

Assessing Self Efficacy among Nurses Regarding Palliative Care

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Abstract

Background: Palliative care is essential for patients with serious illnesses or those nearing the end of life. However, access to palliative care is limited globally, especially in low- and middle-income countries.

Objective: This study aimed to assess the self-efficacy of registered nurses in providing palliative care and to identify gaps in their skills and training.

Methods: A cross-sectional descriptive study was conducted among nurses working in oncology and critical care units in Karachi, Pakistan.

The study evaluated self-efficacy to highlight areas for improvement and professional growth. Results: The study found that 42.3% to 44.2% of nurses needed training in critical areas such as addressing patients' concerns about dying, managing terminal delirium, and discussing post-death matters with families.

Conclusion: The



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findings highlight key areas where nurses require skill development. This study provides guidance for developing training programs to improve nurses' confidence and effectiveness in palliative care.

Introduction

Palliative care is an essential healthcare that focuses on improving the quality of life for patients with serious illnesses (Schroeder, K. and Lorenz, K, 2018). The International Association for Hospice and Palliative care (IAHPC, 2019) defines Palliative care as "Palliative care is the active, holistic care of people of all ages who are suffering from severe illness and are nearing the end of their lives." According to the World Health Organization (WHO), an estimated 56.8 Million individuals universally require Palliative care each year, with 25.7 million of those individuals at their end of life, and approximately 14% of people who benefit from Palliative care are receiving it worldwide. Likewise, early Palliative care minimizes hospitalizations and health service use. Moreover, throughout the past few years, Palliative care has developed into an increasingly significant component of modern medical practice as an outcome of its power to improve the overall course of therapy for patients (WHO, 2021). Through Palliative care



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training, nurses can assess patients and their families to achieve high comfort levels, pain control, and other distressing symptoms (E. El-Sayad and A Shaala, 2021). To provide essential Palliative care, nurses require knowledge, skills, values, and attitudes. By providing these essential elements, nurses can provide exceptional Palliative nursing care, ensuring the highest level of Comfort and support (Hökkä et al., 2020). A study conducted in the United States of America concluded that there is a need for additional education and training among healthcare providers in Palliative care (Schroeder, K. and Lorenz, K, 2018).The demand for Palliative care services has been steadily increasing, particularly for individuals approaching the end of their lives and their respective caregivers (Wong et al., 2022).

Palliative care in Pakistan is a novice discipline, and there needs to be more general knowledge about Palliative care, and this is one of the obstacles to establishing a public health start for Palliative care (Shah et al., 2020). A Cross- sectional descriptive study conducted in Pakistan concluded that while most healthcare practitioners in Pakistan have a basic understanding of Palliative care, over half of respondents were dissatisfied. Lack of training in Palliative medicine, is a significant factor



in their care. All healthcare levels should include Palliative care in their curriculum, including additional online training programs and workshops.

Research Question

What is the level of self-efficacy among nurses in palliative care?

Objective

To measure the level of self-efficacy among nurses in palliative care.

Methodology

This cross-sectional descriptive study was conducted at Ziauddin Group of Hospitals' Oncology Department and Diamond Era Nursing Home in Karachi. The target population included 52 registered nurses working in critical care units, oncology wards, or providing end-of-life care. Participants were selected through purposive sampling based on the inclusion criteria of valid nursing licensure and at least one year of relevant experience. Data were collected using the validated Palliative Care Self-Efficacy Scale (PCSES), which has a Cronbach's alpha of 0.87–0.92 and measures nurses' efficacy on a four-point Likert scale. Ethical approvals were obtained from the Internal Research Committee, Departmental Research Committee, and Ethical Review Committee.



Written informed consent was secured, and participant confidentiality was strictly maintained.

Results

The study sample comprised 52 participants, with 61.54% being female and 38.46% male. Among them, a significant majority (88.5%, n=46) reported not having attended any palliative care training, seminars, or workshops, highlighting a substantial gap in formal education on the subject. Only a small proportion (11.5%, n=6) had participated in such training programs. Most participants (59.6%, n=31) had more than three years of experience, followed by 21.2% (n=11) with 2–3 years of experience, 15.4% (n=8) with 1–2 years, and only 3.8% (n=2) with less than one year of experience. Regarding marital status, 51.9% (n=27) were married, while 44.2% (n=25) were single. The majority of participants (80.8%, n=42) held staff nurse positions, with 15.4% (n=8) as head nurses and only 3.8% (n=2) serving as team leaders.

Approximately 51.9% of participants reported confidence in patient-family interaction and clinical management, whereas 44.2% required further basic instruction, and only 3.8% could perform these tasks with minimal consultation. Confidence in answering patients' questions



about the dying process was observed in 55.8% of participants, but 42.3% needed further instruction, with just 1.9% feeling capable of doing so independently. Similarly, 55.8% expressed confidence in supporting upset patients or family members, while 40.4% needed more training in this area.

When discussing available support services, 53.8% felt confident, but 44.2% required additional guidance. Confidence levels were consistent for discussing environmental options such as hospital or home care, with 53.8% confident, 44.2% requiring more training, and only 1.9% able to perform independently. For discussions about patients' wishes after their death, 55.8% expressed confidence under supervision, while 42.3% required further instruction.

Regarding medication-related queries, 57.7% were confident in answering with supervision, while 40.4% required additional training.

Reaction to pain reports saw 59.6% confidence, but 38.5% needed foundational guidance. Coping with terminal delirium showed similar trends, with 55.8% confident and 42.3% requiring further instruction.

Other areas such as coping with terminal illnesses, nausea/vomiting, and constipation also revealed significant gaps. For instance, while 50%



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of participants felt confident managing these conditions, approximately 44.2% still required further training, and only a small fraction (5.8%) felt capable of performing independently.

Discussion

The results of this study provide crucial insights into the self-efficacy and skills of nurses involved in Palliative care within Pakistan. While more than half of the participants report feeling confident in essential aspects of patient and family interaction as well as clinical management, a considerable portion still requires basic training to feel adequately prepared for effective practice. This observation is consistent with existing literature that underscores the significance of addressing knowledge gaps in Palliative care education to improve nurses' self-efficacy and their capacity to deliver holistic care (Kim et al., 2020; White et al., 2019).

A recurring finding is the gap between nurses' self-reported confidence and their need for further education in various aspects of Palliative care. For example, although 59.6% of nurses express confidence in responding to pain reports, 38.5% still need additional training. Furthermore, only a small fraction (1.9–5.8%) feel capable of executing



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specific tasks with little to no consultation. This observation aligns with the conclusions drawn by Radman et al. (2021), which showed that targeted programs such as spiritual counseling and hope therapy significantly bolstered clinical self-efficacy among nursing students. Moreover, this observation aligns with the conclusion drawn by Rattani, 2020. There is a significant lack of palliative care training in the Pakistani healthcare system, leading to inadequate support for patients with end-of-life illnesses. Many healthcare professionals are not equipped with the necessary skills to manage pain and provide holistic care (Rattani, 2020). The relevance of these interventions stresses the need for similar training initiatives customized to the cultural and clinical realities of Pakistan.

Moreover, the qualitative research conducted by Hökkä et al. (2020) underscores the necessity for nurses to develop a wide array of skills, encompassing clinical, communicative, and personal domains, to provide effective palliative care. However, this study reveals that approximately 42.3%–44.2% of nurses require foundational training in crucial areas, including addressing patients' concerns regarding the dying process, managing terminal delirium, and handling post-death



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conversations with families. These results are in harmony with the findings of Shah et al. (2020), which highlighted the insufficient integration of Palliative care education in Pakistan.

Conclusion

The research highlights significant consequences for policy and healthcare practices. To bridge the knowledge and confidence gaps, especially among less experience nurses, it is essential to obtain support from both institutions and government entities. Essential progress involves integrating palliative care training into nursing programs, offering ongoing education opportunities, and creating supportive environments for learning and practice.

Recommendation

- Policymakers should allocate resources to promote continuing education and develop culturally appropriate training programs.
- To improve the self-efficacy in palliative care among nurses in Pakistan, it is recommended that nursing programs incorporate palliative care education and provide specialized training initiatives that address current knowledge deficiencies in end-of-life care.
- It is also crucial to establish structured mentorship and support

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frameworks to boost nurses' confidence and independence.

Approval from Ethical Review Committee



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ETHICAL REVIEW COMMITTEE

Date: August 17, 2024

Mr. Ismail Khan,
MSN Candidate,
Department of Nursing & Midwifery,
Dr. Ziauddin University Hospital,
Karachi, Pakistan.

Subject: Institutional Approval of Research Study.

Title of Protocol: "Effect of Jean Watson Theory-Based Intervention on Self Efficacy And Competency Among Nurses and Regarding Palliative Care"

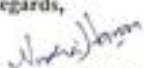
Principal Investigator: Mr. Ismail Khan, MSN Candidate in Department of Nursing & Midwifery at Dr. Ziauddin University Hospital, Karachi, Pakistan.

Reference Code: 8990724ZUNUR

Dear Mr. Ismail Khan,

Thank you for submitting the above-mentioned study proposal. The ERC Ziauddin University has reviewed this project in the meeting of August, 2024 and gives approval to conduct this study. Any change in protocol should be notified to the committee for prior approval. Kindly notify us when the research is complete.

Regards,


Dr. Nadia Haroon
Secretary, ERC ZU

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