

Awareness, Knowledge and Attitude about Palliative Care, in General, Population and Health Care Professionals in Tertiary Care Hospital

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Abstract

Introduction: Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening terminal illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual (WHO, 2002). An attempt was made to study about the knowledge, attitude, and awareness about palliative care in a tertiary hospital by questionnaire study.

Materials and Methods: A cross-sectional study, conducted at a tertiary care hospital, Chennai. A structured questionnaire was provided to the general population attending the outpatient department and the health care providers including doctors, dentists, and staff nurses. Their awareness, knowledge and attitude toward palliative care were assessed by the answers provided by them.

Results: The awareness and knowledge were very poor among general population when compared to health care providers. Among the health care providers, there was no statistical significance among staff nurse, dentists and medical professional. Both the general population and health care providers were empathetic toward treating sufferers in palliative care and wanted the sufferers to die with dignity until their last.

Conclusion: Awareness and knowledge need to be improved in palliative care especially among general population hence utilization of palliative care could be maximized thereby providing a good quality of life by the sufferers and their families until the end of the journey.

Key words: Attitude, Awareness, General population, Health care professionals, Knowledge, Palliative care

INTRODUCTION

The most countries of the world are experiencing a health transition from communicable diseases to non-communicable diseases. In India too, non-communicable disease has become a major public health challenge, and chronic disease accounts for 53% of all deaths and 44% of disability-adjusted life years lost.¹ With a crude death

rate of 6.24/1000 and a population of more than a billion, and total no of people dying every year in India is about 7 million and the majority of them die in misery. The palliative care is an approach that improves the quality of life of these patients and their families facing the problems associated with life-threatening illnesses through prevention and relief of suffering by addressing physical, psychosocial, and spiritual issues.² According to the WHO estimates more than 4 million people will benefit from palliative care. <1% of those who need palliative care services have any access to such services in the country. Moreover, the knowledge awareness of palliative and attitude of people referring them to palliative care toward palliate care is very minimal as per various studies hence the aim and objective of my study was to know about the awareness, knowledge and attitude toward palliative care

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by both health care providers and general population.³ It is a comprehensive approach where teams work together as one namely family members, palliative care providers, nursing assistants, social workers, physiotherapists, hospice chaplains, volunteers and community to relieve, and ease the pain (physical, mental and spiritual) of the sufferer and offer a support system until their end of life.⁴

MATERIALS AND METHODS

Semi-structured self-designed questionnaires were given to the general population as well as the health care providers attending Meenakshi Ammal Dental College and their awareness, knowledge and attitude toward palliative care was assessed. The questionnaire was tested for its validity and reliability by pilot testing. The study period is from April to June month of 2014, and there were no ethical issues involved. Informed consent was got from the study population in their native languages to avoid language bias. The sampling size was determined by the statistician and sample group consists of both general public and health care professionals (30 staff nurses, 50 dentists and 20 medical practitioners) representing 100 in number in the fields of Medicine and Dentistry and 100, in general, population. The questionnaires were separately given to general population as well as health care providers and their overview of awareness, knowledge and attitude of both groups were assessed. Data were analyzed using SPSS version 15. Chi-square test was used to evaluate the results in both categories (health care providers and general population).

RESULTS

The study group consisted of 100 in general population 100 in health care providers (staff nurses, Medical practitioners and Dentists) and a random sampling method was done. The age group varied from 19 to 62 years in general population, whereas all personnel were between 30 and 50 years in health care providers group. 72% of the general population were males, whereas 44% were males in health care providers. Awareness about palliative care was significantly more in the health care providers group (74%) compared to the general population which was only 20% similarly knowledge regarding services offered and time to intervene (early/late) was very much inadequate in general population than in health care providers. Unfortunately, only 9% of general population and 38% of health care providers were opting to start palliative care early. Interestingly the empathy among general population and health care providers were in par with each other to help the sufferers by providing them physical and emotional support, but only few in both groups were willing to

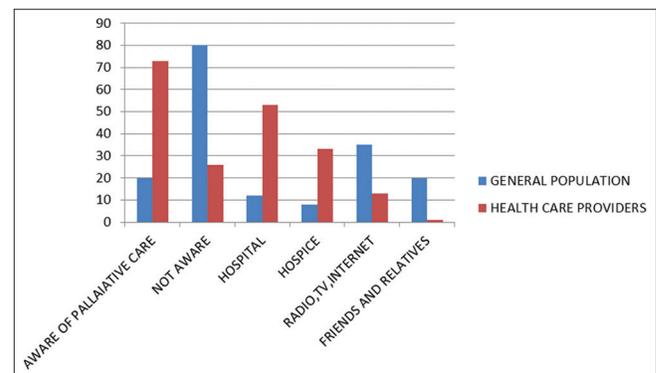
provide financial support. Hence, more awareness and knowledge should be imparted to general population from government and health care professionals by conducting awareness programs to identify and offer palliative care to improve the quality of life.

Awareness

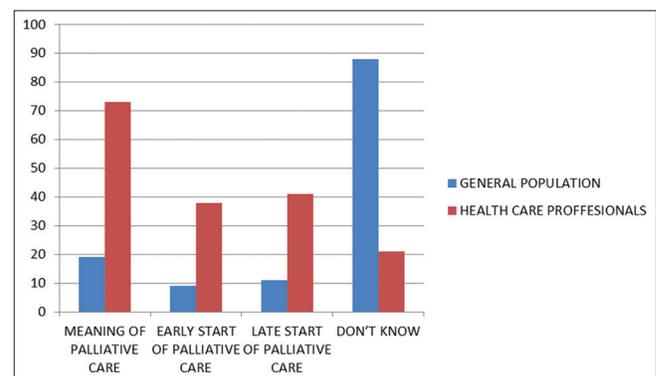
Awareness about palliative care was significantly more in the health care providers group (74%) compared to the general population which was only 20%. There was no statistically significant difference among the awareness of palliative care in the different subgroups of health care providers. The media through which awareness was imparted to the health care providers was through cancer hospital (53%) and hospice (33%), whereas through internet (35%), friends and relatives (20%) in the general population (Table 1 and Graph 1).

Knowledge

Knowledge regarding services offered and time to intervene (early/late) was very much inadequate in general population than in health care providers. Unfortunately, only 9% of general population and 38% of health care providers were opting to start palliative care early (immediately after the diagnosis of terminally ill disease is made), whereas the majority of the population in both the groups did not know about early intervention (Table 2 and Graph 2).



Graph 1: The awareness of palliative care in general population and health care professionals



Graph 2: The knowledge in palliative care by general population and Health care professionals

Table 1: Results regarding the awareness of palliative care in general population and health care professionals

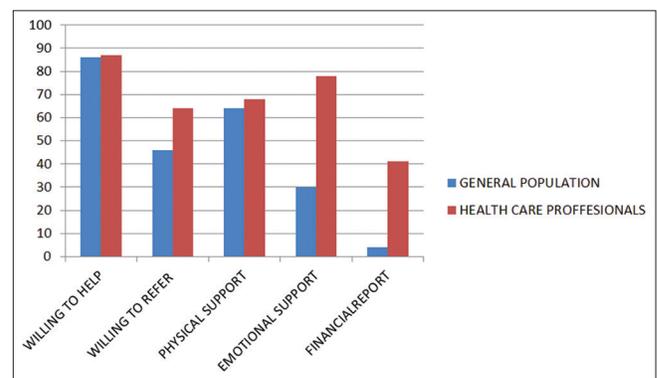
Questions asked about	Health care providers							
	General population		Staff nurses		Medical practitioners		Dentists	
	M	F	M	F	M	F	M	F
Are they aware of palliative care?								
Aware	15	5	1	22	8	6	14	23
Not aware	57	23	1	6	2	4	4	9
Media through which they learnt about palliative care								
A) Hospital	8	4	1	11	8	6	6	21
B) Hospice	3	5	0	12		2	10	9
C) TV, radio, internet	15	20	0	5	2	2	2	2
D) Health education materials	12	8	1	0				

Table 2: Results regarding the knowledge about palliative care by general population and health care professionals

Questions asked about	Health care providers							
	General population		Staff nurses		Medical practitioners		Dentists	
	M	F	M	F	M	F	M	F
What is the meaning of palliative care								
Don't know	4	15	1	19	8	7	16	22
Time to start palliative care								
Early?	68	13	1	9	2	3	2	10
Late?	6	3	1	16	7	6	3	5
Don't know	6	5	1	6	2	2	10	20
Don't know	60	22	6	6	1	2	5	7

Attitude

Attitude is a paramount feature in utilizing the facilities provided. Interestingly the empathy among general population and health care providers were in par with each other to help the sufferers by providing them physical and emotional support, but only few in both groups were willing to provide financial support. Even though qualities and services provided were known by both the groups, referral to palliative care centers was not done by general population and health care providers (Table 3 and Graph 3).



Graph 3: The attitude toward palliative care by general population and health care professionals

DISCUSSION

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.^{4,5}

It is an humanitarian need worldwide for people with life-limiting diseases including cancer, other non-communicable diseases and communicable diseases like HIV/AIDS^{4,6} have pain, other symptoms and psychosocial distress which can dramatically decrease quality of life, place a burden on the family's economy and there is little chance

of cure.⁴ The palliative care services is an exclusive form of holistic treatment which interconnects both sufferers and their families with doctors at hospitals, home based care (maintaining a standard of care at the place of stay for a bedridden patient, through family/community empowerment, and/or home visits by trained teams; usually inclusive of a nurse) as well as the community irrespective of age/religious differences/social status. Ideally, palliative care services should be provided from the time of diagnosis of life-threatening illness, adapting to the increasing needs of cancer patients and their families as the disease progresses into the terminal phase. They should also provide support

Table 3: Results regarding the attitude of palliative care in general population and health care professionals

Questions asked about	Health care providers								
	General population		Staff nurses		Medical practioners		Dentists		
	M	F	M	F	M	F	M	F	
Willingness to help to those suffering?									
Yes	63	23	0	2	8	7	15	28	
Not answered	9	5			2	3	3	4	
Willing to refer to palliative careyes	32	14	1	17	8	8	11	19	
No	40	14	1	11	2	2	7	13	
Support renderedphysical	48	19	2	16	7	6	12	25	
Emotional	72	27	1	18	7	8	16	28	
Financial	7	2	0	2	4	3	9	23	

to families in their bereavement. In India, currently there are approximately 908 palliative care services delivering palliative care either through home care, outpatient basis or in patient services.⁷ These centers are clustered around few areas but, there is extremely limited access to quality palliative care services for vast majority of Indians across the country.

In response to this essential public health need, the Ministry of Health and Family Welfare have initiated activities related to palliative care with a vision of facilitating access to affordable, safe and quality pain relief and palliative care to all those requiring it in the country.⁸

The concept of palliative care and the awareness of available facilities among general population is very much lacking in India as compared with western countries.⁹ In our study only 19% are aware of palliative care in the general population group. In our study there was no significant difference in the awareness and knowledge of palliative care among general practitioners, dentists and staff nurses in the health care provider group. The attitude to help the patients physically and emotionally is significantly more in both groups. Hence, the need of the hour is to create awareness about palliative care among public through various medias, internet and health education materials and hospitals should be equipped to cater palliative care needs of patients and a 24 h help line to assist people to get through palliative care can be proposed to bridge the gap between the public and palliative care institutions. Two centers of excellence in the country have been recognized as WHO Collaborating Centers. Thiruvananthapuram (Kerala) has WHO Collaborating Centre for Training and Policy on Access to Pain Relief and Calicut (Kerala) has the WHO Collaborating Centre for Community Participation in palliative care and long term care. The facilities and faculty of these centers may be leveraged for guidance and support in the implementation and monitoring of the tenets of the national program.

The government has recommended the following goals to be achieved in the 4th coming years to increase awareness and reach of palliative care to sufferers:^{2,9,10}

1. Improve the capacity to provide palliative care service delivery within government health programs such as the National Program for Prevention and Control of Cancer, cardiovascular disease, diabetes, and stroke; National Program for Health Care of the Elderly; the National AIDS Control Program; and the National Rural Health Mission
2. To ensure the patients to be pain free the availability of opioids for usage should be maintained and should be regulated and prescribed abiding the legal system in our country
3. Increasing the awareness and knowledge to health care providers and general population by introducing palliative care in educational curriculum in both medical and dental fields respectively^{5,11,12}
4. Behavioral modifications to be done through education and awareness about palliative care and hence initiatives to be taken for reach of the care to sufferers
5. Encourage and facilitate delivery of quality palliative care services within the private health care centers and primary health care centers in our country
6. Develop national standards for palliative care services and continuously evolve the design and implementation of the National program to ensure progress toward the vision of the program.⁴

If these goals are achieved then the mortality and morbidity due to preventable diseases can be reduced and the terminally ill people will have a better quality of life and the privilege to die with dignity. Usage of technological advancements in the field of medicine by using audiovisual aids and video calling services makes palliative care services and service providers access the area commonly inaccessible and also allow the debilitating patient to access medical care. A study done by Coyle *et al.* demonstrated certain benefits such as limited need for daily physical examination and assessment, screening for a need for a clinical visit or admission, communication assistance to patients who cannot speak or hear and increased satisfaction by the patient and the caregivers.¹³⁻¹⁵

CONCLUSION

Even though percentage of empathy is in par with both general population as well as health care professionals, awareness and knowledge are inadequate to implement changes to reduce morbidity before mortality in palliative care. Hence, we would recommend to start Early intervention and Harness 3 “ness” (Awareness, kindness, persuasiveness) for the success in palliative care by both health care providers and general population till the end of the journey by the sufferers.

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