IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 11, Issue 6 Ser. III (Nov. – Dec. 2022), PP 09-16
www.iosrjournals.org

Nurses' Knowledge and Attitudes towards Palliative Care

[1,2]Rawhia Salah Dogham, [3,10]Asmaa Saber Ghaly, [4]Shimmaa Mohamed Elsayed, [5]Bandar Hejji Bu Saleh, [6,7] Amany Ibrahim Ezz Eldin [6,8] Abdo M. Alhusami, [10]Joanne Jaramillo, [9,10]Nermine M. Elcokany

[1] *Department of Nursing Administration and Education, Inaya College of Nursing Sciences, Riyadh, Saudi Arabia*
[2] *Department of Nursing Education, Faculty of Nursing, Alexandria University, Egypt*
[3] *Obstetrics and Gynecology Nursing Department, Faculty of Nursing, Alexandria University, Egypt*
[4] *Critical Care and Emergency Nursing Department, Faculty of Nursing, Damanhour University, Egypt*
[5] *Assistant Director of Nursing for Education & training, nursing education department, King Fahad hospital, Hofuf.*
[6] *Department of Medical Surgical Nursing, Inaya College of Nursing Sciences, Riyadh, Saudi Arabia*
[7] *Technical health institute, Ministry of health and population, Egypt*
[8] *Faculty of Medicine & Health sciences, Thamar University, Yemen*
[9] *Critical Care and Emergency Nursing Department, Faculty of Nursing, Alexandria University, Egypt*
[10] *Department of Nursing, College of Applied Medical Sciences, King Faisal University, Al Ahsa, Saudi Arabia.*

Abstract:
Background*: Palliative care is a broader concept of supportive care used for patients and their families with end-stage diseases who are unresponsive to medical treatment.*
Purpose*: to assess the attitude and knowledge of nurses toward palliative care.*
Methods*: This study used a descriptive approach. A convenience sampling of nurses working in general and obstetric intensive care units in the selected setting. The minimal sample size to conduct the study was 50 nurses. One tool comprised two main aspects which are attitudes and knowledge regarding palliative care.*
Results: *Half of the sample have either moderate or good attitude (50%, 50% respectively). On the other hand, the majority of nurses (92%) have poor knowledge while a small percentage have moderate knowledge about palliative care. There is a weak positive correlation between attitudes and knowledge of respondents towards palliative care.* ***Conclusion****: Although nurses' attitudes towards palliative care are acceptable, most of them have poor knowledge about it.*

Keywords: *Attitudes; nurses; intensive care unit; knowledge; palliative care.*

Date of Submission: 24-11-2022 Date of Acceptance: 08-12-2022

I. Introduction

Palliative care is a broader concept of supportive care used for patients and their families with end-stage diseases who are unresponsive to medical treatment. Hospice care and palliative care are alternative synonyms for each other. The source of the palliative word is the Latin word "pallium" which indicates caring to promote comfort. This type of care deals with patient care from the bio-psycho-social and cultural aspects (Das & Haseena, 2015; Parveen et al., 2020). Palliative care is patient-centered care more than disease-focused, and nurses help patients' families to accept death and provide more healing and comfort for patients. Palliative care can be given at any step of the treatment process. It provides an extra layer of support for patients with any stage of cancer. Hospice care is a specific type of palliative care. It is only provided to people with advanced cancer who are expected to live six months or less. Palliative care should start as early as needed in the cancer treatment process and continue throughout all stages of the disease. Therefore, it could be started as early as diagnosis or if there are new symptoms (Fauziningtyas et al., 2020; Lopez-Garcia et al., 2022; Schroeder & Lorenz, 2018).

Palliative care should be provided by a multidisciplinary care team who connects with patients and their families to ensure their wellbeing. A person who is committed to providing palliative care is a privilege. It

is believed that the concept of hospice was first supported by the Roman Catholic tradition during the Crusades over a thousand years ago. Then, the modern idea of hospice and end-of-life care is credited to a British physician, Dame Cicely Saunders(Lutz, 2011). The WHO defines palliative care as "relief of pain and distress symptoms, considering death as a normal process and need for acceptance, integrating a psychological and spiritual patient aspect of care, providing support for the patient and their family, helping the family to cope with patient illness, and team collaboration to meet patient and family need" (WHO, 2020).

The roles and responsibilities of critical care nurses toward palliative care are essential for patients and their families to improve their quality of life and provide more comfortable and supportive care. Establish positive therapeutic relationships with the patients and their families, relieving emotional distress, helping them decide on the care provided, and being updated on their conditions. Being part of a multidisciplinary palliative care team lets nurses plan according to patients' and family needs. Nurses are direct caregivers and should evaluate implementation for their care. Also, nurses advocate for patients' choices and their families (Sekse et al., 2018; Vishnevetsky et al., 2019). Knowledge deficit about palliative care for medical professionals, especially nurses, affects their attitude and internal conviction toward palliative care (Parveen et al., 2020). Healthcare providers must have professional palliative care training programs (Ferrell et al., 2018). Healthcare providers' challenges may include initiating the conversation about palliative care due to sympathy with patients, personal emotional difficulties, and lack of experience and skill (Yoon, 2020).

High-quality palliative care service is delivered through the successful combination of healthcare providers' knowledge, attitudes, beliefs, and experiences. The standard of care may be further affected by poor preparation for nurses, and stress on providing high-quality care may exacerbate negative attitudes toward death and care for the dying (Fauziningtyas et al., 2020). Several studies found that the palliative knowledge level is poor, impacting the nurse's perception, attitudes, and competencies (Paknejadi et al., 2019; Rost et al., 2020; Vishnevetsky et al., 2019). Therefore, this study aimed to assess nurses' attitudes and knowledge toward palliative care.

II. Material And Methods

Research design:A descriptive quantitative research design was used in the current study.

Setting and samples: This study was carried out on general and obstetric intensive care units in King Saud Medical City (KSMC) Riyadh, Saudi Arabia. The population under consideration for this research is Intensive Care Unit (ICU) nurses. The sampling method used in this study was a convenience sampling method, where 50 ICU nurses were enrolled in the current study if they had at least six months of experience in the mentioned ICUs and were willing to participate.

Measurement and data collection: One tool was used in the current study. Questionnaire includes items about attitude and knowledge toward palliative care. The researchers developed this tool based on the related literature (Budkaew & Chumworathayi, 2013; Cherny & Catane, 2003; Ross et al., 1996) The tool was divided into three parts. Part one: Socio-demographic data, which includes age, educational level, experience, and department. Part two: Assessment of nurses' attitudes on palliative care. It included 32 statements on a 4-points Likert scale. Responses range from strongly agree, which denotes 4, to strongly disagree, which denotes 1. The total score of part two questions was 128 grades (Budkaew&Chumworathayi, 2013). The attitude scores were categorized into good (≥76%), neutral (51-75%), and poor (≤50%). Part three consisted of questions regarding the knowledge of ICU nurses regarding palliative care. This part was adapted from Ross, M (1996). It consists of 20 questions about palliative care. Participants' knowledge was assessed as follows: each question had a group of answer points, one point was given for each correct answer; incorrect or I don't know answer got zero. Correct responses were summed up to get a total knowledge score for each participant. The knowledge scores were classified into Poor knowledge (≤50%), Fair knowledge (51- 75%), and (≥76%) considered good knowledge

Data analysis: With the IBM SPSS software package version 26, data was fed into the computer and evaluated (Armonk, NY: IBM Corp.). To confirm the normality of the distribution, the Kolmogorov-Smirnov test was employed. At the 5% level, the significance of the results was determined. Quantitative data are described using numbers and percentages for demographic and job variables such as gender, age groups, respondent's hospital, years of experience, specialty, and qualifications. Pearson Correlation was applied to conduct a relationship between three knowledge and attitude toward palliative care.

Ethical considerations: Official permission to conduct this study was obtained after explaining the study's aim. Ethical approval was obtained from Inaya Medical Colleges IRB (NUR/191/1). The appropriate hospital authorities granted permission to conduct the study. Experts tested the tools' content validity in the related field then the necessary modifications were done. After outlining the purposes of the study, the ICU nurses signed their informed consent. Nurses were surveyed using psychological attitude questionnaires. During their break, the enrolled nurses were given the questionnaire form. After the same shift was over, the questionnaire sheets were gathered. Data were gathered between May 2021 and September 2021.

III. Result

Table 1 illustrates that out of 50 ICU nurses, 40.0% are males, whereas 60.0% are Females. Regarding age, 26.0% of the respondents were in the age category of 20-29 years, 46.0% in the age category of 30-39 years, 24.0% in the age category of 40-49 years, and there is only (4.0%) of study respondents are in the age category of 50-59 years. Regarding the years of experience, 30.0% of the respondents have years of experience between 1-3 years, 28.0% of respondents have years of experience between (4-6) years, and the same number for category (7-10) years of experience, while seven respondents represent 14.0% have years experiences more than (10) years. Three respondents, representing 6.0%, have a diploma; 44 respondents representing 88.0%, have bachelor's degrees; two respondents (4.0%) have master's degrees; and only one respondent, representing 2.0%, has a Ph.D. degree.

Table 1: Frequency distribution of ICU nurses about demographic and job-related data:

Demographic and job-related data		no	%
Age (years)	20-29	13	26.0
	30-39	23	46.0
	40-49	12	24.0
	50-59	2	4.0
Gender	Male	20	40.0
	Female	30	60.0
Years of Experience	1-3	15	30.0
(years)	4-6	14	28.0
	7-10	14	28.0
	>10	7	14.0
Qualifications	Diploma	3	6.0
	Bachelor's degree	44	88.0
	Master's degree	2	4.0
	Doctoral Degree	1	2.0

Table 2 illustrates the dimension of attitudes toward palliative care. It clearly shows from the table that items of attitudes came with response agree, mean column shows participants of the study agree with most of the dimension items (3.1) match with category agree. The top items of the Attitudes dimension are presented below: Item No. (31) "I feel it is important to give psychological & emotional support for the palliative patients and their family" came first with a mean (3.90 out of 4.0). Item No. (1) "I will be more satisfied to work with patients who are expected to improve than with patients who are likely to die" came second with a mean (3.26 out of 4.0). Item No. (26) "I think that it is very good for the palliative patients to verbalize his/her feelings." came third with a mean (3.26 out of 4.0). Item No. (2) " I feel it is better for the patient knowing her/his diagnosis even if it implies imminent death." came forth with a mean (3.24 out of 4.0). Item No. (23) "I expect most palliative patients are going to die." came fifth with a mean (3.24 out of 4.0). Item No. (24) " When a patient asks, "Am I dying?" I think it is best to change the subject to something cheerful." came sixth with a mean (3.24 out of 4.0). Item No. (10) Health care team plays a crucial role in reducing the suffering of patients with hopeless palliative patients." came seventh with a mean (3.22 out of 4.0). The overall percentage score of attitudes was 76.39% (97.78 out of 128) which reflects the lower range of good attitude.

Figure 1 and 2 show frequency distribution of both attitudes and knowledge of ICU nurses towards palliative care. Half of the sample have either neutral or positive attitude (50%, 50% respectively). On the other hand, the majority of nurses (92%) have poor knowledge while little percentage have moderate knowledge about palliative care.

Table 3 illustrates the correlation between attitudes and knowledge toward palliative care. There is a negligible or weak positive relationship between attitudes and knowledge toward palliative care ($r= 0.217$, $P= 0.129$).

Table 2: Frequency distribution of ICU nurses' attitudes toward patients receiving palliative care

Items	no. %	Strongly Agree	Agree	Disagree	Strongly disagree	Mean ± SD
1. I will be more satisfied working with patients who are expected to improve than patients who are likely to die.	no.	15	33	2	0	3.26
	%	30	66	4	0	
2. I feel the patient should know her/his diagnosis, even if it implies imminent death.	no.	15	32	3	0	3.24
	%	30	64	6	0	
3. I should reassure the patient to talk about fear of death; doctors and nurses should reassure him/her that there is little to worry about.	no.	14	26	10	0	3.08
	%	28	50	20	0	
4. I think palliative care patients need less frequent medical assessment than patients with active, rapidly changing diseases.	no.	14	25	10	1	3.04
	%	28	50	20	2	
5. Dealing with patients receiving palliative care makes one aware of one's feelings regarding the terminally ill.	no.	15	23	9	3	3.0
	%	30	46	18	6	
6. If given a choice, I prefer to avoid contact with or care for patients receiving palliative care.	no.	17	24	8	1	3.21
	%	34	48	16	2	
7. Health care providers should be the primary professionals equipped to deal with the reaction of palliative care patients.	no.	16	24	10	0	3.12
	%	32	48	20	0	
8. I need to be in patient preparation for palliative care.	no.	18	22	10	0	3.16
	%	36	44	20	0	
9. I think palliative care patients are permitted gradual degradation without efforts to prolong their wellbeing.	no.	7	27	11	5	2.72
	%	14	54	22	10	
10. Health care team plays a crucial role in reducing the suffering of palliative care patients with hopelessness.	no.	18	25	7	0	3.22
	%	36	50	14	0	
11. I think that sometimes palliative care patients give up on themselves because the medical personnel has given up on them.	no.	12	26	10	2	2.96
	%	24	52	20	4	
12. I usually feel at ease talking with other physicians about palliative care patients for whom we share personal responsibility.	no.	22	14	13	1	3.14
	%	44	28	26	2	
13. I feel upset when palliative care patients; who mainly talk about their future for work, family, trips, etc.; do not realize the seriousness of his/her condition.	no.	23	15	11	1	3.20
	%	46	30	22	2	
14. I should be detached emotionally if they work in the best interest of palliative care patients.	no.	13	18	12	7	2.74
	%	26	36	24	14	
15. I should try to explain to the patients that they should not be angry if events are out of their control.	no.	19	20	9	2	3.12
	%	38	40	18	4	
16. I think giving care to the palliative care patient is a worthwhile experience for me.	no.	19	23	6	2	3.18
	%	38	46	12	4	
17. I think death is not the worst thing to happen to a palliative care patient.	no.	17	26	5	2	3.16
	%	34	52	10	4	
18. I feel uncomfortable discussing death with a palliative care patient.	no.	16	26	8	0	3.16
	%	32	52	16	0	
19. I think caring for the palliative patient's family should continue throughout grief & bereavement.	no.	16	24	10	0	3.12
	%	32	48	20	0	
20. If I took care of a palliative care patient, I would not be the one who talks about death with him /her.	no.	17	21	11	1	3.08
	%	34	42	22	2	

Items	no. %	Strongly Agree	Agree	Disagree	Strongly disagree	Mean ± SD
21. The length of time required for giving care to palliative care patients would frustrate me.	no.	18	23	9	0	3.18
	%	36	46	18	0	
22. It is difficult to form a close relationship with the palliative care patient.	no.	12	28	7	3	2.98
	%	24	56	14	6	
23. I expect most palliative care patients are going to die.	no.	9	25	5	1	3.24
	%	38	50	10	2	
24. When a patient asks, "Am I dying?" I think it is better to change the subject to something cheerful.	no.	18	26	6	0	3.24
	%	38	52	12	0	
25. I feel palliative care patients should not have the authority to make decisions about his/her physical care.	no.	18	26	5	1	3.22
	%	38	52	10	2	
26. I think that It is very good for palliative patients to verbalize his/her feelings.	no.	19	25	6	0	3.26
	%	38	50	12	0	
27. I think the care should extend to the family of the palliative care patients.	no.	20	14	15	1	3.06
	%	40	28	30	2	
28. I think addiction to pain-relieving medication should not be a problem when dealing with a dying patient.	no.	6	20	13	11	2.42
	%	12	40	26	22	
29. I feel uncomfortable if I enter the palliative patient's room and find him/her crying.	no.	16	22	10	2	3.04
	%	32	44	20	4	
30. I think palliative care patients should be given truthful answers about his/her condition.	no.	16	26	7	1	3.14
	%	32	52	14	2	
31. I feel it is crucial to give psychological & emotional support to the patients receiving palliative care and their families	no.	18	28	4	0	3.90
	%	38	56	8	0	
32. I feel enjoyment in giving mental & physical comfort to patients receiving palliative care.	no.	8	28	5	8	2.73
	%	16	56	10	16	
Total attitude score			97.78/ 128 (76.39%)			

Attitude scores: Positive (≥76%), moderate (51-75%), and Negative (≤50%).

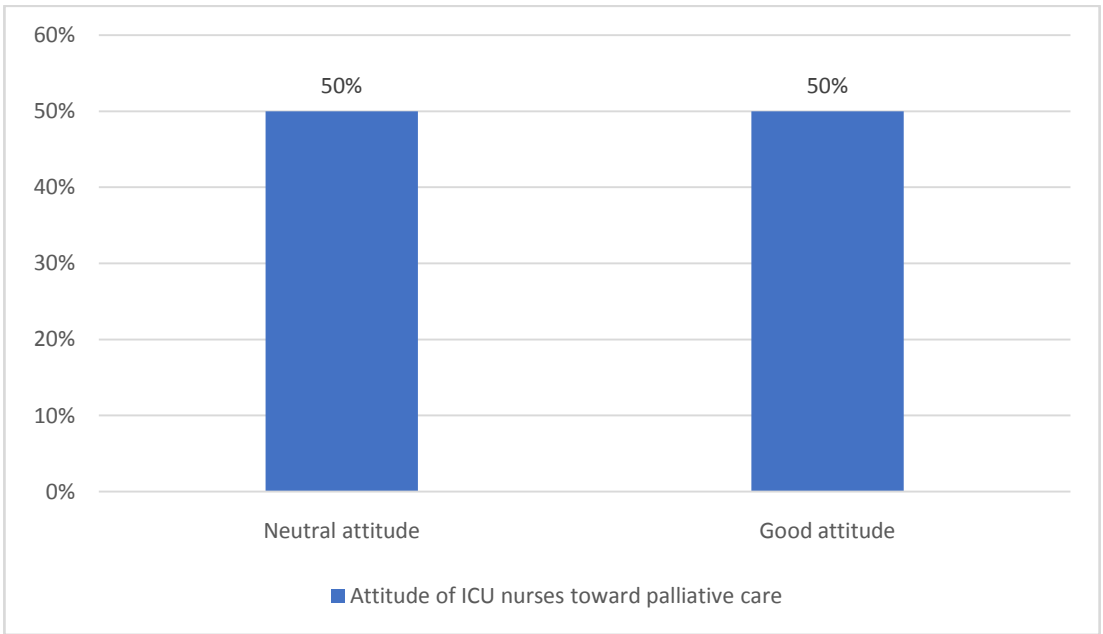

Figure 1: Attitudes of ICU nurses towards palliative care

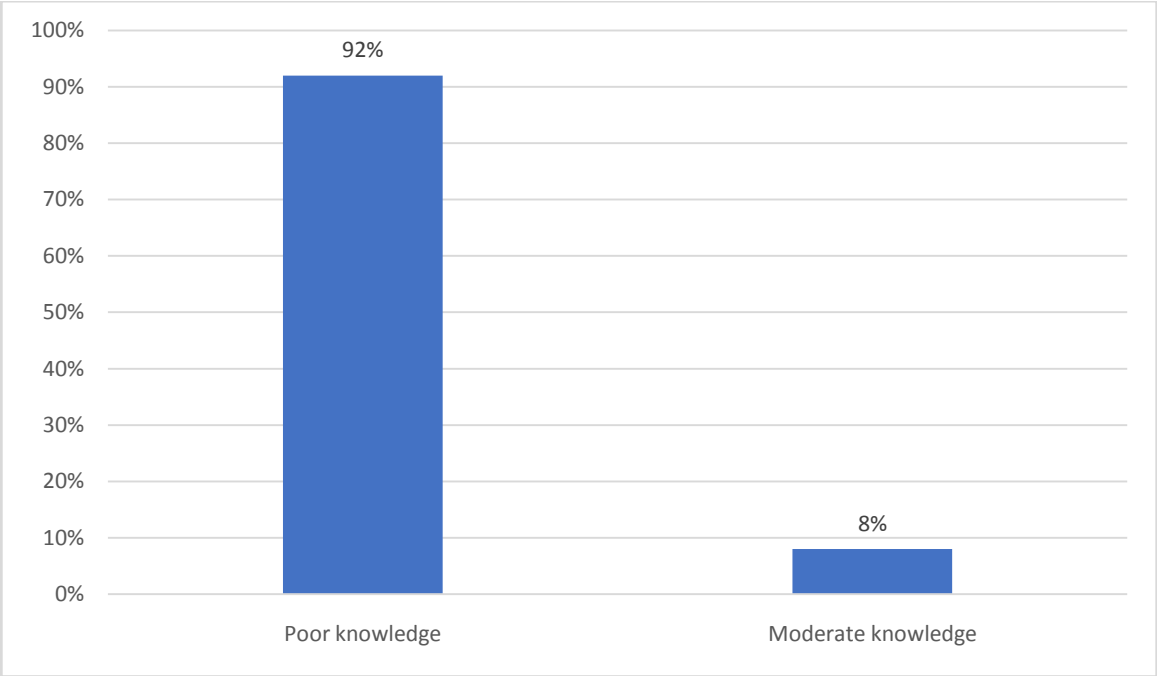

Figure 2: Knowledge of ICU nurses towards palliative care

Table 3: Correlation between attitudes and knowledge toward palliative care

		Attitudes toward palliative care	Knowledge toward palliative care
Attitudes toward palliative care	*r*	1	0.217
	P (2-tailed)	-	0.129
Knowledge toward palliative care	*r*	0.217	1
	P (2-tailed)	0.129	-

P is significant if ≤ 0.05 *r*: Pearson correlation coefficient

IV. Discussion

Critical care nurses need to be knowledgeable and competent about palliative care and pay attention to patients who need this type of care to provide effective and high-quality care (Lopez-Garcia et al., 2022). The current study investigated the relationship between the knowledge & attitude of patients receiving palliative care on 50 ICU nurses in the previously selected setting. The current study showed a weak positive correlation between attitudes toward palliative care and knowledge. This can be interpreted because most of the studied population were female, aged from 30-39 years old, with experience of 1-3 years. In addition, there is a low mean score in the following palliative care attitudes statements: feeling comfort and enjoyment toward caring for palliative patients; no problems from using pain-relieving medications; difficulty developing a close relationship; emotional apart to deal with patients who need palliative care.

The present findings are in line with Das & Haseena (2015), who studied palliative care knowledge and attitude of staff nurses and reported that the majority of studied nurses had moderate knowledge and attitude toward palliative care; also, there is a weak positive relationship between them. In addition, there is a weak positive correlation between factors affecting care delivery with knowledge and attitude toward palliative care. Paknejadi et al. (2019) reported that nurses with previous palliative care education, higher educational level, and more knowledge about palliative care were the most common factors affecting critical care nurses' attitudes. The ICU nurses' exposure to stressful situations such as death and end-of-life illness requires them to utilize complex palliative nursing skills, be compassionate, and provide individualized care regardless of the stressful caring environment. Moreover, nurses meet the social challenge of family communicating about patient death and grief (Schroeder & Lorenz, 2018).

The current findings are in line with the Lin et al. study (2021), which reported that nurses' positive perception is weakly negatively correlated with negative perception and moderately positively correlated with nurses' competence. Thi Thanh Vu et al. (2019) reported a remarkable knowledge gap between physicians and nurses regarding palliative care for elderly patients. They interpreted this gap due to a lack of experience regarding palliative care or insufficient training to provide sufficient information about it. Sato et al. (2014) supported the previous findings and reported that knowledge of symptom management, especially psychological symptoms among the studied population, was insufficient for patients with end-stage cancer.

The link between the different healthcare services and healthcare teams, as well as patients and their families, are nurses who seek to deliver high-quality care (Sekse et al., 2018). Also, Kim et al. study (2020) reported that nurses' attitude toward palliative care was moderate. In addition, knowledge was significantly correlated with attitude. They reported the need for more educational programs and training on palliative care and counseling on hospice care. The current study findings are also in congruence with the Etafa et al. study (2020), which reported the negative nurses' attitude towards palliative care which makes them less interested in this type of care.

Nurses monitor and care for patients and their families in the ICU for a long time, so they are expected to have sufficient knowledge about palliative care and provide the best care for these patients (Paknejadi et al., 2019). Azazey et al. (2019) studied the knowledge and attitude of nurses toward palliative care and found that more than half of the nurses had good knowledge about palliative care. In order to improve nurses' knowledge about palliative care, Hao et al. (2021) and Wilson et al.(2016) reported that nurses who participated in palliative care education programs had better palliative care knowledge than nurses who did not participate. Therefore, education programs are essential to improve nurses' attitude toward palliative care.

V. Conclusion

Nurses should support palliative care in moments of critical illness. Palliative care educational program for graduate and undergraduates' nurses to improve spiritual care knowledge, practice, attitude, and their competences. One of the limitations of the current study is the small sample size so generalization of the study findings cannot be guaranteed. Based on the current study's findings, it can be concluded that nurses' attitudes towards palliative care are acceptable, while most of them have poor knowledge about palliative care. This study recommends ICU nurses training and more workshops for health care providers on dimensions of palliative care. Modifying education curriculum for undergraduate nursing students to involve palliative care in the curriculum.

References

[1]. Azazey, H. M. El, Mohamed, H. F., Alzahrani, A., Alhozaimi, G., Alotaibi, K., &Tohary, S. (2019). Knowledge and Attitude towards Palliative Care among Nurses at King Fahd Hospital. 6(2), 637–647.

[2]. Budkaew, J., &Chumworathayi, B. (2013). Knowledge and attitudes toward palliative terminal cancer care among thai generalists. Asian Pacific Journal of Cancer Prevention, 14(10), 6173–6180. https://doi.org/10.7314/APJCP.2013.14.10.6173

[3]. Cherny, N. I., &Catane, R. (2003). Attitudes of medical oncologists toward palliative care for patients with advanced and incurable cancer. Cancer, 98(11), 2502–2510. https://doi.org/10.1002/cncr.11815

[4]. Das, A. G., & Haseena, T. A. (2015). Knowledge and Attitude of Staff Nurses Regarding Palliative Care. International Journal of Science and Research (IJSR), 4(11), 1790–1794. https://doi.org/10.21275/v4i11.nov151510

[5]. Etafa, W., Wakuma, B., Fetensa, G., Tsegaye, R., Abdisa, E., Oluma, A., Tolossa, T., Mulisa, D., & Takele, T. (2020). Nurses' knowledge about palliative care and attitude towards end-of-life care in public hospitals in Wollega zones: A multicenter cross-sectional study. PLoS ONE, 15(10 October), 1–14. https://doi.org/10.1371/journal.pone.0238357

[6]. Fauziningtyas, R., Widowati, D. E. R., Indarwati, R., & Asmoro, C. P. (2020). Determinants of Knowledge and Attitude related to Palliative Care Nurses. International Journal of Psychosocial Rehabilitation, 24(7), 7554–7562. https://doi.org/10.37200/IJPR/V24I7/PR270723

[7]. Ferrell, B. R., Twaddle, M. L., Melnick, A., & Meier, D. E. (2018). National Consensus Project Clinical Practice Guidelines for Quality Palliative Care Guidelines, 4th Edition. Journal of Palliative Medicine, 21(12), 1684–1689. https://doi.org/10.1089/jpm.2018.0431

[8]. Hao, Y., Zhan, L., Huang, M., Cui, X., Zhou, Y., & Xu, E. (2021). Nurses' knowledge and attitudes towards palliative care and death: a learning intervention. BMC Palliative Care, 20(1), 1–9. https://doi.org/10.1186/s12904-021-00738-x

[9]. Kim, S., Lee, K., & Kim, S. (2020). Knowledge, attitude, confidence, and educational needs of palliative care in nurses caring for non-cancer patients: A cross-sectional, descriptive study. BMC Palliative Care, 19(1), 1–14. https://doi.org/10.1186/s12904-020-00581-6

[10]. Krosnick, J., & Presser, S. (2010). Question and Questionnaire Design. Handbook of Survey Research.

[11]. Lin, H. Y., Chen, C. I., Lu, C. Y., Lin, S. C., & Huang, C. Y. (2021). Nurses' knowledge, attitude, and competence regarding palliative and end-of-life care: A path analysis. PeerJ, 9, 1–17. https://doi.org/10.7717/peerj.11864

[12]. Liu, J., Zhang, M., Luo, J., Xie, J., Chen, X., Wang, H., Li, S., Yang, S., Peng, C., Yang, L., Deng, B., Zhang, Y., Wang, C., Hu, J., & Shi, C. (2021). Practice, Knowledge, and Attitude of Health Care Providers regarding Cancer Pain Management: A National Survey. Pain Research and Management, 2021. https://doi.org/10.1155/2021/1247202

[13]. Lopez-Garcia, M., Rubio, L., Gomez-Garcia, R., Sanchez-Sanchez, F., Miyashita, M., Medina-Abellan, M. D., & Perez-Carceles, M. D. (2022). Palliative care knowledge test for nurses and physicians: validation and cross-cultural adaptation. BMJ Supportive & Palliative Care, 12(3), 324–331. https://doi.org/10.1136/bmjspcare-2019-002182

[14]. Lutz, S. (2011). The History of Hospice and Palliative Care. Current Problems in Cancer, 35(6), 304–309. https://doi.org/10.1016/j.currproblcancer.2011.10.004

[15]. Paknejadi, F., Hasavari, F., Mohammadi, T. K., & Leili, E. K. (2019). Nurses' Knowledge of Palliative Care and Its Related Factors. Journal of Holistic Nursing and Midwifery, 29(4), 236–242. https://doi.org/10.32598/JHNM.29.4.236
[16]. Parveen, A., Sultana, K., Waqas, A., Tasneem, S., Jabeen, R., Faiz, A., & Faiz, A. ul H. (2020). Knowledge and Attitude of Nurses About Palliative Care. Journal of Bioresource Management, 7(1), 68–73. https://doi.org/10.35691/jbm.0202.0122
[17]. Ross, M M., et al. (1996). The Palliative Care Quiz for Nursing (PCQN): the Development of an Instrument to Measure Nurses' Knowledge of Palliative Care. Journal of Advanced Nursing, 23(1), 126–137.
[18]. Ross, M. M., McDonald, B., & McGuinness, J. (1996). The palliative care quiz for nursing (PCQN): The development of an instrument to measure nurses' knowledge of palliative care. Journal of Advanced Nursing, 23(1), 126–137. https://doi.org/10.1111/j.1365-2648.1996.tb03106.x
[19]. Rost, M., De Clercq, E., Rakic, M., Wangmo, T., & Elger, B. (2020). Barriers to Palliative Care in Pediatric Oncology in Switzerland: A Focus Group Study. Journal of Pediatric Oncology Nursing, 37(1), 35–45. https://doi.org/10.1177/1043454219871082.
[20]. Ross, M M., et al. (1996). The Palliative Care Quiz for Nursing (PCQN): the Development of an Instrument to Measure Nurses' Knowledge of Palliative Care. Journal of Advanced Nursing, 23(1), 126–137.
[21]. Ross, M. M., McDonald, B., & McGuinness, J. (1996). The palliative care quiz for nursing (PCQN): The development of an instrument to measure nurses' knowledge of palliative care. Journal of Advanced Nursing, 23(1), 126–137. https://doi.org/10.1111/j.1365-2648.1996.tb03106.x
[22]. Sato, K., Inoue, Y., Umeda, M., Ishigamori, I., Igarashi, A., Togashi, S., Harada, K., Miyashita, M., Sakuma, Y., Oki, J., Yoshihara, R., & Eguchi, K. (2014). A Japanese region-wide survey of the knowledge, difficulties, and self-reported palliative care practices among nurses. Japanese Journal of Clinical Oncology, 44(8), 718–728. https://doi.org/10.1093/jjco/hyu075
[23]. Schroeder, K., & Lorenz, K. (2018). Nursing and the future of palliative care. Asia-Pacific Journal of Oncology Nursing, 5(1), 4–8. https://doi.org/10.4103/apjon.apjon_43_17
[24]. Sekse, R. J. T., Hunskår, I., & Ellingsen, S. (2018). The nurse's role in palliative care: A qualitative meta-synthesis. Journal of Clinical Nursing, 27(1–2), e21–e38. https://doi.org/10.1111/jocn.13912
[25]. Thi Thanh Vu, H., Hoang Nguyen, L., Xuan Nguyen, T., Thi Hoai Nguyen, T., Ngoc Nguyen, T., Thi Thu Nguyen, H., Trung Nguyen, A., Pham, T., Tat Nguyen, C., Xuan Tran, B., A Latkin, C., S H Ho, C., & C M Ho, R. (2019). Knowledge and Attitude Toward Geriatric Palliative Care among Health Professionals in Vietnam. International Journal of Environmental Research and Public Health, 16(15), 1–11. https://doi.org/10.3390/ijerph16152656
[26]. Vishnevetsky, A. et al. (2019). Palliative Care: Perceptions, Experiences, and Attitudes in a Peruvian Neurologic. Journal of Palliative Medicine, 22(3), 250–257.
[27]. WHO. (2020). Palliative care. https://www.who.int/news-room/fact-sheets/detail/palliative-care
[28]. Wilson, O., Avalos, G., & Dowling, M. (2016). Knowledge of palliative care and attitudes towards nursing the dying patient. British Journal of Nursing, 25(11), 600–605. https://doi.org/10.12968/bjon.2016.25.11.600
[29]. Yoon, S.-J. (2020). Barriers to Early Palliative Care. The Korean Journal of Hospice and Palliative Care, 23(4), 252–255. https://doi.org/10.14475/kjhpc.2020.23.4.252

Rawhia Salah Dogham, et. al. "Nurses' Knowledge and Attitudes towards Palliative Care." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 11(6), 2022, pp. 09-16.