

Nurses Knowledge and Attitudes towards Pain Management in Palliative Care Situations: A Mini Review

Bayan Al-khazlleh¹, Mohammed AlBashtawy^{2*}, Abdullah Alkhawaldeh³, Sa'd AlBashtawy⁴, Hasan Alkhawaldeh⁵ and Zaid AlBashtawy⁶

¹Registered Nurse (RN), MSN Student, Critical Care Nursing, Princess Salma Faculty of Nursing, AL Al-Bayt University, Jordan

²Professor, Princess Salma Faculty of Nursing, AL Al-Bayt University, Mafraq, Jordan

³Assistance Professor, Princess Salma Faculty of Nursing, AL Al-Bayt University, Mafraq, Jordan

⁴Faculty of Medicine, Hashemite University, Zarqa, Jordan, Jordan

⁵Teacher Assistant, Department of Physical Therapy, Jordan University of Science and Technology, Irbid, Jordan

⁶Faculty of Medicine, Yarmouk University, Irbid, Jordan

***Corresponding Author:** Mohammed AlBashtawy, Professor, Princess Salma Faculty of Nursing, AL Al-Bayt University, Mafraq, Jordan.

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Abstract

Pain management is a critical priority since untreated pain harms patients as depression, impedes their reaction to care, and has a detrimental influence on the standards of living. This review aims to evaluate nurses' knowledge and attitudes towards pain management in palliative care. A literature review of relevant work was performed by searching a variety of data bases: PubMed and Science Direct. The findings revealed knowledge deficit but favorable attitudes toward palliative care among nurses. Education and the clinical experience of nurses in palliative care influenced their knowledge and attitudes toward palliative care. With regards to knowledge, nurses were poorly educated, but their attitude to pain management was good. The public health care strategy should concentrate on palliative care which should be included in the national nursing educational system.

Keywords: Knowledge and Attitude; Nurse; Pain Management; Palliative Care

Introduction

Due to the world's aging society, and rising of cancer and other non-communicable diseases, the need for palliative care is expanding quickly. Palliative care aims to maintain the highest patient's quality of life and their families who face a life-threatening disease problem [1]. Nurses will meet individuals who need palliative or end-of-life treatment, regardless of their job environments. Not only because they spend the most time with patients, but also because of the positions they perform, nurses form an integral component of the palliative care staffs [2]. To engage efficiently in the providing of palliative care, nurses need to be trained in applying the nurse connection as the basis for fulfilling the patient's physical, moral, and psychological aspects; symptom management and patient and family awareness and coordinating the atmosphere of patients to reduce the loss of control [1].

A productive nurse-patient partnership requires nursing care to have attitudinal, emotional, and holistic aspects that go well beyond medical procedures and practices. This enables nurses to have a mix of equally responsive, significant, and flexible expertise, skills, and positive attitudes [3]. Among both medical schools and health care facilities, palliative care concerns are, however, poorly treated. This has contributed to a lack of awareness among nurses about palliative care, which is an obstacle to adequate palliative care [1]. Not only,

the lack of preparedness of nurses for palliative care impact their palliative care work, but it is also a cause of stress, tension, and exhaustion. Also, the attitude of nurses towards caring for dying patients impacts their capacity to care for and engage with patients and families suffering these problems [2,4-18].

Aim of the Study

This review was carried out to examine studies that explored the knowledge and attitudes of nurses for palliative care services.

Methods

Search methods

An electronic searching was performed using a variety of scientific data bases: PubMed and Science Direct. The relevant keywords used were: “Knowledge and Attitudes”, “Nurses”, “Pain Management”, “Palliative Care”.

Inclusion criteria were: (a) studies published in English, (b) studies published between 2010 and 2020, (b) discussed the topic of knowledge and attitudes of nurses for palliative care services. While, the studies involving health practitioners other than nurses, as well as letters, books, and thesis documents were excluded.

Search outcome

The examination of PubMed and Science Direct databases providing a total of 300 references. When adjusting for duplicates 260 stayed. Of these, 200 studies were unwanted since when appraising the abstracts, it looked that these studies obviously did not encounter the inclusion criteria. Ten other studies were discarded as the study full text was not accessible or the study could not be practicably translated into English. The remaining 50 full text references were inspected in further details. It seemed that these studies met the inclusion criteria as described and were included in the review. See flow diagram figure 1.

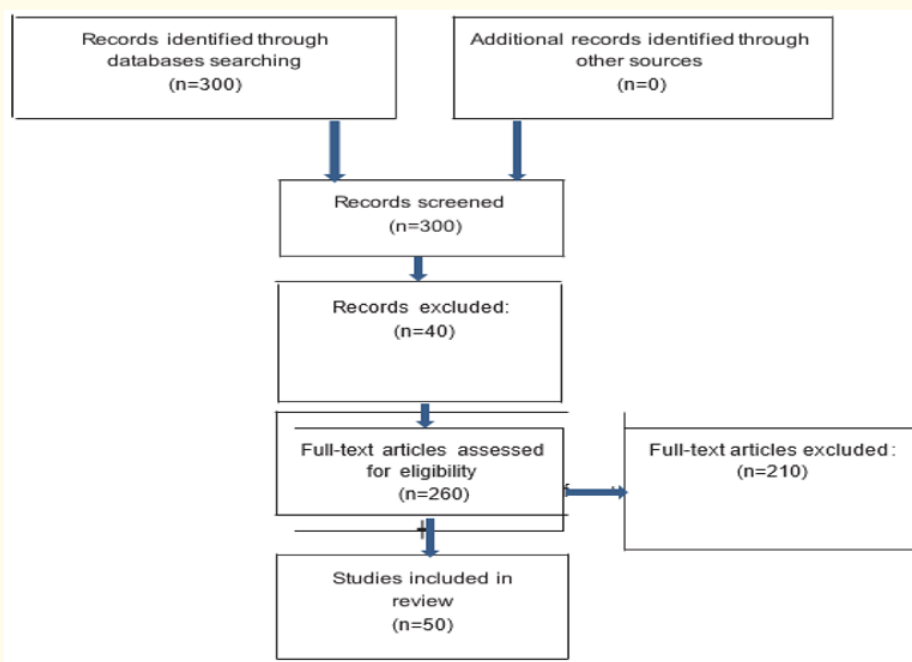


Figure 1: Flow of data through the different stages of the review.

Result and Discussion

Many studies examined pain control and palliative care knowledge and attitudes of nurses from different countries. A descriptive, cross-sectional study aimed at evaluating the knowledge and attitudes of among 96 nurses' staff work full time in ICU, ER, medical wards, and surgical wards at four health facilities in Palestine. Using a self-administrative questionnaire which was developed by researcher, the data showed that 20.8 percent of nurses had good general palliative care knowledge, 59.4 percent had palliative care expertise, and 6.2 percent of nurses had a good attitude towards pain management. There was a significant difference between the skills, experience, and training of nurses in palliative care and palliative care knowledge [19]. In Ghana, a study investigated the knowledge, attitude, and practices of nurses in 4 selected health facilities about pain management. An adapted version of the Nurses Knowledge and Attitudes Survey Regarding Pain instrument was used to assess the data from nurses and midwives, who practiced a surgical patient for at minimum 6 months or more and work in the nominated hospitals the findings indicated that nurses had knowledge deficiencies about pain control in the 4 health facilities. Eighty-one nurses, representing 48 percent, lacked knowledge of postoperative pain control. However, nurses did have positive attitudes towards pain control [20].

Another cross-sectional study was conducted to examine the knowledge and attitudes of Saudi nurses towards pain management using the knowledge and attitudes survey (KAS). Data revealed that half of the 300 nurses have registered no prior pain training. Of the overall correct responses, the average was 18.5 out of 40. A significant difference in average was identified by gender; females had a higher average value than males, but no substantial variations were reported for access to educational background on pain [21]. While, in Jordan a study used the Knowledge and Attitudes Survey found that 135 nurses employed in oncology units had acceptable knowledge and attitudes towards the treatment of cancer pain [22].

Also, in more developed countries, many studies assessed the explored the knowledge and attitudes of nurses regarding pain management. A study was conducted to evaluate the knowledge level and approach types amongst 286 Italian nurses dealing with pain treatment. The data were gathered using the Knowledge and Attitudes Survey Regarding Pain (KASRP). The findings have shown that nurses serving in sub intensive care units were more likely to display optimistic attitudes towards pain control than those working in normal departments, whereas the chances of getting a sufficient degree of knowledge were greater amongst nurses in intensive care units than those in normal departments. The data demonstrates a generally low level of knowledge among nursing staff in the evaluation and treatment of pain [23].

In Ireland, a study explored the knowledge and attitudes regarding palliative care for dying patients among 61 nurses caring for elderly patients in one rural area. The study used combining two surveys: the palliative care quiz for nurses (PCQN) and the thanatophobia scale (TS). The data confirmed that increasing years as a registered nurse may enhance palliative care knowledge and attitudes towards caring for the dying. Also, as opposed to nurses who had not undergone the program, nurses who achieved the European degree in essential palliative care had a deeper knowledge of palliative care [24].

A recent cross-sectional study was conducted among 141 nurses who treat patients with congestive heart failure, stroke, end-stage renal failure, and end-stage liver problems, the knowledge, attitude, trust, and educational needs of palliative care were characterized; and the associations among these variables were investigated, and factors that affect the confidence of nurses to palliative care were identified. The findings showed that the level of palliative care knowledge of nurses was poor and that their attitude to palliative care was medium. Knowledge was also significantly associated with attitude [25].

Regarding student nurse's knowledge and attitudes about the evaluation and treatment of pain. A recent study using the Knowledge and Attitudes Survey Regarding Pain, revealed that most of the student's nurses did not have sufficient pain assessment and management knowledge and favorable attitudes [26].

Additionally, a study aimed at enhancing the knowledge, attitudes, and behaviors of oncology nurses in palliative care by offering a palliative care professional education course. After the application of the educational intervention for knowledge, attitudes, and behaviors, the findings demonstrated a statistically meaningful difference [27]. Another study has been conducted to assess if a program in ICU palliative care was related to improvements in the knowledge, attitudes, and behaviors of palliative care among respondents [28]. Participants reported the knowledge and skills needed to implement palliative care, but were hindered by institutional obstacles [29-39].

Many studies were conducted in Jordan [40-56]. However still there is a great need to conduct studies that focus on knowledge and attitudes of nurses towards pain management in palliative care situations. Based on the literature [57-70], It is recommended to consider pain management in continuous education and in nursing curricula

Finally, using the Palliative Care Quiz for Nursing (PCQN), and the Frommelt Attitudes Towards Care of the Dying (FATCOD) questionnaire, a descriptive, cross-sectional indicated that among the most commonly reported factors that significantly affected knowledge and attitudes of nurses towards pain management and palliative care were experience, training, education and gender [71].

Conclusion

The need for palliative and end-of-life medication are keeps growing. To satisfy growing demand, nurses require new skills, expertise, and liberal perceptions. Moreover, pain is multifaceted and so, patients seek timely healthcare treatment. If insufficiently evaluated and uncontrolled, pain can have a detrimental effect on the patient's quality of life.

The key observation of this study is that there is generally low knowledge but a positive attitude towards treatment among nurses for terminally ill patients, suggesting that knowledge has not greatly affected the attitudes of nurses. Inadequate knowledge is an indicator of insufficient consideration of this context during nursing education and continuous career development in the palliative care curriculum.

Extensive palliative care is strongly advised to be included in the curriculum for palliative care hospital staff. Pain and symptom control should be prioritized by palliative care education. The palliative care preparation and nurses' medical education of palliative care have impacted their palliative care knowledge and attitudes.

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