

Oncology nurses' knowledge, attitude and practices towards palliative care in tertiary care hospitals of Lahore, Pakistan

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Objective: To assess nurses' knowledge, attitudes and practices towards palliative care (PC).

Methodology: Cross-sectional descriptive design based on survey method was used to collect data from charge nurses serving in the oncology wards of four Tertiary Care Hospitals of Lahore, Pakistan.

Results: We found that 50% of the participants had adequate knowledge about PC. While, 75.2% of the nurses had positive attitudes towards PC,

majority (86%) had substandard PC practices.

Conclusion: Although nurses attitude was positive toward PC, they did not possess ample knowledge and they were also deficient in standardized practice guidelines. Upgrading nursing education and PC training sessions are imperative for oncology nurses to deal with terminally ill patients. (Rawal Med J 202;45:66-70).

Keywords: Knowledge, Attitude, Practices, Palliative Care, Oncology Nurses

INTRODUCTION

Cancer has become the leading cause of death worldwide. International Agency for Research on cancer estimated about 14.1 million new cases of cancer and about 8.2 million deaths due to this disease in the year 2016.¹ Cancer survival tends to be poorer in developing countries due to late diagnosis and limited access to timely and standard treatment.² In Pakistan, cancer cases are presented in advance stage with no possible cure increasing demands for palliative care (PC).³ Palliative care is an approach that improves the quality of life of the patients through prevention and alleviation of suffering and addressing psycho-social, spiritual and nutritional need of patients.⁴ According to WHO, most developing countries including Pakistan are facing problems in provision of optimum PC to patients due to lack of trained human resources. A poor understanding of PC concept among nurses and inadequate regulatory framework for palliative activities adds to the problem. During PC nurses help patients to cope with emotional issues that may arise during illness.⁵

Previous studies revealed that the nurses had poor knowledge about PC as they were not sufficiently aware of pain and other associated problems management.⁶⁻⁸ A knowledge gap exists between

why the patients are left un-managed and what nurse's perceive about PC. Despite having National Cancer Control Plan for prevention, early detection, treatment, and palliation, Pakistan still remained unsuccessful to implement that evidence-based plan. Being first line healthcare providers, nurses are ethically responsible to lower patients' physical, mental and social stresses by accommodating their needs. Therefore, it was imperative to assess nurse's knowledge' attitude and practice towards PC in Pakistan.

METHODOLOGY

Cross-sectional survey-based study design was used to collect data from a sample of 100 charge nurses serving in selected tertiary care hospitals of Lahore. The participants were included using convenience approach. The survey questionnaire consisted of four sections including (i) demographic information (gender, age, qualification, and experience), assessment of (ii) knowledge, (iii) attitudes and (iv) practices regarding PC. Knowledge was assessed through 10 MCQs; Attitude was investigated using 14 statements on 5-point Likert-type scale; and Practices towards PC was observed by asking 12 statements on dichotomy scale.

The survey tool was pilot-tested before collecting

data to ensure validity and measured reliability through Cronbach's alpha (CA=0.80) to determine internal consistency of the instrument. The data were collected after seeking written permission and approval of ethical review committee of the University of Health Sciences, in addition to the consent of all the participants.

Statistical analysis: The data were analyzed through SPSS for descriptive results and inferences.

RESULTS

The descriptive findings related to demographic information showed that majority of the participants (97.5%) were female (Table 1). The mean age of the participants was found 35.5 years. However, most of the participants were holding Diploma of Nursing (n=65) and half of the participants 40(50%) had experience of working in oncology wards. Majority of the participants (75%) also attended training sessions for caring terminally ill patients.

Table 1. Demographic information (N=80).

Profile of the Participants		Frequency	Percentage
Gender	Female	78	97.5
	Male	2	2.5
Age	20–30 Years	25	31.3
	31–40 Years	46	57.5
	41–50 Years	8	10.0
	>50 Years	1	1.3
Qualification	Diploma (DNS)	65	81.3
	BSN	15	18.8
Experience	<5 Years	17	21.3
	5–10 Years	40	50.0
	11–15 Years	16	20.0
	>15 Years	7	8.8
Training Attended	Yes	60	75.0
	No	20	25.0

Table 2. Assessment of knowledge about palliative care (KPC)

KPC Items	Correct		Incorrect		Mean Score
	N	% age	N	% age	N (%)
What is PC?	50	62.5%	30	37.5%	40.7 (50.8%)
What does PC consist of?	72	90.0%	8	10.0%	
Except appetite, PC teams endeavor to control everything?	63	78.8%	17	21.2%	
What are the principles of PC?	23	28.8%	57	71.2%	
PC process is being initiated when:	21	26.2%	59	73.8%	
PC emphasizes upon:	42	52.5%	38	47.5%	
PC's key elements include:	47	58.8%	33	41.2%	
Purpose of using Pain scale is to assess pain among hospice patient, that is ability to:	17	21.2%	63	78.8%	
What should be arranged by health professionals to develop a conducive environment for discussion of PC care?	45	56.2%	35	43.8%	
Most suitable explanation for the terminally ill patient is:	27	33.8%	53	66.2%	

Table 3. Assessment of attitudes towards palliative care (APC).

APC	Mean	SD	Avg Mean
Dying person's family attitude towards his/her physical care	3.54	1.01	3.20
Interference of dying person's relatives with professionals' job	3.39	.98	
Nurses' help in preparing the patient for death	3.36	1.06	
Provision of care for Dying person's family	3.30	1.06	
Involvement of Dying person's family in decision making	2.99	1.04	
Patient's perception, "Nurse, Am I dying?" it would be better to be changed into cheerful statement by nurses	2.96	1.16	
Dying patient requires PC only.	2.86	1.28	
Uncomfortable to talk with DP about his/her impending death.	2.60	1.05	2.13
Uncomfortable to attend the terminally ill person while he/she cries.	2.51	1.12	
To give prolonged nursing care for a DP develop frustration	2.21	.77	
Try to run away when terminally ill patient actually died	1.93	.63	
Involvement should be withdrawn with the patient nears a patient death	1.91	.79	
Avoid to make friends who are chronically or terminally ill	1.90	.84	
Unwanted to care for a DP or to get responsibility of such patient.	1.85	.59	

Scale: 1=Strongly Disagree, 2=Disagree, 3=Uncertain, 4=Agree, 5=Strongly Agree & SD=Standard Deviation

Table 4. Nurses' Practices towards Palliative Care (PPC).

Practices	N (%)	Mean
Administering the medication of terminally ill patient to control breathing difficulty.	79 (98.75%)	69 (86.25%)
Catheterization for managing urine retention in a DP.	79 (98.75%)	
Dealing with vomiting and nausea episodes a DP.	78 (97.5)	
Administering pain killers for a DP.	76 (95%)	
Taking part in cessation of tube feeding for a DP.	74 (92.5%)	
Preparing syringe driver for managing anticipatory drugs to a DP.	73 (91.25%)	
Administration of medication for controlling respiratory secretions in a DP.	73 (91.25%)	
Advocating for DP legal matters after death.	68 (85%)	
Making decision to start comfort care for a DP and ceasing routine care	65 (81.25%)	
Applying integrated care pathways for PC.	59 (73.75%)	
Being part of identifying terminally ill patients while interdisciplinary treatment	59 (73.75%)	
Arranging for physical comfort of DP through providing air mattress, etc.	45 (56.25%)	

Table 2 presents the frequency and percentage of correct answer for each MCQ which reveals that 50 % of the participants demonstrated adequate

knowledge. Table 3 summarizes statistical results of APC. The average mean scores 3.54 revealed that majority of the nurses had positive attitudes.

Table 4 shows that 10% to 35% respondents demonstrated poor practice of PC

DISCUSSION

Out of total cancer related deaths, 64% occurred in developing countries.^{8,9} Nurses as first line care provider advocate for appropriate nursing interventions to minimize suffering of dying patients.^{10,11} Our study revealed that 50% of the nurses had adequate knowledge about PC. These results are consistent with previous researches^{12,13} documenting that almost same percentage of nurses' possessed good knowledge. In contrast, some other studies^{14,15} found lower level of knowledge of PC among participants. A descriptive study¹⁰ reported better knowledge level on PC as compare to our results, as the study findings documented that majority of the participants represented very good understanding regarding PC.

As for nurses' attitude, most of the participants (75.2%) demonstrated positive attitudes towards PC. Our findings are consistent with the findings of previous studies.^{3,16} The prior studies acknowledged that level of education, working experience in oncology wards and the training they participated on PC were found significantly associated with attitude of the participants. In contrast, some studies^{5,17} found that majority of the nurses had poor attitude as only 17% & 6% had positive attitude, respectively. Nurses' poor attitude might be due to lack of in-service education & cultural variation. So, incorporating culturally competent care in nursing curricula may have significant impact on nurses' attitude.

Our study showed that the majority (86.25%) of the respondents' demonstrated PC practices but these were not standardized as the participants did not exhibit accurate nursing procedures. Moreover, it was found that a large number of nurses had been acting as advocate for dying patients and involved in decision making but they showed lack of interest in both. Our findings are in line with previous studies^{15,18} revealing poor status of PC practices in resource-poor countries.

CONCLUSION

In Pakistan, PC services are in the initial phase of

development. Despite this, nurses have been trying to manage cancer patients but they have insufficient knowledge, and inadequate practice towards PC.

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