The Vital Role of Iraqi Nurses Knowledge in Palliative Care

Hussein Abdulmohsin Dabis¹, Ali Talib Hameed²

¹Adult Nursing Department, College of Nursing, University of Thi-Qar, Iraq. (Corresponding Author) hussein-ab@utq.edu.iq
²Nursing Department, Nasiriyah Technical Institute, Southern Technical University, Iraq ali.talib@stu.edu.iq

Abstract

Palliative care (PC) is one of the significant components of modern health care systems, a service that provides patients with the highest quality of life during the period of life-threatening illnesses. Although nurses are the main service deliverers of PC, deficits in knowledge may compromise the quality of the service they offer. At present, this cross-sectional study was conducted to evaluate the level of knowledge regarding PC among the Registered Nurses in Thi-Qar Governorate- Iraq so as to determine areas for educational intervention.

Study employed a cross-sectional design, and the participants were 450 nurses working in Thi-Qar governorate, Iraq in the period of October 2023 to January 2024. The researcher-developed tool used to gather information on sociodemographic and tested the domain of PC, such as symptom control, ethical issues, and communication. Data analysis was carried out using the analysis program SPSS whereby descriptive analysis in addition to multiple regression was utilized with the aim of identifying correlation in-between the demographic factors and knowledge in PC.

The study revealed a wide range of PC knowledge among participants. While nurses demonstrated relatively good understanding in areas like adjuvant therapies and bowel management for opioid use, significant knowledge gaps were evident in understanding the broader applications of PC and common misconceptions surrounding opioid use. Notably, older nurses and those without specific PC training scored significantly lower on the knowledge assessment. Conversely, nurses working in intensive care units consistently demonstrated higher knowledge levels.

These findings highlight the crucial need for targeted and ongoing PC education among Iraqi nurses. Educational interventions should address identified knowledge gaps, particularly concerning the
comprehensive nature of PC and accurate information about opioid use, ultimately improving the quality of end-of-life care for patients and their families.

Introduction
Despite this reality, death is surrounded by a multiplicity of issues ranging from emotional, ethical and medical aspects of end-of-life care [1]. In this sense, statistics show how the picture is rather devastating: It is calculated that 56.8 million people, including 25.7 million patients in their last year of life were in need of the palliative care (PC) services. Furthermore, in the whole world only 14% of people who require a palliative care actually get it [2]. This increasing requirement of humane terminal care therefore underlines the importance of this area of practice to the concept of individuals, families and global and health care systems [3].

Caring for the needs of clients who are on their last days requires comprehensive care that goes beyond the physical aspect. There are issues of patients’ right to self-determination, patient’s capacity to consent to treatment as well as decision-making capacity [4]. Written legal documents including advance directives and living wills are available but use of these documents sometimes may cause controversy as they need a proper interpretation during the time of implementation and more so by the healthcare givers. Since these are issues that importantly involve patients, handling such situations also needs to be done in a way that will respect the patients’ comfort and privacy, which are skills that require training [5].

Nurses remain the closest to patients, mainly in this vulnerable period of life, are burdened with quite a big responsibility. As the following attributes indicate, the nurses play a vital role in managing the patient’s symptoms, addressing pain, offering emotional support, and facilitating communication to give the patient a comfortable death [6]. It also does not limit the scope of their practice to solely providing direct patient care while at the bedside, but also as advocates for their patient, educators to families, and all-around orchestrators of care plans and addressing patients’ needs that may be quite comprehensive [7].

It becomes apparent that this is an area of practice that requires a comprehensive understanding of the body of nursing knowledge. Knowing palliative care concepts, incorporating understanding of palliative care symptom control, understanding of ethical issues and communication practices strengthens nurses to deliver care according to a patient’s values and preferences [8], and it's very important to examine the extent of nursing knowledge regarding end-of-life care with determination the existing knowledge strengths and the existing perceived knowledge deficits as a way of recommending topics which will require further expansion and educational addressing [9,10].

Palliative care in Iraqi instance is a multifaceted process starting with the long-standing scarcity of pain-relieving and other drugs to relieve the suffering of terminal patients [11]. Altogether, the medical discipline of palliative care is still emerging in Iraq. Religious and cultural assets of the community are the source of the above strengths; Iraqi people are in closeness to their first and second-degree relatives and the tribe which offer both psychosocial and spiritual support for the patients and their families [12]. So, this study aims to assess nurses' knowledge regarding PC.
Methods
Study Design
This study employed a descriptive cross-sectional design among Iraqi nurses at Thi-Qar governorate.

Participants and Setting
The study included 450 nurses who were willing to participate and complete the questionnaire with a response rate of 73%. Participants were recruited from Intensive care and emergency units at Al-Nasiriyah and Al-Hussein Teaching Hospitals to ensure representativeness of the sample using convenience sampling. Data were collected between 5th of October, 2023 to 10th of January, 2024.

Data Collection
Data was collected using a questionnaire developed by researcher after extensive literature review. The questionnaire consists of two parts. The first part, which included the opening six questions, focused on the subjects' socio-demographic characteristics, while the second part assessed nurses' knowledge of PC including 20 questions with 3 response options (true, false, don’t know). Validity of the questionnaire was examined through a panel of 7 experts while reliability tested through test-retest approach with alpha-Cronbach value of 0.81.

Data Analysis
Descriptive statistics (frequencies, percentages, means, standard deviations) were used to summarize the socio-demographic characteristics. Multiple choices questions were treated as dichotomous questions (where "correct" indicating right answer, and "incorrect" or "don’t know" indicating the wrong answers). multiple regression analysis was used to determine the relationship between demographics and CPR knowledge. All analyses were conducted using statistical software package, e.g., Statistical Package for the Social Sciences (SPSS) with a significance level set at p < 0.05.

Ethical Considerations
This study was approved by the Board of Ethics at Thi-Qar health directorate and Informed consent was obtained from all participants with the emphasis on data anonymity and confidentiality.

Results
Table 1 presents the demographic characteristics of the 200 participants in the study. The majority of participants were between 20 and 29 years old (38%), female (57.5%), worked in medical wards (25.5%), had 1-5 years of practice (49%), held a Bachelor's degree (56.5%), and did not receive specific training on CPR (66%).

Table (1) represent sociodemographic characteristics of study sample (n=200)

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Groups</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>20–29</td>
<td>184</td>
<td>40.89</td>
</tr>
<tr>
<td></td>
<td>30–39</td>
<td>93</td>
<td>20.67</td>
</tr>
<tr>
<td></td>
<td>40–49</td>
<td>102</td>
<td>22.67</td>
</tr>
<tr>
<td></td>
<td>&gt;50</td>
<td>71</td>
<td>15.78</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>185</td>
<td>41.11</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>265</td>
<td>58.89</td>
</tr>
</tbody>
</table>

Aca. Intl. J. Med. U. 2024; 2(2) 07-14
Table 2 reveals the percentage of correct answers provided by the participants for each CPR knowledge question. Knowledge varied widely, with higher percentages of correct answers for basic CPR skills like chest compression location (59.5% for adults) and depth (49% for adults) compared to more nuanced topics such as the order of steps in CPR (8%) and differences between reversible and irreversible brain damage (71%).

**Table (2) illustrates the correct answers for the main items regarding CPR knowledge**

<table>
<thead>
<tr>
<th>Questions</th>
<th>correct answers (True/False)</th>
<th>number of correct answers</th>
<th>Percentage of correct answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palliative care should only be considered when a patient's condition is clearly declining.</td>
<td>F</td>
<td>139</td>
<td>30.89</td>
</tr>
<tr>
<td>Other opioid pain relievers are evaluated based on how their effects compare to morphine.</td>
<td>T</td>
<td>74</td>
<td>16.44</td>
</tr>
<tr>
<td>The severity of a patient's illness dictates the specific pain management approach.</td>
<td>F</td>
<td>203</td>
<td>45.11</td>
</tr>
<tr>
<td>Therapies used alongside primary pain management methods play a significant role in pain control.</td>
<td>T</td>
<td>199</td>
<td>44.22</td>
</tr>
<tr>
<td>Family members must stay by the patient's side continuously until they pass away.</td>
<td>F</td>
<td>145</td>
<td>32.22</td>
</tr>
<tr>
<td>Electrolyte imbalances causing drowsiness in end-of-life care may reduce the need for medications to induce calmness.</td>
<td>T</td>
<td>279</td>
<td>62.00</td>
</tr>
<tr>
<td>Long-term morphine use for pain management frequently leads to addiction.</td>
<td>F</td>
<td>200</td>
<td>44.44</td>
</tr>
<tr>
<td>Patients on opioid medications should also be on a bowel management program to prevent constipation.</td>
<td>T</td>
<td>289</td>
<td>64.22</td>
</tr>
<tr>
<td>Healthcare professionals providing palliative care must remain emotionally detached.</td>
<td>F</td>
<td>137</td>
<td>30.44</td>
</tr>
<tr>
<td>Medications that may slow breathing can be suitable for managing severe shortness of breath in end-of-life care.</td>
<td>T</td>
<td>201</td>
<td>44.67</td>
</tr>
<tr>
<td>Men tend to process and recover from grief faster than women.</td>
<td>F</td>
<td>278</td>
<td>61.78</td>
</tr>
</tbody>
</table>
The principles of palliative care align with those of intensive medical interventions.

Using placebo treatments is sometimes acceptable for managing certain types of pain.

Compared to morphine, high doses of codeine are more likely to induce nausea and vomiting.

Suffering and physical pain are the same thing.

Demerol (Pethidine) is ineffective in managing long-term pain.

Repeatedly experiencing patient losses inevitably leads to burnout for palliative care professionals.

Chronic pain presents differently than acute pain.

Grieving the loss of a distant relationship is less challenging than grieving a close or intimate one.

Tiredness and anxiety can increase sensitivity to pain.

Table 3 highlights the demographic factors significantly associated with CPR knowledge. Older age was associated with lower CPR knowledge, while working in certain departments (Intensive care) and having more years of experience were associated with higher CPR knowledge. This suggests that both individual characteristics and workplace factors might influence healthcare providers' understanding of CPR.

<table>
<thead>
<tr>
<th>Independent variables*</th>
<th>B</th>
<th>SE</th>
<th>β</th>
<th>t value</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>.321</td>
<td>.002</td>
<td>53.081</td>
<td>.00</td>
<td></td>
</tr>
<tr>
<td>Age (&gt;50 years)</td>
<td>-.040</td>
<td>.003</td>
<td>-.319</td>
<td>-38.736</td>
<td>.011</td>
</tr>
<tr>
<td>Department (Intensive care unit)</td>
<td>0.97</td>
<td>0.35</td>
<td>.851</td>
<td>17.31</td>
<td>.001</td>
</tr>
<tr>
<td>Specific training on PC (No)</td>
<td>.046</td>
<td>.010</td>
<td>-.255</td>
<td>8.271</td>
<td>.039</td>
</tr>
</tbody>
</table>

* Only statistically significant variables were mentioned.

Discussion

Nurses are integral to optimizing palliative care, and their robust knowledge base forms the foundation for delivering effective and compassionate end-of-life care. Well-informed nurses are better equipped to manage complex symptoms, provide patient-centered emotional support, navigate ethical dilemmas, and advocate for patient wishes and preferences [13]. This comprehensive knowledge base empowers nurses to anticipate patient needs, implement appropriate interventions promptly, and guide families through the emotional and practical challenges of the end-of-life journey [14]. Ultimately, enhancing nurse’s education on palliative care is straightforwardly linked to increasing patients’ comfort, families’ satisfaction and overall, providing a humanizing and dignified dying process for all [15].

The findings from the study suggest that it was evident that there was difference in the answers of the participants depending on the areas of palliative care knowledge that they were tested on, thus implying that some of these areas are easier to understand than others. In this study, the understanding of the concepts was relatively weaker in the older nurses than the younger ones. Notably, the nurses of ICU
had higher level of awareness to the clients compared to the rest departments. In addition, there was a more general perception amongst the respondents that they lacked training despite working in a palliative care facility; low scores knowledge scores were strongly related to a general perceived lack of adequate specific training in palliative care [16].

This implies conforms with the extant literature that reveals the continued poor understanding of palliative care education among the nursing professionals. It is evident that different concepts have varying levels of knowledge among the students thus calling for more focus on improving knowledge within concept areas that are known to be poorly understood, [17], therefore on matters pertaining to ethical considerations, symptoms management, and the communication skills. In relation to age, it can be expected that the older the nurses, the more years of practice they have and the higher their knowledge level; however, one can argue that their knowledge may be lower because practices in palliative care may change regularly, thus suggesting that the nurses require updated knowledge [18].

Perhaps, the increase in exposure to end-of-life type cases and possibly more availability of training in the intensive care unit nurses may explain the superior performance noted [19,20]. But at the same time, it prompts some questions on whether there could be knowledge difference between different care settings. This highlights the need to include standardized palliative care education in curriculum and professionals’ development of nursing schools and individual department [21].

The significant impact of specialized palliative care training on knowledge levels strongly emphasizes its value in equipping nurses with the necessary skills and knowledge to provide compassionate and effective end-of-life care [22]. That is highlight a clear call to action for healthcare institutions and policymakers to prioritize investment in comprehensive palliative care training programs for nurses by equipping nurses with the necessary knowledge and skills, we can improve the quality of care provided to patients nearing the end of life and better support their families during these challenging times [23].

There were some limitations in the current study, which are that the cross-sectional design reduces the potential of making causal conclusions between the demographic characteristics explored and knowledge of PC. Also, the sample is drawn from a particular population, which reduces generalization of the study results to other populations of healthcare professionals.

**Conclusion**

This study revealed significant insights into nurses’ knowledge of palliative care. While nurses demonstrated understanding in certain areas, such as the role of adjuvant therapies and bowel management for opioid use, substantial knowledge gaps were identified regarding the breadth of palliative care applications and common misconceptions surrounding opioid use. Notably, older nurses and those without specific palliative care training displayed significantly lower knowledge scores. Conversely, nurses working in intensive care units demonstrated higher knowledge levels. These findings underscore the importance of targeted and continuous palliative care education for nurses, ensuring they possess the knowledge and skills to provide optimal care for patients approaching the end of life. Further research should explore interventions to address the identified knowledge gaps and standardize palliative care education across various care settings.
References


14. Mitchell L. Increase Knowledge and Attitude in End-of-Life for Long-Term Care Nurses: Walden University; 2022.


