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The Role of Nurse in Palliative Care in Tertiary Care Hospital

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Abstract

Palliative care is specialized, holistic care focused on enhancing the quality of life for patients with serious illnesses by managing pain, symptoms, and emotional, spiritual, and psychosocial needs.

Methodology: This is a descriptive cross-sectional study to assess the role of nurses in palliative care across tertiary hospitals in Karachi, Pakistan. A stratified random sample of 123 registered nurses with at least one year of clinical experience participated. Data collected captured nurses' practices, perceptions, and challenges, representing diverse healthcare settings, including oncology and geriatrics departments. **Result:** This study was conducted in Karachi, Pakistan, with 123 nurses (92% response rate) from oncology, geriatrics, and ICU departments. Most were female (70%) with a mean age of 31 years. While 78% showed good knowledge of palliative care, 84% had positive attitudes. Common practices included pain management (68%), but barriers included insufficient training (58%) and resource limitations (35%). **Conclusion:** This study emphasizes the very important role played by nurses while providing palliative care in the hospitals of Karachi, Pakistan. A majority of nurses showed good knowledge and positive attitude, but significant barriers hinder effective care delivery, such as lack of formal training, lack of adequate manpower, and insufficient resources. Comparisons with national and international studies suggest similar challenges pointing to the same need for an improvement in systemic changes and education at the level of palliative care. Addressing these barriers through targeted training, policy support, and resource allocation can align local practices with global standards, thus improving the quality of life for patients with serious illnesses in Pakistan.

Key words: Nurse, palliative care, tertiary care hospital

Introduction

Palliative care is an important element of health care that seeks to improve the quality of life of patients with severe illnesses [1]. The International Association for Hospice and Palliative Care (IAHPC) defines palliative care as "the active, holistic care of people of all ages who are suffering from severe illness and are nearing the end of their lives" [2]. The World Health Organization reported that each year 56.8 million people need some kind of palliative care worldwide. Of these, 25.7 million are those at the end-of-life. However, globally, only 14% of people with the need for palliative care can receive it. Early palliative care has reduced hospitalizations and healthcare service utilization while improving patient outcomes [3]. Palliative care has become a critical aspect of modern medical practice over the years, as it improves the general therapeutic experience of patients (3). Palliative care is mainly through nurses, who appropriately use their educational preparation to evaluate patients and their families with the goal of obtaining the most comfort, effective pain management, and relief from distressing symptoms [4]. Spirituality is one of the significant aspects of palliative care. Mostly, the spiritual source becomes strength, comfort, and a kind of faith, giving the patients hope in challenging their difficulties or situations, especially during dangerous diseases such as cancer, thereby enhancing well-being [5]. On the other hand, in the cancer case, active cancer treatments become possible through the intervention of oncology nurses for most of those seriously ill. In general, many patients require palliative care services [6]. For instance, a UK-based study indicated that an older population with complex conditions is living longer, and health professionals should be trained appropriately at undergraduate levels. This training would equip them with the ability to identify when a patient is approaching the end stage of life and to communicate appropriately with patients and their families. However, discrepancies have been identified in current training programs that may potentially limit the healthcare providers' ability to deliver effective end-of-life care [7]. In Pakistan, palliative care is a relatively new discipline, and the general lack of awareness poses a significant barrier in establishing a public health initiative for palliative care [8]. Despite these hurdles, nurses can provide quality palliative care by establishing the highest comfort and support of the patients [9]. The aim of this study was to evaluate the role of nursing in providing palliative care in hospitals in Karachi, Pakistan, by questioning their knowledge, attitudes, and practice, identifying barriers that prevent the delivery of effective care, and discovering the effect of professional experience and training. The purpose of the study was to highlight challenges and areas for improvement in palliative care services to enhance the quality of life for patients with serious illnesses, contributing to the development of evidence-based strategies for better care delivery in the region.

Methodology

This study adopted the descriptive cross-sectional approach to establish the roles of nurses in providing palliative care services in hospitals. The adoption of this design allowed collecting data at a single point in time, thereby making it possible to assess nurses' practices, perceptions, and challenges regarding the delivery of palliative care services. This study was conducted in tertiary care hospitals located within Karachi, Pakistan, where nursing professionals practice in various healthcare settings. The target population included registered nurses who had served in the clinical practice of at least one year and were practicing currently in hospital settings offering the same service. Those who consented and were willing to participate in the study were recruited for it. The participants consisted of 123 nurses who were sampled through stratified random sampling. The population was stratified along variables like years of experience, work setting, and department, that is, oncology, geriatrics, etc. The members were then selected randomly from

every stratum so that a fair sample is guaranteed. The questionnaire was prepared with the help of a literature review. Structured questionnaires were used, which included demographic data, as well as knowledge, attitudes, and practices about palliative care in the in-depth interviews. Perceptions and barriers in delivering palliative care were also measured through Likert-scale items. Semi-structured interviews were carried out with a sample of participants to elucidate their qualitative experience and the issues they met in palliative care. Approval for the study was taken from the institutional review board, and written informed consent was obtained from all participants. Paper or electronic questionnaires were used. Interviews were conducted by audio-recording with the respondent's permission. Descriptive statistics: Means, frequencies, and percentages were used to summarize demographic characteristics, knowledge, and attitudes. Inferential statistics, for example, chi-square tests and t-tests, were used to determine if relationships existed between variables - the impact of years of experience on knowledge. Qualitative data transcribed from the interviews were then analyzed using thematic analysis, along with coding to indicate the key themes and patterns identified. Ethical considerations were an integral part of the study itself, including confidential treatment of the participants, volunteerism, and the aggregation of results to hide identities.

Result

The purpose of the study was to examine the role of nurses in delivering palliative care in hospitals in Karachi, Pakistan. The sample consisted of 123 nurses with a response rate of 92%. Participants included nurses from different departments, such as oncology, geriatrics, and intensive care units. Most participants were female (70%), and the mean age was 31 years with SD = 5.2. Most of the participants (62%) had 1–5 years of experience in palliative care, while 25% had 6–10 years, and 13% had more than 10 years of experience showed in table 01.

Table 1: Demographic Characteristics of Participants (n = 123)

Gender		
Female	86	70
Male	37	30
Age (years)		
20–30	54	44
31–40	48	39
Above 40	21	17
Experience in Palliative Care (years)		
1–5	76	62
6–10	31	25
Above 10	16	13
Department		
Oncology	45	37
Geriatrics	33	27
ICU	25	20
Others	20	16

Knowledge of palliative care

The table 02 revealed that 78% of nurses have good knowledge concerning palliative care principles such as managing pain, the relief of symptom, and at end-of-life, communicating. Further, nurses working with more than 5 years of practice had a considerably high score over questions related to knowledge compared with the less experience nurse ($p < 0.05$).

Table 2: Knowledge of Palliative Care

Understanding of pain management	101	82
Principles of symptom relief	95	77
Communication during end-of-life care	87	71
Total good knowledge score (Overall Knowledge $\geq 75\%$)	96	78

Attitudes Towards Palliative Care:

Approximately 84% of the nurses had positive attitudes toward palliative care showed in table 03. They regarded this form of care as indispensable for enhancing the quality of patients' lives, especially for those with terminal illnesses. However, 16% expressed concerns about the emotional toll associated with providing such care, especially when the pediatric and elderly cases were involved.

Table 3: Attitudes Toward Palliative Care

Palliative care improves quality of life	104	84
Providing palliative care is emotionally fulfilling	92	75
Emotional burden makes palliative care difficult	20	16

Palliative Care Practices:

The study further pointed out that 68% of nurses consistently adopted patient-centered communication, pain control, and psychological care as part of their palliative care practices. On the contrary, 32% faced a barrier in full-scale care because of lack of time, or unavailability of resources, or insufficient training.

Table 5: Palliative Care Practices

Patient-centered communication	84	68
Pain management	76	62
Psychological and emotional support	69	56

Common Barriers to Effective Palliative Care:

The most frequent barriers included the following:

- The nurses lacked any formal education about palliative care in undergraduate curricula (58%).
- Staffing was deficient and patient-to-nurse ratio was too high (47%).

- Limited availability of pain-relief medications (35%)
- Cultural and familial challenges in discussing end-of-life issues (28%).

Table 4: Barriers to Effective Palliative Care

Lack of formal training during education	71	58
Inadequate staffing and high patient-nurse ratios	58	47
Limited availability of pain-relief medications	43	35
Cultural and familial challenges	34	28

Discussion

This study explored the role of nurses in providing palliative care in hospitals in Karachi, Pakistan, focusing on their knowledge, attitudes, practices, and barriers to effective care. The findings indicated that 78% of nurses demonstrated good knowledge of palliative care principles, which aligns with a study conducted in India reporting that 75% of nurses had adequate knowledge after targeted training [10]. For example, a survey conducted in Iraq revealed that 74% of nurses had good knowledge about end-of-life care [11]. However, compared to a study in the United States, where over 90% of nurses were found to have extensive knowledge due to advanced training programs, the knowledge level of nurses in Karachi was relatively lower, highlighting the need for more robust education in palliative care [12]. In attitudes, 84% nurses in this survey possessed positive opinions toward palliative care, which was consistent with the similar study in Lahore, Pakistan, where 80% of the nurses averred that the quality of life for their patients is much improved [13]. Studies across the world have even higher positive attitudes. For example, study conducted in the United Kingdom indicated that 92% of the nurses considered that palliative care is very important for promoting patient comfort [14]. It is perhaps the cultural and systemic challenges in Pakistan that the respondents in this study often referred to as an explanation for relatively low positive attitudes. The practices of nurses in this study found that 68% of nurses normally engaged in patient-centered communication and pain management, which is marginally low than a study reported in Iran with 74% of nurses commonly taking such practices into their care [15]. This may be attributed to various reasons since 47% of participants reported resource limitations and inadequate staffing in Karachi hospitals. Globally, the resource-rich settings have shown a higher rate of practice of palliative care, indicating the need to overcome structural barriers [16]. Identified barriers in this study, such as lack of formal training (58%) and fewer resources available (35%), were in line with those reported by national and international studies. For example, a study conducted in Islamabad reported the lack of formal education as one of the major problems [17]. International studies, such as the one conducted in South Africa, reported similar barriers, such as inadequate staffing and resource constraints [18]. Overall, this study highlights the significance of incorporating total palliative care education into curricula and making systemic changes to streamline care delivery. Efforts that align local practice with international guidelines could significantly raise the quality of palliative care services in Karachi, Pakistan.

Conclusion

This study emphasizes the very important role played by nurses while providing palliative care in the hospitals of Karachi, Pakistan. A majority of nurses showed good knowledge and positive

attitude, but significant barriers hinder effective care delivery, such as lack of formal training, lack of adequate manpower, and insufficient resources. Comparisons with national and international studies suggest similar challenges pointing to the same need for an improvement in systemic changes and education at the level of palliative care. Addressing these barriers through targeted training, policy support, and resource allocation can align local practices with global standards, thus improving the quality of life for patients with serious illnesses in Pakistan.

Conflict of interest

The authors declare no conflict of interest.

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