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Original Research Paper

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ASSESSMENT OF KNOWLEDGE AND ATTITUDE TOWARDS PALLIATIVE CARE IN ONCOLOGY NURSING AMONG NURSING PERSONNEL, WEST BENGAL, INDIA.

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ABSTRACT Palliative care is the science of promoting quality of life of a patient that is typically thought of as the intensive care given to a patient who is on the verge of passing away. Nurses need to acquire specific knowledge and abilities to provide quality palliative care. It is a strategy to enhance the quality of life for patients and their families dealing life-threatening illness by preventing and relieving suffering through early detection, accurate assessment and treatment of pain and physical, psychosocial and spiritual issues. Investigator undertaken this study to assess knowledge and attitude of staff nurses towards Palliative care in Oncology Nursing, using descriptive survey design. 60 staff nurses working in different government hospitals were selected as participants through non probability convenience sampling technique, following selected inclusion and exclusion criteria. Socio-demographic characteristics of participants, their knowledge and attitude towards Palliative care in Oncology Nursing were collected by structured questionnaire, PCQON and FATCOD. Study revealed that among 60 participants, only 30% (18) respondents have good knowledge towards Palliative Care in Oncology Nursing and maximum 77% (46) participants have positive attitude towards the PC in Oncology Nursing. There is no significant relationship between nurses' knowledge on PC in Oncology Nursing and their clinical experience ($\chi 2=0.76$) and type of hospital they are working ($\chi 2=0.09$) df $=1$, $p<0.05$.Although a few nurses may have good knowledge but majority of them have good attitude towards Palliative care in Oncology Nursing.

KEYWORDS : Knowledge, Attitude, Nurses, Palliative care, Oncology Nursing.

INTRODUCTION

Palliative care (PC) is the science of promoting quality of life of a patient that is typically thought of as the intensive care given to a patient who is on the verge of passing away. Nurses need to acquire specific knowledge and abilities to provide quality palliative care. It has recently broadened its scope for the patients with cancer or end-stage organ failure but still have years to live. It is a strategy to enhance the quality of life for patients and their families dealing life-threatening illness by preventing and relieving suffering through early detection, accurate assessment and treatment of pain and physical, psychosocial and spiritual issues.

Background of the study

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of sufferings by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual **(WHO, 2016)**. It could be initiated at any stage after diagnosis of any chronic and/or terminal diseases along with the medical, surgical or other therapies to maintain quality of life, prolong life, and reduce distress-related complications at different palliative care centers like the hospital, daycare centers, or even at the patient's own home **(Nepal P, Garbuja CK, 2021)**. Access to palliative care has been recognized as the basic human right that should be provided for all human beings regardless of their disease type, income and age **(Etafa W, 2020).**

Global population ageing and the rising prominence of chronic non-communicable diseases have resulted in an increased demand for palliative care nursing **(Paknejadi F, 2019).** With the proportion of patients with incurable diseases increasing each day **(Soikkeli-jalonen A, 2020)** the need for high-quality palliative care has also consequently increased challenges for healthcare educators **(Chover-Sierra E, 2017, Ayed A 2015).** According to **WHO, 2014** global atlas of palliative care reported, 40–60% of estimated deaths needed palliative care. Cardiovascular diseases (38.5%) and cancer (34%) were among the commonest diseases of adults in need of palliative care. The majority (98%) of children needing PC live in low- and middle-income countries with almost 50% of them living in Africa. Across the Globe majority of the countries are facing an unmet need towards Palliative Care.

End-of-life care is one of the routine activities of nurses. This palliative care service can be provided successfully, through the combined effect of knowledge, attitudes, beliefs, and experiences of nurses. Nurses' feeling of poor preparation and stress contributes nurses to the exacerbation of negative attitudes toward death and caring for the dying that may further impact on the standard of care **(Etafa W, 2020).** PC is nowadays become an essential component in nursing care, due to the increasing number of patients who require special attention in the final stages of their life. Lack of knowledge of and negative attitude palliative care among nurses is one of the most common barriers to provide quality palliative care.

Studies have documented that nurses and other health care professionals are inadequately prepared to care for patients in palliative care. Several reasons have been identified including inadequacies in nursing education, absence of curriculum content related to pain management, and knowledge related to pain and palliative care **(Prem V, 2012)**. Different Studies revealed that absence of palliative care in curriculum content, training in palliative care, years of nursing experience, institution, individuals' level of education, and work unit significantly affects nurses' knowledge to practice PC and/or their attitude toward palliative care. Comprehensive theoretical and practical training on palliative care can improve students' knowledge and creates favourable attitudes toward death, dying, and end-of-life care **(Chover-Sierra E, 2017).** Another Study showed that education on clinical experience could change healthcare professionals' attitude toward ends-of-life care **(Wang L, 2018)**.

Though studies related to assessment of knowledge and attitude of nurses towards palliative care has received considerable global attention from different researchers, but a very few studies are available from West Bengal region. Therefore, this study was taken into consideration and aimed to find out the knowledge and attitude of clinical nurses regarding Palliative Care in Oncology Nursing.

MATERIALS AND METHODS

A cross-sectional descriptive study design was adopted to assess the knowledge and attitude of nursing staffs, working in different Govt. hospitals towards Palliative Care in Oncology Nursing. Formal and administrative permission was obtained from concerned authorities.

The sample size was estimated using Solvin's formula, n= N/(1+Ne2) were, total population (N)=120 and allowable error (e)=0.05. The desired sample was taken from computer-generated simple random numbers. Nurses who were absent or in long leave during data collection period, were replaced by other randomly generated numbers. 60 staff nurses working in different government hospitals of West Bengal were selected as participants through non probability convenience sampling technique, following selected inclusion and exclusion criteria.

Registered nurses (GNM passed) working in different units like, intensive care unit, neonatal intensive care unit, emergency department and post-operative ward; general medicine, surgery, pediatric, neurology, oncology, trauma ward etc. of different Govt. hospitals of West Bengal and who gave voluntary consent for the participation in the study were included. The data was collected from December 2022-January 2023. Questionnaires were filled in the presence of the researcher and around 25 minutes was taken by each participant to complete it. Confidentiality and anonymity of the participants were strictly maintained.

Tools and techniques of data collection

SL. NO.	NAME OF THE TOOL	VARIABLES TO BE MEASURED	TECHNIQUES
I	Structured questionnaire for assessment of sample characteristics	Demographic variables	Interview
II	Structured questionnaire (PCQN) for assessment of knowledge regarding PC	Knowledge regarding Palliative care	Paper pencil test
III	Structured Likert scale (FATCOD) for assessment of attitude regarding Palliative Care	Attitudes towards Palliative care	Paper pencil test

The self-administered questionnaire used in this study consisted of three parts: Part I: structured questionnaire for assessment of Socio demographic variables of respondents. Part II: knowledge related to PC in Oncology Nursing questions were assessed by "Palliative Care Quiz for Nursing (PCQN)" and Part III: "Frommelt Attitude toward the Care of the Dying Scale (FATCOD)" to assess the attitude towards PC in Oncology Nursing. PCQN and FATCOD are validated questionnaires with high content validity and high reliability (the internal consistency = 0.78 and test-retest correlation coefficient=0.56) and Cronbach's alpha coefficient is 0.83. PCQN consisted of 20 items as philosophy and principles of palliative care (1- 4), management of pain and other symptoms (5- 17), and psychosocial aspects of care (18-20). The response options were true, false, and I don't know. The right answer was graded as '1' and for incorrect and don't know were graded as '0'. The total score was 20 which was converted into a percentage score and classified into three categories as poor knowledge (50%), fair knowledge (50 - <75%) and good knowledge (≥75%) **(A'la M Z, 2019).**

FATCOD is a five-point Likert scale ranged from 1= strongly disagree to 5=strongly agree which has 30 items divided into three domains: cognitive domain (12 items): 1,2,6,1 0,11,17,19,21,23,25,27,30, affective domain (9 items):3,5,7,8, 9,13,14,15,26 and patient's family (9 items): 4,12,16,18, 20,22,24,28,29. There were 15 items (3, 5, 6, 7, 8, 9, 11, 13, 14, 15, 17, 19, 26, 28, and 29) that needed reverse scoring. The scores ranged from 30 to 150. The total attitude scores were further classified into poor (<50%), fair (50 - <75%), and good (≥75%) **(A'la M Z, 2019, Elsaman SE, 2019).**

The questionnaire was translated in Bengali version and linguistic validity was established. Pretesting done among 10 nurses and Cronbach's alpha coefficient value was 0.72 for PCQN and 0.82 for FATCOD. The collected data were checked for completeness, coded and entered in datasheet of Microsoft Excel. Descriptive statistics in terms of frequency, percentage, mean, standard deviation, and range; and inferential statistics in terms of chi-square test were used for the analysis of data. The p-value was calculated at <0.05 level of significance.

Results and Analysis

Study results have shown that among 60 participants, majority of them 96.7% (58) were female and maximum 90% (54) of them belong to 21-35 years of age group among which majority of them 53.33% (32) have working experience in tertiary care hospitals and majority of them have completed GNM course and presently pursuing Post Basic BSc Nursing, having maximum 88.3% (53) working experience of 3-8 years in government hospitals as shown in table 1. Only a few 3.33% (2) have attended any conference or workshop on PC in Oncology Nursing. Data also reveals that only 30% (18) respondents have good knowledge towards Palliative Care in Oncology Nursing as shown in table 2.

Maximum 77% (46) participants have positive attitude towards the PC in Oncology Nursing, as depicted in table 3. More than half of the nurses were more likely to strongly disagree of Palliative care is given only for dying patient (15%) and disagree of Palliative care is given only for dying patient (28.33%), as well as they also disagree if the nurse should withdraw from his/her involvement with the patient (77%). On the other hand, 50% of respondents agreed and approximately 41.7 % with 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 were slightly different from agree to disagree (strongly agree 40%, strongly disagree 33.3%). Respondents' attitudes toward Family should maintain as normal an environment as possible for their dying member (strongly agree 41.7% and agree 35%). Whereas the attitudes toward the family should be involved in the physical care of the dying person were varied from agree to strongly agree (50% and 33.3%). Most of respondents said that it is difficult to form a close relationship with the family of a dying member (disagree 30%). More than two third of nurses (45%) 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 (agreed 46.7%). In the opposite, the nurse thought that he would be uncomfortable if he entered the room of a terminally ill person and found him/her crying (agree 21.7% and disagree 35%). Their attitudes were slightly different regarding the afraid to become friends with chronically sick and dying patients. (agree 35%, strongly disagree 41.7%). Surprisingly 38.3% agreed and 28.3 % strongly agreed that when a patient asks, "Nurse am I dying?' I think it is best to change the Subject to something cheerful. When respondents were asked "death is not the worst thing that can happen to a person" 33.3% agreed and 26.7 % strongly disagreed with the statement. Approximately 57% strongly agreed and 31.7% agreed that families need emotional support to accept the behaviour changes of the dying person. 40% of respondents agreed that family members who stay close to a dying person often interfere with the professional job with the patient. Approximately one third of respondents (30%) agreed that dying person should be given honest answers about their condition. Respondents' attitude towards non family care giver to help patients prepare for death was agreed by 31.7% and disagreed by 26.7%. When they were given the situation of " I would feel like

running away when the person actually died " 58.3% strongly disagreed with the statement on the other hand 51.7% of nurses strongly agreed on family should be concerned about helping the dying member make the best of his or her remaining life. At last respondents were asked if they feel like the person they were caring for dies when they were not present, 26.7 % agreed, on the other hand 23.3% disagreed and 26.7% remain uncertain.

This data also reveals that there is no significant relationship between nurses' knowledge on PC in Oncology Nursing and their clinical experience ($\chi2=0.767$, df $=1$, $p<0.05$) and type of hospital they are working ($\chi2=0.0974$, df $=1$, $p<0.05$).

DISCUSSION

The present study is supported by other studies, conducted by **Sayej S. 2015** among 96 nurses 20.8% had good knowledge on PC and only 6.2% had good attitude towards PC. Another study by **Fatemeh 2019** among 280 nurses working different department of GUMS and results indicating imperfect knowledge and their significant association with nurse's knowledge (P=0.038).

Limitations of the study

The study is limited to the staff nurses, working in different govt. hospitals of West Bengal.

CONCLUSION

Although a few nurses may have good knowledge in PC in Oncology Nursing but majority of them have good attitude towards PC in Oncology Nursing. Recommendations are frequent workshop or in-service education on PC in Oncology Nursing should be arranged by the department for improvement of knowledge, as well as practice. Also due attention should be given towards PC by the national health policy and needs to be incorporated in the national curriculum of baseline nursing education.

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Conflict of Interest Researcher declared no conflict of interest.

Table 1 Distribution of demographic characteristics of staff nurses n = 60

Demographic Characteristics		Frequency	Percentage
Age			
	21-35 years	54	90
	36-50 years	5	8.33
	>50 years	1	1.66
Gender			
	Male	2	3.33
	Female	58	96.7
Marital Status			
	Single	30	50
	Married	30	50
Educational Qualification			
	H.S Completed	47	78
	Graduation	12	20
	Post-Graduation	1	2
Clinical Experience (years)			
	1-10	53	88.3
	11-20	5	8.33
	>20	2	3.33
Type of Hospital where they were working			
	Primary	7	11.66
	Secondary	21	35
	Tertiary	32	53.33
Speciality of working area			
	General Medicine	20	33.33
	Gynae and Obs.	13	21.7
	Trauma/OT/Surgery/ CCU/ ICCU	17	28.3
	Psychiatry	3	5
	Paediatric	3	5
	Neurology	1	1.66
	Oncology	3	5
Experience in palliative nursing			
	Yes	2	3.33
	No	58	96.7
Experience in oncology nursing			
	Yes	8	13.33
	No	52	86.66
Any training/ educational activities in palliative care			
	Yes	1	1.66
	No	59	98.3
Any training/ educational activity in oncology nursing			
	Yes	2	3.33
	No	58	96.7

Table 2 Distribution of knowledge score regarding PC in oncology nursing of staff nurses n = 60

AREA	FREQUENCY	PERCENTAGE
1. Philosophy and principle of Palliative Care	25	41.66
2. Management of pain and other symptoms	17	28.33
3. Psychosocial aspect of care	33	55

Table 3 Assessment of the nurses' attitude on palliative care in oncology nursing n=60

Sl. No.	STATEMENTS	SD (1)	D (1)	U (3)	A (4)	SA (5)
1.	Palliative care is given only for dying patient.	9(15)	17(28.3)	1 (1.66)	14(23.3)	18(30)
2.	As a patient nears death; the nurse should withdraw from his/her involvement with the patient.	46(77)	9 (15)	0 (0)	1 (1.7)	4 (6.7)
3.	It is beneficial for the chronically sick person to verbalize his/her feelings.	1 (1.7)	3 (5)	1 (1.7)	30 (50)	25(41.7)
4.	The length of time required to give nursing care to a dying person would frustrate me.	20 (33.3)	24 (40)	8 (13.3)	6 (10)	1 (1.7)
5.	Family should maintain as normal an environment as possible for their dying member.	2 (3.33)	7 (11.7)	4 (6.66)	21 (35)	25(41.7)

6.	The family should be involved in the physical care of the dying person.	1 (1.7)	5 (8.33)	4 (6.7)	30 (50)	20(33.3)
7.	It is difficult to form a close relationship with the family of a dying member.	9 (15)	18 (30)	7 (11.7)	20 (20)	6 (10)
8.	Nursing care for the patient's family should continue throughout the period of grief and bereavement.	2 (3.33)	8 (13.3)	7 (11.7)	27 (45)	14(23.3)
9	Nursing care should extend to the family of the dying person.	3 (5)	9 (15)	7 (11.7)	28(46.7)	12 (20)
10.	When a patient asks, "Nurse am I dying? 'I think it is best to change the Subject to something cheerful.	9 (15)	5 (8.33)	6 (10)	23(38.3)	17(28.3)
11.	I am afraid to become friends with chronically sick and dying patients.	25 (41.7)	21 (35)	5 (8.33)	6 (10)	3 (5)
12.	I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying.	16 (26.7)	21 (35)	8 (13.3)	13(21.7)	1 (1.7)
13.	Death is not the worst thing that can happen to a person.	16 (26.7)	9 (15)	5 (8.33)	20(33.3)	9 (15)
14.	Families need emotional support to accept the behaviour changes of the dying person.	3 (5)	2 (3.33)	1 (1.7)	19(31.7)	34(56.7)
15.	Family members who stay close to a dying person often interfere with the professional's job with the patient	5 (8.33)	9 (15)	17(28.3)	24 (40)	3 (5)
16.	Dying persons should be given honest answers about their condition.	7 (11.7)	12 (20)	13(21.7)	18 (30)	10(16.7)
17.	It is possible for non-family caregivers to help patients prepare for death.	10 (16.7)	16 (26.7)	12 (20)	19(31.7)	3 (5)
18.	I would feel like running away when the person actually died.	35 (58.3)	16 (26.7)	5 (8.33)	3 (5)	0
19.	Families should be concerned about helping their dying member make the best of his/her remaining life.	0	3 (5)	2 (3.33)	24 (40)	31(51.7)
20.	I would hope the person I am caring for dies when I am not present	11 (18.3)	14 (23.3)	16(26.7)	16(26.7)	3 (5)

REFERENCES

1. A'la, M, Z. The Frommelt Attitude Toward Care of the Dying Care Form B (FATCOD B) Indonesian version: Measuring the validity of nursing students Using Factor Analysis. 2016. NurseLine Journal Vol. 1 No.1May2016. ISSN2540-7937. (Accessed May 10, 2019).
2. Ayed A, Sayej S, Harazneh L, Fashafsheh I, Equit F.(2015) The nurses' knowledge and attitudes towards the palliative care. Journal of Education and Practice. 6(4):91-99.
3. Berman A, Synder SJ, Kozier B, Erb G. Fundamental of Nursing. 8th ed. Dorling Kindersely: India; 2011.
4. Chover-Sierra E, Martínez-Sabater A, Lapeña Moñux YR. Conocimientos en cuidados paliativos de los profesionales de enfermería de un hospital español. 2017
5. Chover-Sierra E, Martinez-Sabater A, Lapena-Monux YR (2017) An instrument to measure nurses' knowledge in palliative care:Validation of the Spanish version of Palliative Care Quiz for Nurses. 12(5): e0177000.
6. Elsaman SE. Undergraduate Critical Care Nursing Students' Knowledge and Attitudes Toward Caring Of Dying Patients. IOSR Journal of Nursing and Health Science. 2017;6(1):31- 40. Available from: http://www.iosrjournals.org/iosr-jnhs/papers/vol6-issue1/Version-1/E0601013140.pdf
7. Etafa W, Wakuma B, Fetensa G, Tsegaye R, Abdisa E, Oluma A, et al. (2020) Nurses' knowledge about palliative care and attitude towards end- of-life care in public hospitals in Wollega zones: A multicenter cross-sectional study. PLoS ONE 15(10): e0238357. https://doi.org/10.1371/journal.pone.0238357
8. Nepal P, Garbuja CK, Nepal M. Clinical Nurses' Knowledge and Attitude on Palliative Care: A Cross-Sectional Study. Journal of Lumbini Medical College. 2021;9(1):38-44. DOI: https://doi. org/10.22502/jlmc.v9i1.435. Epub: June 30, 2021.
9. Paknejadi F, Hasavari F, Khaleghdoost Mohammadi T, KazemnezhadLeili E. (2019) Nurses' Knowledge of Palliative Care and Its Related Factors. J Holist Nurse Midwifery. 29(4):236242.
10. Prem V, Karvannan H, Kumar SP, Karthikbabu S, Syed N, Sisodia V, Jaykumar S. Study of Nurses' Knowledge about Palliative Care: A Quantitative Cross-sectional Survey. Indian J Palliat Care. 2012 May;18(2):122-7. doi: 10.4103/0973-1075.100832. PMID: 23093828; PMCID: PMC3477365.
11. Soikkeli-jalonen A, Stolt M, Hupli M , Lemetti T, Keneddy C, Kydd A et al.(2020) Instruments for assessing nurses´ palliative care knowledge and skills in specialised care setting: an integrative review. Journal of clinical nursing [online], 29(5-6), 736-757.
12. Wang L, Li C, Zhang Q, Li Y. Clinical nurses' attitudes towards death and caring for dying patients in China. Int J Palliat Nurs. 2018 Jan 2;24(1):33-39. doi: 10.12968/ijpn.2018.24.1.33. PMID: 29368558.
13. World Health Organization. Planning and implementing palliative care services: a guide for programme managers. 2016.