

Perceived knowledge, Benefits and Barriers on Palliative Care Among Community Health Nurses in Sultanate of Oman

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Abstract

The study delves into the multifaceted realm of palliative care, aiming to enhance the quality of life for patients facing life-threatening illnesses and alleviate their suffering. Nurses, particularly those in diverse healthcare settings, play a pivotal role in delivering palliative care. Existing literature, including studies in Oman and India, highlights varied perceptions and knowledge levels among nurses. Common challenges identified globally encompass insufficient training, certification gaps, coordination issues, and regulatory frameworks. The study in Oman specifically addresses the need for specialized nursing services in palliative care. Overall, this research in Al Dhakhilya governorate seeks to gauge community health nurses' knowledge and pinpoint barriers, laying the groundwork for future palliative care programs in the community setting.

Keywords: Palliative Care, community health nurses, knowledge, barriers

1. INTRODUCTION

Palliative care is an approach that aims to improve the quality of life of patients and families facing the problem of life-threatening illnesses, through the prevention and relief of suffering by means of early detection and impeccable and treatment of pain and other problems such as physical, psychosocial, and spiritual (African Palliative Care Association, 2010). Nurses are involved in palliative care especially those who are working in the patient's homes, residential hospices, clinics, long-term and skilled care facilities and even acute in-patient facilities (Schroeder, 2018).

Fadare et al., (2014) investigated the knowledge and attitude of nurses towards palliative care. the findings include 71.8% agreed that palliative care is about pain medicine, 55% considered it as geriatric medicine and 90.2% is about active care of the dying. In the Sultanate of Oman, palliative care perceptions of medical students were also investigated. In this study, it investigates the attitudes between the relationships of care and cure, end of life care, beliefs about the utilization of opiates, patient's autonomy and communication and living wills. The result showed that 87.7% of the students knew that palliative care is a pain medicine, 79.5% claimed that this is a rehabilitative medicine and 60.3% thought that this is the active care of dying (Jahan et al., 2013).

In one study featuring 363 nurses in India by Prem et al., (2012), the overall knowledge of nurses was considered poor. The study focuses on different palliative care subscales such as philosophy, pain, dyspnea, psychiatric problems, and gastrointestinal problems. Al Qadire, (2014) also presented a study showing a low score of knowledge among nurses on the essence, philosophy, and principles of palliative care. In Qatar, almost half of the nurses are aware of palliative performance scale and the World Health Organization ladder of pain relief (Al Kindi et al., 2013).

In a study featuring rural nurses using palliative care knowledge test, the findings indicate a lack of knowledge on the philosophy and principles of palliative care (Evans, 2016). Finally, a study in Palestine assessing while only 20.8% have good knowledge (Ayed et al., 2015).

In Europe, a multinational study was conducted to analyze the barriers and opportunities related to palliative care. In this study, there were 43 barriers identified and 65 opportunities presented. The most common barriers identified were lack of basic palliative care training, lack of official certification for professionals, lack of coordination between providers and clients, lack of palliative care intervention for non-cancer patients, absence of palliative care regulatory framework and unequal laws and regulations related to palliative care (Centeno et al., 2017) in addition, barriers of palliative care were also investigated in the Middle East including lack of designated palliative care services, community awareness, staff training , access to hospice care and the available time of healthcare professional (Silbermann, 2013).

In the Sultanate of Oman, there was one study conducted by (Al. Zadjali, 2015), the aimed of that study was to improve the quality of the life of ill people with chronic diseases through prevention and control of their suffering. From that study, they explored the need of palliative care specialist nursing services.

This study will assess and identify the knowledge of community health nurses in Al Dakhilya governorate on palliative care and to identify barriers associated with the implementation of palliative care in the community setting on basis to establish palliative care programs in the community setting.

2. METHODOLOGY

The study employs a quantitative descriptive-cross sectional design to evaluate the knowledge levels of palliative care among community health nurses in Al Dakhilya governorate, Sultanate of Oman. Utilizing a convenience sample of community health nurses, the study aims to swiftly capture a snapshot of their knowledge through a questionnaire with three parts: demographic information, general knowledge about palliative care, and barriers associated with its implementation. The pilot study, involving 10 community health nurses, ensures the questionnaire's validity and feasibility. The target population comprises 42 community health nurses working under the Ministry of Health in Oman, excluding those who have attended palliative care training or workshops. Data collection involves obtaining permission from the Ministry of Health, forwarding the online questionnaire through regional focal points, and obtaining informed consent from participants before online completion. This comprehensive methodology facilitates a systematic assessment of community health nurses' palliative care knowledge and associated barriers in the specified setting

3. RESULTS and DISCUSSION

This dissertation meticulously examines participant demographics, offering a nuanced understanding of the diverse characteristics shaping the study's context. Analyzing age distribution reveals a mature cohort, with 57.8% aged 36 and above, bringing seasoned perspectives. Gender composition, predominantly female (97.8%), reflects global nursing trends, emphasizing the need to explore potential gender-related implications on palliative care. The length of nursing experience, spanning from less than 5 years to over 20 years, captures a spectrum of expertise, crucial for interpreting

attitudes and challenges. Meanwhile, 71.1% lacking formal palliative care training reveals potential educational gaps, urging targeted interventions for skill enhancement. These demographic insights enrich the study's findings, guiding recommendations for tailored educational initiatives and interventions in palliative care. Notable perceptions include insufficient staff for a palliative care team (40.0% strongly agree), indicating a widespread view. Concerns extend to inadequate training for community health nurses (44.4% strongly agree), emphasizing the need for improved initiatives. Participants express worries about the non-existence of palliative care facilities (35.6% strongly agree). Cultural factors' impact sees diverse opinions. Family reluctance for patients to stay and die at home is acknowledged (22.2% agree, 11.1% strongly agree). Majority perceive a lack of community awareness (48.9% agree, 28.9% strongly agree). Time constraints for staff (31.1% strongly agree) and volunteer shortages (34.1% strongly agree) pose challenges. Inadequate written policies (29.5% agree, 29.5% strongly agree) and restricted narcotic administration (46.7% strongly agree) signify potential barriers requiring attention.

The correlation between knowledge and barriers is weak (Pearson coefficient: $-.142$), indicating an inverse relationship. However, the correlation lacks statistical significance ($p = .383$), suggesting the observed link may be due to chance. Reciprocal correlation between barriers and knowledge reinforces the weak association. Sample sizes (N) of 42 and 40 for knowledge and barriers add robustness, yet variations in sample sizes (40 and 43) in reciprocal correlations highlight data availability nuances. Caution is warranted in generalizing findings, emphasizing the need for further research to unveil potential non-linear trends and establish causation beyond statistical associations.

The participants' perspectives on palliative care in the healthcare setting, as revealed, align with existing literature on staffing challenges, training inadequacies, facility shortages, cultural factors, family preferences, community awareness, time constraints, volunteer shortages, policy deficiencies, and opioid administration practices. These themes echo established research, reinforcing the validity of participant viewpoints. Concerns about inadequate training and staff shortages mirror existing calls for enhanced training initiatives and organizational support. The correlation analysis between knowledge and barriers shows a weak and statistically non-significant association, aligning with similar studies. Reciprocal correlations between knowledge and barriers reflect patterns identified in previous research. Varying sample sizes for knowledge and barrier scores are acknowledged, emphasizing the need for careful interpretation. The non-causal nature of correlations is emphasized, with a call for further research to establish causality in the complex dynamics between knowledge and barriers in healthcare settings.

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