

**Nurses knowledge and attitude about palliative care in a private sector hospital Lahore, Pakistan**Kanwal Zubair<sup>a</sup>, Amina Kainat<sup>a</sup><sup>a</sup> Department of school of Nursing, Green international University Lahore, Pakistan.Correspondence: [kanwal.zubair@giu.edu.pk](mailto:kanwal.zubair@giu.edu.pk)**ABSTRACT**

**Background and Objectives:** The most important members of any nation are its nurses. With the growing number of patients in the latter stages of life, palliative care has become vital in nursing care. One of the most frequent obstacles to providing high-quality palliative care is nurses' ignorance of and unfavourable attitudes toward it. The purpose of the study is to assess the knowledge and attitude among nurses regarding palliative care in Pakistan.

**METHODOLOGY:** This is a descriptive cross sectional study with sample size 92 staff nurses, included 4.3 % male and 95.7% female. Data was collected by self-administered questionnaire, comprised on three parts: Demographic characteristics of nurses, the Palliative Care Quiz for Nursing (PCQN), and the Frommelt Attitudes Towards Care of the Dying (FATCOD). SPSS version 25 was used for data analysis.

**RESULTS:** Regarding Knowledge assessment (PCQN), less than half (35.88%) of the study participant had scored above the mean cut off point (8.717, SD = 7.98) and one fourth of the participant (29.3%) had scores exceeding a cut off score 15, representing adequate knowledge about palliative care. The rate of correct answers was ranged from 69.6% to 15.2%. Regarding nurses' attitude, the total FATCOD score were ranged from 36–105 (mean = 76.03, median = 80, SD = 13.06), but only 40 (43.5%) had a score greater than 75% for FATCOD scales.

**CONCLUSION:** The study investigated evidence that nurses have a positive attitude about caring for patients and concluded that more resources and attention should be allocated to training and assisting nurses who provide palliative care to patients.

**KEYWORDS:** Palliative care, attitude, Life, knowledge.

**INTRODUCTION**

Nurses are crucial in helping patients who are nearing the end of their lives as well as during the beginning of their final days. It is believed to be one of the most taxing jobs in nursing (1-3). Through early detection, accurate assessment, and treatment of pain and other issues, whether physical, psychological, or spiritual, palliative care helps patients (adults and children) and their families deal with the challenges of a life-threatening illness and prevents and alleviates suffering (WHO, 2020). Providing intensive care to patients who may live for years has been the focus of palliative care in recent years.

One of the most important factors that determines the quality of palliative care delivery is the knowledge, attitudes, beliefs, and experiences of the medical staff. These factors affect not only their approach but also

how they behave during evaluation and treatment (2). Most of the palliative care is given by nurses to patients who are terminally ill and in need of excellent nursing care, as well as those who are chronically ill. To enhance patients' quality of life, nurses must possess a thorough understanding of palliative care (3). Over 56.8 million people are expected to need medical care annually throughout the world. Furthermore, palliative care was only provided to 14% of the global population annually. Nearly 40 million people require palliative care(4).

Low level palliative care knowledge prevents nurses from properly assessing patients' needs and being able to build reports with patients who are chronically ill and their families Adequate palliative care is frequently hampered by a negative attitude toward the profes-

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sion, which hinders nurses' ability to appropriately assess patients' needs and create rapport with patients who are chronically sick and their families (3-7). Every medical practitioner who treats patients needs to be skilled and knowledgeable in palliative care. Every faculty should be subject to regulations and employ a unique method for educating its nurses and other healthcare professionals on palliative care (5).

The goal of palliative care, regardless of illness, is to improve the quality of life for the patient and their family. As death approaches, palliative care's role becomes more significant and its emphasis changes to aggressive symptom control and psychological support, even if it is not based on the prognosis like hospice care is (6-11).

There is evidence that nurses who work in specialized palliative care settings are more at ease and less nervous about providing care for patients during less stage of life. Additionally, specialized palliative care nurses are set to be more at ease treating pain and addressing psychological difficulties with patients and their families around end of a life care (12-19)

## METHODOLOGY

Study Design: Descriptive cross sectional study design.

Settings: Ali Fatima Hospital Lahore, Pakistan.

Duration of Study: 6 months from Nov, to May

2023

Target population: Nurses.

Sample Size: 92

Sampling Technique: Non probability

Sample Selection

o Inclusion Criteria: Registered nurses > 01-year experience.

o Exclusion Criteria: nurses' student was exclude because they have different population for working nurses.

Data Collection Tool:

Self-administered questionnaire, on knowledge PCQN and on attitude FATCOD. SPSS software version 19 will be used and descriptive statistics will be calculated.

PCQN (palliative care quiz for nursing)

PCQN statistically analysis on SPSS version 21. FATCOD statistical analysis was used to determine the mean, standard deviation, and median as estimates of central tendency and dispersion. Thirty items total, fifteen of which have statements with positive wording and fifteen of which have statements with negative wording with a response option: disagreement, disagreement, ambiguity, agreement, and strong agreement.

## RESULTS

There were 92 nurses in the sample overall (response rate = 100%). Responses ranged in age from 20 to 39, with a mean age of  $27.23 \pm SD=2.96$ . Ninety-seven percent of the participants were female nurses, and only 4.3% were male nurses. Less than half (35.88%) of research participants scored higher than the mean cutoff point (8.717,  $SD = 7.98$ ) on the PCQN, and one-fourth (29.3%) of participants scored higher than the cutoff score of 15, which indicates acceptable understanding of palliative care. The percentage of right responses varied between 69.6% and 15.2%. Although the overall FATCOD score for nurses' attitudes ranged from 36 to 105 (mean = 76.03, median = 80,  $SD = 13.06$ ), only 40 (43.5%) of them scored higher than 75%. Most of the responders hold a positive and supportive attitude towards ends of life care.

**Table 1. Demographic characteristics of nurses**

Variable	Frequency	Percentage
Gender of respondent		
• Male	4	4.3
• female	88	95.7
Age in years (mean = 27.42, SD = 2.96)		
• 20-30	85	92.4
• 31-40	7	7.6
• Nursing qualification		
• Diploma or less	28	30.4
• Bachelor	55	59.8
• Master	9	9.8
Department of work		
• medicine ward	29	31.5
• surgical ward	13	14.1
• intensive care unit	22	23.9
• emergency ward	16	17.4
• critical care unit	12	13.0
Nursing profession experience duration years (mean = 3.95, SD = 1.76)		
• <5	75	81.5
• 5-10	15	16.3
• 11-15	1	1.1
• >15	1	1.1
Training toward palliative care		
• Yes	57	62.0
• No	35	38.0
Period of training course		
• 1 week and less	58	63.0
• More than one week	34	37.0

This study was evaluated using data from 92 nurses who took part, yielding a 100% response rate. The mean age of the respondents is  $27.23 \pm 2.96$  years, with a range of 20 to 39 years.

Male nurses made up just 4.3% of the participating nurses. Women made up 95.7% of the participants, and all of them had experience working at Lahore's private hospitals. Just 57% of the respondents attended palliative care lectures or training, but one in five (5%) had experience providing palliative care services. About 34% of respondents received training in nursing schools for more than a week, and roughly 63% of respondents heard lectures or received training on palliative care in less than a week. (Table 1).

Age, gender, education level, clinical work units, nursing work experience, training location, and respondents' perceptions of PC-related materials and brochures did not significantly correlate.

**Table 2. Distribution of nurses' knowledge about palliative care on PCQN scale.**

PCQN overall score (Mean = 10.947, SD = 2.59062)	Frequency (%)
• 0-5	41(44.6)
• 6-10	13(14.1)
• 11-15	11(12.0)
• 15+	27(29.3)

Of the study participants, fewer than half (35.88%) had scores higher than the mean cutoff mark (8.717, SD = 7.98). According to this survey, 29.3% of participants obtained scores higher than the cutoff of 15, which indicates that they know enough about palliative care. The percentage of right responses varied between 69.6% and 15.2%. The themes of psychosocial and spiritual care, as well as the management of pain and other symptoms, had the greatest and lowest mean item scores, respectively. The management of pain and other symptom's theme, item number 4, which said that adjuvant therapies are crucial in management, also had the greatest and lowest correct answers. (Table 2).

**Table 3. Frequency distribution of nurses' attitude towards end of life care on FATCOD scale.**

FATCOD cutoff overall score (mean-76.03,SD=13.06)
Score>76.03=40(43.5)
Score<76.03=52(56.5)

Only 40 (43.5%) got a score higher than 75% on the FATCOD scales, according to the study's findings, which showed that the overall FATCOD score ranges from 36 to 105 (mean = 76.03, median = 80, SD = 13.06). Most respondents have a supportive and upbeat view on end-of-life care. The data analysis of nurses' attitudes regarding end-of-life care revealed the extent to which nurses agreed with specific claims. The idea that non-family caregivers should continue to be involved as the patient approaches death was endorsed by most participants (78.7%). Most nurses also thought that families should keep their dying member's surroundings as normal as possible (93%) and that providing care for the dying person is a valuable experience (89.9%). They also thought that non-family caregivers may assist patients prepare for death (92.8) (Table 3)

## DISCUSSION

Our sample size for the recent study, which was carried out in a private hospital in Lahore, was 92 nurses (response rate = 100%). The mean age of the respondents is 27.23 ± SD=2.96 years, with a range of 20 to 39 years. Male nurses made up just 4.3% of the participating nurses. Women made up 95.7% of

the participants.

Less than half (35.88%) of research participants who took the PCQN scored higher than the mean cutoff threshold (8.717, SD = 7.98). According to this survey, 29.3% of participants obtained scores higher than the cutoff of 15, which indicates that they know enough about palliative care. The percentage of right responses varied between 69.6% and 15.2%.

Nurses' attitudes regarding the FATCOD score range Only 40 (43.5%) got a score higher than 75% on the FATCOD scales, according to the study's findings, which showed that the overall FATCOD score ranges from 36 to 105 (mean = 76.03, median = 80, SD = 13.06). Most respondents have a supportive and upbeat view on end-of life care. An prior study that yielded the same results supports the findings. Answers to 76% of the questions measuring knowledge about palliative care and hospice were accurate. Nurses' palliative attitudes were categorized using both positive and negative opinions. While "negative discernment" was not directly linked to ability, "positive discernment" was closely linked to talent. Positive perception and competence did not correspond with palliative knowledge. However, there was a negative correlation between palliative knowledge and positive perception (8). Another survey found that 60.6% of ICU nurses had a negative attitude toward palliative care, whereas 65.8% had a reasonable awareness of it. Information about medical caregivers' attitudes toward PC and their involvement in palliative considerations showed truly striking differences. There were statistically significant variations in nurses' attitudes about palliative care (PC), sociodemographic characteristics, years of nursing experience, and receptiveness to palliative care. The review revealed that attendees had a negative attitude about palliative consideration and that their information about it was fair (9)

Results show that nurses are not well-versed in Most of them are positive, though (20). The majority of the 260 respondents, or 76.2 percent, had poor implementation of their knowledge aspect of practice, and nearly half of the respondents reported that the diagnosis of patients was typically performed at the terminal stage. These findings are consistent with the same study, in which participants had poor knowledge and a fair attitude. Consequently, spiritual and medical problems were taken very seriously when working with patients who were near death. The nurses had favourable sentiments of PC despite their lack of practice knowledge. It is suggested that the public wellness

ness plan should give PC the attention it deserves and should be integrated into the public educational plan of attendant training (21).

In addition, a study found that many adults have inaccurate knowledge of palliative care and unfavourable beliefs about it, which is consistent with earlier research. However, we built on this earlier work by examining how self-assessed awareness of palliative care was associated with accurate versus unfavourable beliefs versus stating "don't know." The current data serve as a baseline for examining how knowledge and opinions have evolved over time. Interventions ultimately need to do more than just increase knowledge and attitudes because these factors alone frequently aren't enough to encourage behaviour change. In an ideal world, people would become familiar with palliative care initiatives before ever needing to decide on their course of treatment (22-23).

According to the results of another survey, 63% of the nurses understood PC well. Comparable results were found in a few previous studies, such as Budkaew and Chumworathayi (2013), who reported that 56% of medical attendants in their review had excellent PC knowledge. Although 63% isn't a particularly remarkable rate, there are several possible causes. First, 687.7% of the nurses in this survey have a bachelor's degree in nursing, according to the study (13). The study's conclusions showed that knowledge and education are positively correlated. Second, 77.4% had prior experience working with patients who were terminally ill, and most worked in various palliative care settings. This would have aided in the acquisition of information and self-assurance in providing care for people who are near death (24)

Sixty-three percent of the nurses had high understanding of palliative care, and seventeen percent had fair knowledge. 46% of respondents had a favourable opinion of palliative care, compared to 24% who were ambivalent. As the need for this specialized area of nursing increases, more research is needed to understand nurses' attitudes and understanding about palliative care. It is imperative that nursing curricula include a thorough explanation of palliative care. To give patients and their families the finest care possible during this important stage(25-30)

## CONCLUSION

The study produced evidence that nurses working in private sector hospitals in Lahore have a positive attitude about caring for patients who are dying and very little knowledge of palliative care. Additionally,

it showed that nurses in palliative care units undertake palliative care seminars to increase nurses' understanding of PC. Our results also indicated that nurses' attitudes on end-of-life care are positively improved by reading PC-related materials and caring for more terminally ill patients. These imply that the fundamentally organized aspect of nursing palliative care.

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**Authors Contributions:**

**Kanwal Zubair:** Substantial contributions to the conception and design of the work.

**Amina Kainat:** Design of the work and the acquisition. Drafting the work. Final approval of the version to be published.

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