Original Research Article

Awareness of palliative care among general nursing and midwifery nurses in nursing institutes of Assam by palliative care quiz for nursing tool

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ABSTRACT

Background: Amidst the increasing prevalence of non-communicable diseases and an aging populace, the demand for palliative care (PC) is escalating. Nurses, as primary caregivers in healthcare, play a pivotal role in providing PC. Assessing their current knowledge levels is crucial for devising targeted strategies to address deficiencies and enhance the quality of palliative care delivery.
Methods: A survey-based study was done in 10 nursing institute across Assam which were selected randomly after obtaining ethical committee clearance from the institute. A total of 239 participants filled the questionnaires. The questionnaire contained 2 parts; sociodemographic characteristics and palliative care quiz for nursing (PCQN) which is a validated questionnaire consisting of 20 items that measures nurses' knowledge of palliative care. The responses to the statements in the PCQN will be: true, false, and I don't know. A correct answer was scored 1 while an incorrect or I don't know was scored 0, giving a maximum score of 20. A score equal to or less than ≤10 on PCQN was considered inadequate knowledge while a score >10 was considered adequate knowledge.
Results: 55% participants had adequate knowledge about palliative care and the mean PCQN score was 12.59±5.8. P value was found to be significant which means those with prior knowledge of palliative care had good score.
Conclusions: This study underscores a positive shift in palliative care awareness among nursing students, attributed to curriculum integration. However, targeted improvements are needed, especially in psychosocial and spiritual aspects, to enhance patient care and attitudes.

Keywords: Palliative care, GNM, Awareness, PCQN, Nurses

INTRODUCTION

Noncommunicable diseases (NCDs) are a predominant global cause of death, accounting for 74% worldwide and 61% in India.[1] Recognizing the severity of NCDs, the World Health Organization (WHO) deems palliative care (PC) crucial for comprehensive NCD management. With an aging population and escalating NCD prevalence, the demand for PC is growing. Despite an estimated 40 million yearly needing PC, 78% residing in low- to middle-income countries, only 14% currently receive it due to insufficient awareness and training among healthcare professionals, a significant hindrance.[2]

Nurses, integral to healthcare, often serve as primary caregivers to the hospitalized, frequently encountering terminally ill patients.[3] Despite their pivotal role, there is limited literature on PC in Assam, and existing studies elsewhere reveal a lack of knowledge about PC among nurses.[4-6] Effective delivery of palliative healthcare relies

significantly on the knowledge, attitudes, beliefs, and experiences of healthcare professionals.[7] Nurses, considered pivotal members of palliative care teams, play a crucial role in addressing patients' physical, functional, social, and spiritual needs.[8] However, studies indicate a lack of adequate preparation among nurses and healthcare professionals in managing patients' pain, attributed to deficiencies in education, absence of pain management curriculum, and faculty attitudes.[9]

To address these challenges, the WHO recommends a public health strategy (PHS) as the optimal approach for implementing evidence-based, cost-effective interventions in developing countries.[10] The WHO's PHS focuses on establishing appropriate policies, ensuring drug availability, educating policymakers, healthcare workers, and the public, and implementing palliative care services across all societal levels.[11] Notably, education plays a pivotal role in influencing the knowledge of healthcare workers, forming the foundation for enhanced clinical practice.[12]

Recognizing the significance of multidisciplinary collaborative teamwork in palliative nursing care, nurses are acknowledged as vital contributors, second only to physicians, in caring for patients with life-limiting conditions.[13,14] However, various factors impede nurses' effectiveness in palliative care, with knowledge about palliative care emerging as a primary influencer.

The understanding of pain in palliative care has evolved from a biomedical perspective to a biopsychosocial one, emphasizing a shift from anatomical/pathological comprehension to a behavioural framework.[15,16] Despite this evolution, a survey revealed that nurses predominantly maintain a biomedical orientation to chronic pain, highlighting a potential misalignment between attitudes and contemporary biopsychosocial explanations.[17]

The interplay between inadequate knowledge, attitudes, and beliefs among nurses necessitates a comprehensive assessment to formulate targeted strategies for improvement.[13] This research seeks to evaluate nurses' knowledge of palliative care, identifying factors associated with knowledge deficits. By discerning the current knowledge levels, this study aims to inform strategies that enhance the delivery of palliative care.

METHODS

Study type

This was a quantitative descriptive cross-sectional survey-based study conducted by means of a validated questionnaire.

Study place

Data collection took place in 10 GNM nursing institutes of Assam which were chosen randomly.

Name of the Institutes include: Sankar Madhab School of Nursing, Kamrup; GNM School of Nursing, AMCH, Dibrugarh; Apollo School and College of Nursing, Guwahati; Hayat Institute of Nursing Education, Guwahati; Arya School of Nursing, Guwahati; Solace Institute of Nursing, Goalpara; GNM School of Nursing GMCH, Guwahati; HAMM Nursing School, Hojai; Assam Institute of Nursing, Silchar; and School of Nursing Oil India Hospital, Duliajan.

Period

Data collection took place between June-2023 to August-2023.

Inclusion criteria

Participants who gave consent for the questionnaire were included.

Exclusion criteria

Patients who didn't give consent, and who were absent during the questionnaire were excluded.

Data collection procedure

Nursing undergraduate of year 3 who were enrolled to the GNM course were invited to take part in this study. A total of 239 students were included in this study. The participants were approached in their respective institute. They were requested to fill in the questionnaires (google forms) after explaining about the study and proper verbal consent was taken. The questionnaire contained two parts; the first one on sociodemographic characteristics and the second part was on the palliative care quiz for nursing (PCQN). The PCQN is a validated questionnaire[18] consisting of 20 items that measures nurses' knowledge of palliative care. The responses to the statements in the PCQN will be: true, false, and I don't know. A correct answer was scored 1 while an incorrect or I don't know was scored 0, giving a maximum score of 20. A score equal to or less than mean obtainable score i.e. ≤10 on PCQN was considered inadequate knowledge while a score >10 was considered adequate knowledge.

The exclusion criteria include students who didn't gave consent and who were absent during the questionnaire.

Ethical issues

Ethical approval was obtained from the Institutional Ethics Committee, State Cancer Institute, Guwahati.

Statistical analysis

Data collected were sorted and checked for completeness and consistency. It was then analysed using IBM statistical package for the social sciences (SPSS) statistics for Windows, version 16. Descriptive statistics, including

percentages and mean with standard deviation, were employed to summarize the data. Bivariate analysis was conducted using the Chi-squared test and Fisher's exact test. Statistical significance was determined by a p value of less than 0.05.

RESULTS

All the items of the tool were coded and transferred into master sheet for analysis. Frequency and percentage distribution was used to describe the demographic characteristics. To find out the correlation between PCQN score, prior knowledge of palliative care, age and gender, Fischer's exact test and Chi square test were used.

Out of the 239 who completed questionnaires, 55.2% scored >10 on the PCQN indicating adequate knowledge of PC (Table 1). The mean PCQN score was 12.59±5.8. More than 95% of the participants were female with overall mean age of 22.87±2.2 years. All the participants had a GNM (diploma in nursing) qualification.

The responses of the participants are illustrated in Table 2. A higher percentage correctly answered statement 2 (84.5%), statement 4 (77.8%), statement 8 (74.9%),

statement 10 (73.6%), statement 14 (75.3%), statement 18 (84.9%) and statement 20 (71.1%). In five more statements (3, 5, 11, 13, 17) participants just crossed the threshold of 50% and statement 7 "Drug addiction is a major problem when morphine is used on a long-term basis for the management of pain" where only 48.2% of the participants correctly answered it as false.

Table 1: Characteristics of the participants (N=239).

Characteristic	n (%)
Sex	
Female	236 (98.7)
Male	3 (1.3)
Prior knowledge in palliative care	
Yes	216 (90.4)
No	23 (9.6)
PCQN score	
>10	132 (55.2)
≤10	107 (44.8)

There were no significant association of knowledge with age or gender (Table 3). P value was found to be significant (0.04) which means those with prior knowledge of palliative care had good score.

Table 2: Responses to the items of PCQN (N=239).

Question	True n (%)	False n (%)	Don't know n (%)
Palliative care is appropriate only in situations where there is evidence of a downhill trajectory or deterioration	39.7	55.3	5
Morphine is the standard used to compare the analgesic effect of other opioids	84.5	13.5	2
The extent of the disease determines the method of pain treatment	43.1	50.2	6.7
Adjuvant therapies/ additional therapies are important in managing pain	77.8	18.9	3.3
It is crucial for family members to remain at the bedside until death occurs	44.4	51.8	3.8
During the last days of life, the drowsiness associated with electrolyte imbalance may decrease the need for sedation	69.5	24.7	5.8
Drug addiction is a major problem when morphine is used on a long-term basis for the management of pain	50.2	48.5	1.3
Individuals who are taking opioids should also follow a bowel regime	74.9	17.2	7.9
The provision of palliative care requires emotional detachment	43.9	53.6	2.5
During the terminal stages of an illness, drugs that can cause respiratory depression are appropriate for the treatment of severe dyspnoea	73.6	22.6	3.8
Men generally reconcile their grief more quickly than women	42.3	51.4	6.3
The philosophy of palliative care is compatible with that of aggressive treatment	59.4	33.9	6.7
The use of placebos is appropriate in the treatment of some types of pain	39.3	50.7	10
In high doses, codeine causes more nausea and vomiting than morphine	75.3	20.1	4.6
Suffering and physical pain are synonymous	41	52.7	6.3
Tramadol is not an effective analgesic in the control of chronic pain	68.6	29.7	1.7
The accumulation of losses renders burnout inevitable for those who seek work in palliative care	33.1	51.5	15.4
Manifestations of chronic pain are different from those of acute pain	84.9	13.4	1.7
The loss of a distant or contentious relationship is easier to resolve than the loss of one that is close or intimate	37.7	52.7	9.6
The pain threshold is lowered by anxiety or fatigue	71.1	22.6	6.3

Table 3: Association of knowledge with characteristics of participants (n=239).

Characteristic	Knowledge		P value
	Inadequate, n (%)	Adequate, n (%)	
Age in years (mean±SD)	21.73±2.1	22.41±2.3	0.179*
Sex			
Male	3 (2.8)	0 (0)	0.088*
Female	104 (97.2)	132 (100)	
Training in palliative care			
Yes	93 (86.9)	123 (93.2)	0.04**
No	14 (13.1)	9 (6.8)	

*Chi square test, **Fischer exact test, p≤0.05

DISCUSSION

The findings of the current study shed light on the knowledge levels of nursing students regarding palliative care, revealing that 55% of the subjects exhibited adequate knowledge, while 45% demonstrated inadequate knowledge. This distribution contrasts with the results of Begum et al study on staff nurses in Guwahati, where 79% displayed inadequate knowledge.[19] A similar inconsistency is noted in Christina et al study in Manipur, where 82.8% of nurses exhibited inadequate knowledge.[3]

Interestingly, the present study reports a higher proportion of nursing students with prior palliative care knowledge compared to those without, aligning with Ismaile study.[20] This pattern resonates with the findings of Kassa et al emphasizing that nurses with palliative care training are three times more likely to possess good knowledge.[21]

This increasing trend in palliative care awareness among nursing students each year is attributed to its integration into the nursing curriculum in 2015 under revised GNM syllabus.[22] Moreover with the recent introduction of a mandatory 20-hour module on palliative care by the INC for second-year BSc Nursing students in 2021 has significantly contributed to this positive shift.[23]

The research also revealed no significant correlation between the age of nursing students and their palliative care knowledge, emphasizing the independence of knowledge from certain demographic factors. The WHO emphasizes the importance of integrating diverse aspects of palliative care, including patient-centered communication, ethical considerations, end-of-life decision-making, whole-person care, and interdisciplinary collaboration, into nursing curriculum.[24]

The study highlights the nursing students exhibited adequate knowledge across the three aspects assessed (psychosocial and spiritual aspects, pain and symptom management, and the definition, philosophy, and principles of palliative care). Notably, psychosocial and spiritual aspects received the lowest average score among the three components. The results emphasize the necessity of comprehensive palliative care education to prepare nursing students for grassroots-level care, including home visits for terminally ill patients, fostering a positive attitude among students.

While this study provides valuable insights into palliative care awareness among nursing students, its limitations should be acknowledged. The research focuses solely on GNM nursing students, potentially limiting the generalizability of findings to B.Sc. nursing students and practicing nurses.

Future research could expand to encompass a broader nursing population, enhancing the study's applicability and providing a more comprehensive understanding of palliative care awareness.

CONCLUSION

This study illuminates a significant shift in nursing students palliative care awareness, with more than 50 percent displaying adequate knowledge, contrasting prior research findings. Integration of palliative care into the nursing curriculum and recent mandatory modules have positively impacted this trend. Despite age showing no correlation with knowledge, the study underscores the need for further emphasis on psychosocial and spiritual aspects in education. These findings advocate for enhanced, comprehensive palliative care education to equip nurses for holistic patient care, emphasizing the imperative role of education in shaping compassionate and well-informed healthcare professionals.

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