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Assessment of Nurses' Knowledge regarding the Palliative Care at Shaheed Ziaur Rahman Medical College Hospital, Bogura, Bangladesh

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ABSTRACT
Background: *Palliative care is a form of health care designed to relieve distressing symptoms of chronic and terminal illness and promote quality of life. Palliative care (PC) attends to the physical, psychological, social and spiritualrequirements of clients with life-limiting and life-threatening conditions and incorporatesthe care of the patient's family as an essential part of its remit[3]. Cancer is a global and international problem. It is the second leading cause of death worldwide after heart and vascular disease. The history of palliative care began in 1973 in Canada, when Balfour Mount first introduced the term palliative care, stemming from the words to palliate, which means to improve the quality of something[2]. Palliative care meets the need of the individual patient with a focus on quality of life by reducing and eliminating distressing symptoms and side effects of treatment[8]. According to the World Health Organization public health strategy, educating and training are required for safe practice and integrating palliative care into health care systems. Nurses with a low level of PC knowledge are not capable of skillfully assessing patients' needs, effectively communicating with them, and adequately addressing their physical, mental, social, and spiritual problems.* ***Objective:*** *The aimed was to assess the level of nurses' Knowledge regarding the Palliative Care at Shaheed Ziaur Rahman Medical College Hospital, Bogura, Bangladesh.* ***Methodology:*** *This was a descriptive cross sectional study design was used and sample size 120 that was purposive sampling technique followed those who meet the inclusion criteria and to assess the nurses knowledge regarding Palliative Care at Shaheed Ziaur Rahman Medical College Hospital, Bogura, Bangladesh.. The study was conducted from December, 2024 to May, 2025. The instruments for data collection were a semi-structured questionnaire which composed of two parts: Demographic related variables and knowledge based information on Palliative Care.* ***Results:*** *The findings of the present study revealed that theaverage knowledge score 60% were moderate level of knowledge regarding the Palliative Care. Its might be their clinical experiences in different area of selected hospital. A similar study found in India indicated that the majority of nurses 47% had adequate knowledge 33% had moderately adequate knowledge and 20% had inadequate knowledge regarding palliative care[14].* ***Conclusion:*** *This study revealed that the nurses had 60% moderate level of knowledge about palliative care. In this regard, the educational status of nurses and palliative care training were significantly associated factors with the nurses' level of knowledge enriched about palliative care. The provision of quality services on palliative care requires the education and training of nurses in this field.*

Keywords: *Knowledge, Palliative care.*

I. INTRODUCTION

Palliative care is a form of health care designed to relieve the distressing symptoms ofchronic and terminal illness, and promote quality of life. Palliative care services have been introduced and targeted in health care systems over recent years. It aims to manage patients' symptoms, reduce the burden of pain, and improve the quality of life. The need for palliative care is escalating due to increases in the aging population and rates of those living in long-term care and dying of a protracted illness related to chronic diseases [1-3]. Palliative care meets the dual needs of this vulnerable population by helping patients live as actively as possible until they die and assisting their families to cope with illness and bereavement [4]. It is well documented that transitions between care facilities contribute to distress, particularly from the trauma of the physical transfer; the confusion of an unfamiliar setting and care providers; the inability to adequately address the patient's special needs; and the lack of communication about the goals of care [5]. In 2005, the Centers for Medicaid and Medicare Services

(CMS) reported that the cost of potentially avoidable hospitalizations was $3.1 billion [6]. Inadequacy in pain assessment for patients living in long-term care settings is well documented, and palliative care can address this shortfall. It prevents unwanted or inappropriate life-sustaining measures during the final months of life and addresses the concerns of families regarding symptom management and emotional support [7]. One of the greatest benefits of palliative care is the opportunity for patients and their families to have meaningful dialogue about their health care with health care professionals [8]. Current barriers to palliative care in the long-term care setting are: lack of provider knowledge about the principles and practices of palliative care, attitudes and beliefs about death and dying, staffing levels and lack of available time for dying residents, lack of physician support, and privacy for residents and families, families' expectations regarding residents' care, and hospitalization of dying residents. Palliative care education is desperately needed for those working with residents in long-term care settings [9]. However, some of these barriers can be overcome using approaches that embrace enhanced communication, continuity of care, advanced care planning, staff training, and systematic changes in clinical care practice [10]. Nurses are a crucial component of palliative care teams. Overall, the need for palliative care has increased significantly. In the long-term care setting, nurses are the only profession with a 24-hour presence. Nurses act as patient advocates, identify the need for palliative care, and promote action to improve symptom management and quality of life. Additionally, nurses bridge the gap between the healthcare system and patients' support systems, especially during palliative care when patient vulnerability is significant. There are many gaps in the literature related to the effectiveness of educational interventions in long-term care. This study contributed to the growing body of knowledge related to the effectiveness of educational interventions to improve nurses' knowledge and self-efficacy related to palliative care.

II. METHODS & MATERIALS

A descriptive type of cross-sectional study was conducted to assess the nurses' knowledge regarding the palliative care at Shaheed Ziaur Rahman Medical College Hospital (SZMCH), Bogura. The study was conducted from December, 2024 to May, 2025. The target population of the study was selected of all nurses' those who are working at Shaheed Ziaur Rahman Medical College Hospital (SZMCH), Bogura. The total numbers of nurses 1500 were given placement in the hospital in different area and it was famous and biggest government hospital in the northern part of Bangladesh. The selected hospital also provided health care services in related to the study field. The 120 nurses' were selected as sample size of the study from the total population in the study place.

Inclusion Criteria:

- Senior staff nurses those who working in the selected wards of the hospital
- Senior staff nurses willingly to participate in this study
- Senior staff nurses who had at least 6 months working experience in this hospital

Exclusion Criteria:

- Nurses who are not available at the time of data collection
- Nurses are not willingly to participate in this study

Data Collection

A semi-structured questionnaire was developed by the investigators according to the objectives and variables of the study and makes it simple & understandable to respondents for data collection in two parts including demographic details of the sample and knowledge related information of palliative care for 20 questionnaires. The questionnaire was pretested on 10 respondents at 250 bedded Mohammad Ali Hospital, Bogura in a surgery department and gynae surgery department. Pilot study of the questionnaire was done for the purpose of research instrument development and to check the validity, reliability, acceptability of the questionnaire and then necessary correction and modifications was made by expert teacher. The validity and reliability of the instruments were .72 and .78 respectively. The data was collected by the researchers in the workplace, at the most convenient time and date of the participants. The professionals were informed about the aims of the study. Those who agree to participate was asked to sign in the term of Informed Consent. Before collecting the data, written permission will be obtained from the authority of the hospital.Data were collected after obtaining consent forms from every participant and ethical approval was obtained from the ethics committee of the institution.

Statistical Analysis

Collected data was checked, organized and edited manually for verifying the omission, inconsistency and improbability and then put into the master sheet. The simple descriptive statistics were used for analysis. The organized data was analyzed manually by the researchers and tabulated using statistical procedure

according to the variables. Then the results are interpreted in the form of percentage through Table and Figure by Excel (Bar- chart and Pie-chart).

III. RESULT

Table 1 shows that the majority were younger than 40 years, with 70% being under 40 years old, 38% being below 30 years old, and 32% being aged 30–39 years. Most respondents were female (95%) and Muslim (88%), while small proportions were Hindu (7%) and Christian (5%). In terms of marital status, 85% of the participants were married, and 15% were single. Regarding education, more than half (56%) had completed SSC, and 42% held HSC qualifications. Professionally, 54% held a Diploma in Nursing, 42% a BSc in Nursing, and only 4% had an MSc in Nursing/MPH. Over half (52%) had 10–19 years of service, 32% had less than 10 years, and 16% had more than 19 years of service. Almost half (45%) reported receiving special training, while 55% had not. About 68% had heard of palliative care, indicating moderate awareness. However, 80% believed it is meant only for dying patients, reflecting a significant misconception. About 61% agreed that palliative care helps patients express feelings, while 26% were unsure. Concerning family involvement, 35% thought family interferes with care, while 45% were uncertain. A large proportion (72%) believed nurses should not discuss death, whereas 62% agreed that care should include the patient's family. Notably, only 21% thought nurses could help patients prepare for death, while 60% disagreed (Table 2). Table 3 represents only 21% correctly recognized that palliative care is not limited to downhill conditions. While 58% acknowledged its compatibility with aggressive treatment, 57% incorrectly associated it with emotional detachment. Encouragingly, 80% agreed that families should stay beside patients until death, and 63% correctly stated that the extent of disease guides pain treatment. Moreover, 72% identified morphine as the opioid standard, and 87% recognized adjuvant therapies as vital for pain control. Approximately 65% correctly denied a high addiction risk from morphine use, and 82% supported using respiratory-depressing drugs for severe dyspnea. Around 73% understood that chronic pain differs from acute pain, and 71% knew that pethidine is ineffective for chronic pain (Table 4).A majority (60%) demonstrated a moderate level of knowledge, while 20% had a high level, and another 20% exhibited a low level of knowledge (Figure 1).

Table 1: Socio-demographic characteristics of participants (n=120)

Characteristic	Frequency	Percentage
Age (year)		
<30	45	38.00
30 - 39	38	32.00
40-49	33	27.00
>49	4	3.00
Gender		
Male	6	5.00
Female	114	95.00
Religion		
Muslim	105.6	88.00
Hindu	8.4	7.00
Cristian	6	5.00
Marital status		
Single	18	15.00
Married	102	85.00
Education		
SSC	67.2	56.00
HSC	50.4	42.00
Masters	2.4	2.00
Diploma in Nursing	64.8	54.00
BSc in Nursing	50.4	42.00
MSc in Nursing/MPH	4.8	4.00
Duration of Services		
< 10	38	32.00
10 to 19	62	52.00
>19	20	16.00
Special training		
Yes	54	45.00
No	66	55.00

Table 2: Knowledge on Palliative Care (n=120)

Statements	Frequency	Percentage
Heard of palliative care?		
Yes	82	68.00
No	48	32.00
Care is only for dying patients?		

Yes	96	80.00
No	24	20.00
Helps patients express feelings?		
Yes	73	61.00
No	15	13.00
Don't know	32	26.00
Family interferes with care?		
Yes	54	35.00
No	5	4.00
Don't know	61	45.00
Nurses shouldn't discuss death?		
Yes	86	72.00
No	25	21.00
Don't know	9	7.00
Care should include patient's family?		
Yes	75	62.00
No	30	25.00
Don't know	15	13.00
Nurses can help patients prepare for death?		
Yes	25	21.00
No	72	60.00
Don't know	23	19.00

Table 3: Knowledge on Palliative Care Principles & Philosophy (n=120)

Statements	Frequency	Percentage
Appropriate only in a downhill trajectory?		
Correct	25	21.00
Incorrect	65	54.00
Don't know	30	25.00
Requires emotional detachment?		
Correct	68	57
Incorrect	35	29
Don't know	17	14
Compatible with aggressive treatment?		
Correct	70	58.00
Incorrect	36	30.00
Don't know	14	12.00
Family should stay at bedside until death?		
Correct	96	80.00
Incorrect	20	17.00
Don't know	4	3.00
Extent of disease guides pain treatment?		
Correct	75	63.00
Incorrect	38	31.00
Don't know	7	6.00
Morphine is standard for comparing opioids?		
Correct	86	72.00
Incorrect	24	20.00
Don't know	10	8.00
Adjuvant therapies important in pain?		
Correct	104	87.00
Incorrect	14	11.00
Don't know	2	2.00
Drowsiness may reduce sedation?		
Correct	86	72.00
Incorrect	30	25.00
Don't know	4	3.00

Table 4: Knowledge on Pain Management & Analgesics (n=120)

Statements	Frequency	Percentage
Drug addiction risk with long-term morphine?		
Correct	78	65.00
Incorrect	14	11.00
Don't know	28	24.00
Respiratory-depressing drugs ok for severe dyspnea?		
Correct	98	82.00
Incorrect	18	15.00
Don't know	4	3.00
High-dose codeine cause more nausea/vomiting?		
Correct	81	68.00

Incorrect	34	28.00
Don't know	5	4.00
Chronic pain differs from acute pain?		
Correct	88	73.00
Incorrect	20	17.00
Don't know	12	10.00
Pethidine not effective for chronic pain?		
Correct	85	71.00
Incorrect	30	25.00
Don't know	5	4.00

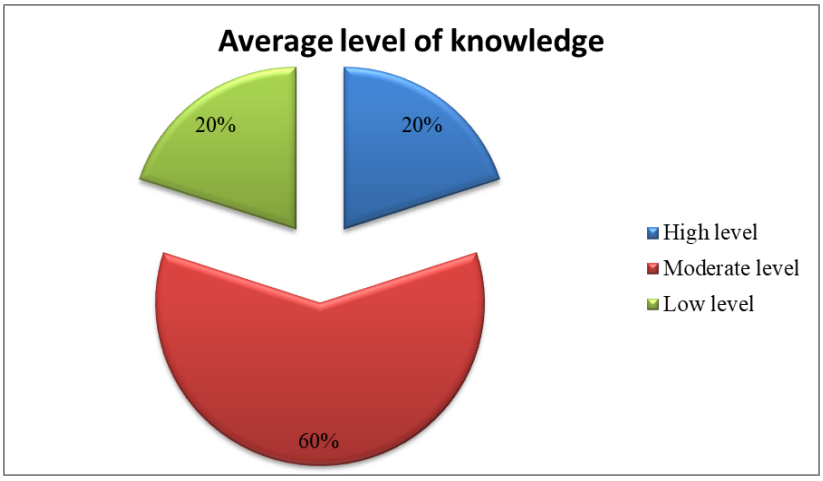

Figure 1: Average level of knowledge (n=120)

IV. DISCUSSION

Palliative care is a type of healthcare focused on alleviating the troubling symptoms of long-term or terminal illnesses while enhancing patients' overall quality of life[1]. In this study, results found that the maximum respondents 38% were within < 30 years of age, and the mean age of the respondents was 32.6 years. There were 95% were female, 88% were Muslim. Moreover, the highest 52% were duration of working services, and 55% answered No for special training among the respondents. Similarly, Ayed et al. revealed that the majority of 74% were within the age of 20 - 30 years, in contrast, 69% were male, and the majority 58% were BSc in nursing/PHN of the highest professional education. The majority of nurses 56% had less than 5 years of experience, with only 54% indicating more than 5 years of nursing experience, and nearly a similar they had received training of the respondents had obtained 59% [11]. A study revealed that the 59% were aged about 30 years, 54% were male 73% had a BSc in nursing/PHN of the highest professional education, and 39% had less than 5 years' clinical experience [12]. According to Parveen et al. stated that 22.7% were in the age group of 18-25, 14.9% of nurses were in the 35-45 years, and 5.2% were male, while 94.8% were females. The marital status indicates that 39% were married and 61% were single. The experience indicated that 9.7% had experienced up to 1 year, while 43.5% were under 1-5 years, 39.6% were between 6-10 years, and the remaining 7.1% had an experience of more than 10 years. The professional qualification indicated that 85.1 % were Nursing diplomas, 14.3% were BSc in nursing/PHN of the highest professional education, and 6% were MSN (Master's in nursing science) [13]. The main findings of the current study regarding the palliative care revealed that the average level of nurses' knowledge regarding the palliative care 20% were high level of knowledge, 60% were moderate level of knowledge and 20% were low level of knowledge regarding the palliative care. These results may be due to their clinical experience. Shah et al. indicated the majority of nurses, 47% had adequate knowledge 33% had moderately adequate knowledge, and 20% had inadequate knowledge regarding palliative care [14].Assessing nursing knowledge is also important because knowledge plays a causal role in attitude or behavioral consistency [15]. To the contrary, this study's findings in Kassa et al showed that 30.5% of nurses had good knowledge [16]. Another study found that Thai general physicians were more knowledgeable, at 55.7%, compared to the 50.0% in this study. The low level of nurses' knowledge about palliative care in this study could also be associated with the lack of specific palliative care units in Palestine. The difference may be due to a lack of updated information regarding palliative care, and this might be due to the fact that PC education was not incorporated into either diploma or degree curricula. On the other hand, Palestinian nurses, particularly those who work in bedside care, are overworked because of the nursing shortage in the nursing staff [17]. Moreover, Redman et al. found in developed countries like Australia and New Zealand, where palliative care is common and is frequently identified as a professional requirement for nurses [18].

Limitations of the study: This study was conducted at a single hospital, Shaheed Ziaur Rahman Medical College Hospital, Bogura, with a small, localized sample, limiting the generalizability of the findings. The absence of a standardized tool for assessing practice and the unavailability of dedicated palliative care units restricted the evaluation of nurses' actual practice. Future large-scale studies with larger, purposively selected samples from diverse settings are recommended to obtain more generalizable results and better understand palliative care knowledge and practice in the health sector.

V. CONCLUSION

This current study revealed that the nurses had 45% moderate level of knowledge about palliative care. In this regard, the educational status of nurses and palliative care training were significantly associated factors with the nurses' level of knowledge about palliative care. The provision of quality palliative care services requires the education and training of nurses in this field. Moreover, individuals' satisfaction with life is expected to increase nursing care quality and satisfaction levels of patient or their relatives. There is also a need for clinical guidelines that can be prepared to facilitate the work of palliative nurses and ease their emotional burden. Therefore, there should be incorporation of palliative care in the nursing curriculum. Furthermore, palliative care training and continuous education should be given regularly for nurses to improve their knowledge about palliative care.

Based on the findings, it is recommended that future studies replicate and expand this research across larger and diverse settings while implementing regular, structured education and training programs to enhance nurses' knowledge and competency in palliative care.

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