

Knowledge and Practice Regarding Nursing Care in Terminally Ill Patients among Nurses

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ABSTRACT

Introduction: Advanced illness occurs when one or more conditions become serious enough that general health and functioning declines and treatment begins to lose their impact. This is a process that continues to the end of life. It can also be called as “End of life care”, “serious illness” or “advanced illness”. Advanced illness includes different diseases: The Pulmonary advanced illness- Chronic Obstructive Pulmonary Disease; Cardiovascular advanced illness- Stroke, Congestive Cardiac Failure; Immunological advanced illness- HIV/AIDS; Endocrine advanced illness- Diabetes Mellitus (Type 1 and 2) and Cancer. To assess the level of knowledge and practice regarding nursing care in advanced ill patients.

Methods: A descriptive cross sectional study was undertaken in Om Hospital and Research Centre, Chabahil, Kathmandu. A total number of 100 nurses were taken as sample for study via non probability purposive sampling. Data collection was done through self structured questionnaire and observational checklist. Data processing was through using Statistical Package for Social Science version 16.

Results: The findings of the study revealed that 22 respondents have adequate knowledge, 57 respondents have average knowledge and 21 respondents have inadequate knowledge.

Conclusions: This study concludes that the periodic in-service education, seminar, conferences, continue education, workshop and trainings regarding Nursing care in Advanced ill patients would enhance the knowledge and practice of nurses.

Keywords: *advanced illness; cancer; chronic obstructive pulmonary disease; diabetes mellitus; knowledge; practice; Stroke.*

INTRODUCTION

Advanced illness occurs when one or more conditions become serious enough that general health and functioning declines and treatment begins to lose their impact. This is a process that continues to the end of life. It can also be called as “End of life care”, “serious illness” or “advanced illness.”¹

About 80% of cardiovascular and diabetic deaths and almost 90% of deaths from COPD occur in low and middle income countries.^{2,3} Diabetes caused another 1.5 million deaths.⁴

Looking global scenario over the next two decades, the number of older Americans will be nearly double to more than 72 million or one in five of us.⁵ Not only globally, in our country Nepal also it is in rising trend.

The prevalence of advanced illness is still unknown. Thus, it is important to address the burden of advanced illness through research.⁶

METHODS

The study area was Om Hospital and research center located at Gopikrishnanagar, Chabahil, Kathmandu which is 150 bedded general hospital and all types of advanced ill patients can be found here. Semi-structured questionnaires was used to assess the knowledge and observational checklist will be used for practice which consists of 3 parts:

Part I: Socio-demographic information

Part II: Questions related to knowledge

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regarding nursing care in advanced ill patients among nurses.

Part III: Observational checklist related to practice regarding nursing care in advanced ill patients among nurses.

Patinet consent was taken before each questionnaire fulfillment. A total number of 100 nurses were taken as sample for study via non probability purposive sampling. Data collection was done through self structured questionnaire and observational checklist. Data processing was through using Statistical Package for Social Science version 16.

RESULTS

Table 1 indicates majority of the respondents (91%) have given correct answer of meaning of advanced illness similarly majority of the respondents (78%) have given correct answer of definition of advanced illness whereas minority of the respondents (22%) have given incorrect answer.

Table 1. Frequency table distribution regarding meaning and definition of advanced illness.

Variables	n (%)
Meaning	
Communicable disease	3 (3.0)
Hereditary disease	3 (3.0)
Chronic disease	91 (91.0)
Congenital disease	3 (3.0)
Definition	
Serious illness which deteriorates the general health and functioning.	78 (78.0)
Serious illness which does not deteriorates general health and functioning.	7 (7.0)
Acute illness which deteriorates general health and functioning.	7 (7.0)
Acute illness which doesnot declines general health but functioning is impaired.	8 (8.0)

Table 2 indicates majority of the respondents (91%) know the diseases included in advanced illness whereas only minority of the respondents (69%) know the risk factors of advanced illness. Similarly, majority of the respondents (73%) know that stroke is taken as medical emergency.

Table 2. Frequency table distribution regarding disease included, Risk factors and advanced illness that is taken as medical emergency.

Variables	n (%)
Diseases included in advanced illness	
Appendicitis, Cholelithiasis, Falconi's syndrome	4 (4.0)
Peptic ulcer, Fatty liver disease, Pancreatitis	2 (2.0)
Enteric fever, Malarial fever, Typhoid fever	3 (3.0)
COPD, Stroke, DM, Cancer, CKD, CCF	91 (91.0)
Risk factors of advanced illness	
Sedantary lifestyle	69 (69.0)
Economic instability	10 (10.0)
Poor body mechanics	15 (15.0)
Poor housing	6 (6.0)
Disease taken as medical emergency	
DM	1 (1.0)
Stroke	73 (73.0)
Cancer	11 (11.0)
COPD	15 (15.0)

Table 3 indicates majority of the respondents (91%) have said that COPD is included in pulmonary advanced illness which is the correct answer whereas majority of the respondents (87%) have knowledge about the causes of COPD. Majority of the respondents (57%) have said the conditions associated with COPD are asthma, bronchitis, rhinitis, pleural effusion which is incorrect whereas minority (43%) have given the correct answer. Regarding the sign and symptoms of COPD that is shortness of breath majority of the respondents (90%) have given the correct answer

Table 3. Frequency table distribution regarding knowledge of causes, conditions associated and sign and symptoms of COP.

Variables	n (%)
COPD can be included in	
Immuno-supressive advanced illness	5 (5.0)
Endocrine advanced illness	1 (1.0)
Pulmonary advanced illness	91 (91.0)
Cardiovascular advanced illness	3 (3.0)
Causes of COPD	
Hereditary	6 (6.0)

Alcoholism	3 (3.0)
Smoking and dust	87 (87.0)
Allergens	4 (4.0)
Conditions associated with COPD	
Asthma and bronchitis	49 (49.0)
Bronchitis and emphysema	43 (43.0)
Rhinitis and asthma	5 (5.0)
Emphysema and pleural effusion	3 (3.0)
Sign and symptoms of COPD	
Fever	5 (5.0)
Chest pain	5 (5.0)
Shortness of breath, wheezing	90 (90.0)

Table 4 indicates majority of the respondents (69%) have given correct answer of effective prevention of advanced illness. Similarly, majority of the respondents (69%) have answered that advanced illness can be prevented only whereas majority of the respondents (74%) have given correct answer of reducing the risk of advanced illness by adaptation of personal healthy habits whereas majority of the respondents (78%) have given correct answer of primary measures for prevention of advanced illness.

Table 4. Frequency table distribution regarding effective prevention, reducing the risk, primary measures for prevention of advanced illness.

Variables	Frequency (Percentage)
Effective prevention of advanced illness	n (%)
Sedentary lifestyle	16 (16.0)
Obesity	11 (11.0)
Poor body mechanism	4 (4.0)
Healthy lifestyle	69 (69.0)
Advanced illness can be	
Easily cured	1 (1.0)
Reversible	30 (30.0)
Easily treated	1 (1.0)
Can only be prevented	68 (68.0)
Reduce the risk of advanced illness	
Good housing	12 (12.0)
Reducing economic insecurity	3 (3.0)
Adaptation of personal healthy habits	74 (74.0)
Social support	11 (11.0)

Primary measures for prevention of advanced illness	
Provide awareness and education regarding advanced illness	78 (78.0)
Provide medications against disease	5 (5.0)
Provide good social support	13 (13.0)
Create and maintain harmonious relationship among family members	4 (4.0)

Table 5 indicates that 60% of the respondents have good practice and 40% have poor practice in COPD. Similarly, 70% have good practice and 30% of the respondents have poor practice regarding stroke and DM. Whereas, all of the respondents have good practice regarding cancer.

Table 5. Practice level regarding Nursing care in Advanced illness among nurses.

Variables	Percentage (%)	Mean Score
COPD		5.78- 6
Good practice	60	
Poor practice	40	
Stroke		5.56- 5
Good practice	70	
Poor practice	30	
Diabetes mellitus		5
Good practice	70	
Poor practice	30	
Cancer		6
Good practice	100	

DISCUSSION

This study was carried out among 100 respondents who are the nurses of Om Hospital and Research Centre from different wards i.e. medical ward, chemo ward, ICU, post operative ward and surgical ward. A descriptive research design was used to assess the Knowledge and practice regarding nursing care in advanced ill patients. Semi-structured questionnaire was used to obtain information on respondents' socio-demographic information and knowledge regarding advanced illness (COPD, stroke, DM and cancer), whereas observational checklist was used to assess the practice regarding nursing care in advanced ill patients (COPD, stroke, DM and cancer).

The findings of this study revealed that 22% respondents have adequate knowledge, 57% respondents have average knowledge and 21% respondents have inadequate knowledge.

A similar study was conducted by K. Lalrindiki, Shinde M.B., in 2013 in KaradMaharastra among 50 staff nurses which revealed that 58% were having average knowledge, 24% good knowledge and 18% had poor knowledge.

The findings of this study revealed that 60% of the respondents have good practice in COPD whereas remaining 40% of the respondents have poor practice. Likewise, 70% of the respondents have good practice in stroke as well as diabetes mellitus whereas 30% have poor practice in both diseases. Regarding practice in cancer cent percentage of the respondents have good practice. Thus, this above findings of the diseases reflects majority of the respondents have good practice regarding regarding advanced illness.

Similar with this study, a study was conducted by K. Lalrindiki, Shinde. M.B., in 2013 in Karad, Maharastra among 50 staff nurses which revealed that majority of the respondents have good practice and minority of the respondents had poor practice.

CONCLUSIONS

The findings of the study concluded that majority of the respondents have average knowledge and minority of the respondents have similar result of both inadequate and adequate knowledge.

The findings of practice in this study concluded that the respondents have good practice in nursing care of COPD and stroke. But there is lack of health education on exercise as well as foot care and eye care while caring the patients with Diabetes mellitus.

CONFLICT OF INTEREST: None.

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