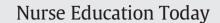
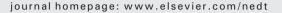
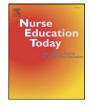
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## Knowledge of palliative care: An online survey

### Mohammad Al Qadire \*

Doctor of Oncology and Palliative care Nursing, Faculty of Nursing, Al al-Bayt University, Mafraq 25113, Jordan

#### ARTICLE INFO

Keywords:

Nursing

Students

Jordan

Knowledge

SUMMARY

Background: The main purpose of palliative care is to manage symptoms among patients, reduce their burden of Article history: Accepted 29 August 2013 pain, and improve their quality of life. Nurses are an essential part of the palliative care team in providing high standards of care since they spend the longest time with patients. However, lack of adequate knowledge of palliative care is considered as one of the main barriers to palliative care development and practise. Objective: To evaluate Jordanian nursing students' knowledge about palliative care. Methods: Design A quantitative research method and descriptive online-survey design were used. Settings and Participants Palliative care The sample consisted of 220 students enrolled in five nursing schools (four governmental and one private) in Symptoms management Jordan. The Palliative Care Quiz for Nursing was used to measure students' knowledge. Results: The sample consisted of 220 nursing students; the mean age was 20.5, SD 2.5, and most of the students were female (67), 74 (34%) were fourth-year students and 58 (26%) were in their third year. The total mean score was low, at 8.0 (SD 3.1), ranging from 0 to 18 and the number of correctly answered statements ranged from 60 (27%, statement no. 3) to 145 (66%, statement no. 2). It was found that there were no significant impacts (H (3) = 5.69, p = 0.137) for place of study. However, students' knowledge was strongly affected by their academic level (H (3) = 12.60, p = 0.005). Conclusions: Integrating palliative care education is required as the mainstay to improve students' knowledge and therefore practise. This education needs to be comprehensive in covering the basic principles of palliative care and symptom management and it should be distributed throughout the different courses to discuss palliative care within different contexts, such as elderly, paediatric and adult settings. © 2013 Elsevier Ltd. All rights reserved.

#### Introduction

Palliative care services have been introduced in recent years, their main purpose being to manage symptoms among patients, reduce their burden of pain, and improve their quality of life (Fallon et al., 2006). Specialised palliative care has become a crucial part of healthcare systems and team work (Johnsen et al., 2009). Nurses are an essential part of the palliative care team in providing high standards of care since they spend the longest time with patients (Prem et al., 2012). In addition, developments in healthcare technology have shifted the focus from cure to prolonging the patient's life. Therefore, the need for palliative care has increased (Abu-Saad Huijer et al., 2009). Although palliative care has been practised for decades, in Jordan its provision is still scattered and not well developed (Stjernsward et al., 2007a). Palliative care is of extra importance in Jordan, as 75% of cancer patients are at an advanced stage by the time of diagnosis (Stjernsward et al., 2007a).

According to the World Health Organization's (WHO) public health strategy, education and training are required for integrating palliative

\* Tel.: +962 2 6297000x2858 (work); fax: +962 2 6297052.

E-mail addresses: mohammadqadire@gmail.com, mohammadqadire@aabu.edu.jo.

care into healthcare systems (Stjernsward et al., 2007b). Unfortunately. the knowledge deficit among nurses and other healthcare providers regarding palliative care is well documented, and is considered one of the main obstacles in providing high-quality palliative care services (Abu-Saad Huijer et al., 2009). There is a consensus that nurses' deficient knowledge may be because undergraduate nursing programmes do not integrate the topic within the curriculum (Adriaansen and van Achterberg, 2008). For example, a recent study examined third-year diploma student-nurses' knowledge about palliative care in India (n = 83) (Karkada et al., 2011). The results showed a low level of knowledge, with low total mean scores (mean = 6.4 out of 20; SD 1.6) (Karkada et al., 2011). The generalisability of these results might be limited because of the small sample and single setting. Another study conducted in the USA found that students' knowledge of end-oflife care tended to increase as they progressed towards the end of their study programme (Wallace et al., 2009). However, it was still considered to be limited, and inadequate to enable them to provide a high standard of care once they graduated from nursing school (Wallace et al., 2009).

Knowledge deficiency seems not to be exclusive to nursing students; another study investigated medical students' knowledge, seeking opinions regarding the palliative care curriculum and practise (Hesselink

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et al., 2010). In this study, 176 medical students completed the study questionnaire. About 50% of participants deemed that the content on palliative care was moderate, and they also tended to have poor knowledge. Further, only 14% of participants were able to answer six or seven out of the eight questions related to palliative care. Finally, students who attended the elective course, "terminal and palliative care", provided by the medical school, showed a significantly better level of knowledge than those who did not (Hesselink et al., 2010). Reviewing the literature shows that a limited number of studies have been conducted to evaluate student nurses' knowledge of palliative care; indeed, the bulk of the work was with nurses (Adriaansen and van Achterberg, 2008). Therefore, the aim of this study was to evaluate Jordanian nursing students' knowledge of palliative care.

#### Methods

#### Design

A quantitative research method and descriptive online-survey design were used. A survey design is useful when exploring attitudes, beliefs and knowledge-related topics, and a descriptive design is appropriate for this study because there is no intention to examine any cause-andeffect relationship (Gerrish and Lacey, 2010).

#### Sample

The sample consisted of 220 students enrolled in nursing schools in Jordan. First-year students were excluded because they are not sufficiently immersed in nursing courses yet. The required sample size depended critically on the percentage of correct answers to the PCQN (Palliative Care Quiz for Nursing). For a percentage of 40–80%, knowing that the number of students in these schools is around 1600 (excluding first-year students), complete data from 214 to 300 participants was needed to estimate nurses' knowledge about palliative care. From http://www.raosoft.com/samplesize.html, this would allow the percentage of correct answers to be estimated with a 95% confident interval and margin-of-error of at most  $\pm$ 5%. The researcher succeeded in recruiting 220 students, at the lower edge of the calculated range but an adequate sample size. The survey was available online for the whole second semester in 2013 and frequent reminders were sent.

#### Setting

This was an online survey; the target population was students in all nursing schools in Jordan (government and private). However, after launching the survey, students from only four government and one private nursing school participated. These schools include around 2000 students in total, and are located in the north of the country and in the capital city, Amman.

#### Instruments

The PCQN was used to measure participants' knowledge of palliative care (Ross et al., 1996). It comprises 20 questions, the responses being true, false or don't know. The PCQN's internal consistency of 0.78 is considered high (Ross et al., 1996). Minor modifications were made to make the questionnaire understandable for nurses. For example the words "bowel regime" in item 8 was explained by adding the following two words "laxative treatment", and in item 16 the drug name "Demerol" was replaced by the name commonly used in Jordan "Pethidine". However, these changes are expected to have no effect on the PCQN's validity and reliability. The tool was provided for students in its English version since nursing is taught using the English language. In addition, information on participants' demographics such as age, gender, students' academic level, students' university, and whether they have received palliative education or not during their study, was collected.

#### Procedure

Ethical approval was obtained from the university ethics committees prior to embarking on the study. Nowadays, students in each nursing school have electronic pages on Facebook which makes it easier for them to communicate with each other and to disseminate courserelated news to a large number of students. After converting the soft copy of PCQN into an online survey using one of the free survey websites, the link to the questionnaire was posted on all nursing school pages, and messages were sent to page administrators requesting them to share the survey link on their pages' walls. The link was re-posted every other day to increase the response rate and make it visible to a larger number of students. Data were collected in the period between February and June 2013. All completed questionnaires were printed out and entered into the Statistical Package for the Social Sciences (SPSS) (version 17). The soft copies of the completed questionnaires on the website were deleted after data entry. The researcher opted out of using the data export option on the survey website, to avoid mistakes that could merge the data and then affect the study results.

#### Ethical Considerations

Ethical approval to conduct the study was obtained and all the participants were given the right to choose whether or not to participate. However, completing the questionnaire was considered as an implicit agreement to take part in the study. Further, the identities (no names were requested) and locations of participants were not revealed; only aggregate data was reported and participants were assured that their responses would remain confidential.

#### Data Analysis

Data was entered into SPSS, and descriptive and inferential statistics were produced (Creswell, 2008). Descriptive statistics such as percentages and frequencies were used to describe the sample characteristics and their responses on the PCQN (Malim and Birch, 1997). The Mann-Whitney-U test was used to compare the PCQN score distribution between two-group variables (e.g. had received pain education or not) and the Kruskal-Wallis test to compare the PCQN score distribution between variables from two or more groups (e.g. students' academic level and students' university) (Field, 2009). The statistics were reported according to Field's (2009) guidelines.

#### Results

#### Sample Characteristics

The sample consisted of 220 nursing students; the mean age was 20.5, SD 2.5, and most of the students were female (67%); see Table 1. Seventy four (34%) were fourth-year students and 58 (26%) were in

| Table 1 |  |  |            |  |
|---------|--|--|------------|--|
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Demographic characteristics of students.

| Characteristic                                     | Frequency (%) |  |  |  |  |
|--|---------------|--|--|--|--|
| Student level                                      |               |  |  |  |  |
| Second year  | 57 (26)       |  |  |  |  |
| Third year   | 58 (26)       |  |  |  |  |
| Fourth year  | 74 (34)       |  |  |  |  |
| Fifth year   | 31 (14)       |  |  |  |  |
| Gender   |               |  |  |  |  |
| Male   | 73 (33)       |  |  |  |  |
| Female   | 147 (67)      |  |  |  |  |
| Whether received palliative care education or not? |               |  |  |  |  |
| Yes  | 59 (27)       |  |  |  |  |
| No   | 161 (63)      |  |  |  |  |

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