

# Knowledge and Attitude of Filipino Nurses towards Palliative Care

Gil P. Soriano

*College of Nursing, San Beda University, Manila, Philippines*

## Abstract

Terminal illnesses have a disintegrating impact to patients not just physiologically but also psychologically. They undergo a full extent of suffering and distressed deaths that magnifies the need for palliative care (PC). This study aimed to assess the knowledge and attitude of nurses in palliative care. A descriptive comparative method was used as the design of the study and a purposive sample of 236 nurses employed in Level III PhilHealth accredited hospitals in Manila, Philippines were selected. The participant's demographic profile, the level of knowledge and level of attitude were determined. Data were analyzed using frequency, percentage, t-test, and one-way ANOVA. Results revealed that nurses had a fair knowledge and fair attitude towards PC. Also, the level of education and palliative care training showed a significant difference in the level of knowledge in PC.

**Keywords:** *Attitude, knowledge, palliative care.*

## Introduction

Terminal illnesses have a disintegrating impact to patients not just physiologically but also psychologically. Physical suffering is likely to be a major concern, from all the time between diagnosis and the terminal events, but utmost suffering is of a psychological nature<sup>1</sup>. This being taken into consideration; patients undergo a full extent of suffering that does not lead to a dignified passing. Doorenbos et al<sup>2</sup> stated that dignified dying has not been studied extensively, and few studies have focused on interventions to promote dignified dying which means that prioritization of interventions in caring for the dying is not yet fully explored, eventually leading to incompetent nurses. In addition, a stated report indicates that the education of physician and nurses does not adequately prepare clinicians to provide palliative care, and national data show that they are unprepared to teach many of these competencies<sup>3</sup>.

In the Philippines, being a resource-onstrained country, there is no concrete system of palliative care; this is propelled by ignorance of public awareness, shortage of training among medical and nursing staff, low credibility and interest on the said field, unwillingness of doctors to refer patients, lack of political will to support palliative care and scarcity of government stream

for hospice funding<sup>4</sup>. As a developing country, what magnifies the given is also the fact that the economic status of the country affects most aspects. In addition to that, published literature on palliative care and dignified dying in the Philippines is limited<sup>2</sup>. Notwithstanding the obvious adversities, Filipino nurses can still make use of palliative care through its very own widened perspective and understanding of the situation at hand. The key concepts to consider in understanding the Filipino perspective on death and dying includes cultural values and beliefs related to religion, family, and interpersonal harmony. Nevertheless, Filipino nurses only sometimes or never put spiritual comfort in caring for a dying patient. They just view spiritual comfort and support as an underlying aspect of palliative care when it should be one of their priorities<sup>2</sup>.

Acknowledging the universal need of a better healthcare provider to reduce distressing deaths in the Philippine setting where there is an existing palliative care system that lacks government, service and community awareness support, and envisioning what better ways can be done to address this problem is what outlines the foundation of this study.

## **Purpose**

The aim of the study was to:

1. Determine the demographic characteristics such as: age, gender, institution, ward, level of education, work experience, experience of caring in terminally ill, and palliative care training of nurses working in selected hospitals in Manila.

2. Assess the knowledge and attitude towards palliative care among nurses working in selected hospitals in Manila.

3. Compare the demographic characteristics of nurses with their level of knowledge and attitude in palliative care.

## **Method**

### **Research design and sampling technique**

The study utilized a descriptive-comparative research as the design of the study and purposive sampling technique in selecting the participants. Medical-surgical and intensive care unit nurses employed in level III PhilHealth accredited hospitals were chosen to participate among other nursing units in the hospital.

### **Setting of the study.**

The study was conducted in selected level III PhilHealth accredited hospitals in Manila. Hospitals in the Philippines fall under 3 different levels of classifications as directed by the Department of Health (DOH)<sup>5</sup>. Level I hospitals only provide basic medical, nursing, hospital operations, and patient support services. It prevents manage the prevalent conditions, and outpatient services. Meanwhile, level II and III hospitals offer a higher quality of facilities and broad medical and nursing services aside from the basic services it provides. High quality trained personnel and their department. For that reason, hospitals are chosen accordingly to meet the needs of the study.

### **Instrumentation**

Respective questionnaires were administered in English and modified accordingly to the context of the Philippine healthcare and divided into three parts. This included the demographic data, Frommelt's Attitude Toward Care of the Dying (FATCOD), and Palliative Care Quiz for Nursing (PCQN).

## **Demographic Profile**

The first part of the questionnaire aims to identify the demographic profile of the respondents which includes age, gender, institution, ward, level of education, work experience, experience of caring terminally ill and PC training.

### **FATCOD**

The attitude of the respondents was measured using a 24-item questionnaire that modified to the context of the Philippine healthcare. The tool has a range from 0 to 1 which is the KR-20 with options as follows; 1 (Strongly Disagree), 2 (Disagree), 3 (Uncertain), 4 (Agree) to 5 (Strongly Agree). Possible score range was from 0 to 120, wherein a higher accumulated score suggests a more positive attitude towards palliative care<sup>6</sup>.

### **PCQN**

The 20-item knowledge questionnaire had a Yes, No, or Don't know answers. The questionnaire provided an adequate measurement of the level of knowledge of the respondents<sup>7</sup>. As stated by Maria et al.<sup>8</sup>, a high score indicated a better knowledge of palliative care. The internal consistency of the 20-item quiz was 0.78, indicating high internal consistency or homogeneity for the quiz.

### **Data Collection Procedures**

In able to obtain necessary data, the data gathering procedure was divided into several phases. First, the researchers wrote a letter of intent to conduct the study in eleven (11) hospitals in Manila and asked permission from the developer of the tool regarding the usage of the tool in the study.

Second, as soon as the request has been granted, the researchers coordinated with the nursing department to conduct the administration of questionnaires to the participants. The researchers asked the training officer permission to allow use of one room for participants to answer the questionnaire.

Lastly, the purpose of the study was explained to willing participants and a consent letter was secured prior to the conduct of the study.

### **Data Analysis**

The data were analyzed using IBM SPSS Statistics

for Windows, Version 23.0. Armonk, NY: IBM Corp. with a p-value of 0.05 was considered statistically significant. Specifically, mean, standard deviation, for descriptive statistics and t-test and one-way ANOVA for inferential statistics were utilized.

**Findings**

**Level of Knowledge and Attitude of Nurses in Palliative Care**

**Table 1. Level of Knowledge and Attitude of Nurses towards Palliative Care**

Level of Knowledge and Attitude in Palliative Care	Knowledge		Attitude	
	n	%	n	%
<b>Good</b>	0	0	88	37.3
<b>Fair</b>	46	19.5	148	62.7
<b>Poor</b>	190	80.5	0	0
<b>Total</b>	236	100	236	100

In terms of the level of knowledge, results showed that only 46 (19.5%) of the participants have fair knowledge while 190 of them (80.5%) have poor knowledge. On the level of attitude, 148 (62.7%) nurse surveyed has a fair attitude while 88 (37.3%) of them have a good attitude.

Comparison of the demographic characteristics with the level of knowledge and attitude in Palliative Care

The demographic characteristics of the participants were compared with the level of knowledge and attitude in palliative care.

In terms of the level of knowledge, significant difference was noted between the educational level and the level of knowledge in palliative care (p=0.048). Likewise, significant difference was also noted between

the educational level and participants with palliative care training (p=0.005).

Specifically, participants with an MA degree (M=10.33) have a higher level of knowledge as compared to those who have a BSN degree (M=8.43). In addition, participants with palliative care training (M=9.05) have a higher level of knowledge as compared to those who do not obtain any training (M=8.16) (see Table 2).

**Table 2. Comparison of the Demographic Profiles with the Level of Knowledge and Attitude towards Palliative Care**

Profile	Mean	SD	Knowledge		Attitude	
			value	p	value	p
Age						
21-29	8.51	2.45				
30-38	8.32	2.01				
39-47	8.88	2.23	0.352#	0.788	0.634#	0.594
>48	8.10	2.56				
Gender						
Male	8.85	2.46		0.150		
Female	8.35	2.28	1.446+		-0.470+	0.639

**Cont... Table 2. Comparison of the Demographic Profiles with the Level of Knowledge and Attitude towards Palliative Care**

Educational Level						
BSN	8.43	2.31	-1.988+	0.048*	1.682+	0.094
MA	10.33	2.80				
Working Experience						
1-10	8.41	2.33				
11-20	9.11	2.37	0.557#	0.644	1.568#	0.198
21-30	8.67	2.74				
31-40	9.00	1.41				
Experience in Caring Terminally Ill						
1.-5						
6-10	8.44	2.32				
11-15	8.50	2.30				
16-20	8.71	2.98	0.502#	0.734	2.167#	0.074
21-25	8.00	2.65				
	10.00	2.45				
Palliative Care Training						
Yes	9.05	2.32	2.821+	0.005*	0.598+	0.550
No	8.16	2.29				
Ward						
Medical-Surgical	8.49	2.25	0.147+	0.883	-1.536+	0.126
ICU	8.44	2.51				
*p value is significant at 0.05 level						
+t test						
#one-way ANOVA						

## Discussion

The result of this study showed that the majority of nurses had poor knowledge towards palliative care (PC). As evident in the description of knowledge scores, only 19.5% had good knowledge. This finding is similar to a study conducted in Palestine<sup>9</sup> where 20.5% had good knowledge. In the contrary, the study of Kassa et al.<sup>6</sup> showed that 30.5% of nurses had good knowledge. The possible reason for this might be that only a few nurses have had been educated about PC and this might be a consequence of the absence of PC education incorporated into the degree curricula.

Establishing baseline knowledge of nurses towards palliative care is necessary so that relevant educational programs can be initiated. Considering the results of this study, it was found that participants with a high level of education show an increasing level of knowledge in PC. This finding is also manifested in other studies<sup>10-16</sup>. Nurses with a masters' degree had greater knowledge and mean score than those with a bachelor's degree. This

is supported as Karkada et al.<sup>10</sup> investigated palliative care knowledge among nursing students and found that only 43.4% of them were aware of the term palliative care and it was during their training period. The data showed that 79.5% of students had poor knowledge of palliative care.

Another possible reason for this might be that only few nurses have been trained on PC. As shown in this study, a significant difference was noted between those without palliative care training and those with training, with the latter having a higher mean score. This is also true in other studies including those by Proctor et al.<sup>17</sup>, Arber<sup>18</sup>, Raudonis et al.<sup>19</sup>, Knapp<sup>20</sup>, Brazil et al.<sup>21</sup>, and Harrold et al.<sup>22</sup>. Further recognizing the need of nurses for palliative care training. Training on PC is the most frequently nominated professional need among nurses<sup>23-25</sup>.

The current status of the Philippine healthcare can be a contributing factor to these findings since the Philippines is categorized as Group C in the Typology of Hospice-Palliative Care Service Development<sup>26</sup>. This

may be propelled, according to the Department of Health<sup>4</sup> by ignorance of public awareness, shortage of training among medical and nursing staff, low credibility and interest on the said field, the unwillingness of doctors to refer patients, lack of political will to support palliative care and scarcity of government stream for hospice funding.

On the other hand, the description of attitude scores shows that 62.7 % of the respondents had fair attitude towards palliative care. This finding corresponds with the study of Kassa et al.<sup>6</sup> that 259 (76%) had favorable attitude towards PC and Karkada et al.<sup>10</sup> indicated that 92.8% of nursing students had favorable attitude (56.7± 8.5) towards palliative care.

This is the first study of its kind conducted in Philippines. Literature review does not indicate any comprehensive study for palliative care knowledge and attitude targeting practicing nurses anywhere in our country.

### Conclusions

Based on the results that were gathered, it was concluded that nurses have a poor knowledge in palliative care but have a fair attitude towards it. Furthermore, it was found that there is no difference with age, ward assignment, working experience, experience in caring terminally ill patients, and PC training; however, a positive difference was noted with gender and level of education was noted in relation with the knowledge in PC.

### References

1. Lieberman A. Treatment of Pain and Suffering in the Terminally Ill [Internet]. Treatment of Pain and Suffering in the Terminally Ill. Available from: <http://www.preciouslegacy.com/>
2. Doorenbos A., Perrin M., Eaton L., Abaquin C, Balabagno A., Rue T. et al. Supporting dignified dying in the Philippines. *Int J Palliat Nurs.* 2011; 17(3), 125–130. DOI: 10.12968/ijpn.2011.17.3.125
3. Sullivan A., Lakoma M., Billings J., Peters A., Block S. Teaching and Learning End-of-Life Care: Evaluation of a Faculty Development Program in Palliative Care. *Acad Med.* 2005; 80(7), 657–68. DOI: 10.1097/00001888-200507000-00008
4. Department of Health. Palliative and Hospice Report Philippines. Available from: [https://www.doh.gov.ph/sites/default/files/health\\_programs/Palliative%20and%20Hospice%20Report%20Philippines.pdf](https://www.doh.gov.ph/sites/default/files/health_programs/Palliative%20and%20Hospice%20Report%20Philippines.pdf) [Accessed 12<sup>th</sup> August 2018]
5. World Health Organization. Philippines Health Service Delivery Profile, 2012. Available from: [http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile\\_philippines.pdf](http://www.wpro.who.int/health_services/service_delivery_profile_philippines.pdf) [Accessed 19 August 2018]
6. Kassa H., Murugan R., Zewdu F., Hailu M., Woldeyohannes D. Assessment of knowledge, attitude and practice and associated factors towards palliative care among nurses working in selected hospitals, Addis Ababa, Ethiopia. *BMC Palliat Care.* 2014; 13(6). DOI: 10.1186/1472-684X-13-6
7. Ross M., McDonald B., McGuinness J. The palliative care quiz for nursing (PCQN): the development of an instrument to measure nurses' knowledge of palliative care. *J Adv Nurs.* 1996; 23(1), 126–137.
8. Maria K., Evanthia V., Petros K., Dimitris N. Assessment of Knowledge and Associated Factors towards Palliative Care among Greek Nurses. *World J of Social Sci Res.* 2016; 3(3), 381-395.
9. Ayed A., Sayej S., Harazneh L., Fashafsheh I., Eqtait F. The Nurses' Knowledge and Attitudes towards the Palliative Care. *J Educ Pract.* 2015; 6(4), 91-99. DOI: 10.13140/RG.2.1.1382.8960
10. Karkada S., Nayak B., Malathi. Awareness of palliative care among diploma nursing students. *Indian J Palliat Care.* 2011; 17(1), 20-23. DOI: 10.4103/0973-1075.78445
11. Redman J., Higginbottom G., Massey M. Critical review of literature on ethnicity and health in relation to cancer and palliative care in the United Kingdom. *Diversity in Health & Social Care.* 2008; 5, 137-150.
12. Mutto E. Errázquin A., Rabhansl M., Villar M. Nursing Education: The Experience, Attitudes, and Impact of Caring for Dying Patients by Undergraduate Argentinian Nursing Students. *J Palliat Med.* 2010; 13(12), 1445–1450. DOI: 10.1089/jpm.2010.0301

13. Huijjer H., Dimassi H., Abboud S. Perspectives on palliative care in Lebanon: Knowledge, attitudes, and practices of medical and nursing specialties. *Palliat Support Care*. 2009; 7(3), 339-347. DOI: 10.1017/S1478951509990277
14. Ali W., Ayoub N. Nurses' attitudes toward caring for dying patient in Mansoura university hospitals. *J Med Biomed Sci*. 2010 May;1(1), 16-23.
15. Vejlgaard T., Addington-Hall J. Attitudes of Danish doctors and nurses to palliative and terminal care. *Palliat Med*. 2005;19(2), 119-127. DOI: <https://doi.org/10.1191/0269216305pm988oa>
16. Zargham-Boroujeni A., Bagheri S., Kalantari M., Talakoob S., Samooai F. Effect of end-of-life care education on the attitudes of nurses in infants' and children's wards. *Iran J Nurs Midwifery Res*. 2011; 16(1), 93-99.
17. Proctor M., Grealish L., Coates M., Sears P. Nurses' knowledge of palliative care in the Australian Capital Territory. *Intl J Palliat Nurs*. 2000; 6(9), 421-428. DOI: <https://doi.org/10.12968/ijpn.2000.6.9.9053>
18. Arber A. Student nurses' knowledge of palliative care: evaluating an education module. *Intl J Palliat Nurs*. 2001; 7(12), 597-603. DOI: <https://doi.org/10.12968/ijpn.2001.7.12.9284>
19. Raudonis B., Kyba F., Kinsey T. Long-term care nurses' knowledge of end-of-life care. *Geriatr Nurs*. 2002; 23(6), 296-301. DOI: <https://doi.org/10.1067/mgn.2002.130270>
20. Knapp C., Madden V., Wang H., Kassing K., Curtis C., Sloyer P., Shenkman E. Paediatric nurses' knowledge of palliative care in Florida: a quantitative study. *Intl J Palliat Nurs*. 2009; 15(9), 432-439. DOI: <https://doi.org/10.12968/ijpn.2009.15.9.44255>
21. Brazil K., Kaasalainen S., McAiney C., Brink P., Kelly M. Knowledge and perceived competence among nurses caring for the dying in long-term care homes. *Intl J Palliat Nurs*. 2012; 18(2), 77-83. DOI: <https://doi.org/10.12968/ijpn.2012.18.2.77>
22. Harrold J., Rickerson E., Carroll J., McGrath J., Morales K., Kapo J., Casarett D. Is the palliative performance scale a useful predictor of mortality in a heterogeneous hospice population? *J Palliat Med*. 2005; 8(3), 503-509. DOI: <https://doi.org/10.1089/jpm.2005.8.503>
23. Lorenz K., Shugarman L., Lynn J. Health care policy issues in end-of-life care. *J Palliat Med*. 2006; 9(3), 731-748. DOI: <https://doi.org/10.1089/jpm.2006.9.731>
24. Redman S., White K., Ryan E., Hennrikus D. Professional needs of palliative care nurses in New South Wales. *Palliat Med*. 1995; 9(1), 36-44. DOI: <https://doi.org/10.1177/026921639500900106>
25. Shea J., Grossman S., Wallace M., Lange J. Assessment of Advanced Practice Palliative Care Nursing Competencies in Nurse Practitioner Students: Implications for the Integration of ELNEC Curricular Modules. *J Nurs Educ*. 2010; 49(4), 183-189. DOI: <https://doi.org/10.3928/01484834-20090915-05>
26. Wright M., Wood J., Lynch T., Clark D. Mapping Levels of Palliative Care Development: A Global View. *J of Pain Symptom Manage*. 2008; 35(5), 469-85.