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THE READINESS OF NURSES IN PROVIDING PALLIATIVE CARE

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Abstract

The number of palliative care increases over time. Nurses have the biggest regulations in providing palliative care, because of that the readiness of nurses is an important thing in a palliative care setting. This study aimed to determine the readiness of nurses in providing palliative care. This research design was descriptive with cross sectional approach. There were four variables measured in this study such as knowledge, capability, willingness, and resilience of nurses in providing palliative care. The questionnaires were used in data collection. The number of samples in this study were 375 nurses. Tthe results showed that nurses still had less and varied knowledge about palliative care (median 9; variant 6.4). In this study, it was also found that nurses had the capability (median 6; variant 5.5), willingness (median 5; variant 0.8) and resilience (median 3; variant 0.5) in providing palliative care. The readiness of nurses in providing palliative care must be well prepared to improved quality and quantity of palliative care.

Keywords: *Readiness, Nurses, Palliative Care*

Introduction

Nowadays, the need of palliative care continues to increase. The World Health Organization (WHO) estimates that there are 40 million people in need of palliative care every year, which will double by 2040 (WHO,2018). This condition influenced by the increasing number of elderly people, as well as an increase in cases of life threatening illness (such as cancer) and chronic diseases (such as hypertension, diabetes mellitus, kidney failure, and others) (Anila &Haseena, 2015).

Palliative care is a sustainable health care that aims to improve the quality of life of the patients and their families, to reduce patient complaints and to provide spiritual and psychosocial support (WHO, 2017). Moreover, early palliative care services provision could provide great benefits to patients such as improving patient symptom management, improving the output service, improving mood, reducing distress, improving service satisfaction, and decrease the aggressiveness of end-of-life care (LeBlanc, Roeland, &El-Jawahri, A, 2017).

In Indonesia, palliative care is rarely applied by the people even has great benefits. One of the factors that influence this is the limited number of health practitioners who are able to provide palliative care services (Ministry of Health of the Republic of Indonesia, 2007). According to Ferrell et all (2007), trained health practitioners are the important factors in palliative care. From all of the health practitioners, nurses are the largest regulated health professionals in the provision of palliative care in various clinical settings (Robinson, J., Gott, M., Gardiner, C., &Ingleton, C, 2017). This indicates that the readiness of nurses in providing palliative care is one of the most important factors that need to be prepared as the effort to apply palliative services in the health care setting.

Unfortunately, there is limited number of research related to the readiness of nurses in providing palliative care in Indonesia. Based on these problems, researchers want to determine the readiness of nurses (knowledge, capability, willingness, and resilience) in providing palliative care.

Methods

This study employed desctiptive design with cross-sectional approach to determine the readiness of nursing in providing palliative care. The sample of this study were 375 nurses who worked in 3 hospitals in Bali, with inclusion criteria :

served in chronic disease rooms and terminal, and had at least 1 year of work experience, and willing to participate in this study.

There were four variables that will be measured, namely the knowledge, capability, willingness, and resilience of nurses in providing palliative care. Data collection were conducted onlinely by using two questionnaires. The first questionnaire was palliative care quiz for nursing-indonesia version (PCQN-I), consisting of 20 questions used to measure medical knowledge about palliative care. This questionnaire was known to have "acceptable" content validity and high internal consistency (Kuder–Richardson 20 = 0.71) (Hertanti, N.S., 2018). The second questionnaire was consisting of 16 questions that used to measure capability (8 questions), willingness (5 questions), and resilience (3 questions) (Chan, H., Chun, G., Man, C., &Leung, E., 2018). This questionnaire has an "acceptable" content validity and an internal consistency value of 0.83 for capability, 0.50 for willpower, and 0.46 for durability.

Furthermore, the data collected in this study was analyzed by SPSS, using descriptive tests (frequency and percentage) to find out the description of each variable.

Results

Table 1. Characteristic of the Respondents (n = 375)

Characteristic of the Respondents	n (%)	Median (Variance)
Age (Year)		31 (50.3)
Gender:		
Man	97 (25.9)	
Woman	278 (74.1)	
Education:	dde	
Diploma	187 (49.9)	
Bachelor	176 (46.9)	
Magister	12 (3.2)	
Working Period (Year)		8 (47.1)
Experience:		
Palliative Seminar	162 (43.2)	
Palliative Lecture	252 (67.2)	
Grieving Experience:		
Lossing Family Members	313 (83.5)	
Lossing Friends	260 (69.3)	
Threating Deceased Patients	366 (97.6)	

Based on table 1, the finding showed that the median age of respondents was 31 years, and the majority (74.1%) were women. Most respondents had a Diploma III nursing education background (49.9%) with a median working period in the hospital was 8 years. The majority of respondents had experience in attending palliative care seminars (43.2%) and got a palliative care lecture while studying (67.2%). Regarding the experience of grieving, more than 60% of respondents had experience of loss / death of family members, friends, and patient

Based on the total value of PCQN-I, the participants had lack of knowledge of palliative care and quite varied (median 9; variant 6.4). The questions in PCQN-I consist of 20 questions, which can be classified into 3 categories, namely philosophy and palliative care principles (questions number 1, 9, 11, 12, 17), pain management and other symptoms (questions number 2-4, 6-8, 13-16, 18, 20), and psychosocial aspects (questions number 5, 11,19). From those three categories, most of the respondents were known about pain management and other symptoms. For questions number 2, 4, 6, 8, 14, 15 the majority of respondents (>50%) answered correctly. However, there were 2 question items from this category, where the majority of respondents answered incorrectly, namely about the determination of methods of symptom management in palliative care (questions 3; 84.5%) and the effects of drug dependence in pain management (question 7; 95.5%).

For the other two categories, the majority of respondents (>50%) answered incorrectly, especially for question number 1,5,11,12,17,19. Further explanation of the knowledge of nurses of palliative care is illustrated in table 2.

Table 2. Description of the Nurses' Knowledge o(n = 375)

	Variable	Median; Variance	Min-Max	Kolmogorov-Smirnov (Sig)
	PCQN-I total score (range 0-20)	9.0; 6.4	0-20	0.0
	Question Item	**Correct n (%)**	**Incorrect n (%)**	
1	Palliative care only appropriate for patients with deterioration or deterioration condition	99 (26.4)	276 (73.6)	
2	Morphine is the standard used to compare analgesic effects of other opioid categories	276 (73.6)	99 (26.4)	
3	The severity of the disease determines the method of treatment	58 (15.5)	317 (84.5)	
4	Adjuvant therapy (supplement) is important in pain management	335 (89.3)	40 (10.7)	
5	Family members should close to the patient until the patient dies	26 (6.9)	349 (93.1)	
6	During the last days leading up to death, the drowsiness experienced by the patient due to electrolyte imbalance could decrease the need of sedative drugs	260 (69.3)	115 (30.7)	
7	Drug dependence is one of the main problems that occurs if morphine is used in the long term for pain management	17 (4.5)	358 (95.5)	
8	Patients who got opioid therapy should be given gastrointestinal therapy	275 (73.3)	100 (26.7)	
9	Providing palliative care does not require empathy	295 (78.7)	80 (21.3)	
10	During the final stages of the disease, medications cause respiratory depression are appropriately for severe dyspnea treatment	160 (42.7)	215 (57.3)	
11	In general, men are faster to relieve grief than women	70 (18.7)	305 (81.3)	
12	Philosophy of palliative care in accordance with the principle of aggressive therapy	175 (46.7)	200 (53.3)	
13	Placebo (empty medicine) could be used in the treatment of several types of pain	84 (22.4)	291 (77.6)	
14	High-dose codeine causes nausea and vomiting more often than morphine	268 (71.5)	107 (28.5)	
15	Suffer and physical pain are the same thing	202 (53.9)	173 (46.1)	
16	Petidine (opioid analgesics) are not effective to control chronic pain	184 (49.1)	191 (50.9)	
17	Tired feeling of health practitioner working in palliative units is caused by accumulated sense of loss due to patient death	99 (26.4)	276 (73.6)	
18	The manifestations of chronic pain are different from acute pain	347 (92.5)	28 (7.5)	
19	Grief of losing relatives is much easier to overcome than losing a close relative	26 (6.9)	349 (93.1)	
20	Pain thresholds could be lowered through anxiety or fatigue	172 (45.9)	203 (54.1)	

Based on the total value, found that respondents had the capability to provide palliative care services, but the capability of one nurse and another can be said to be quite varied (median 6; variant 5.5). If viewed from each question item, the result showed that the majority of respondents felt able to provide palliative care services, except related to the provision of information about the will of life (question no. 5), where the majority (>70%) still feel unable to do so.

For willingness and resilience, based on the total value and answers of each question item, it can be concluded that respondents had desire to provide palliative care services in the health care setting (median 5; variant 0.8) and have resilience in dealing with problems that could arise in providing palliative care services (median 3; variant 0.5).

Table 3. Description of Capability, Willingness, and Resilience of Nurses (n=375)

	Variable	Median; Variance	Min-Max	Kolmogorov-Smirnov (Sig)
	Total Score of Capability (range 0-8)	6.0; 5.5	0-8	0.0
	Total Score of Willingness (range 0-5)	5.0; 0.8	0-5	0.0
	Total Score of Resilience (range 0-3)	3.0; 0.5	0-3	0.0
	Question Item	**Agree n (%)**	**Disagree n (%)**	
	Capability			
1	I have adequate knowledge of symptom management in end-of-lifecare treatments	242 (64.5)	133 (35.5)	
2	I have adequate knowledge to calm and provide support to family members of patients who will die	291 (77.6)	84 (22.4)	
3	I have adequate knowledge of nursing care skills in patients who will die	302 (80.5)	73 (19.5)	
4	I could understand the psychological needs of patients who will die	305 (81.3)	70 (18.7)	
5	I have adequate knowledge of living will	109 (29.1)	266 (70.9)	
6	I have adequate ability about palliative and end-of-life-care	268 (71.5)	107 (28.5)	
7	I have competency in counseling ability to overcome psycho-spiritual needs in patients who will die	225 (60.0)	150 (40.0)	
8	I am able to communicate effectively with family members of patients who will die	325 (86.7)	50 (13.3)	
	Willingness			
1	I agree that end-of-life care is part of hospital services	360 (96.0)	15 (4.0)	
2	I am willing to provide personal care to patients who will die	275 (73.3)	100 (26.7)	
3	I am willing to touch the deceased patients and make a final tribute to them	330 (88.0)	45 (12.0)	
4	I am confident in providing care to patients who will die	347 (92.5)	28 (7.5)	
5	I am willing to discuss something related to death and the condition of end-of-life to the patients or family members	337 (89.9)	38 (10.1)	
	Resilience			
1	I understand how to cope with the stress arising from end-of-life-care	292 (77.9)	83 (22.1)	
2	I am able to work with colleagues to optimize the quality of care	332 (88.5)	43 (11.5)	
3	I am able to cope with my grief after witnessing the death of a patient	342 (91.2))	33 (8.8)	

Discussions

From the result of this study, it can be concluded that nurses knowledge about palliative care is lack and varied. It is supported by several studies, where the results are obtained that the majority of nurses have knowledge with sufficient categories and less (Anila &Haseena, 2015; Sorifa &Mosphea, 2015). The varied knowledge of palliative care by nurses influenced by several factors. Educational factors, where there are differences in palliative care curriculum at each level of education, differences materials and how to deliver materials, as one of the reasons of different knowledge possessed by nurses about palliative care (Kim &Hwang. 2014; Agustini, Nursalam, Rismawan &Faridah, 2020). In education, work experience said to be one of the factors that influence the knowledge of nurses. This is accordance with research conducted by Alshaikh, Alkhodari, Sormunen, and Hillerås (2015), in which several nurses mentioned that their knowledge of palliative care is based on the experience of treating patients.

From three categories of questions in PCQN-I, it found that nurses are most concerned about pain management and other symptoms, but the philosophy, palliative care principles, and aspects of psychosocial care are lack. The finding are accordance with research conducted by Giarti (2018). One of the factors influence that is because nurses generally focus on the patients' complaints about the symptoms and pain, but tend to ignore the psychological problems that the patient feels (Wulandari, 2012; Giarti, 2018).

The results of this study illustrate that nurses have the capability and willing to carry out palliative care, as well as resilience in dealing with problems that may arise in providing palliative care. Related to the ability, there is one topic becomes the majority of nurses that unable to do so. The topic is related to the provision of information about the living will.

If viewed by definition, a living will is a record used to convey a person's views on future health care decisions, such as approval or rejection of certain treatment decisions that may arise in the future (Department of Health Western Australia, 2017). The difficulty of nurses in providing information influenced by education and culture. In terms of education, although nurses received learning materials about palliative care, but topics related to life wills or end of life care are still very rare. Meanwhile, from the cultural side, as one part of an Asian country, talking about life wills is often misinterpreted by both patients and families. The talk of a life will considered the end of the patient's life. This situation causes nurses very rarely initiate or discuss life wills to patients (Herbert, Moore &Rooney, 2011).

The result of this study showed that nurses had a desire to provide palliative care. This result accordance with the previous reserach, which stated that health workers (where nurses are included) have a strong desire to provide palliative care (Peng, Chiu, Hu, Lin, Chen, and Hung, 2013; Schroeder & Lorenz, 2018). According to Shih, Chiu, Lee, Yao, Chen and Hu (2010), the desire to provide palliative care influenced by the experience of attending lectures and palliative care training, as well as confidence in palliative care itself. The majority of respondents in this study had received lectures and seminars related to palliative care. The experience will provide an overview of the benefits and importance of providing palliative care, thus increasing the desire of nurses in providing that service.

The results of this study determine that nurses have resilience in dealing with problems that may occur. Resilience is a process and ability to rise or recover when faced a difficult situations, traumatic events, or distressing events (Dyer &McGuinness, 1996). Resilience is indispensable in providing palliative care. This is because in providing palliative care, nurses are often faced with traumatic conditions, such as witnessing pain, despair, even the death of patients. If the nurse does not have resilience in dealing with the situation, it will affect the quality of service provided to the patient (Ablett &Jones, 2007).

Conclusions

Based on the results of this study, it can be concluded that nurses have less knowledge related to palliative care, especially about philosophy, palliative care principles, and aspects of psychosocial care. Besides that, this study also illustrates that nurses have the ability and desire to carry out palliative care, as well as resilience in dealing with problems that may arise in providing palliative care services.

Based on the result of the study, the readiness of nurses in providing palliative care services still needs to be improved, especially in terms of knowledge. This pursued by providing training on palliative care and how to apply in health care setting. However, in institutional level need to evaluate the topics and learning materials given.

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