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# ORIGINAL RESEARCH

# Assessment of knowledge in palliative care of physical therapists students at a university hospital in Brazil

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Abstract

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#### **KEYWORDS**

Background: In Brazil there are several challenges to reach a humanized health care. Among Palliative care: Education; them is the well-known lack in academic education and training in palliative care field. This Knowledge; lack is mostly due to the modern medical care culture that prioritize curative medicine ahead of Physical therapy palliative care. As the goal of saving lives is rooted in medical training, death is still confronted as the main enemy of the health professionals. *Objective:* To analyze the knowledge of palliative care among the physical therapists of a University Hospital. Method: This is a cross-sectional and descriptive study. The volunteers were physical therapists, who had worked in the hospital for more than six months, were included undergraduate students, experienced professionals and graduate students. A questionnaire with closed questions about palliative care was applied during the volunteers working hours. Data were analyzed descriptively. Conclusion: We conclude that, the vast majority of the evaluated professionals presented basic palliative care knowledge, but not in palliative care core components. The palliative care practice seemed often guided by the knowledge acquired in other fields, always with an intuitive character. Therefore, we detected a lack in the physical therapist training regarding palliative care. Summarily, physical therapists should receive a general training in palliative care still as an undergraduate, for a more effective and consistent professional practice later on. © 2017 Associação Brasileira de Pesquisa e Pós-Graduação em Fisioterapia. Published by Elsevier Editora Ltda. All rights reserved.

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## Introduction

The number of palliative care programs is increasing globally. According to the World Health Organization (WHO) "The need for palliative care has never been greater and is increasing at a rapid pace due to the world's aging population and increases in cancer and other non-communicable diseases".<sup>1,2</sup> In this scenario, Brazil was placed as 42 in the 'quality of death index',<sup>3</sup> therefore underlining the importance and necessity of investment in palliative care.

Every year, over 20 million people worldwide are estimated to require palliative care at the end of life. Among then, 69% are adults over 60 years old, and the remain 6% are children.<sup>1</sup> Nevertheless, death still is a topic approached with caution, as the finitude of life remains stigmatized. Moreover, modern medical care tends to prioritize curative medicine ahead of palliative care, as the goal of saving lives is rooted in medical training, death is confronted as the main enemy of the professional. Therefore, the integration of palliative care alongside curative treatment is needed. Healthcare professionals who deal with death often, should receive proper training to enable them to practice palliative care.<sup>1,4</sup>

Although many national institutions have opened space for discussion about palliative care, academically the training of healthcare professionals is still fragmented, and has little consistency integrating palliative care methods alongside curative care procedures.<sup>5,6</sup> This lack of training leads the healthcare professionals to avoid contact, approach and dialog, with patients in palliative care.<sup>7,8</sup> Thus, healthcare professionals should be trained with the core constituents of palliative care to attend the new global demand.<sup>2,6,7</sup>

According to WHO, worldwide, the need for palliative care remains for chronic diseases or conditions such as congestive heart failure, cerebrovascular disease, HIV/AIDS, neurodegenerative disorders, chronic respiratory diseases, drug-resistant tuberculosis, and aging-associated diseases.<sup>1</sup> Such diseases are mostly treated by physical therapists.<sup>4</sup> Furthermore, physical therapy has a significant variety of techniques for pain relief, functionality, and to provide quality of life, which are useful in palliative care.<sup>2,7</sup> However, a variety of studies have shown lack in the training of the physical therapist in palliative care.<sup>8,9</sup> The aim of this study is to evaluate the knowledge about palliative care among the physical therapists in a University Hospital. We hypothesized that the physical therapist lacks training academically, to deal with aspects related to palliative care and death.

## Method

Forty-seven physical therapists from a university hospital in the state of Sao Paulo, volunteered for this study. Were included undergraduate students, experienced professionals and graduate students. The study followed a cross-sectional quantitative descriptive model. A questionnaire of Palliative Care was applied to assess the knowledge of professionals on palliative care. The questionnaire was prepared by the authors based on previous studies.<sup>5,10,11</sup> The questionnaire consisted of closed questions, and the volunteer was anonymous. The questions addressed four main parts: 'Professional Training in Palliative Care', 'Palliative Care in Professional Life', 'General Knowledge in Palliative Care', and 'Specific Knowledge in Palliative Care'. The questionnaire was applied in all wards in which the physical therapists worked, such as, cardiology, orthopedics, neurology, emergency care, women's health, transplantation and oncology. This study followed the Guidelines and Regulatory Standards for Research Involving Human Beings (Resolution 466/2012 of the National Health Council) and approved under the number: 32784614.1.0000.5505, by the Research Ethics Committee of Universidade Federal de São Paulo (UNIFESP), São Paulo, SP, Brazil. All the volunteers signed a consent form.

The questionnaire was applied between May and June (2014). The volunteers should be physical therapists working at the University Hospital for more than six months. The volunteers were instructed to answer the questions accordingly to the ward in which they were working at the moment of the survey; to not check any material regarding palliative care while conducting the survey; and to not fill their names on the questionnaire as their identification should be numeric only. Volunteers that did not followed the questionnaires instructions were excluded. Descriptive analyzes were performed with IBM SPSS Statistics software package, version 23.0 v (IBM Corporation, USA).

## Results

Forty-seven physical therapists were evaluated (36 women and 11 man), with a mean age of 26 (SD = 5) years. Among then, 19 had already graduated and 35 were currently undergoing a graduate program. No one was excluded.

All professionals had heard about palliative care in general (Table 1). The vast majority of the volunteers reported interest in the area of palliative care (Table 2). Almost half of the physical therapists disagreed that the need for palliative care is stated early in the workplace. Thirty-six professionals agreed that they are able to provide palliative care, but 45.7% disagreed that their team had proper training to provide this service (Table 2).

Sixty-eight percent chose the correct definition of 'Palliative Care' in the 'General Knowledge in Palliative Care' section. Almost all the professionals were aware of the concept of euthanasia, orthanasia, and dysthanasia. Most of the professionals did not associate palliative care to terminal care and lack of treatment. Almost all professionals believed in the possibility to give hope to the patient and his family (Table 3).

Pain relief was considered by 100% of the professionals as important. Almost 100% disagreed that 'affirm life and regard death as a normal process' is part of the treatment. Only one of the therapists was in favor of speeding death in case of pain.

Regarding the last hours of life, were rated as essential and very important goals: 'pain management' (80%), 'acquisition of comfortable postures' (44.4%), 'promoting muscle relaxation' (40%), 'prioritization of ventilator conditions' (39.1%) and 'avoid complications' (33.3%). The objectives classified as unimportant/dispensable in palliative care were: 'improve range of motion and work coordination and muscle strength,' 'maintain respiratory muscle strength and fitness', 'improve march' and 'maintaining and improving

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