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Research Article

Impact of Palliative Care Educational Intervention on Knowledge and Self-Efficacy of Nurses Caring for Terminally ill Non-Cancer Patients in Combined Military Hospital Rawalakot AJK

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Abstract

Background: Over 40 million individuals need palliative care each year, with 78 percent of them living in low- and middle-income countries. Over the next several decades, the demand for palliative care is anticipated to rise

Aims: The current study aimed to evaluate the impact of Palliative Care Education sessions on Knowledge and Self-Efficacy of nurses caring for fatally ill non-cancer patients.

Design: Quasi-experimental design with a single group (pre and post-test) was used in the study at Combined Military Hospital (CMH) Rawalakot Azad Kashmir.

Method & Materials: The sample size for the study was calculated through the G-power sample size calculator with a power of 0.95, an alpha error of 0.05 and an effect size of 0.5. The sample size given by G-power was (n=54), but with the 11% non-respond rate the total study participants selected for the study were 57.

Results: The total of 57 nurses participated in this Quasi-experimental study from four departments of the hospital. Greater part of the participants was between age (yr) of 20-30 (64.9%), followed by 31-40(19.30%), 41-50 (10.50%) and 51-60 (05.30%). Majority of the participants (77.20%) were having an experience of 01-05years, followed by 17.50% (5-10years), and 5.30% (above 10 years). nurses showed the knowledge mean score regarding the basics of palliative care (8.23), while post knowledge score were (16.54) and self-efficacy and confidence for providing palliative care to terminally ill non-cancer patients (26.63) in pre-test while (45.98) in post-test.

Conclusion: Nurses caring for patients with Congestive Heart Failure, stroke, End Stage Renal Diseases, and End Stage Liver Disease had worse palliative care expertise and were not as much confidence in palliative care management. The findings of this study revealed that nurses' palliative care knowledge and self -efficacy significantly improved after a short palliative care nursing education session.

Key words: Palliative care, Nurses caring for patients, Palliative care expertise, Self-efficacy

1. Introduction

Palliative care is a type of healthiness concern intended to alleviate upsetting warning signs of unceasing and incurable sickness and endorse excellence in life. Palliative care is not only an art but also a science of nursing that gives emphasis to the excellence and regularity of life by just neurons helping people live until they breathe their last breath [1]. We can't stop death from coming, but we can make it as painless as possible by easing suffering [2]. Over 40 million individuals need palliative care each year, with 78 percent of them living in low- and middle-income countries [3]. Over the next several decades, the demand for palliative care is anticipated to rise. The world's population is growing, and many countries will see an increase in the number of people in their senior years. Deaths due to cancer are expected to go up from 7.4 million in 2004 to 12 million by 2030 [4]. Internationally, 20 million individuals require palliative care services at the end of their lives, but only around

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14% of those who require it are now receiving it. As the global population ages, cancer and other non-communicable diseases become more prevalent, the demand for palliative care has been rapidly expanding. By 2060, a global increase of about 87 percent in major health-related afflictions susceptible to palliative care measures is expected [3]. Palliative care is a part of medicine that focuses on relieving pain in patients who are suffering from a serious, long-term disease. There is an amplified load of chronic, severe illness as a result of the ageing population and technological advances [5]. As our population ages the need for palliative care becomes clear. Improvements in public health services and awareness have resulted in people living longer. According to recent studies, there is a significant gap between policy guidelines for education and training that have been identified as critical to closing the gap in palliative care management and ensuring a smooth transition to a palliative approach to the problem [6,7]. PC services in Pakistan are still in their infancy. Nurses don't know enough about PC and don't have enough experience with it [6]. The literature contains numerous gaps about the usefulness of educational interventions in long-term care. Hospital-based nurses' knowledge of palliative care nursing can be bettered with a succinct palliative care nursing education [8]. Palliative care nurses can help patients and their families get the most out of their comfort care while also controlling pain and other symptoms. Current study will add to the growing body of knowledge concerning the efficacy of training programs to get better nurses' knowledge and self-efficacy in palliative care [9].

Aim of the Study

The current study aimed to evaluate the impact of Palliative Care Education sessions on Knowledge and Self-Efficacy of nurses caring for fatally ill non-cancer patients.

Significance of the Study

Nurses advocate for patients, identifying the call for palliative care and advocating for measures to get better symptom management and excellence of life. In times of crisis, patients and their families commonly seek clarification and understanding from nurses about sickness processes and the distinctions between life-sustaining and death-prolonging interventions [10]. Nurses are unsure how to appropriately represent the patients' interests at this time. The literature showed that there are significant gaps in the influence of educational interventions show in long-term care [11]. This study will add to the expanding amount of knowledge concerning the influence of educational sessions.

Research Hypothesis

Null Hypothesis: There is no difference in mean scores of Nurse's knowledge and self-efficacy before and after educational sessions.

Alternate Hypothesis: There is statistical difference in mean scores of Nurse's knowledge and self-efficacy before and after educational sessions.

2. Methodology

Study Design: Quasi-experimental design with a single group (pre and post-test) was used in the study

Study Setting: The research was carried out at Combined Military Hospital (CMH) Rawalakot Azad Kashmir

Sample size: The sample size for the study was calculated through the G-power sample size calculator with a power of 0.95, an alpha error of 0.05 and an effect size of 0.5. The sample size given by G-power was (n=54), but with the 11% non-respond rate the total study participants selected for the study were 57.

Sampling techniques: A Simple non-probability consecutive sampling technique was used for selecting the study participants.

Sample Selection

Criteria for Inclusion

1. The study was opened to all nurses working in Medical, Emergency, Surgical, and Intensive care units (ICUs).
2. The study included nurses with one or more years of experience.

Criteria for Exclusion

1. Nurses who refused to take part in the research.
2. Nurses who were in management and administration

Instrument of the Study

Questionnaire: The questionnaire was adopted from Ross et al. ''The Palliative Care Quiz for Nursing" and Palliative Care Self-Efficacy Scale (PCSES) by Phillips et al. (2011) was used to assess the self-efficacy.

Validity and Reliability: Phillips et al. validated the Palliative Care Self-Efficacy Scale (PCSES) (2011). Cronbach's alphas for the scale and subscales range from 0.87 to 0.90(49). This questionnaire was adopted from a study by Dr M M Ross, University of Ottawa, Ontano Canada, and has a reliability value of Cronbach alpha of 0.87 [12].

The Questionnaire is broken into two sections, the first of which contains demographic information such as age, gender, work experience and education. The second part is broken into two parts. Section A, which comprised of 20 questions, was about palliative care knowledge, and section B was regarding perceived self-efficacy and confidence for providing palliative care to patients with terminal illness which, comprised of 12 questions.

Intervention

Two 50-minute education sessions made up the intervention. The content of the session was based on the Geriatric Curriculum of the "The End-of-Life Nursing Education Consortium (ELNEC) Project, is an international end-of-life educational program administered by City of Hope (COH) and the American Association of Colleges of Nursing (AACN) designed to enhance palliative care in nursing" [13]. Two lecture-based sessions included a mix of lecturing and interactive discussions, as well as PowerPoint slides and handouts.

Data Analysis Procedure

The analysis of the data was carried out through the descriptive statistics and an inferential statistic. The data was coded and transferred to the coding sheet after that data was entered into SPSS (version 24) and finally analysis and an interpretation of the data was conceded. In descriptive statistics, the following statistical measure was used. For categorical variables, the frequency and percentages were computed, while for quantitative data, the mean and standard deviation were determined. To determine the differences between before and post-knowledge levels, an inferential statistic (paired t-test) was used.

3. Results

In the comparison of pre and post-mean knowledge score, result had shown a pre knowledge score was 8.32 and post knowledge score was 16.54 and pre-self-efficacy score was 26.63and post score was 45.98 (Fig-1-5).

Table 01.Demographic characteristic of the participants.

Age	Frequency	Percent
20-30	37	64.9
31-40	11	19.3
41-50	6	10.5
51-60	3	5.3
Gender	Frequency	Percent
female	57	100.0
Religion	Frequency	Percent
Muslims	57	
Marital status	Frequency	Percent
unmarried	42	73.7
married	15	26.3
Qualification	Frequency	Percent
Diploma	41	71.9
Bachelor	16	28.1
Working departments	Frequency	Percent
Medical	32	56.1
Surgical	9	15.8
Emergency	7	12.3
Intensive Care Unit	9	15.8
Experience	Frequency	Percent
01-05 years	44	77.2
05-10 years	10	17.5
Above 10 years	3	5.3
Training	Frequency	Percent
No	57	100.0

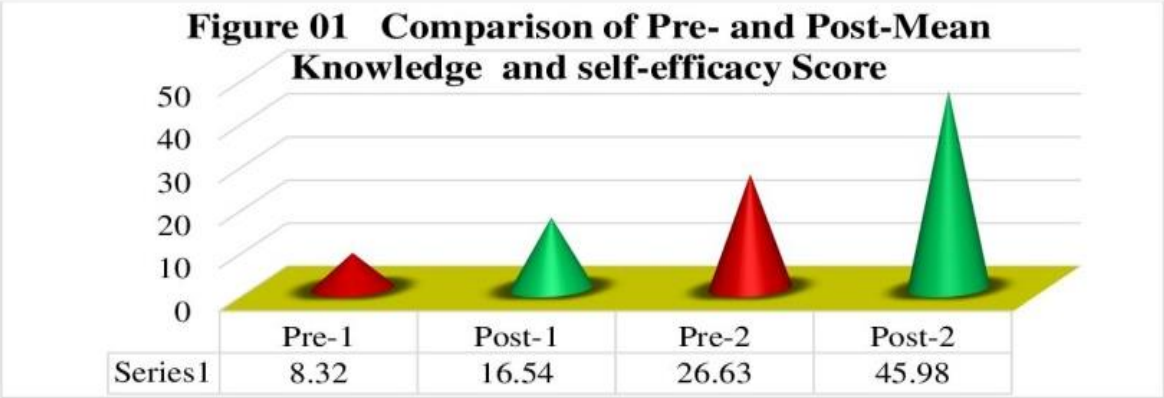
Figure 01 Comparison of Pre- and Post-Mean Knowledge and self-efficacy Score
50
40
30
20
10
0
Pre-1
Post-1
Pre-2
Post-2
Series1
8.32
16.54
26.63
45.98

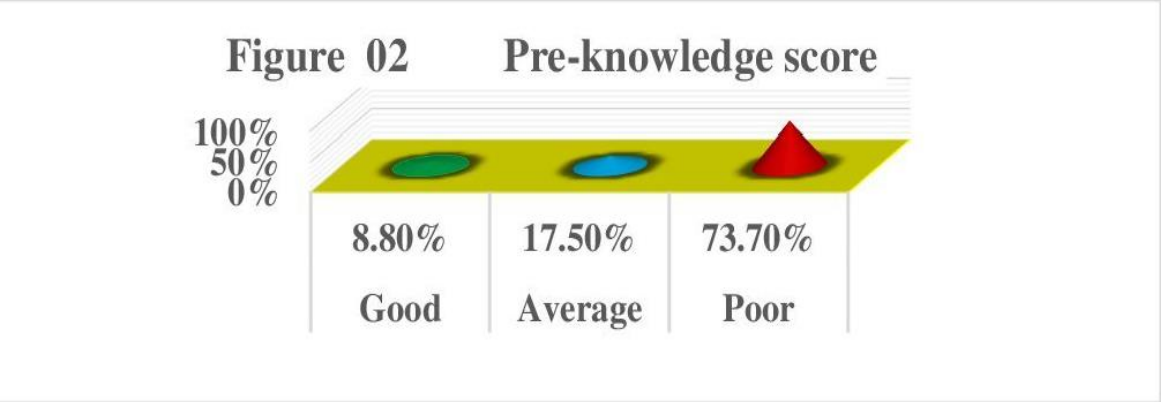
Figure 02 Pre-knowledge score
100%
50%
0%
8.80%
17.50%
73.70%
Good
Average
Poor

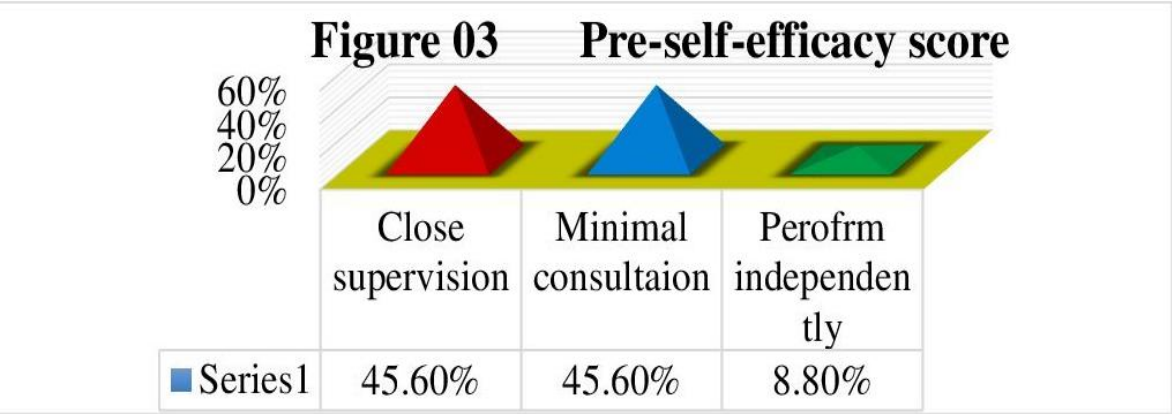
Figure 03 Pre-self-efficacy score
60%
40%
20%
0%
Close supervision
Minimal consultaion
Perofrm independen tly
Series1
45.60%
45.60%
8.80%

Figure 04

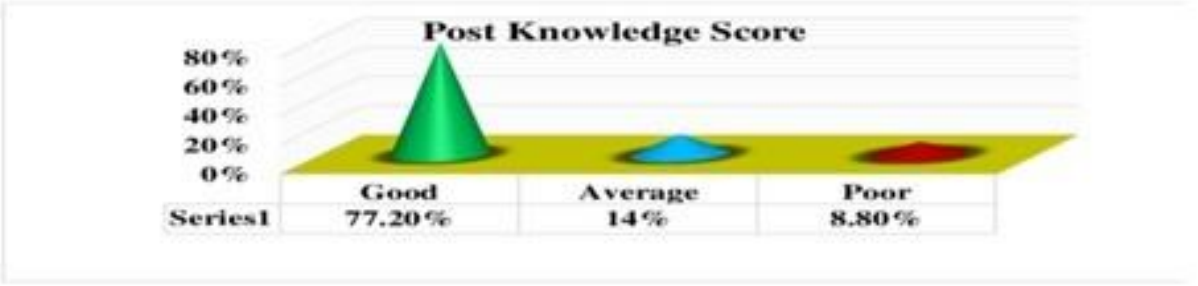

Figure 05

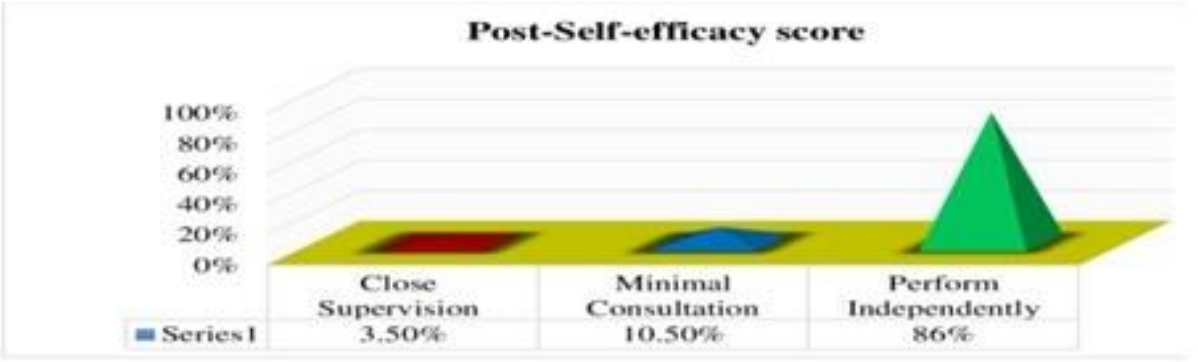

Table 02 **Paired Samples Test**

		Paired Differences					t	df	Sig.
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Pre-Knowledge Score–Post-Knowledge Score	-8.228	4.432	.587	-9,404	-7.052	-14.016	56	.000
Pair 2	Pre-self-efficacy score-Post-self-efficacy score	19.350	5.8109	.769	-20.892	-17.809	-25.141	56	.000

Association between the pre-test knowledge and efficacy score with certain demographic characteristics

Table: 03 Association of pre-knowledge and efficacy with Experience.

Chi-Square Test - (EXPERIENCE)							
Association of pre-knowledge score category with an experience of the participants							
		Pre knowledge-CAT					
		Poor	**Average**	**good**	**df**	**Chi-square**	**p-value**
Experience	1-5Years	34	5	5			
	5-10Years	07	3	0	4	.084	NS
	Above 10 Years	01	2	0			
		Pre-self-efficacy CAT					
		Confident to perform with close supervision	**Confident to do with minimum supervision**	**Confident to perform independently**	**df**	**Chi-square**	**p-value**
Experience	1-5Years	21	21	2			
	5-10 Years	5	5		6	.000	HS
				0			
	Above 10 Years	0	0	3			

Table: 04 Association of pre-knowledge and efficacy with the qualification

Chi-Square Test-(QUALIFICATION)							
Relationship of pre-knowledge score category with the qualification							
		Pre-knowledge CAT					
		Poor	**Average**	**good**	**df**	**Chi-square**	**p-value**
Qualification	Diploma	32	9	0			
	Post-RN	10	1	5	2	0.000	HS
		Pre-self-efficacy CAT					
		Confident to do with close supervision	**Confident to do with minimum consultation**	**Confident to do independently**	**df**	**Chi-square**	**p-value**
Qualification	Diploma	26	13	2	2	0.000	HS
	Post-RN	0	13	3			

Categories had been formulated into two sections according to the questionnaire, which includes knowledge of nurses regarding basics of palliative care and self-efficacy of rendering palliative care to incurably ill patients. In the pre-knowledge category, 73.7% scored poor, 17.5% scored average, while 8.8% participants obtain a good score. In the pre-self efficacy category, 45.6% were sure to do with close supervision, 45.6% were confident to do with minimum consultation and 8.8% were sure to do independently

Likewise, the pre-categories and post categories were also formulated to assess the knowledge score for two sections. In the post-knowledge category, 8.8% scored poor, 14.0% scored average, 77.2% and obtain a good score. Similarly, in the post-self efficacy category, 3,5 % sure to do with close supervision, 10.5% confident to do with minimum supervision and 86.0% were sure to do it independently.

Paired Sample t-test:

The paired t-test was also applied to calculate the mean difference. The application of the paired t-test was to evaluate the effectiveness of palliative care educational Sessions. Either it increased the knowledge of nurses or they scored the same. However, after the application of the paired t-test, the results revealed significant changes in nurses' knowledge scores with a p-value of 0.00 and paired t-test of upper and lower confidence levels are -14.016 (lower --9.404, -7.052 upper) and -25.141 (lower 20.892, -17.809 upper). The difference in mean scores between two paired with pre-and post-knowledge were (-8.228- and 19.350), with a standard deviation (SD) of (**±**4.432, **±**5.810.940)(Table 2-4).

4. Discussion

The objective of the present study was to evaluate the impact of educational intervention on knowledge and self-efficacy of nurses caring for terminally ill non-cancer patients at combined military hospital Rawalakot AJK. The total of 57 nurses participated in this Quasi-experimental study from four departments of the hospital. Intervention were based on two lecture-based sessions included a mix of lecturing and interactive discussions, as well as PowerPoint slides and handouts. The gender composition of the current study shows that 100% of the participants in the current study were female. The findings of the current study were supported by the study conducted by Dehghani et al. in Iran in which the majority of the participants were female (85%) [14]. Similarly, another study conducted by Kim et al. in Seoul, Korea has the parallel result to the current study in which 96.1% of participants were females [15]. Frey R, et al. conducted a study in New Zealand has parallel gender composition with this study in which 78.8% were females [5]. a study conducted by Esin Oktay in Turkey has contradictory results to a current study in which 48% were female nurses [16].

The result of the study findings had showed that the greater part of the participants were from the age category of 20-30 (64.9%), followed by 31-40(19.30%), 41-50 (10.50%) and 51-60 (05.30%). Rose Balicas conducted a quasi experimental study in America; the findings of a study are comparable to present study, in which 44.00% were from age 23-32 followed by 23.00% from ages 33-42 [8]. Another study conducted by Mary Kathryn Gaffney at Walden University has contradictory result for age distribution in which only 12% of the participants were between the ages of 20-30 years [17].

The distribution of the participants regarding qualification shows that the majority of the subjects were General Nursing Diploma holders (71.90%), followed by Post-RN 28.10%, The results of the present study are comparable to a study by Theresia Avila Kurnia1, Yanny Trisyani2 and Ayu Prawesti in Indonesia in which 60.2% of the participants were General Nursing Diploma Holders while 35.4% of the participants were BSN degree holders [18]. A study conducted by Beth Gotwals in the USA has contradictory findings in comparison with the current study in which the majority of the participants have a bachelor degree [19]. Dehghani et al. in Iran conducted a study in which 95% of participants have a bachelor degree and no participant held diploma in nursing. The results are quite opposite to the current study's findings [14]. These changes may be due to the increasing trend of nurses towards higher education in the country. While in another study conducted by Parveen et al. at Lahore has a parallel finding with a current study in which 85.1% of the participants were diploma holders and 14.3% had Bachelor of Science in nursing [20].

The distribution according to the experience of the participants shows that the majority of the participants (77.20%) were having an experience of 01-05years, followed by 17.50% (5-10years), and 5.30% (above 10 years). These findings are comparable to a study conducted by Hanaa E. El- Sayad & Shaimaa A Shaala in Egypt, in which the majority of the participants (39.00% had an experience of (1-5years) while 27.00% of (6-10) years of experience [21]. Rose Balicas conducted a study in America; the findings of the study are comparable to the present study in which the majority of the participants have experienced between 1-5 years [8]. Mary Kathryn Gaffney conducted a study at Walden University in America in which the majority of the participants had more than 10 years of experience; the finding of that study is contradictory to current study [18].

An examination of the pre and post-mean knowledge and self-efficacy score reveals a significant difference before and after the lecture-based educational sessions**.** in the pre-test, nurses showed the knowledge mean score regarding the basics of palliative care (8.23) while post knowledge score were (16.54) and self-efficacy and confidence for providing palliative care to

terminally ill non-cancer patients (26.63) in pre-test while (45.98) in post-test. These results are comparable to a study's findings by Balicas et al. in which nurses had shown a mean knowledge score of (10.75) in pre test section. While in the post-test, mean knowledge scores were (14.14)[8]. An other study conducted by Joy YL 2015 has the parallel findings, pre knowledge score was (11.2) while post-knowledge score was (13.6) regarding basic knowledge about palliative care [1]. One of other relevant study conducted in Egypt had similar findings; pre knowledge score (6.53) and it had the post knowledge score of (16.48) [21]. Furthermore, a study conducted by Dehghani et al. (2020) to evaluate self-efficacy had the similar result to the current study; the pre-efficacy score was (27.7) and post-efficacy score was (39.6) [14]. Another study showed an increase in self-efficacy score after palliative care intervention. Pre-efficacy score was (15.41) while post-efficacy score was (28.06) [22]. Similarly, the results of studies as mentioned in knowledge and self-efficacy scores, the pre- and post-mean knowledge scores in two sections of the questionnaire showed a significant difference.

To determine the nurse's knowledge, the variable pre-knowledge score and post knowledge score were categorized into three categories. These categories were poor scores, average and good knowledge scores based on bloom cut-off values and the variable pre-self-efficacy score and post-self-efficacy score are categorized as high scores indicates higher efficacy as mentioned in the methodology section of the study. The findings of the current study show a considerable increase in the knowledge and self-efficacy score of participants. In the pre-knowledge assessment, participants had shown the results of pre-nurses knowledge regarding basics of palliative care [73.7%] had shown poor knowledge, [17.50%] average, and [8.8%] of the participants had obtained a good score. Similarly, in the second section, nurse's self-efficacy in providing palliative care [45.60%] were confident to perform under close supervision, the same percentage of the participants were sure to execute under minimum supervision and only [8.8%] were confident to perform independently. The findings of the present study supported by the findings of studies conducted in Iran and Egypt, respectively, in which knowledge and self-efficacy scores have significantly increased after a palliative care education session [8,21].

A study conducted in China in 2020 by Zhou Y. Has revealed that majority of the participants had shown unsatisfactory knowledge and efficacy scores [23]. After the implementation of the intervention, the post-knowledge score was assessed, in which the participants showed a significant improvement. In the post-knowledge score, participants showed a result of a nurse's knowledge regarding the basic of palliative care [77.20%] obtain good score [14.00%] score average and [08.80%] still obtain a poor score. Similarly, in the second section, nurses' self-efficacy in providing palliative care [3.5%] were confident to do it under close supervision, [10.50%] were confident to do under least supervision and [86.00%] were sure to do independently. The result of the study is comparable to the findings of one study conducted in Iran and another study conducted by Balicas in Egypt. Furthermore, the finding is supported by a study conducted in Sweden by Berndtsson who concluded that palliative care education increases the nurse's knowledge and self-efficacy in the care of terminally ill patients [24].

Similarly, when the result of pre and post-test knowledge and self-efficacy scores were compared via paired t-test, there is a highly significant difference of (0.000) in the pre and post-test knowledge and self-efficacy scores. Thus, the result of the current study shown that palliative care educational sessions were highly productive for the participants showed a highly significant improvement in the post-knowledge and efficacy scores.

5. Conclusion

With the growing need for palliative care services, it's more important than ever to equip nurses to give competent care to patients suffering from chronic or life-threatening illnesses. Nurses caring for patients with Congestive Heart Failure, stroke, End Stage Renal Diseases, and End Stage Liver Disease had worse palliative care expertise and were not as much confidence in palliative care management. The findings of this study revealed that nurses' palliative care knowledge and self -efficacy significantly improved after a short palliative care nursing education session. Palliative care nursing education can help nurses enhance the care and quality of life of patients who are suffering from a chronic or life-threatening illness. As a result, a brief palliative care nursing education was found to be an effective intervention for boosting palliative care knowledge and self-efficacy among nurses who are caring for patients with chronic, serious, and terminal illnesses in hospital setup.

This is one of the few studies in Azad Kashmir that looked into palliative care nurses' knowledge and perceived self-efficacy; therefore, it can serve as a model for future research. Although nurses' knowledge and self-efficacy; in palliative care improved after a brief palliative care nursing course**.** Despite the limitations, current research has produced strong data that can be used to build nurse education programs in palliative care. A true experimental study needed to be conducted with a control group for better understanding of knowledge and self-efficacy in rendering palliative care to incurably ill patients. Educational sessions, workshops and seminars can be arranged for the improvement of nurses' knowledge and self-efficacy. Palliative care should be added to the nursing curriculum and it is also suggested that palliative care nursing education should be incorporated as a part of continuing education for nurses. In order for palliative care to attain its full potential, nursing administrators must support it by allowing time off to attend programs for palliative care.

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7. Conflict of interest: Author declares that there is no conflict of interest.

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