



## A Study to Assess the Knowledge on Palliative Care among Third Year B. Sc (N) Students of Narayana College Of Nursing. Nellore. AP.



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**Abstract:** Palliative care is the most important part of integrated people centered health services (IPCHS). Palliative care emphasizes on the critically ill and reduces physical, mental, and emotional suffering of clients in whole aspects. This focus on care giving rather than curing disease. **Objectives:** To assess the knowledge regarding palliative care. To find out the association between levels of knowledge regarding palliative care with their selected social and demographic variables. **Materials and methods:** A Non experimental descriptive approach. 100 samples selected with a non probability convenience sampling technique and the 30 structured questionnaire was used to determine the knowledge on palliative care. The data was analyzed by using descriptive and inferential statistics. **Result:** With reference to the knowledge on palliative care among III rd B.Sc.(N) students out of 100 students, 9(9%) were with A+ grade, 27(27%) with A grade, 20(20%) with B+ grade, 36(36%) with B grade, 7(7%) with C grade and 1(1%) with D grade. There is no significant association between the knowledge on palliative care among III year B.Sc (N) students at Narayana College of Nursing with the selected Socio Demographic variables like, Source of information, CNE programme, religion and has significant association with age in years. The standard deviation was 4.734.

### Introduction:

Palliative care is the most important part of integrated people centered health services (IPCHS). Palliative care emphasizes on the critically ill and reduces physical, mental, and emotional suffering of clients in whole aspects. This focus on care giving rather than curing disease. Most people approach palliative care or hospice care is to minimize the suffering of cancer, organ failure, drug resistant TB(tuberculosis), severe burns, end stage chronic illness or acute trauma, extreme birth prematurity, old age, COPD (chronic obstructive pulmonary disease),

congestive heart failure (CHF), Alzheimer's disease, Parkinson disease and so on.

Palliative care is the active, total care of patients and their families by a multidisciplinary team; at a time when the patient's disease is no longer responsive to curative treatment and life expectancy is relatively short (Twycross 2003). Lynn & Adamson's model (2003) indicates that the principles of palliative care are already applicable in an early stage of the disease and can go together with therapies that are initially aimed at the prolongation of life. A system approach is important, as the palliative process



progresses the relief of symptoms will get more attention; the family care becomes more.

Palliative care is a teamwork or liaison between the healthcare team and family to ensure support and strength to overcome the adverse effects of chronic illness which bring about stress, depression, pain both physical and emotional response. By the combined effort patients can attain quality life; in short they can carry out daily activities without any hindrance. Palliative care is not an alternative to other care, but is a complementary and essential component of total patient care (Costello 2004). Palliative care is not restricted to a certain setting but takes place in different environments, both at home, in hospitals, in nursing and old-people's homes, in psychiatry and in hospices.

Nurses 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. They would moreover like to be supported in the coordination of the care when many different care providers are involved. It can be argued that nursing and palliative care are natural partners in clinical practice and that the knowledge and skills required in this area are applicable to all nurses. People die in many environments and all have a right to supportive and palliative care, regardless of diagnosis or circumstances (The National Comprehensive Cancer Network (NICE), 2004).

The effects of palliative courses on different levels can be measured both with the students themselves and with the patients. A frequently occurring outcome indicator is the satisfaction of the student him/herself with the education and self-

perceived knowledge. It is important to develop adequate programs in the field of palliative care for nurses at all levels, as these disciplines are seen as core disciplines. The nurses make up a large part of the healthcare profession, yet they are falling behind on instituting palliative care within the curriculum. This is impressive considering how prevalent nurses are in initiating patient care and being the primary caregiver to those hospitalized. When entering the healthcare field, death of a patient is unavoidable and becomes part of the job as a nurse.

**Background of the Study:** The palliative care aims to provide end of care for patients with advanced cancer and other terminal illness. Palliative care developed and flourished due to growing public concern and dissatisfaction with the care of dying patients in the 1960's and 1970's.

**According to a WHO** survey relating to non communicable diseases conducted among 194 Member States in 2019: funding for palliative care was available in 68% of countries and only 40% of countries reported that the services reached at least half of patients in need .<sup>11</sup>

**The International Narcotics Control Board found that in 2018,** 79 percent of the world's population, mainly people in low- and middle-income countries, consumed only 13 per cent of the total amount of morphine used for the management of pain and suffering, or 1 per cent of the 388 tons of morphine manufactured worldwide. Although that was an improvement over 2014, when 80 percent of the world's population consumed only 9.5 percent of the morphine used for the management of pain and suffering, the disparity in the consumption of narcotic drugs for palliative care between low- and middle-income countries and high-income countries continues to be a matter of concern.

**Problem Statement:**

**A Study to Assess the Knowledge on Palliative Care Among Third Year B.Sc (N) Students of Narayana College of Nursing, Nellore. AP**

**Objectives:**

1. To assess the knowledge regarding palliative care.
2. To find out the association between levels of knowledge regarding palliative care with their social and demographic variables.

**Operational Definition**

**Knowledge:** It refers to the information possessed by III year BSC nursing students on palliative care.

**Palliative Care:** Palliative care is an approach that improves the quality of life of patients and their families who are facing the problem associated with life threatening illness.

**Materials and Methods:**

**Research Approach:** Quantitative research approach was adopted

**Research Design:** Descriptive research design.

**Settings of the study:** The study was conducted in Narayana College of Nursing, Nellore A.P. It is one of the best nursing colleges in Nellore. It is affiliated with Dr.NTR University of health sciences and recognized by Indian Nursing Council, New Delhi. It provides high academic standards to its students. The annual intake is 100. The college offers world class infrastructure unparalleled technical expertise with diligent faculty. The programmes included are B.Sc Nursing, General Nursing, M.Sc nursing, Post B.Sc Nursing and PhD Nursing. The students gain excellent academic and client exposure through various continuing nursing education programmes, conferences, workshops, enrichment programmes, an exhaustive library and visits of eminent personalities.

**Population:**

**Target Population:** The target population was all III year B.Sc Nursing students.

**Accessible population:** III year B.Sc Nursing students studying in Narayana College of Nursing, Nellore.

**Sample:** The sample was III year B.Sc (N) students who fulfilled the inclusion criteria.

**Sampling size:** The sample size was 100, III year B.Sc (N) students.

**Sample Technique:** Non probability convenience sampling technique was used to select the samples.

**Criteria for sampling:**

**Inclusion criteria:** The nursing students

1. Who were studying III year B.Sc (N) at Narayana College of Nursing
2. Who were available at the time of data collection
3. Who were willing to participate in the study

**Exclusion Criteria:** The nursing students

1. Who are on leave
2. Who were not available at the time of data collection.
3. Who were not willing to participate in the study.
4. Who sick on the

**Variables of the study**

**Research Variables:** The knowledge on Palliative care.

**Demographic Variables:** The demographic variables such as age, religion, source of information, attended any CNE program.

**Description of the tool:**

The tool consisted of two parts.

**Part - I:** Deals with demographic variables such as age, source of information regarding Palliative care.

**Part - II:** It consists of 30 structured questionnaires to assess the knowledge regarding Palliative care among III year B.Sc Nursing students.

**Score Interpretation:** Each correct answer, scored as "1" and wrong answers scored as "0" total score was 30. It was to assess the knowledge regarding Palliative care among III year B.Sc (N) students.



Grade	Percentage	Score
A+	91-100%	30-27
A	81-90%	26-23
B+	71-80%	22-19
B	61-70%	18-15
C	50-60%	14-11
D	<50%	<11

### Data collection procedure

The data collection procedure was done for a period of 10 days. After obtaining the permission from the nursing dean, data collection was started. The data collection was done on 29-10-21 to 9-11-21. 100 samples were selected by using non probability convenience sampling technique. III year B.Sc Nursing students who fulfilled the inclusion criteria were selected and the confidentiality of shared information was assured. Structured questionnaire was adopted to collect the data, questionnaire was given to III year B.Sc Nursing students and given 15 - 20 minutes to complete the questionnaire. Each day 10 samples were selected between 9am to 12pm. Data was organized and presented in the tables and figures.

### Plan for data analysis:

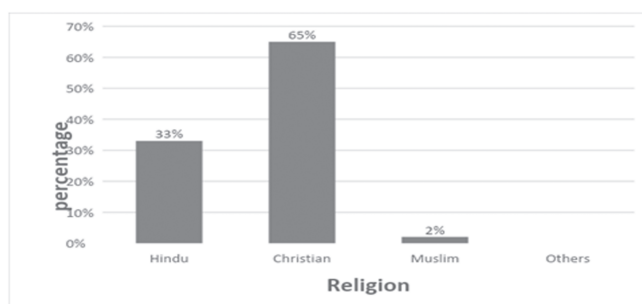
The data will be analyzed in the terms of objectives of the study by using descriptive statistics and inferential statistics.

### Results and Discussion:

**Table - 1 Frequency and Percentage distribution based on age. (N=100)**

Age	Frequency	Percentage
a) 18-19 years	77	77
b) 20-21 years	23	23
c) 22-23 years	20	20
Total	100	100

**Table – 1** It illustrates that the age of III year B.Sc (N) students with regards to age, 77(77%) we're between 18-19 years, 23(23%) were between 20-21 year.

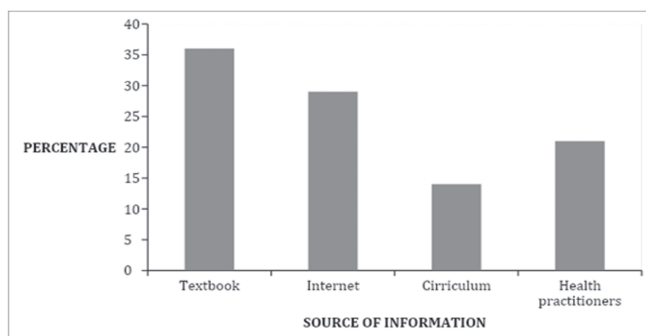


**Fig. No -1 Percentage distribution based on religion.**

**Table No:2 Frequency and percentage distribution based on attending CNE program.**

Workshop attended	Frequency	Percentage
a) Yes	33	33
b) No	67	67
Total	100	100%

**Table – 2:** shows that with regard to attending the CNE program regarding palliative care 67(67%) attended the workshop and 33(33%) not attended the workshop.



**Fig. No-2: Percentage distribution based on source of information.**

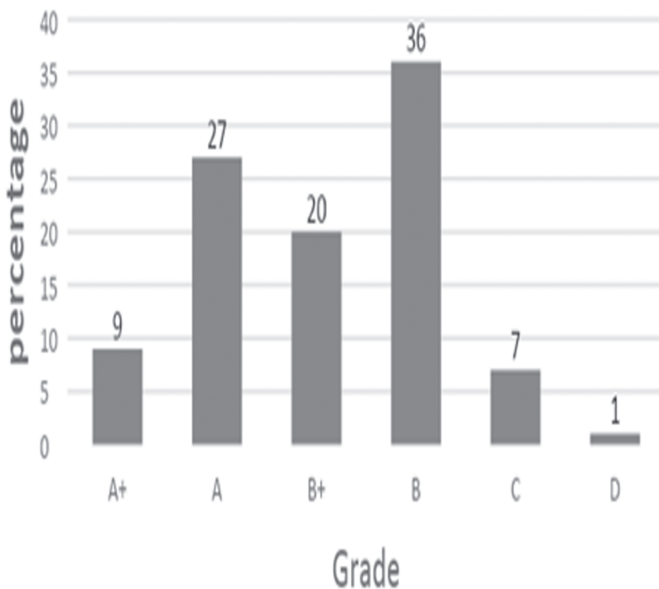
**Table - 3: Frequency and Percentage distribution of level of knowledge on palliative care among III rd year B.Sc (N) students (N=100)**

Category	Frequency	Percentage
A+	9	9
A	27	27
B+	20	20
B	36	36
C	7	7
D	1	1
Total	100	100%





**Table – 3:** shows the level of knowledge on palliative care among III rd B.Sc.(N) students out of 100 students 9(9%) were procured A+ grade, 27(27%) were procured A grade, 20(20%) were procured B+ grade, 36(36%) were procured B grade, 7(7%) were procured C grade and 1(1%) procured D grade.



**Fig.No-3: The Percentage distribution of level of knowledge on palliative care.**

**Table - 4: Mean and Standard Deviation of level of knowledge on palliative care among III rd B.Sc (N) Students (N=100)**

Category	Mean	SD
Assess the level of knowledge on palliative care among III year B.Sc.(N) students	20.15	4.734

**Table – 4** depicts the results estimating the questionnaire with regards to knowledge on palliative care, the mean were 20.15 and Standard deviation was 4.734.

**Table-5: Association between the level of knowledge on palliative care among III rd year B.Sc (N) students with their selected socio demographic variables. (N=100)**

S.No	Demographic Variables	A+		A		B+		B		C		D		Chi-Square
		F	%	F	%	F	%	F	%	F	%	F	%	
1	<b>Age</b>													CV=12.59 TV=11.07 Df=5 P=0.05 S
	18-19 years	7	7	21	21	11	11	33	33	5	5	0	0	
	20-21 years	2	2	6	6	9	9	3	3	2	2	1	1	
	21-22 years													
2	<b>Religion</b>													CV=20.58 T=24.99 Df=15 P=0.05 NS
	Hindu	3	3	12	12	5	5	12	12	1	1	0	0	
	Christian	6	6	14	14	15	15	24	24	5	5	1	1	
	Muslim	0	0	1	1	0	0	0	0	1	1	0	0	
	Others	-	-	-	-	-	-	-	-	-	-	-	-	
4	<b>Source of information</b>													CV=17.392 T=24.99 Df=15 P=0.05 NS
	Books	4	4	9	9	5	5	14	14	3	3	1	1	
	Internet	2	2	8	8	8	8	8	8	3	3	0	0	
	Curriculum	0	0	4	4	4	4	5	5	1	1	0	0	
	Health precision	3	3	6	6	3	3	9	9	0	0	0	0	
5.	<b>Workshop on palliative care</b>													CV=2.887 DF=5 P=0.05 T=11.07 NS
	Yes	5	5	8	8	7	7	11	11	2	2	0	0	
	No	4	4	19	19	13	13	25	25	5	5	1	1	



❖ Regarding age, the calculated value (CV) is 12.59 and the table value is 11.07. The calculated value is greater than the table value. Hence there is a significant association between age and level of knowledge.

❖ In relation to religion the calculated value is 20.58 and the table value is 24.99. The calculated value is less than the table value. Hence there is no significant association between religion and level of knowledge.

❖ In the context with the source of information the calculated value is 17.32 and the table value is 24.99. The calculated value is less than the table value. Hence there is no significant association between source of information and level of knowledge.

❖ In accordance with the CNE program, the calculated value is 2.887 and the table value is 11.07. The calculated value is less than the table value. Hence there is no association between the workshop and level of knowledge.

**Conclusion:** The study findings concluded that the majority of 36(36%) nursing students had B grade knowledge on palliative care. Researchers suggested that nursing students need to have adequate knowledge regarding palliative care by conducting continuing nursing education.

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