

A Descriptive Study to Assess Knowledge and Attitude of Nursing Students Regarding Palliative Care and End of Life Care, at Selected Nursing Colleges, Faridkot Punjab

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ABSTRACT

Aim: The study assesses the knowledge and attitude of nursing students toward palliative and end-of-life care in selected nursing colleges in Faridkot, Punjab. It aims to evaluate their understanding, perceptions, and readiness to provide compassionate care.

Materials and methods: This study utilized a descriptive quantitative cross-sectional design with convenience sampling to recruit eligible nursing students from Faridkot, Punjab. Participants included BSc (N) 3rd, 5th, and 7th Sem students who consented, while 1st Sem students were excluded due to limited clinical exposure to palliative and end-of-life care. Among 300 registered nursing students, the required sample size was 257, but 100 students completed the questionnaire. Data were collected through an online survey, ensuring voluntary, anonymous participation and confidentiality. A validated instruments were used: the PCQN to assess students' knowledge of palliative care (20 items, scoring range 0–20, reliability 0.68) and FATCOD Form B Scales (5-point Likert scale, 9 items, score range 9 – 45, reliability 0.70) was used to assess student's attitudes towards dying patients. Demographic data, including age, gender, GPA, academic year, prior education or training in palliative care, experiences with dying patients, and involvement in end-of-life care, were also collected. Data analysis was done using SPSS software.

Results: The study included a total of 100 participants, with 16% being male and 84% female. Regarding age, 37% of the participants were 20 years old or younger, while 63% were older than 20 years. In terms of their academic Sem., 37% were in their 3rd Sem, 33% in their 5th Sem, and 30% in their 7th Sem. The distribution of cumulative grade point averages showed that 23% had scores between 60–69.9%, 24% between 70–79.9%, 20% between 80–89.9%, and 33% had scores of 90% or higher. When asked about palliative care education, 67% reported receiving lectures or training on the subject, while 33% had not. Only 14% of participants had seen or witnessed a dying patient, whereas 86% had not. Additionally, 46% had cared for a family member or relative in their last days of life, while 54% had not. Lastly, 56% of participants had prepared or participated in the preparation of dead patients, whereas 44% had no such experience.

Conclusion: The study revealed that nursing students in Faridkot, Punjab, had inadequate knowledge of palliative care but held a positive attitude toward end-of-life care. Incorporating palliative care education into nursing curricula is crucial to improving their understanding and preparedness.

Keywords: palliative, attitude, care

1. INTRODUCTION

Over the past five decades, palliative care has evolved from a philosophy focused on end-of-life comfort to a comprehensive medical specialty providing supportive care throughout the disease trajectory. Pioneered by Dame Cicely Saunders in the 1960s, the modern hospice movement began with the establishment of St. Christopher's Hospice in 1967, emphasizing holistic care for the terminally ill. In the 1970s, Dr. Balfour Mount introduced the term "palliative care" and established the first palliative care unit in a Montreal hospital, integrating this approach into acute care settings.^{1,2,3,4}

The 1990s saw the expansion of palliative care into outpatient clinics, allowing earlier access for patients with advanced illnesses. In recent years, clinical trials have demonstrated the benefits of outpatient palliative care, leading to its broader adoption. Currently, five major models of specialist palliative care delivery exist: outpatient clinics, inpatient consultation teams, acute palliative care units, community-based care, and hospice care. These models collectively provide comprehensive support from diagnosis to end of life, differing in team structures, care processes, patient populations, care locations, and reimbursement methods.^{5,6}

The American Society of Clinical Oncology (ASCO) has recognized the importance of integrating palliative care into standard oncology practice. Based on a consolidated body of evidence, ASCO has published multiple statements supporting this integration, aiming for comprehensive cancer care by 2020. This reflects a broader vision to enhance patient quality of life and align treatment with individual goals throughout the cancer care continuum.^{8,9} Overall, the evolution of palliative care underscores a commitment to adapting healthcare practices to better serve patients with serious illnesses, ensuring that care is both compassionate and comprehensive.^{7,8,9}

In our study we assesses the knowledge and attitude of nursing students toward palliative and end-of-life care in selected nursing colleges in Faridkot, Punjab. It aims to evaluate their understanding, perceptions, and readiness to provide compassionate care.

2. MATERIALS AND METHODS

This study utilized a descriptive quantitative cross-sectional design with convenience sampling to recruit eligible nursing students from Faridkot, Punjab. Participants included BSc (N) 3rd, and 5th and 7th Sem. students who consented, while 1st Sem students were excluded due to limited clinical exposure to palliative and end-of-life care. Among 300 registered nursing students, the required sample size was 257, but 100 students completed the questionnaire. Data were collected through an online survey, ensuring voluntary, anonymous participation and confidentiality.

A validated instruments were used: the PCQN to assess students' knowledge of palliative care (20 items, scoring range 0–20, reliability 0.68). The FATCOD- Form B Scale English version was used to assess the students' attitude toward caring for dying patients (consists of 9 items with content on negative attitudes and were revised to positive content on a 5-point Likert scale ranging from 1 to 5, where 1 = “strongly disagree”, 2 = “disagree”, 3 = “uncertain”, 4 = “agree”, 5 = “strongly agree”, reliability 0.70). Demographic data, including age, gender, GPA, academic year, prior education or training in palliative care, experiences with dying patients, and involvement in end-of-life care, were also collected. Data analysis was done using SPSS software.

3. RESULTS

Table 1: Socio-demographic characteristics of nursing students (N = 100).

Variable	Categories	n	%
Gender	Male	16	16
	Female	84	84
Age group	≤20 years old	37	37
	>20 years old	63	63
Year of the study	3 rd Sem	37	37
	5 th Sem	33	33
	7 th Sem	30	30
Cumulative grade point average	60–69.9%	23	23
	70–79.9%	24	24
	80–89.9%	20	20
	≥90%	33	33
Have you been given lectures or training about palliative care in your study?	Yes	67	67
	No	33	33

Have seen or witnessed a dying patient?	Yes	14	14
	No	86	86
Have you cared of a family member or relative in their last days of life?	Yes	46	46
	No	54	54
Have you prepared or participated in the preparation of dead patients?	Yes	56	56
	No	44	44

The study included a total of 100 participants, with 16% being male and 84% female. Regarding age, 37% of the participants were 20 years old or younger, while 63% were older than 20 years. In terms of their academic year, 37% were in their second year, 33% in their third year, and 30% in their fourth year. The distribution of cumulative grade point averages showed that 23% had scores between 60–69.9%, 24% between 70–79.9%, 20% between 80–89.9%, and 33% had scores of 90% or higher.

When asked about palliative care education, 67% reported receiving lectures or training on the subject, while 33% had not. Only 14% of participants had seen or witnessed a dying patient, whereas 86% had not. Additionally, 46% had cared for a family member or relative in their last days of life, while 54% had not. Lastly, 56% of participants had prepared or participated in the preparation of dead patients, whereas 44% had no such experience.

Table 2: Distribution of nursing students' knowledge about palliative care (N=100)

No.	Item	Correct answers		Incorrect answers	
		n	%	n	%
1	Palliative care is appropriate only in situations where there is evidence of a downhill trajectory or deterioration. (F)	75	75	25	25
2	Morphine is the standard used to compare the analgesic effect of other opioids. (T)	24	24	76	76
3	Adjuvant therapies are important in managing pain. (T)	67	67	33	33
4	The extent of the disease determines the method of pain treatment. (F)	89	89	11	11
5	During the last days of life, the drowsiness associated with electrolyte imbalance may decrease the need for sedation. (T)	33	33	67	67
6	It is crucial for family members to remain at the bedside until death occurs. (F)	95	95	5	5
7	Drug addiction is a major problem when morphine is used on a long-term basis for the management of pain. (T)	76	76	24	24
8	Individuals who are taking opioids should also follow a bowel regime (laxative treatment). (T)	82	82	18	18
9	During the terminal stages of an illness, drugs that can cause respiratory depression are appropriate for the treatment for severe dyspnea. (T)	54	54	46	46
10	The provision of palliative care requires emotional detachment. (F)	26	26	74	74

11	Drug addiction is a major problem when morphine is used on a long-term basis for the management of pain. (T)	45	45	55	55
12	The loss of a distant or contentious relationship is easier to resolve than the loss of one that is close or intimate. (F)	47	47	53	53
13	Manifestations of chronic pain are different from those of acute pain. (T)	55	55	45	45
14	The accumulation of losses renders burnout inevitable for those who seek work in palliative care. (F)	74	74	26	26
15	Demerol (Pethidine) is not an effective analgesic in the control of chronic pain. (T)	61	61	39	39
16	Suffering and physical pain are synonymous. (F)	45	45	55	55
17	In high doses, codeine causes more nausea and vomiting than morphine. (T)	46	46	54	54
18	The use of placebos is appropriate in the treatment of some types of pain. (F)	84	84	16	16
19	The philosophy of palliative care is compatible with that of aggressive treatment. (T)	93	93	7	7
20	Men generally reconcile their grief more quickly than women. (F)	61	61	39	39

PCQN: palliative Care Quiz for Nurses; T: the answer of the question is “true”; F: the answer of the question is “false”.

The results indicate varying levels of knowledge and misconceptions about palliative care among participants. Overall, the accuracy of responses suggests a moderate understanding of key palliative care concepts, though certain areas require improvement.

High correct response rates were observed for questions related to the necessity of family presence at the bedside until death (95%), the compatibility of palliative care with aggressive treatment (93%), and the role of disease extent in determining pain management (89%). These findings suggest strong awareness of some fundamental principles of palliative care.

However, significant misconceptions were noted. For example, only 24% correctly identified morphine as the standard for comparing opioid analgesic effects, and just 26% correctly rejected the idea that palliative care requires emotional detachment. Additionally, only 33% understood that drowsiness from electrolyte imbalance might reduce the need for sedation in the last days of life.

Notably, there were inconsistencies in responses, such as the perception of drug addiction as a major concern when using morphine long-term, where responses were split (76% correct in one instance, but only 45% correct in another). This suggests some confusion regarding opioid use and dependency.

Overall, while participants demonstrate a foundational understanding of palliative care, misconceptions remain, particularly regarding opioid use, pain management, emotional involvement, and symptom control in end-of-life care. These findings highlight the need for further education and targeted training to improve knowledge in these critical areas.

Table 3: Nursing students' attitudes toward the care of the dying patient (N=100)

Item	Mean*SD	Weighted%
I would be uncomfortable talking about impending death with the dying person. (R)	2.32 ±1.003	67
I would not want to care for a dying person. (R)	2.12 ± 1.032	72

The non-family caregivers should not be the one to talk about death with the dying person. (R)	2.83 ±1.001	54.25
I would be upset when the dying person I was caring for gave up hope of getting better. (R)	3.01 ±0.937	49.75
It is difficult to form a close relationship with the dying person. (R)	2.43 ±1.762	64.25
When a patient asks, “Am I dying?” I think it is best to change the subject to something cheerful. (R)	2.86 ±0.314	53.5
I am afraid to become friends with a dying person. (R)	2.17 ±1.542	70.75
I would feel like running away when the person actually died. (R)	2.28 ±1.124	68
I would be uncomfortable if I entered the room of a terminally ill person and found him or her crying. (R)	2.52 ±0.724	62
FATCOD-B total score range (9–45)	22.54 ±9.439	62.39

FATCOD-B: The Short version of Frommelt Attitudes Towards Care of the Dying; * Mean scores out of 5 points. (R): Reverse items

The results indicated a positive attitude with mean score 22.54 ±9.439 SD, and average score 62.39% towards end-of-life care.

4. DISCUSSION

Palliative care and end-of-life care are essential components of comprehensive healthcare, aiming to improve the quality of life for patients with life-limiting illnesses. Nurses play a pivotal role in delivering these services, making their knowledge and attitudes toward such care critical.¹⁰ Recognizing this importance, a descriptive study was conducted to assess the knowledge and attitudes of nursing students regarding palliative and end-of-life care at selected nursing colleges in Faridkot, Punjab. This study aims to identify educational gaps and inform curriculum enhancements to better prepare future nurses for the challenges of providing compassionate and effective palliative care.

Our study results reveal a mix of accurate knowledge and misconceptions about palliative care among participants. While there is a moderate understanding of key concepts, certain areas require further clarification and education.

Participants demonstrated strong awareness of fundamental principles, as reflected in the high correct response rates for the necessity of family presence at the bedside until death (95%), the compatibility of palliative care with aggressive treatment (93%), and the limited role of disease extent in determining pain management (89%).

However, notable gaps in knowledge were identified. Only 24% correctly recognized morphine as the standard for comparing opioid analgesic effects, and just 26% rejected the misconception that palliative care requires emotional detachment. Additionally, only 33% understood that drowsiness caused by electrolyte imbalance may reduce the need for sedation in the final days of life.

Inconsistencies in responses were also observed, particularly regarding concerns about opioid use. While 76% correctly identified that drug addiction is not a major issue when morphine is used for long-term pain management, only 45% answered correctly when the same concept was assessed in a different question. This suggests uncertainty regarding opioid dependence and pain relief.

Overall, while participants have a foundational grasp of palliative care, misconceptions persist in critical areas such as opioid use, pain management, emotional engagement, and symptom control in end-of-life care. These findings emphasize the need for enhanced education and targeted training to strengthen knowledge and address misconceptions effectively.

A study by Alwawi AA et al.¹¹ emphasized the need for nursing students to be well-prepared and educated to deliver high-quality palliative care (PC) for patients with chronic illnesses, ultimately impacting the future quality of end-of-life care. This descriptive quantitative cross-sectional study investigated PC knowledge and attitudes among 410 Palestinian nursing undergraduates using the PC Quiz for Nurses (PCQN) and the Short Version of the Frommelt Attitudes Towards Care of the Dying (FATCOD) Form B Scales. Findings revealed limited PC knowledge (mean score: 7.42 ± 2.93; range: 0–20) but a positive attitude (mean score: 25.94 ± 4.72; range: 9–45) toward caring for dying patients. Factors such as receiving PC lectures or training, personal experiences with end-of-life care, gender, and year of study significantly influenced knowledge and attitudes. The study highlights the need to integrate PC education into Palestinian nursing curricula to enhance students' awareness and competency in palliative care.

A study by Dimoula M, et al.¹² explored undergraduate nursing students' knowledge of palliative care and attitudes toward

death and end-of-life care, while also examining demographic and academic factors as potential moderators. Using a descriptive cross-sectional survey, 529 nursing students from two university faculties participated, completing a demographic form, the Palliative Care Quiz for Nursing (PCQN), and the Frommelt Attitudes Towards Care of the Dying (FATCOD) questionnaire. Results showed low levels of knowledge, particularly in pain/symptom management and psychosocial/spiritual care, despite overall positive attitudes toward end-of-life care. While 60% of students expressed willingness to care for dying patients and their families, discomfort was noted in handling imminent death. Academic progression and older age were key moderators of knowledge and attitudes, with greater knowledge weakly but significantly predicting more liberal views on end-of-life care. The study highlights the need for structured palliative care education in nursing curricula, emphasizing communication skills, addressing misconceptions, and enhancing students' psychological readiness to care for dying patients.

A study by Gelegjamts D et al.¹³ investigated Mongolian nursing students' knowledge of palliative care (PC) and attitudes toward end-of-life (EOL) care while identifying key predictors. The study included 141 nursing students, with results showing a low mean PCQN score of 7.15 out of 20, indicating insufficient PC knowledge, and a mean FATCOD score of 64.2 out of 100, reflecting moderate attitudes toward EOL care. Significant predictors of higher PC knowledge included older age, male gender, and greater satisfaction with nursing education, while living in traditional Mongolian housing (Ger) and prior clinical EOL experience were linked to more positive attitudes. The findings highlight the need to enhance PC education in Mongolia to align with global standards and better prepare nursing students for end-of-life patient care.

Gupta M¹⁴ assessed the impact of the End-of-Life Nursing Education Consortium (ELNEC) on the knowledge and attitudes of nurses in India toward palliative care (PC) and end-of-life care (EOLC). This prospective study included 108 registered nurses who completed pre- and post-training assessments using the Palliative Care Quiz for Nursing (PCQN) and the Frommelt Attitude Toward Care of the Dying Scale Form B (FATCOD-B). Baseline scores indicated favorable attitudes toward EOLC (FATCOD-B: 110.81 ± 9.37) but insufficient PC knowledge (PCQN: 8.45 ± 1.88). After ELNEC training, scores significantly improved to 10.16 ± 1.89 (PCQN) and 119.47 ± 10.14 (FATCOD-B) ($P = .0001$), demonstrating enhanced PC knowledge and more positive attitudes. Subgroup analysis examined associations with gender, education, and professional experience. Findings highlight ELNEC's effectiveness in strengthening nurses' competency in PC and care for the dying.

5. CONCLUSION

The study revealed that nursing students in Faridkot, Punjab, had inadequate knowledge of palliative care but held a positive attitude toward end-of-life care. Incorporating palliative care education into nursing curricula is crucial to improving their understanding and preparedness.

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