



International Journal of Nursing and Health Sciences

ISSN Print: 2664-9187
ISSN Online: 2664-9195
Impact Factor: RJIF 5.42
IJNHS 2025; 7(1): 18-22
www.nursingjournals.net
Received: 16-10-2024
Accepted: 22-11-2024

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Palliative care training: A Pilot Approach

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DOI: <https://doi.org/10.33545/26649187.2025.v7.i1a.81>

Abstract

Palliative care has a significant role in the health care system which offers support to patients and family until end and after death also. It can be started alongside other treatments from the very beginning to improve the quality of life of patients and family members. This palliative care is a team approach where nurses play a significant role. Most of the time nurses only spent time with the patient in the hospital. So it is very important to train nurses regarding palliative care so that they can manage pain, symptom burden by maintaining ethical principles at the end of life stage effectively. In this paper the author conducts a pilot approach where extensive palliative care training was provided to students.

Objective: To assess the existing knowledge of the students and to evaluate the effectiveness of palliative care training.

Methods: Quasi experimental research design was adopted in this quantitative approach. Samples were selected by non-probability convenient sampling. In this quasi experimental study multiple choice questionnaires were prepared where 12 questions were demographic related questions and 40 questions were knowledge related questions. Tool was validated by 7 experts from different areas. After validation of tool reliability test was done by the method of kearl pearson's formula. Reliability was 0.93 which indicated the tool was highly reliable.

Results: The mean posttest was 23.76 which is higher than mean pretest knowledge i.e 15.66 and the median of posttest is 23 was higher than median of pretest score which signifies after training students gain knowledge. Paired t test was commuted to assess the effectiveness of the training programme. calculated t test was 7.17 ($p < 0.05$) which was more than p value (1.67) at 0.05 level of significance at 55 degrees of freedom which implies there was true mean difference between pre and posttest. Researchers conduct one more test after one month. At that time the mean and median of knowledge score again decreased but higher than pretest score.

Conclusion: Continuous palliative care training is necessary to retain knowledge among nursing students.

Keywords: Palliative care, end of life care, pilot approach

Introduction

Palliative care is a specialized care in end of life situations. Palliative care has significant impact in healthcare settings when curative care has not much role to cure the disease. It aims to improve the quality of life of patients [1]. Palliative care can be provided alongside with other treatments from the very beginning to relieve symptoms of the patient. Its main aim is to increase the quality of life of patients and family as well [2-6]. End of life care aims to relieve pain, symptom management, care of dying and death [7-8]. Until death, patients and family need a symptom free life. In life threatening conditions continuity of care is very much needed for patients and family. In low and middle income countries where overburden is there in the health care system patients and family members face in this continuity of care. In this condition community based palliative care may be a good solution [9]. To implement that extensive palliative care training of health care workers is very much needed.

Nurses are the one who works as a frontline worker every time during patient care. As a significant part of the palliative care team nurses can play an important role in providing end of life care to patients with family members [10]. Regardless of death in hospital, community or home nurses spent the longest time with dying patients [8]. Many research studies are conducted which shows inadequate knowledge on palliative care of nurses indicating extensive training of nurses regarding palliative care [11]. Muliira *et al* study [12] shows that nurses have the positive attitude but inadequate knowledge regarding end of life care. In that study nursing students reported that palliative care are not included in their programme

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also^[13]. So Training regarding palliative care among nurses are highly desirable so that they can render quality nursing care so that they can manage pain, end of life symptoms by maintaining patients and family member's dignity^[14]. Palliative education can develop communication skills with dying patients and family members among nurses. Considering all the points researchers want to conduct a pilot study in ShriCM Nursing college to assess the effectiveness of palliative care training on students.

Methodology

Researchers conducted a pilot study by selecting 56 samples. Quasi experimental research design was adopted in this quantitative approach. Samples were selected by non-probability convenient sampling. In this study inclusion criteria was Bsc nursing students and willingness to research study. Informed consent was taken from the sample after elaborate explanation about this training. Researchers conducted this pilot study in Shri Cm Nursing College, Bhilai, Chhattisgarh. Participants were Bsc Nursing 4th semester students of this college. Among 80 students 56 were interested to participate in this study. In this quasi experimental study multiple choice questionnaires were prepared where 12 questions were demographic related questions and 40 questions were knowledge related questions. Participants were asked to choose correct answers among all options.

Intervention

Researcher Conducted pretest for assessing background knowledge of students regarding palliative care. In Google form all questions were written in chronological order. Students were nicely explained regarding their way to fill the form. Google form link was provided to students in the classroom through whats app. 50 mins time was provided to fill the form. After filling the form participants are told to click the submit button. After submission each participant was able to see the total score but there is no option for editing answers after submission of the form. All data were captured in one single Google form. After conducting the Pretest, researchers started Training session in the classroom. Extensive training programme was conducted throughout 5 days. Training was provided through PPT, Real life video, Case Study and Demonstration.

Study Design

Quasi Experimental research design was used in this study. Pretest was taken from participants then extensive training programme was provided followed by posttest was taken. Ethical permission was obtained from the institute before conducting the study.

Sample Selection

Study Tool: Structured multiple choice questionnaire was used to measure the knowledge of the students. Tool was divided into two parts. Section A contained 12 demographic related questions and Section B contained 40 structured multiple choice questions. Tool was validated by 7 experts from different areas. After validation of tool reliability test was done by the method of kearl pearson's formula.

Reliability was 0.93 which indicated the tool was highly reliable. Participants were well explained regarding methods of administration of the tool.

Data Collection procedure

Consent was taken from all participants after enough explanation of present study. Before starting the training programme a google sheet was shared to participants through whatsapp group. 1 hour time was provided to participants for filling the form and submission. After final submission there was no option to edit the answer. Participants were able to see total obtained marks after final submission. Then from the next day an extensive training programme was given for one week. At the end of one week and at the end of one month posttest was taken. Same questionnaire was administered in the posttest.

Results

For describing sample characteristics descriptive statistics were used. Frequency percentages were calculated for describing demographic characteristics of the students. Pre and Posttest mean and median were used to assess the knowledge after the training programme. In inferential statistics paired t-tests were conducted to analyze the difference of pre and posttest mean.

Although 76 students agreed to participate in the training programme, only 56 students attended the complete training programme. These 56 participants completed both pre and posttest questionnaires. Table-1 shows that 51.5% participants were in the age group of 20 to 25 years. Maximum (89.4%) students were female. 93.9% participants belong to Hindu families. Maximum students (65.2%) reported that they belong to the nuclear family. 71.2% students told that they heard this terminology palliative and most of them (71.7%) heard this terminology from Hospital. 28.8% of students had experience seeing dying patients at home. Maximum students (66.7%) reported that there is no palliative unit where they get training.

Researchers divided the whole content in five areas. In each of five areas it is seen that the posttest test mean is higher than the pretest mean which reflects that there is knowledge gain in posttest than pretest. After one month researcher conduct one more test with same pretest multiple choice questionnaire to assess the retaining of knowledge. Regarding the awareness of on the concept of palliative care the pretest mean knowledge was 23.49 and mean percentage 41.96% which were increased in posttest i.e mean and mean percentage turns to 35.95 and 65.17%. Interesting findings is that after one month when researchers conduct random tests on same participants with the same tool, the mean and mean percentage becomes less i.e 25.61 and 45.74%. Above table clearly reflects that in every five areas posttest mean and mean percentage were increased with respect to the results of pretest which indicates there is knowledge gain after the training programme. After one month, the test result shows the mean and mean percentage decreased with respect to posttest mean and mean percentage which reflects diffusion of knowledge with time.

Table 1: Demographic characteristics of the Student. (n=56).

Sl. No	Parameters	Frequency	Percentage
1	Age in yrs		
	A. 15 - 20	24.584	43.9
	B. 20 - 25	28.896	51.6
	C. 25 - 30	2.52	4.5
	D. Above 30	0	0
2	Gender		
	Female	50.064	89.4
	Male	5.936	10.6
3	Religion		
	Hindu	52.584	93.9
	Muslim	0	0
	Christian	3.416	6.1
	Sikh	0	0
4	Type of Family		
	Nuclear	36.512	65.2
	Joint	19.488	34.8
5	I have heard this term palliative		
	Yes	39.872	71.2
	No	16.128	28.8
6	If yes please mention the source. I heard this term palliative from the source of		
	Relative	2.52	4.5
	Television	4.256	7.6
	Hospital	40.712	72.7
	None	5.096	9.1
	Study	3.416	6.1
7	I expose any palliative care education		
	Yes	36.176	64.6
	No	19.824	35.4
8	I have experience in to see anyone in dying phase from my family		
	Yes	16.128	28.8
	No	39.872	71.2
9	Level of medical service setting from where you are clinically exposed		
	Medical college	31.472	56.2
	District hospital	0.896	1.6
	Private Hospital.	23.632	42.2
10	Did you face any death in front of you recently		
	Yes	11.032	19.7
	No	44.968	80.3
11	Is there any palliative unit in hospital where you trained		
	Yes	18.648	33.3
	No	37.352	66.7

Table 2: Area wise response to palliative care (n=56)

No	Area Wise Nurses' responses to the palliative care.	Pretest		Posttest		Test 3	
		Mean	Mean%	Mean	Mean%	Mean	Mean%
I.	Awareness on the concept of Palliative care	23.49	41.96	35.95	65.17	25.61	45.74
II.	Awareness on the pain management of terminal ill patient	19.07	34.06	37.09	66.24	28.35	50.62
III.	Awareness on the various symptom management of palliative patient.	23.27	36.85	32.24	58.09	24.29	43.38
IV.	Awareness on the communication skill and ethical principles in palliative care setting	24.13	43.10	32.38	57.81	22.42	40.05
V.	Awareness on the Grief, loss Optimization of care and Final hours.	26.58	47.47	37.65	67.23	26.89	48.03

Table 3: Changes of knowledge by descriptive statistics (n=56)

Parameters	Data 1	Data 2	Data 3
Mean	15.66	23.76	17.58
Median	14	23	15
Standard Dev	5.03	11.33	9.56

Table 3 reflects that The mean and median score in data point 2 i.e. 23.76 and 23 in Posttest has significantly increased than pretest i.e 15.66 and 14 which indicates the training programme has positive effect on knowledge gain

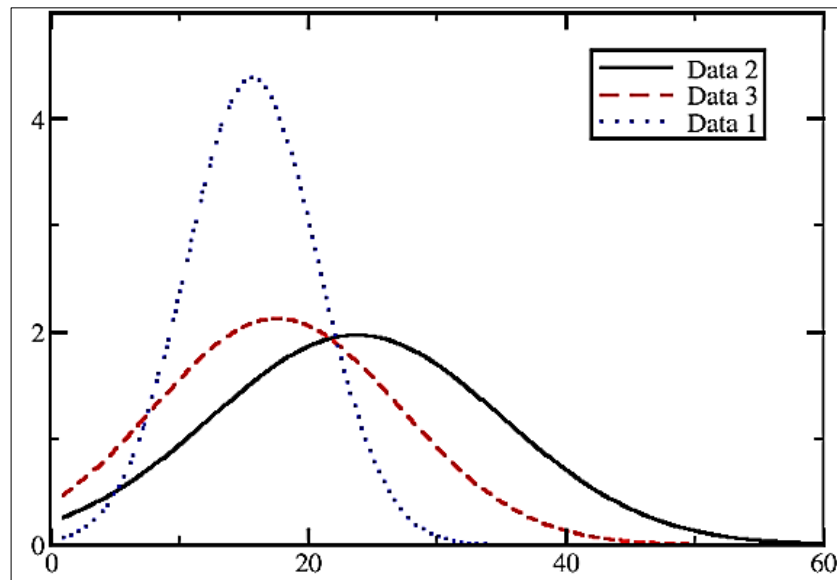
means after attending training students gain knowledge but after one month mean and median is decreased than post test mean and median. It means that time scales are decaying the retained information as per table 3 descriptive statistics.

Table 4: Showing mean difference by inferential statistics (n=56)

Score	Mean	t test	df	p value at 0.05	Remarks
Pre test	15.66	7.17	55	1.67	Significant
Post test	23.76				

Paired t test was computed in this case to find out the mean difference of two test scores. Table 4 shows the calculated t test was 7.17 ($p < 0.05$) which was more than p value (1.67) at 0.05 level of significance at 55 degrees of freedom. It

reflects there was true mean difference in post-test and pretest and significant knowledge gain after training programme.

**Fig 1:** Showing the distribution of knowledge with time

Above figure shows the knowledge distribution curve in different time periods before and after educational intervention. Blue dotted line shows the distribution of pretest knowledge scores high peak but less depth (mean - 15.66). Black line reflects the posttest test distribution. Red dotted line reflects the knowledge distribution in the third time period. Under the black curve it is showing more area and it is shifted to the right side of the blue curve where the mean is 23. So it is seen after training programmes that the mean knowledge is shifting towards the right side which reflects they are gaining knowledge after training. But after one month when retest was done on the same questionnaire it is seen that mean knowledge (Red dotted line) is shifted to the left side of posttest mean knowledge score (Black line) but right side of pretest mean knowledge score (Blue dotted line). It means after getting training students retain some knowledge though mean knowledge score is decreased in the second time posttest. It signifies that memory retains some information and some knowledge is decaying with time. So continuous training may be needed for retaining knowledge.

Summary and Conclusion (Will be done later)

The results of studies show that students mean knowledge has increased after conducting palliative care training. In area wise (Table 2) if we discuss we can see that in every area pretest mean score was in between 23 to 26 except Area II (Awareness on the pain management of terminally ill patients) where pretest mean knowledge was 19.07. This area is very important in a clinical setting. Surprisingly after training the posttest mean knowledge of pain management shifted from 19.07 to 37.09 which again decreased to some extent after one month. Still after one month the mean

knowledge score was in this area 25.61. So it reflects students fruitfully understanding and their knowledge is significantly increased on pain management after training. Likewise if we look other area we seeing the score range in posttest is 32 to 37 which was again decrease in tests after one month

Acknowledgement

My heartfelt acknowledgement to Dr. Sabyasachi Ghosh, associate professor of IIT Bhilai for scientific suggestions.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

Mondal S, Devi B. Palliative care training: A Pilot Approach. *International Journal of Nursing and Health Sciences.* 2025; 7(1): 18–22.

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