

Knowledge of Critical Care Nurses in Providing Palliative Care for Patients

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Abstract

Palliative care increases life-threatening illness patients' and families' quality of life. Early detection, diagnosis, and treatment of physical, psychosocial, and spiritual disorders lowers suffering. Patients in palliative care must be treated. End-of-life palliative care is complex and requires nurses' skills and knowledge. To assess critical care nurses' palliative care knowledge. Hail City's intensive care units, government, and private hospitals were used for the descriptive study. 295 All critical care nurses available during data collection qualify. Palliative Care Knowledge Questionnaire-Basic (PCKQ-B), (2022), aims to identify nurses' knowledge level on palliative care. 70.2% of research respondents said nurses address physical disease and refer patients to psychiatrists or other professionals for psychological care. The study indicated that the majority of respondents support cancer, chronic disease, HIV, heart failure, and life-threatening illness palliative treatment. The study gives mean and standard deviation using an independent t-test to analyze the association between participants' replies and gender-related study domains with a significant value of less than 0.05, except for palliative care requirements. Palliative care critical care nurses need personalized interventions due to moral distress. Education, interdisciplinary teamwork, and supportive policies can improve palliative care and ethical support for critical care nurses.

Keywords: Knowledge; Critical nurses; Hospital; Palliative care

Introduction

When facing a life-threatening illness, palliative care improves patients' and families' quality of life [1]. Early detection, precise assessment, and treatment of physical, psychosocial, and spiritual pain and other difficulties reduces suffering [2]. Pain must be handled beyond the body. Patient and career support is provided by palliative care teams. Practical needs and grieving counselling are included. It aids patients in staying active till death. Palliative care is needed by 40 million patients worldwide, yet only 14% receive it [3]. Over the next several decades, palliative care demand is expected to rise due to changing demographics, longer illness trajectories, and more comorbidities. Even though palliative care is a global priority and a human right, these factors increase the number of patients who need it [4]. Palliative care in Saudi Arabia is young. Even 20 years later, Saudi Arabia lacks palliative care. The MOH launched the Last Phase Initiative as part of Vision 2030's Healthcare Transformation [5]. Cancer is expected to rise five-to tenfold in Saudi Arabia by 2030. The changing demographics reveal that cancer is more common in the middle-aged and elderly, thus this was expected. This presented a great chance for Saudi Arabia's palliative care community to grow countrywide [6]. At this point, patients need palliative care at a facility. Due to the intricacy of end-of-life palliative care, nurses must have at least a basic understanding to offer proper care and treatment. This research aimed to assess critical care nurses' palliative care knowledge.

Palliative care success depends on healthcare providers' knowledge, attitudes, beliefs, and experiences. These factors influence how health care providers evaluate and treat patients and how they behave [7]. After physicians, nurses are the most important palliative care team members since they handle physical, functional, social, and spiritual care [8]. Nurses and other medical staff need greater training to treat pain sufferers, according to many studies. This problem has been attributed to inadequate education, a lack of pain management knowledge in the curriculum, and faculty attitudes and notions about pain [9,10]. The aim of this study is to determine the knowledge of critical care nurses in providing palliative care for patients. This is to specifically to identify the following:

What are the demographic characteristics of respondents:

- Age,
- Gender,
- Years of hospital experience,
- Nationality,
- Highest educational attainment,
- Department of work,
- Participated in a training/seminar in palliative care?

What is the knowledge of nurses in palliative care?

Hypothesis

The knowledge on nurses in caring for palliative patients is moderate. One of the major Middle Eastern states, the Kingdom of Saudi Arabia (KSA), has become the most urbanized during the past 50 years with 2.5 million square kilometers of territory. Saudi Arabia's healthcare system serves a rapidly growing population, putting increasing strain on it. Local and international demand for critical care is rising. The population is ageing, deadly diseases are surviving longer, and surgeries require critical care hospitalization. Previously, many patients had to fly abroad, but today such cutting-edge medical procedures may be provided locally. Some disorders can now be treated to prolong life, resulting in longer ICU stays and a greater demand for critical care

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Received: 27-Dec-2023, Manuscript No. jpcm-23-119150; **Editor assigned:** 29-Dec-2023, PreQC No. jpcm-23-119150(PQ); **Reviewed:** 12-Jan-2024, QC No. jpcm-23-119150; **Revised:** 18-Jan-2024, Manuscript No. jpcm-23-119150(R); **Published:** 25-Jan-2024, DOI: 10.4172/2165-7386.1000602

Citation: Lynn A (2024) Knowledge of Critical Care Nurses in Providing Palliative Care for Patients. J Palliat Care Med 14: 602.

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services and support. Highly skilled doctors and surgeons returned from postgraduate studies at global academic medical institutes to introduce revolutionary therapeutic approaches like bone marrow and liver transplants and aggressive cancer procedures. Treatments and surgeries often require acute care. The global expansion of critical care and the national introduction of advanced medical drugs also contributed to recent critical care medicine advances in KSA. Palliative care can improve quality of life for patients and their families facing medical, psychological, social, or spiritual challenges. The quality of life for carers also improves. Thus, this study is important for assessing nurses' clinical palliative care knowledge. Whatever the outcome of this research study, a plan will be created to improve clinical performance and management in Hail, KSA's health facilities.

Literature Review

Theoretical framework

Watson believes health care should emphasise caring, and transitory conflict under human ideals. Watson feels caring is an ethical principle that supports human dignity. Caring balances mind, body, and spirit for health. "Human-to-human" care techniques encourage self-healing and self-control. Watson believes people deserve respect, caring, nurturing, understanding, and help. Watson's theory contained these key ideas: Spiritual, ethical, and philosophical ideas are based on transpersonal compassion. Palliative care reduces pain for life-threatening illness patients and their families. Patients with life-limiting illnesses who no longer respond to curative treatments get comfort and compassion under palliative care. A multidisciplinary team provides palliative care that meets patients' medical, psychological, social, cultural, and spiritual requirements. Life-threatening disease pain requires scientific and humanitarian treatment to help medical teams treat patients and their families. Palliative care is compassionate. The patient and healthcare professional base their cooperation on their perspectives. Palliative care professionals must recognise that everyone has a unique history and lifestyle. This empathy protects healthcare practitioners against bias. Therefore, they can accept patients without bias. Watson's Theory guides palliative care and other fields in delivering human dignity. Watson's hypothesis applies to other contexts. Assessing patients in their family, society, and culture helps healthcare practitioners adapt and give specialised care. All healthcare providers can collaborate on patient care and intervention planning using essential theoretical notions. These palliative care clinical care plans can use the humanistic relationship structure and tactics, such as respecting the patient's faith, satisfying their needs with intentional care, effective presentations, and love and kindness. Palliative care performances go beyond human-caring. Thus, specific symptom management, mental suffering treatments, and practical solutions based on general principles and study findings are needed.

Palliative care provides comprehensive care to patients and their families after a cure is impossible. Palliative care addresses medical, psychological, social, and spiritual requirements as well as grieving. Palliative care strives to maximise quality of life for patients and loved ones. Palliative care applies to all advanced, progressive conditions, regardless of cause. They also apply to all care settings. Palliative care reduces pain in adult and paediatric patients with life-threatening illnesses and their families, according to the WHO. Patients' and relatives' psychological, social, spiritual, and physical suffering are included. Chronic diseases include cardiovascular disease, cancer, chronic respiratory sickness, AIDS, and diabetes require palliative care. Kidney failure, chronic liver disease, multiple sclerosis, Parkinson's,

rheumatoid arthritis, neurological disease, dementia, congenital impairments, and drug-resistant TB may require palliative care. Two of the most prevalent and significant symptoms of palliative care are pain and respiratory problems. 80% of AIDS, cancer, and 67% of cardiovascular and COPD patients will experience moderate to severe agony at death. To control pain, opioids are essential.

Knowledge of palliative care among professional nurses: In most countries, registered nurses make up the majority of healthcare workers. They care for patients from diagnosis to survivability and death. In economically underdeveloped countries, nurses are often the primary carers. Palliative care delivery teams and systems need nurses due to their prominence in healthcare. Nurses also manage and support patient and family plans throughout palliative care. Nursing is known for its difficulty in providing high-quality palliative care. One issue is nurses' palliative care ignorance. Recent years have seen a paradigm shift in palliative care pain research from biological to behavioral. Thus, current pain research is replacing physical and pathological perspectives with bio-psychosocial ones. Some research show that nurses approach chronic pain from a biological rather than a behavioral standpoint. Nurses who want to give high-quality palliative care must comprehend its holistic aspects. Palliative care needs knowledge of pain management and working well with patients and their families.

Global scale on palliative: Palliative care is growing more important as the world's population ages and cancer rates rise in industrialized and developing nations. The WHO estimates that 20 million dying people need palliative care each year. Of this number, 67% are 60-year-old adults and 6% are youngsters. More than 38% of deaths are caused by cardiovascular illness, 34% by cancer, and 10.3% by chronic respiratory problems. HIV/AIDS kills 5.7% of people worldwide, even though its consequences are harsher in Africa than cancer. Palliative care has moved from local services to preliminary integration into the health care system in China and India, the two most populous nations. However, socioeconomic status causes major inequalities in curative and palliative medicine access. Worldwide, adult cancer rates are growing. The tendency is highest in Western Europe and the Pacific. Some industrialised nations with increased affluence and life expectancies have higher cancer rates due to smoking and inactivity. Cancer rates and deaths are rising in emerging countries with growing populations. These places offer cancer prevention and screening, which may explain why 80% of patients have advanced disease. The case for palliative care in public health is strengthened by considering nations lacking basic health care. 80% of terminally sick cancer patients need palliative treatment. Including the patient's family and other carers doubles or triples the care unit's resources. Eastern Mediterranean, African, Southeast Asian, and Western Pacific children need oncology palliative care more than others.

Methodology

This research was designed as a descriptive-quantitative study to ascertain the knowledge of critical care nurses in providing palliative care for patients. This research took place in Hail Region, Saudi Arabia specifically at government and private hospitals in Hail City. This research study was carried out at a hospital in the City of Hail that provides palliative care to patients. The researcher has provided the following information about the hospital, which includes the type of hospital institution, type of building/floor, the total number of beds, and the total number of nursing staff:

As shown in the table, 2162 hospital nurses have palliative care experience. The researcher works at the hospital and is earning a

master's degree in nursing, making it difficult to collect data from all the nurses in this cohort due to time constraints. Therefore, the researcher computed the sample size using Raosoft software with a 5% margin of error, 95% confidence, and 50% response distribution. 327 persons were sampled. Then the researcher recruited respondents using convenience sampling (Table 1). Hospital nurses who enroll, attend the trial, and care for patients will be considered. The study will exclude nurses on leave, non-bedside nurses, and administrative nurses from data collection. It was submitted to the University of Hail ethics review committee after choosing the research topic. Cooperate with Saudi Arabian hospital officials in the Hail Region to approve this study. Each institution's nurses were subsequently briefed on the research study's goals. The questionnaire Google Form link was provided to responders after they sign the consent form. Any nurses who completed the link were considered respondents. A pilot research on 15 private hospital nurses in the Hail Region verified the instruments' internal consistency before giving them to the target nursing community. The Cronbach alpha reliability study showed reasonable reliability for the survey questions, with an alpha coefficient of 0.82. This study will use. Palliative Care Knowledge Questionnaire-Basic (PCKQ-B) to assess nurses' knowledge. Part 1 of the questionnaire covers respondents' gender, age, years of hospital experience, nationality, highest educational

attainment, department of work, and palliative care training/seminar participation. Part two of the questionnaire was the PCKQ-B, which had 25 items and three options: "0" Do not know, "1" No, "3" Yes. Unknown answers are incorrect. Hospital nurses' responses will be statistically analyzed because the author did not provide a grading system for the PCKQ-B instrument. This will happen regardless of nurses' reactions.

Results and Discussion

This study used particular tests to define anemia in Gaza Strip governmental hospital hemodialysis patients treated with erythropoietin. This section compares this study's results to others. The outcome could inform development processes, decision-maker suggestions, and programmes to aid this group.

Table 2 displays the frequency and percentage of palliative care participants by age, gender, country, education, workplace, occupation, and participation status. Table 2 shows that 188 of the study respondents were aged 20-34, 63.73%, 99 were aged 35-50, 33.56%, and 8 were aged over 50, 2.71%, indicating that the target population is young. About 82 research respondents were male (27.8%) and 213 were female (72.2%). The study sample of 212 Saudi respondents (71.9%) and 83 non-Saudi

Table 1: Hospital nurses have palliative care experience.

Name of hospital	Type of hospital institution	Type of building/floors	Bed capacity	Number of nursing staffs
King Khalid	Government owned	Low-rise	282	360
King Salman	Government owned	Low-rise	173	185
Hail General	Government owned	Low-rise	150	279
Sharaf	Government owned	Low-rise	51	104
Saudi German	Private owned	Low-rise	150	219
Salamat	Private owned	Low-rise	987	1015

Table 2: Frequency distribution of study soico-demographic variables (N=295).

Variable	Category	Frequency	Percent
Age	20-34 Years old	188	63.73
	35-50 Years old	99	33.56
	Above 50 years old	8	2.71
	M= 1.39, SD = 0.54		
Gender	Male	82	27.8
	Female	213	72.2
	M= 0.72, SD = 0.45		
Nationality	Not Saudian's	83	28.1
	Saudian's	212	71.9
	M= 1.72, SD = 0.45		
Level of education	Diploma	33	11.2
	Bachelor Degree	248	84.1
	Post-graduate (Masters/PhD)	14	4.7
	M= 1.94, SD = 0.39		
Work place	Hail General Hospital	47	15.9
	King Khalid Hospital	116	39.3
	King Salman Hospital Specialist	47	15.9
	Salamat Hospital	39	13.2
	Saudi German Hospital	46	15.6
	M= 2.73, SD = 1.31		
Role or Profession	General nurse	77	26.1
	Specialist nurse	218	73.9
	M= 1.74, SD = 0.44		
Participated in a training/seminar in palliative care?	No	126	42.7
	Yes	169	57.3
	M= 1.57, SD = 0.50		

respondents (28.1%). The majority of study respondents (84.1%) had bachelor's degrees, 11 had post-graduate degrees, and 33 had diplomas. Most study respondents worked at King Khalid Hospital (116, 39.3%), followed by Hail General Hospital (15.9%), King Salman Hospital Specialist (15.9%), Salamat Hospital (13.2%), and Saudi German Hospital (15.6%). Of the study's responders, 218 were specialised nurses (73.9%) and 26.1% were general nurses. Most study respondents (169, 57.3%) participated in palliative care training or seminars, while 126 (42.7%) did not.

Strengths and limitations of the study

By promoting education, interdisciplinary collaboration, and supportive policies, healthcare organizations can create a more ethically supportive environment for critical care nurses and enhance the delivery of palliative care.

Conclusion

As 70.2% of research participants agreed, nurses play an important role in the physical aspects of sickness and in referring patients to psychiatrists or other professionals for psychological support. The survey found that most participants supported palliative care for cancer, chronic disease, HIV, heart failure, and life-threatening disease patients. The mean and standard deviation are shown using an independent t-test to investigate the association between participant response and study domains due to sex with a significant value less than 0.05, except for palliative care.

Acknowledgement

Not applicable.

Conflict of Interest

Author declares no conflict of interest.

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