JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue
JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)
An International Scholarly Open Access, Peer-reviewed, Refereed Journal

"A STUDY TO EVALUATE THE EFFECT OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING END OF LIFE CARE AMONG STUDENT NURSES IN SELECTED COLLEGE OF PALAKKAD DISTRICT"

Authors:

Aswani.B,[1], Regina.P.F. [2]Chinchu C P [3], Chelsiya Nixon [4]. Diya Rose P.J [5], Dona Rose Thomas [6],

Eemli Elsa Abhraham [7], Geethanjali [8]

1. Asst.Prof. 2. Lt Col Dr. 3 to 8 3rd year B.Sc Nursing students P.K. Das College of Nursing, Po: Panayur, Ottapalam, Palakkad

Correspondent author: Lt Col Dr, Regina.P.F.

Introduction

"A broad definition of life history includes not only the traditional foci such as age related fecundity and mortality rates, but also the entire sequence of behavioral , physiological, and morphological changes that an organism passes through during its development from conception to death". Recent work in mammalian life history and its evolution focuses on the postnatal to adulthood period of the life cycle. One way to define the stages of the life cycle is by biological characteristics. Changes in the rate and growth and the onset of sexual maturation(puberty) are two such characteristics. The majority of mammals progress from infancy to adulthood scamlessly, without any intervening stages, and puberty occurs while growth rates are in decline. The pattern of human growth after birth may be characterized by five stages: infancy, childhood, juvenile, adolescent, and adulthood.

According to Alcor Cryonics from Researching for Tomorrow "Death ; irreversible loss of the structural information which encodes memory and personality. Death is an intrinsic part of life, and talking about the likely outcomes of illness, including death and dying, is an important part of health care. Doctors and patients vary in the language they use and in their comfort level regarding such discussions. Death, the total cessation of life processes that eventually occurs in all living organisms . The state of human death has always been obscured by mystery and superstition , and its precise definition remains controversial, differing according to culture and legal systems.[1]

According to Richard Momeyer's Confronting death is about the values used in making choices when confronting our life, our dying, and our death .They can be as basic as whether or not to go on with life

or they can relate to our feelings, thought and attitudes about life's values and goals. The choices examined have long been an integral part of religious considerations and belief but here the author maintains a consistently secular point of view .In examining this issues an attempt is made to a path between the principle of the sanctity of life , that life should be maintained overall else , and the position that self determination and individual choices are sufficient to define the value of life.[2]

According to Albert Pike , Care at the Time of Death what we have done for ourselves alone dies with us ; what we have done for others and the world remains and is immortal. Dying is a process. It involves the cessation of physical, psychological, social and spiritual life here on earth. What happens beyond death is unknown to those reading this book. Typically, before a person dies, there is a cascade of events that are collectively known as the dying process . The dying process is the transition that a person goes through that ultimately ends in death. Each person's dying process and death is individual to that person . Dying is an individualized experience and each person dies in their own way and time (ELNEC, 2010). Patients who know that they are dying will usually make their wishes known about where they want to spend their final days and hours. It is vital that the nurse involved in that patient's care advocate for the patient's wishes for their end of life.

Every nurse has an obligation to facilitate their patient's wishes regarding their care preferences at the end of life. As nurses, we cannot with 100% certainty ensure that each of our patient's dying process will go smoothly without any problems . Advanced illnesses and diseases that are terminal differ in the way they progress from person to person. An intervention that works well for one person dying of cancer might not work for another person. What we can do is to be armed with the best knowledge about management of symptoms during the dying process and utilize them appropriately as needed. It is the goal of this book that all nurses regardless of practice setting will be informed about the best nursing care practices at the end of life. This is so we can facilitate a "good death" for our patients, remembering that a good death means ensuring that patients' preferences are met and symptoms are managed through the use of open communication. One of the most important things we can do for patients who are dying is to provide the best possible care for them and their families during the last phase of life through death. This is particularly important during the "imminent" phase. This is the phase that precedes the actual death, and is also the time when the patient typically loses consciousness. The care the nurse provides during this phase will affect the family's memories of their loved one's final days and hours on earth. It is vital that the nurse performs thorough assessments, rapid response to changes in status, rapid titration of medications, and timely discontinuation and introduction of interventions aimed to promote comfort.

End of life: Managing mental and emotional needs

End-of-life care can also include helping the dying person manage mental and emotional distress. Someone who is alert near the end of life might understandably feel depressed or anxious. It is important to treat emotional pain and suffering. You might want to contact a counselor, possibly one familiar with end-of-life issues, to encourage conversations about feelings. Medicine may help if the depression or anxiety is severe. The dying person may also have some specific fears and concerns. He or she may fear the unknown, or worry about those left behind. Some people are afraid of being alone at the very end. These feelings can be made worse by the reactions of family, friends, and even the medical team. For example, family and friends may not know how to help or what to say, so they stop visiting, or they may withdraw because they are already grieving. Doctors may feel helpless and avoid dying patients because they cannot help them further. And some people may experience mental confusion and may have strange or unusual behavior, making it harder to connect with their loved ones. This can add to a dying person's

sense of isolation. Here are a few tips that may help manage mental and emotional needs : Provide physical contact.

BACKGROUND OF THE STUDY

End of life generally refers to the final face of a patients illness when death is imminent. The time from diagnosis of a terminal illness to the death varies considerably depending on the patients diagnosis and extend of disease. With the growing aging population, continual increase of the number of the old, and increase of cancer survival rate, end of life care is being considered a global public health issue. As a core force for the sustainable development of the nursing field, undergraduate nursing students knowledge about and attitudes toward end of life care will directly affect the quality of care for dying patients in the future. By 2020 world health organization estimates that non communicable disease will be prevalent as communicable disease which have been the main cause of high morbidity and mortality in sub Saharan Africa. Despite the importance of palliative care in while managing have been the main cause of high morbidity and mortality in sub Saharan Africa. Despite the importance while managing NCD's its limited development across Africa indicates many patients have not received from palliative care through effective ,low cost approaches is feasible alternative response to the urgent needs of the sick and improve their quality of life comforting mood.[3]

NEED AND SIGNIFICANCE

Student Nurses play a significant role in the care of the dying, critically ill as well as the terminally ill clients. Lack of knowledge about end of life care is an obstacle to student nurses as conventional training in nursing does not provide specialized and unique training in end of life care as it is not part of their curriculum. Sorifa Betall (2015) conducted a descriptive study to assess the knowledge practice of staff nurses on palliative care in selected hospital of Guwahati city, Assam. Self-administered structured questionnaire was used to collect data from 100 staff nurse. It was found that maximum 79% had inadequate knowledge, 21% had moderately adequate knowledge and no one had adequate knowledge on palliative care.[4] . By 2020, the World Health Organization (WHO) estimates that non-communicable diseases (NCDs) will be as prevalent as communicable diseases, which have been the main cause of high morbidity and mortality among the world population. It is a major undertaking for health systems worldwide to deliver appropriate end of life care. Many countries have experienced dramatic improvements in population life expectancy.

OBJECTIVES

- Assess the knowledge scores of student nurses regarding end of life care.
- Evaluate the effectiveness of planned teaching programme on knowledge scores of student nurses regarding end of life care.

Determine the association between knowledge scores of student nurses regarding end of life care and selected demographic variables

HYPOTHESIS

H1- . There will be effectiveness of planned teaching programme in improving the post test knowledge score

H0- There is no effectiveness of planned teaching programme in improving the post test knowledge score

Review of literature

Wendy G Anderson, Jillian E Williams conducted a study on 2008 based on exposure to death is associated with positive attitudes and higher knowledge about end of life care in graduating medical students. Survey method was used to collect data from 380 students. The result showed that the response rate was 47%. Seventy-six percent of students reported personal experience with death, and 73% reported caring for dying patients or witnessing a patient's death during their third-year clerkships. Students had positive attitudes about physicians' responsibility and ability to help dying patients and their families, but reported negative emotional reactions to end-of-life care. Students who reported personal or professional experience with death had more positive attitudes and higher knowledge scores than those who did not, $p < 0.05$.The study concluded that the educational initiatives should maximize the time medical students spend caring for dying patients. Teaching students end-of-life care during the course of their clinical clerkships is an effective way to improve attitudes about end-of-life care. Schools should focus on developing emotionally supportive settings in which to teach students about death and dying.[5]

Liz Flannery, Kath Peters conducted a study on may 2016 based on end-of- life decision in the intensive care unit-exploring the experiences of ICU nurses and doctor. This review considered both qualitative and quantitative study. The study conducted with experiences of ICU doctors and nurses in end-of-life decision making. A total of 12 papers were identified for review. The result showed that there were differences reported in the decision making process and collaboration between doctors and nurses (which depended on physician preference or seniority of nurses), with overall accountability assigned to the physician. Role ambiguity, communication issues, indecision on futility of treatment, and the initiation of end-of-life discussions were some of the greatest challenges. The impact of these decisions included decreased job satisfaction, emotional and psychological ‘burnout’. Finally the study concludes that the further research is warranted to address the need for a more comprehensive, standardized approach to support clinicians (medical and nursing) in end-of-life decision making in the ICU.[6]

Natalie S McAndrew, Jane S Leske conducted a study based on experiences of nurses and physicians when making end-of-life decisions in intensive care units. The study conducted on 2014.It is a qualitative, descriptive study in which sample of seven nurses and four physicians from a large teaching hospital were interviewed. In this three interacting subthemes were identified: emotional responsiveness, professional roles and responsibilities, and intentional communication and collaboration. Balancing factors included a team approach, shared goals, understanding the perspectives of those involved, and knowing your own beliefs. In contrast, feeling powerless, difficult family dynamics, and recognition of suffering caused an imbalance. When balance was achieved during end-of-life decision making, nurses and physicians described positive end-of-life experiences. The study concludes that the consequence of an imbalance during an end-of-life decision-making experience was moral distress. Practice recommendations include development of support interventions for nurses and

physicians involved in end-of-life decision making and further research to test interventions aimed at improving communication and collaboration.[7]

Susan Elizabeth Ashton, Brenda Roe, Barbara Jack conducted a study of the experiences of advance care planning amongst family care givers of people with advanced dementia. The study conducted on 2016. A qualitative research including a series of single cases (close family relatives). A sample of 12 family caregivers were taken. The findings is that the family caregivers need encouragement to ask the right questions during advance care planning to discuss the appropriateness of nursing and medical interventions at the end of life.[8]

Research approach

Quantitative research approach

Resear design

The research design of the study is Pre experimental one group pre-test post test design.

Sampling technique: Convenient sampling

Sample size

Sample consist of 50 students

DESCRIPTION OF THE TOOLS

Section A: Structured interview schedule. It consists of 6 items. It includes age, Gender, type of family, religion, previous knowledge regarding end of life care and source of information.

Section B: Self-administered Structured knowledge questionnaire. A self structured questionnaire consists of 20 multiple choice questions with the single correct answer. Total score: 20

Ethical considerations

The study was approved by institutional ethical committee. Formal permission was obtained from the sample prior to the data collection. The samples were informed that participation was freedom to withdraw from the study.

RESULT ANALYSIS

Table 4. 1: Frequency and percentage distribution of sample base on age

Demographic Variable	Frequency (f)	Percentage %
19 – 20	14	28%
20 – 21	35	70%
21 Above	1	2%

Table 1 reveals that most of the samples 14(28%) were 19 – 20 years ,35(70%) were 20- 21 years and 1(2%) were 21 above

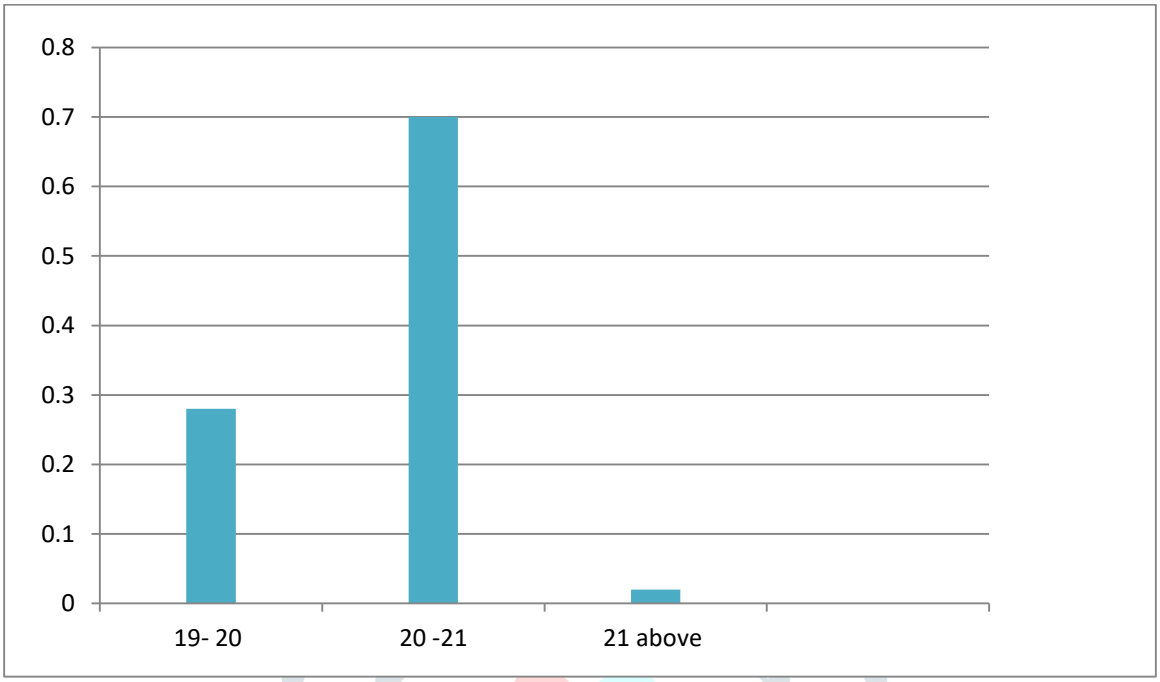

Figure 2 : reveals that most of the samples 14(28%) were 19 – 20 years ,35(70%) were 20- 21 years and 1(2%) were 21 above

Table4. 2 : Frequency and Percentage distribution of sample based on gender

Demographic Variable	Frequency (f)	Percentage %
Male	7	14%
Female	43	86%

Table 2 reveals the most of the samples 43(86%) were Females and remaining 7(14%) were males .

Percentage distribution of student nurses based on their gender

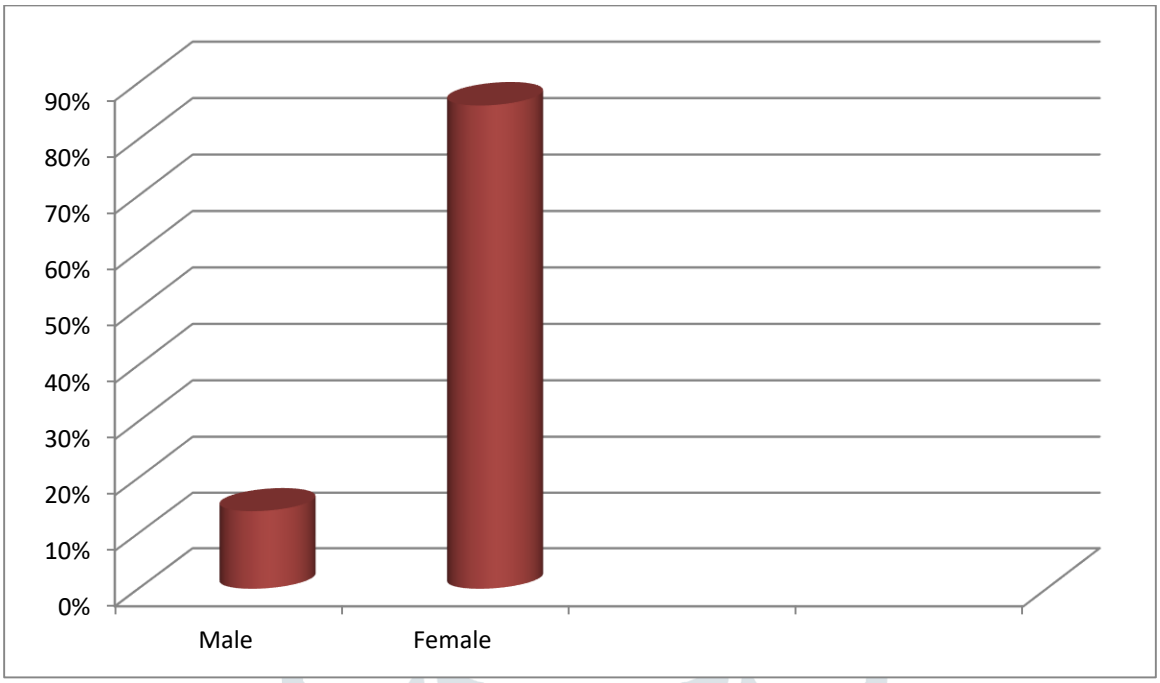

Figure 3 :depicts the most of the samples 43(86%) were Females and remaining 7(14%) were males

Table4. 3 : Frequency and percentage distribution of students nurses based on type of family

Demographic Variables	Frequency	Percentage %
Nuclear family	46	92%
Joint Family	4	8%
Extended Family	0	0%

Table 3 : depicts that most of the samples 46(92%) belong to nuclear family and 4(8%) belongs to joint family and none of the student nurses belongs to extended family .

Percentage distribution of student nurses based on Family

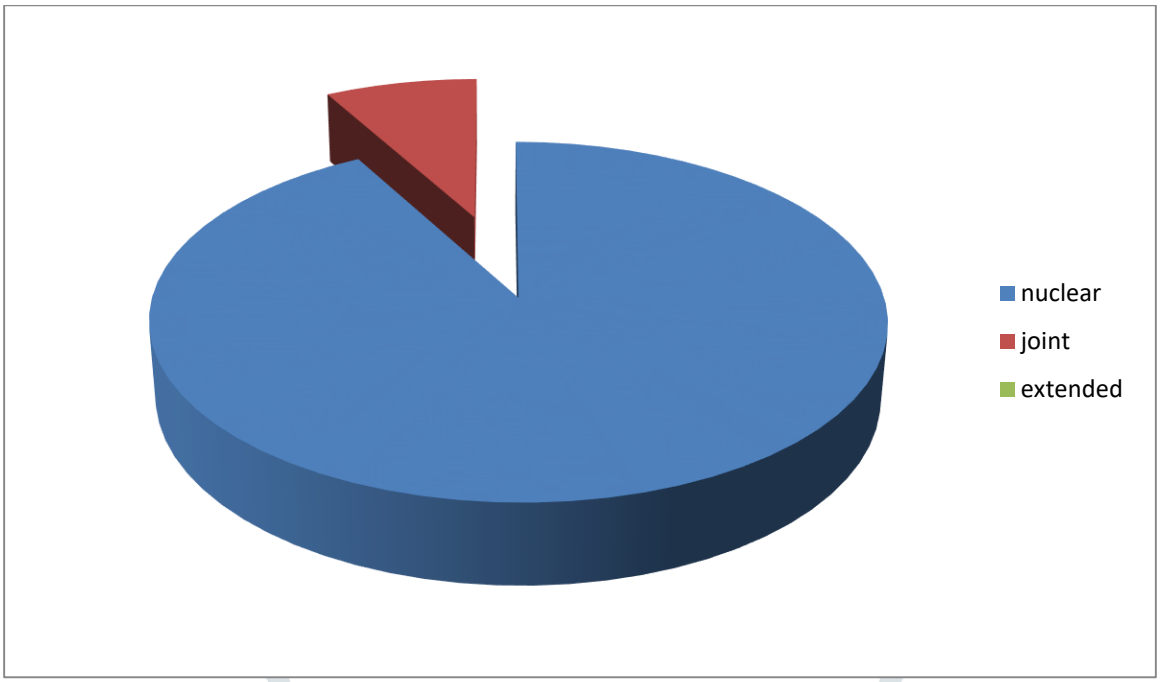

Figure 4 : depicts the samples 46(92%) belong to nuclear family and 4(8%) belongs to joint family and none of the student nurses belongs to extended family

Table4. 4: Frequency and percentage of student nurses based on place of residence

Demographic Variable	Frequency	Percentage
Hostler	45	90%
Day scholar	5	10%
None of above	0	0%

Table 4 : depicts the most of the samples 45(90%) were Hostler and 5(10%) belongs to day scholar

Percentage distribution of student nurses based on place of residence

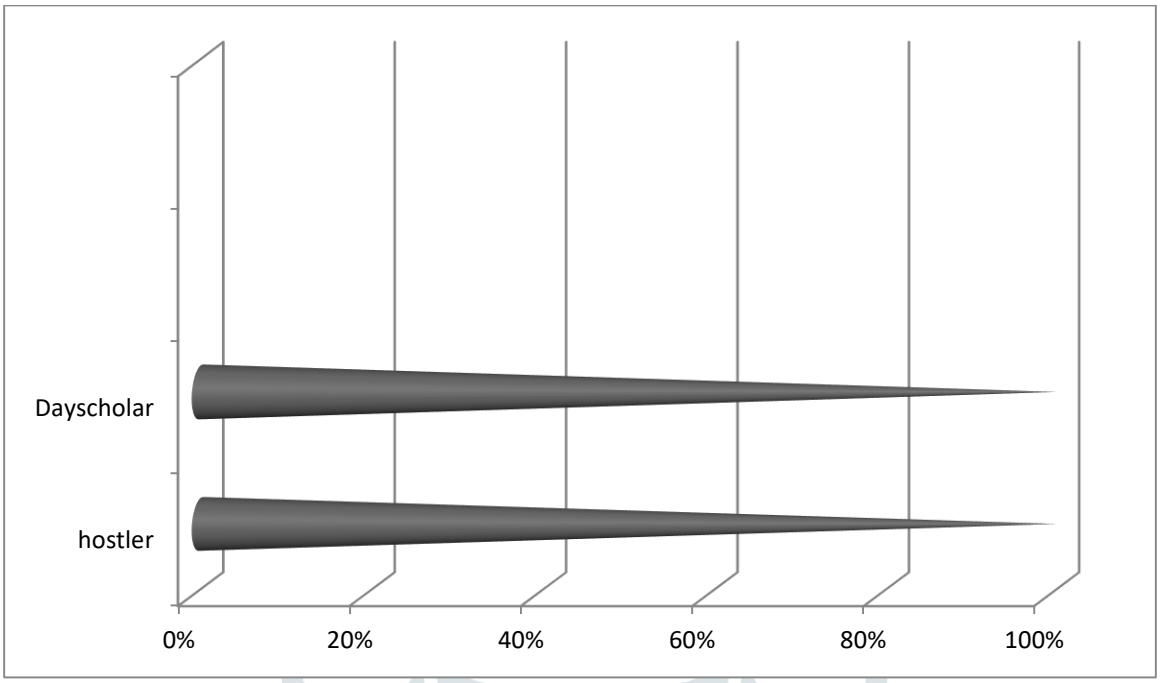

Figure 5: depicts the most of the samples 45(90%) were Hostler and 5(10%) belongs to day

Table 4. 5 : Frequency and percentage distribution of student nurses based on previous knowledge

Demographic Variable	Frequency	Percentage
Yes	18	36%
No	32	64%

Table 5 : depicts the most samples 18 (36%) were Yes and 32 (64%) were No

Percentage distribution of student nurses based on knowledge

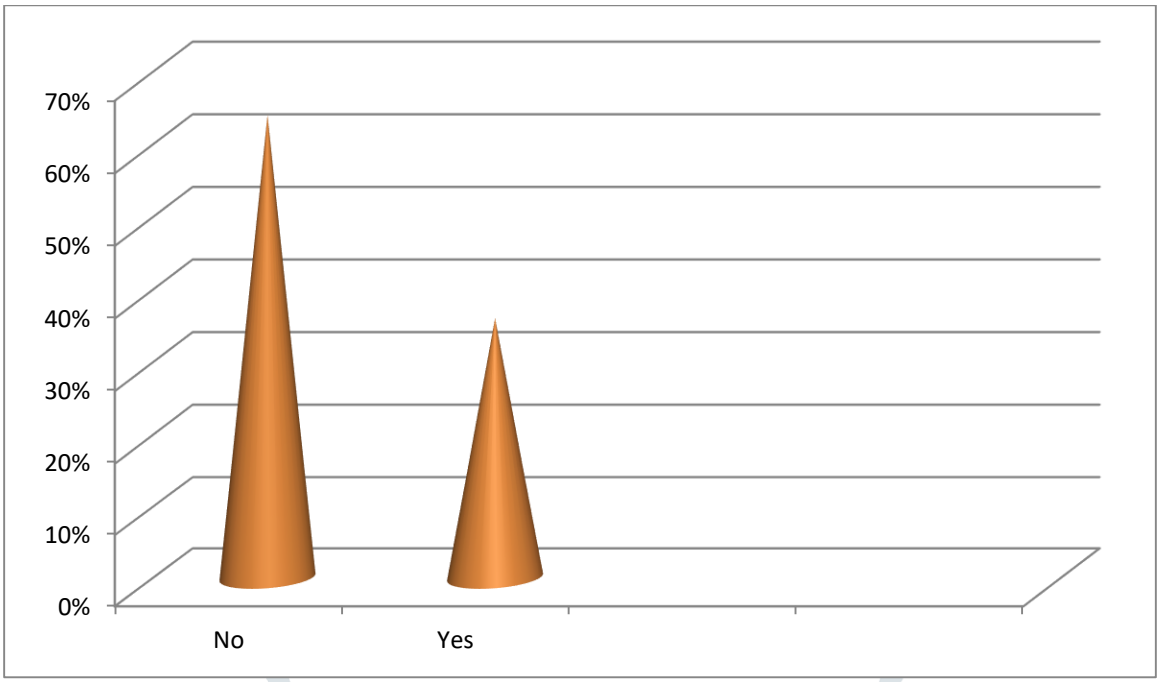

Figure 6 : depicts the most samples 18 (36%) were Yes and 32 (64%) were No

SECTION B

ASSESMENT OF LEVEL OF KNOWLEDGE OF STUDENTS NURESES REGARDING END OF LIFE CARE

Level of knowledge	Frequency	Percentage
Poor	0	0
Average	35	70%
Good	15	30%

Table 6 depicts that 35(70%) of student nurse have average knowledge regarding end of life care and 15(30%) of samples have good knowledge regarding end of life care and none of the samples have poor knowledge regarding end of life care.

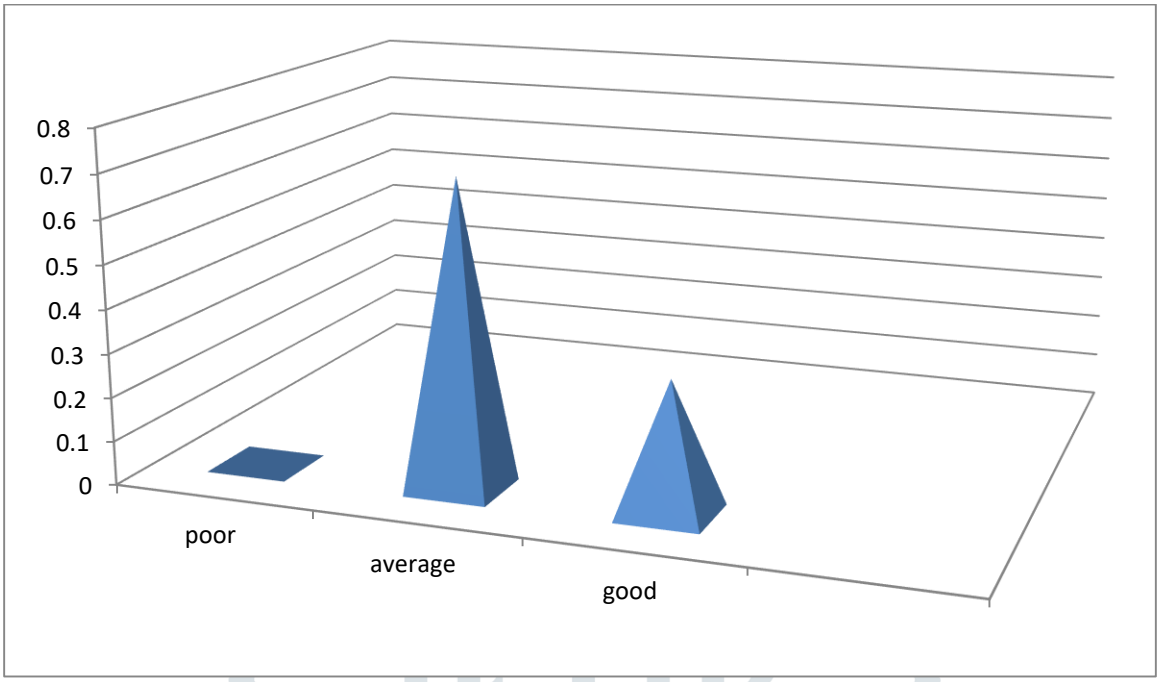

Figure 7 depicts that 35(70%) of student nurse have average knowledge regarding end of life care and 15(30%) of samples have good knowledge regarding end of life care and none of the samples have poor knowledge regarding end of life care.

VARIABLES	CHI-SQUARE	df	P value
Age	1.243	4	9.49
Gender	0.176	2	5.99
Type of family	5.42	4	9.49
Place of residence	3.371	2	5.99
Previous knowledge	0.733	2	5.99

The above table shows that there was no significant association between demographic variables .

SECTION C

ASSOCIATION BETWEEN KNOWLEDGE OF STUDENT NURSES AND SELECTED DEMOGRAPHIC VARIABLES

VARIABLES	CHI-SQUARE	df	P value
Age	1.243	4	9.49
Gender	0.176	2	5.99
Type of family	5.42	4	9.49

Place of residence	3.371	2	5.99
Previous knowledge	0.733	2	5.99

The above table shows that, all chisquare values are less than the table values, hence there was no association between demographic variables.

TESTING HYPOTHESIS

Effectiveness of planned teaching programme on knowledge score

Knowledge	Score	Percentage
Pretest score	11	55%
Posttest score	16.5	82.5

Table 8 shows that the post test knowledge score was 16.5 (82.5%) 't' test value is 9.47 and the tabulated value is 0.703 .Hence calculated value greater than table value , hence rejected H0 and accepted H1. It was statistically significant at 0.05 level. Planned teaching programme was effective in improving the knowledge score.

RESULTS

The findings of the study are presented under the following heading :

SECTION A : DISTRIBUTION OF DEMOGRAPHIC CHARATERSTICS OF STUDENT NURSES

SECTION B : ASSESMENT OF LEVEL OF KNOWLEDGE OF STUDENTS NURESES REGARDING END OF LIFE CARE

SECTION C: ASSOCIATION BETWEEN KNOWLEDGE OF STUDENT NURSES AND SELECTED DEMOGRAPHIC VARIABLES

SECTION D: TESTING HYPOTHESIS

- Regarding the age : About 14(28%) were 19 – 20 years ,35(70%) were 20- 21 years and 1(2%) were 21 above
- With respect to the gender : About 43(86%) were Females and Remaining 7(14%) were males
- Regarding type of family : about 46(92%) belong to nuclear family and 4(8%) belongs to joint family and none of the student nurses belongs to extended family
- Regarding place of residence : About 45(90%) were Hosteler and 5(10%) belongs to dayscholar
- Regarding to previous knowledge adout End of life care : About 45(90%) were Hosteler and 5(10%) belongs to dayscholar

SECTION B : ASSESMENT OF LEVEL OF KNOWLEDGE OF STUDENTS NURESES REGARDING END OF LIFE CARE

About 35(70%) of student nurse have average knowledge regarding end of life care and 15(30%) of samples have good knowledge regarding end of life care and none of the samples have poor knowledge regarding end of life care.

SECTION C: ASSOCIATION BETWEEN KNOWLEDGE OF STUDENT NURSES AND SELECTED DEMOGRAPHIC VARIABLES

All chisquare values were less than the table value, hence there is no association between the pretest knowledge score and selected demographic variables.

SECTION D: TESTING HYPOTHESIS

The post test knowledge score was 16.5 (82.5%) 't' test value is 9.47 and the tabulated value is 0.703 .Hence calculated value greater than table value , hence rejected H0 and accepted H1. It was statistically significant at 0.05 level. Planned teaching programme was effective in improving the knowledge score.

Discussion

Purpose of the study was to assess the knowledge regarding end of life care among student nurses in selecting college of palakkad. The sample size was 50 (50 experimental group) children.

A quasi experimental pre test and post test design was adapted to conduct the study. The data was collected from 50 sample by using experimental method.

In the study we have to find the effectiveness of knowledge of the students regarding end of life care.

SUMMARY

The present study is a quasi experimental pre test and post test study and to evaluate the effect of planned teaching programme on knowledge regarding end of life care among student nurses in selecting college of palakkad.

The objectives of the study was:

- Assess the knowledge Scores of student nurses regarding end of life care.
- Evaluate the effectiveness of planned teaching programme on knowledge scores of student nurses regarding end of life care.
- Determine the association between knowledge scores of student nurses regarding end of life care and selected demographic variables.

After collecting the data from the sample, it was coded and grouped and interpreted according to objectives of study. The collected data were analyzed by using experimental group method.

CONCLUSION

The study has assessed to evaluate the effect of planned teaching programme on knowledge regarding end of life care among student nurses in selecting college of Palakkad. The following conclusion were made based on findings of study.

The study showed that in the pre test , poor (0-6)26% ,Average (7-13)72% and Good (14-20) 2% and in the post test Poor (0-6)0% Average (7-13) 70% and Good (14-20)30%. The post test knowledge score was 16.5 (82%).The t-test value is 9.47 and the tabulated values is 0.703. The calculated value was greater than table value , hence rejected H0 and accepted H1. The planned teaching programme was effective in improving the post test knowledge score.

NURSING EDUCATION

Nursing curriculum should emphasize the importance of educating the students of knowledge regarding end of life care.[9]

- In collaboration with regulation bodies, education institution can arrange and conduct work shop and seminar on effectiveness of students regarding the study of end of life care.
- The nurse educator can use the structured teaching programme to teach the nursing students about end of life care.

This will help nursing students to get adequate knowledge regarding end of life care.

NURSING ADMINISTRATION

- Communication in health care about the importance of implications to the nursing professionals.[10]
- The application of the study in the health care as well as nursing profession is very important.
- The education of nurses regarding this study will enable them to give adequate knowledge regarding end of life care.

NURSING RESEARCH

- In conducting health promotional researches focusing on knowledge regarding end of life care
- The study findings give the need for education intervention to provide knowledge about end of life care.[11]

LIMITATION OF THE STUDY

- The study was limited to 1 week
- Generalisation is limited due to heterogeneity of sample.

RECOMMENDATION

Based on the findings of the study it is recommended that:

- A similar study may be replicated on the large population for wider generalization
- Similar study can be conducted in other age group.

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