

Nurses' Knowledge Concerning End of Life Care in Critical Care Units

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ABSTRACT

The study aimed to assess nurses' Knowledge toward Palliative Care of Patients end of life phase, a descriptive cross-sectional study design is carried out from the period of November 2021) to (1th February 2022). A probability simple random sampling technique Then, the number of participants in each selected hospital were determined using the sampling to each randomly selected at hospital in Dyala city in Iraq. A total of (100) nurses were working in the critical care units during the time of the study period and met the study criteria and agree to participate. Ten nurses for pilot study were excluded from the study. the result of co-relation co efficient were (79%). Study data were collected through A questionnaire was built as a data collection tool and consisted of two parts instrument. The study found results of this study showed that nurses are good knowledge (74.0%) for palliative care and toward End of life care among nurses working in Dyala city in Iraq. This study emphasizes the need to develop palliative care services. The study recommends Education or training the nurses who read the articles about palliative care. Provide evidence More attention and resources should be directed towards education and support Nurses who care for patients with palliative care needs.

Keywords: Palliative Care, Critical Care Units, End of life care, End of life phase

INTRODUCTION

Palliative care is an approach that improves the quality of life of patients (adults and children) and their families facing problems associated with life threatening diseases or illness. It prevents and relieves suffering through early identification correct evaluation and treatment of pain and other problems. Palliative care is the prevention and relief of any kind of suffering physical, psychological, social or spiritual experienced by adults and children with life-limiting health problems. Promotes quality of life with dignity and coping with progressive diseases or illness using the best available evidence(WHO,2016). Palliative care is traditionally seen as the intensive care of a dying patient. In recent years the scope of palliative care has expanded to patients who may live for many years with end-stage organ failure or cancer and aims to alleviate the suffering of pain (Sanderson C, Tieman J ,2010). Hospice care can improve the quality of life for patients with serious or life-threatening illnesses. Nurses had an important value in this profession. The nurses provided comprehensive care as well as diagnostic and therapeutic expertise while assessing the cost-effectiveness of the resources. Hospice care nurses have been experts and leaders in symptom and disease management pain with a focus on the highest quality of life as well as compassionate hospice care (George, 2016). The nurse was the guardian who could treat the patient's pain. Because of end-stage pain management dementia has been an essential aspect of end-of-life care (De et al., 2016). Palliative care education increases employee or staff knowledge improves nursing skills and enhances their efficiency (Nelson J et al.,2010)

METHODOLOGY

The study was designed as A descriptive cross-sectional study design is carried out to assess palliative care knowledge on nurses concerning patient at the end of life phase (1st November 2021) to (1th in critical care units, from the period of February 2022). This study was conducted among nurses working in two hospitals located in Dyala city in Iraq. A total of (100) nurses were working in the wards (cardiac care unit, respiratory care unit, intensive care unit, emergency unit) during the time of the study period and met the study criteria and agree to participate. Ten nurses for pilot study were excluded from the study. Ten nurses from the total sample who participated in the needs assessment also excluded from the study. Part I: The first part was demographic characteristics of nurses such as name of hospitals, age, gender, level of education, work experience in nursing, work experience in critical, palliative care training, number of training, work unit critical, source information. Part II: The Second Part is The data collection tool was adopted concerned with knowledge checklist to assess the nurse's knowledge about palliative care for EOL patient phase.

The knowledge checklist for nurses is composed of (31) items divided into three domains.

First domain: (4) items related to nurse philosophy and principle of palliative care.

Second domain: (7) items related to psychosocial and spiritual care.

Third domain: (20) items related to management of pain and other symptoms.

The PCQN contains 31 questions, which can be grouped into three categories and aggregated to yield a total score. Total scores can range from 31 (the lowest level of knowledge) to 62 (the highest level of knowledge). It is categorized in three subscales including (1) philosophy and principles of palliative care (4 items), (2) management of pain and symptoms (20 items) and, (3) psychosocial and spiritual care (7 items). The options for answers are true, false. The final answers are coded 2 = correct, 1 = incorrect.

RESULTS

Table 1: Distribution of the Sample According to their Socio-demographic Characteristics

List	Characteristics	F	%	
1	Gender	Male	58	58.0
		Female	42	42.0
		Total	100	100.0
2	Age :	20-29 years	74	74.0
		30 – 39 years	20	20.0
		40 – 49 years	5	5.0
		≥50 years	1	1.0
		Total	100	100.0
3	Level of education	High School of Nursing Graduate	10	10.0
		Institute Nursing graduate (Diploma Degree)	46	46.0
		College Nursing graduate (Bachelor Degree)	43	43.0
		Postgraduate	1	10.0
		Total	100	100.0
4	Years of experience in nursing field	1-5 Years	66	66.0
		6-10 Years	21	21.0
		11-15 Years	8	8.0
		16-20 Years	1	1.0
		(21 & more) Years	4	4.0
		Total	100	100.0
5	Years of experience in critical care unit	1-5 Years	85	85.0
		6-10 Years	13	13.0
		11-15 Years	1	1.0
		16-20 Years	1	1.0
		Total	100	100.0
6	Participation in training course	Yes	27	27.0
		No	73	73.0

		Total	100	100.0
7	Number of training course	Non	73	73.0
		1-3	15	15.0
		4-6	12	12.0
		Total	100	100.0
8	Area of employment	RCU	17	17.0
		ICU	22	22.0
		EM unit	33	33.0
		CCU	28	28.0
		Total	100	100.0
9	what is your Source of information about palliative care for dying patient	General culture	40	40.0
		Internet sites	10	10.0
		Social Media	3	3.0
		Friends	14	14.0
		Through study	33	33.0
		Total	100	100.0

F: Frequency, %: Percentage

The analysis of such characteristics depicts that more than of nurses who are working at the end of life phase in Critical Care Units are young male (58.0%) with age group 20-29 years old (74.0%), and institute nursing graduate (diploma degree) (46.0%);

many of them have (1-5 Years) of experience in nursing field (66.0%) and (1-5) years of experience in critical care unit (85.0%); only 27.0% of them participation in training course; many of them non number of training course (73.0%); many of them working in EM unit (33.0%). Regarding Source of information about palliative care for dying patient, the overall percentage reveals general culture (40.0%).

Table 2: Overall Assessment of the Nurses' Knowledge about Palliative Care on the Dying Patient (n = 100).

Overall Assessment of the Nurses' Knowledge		
Scale	F	%
1. Poor (31-41.33)	0	(0.0%)
2. Fair (41.34 -51.66)	26	(26.0%)
3. Good (51.67-62)	74	(74.0%)
Total	100	100.0

F: Frequency, %: Percentage

Results, out of this table, depicts that the most of the nurses in this study have good level of knowledge about Palliative Care on the Dying Patient (74.0%).

Table 3: Nurses' knowledge about Palliative Care on the Dying Patient (n = 100).

List	Items	Correct F	%	In correct F	%	S.D
I.	Philosophy and principle of palliative care					
1	Palliative care is appropriate only in situations where there is evidence of a downhill trajectory or deterioration	48	48.0	52	52.0	.502
2	The provision of palliative care requires emotional detachment.	32	32.0	68	68.0	.469
3	The philosophy of palliative care is compatible with that of aggressive treatment.	54	54.0	46	46.0	.501
4	The accumulation of losses renders burnout inevitable for those who seek work in palliative care.	34	34.0	66	66.0	.476
	Total					
II.	Psychosocial and spiritual care	Correct		In correct		
1	It is crucial for family members to remain at the bedside until death occurs.	47	47.0	53	53.0	.502
2	Men generally reconcile their grief more quickly than women.	33	33.0	67	67.0	.473
3	The loss of a distant or contentious relationship is easier to resolve than the loss of one that is close or intimate.	23	23.0	77	77.0	.423
4	Should not Attention to the emotional and practical needs of dying patients and their families.	76	76.0	24	24.0	.429
5	Assessment of the spiritual / religious needs of the patient and family.	74	74.0	26	26.0	.441
6	Ensure that the patient and/or family understand the patient's condition?	90	90.0	10	10.0	.302
7	Prepare the patient and/or family for the dying process?	78	78.0	22	22.0	.416
	Total					
III.	Management of pain and other symptoms	Correct		In correct		
1	Morphine is the standard used to compare the analgesic effect of other opioids.	58	58.0	42	42.0	.496
2	The extent of the disease determines the method of pain treatment	36	36.0	64	64.0	.482
3	Adjuvant therapies are important in managing pain.	86	86.0	14	14.0	.349
4	During the last days of life, the drowsiness associated with electrolyte imbalance may decrease the need for sedation.	59	59.0	41	41.0	.494
5	Drug addiction is a major problem when morphine is used on a long-term basis for the management of pain.	24	24.0	76	76.0	.429
6	Individuals who are taking opioids should also follow a bowel regime.	60	60.0	40	40.0	.492
7	During the terminal stages of illness, drugs that can cause respiratory depression are appropriate for the treatment of severe dyspnea.	51	51.0	49	49.0	.502
8	The use of placebos is appropriate in the treatment of some types of pain.	41	41.0	59	59.0	.494
9	In high doses, codeine causes more nausea and vomiting than morphine.	60	60.0	40	40.0	.492
10	Pethidine is not an effective analgesic in the control of chronic pain.	42	42.0	58	58.0	.496
11	Manifestations of chronic pain are different from those of acute pain.	89	89.0	11	11.0	.314
12	The pain threshold is lowered by anxiety or fatigue.	55	55.0	45	45.0	.500
13	Suffering and physical pain are synonymous.	31	31.0	69	69.0	.465
14	Management of symptoms and provision of comfort care.	74	74.0	26	26.0	.441
15	Do not Provision of education about palliative care	66	66.0	34	34.0	.476
16	Should be Assess the treatment preferences of the patient who has decision-making ability?	60	60.0	40	40.0	.492
17	Should be Control pain in dying patients?	59	59.0	41	41.0	.494
18	Minimize unnecessary tests and procedures (lab work, weights, routine vital signs, etc.) after life support is withdrawn?	48	48.0	52	52.0	.502
19	Minimize noxious stimuli (monitor noises, strong lights, etc.) after life-support is withdrawn?	76	76.0	24	24.0	.429
20	Incorporate palliative care competencies into routine clinical performance evaluations?	77	77.0	23	23.0	.423
	Total					

F: Frequency, %: Percentage, S.D: Std. Deviation.

The high percentage, frequency is correct answer in the second domain knowledge Psychosocial and spiritual care When the most item (4,5,6,7) and third domain of knowledge Management of pain and other symptoms When the most item (1,3,4,6,7,9,11,12,14,15,16,17,19,20) and remaining in correct answer. The high percentage, frequency is incorrect answer in the first domain knowledge Philosophy and principle of palliative care When the most item (1,2,4) and remaining correct answer.

DISCUSSION OF THE RESULT

Discussion table one of the study sample according to sociodemographic characteristics The high percentage male 58 (58.0%) with age group 20-29 years old (74.0%), of the sample. This may be explained by more than of nurses who are working at the end of life phase in Critical Care Units are younger. This result agrees with the study in palasten stated in this study, the majority of respondents 71 (74%) were within the age 20 - 30 years followed

by 19(19.8%) were of 31-40 years, 4(4.2%) were of 41-50 years, and 2(2.1%) were above 50 years old. More male 66(68.8%) than female 30(31.2%)⁽⁶⁾. This result agrees with study was analyzed based on 372 nurses who participated in the study. The age of respondents ranges from 20 to 58 years, with a mean age of 29.23 ± 5.52. More than half (57.3%) of the participant nurses were male⁽⁷⁾. The majority of the nurse's participants in the present study in both study and control groups are in the age group from (20 - 29) years in Iraq.⁽⁸⁾ Related to the level of education, the high percentage were institute nursing graduate (diploma degree) (46.0%). This result disagrees with the study The majority of participants were prepared to baccalaureate degree of education 56(58.3%)⁽⁶⁾. This finding has been disagreed in this study that the results show a high percentage of nurses (75.5%) of them had a bachelor's degree (university)⁽⁹⁾. As to the number of years in the nursing field, this study finds that the majority of the sample many of them have (1-5 Years) of experience in nursing field (66.0%). This result disagrees with the study finding (1-5 Years) of experience in nursing field 196 (52.7%).⁽⁷⁾ As to the number of years in the nursing field, this study finds that the majority of the sample (35%) in the study group were within from 1-5 years' experience in the nursing field in Iraq.⁽⁸⁾ The result of the study showed the majority (1-5) years of experience in critical care unit (85.0%). The result of the study showed the majority of both control and study groups are nurses who have (1-5 years) of experience in the current workplace (60%) and (55%) of nurses in the study and control groups respectively.⁽⁸⁾ Also the present study shows that the majority only 27.0% of them participation in training course; many of them non number of training course (73.0%). This result disagrees with the study in Palestine Respondents were asked to record if they had received training towards PC, findings revealed that, more than half of the sample had obtained training course 57(59.4%) and the majority of them 33(57.9%) for less than 1 week⁽⁶⁾. This finding has been agreed stated in this study that the results show a high percentage of nurses 35 (83.3%) non, 43(42.2) yes, palliative, or EOL care, with most courses (83.3%) having a length of eight or fewer hours in Seoul Korea⁽⁹⁾. The result of this study showed that the majority many of them working in Area of employment Emergency (EM) unit (33.0%). This finding has been stated in this study that the results show a high percentage of nurses' participant 55 (53.9%) In ICU units in Seoul Korea.⁽⁹⁾ Deborah M. et al. Ninety-one percent of the nurses who participated in the study Fifty-one percent of the pediatric ICU nurses had been in their current practice longer than 10 years, compared with 36% of the adult ICU nurses, 28% of the adult acute care nurses, and 38% of the pediatric acute care nurses⁽¹⁰⁾. Regarding Source of information about palliative care for dying patient, the overall percentage reveals general culture (40.0%). This result with the study by Etafa et al. (2020) finding Besides 129 (34.7%) had ever read articles or brochures about palliative care. Around 12% of the respondents received training or attended lecture regarding palliative care at nursing schools⁷ Depicts that the most of the nurses in this study have good level of knowledge about Palliative Care on the Dying Patient 74 (74.0%). To the contrary this study finding in (Kassa et al, 2014). showed that 30.5% of nurses had as good knowledge; However, (Budkaew and Chumworathayi, 2013) study found in Thai general physicians more knowledgeable 55.7% than this study. Ahmad Ayed et al. ,2015 showed that around half of the nurses 44(45.8%) had poor knowledge level of palliative care, 32 (33.3%) had fair knowledge, and only 20 (20.8%) had good knowledge. A cross-sectional, descriptive, correlational design was employed; finding Nurses' palliative care knowledge level was low (9.73 ± 2.10; range = 0–20) (Kim et al.,2020). Etafa W, et al.2020 Our final sample size was 422 nurses (response rate = 88%). With the mean total PCQN scores (9.34), the majority of them showed an inadequate level of knowledge about palliative care. Nurses' palliative care mean total knowledge score (9.34) appears to be deficient in this study In this finding for The inadequate degree of knowledge about first domain Philosophy and principle of palliative care. In this finding for The

inadequate degree of incorrect of knowledge Management of pain and other symptoms about (The use of placebos is appropriate in the treatment of some types of pain).

CONCLUSION

According to the findings of the present study, the researcher concluded the following: The results of this study showed that nurses are good knowledge for palliative care toward End of life care among nurses working in Diyala city in Iraq. This study emphasizes the need to develop palliative care services.

Recommendations: The study recommends Education and training the nurses who read the articles about palliative care. Provide evidence More attention and resources should be directed towards education and support Nurses who care for patients with palliative care needs

Ethical Clearance: All phase study was authorized by the College of Nursing, After the approval of the consultant of the College of Nursing upon the study, researcher has submitted description including the objectives and project of the study to the central statistical organization in the ministry of planning as well as to Technical section in Diyala health directorate to get official permissions to carry out the study. other permit is obtained from the Ministry of Health, Diyala health directorate

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