EUROPEAN ACADEMIC RESEARCH
Vol. VI, Issue 11/ February 2019

Impact Factor: 3.4546 (UIF)
DRJI Value: 5.9 (B+)

ISSN 2286-4822
www.euacademic.org

Knowledge and Attitude among Nurses about Palliative Care

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Abstract:

Introduction: *Palliative care enhances the quality of life. Along to enhance the quality of life it is necessary for nurses to have good knowledge and attitude towards palliative care. It is nurse's imperative duty to provide quality care to terminally ill patient and chronically sick.*

Material and method: *A cross sectional, descriptive study conducted in the Government Sector with sample size of 200 registered job nurses by using the simple random sampling technique. Inclusion and exclusion criteria have been used. Ethical consideration proceeded in form of a letter to the concerned organization of Government sector.*

Results: *Nurses have poor knowledge about palliative care but favorable attitude with patients regarding palliative care. Data was collected from the nurses who have more than one year job experience. 43.5% only agree that when the palliative care is needed to be provided.*

Conclusion: *Over all in the study nurses are less aware about the palliative care. Most of the nurses distorted the term palliative care. They become confuse about the palliative care and dying patient care.*

Key words: Palliative care, knowledge, attitude, quality care, nurse, imperative

1. INTRODUCTION

The term palliative care has been distorted; many people still know that palliative medicine means entirely focused on terminally illness; eventually it is whole pain management, just to relieve since long patient is alive (Phillips, Piza et al. 2012). The term palliative care has often been misused; most of the people still refer to palliative medicine as being entirely focused on terminal illness (Smyth JF, 2008).

Palliative Care is drawn from the Latin word "palliare' means "to cloak" any form of medical care or treatment that focuses on falling the symptoms, rather than striving to halt, delay or reverse the progression of disease itself or provide a care. Palliative care is something that is intended to make a bad situation seem better but that does not really improve the situation or something that reduces the effects or symptoms of a medical condition without curing it (Mariyam Webster, 11th edition).

Palliative care is an approach that improves patient's quality of life and their families facing the problem associated with life threatening illness through, the prevention and relief of suffering, impeccable assessment and treatment of pain,

physical, psychological and spiritual. Palliative care regards dying as a normal process, provides relief from pain, intends neither hasten nor postpone death, proceeded in prolong therapies such as chemotherapy, radiotherapy, HIV Aids and older patients (WHO Jan, 2009).

Knowledge is a tactful information, awareness, and understanding that has been obtained by experience or study and that s either in a person's mind or possessed by people generally (American English Dictionary, 2006). Nurses have knowledge about biomedical orientation of chronic pain rather than the behavioral (Prem V et.al, 2011).

A nurse plays an eminent role in the care of the dying and critically ill patients. Less knowledge about palliative care is a hurdle for the professionals in providing care to the patient. Palliative care, do not take account due to enhancing quantity of terminally ill patients. (Dereje Meeza & Zudu Worku May, 2012).

Attitude reflects the person's innermost convictions about thinking or feeling the situation is good or bad, right or wrong and desirable or undesirable and cognitive in nature, formal through interactions with the environment. (Mosby's Dictionary9th Edition, 2009).

Moreover attitude regarding palliative care that reflects from the study that nurses think about the palliative care only provided to terminally ill patients. Attitude of nurses is favorable but knowledge is poor (Hiwot Kassa et.al 2012). Study conducted on attitude of nurses towards dying, assessed by using the Frommelt Attitude toward Care of Dying Scale (Michelle Lange et.al, 2008)

However the important aspects that effect the provision of palliative health care are the health care professional knowledge, attitude and experiences which determine not only their procedures but behaviour during the course of treatment. Nurses are the most worthy palliative care team members and

manage the pain of dying patient, copes with the grief and loss and spiritual dimensions (Venkatesan Prem, 2012).

The significant factors affect a successful palliative health care delivery is the health care provider's knowledge, attitudes, beliefs and experiences, which depicts not only the procedures but also behavior during evaluation and treatment of patients (Skar R, 2010). Knowledge and attitude of health care professionals, effects on provision of palliative care which probes a significant role in nursing care of the patient who is dying and requires pain management. (VenkatesanPrem, 2012).

2. LITERATURE REVIEW

A measure of palliative care at home nursing knowledge was assessed for psychometric factors in a survey; divided in two aspects, nurse's knowledge and attitude regarding palliative care (Venkatesan Prem et.al, 2015). Knowledge was assessed of nurses working in Government Hospital from nurses as well as nurses of private hospitals. They have poor knowledge and attitude towards palliative care. (Hiwot Kassa et al., March, 2014).

A study conducted in June, 2007 provided an impression of the professional preparation and attitudes of physicians and nursing staff in Italy with regard to pain, supports to provide a quality care at the end of life for chronically ill patients, nurses are supposed to have a good knowledge and attitude about palliative care (M. Elizabetta Zanolin, 2017).

Nurses have poor knowledge but favorable attitude regarding provision of palliative care; they have no specific training regarding palliative care while most of the participants attended professional development program. Study conducted on knowledge assessment about palliative care of nurses but there is not any study on sharing information about palliative care. Nurses' attitude towards palliative care was sympathetic.

It was reviewed that training holders had efficient knowledge about palliative care (Perm's et.al, 2016).

Similarly knowledge and attitude of health care professionals, influence on delivery of palliative health care which plays hall mark role in nursing care of the patient who is about to die and requires pain management. (Venkatesan Prem, 2015).

The knowledge and understanding about pain had preceded a paradigm from biomedical aspects to behaviour measurements (Lipskey PE et.al, 2018). Nurses have knowledge about biomedical orientation of chronic pain rather than the behavioral (Prem V et.al, 2014).

Despite of introduction of World Health organization for pain management two decades back cancer pain is still being a major practice in our clinical area (Salminen E., et.al, 2018).

Only due to insufficient pain management referral trend from the radiotherapy department was being increased (Kuldeep Sharma et.al, July, 2015).

Moreover attitude regarding palliative care that reflects from the study that nurses think about the palliative care only provided to terminally ill patients. Attitude of nurses is favorable but knowledge is poor (HiwotKassa et.al 2018).

However the important aspects that effect the provision of palliative health care are the health care professional knowledge, attitude and experiences which determine not only their procedures but behaviour during the course of treatment. Nurses are the most worthiable palliative care team members and manage the pain of dying patient, copes with the grief and loss and spiritual dimensions (Venkatesan Prem, 2015).

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Knowledge is a tactful information, awareness, and understanding that has been obtained by experience or study and that s either in a person's mind or possessed by people generally (American English Dictionary, 2016). Nurses have knowledge about biomedical orientation of chronic pain rather than the behavioral (Prem V et.al, 2017).

There is lack of knowledge in trained nurses about the route of the analgesic narcotic 9.1% are neutral between differentiation of chronic and acute pain. Only 7.8% are agreed with the intramuscular route of narcotics while the 16.2% are disagreed strongly, similarly 9.1% participants showed uncertainty about the statement. Patient is able to judge his pain better rather than other observes it. 56.5% are agreed while .6% is strongly disagreed. The use of placebo is beneficial for some type of pain. 19.5% participants are strongly agreed and 3.9% are strongly disagreed. Men generally reconcile their grief rather than the women, 53.9% are agreed while 7.1% are strongly disagreed and 7.8% are quite neutral with the term. The findings of the study regarding the knowledge contradict to other studies (Karkada et.al, 2016).

3. PROBLEM STATEMENT

Palliative care is an approach that improves patient's quality of life and their families facing the problem associated with life threatening illness. The main purpose of palliative care to relief the sufferings of patient, impeccable assessment and treatment of pain, physical, provision of psychological and spiritual comfort. Palliative care regards dying as a normal process, provides relief from pain, intends neither hasten nor postpone death, proceeded in prolong therapies such as chemotherapy, radiotherapy, HIV Aids and older patients (WHO, 2009).Most of

the nurses have poor knowledge and attitude towards provision of palliative care (Hiwot Kassa et.al 2012).A nurse plays an eminent role in the care of the dying and critically ill patients. Less knowledge about palliative care is a hurdle for the professionals in providing care to the patient. Palliative care, do not take account due to enhancing quantity of terminally ill patients (Dereje Meeza & Zudu Worku May, 2012).

4. OBJECTIVE

The objective of the study is:

1. To assess the nurses' knowledge and attitude towards palliative care?

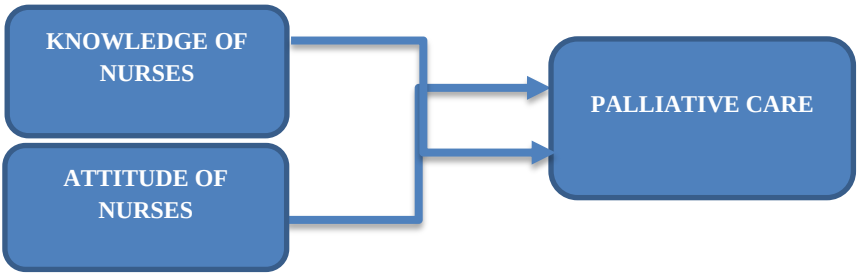
5. RESEARCH QUESTION

- What is the nurses knowledge regarding the palliative care?
- What is the nurses attitude regarding palliative care?

6. SIGNIFICANCE OF STUDY

This study findings will help to enhance knowledge and shape attitude of nurses positively towards palliative care of dying patients. Nurses would provide care to the patients full of compassion which in turn reduce patient's sufferings and give peaceful death. Moreover, the study findings will help the organization to devise strategies to pay importance to palliative care provision for enhancement of quality. The organization might use appropriate strategies to overcome the factors which hinders the palliative care delivery. This study will also have practical as well as theoretical implications that help the researcher to know about finding of data which will helpful in their research.

6. THEORETICAL FRAMEWORK



(Theory of planned behavior, 1980)

The Theory of Planned Behavior (TPB) started as the Theory of Reasoned Action in 1980 to predict an individual's intention to engage in a behavior at a specific time and place. The theory was intended to explain all behaviors over which people have the ability to exert self-control. The key component to this model is behavioral intent; behavioral intentions are influenced by the knowledge and attitude about the likelihood that the behavior will have the expected outcome.

7. OPERATIONAL DEFINITIONS:

Attitude:

It is a settled way of thinking or feeling about something.

Palliative care:

The care for the terminally ill and their families, especially that provided by an organized health service.

8. MATERIAL AND METHOD

Study Design

A cross-sectional study design was used.

Study Setting

The setting for this research was Mayo Hospital Lahore.

Duration of the Study:

This study was completed in approximately 4 months (September 2018, to December 2018).

Study Population:

The study population for this research wasall nurses working in Mayo Hospital Lahore.

Sampling Technique:

The simple random sampling techniques was used to collect data from selected population.

Sample Size:

Sample size is determined by using this formula

$n= N/ 1+ (N) (E)^2$

Desired sample size= n=?

Target Population= N =350

Margin of error =E=0.05 at 95% confidence interval

$n= 300/1+300(0.05)^2$

n= 300/1+1

n=300/2

n=154

The sample size is 154

Sample Selection for Nurses:

Inclusion criteria:

The subject included in the study was:

- All staff nurses
- Both male and female
- Those patients who were interested to participate in the study

Exclusion criteria:

The subjects who are excluded from the study was:

- Head nurses and nursing assistant
- Those who are not willing to participate

9. ETHICAL CONSIDERATION

The rules and regulations set by the ethical committee of Lahore School of Nursing were followed while conducting the research and the rights of the research participants was respected.

- Written informed consent attached was taken from all the participants.
- All information and data collection was kept confidential.
- Participants remained anonymous throughout the study.
- The subjects were informed that there are no disadvantages or risk on the procedure of the study.
- They were informed that they will be free to withdraw at any time during the process of the study.
- Data was kept in under key and lock while keeping keys in hand. In laptop it will be kept under password.

10. DATA COLLECTION PLAN

- After taking informed consent, data was collected by the help of collection tool questionnaire adopted (Michelle Lange et.al, 2008). .
- Data was collected from 154 staff nurses.

11. DATA ANALYSIS:

Data was analyzed by using SPSS version 22.0 statistical software for data analysis.

- Demographic variables like age, gender, marital status, education etc. was analyzed by using descriptive statistics like frequency, percentage, mean and standard deviation. Percentages were calculated for categorical data while continuous data was analyzed through mean and standard deviation.

RESULTS:

This chapter includes two portions of analysis. First analysis is demographic data analysis. It provides us details of five

demographic questions. Second analysis is descriptive analysis which is used for the twenty adapted questionnaires. It tells us about the status of knowledge and attitude among nurses regarding palliative care. The table depicts the knowledge and attitude of nurses regarding palliative care in the Mayo Hospital Lahore. Descriptive analysis is used to check the results of knowledge and attitude of nurse about palliative care. The results of knowledge and attitude of nurses are descriptively and statistically analyzed. It is also used to check the effects of moderation.

Demographic analysis

Data was collected from different age group. Four different age groups are ordained. n=35 (22.7%) participants are involved in age group of 18-25. n= 94 (61%) fell in age group of 25-35 years and n= 23 (14.9%). Of nurses are in limitations of 35-50years age group. Above 50years n= 2 (1.3%) More details are clear in table and graph.

Table: 1

Age

	Age	Frequency	Percent	Valid Percent	Cumulative Percent
	18-25	35	22.7	22.7	22.7
	25-35	94	61.0	61.0	83.8
Valid	35-50	23	14.9	14.9	98.7
	Above 50	2	1.3	1.3	100.0
	Total	154	100.0	100.0	

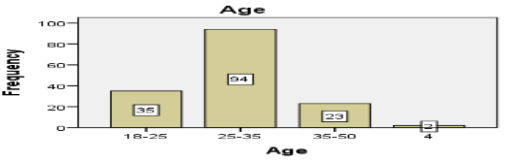


Figure: 1

Data is collected from the both genders, male and female. Statistics shows that n=8 (5.2%) participants have male gender

while 94.8% participants are females while in frequency n= 146 More details are clear in below table as well as graph.

Table: 2
Gender

Gender		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	8	5.2	5.2	5.2
	Female	146	94.8	94.8	100.0
	Total	154	100.0	100.0	

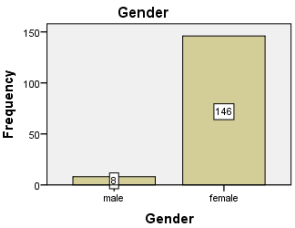


Figure: 2

Data collected from the participants shows n=60 (39%) married. n= 94 (61%) participants are Single. 154 is the total frequency. n= 94 Remaining detail is below in the table and graphs.

Table: 3 Marital status
Marital status

Marital status		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	60	39.0	39.0	39.0
	Single	94	61.0	61.0	100.0
	Total	154	100.0	100.0	

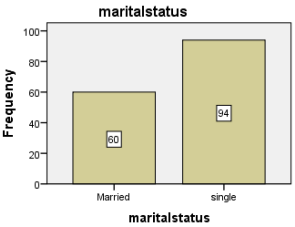


Figure: 3

Data of experiences is collected in four different categories. 9.7% of participants are in experience up to 1 year. n= 15 (9.7%) are under 1-5 year(43.5%) while 6-10 year experience is n= 61 (39.6%) and remaining category n=11(7.1%) which is in job experience beyond 10 years. For more details there is graph below.

Table: 4
Experience

Experience		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1year	15	9.7	9.7	9.7
	1-5year	67	43.5	43.5	53.2
	6-10 year	61	39.6	39.6	92.9
	above 10 years	11	7.1	7.1	100.0
	Total	154	100.0	100.0	

Figure: 4

According to table 5 description qualifications of respondents is divided in 3 categories. Nursing diploma holders fall in percentage of 85.1, n=131, BSN depicts 14.3%, n=22 while the MSN dips in .6%.n= 1, for further detail there is description in tabolic and graphic form.

Table: 5 Qualifications
Qualifications

Qualification		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	nursing diploma	131	85.1	85.1	85.1
	BSN	22	14.3	14.3	99.4
	MSN	1	.6	.6	100.0
	Total	154	100.0	100.0	

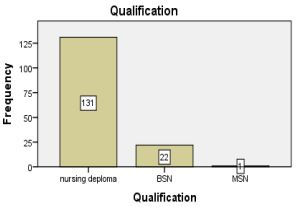


Figure: 5

Descriptive Analysis

I) Independent variable

In mode of description of tool one variable of knowledge n=19(12.3%) respondent of strongly agree, 25.3% respondent disagree with n=39, 4.5% are neutral with n=7, agree are 43.5% within= 67 while14.3% are strongly agree with n= 22.

Table: 6

Palliative care is appropriate only in situations where there is evidence of downhill deterioration

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	19	12.3	12.3	12.3
	Disagree	39	25.3	25.3	37.7
	Uncertain	7	4.5	4.5	42.2
	Agree	67	43.5	43.5	85.7
	strongly agree	22	14.3	14.3	100.0
	Total	154	100.0	100.0	

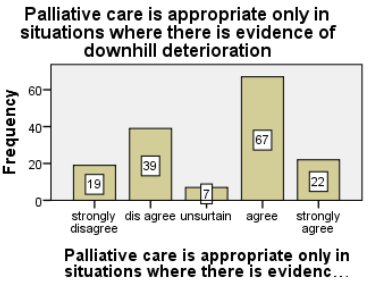


Figure: 6

In the second scale of knowledge, it is depicted that 7.8% , n=12 respondents are strongly disagree, 34.4% with n=53 are disagree, 9.1% with n=14 are neutral while 32.5%, n=50 are agree and 16.2% with n= 25 are strongly agree. Remaining detail depicts the graph and table below.

Table: 7

The preferred rule of administration of narcotic pain reliever to patient with pain is intramuscular

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	12	7.8	7.8	7.8
	Disagree	53	34.4	34.4	42.2
	Uncertain	14	9.1	9.1	51.3
	Agree	50	32.5	32.5	83.8
	strongly agree	25	16.2	16.2	100.0
	Total	154	100.0	100.0	

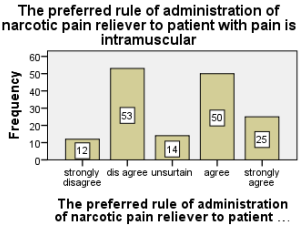


Figure: 7

Table: 8

The table shows that 1.3% n=2 are strongly disagree, 7.8% n=12 are disagreed, uncertain are 6.5%, n= 10 while 55.8% are agreed and 28.6% n= 44 are strongly agree. Table and graph is below.

Lack of pain expression does not mean lack of pain

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	2	1.3	1.3	1.3
	Disagree	12	7.8	7.8	9.1
	Uncertain	10	6.5	6.5	15.6
	Agree	86	55.8	55.8	71.4
	strongly agree	44	28.6	28.6	100.0
	Total	154	100.0	100.0	

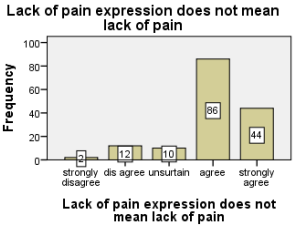


Figure: 8

The provision of palliative care table 9 describes that 5.8% n= 9 respondents strongly disagree, n= 21(13.6%) participants are disagreed. 16.9% with n= 26 respondents are uncertain. n= 56 (36.4%) respondents are in agreement. n= 42(27.3%) are strongly agreed. There is graph below.

Table:9 The provision of palliative care requires emotional detachment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	9	5.8	5.8	5.8
	Disagree	21	13.6	13.6	19.5
	Uncertain	26	16.9	16.9	36.4
	Agree	56	36.4	36.4	72.7
	strongly agree	42	27.3	27.3	100.0
	Total	154	100.0	100.0	

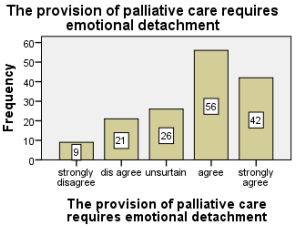


Figure: 9

The table depict that n= 11 (7.1%) respondents are disagree, uncertainty is 7.8% with n= 12 Respondents are 53.9%, n= 83% who are agreeing. n= 48 (31.2%) are strongly agreed. Further prescription also is in graph and table.

Table: 10

Men generally reconcile their grief more quickly than women

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	11	7.1	7.1	7.1
	Uncertain	12	7.8	7.8	14.9
	Agree	83	53.9	53.9	68.8
	strongly agree	48	31.2	31.2	100.0
	Total	154	100.0	100.0	

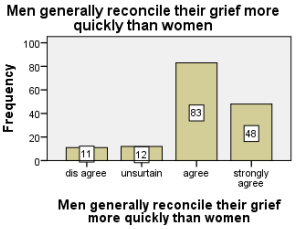


Figure: 10

Table 11 depicts that n=1(.6%) strongly disagree, n= 11 (7.1%) are disagreed, n= 16 (10.4%) are uncertain. n=87(56.5%) participants are agreedwhile 25.3% are strongly agreed with n= 39. Remaining statistical details are below in the graph and chart.

Table: 11

The most accurate judge of the intensity of the patient's pain is the patient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	1	.6	.6	.6
	Disagree	11	7.1	7.1	7.8
	Uncertain	16	10.4	10.4	18.2
	Agree	87	56.5	56.5	74.7
	strongly agree	39	25.3	25.3	100.0
	Total	154	100.0	100.0	

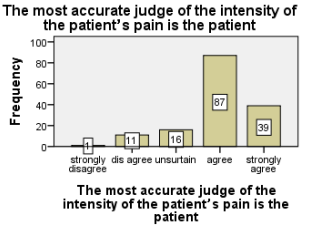


Figure: 11

Statistical analysis of the table shows that n= 6 (3.9%) respondents are strongly disagree, 31.2% with n= 48 are disagreed. n= 15 (9.7%) are uncertain, n= 54 (35.1%) are agreed while 19.5% are strongly agree with n= 1. There are some graphical figures below.

Table:12 The use of placebo is appropriate in the treatment of some type of pain

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	6	3.9	3.9	3.9
	Disagree	48	31.2	31.2	35.1
	Uncertain	15	9.7	9.7	44.8
	Agree	54	35.1	35.1	79.9
	strongly agree	30	19.5	19.5	99.4
	41	1	.6	.6	100.0
	Total	154	100.0	100.0	

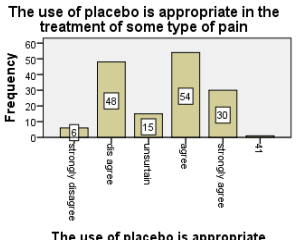


Figure: 12

Respondents of first point are n= 12 (7.8%). 38.3% with n= 59 participants are disagreed, n= 14 (9.1%) response is uncertain. 33.8% with n= 52 are agreed. n= 17(11%) are strongly agreed. Graphical depiction is below for further analysis interpretation.

Table: 13

Suffering and physical pain are synonymous

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	12	7.8	7.8	7.8
	Disagree	59	38.3	38.3	46.1
	Uncertain	14	9.1	9.1	55.2
	Agree	52	33.8	33.8	89.0
	strongly agree	17	11.0	11.0	100.0
	Total	154	100.0	100.0	

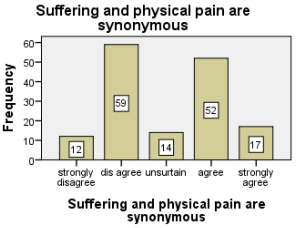


Figure: 13

Table: 14

The table shows that n= 24(15.6%) strongly disagreed participants. N=21(13.6%) are disagreed; uncertainty is n= 37(24%) are agreed participants are 33.1% with n= 51 while 13.6% are strongly agree with n= 21. Below is the graph and table

Philosophy of palliative care is compatible with that of aggressive treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	24	15.6	15.6	15.6
	Disagree	21	13.6	13.6	29.2
	Uncertain	37	24.0	24.0	53.2
	Agree	51	33.1	33.1	86.4
	strongly agree	21	13.6	13.6	100.0
	Total	154	100.0	100.0	

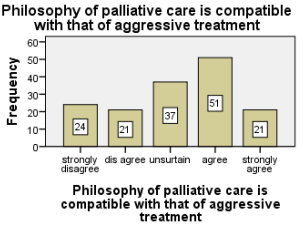


Figure: 14

In statistical analysis of table 15 n= 5(3.2%) are strongly disagreed, n=14 (9.1%) are disagreeing. n= 9(5.8%) are uncertain. n= 83(53.9%) respondents are agreed. Strongly agree 27.9% while n= 43

Table: 15
Manifestation of chronic pain are different from those of acute pain

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	5	3.2	3.2	3.2
	Disagree	14	9.1	9.1	12.3
	Uncertain	9	5.8	5.8	18.2
	Agree	83	53.9	53.9	72.1
	strongly agree	43	27.9	27.9	100.0
	Total	154	100.0	100.0	

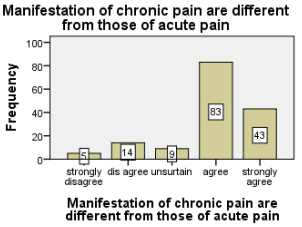


Figure: 15

Statistics showed n=7 (4.5%) respondents are disagreed. Uncertainty of the participants is 9.1% with n= 14. 56.5% respondents with n=87 are agreed. 29.9% respondents are strongly agreed while n=46. Further more detail is in the graph.

Table: 16

It is beneficial for the dying person to verbalize his/her feelings

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	7	4.5	4.5	4.5
	Uncertain	14	9.1	9.1	13.6
	Agree	87	56.5	56.5	70.1
	strongly agree	46	29.9	29.9	100.0
	Total	154	100.0	100.0	

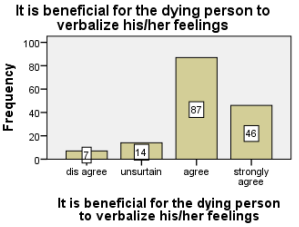


Figure: 16

Table: 17

Statistically analyzed that strongly disagree participants are n=16(10.4%).disagreed showed by the table n= 45(29.2%). Uncertainty is n= 6 (3.9%). Response of participants with agreed is 40.3% with n= 62.Strongly agreed is 16.2% with 25. Graph is for remaining more prescription.

The dying person should not be allowed to make decisions about his or her physical care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	16	10.4	10.4	10.4
	disagree	45	29.2	29.2	39.6
	Uncertain	6	3.9	3.9	43.5
	Agree	62	40.3	40.3	83.8
	strongly agree	25	16.2	16.2	100.0
	Total	154	100.0	100.0	

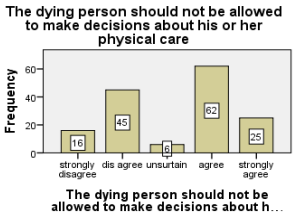


Figure: 17

Table shows the graph which has depicted that 13% respondents are 13%, disagree respondents are 2.6%. Uncertainty shows6.5 percentage. Agreed persons are 63.6% while 26% participants are strongly agree.

Table: 18 Educating the families about death and dying is care giver's responsibility.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	2	1.3	1.3	1.3
	disagree	4	2.6	2.6	3.9
	Uncertain	10	6.5	6.5	10.4
	Agree	98	63.6	63.6	74.0
	strongly agree	40	26.0	26.0	100.0
	Total	154	100.0	100.0	

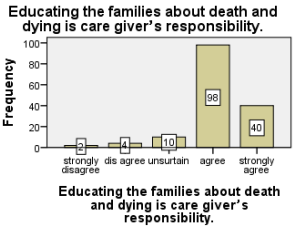


Figure: 18

Structure of questionnaire of attitude regarding palliative care depicts the n= 12 (7.8%), disagreed opinion is 20.1% with n= 31. Uncertainty of the respondents is n= 10 (6.5%). 43.5% with n= 67respondents are agreed with the statement. 22.1% with n= 34 participants are strongly agree

Table: 19

Care should extend to the family of dying person

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	12	7.8	7.8	7.8
	disagree	31	20.1	20.1	27.9
	Uncertain	10	6.5	6.5	34.4
	Agree	67	43.5	43.5	77.9
	strongly agree	34	22.1	22.1	100.0
	Total	154	100.0	100.0	

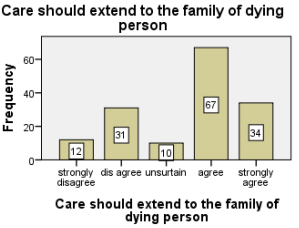


Figure: 19

Table: 20

The table shows that 4.5% with n= 7. 20.1% disagreed with n= 31. Uncertain are 5.8% with 9.

n=69 (44.8%) are agreed while n= 38(24.7%) strongly agreed. Graph and chart I for more analytical figures.

I would be upset when the dying patient shows hopelessness towards life.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	7	4.5	4.5	4.5
	disagree	31	20.1	20.1	24.7
	Uncertain	9	5.8	5.8	30.5
	Agree	69	44.8	44.8	75.3
	strongly agree	38	24.7	24.7	100.0
	Total	154	100.0	100.0	

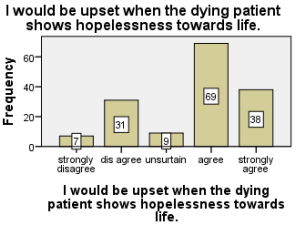


Figure: 20

Table: 21

Analytically interpreted is that n=24(15.6%) are strongly disagreed. n= 49(31.8%) are disagreed. Respondents who are uncertain are 11.7% and n= 18 (11.7%) Agreed are 26.6% with 41. Strongly agreed are 14.3% with n=22. There is bar graph below for further figures of analysis.

I would not want to care for the dying person.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	24	15.6	15.6	15.6
	disagree	49	31.8	31.8	47.4
	uncertain	18	11.7	11.7	59.1
	Agree	41	26.6	26.6	85.7
	strongly agree	22	14.3	14.3	100.0
	Total	154	100.0	100.0	

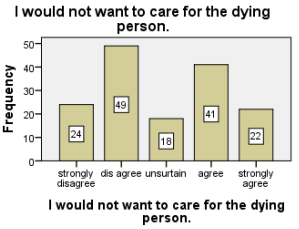


Figure: 21

Table: 22

Table depicts that n= 13(8.4%) respondents are strongly disagreed. 5.2% are disagreed with n= 8.Uncertain n= 12 (7.8%). Agreed are 48.7% with n= 75. Strongly agreed are 29.9% participants with n= 46. Below is the graph for more statistical figures.

When a patient asks " Am I dying" then it is best to change the sense by something cheerful

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	13	8.4	8.4	8.4
	Disagree	8	5.2	5.2	13.6
	Uncertain	12	7.8	7.8	21.4
	Agree	75	48.7	48.7	70.1
	strongly agree	46	29.9	29.9	100.0
	Total	154	100.0	100.0	

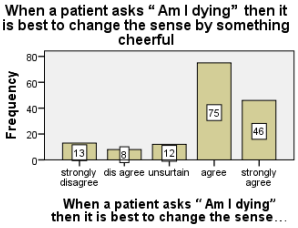


Figure: 22

Table: 23

Table shows that n= 231(4.9%) are strongly disagreed, 22.1% are disagreed with n= 34. n= 4 2.6% are uncertain, 46.1% , n= 71 are agreed while 14.3% are strongly agreed with n= 22. There is table and graph below for further analysis

I would feel like to run away when the patient actually died.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	23	14.9	14.9	14.9
	Disagree	34	22.1	22.1	37.0
	uncertain	4	2.6	2.6	39.6
	Agree	71	46.1	46.1	85.7
	strongly agree	22	14.3	14.3	100.0
	Total	154	100.0	100.0	

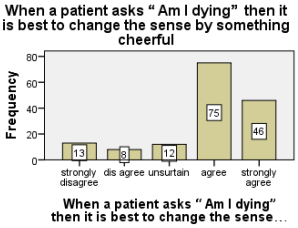


Figure: 23

Analytical figures showed that n= 19 (12.3%) of respondents are strongly disagreed. n= 7 (4.5%) are disagreed. Uncertainty of respondents is 4.5% with n= 7. 61% participants agreed with n= 94 while 17.5% are strongly agreed with n= 27. Below is the table and graph for further.

Table: 24

The family should be involved in the physical care of the dying person

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	19	12.3	12.3	12.3
	Disagree	7	4.5	4.5	16.9
	Uncertain	7	4.5	4.5	21.4
	Agree	94	61.0	61.0	82.5
	strongly agree	27	17.5	17.5	100.0
	Total	154	100.0	100.0	

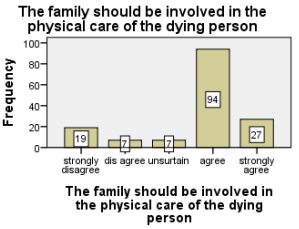


Figure: 24

Table shows the strongly agreed n= 41 are 26.8%, disagreed n= 55(35.7%). Uncertain are only 1.3% with n= 2. 24.7%is the figure for agreed with n= 38 while strongly agree involves 11% with n= 17. Below is the table and graph for figurative results

Table 25 I don't want to attend the dying patient.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	41	26.6	26.8	26.8
	Disagree	55	35.7	35.9	62.7
	Uncertain	2	1.3	1.3	64.1
	Agree	38	24.7	24.8	88.9
	strongly agree	17	11.0	11.1	100.0
	Total	153	99.4	100.0	
Missing	System	1	.6		
Total		154	100.0		

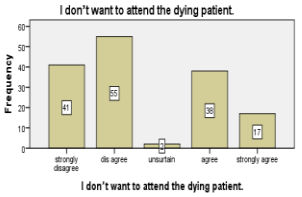


Figure: 25

RESULTS

The total participants 201 are selected but response of 154 participants is registered

Questionnaires on knowledge

S.no	Questionnaires	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
1	Palliative care is appropriate only in situations where there is evidence of downhill deterioration	12.3%	25.3%	4.5%	43.5%	14.3%
2	The preferred rule of administration of narcotic pain reliever to patient with pain is intramuscular	7.8%	34.4%	9.1%	32.5%	16.2%
3	Lack of pain expression does not mean lack of pain	1.3%	7.8%	6.5%	55.8%	2.8%
4	The provision of palliative care requires emotional detachment	7.1%	13.6%	16.9%	36.4%	27.3%
5	Men generally reconcile their grief more quickly than women	7.1%	7.1%	7.8%	53.9%	31.2%
6	The most accurate judge of the intensity of the patient's pain is the patient	.6%	7.1%	10.4%	56.5%	25.3%
7	The use of placebo is appropriate in the treatment of some type of pain	3.9%	31.2%	9.7%	35.1%	19.5%
8	Suffering and physical pain are synonymous	7.8%	38.3%	9.1%	33.8%	11
9	Philosophy of palliative care is compatible with that of aggressive treatment	15.6%	13.6%	24%	33%	13.6%
10	Manifestation of chronic pain are different from those of acute pain	3.2%	9.1%	5.8%	53.9%	27.9%

Questionnaires on Attitude

S.no	Questionnaires	Strongly disagree	Disagree	Uncertain	Agree	Strongly
1	It is beneficial for the dying person to verbalize his/her feelings	4.5%	2.2%	9.1%	56.5%	29.9%
2	The dying person should not be allowed to make decisions about his or her physical care	10.4%	29.2%	3.9%	40.3%	16.2%
3	Educating the families about death and dying is care giver's responsibility.	1.3%	2.6%	6.5%	63.6%	26%
4	Care should extend to the family of dying person	7.8%	20.1%	6.5%	43.5%	22.1%
5	I would be upset when the dying patient shows hopelessness towards life.	4.5%	20%	58%	44.8%	24.7%
6	I would not want to care for the dying person.	15.6%	31.8%	11.7%	26.6%	14.3%
7	When a patient asks " Am I dying" then it is best to change the sense by something cheerful	8.4%	5.2%	7.8%	48.7%	29.9%
8	I would feel like to run away when the patient actually died.	14.9%	22.1%	2.6%	2.6%	4.6%
9	The family should be involved in the physical care of the dying person	12.3%	4.5%	4.5%	61.0%	17.5%
10	I don't want to attend the dying patient.	26.6%	35.7%	1.3%	24.7%	11.5%

DISCUSSION

Principal focus for projecting the study is to assess the knowledge and attitude among nurses regarding palliative care. The results of the findings show that most of the nurses are flourishing with poor knowledge that when it is required to provide the palliative care. In a way the findings are in accord of previous study. Possible reason for that is, they do not attend any fold of seminar or any training. Even then 4.5% respondents are unaware and neutral to the term and when it is given. Only 14.3% participants strongly agree that when the palliative care is required and what it is. Few previous studies arranged in developed countries like Australia and New Zealand where palliative care is most and frequently nominated as professional need of nurses (Redman S et.al, 1995 & cancer and palliative care, 2008). Same results were constant in Florida California and India (Lorenz KA et.al, 2006) and(Shea J et.al, 2010). There is lack of knowledge in trained nurses about

the route of the analgesic narcotic 9.1% are neutral between differentiation of chronic and acute pain. Only 7.8% are agreed with the intramuscular route of narcotics while the 16.2% are disagreed strongly, similarly 9.1% participants showed uncertainty about the statement. Patient is able to judge his pain better rather than other observes it. 56.5% are agreed while .6% is strongly disagreed. The use of placebo is beneficial for some type of pain. 19.5% participants are strongly agreed and 3.9% are strongly disagreed. Men generally reconcile their grief rather than the women, 53.9% are agreed while 7.1% are strongly disagreed and 7.8% are quite neutral with the term. The findings of the present study regarding the knowledge contradict to other studies (Karkada et.al, 2011) and (Mutto et.al, 2010).

In order to get the response of attitude of nurse regarding palliative care, questionnaires were personally disseminated to the willing participants simply. Above table expose the results of attitude brought out randomly. It is beneficial for the client to verbalize his feelings, 56.5% participants are agreed, and 29.9% are strongly disagreed while 2.2% are disagreed with the statement. Educating the family is caregiver's responsibility. Agreed participants are 63.6%, strongly agreed are 26% while 1.3% respondents are strongly disagreed. Nurse feels upset when the patient express disparity towards life. In the statement 58% are neutral and 4.5% are strongly disagreed. 24.7% are strongly agreed. Afraidness of a nurse takes place in the matter of providing care to the dying person shows results with 14.3% strongly agreed respondents. It is necessary for the patient when he emphasizes upon his Death, to divert the mind with cheerful talking shows the results 5.2% disagreed while 48.7% are agreed and 29.9% are strongly agreed. 61% respondents are agreed that family should involve in the care of dying person. Strongly disagreed are 22.1% respondents in, "I would like to run away on the

dying patient". 35.7% participants are disagreed with the statement not to attend the dying patient.

It is documented according to Dobrowolska B, 2010 that nurses education, knowledge and attitude are expressed severe lack of knowledge and attitude.

CONCLUSION

Overall nurses have poor knowledge about the exact term which is distortable. They have favourable attitude about palliative care. There is a significant implication for the participant for learning point of view. Different authors had different recognitions regarding palliative care.

Limitations

Characteristics of methodology and design that influenced the interpretations of the findings of research are; it took late to get the ethical considerations below the one year experienced staffs were excluded. 46 participants did not return the questionnaire due to unavailability of their valuable time.

Recommendations

It is recommended that due attention should pay towards palliative care by the national health policy that nurses have needed to be incorporated in the national curriculum of nurses qualification. There is great need for getting some training about palliative care for better results about knowledge. Knowledge could be grasped from different trainings, workshops and seminars so that nurses can incorporate their issues in knowledge and attitude regarding provision of palliative care. Furthermore, nurses can use the strategies to overcome the shortcomings.

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