



A STUDY TO ACCESS THE EFFECTIVENESS OF STP ON KNOWLEDGE REGARDING PALLIATIVE CARE AMONG STUDENT NURSES IN SELECTIVE NURSING COLLEGES AT MASUR

Medical Surgical Nursing

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ABSTRACT

Background of the study: Rising Demand: Globally, an estimated 56.8 million people require palliative care annually, a need driven by an ageing population and the rising burden of non-communicable diseases (NCDs) like cancer, cardiovascular disease, and dementia. Indian Context: In India, the prevalence of palliative care needs is estimated at 6.21 per 1000 population. Despite various national programmes, less than 4% of India's population currently has access to these services. Frontline Care: Nurses are the primary caregivers in palliative settings, responsible for complex symptom management, administration of medications (like morphine), and providing emotional support. Advocacy: Beyond clinical tasks, nurses act as advocates for patients' dignity and facilitate sensitive end-of-life conversations. Inadequate Knowledge: Multiple studies consistently show that nursing students often possess poor or inadequate knowledge regarding palliative care, particularly in psychosocial and spiritual domains. Barriers in India: Until recently, palliative care was only briefly mentioned in nursing curricula under topics like oncology or ethics. While the Indian Nursing Council introduced a 20-hour mandatory module in 2022, many experts argue this "barely scratches the surface" for real-world competency.

Objectives of the study:

- To assess the pre-test knowledge level: To determine the existing knowledge regarding palliative care among student nurses in selected nursing colleges.
- To develop and implement an STP: To create and deliver a Structured Teaching Programme (STP) focused on the core components of palliative care.
- To assess the post-test knowledge level: To measure the knowledge of student nurses after the implementation of the STP.
- To evaluate the effectiveness of the STP: To compare pre-test and post-test knowledge scores to see if there is a statistically significant increase in learning.
- To find an association with demographics: To identify if there is any relationship between the students' knowledge scores and their demographic variables (such as age, gender, previous exposure to palliative care, or year of study).

Methods:

- Approach: Quantitative Research Approach (to measure knowledge numerically).
- Design: pre-experimental

Setting & Population

- Research Setting: Selected nursing colleges (e.g., private or government colleges in a specific city).
- Population: All nursing students (B.Sc. or GNM) enrolled in the selected colleges.
- Sample Size: Usually 60 to 100 students (depending on your study's scope).
- Sampling Technique: Non-probability Purposive Sampling (choosing students who meet specific criteria).

Criteria for Selection

- Inclusion Criteria: Students willing to participate and those available during the period of data collection.
- Exclusion Criteria: Students who have already attended a specialized palliative care workshop recently.

Data Collection Tool

- Part A: Socio-demographic Profile (Age, Gender, Year of study, etc.).
- Part B: Self-Structured Knowledge Questionnaire or a validated tool like the Palliative Care Quiz for Nurses (PCQN).

Data Collection Procedure

1. Pre-test: Administer the questionnaire to assess baseline knowledge.
2. Intervention: Conduct the Structured Teaching Programme (STP) using AV aids (PPT, videos, or pamphlets).
3. Post-test: Re-administer the same questionnaire after a gap of 7–10 days to measure the increase in knowledge.

Data Analysis Plan

- Descriptive Statistics: Use Mean, Median, and Standard Deviation (SD) to describe the knowledge levels.
- Inferential Statistics: Use the Paired t-test to compare pre-test and post-test scores and Chi-square test to find associations with demographics.

Major finding of the study:

- Poor Initial Scores: In most studies, the majority of nursing students (often over 75% to 98%) demonstrate poor or inadequate knowledge regarding palliative care before the intervention.
- Categorical Shift: Students typically shift from "Poor" knowledge categories to "Good" or "Paired t-test Results: The difference between pre-test and post-test scores is usually significant at the $p < 0.05$ or $p < 0.001$ level, proving that the teaching program was the cause of the improvement.
- Positive Attitude: Interestingly, while knowledge is initially low, many students maintain a favorable or positive attitude toward palliative care both before and after the study.

Conclusion: Before a Structured Teaching Programmed (STP), most nursing students demonstrated limited knowledge of palliative care, particularly concerning pain management and emotional support. Following the STP, students showed significant improvement in their understanding of the topic, indicating that the program was effective in enhancing knowledge regarding palliative care among student nurses. More information is available on the WHO website.

KEYWORDS

Effectiveness, STP (Structured Teaching Programme. Palliative Care. Knowledge:

INTRODUCTION:

Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.

Addressing suffering involves taking care of issues beyond physical symptoms. Palliative care uses a team approach to support patients and their caregivers. This includes addressing practical needs and providing bereavement counselling. It offers a support system to help patients live as actively as possible until death.

Palliative care is explicitly recognized under the human right to health. It should be provided through person-centered and integrated health services that pay special attention to the specific needs and preferences of individuals.

Palliative care is required for a wide range of diseases. The majority of adults in need of palliative care have chronic diseases such as cardiovascular diseases (38.5%), cancer (34%), chronic respiratory diseases (10.3%), AIDS (5.7%) and diabetes (4.6%). Many other conditions may require palliative care, including kidney failure, chronic liver disease, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, neurological. Each year an estimated 56.8 million people are in need of palliative care, most of whom live in low- and middle-income countries. For children, 98% of those needing palliative care live in low- and middle-income countries with almost half of them living in Africa.

Worldwide, a number of significant barriers must be overcome to address the unmet need for palliative care:

- national health policies and systems often do not include palliative care at all;
- training on palliative care for health professionals is often limited or non-existent; and
- population access to opioid pain relief is inadequate and fails to meet international conventions on access to essential medicines.

Other barriers to palliative care include:

- lack of awareness among policy-makers, health professionals and the public about what palliative care is, and the benefits it can offer patients and health systems;
- cultural and social barriers, such as beliefs about death and dying;
- misconceptions about palliative care, such as that it is only for patients with cancer, or for the last weeks of life; and
- misconceptions that improving access to opioid analgesia will lead to increased substance abuse.
- Palliative care improves the quality of life of patients and that of their families who are facing challenges associated with life-threatening illness, whether physical, psychological, social or spiritual. The quality of life of caregivers improves as well.
- Each year, an estimated 56.8 million people, including 25.7 million in the last year of life, are in need of palliative care.
- Worldwide, only about 14% of people who need palliative care currently receive it.
- Unnecessarily restrictive regulations for morphine and other essential controlled palliative medicines deny access to adequate palliative care.
- Adequate national policies, programmes, resources, and training on palliative care among health professionals are urgently needed in order to improve access.
- The global need for palliative care will continue to grow as a result of the ageing of populations and the rising burden of noncommunicable diseases and some communicable diseases.
- Early delivery of palliative care reduces unnecessary hospital admissions and the use of health services.

Palliative care needs to be provided in accordance with the principles of universal health coverage. All people, irrespective of income, disease type or age, should have access to a nationally-determined set of basic health services, including palliative care. Financial and social protection systems need to take into account the human right to palliative care for poor and marginalized population groups.

World Health Organization (2015) estimated that the Non-Communicable Diseases (NCDs) will be as prevalent as communicable diseases, which have been the main cause of high morbidity and mortality among the world population [12]. It is a major undertaking for health systems worldwide to deliver appropriate palliative care. Many countries have experienced dramatic improvements in population life expectancy. The proportion of elderly people, and particularly those over 80, has increased significantly in recent decades. As populations age, people die in greater numbers after long illnesses from heart disease, cerebrovascular disease including stroke, chronic respiratory disease and respiratory infections, and cancer. Palliative care is concerned both with patients and their families and with the enhancement of quality of life from an early stage in a life-threatening illness [13]. A holistic approach for caring for the terminally ill at the end of life is an integral part of health care delivery system. It is very important for nurses to have knowledge about end-of-life care to recognize their unique response to illness and support their values and goals. Education, clinical practice and research concerning end of life care are evolving and the need to prepare nurses to care for the dying has emerged as a priority. The attitude of nurses towards death and dying patients may influence the care nurses are able to provide to the client. 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 [14, 15]. However, despite this type of support for palliative care, nursing and a continued involvement in palliative care, nursing has lagged behind other disciplines in the development of palliative care nursing education curricula. This underdeveloped educational foundation has contributed to difficulties in defining the role of nurses in palliative care. To provide quality care at the end of life or for chronically sick patients, Nurses must have good knowledge, attitude and practice about palliative care [16]. Palliative care is an approach that improves the quality of life of patients and their families who are facing problems associated with life-threatening illnesses. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual. Though it is perceived as care for the dying it should begin when the patient is diagnosed with a chronic illness. Forty million people are in need of palliative care globally but 14% of them receive it at present. Access to adequate pain relief among the patients suffering from cancer is less than 3% in our country. In India 10 million patients require palliative care [14]. Growing demand for palliative care shows that health professionals are expected to provide palliative care as a part of their practice. Several initiatives are under way to promote palliative care principles and practice in healthcare training. The challenge is how to develop these skills in the face of increasing demand on our time. There should be capacity building in palliative care for the existing medical workforce of our country through continued medical education. Worldwide there are studies about assessing palliative care awareness among health care providers including impact about its educational interventions, however there is limited published evidence about similar literature from India [15-20]. This study benefit to the policy makers by identifying the gaps of nurses on palliative care that helps to influence the higher education to revise nursing curriculum in order to incorporate palliative care content in nursing course. This will help for nurse educators to give great emphasis on palliative care nursing education for nursing students that improve palliative care services in the hospitals. Secondly it benefits the community as good knowledge and positive attitude of nurses can address the patients of all ages and a broad range of diagnostic categories that needs palliative care from life threatening to chronically ill patients. Thirdly it will benefit to the nursing personnel to see themselves and respond accordingly. So that nurses can put their effort on updating the existed knowledge of palliative care through reading or taking short term training. This benefits the individual patients in terms of improving the quality of life as nurses' knowledge and attitude gaps identified and corrected. Lastly the findings of this study will serve as a base for other researchers who want to study about palliative care in advance.

REVIEW OF LITERATURE:

1. Krishnan A, Rajagopal MR, Karim S, Sullivan R, Booth CM. Palliative care program development in a low- to middle-income country: Delivery of care by a nongovernmental organization in India. *J Global Oncol.*

2018; 4:1-9. DOI:10.1200/JGO.17.00168

2. Butola S. A study on knowledge, attitude, and practices regarding palliative care among doctors in border security force. *Prog Palliat Care.* 2014;22(5):267-272. DOI:10.1179/1743291X14Y.0000000090

RESEARCH METHODOLOGY:

Research Approach: A quantitative research approach is used to measure and analyze the knowledge levels of mothers numerically.

Approach: A Quantitative Research Approach is utilized to measure knowledge scores numerically.

Design Type: Pre-experimental design, specifically the one-group pre-test post-test design. This is chosen because the intervention is applied to a single group without a control group to compare the "before" and "after" effects

Study Setting: The study would be conducted in selected rural villages within the Karad Taluka region.

Target Population: Mothers of under-five children residing in the selected rural villages.

Sample Size: The sample size would be determined using a statistical formula, often based on a population proportion and a desired margin of error.

Sampling Technique: A non-probability sampling technique, such as purposive sampling or convenience sampling, is commonly used to select participants based on specific inclusion criteria, although probability methods like simple random sampling or stratified random sampling are also possible.

Inclusion Criteria:

Availability: Students who are present during the period of data collection at the selected nursing colleges.

Language Proficiency: Students who are able to read and write in English or the local language used in the structured questionnaire.

Institutional Affiliation: Students currently registered in the selected nursing colleges identified for the study.

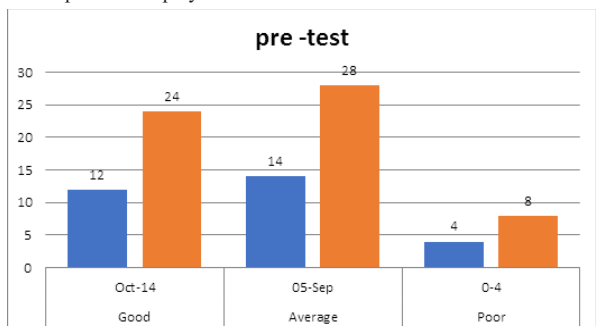
Exclusion Criteria:

Specific Student Groups: Students from other healthcare disciplines (like Pharmacy or Physiotherapy) who might be studying in the same campus but are not part of the nursing program.

Prior Exposure to Tools: Students who were involved in the pilot study or pre-testing of the questionnaire, as they are already familiar with the questions.

Socio-demographic variables:

- Age of the mother
- Educational qualification
- Occupation (e.g., employed, homemaker)
- Type of family (e.g., nuclear, joint)
- Monthly family income
- Parity (number of children)
- Source of information regarding child play (e.g., health workers, television, family)
- Age and sex of the under-five child
- Previous exposure to information/education programs on the importance of play



DISCUSSION AND SUMMARY:

Research on the effectiveness of a Structured Teaching Programme (STP) for palliative care consistently shows that such interventions are highly successful in addressing the significant knowledge deficits found among student nurses.

Baseline Knowledge Status (Pre-Test)

Before the intervention, the majority of student nurses demonstrate inadequate or poor knowledge regarding palliative care.

- Knowledge Gaps: While students may have some understanding of pain management (often the highest scoring area), they frequently lack knowledge in psychosocial and spiritual care
- Pre-test Scores: Typical pre-test mean scores are low, ranging from approximately 3.21 to 16.86 out of 25–30 points depending on the study.

Effectiveness of the STP (Post-Test)

The implementation of a planned or structured teaching programme lead to a statistically significant increase in knowledge scores.

- Knowledge Gain: Post-test scores frequently show a dramatic rise, with mean scores often reaching 13.62 to 28.71.
- Level of Achievement: Studies often report that while 98.5% of students had poor knowledge initially, up to 75–97% achieve "good" or "very good" knowledge after the STP.

Detailed Discussion of Key Findings

- Attitude vs. Knowledge: Interestingly, many studies find that student nurses already possess a favorable attitude toward palliative care even when their technical knowledge is poor. While an STP significantly improves knowledge, its impact on changing attitudes is sometimes negligible because initial attitudes are already positive.
- Demographic Influences: Knowledge levels are often significantly associated with the academic year (older students or interns usually score higher) and prior exposure to terminally ill patients.
- Predictors of Success: Factors such as being in a B.Sc. program (vs. GNM) and having previous university-based educational sessions on the topic are strong predictors of better knowledge outcomes.

Recommendations for Nursing Education

- Curriculum Integration: Experts emphasize that palliative care should not be a single chapter but an independent, mandatory subject within the nursing curriculum to prepare students for the increasing prevalence of non-communicable diseases.
- Pedagogical Variety: To deepen understanding beyond the STP, institutions should use simulations, case studies, and clinical placements to bridge the gap between theory and practice.

REFERENCES:

1. World Health Organization. Cancer WHO Definition of Palliative Care; c1990.
2. Allen D, Marshall ES. Children with HIV/AIDS: A vulnerable population with unique

- needs for palliative care. *J Hosp Palliat Nurs.* 2008;10(6):344-351. DOI:10.1097/01.NJH.0000319193.39648.b1
3. Chunda R, Lavy V, Palliative care in children with advanced HIV/AIDS. *Malawi Med J.* 2005;17(2):53-54. DOI:10.4314/mmj.v17i2.10878
 4. Love B, Cook A. Comparing palliative care provision in India and the UK. *Br J Nurs.* 2015;24(19):962-968. DOI:10.12968/bjon.2015.24.19.962
 5. Krishnan A, Rajagopal MR, Karim S, Sullivan R, Booth CM. Palliative care program development in a low- to middle-income country: Delivery of care by a nongovernmental organization in India. *J Global Oncol.* 2018;4:1-9. DOI:10.1200/JGO.17.00168
 6. Butola S. A study on knowledge, attitude, and practices regarding palliative care among doctors in border security force. *Prog Palliat Care.* 2014;22(5):267-272. DOI:10.1179/1743291X14Y.0000000090
 7. Bhadra K, Manir K, Adhikary A, Kumar G, Manna A, Sarkar S. Awareness of palliative care among doctors of various departments in all four teaching medical colleges in a metropolitan city in Eastern India: A survey. *J Educ Health Promot.* 2015;4:37. DOI:10.4103/2277-9531.154041
 8. Venkatesan P, Harikesavan K, Kumar S, et al. Study of Nurses' Knowledge about Palliative Care: A Quantitative Cross-sectional Survey. *Indian J Palliat Care.* 2012;18(2):137-142.
 9. Sadhu S, Salins N, Kamath A. Palliative care awareness among Indian undergraduate health care students: A needs-assessment study to determine incorporation of palliative care education in undergraduate medical, nursing and allied health education. *Indian J Palliat Care.* 2010;16(3):154-159. DOI:10.4103/0973-1075.73645
 10. 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(2):100-103. DOI:10.4103/0973-1075.58457
 11. Kar SS, Subitha L, Iswarya S. Palliative care in India: Situation assessment and future scope. *Indian J Cancer.* 2015;52(1):99-101. DOI:10.4103/0019-509X.175578
 12. Palliative care for non-communicable diseases: a global snapshot in 2015: summary of results from the 2015 WHO NCD country capacity survey. Accessed May 10, 2022. <https://apps.who.int/iris/handle/10665/206513>
 13. Knowledge and Attitude of Staff Nurses Regarding Palliative Care. *Int. J Sci Res.* 2015;4(11):1510-1512. DOI:10.21275/v4i11.nov151510
 14. Khosla D, Patel FD, Sharma SC. *Indian J Palliat Care.pdf.* *Indian J Palliat Care.* 2012;18(3):246-247.
 15. Sadhu S, Salins N, Kamath A. Palliative care awareness among Indian undergraduate health care students: A needs-assessment study to determine incorporation of palliative care education in undergraduate medical, nursing and allied health education. *Indian J Palliat Care.* 2010;16(3):154-159. DOI:10.4103/0973-1075.73645
 16. Valsangkar S, Bodhare TN, Pande SB, Bele SD, Sitarama Rao B. Evaluation of knowledge among Interns in a medical college regarding palliative care in people living with HIV/AIDS and the impact of a structured intervention. *Indian J Palliat Care.* 2011;17(1):20-23. DOI:10.4103/0973-1075.78443
 17. MP, DC, AA, et al. Effects of online palliative care training on knowledge, attitude and satisfaction of primary care physicians. *BMC Fam Pract.* 2011;12:37.
 18. Fischer SM, Gozansky WS, Kutner JS, Chomiak A, Kramer A. Palliative care education: An intervention to improve medical residents' knowledge and attitudes. *J Palliat Med.* 2003;6(3):391-399. DOI:10.1089/109662103322144709
 19. Biswal BM, Zakaria A, Baba AA, Ja'afar R. Assessment of knowledge, attitude and exposure to oncology and palliative care in undergraduate medical students. *Med J Malaysia.* 2004;59(1):78-83. *International Journal of Advance Research in Community Health Nursing* <http://www.communitynursing.net> ~ 57~
 20. Jahan F, al Shibli HS, Qatan RS, al Kharusi AA. Perception of Undergraduate Medical Students in Clinical Years Regarding Palliative Care. *Middle East J Age Ageing.* 2013;10(2):24-28. DOI:10.5742/mejaa.2013.102174