



Knowledge on Palliative Care of Nurses in Selected Hospitals of Pokhara

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Abstract

Background: Palliative care improves the quality of life of patients and families facing the problem of life. The main objective is to assess the knowledge on palliative care of nurses in selected hospitals of Pokhara.

Methods: A descriptive cross-sectional study was conducted in selected hospitals in Pokhara, using a non-probability purposive sampling technique to select the hospitals and wards. The study included a complete enumeration of 175 nurses. A self-administered structured questionnaire was used to gather information on Palliative Care. The data was coded, entered into SPSS version 16, and analyzed using both descriptive and inferential statistics (Chi-square test).

Results: The study revealed that 80.6% of nurses were aged between 21 and 30 years, with a mean age of 28.1 ± 6.02 years. More than half (58.9%) had completed PCL nursing. Regarding knowledge of Palliative Care, only 7.4% of respondents had adequate knowledge, and 92.6% had inadequate knowledge. A significant association was found between knowledge levels and age of the respondents.

Conclusion: In conclusion, most of the respondents had inadequate knowledge. So, hospitals should implement comprehensive palliative care training to improve nurses' knowledge.

Keywords: Palliative Care, Dying patient, Knowledge, Nurse, Pokhara



Introduction

Background of the Study

Increased in aging population and prevalence of non-communicable disease has shown that the need of palliative care will be doubled by the year 2060. Each year, an estimated 56.8 million people, including 25.7 million in the last year of life, are in need of palliative care, but only about 14% of people currently received palliative care (WHO 2020). The majority of adult who need palliative care have chronic disease such as Cardiovascular disease, Cancer, Chronic Hepatitis, HIV/AIDS and Diabetic Mellitus and the prevalence of these disease is in increasing trend Nepal (Nepal Health Research Council & Ministry of Health and Population, 2019). Palliative care is an essential part of the nursing care that can be delivered at different levels of complexity (Ayed et al., 2015). Palliative patient is cared for not on specialized units, but also at home or on general wards of hospital and nursing homes. As a result, it is not only advanced nurses who come into contact with the palliative patient; also important to all nurses must also be able to provide adequate care to them (Ayed et al., 2015).

Palliative care is focused not only the patient but also focuses on family, attention to the physical, psychological, social and spiritual Dimension. Palliative care focus on person as a whole and offers wide range of support/ service to the ill person, it also offers bereavement support and can help the family work through emotion and grief regarding illness and death of loved one. (Sharma et al, 2017). The level of nurse's knowledge about palliative care was 44.5% in New York, 44.5% in Greece, 40% in Mongolia, and 43.5% in Pakistan which was below the level of standard of board. As previous studies have shown, lack of palliative care education, lack of proper training, lack of participation in critical aspects of health care, lack of experience, lack of adequate training, few specialization units were known to be contributing factor for poor knowledge of nurses about palliative care (Getie et al., 2021).

A study conducted in Palpa, Nepal showed that 29.5% had a fair level of knowledge whereas 70.5% had poor knowledge on palliative care (Nepal et al., 2021) similarly a study conducted among the nurses working in a cancer hospital showed that only 1.6% had good knowledge, and 59.2% had poor knowledge (Thapa et al., 2023).

Rationale of the Study

Palliative care improves the quality of life of patients facing life threatening illness. (WHO, 2014). As Palliative care highly demand on nowadays because of growing number of palliative patients, mainly adults aged 50 and over (67.1%) to children (7%) (Suikkala et al., 2021). The complexity and nature of care required for palliative care patients can be a stressor to nurses and can pose a threat when working with palliative care patients. Due to complexity of palliative care, nurses are often unprepared to care for patient with terminal or chronic, serious illness. The lack of proper training and education in palliative care nursing can create negative attitude towards care of dying patient (Balicas et al., 2018). Very Limited education and training on Palliative care affects the ability of nurses to deliver care (Hao et al., 2021). A good attitude is just as important for nurses to develop as knowledge and abilities. It takes a combination of knowledge, abilities, and a positive outlook on palliative care to provide



efficient, high-quality palliative care services. Documenting the degree of awareness and perspectives regarding palliative care is necessary for this reason. They should also possess the necessary skills to provide palliative care and support to patients with progressing chronic illnesses and their careers. A study conducted in Northern districts hospital of Palestine which revealed that 79.2 percent had inadequate. Whereas study revealed that nurses had poor knowledge about palliative care in which regular training and education can improve their knowledge level and reward, appreciation and desired behavior can develop good attitude regarding palliative care (Ayed et al., 2015).

For nurses, it is very important to understand palliative care services as they are the main individuals to provide care in this area. Hence, the researcher was interested to assess the level of knowledge on palliative care.

Methods and Materials

A descriptive cross-sectional design was used to assess the knowledge on palliative care among nurses in selected hospital of Pokhara. The study was conducted among all the nurses working in Paschimanchal Community Hospital, Nobel Children and Women Hospital and Trauma Center Pvt. Ltd., and Om Hospital Pvt. Ltd., in Pokhara. The study population consisted of all the registered nurses working in the selected hospitals. Non-probability purposive sampling was used to select the hospitals, and complete enumeration was applied for sample selection, resulting in a total sample size of 175 nurses.

Self-administered structured Palliative Care Quiz for Nursing (PCQN) (Ross et al., 1996) questionnaire was used for data collection. The questionnaire consisted of two sections: Part I consisted of background information, including socio-demographic details, work experience, and types of training. Part II included questions related to knowledge on Palliative care, comprising 20 questions using scale “True”, “False” or “Don’t know”. Nurses received one point for each correct answer and zero for incorrect answers and “Don’t know”. The total score was the sum of all individual scores. The total score was 20. Knowledge was categorized into two levels: Adequate (Score ≥ 15) and inadequate (Score < 15) based on Getie et al., 2021.

The purpose of the study was explained to the nurses, and informed written consent was obtained from each nurse. Data was collected by the researcher at a time convenient for the nurses. The average time to complete the questionnaire was 20-25 minutes. Precautions were taken to protect the nurses' rights, and each questionnaire was assigned a code number during data entry. Confidentiality was maintained by ensuring that information was not disclosed and the data was used solely for study purposes. Data collection was conducted in selected wards of the hospitals over a four-week period, from July 28, 2024, to August 23, 2024. Data was analyzed by using SPSS 16, descriptive statistics i.e., frequency, percentage, mean, range, standard deviation was computed inferential statistics i.e., Chi square test were used to find out the association. P value of < 0.05 was considered significant.



Results

Out of 175 nurses, 80.6.2% were in the age group of 21-30 years, with a mean age of 28.1±6.02 years. In terms of academic qualifications, 58.9% had completed the proficiency certificate level in nursing. Regarding work experience, 77.7% had less than five years of experience. Additionally, 50.3% respondent’s work in critical care unit and 1.7% respondents got training on palliative care. Likewise, 24.6% respondents had experience of caring of chronic ill patient within one year (Table 1).

Table 1

Socio-Demographic Characteristics of Respondents (n=175)

Characteristics	Number	Percent
Age in completed years		
21-30	141	80.6
31-40	23	13.1
41-50	11	6.3
Mean age ± SD	28.1±6.02	
Religion		
Hindu	164	93.7
Buddhism	7	4
Muslim	3	1.7
Christian	1	0.6
Marital status		
Unmarried	90	51.4
Married	84	48.0
Divorced	1	0.6
Educational status		
ANM	9	5.1
PCL	103	58.9
BNS	34	19.4
BSN	27	15.4
MN/Msc	2	1.2
Designation		
Staff nurse	168	96
ANM	5	2.9
Nursing officer	2	1.1
Working area		
Critical care unit	88	50.3
General wards	87	49.7
Total work experience		
< 5 years	136	77.7
5- 10 years	28	16
>10 years	11	6.3



Training received	3	1.7
Experience of caring chronic ill patient	43	24.6

Table 2

Respondent's Knowledge On Palliative Care (n=175)

Statements	True No(%)	False No(%)	Don't know No (%)
Palliative treatment should only be used when there is indication of declining course or worsening .	52(29.7)	122(69.7)*	1(0.6)
Morphine is the standard used to compare the analgesics effects of other opioid's .	132(75.4*)	43(24.6)	-
The extent of the disease determines the method of pain treatment .	118(67.4)	47(26.9)*	10(5.7)
Adjuvant therapies are important in managing pain.	141(80.6)*	32(18.3)	2(1.1)
It is crucial for family members to remain at the bedside until death occurs.	108(61.7)	51(29.1)*	16(9.1)
During the last days of life, the drowsiness associated with electrolyte imbalance may decrease the need for sedation.	88(50.3)*	73(41.7)	14(8.0)
Drug addiction is a major problem when morphine is used on a long-term basis for the management of pain.	107(61.1)	50(28.6)*	18(10.3)
Individuals who are taking opioid's should also follow a bowel regimen.	124(70.9)*	43(24.6)	8(4.6)
The provision of palliative care requires emotional detachment.	89(50.9)	80(45.7)*	6(3.4)
During the terminal stages of illness, drugs that can cause respiratory depression are appropriate for the treatment of severe dyspnea.	74(42.3)*	86(49.1)	15(8.6)
Men generally reconcile (adjust) their grief more quickly than women.	105(60)	57(32.6)*	13(7.4)
The philosophy of palliative care is compatible with that of aggressive treatment.	74(42.3)*	87(49.7)	14(8.0)
The use of placebos is appropriate in the treatment of some types of pain.	77(44)*	72(41.1)	26(14.9)
In high doses of, codeine uses more nausea and vomiting than morphine.	94(53.7)*	67(38.3)	14(8.0)
Suffering and physical pain are synonymous.	91(52)	76(43.4)*	8(4.6)
Pethidine is not an effective analgesics in the control of chronic pain.	69(39.4)*	99(56.6)	7(4)



The accumulation of losses renders burnout inevitable for those who seek work in palliative care.	90(51.4)	62(35.4))*	23(13.1)
Manifestations of chronic pain are different from those of acute pain.	125(71.4)*	46(26.3)	4(2.3)
The loss of a distant or contentious relationship is easier to resolve the loss of one that is close or intimate.	98(56.0)	71(40.6)*	6(3.4)
The pain threshold is lowered by anxiety or fatigue.	88(50.3)*	73(41.7)	14(8.0)

*Correct response

Table 2 shows that 29.7% of respondents stated that palliative treatment should only be used when there is indication of declining course or worsening. Similarly, 75.4% respondent stated that morphine is the standard used to compare the analgesics effects of other opioids. Likewise, 39.4% of respondents agreed that pethidine is not an effective analgesic in the control of chronic pain. A majority 80.6% answered that adjuvant therapies are important in managing pain. Likewise, 70.9% assumed that individuals who are taking opioids should also follow a bowel regimen.

Table 3

Respondents Level of knowledge and Attitude On Palliative Care (n=175)

Variables	Number	Percent
Knowledge level		
Inadequate (<75% of score)	162	92.6
Adequate (≥75% of score)	13	7.4

Table 3 reveals that only 7.4 percent respondents had adequate knowledge whereas 92.6% of respondents had inadequate knowledge on palliative care.

Table 4

Association between Level of Knowledge with Selected Variables (n=175)

Variables	Level of knowledge		χ^2	p value
	Adequate No.(%)	Inadequate No .(%)		
Age groups				
<28 years	8(7.1)	104(92.9)	0.848	0.037*
≥28 years	5(7.9)	58(92.1)		
Religion				
Hinduism	12(7.4)	150(92.6)	0.040	0.842
Others	3(23.1)	10(76.9)		
Educational status				
Undergraduates	6(5.4)	106(94.6)	1.859	0.173



Graduates	7(11.1)	56(88.9)		
Working area				
Critical care unit	7(8.0)	81(93.1)	0.071	0.790
General wards	6(6.9)	81(93.1)		
Working experience				
Less than 5 years	9(6.6)	127(93.4)	0.544	0.461
More than 5 years	4(10.3)	35(89.7)		
Palliative care training				
Yes	0(0.4)	3(100.0)	1.000	0.621
No	13(7.6)	159(92.4)		
Experience of caring chronic ill patient				
Yes	3(7.0)	40(93.0)	0.017	0.0896
No	10(7.6)	122(92.4)		

Significant* (p value ≤ 0.05)

Table 4 illustrate that level of knowledge is statistically significant association with age. There significant association between level of knowledge and educational status, work experience and experience of caring for chronic ill patient, religion, working area and training on palliative care.

Discussion

Palliative care improves quality of life of chronic ill patient. Nurses need proper knowledge on palliative care. The study was conducted to identify the level of knowledge of nurses on palliative Care in selected hospital of Pokhara.

The present study shows that 80.6% respondents state that adjuvant therapies are important in managing pain, followed by 75.4% respondents state that morphine is the standard used to compare the analgesics effects of other opioid's which is the similar to study conducted in Nepal where 90.2% respondents agreed on adjuvant therapy are important in managing pain and 83.6% agreed on morphine is the standard to compare with other analgesics effects (Nepal et al 2021). In the present study, most of the respondents 61.7% expressed that drug addiction is the major problem when morphine is used for a prolonged period of pain management which is similar to study conducted in Tigray hospital, Ethiopia which revealed 80.4% respondents expressed that drug addiction is the major problem when morphine is used for a prolonged period of pain management (Zeru et al 2020). The present study shows that majority of respondents agreed on individual who are taking opioids should follow a bowel regimen which is similar to study conducted in Nepal which revealed 65.5% respondent agreed on individual should follow bowel regimen who takes opioid's. (Nepal et al 2021). In the present study 32.6% respondents disagreed on men generally reconcile their grief more quickly than woman which is the dissimilar to the study conducted in Ethiopia which reveled 55.2% respondents disorged on men generally reconcile their grief more quickly than woman (Kasa et al 2014).



The current study shows that only 7.4% respondents had adequate knowledge on palliative care. The finding was consistent with the study conducted in Northern districts hospital of Palestine which revealed that only 20.8% have adequate knowledge (Ayed et al 2015). The findings inconsistent with study conducted in Ethiopia which showed 62.8% had good knowledge on palliative care (Zeru et al 2020).

Present study revealed that there is a statically significant association between age and level of knowledge where ($p\ value=<0.037$) which is similar to study conducted in Palestine which revealed significant association between age and level of knowledge where ($p\ value=<0.04$) (Ayed et al 2015).

Conclusion

The study concluded that most of the nurse's had inadequate knowledge on palliative care. There is statically significant association between age of nurses with level of knowledge. Whereas educational status, work experience and experience of caring for chronic ill patient, working area and training on palliative care showed no statistically significant association with level of knowledge on palliative care. Therefore, the nurses to increase the level of knowledge on palliative care there is a need for training and in- service education on palliative care.

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