

ORIGINAL PAPER

Knowledge and Practice of Staff Nurses on Palliative Care

Begum Sorifa¹, Khanam Mosphea²

Received on March 21/2015; accepted (revised) on April 03/2015; approved by author on May 11/2015

ABSTRACT

To provide quality care at the end of life or for chronically ill patients, nurses must have good knowledge, attitude and practice about palliative care. Palliative care concept is new in Assam and very little is known about the type of services offered and the readiness of nurses to provide palliative care. A descriptive study was conducted to assess the knowledge and practice of staff nurses on palliative care in selected hospitals of Guwahati city, Assam. A self-administered structured questionnaire was used to collect data from 100 staff nurses. The study revealed that maximum 79% have inadequate knowledge, 21% have moderately adequate knowledge and no one has adequate knowledge on palliative care. According to the levels of practice maximum 48% practice adequately where as 43% practice moderately adequate and only 9% practice inadequately. The correlation ($r=0.30$) indicates that there is a positive correlation between knowledge and practice scores of palliative care by the staff nurses. Further analysis revealed that there is positive correlation between knowledge and practice with all the age group, professional qualification, The result also reveals that the nurses working in North-East Cancer Hospital and Research Institute and Dr. B. Barooah cancer hospital practices more according to their knowledge because of their exposure to patients who needs palliative care than the nurses working in Gauhati Medical College Hospital. It was also observed that there is negative correlation between knowledge and practice of nurses with lowest and highest years of experience selected for this study.

Keywords: *Curative, Quality of life, descriptive survey approach, convenient sampling technique, psychosocial, spiritual, communication, dying, bereavement*

INTRODUCTION

Palliative care began in hospice movement. The first hospital based palliative care programme began in United States in the late 1980's.^{1, 2} In most countries, palliative care is provided by an interdisciplinary team consisting of physicians, registered nurses, nursing assistants, social workers, hospice chaplains, physiotherapists, occupational therapists, complementary therapists, volunteers and most importantly family members.¹

According to World Health Organization palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness, through prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems physical, psychosocial and spiritual.^{2, 3}

Palliative care is the active total care of patient in advanced and incurable stages of cancer. More than 70% of all

Address for correspondence and reprints:

¹Lecturer (Corresponding Author)

Mobile: 9577513101

Email: sorifa7332@gmail.com

²Principal cum Professor

B. Sc. Nursing College Dibrugarh, Assam, India

Mobile: 9435011750

Email: mospheakhanam@gmail.com

cancer patients in India require palliative care for relief of pain, other symptoms and psychosocial distress. The need for education and training in palliative care has been emphasized by the World Health Organization.^{4, 5}

The nurse is a key member of health team who typically has the greatest contact with the patient. This prolonged contact gives the nurse a unique opportunity to know the patient and the caregivers, to assess in depth what is happening and what is of importance to the patient, and to assist the patient to cope with the effects of advancing disease. The nurse's expertise in providing physical and emotional care to the patient, symptom management, patient and family education, and in organizing the patient's environment to minimize loss of control, is critical to palliative care.^{6, 7, 8}

Studies revealed that critical care nurses not only lack knowledge about palliative care in general and management of signs and symptoms in particular, but also lack knowledge about providing support to and communicating with patients and patients' families and the spiritual needs of patients and their families.^{9, 10, 11}

The value of palliative care to nurses who deliver majority of care to critically ill patients is unquestionable, and there is a need to support and educate nurses for the provision of high quality palliative and end-of-life care. The significance of a knowledge deficit of palliative care has been seen throughout various studies. Hence, the first step in developing a strategy to support and educate nurses about palliative care is to assess their current knowledge, attitudes and practice as there is limited research on palliative care with the nurses.

Keeping in view all these above mentioned facts and as no such study was conducted on assessing knowledge and practice of staff nurses on palliative care in North-East India, the present study was undertaken. The findings of the study will also create awareness among the educator, practitioner, administrator and researcher in this particular field.

OBJECTIVES

1. To assess the knowledge and practice of staff nurses on palliative care.
2. To find out the correlation between knowledge and practice of palliative care by the staff nurses.
3. To find out the correlation between knowledge and

practice of staff nurses on palliative care with their selected demographic variables (Age, professional qualification, work area, and years of experiences).

MATERIALS AND METHODS

The descriptive survey approach was adopted for the study. This study was confined to the nurses working in Gauhati Medical College and Hospital, Dr. Bhubaneshwar Barooah Cancer Institute and North East Cancer Hospital and Research Centre. The population consisted of staff nurses working in these three hospitals.

The size of the sample was 100 and convenient sampling technique was used for this study to select the sample.

Data collection instrument and technique

The self administered structured questionnaire was used which consists of demographic characteristics, questionnaire on knowledge and practice of palliative care. Knowledge score has been divided into three categories. They are inadequate knowledge upto 50%, moderately adequate knowledge score from 51% to 75% and adequate knowledge score above 75%. Practice score has been divided into three categories. They are inadequate practice; score up to 50%, moderately adequate practice; score from 51% to 75% and adequate practice score above 75%.

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 knowledge and practice, Karl Pearson's correlation coefficient (r) was used.

Demographic characteristics

The data revealed that 62% were of 21-30 years, 26% were of 31-40 years and the only 12% were of 41 years and above age.

In regards to professional qualification 94% have the General Nursing and Midwifery (GNM), 3% are having Basic B.Sc. nursing degree and only 3% have Post Basic B.Sc. nursing degree.

In relation to work area of staff nurses 65% were from Gauhati Medical College Hospital, 31% from Dr. Bhubaneshwar Barooah Cancer Institute and only 4% were from North- East Cancer Hospital and Research Institute.

In case of experience, maximum 46% have 0-5 years followed by 6-10 years (21%), 11-15 years (14%), 16-20 years (6%), 21-25 (7%) and only 6% have 26-30 years of job experiences.

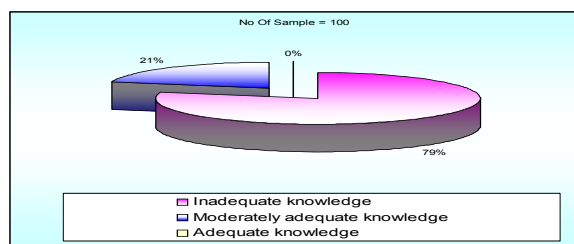


Figure 1 Distribution of nurses according to their level of knowledge on palliative care

Figure 1 Depicted that maximum 79% nurses have inadequate knowledge, 21% have moderately adequate knowledge and no one has adequate knowledge on palliative care.

Table 1 Distribution of nurses according to practice of palliative care

Level of practice	Number of nurses	Percentage (%) distribution
Inadequate practice	9	9 %
Moderately adequate practice	43	43 %
Adequate practice	48	48 %

Table 1 Shows that majority 48% of the nurses' practice adequately followed by 43% moderately adequate practice and only 9% practice inadequately

Table 2 Correlation between knowledge and practice of palliative care by the staff nurses

Variable	Mean Score	SD score	r value
Knowledge	11.17	4.46	0.30
Practice	62.92	12.81	

Table Percentage (%) 2 shows that correlation coefficient $r = 0.30$ between knowledge and practice. This indicates that there is a positive correlation between knowledge and practice but the correlation is moderate.

Table 3 Mean, standard deviation (SD) and knowledge percentage according to different items of palliative care

Items on knowledge	Mean Knowledge	SD Score	Knowledge in %
Definition, philosophy and principles of Palliative Care	2.66	1.41	53.2
Communication	0.71	0.62	35.5
Psychological and Spiritual aspects	1.10	0.70	55
Pain Management on Palliative Care	1.22	0.70	40.6
Symptom Management of Palliative Care	3.99	1.85	33.3
Dying and bereavement	1.49	1.23	37.3

Table 3 depicted that on an average knowledge 55% score of nurses is highest on psychological and spiritual aspect. Nearly 53.2% knew the definition, philosophy and principle of palliative care. Of the total 40.6% have knowledge on pain management, followed by dying and bereavement 37.3%, 35.5% on communication and least on symptom management 33.3%

Table 4 Mean, standard deviation (SD) and practice percentage of nurses according to different aspects of palliative care

Items on practice	Mean Practice score	SD Score	Practice %
Psychological and Spiritual aspects	11.31	3.35	70.68
Communication	15.01	3.35	75.05
Symptom Management including pain management	31.15	6.53	70.79
Dying and bereavement	5.45	1.71	68.12

Table 4 Shows that nurses practice highest on communication (75.05%), followed by symptom management (70.79%), psychological and spiritual aspect (70.68%) and least on dying and bereavement (68.12%).

Table 5 Correlation between knowledge and practice of nurses according to their age

Age (in years)	Number of nurses	Mean knowledge score $\pm$ SD	Mean practice score $\pm$ SD	Correlation Coefficient (r)
21-30	62	10.02 $\pm$ 3.88	61.90 $\pm$ 13.38	0.13
31-40	26	13.08 $\pm$ 4.80	64.85 $\pm$ 12.28	0.60
41 and above	12	13.00 $\pm$ 4.86	64.50 $\pm$ 10.63	0.40

Table 5 Shows correlation between knowledge and practice on palliative care by the nurses of all the age groups are positive. It is found to be moderately positive among the nurses between the age groups 21-30 years and 41 years and above ($r=0.13$ and $r=0.40$ respectively). The correlation is highly positive ($r=0.60$) among the nurses of age group 31-40 years. This indicates that the nurses of 31-40 years of age are practicing more according to their knowledge.

Further analysis was done to find out correlation between knowledge and practice of nurses according to their *professional qualification* and it is observed that there is a highly positive correlation ($r=0.99$) between the knowledge and practice among the GNM nurses and negative correlation ($r= -0.97$ and $r= -0.19$) between the knowledge and practice scores among the Basic B.Sc. and Post basic B.Sc. nurses respectively. Therefore it may be interpreted that there is highly positive correlation between knowledge and practice of staff nurses with less professional qualification, their practice increases as the knowledge increases.

Again correlation between knowledge and practice of nurses according to their *area of work* it was revealed that there is moderately positive correlation ($r= 0.46$) between knowledge and practice of nurses according to their area of work, i. e., North East Cancer Hospital and Research Institute ($r= 0.5$), Dr. B. Barooah Cancer institute and Gauhati Medical College Hospital ($r= 0.18$). The findings indicate that the oncology nurses working in North-East Cancer Hospital and Research Institute and Dr. B. Barooah Cancer Hospital have more exposure to palliative practice than the nurses working in Gauhati Medical College and Hospital. Staff nurses working in oncology hospital acquire knowledge from their work experience and with increase in knowledge they are applying it to practice.

It was also observed that there is positive correlation ($r=0.20$) between knowledge and practice of nurses according to their experience. It is revealed that the nurses having 16-20 years of job experience have moderately positive correlation ($r=0.54$) than the nurses having 6-10 years of experience. A strong positive correlation ($r=0.61$) was observed among nurses having 11-15 years of experience and a highly positive correlation ($r=0.72$) among the nurses having 21-25 years of working experience.

DISCUSSION

The study intended to find out the knowledge and practice of staff nurses on palliative care in selected hospitals of Guwahati city, Assam and their correlation with age, professional qualification, work area and years of experiences.

The result of this study showed that the majority of nurses (79%) had inadequate knowledge about palliative care. The possible reason for this might be that these nurses have not been trained on palliative care. On the other hand practice of palliative care was observed adequate practice (48%), moderately adequate practice (43%) and inadequate practice (9%). This result is consistent with other studies done by Ronaldson S, and et al (2008)¹², Proctor M and et al ¹³ and Williams NP.¹⁴ Selected sample of this study do not have adequate knowledge on different aspects of palliative care. They have moderately adequate knowledge only on two aspects (psychological and spiritual aspects and definition, philosophy and principles). While in other aspects they are exhibiting inadequate knowledge. However unlike knowledge score, nurses exhibit better score on practice. One interesting finding has been drawn out that though the knowledge score on 'communication' is inadequate, but at the same time the practice score on 'communication' is moderately adequate among the nurses.

There is also a high positive correlation between knowledge and practice of staff nurses with less professional qualification; their knowledge increases with the increase in practice. And it is seen that with high professional qualification of staff nurses, their knowledge and practice does not correlate which is in accordance with the study observation by Hiwot and et al Kassa.¹⁵ The findings also show that there is negative correlation between knowledge and practice of nurses with lowest and highest years of experience. Nurses with least experiences are novice and lack confidence although they have basic knowledge, so knowledge and practice does not correlate. Analysis shows that there is significant mean difference between mean knowledge and mean practice score ($P<0.05$). This finding is contradicted with the study done by Huda Abu Saad, Hani D and Sarah A.¹⁶

CONCLUSION

Knowledge on palliative care is essential for nurses who encounter patients with terminal illness like cancer. As cancer is the leading cause of death, nurses will have challenges in many ways, if their preparation for this situation is not adequate. The researcher inquired about the knowledge and practice in order to determine how much nurses really know and practice palliative care. Nurses, in this study, are found to have less knowledge than the practice on palliative care. Knowledge on palliative care becomes the responsibility of those nurses who work with terminally ill patient. Therefore there is a need to support and educate these nurses for the provision of high quality palliative and end-of-life care. Education in nursing programs and nursing textbooks, as well as continued education on palliative care, will aid in the

development of a plan, which will help in improving their knowledge, and also practice.

Acknowledgement: The authors wish to thank nurses who participated in the study for taking their valuable time and sharing their knowledge, views, and opinions in the study. Sincere thanks to Prof. (Mrs.) Mosphea Khanam, Professor of Medical-Surgical Nursing, Regional College of Nursing, Guwahati, Assam presently working as Principal, B.Sc Nursing College, Dibrugarh who constantly guided in the study.

Contribution of Authors: I declare that this work was done by the author named in this article and all liabilities pertaining to claims relating to the content of this article will be borne by the authors.

Ethical Consideration: Ethical clearance was obtained from the Institutional Ethical Committee of Gauhati Medical College and Hospital, Guwahati. Approvals were also obtained from participating hospitals. Verbal and written consent was taken from each participant, and participants' anonymity and confidentiality was kept. Anonymity of the respondents was maintained by using a coded number instead of their names.

REFERENCES

1. Joseph N, Jayarama S, Kotian S. A comparative study to assess the awareness of palliative care between urban and rural areas of Ernakulum district, Kerala, India. *Indian J Palliat Care* 2009;15:122-6. [cited 2010 Mar 6]; Available from: URL:<http://www.jpalliativecare.com/text.asp?2009/15/2/122/58457>
2. Twycross Robert. *Introducing Palliative Care*. Calicut; A Publication of Institute of Palliative Medicine. 4th ed. p. 2-7.
3. Narayanasamy A, Owens J. A critical incident study of nurses' responses to the spiritual needs of their patients. *J Adv Nurs* 2001;33(4):446-55. Available from: URL: www.jpalliativecare.com/article.asp?issn.
4. National Cancer Control Programme; Policies and Management Guidelines; Geneva, World Health Organization. 1995. Available from: URL:http://www.ncdb.vsa.lud.org/.../038-national_cancer_control_programmes_-_who.pdf
5. Palliative care, Current Affairs. August 2010; Available from: URL:<http://indiacurrentaffairs.org/category/health/page/6>.
6. White KR, Coyne PJ, Patel UB. Are nurses adequately prepared for end-of-life care? *J Nurs Scholarsh* 2001; 33(2):147-51. Available from: URL:www.medscape.org/viewarticle/574420.
7. Nordgren L, Olsson H. Palliative cares in a coronary care unit: a qualitative study of physicians' and nurses' perceptions. *J Clin Nurs* 2004;13:185-93. Available from: URL: www.cfp.ca/external-ref?access_num=14708928&link_type=MED
8. Norton SA, Talerico KA. Facilitating end-of-life decision-making: strategies for communicating and assessing. *J Gerontol Nurs* 2000;26(9):6-13. Available from: URL:ajh.sagepub.com/content/25/5/389.refs.
9. Board of Health Sciences Policy Institute of Medicine (IOM). 2002. Available from: URL:<http://www.iom.edu>
10. Ferrell, B., Virani, R., and Grant, M. Analysis of end-of-life content in nursing textbooks. *Oncology Nursing Forum*. 1999;26(5):1-10. Available from: URL:<http://www.ncbi.nlm.nih.gov/pubmed/10382185>
11. Pritchard, M., Davies B. End of life in pediatric oncology: How clinical practice leads to research. *J of Pediatric Oncology Nursing* 2002 November/December;19(6):191-7. Available from: URL:<http://www.top25.sciencedirect.com/.../nursing.../journal/journal-of-pediatric-oncology-nursing>
12. Ronaldson Susan, Hayes Lillian, Carey Michele, Aggar Christina. A study of nurses' knowledge of a palliative approach in residential aged care facilities; *International J of Older People Nursing*;3(4):258-67. Available from; URL: <http://www.wileyinterscience/journal/article.pdf>
13. Proctor M, Grealish L, Coates M, Sears P; Nurses' knowledge of palliative care in the Australian Capital Territory. *Int J Palliat Nurs* 2000 Oct;6(9):421-8. Available from: URL:<http://www.ncbi.nlm.nih.gov/pubmed/12388893>
14. Williams NP. (2004) Staff Nurses' Knowledge of Pediatric end-of-life care: a descriptive study. Available from: URL:<http://etd.lib.fsu.edu/theses/available/etd-11152004-200155>)
15. Hiwot and et al Kassa, Rajalakshmi Murugan, Fissiha Zewdu, Mignote Hailu and Desalegn Woldeyohannes; Assessment of knowledge, attitude and practice and associated factors towards palliative care among nurses working in selected hospitals, Addis Ababa, Ethiopia. *BMC Palliative Care* 2014;13:6 doi:10.1186/1472-684X-13-6.
16. Huda Abu- Saad, Hani Dimassia and Sarah Abbouda Perspectives on palliative care in Lebanon: Knowledge, attitudes, and practices of medical and nursing specialties. *Palliative and Supportive Care*. 2009;7:339-47. Available from: URL:<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=6238500>