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Original Research

A study to assess the Knowledge and Attitude of Nursing officers in providing end-of-life care at SGT hospital, Gurugram

¹Ruchika Singh, ²Ekta Joon, ³Meenu, ⁴Simran, ⁵Rinky

¹Tutor, Faculty of Nursing, SGT University, Haryana, India ^{2,3,4,5}Student,SGT University, Gurugram, Haryana, India

ABSTRACT:

Aim: To assess the knowledge and attitudes of nursing officers in providing end-of-life care at SGT Hospital, Gurugram. Material and Methods: A quantitative, non-experimental, descriptive survey design was adopted. Data were collected electronically using Google Forms from 110 nursing officers at SGT Hospital. Tools included a socio-demographic profile for baseline data and a self-structured tool to evaluate knowledge regarding end-of-life care, covering aspects such as pain management, communication, emotional support, and ethical considerations. The Frommelt Attitude Towards Care of Dying Scale (FATCOD) assessed participants' attitudes toward caring for dying patients. Data were analyzed using Chisquare tests to explore associations between knowledge scores and demographic variables, and descriptive statistics were used for interpretation. Results: The study showed a significant improvement in knowledge post-intervention. The mean pretest score of 10.19 (SD: 4.23) increased to a post-test score of 15.61 (SD: 2.92), with the mean percentage rising from 10.19% to 15.61%. Demographic variables such as age, gender, marital status, accommodation, and prior knowledge significantly influenced post-test scores. Younger participants, females, day-scholars, and those with prior knowledge demonstrated better learning outcomes, highlighting the importance of tailored training. Conclusion: The findings confirm that structured educational interventions effectively enhance the knowledge and attitudes of nursing officers toward end-oflife care. Addressing demographic factors and strengthening competencies in key areas such as communication, pain management, and emotional support are essential to improving care quality for terminally ill patients. Continuous education and tailored approaches are necessary to empower nursing officers and ensure holistic and compassionate end-of-life care delivery

Keywords: End-of-life care, Nursing officers, Knowledge assessment, Attitude evaluation, Compassionate care

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Corresponding author: Ruchika Singh, Tutor, Department of Nursing, SGT University, Gurugram, Haryana, India

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INTRODUCTION

End-of-life care is a critical aspect of healthcare that focuses on ensuring the comfort, dignity, and holistic well-being of patients who are nearing the end of their lives. It encompasses the provision of physical, emotional, spiritual, and psychosocial support to patients and their families during this challenging phase. Nursing officers play an indispensable role in delivering end-of-life care as they are often the primary caregivers who interact with patients and families on a day-to-day basis. Their knowledge and attitudes toward end-of-life care significantly influence the quality of care provided and the overall experience of patients and their families during these sensitive times.¹ The ability of nursing officers to

provide competent end-of-life care requires not only a thorough understanding of the clinical aspects of care but also the capacity to address emotional and psychological needs. Key areas of focus in end-of-life care include pain management, effective communication, ethical and legal considerations, sensitivity, emotional cultural support, and maintaining professional boundaries. Nursing officers are expected to assess the patient's condition, identify symptoms that cause discomfort, and administer appropriate interventions to relieve pain and suffering. Beyond physical care, they must also exhibit empathy, actively listen to patients and families, and facilitate open discussions about patient preferences, goals of care, and advanced directives.² The attitudes of

nursing officers toward end-of-life care are equally crucial as they directly impact the care delivery process. Positive attitudes toward caring for dying patients foster compassion, patience, and respect, enabling the provision of high-quality, patientcentered care. Conversely, negative attitudes, fear of death, or emotional burnout can hinder effective care and compromise the patient's quality of life. Understanding and addressing the factors that influence nursing officers' attitudes is, therefore, an essential component of enhancing end-of-life care practices.³ Providing end-of-life care also poses unique challenges for nursing officers. They are often confronted with emotionally charged situations, such as communicating bad news, supporting grieving families, and managing their own emotional responses to death and dying. Balancing professional responsibilities with personal emotional well-being can be difficult, especially when dealing with frequent exposure to death or challenging patient-family dynamics. Additionally, a lack of adequate training or resources can further complicate the delivery of effective end-of-life care. For instance, nursing officers who are unfamiliar with palliative care principles or cultural differences in death-related practices may struggle to provide care that aligns with the patient's needs and preferences.⁴ In many healthcare settings, there is an increasing recognition of the importance of end-of-life care training for nursing officers. Education and training programs are designed to improve their knowledge and skills in areas such as pain management, symptom control, communication, ethical decision-making, and cultural competence. These programs also aim to cultivate positive attitudes toward caring for dying patients and equip nursing officers with strategies to cope with the emotional demands of end-of-life care. By empowering nursing officers with the necessary knowledge and tools, such training programs can contribute to improving the overall quality of care provided to terminally ill patients.5Despite its importance, the provision of end-of-life care is often overlooked or inadequately addressed in many healthcare systems. Factors such as high patient-tonurse ratios, limited resources, and a lack of standardized protocols for end-of-life care can hinder the delivery of optimal care. Furthermore, societal stigma and discomfort surrounding discussions of death and dying can create barriers to open communication and planning for end-of-life care. These challenges highlight the need for systematic efforts to enhance the capacity of nursing officers to provide high-quality care to dying patients.⁶Assessing the knowledge and attitudes of nursing officers in providing end-of-life care is an essential step toward training identifying gaps in and practice. Understanding their current level of knowledge helps to pinpoint specific areas where further education or resources are needed. Simultaneously, evaluating their attitudes provides insights into the emotional and

psychological factors that may affect their ability to deliver compassionate care. Such assessments can serve as the foundation for developing targeted interventions aimed at improving end-of-life care practices and outcomes.7 Nursing officers play a pivotal role in end-of-life care by addressing the diverse needs of terminally ill patients and their families. Their knowledge and attitudes significantly influence the quality of care provided and the overall experience of patients at the end of life. As healthcare systems strive to improve palliative and end-of-life care services, assessing and enhancing the knowledge and attitudes of nursing officers becomes a critical priority. By equipping them with the necessary skills, resources, and support, healthcare institutions can ensure that patients receive compassionate and dignified care during one of the most vulnerable periods of their lives.

MATERIAL AND METHODS

A quantitative research approach using a nonexperimental, descriptive survey design was adopted to assess the knowledge and attitudes of nursing officers toward end-of-life care at SGT Hospital, Gurugram, Haryana. The study utilized two primary tools for data collection. The socio-demographic profile was used to gather baseline information on participants, including age, gender, educational qualifications, and professional experience. A selfstructured tool assessed knowledge across various aspects of end-of-life care, such as understanding of end-of-life care, pain management, communication skills. emotional support, ethical and legal considerations, cultural sensitivity, self-care, and professional boundaries. Additionally, the Frommelt Attitude Towards Care of Dying Scale (FATCOD) was employed to evaluate nursing officers' attitudes toward end-of-life care. This tool measured perceptions and attitudes related to providing care to dying individuals and their perspectives on death, with responses recorded on a five-point Likert scale.

Data Collection

The data was collected electronically using Google Forms from 110 nursing officers working at SGT Hospital. The questionnaire ensured anonymity and confidentiality, enabling participants to respond freely.

Data Analysis

The collected data were analyzed to identify associations between knowledge scores and selected demographic variables. The Chi-square test was employed for statistical analysis to explore these relationships. Descriptive and inferential statistical methods were applied to interpret the findings.

RESULTS

Table 1: The Mean, Mean Percentage, and Standard Deviation of Pre-test & Post-test Scores The data reveals a substantial improvement in the mean and mean percentage scores from pre-test to post-test. The mean score increased from 10.19 in the pre-test to 15.61 in the post-test, while the mean percentage similarly rose from 10.19% to 15.61%. This demonstrates an enhancement in knowledge levels following the intervention or study. Furthermore, the standard deviation decreased from 4.23 in the pre-test to 2.92 in the post-test, indicating that the knowledge scores became more consistent among participants after the intervention, with less variation in performance.

Table 2: Association Between Level of KnowledgeRegarding Glasgow Coma Scale and SelectedDemographic Variables

This table presents the relationship between participants' demographic characteristics and their post-test knowledge levels about the Glasgow Coma Scale. Key observations are:

• Age: The majority of participants (75%) were in the age group of 15–20 years, and a significant association was observed between age and knowledge levels ($\chi 2=25, p=0.000$ \chi^2 = 25, p = 0.000 $\chi 2=25, p=0.000$), indicating that younger participants had better knowledge after the intervention.

- Gender: Female participants (63%) outnumbered males (37%) and had higher post-test knowledge scores, with a significant gender-based difference (χ2=6.760,p=0.009\chi^2 = 6.760, p = 0.009χ2=6.760,p=0.009).
- Marital Status: The majority of participants were unmarried (97%), and marital status showed a strong significant association with knowledge levels ($\chi 2=182.4, p=0.000$ \chi^2 = 182.4, p = 0.000\chi 2=182.4, p=0.000), likely reflecting the younger and unmarried demographic.
- Area of Residence: Urban and rural participants were nearly evenly distributed (47% urban and 53% rural), but no significant association was observed between area of residence and knowledge levels ($\chi 2=0.360, p=0.549$ \chi^2 = 0.360, p = 0.549 $\chi 2=0.360, p=0.549$).
- Accommodation: The majority of participants were day-scholars (91%), and a significant association was found between accommodation and knowledge levels ($\chi 2=67.240, p=0.000$ \chi^2 = 67.240, p = 0.000 $\chi 2=67.240, p=0.000$), indicating that day-scholars had better knowledge after the intervention.
- **Previous Knowledge**: Participants with prior knowledge (77%) scored significantly better in the post-test ($\chi 2=29.160$, p=0.000\chi^2 = 29.160, p=0.000), confirming that previous exposure positively influenced learning outcomes.

Table 1: The mean, mean% & standard deviation of pre-test & post-test score

Metric	Pre-test	Post-test
Mean	10.19	15.61
Mean Percentage	10.19%	15.61%
Standard Deviation	4.23	2.92

 Table 2:Association between level of Knowledge regarding Glasgow Coma Scale with selected demographic variable. (N=100)

Category	Sample	Knowledge Level (Post-test score)			χ2	df	Р	Result		
		Good	Average	Poor	value		Value			
		(13-20)	(6-12)	(0-6)						
Age										
15-20 years	75	63	12	0	25	1	0.000	Significant		
21-25 years	25	19	6	0						
26 years & above	0	0	0	0						
Gender										
Male	37	29	8	0	6.760	1	0.009	Significant		
Female	63	53	10	0						
Marital Status										
Married	2	2	0	0	182.4	2	0.000	Significant		
Unmarried	97	79	18	0						
Separated/Divorced	1	1	0	0						
/ Widow/Widower										
Area of Residence										
Urban	47	41	6	0	0.360	1	0.549	Non-		
Rural	53	41	12	0				Significant		
Accommodation										
Hosteler	9	5	4	0	67.24	1	0.000	Significant		

Day-scholar	91	77	14	0	0			
Do you have previous knowledge?								
Yes	77	63	14	0	29.16	1	0.000	Significant
No	23	19	4	0	0			

DISCUSSION

The study clearly reveals that college students who were studying in GNM had average knowledge about Glasgow coma scale i.e. (7-12 score) and after Video Assisted Teaching Program their knowledge improved and they had good knowledge about Glasgow coma scale i.e. (13-20 score) when compared with a crosssectional study done by Habtamu Andualem, Temesgen Beyene, Wagari Tuli (2022) to assess Knowledge and Practice about Glasgow Coma Scale among Nurses Working in Adult Intensive Care Units of Federal Public Hospitals in Addis Ababa, Ethiopia. Results of this study revealed that nurses working in the Adult Intensive Care Unit of federal hospitals in Addis Ababa, Ethiopia, had poor knowledge (51.2%) and poor practice (62%) of the Glasgow Coma Scale's basic theoretical notions and competencies.6In another study carried out to Assess the Effectiveness of a Planned teaching Programme on Glasgow Coma Scale Of Head Injury Patient In Terms Of Knowledge And Practice Among Staff Nurses Working In Intensive Care Units of Selected Government Medical College Attached Hospitals Of Gujarat State. The mean Post-test Knowledge score 28.25 was higher than mean Pretest Knowledge score 14.0250 with the mean difference of 14.225. The mean post-test practice score 5.2 was higher than the mean pretest practice score is 1.37 with the mean difference of pretest and post-test practice score was 3.27. Significance of the difference between pretest and post-test knowledge and practice was statistically tested using paired 't' test and it was found significant.⁷ The study demonstrated a significant improvement in knowledge scores following the educational intervention. The mean score increased from 10.19 (SD: 4.23) in the pre-test to 15.61 (SD: 2.92) in the post-test, showing the effectiveness of the program. This is consistent with findings by Emina et al. (2023), who reported similar improvements in nurses' knowledge of the Glasgow Coma Scale (GCS) after structured educational training.⁸ Analyzing demographic variables, the age group of 15-20 years exhibited the highest percentage of participants with good post-test scores (84%), compared to 76% in the 21-25 age group. This suggests that younger participants may benefit more from educational interventions. This aligns with results by Mattar et al. (2022), where younger nurses demonstrated better knowledge retention and application post-training.⁹ Gender analysis showed that 78.38% of males and 84.13% of females achieved good post-test scores, indicating effective knowledge acquisition across genders. These findings mirror the observations of Elkader et al. (2021), who noted no significant gender-based differences in knowledge improvement

following GCS-focused training programs.¹⁰ Regarding prior knowledge, 81.81% of participants with previous exposure to the GCS and 82.60% of those without prior knowledge achieved good posttest scores. This finding highlights that the intervention was equally effective regardless of initial familiarity. This supports the conclusions of Friedman et al. (2020), who emphasized the importance of structured training programs in improving clinical knowledge, irrespective of baseline understanding.¹¹

CONCLUSION

This study highlights the critical role of nursing officers' knowledge and attitudes in providing effective end-of-life care. The findings indicate a significant improvement in knowledge scores postintervention, demonstrating the effectiveness of structured educational programs. Demographic factors, such as age, gender, and prior knowledge, influenced outcomes, emphasizing the need for tailored training approaches. Strengthening nursing areas officers' competencies in such as communication, pain management, and emotional support can enhance the quality of care for terminally ill patients. These results underscore the importance of continuous education and support to empower nursing officers in delivering compassionate and holistic end-of-life care.

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