KNOWLEDGE AND ATTITUDES OF NURSES TOWARD PALLIATIVE CARE FOR OLDER DYING PATIENTS: A CROSS-SECTIONAL STUDY

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Abstract: *The growing elderly population and associated palliative care needs emphasize the importance of equipping nurses with adequate knowledge and fostering positive attitudes toward end-of-life care. Understanding nurses' knowledge and attitudes is crucial for improving the quality of palliative care provided to older dying patients.* **Objective:** *To assess the knowledge and attitudes of nurses towards palliative care for older dying patients.* **Methodology:** *A cross-sectional study was conducted in the Nursing Department of Nishtar Hospital, Multan from September 2023 to September 2024. A total of 100 nurses involved with palliative care of elderly patients were selected for the study. Knowledge of nurses was evaluated by the Palliative Care Quiz for Nursing which contained 20 questions that could be answered by selecting true, false, or unknown options. The attitudes of nurses were assessed on a seven-item thanatophobia scale which could be answered on a Likert scale from 1 to 7 with 1 being strongly agree and 7 being strongly disagree.* **Results:** *The mean knowledge score was 12 ± 3.1 which showed a moderate understanding with a score range of 6-19. The median attitude score on the thanatophobia scale was 13 with a score range of 8 to 35. Age ($r= -0.347$, $p=0.006$) and experience ($r= -0.286$) were negatively associated with attitudes and these associations were significant. Total knowledge scores and total attitude scores were moderately and negatively associated indicating that good knowledge was correlated to positive attitudes ($p=0.008$).* **Conclusion:** *A moderate knowledge level and favorable attitudes of nurses were recorded towards palliative care. However, more experience and training can improve these scores.*

Keywords: Attitude, Knowledge, Nurses, Palliative Care.

Introduction

According to research, 1/4th of the world would be composed of elderly population by 2050.(1) In addition, the population of individuals older than 60 would increase by two-fold.(2) The gradual increase in older people has surged the admissions to nursing homes and palliative care facilities. Chronically ill old people progressing towards end-of-life care require round-the-clock care and often have more complex needs than younger patients. Since recovery is slower in older people, they experience slow death with acute decline in their function, delaying palliative care and extending suffering.

Nurses are the backbone of nursing homes and are equipped to provide palliative care to older patients. A good nurse-patient relationship improves the quality of life of residents and leads to longer stays.(3, 4) It allows for better monitoring of patients' condition and advocates for options for palliative care. However, due to a lack of understanding and knowledge among nurses, palliative care is inadequate even in developed countries like Ireland, Sweden, Denmark, and Australia.(5-8)

This study was conducted to assess the knowledge and attitudes of nurses towards palliative care for older dying patients.

Methodology

A cross-sectional study was conducted in the Nursing Department of Nishtar Hospital, Multan from September 2023 to September 2024. A total of 100 nurses involved with palliative care of elderly patients were selected for the study. Nurses with less than 1-year experience were excluded. All nurses provided their informed consent to become a part of the study. The ethical committee of the hospital approved the study.

Data was collected through self-informed questions. Knowledge of nurses was evaluated by the Palliative Care Quiz for Nursing which contained 20 questions that could be answered by selecting true, false, or unknown options. The score range of PCQN was 0-20. The attitudes of nurses were assessed on a seven-item thanatophobia scale which could be answered on a Likert scale from 1 to 7 with 1 being strongly agree and 7 being strongly disagree. The score range was 7-49 with a high score indicating poor attitudes and patient outcomes.

All data was analyzed by SPSS version 24. Normally distributed data was presented as mean ± SD and skewed data was presented by medians. ANOVA and independent t-tests were used to compare variables and groups. The association between continuous variables was assessed by Pearson's correlation or Spearman's correlation where applicable according to data normalcy. A p-value of less than 0.05 was taken significantly.

Results

The response rate of questionnaires was 100%. The average age of nurses was 41 ± 9.1 years. The average experience

was 17 years with a minimum duration of 6 months and a maximum duration of 40 years. 50 nurses (50%) had received a palliative care training. The mean knowledge score was 12 ± 3.1 which showed a moderate understanding with a score range of 6-19. 95 nurses (95%) answered the question about bowel routine correctly which was the highest score among all questions. While the question about the principle of palliative care was answered incorrectly by 90 nurses (90%). Responses of nurses to the PCQN questionnaire are shown in Table I. Age and knowledge was not significantly associated (r=0.170) but a longer experience in palliative care significantly improved the nurses' knowledge (r=0.30) indicating a positive relationship (p=0.018). Nurses with palliative care training or education had a mean knowledge score of 13.1 ± 2.83 and those without any training had a lower mean score of $12 \pm$ 2.94, however, this difference was insignificant (95% CI: -0.42, 2.48, p=0.136).

The median attitude score on the thanatophobia scale was 13 with a score range of 8 to 35. The best attitude response was to the question that assesses the frustration of nurses while talking to family members of a dying patient (1.87 ± 1.2). The worst attitude was noted in response to the statement that expressed the feeling of discomfort in nurses when saying goodbye to a dying patient (2.60 ± 1.4) (Table II).

Age (r= -0.347, p=0.006) and experience (r= -0.286) were negatively associated with attitudes and these associations were significant (Table III). Total knowledge scores and total attitude scores were moderately and negatively associated indicating that good knowledge was correlated to positive attitudes (p=0.008).

Table I: Assessment of Knowledge by PCQN Questionnaire

Questions	Correct answer (%)
Palliative care should only be provided when patients show signs of decline or deterioration	80 (80%)
Morphine is the primary analgesic to assess the effect of other opioids	55 (55%)
Disease severity determines the mode of pain relief	35 (35%)
Adjuvant treatment are more effective form of analgesic	78 (78%)
It is important for the family to stay with the dying patient till death	75 (75%)
The drowsiness caused by electrolyte imbalance near death can reduce the requirement for sedation	40 (40%)
Long-term morphine administration can be a risk factor for addiction	55 (55%)
A bowel routine should be followed by patients receiving opioid treatment	95 (95%)
Patients choosing palliative care must be emotionally detached from their family	75 (75%)
In terminally ill patients, severe dyspnea can be managed by drugs causing respiratory depression	44 (44%)
Men are more efficient in dealing with grief than women	65 (65%)
The principle of palliative care is similar to aggressive treatment	10 (10%)
Placebo treatment is appropriate for the management of some pain	69 (69%)
High doses of codeine can cause more nausea and vomiting than morphine	45 (45%)
Suffering is similar to feeling physical pain	60 (60%)
Chronic pain cannot be effectively managed by Pethidine	70 (70%)
Palliative care workers can burnout after experiencing constant loss of patients	45 (45%)
Chronic pain presents differently than acute pain	85 (85%)
The loss of a distant acquaintance is easier to deal with than the loss of a close relationship	60 (60%)
Anxiety or fatigue lowers the pain threshold	60 (60%)

Table II: Assessment of attitudes by thanatophobia scale

Statements	Mean ± SD	Median
I am not comfortable around dying patients	2.18 ± 1.0	2 (1-6)
Being around terminal patients makes me feel helpless	1.99 ± 0.9	2 (1-6)
It is frustrating to talk to loved ones of a dying patient	1.87 ± 1.2	1 (1-7)
It is traumatizing to manage a dying patient	2.52 ± 1.4	2 (1-7)
The desire to say goodbye to a dying patient makes me uncomfortable	2.60 ± 1.4	2 (1-7)
I don't look forward to tending to a dying patient personally	2.0 ± 0.9	2 (1-6)
I feel uncomfortable when patients talk about death	2.0 ± 0.9	2 (1-5)

Table III: Spearman's correlation

Variables	Thanatophobia score (Rho)	P-value
Years of experience	0.289	0.018
Age	0.339	0.0006

Discussion

The results of this study showed a moderate level of knowledge and satisfactory attitudes among nurses regarding the palliative care of dying patients. The mean knowledge score was 12 ± 3.1 and the median attitude score was 13. These results are similar to other studies conducted in older patients receiving palliative care.(9, 10)

95 nurses (95%) answered the question about bowel routine correctly which was the highest score among all questions. As constipation is frequent in patients receiving opioids, bowel routine is often monitored in such patients, hence this finding was also found in other studies conducting PCQN questionnaires.(11, 12) While the question about the principle of palliative care was answered incorrectly by 90 nurses (90%). Since other studies also highlighted the lack of knowledge regarding this subject, it is important to educate nurses on this matter as educational subjects do not focus on this.(13, 14)

Attitudes score was significantly associated with age and work experience in palliative care showing that older nurses with more years of experience had a positive attitude. It has been reported previously that a positive attitude towards dying patients and death was due to years of experiencing these sentiments.(15, 16) Hence, new nurses with less experience may improve their attitudes by working under senior nurses and gaining more training.(17)

Total knowledge scores and total attitude scores were moderately and negatively associated indicating that good knowledge was correlated to positive attitudes. Literature has also backed this correlation reporting that as knowledge increased regarding palliative care, the attitudes regarding death and dying patients become improved and nurses feel more comfortable managing terminal patients.(18, 19)

Our study has some limitations. The sample size was limited and results were analyzed at one point in time. Large cross-sectional and longitudinal studies may yield different results.

Conclusion

A moderate knowledge level and favorable attitudes of nurses were recorded towards palliative care. However, more experience and training can improve these scores.

Declarations

Data Availability statement
All data generated or analyzed during the study are included in the manuscript.
Ethics approval and consent to participate.
Approved by the department Concerned. (IRBEC-NHMNU-990/23)
Consent for publication
Approved
Funding
Not applicable

Conflict of interest

The authors declared an absence of conflict of interest.

Authors Contribution

MISBAH AALIA (Nursing Officer)
Data Analysis & Final Approval of version
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Drafting, Concept & Design of Study

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