



ISSN: 2467-9283

INTERNATIONAL JOURNAL OF GRADUATE RESEARCH AND REVIEW

Indexing & Abstracting

Open Academic Journals Index (OAJI), InfoBase Index, Cosmos, ResearchGate, CiteFactor, Scholar Stear, JourInfo, ISRA: Journal-Impact-Factor (JIF), Root Indexing etc.



Impact Factors*

IBI factor: 3

Impact factor (OAJI): 0.101

*Kindly note that this is not the IF of Journal Citation Report (JCR)

Vol-5, Issue-1

February 2019



Research Article

Assess End of Life Care Knowledge among Nurses of a Public Tertiary Care Hospital at Lahore

Hina Maqsood^{1*}, Cindrella Naseem¹, Syeda Sidra Tasneem Kausar¹, Rubina Jabeen¹

¹Nursing College, The Superior College Lahore, Pakistan

Abstract

It clearly indicates that role of nurses can never be ignored when we are talking of end of life care or palliative care. It is termed by literature as care that improves the standard or quality of living in individuals who are facing life threatening problems and illness to prevent and treat them through early identification of pain and other physical and psychosocial problems.

This research study is aimed to assess the knowledge of palliative care among the nurses at a Public tertiary care Hospital Lahore. A cross sectional descriptive study was conducted to assess this knowledge of end of life care. A random sample of n=120 nurses was selected from the Jinnah hospital Lahore. Data was collected an adopted closed ended knowledge based questionnaire. The participants were given a written informed consent and top fill the questionnaire with their own will.

The main findings reveal that among the participants, 55% of the nurses had good knowledge of end of life care who scored 50 or above out of total 70 score. The remaining 45% had poor knowledge of end of life care and they scored below 50 out of 70. So the results show that there is not very good percentage of knowledge score.

Keywords: Knowledge; Nurses; End of Life care

Introduction

Health indicators are improving day by day with the help of advancement in health care facilities and technologies. One of the indicators is life expectancy which is increasing with the help of new treatments and preventive measures. It is true that the life can be prolonged but there is another fact that this life is going to end one day. As it is stated that Death is an inevitable phenomenon that affects every human being (Ayed *et al.*, 2015). The role of nurses is very important at every step of individuals' life especially when they are sick. When the age is advanced and the health is compromised, and especially at the end of life, the nurses are playing an important role to serve. According to studies, Nurses are involved in patients care beginning of life to the end. Nurses have an important role in caring of end life stage (Ayed *et al.*, 2015). It clearly indicates that role of nurses can never be ignored when we are talking of end of life care or palliative care. It is termed by literature as care that improves the standard or quality of living in individuals

who are facing life threatening problems and illness to prevent and treat them through early identification of pain and other physical and psychosocial problems (Kassa *et al.*, 2014).

Many patients and their families, who are facing the end of life decision, do not want to undergo the advanced treatment like mechanical ventilator, chemotherapy and cardiopulmonary resuscitation. Palliative care is one suitable strategy required to help those patients who do not want to undergo the advanced therapy and who may not have any other treatment option to reverse their condition to have quality life (Pope, 2013). The role of nurses is very central during palliative care and end of life care. Nurses are vital members of any health care setup. They spend a huge time of contact with their clients. Spending long times with the patients make them able to have detailed information about the patients and their caregivers. According to another literature study " the expert nurses can provide physical care, emotional support, symptomatic

Cite this Article as:

H. Maqsood et al. (2019) *Int. J. Grad. Res. Rev.* Vol 5(1): 17-26.

^{1*}Corresponding author

Hina Maqsood,
Nursing College, The Superior College Lahore, Pakistan
Email: ali.90waqas@gmail.com

Peer reviewed under authority of IJGRR

© 2019 International Journal of Graduate Research and Review



This is an open access article & it is licensed under a Creative Commons Attribution 4.0 International License (<https://creativecommons.org/licenses/by/4.0/>)



management, education to patient and family, manage suitable environment for patients during palliative care" (Sorifa & Mosphea, 2015). During this period the nurses take care of clients, develop plans for them, have supporting role with other staff members and provide guidance to patients and their families.

When people are living in the developing part of the world, there the concept of palliative care is very new. The evidenced based approaches are lacking in this part of the world. This palliative care is very much important for nurses to deliver their best at the time of end of life decision. The nurses in developing countries need a lot of support and education to provide effective care at the end of life to their patients. According to literature "the significance of a knowledge deficit of palliative care has been seen throughout various studies. Now the first question is to assess whether the nurses know or don't know about palliative care, they need to be evaluated for their knowledge status about end of life (Sorifa & Mosphea, 2015). During palliative care, the nurses have many issues because of the complexities of care required. Some nurses are not properly trained to face and care for the end of life care. Other nurses may have difficulty in understanding the concept of palliative care clearly. One main issue might be the unavailability of hospice and day care centers and lack of any proper framework, no funding for palliative care, not enough training for home caregivers, Low health care facilities etcetera (Zewdu *et al.*, 2017). According to literature "It is found that Nursing students and their teachers do not have enough basic knowledge of Palliative Care that which is required for the provision of quality care to terminally ill patients (Pope, 2013).

Research Problem

Palliative Care knowledge and understanding is very much crucial in this present era due to prolonged aging and increased the risk of co morbidities among the old age people. The most prominent lacking factor among nurses in the provision of palliative care is no sufficient knowledge among them.

Significance of the Study

This research study will help the nurses to bring awareness among them regarding the end of life nursing care among the terminally ill patients. It will help to develop certain goals for the provision of a respected means of life and death and will improve their quality of life.

Research Question

What is the knowledge level of nurses about Palliative Care at Jinnah Hospital Lahore Pakistan?

Research Purpose

This research study is aimed to assess the knowledge of palliative care among the nurses.

Objective: To assess the knowledge of nurses about Palliative Care at Jinnah Hospital Lahore Pakistan

Literature Review

A good Literature review about the knowledge assessment among nurses was very helpful in assessing their perception about the topic itself. During this literature review a thorough literature review about many related articles was conducted to observe the knowledge of nurses about the concept of palliative care. The Literature search was done mainly using the Google scholar and already published articles were reviewed. Following are the main reviewed description about the knowledge among the nurses.

A study was conducted to assess the Knowledge of nurses about the Palliative Care. Based on findings of the study the knowledge assessment was classified as poor, fair and good knowledge. Those who scored less than 50% on questions of knowledge about palliative care were referred as having poor knowledge, 51-75% correct responses were considered as fair knowledge and correct responses above 76% were accepted as having good knowledge. The result findings according to this scale showed that a very high number, 45.8% of the nurses who participated in this study were having poor knowledge, 33.3% of the respondents were having fair knowledge and only 20.8% of the study participants were having good knowledge (Ayed *et al.*, 2015).

Another research conducted which assessed the knowledge of palliative care among nurses. The findings of the study reveal a very high number that is more than 76% of the participants had poor knowledge about the palliative care. It was also found that 54% of the participants initiated palliative care conversations with clients at the time of their diagnosis and 49% of the participants were able to inform the clients regarding their diagnosed status. Majority of the study participants perceived that terminally ill patients' need is to treat them as they needed (Kassa *et al.*, 2014; Zewdu *et al.*, 2017).

A study conducted assessed the knowledge of nurses about the palliative care. They found some general information from the study. The results findings suggest that there was an inadequate knowledge among nurses regarding different aspects of palliative care such as pain management among terminally ill patients with cancer, the proper use of opioid analgesics among terminally ill patients, and knowledge about the adverse effects of different drugs among terminally ill patients. The researchers did a comparison between male and female nurses and the results were showing that female nurses had high knowledge than male nurses. The difference was not so high and remains insignificant on statistical testing where P value was more than .05 (Prem *et al.*, 2012).

Another cross sectional descriptive study about knowledge and attitude assessment about palliative care among nurses was conducted, where demographic data illustrates that (66%) of the study participants were graduated nurses, 1% were post graduated nurses and 33% participants were diploma holder nurses. The participants were having different experience, the nurses with 0-2 years' experience were 47.5%, 2-4 years experienced nurses were 42.5%, 4-6 years experienced nurses were 5.5 % and above 6 years experienced nurses were 4.5%. The main findings of this research study suggest that 20% of the nurses were having adequate knowledge about palliative care, 69% of the study participant's nurses had moderate level of knowledge and a small amount 11% of the nurses' participants had poor knowledge about palliative care (Das & Haseena, 2015).

Another study conducted about the knowledge assessment about palliative care among nurses show the following results. The results suggest that a huge number of 79% nurses had inadequate or poor knowledge, 21% nurses had moderate knowledge about palliative care and there was not a single nurse to have adequate knowledge regarding the palliative care. Furthermore, it was also found that the nurses were having maximum knowledge on the psychological and spiritual aspects of palliative care, which is 55% nurses, knew about these aspects. About 53.2% nurses who participated in the study knew the definition of palliative care and principles of palliative care. Moreover 40.6% staff nurses had knowledge on pain management of palliative care (Sorifa & Mosphea, 2015).

A study conducted on the Nurses' Knowledge about palliative care presented the following results. General score about the palliative care knowledge was about 53%. 33.8% of the nurses who participated in the study believed that palliative care should be provided to only those for whom the curative treatment is not available. The nurses were also asked about the goal of pain management, 77% of the study participants stated that the main aim of pain management is to have a peaceful night sleep. Furthermore, about 70% nurses stressed that prolonged use of opioids analgesics can lead to addiction. When the questions were asked about the gastro intestinal system problems, 63.4% of the participants stated that during palliative care a high calorie intake is necessary (Zewdu *et al.*, 2017).

A very important study was conducted to assess the palliative care knowledge among the junior and senior nurses and to have a comparison between them. A main question was asked about the palliative care knowledge from all the nurses' students at a southeastern U.S. university. All the students scored about 61% correct responses on average. On comparing junior students with senior students, the junior students were having an average score of 11.7, while the senior students were having an average score of 12.93 (Pope, 2013).

Methodology

This study was a small descriptive conducted to assess the knowledge of nurses about the end of life care at hospitals. This chapter consists of major methodological procedures used during this study, such as Design, setting, population, sampling, data collection and analysis etc.

Study Design

A cross sectional descriptive survey was used to assess the knowledge level among nurses regarding the palliative care among terminally ill patients. During this study the data was collected at one point in time simultaneously, therefore cross sectional design was effective. Here the aim was not to have an analysis of the findings the purpose was to just describe the findings in the form of tables and graphs as frequencies and percentage that is why descriptive study design was preferred.

Study Setting

The study was conducted at Jinnah Hospital Lahore which is a large hospital with all advanced treatment resources and covering a huge population of the Punjab province. At this hospital the nurses were assessed for their level of knowledge regarding the palliative care towards the terminally ill patients. The data collection points where the information was collected from the participants are known as setting. The questionnaires were provided to the participants at their concerned units where they were working.

Targeted Population

The targeted population for this study was the registered nurses of Jinnah Hospital, who were working in different units of the hospital. Nurses on regular basis come across patients who are having end of life situation and are on terminal stage of life. At that time the care is provided just to ease their discomfort and is termed as palliative care. Jinnah hospital is a well-known tertiary care hospital where the nurses are having rich experience of dealing with such serious ill patients on daily basis.

Sample Size and Sampling Technique

Data was collected through self-administered questionnaire. The sample was selected through sample random sampling method. The calculated sample for this research study was 150 based on the formula of solvin's sampling formula discussed below.

$$n = \frac{N}{1 + NE^2}$$

where, N=Population, n=Sample size, E= Margin of error

Total registered Nurses at Jinnah Hospital Lahore= 1000 nurses (Nurses in Inpatient area where terminally ill patients are kept= 250)

By using the calculation below the required sample was achieved.



$$n = \frac{N}{1 + NE^2}$$

$$n = 250 / 1 + (250) (0.05)^2$$

$$n = 250 / 1 + (250) (0.0025)$$

$$n = 250 / 1 + .65 = 150$$

$$n = 250 / 1.65 = 150$$

For this small descriptive study, a sample of n=150 registered nurses were recruited.

Research Tool

Data was obtained with the help of close ended knowledge based self-administered questionnaire, which is modified version from article ‘Knowledge, attitude and practice of nurses towards palliative care’ (Kassa. H *et al* 2014). The questionnaire was composed of different questions about knowledge regarding palliative care. Every question had Likert scale option strongly disagree to strongly agree.

Data Collection Plan

The questionnaire consisted closed ended structured questions along with different answer options as agree and disagree. The participants were instructed to fill the questionnaire in about 30 minutes and return the complete questionnaires. The complete returned questionnaires were undergone through the process of analysis. (SPSS) version 21 was used to analyze the findings of the study. The results were presented in the form of tables and graphs.

Data Analysis

Data was analyzed through SPSS version 21. Descriptive analysis was done in the form of graphs, tables and frequencies and percentages.

Inclusion Criteria

- The nurses who were working in the inpatient units were recruited.
- Nurses who were having at least one year of clinical experience
- Nurses who were willing to participate

Exclusion Criteria

- The nurses who were working other than inpatient units were excluded.
- Nurses who were having less than one year of clinical experience
- Nurses who were not willing to participate

Time Framework

This study was conducted from April 2018 to June 2018 after approval of the proposal (for about three months of time period)

Informed Consent

Proper written permission was taken from the participants. All the participants were given free hand to be part of the

study or discontinue the study. No forceful involvement in study was followed.

Ethical Considerations

During the study the participants were respected for their rights. All the participants were recruited for the study after their permission. They were given the right if they want to participate or not participate. For this purpose a proper written informed consent was given to the study participants. Secondly the confidentiality of the study participants was maintained. The data was provided codes on computers and the information collected from participants were not shared unnecessarily.

Results

Table 1 presents that among the study participants, there were 3.3% male participants and 96.7% were female participants. According to age category, 38.3% participants were age 18-25 years, 46.7% participants were having age between 26-35 years and 15% were from 36-50 years of age. Of the participants, 64% were unmarried and remaining 36% participants were married. From the participants, 30% participants were only having nursing diploma with or without specialization, 64% of the participants were BSN or post RN BSN and remaining 6% of the study participants were MSN or MPH qualified.

Table 1: Frequency and percentage of demographics data

Variables	Number (n)	Percent
Gender		
Male	04	3.3
Female	116	96.7
Age:		
18-25 years	46	38.3
26-35 years	56	46.7
36-50 years	18	15
Above 50 years	00	00
Marital Status:		
Single	76	64
Married	44	36
Education:		
Nursing Diploma	36	30
BSN/PRN BSN	77	64
MSN/MPH	7	6

Descriptive Analysis of Knowledge

The knowledge was measured; data is shown in Table 2. To a statement about the definition palliative care, 5% participants disagreed, 35% agreed with the statement and 60% strongly agreed to the statement. 20% stated with strongly disagreement that Palliative care is only appropriate in situations of a downhill trajectory, 15% participants disagreed with this, 25% remained uncertain and 40% agreed to the statement above. On a statement that the extent of the disease determines the method of pain treatment, 25% strongly disagreed, 10% disagreed, 20% remained uncertain, 20% agreed to the statement and 25% strongly agreed to the question. On a question that adjuvant therapies are important in managing pain, 5% strongly disagreed, 5% participants disagreed, 20% remained



uncertain, 45% participants agreed to the statement, and 25% strongly agreed. To a question that if morphine is used prolonged, can cause drug addiction problem, where 10% strongly disagreed, 25% were uncertain and 35% participants agreed to the statement and 30% strongly agreed to it. To a question that the provisions of palliative care require emotional detachment, 5% strongly disagreed to this, 20% disagreed, 40% remained uncertain, 25% agreed with it and 10% strongly agreed. To another question that drugs that can cause respiratory depression are appropriate for the treatment of severe dyspnea, 20% participants strongly disagreed, 15% disagreed to this, 25% remained uncertain about it, 30% agreed to the statement and 10% strongly agreed. On a statement that terminally ill patients should be encouraged to have hope against all odds, 15.8% disagreed, 15. % was uncertain, 57.5% agreed to the statement and 5.8% strongly agreed to the question. On a statement that use of placebos is appropriate in the treatment of some types of pain, 55% of the study participants were uncertain and 45% study participants agreed to the

statement. On a question that Meperidine is not an effective analgesic for the control of chronic pain, where 5% strongly disagreed, 20% disagreed with it, 20% were uncertain, 40% participants agreed to the statement and 15% strongly agreed. To another question that accumulation of losses renders burnout Inevitable for those who work in palliative care, 5% disagreed to this, 55% remained uncertain about it, 20% agreed to the statement and 15% strongly agreed. To another question that manifestations of chronic pain are different from those of acute pain, 15% participants disagreed, 5% remained uncertain about it, 35% agreed to the statement and 45% strongly agreed. On a statement that terminally ill patients have the right to choose “Do not resuscitate” (DNR), 5% strongly disagreed, 5% disagreed, 20% were uncertain, 45% agreed to the statement and 25% strongly agreed to the question. 10% participants stated with strongly disagreement that philosophy of palliative care is compatible with that of aggressive treatment, 20% participants disagreed with this, 30% remained neutral and 40% agreed to the statement.

Table 2: Frequency and percentage of knowledge

S. N.	Statement	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
		N	%	N	%	N	%	N	%	N	%
1.	Do you know the definition palliative care?	00	00	6	5	00	00	42	35	72	60
2.	Palliative care is only appropriate in situations of a downhill trajectory or deterioration in conditions.	24	20	18	15	30	25	48	40	00	00
3.	The extent of the disease determines the method of pain treatment.	30	25	12	10	24	20	24	20	30	25
4.	Adjuvant therapies are important in managing pain.	6	5	6	5	24	20	54	45	30	25
5.	Drug addiction is a major problem when morphine is used on a long-term basis for the management of pain.	12	10	00	00	30	25	42	35	36	30
6.	The provisions of palliative care require emotional detachment.	6	5	24	20	48	40	30	25	12	10
7.	During the terminal stages of an illness, drugs that can cause respiratory depression are appropriate for the treatment of severe dyspnea	24	20	18	15	30	25	36	30	12	10
8.	The philosophy of palliative care is compatible with that of aggressive treatment.	12	10	24	20	36	30	48	40	00	00
9.	The use of placebos is appropriate in the treatment of some types of pain.	00	00	00	00	66	55	54	45	00	00
10.	Meperidine (Demerol®) is not an effective analgesic for the control of chronic pain.	6	5	24	20	24	20	48	40	18	15
11.	The accumulation of losses renders burnout Inevitable for those who work in palliative care.	00	00	12	10	66	55	24	20	18	15
12.	Manifestations of chronic pain are different from those of acute pain.	00	00	18	15	6	5	42	35	54	45
13.	Terminally ill patients have the right to choose “Do not resuscitate” (DNR).	6	5	6	5	24	20	54	45	30	25
14.	Terminally ill patients should be encouraged to have hope against all odds.	00	00	19	15.8	19	15.8	69	57.5	13	10.8



Descriptive Analysis of Knowledge

Table 3, reveals results of a statement about the definition palliative care, 5% participants disagreed, 35% agreed with the statement and 60% strongly agreed to the statement.

Table 4, reveals that 20% stated with strongly disagreement that Palliative care is only appropriate in situations of a downhill trajectory, 15% participants disagreed with this, 25% remained uncertain and 40% agreed to the statement.

Table 5, reveals results on a statement that the extent of the disease determines the method of pain treatment, 25%

strongly disagreed, 10% disagreed, 20% remained uncertain, 20% agreed to the statement and 25% strongly agreed to the question.

Table 6, reveals results of a question that adjuvant therapies are important in managing pain, 5% strongly disagreed, 5% participants disagreed, 20% remained uncertain, 45% participants agreed to the statement, and 25% strongly agreed.

Table 3: Do you know the definition palliative care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	6	5.0	5.0	5.0
	Agree	42	35.0	35.0	40.0
	Strongly Agree	72	60.0	60.0	100.0
	Total	120	100.0	100.0	

Table 4: Palliative care is only appropriate in situations of a downhill trajectory or deterioration in conditions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	24	20.0	20.0	20.0
	Disagree	18	15.0	15.0	35.0
	Uncertain	30	25.0	25.0	60.0
	Agree	48	40.0	40.0	100.0
	Total	120	100.0	100.0	

Table 5: The extent of the disease determines the method of pain treatment.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	30	25.0	25.0	25.0
	Disagree	12	10.0	10.0	35.0
	Uncertain	24	20.0	20.0	55.0
	Agree	24	20.0	20.0	75.0
	Strongly Agree	30	25.0	25.0	100.0
	Total	120	100.0	100.0	

Table 6: Adjuvant therapies are important in managing pain.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	6	5.0	5.0	5.0
	Disagree	6	5.0	5.0	10.0
	Uncertain	24	20.0	20.0	30.0
	Agree	54	45.0	45.0	75.0
	Strongly Agree	30	25.0	25.0	100.0
	Total	120	100.0	100.0	



Table 7, shows results of a question that if morphine is used prolonged, can cause drug addiction problem, where 10% strongly disagreed, 25% were uncertain and 35% participants agreed to the statement and 30% strongly agreed to it.

Table 8, reveals results of a question that the provisions of palliative care require emotional detachment, 5% strongly disagreed to this, 20% disagreed, 40% remained uncertain, 25% agreed with it and 10% strongly agreed.

Table 9 reveals results of another question that drugs that can cause respiratory depression are appropriate for the

treatment of severe dyspnea, 20% participants strongly disagreed, 15% disagreed to this, 25% remained uncertain about it, 30% agreed to the statement and 10% strongly agreed.

Table 10, reveals results that 10% participants stated with strongly disagreement that philosophy of palliative care is compatible with that of aggressive treatment, 20% participants disagreed with this, 30% remained neutral and 40% agreed to the statement.

Table 7: Drug addiction is a major problem when morphine is used on a long-term basis for the management of pain.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	12	10.0	10.0	10.0
	Uncertain	30	25.0	25.0	35.0
	Agree	42	35.0	35.0	70.0
	Strongly Agree	36	30.0	30.0	100.0
	Total	120	100.0	100.0	

Table 8: The provisions of palliative care require emotional detachment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	6	5.0	5.0	5.0
	Disagree	24	20.0	20.0	25.0
	Uncertain	48	40.0	40.0	65.0
	Agree	30	25.0	25.0	90.0
	Strongly Agree	12	10.0	10.0	100.0
	Total	120	100.0	100.0	

Table 9: During the terminal stages of an illness, drugs that can cause respiratory depression are appropriate for the treatment of severe dyspnea

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	24	20.0	20.0	20.0
	Disagree	18	15.0	15.0	35.0
	Uncertain	30	25.0	25.0	60.0
	Agree	36	30.0	30.0	90.0
	Strongly Agree	12	10.0	10.0	100.0
	Total	120	100.0	100.0	

Table 10: The philosophy of palliative care is compatible with that of aggressive treatment.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	12	10.0	10.0	10.0
	Disagree	24	20.0	20.0	30.0
	Uncertain	36	30.0	30.0	60.0
	Agree	48	40.0	40.0	100.0
	Total	120	100.0	100.0	



Table 11, reveals results of a statement that use of placebos is appropriate in the treatment of some types of pain, 55% of the study participants were uncertain and 45% study participants agreed to the statement.

Table 12, reveals results of a question that Meperidine is not an effective analgesic for the control of chronic pain, where 5% strongly disagreed, 20% disagreed with it, 20% were uncertain, 40% participants agreed to the statement and 15% strongly agreed.

Table 13, presents results of another question that accumulation of losses renders burnout Inevitable for those who work in palliative care, 5% disagreed to this, 55% remained uncertain about it, 20% agreed to the statement and 15% strongly agreed.

Table 14, presents that manifestations of chronic pain are different from those of acute pain, 15% participants disagreed, 5% remained uncertain about it, 35% agreed to the statement and 45% strongly agreed.

Table 11: The use of placebos is appropriate in the treatment of some types of pain.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Uncertain	66	55.0	55.0	55.0
	Agree	54	45.0	45.0	100.0
	Total	120	100.0	100.0	

Table 12: Meperidine (Demerol®) is not an effective analgesic for the control of chronic pain.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	6	5.0	5.0	5.0
	Disagree	24	20.0	20.0	25.0
	Uncertain	24	20.0	20.0	45.0
	Agree	48	40.0	40.0	85.0
	Strongly Agree	18	15.0	15.0	100.0
	Total	120	100.0	100.0	

Table 13: The accumulation of losses renders burnout Inevitable for those who work in palliative care.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	12	10.0	10.0	10.0
	Uncertain	66	55.0	55.0	65.0
	Agree	24	20.0	20.0	85.0
	Strongly Agree	18	15.0	15.0	100.0
	Total	120	100.0	100.0	

Table 14: Manifestations of chronic pain are different from those of acute pain.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	18	15.0	15.0	15.0
	Uncertain	6	5.0	5.0	20.0
	Agree	42	35.0	35.0	55.0
	Strongly Agree	54	45.0	45.0	100.0
	Total	120	100.0	100.0	

Table 15, above regarding a statement that terminally ill patients have the right to choose “Do not resuscitate” (DNR), 5% strongly disagreed, 5% disagreed, 20% were uncertain, 45% agreed to the statement and 25% strongly agreed to the question.

Table 16, presents on a statement that terminally ill patients should be encouraged to have hope against all odds, 15.8%

disagreed, 15% were uncertain, 57.5% agreed to the statement and 5.8% strongly agreed to the question.

The Fig. 1 reveals that among the participants, 55% of the nurses had good knowledge of end of life care who scored 50 or above out of total 70 score. The remaining 45% had poor knowledge of end of life care and they scored below 50 out of 70. So the results show that there is not very good percentage of knowledge score.

Table 15: Terminally ill patients have the right to choose “Do not resuscitate” (DNR).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	6	5.0	5.0	5.0
	Disagree	6	5.0	5.0	10.0
	Uncertain	24	20.0	20.0	30.0
	Agree	54	45.0	45.0	75.0
	Strongly Agree	30	25.0	25.0	100.0
	Total	120	100.0	100.0	

Table 16: Terminally ill patients should be encouraged to have hope against all odds.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	19	15.8	15.8	15.8
	Uncertain	19	15.8	15.8	31.7
	Agree	69	57.5	57.5	89.2
	Strongly Agree	13	10.8	10.8	100.0
	Total	120	100.0	100.0	

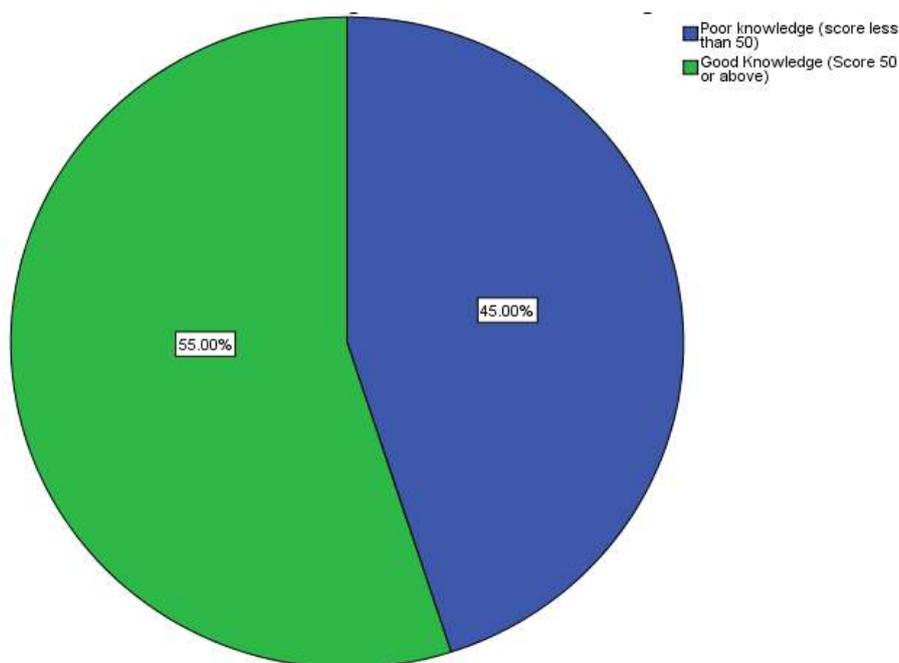


Fig. 1: Overall knowledge of end of life care among nurses



Discussion

Following are the results of this current study; the overall knowledge of all the participants was assessed about the palliative care. It is revealed that 55% of the nurses had good knowledge of end of life care who scored 50 or above out of total 70 score. The remaining 45% had poor knowledge of end of life care and they scored below 50 out of 70. So the results show that there is not very good percentage of knowledge score.

Previous literature also has such kind of results where the participants were having poor knowledge about the palliative care. According to result findings of a study conducted by a previous study, a very high number, 45.8% of the nurses who participated in this study were having poor knowledge, 33.3% of the respondents were having fair knowledge and only 20.8% of the study participants were having good knowledge (Ayed *et al.*, 2015).

The findings of another study conducted by Kassa *et al.*, (2014), reveals a very high number that is more than 76% of the participants had poor knowledge about the palliative care. It was also found that 54% of the participants initiated palliative care conversations with clients at the time of their diagnosis and 49% of the participants were able to inform the clients regarding their diagnosed status. Majority of the study participants perceived that terminally ill patients' need is to treat them as they needed (Kassa *et al.*, 2014).

Conclusion

The purpose of this study was to assess the knowledge of nurses regarding the end of life care for the terminally ill patients at hospital. This study found that there was very low level of palliative care knowledge among nurses. Very low knowledge score was obtained by a large number of the study participants. It means that the nurses have very limited knowledge about the concept of palliative care or end of life care.

Limitation and Recommendation

This study was limited to a small population and limited setting where few individuals were studied. The sample cannot be a true representative for large population like province and country therefore cannot be generalized. Such studies need to be conducted on larger scale. The knowledge score was poor which an indication is for the policy makers and higher health care authorities to conduct some palliative care awareness programs in different hospitals.

References

- Ayed A, Sayej S, Harazneh L, Fashafshah I and Eqtaif F (2015) The Nurses' Knowledge and Attitudes towards the Palliative Care. *Journal of Education and Practice*, **6**(4), 91-99.
- Das AG and Haseena T (2015). 'Knowledge and Attitude of Staff Nurses Regarding Palliative Care'. *International Journal of Science and Research (IJSR)* **4**(11).
- Kassa H, Murugan R, Zewdu F, Hailu M and Woldeyohannes D (2014) Assessment of knowledge, attitude and practice and associated factors towards palliative care among nurses working in selected hospitals, Addis Ababa, Ethiopia. *BMC palliative care* **13**(1): 6.
- Pope A (2013) Palliative Care Knowledge among Bachelors of Science Nursing Students.
- Prem V, Karvannan H, Kumar SP, Karthikbabu S, Syed N, Sisodia V and Jaykumar S (2012) Study of nurses' knowledge about palliative care: a quantitative cross-sectional survey. *Indian journal of palliative care* **18**(2): 122.
- Sorifa B and Mosphea K (2015) Knowledge and practice of staff nurses on palliative care. *IJHRMLP* **1**(2): 41-45.
- Zewdu F, Kassa H, Hailu M, Murugan R and Woldeyohannes D (2017) Knowledge, attitude and practice and associated factors towards palliative care among nurses working in selected hospitals, Addis Ababa, Ethiopia. *European Journal of Cancer* **72**: S161