

## Nurses' Perception toward Palliative Care for Cancer Patients

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### Abstract

**Aim of the study:** A study aimed to assess nurses' perception and knowledge toward palliative care for cancer patient. **Research design:** Descriptive design was used to conduct this study. **Subject:** The subject of this study was convenient sample composed of 200 nurses who have not exposed to palliative patient were excluded from study and data was gathered over a 6 months period started from January month until June, 2017. **Settings** The study was conducted on 200 nurses working in the departments of cancer units in Radiation Oncology & Nuclear Medicine Center in Ain Shams University. **Tools:** 1-Interviewing Questionnaire: It composed of two parts A-: **part one**, Socio demographic interviewing sheet; it includes data such as age, gender, marital status and qualification. B- **Part two**, it related nurses related clinical characteristics such as department and years of experience and attended training courses. 2- knowledge scale: It concerned with nurses knowledge regarding nurses' palliative care for cancer patient 3- Perception scale: It was used to assess nurse's perception toward palliative patients. **results:** the sixty four of the studied nurses have unsatisfactory knowledge regarding palliative care; the thirty six of them have satisfactory knowledge regarding palliative care. The sixty seven and half of the studied nurses have negative perception regarding palliative care, the thirty two and half of them have positive perception regarding palliative care. **Recommendations:** by field palliative care needs to become an integral part of all nursing school curriculum as well as continuing nursing and medical education program offerings. Implementing an educational training program for nurses regarding palliative care. More health education about palliative care be provided to, the community, and individuals with life-limiting illnesses and their families.

**Key words:** Nurses, palliative care, perception, knowledge

### Introduction

Nurses are present at both the beginning and the end of life, and play a key role in caring for dying patients. This role is seen as one of the most stressful facets of nursing. They may find it difficult and emotionally heavy to deliver palliative care to patients and often do not feel competent enough. Nurses as well as other healthcare workers often feel not well-prepared for their task in palliative care and are much in need of more expertise in the

field of pain and symptom management, communication and dealing with ethical dilemmas (*Kumar, 2010*).

Nurses' perceptions of palliative care focused on symptom management. Most did not distinguish between palliative care and hospice and believed that only patients who were near the end of life should receive palliative care. They viewed their role in decisions regarding palliative care to be limited and indirect (*Valente, 2009*).

Some evidence exists on palliative nurses' perceptions of their care, that it is supportive and involves maintaining therapeutic relationships with patients and their families', Facing a terminal illness has been identified as a stressful and fearful experience that affects all aspects of life, it has also been revealed that dying patients may have unmet care needs, mainly in the areas of pain and symptoms control, emotional support, and spending time alone (McHugh, 2013).

#### **Aim of the work**

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##### **This study aims to:-**

1. Assessing nurses' perception toward palliative care for cancer patients.
2. Assessing nurses' knowledge toward palliative care for cancer patients.

##### **Research Questions:-**

What are the nurses' knowledge, attitude and perception toward palliative care for cancer patient ?

##### **Subjects and methods**

##### **This study was aimed to:**

1. Assessing nurses' perception toward palliative care for cancer patients.
2. Assessing nurses' knowledge and attitude toward palliative care for cancer patients.

##### **Research Questions:-**

What are the nurses' knowledge, attitude and perception toward palliative care for cancer patient ?

The subject and methods of the current study was discussed under the following four (4) designs:

#### **I. Research Design**

#### **II. Operational Design**

#### **III. Administrative Design**

#### **IV. Statistical Design**

##### **I. Research design**

A descriptive design was used to conduct this study.

##### **Study Setting**

The study was conducted in the cancer units in Radiation Oncology & Nuclear Medicine Center at Ain Shams University.

##### **Subject**

The subject of this study was convenient sample composed of 200 nurses working in the previous mentioned sittings. Nurses who have not exposed to palliative patient were excluded from study and data was gathered over a 6 months period started from January month until June month according to the previously mentioned setting, under the following criteria:

Aged (20-50)

Male and female

Different educational levels

Accept to participate in the study

##### **Technical design**

Tools of data collection

### Data collected through used the following tools:

Tool: perception scale (Appendix II): (*Ferrell and McCaffery, 2008*) developed it was modified and translated by the researchers. It was used to nurses perception toward palliative care for cancer patient (55 statements).

### Scoring system :

Response were as: (5) strongly agree, (4) agree, (3) sometimes, (2) disagree, and (1) strongly disagree. The maximum score was (275) and minimum (54). The score of items were summed-up and the total divided by number of the items, giving a mean score of the part. These scores were converted into a percent score was classified as the following:

- Negative perception 1 – 135
- Positive perception 136 – 275

Interviewing questionnaire for Assessment of nurses' knowledge about palliative care for cancer patient (50 questions), including:

- Nurses' knowledge regarding concept of palliative care for cancer patient (18 true/false questions).
- Nurses' knowledge regarding pain management of palliative care for cancer patient (11 true/false questions).
- Nurses' knowledge regarding relatives role of palliative care for cancer patient (6 true/false questions).
- Nurses' nursing care for palliative care for cancer patient (15 true/false questions).

- Scoring system: The right answer was scored one, and that wrong was scored zero. These scores were summed-up and converted into a percent score.
- Score from 75% referred to unsatisfactory knowledge.
- Score from 75 | 100 referred to satisfactory knowledge.

## II. Operation design

The operational design for this study consisted of three phases, namely preparatory phase, pilot study, and fieldwork.

### Preparatory Phase

This phase included reviewing of literature related to palliative care for cancer patient. This served to develop the study tools for data collection. During this phase, the researcher also visited the selected places to get acquainted with the personnel and the study settings. Development of the tools was under supervisors' guidance and experts' opinions were considered.

### Pilot Study

Pilot study was carried out on 10% of nurses exposed to palliative patient in the inpatient of cancer units in Radiation Oncology& Nuclear Medicine Center at Ain Shams University in order to test the applicability of the constructed tools and the clarity of the included questions related to nurses' knowledge and perception toward palliative care for cancer patient. The pilot has also served to estimate the time needed for each subject to fill in the questions. According to the results of the pilot, some corrections and omissions of items were performed as needed. The pilot participants were not included in the main study sample .

### **Fieldwork**

To carry out the study, an approval was obtained from the medical and nursing director of the inpatient departments of cancer units in Radiation Oncology & Nuclear Medicine Center in Ain Shams University. A letter was issued to them from the Faculty of Nursing, Ain-Shams University, explaining the aim of the study in order to obtain their permission and cooperation. Data collection lasted for 6 months. The researcher was available two days / week (Saturday and Tuesday in afternoon shift). Each nurse was interviewed individually using the previously mentioned study tools. The time consumed to fill out the full questionnaire ranged from 20 to 30 minutes for one questionnaire depending on the response of the participants.

The researcher first met with the nurses exposed to palliative patient in the previously mentioned setting, explained the purpose of the study after introducing herself. The nurses were assured that information collected would be treated confidentially, and it would be used only for the purpose of the research. Then, individual interviewing was done after obtaining nurses consent to participate.

### **Content and Face Validity and Reliability:**

To achieve the criteria of trust worthiness of the tool of data collection in this study, they were tested and evaluated for face and content validity by 5 expertise in psychiatric mental health from faculty members from Ain Shams University to ascertain relevance, clarity, and completeness of the tools, experts elicited responses that either agree or disagree for the face and content validity.

### **III. Administrative design**

Approval was obtained through an issued letter from the Dean of Faculty of Nursing, Ain Shams University to directors of the previously mentioned setting. The researcher then met the hospital director and explained the purpose and the methods of the data collection.

### **Ethical Consideration**

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The ethical research considerations in this study include the following:

- The researcher clarified the objective and aim of the study to the nurses included in the study. Anonymity and confidentiality of the data was assured and maintained.
- Nurses were informed that they are allowed to participate or not in the study and that, they have the right to withdraw from the study at any time .

### **IV. Statistical analysis**

Data collected from the studied sample was revised, coded and entered using PC. Computerized data entry and statistical analysis were fulfilled using the statistical package for social sciences (SPSS) version 20. Data were presented using descriptive statistics in the form of frequencies, percentages. Chi-square test ( $\chi^2$ ) was used for comparisons between qualitative variables and correlation coefficient was used to test correlation between variables. Statistical significance was considered at  $p$ -value  $<0.05$ .

### **Results**

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**The results obtained from the study were presented into three parts:**

## Nurses' Perception toward Palliative Care for Cancer Patients

Part II. Perception of the studied nurses regarding palliative care (tables: 1& 2)

Part III. Knowledge of the studied nurses regarding palliative care (tables: 3-5)

### Part I. Perception of the Studied Nurses regarding Palliative Care

**Table (1a):** Number and percentage distribution of the studied nurses according to their perception of palliative care (No=200)

Items	Strongly Disagree		Disagree		Natural		Agree		Strongly agree	
	No	%	No	%	No	%	No	%	No	%
Palliative care is given only for dying patient	50	25.0	80	40.0	30	15.0	20	10.0	20	10.0
As a patient nears death; the nurse should withdraw from involvement with the patient	40	20.0	80	40.0	30	15.0	20	10.0	30	15.0
It is beneficial for the chronically sick person to verbalize feelings	40	20.0	90	<b>45.0</b>	40	20.0	10	5.0	20	10.0
The length of time required to give nursing care to a dying person would frustrated	30	15.0	60	30.0	40	20.0	30	15.0	40	20.0
Family should maintain as normal an environment as possible for the dying member	60	30.0	70	35.0	50	25.0	10	5.0	10	5.0
The family should be involved in the physical care of the dying person	35	17.5	115	<b>57.5</b>	20	10.0	10	5.0	20	10.0
It is difficult to form a close relationship with the family of a dying member	40	20.0	60	30.0	20	10.0	40	20.0	40	20.0
Nursing care for the patient family should continue throughout the period of grief and bereavement	40	20.0	70	35.0	40	20.0	20	10.0	30	15.0
Nursing care should extend to the family of the dying person	30	15.0	30	15.0	30	15.0	60	30.0	50	25.0
Think it is best to change the Subject to something cheerful	40	20.0	80	40.0	30	15.0	20	10.0	30	15.0
Afraid to become friends with chronically sick and dying patients	40	20.0	90	<b>45.0</b>	40	20.0	10	5.0	20	10.0
Would be uncomfortable if entered the room of a terminally ill person and founded crying	30	15.0	60	30.0	40	20.0	30	15.0	40	20.0
Nurses are capable of identifying that a patient is dying	60	30.0	70	35.0	50	25.0	10	5.0	10	5.0
would not like the responsibility of identifying a patient as dying	50	25.0	70	35.0	30	15.0	20	10.0	30	15.0
Nurses cannot cease routine care for the dying patient without permission from a doctor	40	20.0	60	30.0	20	10.0	40	20.0	40	20.0

**Table (1a)** shows that, 45.0%, 57.5%, & 45.0% of the studied nurses were disagree with the is beneficial for the chronically sick person to verbalize feelings, the family should be involved in the physical care of the dying person & afraid to become friends with chronically sick and dying patients respectively.

**Table (1b):** Number and percentage distribution of the studied nurses according to their perception of palliative care (No=200)

Items	Strongly Disagree		Disagree		Natural		Agree		Strongly agree	
	No	%	No	%	No	%	No	%	No	%
The length of time taken to care for a dying patient is vitally important	60	30.0	70	35.0	50	25.0	10	5.0	10	5.0
Nurses should not give dying patients honest answers about their condition	30	15.0	30	15.0	30	15.0	60	30.0	50	25.0
End stage palliative care does not do anything for the patient	30	15.0	60	30.0	40	20.0	30	15.0	40	20.0
The focus of care should be adapted when death becomes imminent	60	30.0	70	35.0	50	25.0	10	5.0	10	5.0
When a patient has been identified as dying a 'do not resuscitate order' should be placed on chart	50	25.0	70	35.0	30	15.0	20	10.0	30	15.0
Nurses play a key role in helping patients die in comfort	40	20.0	60	30.0	20	10.0	40	20.0	40	20.0
Comfort care for the dying patient should not replace routine nursing practice	40	20.0	70	35.0	40	20.0	20	10.0	30	15.0
would not like to care for a dying patient	30	15.0	30	15.0	30	15.0	60	30.0	50	25.0
Comfort care will enhance the dying patient's quality of life	40	20.0	80	<b>40.0</b>	30	15.0	20	10.0	30	15.0
Specialist palliative care teams are never necessary to deal with a dying patient	40	20.0	90	<b>45.0</b>	40	20.0	10	5.0	20	10.0
Symptom control for the dying patient is not the nurse's responsibility	30	15.0	60	30.0	40	20.0	30	15.0	40	20.0
When nursing a dying patient it is good practice, when possible, to frequently ask them about symptom control	60	30.0	70	35.0	50	25.0	10	5.0	10	5.0
Symptom control guidelines are necessary for delivering optimal end-of-life care	50	25.0	70	35.0	30	15.0	20	10.0	30	15.0
Nurses cannot manage symptom control in the dying phase	40	20.0	60	30.0	20	10.0	40	20.0	40	20.0
The dying patient physical needs should be decided by family	45	22.5	100	<b>50.0</b>	25	12.5	10	5.0	20	10.0
Dignity of a patient is not more important than effective care	40	20.0	90	<b>45.0</b>	30	15.0	20	10.0	20	10.0
Administration of opioids by means of a syringe driver is often an essential measure in symptom control	50	25.0	50	25.0	40	20.0	30	15.0	30	15.0

**Table (2b)** show that, 40.0%, 45.0%, 50.0%, & 45.0% of the studied nurses were disagree with the comfort care will enhance the dying patient's quality of life, specialist palliative care teams are never necessary to deal with a dying patient, the dying patient physical needs should be decided by family & dignity of a patient is not more important than effective care respectively.

## Nurses' Perception toward Palliative Care for Cancer Patients

**Table (1c):** Number and percentage distribution of the studied nurses according to their knowledge of palliative care (No=200)

Items	Strongly Disagree		Disagree		Natural		Agree		Strongly agree	
	No	%	No	%	No	%	No	%	No	%
Death is not frightening subject	40	20.0	30	15.0	40	20.0	50	25.0	40	20.0
Death is an easy topic to discuss with colleagues	40	20.0	90	<b>45.0</b>	40	20.0	10	5.0	20	10.0
Death signifies "a beginning"	30	15.0	60	30.0	40	20.0	30	15.0	40	20.0
Assignment to a terminal patient should be part of basic nursing education	60	30.0	70	35.0	50	25.0	10	5.0	10	5.0
Do Dpi have any definite views about death	50	25.0	80	40.0	40	20.0	10	5.0	20	10.0
In practice, terminal nursing care emphasizes the caring aspect	40	20.0	90	<b>45.0</b>	30	15.0	20	10.0	20	10.0
Possess strong clinical skills regarding symptom management and pain control	50	25.0	80	40.0	40	20.0	10	5.0	20	10.0
When a person dies in the work setting, it is appropriate for the nurse to show grief	60	30.0	70	35.0	50	25.0	10	5.0	10	5.0
The amount of time allocated to death and dying in basic nursing program was adequate	50	25.0	70	35.0	30	15.0	20	10.0	30	15.0
In the work setting, it is appropriate to become emotionally involved with a dying person	40	20.0	60	30.0	20	10.0	40	20.0	40	20.0
Possess a sound knowledge base regarding religious beliefs and values regarding death	40	20.0	70	35.0	40	20.0	20	10.0	30	15.0
Come to terms" with own mortality	30	15.0	30	15.0	30	15.0	60	30.0	50	25.0
The quality of death and dying educational preparation that received in basic nursing program serves as a sound basis for clinical practice	40	20.0	80	40.0	30	15.0	20	10.0	30	15.0
When a death occurs in the work setting, feel comfortable communicating with bereaved relatives	35	17.5	115	<b>57.5</b>	20	10.0	10	5.0	20	10.0
When a death occurs in the work setting, there is adequate support available to the nurse	30	15.0	60	30.0	40	20.0	30	15.0	40	20.0
would like to have the opportunity to gain more knowledge regarding communication with terminal patients and families	60	30.0	70	35.0	50	25.0	10	5.0	10	5.0
The hospital in which I work supports a terminal caring practice standard	50	25.0	70	35.0	30	15.0	20	10.0	30	15.0

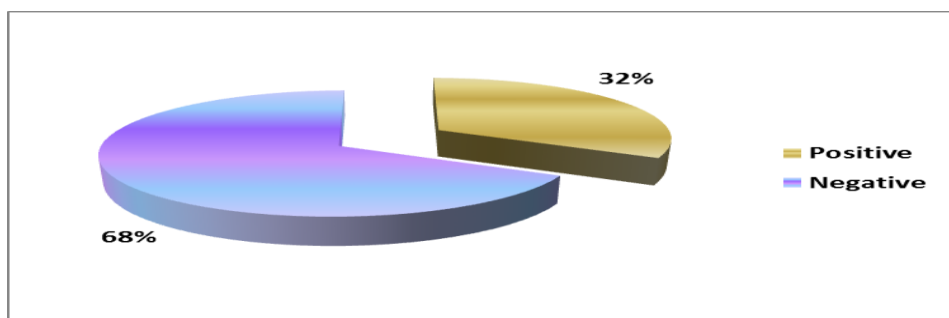
**Table (1c)** show that, 45.0%, 45.0%, & 57.5% of the studied nurses were disagree with the death is an easy topic to discuss with colleagues, in practice, terminal nursing care emphasizes the caring aspect & when a death occurs in the work setting, feel comfortable communicating with bereaved relatives respectively.

**Table (1d):** Number and percentage distribution of the studied nurses according to their perception of palliative care (No=200)

Items	Strongly Disagree		Disagree		Natural		Agree		Strongly agree	
	No	%	No	%	No	%	No	%	No	%
A specific course regarding death and dying should be a requirement for all nurses	10	5.0	20	10.0	30	15.0	45	22.5	<b>95</b>	<b>47.5</b>
When a death occurs in the work setting, there is adequate support from the nurse available to the patient and the family	50	25.0	50	25.0	40	20.0	30	15.0	30	15.0
Experience satisfaction in relation to the terminal care that able to provide	45	22.5	<b>100</b>	<b>50.0</b>	25	12.5	10	5.0	20	10.0
Views about death affect practice with terminal patients and families	50	25.0	80	40.0	40	20.0	10	5.0	20	10.0
Possess a high level of expertise in the area of terminal care	40	20.0	30	15.0	40	20.0	50	25.0	40	20.0
At work, have ample opportunity to communicate with other disciplines regarding planned terminal care	40	20.0	90	45.0	40	20.0	10	5.0	20	10.0

**Table (2d)** show that, 47.5% of the studied nurses were strongly agree with a specific course regarding death and dying should be a requirement for all nurses, while 50.0% of the studied nurses were disagree with the experience satisfaction in relation to the terminal care that able to provide.

**Figure (1):** Number and percentage distribution of the studied nurses according to their total perception regarding palliative care (No=200)



This figure shows that 68 % of the studied nurses have negative perception regarding palliative care, while 32% of them have positive perception regarding palliative care.



## Nurses' Perception toward Palliative Care for Cancer Patients

### Part II. Knowledge of the Studied Nurses regarding Palliative Care

**Table (2):** Number and percentage distribution of the studied nurses according to their knowledge about concept of palliative care (No=200)

Items	True		False		Don't Know	
	No	%	No	%	No	%
Palliative care is appropriate only in situations where there is evidence of a downhill trajectory or deterioration	50	25.0	120	60.0	30	15.0
The accumulation of losses renders burnout inevitable for those who seek work in palliative care	40	20.0	80	40.0	80	40.0
An acute episode in a chronically ill patient may represent a terminal event	70	35.0	100	50.0	30	15.0
The loss of a distant or contentious relationship is easier to resolve than the loss of one that is close or intimate	70	35.0	80	40.0	50	25.0
The decision that a patient is dying should be made by a multidisciplinary team	10	<b>5.0</b>	160	80.0	30	15.0
The provision of palliative care requires emotional detachment	70	35.0	70	35.0	60	30.0
During the terminal stages of an illness, drugs that can cause respiratory depression are appropriate for the treatment for severe dyspnea	30	15.0	160	80.0	10	5.0
Men generally reconcile their grief more quickly than women	120	60.0	50	25.0	30	15.0
The dying person should not be allowed to make decisions about physical care	30	15.0	150	75.0	20	10.0
Dehydration is a normal part of the dying process	100	50.0	70	35.0	30	15.0
Symptoms of increased chest secretions and terminal agitation are unavoidable in dying patients	100	50.0	50	25.0	50	25.0
Regulation of bowel movements is often a problem for a dying patient	120	60.0	60	30.0	20	10.0
Retention of urine is more likely than urine incontinence in the dying patient	70	35.0	70	35.0	60	30.0
All dying patients will be at high risk of skin breakdown	120	60.0	20	10.0	60	30.0
Breathless is a common symptom in the dying phase	150	<b>75.0</b>	30	15.0	20	10.0
Frequent repositioning of a dying patient is not always desirable	50	25.0	100	50.0	50	25.0
When a patient is diagnosed as dying current medication should be reassessed and non-essentials discontinued	100	50.0	70	35.0	30	15.0
Symptoms were sufficiently alleviated in last 24 hours	70	35.0	70	35.0	60	30.0

**Table (2)** Illustrates that, 75.0% of the studied nurses were known the breathless is a common symptom in the dying phase, only 5.0% of the studied nurses were known the decision that a patient is dying should be made by a multidisciplinary team.

**Table (3):** Number and percentage distribution of the studied nurses according to their knowledge about pain management of palliative patient (No=200)

Items	True		False		Don't Know	
	No	%	No	%	No	%
Manifestations of chronic pain are different from those of acute pain	20	10.0	150	75.0	30	15.0
The extent of the disease determines the method of pain treatment	50	25.0	80	40.0	70	35.0
Adjuvant therapies are important in managing pain	40	20.0	140	70.0	20	10.0
The pain threshold is lowered by anxiety or fatigue	30	<b>15.0</b>	100	50.0	70	35.0
It is appropriate to control pain in the dying phase by use of both analgesia and sedation	50	25.0	100	50.0	50	25.0
Morphine is the standard used to compare the analgesic effect of other opioids	30	15.0	100	50.0	70	35.0
The use of placebos is appropriate in the treatment of some types of pain	30	15.0	100	50.0	70	35.0
Demerol is not an effective analgesic in the control of chronic pain	70	35.0	80	40.0	50	25.0
In high doses, codeine causes more nausea and vomiting than morphine	25	<b>12.5</b>	135	62.5	50	25.0
Individuals who are taking opioids should also follow a bowel regime	40	20.0	80	40.0	80	40.0
Drug addiction is a major problem when morphine is used on a long-term basis for the management of pain	20	<b>10.0</b>	150	75.0	30	15.0

**Table (3)** illustrates that, only 15.0%, 12.5% & 10.0% of the studied nurses were known the pain threshold is lowered by anxiety or fatigue, in high doses, codeine causes more nausea and vomiting than morphine & drug addiction is a major problem when morphine is used on a long-term basis for the management of pain respectively.

**Table (4):** Number and percentage distribution of the studied nurses according to their knowledge about relative and palliative care (No=200)

Items	True		False		Don't Know	
	No	%	No	%	No	%
Effort to make the last days tolerable for relatives was sufficient	40	20.0	20	10.0	140	70.0
Relative was informed sufficiently about situation, condition and care	10	5.0	20	10.0	170	85.0
Opportunity to discuss personal or religious preferences was sufficient	30	15.0	70	35.0	100	50.0
Affirmation of the patient as a whole person was sufficient	50	25.0	50	25.0	100	50.0
Attention to hospital facilities and wishes of patient and relative was sufficient	20	10.0	60	30.0	120	60.0
It is crucial for family members to remain at the bedside until death occurs	50	25.0	70	35.0	80	40.0

**Table (4)** illustrates that, only 5.0% of the studied nurses were known the relative was informed sufficiently about situation, condition and care.

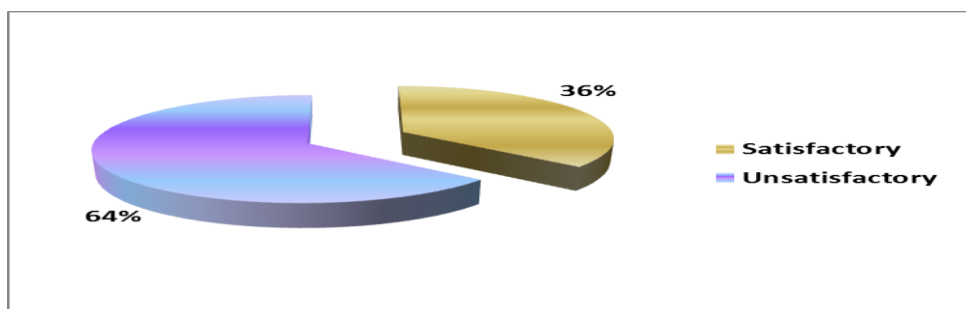
**Table (5):** Number and percentage distribution of the studied nurses according to their knowledge about nursing care for palliative patient (No=200)

Items	True		False		Don't Know	
	No	%	No	%	No	%
Routine nursing practice should not take precedence over a patient's comfort	70	35.0	80	40.0	50	35.0
There is a need for specialist palliative care teams to be involved with every dying patient	120	60.0	30	15.0	50	25.0
Maintaining a fluid balance record for the dying patient is important	120	60.0	60	30.0	20	10.0
The dying patient should not be coaxed to eat	100	50.0	70	35.0	30	15.0
General comfort care should not take precedence over skin care	100	50.0	70	35.0	30	15.0
During the last days of life, the drowsiness associated with electrolyte imbalance may decrease the need for sedation	70	35.0	80	40.0	50	25.0
Reducing the respiratory rate can relieve breathlessness for the dying patient by reducing anxiety	155	77.5	25	12.5	20	10.0
Nursing care last 24 hours before death was sufficient	170	85.0	10	5.0	20	10.0
Social and spiritual support last 24 hours before death was sufficient	100	50.0	70	35.0	30	15.0
Efforts to alleviate symptoms and problems last 24 hours before death were sufficient	120	60.0	20	10.0	60	30.0
In the last 24 hours, patient participated sufficiently in decision making on medical treatment	100	50.0	50	25.0	50	25.0
In the last 24 hours, patient participated sufficiently in decision making on nursing care	120	60.0	60	30.0	20	10.0
Attention to preferred rituals at the moment of death was sufficient	110	55.0	50	25.0	40	20.0
Efforts to alleviate symptoms and problems last 24 hours before death were sufficient	120	60.0	20	10.0	60	30.0
Treatment procedures should be continued even when the patient is dying	50	25.0	130	65.0	20	10.0

## Nurses' Perception toward Palliative Care for Cancer Patients

**Table (5)** illustrates that, 77.5% & 85.0% of the studied nurses were known the reducing the respiratory rate can relieve breathlessness for the dying patient by reducing anxiety & nursing care last 24 hours before death was sufficient respectively.

**Figure (2):** Number and percentage distribution of the studied nurses according to their total knowledge regarding palliative care (No=200)



This figure shows that 64.0% of the studied nurses have unsatisfactory knowledge regarding palliative care, while 36.0% of them have satisfactory knowledge regarding palliative care.

### Discussion

Discussion of findings covered two parts: first part: Perception of the studied nurses regarding palliative care. second part: Knowledge of the studied nurses regarding palliative care.

#### Perception of the studied nurses regarding palliative care:

Regarding to perception of the studied nurses regarding palliative care, the results of the present study revealed that, slightly less than half of the studied nurses were disagreed with the beneficial for the chronically sick person to verbalize feelings, the family should be involved in the physical care of the dying person, afraid to become friends with chronically sick and dying patients, comfort care will enhance the dying patient's quality of life, specialist palliative care teams are never necessary to deal with a dying patient, the dying patient physical needs should be decided by family, dignity of a patient is not more important that effective care, death is an

easy topic to discuss with colleagues, in practice, terminal nursing care emphasizes the caring aspect & when a death occurs in the work setting, feel comfortable communicating with bereaved relatives. This result is agreed with *White et al. (2013)* conducted a study about palliative nurses' perceptions of practices and challenges revealed that, palliative nurses view end-of-life and palliative nursing competencies based on the needs of patients and families rather than a ranked list of important skills.

Accordingly, *Herr et al. (2010)* conducted a study about the current state of evidence-based practices in pain assessment using a valid pain assessment scale (a numeric rating scale (NRS), at admission their study revealed that, pain assessment was completed within 48 hours of admission. Reassessment of pain intensity within 24 hours of the initial pain, and follow up was done for a minority of patients who reported moderate to severe pain .

This finding supported by *Kell and Walley (2009)* mentioned that, a minority of nurses monitored analgesic-induced side effects; initiation of bowel regimen for patients receiving opioids and documentation of both non pharmacological therapies and written pain management plans.

Similar observations have also been reported by *Baker et al. (2013)* conducted a study about satisfaction with pain treatment in older cancer patients their result revealed that there is a need for pain education to address misunderstandings and concerns in managing cancer pain .

Another study conducted by *Karkada et al. (2011)* studied the awareness of palliative care among diploma nursing students found that, two thirds of the nurses disagree of palliative care is given only for dying patient and should withdraw from his/her involvement with the patient. On the other hand, approximately fifty percent of nurses agreed with beneficial for the chronically sick person to verbalize his/her feelings .

According to *Kassa et al. (2014)* nurses' attitudes toward family should maintain as normal an environment as possible for their dying member. Whereas the attitudes toward the family should be involved in the physical care of the dying person were varied from agree to disagree and the attitudes toward the length of time required to give nursing care to a dying person would frustrate the nurse were slightly different from agree to disagree .

*Budkaew and Chumworathayi (2013)* study the knowledge and attitudes toward palliative terminal cancer care concluded that, most of nurses said that it is difficult to form a close relationship with the family of a dying member. Approximately one third of nurses agreed with nursing care for the patient's family should continue throughout the period of

grief and bereavement it is interesting to note that nursing care should extend to the family of the dying person. In the opposite, the nurse thought that he would be uncomfortable if he entered the room of a terminally ill person and found him/her crying .

This result differed from *Jahan et al. (2013)* stated that, nurses attitudes were slightly different regarding the afraid to become friends with chronically sick and dying patients .

Result of *Bogam et al. (2012)* revealed that, nurses carried out incomplete nutritional assessment through monitoring only daily food intake and they neglected the other aspects of nutritional assessment such as obtaining full dietary history, anthropometric measurement, revising objective/ biochemical data, identification of risk factors that negatively affect nutritional status in addition to cancer, and performing physical assessment to for detecting manifestations of malnutrition in proper diet and incomplete health education about fluid intake and pharmacologic treatment .

This study is not in alien with *Bernardi et al. (2007)* their result indicated that, palliative care and hospice nurses play a critical role in early assessment, education, and prevention to support nutritional needs for patients and their families. As regards to fatigue, it is the most common symptom in cancer patients, but little is known about its specific treatment .

*Hansen et al. (2009)* mentioned that, the most frequent psychological symptoms experienced by cancer patients are depression and anxiety. This is in addition to other problems such as mood disturbance, fear of recurrence, concerns about body image, and changes in one's role within the family and other relationships. So one of the most important

issues in providing supportive care to cancer patients is to meet patients' individual needs and provide the needed type of psychological therapy .

Concerning to total perception of the studied nurses regarding palliative care, the results of the present study revealed that, two thirds of the studied nurses have negative perception regarding palliative care. This result is agreed with *White et al. (2013)* they reported that, the most respondents' attitudes levels towards palliative care were moderate attitude, poor attitude, and good attitude level. Also *Joris et al. (2011)* stated that, half of the nurses had moderate attitude towards palliative care .

This finding was agreement with the findings of *Karkada et al. (2011)* they indicated that, the majority of nursing students had favorable attitude towards palliative care.

Similar observations have also been reported *Schlairet (2009)* implied that nurses who are working in hospitals, clinics, and community setting are without knowledge of how best to assist patients and families facing end-of life care he found that, the majority of respondents representing mentioned that it was an approach for nurses to improve quality of life of patients and their families who are facing a life threatening illness, while the minority of them said palliative care was a type of care when one is approaching death. The result indicates a difference in the understanding on the roles nurses on palliative care among the respondents interviewed .

This finding is agreement with that of *Al Qadire (2013)* who revealed that the majority of the studied nurses were males .

### **Knowledge of the studied nurses regarding palliative care**

Concerning to nurses knowledge about concept of palliative care, the results of the present study revealed that, the minority of the studied nurses were known that the decision that a patient is dying should be made by a multidisciplinary fatigue. The researcher point of view that this may be due to the fear from the nurses to haven't the responsibility.

This result is agreed with *American Nurses Association and Hospice and Palliative Nurses Association (2014)*, fatigue treatment interventions fall into one of three categories: reduction of causative factors; pharmacological and non-pharmacological management. In the current study nurses didn't assess or determine the severity of a patients' fatigue or note factors that worsen or relieve fatigue, such as both physical and psychological stresses.

According to the *Bernardi et al. (2007)* conducted a survey study to assess knowledge and attitudes of Italian oncology nurses about cancer pain management. It showed that more than half of nurses underestimated the patients' pain and they did not treat it in the correct way.

*Karkada et al. (2011)* they concluded that, the direct consequences of the disease process, such as anemia, hepatic or renal failure, chronic pain, in addition, treatments such as cancer therapy, and / or anti-hypertensive, however, psychological causes of fatigue include anxiety and depression to report and manage underlying cause.

This finding supported by *Shah et al. (2013)* special emphasis should be on using a multidimensional approach to cancer pain management to achieve optimal quality of life for all cancer patients.

Concerning care of patients with breathlessness, the current study revealed that, nurses obtained the highest practices score. The majority of nurses assessed the respiration (rate, rhythm, depth), presence of sputum and the type of cough (productive or dry), oxygen saturation using pulse oximetry .

As Regarded to nurse's knowledge about signs & symptoms during dying process, the results of the present study revealed that, three quarters of the studied nurses were known the breathless is a common symptom in the dying phase.

As Regarded to nurses knowledge about nursing care for palliative patient, the results of the present study revealed that, three quarters of the studied nurses were of the studied nurses were known the reducing the respiratory rate can relieve breathlessness for the dying patient by reducing anxiety .

Consequently, *Thomas et al. (2011)* conducted a study about breathlessness in cancer patients: implications, management and challenges, and revealed that non pharmacologic interventions can possibly modify the perception of dyspnea via several mechanisms so a handheld fan can improve dyspnea and its' inexpensive, convenient and are without undesirable side effects.

Current result agreed with *Ramjan et al. (2010)* nurses provided oxygen therapy as doctor order but didn't provide nose care, device care; or teach patients how to do breathing and coughing exercise; and they gave medications as doctors' order. However, there was a lack of consideration to non-pharmacological aspects of caring for breathlessness such considering the psychological issues through patients' reassurance, aeration of the room through opening windows, or using fans .

Yet, in all situations, there are ways to relieve pain without causing respiratory depression.

Based on the study made by *Prem et al. (2012)* conducted a study about symptom control in palliative care: Dyspnea and delirium, and revealed that anxiety-reducing techniques are used for breaking the breathlessness anxiety cycle .

*Emara et al. (2014)* Combined non pharmacologic managements improved breathlessness, performance status, and emotional states. Patients who participated in pulmonary rehabilitation programs developed their own self coping skills, self-acquired expertise, and experienced improved quality of life .

Regarding to nurses knowledge about nursing care in the last 24 hours, the results of the present study revealed that, the majority of the studied nurses were known the nursing care last 24 hours before death was sufficient .

This result is agreed with *Huijjer et al. (2009)* indicated that, nurses were provide personal care, observation and reporting of symptoms, assist in medical care and a minimum of them they provide symptom control.

Regarding to nurses total knowledge regarding palliative care, the results of the present study revealed that, slightly less than two thirds of the studied nurses have unsatisfactory knowledge regarding palliative care .

The current result is agreed with *Al Qadire (2013)* he showed that; around half of the nurses had poor knowledge level of palliative care, fair knowledge, and good knowledge.

However, they had satisfactory knowledge about psychological symptoms. Because nurses play significant roles in the

care of the dying critically ill, as well as the terminally ill patients, lack of their knowledge about palliative care is considered as obstacle to deliver palliative care.

This study in difference with *Prem et al. (2012)* the majority of the studied sample had unsatisfactory general knowledge regarding what is palliative care, its principles and timing, and a minority of nurses had information about places that introduce palliative care, and goals of palliative care for different symptoms. As well, nurses in the current study didn't know that palliative care is required for patients in all disease stages "starting from the time of diagnosis", including those undergoing treatment for curable illnesses; those living with chronic diseases; and those who are at the end of life .

On the same line with findings of the current study was that of *Karkada et al. (2011)* who revealed that the minority of studied nurses were aware of the term palliative care. In attempt to identify areas of knowledge deficit among the majority of the studied sample who had unsatisfactory knowledge level about physical symptoms, it was found to be in relation to assessment of symptoms, side effects of pharmacological management, and non-pharmacological management.

These results are in agreement with *El-Nagar (2013)* the majority who had satisfactory knowledge about psychological symptoms knew definitions, causes and some general measures of management such as active listening and touch .

Findings of the present study are in agreement with several studies conducted by many authors such as *Prem et al. (2012)* who found that the overall level of knowledge about palliative care was poor,

while nurses had greater knowledge about psychiatric problems.

As well, *Al Qadire (2013)* found low knowledge level regarding essence, philosophy, and principles of palliative care .

Most students exclusively linked palliative care to end-of-life care, and believed that the management they provide should have the goal of prolonging life over maintaining quality of life.

Also *White et al. (2013)* conducted a study about palliative nurses' perceptions of practices and challenges they revealed that, palliative nurses view end-of-life and palliative nursing competencies based on the needs of patients and families rather than a ranked list of important skills.

### Recommendations

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**Based on the present study, the following recommendations can be drawn:**

1-Field palliative care needs to become an integral part of all nursing school curriculum as well as continuing nursing and medical education program offerings.

2-Implementing an educational training programmer for healthcare professionals& nurses regarding palliative care.

3-More health education about palliative care be provided to, the community, and individuals with life-limiting illnesses and their families.

### CONCLUSION

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**The findings of the present study reached to the following Conclusion:**

1- The four sixty of the studied nurses have unsatisfactory knowledge regarding palliative care and the six thirty of them have satisfactory knowledge regarding palliative care.

2- The seven sixty and half of the studied nurses have negative perception regarding palliative care and the tow thirty and half of them have positive perception regarding palliative care.

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