

# The attitude of nurses for the enhancement of palliative care in Greece

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## Abstract

**Purpose:** The aim of this study was to estimate the attitude and knowledge of nurses for the development of palliative care in Greece.

**Material and methods:** A certain questionnaire with closed questions was developed and was used as research method to collect all the necessary data to support or question the hypotheses. Eighty one nurses participated in this study. The data collected was analysed using the SPSS software.

**Results:** Of the 81 nurses questioned 22 (27.16%) were men and 59 (72.84%) were women. The average was 37.19±9.16 years of the working Experience was 14.83±9.02 years in different units, 34.3%. Answered that the palliative care must be specialty, 43.2% specialization and 23.5% course.

**Conclusions:** The majority of nurses believe that if they had working experience in different units this won't give them the capacity to deal with patients who suffer from advanced disease.

**Key words:** nurses, palliative care, cancer, Greece.

## Introduction

Palliative care is a philosophy that provides a combination of active and compassionate therapies to comfort and support

patients and families who are living with life-threatening illness while being sensitive and respectful of their values, traditions, and religious, cultural, and personal beliefs [1]. The World Health Organization defines palliative care as one that affirms life and regards dying as a normal process, does not hasten nor postpone death, provides relief from pain and other symptoms, integrates the psychologic and spiritual aspects of care, offers support to help people live actively until they die, and supports the family throughout the patient's illness and their own bereavement [2]. The current palliative care movement began in the United Kingdom in the 1970's in response to the need to address the suffering of the terminally ill. It is very important for nurses to recognize the importance of nursing response to the needs for care in patients with advanced disease. The International Council of Nurses Supported that nurse has a unique and primary responsibility for ensuring that individuals at the end of life experience a peaceful death [3]. Sheehan has supported that it is very important to connect both didactic and clinical components in the undergraduate and postgraduate curriculums [4,5]. The Breen School of Nursing at Ursuline College in Pepper Pike, Ohio was the first graduate program to prepare advanced practice nurses in palliative care.

## Materials and methods

Research was both qualitative and quantitative. A questionnaire was used as research method to collect all necessary data to support or question the hypotheses. Eighty-one nurses who work in home care units and in different department in the hospitals were participated in this study. The data was analysed using the SPSS software and will be presented in a text but tables and graphs will also be used. These nurses felt reluctant to express their opinion as this new form of health care is not widely discoursed in Greece and they did not feel confident enough about their knowledge on the subject.

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Table 1. Departments of working experience

Departments of working experience	A	B	C	D	Total
1 Surgical	52			1	53
2 Pathological	14	32	1	1	48
3 Outpatient Unit	1	4	3		8
4 Pain Unit	4	2			6
5 Home Care Unit	4			1	5
6 Intensive Care Unit	3		7		10
7 Psychiatric Unit	1				1
8 All of the above	2				2
9 Oncology		1	1		2
0 No answer		42	69	78	
Total	81	81	81	81	

## Results

### Quantitative Findings

**Gender** Out of the 81 people questioned 22 were men representing 27.16% of the sample and 59 were women representing a 72.84% of the total sample. Both nurses and doctors were asked to fill in the questionnaires but the majority of the sample was nurses, who in the Greek hospitals are mainly women. That's why our sample gives such a high percentage of women correspondents.

**Age** The average age of the people questioned was 37.19, with the older being 56 and the youngest 22 years old. The average age is rather young since most of the individuals willing to set the appointment to fill in the questionnaire were young people who could see the importance of a new qualitative form of care.

**Years of working experience** The average number of years that people being asked have been working was 14.83 (1-34) years. This average denotes that people being asked have enough working experience, which gives them the ability to judge better the needs of patients and health care system. Most of nurses worked in surgical (n=53) and pathological (n=48) departments.

**Years of working experience in different departments** Only 2 people did have working experience in an oncology department representing 0.17% of the total sample. One had 4 years and the other 10 years of working experience.

The average number of years of work in pain unit is less than 1 year (0.59). Specifically, 5 people had worked in pain unit for 4 years and 2 for 14 years. In home care unit the mean number of years of the total sample is 0.28. Only 7 individuals out of the 81 had worked in home care, 6 for 3 years and 1 for 5 years. The almost non-existent working experience of the sample in oncology, pain and home care departments is due to the fact that Greek hospitals don't have such units. Cancer patients and patients suffering from chronic diseases are treated in general departments depending on the implications of their disease.

Table 2. Answers on question "do you believe that patients suffering from advanced cancer disease should be taken care in"

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	1	1.20	1.20	1.20
2	22	27.20	27.20	2.40
3	11	13.60	13.60	42.00
4	7	8.60	8.60	50.60
5	18	22.20	22.20	72.80
6	22	27.20	27.20	100.00
Total	81	100.00	100.00	

### Questions

On the question:

1) Palliative care should be: speciality or course. Almost 34.6% of nurses answered speciality, 43.2% specialization and 22.2% course. This declares the impelling need for palliative care to be more than a course. People believe that they need to have enough knowledge in order to be able to offer qualitative palliative care.

2) Do you believe that your basic training gives you the capacity to deal with patients with advanced cancer disease? To this question 34.6% answered "Yes", 14.8% "No" and 50.6% chose the third alternative. In a bar chart this is depicted as following.

3) Do you believe that your working experience in different general departments gives you the capacity to deal with patients who suffer from advanced cancer disease? In this question, answers are almost equally divided to those who believe that their working experience in different departments is enough to handle advanced cancer patients and to those who believe that special training is needed.

4) Do you believe that if you had working experience in an oncology department this would give you the capacity to deal with patients who suffer from advanced cancer disease? Almost 49.4% of the people questioned answered "Yes", 9.9%, meaning 8 people out of the 81, answered "No" and 40.7% said that they need special training.

5) Do you believe that if you had working experience in pain and home care units this would give you the capacity to deal with patients who suffer from advanced cancer disease? Only 7 people representing 8.6% answered "No", while 36 (44.4%) answered "Yes" and 38 (46.9%) chose the third alternative.

6) Do you believe that patients suffering from advanced cancer disease should be taken care in? a) General departments in a hospital, b) Hospice, c) Special units offering palliative care in a hospital, d) Home in co-operation with a hospital, e) Home in co-operation with a Hospice, f) Home in co-operation with special hospital units. The different answers are shown in Tab. 2. Here it is evident that we have a wide dispersion of answers. Still, the preferences for hospice and home settings to offer palliative care are prevailing. Only 1 individual said that general departments of a hospital are adequate to offer palliative care.

7) Do you believe that palliative care should be taught in undergraduate level? The majority of the respondents (86.4%) answered "Yes" and the rest 13.6% answered "No", which means only 11 people out of the 81 don't think that palliative care should be taught in undergraduate level.

8) Do you believe that palliative care should be a course in postgraduate studies? In this case the 72.5% of the respondents answered, "Yes". The answers to questions 7 and 8 make explicit the necessity to include palliative care in universities and educate future doctors and nurses so as they become ready to exercise palliative care to patients.

9) Do you believe that in hospice and palliative care a nurse can be the co-ordinator of the interdisciplinary team? The vast majority answers that yes a nurse can be the co-ordinator of the interdisciplinary team, which proves the crucial role of a nurse as a team member.

10) Who to your opinion should be the co-ordinator? In this question four alternative answers were given: a) doctor, b) nurse, c) health scientist, d) N/A. In this question that was semi-structured, 41 individuals answered that the co-ordinator should be a doctor and 26 that should be a nurse. Here the role of the doctor is prevalent as is the hospice medical director's mentioned in the literature review. In no way this does imply that the role of a nurse is inferior, because as it was seen from the previous question the majority of the answers were for a nurse to be co-ordinator of the interdisciplinary team. It is worth mentioning that 12 people couldn't make up their mind of who the co-ordinator should be, probably because they believe that this role should be given solely neither to a doctor nor to a nurse.

11) Should the nurse apply standards that have already been tested? The majority of respondents (87.7%) replied "Yes" as it can be seen in the following table and graph.

12) The co-ordinator should be: a) registered nurse with special training, b) registered nurse with working experience in oncology department, c) registered nurse with working experience in home care unit, d) registered nurse with working experience in pain unit, e) assistant nurse with working experience in oncology department. No one of the respondents chose the 5th answer. The majority of the individuals believe that the co-ordinator should be a registered nurse with special training (42%) and the second highest percentage is for a registered nurse with experience in oncology department.

13) Do you believe that volunteers are an absolute prerequisite to palliative care? Almost 81.5% of the respondents believe that they are, 3.7% believe not and 14.8% claim that volunteers are necessary in rare occasions. This high percentage shows that volunteers are vital members of the team to offer support to patients.

## Discussion

The analysis of both quantitative and qualitative research shows that people believe that hospice and palliative care offers qualitative services. Interviewees, when defining hospice and palliative care, considered it as an institute that offers quality of life to patients. Almost in each and every theme of the interview discussion, trained and educated personnel were considered of

paramount importance. The majority of the respondents in the quantitative research believe that hospice and palliative care should be included in undergraduate and postgraduate studies, should be a specialty or specialization, that people offering such form of care should be specially trained regardless of their basic training or experience in different departments, that standards already been tested should be applied, that organized hospices abroad must be visited to learn the know-how, that special scientists should be invited to contribute to a better organization of hospice and palliative care and that each patient must be treated as a unique person. These findings clearly support the hypothesis that hospice and palliative care is effective dealing with patients' medical problems offering them quality of life [6-11]. The research findings are also aligned with the literature findings [12-14] mentioning that one of the main roles of a hospice medical director is the formulation and presentation of educational programmes, that the future of a hospice and palliative care organization is mainly based on the quality of services offered, that pursuit of quality is a complex process which demands on-going commitment, that hospice managers should evaluate performance of similar organizations to review standards, identify quality elements to measure and rate current practices and that the role of the caregivers and all other people involved should be evaluated as part of continuous quality improvement.

Findings of both research types agree on the importance of teamwork and co-operation. Respondents of the quantitative research supported that a registered nurse could be and a physician should be the co-ordinator of the hospice interdisciplinary team and that other.

In the interview phase people stated that special building facilities of a hospice are prerequisites for applying effective palliative care. The respondents of the quantitative research claimed that palliative care must be offered in a hospice, or at home in co-operation with a hospice or with special hospital units. These findings are aligned with the literature review presented about service settings required to apply palliative care [15-18]. Literature findings from foreign bibliography showed that costs incurred by home care clients are significantly less than costs incurred in skilled nursing facilities [7,9,11]. There was no domestic literature found to prove the same analogy. Despite this and based on research findings and foreign bibliography it can be said that the hypothesis that systematically applied hospice and palliative care reduces the overall cost of health care is partially proven.

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