



The nurse's knowledge and attitudes towards the Palliative care among nurses staff at Sabia general hospital 2018

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ABSTRACT

The aim of our study is to assess the nurse's knowledge and attitudes towards Palliative Care among nurses working in Sabia general hospitals and to find an association between nursing staff, knowledge, attitude and selected demographic variables. Material and methods: We performed a cross-sectional descriptive survey using a self-administered questionnaire. The total number of completed and returned questionnaires was 53, giving a 100% response rate. The study was conducted between December 2017 and January 2018 Study Sample: simple random sampling consisted of 53 nurses, who work in the previously mentioned settings invited to participate in the study. The tool of the study: For data collection, a self-administrative questionnaire was developed by researchers and used to assess. Nurses' socio-demographic characteristic as regards their age, gender, Nursing Qualification, Department of work, Working experience, Training in caring terminally ill clients, and assessed knowledge, attitudes regard plaintive care, also assessed the relation between socio-demographic data and knowledge and attitude. Results showed that respondents have fair knowledge toward palliative care 27 (50.9%) and fair attitude 30 (56.6%).there is the significant relationship between knowledge and demographic data p-value is .004.conclusion nurses showed poor knowledge towards palliative care and half of them showed fair attitude. Material and methods: We performed a cross-sectional descriptive survey using a self-administered questionnaire. The total number of completed and returned questionnaires was 53, giving a 100% response rate. The study was conducted between December 2017 and January 2018 Study Sample: simple random sampling consisted of 53 nurses, who work in the previously mentioned settings invited to participate in the study.

Keywords: Nurses, Knowledge, Attitude and palliative care

1. INTRODUCTION

Life-threatening diseases cause a decrease in the quality of life and they bring about various problems including physical, psychosocial, spiritual ones, and especially pain. In patients with diseases which cannot be treated despite the advances in medicine, approaches aiming at reducing the patient's distress and improving the quality of life should be applied. In accordance with this view, the approach of palliative care has been developed in order to meet the needs of patients and their relatives. (1) Palliative care is comfort care that given to terminally ill person so as to promote comfort and relief pain. The goal of this care is to provide comfort and highest quality life but is not to cure patients also address mental health and spiritual needs along with the physical needs (2).

The term "palliative" is derived from the Latin word "pallium" meaning cloth or curtain (3). One essential characteristics of palliative care is the necessity of the team approach. The nurse, who spends a long time with patients and aims to give them the best quality care, has a prominent place in this team. This is because the member of health discipline who deals with diseases threatening life and who directly provides care to patients whose death is imminent within the health system is nurse. (4)

Nurses are the most numerous healthcare providers in almost every country; they are often the primary caregivers. Historically, nurses have been involved in the provision of palliative care. Nurses have played various roles in the development of palliative care, offering leadership, support and focus for the movement (5). Palliative patients must admit to hospital, because the problems cannot be handled in the home due to insufficient family care. More than half of the home patients moves in the last months for dying still to another setting because of acute medical problems, lack of professional homecare or overload of the informal care (6).

A very important value for palliative care is to enable people to make decision regard selection of their end-of-life care and place of death. Data also suggest that most people with advanced illnesses prefer to be cared for and death at home or near their home (7).

Nurses as well as other healthcare workers often feel not well-prepared for their task in palliative care and are much in need of more expertise in the field of pain and symptom management, communication and dealing with ethical dilemmas (8).

Aim of the study: The aim of this study is to assess the nurses' knowledge and attitudes towards Palliative Care among nurses working in Sabia general hospitals and to find association between nursing staff, knowledge, attitude and selected demographic variables

2. METHODOLOGY

Study design: Descriptive cross sectional study was used for conducting the study

Study Setting: The data were collected from ICU, ER, Medical wards, and Surgical wards at Sabia general hospital.

Study period: The study was conducted between December 2017 and January 2018

Study Sample: simple random sampling consisted of 53 nurses, who work in the previously mentioned settings invited to participate in the study.

Tool of the study: For data collection a self-administrative questionnaire was developed by researchers and used to assess

- Nurses' socio-demographic characteristic as regards their age, gender, Nursing Qualification, Department of work, Working experience, Training in caring terminally ill clients
- Participants' knowledge assessed as follows: each question had true and false choices (1) awarded for each correct answer; (0) for incorrect. Correct responses were summed up to get a total knowledge scores for each participant. Total score for all questions reached 19 grades. The knowledge scores were classified into Poor knowledge ($\leq 50\%$), Fair knowledge (65-50%), and ($\geq 65\%$) considered Good knowledge
- Attitude assessed using a 5-item Likert scale (ranging from strongly agree 5 to strongly disagree, 1) It had 12 item rating scale with the highest score of 5 for each option and total possible score was 60. The attitude scores were categorized into good ($\geq 65\%$), fair (65-50%), and poor ($\leq 50\%$) Data were analyzed using SPSS package Version 20. The data was analyzed using descriptive (frequency and percentage) and inferential statistics based on the objectives.

3. RESULTS

The majority of respondents 26 (49.1%) were within the age 20 - 30 years followed by 18 (34.0%) were of years, 31-40 years and 9 (17.0%) were of 41-50 years, old. female 27 (50.9%) male 26 (49.1%). Level of education of the majority of participants are with diploma and less 25 (47.2%) which is near to half of respondents. Other educational qualifications recorded included 22 (41.5%) Nursing Bachelor and Nursing Master 6 (11.3%). Around 18 (34.0%) were from Surgical Ward, 14 (26.4%) from Medical ward, 13 (24.5%) from ICU, and 8 (15.1%) from Emergency Department. The majority of nurses 32 (60.4%) had less than 5 years of experience and only 18 (34.0%) indicating more than 5 years of nursing experience, while between 11-15 years their experience only 3 (5.7%).

Respondents were asked to record if they had received training towards PC findings revealed that, 32 (60.4%) not received training program toward pc while the rest of group received the program 21 (39.6%) as in Table (1).

Table 2: showed that around half of the nurses 27 (49.1%) 26 (50.9%) had poor mean score knowledge and fair mean knowledge level of palliative care respectively. In table (3) More than half of the nurses were more likely to disagree of Palliative care is given only for dying patient 25 (47.2%) as well as they also disagree if the nurse should withdraw from his/her involvement with the patient 26 (49.1%). also 22 (41.5%) of nurses disagreed with the beneficial for the chronically sick person to verbalize his/her feelings.

The attitudes toward the length of time required to give nursing care to a dying person would frustrate the nurse, represent 31 (58.5%) of disagree while 12 (22.6%) agree that attitudes toward Family should maintain as normal an environment as possible for their dying member 21 (39.6%) disagree while only 11 (20.8%) agree that Whereas that attitudes toward the family should be involved in the physical care of the dying person were varied from agree to disagree 18 (34.0%) and 16 (30.2%). Most of nurses disagreed for the question about difficulties of establish close relationship with the family of dying member 31 (58.5%). Approximately more than half of nurses 31 (58.5%) agreed with Nursing care for the patient's family should continue throughout the period of grief and bereavement It is interesting to note that Nursing care should extend to the family of the dying person (approximately 27 (50.9%)). 26.0% agreed that when a patient asks, "Nurse am I dying?" they think it is best to change the Subject to something cheerful. And they would be uncomfortable if he entered the room of a terminally ill person and found him/her crying 21 (39.6%) While their attitudes were slightly different regarding the afraid to become friends with chronically sick and dying patients. Half of them disagree of becoming friend with him/her 27 (50.9%) in table (4) revealed that a highly statistically significant relation between Nurses' demographic data with total mean of knowledge (.004,) Where it was revealed that no statistical significant relation among total mean of knowledge of palliative care with the hospitals and departments of work (.201)

Table 1: Socio demographic data

Variable	Frequency	%
Age		
20-30 years	26	49.1
31-40 years	18	34.0
41-50 years	9	17.0
Gender		
Male	26	49.1
Female	27	50.9
Nursing qualification		
Diploma or less	25	47.2

Bachelor	22	41.5
Master	6	11.3
Department of work		
Medical ward	14	26.4
Surgical Ward	18	34.0
Intensive Care Unit	13	24.5
Emergency Department	8	15.1
Working experience		
Less than 5 years	32	60.4
5-10 years	18	34.0
11-15 years	3	5.7
Training towards PC		
yes	21	39.6
no	32	60.4

Table 2(a): Knowledge of nurses regard palliative care

Statement	True (%)	False (%)
Palliative care should be applied as early as possible in patients with chronic and life-threatening diseases	41 (77.4)	12(22.6)
Palliative care is one of the most important components of cancer prevention	12 (22.6)	41(77.4)
Palliative care is a service which starts as soon as diagnosis is made in patients with cancer	21(39.6)	32(60.4)
Palliative care is a service only for patients with cancer	32(60.4)	21(39.6)
Palliative care is essentially the care for terminally ill patients	32(60.4)	21(39.6)
Palliative care helps patients to relieve pain and to improve the quality of care	15(28.3)	38(71.7)
Palliative care is a therapeutic care	30(56.6)	23(43.4)
Palliative care seeks to maximize the functional capacity of the individual by being sensitive to religious values, beliefs, culture, and individuality	26(49.1)	27(50.9)
Palliative care should be started when medical and surgical methods of treatment are ineffective	21(39.6)	32(60.4)
Palliative care helps patients to relieve pain and suffering during the terminal period and provides a good death without losing one's dignity	31(58.5)	22(41.5)

Table 2(b): Knowledge of nurses regard palliative care

Statement	Yes (%)	No (%)
Palliative care is applied regardless of whether the individual receives treatment	30(56.6)	23(43.4)
In the palliative care approach, family members are supported during disease process and during grief period after the death	31(58.5)	22(41.5)
Palliative care only consists of pain control	31(58.5)	22(41.5)
Palliative care neither slows down nor accelerates death	38(71.7)	15(28.3)
In palliative care the continuity of care is maintained by being together with the patient everywhere including hospital, home, mobile clinic, day care center, and nursing home	43(81.1)	10(18.9)
Persons who benefit from palliative care should contact with health professionals at any time	25(47.2)	28(52.8)
Chronic diseases such as chronic obstructive pulmonary disease are also included in the context of palliative care	35(66.0)	18(34)
Palliative care and hospice care serve the same purpose	28(52.8)	25(47.2)
Palliative care team includes physicians, nurses, social workers, psychologists, physiotherapists, dieticians, pharmacists, chaplains, patients' relatives and volunteers	38(71.7)	15(28.3)
mean knowledge	no	%
Good (>65%)	0	0
Fair (50-65%)	27	50.9
Poor (<50%)	26	49.1

Table 3: Attitude of nurses regard palliative care

Statement	Strongly disagree	disagree	Uncertain	Agree	Strongly agree
Palliative care is given only for dying patient	25(47.2)	9(17.0)	6(11.3)	0	13(24.5)
As a patient nears death; the nurse should withdraw from his/her involvement with the patient	26(49.1)	17(32.1)	1(1.9)	1(1.9)	8(15.1)
It is beneficial for the chronically sick person to verbalize his/her feelings	22(41.5)	4(7.5)	3(5.7)	5(9.4)	19(35.8)
The length of time required to give nursing care to a dying person would frustrate me	31(58.5)	6(11.3)	1(1.9)	3(5.7)	12(22.6)

Family should maintain as normal an environment as possible for their dying member	21(39.6)	17(32.1)	3(5.7)	1(1.9)	11(20.8)
The family should be involved in the physical care of the dying person	16(30.2)	2(3.8)	2(3.8)	15(28.3)	18(34.0)
It is difficult to form a close relationship with the family of a dying member	31(58.5)	3(5.7)	1(1.9)	13(24.5)	5(9.4)
Nursing care for the patient's family should continue throughout the period of grief and bereavement	5(9.4)	3(5.7)	1(1.9)	13(24.5)	31(58.5)
Nursing care should extend to the family of the dying person	0	13(24.5)	1(1.9)	27(50.9)	12(22.6)
When a patient asks, "Nurse am I dying?" I think it is best to change the Subject to something cheerful	27(50.9)	13(24.5)	1(1.9)	0	12(22.6)
I am afraid to become friends with chronically sick and dying patients	27(50.9)	13(24.5)	1(1.9)	0	12(22.6)
I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying	9(17.0)	5(9.4)	3(5.7)	15(28.3)	21(39.6)
Mean attitude	Frequency		%		
Good (>65%)	0		0		
Fair (50-65%)	30		56.6		
Poor (<50%)	23		43.4		

Table 4: Association between mean of scores knowledge, attitude of palliative care with selected variables

Item	Mean	SD	P value
Knowledge			
Age	1.6792	.75380	.004
Gender	1.5094	.50469	
Nursing qualification	1.6981	.74897	
Work experience	1.4528	.60657	
Attitudes			
Age	1.6792	.75380	.201
Gender	1.5094	.50469	
Nursing qualification	1.6981	.74897	
Work experience	1.4528	.60657	

4. DISCUSSION

In this study the respondents age range between 21-25 which represent 50% with diploma and less, also more of them are female. Half of them not received any training program regard palliative care and their experience less than 5 years. It is necessary for nurses to have good knowledge and attitude to palliative care, so assessing nursing knowledge and attitude are also important because knowledge and good attitude play important role in delegating care with dying member. Regarding their knowledge towards palliative care their mean knowledge between fair and poor in this study the description of knowledge scores have shown that 50.9% had fair knowledge and 49.1% had poor knowledge, about palliative care. To the contrary this study that one which carried in Addis Ababa, finding showed that 30.5% of nurses had good knowledge (9). The poor or fair knowledge in our study may be due to lack of updating information regarding palliative care, and this might be due to the fact that PC education program did not carried regularly in the hospital, or work in bedside care are overworked because of the nursing shortage in the nursing staff. Therefore, they have limited time to enhance and updated their knowledge about palliative care.

In study done in Northern districts, Palestine, the mean knowledge of participants is poor (45.8%), which is support our study (10). The description of attitude shows that the mean scores of respondents 30 (56.6%) of them had fair attitude and 23 (43.4%) had poor attitude towards palliative care.

This finding was in contrary with the findings of study done in Addis Ababa, 259 (76%) had favorable attitude towards PC (9). And other study done in India the study indicated 92.8% of nursing students had favorable attitude (56.7 ± 8.5) towards palliative care which is in contrary with our study (11). In relation to Correlation between knowledge, attitude and socio demographic data (age, gender, qualification and work experience) there is significant relation between knowledge and socio demographic data like age, period of experience and qualification p value .004. It means when the nurses experience and qualification increase their favorable knowledge also improves which is similarly to study done in India where they found that significant relation between knowledge and demographic data (age) p value 0.01 (11). While the correlation between attitude and demographic data is insignificant p value .201

5. CONCLUSIONS and RECOMMENDATIONS

At the end of this study, which was conducted in order to determine the knowledge levels of nurses on palliative care, it was found that nursing students' knowledge about the concepts of palliative care was poor level and attitude was fair it was affected by socio-demographic characteristics such as age, gender, and qualification and work experience were significantly higher in relation to knowledge.

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