

Knowledge of Nursing Students Regarding Rendering of Palliative Care in Namibia.

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Abstract

Palliative care is a worldwide issue and education on palliative care is needed among various cadres in the health care profession especially nursing students who are new to the profession. Palliative care creates an environment where healthcare providers can consider what treatment will or will not be used care for patients with terminal conditions. The best care to give in a palliative care is to relief pain. The purpose of this study was to assess the knowledge of second Year University of Namibia (UNAM) nursing students regarding rendering palliative care. Quantitative, descriptive cross sectional study design was utilized during this study. Data was collected with a self-administrative questionnaire among 47 participants doing a Bachelor's degree in nursing and midwifery science and was analysed using SPSS version 24. The study revealed that the majority of the students had knowledge regarding rendering palliative care on terminally ill patients. The researchers therefore recommend further mixed method research to be conducted to evaluate the practices of other health professionals on palliative care.

Keywords: Palliative care, student nurses, knowledge, death, dying

Introduction of the study

Palliative care is an area of health care provision which is gathering increasing prominence in recent years. Over the last decade, there have been a growing number of patients that need palliative care. The World Health Organisation (WHO), [1] defined palliative care as an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain on other problems; physically, psychologically, social and spiritually. The goal of palliative care is not to provide cure, but to provide comfort and maintain the highest possible quality of life to the affected person. Palliative care is one strategy to help patients and families who do not wish to continue advanced treatments or who have no treatment option due to their disease prognosis. Eyigor (2013) state that palliative require specific knowledge and skills and this include good communication and listening skills, the fundamentals of which could and should be applied by a nurse or a health care worker. However, the biggest challenge on improving the quality of palliative is seems to be lack of knowledge among health care professionals including nursing students in training [2].

In life almost everyone wishes to have the best care when in any case or by any chance they reach the stage of palliative. Funnel & Lawrence ([3] state that palliative care creates an environment where healthcare providers can consider what treatment will or will not be used to treat a life threatening illness. The best care to give to terminally care or to provide in a palliative care is to make pain relief. The goal of palliative care is to improve the quality of patient's life and reduce the burden of illness by reducing the use of aggressive treatment measures at the end stage diseases and reduce suffering by managing symptoms by providing nursing care and spiritual support [4].

One of the important factors influencing a successful delivery of palliative healthcare is the health care professionals' knowledge, attitudes, beliefs, and experiences, which determine not only their procedure but also their behaviour during evaluation and treatment of patients. Studies have documented that nurses and other health care professionals are inadequately prepared to care for patients in pain [5]. Hilding, Alvin and Blomberg [6], identified various causes including inadequacies education, absence of curriculum content related to pain management, and faculty attitudes and beliefs related to pain as areas where nurses are dwindling behind regarding palliative care.

Palliative care is a holistic approach to care and support and take into account the emotional, psychological and spiritual needs as well as physical needs. Recent studies have shown that Acquire Immune Deficiency Syndrome and many types of cancer are painful conditions and patients are usually in need for palliative care at the end of life [7]. Pain control is therefore central to the concept of palliative care. Brajtman et al [8] is of the opinion that freedom from pain allows people to come to terms when approaching death and enables them to make arrangement for the future of others who depend on them, as well as to live for a long time.

Not every patient can be preserved to a quality of life that is appropriate for their circumstances; it is important to establish a goal of providing a dignified way to live or die that will improve their quality of life. Nurses have first-hand experience during these moments with patients and play an integral role in helping to meet patients and families wishes. The quality, efficiency and equity of services are all dependent on the availability of skilled and competent health professionals. It is therefore essential that nurses are appropriately trained to deliver the required services on palliative care at a high standard [9].

Nurses play a central role in palliative and end of life care. Nursing roles include developing plans of care, providing leadership for staff, guidance and support for patients and families [1]. However, researchers have found that not all nurses feel comfortable, or are knowledgeable about the care headed for a dying patient [10]. Nurses made up a large part of the health care professional, yet they have lagged behind on instituting palliative care within their curriculum [10]. When entering the health field, death of a patient is unavoidable and becomes part of the job as a nurse. It is important to integrate palliative care education within the student nurses to prepare them on how to care for terminally ill patients. Moreover, several researchers had reported that nursing students are not adequately prepared for caring for this specific population

[8, 5]. However, [10] found that not all student nurses feel comfortable, or are knowledgeable about the care headed for a dying patient. In their study, student nurses were found to experience anxiety, not knowing how to communicate effectively to the dying patient and their families as well as their own emotional reaction to death [11]. Moreover, a study conducted in ... indicated that nursing students reported anxieties about death, dying, and caring for dying patients and this was found to affect nursing students' attitudes toward care of the dying [12]. If nursing student are exposed to early palliative care in their education and nursing careers, then appropriate use of palliative care of a dying or terminally ill patient might be implemented earlier and more effectively. Since the curriculum of palliative care starts in the second year at university of Namibia, second years nursing students were therefore chosen to participate in the study.

Research objectives

The objectives of this study were to:

- Determine the knowledge of second year nursing students regarding rendering palliative care to patients.
- Identify challenges of rendering palliative care among second year nursing students.

METHODS

A quantitative approach with a descriptive design was used to determine the knowledge of the third year student nurse midwives on palliative care at the University of Namibia. A structured questionnaire was used to gather information from the students.

The target population of this study were second year student nurses who worked in medical wards at Katutura hospital and rendered palliative care to patients. The total population of the study was 52 and they were all included in the study using a census sampling method due to the limited number. However, only 47 participants agreed to participate in the study. A pilot study was conducted among 6 second year diploma nursing student nurses since they have the same curriculum on palliative care with the degree nursing students. The pilot group was however not included in the main study. From the inputs obtained from this pilot study, the researcher was able to make appropriate amendments. The exclusion criteria were that all students who were not 2nd year students were not included in the study.

Before collecting the data, the researcher asked written consent from the second year nursing students for them to answer the questions. Data was collected using an English self-administered structured questionnaire as all the participants were literate and able to complete the questionnaire. However, the researcher was available to clarify question from the participants; explain the purpose of the study and obtain informed consent from the participants before administering the questionnaire.

Questionnaires were coded before data collection and were checked for completeness, consistency, accuracy after collection. Double data entry was done and collected data was

analyzed using SPSS version 24. Frequencies of all responses were calculated in percentages and the result was illustrated using pie charts, frequency tables and bar graphs. The researcher used descriptive statistics approach as the strategy of choice for analyzing the data and mean & mode were used as a measure of central tendency.

Ethics

Ethical approval for the study was obtained from the University of Namibia and permission to conduct the study was sought and obtained from the Ministry of Health and Social Services. Prior to the interviews, all participants were given participants’ information sheets explaining the purpose of the research. Written consents were obtained from all participants after they have agreed to participate. The participants were notified that participation in the study is voluntary and that they have the right to withdraw at any time during the study. To ensure anonymity, no names were recorded on the questionnaire researchers used codes. Data was entered in the computer with a password protection for files.

RESULTS

Demographic characteristics of the respondents

The demographic data included sex, age and marital status of the participant. The total participants were more females 89% (n=42) as compared to their male counterparts 11% (n=5). The age of the respondents ranged from 18 and above and the majority of the respondents were in the age category of 18-21 years with 59% (n=28). The table below shows the age of participants.

Age	Frequency	Percentage (%)
18-21	28	59
22-25	13	28
26-29	5	11
>30	1	2
Total	47	100

Table 1: Age in years

On marital status of the respondents from the sample 96% (n=45) were single, 2% (n=1) were married and cohabitating respectively.

Knowledge of respondents on palliative care

The participants were asked to choose the meaning of palliative care and the majority of participants 94% (n=44) knew the correct meaning. The bar graph below shows the frequency of participants on palliative concept.

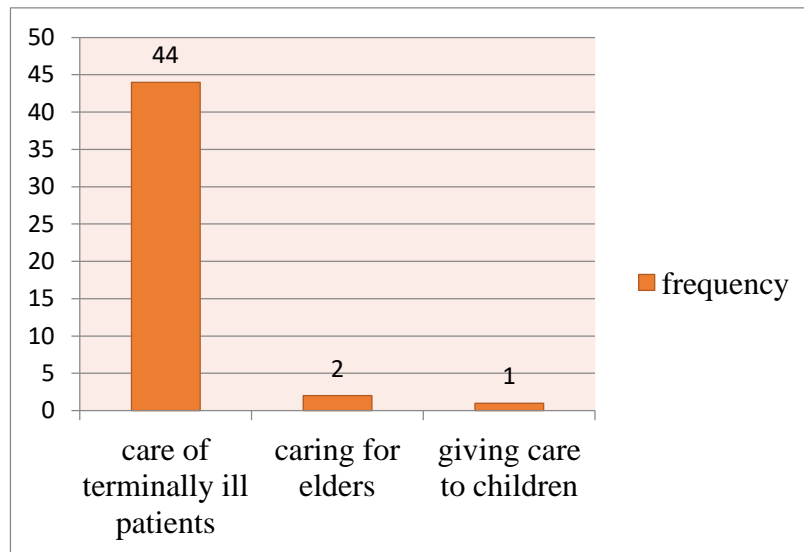


Figure 1: Meaning of palliative care

Eighty nine percent (n=42) had knowledge on palliative care, while 11% (n=5) did not have any knowledge on palliative care.

Cause of terminally ill patient

The participants were given to choose the most cause of terminally ill patient and 94% (n=44) indicated the correct answer which is cancer while 6% chose headache. Respondents were further asked to describe their feelings on giving palliative and only 6% felt comfortable when caring for terminally ill patients. Figure 2 below illustrates the participants' responses.

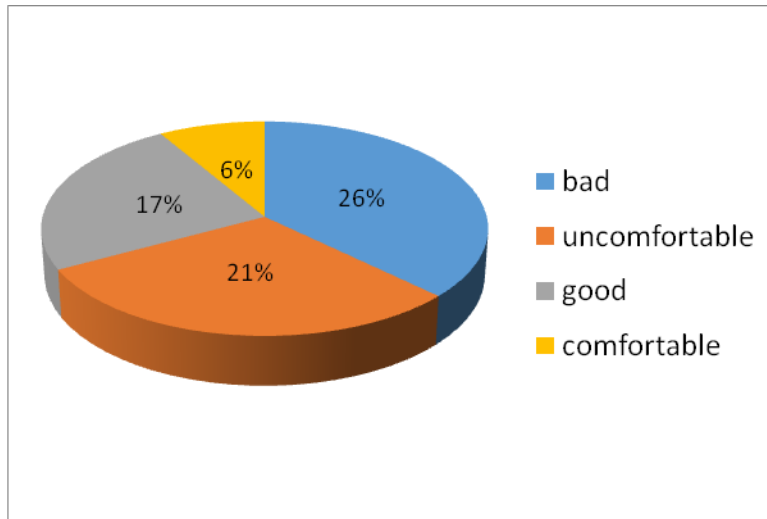


Figure 2: feelings when caring for terminally ill patient

Challenges regarding rendering palliative care

Seventy percent (n=33) of the participants agreed that lack of knowledge and skills in pain assessment are some complex hurdle on palliative care, 24% (n=11) strongly agreed while 6% (n=3) disagreed. The graph below shows the percentages of the participants that agreed and disagreed.

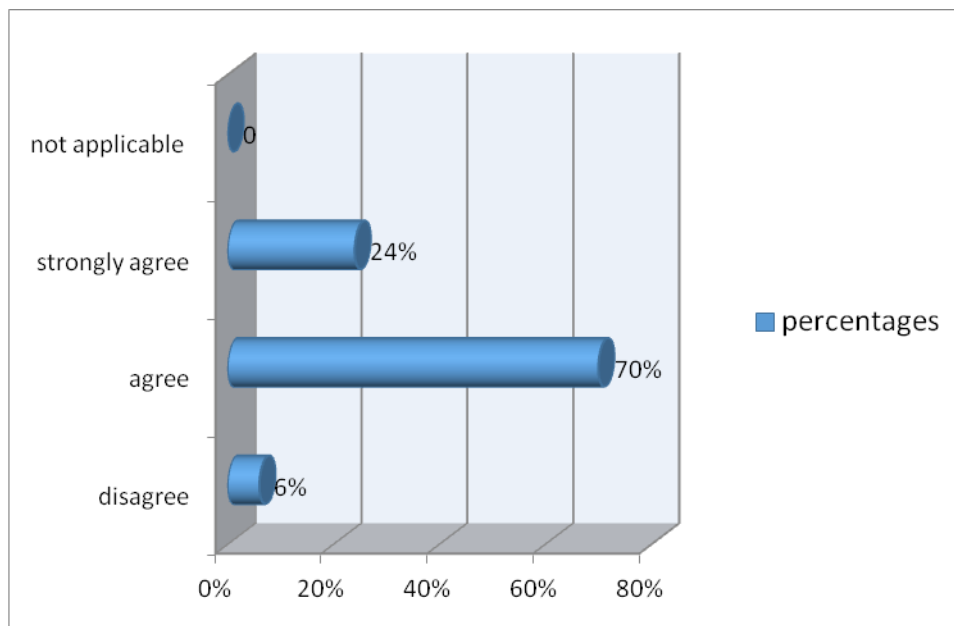


Figure 3 lack of knowledge and skills in pain assessment

Truth telling and patients autonomy

Seventy two percent (n=34) disagreed that truth telling and patients autonomy is not needed in palliative care, 13% (n=6) agreed, while 6% (n=3) strongly agreed.

Decision making

Out of the participants 57% (n=27) of participant agreed that decision making in terminally ill care is a demanding and stressful for student nurses. The bar graph below shows the rate of the participants that agreed, disagreed and strongly agreed in frequency

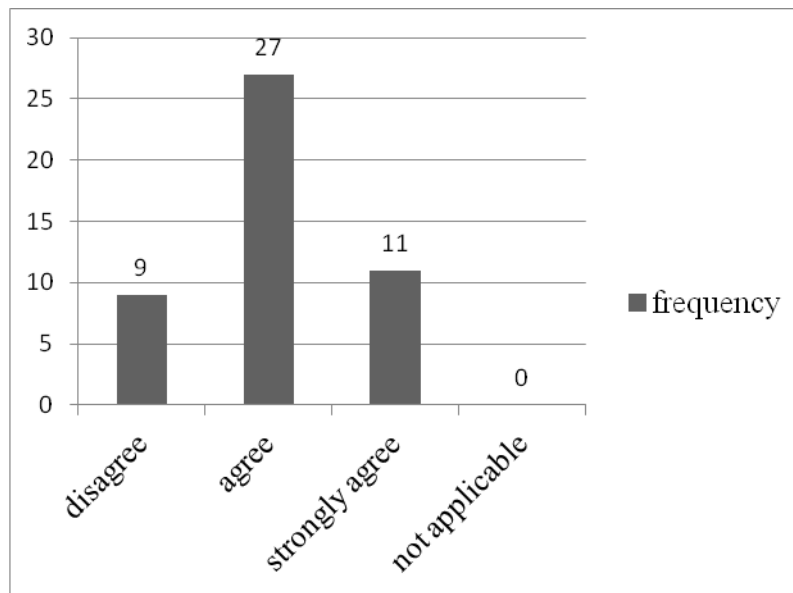


Figure 4: Decision making

Patient’s beliefs and values

All participants agreed that patient’s beliefs and values should be respected in case of decision making process. Sixty four percent (n=30) strongly agreed on this, while 36% (n=17) agreed.

Student nurses values, beliefs and attitudes

Out of the participants who participated, 47% (22) strongly agreed that student nurses must be aware of their own values, beliefs and attitudes toward terminally ill patients, 43%(n=20) agreed, 8% (n=4) disagreed and 2% (n=1) choose not applicable.

False hope in palliative care

On giving false hope to patients, 57% (n=27) participants disagreed that false hope can be given in palliative care to patients. The graph below illustrates the results of the participants.

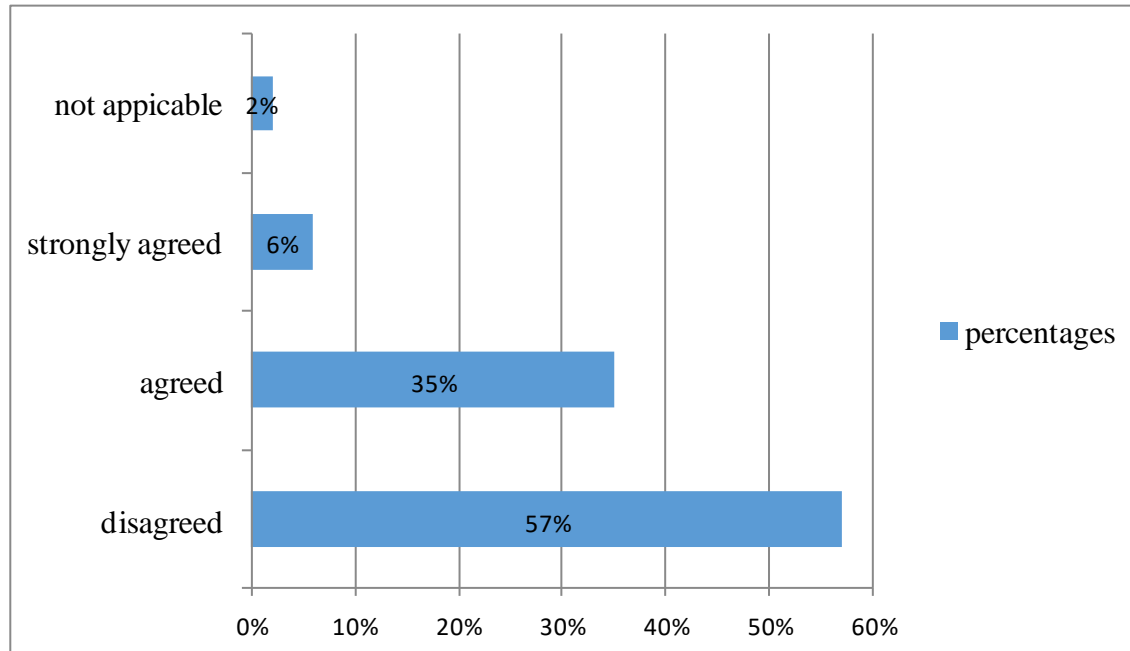


Figure 5: False hope in palliative care

DISCUSSION

A study of this nature was seen to be important because student nurses deal with palliative care in their everyday clinical practice. The findings on demographic characteristics of the participants showed that the nursing profession is still female dominated. This is supported by the reports on Men in Nursing Survey, which indicated that nursing is traditionally female dominated profession and only few men are attracted to the profession [10]. On the age group, this study revealed that the participants were mostly young people aged between 18-21 years and only very few of them were married. This finding has a bearing effect on how the respondents will feel about rendering palliative care as they are still young and were not exposed to the profession before.

In addition good knowledge on palliative care was demonstrated. A study done in California support the above finding as they also found high scores on palliative care knowledge among nursing students [13]. (Moreover, the study indicated that participants had a broad understanding on the term palliative care and on whom should this care be given. On a contrary, in a study done in Saudi Arabia, [14] found contrasting findings when they revealed that nursing students lack appropriate palliative care knowledge in terms of palliative care principles and philosophy, management of pain knowledge in palliative care.

It is proven that the possible conditions that cause patients with palliative care may have are known. However, the study validated that some students do not know the cause of terminally ill patient. This therefore warrants the intensification of palliative care training in the undergraduate

curricula in order to enhance the students' knowledge. In their study, [15] recommended similar findings that nursing and medical students need rigorous training on palliative care during their undergraduate level.

It is further shown that rendering palliative care give bad and uncomfortable feeling as confirmed by (55%) of respondents. In their study, [10] concur with the above sentiment that not all nurses feel comfortable when rendering palliative care. This calls in the need to robustly educate the students on the psychological feelings that may come at play during rendering of palliative care. Ferrell [16] reviewed that nurse's knowledge on the dying and the incorporation of palliative care practice for terminally ill patient is an area of concern for nurse educators. Nurse educators therefore need to intensively educate their students on palliative care who are the future cornerstone of palliative care.

On the skills on pain assessment few participants did not support that lack of knowledge and skills in pain assessment are some of the complex hurdle of palliative care. This suggests that respondents had skills on pain assessment which is an essential component in palliative care. Similar findings were found in a study conducted in Germany and Cameroon where students were found to have skills in the need for pain management among terminally ill patients [18, 7, 18]. In this study the researchers found out that respondents were aware that it is wrong to give false hope to the terminally ill patients. Good knowledge on telling the truth, give false hope to the terminally ill patients, respecting patients' autonomy, beliefs and values is revealed from the current study. Besides the study maintained that even though decision making in palliative care is a very demanding and stressful task, the current study revealed the importance of the inclusion of terminal patients in the decision making process that involve the patients care. This is a good indication as many a times than not, health care providers do not consider and promote the decision making of the terminally ill patients that

According to [19] feeling of fear and guilt can be due to comfort level in carrying for a dying individual, or the values and beliefs of the student. The study opposed that student nurses must be aware of their own values, beliefs and attitudes when caring for the terminally ill patients. A systematic review conducted by [7] on palliative care revealed that palliative care education can be an effective way in reducing the negative attitudes of student nurses in the care of the dying patients. Moreover, a positive increase in attitudes toward care of the dying after the intervention was found among undergraduate nursing students in the group that received end of life care [20].

CONCLUSIONS

The study concludes that most of the second year nursing students of University of Namibia, Windhoek main campus have good knowledge toward palliative care. There were also high levels of knowledge among students towards the challenges that occur when rendering palliative care. However nursing students still need to be trained on palliative care in general as are still a number of them who are behind on some vital aspects of palliative care. Further, mixed method research can be conducted to evaluate the practices of other health professionals on palliative care nursing students and the views of the patients who are receiving palliative care.

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