

## KNOWLEDGE AND ATTITUDE OF NURSING STUDENTS TOWARDS PALLIATIVE CARE IN A GOVERNMENT NURSING TRAINING COLLEGE, WEST BENGAL

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### ABSTRACT

**Background:** Palliative care is a branch of medical science that aims at addressing problems faced by patients and their family members during life-threatening terminal illness. **Material and Methods:** A study was conducted in Nursing training College, Malda Medical College & Hospital. This study evaluated the knowledge and the attitude of nursing students in palliative care. Fifty four nursing students participated in this survey. **Results:** The mean knowledge score was 8.3 out of 20. Sixteen participants scored fifty percentage or more in the knowledge section. The mean attitude score was 106 out of 150. Thirty two participants scored seventy percentage or more in the attitude section. In participants with good knowledge the Attitude score was found to higher than those with poor knowledge (107.56 versus 105.84). However this was not found to be statistically significant at p value <0.05. **Conclusion:** This study gave an insight to the palliative care understanding of the nursing students and will help to recommend required changes in the curriculum. Optimal palliative care can provide a good quality of life to the patients and give support to their families.

**Keywords:** Palliative care, Nursing students, Knowledge, attitude, training

### INTRODUCTION

Palliative care is described as means to provide good quality of life to patients and their family in life threatening illness. Importance has been given to Primary health care units and home care for providing palliative care. World Health Organization has laid special importance to palliative care in management of terminal illness. (1) In India and worldwide non-communicable diseases are major cause of the deaths. These disease conditions require palliative care. Increase in non –communicable diseases and growing population of older age has increased the demand for palliative care. Estimation from clinical studies show that sixty percent of the patient dying every year suffer

from long term illness which make palliative care important. The cancer is detected in relatively advanced stage in India. (2) Surveys conducted in India show that about six people in every one thousand Indian require palliative support. However at present due to limited resources the palliative care coverage is poor. (3)

Nursing staff form a key component of palliative care. Nurses have provide palliative care support to patients in the hospital, primary health care facility and make visit to patient's home when required. Therefore it is important that they have sound knowledge and

positive attitude towards this medical field. The number of clinical studies conducted to ascertain palliative care in rural India is limited. Further at present the palliative care coverage in the curriculum is limited. This clinical study has been conducted to sensitize the rural medical fraternity towards palliative care requirement. Palliative Care Quiz for Nursing was used for assessment of Knowledge. Frommelt Attitude toward the Care of Dying scale was used for assessment of Attitude. (4)

## **MATERIAL AND METHODS**

This study was conducted in Nursing Training School, Malda- West Bengal. It was conducted during the period of August 2018 to October 2018. Fifty four nursing students of Nursing Training School, Malda- West Bengal participated. The participation was voluntary.

**Study questionnaire:** The study assessed the orientation of the participants in palliative care. In the knowledge section twenty true or false type questions were asked. For correct answer=1 and wrong answer=0 was awarded. The total mark of the knowledge section was twenty. If total marks obtained in this section was fifty percentage or more grade given was Good.

In the attitude section thirty questions were asked. The participants were asked to mark strongly disagree, disagree, uncertain, agree and strongly agree. Based on the answers given one to five marks were awarded. Therefore strongly disagree =1, disagree= 2, uncertain=3, agree=4, strongly agree=5. Negative statements were marked in reverse. Therefore strongly disagree=5, disagree= 4, uncertain=3, agree=2, strongly agree=1. Total marks of the attitude section was one hundred and fifty. If total marks obtained in this section was seventy percentage or more grade given was Good.

A printed questionnaire was given to the participants during working hours. The questions were answered by the participants in one hour. The language was English.

Approval by Institutional Ethics Committee, Malda Medical College, Government of West Bengal was obtained before conducting the study. The data was

calculated using online statistical software: social science statistics.

## **RESULTS**

### **Demographic data:**

The age of the participants 19 to 27 years. Total fifty four nursing students participated. Among the participants all were female.

### **Knowledge of the participants:**

The mean knowledge score obtained by participants was 8.3 out of 20 –Table 1. Sixteen participants scored fifty percentage or more in the knowledge section- Table 2.

### **Attitude of the participants:**

The mean attitude score obtained by participants was 106 out of 150- Table 3. Thirty two participants scored more than seventy percent in attitude section- Table 4.

### **Association between Knowledge and Attitude of the participants:**

In participants with good knowledge that is the Attitude score was found to higher than those with poor knowledge (107.56 versus 105.84). However this was not found to be statistically significant at p value <0.05-Table 5.

## **DISCUSSION**

Patients suffering from cancer, AIDs, Stroke, Cardiovascular diseases, diabetes etc require support from palliative care to manage their problems. In 2012 Government had recommended one Palliative care unit in each district hospital. Each palliative care should consist of one physician, nurses in 1:3 ratio of in-patients. (5) Thus we find that nurses form a critical component in providing medical facility to the patients. In government portal for palliative care emphasis was also given to changes in curriculum and attitudinal changes required for providing optimal palliative care.

In Manipal University, Karnataka, India nurses scored thirty six percent in the knowledge test of palliative care during a clinical study. Our study knowledge score was forty two percent. (6) Thus we find that there is definite scope of improvement of the nursing staff in palliative care as far as knowledge is

concerned. Apollo Hospital, Hyderabad evaluated the effectiveness of Palliative care manual to improve the knowledge of nurses. The information was found to be effective in increasing the knowledge score of the nursing staff (7). Government of India has recommended a structured training program in palliative care for nursing staff. In our study it was found that almost all the participants gave incorrect answers in questions related to a. Burn-out due to working in palliative care unit. b. Therapeutic use of placebos c. Aggressive management and palliative treatment both can be given simultaneously d. presence of family members at time of death. These issues can be addressed by a structured training program.

AIIMS, Bhubaneswar, India conducted a study involving nurses working in various corporate hospital in that region. This study concluded that nurses want to be part of the team managing terminal illness. (8) In a similar study conducted in Iran nursing students participated. This study found that there is lack of positive attitude among students towards palliative care. These students underwent a training program in palliative care. After the completion of training significant improvement ( $p < 0.001$ ) was noted. (9)

One of the critical areas in palliative care is pain management. In a Referral hospital, Pune, India the attitude of nurses towards pain management was evaluated. This study concluded that there was need of improvement of the nursing staff attitude and knowledge especially in management of cancer pain and use of opioids. This study recommended appropriate changes in the curriculum and training to overcome the limitations. (10)

In our study we found that a particular question was not answered correctly by majority of the participants when the patient wanted to know if he or she is going to die. About forty one out of fifty four participants, agreed or strongly agreed that change of subject is the appropriate option. A better approach would be to give honest answers instead of changing the subject.

To improve the knowledge and attitude in palliative care of the nurses and nursing students. Department of Pharmacology, in a medical college at Bangalore evaluated the effectiveness of educational program in

improving orientation towards palliative care. This study included medical undergraduate students, nursing students and physiotherapy students. All participants showed significant improvement ( $p < 0.05$ ) towards palliative care including pain management. (11)

Finally for maximum utilization of the resources available for palliative care of the patients awareness of the general population about palliative care is important. A study conducted in a tertiary care hospital in Chennai, India involved the local population and medical personnel. Interesting this study showed that local population and medical personnel had equal empathy towards terminally ill patients. Nursing staff can play a vital role by increasing awareness in general population about palliative care. (12)

Limitations of this study: This study evaluated the orientation of the nursing students towards palliative care. However the effectiveness of structured training program was not assessed.

## CONCLUSION:

This study gave an insight to the palliative care understanding of the nursing students and help to recommend required changes in the curriculum. Optimal palliative care can provide a good quality of life to the patients and give support to their families.

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**Table 1: Mean score of the participants in knowledge section:**

Knowledge Statements	Mean Scores out of 1
1. Palliative care	0.3
2. Morphine	0.8
3. Extent of the disease	0.4
4. Adjuvant therapies	0.3
5. Family members	0.1
6. Electrolyte imbalance	0.3
7. Drug addiction	0.2
8. Bowel regime	0.4
9. Emotional detachment	0.8
10. Dry mouth	0.6
11. Grief	0.2
12. Aggressive treatment	0.1
13. Placebos	0.1
14. Pain relief	0.7
15. Suffering	0.9
16. Parenteral Anti emetics	0.8
17. Burnout	0.1
18. Chronic pain	0.9
19. Bulk forming agents	0.2
20. Pain threshold	0.2
<b>Total Mean knowledge score</b>	<b>8.3/20</b>

**Table 2: Overall evaluation of knowledge of the participants**

	Number of participants
<b>Total knowledge score more than 10 out 20</b>	16
<b>Total knowledge score more less than 10 out of 20</b>	38

**Table 3: Mean score of the participants in Attitude section**

<b>Attitude statement</b>	<b>Mean scores out of 5</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1.Patient Care</b>	4.4	0	0	1	30	23
<b>2. Death is not the worst thing</b>	3.6	4	14	1	18	17
<b>3. Impending death *</b>	2.4	4	8	4	26	12
<b>4. Patient's family</b>	3.7	0	4	12	36	2
<b>5. Dying Patient *</b>	4.7	41	12	1	0	0
<b>6. Talk about death *</b>	2.9	4	20	6	16	4
<b>7. Frustration*</b>	4	12	35	4	2	0
<b>8. Hope*</b>	2.4	6	4	4	33	7
<b>9. Relationship *</b>	2.9	2	21	5	21	5
<b>10. Welcomes death</b>	3.1	0	11	24	12	5
<b>11. Change of subject *</b>	1.9	2	8	3	13	28
<b>12. Physical care and family involvement</b>	4.5	1	2	0	15	36
<b>13. Avoid *</b>	3	6	11	13	24	0
<b>14. Friends with patient*</b>	3.7	10	30	5	4	5
<b>15. Escape *</b>	4	16	27	8	3	0
<b>16. Families need emotional support</b>	4.6	0	1	1	16	36
<b>17. Involvement with the patient*</b>	4	19	19	12	3	1
<b>18. Families concern about last days</b>	4.3	0	0	5	29	20
<b>19. Decisions of patient*</b>	3.6	9	31	1	8	5
<b>20. Normal family environment</b>	4.1	1	2	3	30	18
<b>21. Feelings of patient</b>	4.3	0	0	0	34	19
<b>22. Care to family of the patient</b>	3.9	0	2	4	40	7
<b>23. Visiting schedules</b>	3.4	2	11	6	29	5
<b>24. Decision-makers</b>	3.5	1	6	5	37	3
<b>25. Addiction</b>	2.7	1	28	15	7	3
<b>26. Crying*</b>	3.1	11	13	6	16	8
<b>27. Honest answers</b>	3.8	1	14	2	16	21
<b>28. Educating families*</b>	3.6	10	24	6	14	0
<b>29. Interference in care*</b>	3.1	2	19	20	12	0
<b>30. Preparation for death</b>	3.3	3	10	14	23	4
<b>Total Mean Attitude score</b>	106/150					

**Table 4: Overall evaluation of Attitude of the participants**

	Number of participants
<b>Total Attitude score more than 105 out 150</b>	32
<b>Total Attitude score less than 105 out 150</b>	22

**Table 5: Comparison of Good knowledge versus Poor Knowledge in context of Attitude scores**

	Good Knowledge (more than or equal to 10/20)	Poor Knowledge (less than 10/20)	P value	Significance
<b>Mean Attitude score out 150</b>	107.56	105.84	0.205331	Not Significant

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