

## Knowledge and Practice of Nurses on Palliative Care in Tertiary Hospitals

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### ABSTRACT

**Background:** Palliative care is about achieving the highest quality of life and promoting comfort and dignity for patients with incurable and life-limiting diseases. End-of-life care is one of the routine activities of nurses.

**Objective:** The study was aimed to assess the level of knowledge and practice of nurses in palliative care in tertiary hospitals.

**Methodology:** A descriptive cross-sectional study was conducted. A total number of 308 nurses were selected following defined selection criteria. The purposive sampling method was applied for data collection. Data were collected from Bangabandhu Sheikh Mujib Medical University, Dhaka Medical College Hospital, National Institute of Cancer Research and Hospital.

**Results:** This study showed that among the total respondents, 58.4% had average knowledge 27.3% had good knowledge, 14.3% had poor knowledge of palliative care, 57.5% had moderate practice, 28.5% had adequate practice and 14.0 % had inadequate practice on palliative care.

**Conclusion:** This study found that nurses' knowledge and practice of palliative care were not satisfactory and they need palliative care training. Therefore, upgrading nursing education and palliative care training sessions will be improved for nurses to deal with terminally ill patients.

**KEYWORDS:** Nurse, Palliative care, Psychological and spiritual care, Knowledge, Practice

### ARTICLE DETAILS

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### INTRODUCTION

Palliative care will necessitate policies and guidelines being in place at the institutional level to ensure that family and community members are trained to care. After guidelines are established, basic medications and supplies can be provided in the hospital, clinic, or home settings. Procurement, storage, and distribution will be integral to any program seeking to provide palliative care. (WHO, 2020). Hundreds of thousands of individuals in Bangladesh, including children, require palliative care today, as they are frequently identified at the end stages of non-communicable diseases due to a lack of knowledge, early detection, and intervention. This guideline is intended to supplement our healthcare practitioners' knowledge in order to offer high-quality care for people with life-threatening conditions in our communities. With the assistance of this guideline, it is intended that the medical community will campaign for the relief of pain and suffering, as well as provide services to people in need. (National Guideline Palliative Care, BSMMU).

A palliative care unit has been designated as a Palliative Care Center (CPC). Currently, the CPC of Bangladesh Sheikh Mujib Medical University provides outpatient services, day care services, 24-hour telephone consultation services, limited home care and bereavement care services within Dhaka city, inpatient services, limited rehabilitation services, training for professionals and community volunteers, and a few research projects. (Bangladesh Bureau of Statistics, 2007). The majority of countries do not have official palliative care policies or integrated palliative care services in place to meet basic palliative care standards. (Khan, F. et al., 2008). Treatment of pain and other symptoms in the latter stages of life-threatening diseases such as cancer must be considered in order to maintain quality of life. End-of-life care is one of the tasks that nurses perform on a regular basis. The combined effect of health care personnel's knowledge, attitudes, beliefs, and experiences allows palliative care to be administered successfully. (Etafa W., et al., (2020). Cancer is the most common condition that requires palliative care, and cancer-

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related death rates in Bangladesh were 7.5 percent in 2005 and are expected to rise to 13 percent by 2030. It's also been noticed that 80-90 percent of these patients who visit oncologists are in an incurable state, with the only choice being palliative treatment, which includes pain control. (NIPORT, 2014). The problem is exacerbated by nurses' lack of awareness of the PC concept and an insufficient regulatory framework for palliative care. During PC nursing, nurses assist patients in coping with emotional challenges that may occur as a result of their illness. (Bibi F., et al., 2020).

Palliative care is a multidisciplinary approach that focuses on the patient as well as their loved ones. In the palliative oncology literature, terminology like supporting care, optimum supportive care, palliative care, and hospice care were rarely and inconsistently defined. Palliative care aims to improve patients' quality of life and lessen the burden of sickness by limiting the use of severe therapeutic procedures at the end of life and reducing long-term illness suffering through symptom management, nursing care, and psychosocial and spiritual support. However, the general public is unaware of this therapy method (Zeru, et, al.2020). In the end-stage of life-threatening diseases like cancer, treatment of pain and other symptoms must be considered to preserve the quality of life. End-of-life care is one of the routine activities of nurses. Nurses are an essential part of the palliative care team in providing high standards of care since they spend the longest time with patients. The related study highlighted that nurses' knowledge about palliative care is inadequate. This study will help to indicate the need for coverage of palliative care in the education of in-service nurses to increase their knowledge and therefore practice.

### MATERIALS AND METHODS

**Study design:** The study was a cross-sectional study.

**Study place:** The study places were Dhaka Medical College Hospital, National Institute of Cancer Research and Hospital, Bangabandhu Shaikh Mujib Medical University (BSMMU).

**Study period:** The study was conducted for a period of one year starting from 1<sup>st</sup> January to 31<sup>st</sup> December 2021.

**Study population:** All nurses who are working in selected tertiary hospitals.

### RESULTS

**Table 1: Socio-demographic characteristics of respondents the respondents (n - 308)**

Age group (years)	Frequency (f)	Percentage (%)
21-30	149	48.4
31-40	109	35.4
41-50	45	14.6
>50	5	1.6
Mean $\pm$ SD - 33.71 $\pm$ 7.282 years		
<b>Gender</b>		
Female	285	92.5
Male	23	7.5
<b>Educational Qualification</b>		
Diploma in Nursing	214	69.5
B. Sc.in Nursing/PHN	70	22.7

### Inclusion Criteria:

- Nurses of both sexes who are working in selected tertiary hospitals and have service for more than 6 months.
- Nurses who are willing to participate.
- Nurses who are available during data collection.

**Sampling technique and sample size:** A purposive sampling technique was applied and the selected sample size was 308.

### Data collection method/technique

The assessment of the level of knowledge and Practice on palliative care among nurses working in selected tertiary hospitals. The pre-tested semi-structured questionnaire was used. At the beginning of data collection, written permission was taken from the Director of the hospital. Informed written consent was taken from the respondents. Data was collected from the respondents through a face-to-face self-administered questionnaire in Bangla. The respondents were given full assurance on some ethical point, all information will be kept confidential and used for academic purposes only.

### DATA PROCESSING AND ANALYSIS

The data collected from respondents were analyzed after the completion of data collection, to maintain consistency, data were checked, edited manually and verified, rearranged, before tabulation. Data were coded, categorized according to objectives & variables, and edited for analysis on the computer by using the software Statistical Package for Social Science (SPSS) version 23 and Microsoft Excel.

### Ethical implication

Ethical clearance of the study was approved by the ethical committee of the Institutional Review Board (IRB), NIPSOM, under BSMMU. Before data collection written permission was taken from the director of the hospitals. Before the collection of data briefly explain the aims of the objectives of the study to the respondents. Informed verbal and written consent were taken. In this study, all participants were treated equally and with respect. Confidentiality of the data was maintained strictly. All rights were given to respondents to withdraw from participation at any time without penalty. Data was used for study purposes only.

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M.Sc. in Nursing/MPH	22	7.2
PhD	2	0.6
<b>Clinical experience</b>		
0 – 3 years	46	14.9
4 – 7 years	93	30.2
8 – 11 years	90	29.2
12 – 15 years	35	11.4
Above 15 years	44	14.3
<b>Type of hospital</b>		
Government hospital	247	80.2
Autonomous hospital	61	19.8
<b>Palliative care service experience</b>		
Yes	72	23.4
No	236	76.6
<b>Palliative care training</b>		
Yes	32	10.4
No	276	89.6

Table-1 Shows that a maximum of 48.4%, (149) respondents were aged between 21-30 years. The Mean age was  $33.71 \pm 7.282$  (SD) years and most of the respondents 92.5% (285) were female. Most of the respondents 69.5% (214) had a Diploma in Nursing, 14.9 % (46) respondent had clinical

experience between 0-3 years, the majority of respondents 80.2% (247) work in government hospitals, 76.6% (236) respondents had not palliative care service and only 10.4% (32) respondents had received palliative care training.

**Table – 2: Knowledge-related information regarding basics Palliative Care (n – 308)**

knowledge regarding the basics of Palliative Care	Frequency (f) Percentage (%)		
	Yes	No	-----
The meaning of palliative care	298(96.8%)	10(3.2%)	-----
Palliative care is only provided to patients who have no curative treatment. (True)	<b>Correct</b> 101(32.8%)	<b>Incorrect</b> 201(65.3%)	<b>Don't know</b> 6(1.9%)
Palliative care is appropriate only in situations where there is evidence of a downhill trajectory or deterioration (False).	202(65.6%)	99(32.1%)	7(2.3%)
The provision of palliative care requires emotional detachment (False).	209(67.9%)	91(29.5%)	8(2.6%)
The philosophy of palliative care is compatible with that of aggressive treatment. (False)	75(24.4%)	221(71.8%)	12(3.9%)
The accumulation of losses renders burnout inevitable for those who seek work in palliative care. (False)	131(42.5%)	170(55.2%)	7(2.3%)
Knowledge regarding psychological and spiritual care	Frequency (f) Percentage (%)		
It is crucial for family members to remain at the bedside until death occurs. (False)	<b>Correct</b> 151(49.0%)	<b>Incorrect</b> 154(50.0%)	<b>Don't know</b> 3(1.0%)
Men generally reconcile their grief more quickly than women. (False)	155(50.3)	149(48.4%)	4(1.3%)
The loss of a distant or contentious relationship is easier to resolve than the loss of one that is close or intimate (False).	135(43.8%)	163(52.9%)	10(3.2%)
Terminally ill patients have the right to choose "Do not resuscitate" (DNR) (True).	270(87.7%)	29(9.4%)	9(2.9%)
Terminally ill patients should be encouraged to hope against all odds. (True)	281(91.2%)	24(7.8%)	3(1.0%)
Knowledge regarding the management of pain and other symptoms	Frequency (f) Percentage (%)		
Morphine is the standard used to compare the analgesic effect of other opioids. (True)	<b>Correct</b> 173(56.2%)	<b>Incorrect</b> 131(42.5%)	<b>Don't know</b> 4(1.3%)

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The extent of the disease determines the method of pain treatment. (False)	153(49.7%)	151(49.0%)	4(1.3%)
Adjuvant therapies are important in managing pain. (True)	175(56.8%)	127(41.3%)	6(1.9%)
During the last days of life, the drowsiness associated with electrolyte imbalance may decrease the need for sedation. (False)	121(39.3%)	179(58.1%)	8(2.6%)
Drug addiction is a major problem when morphine is used on a long-term basis for the management of pain. (False)	123(39.9%)	178(57.8%)	7(2.3%)
Individuals who are taking opioids should also follow a bowel regime. (True)	201(65.3%)	92(29.9%)	15(4.9%)
During the terminal stages of illness, drug that can cause respiratory depression are appropriate for the treatment of severe dyspnea. (False)	109(35.4%)	188(61.0%)	11(3.6%)
The use of placebos is appropriate in the treatment of some types of pain. (False)	95(30.9%)	196(63.6%)	17(5.5%)
In high doses, codeine causes more nausea and vomiting than morphine. (False)	103(33.4%)	131(42.5%)	74(24.1%)
Suffering and physical pain are synonyms. (False)	132(42.8%)	149(48.4%)	27(8.8%)
Pethidine is not an effective analgesic in the control of chronic pain. (True)	193(62.7%)	95(30.8%)	20(6.5%)
Meperidine (Demerol) is not an effective analgesic for the control of chronic pain. (False)	94(30.5%)	114(37.0%)	100(32.5%)
Manifestations of chronic pain are different from those of acute pain. (True)	193(62.7%)	105(34.1%)	10(3.2%)
The pain threshold is lowered by anxiety or fatigue. (False)	93(30.2%)	156(50.6%)	59(19.2%)

**Table- 3: Distribution of nurse's knowledge level on palliative care (n – 308)**

Knowledge level	Frequency (f)	Percentage (%)
Good Knowledge	84	27.3
Average Knowledge	180	58.4
Poor Knowledge	44	14.3
<b>Total</b>	<b>308</b>	<b>100</b>
<b>Mean ± SD</b>	<b>2.12± 0.63</b>	

Table- 3 shows that out of 308 nurses' 58.4% (180) had average Knowledge and 27.3% (84) had good knowledge, 14.3% (44) had poor knowledge of palliative care.

**Table 4: Distribution of nurses according to practice of palliative care (n - 308).**

Practice of nurses on palliative care	Response	Frequency (f)	Percentage
Are you apply nursing intervention to improve the quality of life of families?	No	7	2.3%
	Partially	55	17.8%
	Yes	246	79.9%
When do you give palliative care?	During diagnosis	132	42.9%
	When the disease progress	14	4.5%
	At the end of life	162	52.6%
Do you inform terminally ill patients about their diagnosis?	No	96	31.2%
	Yes	11	3.6%
	Depending on the family's wish	199	64.6%
	Inapplicable	2	0.6%
How do you address spiritual issues?	Connect with a spiritual counselor	32	10.4%
	Listen with empathy	148	48.1%
	Impose your own view	34	11.0%
	Understand patient reaction	94	30.5%

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Do you inform the patients and their relatives about the course of the disease as well the treatment?	No	4	1.3
	Partially	54	17.5
	Yes	250	81.2
Which cause depends on the communication with the family of the terminally ill patient?	<b>Response</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
	Families' ability to assimilate	82	26.6%
	Their involvement in decision making	134	43.5%
	Your willingness to disclose information	92	29.9%
Whom do you involve in decision making?	Patient	14	4.5%
	Family	279	90.6%
	My own	10	3.2%
	Other health professional	5	1.6%
How do you perceive terminally ill patient concern or question?	Patient	55	17.9%
	Treat	30	9.7%
	Doubting your professionalism	14	4.5%
	Attention seeking behavior	209	67.9%
Do you talk to the patients and their families about death?	No	12	3.9%
	Partially	59	19.2%
	Yes	237	76.9%
Can you recognize impending death?	No	8	2.6%
	Partially	37	12%
	Yes	263	85.4%
Are you sensitive to the patients' and families' spiritual requirements and cultural values?	No	6	1.9%
	Partially	46	14.9%
	Yes	256	83.1%
Do you observe the end-of-life ethical principles in palliative care?	No	5	1.6%
	Partially	57	18.5%
	Yes	246	79.9%
Do you provide support to the family after death?	No	9	2.9
	Partially	56	18.2
	Yes	243	78.9
What type of medication commonly use in your practice for severe pain?	Paracetamol /Ibuprofen	48	15.6%
	Codeine	1	0.3%
	Morphine	259	84.1%
How do you assess patient pain?	Grade with face	265	86.0
	Intensity	14	4.5
	location	26	8.4
	Quality	3	1.0

**Table – 5: Distribution of nurses according to the level of practice**

Practice level	Frequency (f)	Percentage (%)
Adequate Practice	88	28.5
Moderate Practice	177	57.5
Inadequate Practice	43	14.0
<b>Total</b>	<b>308</b>	<b>100</b>
<b>Mean ± SD</b>	<b>2.14 ± 0.63</b>	

Table 5 shows that out of 308 nurses' 57.5% (177) had moderate practice, 28.5% (88) had adequate practice and 14.0 % (43) had inadequate practice on palliative care.

### DISCUSSION

The study intended to find out the knowledge and practice of nurses on palliative care in selected hospitals of Dhaka city.

Palliative care plays a critical role in enhancing the quality of life for individuals facing serious illnesses. Nurses, as frontline healthcare providers, are central to the delivery of palliative care. Table 3 provides valuable insights into the distribution of nurses' knowledge levels on palliative care. The findings, based on a sample of 308 nurses, reveal that 58.4% of participants exhibited an average level of

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knowledge, 27.3% displayed good knowledge, and 14.3% demonstrated poor knowledge regarding palliative care.

The results underscore the need for ongoing education and training in palliative care among nurses. The prevalence of nurses with only average knowledge (58.4%) suggests that there is room for improvement in their understanding of palliative care concepts and practices. This might be attributed to variations in the content and depth of palliative care education during their training. As the healthcare landscape evolves, it becomes crucial for nursing curricula to adequately cover palliative care topics, ensuring that future nurses are well-equipped to provide comprehensive support to patients with life-limiting illnesses. The 27.3% of nurses with good knowledge of palliative care can be seen as a positive outcome. This group is likely to be better prepared to manage pain and symptom control, communicate effectively with patients and their families, and make informed decisions regarding end-of-life care options. These nurses can potentially serve as resources within healthcare teams, sharing their expertise and helping to bridge the knowledge gap among their peers.

However, the presence of 14.3% of nurses with poor knowledge on palliative care is concerning. Inadequate knowledge in this area can lead to suboptimal care for patients in need of palliative interventions. Efforts must be directed towards identifying the factors contributing to this knowledge gap. Potential causes could include limited exposure to palliative care cases during clinical rotations, a lack of continuing education opportunities, or misconceptions about the scope and importance of palliative care.

To address these disparities in knowledge, healthcare institutions should consider implementing targeted interventions. Regular workshops, seminars, and online courses focused on palliative care can be organized for nurses, irrespective of their experience levels. These educational initiatives should emphasize evidence-based practices, effective communication strategies, and the psychological aspects of caring for patients nearing the end of life. By investing in ongoing education, healthcare facilities can empower their nursing staff to deliver holistic care that encompasses not only medical aspects but also emotional and spiritual dimensions.

The data reveals that a significant portion of the surveyed nurses, 57.5% (177 individuals), fall under the category of moderate practice. This suggests that these nurses possess a certain degree of familiarity and skill in delivering palliative care, although there is room for enhancement. It could be inferred that this group of nurses might benefit from targeted training programs or workshops aimed at elevating their practice to a more advanced level. On the other hand, 28.5% (88 individuals) of the nurses are classified as having adequate practice. This group demonstrates a commendable level of proficiency in palliative care, indicating that they are well-equipped to address the needs of patients requiring such

specialized attention. Their competence could potentially be attributed to previous training, experience, or a natural aptitude for palliative care. Recognizing and encouraging the practices that have led to their higher competency could contribute to the overall improvement of palliative care across the nursing workforce.

A smaller subset of nurses, comprising 14.0% (43 individuals), is marked as having inadequate practice in palliative care. This group represents an area of concern, as inadequate practice could result in suboptimal care for patients with complex needs. It is imperative to investigate the reasons behind this inadequacy – whether it is due to lack of training, unfamiliarity with the principles of palliative care, or other factors. Remedial measures, such as targeted educational interventions and mentorship programs, might be necessary to uplift the practice of these nurses and ensure that patients receive the best possible care.

Overall, the distribution of nurses across these categories highlights the need for ongoing education and training in palliative care. Continuous professional development is essential for nurses at all practice levels to ensure that they stay updated with the latest practices and techniques. By addressing the gaps identified in the survey, healthcare institutions can work towards providing consistent, high-quality palliative care services to patients who require them.

## CONCLUSION

In Bangladesh the concept of palliative care is still a neglected topic. Only a few numbers of institutions and hospitals provide palliative care facilities where as this important issue is being ignored by most of the institution, hospitals and clinics in Bangladesh. Bangladesh is one of the developing countries where non-communicable disease burden is increasing day-by-day and Palliative Care is becoming an important issue of public health concern. Public health approach is necessary for rendering effective Palliative Care services for the patients of incurable diseases in Palliative care centers. In this study nurses had good knowledge and good practice but not satisfactory. The nurses, lack of adequate training in Palliative care was one of the causes of the suffering of patients. Adequate training of nurses is necessary to improve the quality of care for dying people.

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## Conflicts of Interest

The authors declare no conflicts of interest.

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### REFERENCES

- I. Bangladesh Bureau of statistics, 2007.
- II. Bibi, F., Kausar, S., Hussain, H. N., Kouser, S., Khan, S., (2020). Oncology nurses' knowledge, attitude and practices towards palliative care in tertiary care hospitals of Lahore, Pakistan. *Rawal Medical Journal: Vol.45. No. 1 (2020)*.
- III. 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. *PLoS ONE 15(10) journal. pone.0238357*
- IV. Khan, F. and Ahmed, N.U. (2008). Palliative care is a human right, *Journal of BSA: 219. 21 (2):76-79*
- V. National Guideline for Palliative Care, BSMMU.
- VI. National Institute of Population Research and Training, NIPORT, (2014).
- VII. World Health Organization (2006). WHO definition of Palliative Care. Available from: <http://www.who.int/cancer/palliative/definition/en>.
- VIII. Zeru, T., Berihu, H., Gerensea, H., Teklay, G., Teklu, T., Gebrehiwot, H., et al. 2020. Assessment of knowledge and attitude towards palliative care and associated factors among nurses working in selected Tigray hospitals, northern Ethiopia. *The Pan African Medical Journal-1937-8688, 2020-ncbi.nlm.gov*