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KNOWLEDGE AND ATTITUDE OF NURSES ABOUT PALLIATIVE CARE

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ABSTRACT

Palliative care enhances the quality of life. To improve the quality of life, it is necessary for nurses to have good knowledge and attitude towards palliative care. It is imperative that nurses provide quality care to terminally ill and chronically sick patients. The present study was designed to assess the knowledge and attitude of medical staff nurses about palliative care in cancer. This cross-sectional, descriptive study was conducted in Mayo Hospital, Lahore and Jinnah Hospital, Lahore with sample size of 300 registered nurses by using the simple random sampling technique. Inclusion and exclusion criteria was used. Data was collected from the nurses who have more than one-year job experience. The statistical analysis results showed that only 43.5% of respondents agree on when the palliative care is needed to be provided. Over all in the study, nurses were less aware about palliative care. Most of the nurses distorted the term palliative care. They become confused about the term palliative care and dying patient care.

Key words: Palliative care, knowledge, attitude, quality care, nurse

INTRODUCTION

Palliative care is pain management of patients with severe illnesses but is often misused as palliative medicine for terminal illness (Pizzi, 2010). Palliative Care includes any form of medical care or treatment that focuses on decreasing the intensity of symptoms, rather than striving to halt, delay or reverse the progression of disease itself or provide a cure. Palliative care regards dying as a normal process, provides relief from pain, intends neither to hasten nor postpone death, provided in prolonged therapies such as chemotherapy, radiotherapy, HIV Aids and older patients (WHO, 2014).

Lack of knowledge about palliative care is a hurdle for the professionals in providing care to the patient. Personal attitude reflects a person's innermost

convictions on whether a situation is good or bad, right or wrong and desirable or undesirable and cognitive in nature, formed through interactions with their environment (Harris, 2014).

Palliative care is very necessary in patients with neurological conditions (Ariel and Lyons-Warren, 2019). Patients with chronic pain have distressing symptoms, especially in women with ovarian cancer, palliative care for them significantly improves their condition (Lopez-Acevedo et al., 2013). Proficient and competent palliative care is a responsibility of all health care providers. Each faculty should regulate and employ different strategies to educate their nurses and health care professionals in palliative care (Ferrell et al., 2018).

Kassa et al. (2014) cite the attitude of nurses as favorable but observe their

knowledge to be insufficient. The study was conducted on attitude of nurses towards dying patients, assessed by using the Formal Attitude toward Care of Dying Scale (Lange et al., 2008). The significant factors that affect a successful palliative health care delivery include the health care provider's knowledge, attitude, beliefs and experiences, which depict not only the procedures but also behavior during evaluation and treatment of patients (Skår et al., 2010). The present study was designed with the objective to evaluate present knowledge and attitude of medical staff nurses about the provision of palliative care so that specific training regarding palliative care should be designed in curricula and given to in-service staff nurse employees.

MATERIALS AND METHOD

Study design

We conducted a quantitative study designed with two variables, knowledge and attitude, carried out from October to April 2019. The data was collected from Mayo Hospital, Lahore (Pakistan) and Jinnah Hospital, Lahore from charge nurses. Instruments to measure the variable of attitude were adapted from Frommelt's Attitude toward Care of Dying Patient in English language (Lange et al., 2008). Instruments of knowledge variable were adopted from the Questionnaire to Evaluate the Knowledge and attitude of HealthCare Providers on Pain in order to assess the knowledge and attitude.

Random sampling technique was applied for collection of data from 425 charge nurses from oncology, emergency and medical wards, registered with Pakistan Nursing Council and with job experience >1 year. Head nurses, student nurses and nurses working in operation theater, intensive care unit, staff on maternity/ sick/ casual leave were excluded.

Sample size (n) = $N/1+N(E)$

$$\begin{aligned}n &= 425/1+425(0.05)^2; \\n &= 425/1+425(0.0025); \\n &= 425/1+0.625 \\n &= 425/1.625 \\n &= 200\end{aligned}$$

Five-point Likert scale i.e. 1 (strongly disagree), 2 (disagree), 3 (uncertain), 4 (agree) to 5 (strongly agree) was used. Data collection was carried out with ethical confidentiality. Each variable for the demographic data collected, contained 10 items of questionnaires. Total twenty items of questionnaires were distributed to get the data. Ethical consideration and consent form was obtained from Head of the Department to collect data from the organization.

RESULTS AND DISCUSSION

Out of 200 questionnaires that were given to the medical staff nurses, 154 completed questionnaires were received and statistically analyzed. The data was organized and analyzed according to four different age groups; 22.7% participants belonged to the age group of 18-25. While 61% fell in the 25-35 years age group and 14.9% of nurses were in the 35-45 years age group. The gender analysis indicated that 5.2% participants were male while 94.8% participants were females. The marital status of the respondents indicates that 39% of the participants were married and 61% participants were single. The experience-based analysis indicated that 9.7% of participants were experienced up to 1 year, while 43.5% were under the 1-5 year category, 39.6% were in the 6-10 year experience category and the remaining 7.1% of the respondents had an experience of more than 10 years. The qualification base results indicated that 85.1 % of the respondents had a Nursing diploma, 14.3% had BSN (Bachelors in staff nursing) and 6% had MSN (Masters in staff nursing).

Table 1. Frequency of responses (%) to knowledge related questions

#	Questionnaire	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
1	Palliative care is appropriate only in situations where downhill deterioration is evident	12.3	25.3	4.5	43.5	14.3
2	Preferred mode of administration of narcotic pain reliever to patient with pain is intramuscular	7.8	34.4	9.1	32.5	16.2
3	Lack of pain expression does not mean lack of pain	1.3	7.8	6.5	55.8	2.8
4	The provision of palliative care requires emotional detachment	7.1	13.6	16.9	36.4	27.3
5	Men generally reconcile their grief more quickly than women	7.1	7.1	7.8	53.9	31.2
6	The most accurate judge of the intensity of the patient's pain is the patient	6	7.1	10.4	56.5	25.3
7	The use of placebo is appropriate in the treatment of some type of pain	3.9	31.2	9.7	35.1	31.2
8	Suffering and physical pain are synonymous	7.8	38.3	9.1	33.8	11
9	Philosophy of palliative care is compatible with that of aggressive treatment	15.6	13.6	24	33	13.6
10	Manifestation of chronic pain is different from that of acute pain	3.2%	9.1	5.8	53.9	27.9

Table 2. Frequency of responses (%) of knowledge and attitude about Palliative Care

#	Questionnaire	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
1	It is beneficial for the dying person to verbalize his/her feelings	4.5	2.2	9.1	56.5	29.9
2	The dying person should not be allowed to make decisions about his/her physical care	10.4	29.2	3.9	40.3	16.2
3	Educating the families about death and dying is the caregiver's responsibility.	1.3	2.6	6.5	63.6	26
4	Care should extend to the family of the dying person	7.8	20.1	6.5	43.5	22.1
5	I would be upset when the dying patient shows hopelessness towards life.	4.5	20	58	44.8	24.7
6	I would not want to care for the dying person.	15.6	31.8	11.7	26.6	14.3
7	When a patient asks "am I dying" then it is best to change the topic by something cheerful	8.4	5.2	7.8	48.7	29.9
8	I would feel like running away when the patient actually dies.	14.9	22.1	2.6	2.6	4.6
9	The family should be involved in the physical care of the dying person	12.3	4.5	4.5	61.0	17.5
10	I don't want to attend a dying patient.	26.6	35.7	1.3	24.7	11.5

The results of the study showed that most of the nurses had poor knowledge of when palliative care should be provided. It is possible that they have been unable to/ have not attended seminars on palliative care. Studies have previously been carried out in developed countries like Australia and New Zealand where palliative care is common and is frequently nominated as a professional requirement for nurses (Redman et al., 1995). Similar results were reported from Florida, California and India (Lorenz et al., 2006). There is a lack of knowledge in trained nurses about the route of the analgesic narcotic; 9.1% were neutral between differentiation of chronic and acute pain. Only 7.8% agreed with the intramuscular route of narcotics while the 16.2% disagreed strongly and 9.1% participants showed uncertainty about the statement.

Karkada and Nayak (2011) also report poor knowledge regarding palliative care amongst nursing school student from Udupi district. In order to get the response of attitude of nurses regarding palliative care, questionnaires were personally disseminated to the willing participants. Dobrowolska et al. (2011) also concluded in their study that the current knowledge and attitude of nurses needs improvement to provide better healthcare services to patients.

While it is important to educate the medical staff, especially nurses with latest technical advancements, it is as imperative that they be educated on all aspects of palliative care with special emphasis on maintenance of the correct attitude required to deal with patients and their family members. For this purpose, it would be helpful if different institutes offering nursing courses, conducted workshops and seminars.

CONCLUSION

Overall nurses have poor knowledge about the exact term Palliative care. They have favorable attitude about palliative care. The study had significant implications for the participant nurses by providing insight into an important aspect of healthcare.

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