
Nurses' Knowledge and Practice of Palliative Care and Associated Factors for Management of Cancer Patients in Tertiary Hospitals in a South-eastern State, Nigeria.

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ABSTRACT

Objective

Cancer is a leading cause of death and a major disease burden worldwide. Its burden in Nigeria is appreciable with most patients diagnosed with advanced disease. In response to the unmet needs of such patients, palliative care (PC) emerged. This study investigated nurses' knowledge and practice of PC, and associated factors in the management of cancer patients in two tertiary hospitals in Anambra State, Nigeria.

Methodology

Survey design was employed. From target population of 556 nurses working at the selected hospitals, 251 nurses were recruited for the study. Data collection instrument was a validated questionnaire partly researcher developed and partly adapted from standard instrument {Palliative Care Quiz for Nurses (PCQN)}. Data was analysed in percentages and means. Hypotheses were tested using Chi-square and t-test at alpha level of $p < 0.05$.

Results

Major findings were: Overall knowledge of PC was poor, 71.8% had inadequate knowledge especially of pain management. Nurses' practice of PC was equally poor with mean score < 2.50 .

There were no significant ($p>0.05$) differences in knowledge and practice of PC between nurses in the two institutions. Challenges facing nurses in PC practice were: lack of training, nonexistence of institutional policy backing PC, and late reporting of cancer patients to hospital. Only 2.5% of the participants had attended seminar/workshop on palliative care.

Conclusion

These respondents have poor knowledge and practice of PC with lack of enabling institutional policy supporting PC. Advocacy, workshop/seminar would be viable strategies to address these problems in the study facilities.

Keywords: palliative care, associated factors and cancer management.

Introduction

Cancer is a public health problem, a leading cause of death worldwide. According to World Cancer Research Fund International (2013), there were an estimated 14.1 million cancer cases around the world in 2012; of these 7.4 million cases were men and 6.7 million women. This number is expected to increase to 24 million by 2035. Each year, tens of millions of people are diagnosed of cancer around the world, and more than half of the patients eventually die from it (Yale, 2006). In economically developing countries like Nigeria, cancer is the second leading cause of death (American Cancer Society, 2011). GLOBACAN (2012) estimates a substantive increase to 19.3 million new cancer cases per year worldwide by 2025. World Health Organization (WHO 2012) estimated 100,000 new cancer cases in Nigeria each year. There are varied ways of managing cancer. Treatment goal according to Smeltzers et al (2010) include complete eradication of disease (cure), prolonged survival and containment of cancer cell growth (control), or relief of symptoms associated with the disease (palliation). Most cancers are known to be incurable especially when diagnosed late, hence palliative care remains the best option

Palliative Care (PC) is a specialized type of care for patients with life threatening illnesses like cancer. It has the primary aim of reducing disease burden and improving quality of life. WHO (2009) defined PC as “an approach that improves the quality of life of patients and their families facing the problem associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual”. PC focuses on providing relief whatever the prognosis. . The benefits of PC for cancer patients are highly significant. Patients with advanced cancer derive about 90% relief from physical, psychological and spiritual problem through palliative care (Cancer Facts Sheet, 2014). PC increases excellence of care in all non-communicable diseases, people die in peace with their dignity not debased. There has been a great need for improved palliative care for cancer patients. With the rise in the incidence of cancer globally, there is the serious need for palliative care. WHO (2009) advocated for PC to be incorporated as a component of care in health care policies and programmes.

About 17 million Nigerians are in need of palliative care (Fagbemi, 2015). Onwumere (2013) opined that health practitioners and patients have poor knowledge of palliative care in Nigeria. Prem et al (2012) in their study on nurses' knowledge of PC in Mangalore India stated that one of

the factors influencing successful delivery of PC is the health professionals' knowledge and experiences. They concluded that the overall level of knowledge of PC was poor. A study by Kassa, Murugan, Zewdu, Hailu & Woldeyohannes (2012) in Addis Ababa, Ethiopia showed that nurses had poor knowledge but favourable attitude towards PC. Fadare, Obimakinde, Afolayan, Popoola, Adolaju & Adegun (2014) in Ekiti State University Teaching Hospital southwest Nigeria observed that nurses erroneously believed that morphine relieves all kinds of pain. They concluded that there was a gap in knowledge of health care workers in the area.

Despite the rise in the incidence of cancer, the WHO declaration for incorporation of PC in health care and the numerous benefits of PC, it is still not widely understood nor practiced. WHO (2013) stated that vast majority of the world population does not have access to palliative care. As observed by Fletcher and Panke (2011), the term palliative care was largely unknown by majority of the public and widely misunderstood by care providers. As knowledge influence practices and responses, there is then need to determine health workers' knowledge of palliative care which might determine their practice of it.

Statement of Problem

Cancer remains one of the leading causes of morbidity and mortality worldwide and much of its burden occurs in the developing world (Kanavos, 2006). Institute of Human Virology (2012) observed that Nigeria has a substantial increase in the incidence of cancer. It is very obvious that as new cases of cancer increase, invariably palliative care needs increase also. Cancer patients have the greatest need for palliative care because they are often in pain, in fear, depressed, anxious and in discomfort (Morrow, 2010). The question now is: Who renders PC to these patients? Are nurses in the hospital knowledgeable about PC, and how exactly do they practice PC? Berry (2013) stated that nurses play a crucial role among palliative care teams in addressing the physical, social and spiritual needs of these patients. In search of answers to the above questions, the present study becomes crucial and justified.

Purpose of the Study

The purpose of the study was to investigate nurses' knowledge and practice of PC and associated factors in management of cancer patients in selected hospitals in Anambra State, Nigeria.

Specifically the Objectives of the Study were to:

1. Ascertain the nurses' level of knowledge of PC for cancer patients in Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi and Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH) Awka.
2. Determine nurses' practice of PC for cancer patients in NAUTH Nnewi and COOUTH Awka.
3. Identify challenges facing PC practices in NAUTH and COOUTH.
4. Identify factors that enhance knowledge, and practice of PC in the management of cancer patients.

Scope of the Study

This study was delimited to professional nurses' knowledge, and practice of palliative care in teaching hospitals in Anambra state. The variables of interest were: the level of knowledge, practice and challenges of PC, years of experience, and qualifications of the nurses.

Significance of the Study

Findings of the study may be of immense benefit to the patients and their relations, health policymakers, nurses and other health personnel. The patients may stand to gain if policymakers buy the idea of the findings and consider it in making decisions on PC. The guiding policies may motivate health workers' interest to seek for knowledge, specialize in areas of PC with subsequent best practices. Patients who receive the best practices will inversely have improved quality of life.

Methodology

Cross-sectional descriptive design was adopted for the study. The area of study was the two tertiary health institutions in Anambra State, Nnamdi Azikiwe University Teaching Hospital (NAUTH) Nnewi and Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH) Awka.

Population of Study

The population of study consisted of all the nurses in the clinical areas of the selected hospitals.

Inclusion Criteria

1. Nurses who were willing to participate in the study.
2. Nurses who were available at the time of data collection.
3. Nurses who must have nursed cancer patients.

Approval for Research

Approval for the research was obtained from the ethical committees of Nnamdi Azikiwe University Teaching Hospital, Nnewi and Department of Nursing Sciences University of Nigeria Enugu Campus after due consideration.

Instrument for Data Collection

The instrument for data collection was a structured questionnaire. Parts of the items were adapted from standard tool "palliative care quiz for nurses" (PCQN) which measures nurses' knowledge of PC. Other items were constructed by the researcher. The instrument was validated and reliability computed through pilot testing. Reliability index of 0.87 was obtained. The instrument has 33 closed ended items presented in 5 sections. A section was measured on a 4 points rating scale with 2.5 as the critical scale mean.

Procedure for Data Collection

Permission to conduct the study was obtained in writing from the management of the two facilities studied. Administrative approval was obtained from the HOD Nursing Services and the

Ward heads before reaching the respondents. Four research assistants were used for data collection. Informed consent was obtained from the respondents and questionnaire administered individually. Those that were filled on the spot were collected immediately whereas those not filled on the spot were collected the next day by the research assistants. Data collection lasted for 10 weeks.

Method of Data Analysis

The data collected were statistically analyzed using frequencies, percentages, means and standard deviations. Decision rule for the four point rating scale was based on mean score of ≥ 2.5 . Hypotheses were tested using the Pearson Chi-square. All hypotheses were tested at 0.05 probability levels.

Result

A total of two hundred and thirty eight (238) nurses were used for the study. Their mean age and standard deviation were 37.4 \pm 9.3years. The age distribution showed that nurses at COOUTH were younger and in the age bracket of 39 years and below whereas those at NAUTH have an even distribution of age with significant portion of 26.4% within the age bracket of 50 and above. Most of the respondents have heard 5-10 years of work experience (34.9%). Almost half of the respondents (50.8%) have RN +other Diploma in Nursing as their highest professional qualification.

Objective 1: To determine nurses’ level of knowledge of palliative care for cancer patients in COOUTH and NAUTH.

Table 1: Nurses Knowledge of Pain in Palliative care

S/NO	Items	ASUTH n = 79			NAUTH n = 159			X ²	P-value
		True	False	I do not know	True	False	I do not know		
1	Palliative care is appropriate only in situations where there is evidence of a downhill trajectory or deterioration.	39 (49.4%)	*28 (35.4%)	12 (15.2%)	100 (62.9%)	36 (22.6%)	23 (14.5%)	4.889	0.087
2	Morphine is the standard drug used to compare the analgesic effect of other opioids	*48 (60.8%)	19(24.1%)	12 (15.2%)	98(61.6%)	27(17.0%)	34(21.4%)	2.419	0.298
3	The extent of disease determines the method of pain treatment	61 (77.2%)	*15(19.0%)	3 (3.8%)	134(84.3%)	21 (13.2%)	4 (2.5%)	1.782	0.410
4	Adjuvant therapies are important in managing pain	*53 (67.1%)	10 (12.7%)	16 (20.3%)	110 (69.2%)	11 (6.9%)	38 (23.9%)	2.314	0.314
5	It is crucial for family	50	*23	6 (7.6%)	109	38	12 (7.5%)	0.779	0.677

	members to remain at bedside until death occurs	(63.3%)	(29.1%)		(68.6%)	(23.9%)			
6	Drug addiction is a major problem when morphine is used on a long term basis	66 (83.5%)	*10 (12.7%)	3 (3.8%)	149 (93.7%)	5 (3.1%)	5 (3.1%)	8.250	0.016
7	The provision of P.C requires emotional detachment	36 (45.6%)	*37 (46.8%)	6(7.6%)	70 (44.0%)	65 (40.9%)	24 (15.1%)	2.820	0.244
8	The use of placebo is appropriate in the treatment of some types of pain	62 (78.5%)	*10 (12.7%)	7 (8.9%)	139 (87.4%)	14 (8.8%)	6 (3.8%)	3.777	0.151
9	Suffering and physical pain are synonymous	50 (63.3%)	*23 (29.1%)	6 (7.6%)	88(55.3%)	50(31.4%)	21(13.2%)	2.134	0.344
10	Manifestation of chronic pain are different from those of acute pain	*65 (82.3%)	10 (12.7%)	4 (5.1%)	121 (76.1%)	26 (16.4%)	12 (7.5%)	1.218	0.544
11	Pain threshold is lowered by anxiety or fatigue	*36 (45.6%)	33 (41.8%)	10 (12.7%)	85 (53.5%)	57 (35.8%)	17 (10.7%)	1.316	0.518

*Indicates the most appropriate response

Results

Objective 1

To determine nurses’ level of knowledge of PC for cancer patients in NAUTH and COOUTH. This was treated in table 1 and 2

Table 1: Nurses’ knowledge of palliative care and other symptoms management.

Table 1 showed that the highest score for majority of the respondents in both institutions were 4 points out of 11 points. This indicated poor level of knowledge.

Object 2:

To determine nurses’ practice of palliative care in cancer management.

Table 2: Nurses practice of palliative care

Table 2 showed that their mean score were < cut off mean in 5 out of 7 items. The grand mean was 2.20. This denotes poor practice of PC.

Objective 3

To identify challenges facing palliative care practice.

Table 3: Challenges of palliative care.

Table 3 revealed that 80.3% opined that there was no policy promoting PC in the area of study. 81.9% of respondents stated that cancer patients report to hospital on diagnosis at late stage of

the disease. Furthermore, 84.5% believed that community members were not aware of existence of PC as a medical specialty.

Objective 4

To identify factors that enhances knowledge and practice of PC in cancer management.

Table 4:

Table showed that almost all the nurses studied, 99.2% have never attended seminar/workshop on palliative care. 91.6% held the view that educational qualification improves ones knowledge of PC; 88.2% believed that qualitative years of service positively influence practice of PC.

Discussion

The findings of the present study on nurses' level of knowledge revealed that nurses had poor knowledge of palliative care as 71.8% scored below half of total point; highest score was 4 out of 11 points. As Onyeka (2011) noted, in Nigeria there is no formal palliative medicine but only informal training through workshops. The result agreed with the findings of Prem et al (2012) which observed that the overall level of knowledge of PC was poor. The findings of the study was also in consonance with the one documented by Kassa et al (2012) who observed that nurses had poor knowledge but favourable attitude towards PC.

The study also showed that the respondents had poor knowledge of pain and other symptoms management. Only 45.4% were able to score up to 4 out of 11 points. This result was contrary to the findings of Iranmanseh et al (2013). Their findings showed that nurses answered questions on pain and other symptom management well. The disparity in the result may be that in the study of Iranmanseh et al, they did not use the standard tool PCQN but researcher structured tool.

The result was supported by the findings of Fadare, Obimakinde, Afolayan, Popoola, Aduloju & Adegun (2014) which revealed that nurses erroneously believed that morphine relieves all kinds of pain. From their study, it was concluded that there was a gap in the knowledge of healthcare workers.

Further findings of the present study revealed that more than half of the respondents 64.4% had good knowledge of the concept of PC. The result was supported by the findings of Abu-Saad & Dimassi (2002) which observed that majority of nurses and physicians were able to identify the goal of PC. In addition, the work of Knapp et al on nurses' knowledge supported the findings. They found out that nurses in Florida have a good level of baseline knowledge of palliative care. The study in addition, examined nurses practice of PC for cancer patients, the result of this study observed that respondents' practice of palliative was very poor with grand mean score of 2.20 which was < 2.50 cut off mean. The result was supported by the result of Abu-Saad & Dimaassi (2007) which revealed that nurses and doctors have poor implementation of PC.

With respect to the challenges facing PC practice, the result of the study revealed that 80.3% of respondents affirmed that they did not know of any policy promoting practice of PC in their institutions. Absence of policy may mean no or substandard palliative care. The findings run

contrary to the statement of World Health Organization (2009) of incorporating PC as a component of health care polices. Result also revealed that 81.9% of respondents attested that cancer patients report late on diagnosis. The result is opposed to WHO (2009) stand on when to start PC which should be early in the course of illness. This findings conformed with the findings of Abu-Saad et al 2007 which revealed that patients' diagnosis of cancer were usually at terminal stage. Further findings on challenges was that majority (84.5%) stated that the public were not aware of the existence of PC as a medical specialty ($P < 0.05$). Earlier findings of the work showed that nurses who were supposedly one of the sources of health information to the public were not well informed, hence will not be able to inform others as one cannot give what one does not have. The result could also be that since there was lack of institutional policy, it denotes that there is no standard PC practice going on.

The present study in the area of the factors that enhance knowledge of practice of PC in cancer management observed that 99.2% of the respondents have never attended seminar/workshop/conference on PC. This result may be attributed to none-existence of policies promoting PC hence no standard PC programme in the area. It may also tell that such program have not been organized in the locality. Onyeka (2011) stated that there is no formal training on PC in Nigeria but only informal training through seminars/workshops. This may be attributed to the poor knowledge of PC in the area studied.

Conclusion

Based on the findings of the study, the following conclusions were made: Nurses studied were generally not knowledgeable about palliative care. Their practice of Palliative Care was not encouraging especially on the area of pain management. Almost all the nurses studied have never attended workshop/seminar on Palliative Care. There was no policy known promoting pc hence no standard Palliative Care services exist in the areas studied.

Recommendation

Based on the results of the study some recommendations were. They are:

- ❖ The state management board should establish at least one standard and functional palliative care unit in the state tertiary health institutions.
- ❖ The hospital management should motivate their staff to specialize on palliative care through in-service training, sponsorship to seminars, workshops and conferences on PC.
- ❖ Community members should be sensitized on the existence of PC as a medical specialty through seminars.
- ❖ Health care policymakers should formulate polices that will support PC practices in the states.

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