workers Act of 1978 granted social workers full professional status, but questions have been raised about the extent to which this legislation serves the interests of the profession and its clients (Wilding, 2024). Some argue that the Act has been used as a means of political control over social work activities rather than empowering social workers to fulfil their roles effectively (Patel, 2018). These tensions highlight broader issues of power dynamics and autonomy within the social work profession (Smith, 2017).

Despite these challenges, efforts have been made to provide guidance and direction for social welfare services in South Africa. The Department of Social Development's Framework for Social Welfare Services, published in 2013, serves as a comprehensive document outlining principles and guidelines for the implementation of social welfare programmes (Department of Social Development, 2013). Emphasising a people-centred and developmental approach, the Framework aims to ensure that social welfare services are responsive to the needs of individuals, families, and communities. By prioritising collaboration and inclusivity, the Framework seeks to promote equity and social justice in the delivery of social welfare services (Patel, 2018).

However, ongoing research and policy development are essential to address emerging social issues and adapt to changing societal needs (Gray et al., 2016). As South Africa continues to grapple with persistent challenges such as poverty, inequality, and health disparities, social welfare and social work systems must remain responsive and adaptive (Simcock et al., 2017). By fostering a culture of innovation and collaboration, policymakers, practitioners, and researchers can work together to strengthen social welfare services and promote the well-being of all South Africans (Nzama, 2024).

3.3 Summary

The history of social welfare and social work is a dynamic narrative that reflects the evolving needs of societies globally. While developed countries showcase mature welfare systems, developing countries navigate unique challenges. The South African experience provides a compelling case study of how social work can contribute to societal transformation in the aftermath of systemic oppression. As we move forward, understanding these historical trajectories informs contemporary social work practice and policy development. The history of social welfare and social work is regionally diverse, shaped by unique historical, cultural, and political contexts. Developed and developing countries exhibit distinct trajectories, with social work evolving to address the specific needs and challenges within each region. Understanding these regional dynamics is crucial for practitioners and policymakers to create effective and culturally sensitive social welfare systems. The history of social welfare and social work in South Africa is deeply intertwined with the legacy of colonialism and apartheid. The profession has evolved from a tool of control during the colonial period to a catalyst for social justice and transformation in the post-apartheid era. The ongoing challenges, including poverty, unemployment, and health crises, underscore the continued importance of social work in

addressing the unique needs of South Africa. The next chapter explores the development of public health services.

4 Chapter Four
The Development of Public Health Services

This chapter examines the evolution and progress of public health services globally, with a focus on regional advancements and the specific context of South Africa. Public health services are crucial for community well-being, addressing healthcare disparities, and promoting disease prevention. Multidisciplinary team, including social workers, are key to these efforts. Understanding the history and current challenges of public health is essential for shaping effective policies.

The exploration begins by tracing the origins of public health services globally, examining key milestones that have shaped the development over time—from ancient civilisations' rudimentary sanitation practices to the establishment of modern healthcare systems—and the transformative forces that have propelled public health onto the global agenda (McPake et al., 2020). A close examination is made of regional variations in public health infrastructure and strategies. By analysing regional approaches to public health, including the integration of social work principles, insights into effective strategies tailored to diverse contexts are gained (Brown & Stalker, 2022).

In South Africa, the intersection of historical legacies, social inequalities, and healthcare reform efforts has profoundly influenced the landscape of public health (Bhuda & Gumbo, 2024). Social workers have played a crucial role in addressing complex social determinants of health, advocating for vulnerable populations, and facilitating access to essential services (Naidoo, 2019). I examine the country's journey in combating infectious diseases, addressing maternal and child health, and advancing healthcare access for marginalised populations (Hlahane, 2018), as well as explore the collaborative efforts between public health professionals and social workers (Ornellas, 2018).

Through a comprehensive examination of the development of public health services globally, regionally, and within South Africa, this chapter presents a nuanced understanding of the challenges and opportunities in promoting population health and well-being (Such et al., 2022). A critical reflection on the integral role social workers fulfil in public health services is deliberated (Taiwo, 2022). By learning from past experiences and current initiatives, a path towards a healthier and more equitable future for public health services for all can be established (Thompson, 2014).

4.1 Evolving Public Health Services

Globally, over the past 150 years, the evolution of the modern public health system has been influenced by two key factors: the advancement of scientific knowledge concerning the origins and methods of disease control and the increasing societal acceptance of disease control as both achievable and a communal responsibility. In earlier centuries, when the understanding of disease causes was limited, society often viewed illness with resignation, resulting in minimal public action (Rosen, 2015). However, as insights into contagion sources and disease control methods improved, more effective interventions emerged. The development of public health services globally, including the role of social workers, is a multifaceted and evolving process. The integration of social workers into public health initiatives is crucial for addressing various social determinants of health and promoting overall well-being (McCoyd et al., 2016).

Public organisations and agencies were subsequently established to implement these newly discovered interventions against health threats (Ferson, 2009). With the continual growth of scientific knowledge, public authorities expanded their roles to include tasks such as sanitation, immunisation, regulation, health education, and personal health care (Schneider, 2020). The pivotal link between science, intervention development, and the organisation of public authorities was the rising public awareness and commitment to

improving health. The establishment of a public health system, aimed at safeguarding health, relied on the synergy of scientific discoveries and societal actions. The comprehension of disease facilitated the implementation of public measures to alleviate pain and suffering, while societal values regarding the importance of this objective made such measures viable. The history of the public health system is essentially a narrative of amalgamating knowledge and values within the public sphere to formulate an approach to addressing health challenges (Carr et al., 2023).

The integration of technology into public health practices, such as the use of information technology for data management and the advent of telemedicine, has expanded the reach and efficiency of public health services (Wang et al., 2021). Initiatives such as the Millennium Development Goals and the Sustainable Development Goals have provided a framework for addressing global health challenges. These campaigns underscore the interconnectedness of health with broader socio-economic development (World Health Organization, 2015).

Furthermore, the global response to pandemics, such as the HIV/AIDS crisis and more recently the COVID-19 pandemic, has underscored the need for international cooperation and preparedness in addressing health emergencies (Collins et al., 2023). These events have highlighted the importance of collaborative efforts among nations, organisations, and stakeholders to effectively respond to and mitigate the impact of public health crises (World Health Organization, 2022c).

4.2 Developed Countries: Historical Progression and Current Practices

Significant milestones, including the establishment of sanitation systems, vaccination programmes, and the development of comprehensive healthcare infrastructures, mark the evolution of public health services in developed countries. In

Europe, the establishment of universal healthcare systems, such as the United Kingdom's National Health Service in 1948, marked a significant milestone in providing equitable health access (Newdick, 2014). Similarly, in North America, public health services were shaped by the interplay of federal and state systems, with the creation of the United States Centers for Disease Control and Prevention in 1946, highlighting regional efforts (Brandt, 2020).

Scientific advancements have played a crucial role in shaping public health services in developed countries. The development of vaccines and immunisation practices has been fundamental in controlling infectious diseases, as demonstrated by the eradication of smallpox in 1980 through widespread vaccination campaigns (Orenstein et al., 2022). Additionally, advances in epidemiology and disease surveillance have improved the ability to track and respond to health threats, enabling timely and targeted interventions (Groseclose & Buckeridge, 2017).

The integration of social workers into public health services in developed countries is essential for addressing social determinants of health. Social workers play a critical role in providing support and advocacy for vulnerable populations, ensuring that healthcare services are accessible and equitable (McCoyd et al., 2016).

4.3 Developing Countries: Historical Context and Health Challenges

In developing countries, the evolution of public health services has been shaped by a combination of historical legacies, socio-economic challenges, and the burden of infectious diseases. Africa, for instance, has faced unique challenges, including inadequate infrastructure and resource constraints (Musango et al., 2012). The Alma-Ata Declaration's emphasis on primary healthcare has significantly influenced regional approaches, promoting community-based health interventions (World Health Organization, 2019b).

Developing countries have often relied on community-based health initiatives to address public health challenges. In Asia, for example, the integration of traditional medicine alongside modern healthcare systems is notable, reflecting the region's vast cultural and economic differences (World Health Organization, 2018a). In Latin America, countries like Brazil have implemented innovative community health programmes focused on social determinants of health (Paim et al., 2011).

Social workers in developing countries are crucial in bridging the gaps in healthcare access and addressing the social determinants of health. Their role is particularly significant in rural and underserved areas, where they provide essential services and support to marginalised populations (McCoyd et al., 2016).

4.4 South Africa: Historical Background and Health Disparities

The development of public health services in South Africa, including the involvement of social workers, has been shaped by historical, political, and social factors. The national health system in South Africa is structurally formed through the National Health Act of 2003 into provincial health administrations and districts. As a result, the basic unit of the South African health system is the health district, the vehicle through which the basic package of health care services, viz the primary health care package, is delivered (World Health Organization, 2015). The National Health Act outlines the roles and responsibilities of the national health department, the provincial health departments, and health districts. Broadly, the national health department is responsible for policy, monitoring, and evaluation, the local health departments are accountable for implementing national health policy, and the health districts are vehicles for healthcare delivery. The policy prescribes the size of the district hospital package in line with the capacity and capabilities of the hospital. These services are generally referred to as level one or primary health care services (Schneider, 2020).

The social worker assists the patient and family in maximising treatment potential on a physical level by helping them gain access to care more efficiently and emotionally by easing their concerns (Pockett et al., 2022). Patients with many psychosocial problems may have difficulty accessing adequate cancer treatment and complying with an often rigorous and expensive medical regimen (Williams, 2018). As the patient and family struggle to comprehend the enormity of a life-threatening disease, such as cancer and other life-limiting illnesses, they are thrust into the role of navigating the complex world of the healthcare system (Goodman & Thompson, 2018). As they work to learn an entirely new language and behaviour as a patient, they must simultaneously make multiple decisions about treatment alternatives, work and family demands, role changes, financial concerns, and emotional caregiving. It is here that the social worker can help (O'Donnell, 2024).

4.4.1 The Apartheid Era and Health Disparities

During the apartheid era, South Africa witnessed significant health disparities resulting from racial segregation. Separate health systems for different racial groups led to unequal access to healthcare resources and services, exacerbating existing societal inequalities (Coovadia et al., 2009). The apartheid regime implemented policies that systematically disadvantaged non-white populations, resulting in limited access to quality healthcare, education, and other essential services. As a result, non-white communities faced higher rates of preventable diseases, lower life expectancies, and poorer health outcomes compared to their white counterparts (Mayosi et al., 2012).

Following the end of apartheid in 1994, South Africa embarked on a journey of healthcare reform to redress historical inequities and establish a more inclusive healthcare system. The government prioritised the development of a comprehensive healthcare framework aimed at providing universal access to quality care for all citizens, regardless of

their socio-economic status or geographic location (Coovadia et al., 2009; Department of Health, 2017).

Central to these reform efforts was the introduction of the National Health Insurance (NHI) as a flagship policy initiative. Envisioned as a vehicle for achieving universal health coverage, the NHI aims to transform the healthcare landscape by ensuring equitable access to essential health services for all South Africans (Okorafor, 2012). Under the NHI, funds from both the public and private sectors are pooled to finance healthcare services, with the goal of eliminating financial barriers to accessing care. By redistributing resources and establishing a single-payer system, the NHI seeks to promote efficiency, equity, and sustainability in the provision of healthcare services (Perrow, 2022). Moreover, the NHI aims to address disparities in healthcare delivery by strengthening primary healthcare services, expanding access to preventive and promotive interventions, and improving the quality of care across the healthcare continuum (Nxumalo et al., 2018). Through the establishment of a network of accredited healthcare facilities and the implementation of standardised treatment protocols, the NHI seeks to ensure that all South Africans receive appropriate and timely care based on their health needs (Department of Health, 2021).

In addition to expanding access to healthcare services, the NHI also emphasises the importance of addressing social determinants of health and promoting community engagement in health promotion and disease prevention efforts (Department of Health, 2015). By adopting a comprehensive approach to health system strengthening, the NHI aims to improve health outcomes, enhance population health, and contribute to the overall well-being of the nation (Fusheini & Eyles, 2016). Since its introduction, progress has been made in various aspects of NHI implementation. Pilot projects in selected districts were launched to test the feasibility of service delivery models and identify gaps in healthcare

infrastructure and human resources (Whyle, 2023). These pilots have provided valuable insights into the challenges and opportunities of implementing the NHI on a national scale (Mukwena & Manyisa, 2022).

Additionally, the government has focused on developing policies and legislation to support the NHI framework, such as the National Health Insurance Bill (Masuku & Sabela, 2020). Investments in upgrading healthcare infrastructure, particularly in underserved rural areas, have improved access to quality services (Mhlanga & Hassan, 2022). Efforts to address healthcare worker shortages through recruitment and training initiatives have also been prioritised to meet the increased demand anticipated under the NHI (Adyas, 2021).

Despite challenges such as funding constraints and administrative capacity, incremental improvements in service delivery, such as expanded access to primary healthcare, reflect the government's commitment to advancing universal health coverage (Whyle, 2023).

4.4.2 Role of Social Workers in Public Health Services

Social workers serve as integral members of multidisciplinary teams within South Africa's public health system, providing essential support to patients and families. Their role extends beyond traditional casework to include advocacy, community outreach, and policy development aimed at addressing the social determinants of health (Abusaq et al., 2023). Social workers play a key role in identifying and addressing psychosocial barriers to healthcare access, such as poverty, unemployment, and stigma, which could impact an individual's ability to seek and adhere to treatment. The integration of social workers into the public health system is crucial for ensuring holistic and patient-centred care. By working collaboratively with other healthcare professionals, including nurses, doctors, and community health workers, social workers address the complex needs of patients and

families, promoting both their physical and emotional well-being (Abusaq et al., 2023). This multidisciplinary approach could enable healthcare providers to develop tailored care plans that address the unique challenges faced by every individual or community.

4.4.3 Legislation and Policy Implications

Legislation related to health services, including acts governing the implementation of the NHI policy, must be integrated into the framework of South Africa's public health system. These policies shape the delivery of healthcare services and influence the role of social workers in addressing the population's broader healthcare needs. Additionally, ongoing efforts to strengthen healthcare governance, improve healthcare infrastructure, and address workforce shortages are essential for ensuring the effectiveness and sustainability of South Africa's public health system (Mayosi et al., 2012).

4.4.4 The HIV/AIDS Epidemic in South Africa

During the late 20th and early 21st centuries, South Africa confronted one of the most devastating HIV/AIDS epidemics globally, profoundly impacting public health services and necessitating a comprehensive governmental response (Whiteside, 2016). The epidemic, characterised by high infection rates and significant mortality, posed immense challenges to healthcare delivery and demanded urgent intervention (NDOH, 2023).

The HIV/AIDS epidemic in South Africa escalated to pandemic proportions, affecting millions of individuals across the country. According to the Joint United Nations Programme on HIV/AIDS (2020), South Africa has one of the highest HIV prevalence rates globally, with approximately 7.8 million people living with HIV/AIDS as of 2020. The pandemic's widespread impact extends beyond healthcare, affecting socio-economic development, education, and overall well-being.

In response to the HIV/AIDS pandemic, the South African government implemented various policies and interventions aimed at mitigating the spread of the virus, improving access to treatment and care, and addressing the socio-economic impacts of the epidemic. One of the landmark policies was the National Strategic Plan for HIV, Tuberculosis, and Sexually Transmitted Infections 2017-2022, which outlined the country's priorities and strategies for combating HIV/AIDS (South African National AIDS Council, 2017). Significant efforts were made to expand access to antiretroviral treatment as a cornerstone of HIV/AIDS management. The implementation of antiretroviral treatment programmes aimed to provide life-saving medication to HIV-positive individuals, improve their health outcomes, and reduce transmission rates. Additionally, comprehensive prevention programmes were rolled out, emphasising strategies such as condom distribution, voluntary counselling and testing, prevention of mother-to-child transmission, and promoting safer sex practices (South African National AIDS Council, 2017).

The HIV/AIDS pandemic placed unprecedented strain on South Africa's public health services, necessitating innovative approaches to service delivery, resource allocation, and capacity building. Healthcare facilities faced challenges in managing the increasing patient load, ensuring adequate medication supply, and providing holistic care to individuals living with HIV/AIDS. Moreover, the pandemic highlighted existing healthcare disparities and inequalities, underscoring the need for a more equitable and accessible healthcare system (Shisana et al., 2014). Addressing the HIV/AIDS pandemic required collaborative efforts across sectors, involving government agencies, civil society organisations, healthcare professionals, and affected communities. Multisectoral partnerships were instrumental in designing and implementing comprehensive prevention,

treatment, and care programmes, while community engagement initiatives fostered awareness, destigmatisation, and support for people living with HIV/AIDS (Karim, 2022).

Despite significant progress in combating the HIV/AIDS epidemic, challenges persist, including stigma and discrimination, treatment adherence, and reaching marginalised populations. Moving forward, sustained investment in HIV/AIDS programmes, research, and community empowerment is essential to achieve epidemic control, reduce transmission rates, and ultimately end the HIV/AIDS pandemic in South Africa. Persistent challenges in South Africa's public health system include issues related to healthcare infrastructure, workforce shortages, and the burden of both communicable and NCDs (Mayosi et al., 2012). Ongoing efforts aim to address these challenges and strengthen the overall health system.

4.4.5 The Impact of COVID-19 on South Africa's Public Health System

The emergence of the COVID-19 pandemic presented exceptional or unique challenges for South Africa's public health system, necessitating swift and comprehensive responses to mitigate the spread of the virus, protect public health, and ensure healthcare access for all citizens. This section explores the multifaceted impact of COVID-19 on South Africa's public health services, including interventions, regulations, statistics, and the healthcare system's response to the pandemic.

In response to the COVID-19 pandemic, South Africa implemented a series of interventions and regulations aimed at containing the spread of the virus and minimising its impact on public health (Phaswana-Mafuya et al., 2021). These measures included strict lockdowns, travel restrictions, social distancing protocols, mask mandates, and hygiene guidelines. Additionally, the government established dedicated COVID-19 testing and

treatment facilities, expanded healthcare infrastructure, and deployed resources to areas with high infection rates (Pillay et al., 2021).

Testing and contact tracing played a crucial role in identifying and isolating COVID-19 cases, preventing further transmission and guiding public health interventions (Phaswana-Mafuya et al., 2021). South Africa ramped up testing capacity, conducting mass testing campaigns, establishing testing sites in communities, and deploying mobile testing units to reach underserved populations. Vaccination emerged as a critical strategy in the fight against COVID-19, with South Africa launching vaccination campaigns to immunise its population against the virus (Phaswana-Mafuya et al., 2021). The government secured vaccine doses through bilateral agreements, participation in global vaccine initiatives such as COVAX, and procurement from pharmaceutical companies. Vaccination efforts prioritised healthcare workers, elderly individuals, and vulnerable populations. The COVID-19 pandemic placed immense pressure on South Africa's healthcare system, stretching resources, capacity, and personnel to their limits (Phaswana-Mafuya et al., 2021). Hospitals and healthcare facilities faced overcrowding, shortages of medical supplies and equipment, and staffing challenges due to increased patient loads and healthcare worker infections (Mahlathi & Dlamini, 2021). Healthcare workers demonstrated resilience, dedication, and adaptability in responding to the crisis (Kazadi et al., 2024).

4.4.6 Statistics and Epidemiological Trends

Throughout the COVID-19 pandemic, South Africa tracked epidemiological trends, infection rates, mortality rates, and other key indicators to inform public health decision-making and resource allocation (Phaswana-Mafuya et al., 2021). Epidemiological data provided insights into disease transmission dynamics, hotspot identification, vulnerable populations, and the effectiveness of public health interventions (Nicola et al., 2020).

The COVID-19 pandemic reshaped South Africa's public health landscape, highlighting the importance of robust healthcare systems, effective public health interventions, and collaborative efforts in responding to global health emergencies (Phaswana-Mafuya et al., 2021). Moving forward, South Africa remains committed to overcoming the challenges posed by COVID-19, ensuring equitable healthcare access and strengthening its public health infrastructure to address future health threats effectively. Examining the transmission dynamics observed in South Africa, a country often referred to as the epicentre of the outbreak in the African continent, reveals the profound impact of COVID-19 (World Health Organization, 2020b). The first confirmed case was reported on March 5, 2020. Fast forward to February 23, 2021, and South Africa recorded a cumulative total of 1,504,588 confirmed cases of COVID-19, with 49,150 deaths reported across Africa. Despite representing only 5% of the continent's population, South Africa was the hardest-hit African nation, accounting for 54% of total confirmed cases and 44% of deaths in the World Health Organization African region by the close of 2020 (World Health Organization, 2020b).

The severity of the outbreak was underscored by seroprevalence surveys conducted in mid-January 2021. These surveys estimated notably high prevalence rates of COVID-19 antibodies among blood donors across South Africa's provinces: 63% in the Eastern Cape, 52% in KwaZulu-Natal, 46% in the Free State, 32% in the Northern Cape, 68% in Gauteng, 66% in Limpopo, 73% in Mpumalanga, 81% in the North-West, and 38% in the Western Cape. These findings suggest a significantly higher prevalence of infection than indicated by reported cases, which represented a mere 1.83% of the total population at the same time (World Health Organization, 2020b). This suggests a substantial degree of under-reporting and undetected cases in South Africa, hinting at a more extensive impact of the pandemic than officially recognised.

4.5 Summary

This chapter provided a comprehensive exploration of the evolution and progress of public health services globally, with a specific focus on regional advancements and the unique context of South Africa. It traced the historical trajectory of public health services from ancient civilisations to modern healthcare systems, highlighting the pivotal role of scientific advancements and societal values in shaping public health initiatives. Regional variations in public health infrastructure and strategies were examined, offering insights into effective approaches tailored to diverse contexts. In South Africa, historical legacies, social inequalities, and healthcare reform efforts have profoundly influenced the public health landscape, with social workers playing a crucial role in addressing complex social determinants of health. The chapter also delved into the impact of significant health crises, such as the HIV/AIDS epidemic and the COVID-19 pandemic, on South Africa's public health system, emphasising the importance of collaborative efforts and innovative interventions in addressing global health challenges. Throughout, the integral role of social workers in promoting holistic and patient-centred care was underscored, highlighting the need for continued investment in public health infrastructure, workforce development, and community engagement to ensure the well-being of all citizens. The next chapter introduces palliative care in life-limiting illnesses.

5 Chapter Five
Palliative Care in Life-Limiting Illnesses

This chapter provides an in-depth exploration of the prevalence of life-limiting illnesses and the provision of palliative care. It examines these issues on global, regional, and South African levels, delving into the challenges and opportunities in delivering palliative care within the African context. The unique socio-economic, cultural, and healthcare system-related factors that influence access to and delivery of palliative care services are highlighted.

Additionally, the pivotal role of the social worker within the multidisciplinary palliative care team is explored. Social workers play a critical role in addressing the psychosocial and practical needs of patients facing life-limiting illnesses and their families. By providing emotional support, facilitating communication, advocating for resources, and coordinating care, social workers significantly enhance the quality of life and overall well-being of palliative care patients and their families. Overall, this chapter provides a comprehensive understanding of the prevalence of life-limiting illnesses, the provision of palliative care services, and the indispensable role of social workers in the multidisciplinary palliative care team.

5.1 The Prevalence of Life-Limiting Illnesses

Understanding the prevalence of life-limiting illnesses is crucial for effective healthcare planning and delivery, particularly in the context of palliative care. This introductory exploration sets the stage for a comprehensive examination of the global landscape of life-limiting illnesses, the regional prevalence of such conditions (with a focus on distinguishing between developed and developing countries), and the specific landscape of life-limiting illnesses in South Africa. These conditions pose significant

challenges to healthcare provision and the well-being of affected individuals and their families. By exploring their prevalence, insight into their profound impact on societies and healthcare systems is gained, underscoring the importance of palliative care in addressing the diverse needs of patients facing such diagnoses. Through this exploration, the aim is to uncover the complexities surrounding these illnesses and pave the way for informed strategies to improve care and support for those affected.

5.2 The Global Picture of Life-Limiting Illnesses

According to the World Health Organization (2020a), the global burden and threat of NCDs constitute a significant public health challenge that undermines social and economic development worldwide. In addition, these diseases have the effect of increasing inequalities between countries and within populations. Strong leadership and urgent action are required at the global, regional, and national levels to mitigate inequality. The World Health Organization resolution records that many more people will need palliative care in the future, given the overall ageing of the global population and the increased prevalence of NCDs. Although the rationale of palliative care provision certainly includes giving pain management medicines to relieve pain and other distressing symptoms, it goes further to include efforts to enhance the quality of life and even positively influence the course of the illness (World Health Organization, 2014). The World Health Organization (2014, p. 250) contemplated that

> "the provision of palliative care to be an ethical responsibility of health systems and called on all health care professionals (including social workers) throughout the world to fulfil an ethical duty to alleviate pain and suffering, whether physical, psychosocial or spiritual, irrespective of whether the disease or condition can be cured".

According to the World Health Organization (2023a), an estimated 40 million people worldwide require palliative care each year, with the majority of these individuals residing in low- and middle-income countries where access to such care is often limited. This number is expected to increase significantly in the coming years due to population ageing and the rising burden of chronic diseases. The Global Atlas of Palliative Care at the End of Life, a joint publication by the Worldwide Hospice Palliative Care Alliance (2020), provides comprehensive data on the availability and accessibility of palliative care services worldwide. The Atlas highlights significant disparities in access to palliative care, with many regions lacking essential services and trained healthcare professionals (Clark et al., 2020).

Furthermore, studies have shown that the prevalence of life-limiting illnesses varies across different regions and populations. For instance, cancer is a leading cause of morbidity and mortality globally, with an estimated 19.3 million new cases and 10 million deaths reported in 2020 (Sung et al., 2021). Other common life-limiting conditions include cardiovascular diseases, chronic respiratory diseases, and neurodegenerative disorders like dementia. In terms of cardiovascular diseases, recent data from the World Health Organization indicate that these conditions remain a leading cause of death globally, accounting for an estimated 17.9 million deaths annually (World Health Organization, 2021b). While the prevalence of cardiovascular diseases varies by region, they continue to pose significant health challenges and contribute to the burden of life-limiting illnesses (World Health Organization, 2023a).

Similarly, chronic respiratory diseases, including conditions such as chronic obstructive pulmonary disease and asthma, are significant contributors to morbidity and mortality worldwide. According to the Global Burden of Disease study, chronic respiratory diseases accounted for over 3 million deaths globally in 2019 (Vos et al., 2020). The

burden of these conditions is particularly high in low- and middle-income countries, where access to healthcare resources and treatment may be limited (World Health Organization, 2022c).

Neurodegenerative disorders like dementia also present substantial challenges in terms of care and management. The World Alzheimer Report 2021 estimated that approximately 55 million people worldwide were living with dementia in 2020, with this number expected to nearly triple by 2050 (Gauthier et al., 2021). Dementia not only impacts individuals' cognitive function and quality of life but also places significant strain on caregivers and healthcare systems. Palliative care, according to the World Health Organization, is a strategy aimed at enhancing the quality of life for patients dealing with life-threatening illnesses and their families. This is achieved by preventing and alleviating suffering through early detection, comprehensive assessment, and effective management of pain and other physical, psychosocial, and spiritual issues (World Health Organization, 2002, n.d.).

Despite the growing recognition of the importance of palliative care, significant barriers to access to palliative care persist. The barriers include limited resources, inadequate training of healthcare professionals, and cultural beliefs and attitudes towards death and dying (Worldwide Hospice and Palliative Care Alliance, 2021). Efforts to address these barriers and improve access to palliative care services are ongoing, with organisations such as the Worldwide Hospice Palliative Care Alliance and the International Association for Hospice and Palliative Care advocating for policy changes and increased investment in palliative care infrastructure and education (International Association for Hospice and Palliative Care, n.d.; Worldwide Hospice and Palliative Care Alliance, 2021).

5.3 Life-Limiting Illnesses in Developed Regions

In developed regions such as North America and Europe, the demographic shift towards ageing populations has led to an increased prevalence of chronic and life-limiting illnesses, including but not limited to cancer, cardiovascular diseases, and neurodegenerative disorders (Ferreira et al., 2023; Sun & Li, 2023). This trend underscores the growing need for comprehensive palliative care services to address the complex needs of patients facing these conditions (World Health Organization, 2020a). Despite the availability of palliative care services, significant disparities persist, particularly among vulnerable populations such as racial and ethnic minorities and rural communities (Beasley, 2023; National Guideline Centre, 2019).

Statistics further illustrate the impact of these illnesses in developed regions. For instance, in the United States, cancer remains the second leading cause of death, with an estimated 611,720 cancer-related deaths projected for 2024 (American Cancer Society, 2024). Similarly, in Europe, cardiovascular diseases are responsible for a substantial portion of mortality, with around 3.9 million deaths annually (World Health Organization, 2019a). Additionally, neurodegenerative disorders like Alzheimer's disease affect millions of individuals worldwide, with an estimated 5.8 million people living with Alzheimer's in the United States alone (Gauthier et al, 2021).

Regarding access to palliative care, while statistics may vary by region and country, data from the United States indicate that approximately 1.49 million Medicare beneficiaries received hospice care in 2018, with the majority aged 65 and older (National Hospice and Palliative Care Organization, 2019a). In Europe, a survey conducted by the European Association for Palliative Care found that palliative care services are available in all European countries, although the extent of service provision may vary (Van Beek et al., 2016).

However, despite the availability of palliative care services, disparities persist, particularly among underserved populations. For example, racial and ethnic minorities in the United States often face barriers to accessing palliative care, leading to disparities in quality of care and patient outcomes (Mayeda & Ward, 2019). Similarly, rural communities in both North America and Europe may have limited access to palliative care services due to geographic barriers and healthcare resource shortages (Reeves-Poot, 2020).

5.4 Prevalence of Life-Limiting Illnesses in Developing Countries

Africa continues to face significant challenges in addressing life-limiting illnesses and ensuring the adequate provision of palliative care. According to the World Health Organization (2019a), NCDs continue to impose a significant burden on the continent, with an estimated 3.1 million deaths attributed to NCDs in 2019 alone. Among these, cardiovascular diseases remain a leading cause of mortality, accounting for approximately 17% of all deaths in Africa (World Health Organization, 2019a).

Furthermore, the prevalence of HIV/AIDS remains a pressing concern in the region. The Joint United Nations Programme on HIV/AIDS (2020) reported that Africa still shoulders a substantial portion of the global burden of HIV/AIDS, with 20.7 million people living with HIV in Eastern and Southern Africa alone. Despite significant progress in expanding access to antiretroviral therapy and reducing new HIV infections, challenges persist in ensuring comprehensive care for those affected by the disease, including access to palliative care services. In addition to infectious diseases and NCDs, other life-limiting conditions such as cancer contribute to the healthcare burden in Africa. The International Agency for Research on Cancer (2020) estimates that cancer incidence in Africa is expected to rise significantly in the coming years, with approximately 1.3 million new cancer cases and 970,000 cancer deaths reported in 2020 (IARC, 2020). This underscores

the importance of strengthening palliative care services to address the complex needs of patients facing cancer and other life-limiting illnesses on the continent.

Despite these challenges, palliative care services in Africa continue to face significant barriers, particularly in rural areas where access to healthcare resources is limited. Recent data from the African Palliative Care Association (2021) indicate that only one in 10 people in need of palliative care in Africa have access to these services, highlighting the critical gaps in care provision. Moreover, the COVID-19 pandemic has further exacerbated existing challenges, placing additional strain on healthcare systems and disrupting access to essential services, including palliative care (Connor et al., 2022).

In Asia, the burden of chronic diseases continues to rise, fuelled by urbanisation, shifting lifestyles, and ageing populations. According to the Asia-Pacific Observatory on Health Systems and Policies, NCDs account for approximately 70% of all deaths in the region (World Health Organization, 2020a). Among these, cardiovascular diseases, cancer, and respiratory conditions pose significant challenges. Access to palliative care varies across Asian countries, with more developed healthcare systems like Japan and Singapore offering comprehensive services. However, disparities persist, especially in rural areas where access to palliative care may be limited (Rhee et al., 2018).

Similarly, in Latin America and the Caribbean, chronic diseases remain the leading causes of mortality. The Pan American Health Organisation (2024) reports that NCDs account for nearly three-quarters of all deaths in the region, with cancer and cardiovascular diseases being prominent contributors. While some countries in Latin America and the Caribbean have made progress in integrating palliative care into their healthcare systems, challenges related to funding, infrastructure, and cultural attitudes continue to hinder its widespread implementation (Knaul et al., 2018; Pastrana et al., 2021). These disparities in

access to palliative care disproportionately affect marginalised communities. Recent data from the International Association for Hospice and Palliative Care indicate that access to palliative care remains limited in many parts of Asia, Latin America, and the Caribbean. Only a fraction of individuals in need of palliative care receive appropriate services, highlighting the urgent need for expanded access and improved integration within healthcare systems (Pettus & De Lima, 2020).

5.5 Life-Limiting Illnesses in South Africa

According to Alkhaibari et al. (2023), South Africa continues to experience a complex health transition characterised by a quadruple burden of communicable, non-communicable, perinatal, maternal, and injury-related disorders. NCDs have been emerging in both rural and urban areas, most prominently affecting poor people living in urban settings, resulting in increasing pressure on acute and chronic healthcare services. Recent data show that the prevalence of non-communicable disease such as cardiovascular diseases, diabetes, and cancer has been rising steadily, exacerbating the healthcare burden (Mayosi et al., 2023; World Health Organization, 2022a). Significant factors include demographic shifts leading to a growing proportion of people aged over 60, which increases the demand for chronic and palliative care services. While HIV/AIDS previously reduced life expectancy in South Africa, improved access to antiretroviral therapy has led to increased survival rates, contributing to a growing cohort of older adults living with chronic conditions (Hirachund et al., 2024).

In recent years, South Africa's health landscape has continued to evolve. In 2018, 90% of people living with HIV were aware of their status, of which 68% were on treatment (World Health Organization, 2019a). Among those diagnosed and receiving treatment, 87% were virally suppressed, translating to 62% of all people living with HIV in South Africa being on treatment and 54% being virally suppressed. HIV prevalence remains high,

with 20.4% of the population (one in five people) living with HIV. However, prevalence varies significantly between regions, ranging from 12.6% in the Western Cape to 27% in KwaZulu-Natal (Simbayi et al., 2019).

5.5.1 Non-Communicable Diseases

The burden of NCDs in South Africa has been on the rise, particularly since the end of apartheid. While NCDs existed before democracy, their prevalence has significantly increased and become more evident due to improved diagnostic capabilities and increased urbanisation. The major NCDs contributing to morbidity and mortality include cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes. According to the South African National Health and Nutrition Examination Survey, the prevalence of hypertension in adults aged 25 years and older was 30.4% in 2012, with higher rates observed in urban areas compared to rural settings (Shisana et al., 2014).

Recent data indicate that the prevalence of diabetes is also rising, with estimates suggesting that approximately 4.5 million South Africans are living with the condition, a number expected to increase due to ageing populations and lifestyle changes (International Diabetes Federation, 2019). Cancer remains a major health issue, with the National Cancer Registry (n.d.) reporting an increase in cancer incidence rates, highlighting the need for enhanced cancer detection and treatment services.

In rural areas, the health burden includes a combination of both communicable diseases, such as HIV/AIDS and tuberculosis, and NCDs. Limited access to healthcare services exacerbates the impact of these conditions. For example, rural areas often lack adequate facilities and healthcare professionals trained in managing NCDs, leading to late diagnosis and poor disease management (Loh et al., 2023). Despite these challenges, there has been some progress in expanding healthcare services in rural areas, with initiatives

aimed at improving access to essential medicines and strengthening primary healthcare systems (Lalla-Edward et al., 2022).

Recent efforts to improve healthcare in South Africa have focused on enhancing the integration of palliative care into the healthcare system, addressing both communicable and NCDs. For example, the South African National Palliative Care Policy Framework aims to ensure that all patients with life-limiting illnesses receive appropriate palliative care (Hamilton-Baillie et al., 2024). Furthermore, public health campaigns and policies are increasingly targeting lifestyle-related risk factors associated with NCDs, such as unhealthy diets, physical inactivity, and tobacco use. The implementation of the sugar tax in 2018 is one such measure aimed at reducing the incidence of obesity and related conditions (Hajishafiee et al., 2023).

5.5.2 Palliative Care and Life-Limiting Illnesses

Palliative care stands as a beacon of compassion and support for individuals grappling with life-limiting illnesses, offering solace and dignity in the face of profound challenges (Radbruch et al., 2020). Life-limiting illnesses encompass a spectrum of conditions, spanning from advanced cancer to chronic heart failure, which significantly impact individuals' quality of life and their families' well-being (World Health Organization, 2020b). In recent decades, the recognition of palliative care as an essential component of holistic healthcare has grown, emphasising not only pain management but also the alleviation of physical, emotional, and spiritual suffering (Ferrell et al., 2018b). This paradigm shift acknowledges the multifaceted needs of patients, extending beyond mere medical treatment to encompass comprehensive support tailored to individual preferences and cultural contexts (Gysels et al., 2011). As the complexities of palliative care and its intersection with life-limiting illnesses are navigated, it becomes evident that

fostering dignity, comfort, and meaning in the face of adversity is not just a healthcare imperative but a profoundly human endeavour (Knaul et al., 2018).

5.6 Palliative Care Globally

Recent advancements in palliative care and social work interventions within the realm of life-threatening illnesses have been shaped by a dynamic historical narrative, tracing back to the hospice movement and the emergence of specialised palliative care social work (Dhavale et al., 2020). Since the late 1960s, the palliative care social work field has experienced rapid evolution, spurred by influential figures such as Cicely Saunders, whose groundbreaking contributions in 1967 drew attention to the critical end-of-life care needs of patients grappling with advanced life-threatening diseases, including cancer. Saunders (1967) laid the groundwork for a comprehensive approach to terminal illness management, recognising the multifaceted distress experienced by individuals in the terminal phases of cancer and advocating for holistic care that addresses emotional, psychological, financial, spiritual, and physical pain management needs. This holistic ethos resonates deeply with the fundamental principles of social work, as highlighted by Payne and Reith-Hall (2019). In the 1970s, palliative care began to be formally conceptualised as an interdisciplinary domain, emphasising the integration of physical, social, psychological, and spiritual support for individuals facing life-limiting illnesses. Recent scholarship underscores the importance of collaborative, patient-centred approaches in palliative care, emphasising ongoing innovation and adaptation to meet the evolving needs of diverse patient populations (Rotar Pavlič et al., 2019).

5.7 Palliative Care Across the Globe: Regional Challenges and Progress

In recent years, there has been a growing recognition of the importance of palliative care regionally, extending beyond Africa to encompass various parts of the world. In Asia, for example, palliative care has gained traction as healthcare systems grapple with the

increasing burden of chronic diseases, driven by factors such as urbanisation, ageing populations, and shifting lifestyle patterns. NCDs like cancer, cardiovascular diseases, and diabetes are on the rise, necessitating comprehensive approaches to patient care that extend beyond curative treatments (Yamaguchi et al., 2014).

Similarly, in Latin America and the Caribbean, efforts to improve palliative care have gained momentum in response to the rising prevalence of life-limiting illnesses. Chronic conditions like cancer and cardiovascular diseases pose significant challenges to healthcare systems in the region, prompting initiatives to integrate palliative care into primary healthcare settings. Despite variations in healthcare infrastructure and resources across countries, there is a growing recognition of the need to address the physical, psychosocial, and spiritual needs of patients facing serious illnesses (Pergolizzi et al., 2024).

In Europe and North America, where ageing populations contribute to the increasing burden of chronic diseases, palliative care has become an integral component of healthcare provision. Initiatives aimed at improving access to palliative care services and enhancing the quality of care for patients with life-limiting illnesses have been implemented (Cerullo et al., 2024; Radbruch et al., 2020). However, disparities in access persist, particularly among marginalised populations and underserved communities, highlighting the need for targeted interventions to ensure equitable access to palliative care (Cerullo et al., 2024).

In Africa, particularly in sub-Saharan Africa, the need for palliative care is pronounced due to the high burden of both communicable and NCDs. Diseases like HIV/AIDS, tuberculosis, cancer, cardiovascular diseases, and diabetes are prevalent, necessitating comprehensive palliative care services to address the physical, emotional, and

spiritual needs of patients (Grant et al., 2017). Despite challenges such as limited resources and healthcare infrastructure, there are concerted efforts to expand access to palliative care across the continent through initiatives led by organisations like the African Palliative Care Association (Luyirika et al., 2022). Collaborative approaches involving governments, healthcare providers, and civil society organisations are crucial to advancing palliative care provision in Africa and ensuring that all individuals receive the care and support they need, regardless of their condition or geographic location.

5.8 Palliative Care in South Africa

In South Africa, palliative care is recognised as an essential component of healthcare delivery, aiming to improve the quality of life for patients facing life-limiting and life-threatening illnesses and their caregivers and families (Krause et al., 2024). Despite its formal recognition as a medical discipline in 1980, palliative care services in South Africa have faced various challenges, particularly in terms of accessibility, with rural and underserved areas experiencing significant gaps in service provision (Arendse, 2023).

The evolution of palliative care services in South Africa has been influenced by the country's unique healthcare landscape, characterised by both urban and rural disparities in healthcare access and resources. Urban areas tend to have more established palliative care services, often integrated into tertiary healthcare facilities and specialised hospices (Arendse, 2023). In contrast, rural areas face significant challenges in accessing palliative care due to limited healthcare infrastructure, shortages of trained healthcare professionals, and geographic barriers (O'Brien et al., 2019). Recent literature underscores the importance of strengthening palliative care services in South Africa, particularly in rural and underserved areas. Initiatives aimed at increasing community-based palliative care, training healthcare professionals in palliative care principles, and raising awareness about

palliative care among the public are crucial for improving access and quality of care (O'Brien et al., 2019). Collaborative efforts involving government agencies, NGOs, and local communities are essential for addressing the multifaceted challenges faced by palliative care services in South Africa, ultimately ensuring that all individuals receive the care and support they need at the end of life.

In the Eastern Cape province of South Africa, access to palliative care services is particularly challenging due to the province's predominantly rural and underserved populations. The province encompasses vast rural areas with limited healthcare infrastructure and resources, exacerbating the difficulties in delivering palliative care to those in need. Moreover, the Eastern Cape faces unique socio-economic and cultural factors that influence healthcare access and utilisation (Oloyede, 2017).

Studies have highlighted disparities in healthcare access between urban and rural areas in the Eastern Cape, with rural communities often experiencing limited availability of healthcare facilities and services (Morris-Paxton et al., 2020). This disparity is further compounded by factors such as poverty, unemployment, inadequate transportation infrastructure, and socio-cultural beliefs that may impact healthcare-seeking behaviour (Debnath, 2021). As a result, individuals in rural areas of the Eastern Cape may face significant barriers to accessing palliative care services, including difficulties in reaching healthcare facilities and shortages of trained palliative care professionals.

Efforts to improve palliative care in the Eastern Cape have focused on community-based interventions and partnerships with local organisations and traditional healers (Gwyther, 2019). Community health workers play a vital role in delivering palliative care services to rural areas, providing home-based care, symptom management, and psychosocial support to patients and their families (van Heerden & Jenkins, 2022).

Additionally, collaborations between healthcare providers, NGOs, and traditional healers have been essential in addressing cultural barriers and integrating traditional healing practices with palliative care approaches (Nyembezi et al., 2024).

Despite these efforts, challenges persist in ensuring equitable access to palliative care in the Eastern Cape. Shortages of essential medications, limited funding for palliative care programmes, and insufficient training opportunities for healthcare professionals remain significant barriers (Dekker et al., 2012). Addressing these challenges requires sustained investment in healthcare infrastructure, workforce development, and community engagement strategies tailored to the unique needs of rural populations in the Eastern Cape.

5.9 The Role of the Social Worker in the Multidisciplinary Palliative Care Team

Social workers have long been recognised as essential members of multidisciplinary teams in palliative care settings. Since its establishment in hospitals in the United States in 1905, the profession of social work has served as a crucial intermediary between patients and their environment (Sundar, 2014). However, the landscape of healthcare has evolved over time, presenting various challenges to social workers in hospitals. A literature review by Freeman (2017) delineates the multifaceted role of social workers in palliative care, encompassing activities such as facilitating advance care planning, advocating for patients and families, conducting community education, and providing psychosocial education. Social workers specialise in helping individuals and families cope with illness and disability, offering counselling, information, and referrals to essential resources like home healthcare and financial assistance (World Health Organization, 2018b). Additionally, they are adept at organising and facilitating support groups for diverse populations facing health-related challenges (National Institute for Health and Care Excellence, 2022).

O'Donnell (2024) emphasises the crucial contribution of social workers within multidisciplinary palliative care teams, highlighting their indispensable role in addressing the psychosocial needs of patients and their families. Working alongside professionals from nursing, medicine, and complementary therapies, social workers conduct comprehensive psychosocial assessments to determine patients' palliative care needs. According to the World Health Organization (2014), palliative care social work entails a holistic evaluation of patients' physical, emotional, social, spiritual, and cultural needs and preferences. This underscores the essential role of social workers in providing psychosocial care, addressing various aspects of patients' well-being, and alleviating social suffering, which may include stigma, discrimination, or financial hardships (World Health Organization, 2014).

Bereavement support is another crucial aspect of palliative care social work. Social workers play a vital role in offering emotional support to patients and families facing loss and grief, with some individuals requiring specialised bereavement counselling (World Health Organization, 2014). Providing comprehensive psychosocial support to patients with life-limiting illnesses is demanding but essential work for trained palliative care social workers, who contribute significantly to enhancing patients' quality of life (Freeman, 2017).

Furthermore, social workers within multidisciplinary teams fulfil various interconnected roles, including coordination between patients, families, community agencies, and team members, ensuring care plans align with patients' realities, and advocating for patients' concerns (Kirschbaum, 2017). They facilitate effective communication between medical staff and patients, ensuring discussions are patient-centred and address issues such as substance abuse, child protection, and family violence (Freeman, 2017). Social workers in South Africa are instrumental in tending to the

psychosocial, emotional, and practical requirements of palliative care patients and their families, offering counselling, support, advocacy, and outreach initiatives (Kirschbaum, 2017). Furthermore, they facilitate dialogue between medical professionals and patients, ensuring that issues related to substance abuse, child welfare, and domestic violence are adequately addressed (Freeman, 2017).

The contribution of social workers within the multidisciplinary palliative care team in Africa is diverse and indispensable for tackling the array of challenges encountered in delivering palliative care. In many instances, community health workers act as vital extensions of the palliative care system, offering critical services like patient visits and essential support. Notably, some community health workers are trained traditional healers, illustrating the diverse roles they undertake (Rhee et al., 2018). Given the scarcity of doctors, nurses play a pivotal role in leading palliative care teams across the continent. Palliative care-trained nurses are particularly instrumental in delivering comprehensive care, including psychosocial and spiritual counselling, underscoring their significance in palliative care delivery in Africa (Rhee et al., 2018).

The varied approaches to palliative care service delivery across Africa reflect the adaptability and responsiveness of palliative care models to meet the unique needs of different communities. Services range from outpatient clinics to home care services, often provided by the same palliative care team, highlighting the flexibility of palliative care delivery models (Rhee et al., 2018). Short training courses are crucial in addressing the shortage of healthcare workers trained in palliative care and raising awareness about its importance. These courses, tailored for various healthcare professionals and volunteers, serve as vital mechanisms for expanding palliative care services and enhancing the skills of caregivers (Rhee et al., 2018).

Nevertheless, significant challenges impede the development and standardisation of palliative care in Africa. One major obstacle is the lack of palliative care education among healthcare professionals and the public, leading to misconceptions and low levels of referral and morphine prescription, essential elements of palliative care (Rhee et al., 2018). Moreover, the lack of standardisation in palliative care training materials and implementation poses challenges in ensuring consistent and high-quality palliative care services across different settings. Limited availability and accessibility of morphine further exacerbate the barriers to effective pain management and symptom control in palliative care (Rhee et al., 2018).

Despite these challenges, there are aspirations for the future of palliative care in Africa. Advocates emphasise the importance of addressing poverty and disease burdens, which often hinder access to palliative care services. Additionally, efforts to secure sustainable funding for palliative care within Africa are essential for its continued growth and development, moving away from dependence on external sources (Rhee et al., 2018). Overall, the role of the social worker within the multidisciplinary palliative care team is pivotal in addressing these challenges, advocating for holistic care and enhancing the quality of life for patients and their families throughout the continent.

In South Africa, the provision of palliative care is primarily undertaken by NGOs, particularly hospices, due to the significant increase in individuals requiring care and support, largely driven by conditions such as HIV, tuberculosis, and NCDs like cancer (Drenth et al., 2018). The South African National Department of Health has emphasised the importance of collaboration between government and NGOs to achieve their vision of ensuring a healthy life for all South Africans. While palliative care can be administered in various settings, including hospitals and hospices, the predominant model in South Africa involves providing care within the patient's home. This approach involves a team of

professionals, including professional nurses, trained caregivers, social workers, and social auxiliary workers, who visit the patient and their family to deliver physical, psychosocial, and spiritual care. Educating family members about the patient's condition and care needs is an integral aspect of the palliative care provided by these home-based teams (Drenth et al., 2018).

Recognising the shortage of nurses and doctors in South Africa, the training of community caregivers has been prioritised to expand the reach of palliative care services. The Hospice Palliative Care Association has adopted the Integrated Community-Based Home Care Model, initially developed by the South Coast Hospice in KwaZulu-Natal (Drenth et al., 2018). This model has been endorsed by the National Department of Health as a best practice and has been tasked with replication in various communities, including urban, peri-urban, and rural areas. The objectives include determining the cost-effectiveness of the model and developing a comprehensive training curriculum for home-based caregivers. In this context, social workers play a vital role within the multidisciplinary palliative care team. They collaborate with other professionals to assess the psychosocial needs of patients and their families, provide counselling and support, and facilitate access to social services and community resources. Social workers also contribute to the training and supervision of community caregivers, ensuring they are equipped to provide holistic care and support to patients in their homes. Additionally, they advocate for the integration of palliative care into broader health and social welfare policies to improve access and quality of care for all individuals requiring palliative support in South Africa (Drenth et al., 2018).

5.10 Summary

The prevalence of life-limiting illnesses and the need for palliative care are significant global health challenges. Addressing these challenges requires a multifaceted

approach that includes improving access to palliative care services, training healthcare professionals, raising awareness, and advocating for policy changes. The prevalence of life-limiting illnesses and access to palliative care vary regionally, reflecting differences in healthcare systems, socioeconomic factors, and cultural norms. Addressing disparities in palliative care requires tailored perceptions that consider the unique challenges and needs of each region. South Africa faces significant challenges in addressing the prevalence of life-limiting illnesses and providing adequate palliative care services. However, there are ongoing efforts to improve access to palliative care and integrate it into the broader healthcare system, with social workers playing a central role in providing holistic care and support to patients and their families. The following section will discuss the research methods.

6 Chapter Six
Research Methodology

This chapter provides an in-depth explanation of the research methodology utilised in this research study to answer the following research questions:

- How do social workers and multidisciplinary teams in public hospitals in the Eastern Cape perceive rendering palliative care services to patients with life-limiting illnesses?
- What are the experiences of social workers and members of the multidisciplinary teams in public hospitals in the Eastern Cape about rendering palliative care services to patients with life-limiting illnesses?

The first part of the chapter describes the paradigm in which the qualitative research approach is rooted, the qualitative approach applied, the type of research, and an explanation of the multiple case study design utilised in this research study. The second part focuses on the detailed steps and procedures of the research design, including the selection criteria for the multiple case studies and the rationale behind choosing this specific design to explore the research questions. The third part identifies the study population, the sample and sampling procedures, and the research instruments used. The methods of data collection and data analysis are explained. The trustworthiness of the study is discussed, while the ethical considerations and the study's limitations and delimitations are explained.

6.1 Research Paradigm

The term 'paradigm' refers to a comprehensive way of experiencing and thinking about the world, encompassing beliefs about ethics, values, aesthetics, and a general perspective on reality (Kivunja & Kuyini, 2017). However, the philosophical assumptions

underpinning a qualitative study like this can be challenged by proponents of competing paradigms (et a et al., 2020; Lincoln et al., 2011).

In this study, interpretivism was considered the most suitable paradigm because it aligned with the research goals of exploring the perceptions and experiences of social workers and members of the multidisciplinary teams in providing palliative care. Interpretivism posits that there is no absolute truth; the truth is relative and depends on individual perceptions and interpretations. This implies that meaning is unique to each person, and reality differs for everyone (Merriam & Tisdell, 2015). Interpretivism focuses on understanding how individuals interpret and make sense of their experiences and the world around them, recognising the subjective nature of human experiences (Fouché et al., 2016; Merriam & Tisdell, 2015). This paradigm acknowledges multiple realities constructed by individuals based on their unique perspectives and contexts, making it particularly relevant for understanding the diverse views and experiences of different members of the multidisciplinary teams in public hospitals (Maree, 2020).

Moreover, interpretivism emphasises the importance of context in shaping individuals' experiences and interpretations (Fouché et al., 2016; Merriam & Tisdell, 2015). This was essential for understanding the specific social, cultural, and institutional contexts within which palliative care services were provided in public hospitals in the Eastern Cape. The interpretivist approach allowed for an in-depth exploration of complex phenomena, capturing the richness and depth of participants' experiences, which was necessary for obtaining detailed and meaningful insights into the roles, challenges, and experiences of social workers and multidisciplinary teams in palliative care settings (Maree, 2020).

Furthermore, this paradigm valued and respected the participants' perspectives, ensuring that their voices were heard and considered valid. This ethical commitment to honour the honesty and authenticity of participants' accounts aligned with the study's aim to provide a nuanced and comprehensive understanding of how social workers and multidisciplinary teams perceived and experienced their roles in providing palliative care (Fouché et al., 2016). By using an interpretivist approach, the study aimed to explore the complexity and subjectivity of the participants' lived realities, yielding in-depth, meaningful information (Maree, 2020).

6.2 Qualitative Research Approach

Hennink et al. (2020) argue that qualitative methodology is a research approach that employs various methods, using qualifying words and descriptions to record and investigate aspects of social reality. This approach is particularly valuable for exploring complex phenomena, understanding experiences, and gaining insights into participants' perspectives. Qualitative research methods such as interviews aim to gather rich, detailed data that can provide a deep understanding of the subject matter (Silverman, 2020).

One essential advantage of the qualitative approach is the freedom it gives participants to respond comprehensively without restrictions, allowing them to express their thoughts, feelings, and experiences in their own words. This can lead to a deeper understanding of the issues raised, as participants provide context and detail that might be missed with more structured, quantitative methods (Braun & Clarke, 2021). Furthermore, qualitative research can adapt to the study's evolving needs, as researchers can modify questions and explore emerging themes in real time.

However, qualitative research also has its disadvantages. One significant challenge is the potential for researcher bias, as the researcher's interpretations and interactions with

participants can influence the data collected (Maxwell, 2022). Another limitation is that qualitative studies often involve smaller sample sizes, which may limit the generalisability of the findings (Flick, 2022). However, it is important to note that the purpose of qualitative research is not to generalise but to contextualise the findings (Maree, 2020). The aim is to provide a deep understanding of specific contexts, experiences, and phenomena, rather than to produce findings that can be broadly applied to larger populations (Fouché et al, 2016). Therefore, while the results cannot be generalised, they offer valuable insights into the specific contexts and perspectives of the participants involved in the study, contributing to a richer, more nuanced understanding of the research topic (Merriam & Tisdell, 2015). Moreover, the data analysis process can be time-consuming and complex, requiring careful coding and thematic analysis to ensure that the findings are valid and reliable (Nowell et al., 2017).

Despite these challenges, the qualitative approach was appropriate for this study because it focused on the individual accounts and experiences of social workers and members of multidisciplinary teams in providing palliative care. This research aimed to explore how these professionals perceive and experience their roles, which required an in-depth, nuanced understanding that qualitative methods are well-suited to provide. By using interviews and self-administered questionnaires, the study could capture the rich, detailed narratives of participants, revealing the complexities and subtleties of their experiences (Denzin et al., 2023).

In summary, the qualitative approach was chosen for its ability to provide a comprehensive, in-depth understanding of the participants' perspectives and experiences. This methodology aligns with the study's goals of exploring the nuanced realities of social workers and members of multidisciplinary teams in palliative care settings, making it the most suitable approach for this research. By drawing on recent literature and incorporating

various qualitative methods, the study aimed to yield meaningful insights that could inform practice and policy in the field of palliative care (Merriam & Tisdell, 2015). Furthermore, Creswell and Creswell (2018) and Creswell and Poth (2016) provide in-depth explanations of the qualitative approach that can further guide the study's design and analysis. Additionally, Fouché et al., (2016) and Maree (2020) offer practical insights and guidance on applying qualitative methods in the research context.

6.3 Exploratory Research

Exploratory research serves a critical function in the early stages of inquiry, providing a foundation for further investigation and refining the overall research design. As Neuman (2014, p. 71) states, "Exploratory research is conducted to investigate under-explored problems, establish priorities, refine operational definitions, and enhance final research designs." This approach allows researchers to gain a deeper understanding of the complexities of their research topic and identify essential variables, paving the way for more focused subsequent studies (Creswell & Creswell, 2018).

In the context of the current study, exploratory research played a crucial role in identifying the experiences and perceptions of social workers and members of multidisciplinary teams in providing palliative care to patients with life-limiting illnesses. The exploratory design ensured that the study began with a broad understanding, which was then narrowed down to address the specific issues at hand, including the roles of social workers and their integration into the palliative care team. As Creswell and Poth (2018) note, exploratory research is particularly effective in gaining insights into complex phenomena, especially when little existing research is available to inform the study.

A key advantage of exploratory research is its ability to refine operational definitions, clarifying the concepts and variables under investigation. This is essential for

establishing consistency in data collection and analysis, ensuring that findings are both valid and reliable (Fouché et al., 2016). By operationalising concepts such as 'palliative care', 'multidisciplinary team', and 'roles of social workers', the study established a common understanding among participants and the researcher enhancing the reliability of the data gathered. Furthermore, exploratory research aids in identifying variables that may influence the phenomenon under investigation, helping to refine research questions and hypotheses (Maree, 2020). In my study, this was instrumental in clarifying the roles of social workers within multidisciplinary teams and their involvement in patient care, as well as identifying emerging themes that contributed to the overall understanding of palliative care provision.

Despite its strengths, exploratory research must be approached with caution when drawing definitive conclusions. Due to its nature, exploratory research is intended to guide further investigation rather than to provide final answers. As Hennink et al. (2020) point out, exploratory studies are typically preliminary, and findings should not be generalised without further validation through subsequent, more rigorous studies. This caution is essential to ensure that interpretations are grounded in the broader context of the research and not based on incomplete or preliminary data.

Overall, exploratory research is a valuable tool in the early stages of a study, providing essential insights and shaping the research direction. While it is not intended to yield final conclusions, it helps to contextualise the research topic and provides a clear framework for further inquiry. In this study, exploratory research provided the groundwork for understanding the experiences and perceptions of members of the multidisciplinary palliative care team, contributing to the development of more targeted research questions and deeper insights into the roles of social workers within this field (Braun & Clarke, 2021). This approach is aligned with the study's objective of improving patient care and

healthcare outcomes by enhancing the understanding of the multidisciplinary approach in palliative care.

6.4 A Multiple-Case Study Design

This study utilised a multiple-case study design. According to Creswell and Poth (2016), case studies involve exploring a specific 'bounded system' or multiple cases over time, utilising detailed, context-rich data collection from multiple sources. The multiple case study design, or collective case study, investigates several cases to gain insight into a central phenomenon (Yin, 2018). Multiple-case study designs are particularly suitable for research projects seeking to investigate complex phenomena within real-world contexts, such as the provision of palliative care to patients with life-limiting illnesses. By examining multiple cases, researchers can identify patterns, variations, and unique factors that contribute to the phenomenon under investigation (Yin, 2018).

The decision to utilise a multiple-case study design in the current study was justified by its ability to provide deeper and richer data compared to single-case designs. By examining multiple cases, the researcher captured a diverse range of perspectives and experiences from different social workers and members of the multidisciplinary team involved in palliative care provision (Creswell & Poth, 2016). This approach facilitated a more comprehensive exploration of the research topic and allowed for a nuanced understanding of the factors influencing the delivery of palliative care services. Merriam and Tisdell (2015) highlight that multiple-case designs provide broader applicability and enhance the transferability of findings by capturing variability and context-dependent factors.

The use of a multiple-case study design also allowed for robust triangulation. By integrating data from interviews and questionnaires, the researcher ensured the credibility

of the findings through cross-validation of evidence (Creswell & Creswell, 2018). Triangulation is particularly significant in complex, real-world investigations, as it mitigates researcher bias and strengthens the study's trustworthiness (Patton, 2014).

Moreover, the multiple-case study design was instrumental in identifying patterns and variations in palliative care provision. Yin (2018) emphasises that examining multiple cases allows for analytic generalisation, whereby you can draw theoretical insights that extend beyond individual cases. In employing a multiple-case study design, this research adhered to the principles of context-rich analysis. Stake (2013) argues that this approach enhances the interpretivist validity of findings, as it captures the unique characteristics of individual cases and the shared phenomena across cases.

Furthermore, the multiple-case study design offered opportunities for triangulation, where data from various sources were compared and cross-validated to enhance the reliability and credibility of the findings (Creswell & Creswell, 2018). Triangulation strengthened the trustworthiness of the study by reducing the risk of bias and ensuring that the conclusions were well-supported by evidence.

In summary, the multiple-case study design was well-suited to the current study's aims and objectives, enabling me to explore the perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care. This design facilitated in-depth analysis and provided a holistic understanding of the complexities involved in palliative care provision, ultimately contributing to the advancement of knowledge in the field and informing best practices in healthcare delivery.

6.5 Population, Sample, and Sampling Procedures

This study was conducted in the OR Tambo Health District and Alfred Nzo Health District in the Eastern Cape. The Eastern Cape Province is located in the southeastern part

of South Africa. It shares its borders with KwaZulu-Natal, Lesotho, the Free State, Northern Cape, and Western Cape provinces. The Eastern Cape, South Africa's fourth most populated province according to the 2022 Census, saw a population increase of 10.2% from 6.5 million in 2011 to 7.2 million in 2022 (Statistics South Africa, 2022). The study's study consists of 15 social workers, 15 doctors, and 20 nurses employed by the Department of Health and working in the public hospitals in the OR Tambo and Alfred Nzo Health Districts in the Eastern Cape, as well as five key informants who are experts in palliative care. OR Tambo Health District comprises 13 hospitals, and Alfred Nzo Health District has six hospitals. These two districts' rural areas are characterised by poverty, high illiteracy rates, poor access to essential healthcare services, and poor infrastructure, water, sanitation, roads, telecommunications, and electricity (Tintswalo et al., 2022). Although these services are much needed in these areas, resources are minimal, and people in these areas face many challenges. Hospitals were chosen as the primary setting for the study, as palliative care is predominantly offered in these settings and hospices are not readily available in the research area (World Health Organization, 2021a). The study's participants were social workers, doctors, and nurses, who are all members of the multidisciplinary team involved in delivering palliative care within the local healthcare infrastructure. This diverse sample was chosen to ensure the study accurately captured their experiences and perceptions (Creswell & Poth, 2018).

The sample for this study included 55 participants, comprising 15 social workers who were selected through purposive sampling for in-depth interviews. Additionally, five key informants from various professions within palliative care were interviewed until saturation was achieved. The sample also included 20 nurses and 15 doctors who completed an online self-administered questionnaire. To initiate the study, I first introduced the study to the CEOs of the hospitals within the selected districts to seek their

approval and support. This was done by sending a formal letter that outlined the purpose of the research, the ethical considerations, and the potential benefits for the institution and the broader healthcare system. The letter emphasised how the study would contribute to improving palliative care practices and inform best practices for social workers, nurses, and doctors involved in palliative care delivery. Following the CEOs' approvals based on the letter, I scheduled a meeting with each one to provide more detailed information, including the methodology, recruitment strategies, and how participants would be approached. I also ensured that any concerns about the study's implementation were addressed. On the understanding that the CEOs approved following the meetings, I received institutional consent to proceed with contacting the relevant staff members, allowing me to officially introduce the study to potential participants within the hospitals.

With the CEOs' endorsements, I was able to proceed with contacting the social workers, nurses, doctors, and key informants through their respective professional networks and hospital departments, ensuring transparency and institutional support for the study. These numbers reflect the composition of the study sample, ensuring a comprehensive exploration of perspectives and experiences in palliative care within public hospital settings in two health districts in South Africa.

The study employed various sampling methods tailored to each participant group. For social workers, purposive sampling was used to select knowledgeable and experienced individuals involved in palliative care (Strydom et al., 2021). Inclusion criteria ensured the selection of social workers actively involved in palliative care within public hospital settings. Exclusion criteria encompassed multidisciplinary team students and social workers not currently employed in public hospitals offering palliative care.

This method ensured that participants had specific expertise relevant to the study's focus. Social workers were identified through professional networks and associations associated with palliative care, ensuring their suitability for providing in-depth insights. An advantage of purposive sampling was that it allowed me to target participants who had the most relevant knowledge and experience, thereby enhancing the quality and depth of the data collected. However, a disadvantage was the potential for selection bias, where certain perspectives or experiences may have been overrepresented or underrepresented depending on how participants were chosen (Palinkas et al., 2015; Strydom et al., 2021). Firstly, purposeful sampling was used to ensure that a diverse range of participants, representing different backgrounds, roles, and experiences within the multidisciplinary team, were included. This approach helps to reduce the risk of overrepresenting or underrepresenting any specific group by deliberately selecting participants who can provide varied perspectives on the research topic (Palinkas et al., 2015). The study included social workers aged between 24 and 65 years, who were qualified and registered, with a minimum of three years' experience working in public hospitals providing palliative care services to patients with life-limiting illnesses (Strydom et al., 2021).

Each of the key informants—an oncologist social worker, a specialist in paediatric oncology, the deputy director for palliative care, a nurse from the hospice palliative care association, and a clinical and radiation oncologist—offered unique but complementary perspectives that covered various aspects of palliative care. These perspectives were sufficient to explore the central phenomena in detail, with no new major themes emerging from subsequent interviews, signalling that data saturation had been achieved (Resnik, 2018). Moreover, the purposive selection of these key informants ensured that their expertise and diverse roles within palliative care allowed for an in-depth exploration of the topic, even with a smaller sample size. This method facilitated the inclusion of participants

who could provide in-depth information and varied perspectives on palliative care, thereby enriching the study's findings. Inclusion criteria ensured that key informants had significant expertise and experience relevant to the study's focus on palliative care within public hospital settings. Exclusion criteria aimed to exclude individuals who did not meet the specific professional criteria or who were not directly involved in palliative care provision within the designated healthcare environment.

However, a potential disadvantage of purposive sampling was the risk of researcher bias in selecting informants, which could have influenced the interpretation of results and limited generalisability beyond the chosen sample (Palinkas et al., 2015). A strategy was employed to guard against the risk of bias when purposively sampling by clearly defining inclusion and exclusion criteria. Firstly, clearly defined selection criteria were established for the informants, ensuring that participants were chosen based on their relevant expertise and role in palliative care, rather than personal biases or preferences (Palinkas et al., 2015). This helped to ensure that the sample was representative of the diverse perspectives needed to address the research question.

Doctors were recruited through voluntary sampling, self-selected to participate based on their interests and availability (Strydom et al., 2021). This method aimed to capture a broad spectrum of perspectives within the healthcare profession regarding palliative care. Doctors aged between 24 and 65 years were included if they were qualified medical practitioners with a minimum of three years' experience in public hospitals where palliative care services are rendered to patients with life-limiting illnesses (Strydom et al., 2021). Inclusion criteria ensured the selection of doctors actively engaged in clinical practice and palliative care services. Exclusion criteria encompassed multidisciplinary team students and doctors not currently employed in public hospitals offering palliative care. Doctors were recruited through collaboration with hospital management, who

facilitated identifying eligible participants with at least three years' palliative care experience. Potential participants were approached directly, provided with detailed information sheets, and given the opportunity to ask questions in follow-up meetings. Informed consent was obtained privately to ensure voluntary participation. Professional networks and hospital bulletins also supported recruitment. This process adhered to ethical principles of respect, justice, and fidelity, ensuring participants were well-informed and free to decide without external influence (Resnik, 2018). An advantage of voluntary sampling was that it allowed participants to contribute willingly, potentially fostering greater engagement and openness in sharing experiences and insights related to palliative care (Strydom et al., 2021).

Nurses were also recruited through voluntary sampling, where they self-selected to participate based on their interest and availability (Strydom et al., 2021). This method aimed to capture a broad spectrum of perspectives within the nursing profession regarding palliative care. Nurses were selected based on their experience in palliative care within public hospital contexts. Exclusion criteria included multidisciplinary team students and nurses not currently working in public hospitals providing palliative care. Nurses aged between 24 and 65 years were included if they were qualified registered nurses with at least three years' experience in public hospitals delivering palliative care to patients with life-limiting illnesses (Strydom et al., 2021). Recruitment efforts for nurses included outreach through healthcare institutions, professional conferences, and direct invitations. An advantage of voluntary sampling was that it allowed nurses to participate based on their willingness and interest, potentially leading to a more motivated and engaged participant group. This approach could have enhanced the depth and authenticity of insights shared regarding palliative care practices (Strydom et al., 2021). However, similar to doctors, a

disadvantage of voluntary sampling was the risk of self-selection bias, which could have limited the contextualisation of findings to the broader nursing population.

Table 6.1

Participant Demographics and Study Details

Participants	Number	Age	Sampling Strategy	Inclusion Criteria	Data Collection Tool
Social workers	15	30 to 60	Purposive	Involved in palliative care in public hospitals	Interviews
Doctors	15	23 to 52	Voluntary	Engaged in clinical practice and palliative care services; registered with at least three years' experience in palliative care in public hospitals	Self-administered questionnaire
Nurses	20	23 to 59	Voluntary		
Key informants	5	24 to 65	Purposive	Expertise in palliative care in public hospitals.	Interviews

Table 6.1 presents the demographics and key details of the study's participants, including their professional groups, total number, age range, sampling strategy, inclusion criteria, and data collection tools. This summary highlights the participant selection process and the methods used to gather data, ensuring alignment with the study's objectives and the inclusion of relevant perspectives.

6.6 Research Instruments

In this study, two interview guides developed by the researcher were utilised, one for social workers and the other for the key informants, to gather qualitative insights aligned with the study's research questions, aims, and objectives. I used an inductive approach to design interview questions, allowing for a comprehensive exploration of participants' perspectives. This approach is effective in qualitative research as it generates insights directly from the data, without testing preconceived theories (Braun & Clarke,

2023). This flexible method helped uncover diverse and nuanced themes related to palliative care and participants' roles within it (Saldaña, 2021). According to Larkin et al. (2021), interviews are a valuable method for exploring individuals' perceptions, understandings, and experiences of specific phenomena. Interviews allow for deep probing into participants' responses, capturing rich qualitative data, and enabling real-time adaptations of questions based on participants' input. This flexibility is particularly advantageous when seeking to understand complex and nuanced perspectives, such as those related to palliative care. However, interviews can also introduce challenges, such as interviewer bias and the time-intensive nature of the data collection process.

The interview guide is a crucial tool in semi-structured interviews as it provides a framework for guiding the conversation while allowing flexibility to explore emerging themes (Bryman, 2016). The social worker interview guide was designed to capture their roles, perceptions, and challenges in palliative care, while the key informant guide focused on gathering insights from experts with extensive experience and knowledge of palliative care in public hospitals. Both guides included open-ended questions to encourage in-depth responses, but they were tailored to reflect the different roles and experiences of the participants.

An interview guide was deemed an appropriate instrument for this study as it ensured consistency across interviews while also offering flexibility. It allowed for the exploration of themes in a structured way, while also accommodating new insights or topics that arose during conversations. The flexibility of semi-structured interviews made it possible to adapt the questions as necessary, thus fostering a deeper understanding of the participants' views (Kallio et al., 2016).

For the nurses and doctors, a self-administered questionnaire was chosen as the data collection tool. This method was selected to gather quantitative data efficiently while allowing participants the opportunity to respond at their own pace and convenience. The questionnaire included closed-ended questions designed to gather information on specific aspects of palliative care, such as the types of care provided and the perceived challenges faced by medical professionals. This method also allowed for anonymity, which may have encouraged more honest responses (Boulianne & Koc-Michalska, 2021).

The questionnaire was designed by the researcher and structured to ensure that the responses were comparable between participants. It was designed to be concise, focusing on the key areas of interest that aligned with the study's research questions. The self-administered nature of the questionnaire made it an ideal choice for reaching a larger number of participants, such as nurses and doctors, within the study's time frame.

Doctors and nurses completed an online self-administered questionnaire, which aimed to gather insights into their perceptions of their roles and social workers as palliative care providers. Additionally, factors that have enhanced their capability to deliver palliative care and how members of the multidisciplinary team could further improve their provision of palliative care in these settings were explored, as well as how their active involvement in delivering palliative care could be assessed. These questionnaires were not time-consuming, but and no disadvantage arose. Online questionnaires offered convenience and anonymity, encouraging participation from busy professionals like doctors and nurses. They also reduced logistical challenges associated with face-to-face data collection during the COVID-19 pandemic (Lobe et al., 2020).

6.7 Pre-Testing the Research Instruments

During the pre-testing phase, the research instruments were piloted with two purposefully selected participants from each group—social workers, nurses, and doctors—drawn from the same hospital systems involved in the study. The aim was to assess clarity, relevance, and alignment with the study's objectives. Based on participants' feedback, adjustments were made to simplify complex questions, improve clarity, and ensure the instruments effectively captured participants' experiences. For example, a question for social workers was rephrased to focus more specifically on their responsibilities in palliative care; a question for doctors was revised to clearly refer to challenges in managing life-limiting illnesses; and a question for nurses was refined to focus on the availability of support systems rather than personal emotions. These changes enhanced the precision and comprehensibility of both the interview guide and questionnaire, reducing the risk of misinterpretation (Fowler, 2013). Furthermore, the revisions were guided by the need to ensure cultural and contextual appropriateness and to strengthen the alignment between the questions and the study's research objectives (DeVellis & Thorpe, 2021; Creswell & Creswell, 2018). Data collected during pre-testing was excluded from the main analysis, as the purpose of this phase was solely to refine the instruments.

6.8 Methods of Data Collection

Semi-structured interviews were the primary method of data collection for social workers in this study. This approach allowed for flexibility, enabling the interviewer to explore topics in-depth while maintaining a general structure, resulting in rich, qualitative data (Kallio et al., 2016). Interviews were conducted in private settings within participants' workplaces, audio-recorded with consent, and lasted approximately 45 to 60 minutes. Data collection took place over four to six weeks, accommodating participants' availability. While the method provides detailed insights, it is time-consuming and may involve

interviewer bias (Bryman, 2016; Jamshed, 2014). Audio-recording the interviews eliminated the need for note-taking, and accurate transcription was ensured. These interviews aimed to explore and gain insight into how social workers approach their work in providing palliative care. Given COVID-19 regulations and potential interruptions, some interviews were conducted virtually using platforms such as Microsoft Teams, Telegram, Zoom, and Google Meet. Of the 15 social workers, five were interviewed face-to-face, and 10 participated in online interviews, with the format chosen based on participants' preferences, network availability, and connectivity strength. Semi-structured interviews were used to explore participants' experiences in depth, allowing for flexibility and follow-up questions. As Yin (2014, p. 110) notes, "interviews resemble guided conversations rather than structured queries," making them well-suited to uncovering nuanced perspectives.

Social workers who agreed to participate were first provided with a participant information sheet that explained the study in detail. This document ensured that participants understood the purpose, procedures, and their rights, including the voluntary nature of participation and the absence of consequences for non-participation. After reviewing the information sheet, participants provided their informed consent, either in writing or verbally, before proceeding with the interview.

The five key informant interviews were conducted online. Online interviews are increasingly used in qualitative research as they offer flexibility regarding participant location while accommodating practical constraints (Nayar & Stanley, 2024). Like the interviews conducted with social workers, these followed a semi-structured format, allowing for in-depth exploration of participants' views while maintaining a focus on key topics (Kallio et al., 2016). The semi-structured approach is particularly effective in

qualitative research, as it enables the interviewer to probe for further clarification and follow up on interesting responses (Adhabi & Anozie, 2017).

Prior to all interviews, whether conducted in person or online, participants were provided with a participant information sheet and gave their informed consent, ensuring that they understood the study's purpose, their rights, and the voluntary nature of participation (Merriam & Tisdell, 2015; Creswell & Poth, 2018). With consent, all interviews were audio-recorded to facilitate accurate data capture. While participants could choose not to be recorded, all agreed, allowing the researcher to preserve the integrity of the data and conduct thorough transcriptions (Bryman, 2016). The recordings were transcribed verbatim by the researcher, supporting detailed, varied, and extensive analysis. This method enabled real-time follow-up questions and the collection of rich data, offering valuable insights into the roles of social workers in palliative care (DeJonckheere & Vaughn, 2019).

For doctors and nurses, an online self-administered questionnaire was used to understand their perceptions of their roles and the challenges in providing palliative care, as well as their views on social workers' roles. The questionnaire was distributed through online platforms such as email and Google Forms, eliminating the need for audio recording. Participants received the participant information sheet along with the questionnaire link, ensuring they understood the study's purpose and their voluntary involvement. Online questionnaires allowed for anonymity and convenience, encouraging honest responses. However, one potential disadvantage, the lack of opportunity for immediate follow-up or clarification of responses, did not occur during the study. The online format still allowed for adequate probing, and participants were able to provide clear responses during the interviews (Archibald et al., 2019).

6.9 Method of Data Analysis

NVivo is a qualitative data analysis software used to organise, analyse, and visualise non-numerical data such as interviews and surveys. In this study, it was chosen for its efficiency in managing large datasets and its ability to support thematic analysis, which was the primary method used for data analysis (Jackson & Bazeley, 2019). NVivo allows for flexible coding of data, running advanced queries to identify patterns, and creating visualisations to enhance the presentation of findings (Gibbs, 2017). While NVivo is a powerful tool, it does have limitations, such as a steep learning curve, resource-intensive requirements, and a lack of flexibility in certain qualitative approaches (Kuckartz, 2014). Despite these challenges, its ability to streamline the analysis process and support rigorous analysis made it an appropriate choice for this study.

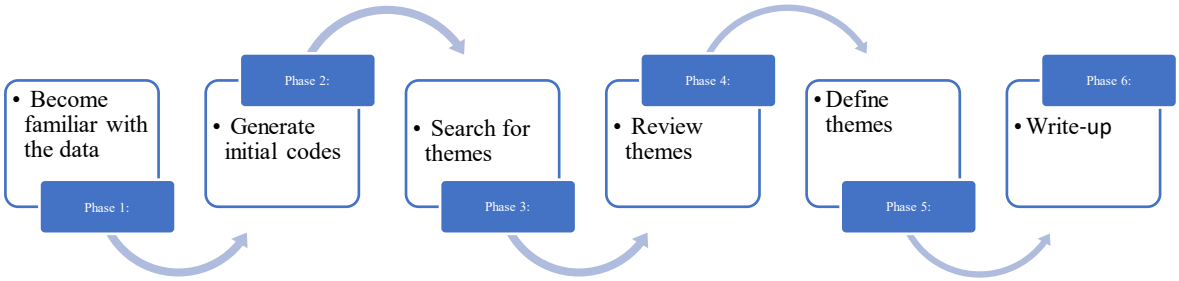
Reflexive thematic analysis is a qualitative data analysis method that emphasises the researcher's active role in interpreting data while reflecting on their influence throughout the process (Braun & Clarke, 2021). It allows for flexible and in-depth exploration of themes, which is especially useful for complex topics like palliative care. Reflexive thematic analysis was chosen for this study to gain nuanced insights into the participants' experiences and perspectives, while acknowledging the researcher's subjectivity in the analysis, as well as its flexibility, depth, and ability to produce meaningful interpretations. However, it can be time-consuming and may introduce bias due to its reflective nature (Terry et al., 2017). Despite these limitations, reflexive thematic analysis was deemed the most suitable approach for this study, employed for analysing the data collected from semi-structured interviews, while a systematic analysis was utilised for the self-administered questionnaires. The theoretical flexibility of thematic analysis proved advantageous, as it allowed for a rich and complex account of the data. However, Braun and Clarke (2023) emphasise that flexibility in thematic analysis does not imply that

anything goes. Researchers must balance flexibility with adherence to guidelines that ensure the analysis is both theoretically and methodologically sound (Braun & Clarke, 2023).

Reflexive thematic analysis involves an iterative process that includes familiarisation, coding, generating themes, reviewing themes, defining and naming themes, and writing up. This approach allowed researchers to adapt codes and themes as they worked through the data, ensuring that the analysis remains sensitive to the nuances of the participants' perspectives and experiences (Khan et al., 2024; Sanders, 2024). Such flexibility yields valuable insights, particularly in dealing with diverse and complex datasets, as in the current study involving healthcare professionals in palliative care.

Figure 6.1

Six-Phase Framework for Reflexive Thematic Analysis (Braun & Clarke, 2023)



The data analysis for this study was guided by Braun and Clarke's (2023) six-phase framework for thematic analysis (Figure 6.1), which provides a comprehensive structure for analysing qualitative data. The framework is widely regarded for its flexibility and adaptability, allowing researchers to explore complex datasets in an in-depth and systematic manner (Braun & Clarke, 2023; Nowell et al., 2017). This phase-driven process

helped to ensure that the analysis was thorough, transparent, and consistent, facilitating a deep understanding of the social workers' roles in palliative care.

The process began with the familiarisation with the data, which involved immersing myself in the transcripts from semi-structured interviews conducted with social workers and key informants and the self-administered questionnaires completed by doctors and nurses involved in palliative care. As recommended by Braun and Clarke (2023), this phase is critical for building an intimate understanding of the data. It included listening to the recordings, reading and re-reading the transcripts, and taking initial notes and observations. This phase is foundational as it allows the researcher to connect with the data on a deeper level, identifying emerging ideas and themes that might not be immediately obvious (Braun & Clarke, 2023; Smith & Firth, 2011).

Following familiarisation, the next phase was generating initial codes, where I systematically identified meaningful segments of data that captured key ideas and concepts relevant to the study. The coding process was supported using NVivo software, which facilitated the organisation and management of large volumes of data. NVivo's features allowed for a more efficient application of codes, ensuring consistency and rigour in the coding process. Coding involves highlighting specific portions of the data and assigning labels or codes that reflect the content or meaning of those segments (Saldaña, 2016). This phase is essential as it breaks down the data into manageable pieces, providing a foundation for the identification of broader themes later in the analysis process (Braun & Clarke, 2023).

Once the initial codes were generated, the process moved into searching for themes. This involved collating and organising the codes into potential themes that reflected important aspects of social workers' contributions in palliative care settings. At this stage, I

engaged in active interpretation, grouping codes into broader categories that shared a common thread. This phase is a creative process that requires the researcher to explore connections and relationships between different elements of the data (Braun & Clarke, 2023; Nowell et al., 2017). The goal is to identify patterns across the dataset that represent recurring themes or concepts.

The next phase, reviewing themes, is critical for ensuring the themes accurately represent the data and align with the research questions. During this phase, I revisited the coded extracts and the entire dataset, refining the themes to ensure that they captured the nuances of the data. This phase often involves adjusting the boundaries of the themes and sometimes discarding or merging themes to enhance their clarity and coherence (Braun & Clarke, 2023). As Nowell et al. (2017) note, this step is essential for verifying the validity of the themes, ensuring that they are robust, and ensuring that they provide a credible representation of the participants' perspectives.

After reviewing the themes, the next step was to define and name each theme. This phase involved crafting clear and concise definitions that succinctly captured the essence of what each theme represented. Definitions and names are crucial as they help to crystallise the meaning of each theme in relation to the research aims and ensure that the themes remain focused and relevant (Braun & Clarke, 2023). Each theme was named in a way that reflected the key concept or idea it represented, helping to provide a coherent narrative that linked the themes to the broader research context.

Finally, the writing up phase involved synthesising the findings into a coherent narrative that integrated the identified themes. This involved presenting the themes in a structured format, supported by direct quotations and examples from the data. Writing up the findings in a narrative format helped to contextualise the themes within the broader

literature on palliative care and social workers' roles. The narrative was grounded in the insights derived from the thematic analysis process and aimed to provide a comprehensive, detailed account of social workers' contributions to palliative care (Braun & Clarke, 2023; Saldaña, 2016). This phase also involved a careful consideration of how each theme contributed to answering the research questions and offering new insights into the role of social workers in palliative care.

The reflexive nature of thematic analysis allowed for an ongoing engagement with the data throughout the process, ensuring that the themes were not only grounded in the data but also influenced by the researcher's interpretation and reflections (Braun & Clarke, 2023). This methodological flexibility and depth made thematic analysis an ideal approach for analysing the complex data collected in this study.

6.10 Trustworthiness

Trustworthiness in qualitative research is secured through in-depth and detailed multiple perspectives and meanings ascribed by participants in both individual and critical informants' responses. Rose and Johnson (2020) also add as an essential feature to qualitative validity that the study's findings should be accurate if they are consistent with the results of other researchers.

The survey data collected through self-administered questionnaires was primarily qualitative, as it included open-ended questions that allowed participants to provide detailed responses. These responses were analysed using thematic analysis (Braun & Clarke, 2023), similar to the approach taken for the interview data. NVivo software was used to code the data, identifying recurring themes and patterns. While the survey had the potential for quantitative data (e.g., Likert scales), the qualitative focus was emphasised. Combining these qualitative survey results with interview data enabled triangulation,

enriching the study's findings and providing a more comprehensive understanding of participants' roles in palliative care (Flick, 2022). To ensure trustworthiness, four constructs were utilised: credibility, transferability, dependability, and confirmability. Reflexivity was crucial, involving my ongoing self-awareness of biases, assumptions, and perspectives (Finlay, 2017). Throughout the study, I engaged in self-reflection, maintained openness and honesty, and upheld ethical considerations to ensure objectivity. Keeping a journal prevented personal reflections from influencing the research process, enhancing my awareness of their impact on data collection, analysis, and interpretation.

Credibility refers to the accuracy and truthfulness of the findings, ensuring they reflect participants' experiences and perspectives. Several techniques were employed to enhance credibility in this study. Firstly, prolonged engagement and persistent observation were implemented throughout the data collection process. This involved spending adequate time with participants to build rapport, understand the context, and gain a deep understanding of their experiences (Forero et al., 2018). I also engaged in member checking, a key technique in ensuring credibility, where participants were asked to review their interview transcripts and confirm that the information accurately reflected their views. This process is especially important as it allows participants to verify the findings, enhancing their validity (Denzin et al., 2023). The member checking process was highly successful, with participants confirming that the transcripts were accurate representations of their experiences in providing palliative care. This not only improved the credibility of the findings but also strengthened the trust between me as the researcher and the participants.

As a qualified social worker with experience in conducting interviews, I was able to maintain professional rigour throughout the process, adhering to the study's ethical standards and aims. The supervision of the research process also ensured that credibility

was maintained at every stage (Adler, 2022). Additionally, my dual role as a researcher and as someone with experience in palliative care allowed me to interpret data with a heightened awareness of the context, which further bolstered the study's credibility (Creswell & Creswell, 2018).

Transferability concerns the extent to which the findings can be applied to other settings or groups. To facilitate transferability, I provided rich, thick descriptions of the study's context, including details about the participants, the setting, and the specific processes used in the research. Pieterse (2019) suggests that providing these contextual details enables readers to assess whether the findings can be applied to other similar contexts. In this study, I provided detailed demographic information about participants, such as their professional background and experience and the characteristics of the public hospitals in which they worked. These descriptions allowed the findings to be compared with other settings or groups with similar characteristics. Furthermore, the study's in-depth exploration of the roles of social workers in palliative care provides a foundation for applying the findings to other healthcare settings that offer similar services (Polit & Beck, 2020).

Dependability refers to the stability and consistency of the research process, ensuring that the study's findings are consistent and could be replicated by other researchers. A systematic approach was used to enhance dependability. I maintained a detailed audit trail throughout the research process, including notes on decisions made during data collection and analysis, ensuring that all steps were well documented (Fouché et al., 2016). This allowed for transparency and would enable other researchers to follow the same procedures to replicate the study. In addition, NVivo software was employed to organise and manage the qualitative data, which facilitated consistency in the analysis. The software enabled me to keep track of codes and themes systematically, ensuring that no

meaningful data was overlooked. The use of NVivo further enhanced dependability by providing a reliable and organised structure for managing large volumes of data (Braun & Clarke, 2023).

Confirmability concerns the objectivity and neutrality of the research, ensuring that the findings are shaped by the participants' experiences and not influenced by the researcher's biases. In this study, NVivo played a crucial role in enhancing confirmability by ensuring a transparent and systematic approach to data analysis (Tang, 2023). After transcribing the interviews, I imported the data into NVivo, where I applied initial codes to meaningful segments. NVivo's capabilities allowed me to categorise and organise the data into themes while preserving the integrity of the participants' voices. Using the software, I could track decisions made during coding, ensuring transparency in how the themes emerged (Braun & Clarke, 2023)

An audit trail was maintained throughout the analysis, documenting decisions made during coding and theme development. This ensured that findings were firmly grounded in the data rather than shaped by researcher interpretation (Shenton, 2004). The use of NVivo's query functions supported the exploration of connections between themes and allowed for a deeper examination of relationships within the data, thereby enhancing confirmability (Braun & Clarke, 2023). As noted by Denzin et al. (2023), such a structured and transparent approach helps minimise researcher bias and supports objectivity.

By addressing credibility, transferability, dependability, and confirmability, this study upheld the core principles of trustworthiness. Techniques such as member checking, thick descriptions, and the systematic use of NVivo, alongside a maintained audit trail, ensured that the findings accurately reflect participants' experiences and can be meaningfully applied to similar contexts. This comprehensive approach strengthens the

study's reliability and reinforces its contribution to understanding the roles of social workers and other multidisciplinary team members in palliative care.

6.11 Ethical Considerations

In social science research, researchers have a responsibility to safeguard human rights and dignity. Ethical considerations deal with morals or principles of morality, focusing on right or wrong conduct. They encompass adherence to rules and standards of good conduct or practice within the profession (Goodwin et al., 2020). For this study, ethical clearance (Annexure D) was obtained from the University of Witwatersrand Human Research Ethics Committee (Medical) (Ref: M221015). Additionally, permissions were secured from the Eastern Cape Department of Health provincial authority, National Health Research Database and the superintendents of each of the 19 hospitals in the OR Tambo and Alfred Nzo Health Districts in the Eastern Cape (Ref: EC_2023_013) to conduct interviews with social workers and utilise a self-administered questionnaire for doctors and nurses regarding their perceptions and experiences in providing palliative care as part of a multidisciplinary team in public hospitals.

Voluntary participation ensures that individuals join the study willingly and without coercion. Participants were assured of their freedom to withdraw at any time without consequences to their future services, current programme involvement, or relationships with any research bodies (Mumford et al., 2021). This approach aligns with ethical guidelines that prioritise participant autonomy and informed consent. I employed participant information sheets (Annexures E to H) to provide comprehensive details about the study's purpose and procedures to each group. This transparency enabled participants to make informed decisions about voluntary participation (Hokke et al., 2020).

Informed consent is a cornerstone ethical principle ensuring participants fully comprehend the study's purpose, procedures, risks, and benefits before agreeing to participate (Ferreira & Serpa, 2018). This process underscores participants' rights to freely decide on their involvement without coercion. To uphold informed consent, I provided detailed information through tailored consent forms (Annexure I) for each participant group. These forms outlined the study's objectives, participation requirements, confidentiality measures, and the voluntary nature of participation. Participants were encouraged to ask questions and clarify any concerns before giving their consent. Consent was documented both in writing to formalise participants' voluntary agreement and verbally. Verbal consent processes were audio-recorded to maintain a clear record of participants' explicit agreement (Ferreira & Serpa, 2018).

Justice in research ethics embodies the fundamental principle that all individuals involved in research should be treated fairly and equitably (Barrow et al., 2024). This principle required ensuring that participants were not discriminated against based on characteristics such as race, gender, disability status, income level, or any other trait. It also involved providing equal opportunities for participation and ensuring that the benefits and risks of research were distributed fairly. I took several steps to uphold the principle of justice in my research. Participants were informed through detailed participant information sheets about their rights to fair treatment and respect. They were assured that their involvement would not lead to any form of discrimination or unequal treatment. This communication aimed to build trust and ensure that participants felt valued throughout the research process. Furthermore, efforts were made to ensure equitable access to participation. This included providing clear and accessible information about the study's purpose, procedures, and requirements to all potential participants. All eligible individuals

were given an equal opportunity to participate, irrespective of their background or status (Joffe & Whitty, 2018; Snape & Spencer, 2020).

Fidelity in research ethics, as described by Miteu (2024), emphasises the importance of faithfulness, keeping promises, and maintaining trust between researchers and participants. This principle requires researchers to uphold agreements made with participants, including commitments to confidentiality and honesty about the research process and its potential risks. In my research, ensuring fidelity involved several key practices. Firstly, participants were informed upfront about the purpose of the study, the procedures involved, and any potential risks or discomfort they might experience. This transparency helped establish clear expectations and allowed participants to make informed decisions about their involvement. To foster a trusting relationship, I maintained open and honest communication throughout the research process. Participants were assured that their personal information and responses would be kept confidential, except where required by law or with their explicit consent. This commitment to confidentiality was reinforced by securely storing data and using anonymisation techniques during analysis and reporting (Mertens, 2020; Smith, 2019).

During interactions with participants, I prioritised respect for their autonomy and ensured they had ample opportunity to ask questions, seek clarification, and withdraw from the study if they chose to do so without repercussions. This approach helped maintain the trust established at the beginning of the researcher-participant relationship. Furthermore, I adhered strictly to ethical guidelines and obtained necessary approvals from ethics committees to conduct the research. This included detailing plans for data confidentiality and participant protection in the research protocol, ensuring fidelity not only in practice but also in documentation and compliance with regulatory standards (Resnik, 2020; Babbie, 2021).

Confidentiality refers to the careful handling of private information and is a key component of privacy (Babbie & Mouton, 2020). It implies an agreement between the researcher and participants that limits others' access to personal data (McMillan & Schumacher, 2021). Confidentiality involves collecting, storing, and reporting data in ways that prevent the information from being traced back to the individual who provided it (O'Neill, 2020). Information shared by participants is protected and made unavailable to anyone other than the researcher (Beauchamp & Childress, 2022). To ensure confidentiality, data collected from participants were kept under secure conditions. In this study, safeguarding participants' confidentiality was of paramount importance, and several rigorous measures were implemented throughout the research process (Babbie & Mouton, 2020). Participants were fully informed about how their data would be used and the steps taken to ensure its confidentiality, as outlined in the consent forms and participant information sheets (O'Neill, 2020). Data collected from interviews and surveys were anonymised to remove any personally identifiable information (McMillan & Schumacher, 2021). Secure storage methods, such as password-protected computers and encrypted devices, were employed to prevent unauthorised access (Beauchamp & Childress, 2022). Access to the data was restricted to authorised personnel only, who signed confidentiality agreements (Babbie & Mouton, 2020). When reporting the findings, data were aggregated, and pseudonyms were used to further protect participants' identities (O'Neill, 2020). Ethical approval from an ethics committee ensured compliance with research standards and protocols (McMillan & Schumacher, 2021). These measures were crucial in maintaining participants' confidentiality and fostering trust, as well as promoting ethical conduct throughout the study (Babbie & Mouton, 2020; Beauchamp & Childress, 2022).

Anonymity in research ensures that no personal information is collected from participants that could identify them (Babbie & Mouton, 2020). This includes avoiding any

details that could link responses back to specific individuals (McMillan & Schumacher, 2021). Even the researcher should not be able to identify any participant, maintaining anonymity throughout the study to protect participants' identities and privacy effectively (O'Neill, 2020). To ensure anonymity in the study, several measures were implemented beyond using pseudonyms. Firstly, during data collection, no personal identifiers such as names, addresses, or specific workplace details were recorded (Beauchamp & Childress, 2022). Instead, participants were assigned pseudonyms or codes to anonymise their responses and ensure their identities remained concealed throughout the research process (Babbie & Mouton, 2020).

Secondly, data storage and handling procedures were designed to protect anonymity. All electronic data were stored on password-protected devices or secure servers accessible only to authorised research team members (McMillan & Schumacher, 2021). Physical copies of consent forms or any other documents containing participant information were kept in locked cabinets or secure storage areas (O'Neill, 2020). Thirdly, in reporting and disseminating findings, care was taken to use aggregate data and pseudonyms consistently (Babbie & Mouton, 2020). Any direct quotations or examples used in reports or publications were anonymised to prevent identification of individual participants (Beauchamp & Childress, 2022). This approach maintained the confidentiality of participants' contributions while still conveying the richness and diversity of their perspectives (O'Neill, 2020).

Moreover, participants were informed about the anonymisation process and its importance in protecting their privacy through the participant information sheet (Babbie & Mouton, 2020). This document explained how their data would be handled, ensuring they were aware of the measures taken to safeguard their anonymity throughout the study (McMillan & Schumacher, 2021). By adhering to these rigorous practices, the study

upheld the ethical principle of anonymity, ensuring that participants' identities were protected from the outset of data collection to the final reporting of findings (Beauchamp & Childress, 2022). These measures not only respected participants' privacy but also contributed to the overall trustworthiness and integrity of the research (Babbie & Mouton, 2020).

6.12 Summary

The methodology outlined in this chapter provided a comprehensive framework for conducting a qualitative study on the perceptions and experiences of social workers and members of the multidisciplinary team in providing palliative care to patients with life-limiting illnesses. By grounding the research within the interpretivist paradigm, the study acknowledges the subjective nature of reality and aims to understand the multiple perspectives and meanings ascribed by participants.

The study population, sample, and sampling procedures are meticulously defined, ensuring that participants are selected purposefully to provide rich and relevant data. The research instruments, including semi-structured interviews and self-administered questionnaires, were thoughtfully designed to capture diverse perspectives and experiences. Pre-testing of the instruments further enhanced their reliability and validity. Methods of data collection, including semi-structured interviews and self-administered questionnaires, are described in detail, highlighting the researcher's commitment to ethical principles, such as informed consent, voluntary participation, confidentiality, and anonymity. The use of audio recording and transcription ensured accuracy in data collection, while member checking enhanced the credibility and dependability of the findings.

Data analysis methods, including reflexive thematic analysis and systematic analysis, are chosen judiciously to uncover patterns and themes within the data. The six-phase framework for thematic analysis provided a structured approach while allowing for theoretical flexibility. The trustworthiness of the study was ensured through various strategies, including member checking, triangulation, and an inquiry audit. Ethical considerations were addressed comprehensively, reflecting the researcher's commitment to upholding ethical standards throughout the research process. Overall, the methodology chapter demonstrates a rigorous and systematic approach to conducting qualitative research, ensuring the validity, reliability, and ethical integrity of the study. By employing these methods, the research provides a nuanced understanding of social workers' and multidisciplinary team members' roles in palliative care provision, ultimately contributing to improved patient care in this critical area.

7 Chapter Seven
Presentation of Empirical Findings

This chapter focuses on the presentation of the empirical findings of four case studies: (1) social workers, (2) nurses, and (3) medical doctors, all employed by the Department of Health and working in public hospitals in the OR Tambo and Alfred Nzo Health Districts in the Eastern Cape. Case Study Four involved key informants who are experts in the field of palliative care in South Africa. The findings are presented per case, followed by a summary of the findings per case. The key findings that emerged from the four cases are presented in the final section of the chapter. The integration of literature and the theoretical frameworks will be done in the discussion of the findings per case, which follows in Chapter Eight.

7.1 Section A: Case Study One: Social Workers

This section presents the data acquired from the semi-structured interviews with 15 social workers employed in public hospitals in two health districts in the Eastern Cape. The demographic profile of the social workers is presented in presented in Table 7.1. Six major themes and twelve subthemes derived from social workers' responses are given in Table 7.1.

Table 7.1

Demographics of Social Workers (N=15)

Demographic Factor	Sub-Category	Number
Gender	Male	2
	Female	13
Age	30 to 40	5
	41 to 50	5
	51 to 58	5
Marital status	Married	3
	Single	10
	Divorced	1
	Widowed	1
Years of experience	1 to 10 years	4
	11 to 20 years	7
	21 or more years	4
Fields of experience	Social Development	6
	Department of Health	8
	Non-Profit Organisations	1

The demographics outlined in Table 7.1 reveal that the professional social workers included in the study spanned an age range from 30 to 58 years. Thirteen of the interviewees were women, and two were men. Within the female participants group, four were aged between 30 and 40, four between 41 and 50, and five were between 51 and 58. Both male participants fell within the age range of 31 to 40. To uphold confidentiality, study numbers were employed for convenient referencing, following the ethical guidelines as outlined in Chapter six: Ethical Aspects of Research in the Social Sciences and Human Service Professions (Strydom, 2011). In terms of marital status, ten participants were single, three were married, one was divorced, and one was widowed. Regarding employment status, twelve participants were social workers, while three held positiodns as social work supervisors. Regarding years of experience, four participants had one to 10 years, seven had 11 to 20 years, and four had over 21 years. Additionally, six participants

had experience in the Social Development sector, eight in the Department of Health, and one in non-profit organisations.

Table 7.2

Themes and Subthemes that Were Developed from the Interviews with Social Workers

Themes	Sub-Themes
1. Perspectives on palliative care	1.1 Managing life-limiting illnesses 1.2 Coordinated care and compassionate support 1.3 Scope of practice in palliative care
2. Social workers' key roles in palliative care	2.1 The multifaceted role of social workers
3. Management of palliative care in hospitals	3.1 Social workers' insights on management 3.2 Support available for a social worker 3.3 Involvement with a palliative patient
4. Social workers' integral role in the multidisciplinary team in palliative care	
5. Enhancing social workers' opportunities and challenges in the public health system	5.1 Support for social workers in the public health system 5.2 Challenges in the public health system 5.3 Positive forces behind social work
6. Key knowledge for social workers	6.1 Essential skills and knowledge for effective palliative care 6.2 Strategies for enhancing professional development

7.2 Theme One: Perspectives on Palliative Care

When participants were asked about their understanding of palliative care, they all agreed it involves a holistic approach to patient well-being. This approach addresses not only the physical aspects of illness but also the social, psychological, and emotional dimensions. The findings from social workers' perspectives on palliative care reveal a multifaceted view encompassing the management of life-limiting illnesses, coordinated care and compassionate support, and the scope of practice in palliative care. From the social workers' perspectives, three distinct subthemes emerged, illustrating the core elements of their roles and responsibilities in palliative care: subtheme 1.1: managing life-

limiting illnesses, subtheme 1.2: coordinated care and compassionate support, and subtheme 1.3: scope of practice in palliative care.

7.2.1 Subtheme 1.1: Managing Life-Limiting Illnesses

Palliative care is widely recognised by participants as being primarily focused on managing terminal and chronic illnesses. This understanding was consistently expressed, highlighting the need for specialised care for patients facing life-limiting conditions. Participant 2 associated palliative care specifically with terminal illnesses and chronic diseases such as cancer: *"Palliative care, I think, is about [the] terminal[ly] ill, some chronic disease like cancer and others."* Participant 7 expanded on this, emphasising the importance of support for patients in these situations: *"My understanding of palliative care is to try to give care to those patients [who] are facing terminal illnesses and those patients that are chronic diseases."* These views underline the central role of palliative care in addressing the complex needs of patients with serious, life-threatening conditions.

7.2.2 Subtheme 1.2: Coordinated Care and Compassionate Support

Participants also emphasised the management aspects of palliative care, including the coordination of care and the importance of specialised medical attention. Participant 1 described palliative care as a structured approach to managing frail patients when continued hospital care is no longer possible: *"My understanding about palliative care is to look after people who are frail, whereby a hospital has no continued care, that thing of [a] planned visit."* Participant 14 highlighted the need for specialised medical care for patients at the end of life, particularly for conditions like cancer: *"My understanding of palliative care for me it when you are dealing with patients who need specialised medical care, who are on their journey for end-of-life."* This focus on management and specialised care underscores the need for effective systems and infrastructure to support palliative care delivery.

Several participants emphasised the role of palliative care in preparing patients and their families for the end of life, aiming to enhance the quality of life during the final stages of illness. Participant 9 articulated this view clearly: *"My understanding about palliative care is [that] if the person is facing the end of life, there's nothing that can be done to reverse the illness. We are just managing the pain."* Participant 12 echoed this sentiment, focusing on the preparation for death and quality of life: *"For me, palliative care is a part of the treatment for terminally ill patients to prepare them for death and also their families, to enhance their quality of life."* These perspectives reflect the compassionate approach of palliative care, which seeks not only to manage symptoms but also to support patients and families during the most challenging times.

Participants also expressed concerns about the emotional and practical challenges of providing palliative care, particularly regarding the emotional burden on both staff and families. Participant 8 highlighted the emotional differences in care provided by staff compared to family members: *"The love of the staff won't be the same as the love of the family."* This insight points to the emotional complexities of palliative care and the importance of addressing both practical and emotional needs to provide holistic support.

7.2.3 Subtheme 1.3: Scope of Practice in Palliative Care

When discussing the scope of practice in palliative care, participants highlighted the challenges and responsibilities inherent in their roles, particularly the need for addressing mental health aspects and the demand for clearer guidelines and additional resources. Participant 1 described a situation that illustrates the complexities involved:

> *"There are a few cases that we are given where it is said that a social worker is needed, but when we get those cases, you will find out that the family says no, I am a family member, I am working, but I will not be able to take care of my mother. In*

such cases, the social worker must not only facilitate alternative care arrangements but also provide emotional support to the family, counselling them through the difficult reality that there is nothing they can do now."

This example underscores the emotional effort involved in palliative care and the necessity for social workers to provide holistic support not only to the patient but also to their families.

The collaborative nature of palliative care was emphasised by Participant 8, who stated, *"You must be able to work with a multidisciplinary team, deal with the patient, and you must work hand-in-hand with the sick person's family."* This sentiment was reinforced by Participant 4, who highlighted the need for flexibility and adaptability, essential for navigating the unpredictable and demanding palliative care environment.

However, concerns were raised about the expanding scope of social workers' responsibilities. Participant 5 expressed feelings of inadequacy when dealing with cases that might require a psychologist's intervention:

"But because of the way the government do things, if you notice now there are no posts for psychologist[s], the government is putting all the work on the social workers, which means in some conditions you see that this is beyond my scope."

This reflection reveals the strain placed on social workers, who are often expected to fill gaps in the healthcare system, sometimes at the expense of their well-being and the quality of care provided.

Participant 12 underlined the need for non-judgmental care in palliative settings, stating that the role requires someone who can: *"[c]are for patients and also their families because they are in a bad state when they are put in palliative care."* This highlights the

dual focus on patient and family care, underscoring the broad and emotionally taxing scope of palliative care work.

Concerns about resource limitations were also raised by Participants 10 and 11, who pointed to the lack of staffing and equipment as significant barriers to providing adequate care. This scarcity often forces social workers to prioritise certain tasks over others, leading to potential neglect of some patient needs.

Through these reflections, it becomes clear that the scope of practice in palliative care is both expansive and demanding, requiring social workers to navigate a complex array of responsibilities. Their insights reveal the emotional and practical challenges they face, the need for better resources, and the importance of clear guidelines to support them in their vital roles.

7.3 Theme Two: Social Workers' Key Roles in Palliative Care

When participants were asked about key roles in providing palliative care, they all emphasised that providing counselling and emotional support to patients and their families is crucial. Social workers in palliative care play a vital role in supporting patients and their families through the challenging end-of-life care process. Their responsibilities encompass a range of tasks aimed at providing emotional support, practical assistance, and ensuring a dignified and comfortable patient experience. This broad range of responsibilities is captured in subtheme 2.1: The multifaceted role of social workers, which highlights the various tasks and duties social workers undertake in palliative care.

7.3.1 Subtheme 2.1: The Multifaceted Role of Social Workers

Participants highlighted that social workers in palliative care undertake a broad range of responsibilities, encompassing emotional and practical support for patients and

their families. Their roles are crucial in ensuring comprehensive support during this challenging time, making their contributions pivotal to the care process.

A recurring issue among participants was the importance of providing emotional and psychological support. They emphasised the critical role of counselling in helping families and patients cope with the emotional challenges of end-of-life care. For instance, participant 1 noted:

> *"I think it's to help the family cope with the situation by offering counselling, as some will be in the denial stage. Then you deal with their emotions when they ask for your assistance; you can assist them by looking for a place where you can place the patient."*

Participant 3 added: *"Provide counselling because the patients go through the traumatic experience."*

In addition to emotional support, social workers are responsible for practical tasks such as assessing patients' living conditions and coordinating necessary services. Participant 6 explained:

> *"My primary responsibility first is to check the economic status of that patient, the social issues of this patient, then after identifying all the information... deal with the family, even with the community around that person so that everybody can support this person."*

Similarly, Participant 8 discussed the importance of family therapy and coordinating counselling efforts.

Addressing resource needs is a significant aspect of a social worker's role. Despite the challenges posed by limited resources, social workers strive to ensure that patients

access essential support systems and financial assistance. Participant 11 highlighted this responsibility: *"We need to ensure that this person can travel to the institution of health when needed... ensure that they get the grants..."*

Holistic care, which involves understanding and addressing the comprehensive needs of the patient, including their support and belief systems, is another vital responsibility. Participant 12 emphasised the importance of involving families in the care process: *"I need to listen first to him or her and get an understanding of the patient's needs... try and understand his belief system... and also get or involve the family in all that."*

Assessment and coordination with relevant institutions are crucial for ensuring that patients receive the necessary care. Participant 1 described the importance of these tasks: *"It's assessment and network by looking for relevant institutions for this person."* Participant 5 also noted the significance of collaboration, particularly when resources are scarce.

Providing psychosocial support and counselling is fundamental to the social worker's role, involving not only supporting the patient but also preparing families for the challenges ahead. Participant 1 stated: *"Key roles I think are to support your patient, to prepare the patient, and talk about the kids, about everything important to her."* Participant 4 further emphasised the need to ensure family stability through counselling and assistance with social grants.

Effective communication and liaison with families and other departments are crucial yet challenging aspects of the social worker's role. Participant 10 noted the difficulties in maintaining communication: *"My view is that sometimes it is hard to get the families… it's hard for us to come from where we are to where the patients are living."*

Participant 11 highlighted the need for better resources and improved team integration.

In addition to their emotional and practical support roles, social workers often act as financial advisors and mediators in family conflicts. Participant 12 described their role: *"I think what is important for me first [is] I need to comfort, I become a comforter and enabler… make the family, also the patient aware of the financial implications… mediator between them to make peace."*

7.4 Theme Three: Management of Palliative Care in Hospitals

The participants, when asked about the management of palliative care in their hospitals, collectively highlighted the complexities faced in this area. Key issues include variability in management quality, the need for specialised infrastructure, challenges in multidisciplinary team collaboration, inconsistencies in care prioritisation, and the emotional and practical challenges faced by social workers. These insights are further explored through the following subthemes: subtheme 3.1: social workers' insights on management, subtheme 3.2: support available for social workers, and subtheme 3.3: involvement with palliative patients.

7.4.1 Subtheme 3.1: Social Workers' Insights on Management

This subtheme delves into the varying perspectives of social workers regarding the management of palliative care, revealing disparities in care quality across hospitals, the critical need for specialised infrastructure, and the challenges of effective multidisciplinary team.

The management of palliative care varies widely across hospitals, reflecting significant differences in the quality of care provided. Participant 1 mentioned a positive view of the management quality: *"So far, they are doing great; they do all the reviews."* In contrast, Participant 3 expressed concerns about the quality, stating: *"The management is*

very, very, very poor." Similarly, Participant 4 noted: *"To be honest, there's a lack of management."* Highlighting systemic issues in care management, these perspectives underscore a significant disparity in how palliative care is managed, indicating that while some hospitals may have robust systems in place, others face critical challenges that impact care quality.

The need for specialised infrastructure and resources for palliative care was frequently mentioned as a crucial factor affecting care quality. Participant 2 emphasised the necessity of dedicated wards for palliative care: *"Management of care, I think, is whereby there must be a ward for the palliative care unit because they need special attention than others."* Participant 10 echoed this concern, noting the struggle due to the lack of specialised facilities: *"We don't have a ward where patients who are near death are accommodated."* These statements highlight the pressing need for specialised infrastructure to improve the management of palliative care and ensure that patients receive appropriate support.

Effective collaboration among multidisciplinary teams is both a strength and a challenge in managing palliative care. Participant 5 appreciated the role of multidisciplinary collaboration, stating: *"They are trying to include all the multidisciplinary team when they are dealing with the patient."* However, Participant 7 highlighted issues with team coordination, mentioning: *"There's no specific social worker meant to deal specifically with palliative care patients."* Participant 1 also noted difficulties: *"We are working together, but it's not easy."* These insights reflect the complexities and challenges of implementing effective multidisciplinary teamwork in palliative care, indicating areas for improvement.

There are noticeable discrepancies in how palliative care is prioritised across different hospitals. Participant 6 reported a positive aspect of care prioritisation: *"Palliative patients… are given a priority, and they are being cared for."* Conversely, Participant 7 observed that palliative care is often treated similarly to other diseases, suggesting a lack of specific focus: *"They are treating all other diseases the same."* These observations highlight the variability in care prioritisation and the need for consistent approaches to ensure palliative patients receive the attention they need.

Social workers face significant emotional and practical challenges in managing palliative care, which impact their ability to provide comprehensive support. Participant 8 reflected on the emotional aspect of care: *"The love of the staff won't be the same as the love of the family."* Participant 11 acknowledged resource constraints, stating: *"We try our best as social workers, but we are not enough."*

7.4.2 Subtheme 3.2: Support Available for a Social Worker

This subtheme focuses on the support systems available for social workers involved in palliative care. The participants collectively underscored the importance of institutional support, highlighting significant gaps in resources, training, and emotional well-being programmes. The analysis reveals a strong need for enhanced support structures to empower social workers in their challenging roles.

One of the most prominent concerns expressed by social workers is the lack of essential resources required to perform their duties effectively. This includes the availability of transportation, communication tools, and office spaces, all of which are critical in facilitating their work with palliative care patients. Participant 1 emphasised the need for basic resources:

"We need resources like vehicles because sometimes you need to move around to facilitate the process of placing the patient. And do a home visit, trying to check how things are. We also need a telephone because those are major resources for the social worker."

Participant 6 provided a detailed account of the challenges faced due to resource constraints, noting the lack of dedicated transport and access to telephones:

"In this department, I don't want to lie, a social worker in the Department of Health is always struggling with the resources; you improvise yourself. Sometimes you will find that I want to do home visits somewhere, but I will be told that all the vehicles are not around... I don't even have access to a telephone here."

These accounts highlight the critical gaps in resources that impede the effectiveness of social workers in providing palliative care, pointing to a pressing need for institutional investment in these areas.

Another significant concern raised by social workers is the lack of adequate training, which is essential for equipping them with the skills necessary to handle the complexities of palliative care. Participant 2 acknowledged the absence of palliative patients in their previous role but stressed the importance of training: *"Unfortunately, where I was working, there were no palliative patients, but I think what it [is] supposed to be, there must be training on how to take care of these palliative care patients."* Participant 14 also noted the scarcity of training opportunities, even though some training is provided by the institution: *"Okay, social workers are given training by the institution, but even those are scarce, and those trainings are very important because they equip us with skills... the support that we get as social workers is not enough."* The lack of regular

and comprehensive training programmes hinders social workers' ability to stay updated with best practices in palliative care, thus affecting the quality of care they can provide.

Participants also expressed the need for emotional support and practical assistance, given the emotionally taxing nature of their work. Many reported a lack of debriefing programmes and counselling services, which are vital for maintaining their mental and emotional well-being. Participant 11 highlighted the critical role of counselling in supporting patients but noted the emotional toll it can take on the social workers themselves: *"The social worker has to counsel that person and tell him you are not here because people don't love you... But a social worker [has] got a role to play to come closer to the person."* Participant 15 lamented the absence of debriefing sessions and the overwhelming nature of their workload: *"We don't have resources; we don't have anything... sometimes we get overloaded with the problems of the patients, but we don't get debriefing sessions."* The emotional burden on social workers is significant, and the lack of structured support mechanisms exacerbates their stress, potentially leading to burnout.

Some participants expressed frustration with the limited acknowledgement of their roles and the absence of systemic support structures. Participant 4 expressed the challenges of seeking support within the institution: *"There's no support unless you go around asking for support, and they don't know what social workers do; you have to stand up for yourself."* Participant 10 bluntly stated the lack of support: *"None, there's no support. We are using our own information."* These sentiments suggest that social workers often feel undervalued and isolated within their roles, which could impact their ability to advocate effectively for their patients and themselves.

7.4.3 Subtheme 3.3: Involvement with a Palliative Patient

This subtheme explores the role of social workers in the early stages of palliative care, highlighting their involvement from the moment of diagnosis, often through referrals from doctors, nurses, or other healthcare professionals. The participants shared their experiences, emphasising the significance of social workers in the palliative care process.

Most participants emphasised that their involvement with palliative patients typically begins with a referral from healthcare professionals. Social workers are often called upon when a patient is diagnosed with a serious illness or when a need for additional support is identified by doctors or nurses. Participant 1 highlighted the varied sources of referrals: *"It depends, sometimes patients are referred by the doctors, sometimes nurses or whoever. But other[s] come straight from their communities to our social work office... But most of the time are referred by the doctors."* Participant 4 described the typical process of intervention:

> *"When the patient is admitted to the hospital, when the doctors and nurses assess and find out that the person is homeless and has an illness that he cannot live with and needs support, that is when the doctor sends a social worker to intervene."*

These accounts demonstrate that while doctors are the primary source of referrals, other healthcare professionals and even community members can initiate the involvement of social workers.

Participant 7 emphasised the importance of thorough assessments: *"We start with an assessment where you try to trace the family background, family structure, and the children of the patient... It is a social worker's duty to educate the patient."* Participant 10 described the critical role of social workers in helping patients cope with their diagnosis: *"From the day the patient is diagnosed, the patient is being referred to me for*

acceptance... I have to intervene and continue with the patient to accept the disease and cope." These statements highlight the social worker's role in providing emotional support and education, ensuring that patients and their families are well-informed and emotionally prepared for the challenges of palliative care.

Despite the structured process of referrals, some social workers face challenges in their involvement with palliative patients, particularly when healthcare professionals are unsure about when to refer patients to social workers. Participant 6 mentioned the inconsistency in ward rounds and referrals: *"We get a referral, whether from doctors, physio or any professional... most of the time you will see that we get referrals from all these professionals that work in the hospitals."* Participant 8 noted a gap in awareness among doctors regarding the referral process: *"I was supposed to be through the referrals most of the time, but I do ward rounds, and the doctors don't know what to refer."* These challenges suggest that while the referral system is intended to ensure that social workers are involved in the palliative care process, there is sometimes a disconnect between healthcare professionals and social workers regarding the timing and necessity of these referrals.

Several participants shared personal experiences that illustrate the complexities and emotional weight of their involvement with palliative patients. These experiences often involve navigating difficult family dynamics, managing the emotional needs of the patient, and dealing with their own lack of training or resources. Participant 5 recounted a challenging first experience with a palliative care patient, highlighting the importance of proper training:

"By that time, I wasn't yet trained for palliative care... I only rendered counselling. I wasn't aware that I had to prepare the family and the client that he or she [would] not go home alive; that was my first experience."

Participant 12 discussed the direct involvement with patients and their families: *"Sometimes we get involved directly from the family members or else community members and from the hospital; then the doctors refer the patient to us so that we can do our management from our side."* These narratives underscore the critical role that social workers play in palliative care, often serving as the bridge between the patient, their family, and the broader healthcare team.

7.5 Theme Four: Social Workers' Integral Role in the Multidisciplinary Team in Palliative Care

When participants were asked about their roles within the multidisciplinary palliative care teams, they highlighted the crucial contributions of social workers in addressing the emotional, psychological, and social needs of patients. Social workers are seen as essential in providing holistic care, ensuring that the emotional well-being of patients is considered alongside medical treatments. However, the discussions also revealed challenges, including a sense of undervaluation and a lack of recognition from other team members. The following explores these insights in depth, showcasing both the integral role social workers play and the barriers they encounter within the multidisciplinary team.

Participants view their role as crucial in addressing the emotional and psychological needs of patients. Participant 7 noted: *"I perceive it as a very important role... even if the person is given the medication, if that patient emotionally is not okay, the patient won't respond to the treatment."* This highlights the belief that emotional well-

being is integral to the patient's overall health and that the social worker is essential in ensuring this aspect of care.

Participants emphasised their responsibility in managing the social and familial issues that often arise in palliative care. Participant 1 articulated: *"We focus on the psychosocial part... if the patient is staying alone, also check the family which is responsible for him."* This underscores the social worker's role in not only supporting the patient but also engaging with the family to ensure a supportive environment.

Despite recognising their essential role, some social workers feel their contributions are undervalued within the team. Participant 12 mentioned: "On the multidisciplinary team, I don't think we have that much voice... but we do it because we have to do it." This reflects a perceived lack of influence within the team, despite the importance of their work.

Several participants expressed frustration with misunderstandings about their role within the hospital setting. Participant 3 stated: *"Honestly speaking, here at the hospital, they undermine us... there's a misunderstanding when it comes to our profession."* This highlights a broader issue of recognition and respect for social workers within the multidisciplinary team.

Social workers generally view their role as indispensable within the multidisciplinary team, especially in addressing the emotional, social, and familial needs of patients. Participant 1 emphasised: *"They see my role as assisting... everyone has his or her role, and the other members can't finish the palliative care process without a social worker."* This sentiment reflects a shared understanding among social workers that their contributions are vital to the comprehensive care of patients, although this view was not always reciprocated by other team members. Participant 9 further articulated the importance of a multidisciplinary approach, stating: *"It is viewed as very important... we*

come with different skills to assist this same patient." This underscores the belief that each profession brings unique expertise to the team, with social workers focusing on the psychosocial aspects that others may overlook.

Despite their perceived importance, many social workers feel that their role is often misunderstood or undervalued by other professionals. Participant 4 shared a common frustration: *"Sometimes you could see that they took it lightly... we are not prioritised in this department."* This reflects a broader issue within the healthcare system where social work is not always given the same priority or respect as other medical professions. Participant 5 highlighted a specific misconception: *"They only perceive it as someone who only gives a grant... but they do not understand that it is to empower the patient and bring awareness."* This reveals the limited understanding some healthcare professionals have of the full scope of a social worker's role, which extends beyond financial assistance to include patient education and emotional support.

Perceptions of the social worker's role can vary significantly among different members of the multidisciplinary team. Participant 8 noted: *"There are still those professionals who don't see any need for a social worker... but there are times when they are stuck, they don't know what to do... they will throw it to social workers."* This suggests that while some professionals may undervalue social workers, they often turn to them when faced with challenges outside their expertise. Participant 15 provided an example of the unique contributions social workers make, particularly in coordinating care with family members: *"They cannot go and conduct home visits... the social worker is the one who goes to the family members and checks the other extended family members."* This highlights the distinct and irreplaceable role social workers play in bridging the gap between the hospital and the patient's home environment.

Social workers view their role as crucial in addressing the emotional and psychological needs of patients. Participant 7 noted: *"I perceive it as a very important role... even if the person is given the medication, if that patient emotionally is not okay, the patient won't respond to the treatment."* This highlights the belief that emotional well-being is integral to the patient's overall health and that the social worker is essential in ensuring this aspect of care.

7.6 Theme Five: Enhancing Social Workers' Opportunities and Challenges in the Public Health System

This theme delves into the multifaceted opportunities and challenges experienced by social workers within the public health system, particularly in palliative care. It provides a comprehensive overview of the factors that influence their professional practice, focusing on three key subthemes: subtheme 5.1: support for social workers in the public health system, subtheme 5.2: challenges in the public health system, and subtheme 5.3: positive forces behind social work. Together, these subthemes offer a nuanced perspective on the opportunities and challenges that shape social workers' experiences and effectiveness within the public health system, providing valuable insights into how to enhance their roles and support in delivering high-quality palliative care.

7.6.1 Subtheme 5.1: Support for Social Workers in the Public Health System

This subtheme explores the various forms of support that social workers experience within the public health system. Social workers play a critical role in addressing the emotional, psychological, and social needs of patients, particularly in palliative care settings. The support they receive from the health system directly impacts their ability to deliver holistic care. This includes access to training, supervision, and collaborative opportunities with other healthcare professionals. The analysis also considers the structural

and institutional challenges that may limit the effectiveness of support, highlighting areas for improvement in fostering a more conducive working environment for social workers.

Participant 3 highlighted a key opportunity within the public health system: collaboration with external stakeholders. *"I would say we are working together with stakeholders like [the] South African Social Security Agency, Home Affairs, and the Department of Education."* This collaboration provides social workers with access to resources and support that are essential in addressing the multifaceted needs of patients, particularly in palliative care. Participant 7 emphasised the value of partnerships, expressing a desire to expand the team: *"I can say people who can come to the hospital and render the services to the people who need palliative care... I'll beg everyone who has good skills to come and join the team."* This illustrates the potential for growth through the inclusion of skilled professionals from various fields, enhancing the quality of care provided to patients.

Several participants pointed to the opportunities for gaining knowledge and experience as a significant benefit. Participant 5 shared: *"The opportunity that we get is the experience and the deeper understanding of a human being and the health issues that are experienced by the community."* This experience is invaluable, providing social workers with the ability to address complex medical and psychosocial issues more effectively. Participant 6 elaborated on the importance of medical workshops: *"The opportunities mostly are these medical workshops... they make us understand these kinds of illnesses... so at least the workshops on some of the diseases [help] us."* These workshops enable social workers to better understand specific illnesses and the associated care protocols, thereby improving their ability to support patients holistically. However, the participant also noted that such workshops are not available for all illnesses, indicating a need for broader training opportunities.

Despite these opportunities, many social workers expressed frustration with the lack of adequate resources and infrastructure. Participant 1 succinctly stated: *"We are under-resourced, and we struggle to find hospice homes."* Highlighting a critical gap in the availability of essential services for palliative care. Participant 8 expressed similar concerns about transportation, which is vital for their work: *"I am using a hospital car, but it's not enough... Most of the time, the cases that we deal with need immediate action, but we cannot because we are depending on a full car."* This lack of reliable transport severely limits social workers' ability to respond promptly to urgent cases, affecting the quality of care provided.

A recurring issue among participants was the lack of sufficient training and support. Participant 10 voiced a common concern: *"We are supposed to be trained... We are just doing this through Google and the other experiences that we have from other institutions."* This statement reflects the inadequacy of formal training programmes, leaving social workers to rely on self-directed learning and previous experiences, which may not always be sufficient to meet the demands of their roles.

Participant 12 acknowledged some support from higher-level administrators but also noted their limitations: *"We do have a debut director in the province who is supporting us... but the support was not enough because we are short-staffed."* This shortage of staff, coupled with insufficient support, exacerbates the challenges faced by social workers, particularly in high-demand areas like palliative care.

7.6.2 Subtheme 5.2: Challenges in the Public Health System

This subtheme examines the various challenges that social workers face within the public health system, particularly in palliative care. Participants consistently reported significant obstacles, including a scarcity of specialised facilities and personnel, inadequate

training, limited resources, and challenges related to multidisciplinary collaboration. These challenges hinder their ability to provide effective care and support to patients, particularly those requiring palliative care.

One of the primary challenges identified by participants is the lack of dedicated facilities and specialised personnel for palliative care. Participant 1 highlighted the issue, stating: *"There's a limited space for those in palliative care... there must be a hospital that renders these services, and there must be personnel specialised... in dealing with palliative care patients."* This lack of dedicated facilities forces social workers to navigate a system that is not fully equipped to meet the complex needs of palliative care patients, limiting the quality of care provided. Participant 13 added to this by noting the lack of involvement and recognition of social workers in palliative care, saying: *"We are not involved yet... I have never seen a social worker call for palliative care... it remains there in the book, the practical of it... I don't have it."* This lack of integration further underscores the systemic challenges in providing comprehensive palliative care within the public health system.

Participants frequently mentioned the absence of proper training as a significant challenge. Participant 2 expressed frustration with the lack of palliative care training, noting: *"We are not trained for palliative care, but we are doing it just using the basic counselling skills that we possess."* This gap in training leaves social workers feeling ill-equipped to handle the specific needs of palliative care patients, potentially compromising the quality of care. Participant 10 echoed this concern, emphasising the lack of opportunities for professional development: *"Most of the time we write this training as part of a personal development plan, but we are not getting the necessary training or workshops... so that we can be effective when we deal with these patients."* This lack of training is compounded by insufficient resources, such as inadequate office space, which further hampers the ability to provide confidential and effective care.

A recurring issue among participants was the lack of essential resources, particularly transport and communication tools. Participant 3 shared: *"The challenge that we come across is the lack of resources... transport is not easy to get, and also telephones... we end up using our cell phones."* This lack of basic resources creates significant barriers to delivering timely and effective care, as social workers are often forced to use their personal devices to maintain communication and manage cases. Similarly, Participant 4 highlighted the impact of these resource constraints on their work: "*Lack of transport, lack of resources like telephones... most of the time we use our cell phones to keep our work going.*" The dependence on personal resources not only adds financial and emotional strain on social workers but also limits their capacity to respond promptly to the needs of palliative care patients.

The effectiveness of the multidisciplinary team is crucial in providing holistic care, yet several participants reported challenges in this area. Participant 5 pointed out that: *"If the multidisciplinary team is not functioning well, you find not doing well alone... if someone[takes] [leave], a case won't move".* This highlights the interdependency within the multidisciplinary team and the significant delays in patient care that can occur when the team is not fully operational. Moreover, Participant 8 described the lack of management support specific to the social work profession within the Department of Health: *"You don't have a manager who is a social worker... you will be managed by the CEO [Chief Executive Officer] or a chief medical doctor... there's no one to share the cases with."* This lack of professional oversight and support exacerbates the challenges social workers face, as they often find themselves isolated within a system that does not fully understand or value their role.

Another significant challenge identified was maintaining patient confidentiality, particularly in hospital settings. Participant 9 noted the difficulty of ensuring privacy for

terminally ill patients: *"Some of the patients with terminal illnesses are bedridden... it's hard to take them to our office, we have to see them in the ward... in the ward, there's no confidentiality... because it is an open space."* This lack of privacy undermines the ability to provide sensitive and confidential care, which is especially important in palliative care settings.

7.6.3 Subtheme 5.3: Positive Forces Behind Social Work

This subtheme delves into the positive factors that bolster social workers within the public health system. It explores how internal support systems, including teamwork, management backing, and patient feedback, enhance the social workers' ability to provide effective care. The theme highlights the intrinsic motivations and collaborative environment that sustain social workers, despite the challenges they face. By focusing on these empowering elements, the theme sheds light on the aspects that contribute to the resilience and effectiveness of social workers in delivering high-quality care to their patients.

A recurring positive factor mentioned by the participants is the strong sense of teamwork and support within the department. Participant 1 emphasised the importance of collaborative efforts, particularly in engaging families and securing additional support when needed: *"Surely you need the support of a colleague because you will find that sometimes you are struggling to move, and sometimes a supervisor also assists."* This collaboration extends beyond just the social work department, as they often coordinate with other professionals, such as nurses, to ensure comprehensive care for patients. Similarly, Participant 14 highlighted the mutual support among social workers, stating: *"We are strengthening each other as social workers... I would come to my colleague and ask for any assistance if she can assist me, maybe when I'm dealing with the case."* This

intra-departmental support system not only helps in managing the workload but also enhances the quality of services provided to patients.

The feedback from patients and their families serves as a significant source of motivation for social workers. Participant 6 described the impact of positive responses, noting: *"It is the response of the patients themselves and also the acknowledgement of the community... the relatives of those families will come to you and thank you for the role that you have played."* This recognition and appreciation from the community reinforce the social workers' sense of purpose and commitment to their work. Participant 10 echoed this sentiment, stating: *"That's the change you can see [in] the person after you have rendered the service... you explained the condition and encouraged them, and to motivate them to accept what they cannot change."* The visible impact of their work on patients and families strengthens their resolve to continue providing compassionate care, despite the challenges they face.

Support from management was another key positive factor identified by the participants. Participant 9 appreciated the backing received from both the multidisciplinary team and management, saying: *"I get the strength from the multidisciplinary team and my manager; he is so supportive."* This support is crucial in maintaining morale and ensuring that social workers have the necessary backing to navigate complex cases and challenges. Participant 13 also mentioned the significance of managerial support, particularly in empowering social workers to perform their duties effectively: *"When the patient receives you, it means he/she trusts you that you are going to assist with the problem... I get the strength from them and from my managers, who are willing to support us."* This trust and support from both patients and managers provide social workers with the confidence and motivation needed to continue their challenging work.

The autonomy granted to social workers within the department was another positive aspect highlighted by the participants. Participant 12 noted the flexibility they have in their roles, stating: *"There are no restrictions, so you are allowed to do what you think can be [of] assistance to the patient... in terms of management, we are given a space to practice."* This autonomy allows social workers to tailor their interventions to the specific needs of their patients, enhancing the effectiveness of their work. However, Participant 12 also pointed out that this autonomy is somewhat limited by resource constraints: *"The hindering factor is the resources. Other than that, for me, that's a positive thing in terms of the department."* Despite these limitations, the freedom to practice independently was viewed positively, as it enables social workers to apply their professional judgment and expertise in providing care.

Several participants also mentioned their intrinsic motivation and passion for their work as key positive factors. Participant 15 expressed a personal connection to their work, stating: *"My positive factor it's a personal thing because I like to work with people who need care."* This personal dedication to helping others is a driving force behind their commitment to the profession, even in the face of challenges. Participant 3 also reflected on the emotional support gained from colleagues, noting: *"Being there for each other, I think that's what keeps me going."* This sense of camaraderie and shared purpose within the department contributes to the resilience of social workers, enabling them to continue their work with dedication and compassion.

7.7 Theme Six: Key Knowledge for Social Workers

When the participants were asked about the key areas of knowledge essential for social workers, particularly in the context of palliative care, they highlighted several crucial aspects. The responses underscored the necessity for a well-rounded knowledge base that includes medical understanding, specialised skills, ongoing professional

development, and the ability to navigate complex social issues. This theme explores the main areas of knowledge identified by participants, focusing on two subthemes: subtheme 6.1: essential skills and knowledge for effective palliative care and subtheme 6.2: strategies for enhancing professional development.

7.7.1 Subtheme 6.1: Essential Skills and Knowledge for Effective Palliative Care

This subtheme explores the critical skills and knowledge necessary for social workers to provide effective support in palliative care settings. It delves into the importance of understanding medical conditions, tailoring interventions for different patient demographics, and the ongoing need for professional development and specialised training. Participants highlighted that a comprehensive grasp of medical knowledge and psychological skills is crucial for addressing the complex needs of patients with chronic or terminal illnesses. Participant 3 emphasised the importance of medical knowledge, stating: *"As a social worker, you need to understand the medical side."* Underscoring that understanding medical conditions is fundamental for effective patient support, pointing to the need for psychological skills in healthcare settings. Participant 4 added: *"A person who is working with patients who need palliative care is a social worker, at least to my understanding, who has majored in psychology."* The need to understand the specific needs of different patient demographics was also highlighted. Participant 1 remarked: *"A social worker needs to understand old people and have passion. You need to know old people's needs."*

Illustrating the importance of tailoring interventions to the unique requirements of elderly patients, Participant 5 reinforced this holistic approach, which includes not only medical conditions but also the patient's social background and resources, stating: *"You should view the patient holistically... you need to make sure [that] at least you understand the whole [circumstance]."* Ongoing training and professional development were deemed

crucial for maintaining effectiveness in the role. Participant 8 noted: *"Training on palliative care is very important, I think it can assist us; it can broaden us and our knowledge."* Reflecting the need for continuous learning, Participant 12 supported this view, highlighting the importance of training for working effectively with multidisciplinary teams. Underscoring the importance of addressing the emotional well-being of social workers through training and debriefing, Participant 11 added: *"When you are a social worker, you come across depressing cases, so we supposed we have debriefing sessions."*

Specialised knowledge in specific medical conditions was also emphasised. Indicating the need for targeted workshops to stay updated on specific conditions, Participant 15 mentioned: *"A social worker should have workshops and awareness... if we are talking about cancer, the social worker should be familiar with all those conditions."* In addition to medical knowledge and training, essential skills identified included communication, empathy, and advocacy. Participant 13 outlined a comprehensive skill set: *"A social worker should have communication skills, attentive skills, attending skills, and active listening skills."* Empathy and a non-judgmental attitude were also highlighted by Participant 13: *"You need to have empathy skills; you need to have the skill to do open-ended questions... and you need to not be judgmental as a social worker."*

The ability to act as an advocate and navigate complex social systems was crucial. Reflecting the versatility needed in social work roles, Participant 7 remarked: *"You need to have financial information because you become a financial adviser, you become a lawyer, you mediate between the family members."*

The participants also pointed to the role of leadership and organisational support in professional development. Participant 1 noted: *"It's a supervisor who identifies that I need*

to be developed in such areas, but the social worker assists the supervisor by telling her what she needs to be trained on." Similarly, Participant 2 highlighted the role of hospital leadership in facilitating training opportunities, and Participant 4 mentioned the involvement of higher-level directors in ensuring adequate development.

7.7.2 Subtheme 6.2: Strategies for Enhancing Professional Development

This subtheme focuses on the diverse strategies proposed by participants to enhance the professional development of social workers in palliative care. Key strategies include structured training programmes, continuous assessment, integration of palliative care into academic curricula, leveraging research findings, and ensuring robust organisational support. The goal is to create a comprehensive framework that supports ongoing learning and skill enhancement for social workers.

Participants frequently highlighted the importance of structured training programmes as a fundamental strategy. Participant 6 advocated for: *"...[i]ntroducing short courses... so that at least now we are able, so even those who went to the course come back and educate us."* This underscores the need for regular and accessible learning opportunities that keep social workers up to date with the latest advancements in palliative care.

Workshops and seminars were also noted as essential for professional growth. Participant 11 pointed out: *"By having conferences, by having those seminars, we hold seminars in our hospital for us as social workers to share information to develop ourselves."* These gatherings provide valuable educational content and foster a collaborative environment where social workers can exchange knowledge and experiences.

Continuous assessment emerged as another critical component of professional development. Participant 5 proposed: *"There should be a continuous assessment by the*

management of the social worker... where they are equipped with information about their services." This highlights the importance of regular evaluations to track progress and ensure that social workers are meeting their development goals.

Organisational support was identified as vital for implementing these strategies effectively. Participant 13 emphasised: *"The department should acknowledge social workers as part of the department, and then they should make sure that they have all the resources they need."* This underscores the need for departments to provide adequate resources and support to facilitate professional development.

The integration of palliative care training into academic curricula was another key strategy. Participant 8 suggested: *"It will be much better if it can be introduced at the university level so that when the social workers graduate, they have the information."* This approach ensures that new social workers enter the field with a solid foundational knowledge of palliative care.

Participants also highlighted the role of research in shaping training and development strategies. Participant 9 noted: *"They can be developed through research... this research study you are doing... will lead the institutions to enhance the social worker's skills pertaining to palliative care."* This suggests that ongoing research should inform and refine training programmes to address the evolving needs of social workers.

Debriefing and peer support mechanisms were also seen as crucial. Participant1 emphasised: *"Training, and there must [also be] a debriefing process where you go and share your experiences."* This reflects the need for emotional and psychological support systems that help social workers manage their experiences and learn from one another in a supportive setting.

Finally, some participants suggested that incentives and recognition could further motivate professional development. Highlighting the importance of recognising and rewarding the efforts and achievements of social workers, Participant 3 mentioned: *"It will be nice if we study and get a raise."*

7.8 Section B: Case Study Two: Professional Nurses

In Table 7.3, the demographic profile of the professional nurse participants is presented.

Table 7.3

Demographic Profile of the Professional Nurse Participants (N=20)

Demographic Factor	Sub-Category	Number
Gender	Male	1
	Female	19
Age	23 to 27	2
	28 to 32	4
	33 to 37	3
	38 to 42	3
	43 to 47	3
	48 to 52	3
	53 to 59	2
Highest qualification	Degree	11
	Diploma	9
Religion	Christianity	20
Race	Black	20
Years of experience	1 to 3	5
	4 to 6	3
	7 to 9	2
	10 to 12	6
	More than 12 years	2
	16	1
	20	1

The demographics presented in Table 7.3 show that the professional nurses included in the study were between the ages of 23 and 59 years, and 19 women and one man filled out the questionnaire. Two of the women nurses who completed the questionnaire, six were under the age of 32, 11 were older than 32 but younger than 52, and two were between 53 and 59 years old. The one man who completed the questionnaire

was between the ages of 33 and 37. Study numbers were assigned to participants to maintain confidentiality and facilitate easy referencing.

Concerning work experience, ten participants had up to 10 years' experience, while nine had between 11 and 20 years' experience, and one had been working within palliative care for 20 years. All the participants were Black South Africans and identified as Christians.

Table 7.4

Themes and Subthemes that were Developed from the Self-Administered Questionnaires Completed by Professional Nurses

Themes	Subthemes
1. Caring for patients	1.1 Emotional and systemic struggles in palliative care 1.2 The weight of experience in palliative care 1.3 Compassion in the face of life-limiting illnesses
2. The role of the multidisciplinary team	2.1 Teamwork makes dream work in palliative care 2.2 Roles and responsibilities in multidisciplinary palliative care 2.3 The vital role of social workers in palliative care
3. Enhancing palliative care services	

7.9 Theme One: Caring for Patients

Caring for patients with life-limiting illnesses presents a rich tapestry of experiences for professional nurses, characterised by both profound challenges and deep fulfilment. This theme delves into the complexities of palliative care, exploring how nurses navigate the emotional and systemic struggles inherent in their roles. It highlights the diverse aspects of their experiences, including subtheme 1.1: emotional and systemic

struggles in palliative care, subtheme 1.2: the weight of experience in palliative care, and subtheme 1.3: compassion in the face of life-limiting illnesses.

7.9.1 Subtheme 1.1: Emotional and Systemic Struggles in Palliative Care

In their reflections on caring for patients with life-limiting illnesses, professional nurses conveyed a powerful sense of both personal and professional struggle. The complexities of palliative care encompass emotional, physical, and practical challenges, further compounded by systemic shortcomings such as insufficient resources, lack of training, and limited support in healthcare settings.

A recurring issue was the emotional burden that comes with caring for patients whose conditions are consistently life-ending. Professional Nurse 1 expressed the deep emotional weight of knowing that, despite their best efforts, the ultimate outcome remains unchanged: *"It is very difficult and very emotional for a healthcare worker because you know that there is not enough you can do for your patients... you always feel as if it's not enough since you know the ultimate outcome."* This sentiment illustrates how nurses are often left feeling powerless, torn between the need to provide care and the reality of the patients' inevitable decline.

The emotional toll is not limited to the nurses alone but also extends to the patients and their families. Many patients struggle to accept their diagnosis, a situation that complicates care further. As Professional Nurse 1 pointed out: *"You will find that the patient hasn't accepted his or her condition."* This resistance from patients to engage with palliative care services, coupled with the family's denial, often leaves nurses in a difficult position, as Professional Nurse 2 highlighted: *"The family does not accept that their family member is critically ill, and it is a challenge that needs them to be emotionally supported."*

Nurses are thus burdened not only with caring for the patients but also with guiding their families through emotional turmoil, a task that stretches their already limited resources.

Another challenge nurses frequently face is the lack of familial support for patients. As Professional Nurse 12 noted, some patients receive inadequate care at home, which negatively affects their health: *"Patients often lack support, love, and proper care... they are not given treatment at home, and you may feel that they are losing control over situations and decisions."* This lack of support from family members, combined with the broader systemic issue of understaffed and under-resourced hospitals, makes it even more difficult for nurses to provide the level of care that is necessary. Many participants noted that small hospitals lack specialised palliative care wards, forcing patients with life-limiting illnesses to share rooms with others, which dilutes the quality of care.

Systemic barriers, such as financial constraints and limited healthcare infrastructure, further exacerbate the challenges faced by nurses. As Professional Nurse 20 shared: *"Patients come very late, they delay presenting to the clinic due to financial constraints... [A] lack of step-down facilities and prolonged hospitalisation also add to the challenges we face."* Resource shortages not only prolong hospital stays but also make it harder to provide the holistic and individualised care these patients need. Nurses are left to manage the growing emotional and physical demands of palliative care with limited training and inadequate infrastructure. Yet, despite these obstacles, nurses also highlighted the fulfilment that comes with providing palliative care. For many, the ability to offer comfort, improve patients' quality of life, and support families through difficult times is a source of professional satisfaction. As Professional Nurse 8 remarked: *"It may be challenging at times, but it leaves a positive feeling as you have a chance to give the last help... It is important to show support, care, and listen to the wishes that they may have."*

This balance of emotional burden and fulfilment underscores the profound impact that palliative care has on both patients and healthcare professionals alike.

7.9.2 Subtheme 1.2: The Weight of Experience in Palliative Care

In their experiences of caring for patients with life-limiting illnesses, the professional nurses shared the emotional, physical, and spiritual demands they face. All 20 participants emphasised the critical need for comprehensive care, recognising the importance of addressing not only physical symptoms but also the emotional and spiritual well-being of both patients and their families.

Professional Nurse 1 reflected on the challenging nature of their work, describing moments of emotional distress when patients refuse treatment or face irreversible health conditions: *"Seeing patients suffer is emotionally difficult, especially when their condition is so severe that surgery is not an option."* Similarly, Professional Nurse 2 pointed out the importance of providing emotional support, despite resource limitations. They highlighted that effective communication is crucial when managing patients with limited care options: *"It can be tough due to resource constraints, and it can be equally challenging to explain the prognosis to both the patient and their relatives."*

The participants also described how the involvement of families is essential, but often insufficient. Professional Nurse 4 shared how family involvement in oncology clinics plays a significant role in offering the emotional and social support patients need: *"Family involvement can serve as a buffer against the emotional distress associated with cancer, providing patients with the social support necessary to cope with the illness".* However, many families are unable or unwilling to provide the necessary care, which complicates the patient's experience and compliance with treatments. Professional nurses reported that neglect from family members leads to emotional distress, with patients often expressing

feelings of depression, anger, and hopelessness. Professional Nurse 3 summarised their experience, stating that it has been emotionally taxing, but also highlighted the value of empathy and communication in these complex situations: *"My experience in this field has been emotionally taxing, with many difficult aspects, but it underscores the importance of empathy, communication, and the need for improved palliative care options."*

A collective sentiment from most participants was the significant emotional burden they carry as they manage not only the patients' physical needs but also their mental and emotional states. The nurses strive to comfort patients through physical care, gentle touch, and massage, but they also face obstacles such as patients' transportation issues and side effects from treatments. Despite these challenges, many nurses find fulfilment when patients show signs of improvement, although the weight of managing unrealistic expectations for cures in the context of incurable illnesses adds an additional strain.

7.9.3 Subtheme 1.3: Compassion in the Face of Life-Limiting Illnesses

For professional nurses working in palliative care, the meaning of 'caring' extends far beyond the physical treatment of patients. It encompasses a holistic approach that addresses patients' and their families' emotional, spiritual, and psychosocial needs. All participants emphasised the profound emotional challenges they encounter when providing care to individuals facing life-limiting illnesses.

One recurring issue was the resistance from patients themselves, who often struggle with the acceptance of their condition. This lack of cooperation can manifest in refusing medications or engaging in treatment plans, as Professional Nurse 20 noted: *"Alongside these struggles, healthcare workers must contend with the emotional suffering of patients who experience depression, hopelessness, and a range of other psychological responses to their diagnoses."*

Participants consistently emphasised the significance of offering emotional and physical support. Love, empathy, and effective communication are seen as cornerstones of meaningful care. Despite the strain, many Professional Nurse 18 described their role as a deeply fulfilling and integral part of the patient's journey: *"These patients often face refusal to cooperate, physical and emotional suffering, and a lack of resources. The healthcare worker emphasises the importance of love, support, communication, and family involvement in such cases."*

The absence of family involvement was another critical issue raised by the participants. In many cases, family members are either unable or unwilling to provide the necessary care, which further exacerbates the patient's emotional distress. Participants noted that family neglect can worsen the mental state of patients, making it even more difficult to provide holistic care.

Despite the numerous challenges, nurses highlighted that the meaning of caring for patients goes beyond treating symptoms. It involves creating a compassionate environment where patients feel supported and dignified, even in the face of terminal illness. Providing this care, although emotionally taxing, instils a sense of purpose and reward for many nurses, as they witness firsthand the positive impact they have on their patients' lives.

7.10 Theme Two: The Role of the Multidisciplinary Team

When participants were asked about the role of the multidisciplinary team in palliative care, the effectiveness of this approach was underscored by their collaborative efforts and diverse expertise. The effectiveness of palliative care hinges on the collaborative efforts of a multidisciplinary team, where each member brings a unique set of skills and perspectives to address the complex needs of patients with life-limiting illnesses. This theme explored the integral roles and interactions within these teams, highlighting

how teamwork, defined roles, and the contributions of social workers shape patient outcomes. The insights of the professional nurses revealed three key sub-themes: sub-theme 2.1: teamwork makes the dream work in palliative care, sub-theme 2.2: roles and responsibilities in multidisciplinary palliative care, and sub-theme 2.3: the vital role of social workers in palliative care.

7.10.1 Subtheme 2.1: Teamwork Makes Dream Work in Palliative Care

In the context of palliative care, the role of multidisciplinary teams emerged as a fundamental component in delivering comprehensive and effective patient care. The professional nurses provided detailed insights into the collaborative nature of palliative care and the diverse contributions of various team members.

Professional Nurse 5 highlighted the essential nature of a well-coordinated multidisciplinary team, noting that various specialists, such as radiologists and lab technicians, are crucial for thorough investigations and accurate diagnoses. Professional Nurse 9 noted:

> *"A multidisciplinary team is very much important, for example, X-ray, labs, etc., to investigate more about the cause of the illness [in] the patient. It's not helpful, sometimes the other team will drag their feet and not [come]. [A] multidisciplinary team is cooperative, working hand in hand with one another."*

A recurring issue among participants was the challenge of limited resources and the availability of critical team members. Professional Nurse 10 pointed out the strain on services when there is only one social worker available, stating:

> *"Our institution has only one social worker, she is always busy and unavailable, and relatives take the patient without having a session. Multidisciplinary teams play an important part, the social worker gives social support, and the dietician*

also plays a role in caring for the patient."

Stressing that all team members, including doctors, nurses, and a dietician, should fulfil their roles effectively, Professional Nurse 3 outlined that: *"Patient-identified problem referrals can be done, and all relevant members can do their roles."* The importance of a holistic approach facilitated by the multidisciplinary team was further underscored by Professional Nurse 11, who discussed the diverse roles that team members play in managing patients' physical, mental, and emotional needs. They remarked:

> *"It is an important one as each one gives a different view on the care, care becomes holistic, and all spheres are attended to, mental, physical, etc., [A] multidisciplinary team plays a big role in palliative care, for instance, the doctor prescribes analgesia [and] the nurse explains how to drink medication. The physiotherapy will assist in exercise mobility."*

Professional Nurse 12 elaborated on the dynamic role of multidisciplinary teams, emphasising their impact on providing medical, psychological, spiritual, and supportive care:

> *"The role of [a] multidisciplinary team is playing a huge role in giving medical, psychological, spiritual, and supportive care [to] patients with life-limiting illnesses. They play a very dynamic role, and their togetherness is the key to the hope of their lives."*

They further explained how the team works together to administer treatments and support, noting:

> *"Empathy and teamwork are very important also reassurance to them. Decision-making regarding the treatment of patients and service users."*

7.10.2 Subtheme 2.2: Roles and Responsibilities in Multidisciplinary Palliative Care

A multidisciplinary team approach is critical for delivering effective palliative care to individuals with life-limiting illnesses. The significance of each professional's role within this team was highlighted through various participant reflections, demonstrating how these roles contribute to comprehensive patient care.

Professional Nurse 1 emphasised the importance of their role in providing continuous patient support:

> *"My role is very much important because as a nurse, I'm always next to the patient. I need to be a teacher, [a] health educator about his or her condition, spiritually and emotionally. Good health education prepares the patient for their prognosis so that they can accept the condition."*

Professional Nurse 2 noted their role in coordinating with other team members to enhance patient care:

> *"My role in a multidisciplinary team is to invite them and work together with them to improve the health state of the patient. As a nurse, being close to the patient allows me to observe the disease process so I can refer properly as per the needs of the patient."*

Professional Nurse 3 highlighted limitations due to resource constraints: *"Important but limited due to resources and knowledge."* Professional Nurse 4 discussed their role in providing emotional support and counselling: *"My role is important as a professional because I get to calm and reassure the patient and provide counselling."* Professional Nurse 5 described their role in meeting basic needs and advocating for patients: *"Assist the patient with his or her basic needs and advocate for the patient.*

Delivery of palliative care emerges clearly through nursing care, including compassion for those with life-limiting illnesses."

Professional Nurse 6 explained their role in coordinating services and providing input: *"I give advice, discuss with others, and in the multidisciplinary team, my role is independent as a specialist nurse. Coordinating services is key and providing inputs is crucial."* Professional Nurse 7 emphasised their daily support and hope-giving role: *"My role is important for providing basic nursing care, giving them hope, and supporting them every day."* Professional Nurse 8 outlined their responsibilities in referral and patient advocacy: *"My role is to refer and comply with orders that would help the patients. I also remind others of forgotten tasks, advocate for patients, and provide counselling to patients and families."*

Professional Nurse 10 highlighted the importance of comprehensive care and good communication:

> *"My role is to provide comprehensive health care through primary, secondary, tertiary prevention, and rehabilitation. Accountability, responsibility, passion, and education to patients and relatives about their condition are very important, along with respecting each other and good communication."*

Professional Nurse 16 discussed their extensive responsibilities in patient care and advocacy:

> *"My role is important because I do more work, taking care of patients, seeing their needs, and advocating for them. It's an important role similar to physiotherapy and occupational therapy, ensuring that patients can perform basic activities of daily living where applicable."*

These insights collectively illustrate how each role within the multidisciplinary team contributes to a holistic approach in palliative care, highlighting the importance of collaboration, communication, and specialised input in addressing the complex needs of patients with life-limiting illnesses.

7.10.3 Subtheme 2.3: The Vital Role of Social Workers in Palliative Care

The role of social workers in palliative care is a topic of significant interest, particularly regarding how their involvement impacts patient outcomes and team dynamics. Participants were asked to reflect on the contributions of social workers within the multidisciplinary team, providing varied perspectives on their effectiveness and the challenges faced. In exploring the role of social workers in palliative care, it became evident that their contributions are perceived as vital yet inconsistently applied across institutions. This subtheme reveals a broad consensus on the importance of social workers, tempered by concerns about their availability and the breadth of their responsibilities.

A dominant issue across participant responses is the recognition of social workers' roles in providing crucial emotional and spiritual support to patients and their families. Professional Nurse 1 emphasised that social workers are essential for promoting patients' emotional and spiritual well-being, though they noted the challenge of infrequent visits due to staffing shortages:

> *"The role of the social worker is [very] important because he or she promotes patients emotionally and spiritually. Few or no visits by a social worker. Need to hire more social workers. There is only one who comes at times due to shortage."*

Similarly, Professional Nurse 2 highlighted the need for regular social worker involvement to address emotional issues effectively:

"We need more social workers in our institution. The role of a social worker is to counsel the patient and family to ensure they are free of anxiety. Social workers need to be available and visit often enough to address emotional issues affecting these patients."

The participants also pointed to the social worker's role in supporting a holistic approach to care, which integrates emotional, social, and practical support. As noted by Professional Nurse 4, social workers contribute to the multidisciplinary team by providing counselling, assisting with social grants, and addressing nutritional needs: *"Is holistic practice using a multidisciplinary approach in addressing the need. They provide counselling and other necessary food such as protein supplements and assist them with social grants."*

Professional Nurse 5 underscored the social worker's importance in addressing community and family challenges that impact patient care: *"Social workers are very important members of the multidisciplinary team as patients need social interventions due to challenges encountered in communities and families."*

Despite the recognised importance of social workers, several participants expressed concerns about their limited availability and the impact on patient care. Professional Nurse 10 pointed out the need for more proactive engagement from social workers, including home visits and case tracking:

"They must provide counselling to patients and families and also assist with social grants. My perceptions are [that] the role of a social worker should be that home visits should be done, and cases should be tracked. Many people become suicidal and depressed so multidisciplinary teams play a very important role in this path."

Additionally, Professional Nurse 13 highlighted the socio-economic aspects where

social workers could play a critical role, particularly in communities where patients may have lost their primary income source due to illness:

> *"It's very important especially for us in black communities where you find out that the patient was the breadwinner now that they are no longer able to work due to the illness there is no source of income anymore so a social worker can assist in such condition and making sure that the patient is taken care of."*

7.11 Theme Three: Enhancing Palliative Care Services

When participants were asked about the improvements needed in palliative care services, their responses illuminated several key areas for development. The effectiveness of palliative care is deeply influenced by the integration of multidisciplinary team efforts, the availability of specialised resources, and the continuous development of healthcare professionals.

To improve the quality of palliative care, the participants emphasised the need for enhanced infrastructure and resources. The professional nurses underscored several key areas for development, highlighting the importance of creating specialised palliative care units within hospitals. Professional Nurse 8 suggested: *"To have full equipment. To have speciality doctors and staff. To have special areas for palliative care services."* This feedback indicates a need for dedicated spaces and adequately equipped facilities to manage the complexities of palliative care effectively.

There was a strong consensus on the necessity of increasing the budget for palliative care services. Professional Nurse 11 noted: *"I would ensure that there are homes available for patients with life-limiting illnesses. Have funds for the homes, and palliative [care] to be ongoing and running."* This highlights the need for financial investment to support the creation and maintenance of specialised palliative care facilities and resources.

The participant's feedback also revealed a pressing need for expanding staffing and improving training. Several nurses emphasised the importance of hiring additional trained professionals. Professional Nurse 9 pointed out: *"We need more than one social worker in the institution. Improve our hospital to be integrated."* This reflects the need for more social workers and other trained personnel to ensure comprehensive care. Moreover, Professional Nurse 12 emphasised the importance of training, stating: *"Educate nurses for palliative care oncology, NGOs [non-governmental organisations] and funders and doctors."*

Continuous education for healthcare providers was identified as crucial for maintaining high standards of care. Professional Nurse 10 commented: *"Training (continuous) of health personnel for quality care is essential for keeping staff updated with best practices in palliative care."*

The participants highlighted the importance of enhancing support for patients and their families. To provide families with more time to spend with their loved ones, Professional Nurse 10 suggested: *"Visiting times should be more to give family time to enjoy the last bits of life of their family member."* Extending visiting hours could improve the emotional well-being of patients and their families during critical times.

Professional Nurse 11 emphasised the need for holistic care, including psychosocial, spiritual, and emotional support: *"Pain and symptoms control. Psychosocial support and advice. Spiritual support. Emotional support."* This comprehensive approach ensures that all aspects of a patient's needs are addressed.

Effective management of facilities and increasing awareness about palliative care are also critical. Professional Nurse 13 highlighted the importance of monitoring finances

and providing staff incentives: *"Monitoring of finances that are supposed to help those in need [of] it and the staff incentives which promote more positive attitudes."*

Proper financial management and incentives could enhance the quality of care and improve staff morale. Increasing awareness about palliative care is essential for better integration and support. Underscoring the need to foster understanding and appreciation of palliative care within the healthcare system, Professional Nurse 13 also noted: *"Encourage awareness [of] palliative care."*

Developing supportive systems and networks was another key area identified by the participants. Professional Nurse 14 suggested: *"I would make sure that we have a hospice organisation so that our terminally ill patients can be cared for. Establishing hospice organisations with qualified healthcare teams will provide specialised and compassionate care for terminally ill patients."*

Expanding home-based care services and training caregivers in rural areas is crucial for addressing gaps in care. Professional Nurse 18 highlighted this need: *"Availability of palliative treatment in the clinics. Training of more caregivers in the rural areas."*

7.12 Section C: Case Study Three: Medical Doctors

The demographic profile of the medical doctor participants is presented in Table 7.5.

Table 7.5

Demographic Profile of the Medical Doctor Participants (N=15)

Demographic Factor	Sub-Category	Number
Gender	Male	5
	Female	10
Age	23 to 27	4
	28 to 32	3
	33 to 37	1
	38 to 42	2
	43 to 47	3
	48 to 52	2
Race	Black	15
Religion	Christian	15
Highest qualification	Diploma	1
	Degree	13
	Master of Public Health	1
Years of experience	1 to 3	8
	4 to 6	2
	10 to 12	2
	More than 12 years	1
	16	1
	19	1

The demographics detailed in Table 7.5 indicate that the professional doctors involved in the study ranged in age from 23 to 52 years. Of the participants who completed the questionnaire, ten were women and five were men.

Among the women, three were of the women doctors who completed the questionnaire, five were under the age of 32 and six were older than 32 but younger than 52. The five male doctors who completed the questionnaire were older than 33, except one who was between 28and 32 years old. The study adhered to the principle of confidentiality by using study numbers for easy referencing (De Vos et al., 2011).

Regarding race and religion, the participants expressed similar affiliations. Ten participants had up to 10 years' experience, while five had between 10 and 20 years' experience, with one working within palliative care for 19 years (Table 7.5).

Table 7.6

Themes and Subthemes that were Developed from the Self-Administered Questionnaires Completed by Medical Doctors

Themes	Subthemes
1. Comprehensive care for patients with life-limiting illnesses	1.1 Caring amid challenges 1.2 Holistic care experiences 1.3 Growth through care 1.4 Overcoming barriers in palliative care
2. Power of teamwork in palliative care	2.1 Multidisciplinary collaboration in palliative care 2.2 Roles and contributions of multidisciplinary team members 2.3 Pillars of holistic patient care
3. Enhancing palliative care services	

7.13 Theme One: Comprehensive Care for Patients with Life-Limiting Illnesses

This theme explores the multifaceted nature of delivering palliative care, emphasising the intricate balance between addressing physical symptoms, providing emotional support, and navigating systemic and resource-related challenges. This theme is divided into four subthemes: subtheme 1.1: caring amid challenges, subtheme 1.2: holistic care experiences, subtheme 1.3: growth through care, and subtheme 1.4: overcoming barriers in palliative care, each reflecting a critical aspect of care and the complexities involved in managing patients with life-limiting conditions.

7.13.1 Subtheme 1.1: Caring Amid Challenge

In this subtheme, participants reflected on the intricate challenges of caring for patients with life-limiting illnesses, with a strong focus on both the physical and emotional aspects of care. Managing pain and providing emotional support to both patients and their

families were consistently emphasised as central goals. As Doctor 1 succinctly put it: *"The goal of caring for life-limiting illnesses is to manage pain and other physical symptoms and help the family cope with the patient's illness."* This quote underscores the dual focus of care, which prioritises not only the patient's physical well-being but also the psychological and emotional needs of the family.

The emotional toll of dealing with terminally ill patients emerged as a significant concern, as healthcare providers often feel a sense of helplessness when medical interventions fail to improve the patient's condition. Doctor 2 poignantly captured this emotional burden, saying: *"It's always nice to try to help, but it becomes painful when you deal with terminally ill patients as you feel like there's nothing much you can do to improve their condition."* This reflection highlights the emotional strain on doctors and the difficulty of balancing professional responsibilities with personal feelings of frustration and sadness.

The participants also advocated for a holistic, biopsychosocial approach to care. They emphasised that patients with life-limiting illnesses should not only receive medical attention but also psychological and social support to ensure their overall comfort. As Doctor 3 explained: *"These patients need to be managed holistically; a biopsychosocial approach needs to be implemented when caring for them. They should be made as comfortable as possible. This includes openness, counselling and support, comfort, and pain-free."* This statement highlights the multidimensional nature of care required, which involves addressing not only the physical aspects of illness but also the emotional and social dimensions.

However, despite the advocacy for patient-centred care, resource limitations was a recurrent theme among participants. Doctor 6 noted: *"Patient-centred approach is always*

optimal as it improves rapport. It's emotional, but we manage them. The problem that we also have is fewer resources for them." This reflection highlights the ongoing challenge of providing optimal care in resource-limited settings, where even the most committed efforts may fall short due to systemic barriers. The tension between the ideal of patient-centred care and the practical limitations imposed by resource constraints was a critical concern expressed by several participants.

The emotional stability of caregivers was another key issue discussed, particularly regarding the time commitment and emotional resilience required to provide compassionate care to patients with life-limiting illnesses. Doctor 9 highlighted this concern, saying: *"Caring for life-limiting illnesses needs a lot of time as the caregiver needs to be emotionally stable to deal with the above conditions."* This quote reflects the emotional and psychological demands placed on healthcare providers, who must maintain their emotional balance while offering sustained care to patients in distress.

Participants also acknowledged the crucial role of palliative and end-of-life care, which they believed should be integrated into the overall care plan for these patients. As Doctor 11 stated:

> *"It's part of care which includes palliative care, it assists the patient and their family to experience less pain and get the healthcare they need until the last minute of life. My view is that patients with these illnesses require multidisciplinary care and long-term care."*

This statement reinforces the importance of a multidisciplinary approach, with long-term care plans that accommodate the evolving needs of both patients and their families.

Lastly, the lack of specialised palliative care units was a significant challenge mentioned by participants. Doctor 15 explained: *"End-of-life care is important and*

underrated. Management that needs to be available in all health establishments. We do have many challenges dealing with patients in palliative care; we don't have a specific unit for the team." This reflection draws attention to systemic gaps in the healthcare system that hinder the effective delivery of palliative care, suggesting that the absence of dedicated palliative care units may exacerbate the difficulties faced by both healthcare providers and patients.

7.13.2 Subtheme 1.2: Holistic Care Experiences

In this subtheme, participants provided insights into their general experiences of caring for patients with life-limiting illnesses, emphasising the importance of a holistic approach. This approach encompasses the physical, emotional, and social dimensions of care, reflecting the need for more than just medical intervention. Participants described both the rewards and challenges of delivering comprehensive care to these patients.

The idea of holistic care was widely echoed, with many participants stressing the need to address not just the physical symptoms but also the emotional and social aspects of care. Doctor 8 highlighted this, stating: *"Compliance with treatment, family support, macro and micronutrient support, rehydrate, antibiotics, counselling of family and patient about their care. They are often in denial."* This quote underscores the complexity of managing life-limiting illnesses, where a broader care plan involving family counselling, emotional care, and nutritional support is essential for patient well-being. Particularly, when patients or their families are in denial about the seriousness of the illness, providing emotional support becomes even more critical.

However, participants also pointed to the significant emotional toll this type of care takes on healthcare providers. Caring for patients with life-limiting illnesses often leads to deep emotional involvement, which can be draining. Doctor 12 captured this sentiment:

> *"It tends to be draining emotionally as the caregiver tends to internalise the problem and may take the presentation with him or her. It has the ability to stick, and the caregiver takes all this home, ending up causing or affecting his or her well-being."*

This reflection reveals the emotional burden that healthcare providers carry, often absorbing the pain of their patients, which can negatively affect their mental health and personal lives.

Barriers to providing effective holistic care were also identified, with a lack of social support and resource constraints being prominent challenges. For example, Doctor 10 mentioned: *"Challenging to see social support for the affected patients. The majority usually do not have enough information and support, and it's difficult for them to accept their conditions."* The absence of sufficient support systems and resources not only hinders care delivery but also compounds the emotional and practical struggles faced by healthcare workers. As Doctor 11 added:

> *"Lack of resources is the most challenging; that leads to the feeling of unwillingness to help… The frustration caused by these constraints often dampens the motivation of healthcare providers, making it difficult for them to maintain their commitment to compassionate care."*

Despite these challenges, the participants reiterated the need for balancing compassion with professionalism. Holistic care often requires providers to connect deeply with patients while maintaining professional boundaries. As Doctor 13 noted: *"They require compassion and empathy as well as to be treated with dignity."* This statement reflects the ethical obligation to provide care that respects the dignity of patients while

ensuring that caregivers do not lose their professional objectivity. Balancing emotional engagement with professionalism is a delicate but necessary aspect of holistic care.

The participants also spoke about the complexity of caregiving, where human empathy sometimes overtakes professional duties. Doctor 14 reflected on this complexity:

> *"It is always challenging and interesting at the same time; sometimes you tend to be a human being rather than a professional. Especially in our institution, we have many challenges. By having so many challenges, the referring system is very bad sometimes, we have delays on that."*

This quote illustrates the reality of working in a strained system where caregivers must navigate both the emotional impact of their work and the practical challenges of limited resources and poor infrastructure.

Moreover, the role of multidisciplinary support, particularly from social workers, was viewed as crucial in improving patient outcomes. Doctor 15 highlighted this:

> *"My experiences in caring for patients with life-limiting illnesses are that they improve after intervention with social workers. I personally participate in clinical support of all patients who need palliative health care, and it is helpful and appreciated by the patients and family members."*

This reflection underscores the value of collaborative care, where the involvement of different healthcare professionals enhances the overall well-being of patients.

7.13.3 Subtheme 1.3: Growth Through Care

In this subtheme, participants reflected on the personal and professional growth they experienced while caring for patients with life-limiting illnesses. The dual nature of

this experience—challenging yet profoundly rewarding—emerged as a key aspect of their reflections, with significant benefits tied to both empathy and professional development.

Several participants discussed how working with life-limiting illnesses has increased their empathy and emotional resilience. Doctor 1 expressed how emotionally draining the work can be, but also how it nurtures empathy: *"It affects us psychologically as we know nothing much can be done, but we try to give counselling to help them accept their conditions."* Doctor 2 echoed this sentiment, emphasising the personal growth that resulted from the experience: *"It has helped me to be a more empathetic person. It helps me appreciate life and good health."* The emotional burden of caring for these patients, while heavy, also fosters a greater sense of gratitude and compassion, reshaping the healthcare providers' approaches to their work and personal lives.

Doctor 3 also noted how the demands of caring for patients with life-limiting illnesses motivated them to develop their professional skills. The challenges in palliative care often led to a desire for continued education, enhancing their competency: *"I gained more knowledge on how to treat palliative care patients."* Doctor 6 noted how this work pushes healthcare providers to expand both their ethical and medical knowledge: *"Caring for those patients pushes one to want to study more, gain more knowledge, and [it] challenges one's ethical standpoint."* This quote illustrates the ongoing nature of professional development in palliative care, where healthcare providers continually refine their expertise to meet the complex needs of their patients.

For many participants, the experience of caring for terminally ill patients also triggered ethical and spiritual reflection, often influencing their views on mortality. Doctor 7 shared their reflections on how such experiences encourage a deeper understanding of life: *"We are all going to go through such if we experience a life-limiting illness, so end-*

of-life care is important, and it means caring for all patients needing palliative management. It is frustrating sometimes."

In addition to the emotional and ethical challenges, the sense of fulfilment derived from helping those in need emerged as a strong motivator. As Doctor 4 explained: *"Being able to help people in need and giving them the tools to help them live a better life. Care, kindness, and always treat them with dignity."* This perspective highlights the inherent rewards of palliative care, where healthcare providers find purpose and meaning in improving the quality of life for their patients and families.

7.13.4 Subtheme 1.4: Overcoming Barriers in Palliative Care

This subtheme delves into the various challenges healthcare professionals face when providing palliative care to patients with life-limiting illnesses. Participants expressed concerns about resource shortages, emotional strain, and systemic issues that hinder effective care. The analysis sheds light on how these obstacles shape their experiences and influence patient care outcomes.

One of the most prominent challenges highlighted by participants was the lack of resources and adequate infrastructure. Doctor 1 pointed out the difficulties in managing patients due to insufficient monitoring tools and challenges related to patients without proper documentation: *"Poor caring by caretakers at home and poor monitoring of patients due to [a] lack of resources. Non-identity document kind of patients e.g., home affairs problem international from Lesotho."* Doctor 5 echoed this concern, noting how the scarcity of government resources and limited social support, particularly for economically disadvantaged patients, further complicates care: *"Limited social support. Limited government resources. Impoverished background. Limited resources. Socioeconomic background of the patients, default follow-ups at times."* These insights underscore the

critical need for better resource allocation, infrastructure, and support systems to ensure that patients receive the care they need, irrespective of their background or social circumstances.

The emotional toll on healthcare providers emerged as a significant theme, with many participants reflecting on the psychological burden of caring for terminally ill patients. Doctor 6 spoke of the difficulty in accepting the limited options available to help patients: *"Mostly emotionally challenging knowing that there is absolutely nothing more I can do for the patient to change the end result."* Doctor 2 described the additional strain caused by managing not only the patient's physical pain but also their depression and fear of death: *"Challenges encountered are pain, depression, coping, fear of death, [and] interference [with] one's dignity."* These reflections illustrate the immense psychological weight healthcare providers bear as they navigate the complex emotions associated with end-of-life care, highlighting the need for stronger mental health support within the profession.

Systemic issues, such as inadequate healthcare access and socioeconomic restrictions, also emerged as significant obstacles in palliative care. Doctor 10 highlighted how financial difficulties often lead to patients defaulting on treatment: *"Most patients default due to socioeconomic restrictions including access to healthcare."* Doctor 11 further discussed the challenges posed by cultural and familial resistance, which can result in delayed or mismanaged care:

> *"For example, people with cancer or any other chronic illness, most of the time the challenge is with relatives who are not comfortable living with such people. Some health workers don't understand that palliative care starts just after the diagnosis of the illness."*

These insights reveal how external social, economic, and cultural factors play a significant role in the effectiveness of palliative care, often exacerbating the difficulties healthcare providers face in delivering consistent care.

While participants recognised the importance of interdisciplinary collaboration in palliative care, they also acknowledged the difficulties in implementing these approaches. Doctor 14 highlighted the value of a multidisciplinary team: *"A multidisciplinary team that includes chaplains, religious leaders, social workers, and palliative care-trained personnel."* Though collaboration across various professional disciplines is seen as essential, the practical challenges of coordination and resource limitations make it difficult to fully realise this ideal.

7.14 Theme Two: Power of Teamwork in Palliative Care

This theme explores the essential role of teamwork in palliative care, focusing on how the collaborative efforts of multidisciplinary teams enhance patient management and outcomes. The intricate nature of palliative care demands a cohesive approach, involving doctors, social workers, dieticians, psychologists, and other specialists, each contributing unique expertise to address the multifaceted needs of patients with life-limiting illnesses.

The theme is divided into three subthemes: subtheme 2.1: multidisciplinary collaboration in palliative care, subtheme 2.2: roles and contributions of multidisciplinary team members in palliative care, and subtheme 2.3: pillars of holistic patient care. Through these subthemes, the theme illustrates how combined efforts and specialised roles within the team foster a holistic and patient-centred approach to palliative care.

7.14.1 Subtheme 2.1: Multidisciplinary Collaboration in Palliative Care

This subtheme explores how the diverse expertise of a multidisciplinary team comprising doctors, social workers, dieticians, psychologists, and other specialists

contributes to addressing the complex medical, psychological, and social needs of patients. The participants underscored the value of coordinated efforts in improving patient outcomes, alleviating pain and anxiety, and enhancing the overall quality of care. The collaborative approach ensures that all aspects of patient well-being are addressed, reinforcing the effectiveness of a holistic and patient-centred care model.

The participants consistently highlighted the value of a multidisciplinary team in delivering holistic care. Doctor 1 described how different professionals contribute to patient care: *"Doctors provide medical care and consider the socioeconomic status of a family, providing pension and grant aid. Social workers provide counselling, educational support, and monitoring."* This statement reflects the broad range of responsibilities each team member assumes, emphasising the integration of medical care with socioeconomic and psychological support.

Doctor 2 elaborated on the diverse expertise within the team and its benefits:

> *"A group of healthcare workers that work together to make decisions regarding the treatment of patients, it includes dieticians, psychologists, doctors, and social workers. Beneficial for the rehabilitation and overall care for the above-mentioned patients, for us to improve quality of life."*

The mention of dieticians, psychologists, and social workers underscores the multidisciplinary approach's effectiveness in addressing various aspects of patient care, enhancing both rehabilitation and quality of life.

Several participants underscored the significance of collaboration among team members in managing patients with complex needs. Doctor 4 noted the critical role of each team member in addressing multiple problems: *"The role of the multidisciplinary team is crucial in the management of the patients because they have multiple problems that need to*

be managed by different members of the multidisciplinary team." This perspective highlights how the multidisciplinary team addresses the diverse and often complex needs of patients, ensuring comprehensive care.

Doctor 5 emphasised the impact of a coordinated approach on alleviating patient suffering: *"Each member of the team has an important role to play. The role of the multidisciplinary team helps to alleviate pain and anxiety for patients with life-limiting illnesses."* This quote illustrates how teamwork contributes to better pain and anxiety management, essential for improving patient comfort and well-being. The benefits of multidisciplinary teamwork in improving the overall quality of care were frequently mentioned. Doctor 6 described how effective communication and decision-making are facilitated through collaboration: *"It is crucial in ensuring the production of high-quality treatment and care for patients, by improving communication and decision-making between different healthcare professionals."* This statement highlights the importance of clear communication and coordinated decision-making in enhancing the quality of care provided.

The participants also emphasised the patient-centred nature of multidisciplinary care. Doctor 7 highlighted how this approach addresses the comprehensive needs of patients: *"It is the best approach for helping patients with life-limiting illnesses. It is patient-centred and addresses the biopsychosocial needs of the patient."* Doctor 8 further reinforced the importance of multidisciplinary teamwork for effective management: *"[It] is very helpful, the multidisciplinary team for such patients is actually the key to helping them further and to have better management."* These quotes reflect the view that multidisciplinary care is central to addressing the full spectrum of patient needs, from medical to emotional and social aspects.

The need for specialised roles within the multidisciplinary team was also noted. Doctor 9 emphasised the necessity of distinct roles: *"Life full out needs each team member to have a specific role to play which is assisting the client."* Similarly, Doctor 10 highlighted the diverse needs of palliative care patients: *"Palliative care patients have different needs and different pains, so multidisciplinary management is needed."* These insights underscore how tailored roles and interdisciplinary management are essential for effectively addressing the varied needs of patients with life-limiting illnesses.

7.14.2 Subtheme 2.2: Roles and Contributions of Multidisciplinary Team Members

This subtheme examines the specific functions and collaborative efforts of each team member within the multidisciplinary approach to palliative care. Participants articulated the diverse responsibilities that each professional, ranging from medical doctors to dieticians, including psychologists and social workers, undertakes to deliver holistic care. Emphasis was placed on how these roles complement each other to address the multifaceted needs of patients with life-limiting illnesses. By clarifying individual contributions and the collaborative dynamics of the team, this subtheme illustrates how each member's efforts are integral to achieving comprehensive, patient-centred care, enhancing both the quality of life and the effectiveness of treatment.

Participants provided diverse perspectives on their specific roles within the multidisciplinary team, highlighting the collaborative nature of patient care in managing life-limiting illnesses. Each participant's role contributes to a comprehensive approach, ensuring that all aspects of patient care are addressed. Several participants emphasised the importance of each team member's contribution to holistic care. Doctor 1 described a range of roles and how they benefit patient care:

> *"Medical and financial support. Referral to the multidisciplinary team. Doctors manage pain and other symptoms, dieticians assist with nutritional support, and a psychologist provides ongoing counselling to assist with mental health and social services. This collaborative approach is beneficial in improving quality of life by reducing the impact of illness or disease."*

This quote illustrates the multifaceted nature of roles within the team and how each contributes to comprehensive patient management.

Doctor 2 reinforced the idea of equal and critical roles: *"Every team member has a critical role to play, and all our roles in the multidisciplinary team are significant and equal."* This perspective emphasises the balanced and collaborative effort required for effective patient care. The participants detailed their specific responsibilities and how they interact with other team members. Doctor 3 explained their approach to holistic care: *"My role is to work together with other members of the multidisciplinary team to ensure the patient receives holistic care and to provide medical assessment and treatment as needed."*

Doctor 4 highlighted the educational aspect of their role: *"My role is to educate the patient about their illness and also to help form a suitable team to meet the needs of the patient."* This quote reflects the importance of patient education and team formation in providing effective care.

Doctor 5 described their role in patient referrals and needs assessment: *"My role is to refer patients appropriately and to identify their needs."* This role is crucial for ensuring patients receive the appropriate services and support. Some participants discussed their leadership role and the challenges faced within the team. Doctor 7, for instance, spoke about their leadership responsibilities: *"Being a medical doctor often puts me in the role of being a team leader in the multidisciplinary team, and understanding what each member*

does helps me better allocate delicate responsibilities." Doctor 8 acknowledged the emotional challenges involved: *"I guess I do play a big role. Personally, being in such cases is not easy and can be challenging because sometimes one of the members says things that one doesn't want to hear."* These reflections highlight the complexities of team dynamics and leadership within the multidisciplinary approach. Several participants discussed the importance of early intervention and comprehensive care. Doctor 9 emphasised the proactive role in initiating palliative care: *"My role is to initiate palliative care services at the first contact with the patient and not wait until complications develop. This is a vital role for achieving effective outcomes."* This quote underscores the importance of early and proactive management in improving patient outcomes.

Doctor 10 detailed their medical responsibilities: *"As a medical doctor, my role is to respond to every medical clinical need, provide support, and define leadership."* Doctor 11 described their diagnostic and collaborative responsibilities: *"My role is to make diagnoses and decide together with the patient about the management route, as well as involve other members of the multidisciplinary team."* Doctor 12 highlighted the need for a multidisciplinary approach to address various types of pain: *"Religious pain, physical pain, emotional pain, psychological pain, and social pain require a multidisciplinary approach, including dietetics and physiotherapy. Therefore, it is important that I am part of the team as a medical doctor."* This role focuses on providing emotional support and comfort to patients.

7.14.3 Subtheme 2.3: Pillars of Holistic Patient Care

This subtheme explores the varying perspectives on the importance of social workers within the multidisciplinary team for patients with life-limiting illnesses. This subtheme reveals a consensus on the crucial role social workers play in delivering holistic support, as well as some differing views on their specific contributions and impact.

The participants shared diverse perspectives on the vital role of social workers within the multidisciplinary team for patients with life-limiting illnesses. Their insights underscore the significant contributions of social workers in providing holistic and coordinated care, though there are varying opinions on the scope of their impact. Social workers were frequently recognised for their integral role in offering comprehensive support. For instance, Doctor 4 described them as essential for: *"…[c]ounselling, finding financial aid for patients, and managing family interactions."* This reflects a broad acknowledgement of social workers as central to addressing the emotional and practical needs of patients and their families. Highlighting their importance in managing the psychosocial aspects of patient care, Doctor 5 emphasised their role in: *"Addressing psychosocial issues by providing counselling support and home visits when necessary."*

The coordination of care within the multidisciplinary team was another area where social workers' contributions were highly valued. As Doctor 2 noted: *"Social workers collaborate with health practitioners to make decisions around the provision of care, improving outcomes for patients."* This statement illustrates the crucial role social workers play in facilitating effective communication and decision-making within the team. Doctor 8 also emphasised their importance: *"The social aspects of patient management, which is essential for effective care."* Despite the overall recognition of their importance, there were some variations in how participants perceived the impact of social workers. For example, Doctor 12 highlighted the need for social workers specifically in managing: *"The social pain that patients suffer from."* Doctor 15 further added: *"Social workers must be involved from the beginning of managing these patients to assist with treatment compliance."* These quotes indicate a nuanced understanding of the social worker's role, pointing out areas where their involvement is particularly crucial.

7.15 Theme Three: Enhancing Palliative Care Services

This theme addresses the participants' recommendations for improving palliative care services, with a focus on infrastructure, training, resource allocation, and public awareness. The insights provided reveal a strong consensus on the need for systemic changes and enhancements to better support palliative care and its delivery.

The participants frequently highlighted the necessity of developing specialised facilities and ensuring adequate resources for palliative care. The need for dedicated palliative care centres and improved infrastructure was a recurring theme. For instance, Doctor 2 proposed: *"Firstly, I would open a place specifically for palliative patients. Secondly, I would equip staff members with knowledge regarding palliative care and appoint more medical specialists in this field to lead the multidisciplinary teams."* This suggestion underscores the importance of physical infrastructure and specialised training to enhance care quality. Similarly, Doctor 5 emphasised the need for comprehensive improvements, stating: *"Build palliative care centres, supply enough equipment, and improve the skills of healthcare workers. Strengthen prevention and awareness [programmes] and bring healthcare services closer to the patient's home."* This perspective illustrates a multifaceted approach to enhancing palliative care, including infrastructure, resource availability, and accessibility.

The need for enhanced training and the employment of specialised staff emerged as crucial factors in improving palliative care services. Doctor 3 proposed: *"Provide further training to improve palliative care skills in clinicians. Ensure accessibility and availability of necessary resources and treatment, and ensure all hospitals have a nearby hospice where patients can be referred."* This recommendation highlights the importance of ongoing professional development and resource accessibility. Additionally, Doctor 1 suggested: *"Employ doctors, psychologists, and social workers in public hospitals, and*

organise congresses for palliative care awareness." This emphasis on both hiring specialised professionals and raising awareness through conferences reflects a commitment to advancing palliative care practice and knowledge.

Improving public understanding and support for palliative care was also seen as essential. Doctor 4 advocated for public education, stating: *"Educate the public and healthcare workers on palliative care. Appoint leaders who will implement structures for effective palliative management."* This call for increased awareness aims to foster a more informed and supportive environment for palliative care. Doctor 6 added a focus on financial and structural support, noting: *"Deliver enough resources, create a specific group to deal with palliative care issues, and allocate a proper budget for these services."* This highlights the importance of adequate funding and organisational support to sustain and improve palliative care services.

The creation of dedicated roles and services within palliative care was another key recommendation. Doctor 7 suggested: *"Create palliative care units in all hospitals, fund specialised positions for palliative management, and employ chaplains in all centres with palliative units."* This recommendation points to the need for structural and personnel changes to support palliative care effectively.

7.16 Section D: Case Study Four: Key Informants

In Table 7.7 the demographic profile of the social worker participants is presented.

TABLE 7.7

Demographic Profile of the Key Informants' Participants (N=5)

Demographic Factor	Sub-Category	Number
Gender	Male	1
	Female	4
Highest qualification	Diploma	3
	Degree	4
	Masters	3
Profession	Oncologist	1
	Paediatric oncologist	1
	Implementing the palliative care policy framework and strategy	1
	Hospice professional nurse	1
	Oncology social worker	1
Race	White	1
	Black	3
	Indian	1

Table 7.7 presents the demographic distribution of the five key informants who participated in the study. There was a notable gender distribution, with four females and one male. Their educational background was diverse, with their highest qualifications ranging from diplomas to Master's degrees, with most holding degrees. Professionally, the participants represented various roles within the healthcare sector, including oncologists, paediatric oncologists, professionals involved in implementing palliative care policies, hospice professional nurses, and oncology social workers. This diverse representation underscores the multidisciplinary nature of the study, encompassing expertise from different sectors crucial for comprehensive insights into the subject matter. The participants included one White individual, three Black individuals, and one Indian individual.

TABLE 7.8

Themes and Subthemes that Emerged from the Interviews with Key Informants

Theme	Subthemes
1. Essential role of social workers in palliative care	1.1 Social workers as pillars of holistic care 1.2 Essential skills of a social worker in palliative care 1.3 Social workers' expansive roles in palliative care
2. Opportunities for social workers' development in palliative care	2.1 Structured training and education 2.2 Networking and collaboration 2.3 Public health system support for professional growth
3. Social workers' challenges in the public health system	
4. Strategies to strengthen the palliative care social work field	4.1 Boosting social work impact 4.2 Advancing social work practice 4.3 Elevating social work visibility and team integration 4.4 Fostering collaboration in healthcare and social work

7.17 Theme One: Essential Role of Social Workers in Palliative Care

When participants were asked about the role of social workers in palliative care, they consistently highlighted the broad and indispensable responsibilities these professionals hold. Social workers are not only key providers of emotional and psychological support but also serve as practical problem-solvers, connecting patients with community resources and helping families navigate the complexities of end-of-life care. Their involvement ensures that patients and families receive holistic, comprehensive care that extends beyond the medical domain. This theme is explored through three subthemes: subtheme 1.1: social workers as pillars of holistic care, subtheme 1.2: essential skills of a social worker in palliative care, and subtheme 1.3: social workers' expansive roles in palliative care.

7.17.1 Subtheme 1.1: Social Workers as Pillars of Holistic Care

In palliative care, the involvement of social workers extends far beyond emotional support, encompassing practical assistance and facilitating care transitions between hospital and community settings. This subtheme explores how social workers are integral to the holistic model of palliative care, addressing not only psychological and emotional needs but also playing a vital role in connecting patients with home-based services. The psychosocial model, historical foundations of palliative care, and systemic challenges in the public health system will be explored to illustrate the multifaceted responsibilities of social workers and the barriers they face in providing optimal care.

The role of social workers in palliative care is both expansive and integral, as participants repeatedly emphasised their involvement in providing emotional and practical support to patients and their families. Social workers offer more than just counselling services; they serve as crucial links between hospital care and community-based services. As Key Informant 2 aptly noted, social workers: *"Help with the parents' counselling... and also when it comes to palliation, they often provide a link with the home-based care."* This highlights their function in ensuring continuity of care, a fundamental aspect of palliative services that bridges hospital settings and home-based care, which is particularly vital in palliative cases where patients often transition between these environments.

The psychosocial model emerged as a key component of palliative care, emphasising how social workers play a pivotal role in addressing the emotional and psychological dimensions of patient care. Their work extends beyond alleviating psychological pain, as their involvement can also influence physical outcomes. This connection is evident in Key Informant 2's reflection: *"Social workers... unleashing the psychological pain that ultimately assists us to deal with physical pain."* This statement underscores the importance of an integrated care model, where the psychosocial

interventions delivered by social workers enable medical teams to manage the physical aspects of care more effectively. Social workers, therefore, do not operate in isolation but are fundamental members of the multidisciplinary team, supporting a holistic approach that ensures the patient's comprehensive needs are met.

Further, the historical and theoretical foundations of palliative care were invoked, particularly through references to figures like Cicely Saunders and African death theory. Key Informant 1 emphasised the holistic nature of palliative care, noting that: *"Palliative care... incorporates things like... psychosocial support for family, counselling for coping mechanisms, and adjustment with the bereaved."* This illustrates the depth of social workers' involvement, not only in patient care but in supporting the broader family unit, particularly during the sensitive stages of end-of-life care. Their role in addressing emotional, psychosocial, and spiritual concerns highlights the breadth of responsibilities placed upon them.

However, despite their critical role, several participants identified systemic challenges that hinder the effectiveness of social workers in palliative care. A recurring issue was the lack of adequate preparation for social workers dealing with end-of-life care, compounded by inefficiencies in referral pathways. As Key Informant 5 lamented: *"The patient's social work ratio in state hospitals is not sound... patients are suffering unduly due to poor referral pathways."* This critique reveals that while social workers are essential to palliative care, structural inadequacies, such as insufficient training and suboptimal patient referral systems, undermine their potential impact. These challenges point to a pressing need for reform in both training programmes and systemic support structures to ensure social workers are fully equipped to provide comprehensive palliative care.

7.17.2 Subtheme 1.2: Essential Skills of a Social Worker in Palliative Care

In the demanding field of palliative care, social workers must have a broad set of skills that enable them to support patients and their families effectively. This subtheme explores the key competencies identified by the participants, including a deep knowledge of palliative care, strong communication abilities, and resourcefulness in connecting patients with essential services.

The participants underscored the importance of social workers being well-informed about the core principles of palliative care. Key Informant 2 pointed out: *"I think they need to know what palliative care means... they need to understand how to counsel families and patients."* This insight reflects the critical role of foundational knowledge in guiding social workers to provide the right type of support at various stages of care, ensuring patients and families understand the palliative process and receive appropriate emotional support.

Effective communication was another essential skill emphasised by the participants. In palliative care, where emotions run high and medical decisions can be complex, social workers are expected to facilitate clear, compassionate dialogue between patients, families, and the multidisciplinary team. This ability to communicate not only involves counselling skills but also the capacity to explain medical and practical options in an accessible way, ensuring that all parties are well-informed and supported.

In addition to emotional support, social workers must be resourceful in addressing practical needs. Key Informant 2 highlighted the importance of this, noting: *"They need to know specifically what is available to families, like is the grant available."* This highlights the need for social workers to have a thorough understanding of the resources and services accessible to patients, such as financial aid, home-based care options, or bereavement support. By being knowledgeable about these options, social workers can offer

comprehensive care that spans both the emotional and logistical aspects of palliative support.

7.17.3 Subtheme 1.3: Social Workers' Expansive Roles in Palliative Care

Social workers in palliative care carry a diverse range of responsibilities that extend beyond counselling to include psychosocial support, home visits, referrals, and advanced therapeutic interventions. This subtheme explores the multifaceted roles social workers perform, emphasising how they provide comprehensive care and support to patients and families through emotional, practical, and therapeutic means.

The participants highlighted the importance of social workers as the primary counsellors for patients and families, helping them understand the intricacies of palliative care. Key Informant 2 stressed: *"I would have thought they would be the ones at first to help with the counselling and sought to explain to families what palliative care is and what it entails."* Social workers serve as a bridge between the patient's medical journey and their emotional understanding, ensuring that families are not only informed but also emotionally supported as they navigate the complexities of palliative care. This responsibility requires both expertise in palliative care and a compassionate approach to communication, making counselling a critical aspect of their role.

In addition to counselling, the participants emphasised the importance of social workers in introducing patients to the psychosocial care model. This involves assessing their social and psychological needs to ensure holistic care. As Key Informant 1 noted: *"Number one, they need to introduce a patient into the psychosocial care model... unleash the patient's needs, social needs, psychosocial needs, and even have to do some home visits to understand their circumstances."* This holistic approach ensures that the patient's

emotional and practical needs are addressed, reinforcing the comprehensive nature of palliative care.

Home visits are a fundamental part of social workers' duties, providing insight into patients' living conditions and determining whether they are receiving adequate care. Key Informant 3 emphasised this by saying: *"A social worker must go there and check if the person is living in the right house."* These visits enable social workers to ensure that patients' home environments are conducive to their care needs, bridging the gap between medical treatment and practical daily living conditions.

Referrals to appropriate resources and services are another significant responsibility. Social workers are tasked with assessing patients' psychosocial needs and connecting them with suitable care systems. Key Informant 5 explained: *"The social worker needs to investigate the psychosocial adjustment... and then do a proper referral ensuring that the patient gets referred to a system where there is access to home-based care."* This process of linking patients with external services ensures they receive a continuum of care, which is crucial for palliative patients who often need support beyond hospital walls.

Strong communication skills, including empathy and cultural sensitivity, were highlighted as essential for social workers in this field. Key Informant 3 remarked: *"They must have communication skills and listening skills because most of the time, patients need to talk."* This underscores the importance of listening and empathy in palliative care, as patients often need to express their fears, concerns, and hopes, and social workers are central in providing this outlet. Knowledge of medical conditions and health education is also a vital component of the social worker's role. Key Informant 4 emphasised: *"The social worker... should check the sterility of the wound... give health education to the*

patient according to that particular diagnosis." By staying informed about patients' medical conditions, social workers can provide more targeted support and ensure patients are educated about their health, empowering them to take an active role in their care.

Lastly, advanced therapeutic skills are crucial for handling difficult conversations with patients and families, particularly around topics like breaking bad news. Key Informant 5 noted: *"The social worker working in palliative care should have a high level of therapeutic skills... facilitate difficult conversations around breaking bad news but not remove hope."* This delicate balance between delivering difficult information and maintaining hope is an essential skill that defines the quality of care and emotional support provided to patients during the most challenging times.

7.18 Theme Two: Opportunities for Social Workers' Development in Palliative Care

When participants were asked about opportunities for professional development in palliative care, they highlighted the importance of continuous education, specialised training, and engagement in collaborative networks. Participants reflected on the value of structured learning, conferences, and the public health system's support mechanisms for enhancing social workers' capabilities in palliative care. This theme is explored through three subthemes: subtheme 2.1: structured training and education, subtheme 2.2: networking and collaboration, and subtheme 2.3: public health system support for professional growth.

7.18.1 Subtheme 2.1: Structured Training and Education

The need for structured training and formal education in palliative care was a recurrent theme among the participants. Social workers are often faced with the complex emotional, psychosocial, and medical needs of patients with life-limiting illnesses, and the participants stressed that specialised knowledge in this field is essential. Formal courses

and certifications were viewed as critical tools for enhancing social workers' capabilities in managing the multifaceted challenges of palliative care.

The participants placed strong emphasis on the need for structured and specialised training in palliative care to ensure social workers are adequately equipped to manage the complexities of working with patients facing life-limiting illnesses. Key Informant 2 recommended that social workers take advantage of palliative care courses, stating: *"So, I would recommend courses in palliative care. I think that would be beneficial for the social worker if they are interested in palliative care or they are working with palliative care patients."* This comment reflects the understanding that while many social workers have foundational skills, they require more specialised knowledge to effectively support patients in this unique area. Palliative care requires a comprehensive understanding of not only the medical aspects but also the emotional, psychosocial, and spiritual dimensions of patient care.

The reflections offered by the participants indicate that training should be an ongoing commitment for social workers. There was a recognition that, as the field of palliative care evolves, continuous professional development is vital to remain effective in offering comprehensive care. This subtheme highlights that structured training programmes, such as short courses and formal certifications, serve as critical pathways for social workers to deepen their expertise.

7.18.2 Subtheme 2.2: Networking and Collaboration

Another key issue that emerged was the importance of networking and collaboration in palliative care. Participants highlighted how engaging in professional conferences, joining NGOs, and participating in stakeholder meetings could provide social workers with access to cutting-edge knowledge, resources, and broader professional

networks. These platforms offer valuable opportunities to stay updated on best practices, build relationships with other healthcare professionals, and enhance collaborative efforts in patient care.

The significance of networking and collaborative opportunities was another theme that emerged prominently. Key Informant 1 advocated for social workers to engage in conferences and join NGOs as a means of expanding their knowledge and developing linkages with other stakeholders:

> *"So, the opportunity to learn and get training in palliative care and attend conferences that run palliative care services. They should form part of a non-governmental organisation that deals with supporting, maybe part of a stakeholder engagement between hospitals and the community. Then in that way, they're able to stretch their knowledge and linkages."*

This perspective highlights the idea that learning extends beyond the classroom or formal training. Networking within multidisciplinary teams and attending conferences allows social workers to stay current with best practices in palliative care while also building professional relationships that facilitate patient referrals, collaborative care, and community engagement. The value of such relationships cannot be overstated, particularly in complex care situations where cross-disciplinary knowledge is crucial for providing holistic patient support.

Through this lens, it becomes clear that participation in conferences, professional bodies, and collaborative forums is essential for social workers to enhance their practical skills, stay updated on palliative care innovations, and foster relationships that support patient care.

7.18.3 Subtheme 2.3: Public Health System Support for Professional Growth

Key Informant 3 discussed the formal opportunities available within the public health system for the professional growth of social workers. These include education grants and access to regional training centres, which are designed to address skills gaps among healthcare workers:

> *"So, the good thing with the public health system is [that] it has different opportunities for social workers. So, there is the education grant. There are the regional training centres which are responsible for identifying skills which are needed by healthcare workers."*

The reflection shows that the public health system provides institutional support that enables social workers to access professional development resources. Participants noted that these resources are not only readily available but also structured to encourage continuous development through professional programmes and Continuous Professional Development (CPD) accreditations.

Key Informant 3 added that these professional development meetings offer valuable informal opportunities for growth, stating: *"That's a motivation in terms of the system in the public sphere, to say you should go for CPD accreditation, go for courses which will at least encourage you for development in your profession."* Additionally, participants indicated that engaging with multidisciplinary teams, such as regular visits to oncology centres, can serve as an avenue for expanding the social worker's knowledge base. Key Informant 4 remarked on how the interaction between different professionals enriches social workers' roles, especially when it comes to following up with patients:

> *"I think they have many opportunities. My opportunity as a nurse, if I visited a patient, maybe for the first time, and the condition is the same, when you repeat,*

maybe the third time, you find out through your support, the patient is at least becoming better."

This underscores the value of field experiences and collaborative practice in refining skills and improving patient care. Such interactions foster a culture of continuous learning and support within the health system, contributing to more effective palliative care delivery.

7.19 Theme Three: Social Workers' Challenges in the Public Health System

The exploration of challenges faced by social workers within the public health system reveals a complex landscape of difficulties that hinder the delivery of effective palliative care. Participants identified several critical issues, including infrastructural limitations, staffing shortages, inadequate resources, lack of recognition, confidentiality concerns, heavy caseloads, and insufficient training. These challenges collectively impact the ability of social workers to perform their roles effectively, affecting the overall quality of palliative care provided.

Infrastructural inadequacies and resource constraints were frequently mentioned as significant barriers to effective palliative care. Participants highlighted the lack of appropriate facilities and essential resources necessary for delivering high-quality care. For instance, Key Informant 2 pointed out that the absence of dedicated palliative care infrastructure in certain regions, such as the Eastern Cape, impedes the delivery of comprehensive care: *"I think the stumbling block is the infrastructure; we don't always have the right infrastructure to give palliative care... there's a lack of good palliative care services in the Eastern Cape."* These infrastructural gaps not only limit the ability to provide adequate care but also exacerbate the challenges faced by social workers in fulfilling their roles.

A significant challenge noted by participants is the shortage of social workers and the resulting heavy caseloads. This issue affects social workers' capacity to manage their responsibilities effectively and impacts the quality of care provided. As highlighted by Key Informant 1: *"There's not enough social workers... you find that in a hospital, you can have about two or three social workers to do the whole hospital."* The lack of sufficient staffing leads to overwhelming workloads, which further exacerbate the difficulties faced by social workers, including inadequate time to attend to each patient's needs.

The undervaluation of social workers' roles within the healthcare system and the broader community was another prominent issue. Key Informant 3 noted that social workers are often perceived negatively: *"Most people... view social workers as punitive, taking children away from their parents."* This negative perception could undermine the value of social work services and affect their integration into the multidisciplinary team. Additionally, confidentiality concerns in palliative care settings, where patients may be reluctant to share sensitive information, pose a significant challenge, as described by Key Informant 4: *"Some people don't want you to talk about the diagnosis to outsiders... so that he can talk to you freely."* Maintaining trust and confidentiality is crucial for effective social work intervention and building strong relationships with patients.

7.20 Theme Four: Strategies to Strengthen the Palliative Care Social Work Field

When participants were asked about strategies to enhance the effectiveness of social work in palliative care, several key areas emerged as crucial for strengthening the field. They highlighted the need for targeted approaches to boost social workers' impact, advance their practice, elevate their visibility and integration within multidisciplinary teams, and foster effective collaboration across healthcare disciplines. This theme is explored through four subthemes: subtheme 4.1: boosting social work impact, subtheme 4.2: advancing social work practice, subtheme 4.3: elevating social work visibility and

team integration, and subtheme 4.4: fostering collaboration in healthcare and social work. Theme four encapsulates these strategies, offering a comprehensive framework for enhancing social work in palliative care, improving both impact and integration within multidisciplinary teams.

7.20.1 Subtheme 4.1: Boosting Social Work Impact

Participants in the study identified several key strategies to enhance the effectiveness of social work in palliative care. These strategies encompass specialised training, improved referral systems, increased visibility of achievements, better understanding of medical treatments, and supportive policy changes.

Specialised training emerged as a critical need. Key Informant 2 highlighted the importance of advanced education, stating: *"We need people who have done post-graduate training in palliative care... we don't have the team as yet."* This sentiment was echoed by Key Informant 5, who advocated for integrating palliative care training into social workers' education, noting: *"The biggest prerequisite for successful palliative care is if social workers are trained as part of their degree or through cost-effective post-degree courses."* The integration of specialised training into social work education and professional development is seen as vital for preparing social workers to handle the complexities of palliative care effectively.

Improving referral systems is another crucial strategy identified by participants. Key Informant 1 suggested strengthening these systems to ensure continuity of care, proposing: *"Let's strengthen the referral system... social workers need to link each other so that the patient gets ongoing care."* Developing standard operating procedures (SOPs) or flow charts for social work services in palliative care could facilitate better coordination and integration across institutions, enhancing the overall effectiveness of care delivery. Increasing the

visibility of social work achievements was also highlighted as a means to boost recognition and support. Key Informant 3 recommended: *"Allow and share publications on the importance of social work... publish reports in your facility on what has been done in the social work department."* By showcasing successes such as the number of social grants accessed or reductions in emotional distress cases, social workers could demonstrate the impact of their services and garner greater appreciation from their peers and the broader community.

Improving understanding of medical treatments among social workers was noted as a strategy to enhance their role in the care team. Key Informant 4 emphasised the need for social workers to be well-informed about patient conditions, stating: *"Strengthen the relationship between you and your patient... social workers should be aware of what's happening with the patient."* A deeper understanding of medical conditions and treatment processes could enable social workers to provide more comprehensive and supportive care. Finally, implementing supportive policies was seen as crucial for addressing competency gaps and ensuring consistent training. Key Informant 5 advocated for policy changes to mandate palliative care training, stating: *"We need a policy decision... social workers should be required to attend palliative care training."* Such policies would standardise training requirements and ensure that social workers are adequately prepared to meet the needs of palliative care patients.

7.20.2 Subtheme 4.2: Advancing Social Work Practice

Participants highlighted the critical role of ongoing education, practical experience, and continuous professional development in social workers' palliative care practices. They stressed that these elements are essential for improving care quality and ensuring effective patient support.

Social workers must engage in continuous education and practical experiences to stay updated with palliative care guidelines and improve their skills. Key informant 2 suggested:

> *"They must participate in ongoing education activities in palliation. They should take their palliative care guidelines as their bible and document their learnings. The new experiences of patients and palliative care should be documented through field visits to clinics and hospitals, and participation in navigation programs to gain firsthand experience."*

Identifying and addressing personal weaknesses through targeted learning is essential. Key informant 3 emphasised:

> *"Yes, the CPD points can be there as a ticket register to say I have acquired 20 CPD points. But do I have the desire to learn? Are the courses I'm attending addressing my specific weaknesses? For example, if I have issues with proper eye contact, I should seek courses that address these gaps to develop as a better professional."*

Maintaining regular contact with patients is vital for building trust and ensuring effective support. Key informant 4 highlighted: *"Regular visits are very important. If a social worker only visits infrequently, patients may lose confidence in them. Social workers should also check in telephonically to avoid empty promises and ensure consistent support."*

Access to affordable and relevant training is crucial for professional development. Key informant 5 suggested: *"Social workers need to access training through affordable group health practices and advocate for the development of specialisations in oncology and palliative care. Training should be supported by employers to attend conferences and*

additional training to effectively meet the needs of patients." This reflects a consensus on the need for a structured approach to professional development in palliative care.

7.20.3 Subtheme 4.3: Elevating Social Work Visibility and Team Integration

Subtheme three delves into strategies to elevate social workers' roles and effectiveness within the multidisciplinary palliative care team. Participants highlighted the necessity of recognition, structured training, and improved integration to enhance social workers' impact on patient care.

A crucial strategy is acknowledging the value of social workers and providing them with special treatment. As Key Informant 2 stated: *"I think it has to realise the value of a social worker and also give the social worker special treatment… we need to identify the strength of the social worker, then we can start there."* This recognition is vital for boosting morale and effectiveness, ensuring social workers feel appreciated and supported.

The importance of in-service training and clear role definitions within the multidisciplinary team was highlighted. Key Informant 1 proposed: *"They should start running in-service programmes for the team… and come up with a good referral system for the psychosocial impact of palliative care."* Structured training and well-defined roles help enhance the social workers' impact and improve coordination within the team.

Effective communication and self-promotion are key to increasing social workers' visibility. According to Key Informant 3: *"Social workers should market their previous counselling skills and report back good communication skills within the interdisciplinary team... Feedback is good communication and also marketing what the social worker is doing."* By showcasing their achievements and maintaining good communication, social workers could enhance their role and foster better collaboration.

Advocating for policy improvements and additional resources is essential. Key Informant 4 noted: *"The voice of social workers in renewing that policy would be a very important thing... social workers need to be speaking up about the needs of those patients."* Active participation in policy development and advocacy for resources could drive systemic changes that benefit both social workers and patient care.

Participants also stressed the need for innovation and the development of resources like screening tools. Key Informant 5 emphasised: *"Social workers need to advocate for screening tools and ensure that patients who need services are assessed and referred accordingly."* Implementing systematic screening and referral processes can improve service delivery and patient outcomes.

7.20.4 Subtheme 4.4: Fostering Collaboration in Healthcare and Social Work

The participants highlight the importance of recognising the diverse contributions of various professions, with an emphasis on achieving equitable engagement and acknowledgement for social workers. Key Informant 5 expressed the view that social workers are sometimes undervalued in interdisciplinary settings. They pointed out that effective collaboration requires a fair distribution of responsibilities among all professions involved in patient care:

> *"I think social workers in some cases are undermined in terms of interdisciplinary engagements and multidisciplinary engagement. So, I think it's a good platform to also share the role of power in this group dynamics. So, it has to have a 50/50 engagement. We should not have 75% going to medical interventions and then maybe 25 going to psychosocial, spiritual, and emotional interventions. I think it should be a fair slice of the pie for every profession so that we give a fair chance to our patients."*

This perspective underscores the need for a balanced and equitable approach to professional contributions in patient care.

7.21 Summary

Chapter Seven focused on the empirical findings derived from four distinct case studies that explore the roles of social workers, nurses, medical doctors, and key informants in the provision of palliative care within the public health system in the Eastern Cape, specifically in the context of life-limiting illnesses. The analysis began with Case Study One, which examined social workers' perspectives on palliative care. The findings highlight their recognition of palliative care as a holistic approach to managing life-limiting illnesses, emphasising coordinated care and the compassionate support they provide to patients. Social workers articulated the significance of understanding their scope of practice and the multifaceted nature of their roles within multidisciplinary teams.

In Case Study Two, the insights from professional nurses underscore the emotional and systemic struggles encountered in palliative care. Nurses reported that their experiences in caring for patients with life-limiting illnesses often weighed heavily on them, yet they maintained a commitment to compassion and empathy. The findings also reveal the critical importance of teamwork in delivering effective care, demonstrating how collaboration among healthcare professionals enhances patient outcomes.

Case Study Three presents the viewpoints of medical doctors, who emphasise the necessity of comprehensive care amid various challenges. Their insights reflect a commitment to holistic approaches and underline the growth and learning that emerge from caring for patients with complex needs. The role of multidisciplinary collaboration was particularly stressed, as it plays a pivotal role in addressing the diverse requirements of patients undergoing palliative treatment.

Finally, Case Study Four encompasses the perspectives of key informants, who provide expert insights into the field of palliative care. They highlighted the essential role of social workers as pillars of holistic care and emphasised the importance of essential skills for effective practice. Additionally, the findings identify opportunities for professional development, advocating for structured training and networking support within the public health system.

Overall, this chapter captured the diverse experiences and insights from each professional group, illustrating the strong interdependence among their roles in palliative care. These findings are discussed in the subsequent chapter, integrating them with relevant literature and theoretical frameworks to illuminate the complexities of palliative care practices in South Africa.

8 Chapter Eight
Discussion of Empirical Findings

In this chapter, the empirical findings of four case studies are discussed: Case Study One: social workers, Case Study Two: nurses, and Case Study Three: medical doctors. The participants were all employed by the Department of Health and working in the public hospitals in the OR Tambo and Alfred Nzo Health Districts in the Eastern Cape. Case Study Four involved key informants who are experts in the field of palliative care in South Africa. The findings are discussed in four sections per case, followed by a summary of the main discussion points per case. The integration of literature and the theoretical frameworks is done in the discussion of findings per case. The main discussion points that developed from the four cases are presented in the final section of the chapter.

8.1 Section A: Case Study One: Social Workers

Discussion of Themes

8.1.1 Theme One: Perspectives on Palliative Care

The findings from Theme One provide a nuanced understanding of palliative care as perceived by social workers. Their insights reveal a comprehensive view that aligns with existing literature and highlights critical areas for further exploration and improvement within the palliative care framework.

The participants consistently identified palliative care as a holistic approach that addresses physical, social, psychological, and emotional dimensions. According to Ferrell et al. (2018b), palliative care encompasses these multidimensional aspects, aiming to alleviate suffering and improve overall quality of life for patients and their families. This aligns with the widely accepted definition of palliative care, which emphasises the importance of improving the quality of life for patients and their families through

comprehensive care (World Health Organization, 2022b). The recognition of this multidimensional approach is crucial, as it emphasises the need for a palliative care model that is inclusive and responsive to all aspects of patient well-being (Hudson, 2022).

The emphasis on managing life-limiting illnesses, particularly terminal and chronic conditions such as cancer, reflects the core of palliative care's mission. Social workers' focus on this aspect resonates with the literature, which identifies managing symptoms, pain relief, and psychological support as key components of palliative care (Redondo Elvira et al., 2023). The participants' perspectives highlight the need for specialised care and attention, which is consistent with the ongoing discourse on the necessity of tailored palliative care services for patients facing life-threatening conditions (Walker, 2020).

The findings also illustrate the importance of coordinated care and compassionate support in palliative care, with social workers underscoring the significance of structured management and specialised medical attention. This echoes the sentiments in the literature, which advocates for a multidisciplinary approach in palliative care to ensure that patients receive comprehensive and well-coordinated support (Beresford et al., 2024). Participant 12's emphasis on preparing patients and families for end-of-life scenarios is particularly noteworthy, as it highlights the compassionate dimension of palliative care, which aims to enhance the quality of life even in the face of terminal illness (Meier et al., 2023). Social workers frequently face challenges in asserting their role, and their potential is often underutilised within the professional delivery of palliative care (Whitelaw & Clark, 2019), Concurrently, there is an increasing emphasis on enhancing the involvement of underutilised nonprofessional resources in palliative care. This approach is viewed as a key strategy to ensure sufficient care delivery amidst the rising demand for palliative care services and the limited availability of professionals specifically tasked with addressing these needs (World Health Organization, 2021c).

The discussion on the scope of practice reveals the expanding and often overwhelming responsibilities that social workers face in palliative care. The concerns raised about the emotional burden and the need for clear guidelines resonate with the challenges documented in the literature, where social workers are frequently required to navigate complex care situations with limited resources and support (Calderwood et al., 2024). Participant 14's reflections on the need for specialised infrastructure and staffing shortages further underline the systemic issues that can hinder effective palliative care delivery.

The literature supports these findings, indicating that the scope of social workers' roles in palliative care often extends beyond traditional boundaries, necessitating a more comprehensive support system (Croker et al., 2022). This includes access to specialised training, adequate resources, and clear operational guidelines to ensure that social workers can fulfil their roles effectively without compromising their well-being or the quality of care provided.

The recurring issue of resource limitations and the lack of specialised infrastructure highlights significant barriers to effective palliative care management. The literature consistently points to the need for better resource allocation and infrastructure development in palliative care settings to improve patient outcomes (Murray & Amblàs, 2021). The social workers' observations about the need for dedicated wards and specialised facilities are supported by studies that advocate for integrating specialised palliative care units within healthcare systems to address the unique needs of terminally ill patients (Morris et al., 2021).

The findings consistently identified palliative care as a holistic approach addressing physical, social, psychological, and emotional dimensions. This aligns with the ecological

systems theory, which emphasises the interconnectedness of individual well-being and their broader environmental systems (Bronfenbrenner, 1979). The recognition of this multidimensional approach underscores the importance of addressing patient needs within their familial, societal, and healthcare contexts. Additionally, the African death theory reinforces the cultural and spiritual dimensions of end-of-life care, highlighting the role of communal support, traditional practices, and rituals in providing dignity and closure for patients and their families (Nhlapho, 2023).

The emphasis on managing life-limiting illnesses reflects the ecological systems theory's assertion that effective care involves addressing the interaction between individual needs and systemic support mechanisms (Bronfenbrenner, 1979). Simultaneously, African death theory highlights the importance of culturally sensitive care, ensuring that spiritual and traditional needs are met alongside medical requirements (Mabena et al., 2025).

The importance of coordinated care and compassionate support is underscored through the lens of the ecological systems theory, which highlights the interplay between healthcare systems, family networks, and community engagement in creating a cohesive care model (Bronfenbrenner, 1979). African death theory complements this by emphasising communal involvement and culturally appropriate practices as essential components of comprehensive palliative care (Mahilall, 2021).

The discussion of resource limitations and expanding responsibilities also resonates with the ecological systems theory, which stresses the strain that inadequate systemic support places on healthcare professionals (Bronfenbrenner, 1979). The African death theory further enriches this perspective by advocating for the inclusion of culturally relevant spaces and practices within healthcare systems to mitigate caregiver strain and improve patient care experiences (De Souza et al., 2024).

By integrating the ecological systems theory and the African death theory, the findings highlight the need for a palliative care model that is systemically supported, culturally informed, and responsive to the holistic needs of patients and families.

The empirical findings from Theme One illuminate the critical importance of a holistic, well-coordinated, and adequately supported palliative care system. The perspectives shared by social workers reflect the complexities and challenges inherent in palliative care, particularly in managing life-limiting illnesses, coordinating care, and navigating the expanding scope of practice. The literature supports these insights, highlighting the need for continued efforts to enhance palliative care services through better resources, clear guidelines, and specialised infrastructure. For instance, Hudson (2022) emphasises the importance of developing specialised infrastructure and clear guidelines to support healthcare professionals, including social workers, in delivering effective palliative care services. Similarly, the World Health Organization (2021c) underscores the necessity of adequate resources and training to strengthen palliative care globally, recognising the vital role of social workers in multidisciplinary teams. Additionally, Morrison et al. (2021) explore how improved funding, specialised training, and systemic support can enhance the quality of palliative care services, ultimately ensuring better end-of-life experiences for patients. By addressing these issues, healthcare systems can better support social workers in their vital roles, ultimately improving the quality of care for patients at the end of life.

8.1.2 Theme Two: Social Workers' Key Roles in Palliative Care

Social workers in palliative care are indispensable in providing comprehensive support to patients and their families. The participants consistently highlighted the diverse and multifaceted responsibilities that social workers undertake, encompassing both emotional and practical support. This critical role is essential in ensuring that patients and

families navigate the challenges of end-of-life care with dignity and comfort. The empirical findings from the study align with existing literature, which accentuates the vital role of social workers in palliative care settings.

A central theme in the participants' responses was the provision of emotional and psychological support. Social workers are crucial in offering counselling to families and patients, helping them cope with the emotional complexities of terminal illnesses. The significance of this role is well-documented in the literature. Gwyther et al. (2018) emphasise that social workers' emotional support is crucial for improving the overall well-being of patients and their families, particularly as they confront the realities of terminal illness. Participant 1's account of helping families cope with denial and grief illustrates the importance of this emotional support. This finding is consistent with Parker (2024), who highlights the role of social workers in facilitating open communication within families, a critical component of emotional well-being in palliative care.

Social workers also play a key role in preparing patients and families for the inevitable end-of-life process. By addressing emotional trauma and guiding families through difficult conversations, social workers help create a supportive environment that allows for a more peaceful and dignified end-of-life experience. The importance of this support is echoed by Wright et al. (2018), who argue that acceptance of a terminal diagnosis, facilitated by social workers, can lead to better patient outcomes in palliative care.

In addition to providing emotional support, social workers are responsible for the practical aspects of care, such as assessing patients' living conditions, coordinating services, and ensuring that families are actively involved in the care process. Participant 3's accounts highlight the importance of these practical tasks. For example, the social

worker's focus on evaluating patients' economic status and social circumstances is critical for tailoring care plans that address each patient's unique needs. This approach aligns with Bronfenbrenner's (1979) ecological systems theory, which posits that individuals' health outcomes are influenced by their interactions with various environmental systems. Social workers, as coordinators, ensure that patients receive comprehensive care that integrates medical treatment with social support.

The literature supports the role of social workers in bridging the gap between healthcare services and the social needs of patients. Carter (2021) notes that social workers are essential in addressing broader social determinants of health, which significantly impact patient outcomes in palliative care. This is particularly evident in the role social workers play in managing limited resources, as highlighted by Participant 11, who emphasised the importance of ensuring patients' access to financial assistance and healthcare services despite financial constraints. The systemic challenges faced by social workers in under-resourced healthcare environments are well-documented in the literature. Kelley and Morrison (2015) discuss the difficulties social workers face in advocating for patients and securing necessary resources, even in the face of systemic constraints.

Another critical responsibility of social workers in palliative care is providing holistic care that addresses the patient's physical, emotional, social, and spiritual needs. This approach is central to ensuring that care is comprehensive and person-centred. The literature advocates for a model of care that addresses all aspects of a patient's well-being, rather than focusing solely on medical treatment (Dempsey et al., 2020). Participant 12's emphasis on understanding patients' belief systems and involving families in the care process reflects this holistic approach. The biopsychosocial model, which emphasises that health outcomes are influenced by a combination of biological, psychological, and social factors, supports the role of social workers in ensuring that care plans address not just the

physical symptoms of illness but also the emotional, social, and spiritual needs of patients (Engel, 1977).

The literature affirms the importance of integrating the biopsychosocial-spiritual model into palliative care. O'Donnell (2024) argues that social workers contribute significantly to a more patient-centred approach by providing emotional support, facilitating communication among the multidisciplinary team, advocating for patients' needs, and assisting families in navigating the complexities of life-limiting illnesses. By adopting this holistic approach, social workers ensure that care is tailored to the individual needs of each patient, fostering dignity and respect throughout the palliative care process.

In addition to the existing literature on the role of social workers in palliative care, African death theory provides valuable insight into how social workers can support patients and families in the end-of-life process. This theory emphasises the importance of community, spirituality, and cultural rituals in the dying process, highlighting the role of social workers in navigating these cultural dimensions (Schill & Caxaj, 2019). Social workers, in the context of African death theory, not only provide emotional support but also assist families in maintaining cultural practices and rituals that are integral to the experience of death. These practices, which often involve collective family participation and spiritual guidance, ensure that the patient's death is a socially and culturally meaningful experience, facilitating acceptance and emotional closure for the family (Murove, 2018). The integration of these cultural aspects into palliative care aligns with the holistic model that social workers advocate, ensuring that all dimensions of a patient's and family's needs, physical, emotional, social, and spiritual, are addressed, leading to a dignified end-of-life experience.

Participant 1 also highlighted the significant challenges social workers face in palliative care, particularly in managing limited resources and navigating complex family dynamics. Participant 10's account of the difficulties in maintaining communication with families highlights the challenges of providing effective palliative care in under-resourced environments. The literature corroborates these findings, highlighting the systemic issues that social workers must navigate, including inadequate funding, staffing shortages, and limited access to essential services (Payne & Reith-Hall, 2019). Additionally, Croker et al. (2022) emphasise the strain on social workers in managing the emotional and practical needs of patients when resources are stretched thin. Similarly, Calderwood et al. (2024) identify that in resource-limited settings, social workers often face difficulties in providing the level of care necessary due to the lack of financial and institutional support.

In addition to these challenges, social workers often encounter ethical dilemmas, particularly when dealing with family dynamics, such as instances of neglect or financial exploitation. The social worker's role as a mediator between patients and families illustrates the ethical complexities inherent in palliative care. The literature emphasises the importance of social workers advocating for patients' rights and ensuring their dignity is preserved, even in the face of challenging circumstances (Larkin, 2015). The emotional toll of working in palliative care is another significant challenge for social workers. Participant 3 shared their experiences of the distressing nature of the job, highlighting the importance of developing emotional resilience and coping strategies. Grant and Kinman (2018) discuss the need for social workers to manage the intense emotional demands of their role, emphasising the importance of institutional support, such as debriefing sessions and workshops, to mitigate the risk of burnout and improve job satisfaction.

The multifaceted role of social workers in palliative care is essential for providing comprehensive and compassionate support to patients and their families. The empirical

findings align with the existing literature, underscoring the critical importance of social workers in addressing the emotional, practical, and holistic needs of patients. Despite the challenges and ethical dilemmas they face, social workers play a fundamental role in ensuring that patients receive dignified and respectful care during one of the most challenging periods of their lives.

8.1.3 Theme Three: Management of Palliative Care in Hospitals

The empirical findings from this study reveal a complex landscape in the management of palliative care across hospitals, highlighting significant variability in management quality, the need for specialised infrastructure, challenges in multidisciplinary team collaboration, inconsistencies in care prioritisation, and the emotional and practical challenges faced by social workers. These findings align with existing literature, which underscores the necessity of a comprehensive and consistent approach to palliative care management. For instance, the World Health Organization (2020a) emphasises the importance of integrating palliative care into healthcare systems to ensure comprehensive patient care. Similarly, Meier et al. (2017) discuss how systematic, well-coordinated care is essential to meeting the multifaceted needs of terminally ill patients. Studies by Beresford et al. (2024) and Gwyther et al. (2018) further highlight the need for structured care that addresses the emotional and physical aspects of palliative care, supporting the notion that a consistent approach is critical for enhancing patient outcomes.

The variability in management quality observed in this study mirrors broader research findings, which often point to disparities in palliative care provision due to differences in hospital resources, administrative support, and staff training. Some participants reported effective management practices, while others noted significant deficiencies. This disparity is linked to the uneven distribution of resources and varying levels of commitment from hospital management to palliative care (French et al., 2023).

Inconsistent management quality could result in unequal patient care outcomes, as hospitals with less effective management may struggle to provide comprehensive palliative care services, reflecting systemic issues that need to be addressed.

The need for specialised infrastructure is critical in ensuring quality palliative care, a sentiment echoed by the study's participants. Existing literature supports this view, indicating that dedicated palliative care units and resources significantly improve patient outcomes (Firth et al., 2024). The lack of specialised facilities, as highlighted by Participant 10, not only affects the quality of care but also places additional strain on staff working within inadequate environments. This situation is further exacerbated by the growing demand for palliative care services, particularly in ageing populations, where the prevalence of chronic and terminal illnesses is rising (World Health Organization, 2018a).

Effective multidisciplinary collaboration is a cornerstone of palliative care, yet the current study's findings indicate that this is not always achieved. Literature affirms the importance of cohesive teamwork in palliative care, where integrating diverse professional expertise is crucial to addressing the multifaceted needs of patients (Clark, 2022). However, challenges such as unclear roles, lack of communication, and insufficient coordination hinder effective collaboration. These issues are well-documented in palliative care research, where barriers to multidisciplinary teamwork are often attributed to organisational structures and professional hierarchies (Crespo et al., 2020).

The inconsistencies in care prioritisation highlighted by Participant 6 reflects a broader issue within healthcare systems, where palliative care is sometimes not given the attention it deserves. Studies show that when palliative care is not prioritised, patients may not receive timely and appropriate interventions, leading to suboptimal outcomes (Bamford et al., 2018). The findings indicate a need for clearer guidelines and policies to ensure that

palliative care is consistently prioritised across all healthcare settings, as recommended by global health bodies (World Health Organization, 2018b).

The social workers reported significant emotional and practical challenges in managing palliative care, a finding consistent with existing literature. The emotional toll of working with terminally ill patients is well-documented, with many social workers experiencing high levels of stress and burnout (Beckstrand et al., 2017). Practical challenges, such as insufficient resources and support, exacerbate these emotional strains, leading to a workforce that is both emotionally and physically drained. Comprehensive support systems, including regular debriefing sessions and access to counselling, are crucial for maintaining social workers' well-being and ensuring they can continue to provide high-quality care (Aoun et al., 2015).

The support available for social workers in palliative care reveals significant gaps in resources, training, and emotional support. These challenges are not unique to the current study but are reflected in broader research, where the lack of support for healthcare workers in palliative care settings is a well-recognised issue (Clark et al., 2020). The lack of essential resources, such as transportation and communication tools, highlighted by Participant 4, is a significant barrier to effective palliative care. Literature indicates that these resources are critical for facilitating patient care and ensuring that social workers can perform their duties effectively (Gardiner et al., 2020). Without these tools, social workers may struggle to provide the comprehensive care that palliative patients require, further compounding the challenges they face in their roles.

The scarcity of training opportunities for social workers in palliative care is concerning, as ongoing education is essential for maintaining high standards of care. Research shows that regular and comprehensive training programmes are necessary to

equip social workers with the skills and knowledge required to navigate the complexities of palliative care (Rawlings et al., 2020). The findings indicate a pressing need for institutions to invest in continuous professional development to ensure that social workers are well-prepared to meet the demands of their roles.

The emotional and practical support needs of social workers are critical yet often overlooked aspects of palliative care. The absence of structured support systems, such as debriefing sessions, could lead to burnout and decreased job satisfaction, ultimately affecting the quality of care provided to patients (Aoun et al., 2015). The current study's findings align with existing literature, which advocates for the implementation of comprehensive support mechanisms to protect the mental health and well-being of palliative care workers (Beckstrand et al., 2017).

The perceived lack of institutional support and recognition for social workers is a significant issue that impacts their ability to perform effectively. Studies have shown that when healthcare workers feel undervalued and unsupported, it can lead to disengagement and decreased motivation (Clark et al., 2020). The current study's findings suggest that healthcare institutions need to do more to recognise and support the vital role that social workers play in palliative care, ensuring they have the resources, training, and emotional support necessary to perform their duties effectively.

The involvement of social workers in palliative care from the early stages, primarily through referrals, is a crucial aspect of their role. The findings point up the importance of early and comprehensive assessments to tailor care plans to individual patient needs, a practice widely supported in the literature (Downar et al., 2018; Etkind et al., 2017; Pereira et al., 2022). Early involvement through referrals is critical for ensuring that social workers can provide timely and effective support to palliative patients and their

families. Literature suggests that early integration of social workers into the care team can significantly improve patient outcomes by addressing psychosocial needs and facilitating communication between patients, families, and healthcare providers (Rodríguez-Prat et al., 2024). The findings from this study highlight the importance of a well-functioning referral system to ensure that social workers are involved at the earliest possible stage in the palliative care process.

The role of social workers in conducting comprehensive assessments and providing ongoing support is vital for ensuring that palliative patients receive holistic care. Research indicates that thorough assessments help to identify the unique needs of each patient, allowing for personalised care plans that address both physical and emotional needs (Kang et al., 2020). The current study's findings align with this literature, emphasising the importance of social workers in guiding patients and families through the palliative care journey.

Despite the structured process of referrals, challenges such as inconsistency and lack of awareness among healthcare professionals could hinder the effective involvement of social workers. This issue is well-documented in the literature, where barriers to effective referrals are often attributed to a lack of understanding of the social worker's role and the timing of referrals (Aldridge, 2018). The findings suggest a need for improved communication and training among healthcare professionals to ensure that social workers are appropriately integrated into the palliative care process.

The first-hand experiences of social workers, as shared by the participants, provide valuable insights into the emotional and practical challenges they face. These narratives highlight the importance of proper training and support, as well as the emotional resilience required to navigate the complexities of palliative care. Literature supports the need for

ongoing training and emotional support to help social workers manage the demands of their roles effectively (Rawlings et al., 2020).

The management of palliative care in hospitals benefits from integrating ecological systems theory and African death theory, which emphasise systemic and cultural considerations. Ecological systems theory highlights the impact of institutional policies, infrastructure, and resources on care quality (Bronfenbrenner, 1979; Clark et al., 2020). African death theory underscores the importance of addressing the emotional and spiritual needs of patients and families, reflecting the communal nature of death in African contexts (Mbiti, 2015; Rodríguez-Prat et al., 2024). Together, these theories advocate for systemic improvements and culturally sensitive, multidisciplinary approaches to ensure inclusive and dignified care (Pereira et al., 2022; World Health Organization, 2018b).

Overall, the findings highlight the critical role of social workers in managing palliative care, emphasising the need for consistent management practices, specialised infrastructure, effective multidisciplinary collaboration, and comprehensive support systems. The challenges identified, such as variability in management quality, lack of resources, and insufficient training, emphasise the need for systemic changes to ensure that social workers are equipped to provide high-quality care to palliative patients. Addressing these issues is essential for improving the overall quality of palliative care and ensuring that patients and their families or caregivers receive the support they need during their final stages of life.

8.1.4 Theme Four: Social Workers' Integral Role in the Multidisciplinary Team in Palliative Care

The empirical findings reveal that social workers play a critical role in multidisciplinary palliative care teams, addressing the emotional, psychological, and social

needs of patients. Their contributions are essential for providing holistic care, integrating emotional well-being with medical treatments. Despite this, social workers often face challenges related to undervaluation and a lack of recognition from other team members.

The participants emphasised the importance of addressing emotional and psychological needs as a core component of palliative care. Participant 7 observed that even with medication, an emotionally distressed patient may not respond to treatment effectively. This aligns with Block (2025), who argues that emotional and psychological support is crucial in palliative care and that social workers are key in delivering this support. Their role in providing therapeutic interventions and counselling is integral to improving patient outcomes and overall well-being (Moon & McDermott, 2021).

Additionally, social workers are tasked with managing social and familial issues that arise in palliative care, such as coordinating support for patients living alone and engaging with their families. This responsibility reflects the findings of O'Donnell (2024), which highlight that social workers are essential in coordinating care and addressing complex social dynamics in palliative settings. Their engagement with patients and families ensures comprehensive support and enhances the patient's overall care experience.

Despite their critical role, many social workers reported feeling undervalued within the multidisciplinary team. Participant 12 expressed concern about having a limited voice in team discussions, which reflects a broader issue identified by McDonald et al. (2018). Social workers often face challenges related to recognition and respect within healthcare teams, which could impact their effectiveness and job satisfaction. This lack of acknowledgement could undermine their contributions and affect the overall quality of care provided.

This theme also uncovered frustrations related to misunderstandings about the social worker's role. Participant 12 noted that social workers are sometimes undermined and misunderstood within the hospital setting. This experience is consistent with McCoyd et al. (2016), who found that social workers frequently encounter issues of recognition and respect in healthcare environments. Addressing these misunderstandings is crucial for improving the integration of social workers into multidisciplinary teams.

Social workers view their contributions as indispensable, particularly in providing support that complements the medical and therapeutic skills of other team members. As participant 15 noted, the unique skills of social workers are essential for addressing aspects of care that may be overlooked by other professionals. This perspective is supported by Ferrell et al. (2020), who emphasise the value of a multidisciplinary approach in palliative care. Social workers bring unique psychosocial expertise that is vital for a holistic approach to patient care. The empirical findings also highlight specific misconceptions about the role of social workers, such as the belief that their primary function is limited to providing financial assistance. Participant 5 addressed this misconception, underscoring that social workers also play a critical role in patient empowerment and education. This broader view of social work is supported by Roberts and Green (2021), who stress that social workers provide essential emotional support and patient education, which are integral to comprehensive palliative care.

Social workers' contributions to multidisciplinary palliative care teams are enriched by ecological systems theory and African death theory, which emphasise the interconnectedness of systems and cultural dynamics. Ecological systems theory highlights the institutional and relational factors shaping social workers' roles, while African death theory underscores the importance of addressing emotional and familial aspects of care within communal and spiritual contexts (Bronfenbrenner, 1979; Mbiti, 2015). By bridging

gaps in care often overlooked in biomedical models, social workers ensure culturally sensitive, holistic support. However, systemic undervaluation and misrecognition of their roles necessitate reforms to foster inclusive and collaborative care environments (Ferrell et al., 2020; McDonald et al., 2018).

This theme accentuates the crucial role of social workers in multidisciplinary palliative care teams while highlighting the challenges they face regarding undervaluation and misunderstanding. The literature supports these findings and calls for greater recognition and integration of social workers within healthcare systems to ensure that the holistic needs of palliative care patients are effectively met.

8.1.5 Theme Five: Enhancing Social Workers' Opportunities and Challenges in the Public Health System

The empirical findings related to enhancing social workers' opportunities within the public health system, particularly in palliative care, reinforce a complex interplay of support, challenges, and positive forces shaping their professional experiences. These findings are contextualised with relevant literature to provide a deeper understanding of the factors influencing social workers' roles and effectiveness.

The collaboration with external stakeholders, such as the South African Social Services Agency, Department of Home Affairs, and the Department of Education, emerged as a significant support mechanism for social workers. This aligns with research highlighting the importance of interagency collaboration in improving patient outcomes and resource accessibility (Makhetha, 2015). By working with external entities, social workers can better address the multifaceted needs of patients, especially in the context of palliative care, where comprehensive support is crucial.

Participant 7 also emphasised the value of partnerships and the need for skilled professionals to join the team. This reflects a broader trend in the literature that showcases the benefits of including a diverse range of expertise in care teams. According to Green et al. (2018), expanding the team to include professionals with specialised skills can enhance the quality of care provided to patients.

Participant 6 highlighted the opportunities for gaining experience and knowledge through medical workshops as beneficial. This finding is supported by Moncatar et al. (2021), who argue that CPD, including workshops, is vital for social workers to manage complex cases effectively. However, the limited availability of such workshops for specific illnesses points to a gap that needs addressing. Beesley and Taplin (2025) suggest that targeted training is essential for social workers to meet the demands of specialised care areas.

The scarcity of dedicated facilities and specialised personnel for palliative care was a major challenge reported by participants. This finding is consistent with Holder et al. (2024), who highlight that inadequate resources and infrastructure significantly impact the quality of care in palliative settings. The lack of dedicated facilities forces social workers to operate within a system that may not fully address the complex needs of palliative patients, affecting the overall care quality.

Participant 3 also expressed frustration with insufficient training and support, echoing concerns raised by Howe et al. (2018). The gap in formal training for palliative care leaves social workers relying on self-directed learning, which may not adequately prepare them for the specific demands of their roles. This gap in training is compounded by the lack of resources, such as transport and office space, which further hampers effective care delivery (Newton, 2021). Challenges related to multidisciplinary collaboration were

noted, with social workers reporting difficulties in team functionality and support. The literature conveys the importance of effective multidisciplinary teams in providing holistic care. Green et al. (2018) emphasise that inadequate communication and poor coordination can result in delays and substandard care challenges that were also reflected in the experiences shared by Participant 7.

Despite the challenges, Participant 1 highlighted several positive forces that sustain their work. The strong sense of teamwork and support within the department is a key factor, as noted by Participants 1 and 14. This intra-departmental support aligns with Firn et al. (2018), who found that organisational support and teamwork significantly enhance job satisfaction and effectiveness in social work.

Feedback from patients and their families was another significant motivator, reinforcing the findings by Reamer (2018) that patient and family satisfaction is crucial for social workers' morale and commitment. Positive responses from the community provide social workers with a sense of purpose and validation, which is essential for maintaining motivation and resilience.

Management support and autonomy were also identified as positive aspects. Participant 13's appreciation for managerial backing reflects the importance of organisational support in maintaining morale (Newton, 2021). Similarly, the autonomy granted to social workers allows them to apply their professional judgment effectively, although this is sometimes limited by resource constraints. Intrinsic motivation and personal dedication to helping others emerged as significant positive factors. Participant 2 personal connection to their work aligns with the literature on intrinsic motivation, which highlights the role of personal commitment in sustaining professional engagement

(Newton, 2021). The emotional support and camaraderie among colleagues further contribute to the resilience and effectiveness of social workers.

Social workers' experiences in public health palliative care reveal opportunities and challenges that can be contextualised through ecological systems theory and African death theory. Collaborative partnerships and resource limitations reflect systemic influences, aligning with ecological systems theory's emphasis on the interaction of individual, organisational, and societal factors (Bronfenbrenner, 1979; Johnson et al., 2020). African death theory highlights the importance of cultural and spiritual dimensions, underscoring the value of holistic care approaches (Nkosi, 2022). Positive factors like teamwork and patient feedback resonate with communal resilience, while gaps in training and infrastructure expose systemic barriers 28/10/2025 10:57:00Addressing these issues through culturally sensitive and systemic improvements can enhance social workers' effectiveness in palliative care (Uche et al., 2025).

The empirical findings reveal a nuanced picture of social workers' experiences within the public health system. While there are substantial opportunities for support and collaboration, significant challenges related to resources, training, and multidisciplinary collaboration persist. Addressing these challenges through systemic improvements and leveraging positive factors such as teamwork and intrinsic motivation could enhance social workers' roles and effectiveness in delivering high-quality palliative care.

8.1.6 Theme Six: Key Knowledge for Social Workers

The exploration of key knowledge areas for social workers, particularly in palliative care settings, highlights the multifaceted nature of the role and the critical need for a well-rounded knowledge base. The findings from participants signify several core competencies and strategies that align with existing literature on the subject.

The findings accentuate the critical importance of a well-rounded knowledge base for social workers in palliative care, while also highlighting that this knowledge must be complemented by practical skills to ensure effective and meaningful application in real-world settings. Participant 1 highlighted several key areas, including medical knowledge, psychological skills, and the need for ongoing professional development. These findings align with existing literature that emphasises the multifaceted nature of social work in palliative care settings. Participant 11's emphasis on the need for medical and psychological knowledge is supported by studies that highlight the importance of these skills in palliative care. According to Washburn and Grossman (2017), social workers in palliative care must have a strong understanding of medical conditions and psychological aspects to effectively support patients and families. This knowledge enables social workers to address the complex needs of patients with chronic or terminal illnesses comprehensively. Moreover, Beresford et al. (2024) discuss how social workers' ability to integrate medical and psychological knowledge improves care coordination and enhances patient outcomes in palliative settings. Similarly, Gwyther et al. (2018) argue that the integration of these skills is essential for navigating the emotional complexities faced by patients and their families during end-of-life care.

Participant 1's views on the importance of understanding patient demographics and taking a holistic approach are consistent with the literature on person-centred care. As highlighted by Arendse (2023), a holistic approach that considers the patient's medical, social, and emotional needs is crucial for effective palliative care. This approach allows social workers to tailor their interventions to meet the unique needs of each patient, which is essential for delivering personalised care.

Participant 8's call for ongoing training and professional development is supported by research emphasising the need for continuous learning in palliative care. A study by

Bennett (2019) highlights that regular training and professional development are essential for social workers to stay updated with the latest advancements and best practices in palliative care. Additionally, debriefing sessions are important for addressing the emotional impact of the work and preventing burnout, as noted by Klein et al. (2020).

The need for specialised knowledge in specific medical conditions, such as cancer, was also highlighted by Participant 15. This finding is consistent with literature suggesting that targeted training and workshops can enhance social workers' expertise in managing specific conditions (O'Leary et al., 2019). Moreover, essential skills such as communication, active listening, empathy, and advocacy, as identified by Participant 13, are well-documented in the literature as crucial for effective social work practice (Rogers et al., 2016).

The strategies proposed by Participant 6 for enhancing professional development reflect a comprehensive approach to addressing the evolving needs of social workers in palliative care. These strategies include structured training programmes, continuous assessment, integration of palliative care into academic curricula, leveraging research findings, and ensuring robust organisational support. According to Payne (2020), structured training and CPD are essential for social workers to effectively address the complex needs of palliative care. In addition, Dempsey et al. (2020) suggests that integrating palliative care into academic curricula ensures that future social workers are well-prepared to engage with the challenges of this field. The emphasis on structured training programmes and workshops aligns with literature that advocates for continuous professional education to improve social workers' competencies. Osborne et al. (2016) demonstrate that structured training and professional development opportunities are essential for enhancing social workers' skills and knowledge, ultimately improving patient care.

The importance of continuous assessment and organisational support highlighted by Participant 5 is supported by research on effective professional development strategies. According to McCoyd et al. (2016), regular evaluations and feedback are critical for identifying areas for improvement and ensuring that social workers have the resources they need. Organisational support plays a significant role in facilitating professional growth and maintaining high standards of care (McDonald et al., 2018).

The suggestion to integrate palliative care training into academic curricula is supported by literature advocating for early exposure to palliative care principles in social work education. A study by Sawyer et al. (2021) found that incorporating palliative care content into social work programmes helps prepare students for the complexities of end-of-life care and enhances their readiness to enter the field. The role of research in shaping training and development strategies, as well as the importance of peer support, reflects findings from the literature on evidence-based practice and the benefits of peer learning. Research by Rawles (2016) highlights that incorporating research findings into training programmes can enhance social workers' skills and knowledge. Additionally, peer support and debriefing are crucial for addressing the emotional challenges of palliative care work (Nunes & Harder, 2019).

Incentives, recognition, and rewards for professional development play a crucial role in enhancing social workers' motivation, job satisfaction, and performance. The participants' suggestions align with research on motivation and job satisfaction, as a study by Jones (2022) indicates that recognising and rewarding social workers' efforts can significantly improve their motivation, job satisfaction, and overall performance.

The findings on key knowledge areas for social workers in palliative care highlight the importance of integrating ecological systems theory and African death theory.

Ecological systems theory underscores the need for support from various systems, such as healthcare organisations and academic institutions, to enhance social workers' skills and training (Bronfenbrenner, 1979; Payne, 2020). African death theory stresses the significance of cultural and spiritual considerations in end-of-life care (Mbiti, 2015; Nkosi, 2022). Participant 9 emphasised person-centred approaches and culturally sensitive practices, with professional development strategies that integrate research, peer support, and tailored training to improve social workers' effectiveness (O'Hare, 2020).

The empirical findings from Theme Six highlight the critical areas of knowledge, skills, and strategies for professional development that are essential for social workers in palliative care. These findings are well-supported by existing literature, which intensifies the importance of a comprehensive knowledge base, ongoing professional development, and organisational support. By implementing the strategies proposed by participants and drawing on evidence-based practices, social workers could be better equipped to address the complex needs of patients and deliver high-quality palliative care.

8.1.7 Main Discussion Points

Palliative care reflects a holistic philosophy, striving to address the full spectrum of patient needs, physical, emotional, psychological, and social, thereby enhancing quality of life for those with life-limiting illnesses (World Health Organization, 2020a). Central to this approach is the synergy of multidisciplinary collaboration, where professionals such as social workers offer a distinct and complementary perspective. Their emotional support and practical assistance balance the biomedical focus of healthcare teams (Drenth et al., 2018). However, systemic undervaluation of social workers within hierarchical healthcare structures often limits their visibility and job satisfaction.

This undervaluation is intricately linked to broader systemic inefficiencies, including a lack of recognition for their role in the holistic care continuum. Addressing these issues requires a reimagined approach to teamwork and leadership that prioritises equity among multidisciplinary team members. By fostering respect for all contributions, healthcare systems could more effectively integrate the social work profession into palliative care delivery, benefiting both patients and healthcare providers.

Systemic barriers, such as inadequate infrastructure and uneven management practices, impede the delivery of comprehensive palliative care. These issues are particularly pronounced in under-resourced settings, where a lack of dedicated palliative care units exacerbates challenges for professionals tasked with meeting growing patient needs (Aldridge, 2018). These resource constraints not only hinder holistic care but also strain healthcare workers, including social workers, who are often stretched thin in these environments.

These gaps intensify the need for strategic investments in healthcare infrastructure, such as creating dedicated palliative care units and standardising care protocols across facilities. While such reforms would enhance the capacity of health systems, they also hold the potential to improve job satisfaction and retention among social workers by providing them with the resources and institutional support necessary to perform their roles effectively.

Effective palliative care delivery relies on seamless collaboration among multidisciplinary teams. Yet, hierarchical organisational structures and inadequate communication channels often undermine this collaborative ideal (Rodríguez-Prat et al., 2024). Social workers, in particular, face significant challenges, including burnout and a

lack of institutional support, which affect their ability to contribute fully to the team (Aoun et al., 2015).

To address these challenges, healthcare systems must prioritise the creation of inclusive organisational cultures where all team members' contributions are valued. Structured debriefing sessions, equitable resource distribution, and improved communication pathways are critical interventions that could alleviate stress and foster stronger collaboration. A more inclusive team dynamic not only strengthens the delivery of palliative care but also validates the essential role social workers play in supporting patients and their families.

Social workers' capacity to address complex cases in palliative care is deeply rooted in their access to ongoing professional development and training. Integrating palliative care principles into academic curricula and offering continuous learning opportunities equips social workers to navigate the nuanced demands of their roles (Jones et al., 2024). However, the undervaluation of social workers within healthcare settings often limits the prioritisation of their professional growth.

Empowering social workers through targeted training initiatives and fostering a culture of mutual respect within healthcare teams could significantly enhance their efficacy. These measures should be complemented by structured career advancement opportunities and incentives, which together could mitigate feelings of undervaluation and improve both job satisfaction and patient outcomes (Ndife, 2024).

The complexity of palliative care extends beyond healthcare settings, necessitating collaboration with external agencies such as social services, community organisations, and educational institutions. This broader engagement is essential for addressing patients' multifaceted needs and supporting their families through life-limiting illnesses (Pimsen et

al., 2025). However, systemic barriers such as limited formal training and resource scarcity persist, impeding the integration of these partnerships into care delivery (Glasby, 2017).

Despite these challenges, social workers often draw resilience from their departments' support, positive patient outcomes, and their intrinsic motivation to serve. Recognising and harnessing these strengths while addressing systemic shortcomings could pave the way for a more coordinated and comprehensive approach to palliative care. This requires not only increased resource allocation but also an emphasis on creating frameworks that facilitate interagency collaboration and shared responsibility for care delivery.

By integrating these themes, it becomes evident that the effectiveness of palliative care hinges on a holistic framework that values both interprofessional collaboration and the unique contributions of social workers. Addressing systemic challenges ranging from infrastructure gaps and resource constraints to hierarchical team dynamics requires a commitment to reform that prioritises equity, recognition, and professional development.

The interdependence of these factors highlights the importance of a systems-thinking approach to palliative care. Strengthening infrastructure, fostering collaboration, and prioritising education and training are not standalone interventions but interconnected strategies that collectively enhance the quality of care and the well-being of healthcare providers. Through this integrated and alloyed lens, palliative care emerges not just as a clinical endeavour but as a humanistic pursuit that demands both individual and collective commitment to holistic well-being.

8.2 Section B: Case Study Two: Nurses

Discussion Of Themes

8.2.1 Theme One: Caring for Patients

The empirical findings from this study reveal the multifaceted experiences of professional nurses in providing palliative care for patients with life-limiting illnesses. This discussion synthesises these findings within the context of existing literature and theoretical frameworks, highlighting key insights and implications.

The emotional and systemic challenges reported by nurses reflect a well-documented issue in palliative care settings. Nurses face significant emotional burdens as they manage the reality of terminal illnesses, which is consistent with findings in other study (Beckstrand et al., 2017). The emotional toll of knowing that their efforts may not alter the inevitable outcomes contributes to feelings of powerlessness and distress, as noted by Professional Nurse 1. This aligns with the literature on the psychological impact of working in end-of-life care environments (Gwyther et al., 2018).

Systemic barriers, such as insufficient resources and a lack of specialised infrastructure, exacerbate these emotional challenges. The experiences of Professional Nurse 20 regarding financial constraints and inadequate facilities reflect broader issues identified in palliative care research (Aldridge, 2018). These systemic shortcomings hinder the provision of comprehensive care and contribute to the strain on healthcare professionals, underscoring the need for improved infrastructure and resource allocation in palliative care settings.

The lack of familial support for patients, as highlighted by Professional Nurse 12, further compounds these challenges. This finding resonates with the literature on the importance of family involvement in palliative care (Wright et al., 2018) and the negative

impact of its absence on patient outcomes and nurse workload. The weight of experience, as described by the participants, emphasises the significant emotional, physical, and spiritual demands faced by nurses. The findings conveyed that all the participants acknowledge the need for comprehensive care reflect the holistic nature of palliative care, which involves addressing not only physical symptoms but also the emotional and spiritual needs of patients and families (Block, 2025).

The emotional distress experienced by nurses when dealing with severe conditions and resource limitations, as noted by Professional Nurse 1 and Professional Nurse 2, highlights the need for better support systems and training. The recognition of the importance of empathy and communication in managing palliative care situations emphasises the need for ongoing professional development and support to help nurses navigate these complex scenarios (Wittenberg et al., 2019).

The insufficient family involvement, as noted by Professional Nurse 4, further illustrates the challenge of balancing patient care with family dynamics. This aligns with the literature on the role of family support in palliative care and its impact on patient outcomes and nurse satisfaction (Brant et al., 2019).

The theme of compassion emerged as a central element in the provision of palliative care, reflecting the deep commitment of nurses to addressing the emotional, spiritual, and psychosocial needs of patients. The experiences shared by Professional Nurse 20 and Professional Nurse 18 highlight the importance of empathy, communication, and family involvement in delivering meaningful care. This aligns with existing research on the role of compassion in enhancing patient care and the importance of a holistic approach (McDonald et al., 2018).

Despite the emotional and practical challenges, the sense of purpose and fulfilment experienced by nurses, as described by Professional Nurse 18, affirms the intrinsic rewards of palliative care. This finding is supported by literature on the positive impact of compassionate care on nurse job satisfaction and patient outcomes (Ndlovu et al., 2022).

The findings from this study highlight the complex and challenging nature of palliative care for professional nurses. By addressing systemic issues, enhancing family support, and supporting professional development, the quality of palliative care can be improved, ultimately benefiting patients, their families, and healthcare providers.

Incorporating ecological systems theory into the discussion provides a deeper understanding of the emotional and systemic challenges faced by professional nurses in providing palliative care. Ecological systems theory, developed by Bronfenbrenner (1979), posits that human development and behaviour are influenced by various interconnected systems, ranging from individual-level factors to broader societal and institutional structures. In the context of palliative care, this theory highlights how the nurses' experiences are shaped not only by their personal emotions and challenges but also by the environments in which they work, including healthcare settings, organisational structures, and the larger healthcare system (McDonald et al., 2018).

The emotional distress experienced by nurses, as described by Professional Nurse 1 and Professional Nurse 2, can be understood within the ecological framework, which underscores the influence of both micro-level (individual and family) and macro-level (institutional and policy-related) factors. For instance, the emotional burden faced by nurses, knowing that their care might not change the terminal nature of their patients' conditions, is a personal experience, but it is intensified by the systemic barriers they encounter. The lack of specialised infrastructure, as noted by Professional Nurse 20,

exemplifies the mezzosystem level in ecological systems theory, which connects healthcare institutions with the broader environment (Dobson & Douglas, 2020). Limited resources and inadequate facilities hinder the nurses' ability to provide holistic care, creating an environment where emotional distress is heightened. This is consistent with literature on how systemic inefficiencies within healthcare organisations impact the emotional well-being of healthcare providers, particularly in palliative care settings (Aldridge, 2018).

Furthermore, the lack of familial support for patients, as highlighted by Professional Nurse 12, can be examined through the microsystem in ecological systems theory, which refers to the immediate environment in which an individual operates, including family dynamics. The absence of family involvement, an essential element in palliative care, places additional emotional and practical burdens on nurses. This aligns with the ecological perspective, which emphasises the role of family and close social networks in influencing care experiences (Wright et al., 2018). From an ecological standpoint, nurses are not only dealing with patients' conditions but also managing the repercussions of absent familial involvement, which is compounded by broader institutional constraints. This highlights how ecological systems, especially family systems, directly impact the quality of palliative care provided.

The need for ongoing professional development, identified in the findings as crucial for nurses, also fits within the ecological framework. Training and education are part of the exosystem, which consists of indirect environments that influence individuals, such as healthcare policies and institutional practices. By investing in professional development and improving training programs, healthcare systems can better equip nurses to handle the emotional and practical challenges of palliative care. This systemic intervention is crucial for reducing burnout and enhancing job satisfaction among nurses(Cohen et al., 2023).

Finally, integrating African death theory alongside ecological systems theory provides an additional layer of cultural understanding. African death theory emphasises the communal and family-centred approach to death and dying, where the involvement of family members and the community is seen as essential in supporting the dying process (Kenner et al., 2015). This theory underscores the cultural expectations and practices surrounding death, which contrast with the often individualistic and clinical approach prevalent in Western healthcare settings (Tolley et al., 2016). The absence of familial involvement in palliative care, as noted by Professional Nurse 4, resonates with African death theory, which suggests that the role of family in caregiving is essential to holistic care. Nurses who work in contexts where family involvement is minimal may find themselves navigating cultural tensions between healthcare practices and the expectations of family-centred care (Srivastava, 2014).

In summary, the integration of ecological systems theory and African death theory into the discussion of palliative care challenges offers a more nuanced understanding of the emotional and systemic issues faced by nurses. These frameworks emphasise the interconnection of personal, family, and institutional factors in shaping the nurses' experiences, while also acknowledging the cultural dimensions of death and caregiving. By addressing systemic barriers, enhancing family support, and fostering professional development, healthcare systems can improve the quality of palliative care and enhance the well-being of both patients and healthcare providers (Beckstrand et al., 2017; Rodríguez-Prat et al., 2024).

8.2.2 Theme Two: The Role of the Multidisciplinary Team

The effectiveness of a multidisciplinary approach in palliative care was highly emphasised by the professional nurses. Professional Nurse 5 stressed the importance of collaboration between different healthcare professionals, such as doctors, nurses,

dieticians, and social workers, who collectively contribute to a patient's physical, psychological, and social well-being. The role of each team member was recognised as important to the quality of patient care.

The findings show that teamwork within multidisciplinary teams enhances care delivery by drawing on the strengths and specialisations of various professionals. However, limited resources and staffing shortages often hinder this process. For instance, the short and unavailability of social workers and delays in laboratory services were frequently mentioned as barriers to effective care. These issues reflect a broader challenge in the healthcare system, where adequate staffing and the availability of resources are critical to providing high-quality care (Carenzo et al., 2024).

In the analysis, the dynamic collaboration between different team members, such as doctors and nurses, was noted for its ability to provide holistic care. Professional Nurse 12 acknowledged that when all members work together effectively, patient outcomes improve significantly. This points out the importance of integrated care models in palliative settings, where different perspectives can contribute to a more comprehensive care plan.

The reflections of professional nurses also highlighted the diversity of roles and responsibilities within multidisciplinary teams. Professional Nurse 2 viewed themselves as central to patient care, noting their roles as health educators, advocates, and coordinators of care. However, the limitations due to resource constraints were a recurring issue. These findings align with studies that point to the critical role of nurses in the day-to-day management of palliative patients, especially in providing continuous emotional and clinical support (Lewis-Brewster, 2023).

This is consistent with the broader literature, which stresses that social workers are vital in addressing the social determinants of health, such as financial instability and family dynamics, which can complicate palliative care (Johnson, 2022).

The findings also highlight that the limited availability of social workers is a systemic issue in many institutions. Professional Nurse 1 noted that patients and families often go without essential support services because of staffing shortages. This situation calls for institutional changes to increase the availability of social workers in palliative care, as their presence greatly enhances the holistic nature of the care provided (Aldridge, 2018).

The empirical findings shed light on the complexities of delivering palliative care, particularly the interdependence of team members and the impact of resource limitations. The emphasis on multidisciplinary teamwork aligns with existing literature that supports the integration of various healthcare professionals to meet the diverse needs of palliative patients (Kechagioglou & Fuller-Shavel, 2023). However, the persistent challenges of staff shortages and limited resources indicate that improvements are necessary at the systemic level to ensure that these teams can function effectively (Mackavey et al., 2024).

Moreover, the findings reflect broader ethical considerations of justice and equity in healthcare, particularly in ensuring that all patients receive comprehensive care, regardless of resource availability. This suggests that healthcare institutions must work towards providing more consistent access to essential team members, such as social workers and dietitians, while fostering a collaborative environment where the roles of all team members are clearly defined and valued (National Academies, 2019).

The ecological framework highlights how the healthcare environment, including resource availability such as social workers and laboratory services, directly impacts the

roles of team members in palliative care. Systemic barriers like staffing shortages create an imbalance in care, affecting patient outcomes. Ecological theory calls for systemic changes at both the institutional and community levels to ensure effective multidisciplinary teamwork and improved care (Mulvale et al., 2016). The African death theory emphasises holistic care, including the spiritual, emotional, and social dimensions of palliative care. Social workers play a key role in addressing these aspects, aligning with African cultural practices surrounding death. The lack of social workers due to understaffing undermines the community-centred care advocated by this theory, which stresses the importance of family and community involvement (Shannon, 2025). Integrating ecological and African death theories offers a deeper understanding of the challenges in multidisciplinary palliative care teams. While ecological theory calls for systemic changes to support teamwork, African death theory underscores the need for culturally sensitive care that includes all team members. Addressing staffing shortages and ensuring the availability of social workers are essential to achieving a holistic, effective palliative care model (Hudson, 2022).

The empirical findings reinforce the importance of a multidisciplinary approach in palliative care. Professional nurses identified the strengths and challenges of teamwork in providing comprehensive care to patients with life-limiting illnesses. The contributions of social workers, although crucial, were often limited due to resource constraints, highlighting a gap in the availability of essential support services. These findings accent the need for healthcare institutions to address resource limitations and enhance the functioning of multidisciplinary teams to improve patient care outcomes.

8.2.3 Theme Three: Enhancing Palliative Care Services

The findings reveal that improvements in palliative care services require significant infrastructure enhancements, specialised resources, and continuous professional

development. The responses from the participants stress the need for a more integrated approach that involves various healthcare professionals and adequate funding.

Professional Nurse 8 emphasised the importance of creating specialised palliative care units within hospitals, aligning with global best practices in palliative care. The establishment of dedicated units has been highlighted in previous study as essential for providing tailored care to patients with life-limiting illnesses (Bradley et al., 2018). This approach allows healthcare professionals to manage the complexities of palliative care effectively, ensuring that patients receive specialised attention and support. The ecological systems theory provides a lens to understand the interconnectedness of various systems influencing palliative care. Specialised palliative care units within hospitals, as suggested by the participants, align with this theory by recognising the mezzosystem's role in creating a supportive and integrated healthcare environment. Dedicated units enable healthcare professionals to address patients' needs holistically, fostering a cohesive system for managing complex care. This aligns with global best practices, as highlighted in prior study (Clark et al., 2024).

From the perspective of African death theory, the creation of specialised units resonates with culturally informed practices of care. In African contexts, death and dying are often communal experiences involving extended family and community members. Establishing units that consider these cultural values could improve service delivery by incorporating culturally sensitive approaches, ensuring that patients and their families feel respected and supported.

Moreover, the need for financial investment to support palliative care services was a recurring theme. Financial constraints have consistently been identified as a significant barrier to the provision of quality palliative care, particularly in low-resource settings

(Centeno et al., 2021). Increasing the budget for palliative care would assist the development of facilities, improve access to essential resources, and ensure the availability of trained staff. Finally, raising awareness of palliative care services, both within the healthcare system and among the public, reflects the need to address misconceptions and promote informed decisions about care. This aligns with the ecological systems theory, particularly the macrosystem's role in shaping societal attitudes. Encouraging culturally sensitive awareness campaigns ensures that palliative care is understood and embraced in ways that respect local traditions and beliefs, leading to better patient outcomes (Meiki, 2017).

Staffing shortages were also identified as a major challenge. Previous research supports the notion that inadequate staffing can lead to gaps in care, particularly in multidisciplinary settings where the collaboration of various professionals, such as social workers, nurses, and doctors, is crucial (Hudson, 2022). Expanding training opportunities for healthcare providers, particularly in palliative care specialities, is critical for improving the quality of care (Parry et al., 2022).

In addition to improving infrastructure and staffing, the participants emphasised the need for enhanced support for patients and their families. The holistic nature of palliative care, which includes psychosocial, spiritual, and emotional support, has been well-documented as a core component of effective care delivery (Etkind et al., 2020; World Health Organization, 2020a). Extending family visiting hours and providing comprehensive support services for families would improve the emotional well-being of both patients and their loved ones.

Effective management of finances and the introduction of staff incentives were also highlighted as important factors in enhancing palliative care services. Financial incentives

have been shown to positively influence healthcare professionals' motivation, leading to improved care delivery (Donkor et al., 2018). Proper management of funds, alongside the provision of incentives, could enhance the quality of care by fostering a more supportive and motivated workforce.

Lastly, increasing awareness about palliative care within the healthcare system and among the public is crucial for better integration and support. Encouraging awareness and promoting the benefits of palliative care can lead to better understanding and appreciation of these services, ultimately improving patient outcomes (Ferrell et al., 2018b).

8.2.4 Main Discussion Points

Palliative care professionals often grapple with profound emotional and systemic challenges that shape their practice and well-being. The emotional toll of caring for patients with terminal illnesses leaves nurses feeling distressed and powerless, a burden compounded by systemic shortcomings such as resource constraints and inadequate infrastructure (Beckstrand et al., 2017). These challenges underline the need for a dual-focus strategy: addressing both the psychological resilience of healthcare providers and the systemic inefficiencies that hinder holistic care delivery.

This systemic dimension extends to structural inequities, where the scarcity of resources limits the scope of interventions. Mitigating these barriers requires strategic investments in healthcare infrastructure, including the establishment of specialised palliative care units and the provision of adequate staffing levels. Such improvements not only enhance patient care but also create an enabling environment for professionals to perform their roles effectively. From an ecological perspective, the establishment of such units represents an optimal environment for palliative care, where resources and roles are aligned with the needs of the patients. When the healthcare environment is structured to

support specialised care, the interactions between patients, healthcare providers, and available resources can function more harmoniously, enhancing patient outcomes (Poulsen et al., 2025).

The cornerstone of palliative care lies in its holistic philosophy, which seeks to address the physical, emotional, and spiritual needs of patients. Family involvement plays a vital role in this approach, enhancing patient outcomes and alleviating the workload on healthcare providers (Wright et al., 2018). However, when families are absent or disengaged, nurses face increased stress, which may compromise the quality of care.

Creating family-friendly policies, such as flexible visiting hours and family counselling services, is crucial for fostering stronger support networks. These interventions align with the principles of holistic care, promoting a collaborative approach that benefits both patients and their caregivers.

Effective palliative care hinges on the seamless collaboration of multidisciplinary teams. Nurses, social workers, doctors, and dieticians each bring unique strengths to the care continuum. However, hierarchical dynamics and poor communication often undermine this collaborative ideal, marginalising the contributions of certain team members, particularly social workers (Rodríguez-Prat et al., 2024).

To overcome these barriers, healthcare systems must cultivate inclusive team cultures that value the input of all professionals equally. Initiatives, such as structured debriefing sessions, equitable resource allocation, and enhanced interprofessional communication channels, are critical for strengthening team cohesion. A more inclusive and respectful team dynamic not only enhances care delivery but also supports healthcare providers in navigating the complexities of palliative care.

Professional growth is a key driver of effectiveness in palliative care. Nurses and social workers benefit greatly from continuous training opportunities that equip them to address the nuanced demands of their roles (Parry et al., 2022). However, systemic undervaluation of these roles often leads to limited prioritisation of their professional development.

Empowering healthcare professionals through targeted education and career advancement initiatives could significantly improve job satisfaction and patient outcomes. Moreover, fostering a culture that values mutual respect and collaboration further amplifies the impact of professional development, creating a ripple effect that enhances the entire care ecosystem.

Systemic and resource challenges extend beyond the walls of healthcare facilities, requiring partnerships with external agencies such as social services and community organisations. These collaborations enable a more comprehensive approach to addressing the multidimensional needs of patients and their families (Hudson, 2022). However, barriers such as insufficient training and fragmented communication between stakeholders persist, limiting the effectiveness of these partnerships. Ecological systems theory suggests that in an interconnected healthcare system, the availability of financial resources directly influences the overall environment in which care is delivered. Without adequate funding, the system becomes imbalanced, limiting the effectiveness of the care provided and impeding team collaboration (Beirão et al., 2017).

Developing frameworks for interagency collaboration and shared responsibility is essential for achieving systemic reform. Increased funding, formalised training programmes, and integrated service models are pivotal in creating a cohesive network of support that underpins effective palliative care delivery. The African death theory

reinforces the significance of sufficient staffing by emphasising the communal and holistic approach to death, where every team member's contribution is vital in providing culturally sensitive and spiritually aligned care (Davies, 2017). When the team is understaffed, particularly in areas such as social work or spiritual support, the holistic care approach is compromised, undermining the integrity of palliative care, which is at the heart of African cultural understandings of death (Mbiti, 2015).

Through the integration and coalescence of these themes, the effectiveness of palliative care relies on a multifaceted framework. Emotional resilience, systemic reform, family involvement, multidisciplinary collaboration, and professional development are all interconnected elements that shape the quality of care. Addressing these aspects holistically requires a commitment to equity, recognition, and sustainable investments in resources and training.

8.3 Section C: Case Study Three: Medical Doctors

Discussion of Themes

8.3.1 Theme One: Comprehensive Care for Patients with Life-Limiting Illnesses

The theme "Comprehensive Care for Patients with Life-Limiting Illnesses" highlights the multifaceted nature of palliative care, focusing on the balance between managing physical symptoms and providing emotional support. Doctor 1 emphasised the importance of addressing both physical and emotional needs, aligning with literature that advocates for a holistic approach to enhance patient comfort (Rector, 2023).

The emotional strain experienced by healthcare providers was a recurrent theme, with Doctor 2 reflecting on feelings of helplessness and fatigue. This resonates with studies reporting how such emotional burdens impact the quality of care and accentuate the need for robust support systems (Tragantzopoulou & Giannouli, 2024).

The advocacy for a holistic, biopsychosocial approach, as noted by Doctor 3, aligns with contemporary palliative care models, which stress the importance of comprehensive care plans that address physical, emotional, and social dimensions (Zimmermann et al., 2020). However, resource limitations and the absence of specialised palliative care units emerged as significant barriers. These systemic issues, highlighted by the participants, are well-documented obstacles that often lead to fragmented care and suboptimal patient outcomes (Gwyther, 2019).

The emotional stability of caregivers is crucial, with the participants noting the importance of maintaining resilience amidst distressing cases. This reflects broader literature on the psychological demands of caregiving and the need to prevent burnout (Bowers et al., 2022).

Doctor 2 also highlighted the personal and professional growth achieved through palliative care, noting increased empathy and a drive for continued education. This aligns with research suggesting that challenging cases foster significant personal development and motivation for further learning (Soper, 2022).

Systemic and socioeconomic barriers, including financial difficulties and cultural resistance, were identified as exacerbating factors. These challenges impact the quality of care and align with literature on the external factors affecting palliative care (Clark et al., 2020). Finally, the value of interdisciplinary collaboration was emphasised, with Doctor 15 noting its benefits but also the practical challenges in implementation. This reflects ongoing difficulties in achieving effective collaboration within palliative care settings (Bakitas et al., 2020).

Integrating Bronfenbrenner's (1979) ecological systems theory and African death theory, Van Breda (2019) offers a comprehensive perspective on palliative care. Ecological

systems theory highlights the interactions between individuals and their environment, emphasising the influence of family, healthcare systems, and social networks on patient care. This aligns with the current study's focus on the multifaceted needs of patients, encompassing physical, emotional, and social aspects (Zimmermann et al., 2020). In contrast, African death theory views death as a community event, emphasising spiritual beliefs and collective support (Van Breda, 2019). Together, these frameworks advocate for a culturally sensitive, community-centred approach to palliative care, recognising the interconnectedness of individual and communal roles in supporting patients during terminal illness.

Overall, the findings illuminate the importance of a holistic approach to palliative care that addresses the complex interplay of physical, emotional, and social needs, while highlighting the need for better resource allocation, emotional support for caregivers, and improved interdisciplinary collaboration.

8.3.2 Theme Two: Power of Teamwork in Palliative Care

This theme highlights the vital role of teamwork in palliative care, demonstrating how multidisciplinary collaboration enhances patient outcomes. The complexity of palliative care necessitates a coordinated approach, involving doctors, social workers, dieticians, psychologists, and other specialists, each contributing unique expertise to address the multifaceted needs of patients with life-limiting illnesses.

Doctor 2 emphasised the importance of diverse expertise within a multidisciplinary team. They noted how coordinated efforts among doctors, social workers, dieticians, and psychologists address complex medical, psychological, and social needs. This collaborative approach enhances patient outcomes, alleviates pain and anxiety, and supports a holistic care model. For instance, Doctor 5 highlighted that "*Doctors provide*

medical care and consider the socioeconomic status of a family, providing pension and grant aid, while social workers offer counselling and educational support." Such integration of roles intensifies the effectiveness of a multidisciplinary team in managing various aspects of patient care (Soukup et al., 2018).

Doctor 1 provided insights into the specific functions and collaborative dynamics within the team. They described how each member, from medical doctors to dieticians, psychologists, and social workers, plays a crucial role in delivering holistic care. Doctor 1 remarked, "*Medical and financial support, referral to the multidisciplinary team, and managing pain and other symptoms are key responsibilities*." This perspective illustrates how each team member's contributions complement each other, ensuring comprehensive care that improves quality of life (Zimmermann et al., 2020).

The necessity of early intervention and proactive management in palliative care was highlighted. The participants discussed how effective communication and decision-making within the team lead to better patient management. They also noted the significance of tailored roles and interdisciplinary management to address diverse patient needs. For example, Doctor 5 stated, "*Being in the multidisciplinary team helps to alleviate pain and anxiety for patients with life-limiting illnesses*," reflecting the role of teamwork in enhancing patient comfort (Gwyther, 2019).

The participant's insights underline the need for specialised roles within the team, with each member addressing specific patient needs. They also pointed out the emotional and practical challenges faced by team members, such as leadership responsibilities and managing team dynamics, which impact overall patient care (Duffy, 2022).

The empirical findings reveal that a multidisciplinary approach is central to palliative care, addressing the full spectrum of patient needs. The participants' experiences

align with literature emphasising the benefits of collaborative care, including improved patient outcomes, enhanced quality of life, and effective management of complex needs (Tucker, 2024). However, challenges such as resource limitations and the need for effective communication within the team remain significant barriers (Duffy, 2022).

The theme illustrates the critical role of teamwork in delivering comprehensive palliative care. Effective collaboration among diverse team members fosters a patient-centred approach, addressing physical, emotional, and social needs. Despite ongoing challenges, the combined efforts of multidisciplinary teams are essential for improving patient care and outcomes.

8.3.3 Theme Three: Enhancing Palliative Care Services

This theme explores the participants' recommendations for improving palliative care services, focusing on infrastructure, training, resource allocation, and public awareness. Their insights reveal a strong consensus on the need for systemic changes and enhancements to better support palliative care and its delivery.

Doctor 2 highlighted the need for specialised facilities and adequate resources. Dedicated palliative care centres significantly enhance patient outcomes and care quality by providing specialised environments equipped with necessary resources (Cerullo et al., 2024). Bringing healthcare services closer to patients' homes aligns with the growing emphasis on community-based care models, which improve accessibility and patient satisfaction (Etkind et al., 2020). Strengthening prevention and awareness programmes also ensures early intervention and reduces the burden on specialised facilities (Mason et al., 2014).

Enhanced training and employment of specialised staff emerged as critical factors. Studies show that ongoing professional education enhances clinicians' ability to address

the complex demands of palliative care, improving patient outcomes and provider resilience (Kassianos et al., 2018). Establishing hospices within or near hospitals further strengthens the care continuum by offering a seamless transition for patients requiring advanced care (Quintero Silva, 2024). Emphasising multidisciplinary staffing, including psychologists, social workers, and chaplains, aligns with the holistic philosophy of palliative care (Schaefer et al., 2024).

Public understanding and support for palliative care are equally vital. Awareness campaigns and educational programmes for healthcare workers and the public foster an informed environment conducive to quality care (Chyr et al., 2022). Such efforts align with the World Health Organization's advocacy for integrating palliative care into public health initiatives, recognising its role in improving population health (World Health Organization, 2018b).

Adequate financial and structural support is foundational for sustaining palliative care services. Research emphasises the necessity of strategic investments in healthcare infrastructure, resource allocation, and budgeting to address the growing demand for palliative care (Etkind et al., 2020). Creating dedicated groups to manage palliative care issues ensures accountability and focused interventions (Seow et al., 2020).

Creating specialised roles and services, such as dedicated palliative units and chaplaincy positions, reinforces the need for structural and personnel enhancements. These roles provide tailored care and address the multidimensional needs of patients, further supported by literature advocating for team-based care models in palliative settings (Aoun et al., 2015).

The empirical findings align with existing literature on enhancing palliative care services. Research supports that dedicated palliative care units significantly improve

patient outcomes and care quality by addressing the specific needs of patients with life-limiting conditions (Hui & Bruera, 2020). Furthermore, ongoing training and public education bridge knowledge gaps, enhance provider skills, and foster community support for palliative care (Kassianos et al., 2018; Mason et al., 2014). These initiatives create a supportive environment that is essential for advancing palliative care services (Chyr et al., 2022).

Bronfenbrenner's ecological systems theory (1979) and African death theory (Mbiti, 2015), underscore the interconnectedness of individuals and their environments in palliative care teamwork. Ecological systems theory emphasises the influence of broader systems, such as healthcare environments and family networks, on patient care, highlighting that effective multidisciplinary collaboration requires understanding these systemic interactions. In turn, African death theory, with its focus on community-based care and collective responsibility, reinforces the importance of shared roles within the healthcare team, ensuring culturally sensitive and holistic support for patients and their families.

This theme conveys the need for systemic changes to enhance palliative care services. Recommendations from the participants align with literature emphasising infrastructure development, specialised training, public awareness, and financial support as key factors in improving palliative care outcomes.

8.3.4 Main Discussion Points

Palliative care professionals navigate profound emotional and systemic challenges, which deeply influence their practice and well-being. The emotional strain of supporting patients with life-limiting illnesses often results in distress and feelings of helplessness among nurses and other caregivers. These difficulties are exacerbated by systemic

deficiencies, such as limited resources, staffing shortages, and inadequate infrastructure (Beckstrand et al., 2017). Addressing these issues requires a dual-pronged approach: building psychological resilience in healthcare providers while simultaneously investing in systemic reforms to reduce operational inefficiencies and enhance care delivery.

The pervasive scarcity of resources in palliative care settings constrains the scope and quality of interventions available to patients. The participants consistently highlighted the urgent need for infrastructure development, such as dedicated palliative care units, improved access to essential medical equipment, and adequate staffing levels. Research supports these findings, demonstrating that systemic investments in these areas can significantly enhance patient outcomes and enable care providers to perform their roles effectively (Gwyther, 2019).

The holistic philosophy of palliative care encompasses the physical, emotional, social, and spiritual needs of patients. Central to this approach is family involvement, which has been shown to improve patient outcomes and alleviate some of the pressures faced by professional caregivers (Wright et al., 2018). However, the absence or disengagement of families places an additional burden on caregivers, often leading to stress and diminished care quality. Developing policies that facilitate family engagement, such as flexible visiting hours and family counselling, aligns with holistic care principles and enhances the support systems surrounding patients and providers.

Effective palliative care relies on the seamless collaboration of multidisciplinary teams. Nurses, doctors, social workers, and allied health professionals each bring unique perspectives and expertise to care delivery. Despite the potential benefits of such collaboration, hierarchical structures and poor communication often undermine team dynamics. Social workers, for example, are frequently underutilised despite their critical

role in addressing the socio-emotional needs of patients and families (Rodríguez-Prat et al., 2024).

Strengthening interprofessional collaboration requires fostering inclusive team cultures that value the contributions of all professionals equally. Strategies such as equitable resource distribution, regular debriefing sessions, and enhanced communication channels are essential to building cohesive teams. These measures not only improve patient outcomes but also mitigate the emotional toll on healthcare providers by creating supportive and respectful work environments.

CPD is essential for equipping palliative care providers with the skills needed to navigate the complexities of their roles. Training programmes focusing on communication, emotional resilience, and advanced clinical skills were consistently highlighted as priorities by the participants. However, systemic undervaluation of roles such as nursing and social work often results in insufficient investment in their professional development (Parry, 2024). Empowering healthcare professionals through targeted education initiatives and career advancement opportunities not only enhances job satisfaction but also strengthens the overall quality of care provided to patients (Hariyati & Safril, 2018; World Health Organization, 2020).

The challenges of palliative care extend beyond healthcare facilities, requiring partnerships with external agencies such as community organisations and social services. These collaborations enable a more holistic approach to addressing the multidimensional needs of patients and their families. However, fragmented communication and insufficient training for stakeholders often limit the effectiveness of such partnerships (Beaulieu et al., 2023). Developing formalised frameworks for interagency collaboration, alongside

increased funding and integrated service delivery models, is essential to bridging these gaps.

The coalescence of these themes reveals that effective palliative care relies on a multifaceted framework encompassing emotional resilience, systemic reform, family involvement, multidisciplinary collaboration, professional growth, and interagency partnerships. Addressing these interconnected dimensions requires coordinated strategies that balance immediate operational needs with long-term systemic investments.

8.4 Section D: Case Study Four: Key Informants

Discussion of Themes

8.4.1 Theme One: Essential Role of Social Workers in Palliative Care

The findings from this study illustrate the significant role that social workers play in palliative care, underscoring their multifaceted responsibilities that extend beyond providing emotional support. Key Informant 2 repeatedly emphasised the expansive and essential roles of social workers in palliative care, highlighting their contributions to both emotional and practical support for patients and families. These findings align with the holistic care model of palliative care, which emphasises the importance of addressing the psychological, social, spiritual, and physical aspects of a patient's well-being (Ferrell et al., 2018b).

The current study findings support existing literature that positions social workers as key figures in holistic palliative care. Social workers act as a bridge between the patient, their family, and the medical team, ensuring that patients receive comprehensive care that spans emotional, psychological, and practical dimensions (Wood et al., 2019). This holistic approach is not only beneficial for the patient but also for the family, who often require guidance and support when navigating the complexities of end-of-life care.

The psychosocial model was a recurring theme in this study, which aligns with the theoretical foundations of palliative care that advocate for addressing the emotional and psychological pain of patients, alongside their physical symptoms. Key Informant 2's reflection on how social workers help unleash psychological pain enabling the medical team to manage physical pain more effectively, echoes Cicely Saunders' concept of total pain", which encompasses the physical, emotional, and social dimensions of a patient's suffering (Drenth et al., 2018).

Furthermore, the African death theory, which emphasises the communal nature of life and death, complements the psychosocial model in palliative care. The theory posits that death is not merely an individual experience but one that involves the entire community, with the family playing a central role in supporting the dying person (Mbiti, 2015). In this context, social workers in Africa have an even more significant role, as they not only assist in addressing individual needs but also work with families and communities to facilitate culturally sensitive care. This aligns with Key Informant 2's statement that palliative care includes "*psychosocial support for family, counselling for coping mechanisms, and adjustment with the bereaved*", illustrating the expansive role social workers play in integrating the family's needs into patient care.

The key informants in this study identified several essential skills for social workers in palliative care, including deep knowledge of palliative care, strong communication skills, resourcefulness, and advanced therapeutic abilities. This is consistent with the literature, which emphasises the importance of social workers having a diverse skill set to manage the emotional and practical challenges of palliative care (Wittenberg et al., 2019).

A strong foundational knowledge of palliative care principles, as noted by one participant, is crucial for social workers to provide effective support. This ensures that social workers can guide families through the palliative process, offering both emotional and practical advice. Effective communication skills are also critical, particularly in facilitating conversations around sensitive topics like death, treatment options, and end-of-life decisions (Ferrell et al., 2018b). This aligns with the broader literature, which emphasises the need for compassionate, clear communication in palliative care settings (Wittenberg et al., 2019).

Resourcefulness was another key skill highlighted by Key Informants 2, particularly in relation to connecting patients and families with essential services. Social workers' ability to navigate systems and identify available resources, such as grants and home-based care services, allows them to provide practical support that can significantly improve the quality of life for patients and their families. This reflects existing research that highlights the role of social workers in addressing not only emotional needs but also the logistical and financial challenges that often arise in palliative care (Wittenberg et al., 2019).

The findings from this study further point out the expansive role of social workers in palliative care, extending beyond counselling to include psychosocial assessments, home visits, referrals, and advanced therapeutic interventions. These findings align with the literature that describes the role of social workers in palliative care as being multifaceted, encompassing emotional support, practical assistance, and patient advocacy (Brown, 2019).

Key Informant 1 noted the importance of home visits in assessing patients' living conditions and ensuring they receive appropriate care at home. This role is essential in

bridging the gap between hospital care and home-based services, ensuring continuity of care for patients transitioning between these environments (Ferrell et al., 2018b). Furthermore, social workers play a key role in referring patients to necessary services, such as home-based care, financial aid, and psychosocial support systems. This process of referral and coordination is critical in ensuring that patients receive comprehensive, ongoing care even after they leave the hospital setting.

Social workers are also integral members of the multidisciplinary team in palliative care, supporting patients and families by providing emotional, psychological, and spiritual care (Roberts & Green, 2021). Key Informant 5's reflection on the need for social workers to have "*a high level of therapeutic skills*" and facilitate difficult conversations around breaking bad news speaks to the advanced competencies required in this field. This aligns with research that highlights the importance of therapeutic skills in palliative care, particularly when addressing end-of-life issues and maintaining hope for patients and families (Quintero Silva, 2024).

Despite the crucial role of social workers in palliative care, several systemic challenges were identified in the current study that hinder their ability to provide optimal care. Key Informant 5 highlighted issues, such as insufficient training, poor referral pathways, and a lack of resources, that negatively impact the quality of care provided to patients. These findings are consistent with the literature, which points to structural barriers in the public health system that limit the effectiveness of palliative care services (Brown, 2019).

Key Informant 5's critique of the "*poor referral pathways*" in state hospitals illuminates a significant issue in the healthcare system, where inefficient coordination between services could lead to delays in care and unnecessary suffering for patients. This

reflects broader concerns in the literature about the need for systemic reform to ensure that social workers and other members of the multidisciplinary team are adequately supported in their roles (Fraser et al., 2018).

The empirical findings of this study highlight the indispensable role of social workers in palliative care, aligning with existing literature that emphasises their contributions to holistic care. Social workers' involvement in addressing both the emotional and practical needs of patients and families is crucial for ensuring comprehensive, patient-centred care. However, systemic challenges within the public health system must be addressed to fully support social workers in fulfilling their roles in palliative care.

8.4.2 Theme Two: Opportunities for Social Workers' Development in Palliative Care

The current study's findings highlight the significant opportunities available for social workers in palliative care to advance their professional development through structured education, networking, and public health support systems. These opportunities are critical for improving the quality of palliative care provided, as they enable social workers to acquire the necessary skills and knowledge to navigate the complex needs of patients with life-limiting illnesses.

The participants identified structured training and formal education as essential for social workers working in palliative care. This aligns with the broader literature, which shows the importance of specialised education in enhancing the capabilities of social workers to address the emotional, psychosocial, and medical aspects of patient care (Karpetis, 2018). The participants expressed a strong desire for more formal education and palliative care courses, with Key Informant 3 recommending specific courses as beneficial for their professional growth.

This finding is supported by research suggesting that ongoing education and professional training are vital for equipping social workers with the skills needed to manage the emotional complexities of patients facing life-limiting illnesses (Colón & Wladkowski, 2019). Specialised knowledge in areas such as grief counselling, family support, and ethical decision-making enables social workers to offer more comprehensive care. Furthermore, ongoing education is necessary for social workers to remain updated with evolving best practices and emerging trends in palliative care (Kamal et al., 2019).

Key Informant 3 highlighted that the public health system provides several educational opportunities, including regional training centres and education grants. These support mechanisms align with the recommendations of healthcare experts, who emphasise the role of health institutions in fostering CPD (National Academies, 2019). Through structured educational programmes, social workers can deepen their knowledge and refine their skills, ultimately enhancing the quality of care provided to patients with life-limiting conditions.

The study participants placed significant emphasis on networking and collaboration, recognising them as significant for professional growth and for providing high-quality palliative care. This finding is consistent with research that highlights the importance of multidisciplinary collaboration in palliative care, where social workers, doctors, nurses, and other healthcare professionals work together to address patients' comprehensive needs (Kangasniemi et al., 2022).

Key Informant 1 pointed to opportunities such as attending conferences, joining NGOs, and engaging in stakeholder meetings as critical avenues for staying updated on best practices and networking with other healthcare professionals. The literature reinforces this view, stating that social workers benefit from cross-disciplinary interactions that

expand their understanding of patient care (Rumping et al., 2019). Collaborative networks not only provide social workers with access to up-to-date knowledge but also facilitate seamless referrals and enhance coordination of care, which is crucial in palliative care settings (Wittenberg et al., 2019).

Engaging in professional networks and attending conferences provides social workers with a platform to exchange ideas, discuss challenges, and learn from the experiences of others in the field. This aligns with the findings of the current study, where participants expressed a desire to attend conferences and engage with NGOs to expand their knowledge base. The opportunity to collaborate with professionals from other disciplines enriches social workers' roles by fostering a holistic approach to patient care that considers the physical, emotional, social, and spiritual dimensions of palliative care (Rumping et al., 2019).

The current study revealed that the public health system plays a critical role in supporting the professional growth of social workers, offering education grants and access to regional training centres. Key Informant 3 acknowledged that the system's support mechanisms help address the skills gaps in healthcare and encourage CPD. This finding reflects broader research on the importance of institutional support for healthcare professionals, particularly in public health systems that are responsible for ensuring high standards of care (Duffy, 2022).

Public health support for professional development is essential in palliative care, as social workers are often required to manage complex and emotionally taxing cases. The availability of grants, regional training programmes, and CPD accreditations provides social workers with the resources they need to improve their skills and stay updated with current practices (Wittenberg et al., 2019. Key Informant 3 highlighted the value of these

opportunities, particularly in addressing gaps in knowledge and improving their ability to provide holistic care to patients with life-limiting illnesses.

The integration of public health system support with professional development also facilitates a culture of continuous learning, which is crucial for healthcare professionals working in dynamic and evolving fields such as palliative care. Key Informant 4 noted that regular interactions with multidisciplinary teams and visits to oncology centres provided informal but valuable learning experiences that enhanced their roles. These field experiences allow social workers to refine their practice by learning from real-world scenarios and engaging with patients in different stages of illness, further contributing to their professional growth (Drisko & Grady, 2019).

The findings of the current study, supported by literature, accentuate the critical importance of structured education, networking, and public health system support in fostering the professional development of social workers in palliative care. Social workers benefit from formal training programmes that enhance their knowledge of palliative care, while networking opportunities provide access to innovative practices and collaborative relationships. The support mechanisms within the public health system are crucial for addressing skills gaps and ensuring that social workers are equipped to handle the multifaceted demands of palliative care. By leveraging these opportunities, social workers can continue to develop their expertise and deliver comprehensive care to patients with life-limiting illnesses.

The integration of ecological systems theory and African death theory offers a comprehensive framework for understanding the professional development of social workers in palliative care. Ecological systems theory highlights the complex and dynamic interaction between social workers and their environments, particularly the healthcare

system and public health structures that provide training and professional development opportunities (Bronfenbrenner, 1979). These environmental factors shape the competencies and knowledge that social workers acquire to navigate the challenges of palliative care.

In contrast, African death theory adds a cultural lens to this understanding, emphasising the role of community, collective responsibility, and shared caregiving in palliative care. This theory suggests that social workers, in the context of African cultural beliefs, view death and care as a communal responsibility, where collaboration and empathy within the community are crucial elements in supporting individuals with life-limiting illnesses (Mbiti, 2015). Thus, social workers' development is not only influenced by formal education and training but also by the cultural norms and values that shape their caregiving approach.

When these two theories are synthesised, they illustrate that the development of social workers in palliative care is not merely a function of individual effort or institutional support but is deeply embedded within both the socio-environmental structures and the cultural values that inform the practice of palliative care. A holistic approach that combines systemic training opportunities with a culturally sensitive understanding of care practices can ensure social workers are better equipped to manage the emotional, social, and medical aspects of their roles, ultimately enhancing the quality of care for patients with life-limiting illnesses.

8.4.3 Theme Three: Social Workers' Challenges in the Public Health System

The challenges faced by social workers within the public health system present significant barriers to the delivery of effective palliative care. The participants' reflections on infrastructural limitations, staffing shortages, resource constraints, and negative perceptions align with broader research that identifies similar difficulties in palliative care

settings. These obstacles not only impact the ability of social workers to provide care but also affect the overall quality of services available to patients with life-limiting illnesses.

One of the critical issues highlighted by Key Informant 2 was the lack of appropriate infrastructure and resources to deliver high-quality palliative care. Key Informant 2's accounts of insufficient facilities, particularly in regions like the Eastern Cape, reflect a wider challenge in many healthcare systems. According to Etkind et al. (2020), resource limitations and a lack of infrastructure hinder the provision of adequate palliative care, especially in low-income settings. This creates significant gaps in care, as social workers are unable to offer comprehensive support to patients and families.

The absence of essential resources, such as medical equipment and psychological support services, was another challenge noted by the participants. These limitations further complicate the delivery of holistic care. Research by Pettus and De Lima (2020) highlights how under-resourced healthcare systems often struggle to meet the complex needs of palliative care patients. Social workers are, therefore, left with minimal tools to address the wide range of psychosocial, emotional, and medical needs of their patients. Key Informant 1 also identified the issue of staffing shortages and heavy caseloads, which significantly impede social workers' ability to provide comprehensive care. These findings align with studies such as Hanna et al. (2021), which demonstrate how workforce shortages in palliative care, particularly in social work roles, lead to overwhelming workloads. Social workers in these contexts often face increased stress and burnout, limiting their ability to provide effective support to patients with life-limiting illnesses.

The key informants in this study described a similar scenario, where a limited number of social workers in hospitals were expected to handle an unmanageable number of cases. This imbalance negatively impacts the quality of care, as social workers struggle to

manage multiple roles, including emotional support, patient advocacy, and family intervention. Kelley and Morrison (2015) emphasise that to improve the quality of care, more attention must be paid to workforce planning and the distribution of caseloads among palliative care providers.

Another significant challenge expressed by Key Informant 3 was the undervaluation of social workers' roles within the healthcare system. Participants noted that social workers are often perceived negatively, which mirrors findings in the literature where social workers are not fully recognised for their contributions in multidisciplinary teams (Heenan & Birrell, 2019). This lack of recognition undermines the critical psychosocial support services they provide, further marginalising their role in healthcare delivery.

The perception of social workers as punitive figures, as described by the participants, reflects a common societal misconception about the profession. According to Maxhakana (2021), social workers in healthcare are often viewed through a narrow lens that overlooks their broader responsibilities in patient care. This perception could hinder their ability to build trust and collaborate effectively with other healthcare professionals, limiting the overall impact of their work in palliative care.

Confidentiality emerged as another key challenge for social workers in palliative care settings. Key Informant 4 described the difficulties they faced in maintaining confidentiality while building trust with patients. This is consistent with the literature, which accents the importance of confidentiality in establishing effective patient relationships in sensitive care environments (Nematollahi et al., 2022). Patients often fear the stigma associated with discussing terminal diagnoses, and social workers must navigate these concerns while adhering to ethical standards.

Maintaining confidentiality is essential for building trust between social workers and their patients, but it can also limit their ability to coordinate care effectively. The participants' experiences align with the findings of Shaban et al. (2024) which highlight the complex balance between respecting patient confidentiality and collaborating within multidisciplinary teams to provide comprehensive care.

According to Bronfenbrenner's (1979) ecological systems theory, social workers are part of an interconnected system of environmental influences that shape their practice. The systemic challenges identified, such as staffing shortages and the undervaluation of their roles, can be understood as the result of larger structural and institutional limitations within healthcare systems. These challenges occur within multiple levels of the ecological system, such as organisational policies, workforce management, and societal perceptions, impacting the ability of social workers to deliver holistic care. On the other hand, African death theory can also illuminate the communal aspects of care that social workers are expected to navigate. The theory emphasises the importance of community support and collective responsibility in caring for individuals with life-limiting illnesses (Adonteng-Kissi, 2021). In African cultural contexts, death and dying are seen as shared responsibilities, and social workers play a crucial role in bridging the gap between the healthcare system and the community. The lack of resources and recognition of their role thus creates a disconnect between the healthcare environment and the collective community-based approach that many social workers are trained to support. This intersection of ecological and cultural factors underscores the need for systemic changes to better align social workers' roles with both healthcare and cultural expectations.

The challenges identified by the participants in this study echo many of the barriers to effective palliative care found in the existing literature. Infrastructural inadequacies, resource constraints, staffing shortages, and negative perceptions of social workers all

contribute to the difficulties faced by these professionals in fulfilling their roles. To improve the quality of palliative care, systemic changes are necessary, including investments in infrastructure, increased staffing, and greater recognition of social workers' value within multidisciplinary teams. Additionally, addressing confidentiality concerns through patient-centred approaches could enhance the effectiveness of social workers in palliative care settings.

8.4.4 Theme Four: Strategies to Strengthen the Palliative Care Social Work Field

The current study's findings reveal a range of strategies that could significantly enhance the effectiveness of social work in palliative care. Key Informant 3 emphasised the importance of specialised training, improved referral systems, greater visibility of social work achievements, understanding of medical treatments, and supportive policies. These strategies align with the broader literature on the role of social work in healthcare, particularly in palliative care settings.

Key Informant 3 highlighted specialised training as a critical factor in boosting the impact of social workers in palliative care. The need for CPD and advanced education was a recurrent theme. Research supports this view, showing that social workers who receive specific training in palliative care are better equipped to manage the complex emotional, social, and medical needs of patients (Lloyd-Williams & Mayoral, 2023). Specialised training programmes enable social workers to develop the necessary competencies for addressing the psychosocial needs of patients with life-limiting illnesses. As pointed out by Key Informant 2, post-graduate training in palliative care is crucial, a notion supported by Paal et al. (2019), who argue that postgraduate and specialised training enhance the quality of care in palliative settings.

The study participants also emphasised the importance of improving referral systems to ensure continuity of care. The literature similarly highlights that effective referral systems are essential in multidisciplinary palliative care (Thelen et al., 2023). Strengthening these systems could ensure that social workers and other healthcare providers can maintain consistent care for patients, minimising gaps in service delivery.

The suggestion of developing SOPs or flowcharts for referral systems is consistent with the literature advocating for clearer frameworks to facilitate the integration of social work into the broader healthcare system (Govender, 2022). Establishing SOPs can streamline care pathways, thereby ensuring a smoother transition between care providers and improving patient outcomes.

Key Informant 3 also identified the need to increase the visibility of social work achievements to boost recognition and support within multidisciplinary teams. This aligns with broader discussions in the literature on the marginalisation of social work in healthcare settings. Social workers often face challenges in gaining recognition for their contributions to patient care, particularly when compared to medical professionals (Hossain et al., 2025).

Showcasing the successes of social workers through reports, publications, and presentations could elevate their profile within healthcare teams. Studies suggest that increasing the visibility of social work achievements can lead to greater appreciation and support from other healthcare providers and policymakers (Dziegielewski & Holliman, 2019). This, in turn, could enhance collaboration within multidisciplinary teams and improve the overall quality of care.

The need for social workers to have a better understanding of medical treatments was another key theme that emerged from the findings. This resonates with the literature,

which emphasises that social workers in palliative care must have a comprehensive understanding of medical conditions to provide holistic care (Quinn et al., 2021).

By having a clearer understanding of the medical side of patient care, social workers can more effectively advocate for their patients and provide informed psychosocial support. As Key Informant 4 noted, building strong relationships with patients is contingent upon understanding their medical conditions, a perspective that is corroborated by Sagha Zadeh et al. (2018), who stress the importance of interdisciplinary knowledge in enhancing patient care.

Key Informant 5 also advocated for policy changes that would mandate palliative care training for social workers. This is consistent with calls in the literature for stronger institutional support and policy frameworks to ensure that social workers have access to CPD (Downing et al., 2022). Implementing policies that require palliative care training as part of social work education could standardise the competencies required for effective practice in this field.

Supportive policies also have the potential to address the existing competency gaps within the profession. Research by Taels et al. (2021) highlights the importance of policy in shaping the professional development of social workers, particularly in specialised fields like palliative care. Such policies could also help to integrate social work more effectively into the healthcare system, ensuring that social workers receive the training and resources they need to excel in their roles.

Ongoing education and professional development were identified as crucial for advancing social work practice. The need for continuous learning to stay updated with palliative care guidelines and enhance skills is widely supported in the literature.

According to Fernando and Hughes (2019), CPD is essential for maintaining high standards of care in palliative care settings.

Regular field visits, participation in navigation programmes, and targeted learning to address personal weaknesses are essential for social workers to provide effective patient care. Practical experiences, as suggested by Key Informant 2, help social workers stay connected with patient needs and foster trust. Research by Heenan and Birrell (2019) reinforces the importance of ongoing contact between social workers and patients in building rapport and improving care delivery.

Key Informant 3 emphasised the need for greater recognition and structured training within multidisciplinary teams to elevate the role of social workers. Studies have shown that social workers often struggle to integrate fully into healthcare teams due to a lack of recognition and unclear role definitions (Beresford et al., 2024). Structured in-service training programmes and clear role definitions could enhance the effectiveness of social workers and improve their integration within healthcare teams.

By showcasing their skills and communicating effectively with other team members, social workers could increase their visibility and contribute more meaningfully to patient care. Research by Canda et al. (2019) supports the idea that effective communication and self-promotion can help social workers gain recognition and foster collaboration within healthcare teams.

Finally, Key Informant 5 highlighted the importance of fostering equitable collaboration within healthcare teams. The literature supports the idea that social workers should have a more balanced role within multidisciplinary teams, where psychosocial, emotional, and spiritual care is valued alongside medical interventions (Kelley & Morrison, 2015). Effective collaboration requires mutual respect and recognition of the

unique contributions of each profession. Achieving equitable engagement within healthcare teams ensures that social workers can contribute fully to patient care, improving outcomes for patients with life-limiting illnesses. Etkind et al. (2020) emphasise the need for a more integrated approach to palliative care, where social work is recognised as a key component of patient support.

The strategies identified by the participants to enhance social work in palliative care reflect the need for specialised training, improved referral systems, greater visibility, understanding of medical treatments, and supportive policies. These findings are consistent with the broader literature on the role of social work in palliative care, emphasising the importance of professional development, visibility, and collaboration within multidisciplinary teams. By implementing these strategies, the effectiveness of social work in palliative care could be significantly improved, leading to better outcomes for patients and families.

To enhance the understanding of the strategies identified for strengthening the palliative care social work field, integrating ecological systems theory and African death theory offers a deeper perspective on the systemic and cultural influences that shape social work practice.

Ecological systems theory (Bronfenbrenner, 1979) emphasises the importance of viewing the role of social workers within the broader system, where multiple interconnected factors, such as institutional policies, healthcare infrastructures, and societal attitudes, impact the effectiveness of their practice. In the context of the current study findings, the need for specialised training, improved referral systems, and supportive policies can be seen as part of the larger ecological system that shapes social work in palliative care. For instance, the recommendation for specialised training can be interpreted

as an intervention at the microsystem level, ensuring that social workers acquire the necessary skills to navigate the complex needs of patients with life-limiting illnesses. At the macrosystem level, policy changes and improved institutional support are essential for creating an environment where social workers are adequately trained and recognised for their contributions. Thus, a systemic approach that integrates continuous education, clearer referral systems, and supportive policies could help to strengthen the ecological framework in which social workers operate, ensuring they are equipped to provide comprehensive care.

On the other hand, African death theory offers valuable insights into the cultural and communal aspects of palliative care. In many African cultures, death is considered a communal experience, where the collective responsibility of caring for the dying person extends beyond medical or social work professionals (Sumser et al., 2019). This cultural perspective reinforces the importance of fostering collaborative relationships within multidisciplinary teams and ensuring that social workers are recognised not only for their technical expertise but also for their role in facilitating communal support. The theory highlights the need for social workers to integrate cultural competence into their practice, respecting the communal approaches to death and dying, while also advocating for individual patient's needs within the healthcare system. This resonates with the study participants' emphasis for social workers to better understand medical treatments and engage more effectively within healthcare teams. By aligning with African death theory, these strategies could support a more holistic approach to palliative care, where the spiritual, emotional, and social needs of patients are valued in the same way as medical interventions.

The integration of these theoretical frameworks illustrates how social work in palliative care must consider both systemic factors (as highlighted by ecological systems

theory) and cultural dimensions (as informed by African death theory) to enhance the role of social workers. By addressing both influences, the strategies outlined by the participants, such as specialised training, enhanced referral systems, and improved policy frameworks, can be more effectively implemented, potentially improving care for patients with life-limiting illnesses and potentially greater recognition of social workers within healthcare systems.

8.4.5 Main Discussion Points

The multifaceted nature of palliative care presents emotional, systemic, and professional challenges that shape the experiences of healthcare providers and the quality of patient care. Participants frequently reported the emotional burden of caring for patients with life-limiting illnesses, describing feelings of helplessness, compassion fatigue, and distress. These challenges, when coupled with systemic inefficiencies, such as inadequate resources and limited infrastructure, create significant obstacles to delivering holistic and effective care (Azevedo, 2017).

Systemic barriers, such as insufficient specialised palliative care units and fragmented referral systems, further hinder the provision of seamless care. Addressing these structural issues requires strategic reforms, including investments in infrastructure, the establishment of clear referral frameworks, and the equitable allocation of resources. Such improvements are essential not only for enhancing patient outcomes but also for creating a supportive environment that enables healthcare providers to thrive (Gwyther, 2019).

Central to palliative care is its holistic philosophy, which prioritises the integration of physical, emotional, and psychosocial dimensions of care. Participants highlighted the importance of multidisciplinary collaboration, where social workers, doctors, nurses, and

other professionals contribute uniquely to patient care. However, hierarchical dynamics and poor communication often marginalise certain roles, particularly social workers, undermining the cohesion of care teams. Cultivating inclusive team dynamics through enhanced communication, structured collaboration, and mutual respect is critical for leveraging the strengths of diverse team members (Parker & Ashencaen Crabtree, 2017).

Despite these challenges, participants described personal and professional growth as a significant benefit of working in palliative care. Experiences such as increased empathy and a commitment to lifelong learning intensify the transformative nature of this work. CPD opportunities and specialised training were viewed as essential for equipping healthcare providers with the skills needed to navigate the complexities of palliative care. These insights are well-supported by literature advocating for targeted education and career advancement initiatives to improve job satisfaction and patient outcomes (Parker & Ashencaen Crabtree, 2017).

Participants also emphasised the need for public awareness and education about palliative care to foster a supportive environment and reduce stigma. Public education campaigns could bridge knowledge gaps, promote earlier access to care, and empower communities to engage with palliative services meaningfully. This aligns with evidence suggesting that increasing public understanding significantly enhances the acceptance and utilisation of palliative care services (Hughes et al., 2025).

Socioeconomic factors, including financial constraints and cultural resistance, were identified as external challenges exacerbating care delivery difficulties. Addressing these requires partnerships with community organisations and developing supportive policies prioritising palliative care. Formalised training programmes and integrated service models

can enable a comprehensive approach to tackling these multidimensional barriers, improving both provider capabilities and patient outcomes (Downing et al., 2022).

Through the amalgam of these themes, it becomes evident that palliative care is not just a clinical intervention but a dynamic and holistic process requiring systemic, emotional, and professional alignment. Addressing these interconnected aspects of emotional resilience, systemic reform, collaborative care models, and CPD necessitates a cohesive framework of equity, recognition, and sustainable investment. By adopting an integrated approach, palliative care systems could better support healthcare providers and deliver compassionate, comprehensive care to patients and their families.

8.5 Main Discussion Points (Differences and Similarities) Across the Four Cases

Across the four cases, several shared themes highlight the foundational principles of palliative care while also revealing the nuances in professional roles and systemic challenges. The social workers, nurses, doctors, and key informants emphasised the importance of a holistic approach that addresses not only physical symptoms but also the emotional, social, and psychological needs of patients. This shared commitment highlights the centrality of patient-centred care in palliative settings, reflecting global palliative care standards (World Health Organization, 2021a). However, the application of holistic care varied, with social workers focusing on psychosocial support, nurses prioritising direct patient care, and doctors emphasising symptom management and treatment planning. The key informants provided a broader view, linking holistic care to systemic structures and policies, which suggests that achieving comprehensive care requires the alignment of both individual and institutional efforts (Hannon et al., 2016).

Multidisciplinary collaboration emerged as a cornerstone for effective palliative care, with all groups recognising its importance in ensuring consistent and high-quality

service delivery. The social workers and key informants highlighted the necessity of smooth coordination within teams, with the latter often linking this to policy frameworks that could foster better collaboration. However, the nurses and doctors frequently pointed to communication breakdowns as barriers, reflecting operational challenges within teams. These perspectives suggest that while collaboration is universally valued, its realisation is hindered by both systemic inefficiencies and interpersonal dynamics. Literature supports the idea that bridging these gaps requires both structural reforms and improved team communication strategies, illustrating the interplay between policy and practice in fostering effective teamwork (Rosen et al., 2018).

Resource limitations were a significant concern shared by all groups, reflecting the systemic challenges facing palliative care. Across the cases, the professionals highlighted issues such as inadequate staffing, limited equipment, and financial constraints, all of which hinder the delivery of quality care. While the social workers, nurses, and doctors focused on how these limitations directly impacted daily operations, the key informants often framed the issue within broader policy and funding constraints. This distinction underscores the multilevel nature of resource challenges, where immediate operational needs and systemic reforms must be addressed to improve care outcomes. These findings resonate with global studies on palliative care in resource-limited settings, which advocate for targeted interventions to optimise existing resources while addressing structural inequities (Alcalde et al., 2025).

The emotional toll of providing palliative care was another theme consistently raised across the four cases. All groups recognised the challenges of emotional strain, burnout, and the psychological impact of managing end-of-life care. Social workers discussed the strain of supporting grieving families, while nurses and doctors expressed difficulties in managing both the emotional and clinical aspects of their roles. The key

informants extended this discussion by highlighting the absence of systemic support mechanisms to address caregiver well-being. These findings highlight the dual need for individual emotional support and organisational policies that prioritise the mental health of healthcare providers (Roberts et al., 2025). Integrating caregiver support into institutional frameworks could mitigate the emotional burden on professionals, ultimately improving both care quality and workforce sustainability.

Despite these shared concerns, differences in perspectives highlight the distinct roles and priorities of each professional group. The social workers emphasised their role in addressing the psychosocial needs of patients and families, while the nurses focused on their responsibilities as primary caregivers. The doctors concentrated on symptom management and treatment planning, reflecting their clinical expertise. The key informants, however, provided a macro-level perspective, emphasising systemic and policy-level issues such as the need for standardised protocols, improved infrastructure, and better leadership. These distinctions illustrate the diverse contributions of each group to palliative care and highlight the importance of integrating these perspectives to address patient-centred and systemic challenges comprehensively (Rhee et al., 2018).

Training and professional development also revealed differing priorities. The social workers, nurses, and doctors largely emphasised role-specific training to enhance their capabilities within their respective domains. In contrast, the key informants advocated for interdisciplinary training as a means of fostering more cohesive and effective multidisciplinary teams. This divergence reflects a broader tension between the need for specialised expertise and the benefits of integrated team-based care. Existing research suggests that balancing both approaches is critical to equipping professionals with the skills necessary for their roles while ensuring effective collaboration within teams (Morris

et al., 2021). Addressing these needs requires targeted investments in both discipline-specific and interdisciplinary training initiatives.

While the shared focus on holistic care, collaboration, and resource advocacy reinforces commonalities across the cases, the unique contributions of the key informants shed light on systemic and policy-level challenges that influence palliative care delivery. By integrating the macro-level insights of the key informants with the patient-centred concerns of frontline professionals, a more comprehensive understanding of palliative care emerges. This conglomerate highlights the need for strategies that address the immediate operational challenges and the broader structural barriers that shape palliative care practices. These findings not only provide valuable insights into the complexities of multidisciplinary care but also contribute to the growing discourse on how to optimise palliative care systems in resource-constrained settings (Vaughan & Martin, 2022).

A key similarity among the cases is the recognition of the emotional toll faced by healthcare professionals, especially social workers and nurses, in providing care for patients with life-limiting illnesses. The psychological distress, feelings of helplessness, and burnout due to the emotional demands of palliative care emerge as consistent themes. The healthcare workers in all four cases stressed the need for psychological support, resilience training, and self-care strategies to mitigate these challenges.

Additionally, the theme of systemic barriers and resource constraints is common across all four cases. The lack of adequate infrastructure, insufficient staffing, and limited access to essential medical resources were highlighted as significant obstacles to the delivery of high-quality palliative care. This recurring theme points to the urgent need for reforms in healthcare policies and infrastructure to better support the provision of palliative care services.

Multidisciplinary collaboration is another shared theme. Across the cases, there was consistent emphasis on the importance of teamwork among different healthcare providers, such as nurses, social workers, and doctors. However, challenges such as poor communication, hierarchical structures, and lack of recognition of social workers' roles hinder effective collaboration in some instances. Each case advocates for improving communication, fostering more inclusive team dynamics, and creating spaces for debriefing and reflective practice.

Professional development and the ongoing training of healthcare providers, particularly social workers and nurses was also a recurrent theme. The case studies identified the need for continued education and opportunities for skill enhancement to improve palliative care delivery. While this theme was common to all four cases, there were differences in the emphasis placed on professional development. Case Study One and Case Study Two place particular focus on the undervaluation of social workers and the systemic neglect of their professional growth, whereas Case Study Three and Case Study Four stress the need for general healthcare provider training without delving as deeply into the specifics of social workers' roles.

Family involvement in care is another theme present across all four cases. Involvement of family members in decision-making and care activities enhances the quality of care and supports both patients and healthcare providers emotionally. However, the lack of family engagement in some cases results in increased pressure on healthcare workers. The theme of family involvement was particularly prominent in Case Study One and Case Study Three, where cultural sensitivities and the importance of family-based care were emphasised.

Despite these shared themes, there are key differences across the cases. For example, Case Study One and Case Study Two focus more on the specific role of social workers in palliative care and the challenges they face, particularly regarding their undervaluation and lack of recognition within the healthcare system. In contrast, Case Study Three and Case Study Four take a broader perspective, highlighting the challenges faced by healthcare professionals in general without concentrating as much on the needs and contributions of social workers.

Moreover, Case Study Two and Case Study Three introduce an ecological perspective, considering how external factors such as community resources and social services influence palliative care. These cases suggest that collaboration with external organisations is crucial for addressing the multifaceted needs of patients and families. This angle is less explored in Case Study One and Case Study Four, which focus more on internal healthcare system issues, such as staffing shortages and resource constraints within the hospital setting.

The four cases share several common themes, including emotional challenges, systemic barriers, the importance of collaboration, and the need for professional development. However, there are notable differences in how these themes are framed, particularly in the focus on social workers' roles, the inclusion of ecological perspectives, and the level of emphasis placed on cultural factors and family involvement. These similarities and differences provide a nuanced understanding of the challenges in palliative care, suggesting that effective solutions require both systemic reform and a holistic approach that integrates multiple layers of support for healthcare professionals and patients alike.

8.6 Summary

Chapter Eight provided a discussion of the study's empirical findings, focusing on the experiences and perspectives of social workers, nurses, doctors, and key informants involved in palliative care across the four case studies. The chapter emphasised key themes, including the importance of interdisciplinary collaboration, the emotional challenges faced by professionals, and the critical role of professional development in palliative care.

Each group of participants provided unique insights about their roles. The social workers emphasised the need for psychosocial support and holistic care, while the nurses highlighted the practical challenges of managing patient care. The doctors focused on the medical aspects and decision-making, while the key informants addressed systemic issues and the importance of policies in improving palliative care services.

The chapter also drew attention to shared challenges, such as resource limitations, communication barriers, and the emotional toll of working with terminally ill patients. Despite these challenges, all the participants remained committed to providing quality care, underscoring the need for continuous support, training, and improved infrastructure within the healthcare system. To transition, Chapter Nine critically reflects on the key findings and their alignment with research objectives, offering well-founded recommendations.

9 Chapter Nine
Key Findings, Conclusions and Recommendations

Chapter nine brings the study to its culmination by synthesising the key findings in alignment with the research objectives. The chapter critically reflects on these findings, comprehensively evaluating their implications for the study's broader context. Conclusions are drawn based on the analysed data, highlighting their significance in addressing the research problem. Furthermore, this chapter provides practical and theoretical recommendations to inform policy, enhance practice, and guide future research. By integrating the findings with the literature and theoretical frameworks, Chapter Nine firmly establishes the study's contribution to knowledge, offering insights that have the potential to shape and advance the field of palliative care.

9.1 Aim and Objectives

The study aimed to explore the perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services in public hospitals in two health districts in the Eastern Cape, South Africa.

The aim of this study was guided by the following research questions:

- How do social workers and members of multidisciplinary teams in public hospitals in the eastern cape perceive their role in rendering palliative care services to patients with life-limiting illnesses?
- What are the experiences of social workers and members of multidisciplinary teams in public hospitals in the eastern cape in rendering palliative care services to patients with life-limiting illnesses?

9.2 The Aim was Achieved Through the Following Objectives:

Objective One: To explore the social workers' and multidisciplinary team members' understanding of palliative care services

This objective was achieved through insights derived from Case Study One: Social Workers, Theme One: Perspectives on palliative care, and Case Study Four: Key Informants, Theme One: Essential role of social workers in palliative care. These sections demonstrated the participants' conceptualisation of palliative care, including its holistic approach, patient-centred focus, and emphasis on quality of life. In Case Study Two: Nurses and Case Study Three: Medical Doctors, Theme One: Caring for patients and Theme One: Comprehensive care for patients with life-limiting illnesses, respectively, highlighted the multidisciplinary team's understanding of palliative care principles. The findings revealed that while social workers and members of the multidisciplinary team shared fundamental principles of palliative care, their perspectives varied based on their professional roles and responsibilities.

The ecological systems theory (Bronfenbrenner, 1979) provided a critical lens for understanding how social workers and other healthcare professionals conceptualise palliative care within a broader system. The theory emphasises the interconnectedness of individuals, families, healthcare institutions, and policy frameworks, aligning with the participants' views on multidisciplinary collaboration. The social workers in the study frequently referenced the importance of engaging with families, communities, and healthcare teams to ensure comprehensive palliative care. One participant stated:

> *"Palliative care is not just about the patient; it's about their environment, their family, and the broader healthcare system that influences their experience".*

This aligns with the ecological systems perspective, which underscores the need for a systemic approach to care, recognising that social workers operate within multiple levels of influence, from direct patient interactions (microsystem) to hospital policies (exosystem) and national healthcare frameworks (macrosystem).

The African death theory (Attoe, 2023) further informed the study's exploration of palliative care, particularly in the way participants conceptualised death, dying, and bereavement. This theory highlights the communal and spiritual dimensions of death in African contexts, where end-of-life care is deeply rooted in cultural beliefs, ancestral connections, and collective mourning practices. Social workers in the study acknowledged these cultural dynamics, emphasising that providing effective palliative care requires cultural competence and sensitivity to traditional mourning and caregiving practices.

One social worker described how, in some cases, families prefer traditional healers alongside medical care, stating:

> *"You cannot ignore the cultural aspects of death. Many families seek both medical and spiritual guidance, and as social workers, we need to facilitate these conversations rather than dismiss them".*

This perspective aligns with African death theory, which posits that death is not an isolated event but a transition involving the living, the ancestors, and the broader community. The findings suggest that integrating cultural awareness into palliative care practices could enhance the effectiveness of multidisciplinary teams.

Additionally, the World Health Organization (2018b) definition of palliative care provided an essential foundation, reinforcing the need for an integrated, multidisciplinary approach. The literature review further demonstrated that social workers play a critical role in ensuring continuity of care, offering psychosocial support and advocating for patient-

centred interventions (Gywther et al., 2018). These theoretical and empirical insights established the background against which participants' perspectives were analysed.

The study's empirical data demonstrated how social workers conceptualised palliative care beyond its clinical dimensions, viewing it as a relational and psychosocial process. The participants emphasised their role in emotional support, ethical decision-making, and care coordination. For instance, one social worker described their work as "*not just about pain management but about helping patients and families navigate the psychological and social challenges that come with a terminal diagnosis*."

In contrast, the nurses and medical doctors focused more on symptom management and medical interventions while acknowledging the importance of psychosocial care. A nurse stated that "*palliative care is about keeping the patient comfortable, but we rely on social workers to handle the family's emotional needs*". These statements illustrate the collaborative but differentiated perspectives within the multidisciplinary team.

Furthermore, the key informants, who provided an overarching perspective on policy and implementation, reinforced the need for a more structured role for social workers in palliative care teams. Their insights highlighted institutional gaps and inconsistencies in the integration of social workers, supporting the need for clearer role definition and policy frameworks.

The theoretical perspectives, literature, and empirical findings of this study have provided a nuanced understanding of how palliative care is perceived within multidisciplinary teams. The findings confirm that while social workers and healthcare professionals operate from different conceptual standpoints, their roles are inherently interdependent. This supports existing literature on interprofessional collaboration in

palliative care (Hudson, 2022), further reinforcing the need for structured multidisciplinary engagement.

Objective Two: To explore how social workers and multidisciplinary team members experience rendering palliative care services to patients with life-limiting illnesses in the public health system

The experiences of social workers were examined in Case Study One, under Theme Two: Social workers' key roles in palliative care, and Theme Three: Management of palliative care in hospitals. These themes revealed both the emotional fulfilment and systemic challenges experienced by social workers. The nurses' and doctors' experiences were explored in Case Study Two, Theme One: Caring for patients, and Case Study Three, Theme One: Comprehensive care for patients with life-limiting illnesses. The key informants contributed further insights in Case Study Four, Theme Three: Social workers' challenges in the public health system, and Theme Two: Opportunities for social workers' development in palliative care. The findings indicated that while professionals found meaning in providing holistic patient care, systemic barriers, lack of role clarity, and inadequate support structures hindered their effectiveness.

Drawing on ecological systems theory (Bronfenbrenner, 1979), the study illuminated the interconnected systems shaping social workers' experiences. At the microsystem level, social workers engaged in direct patient care, emotional support, and psychosocial interventions, often acting as advocates for patients navigating terminal illness. Their involvement extended beyond patients to family counselling, bereavement support, and decision-making facilitation, reinforcing the critical, yet underappreciated, role of social work in palliative care.

However, at the mezzosystem and exosystem levels, the findings revealed barriers such as hierarchical medical structures, inadequate collaboration within the multidisciplinary team, and institutional constraints limiting social workers' contributions. The empirical data illustrated that social workers often struggled to assert their roles in a system where clinical priorities dominated decision-making, highlighting a significant power imbalance within the multidisciplinary team (Bronfenbrenner, 1979).

From the lens of African death theory, the findings further underscored cultural complexities in end-of-life care. Social workers frequently encountered tensions between Western biomedical models and Indigenous perspectives on death and dying. While doctors and nurses often adhered to clinical protocols, social workers recognised the importance of integrating spiritual, cultural, and familial perspectives into palliative care. The literature supports this, emphasising that effective palliative care in African contexts requires a culturally responsive approach that acknowledges ancestral beliefs, communal decision-making, and spiritual rituals (Attoe, 2023).

The social workers expressed deep professional fulfilment in guiding patients and families through the final stages of life, reinforcing existing literature on the intrinsic motivation of healthcare professionals in palliative care (Fook, 2022). Unlike doctors and nurses, social workers provided holistic care that addressed both psychological and socio-economic aspects, demonstrating the need for an expanded role within the multidisciplinary team.

Regarding the structural challenges and role ambiguity, the findings revealed that social workers lacked formal recognition as key players in palliative care, often being excluded from clinical decision-making. Literature indicates that role clarity is essential for effective interdisciplinary collaboration (Morley & Cashell, 2017), yet the empirical

findings showed that social workers were often assigned secondary roles, limiting their ability to contribute meaningfully.

This study adds new insights by identifying institutional and policy gaps that hinder the full integration of social workers in palliative care services. Unlike previous studies that focus predominantly on biomedical models (Clark, 2018; Gómez-Batiste et al., 2017), this study provides critical evidence of the need for culturally congruent palliative care approaches that align with patients' social, spiritual, and communal contexts. Empirical findings showed that many patients and families rely on traditional beliefs about death and dying, requiring social workers to navigate complex cultural dynamics that are often overlooked in mainstream palliative care policies.

This study makes a substantive contribution to the field by highlighting:

- The need to formalise social workers' roles in multidisciplinary teams, ensuring that they are not seen as secondary caregivers but as equal contributors in palliative care planning.
- The systemic barriers within public health that limit social workers' impact, providing empirical evidence to advocate for policy revisions and institutional reforms.
- The cultural complexities of palliative care in African contexts challenge Western-centric models and call for a contextually relevant approach that integrates both biomedical and traditional healing practices.

Rather than merely describing experiences, this study theoretically contextualises social workers' roles, identifies structural gaps, and proposes solutions to enhance multidisciplinary collaboration in palliative care. The findings fill a critical knowledge gap by demonstrating that effective palliative care requires a balance between clinical

interventions and psychosocial, cultural, and emotional support. The ecological systems and African death theories in this research not only deepen our understanding of social workers' roles but also challenge existing healthcare structures to adopt a more holistic, inclusive, and culturally sensitive approach to palliative care.

Objective Three: To explore the perceptions of multidisciplinary team members on the roles of the social worker in palliative care services in the public health system

This objective was achieved through the integration of literature, theoretical frameworks, and empirical findings, which collectively highlighted the essential role of social workers in multidisciplinary palliative care teams.

The ecological systems theory (Bronfenbrenner, 1979) provides a valuable lens for understanding social workers' roles within the broader healthcare system. This theory illustrates how individuals exist within interconnected systems–micro, mezzo, exo, macro, and chrono–each influencing their experiences and interactions. In the context of palliative care, social workers operate at multiple levels: they provide direct psychosocial support at the micro level (patients and families), facilitate interprofessional collaboration at the mezzo level (multidisciplinary teams), and advocate for policy improvements at the macro level (health system and government structures). The findings confirmed that social workers navigate these layers, ensuring that patients receive holistic care that considers both medical and social determinants of health.

Similarly, Attoe (2023) provides critical insights into how death, dying, and bereavement are understood within African communities. This theory highlights that death is not an isolated biological event but a deeply social and spiritual transition, requiring rituals, family involvement, and community support. The participants' narratives reflected this understanding, particularly in Case Study One, Theme Four, where social workers

emphasised their role in bridging medical care with culturally appropriate end-of-life practices. The nurses and doctors in Case Study Two, Theme Two, and Case Study Three, Theme Two acknowledged the significance of social workers in facilitating communication between healthcare teams and families, ensuring that patients' cultural and spiritual needs were met in alignment with African death traditions.

The empirical findings reinforced these theoretical perspectives by illustrating social workers' contributions to psychosocial support, grief counselling, and advocacy in palliative care. In Case Study One, Theme Four, social workers described their role in helping patients and families navigate emotional distress, prepare for death, and access necessary resources. The nurses and doctors in Case Study Two, Theme Two, and Case Study Three, Theme Two, emphasised that social workers were crucial in addressing patients' non-medical needs, ensuring holistic care.

By integrating ecological systems theory and African death theory, the study demonstrated that social workers function within a dynamic network of systems that shape palliative care. Their ability to mediate between patients, families, healthcare teams, and broader social structures ensures that care is both holistic and culturally responsive, reinforcing the indispensable nature of their role in the public health system.

Objective Four: To explore barriers to rendering palliative care services to patients with life-limiting illnesses in the public health system

The study identified significant barriers to providing effective palliative care, which were explored through the literature review, theoretical frameworks and empirical findings. These barriers included insufficient resources, lack of specialised training, high workloads, and systemic inefficiencies, all of which hindered the delivery of holistic palliative care services.

Bronfenbrenner's (1979) ecological systems theory provides a valuable framework for understanding these challenges. At the macro level, structural issues such as inadequate policy implementation, funding constraints, and the absence of formalised palliative care strategies within the public health system emerged as key obstacles. The empirical findings demonstrated that social workers, nurses, and doctors experienced difficulties in accessing essential resources, such as pain management medication and psychosocial support services for patients and families. These findings align with existing literature, which highlights how systemic barriers at the institutional and policy levels undermine the integration of palliative care into mainstream healthcare services (Petruik, 2023).

At the mezzo level, organisational inefficiencies, limited interdisciplinary collaboration, and insufficient staff training further impeded service delivery. The participants in Case Study One, Theme Five: Enhancing social workers' opportunities and challenges in the public health systems described how the lack of palliative care training among healthcare professionals affected service provision, often leading to fragmented care. Similarly, Theme Three: Enhancing palliative care services, based on nurses' and doctors' perspectives in Case Study Two and Three, revealed that limited awareness of palliative care principles resulted in inconsistent patient management and inadequate communication between disciplines. Literature on workforce development in palliative care (Gwyther et al., 2018) supports these findings, emphasising that a lack of training and professional support remains a major barrier in resource-limited settings.

From a cultural perspective, Baloyi and Makobe-Rabothata (2014) provides insights into how traditional beliefs and societal attitudes shape perceptions of palliative care. The empirical findings indicated that stigma, misconceptions about pain management, and reluctance to discuss end-of-life care often hindered early intervention and support for patients with life-limiting illnesses. The social workers highlighted the

challenge of navigating cultural expectations while ensuring that patients and families received appropriate care. The nurses and doctors echoed similar concerns, noting that some patients and families rejected palliative care due to fears that it signified giving up on treatment. These insights are consistent with literature that highlights the impact of cultural beliefs on healthcare-seeking behaviour and patient decision-making in African contexts (Somzana, 2021).

Overall, the combination of theoretical perspectives, literature, and empirical findings underscores the complex, multi-layered barriers to palliative care in the public health system. Addressing these challenges requires policy reform, targeted training programmes, and a culturally sensitive approach to care, ensuring that social workers, nurses, and doctors can effectively support patients with life-limiting illnesses.

Objective Five: To explore factors that enable the provision of palliative care services to patients with life-limiting illnesses in the public health system

The study identified key enablers of palliative care within the public health system, including supportive policies, access to training, and collaboration within multidisciplinary teams. These findings align with the theoretical perspectives, literature and empirical findings, which emphasise the importance of a well-integrated healthcare system for effective palliative care delivery.

The ecological systems theory (Bronfenbrenner, 1979) provides a useful framework for understanding how various systemic levels influence palliative care provision. At the macro level, policies and governmental support play a critical role in shaping service availability and quality. The empirical findings from Case Study One, Theme Five: Enhancing social workers' opportunities and challenges in public health systems revealed that social workers benefited from institutional support, such as policies promoting

multidisciplinary collaboration and access to psychosocial services. Literature on healthcare systems Clark et al. (2020) reinforces this, noting that well-structured policy frameworks facilitate integrated palliative care by ensuring funding, standardised protocols, and training opportunities.

At the mezzo level, the role of interdisciplinary collaboration emerged as a key enabler of effective palliative care. The participants in Case Study Four, Theme Two: Opportunities for social workers' development in palliative care highlighted that working alongside nurses and doctors improved patient outcomes by ensuring holistic care. Similarly, the nurses' perspectives in Case Study Two, Theme Three: Enhancing Palliative Care Services revealed that coordinated efforts among multidisciplinary teams enhanced communication and decision-making regarding patient care. Literature supports these findings, indicating that interprofessional teamwork leads to improved symptom management, patient satisfaction, and emotional support for both patients and their families (Gwyther et al., 2018).

Additionally, Attoe (2023) provides insight into how culturally responsive care serves as a facilitating factor. The empirical findings demonstrated that social workers who integrated traditional beliefs and rituals into palliative care practices were able to foster greater acceptance and cooperation from patients and families. The nurses and doctors in the study echoed this, stating that respect for cultural practices, such as traditional healing and spiritual guidance, improved patient and family engagement in end-of-life care. Literature on palliative care in African contexts (Oloyede, 2017) corroborates these findings, emphasising that culturally sensitive care increases accessibility and effectiveness, particularly in diverse communities where spiritual and ancestral beliefs shape healthcare decisions.

Overall, the integration of theoretical perspectives, literature, and empirical findings highlights that palliative care services are strengthened by supportive policies, professional development opportunities, interdisciplinary collaboration, and culturally competent care. These enablers contribute to a healthcare system that is more responsive to the complex needs of patients with life-limiting illnesses, ensuring that social workers, nurses, and doctors can provide holistic, effective, and culturally appropriate palliative care.

Objective Six: To propose guidelines on strengthening the social worker's role as part of the multidisciplinary team when rendering palliative care services in the public health system

This study contributes to the field of palliative care by proposing structured guidelines that enhance the role of social workers within multidisciplinary teams in public health settings. These guidelines were formulated through a synthesis of empirical findings, theoretical insights from the ecological systems theory and the African death theory, and a critical analysis of existing literature.

The literature underscores the interdisciplinary nature of palliative care, yet social workers often face role ambiguity within multidisciplinary teams due to the dominance of the biomedical model (Clark et al., 2020). The empirical findings revealed that the participants struggled with professional recognition, which limited their ability to provide holistic psychosocial support.

Drawing from ecological systems theory, this study highlights how institutional structures influence the roles of professionals. The findings indicate that healthcare policies and organisational cultures must explicitly define the role of social workers to ensure their contributions are valued. The proposed guidelines advocate for role integration policies

that clarify social workers' responsibilities in end-of-life care planning, bereavement support, and patient advocacy.

A key barrier identified in the empirical findings was the lack of specialised training in palliative care social work, which hindered practitioners' ability to address complex psychosocial issues. Literature on palliative care training (Hudson, 2022) suggests that social workers require structured educational pathways to enhance their competencies. However, existing training programmes remain largely generic, failing to address the unique needs of palliative care.

By applying ecological systems theory, this study identifies that without systemic support, e.g., specialised curricula and policy-driven training mandates, social workers will continue to face skill gaps. The guidelines, therefore, recommend the development of postgraduate programmes, CPD workshops, and mentorship structures tailored to palliative care social work.

While interdisciplinary teamwork is a core principle of palliative care, empirical findings revealed that social workers often face exclusion from clinical decision-making. Literature on team dynamics in healthcare (Rosen et al., 2018) supports this, indicating that hierarchies within hospital settings limit social workers' participation in treatment planning.

The current study's findings provide contextual insights into the power dynamics that affect collaboration. The study proposes strategies such as structured case conferencing, interdisciplinary leadership models, and formal recognition of social workers as core team members. These strategies align with ecological systems theory, which emphasises the need for institutional adaptations that promote collaborative engagement across professions.

Existing literature on cultural aspects of palliative care (Wanyonyi et al., 2024) highlights the need for culturally responsive interventions. However, most models remain Eurocentric, neglecting African perspectives on death and dying. The current study makes a significant contribution by integrating African death theory, which emphasises the communal, spiritual, and ancestral dimensions of death.

The empirical findings revealed that many patients and families sought spiritual rituals and indigenous healing practices, yet healthcare policies often failed to accommodate these needs. The proposed guidelines recommend:

- Training multidisciplinary teams on African perspectives of death and bereavement to improve culturally appropriate care.
- Developing hospital policies that facilitate collaboration with traditional healers and faith-based organisations.
- It is recommended that African death philosophies be formally integrated into palliative care practice to challenge dominant biomedical frameworks and promote a decolonised, patient-centred approach that is contextually relevant to African communities.

This study goes beyond identifying gaps; it proposes actionable, evidence-based strategies that could transform palliative care social work. The significance of these findings lies in:

- Bridging the gap between theory and practice: By applying ecological systems theory and African death theory, the study presents a contextualised model of social work in palliative care that is theoretically grounded and empirically validated.

- Influencing policy and practice: The proposed guidelines offer a structured approach to integrating social work into palliative care, ensuring systemic change at both institutional and policy levels.
- Shifting the discourse from Western-centric to African-centred models: By foregrounding the African death theory, this study advocates for culturally responsive palliative care that aligns with patients' lived realities.
- This research contributes new theoretical and practical insights into the evolving field of palliative care social work. The proposed guidelines provide a framework for enhancing interdisciplinary collaboration, strengthening professional identity, and embedding cultural competence, thereby ensuring more holistic, inclusive, and effective palliative care services within the public health system.

9.3 Key Findings and Conclusions

The key findings and conclusions that developed from the study are summarised below.

Finding One: There is significant variability in the delivery of palliative care across different settings. This variation can be attributed to factors such as differences in available resources, the level of training and expertise among healthcare providers, and the coordination between multidisciplinary teams. The inconsistency in palliative care delivery leads to discrepancies in the quality-of-care patients receive, which can impact both their comfort and overall quality of life during treatment. The doctors and nurses reported significant inconsistencies in the quality and continuity of palliative care services, citing inadequate training, shortages of essential resources, and poor communication within multidisciplinary teams as key contributing factors. Some nurses described situations where the absence of clear protocols led to fragmented care, affecting both patients and healthcare providers. The key informants further highlighted systemic issues, such as

insufficient hospital infrastructure and a lack of standardised palliative care guidelines across different healthcare facilities. Social workers noted challenges in coordinating services due to varying institutional policies and limited integration of palliative care into broader hospital frameworks.

Conclusion: Palliative care delivery remains inconsistent due to disparities in training, resource constraints, and ineffective coordination among healthcare professionals. The findings underscore the necessity for standardised palliative care policies, enhanced interprofessional communication, and improved hospital infrastructure to ensure equitable access to quality palliative care services. Addressing these gaps through targeted policy reforms and capacity-building initiatives is crucial for improving patient outcomes and healthcare worker experiences.

Finding Two: There are diverse perceptions regarding the role and scope of practice within palliative care teams. Social workers, nurses, and doctors each have unique understandings of their responsibilities, which can sometimes lead to role ambiguity or overlap. While some healthcare providers view the social worker's role as primarily focused on emotional support and coordination, others recognise the importance of their involvement in broader aspects, such as patient advocacy and care planning. These varying perceptions can influence the effectiveness of collaboration within the team and the delivery of comprehensive palliative care. The doctors emphasised their central role in making medical decisions, particularly in pain management and treatment planning, but acknowledged the necessity of collaboration with nurses and social workers for holistic patient care. The nurses described their roles as extending beyond clinical responsibilities to include emotional support, patient advocacy, and communication with families. However, many nurses felt overburdened due to staffing shortages and unclear role expectations. Social workers, while recognising their contribution to psychosocial support

and care coordination, expressed frustration over institutional constraints that limited their involvement in patient care planning. The key informants raised concerns about the rigid professional boundaries that sometimes hinder effective teamwork and interdisciplinary collaboration.

Conclusion: A more integrated and flexible approach to role definition within palliative care teams is necessary to ensure comprehensive patient support. While doctors remain central to medical decision-making, nurses' contributions to emotional and practical care must be recognised and supported. Social workers should be given greater opportunities to engage in care planning and patient advocacy. Strengthening interdisciplinary collaboration through clear role definitions and institutional support mechanisms could foster a more effective palliative care system.

Finding Three: Healthcare professionals working in palliative care often receive inadequate support and training, which affects the quality of care they provide. Many professionals reported feeling unprepared to manage the complex emotional, psychological, and physical needs of patients with life-limiting illnesses. The lack of specialised training and ongoing professional development opportunities leads to a gap in essential skills, such as effective communication, pain management, and holistic care approaches. This deficiency in support and training contributes to challenges in delivering high-quality palliative care. The doctors and nurses identified a significant need for specialised training in palliative care, particularly in pain management, symptom control, and end-of-life communication. Many nurses reported feeling unprepared for the emotional and psychological demands of palliative care, which affected their ability to provide compassionate support to patients and families. Social workers also expressed a need for CPD opportunities to enhance their skills in counselling and bereavement support. The key

informants highlighted the absence of structured support systems for healthcare providers working in palliative care, leading to emotional exhaustion and burnout.

Conclusion: The findings highlight a pressing need for comprehensive training and psychological support for healthcare professionals involved in palliative care. Enhancing education and professional development in pain management, therapeutic communication, and emotional resilience is essential for improving service delivery. Institutions should also establish formal support mechanisms, such as peer support groups, supervision, and mental health resources, to address the emotional strain faced by healthcare workers. Strengthening training and support structures could ultimately enhance the quality of palliative care and improve the well-being of both patients and healthcare providers.

9.4 Recommendations

The current study aimed to provide an in-depth understanding of how social workers and multidisciplinary teams in public hospitals in the Eastern Cape perceive and experience the provision of palliative care services for patients with life-limiting illnesses. By identifying key challenges and opportunities within this context, actionable recommendations are offered to enhance the effectiveness of palliative care delivery. The empirical findings will contribute to improving interdisciplinary collaboration, addressing systemic gaps, and supporting policy development to strengthen palliative care services across different healthcare settings. Based on the findings, the following recommendations are proposed:

Strengthening Training, Education, and Professional Development

To improve the quality of palliative care, healthcare professionals, including social workers, doctors, and nurses, should receive comprehensive, ongoing training. This should

cover technical aspects, such as pain management and symptom control, and the emotional, psychological, and the ethical complexities of end-of-life care.

Implementation strategies:

- Develop structured training programmes in partnership with palliative care experts and academic institutions, incorporating theoretical knowledge and practical case-based learning.
- Implement online learning platforms and workshops to allow continuous education without disrupting clinical duties.
- Establish mentorship programmes where experienced professionals guide less experienced colleagues in palliative care best practices.
- Integrate palliative care modules into undergraduate and postgraduate curricula for healthcare professionals to ensure early exposure to the field.
- In addition, social workers should receive specialised training in grief and bereavement counselling, ethical decision-making, and handling sensitive conversations with patients and families. Training should be interactive, including role-playing scenarios, peer discussions, and simulated case studies to enhance practical application.

Enhancing Multidisciplinary Collaboration and Communication

Seamless collaboration between social workers, doctors, and nurses is essential to ensure holistic and well-coordinated palliative care.

Implementation strategies:

- Establish mandatory multidisciplinary case meetings where healthcare providers discuss patient needs and coordinate care plans. These meetings should be held at least weekly to ensure continuity of care.
- Develop standardised communication protocols, such as shared electronic medical records with designated sections for social workers' input, to improve real-time information exchange.
- Conduct team-building and communication skills workshops to strengthen interprofessional collaboration and ensure clarity of roles within the team.
- Assign liaison officers or coordinators within hospitals to streamline communication between different professionals and departments.
- By fostering regular interaction and clear role delineation, healthcare teams could reduce miscommunication, prevent overlaps in service delivery, and improve patient outcomes.

Addressing Resource and Infrastructure Gaps in Palliative Care

Limited resources can significantly impact the quality of palliative care. Addressing these gaps requires both increased funding and efficient resource allocation.

Implementation strategies:

- Advocate for government budget allocations specifically for palliative care services, ensuring sufficient medication, staffing, and infrastructure improvements.
- Develop public-private partnerships to leverage external funding for palliative care initiatives, including donations of equipment and training support.

- Implement task-shifting models, where trained healthcare workers, including social workers, assist in non-medical aspects of care to reduce the burden on doctors and nurses.
- Establish palliative care units or dedicated spaces within hospitals that provide a comfortable and supportive environment for patients and families.
- Utilise telehealth services to provide remote palliative care support, particularly in resource-constrained areas.
- By integrating these strategies, healthcare institutions could enhance their capacity to provide quality palliative care despite financial and infrastructural challenges.

Implementing Support Systems for Healthcare Workers

Palliative care professionals face high levels of emotional stress and burnout. Providing adequate support systems is critical to maintaining their well-being and effectiveness.

Implementation strategies:

- Introduce structured supervision and debriefing sessions where healthcare workers can discuss challenging cases and receive emotional support.
- Establish peer support groups where professionals can share experiences and coping strategies in a confidential setting.
- Provide access to mental health services, including professional counselling and stress management programmes, to help mitigate burnout.
- Develop self-care and resilience training as part of professional development, equipping healthcare providers with strategies to manage stress effectively.

- Ensure reasonable workload distribution to prevent exhaustion, including flexible work schedules and adequate staffing ratios.
- By creating a supportive work environment, healthcare workers could sustain their emotional resilience and continue providing high-quality care.

Strengthening Policy and Advocacy for Palliative Care Integration

Palliative care should be formally integrated into national health policies to ensure accessibility, sustainability, and consistency across healthcare settings.

Implementation strategies:

- Engage with policymakers and health authorities to advocate for the inclusion of palliative care in national health strategic plans.
- Develop legislative frameworks that mandate palliative care services in public hospitals and establish clear guidelines for their implementation.
- Organise awareness campaigns and stakeholder dialogues to increase public and governmental recognition of palliative care as an essential healthcare service.
- Establish monitoring and evaluation systems to track palliative care delivery, identify gaps, and inform evidence-based policy improvements.
- Facilitate capacity-building workshops for policymakers to deepen their understanding of palliative care needs and challenges.
- Through sustained advocacy efforts, palliative care could be recognised as a priority within national healthcare systems, leading to improved funding, service delivery, and accessibility.

Strengthening the Role Of Social Workers in Holistic Palliative Care

Social workers play a critical role in addressing the psychosocial aspects of palliative care, ensuring that patients and families receive comprehensive support.

Implementation strategies:

- Clearly define the role of social workers within multidisciplinary teams to ensure efficient service delivery and prevent duplication of efforts.
- Integrate social work services into hospital protocols, ensuring that every palliative care patient has access to psychosocial support.
- Provide training on resource mobilisation and advocacy to equip social workers with the skills needed to secure funding and support for palliative care initiatives.
- Facilitate stronger connections between hospital-based social workers and community resources, enabling seamless referral pathways for continued care after discharge.
- Implement digital case management systems to document and track patient progress, ensuring continuity of care and better coordination with other healthcare providers.

By reinforcing the role of social workers within palliative care teams, healthcare systems could ensure that patients and their families receive not just medical attention but also the necessary emotional, psychological, and social support.

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ANNEXURE A: CERTIFICATE OF LANGUAGE EDITING

info@topacademicediting.co.za

CERTIFICATE OF LANGUAGE EDITING

PERCEPTIONS AND EXPERIENCES OF SOCIAL WORKERS AND MEMBERS OF THE MULTIDISCIPLINARY TEAM IN RENDERING PALLIATIVE CARE SERVICES TO PATIENTS WITH LIFE-LIMITING ILLNESSES IN PUBLIC HOSPITALS IN TWO HEALTH DISTRICTS IN THE EASTERN CAPE, SOUTH AFRICA

By

BUYISWA SWARTBOOI

Has been edited by

Dr SH Taylor (PhD)

The focus was on correcting grammar, spelling and punctuation, and ensuring the document was formatted according to the stipulated guidelines

18 June 2025

Disclaimer

I do my best to ensure that all errors relating to language (grammar, punctuation and spelling) and consistency are resolved. The author is responsible for checking the document and accepting or rejecting the suggestions made through track changes. I am not responsible for any issues arising from subsequent amendments to the document by the author.

ANNEXURE B: PERMISSION TO CONDUCT THE STUDY AT EASTERN CAPE PROVINCE

Province of the
EASTERN CAPE
HEALTH

Enquiries: Yvonne Gixela TEL: 043 605 4540/4518

Email: ncebagixela22@gmail.com

Date: 03 February 2023

PERCEPTIONS AND EXPERIENCES OF SOCIAL WORKERS AND MEMBERS OF THE MULTIDISCIPLINARY TEAM IN RENDERING PALLIATIVE CARE SERVICES TO PATIENTS WITH LIFE-LIMITING ILLNESSES IN PUBLIC HOSPITALS IN TWO HEALTH DISTRICTS IN THE EASTERN CAPE, SOUTH AFRICA. (EC_202301_013)

Dear Ms B. Swartbooi

The department would like to inform you that your application for the above mentioned research topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Ethics Research Committee.

2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.

3. The Department of Health expects you to provide a progress update on your study every 3 months (from date you received this letter) in writing.

4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Eastern Cape Health Research Committee secretariat. You may also be invited to the department to come and present your research findings with your implementable recommendations.

5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTE

TOGETHER, MOVING THE HEALTH SYSTEM FORWARD

2030 NDP

ANNEXURE C: PERMISSION TO CONDUCT THE STUDY AT OR TAMBO DISTRICT

Province of the
EASTERN CAPE
HEALTH

Province of the Eastern Cape ● Iphondo LeMpuma Koloni
OR Tambo District Office Room 9-01 ● Botha Sigcau Building ● Cnr Owen & Leeds Street ● Mthatha ●
✉ Private Bag X5005 ● Mthatha ● 5099 ● REPUBLIC OF SOUTH AFRICA Tel.: +27 (0)47 502 9017/18
● Fax: +27 (0)47 502 6610 ● Website: www.ecdoh.gov.za

Enquiries: Mr. T.D. Siyangaphi **Date: 06 February 2023**

To : O R Tambo District Health facility Managers

Dear Sir / Madam

PERMISSION LETTER TO CONDUCT THE STUDY AT OR TAMBOT: MS B. SWARTBOOI

TITLE OF THE RESEARCH: Perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses in public hospitals in two health districts in the Eastern Cape, South Africa

This correspondence gives permission to Ms B. Swartbooi to conduct the study titled above in OR Tambo facilities.

In order for her to complete her studies she needs to conduct an extensive research. Ethical approval from Wits university where she is currently registered and letter of approval from the ECDOH Research Unit has been obtained.

On completion of her studies, Ms Swartbooi will come back to share the results.

For any queries don't hesitate to call the office of the District Manager.

Yours in Health Services

04 February 2023

T.D.SIYANGAPHI
Acting Director HR and GA

DATE

Together, moving the health system forward
Fraud prevention line: 0800 701 701
24 hour Call Centre: 0800 032 364
Website: www.echealth.gov.za

ANNEXURE D: PERMISSION TO CONDUCT THE STUDY AT ALFRED NZO DISTRICT

Province of the
EASTERN CAPE
DEPARTMENT OF HEALTH

ALFRED NZO HEALTH DISTRICT
PRIVATE BAG X3515 KOKSTAD 4700

TELEPHONE: (039) 727 1962, FAX: (039) 7271044/1325

ENQUIRIES:

MKHALANE M – 060 557 9753, EMAIL: MDU.MKALANE@GMAIL.COM, DATE: 09 FEBRUARY 2023

Buyiswa Swaartbooi

Student Number: 887017

Study Approval – EC_202301_013

Kindly be advised that the Health District, Alfred Nzo, has no objection in approving the study **"PERCEPTIONS AND EXPERIENCES OF SOCIAL WORKERS AND MEMBERS OF THE MULTIDISCIPLINARY TEAM IN RENDERING PALLIATIVE CARE SERVICES TO PATIENTS WITH LIFE-LIMITING ILLNESSES IN PUBLIC HOSPITALS IN TWO HEALTH DISTRICTS IN THE EASTERN CAPE, SOUTH AFRICA"** to take place in Alfred Nzo Health District Public Health Facilities, however, the study is approved based on Eastern Cape Health Research Committee Approval and Ethics Clearance from University of Witwatersrand.

The study is permitted to take place at the Public Health Facilities **ONLY.**

You are also advised to constantly observe ETHICS as the Department will not be held responsible for any adverse events pertaining the study.

You will also report to the District Manager any recommendations applicable to service delivery

Regards,

Mkhalane M 9/2/2023 **Date**

Research Coordinator

District Manager 09/02/2023 **Date**

1

ANNEXURE E: ETHICAL CLEARANCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG	HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

Office of the Deputy Vice-Chancellor (Research and Innovation)

TO: Ms B Swartbooi
School of Human and Community Development
Department of Social Work
University

E-mail: 887017@students.wits.ac.za

CC: Supervisor: Professors E Pretorius and N Moroe
<Edmarie.Pretorius@wits.ac.za>
and <HREC-Medical Research Office@wits.ac.za>

FROM: Mr Iain Burns
Human Research Ethics Committee (Medical)
Tel: 011 717 1252

E-mail: Iain.Burns@wits.ac.za

DATE: 2023/01/26

REF: R14/49

PROTOCOL NO: **M221015** (This is your ethics application reference number. Please quote it in all enquiries, oral or written, relating to this study.)

PROJECT TITLE: *Perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses in public hospitals in two health districts in Eastern Cape, South Africa*

Please find attached the Clearance Certificate for the above project. I hope it goes well and that an article in a recognized publication comes out of it. This will reflect well on your professional standing and contribute to Government funding of the University.

MSWorks2000/Iain0007/Clearscan.wps

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

R49 Ms B Swartbooi

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
CLEARANCE CERTIFICATE NO. M221015

NAME: (Principal Investigator)	Ms B Swartbooi
DEPARTMENT:	School of Human and Community Development Department of Social Work University
PROJECT TITLE:	*Perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses in public hospitals in two health districts in Eastern Cape,* South Africa
DATE CONSIDERED:	2022/10/28
DECISION:	Approved unconditionally
CONDITIONS:	
NOTE:	If contact information regarding student study participants is required, please contact the Registrar's office - <Nicoleen.Potgieter@wits.ac.za>
SUPERVISOR:	Professors E Pretorius and N Moroe
APPROVED BY:	Dr CB Penny, Chairperson, HREC (Medical)
DATE OF APPROVAL:	2023/01/26

This Clearance Certificate is valid for 5 years from the date of approval. An extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Research Office secretariat on the 3rd floor, Phillip Tobias Building, Parktown, University of the Witwatersrand, Johannesburg.

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated from the research protocol as approved, I/we undertake to submit details to the Committee. **I agree to submit a yearly progress report**. When a funder requires annual re-certification, the application date will be one year after the date when the study was initially reviewed. In this case, the study was initially reviewed in **October** and therefore reports and re-certification will be due in the month of **October** each year. Unreported changes to the study may invalidate the clearance given by the HREC (Medical).

Signature of Principal Investigator

27-January-2023
Date

ANNEXURE F: INFORMATION SHEET FOR SOCIAL WORKERS

Title of the study: Perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses in public hospitals in two health districts in the Eastern Cape, South Africa.

Good day,

My name is Buyiswa Swartbooi. I am doing a PhD in social work at the University of Witwatersrand, Johannesburg. As the requirement of the degree, I am carrying out a study on the perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses.

As part of this study, I would like to invite you to participate in an interview. Interviews will be audio-recorded, and it is estimated that the discussions will take one hour on average. Considering COVID-19 regulations and possible interruptions, qualitative interviews will be held face-to-face at the hospital and or virtual, e.g., Microsoft teams, telegram, Zoom, Google meet, and alternatives based on participants' preference, network availability, and connectivity strength. There will be no personal costs to you if you participate in this study; you will not receive any direct benefits from participation. Your participation is voluntary; you are free to withdraw at any time if you wish to do so and your withdrawal will not be communicated to management. The information you share will be kept private, confidential, and used only for research purposes. You will be further asked to choose a pseudonym used in the interview to protect your privacy. Electronic, data collection forms (DCFs), and supporting documentation will be kept securely in locked cabinets for 5 years after the study is completed for potential review or scheduled audits during or after the study. Only the principal investigator and the supervisors will have access to the raw data. If you have any questions during or afterwards about this research, feel free to contact me or my supervisors on the details listed below or me.

This study will be written up as a thesis online through the university library website. If you wish to receive a summary of this thesis, I will be happy to send it to you. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Medical), telephone +27(0) 11 717 1408, email hrec-medical@wits.ac.za.

If you need more information, the contact details are:

Buyiswa Swartbooi Cell no: 0712658824/0736187426/ e-mail address: 887017students@wits.ac.za

Supervisors: Professor Edmarie Pretorius/ 0117174476 Edmarie.Pretorius@wits.ac.za
Professor Nomfundo Nzuza-Moroe 0117174501 Nomfundo.Moroe@wits.ac.za

ANNEXURE G: INFORMATION SHEET FOR KEY INFORMANTS

Title of the study: Perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses in public hospitals in two health districts in the Eastern Cape, South Africa.

Good day,

My name is Buyiswa Swartbooi. I am doing a PhD in social work at the University of Witwatersrand, Johannesburg. As the requirement of the degree, I am carrying out a study on the perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses.

As part of this study, I would like to invite you to participate in an interview, your involvement in this study will provide flexibility to explore new ideas and issues that had not been anticipated in planning the study but that are relevant to its purpose. Interviews will be audio-recorded, and it is estimated that the discussions will take one hour on average. Considering COVID-19 regulations and possible interruptions, qualitative interviews will be held face-to-face or virtual, e.g., Microsoft teams, telegram, Zoom, Google meet, and alternatives based on participants' preference, network availability, and connectivity strength. There will be no personal costs to you if you participate in this study; you will not receive any direct benefits from participation. Your participation is voluntary, you are free to withdraw at any time if you wish to do so and your withdrawal will not be communicated to management. The information you will give will be kept private, confidential, and only used for research purposes. You will be further asked to choose a pseudonym used in the interview to protect your privacy. Electronic, data collection forms (DCFs), and supporting documentation will be kept securely in locked cabinets for 5 years after the study is completed for potential review or scheduled audits during or after the study. Only the principal investigator and the supervisors will have access to the raw data. If you have any questions during or afterwards about this research, feel free to contact my supervisors on the details listed below or me.

This study will be written up as a thesis online through the university library website. If you wish to receive a summary of this thesis, I will be happy to send it to you. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Medical), telephone +27(0) 11 717 1408, email hrec-medical@wits.ac.za.

If you need more information, the contact details are:

Buyiswa Swartbooi Cell no: 0712658824/0736187426/ e-mail address: 887017students@wits.ac.za

Supervisors: Professor Edmarie Pretorius/ 0117174476 Edmarie.Pretorius@wits.ac.za
Professor Nomfundo Nzuza-Moroe 0117174501 Nomfundo.Moroe@wits.ac.za

ANNEXURE H: INFORMATION SHEET FOR NURSES

Title of the study: Perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses in public hospitals in two health districts in the Eastern Cape, South Africa.

Dear Sir/ Madam

My name is Buyiswa Swartbooi. I am doing a PhD in social work at the University of Witwatersrand, Johannesburg. As the requirement of the degree, I am carrying out a study on the perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses. As part of this study, I invite you to participate in an online questionnaire. This questionnaire will take around 15 minutes to complete and includes a mix of open-ended and closed questions. Please note that completing and submitting this online survey means consenting to participate in this study.

There will be no personal costs to you if you participate in this study; you will not receive any direct benefits from participation. Your participation is voluntary, you are free to withdraw at any time if you wish to do so and your withdrawal will not be communicated to management. The information you will give will be kept private, confidential, and only used for research purposes. A study number for each participant will be allocated during the interview to protect your privacy. Electronic, data collection forms (DCFs), and supporting documentation will be kept securely in locked cabinets for 5 years after the study is completed for potential review or scheduled audits during or after the study. Only the principal investigator and the supervisors will have access to the raw data. If you have any questions during or afterwards about this research, feel free to contact my supervisors on the details listed below or me.

This study will be written up as a thesis online through the university library website. If you wish to receive a summary of this thesis, I will be happy to send it to you. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Medical), telephone +27(0) 11 717 1408, email hrec-medical@wits.ac.za.

If you need more information, the contact details are:

Buyiswa Swartbooi Cell no: 0712658824/0736187426/ e-mail address: 887017students@wits.ac.za

Supervisors: Professor Edmarie Pretorius/ 0117174476 Edmarie.Pretorius@wits.ac.za
Professor: Nomfundo Nzuza-Moroe 0117174501 Nomfundo.Moroe@wits.ac.za

ANNEXURE I: INFORMATION SHEET FOR DOCTORS

Title of the study: Perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses in public hospitals in two health districts in the Eastern Cape, South Africa.

Dear Sir/ Madam

My name is Buyiswa Swartbooi. I am doing a PhD in social work at the University of Witwatersrand, Johannesburg. As the requirement of the degree, I am carrying out a study on the perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses. As part of this study, I invite you to participate in an online questionnaire. This questionnaire will take around 15 minutes to complete and includes a mix of open-ended and closed questions. Please note that completing and submitting this online survey means consenting to participate in this study.

There will be no personal costs to you if you participate in this study; you will not receive any direct benefits from participation. Your participation is voluntary, you are free to withdraw at any time if you wish to do so and your withdrawal will not be communicated to management. The information you will give will be kept private, confidential, and only used for research purposes. A study number for each participant will be allocated during the interview to protect your privacy. Electronic, data collection forms (DCFs), and supporting documentation will be kept securely in locked cabinets for 5 years after the study is completed for potential review or scheduled audits during or after the study. Only the principal investigator and the supervisors will have access to the raw data. If you have any questions during or afterwards about this research, feel free to contact my supervisors on the details listed below or me.

This study will be written up as a thesis online through the university library website. If you wish to receive a summary of this thesis, I will be happy to send it to you. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Medical), telephone +27(0) 11 717 1408, email hrec-medical@wits.ac.za.

If you need more information, the contact details are:

Buyiswa Swartbooi Cell no: 0712658824/0736187426/ 887017students@wits.ac.za

Supervisors: Professor Edmarie Pretorius/ 0117174476 Edmarie.Pretorius@wits.ac.za
Professor Nomfundo Nzuza-Moroe 0117174501 Nomfundo.Moroe@wits.ac.za

ANNEXURE J: CONSENT FORM

Title of study: Perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses in public hospitals in two health districts in the Eastern Cape, South Africa.

Consent to take part in the research.

Name of researcher: Buyiswa Swartbooi

I, …….., agree to participate in this research study. The research has been explained to me, and I understand what my participation will involve. I agree to the following:

(Please highlight the relevant options below

I understand even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.	YES	NO
I agree that the researcher may use anonymous quotes in his / her research report.	YES	NO
I understand that all information I provide will be treated confidentially.		
I agree to my interview being audio-recorded.	YES	NO
I agree that the information I provide may be used anonymously after this study has ended, for academic purposes by other researchers, subject to their own ethics clearance being obtained.	YES	NO
I agree that I will follow/ accept and act by following COVID-19 regulations if necessary.	YES	NO

…… (Signature)
…… (Name of participant)
…… (Date)

…… (Signature)
…… (Name of person seeking consent)
…… (Date)

ANNEXURE K: INTERVIEW GUIDE: FOR SOCIAL WORKER PARTICIPANTS

Title of the study: Perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses in public hospitals in two health districts in the Eastern Cape, South Africa.

Personal details

1. Please tell me about yourself? /age/gender/marital status/employment status?

2. Please share with me your journey as a social worker? / Until you ended up in a public hospital working with patients with life-limiting illnesses and their families.

- What is your understanding of palliative care?
- How do you perceive the scope of practice in palliative care? / Given the guidelines in practicing.

3. Please share your perceptions about your primary responsibilities in rendering palliative care services based on your own perceptions and understanding of palliative care.

- What are your experiences rendering palliative care services to patients with life-limiting illnesses?
- What are your experiences rendering palliative care services to family members of patients with life-limiting illnesses?

4. In your view, what are the key roles you fulfil in providing palliative care services to patients with life-limiting illnesses and their families?

- How do you perceive the management of palliative care services in your hospital?
- What support is available for a social worker rendering palliative care services to patients with life-limiting illnesses and their families?

5. Explain how do you initially got involved with a palliative care patient?

- How do you perceive the social worker's role in the palliative care multi-disciplinary team?
- How do you think your role as the palliative care social worker is perceived by other multi-disciplinary team members?

6. Please share with me about the opportunities available in the public health system that support and enable you to render palliative care services to patients with life-limiting illnesses and their families?

- What challenges in the public health system hinder you in rendering palliative care services to patients with life-limiting illnesses and their families?
- What positive factors in your department strengthen you in rendering palliative care services to patients with life-limiting illnesses and their families?
- Share with me the factors in your department that impede you in providing palliative care services to patients with life-limiting illnesses and their families?

7. In your view, what are the main areas of knowledge a social worker in the public health system should have to render palliative care services to patients with life-limiting illnesses and their families?

8. Please share with me the most important skills a social worker in the public health system rendering palliative care services to patients with life-limiting illnesses and their families should have.

- Who do you think is responsible for facilitating the development of knowledge and skills of social workers in the public health system in rendering palliative care services to patients with life-limiting illnesses and their families?
- How do you think social workers' knowledge and skills can be developed to enhance their competencies in rendering palliative care services in the public health system to patients with life-limiting illnesses and their families?

ANNEXURE L: KEY INFORMANT INTERVIEW GUIDE

Title of the study: Perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses in public hospitals in two health districts in the Eastern Cape, South Africa.

Questions

1. Tell me more about yourself, like your professional qualifications and experience in palliative care.
2. What are your general perceptions about the contributions of social workers to the public health system?
3. How do you perceive social workers' roles and responsibilities in providing palliative care services in the public health system?
4. In your view, what are the primary roles of social workers as part of the palliative care multi-disciplinary team in the public health system?
5. Please share your perceptions about the essential skills a social worker rendering palliative care services should have.
6. When considering the public health system, what opportunities can support and strengthen social workers' knowledge and skills in rendering palliative care services to patients with life-limiting illnesses and their families?
7. In your view, what do social workers face in the public health system challenges in fulfilling their roles and responsibilities in rendering palliative care services?
8. How do you think social workers should develop and enhance their competencies in rendering palliative care services to patients with life-limiting illnesses and their families in the public health system?
9. What strategies do you propose to strengthen the public health system's palliative care social work field?
10. What strategies can you suggest strengthening the social worker's role as part of the palliative care multi-disciplinary team in the public health system?

ANNEXURE M: SURVEY QUESTIONNAIRE FOR NURSES AND DOCTORS

Title of the study: Perceptions and experiences of social workers and members of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses in public hospitals in two health districts in the Eastern Cape, South Africa.

Please answer the following questions and indicate with a tick ☑ where it's applicable.

Demographic Data

1. Gender

1.	Female	
2.	Male	

2. Age

1.	18-22	
2.	23-27	
3.	28-32	
4.	33-37	
5.	38-42	
6.	43-47	
7.	48-52;	
8.	53-59	
9.	60 and older	

3. What is your highest qualification?

1.	Highest Certificates	
2.	Diploma	
3.	Degree	
4.	Other, specify	

5. Religion

1.	Christianity	
2.	Judaism	
3.	Hinduism	
4.	Muslim	
5.	Other, specify	

6. Race

1.	Black	
2.	Indian	
3.	White	
4.	Coloured	
5.	Other, specify	

7. The position of the participant

1.	Professional nurse	
2.	Doctor	
3.	Years of experience in terminal patient's care	

8. Years of experience in the clinic

1.	1-3 years	
2.	4-6 years	
3.	7-9 years	
4.	10-12 years	
5.	If more than 12 years, specify	

Section B

9. What is your view on caring for patients with life-limiting illnesses?

_____

_____

10. Reflect on and explain your general experiences caring for patients with life-limiting illnesses.

_____

_____

11. What significant challenges do you encounter in caring for patients with life-limiting illnesses?

_____

_____

_____

12. What meaning does care for patients with life-limiting illnesses contribute to your life?

_____

_____

_____

13. Explain how you perceive the role of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses.

_____

_____

_____

14. How do you perceive your role as a multidisciplinary team member in rendering services to patients with life-limiting illnesses?

_____

_____

_____

15. What are your perceptions on the role of the social worker as a member of the multidisciplinary team in rendering palliative care services to patients with life-limiting illnesses

_____

_____

16. If you were the Minister of Health, what are the three most critical matters you would focus on in improving when rendering palliative care services to patients with life-limiting illnesses in public hospitals in the Eastern Cape?

_____

_____

_____

_____

Thank you for your participation.