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AWARENESS, KNOWLEDGE AND ATTITUDE ABOUT PALLIATIVE CARE AMONG GENERAL POPULATION

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ABSTRACT

Palliative care has been one of the maximum swiftly developing fields of fitness care with inside the beyond decade. The destiny of palliative care consists of greater penetration into different fields together with nephrology, neurology, and surgery. The Aim of the study is to evaluate the Awareness, Knowledge and Attitude about Palliative Care among general population. The objectives of this study are Palliative care aims to improve quality of life from every different angle & to keep pain to a minimum level, using clinical methods, to treat symptoms and improve health where possible. The secondary objective is to offer a support to help patients live as actively as possible until death. A Questionnaire to evaluate the Awareness, Knowledge and Attitude on Palliative care. Around 226 participants responded to the study questionnaire. Out of which, last 8 participants responses were excluded as the calculated sample size for the study was 218. In this study, Palliative care is an approach that improves the quality of life of patients and their families fronting the problem associated with life-threatening infection. This study shows that even though percentage of compassion is in par with both general population awareness and knowledge are insufficient to implement changes to decrease morbidity before mortality in palliative care.

Keywords: Palliative care, supportive care, Hospice care, Cost avoidance, Medical economics

AIM: Awareness, Knowledge and Attitude about
The Aim of the study is to evaluate the Palliative Care among general population.

OBJECTIVE:

- **Primary objective:** Palliative care aims to improve quality of life from every different angle & to keep pain to a minimum level, using clinical methods, to treat symptoms and improve health where possible.
- **Secondary objective:** Offer a support to help patients live as actively as possible until death.

MATERIALS AND METHODS

Study Site: General Population

Study Design: Community based Cross-sectional study using questionnaires

Study Duration: Six months

Methods involved:

This is a Cross-sectional study which involves the general population. The Subjects will be recruited randomly by sending an invitation to participate in the study. The group of random people above the age criteria of 18+ are selected and asked to fill the questionnaire. Once they accept and fill the questionnaire, the evaluation is done on the basis of the knowledge on study.

Sample size: The calculated sample size of this study is **218 participants**.

Study Instruments: A Questionnaire to evaluate the Awareness, Knowledge and Attitude on Palliative care.

PATIENT SELECTION**Inclusion Criteria**

- Participants willing to give Consent of study
- Participants with an age group above 18 years of Age

Exclusion Criteria

- Patient who did not give consent to the study (As it is against the Ethics),
- Participants with an age group above 18 years of Age

STATISTICAL ANALYSIS

Data were coded and recorded in the MS Excel spreadsheet program the obtained data were statistically analysed with the help of SPSS Software version 17.0 continuous data were summarized as mean \pm standard deviation. Categorical variables were provided as percentages. The data collected were collated, tabulated and summarized. Results were depicted in the form of tables and graphs. Categorical values were assessed by using Chi-square test. P value < 0.05 was considered to be statistically significant.

RESULTS AND DISCUSSION**RESULTS**

Around 226 participants responded to the study questionnaire. Out of which, last 8 participants responses were excluded as the calculated sample size for the study was 218.

Table 1 shows that most of the participants are in the age group of 21 – 35 years of age

that accounts for about (44.04%) of the study population, followed by the age group of 36 – 50 years of age (33.49%).

Figure 1 depicts that the age group of 21 – 35 years has the highest number of participants and the age group of > 65 years of age has the lowest number of participants

Table 2 Reveals that the male participants (66.97%) are predominantly more in number than females (33.02%) in this study.

Figure 2 depicts the female participants (33.02%) are less in number than male (66.97%) in this study.

Table 3 shows that the number of participants from Urban area (66.97%) are more in number, followed rural area (33.03%).

Figure 3 represents that the participants are less from rural areas (66.97%) and predominantly more in urban area (33.03%).

Table 4 shows that most Participants participated are students (44.46%) and least where daily wages people.

Figure 4 represents higher number of students (44.46%) followed by home makers (23.39%).

Table 5 shows that the question K1 (56.88%) has the highest number of correct responses in the knowledge section, followed by the question K3 (48.62%).

Figure 5 represents question number K1 (56.88%) has highest number of correct responses and the question K5 (30.73%) has the lowest number of correct responses.

Table 6 shows that the question A6 (93.12%) has the highest number of correct responses in the Awareness section, followed by the question A4 (88.53%).

Figure 6 represents question number A6 has highest number of correct responses and A2 has the lowest number of correct responses.

Table 1: Age wise distribution

Age group (in years)	Number of participants (%) (Total n = 218)
21 – 35	96(44.04%)
36 – 50	73 (33.49%)
51 – 65	41 (18.81%)
> 65	08 (03.66%)

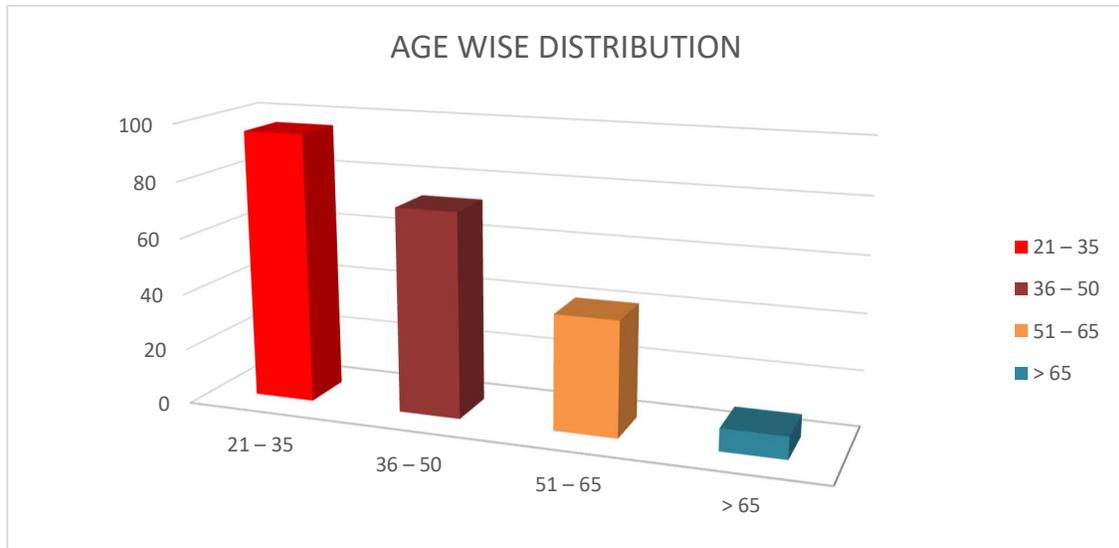


Figure 1: Age wise distribution

Table 2: Gender distribution

Gender	Number of participants (%) (Total n = 218)
Male	146 (66.97%)
Female	72 (33.02%)

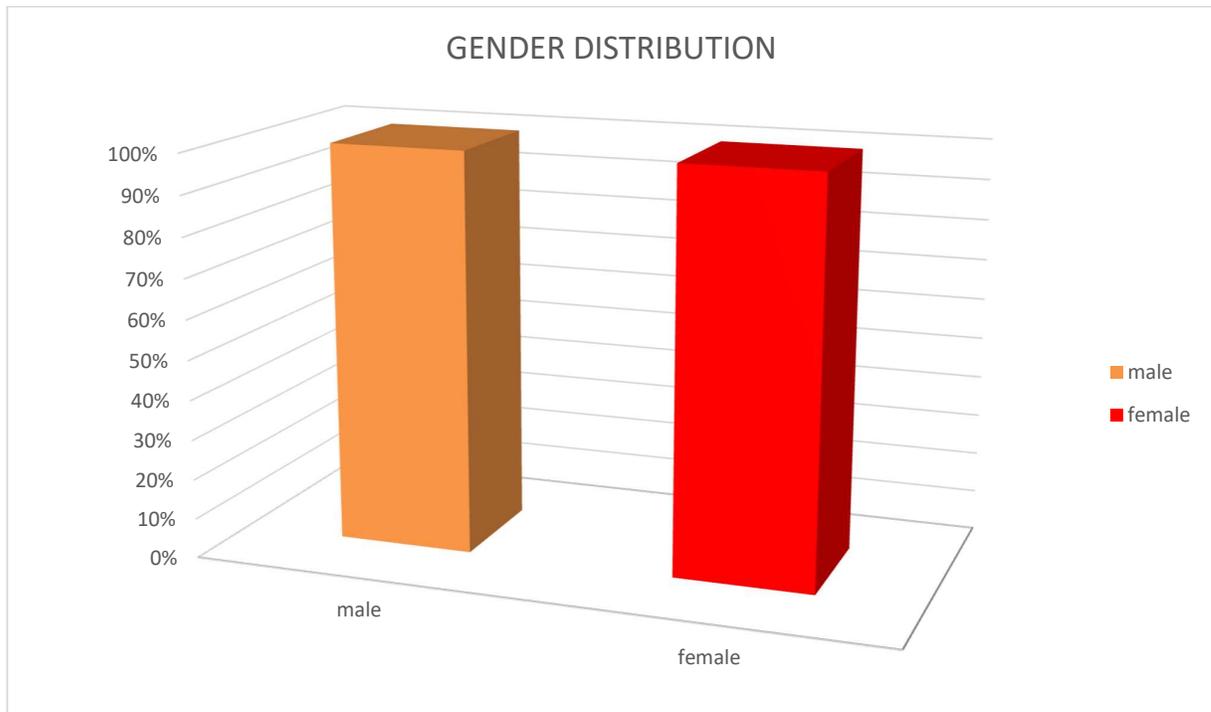


Figure 2: Gender distribution

Table 3: Participant Locality

Area of Residence	Number of participants (%) (Total n = 218)
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Urban	146 (66.97%)
Rural	72 (33.03%)

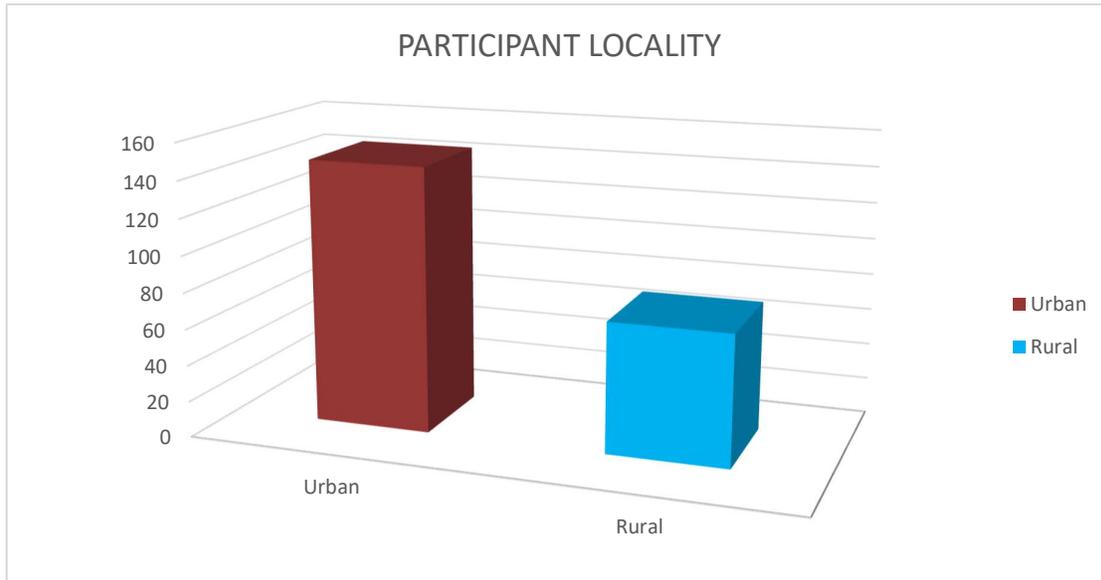


Figure 3: Participant Locality

Table 4: Profession

Profession	Number of participants (%) (Total n = 218)
Home makers	51 (23.39%)
Working people	37 (16.97%)
Students	97 (44.46%)
Daily wages people	3 (1.37%)
Retired people	30 (13.76%)

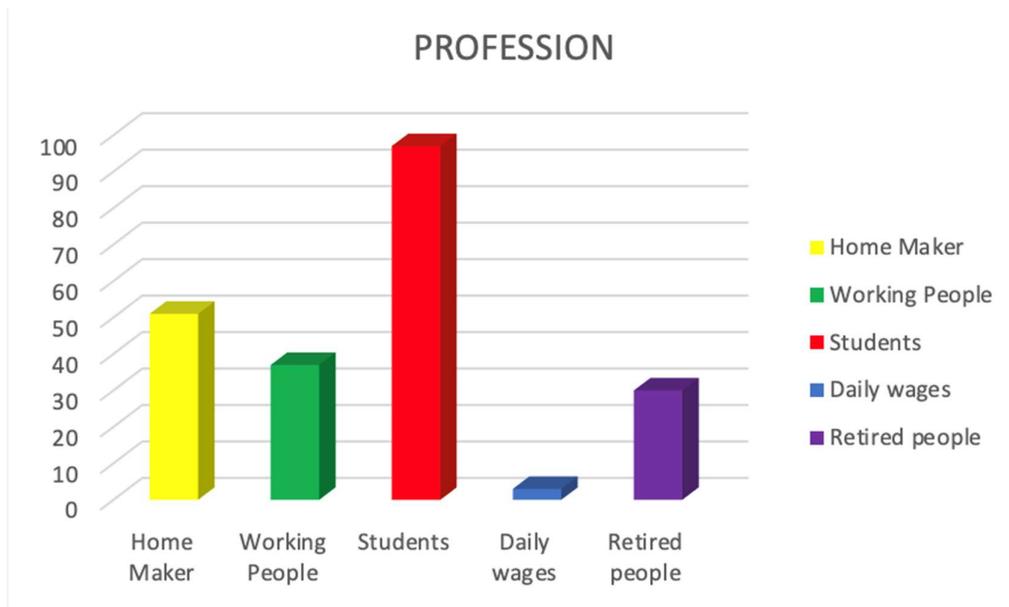


Figure 4: Profession

Table 5: Frequency and percentage of participants' with correct responses to the knowledge items on the questionnaire

Questionnaire items	Frequency (%)
K1. What does the word "palliative" mean?	124 (56.88%)
K2. Which of these is correct?	72 (33.03%)
K3. If your family member/relative is suffering from terminally ill disease, would you like the patient to?	106 (48.62%)
K4. Which of the following is TRUE about end-of-life care?	89 (40.82%)
K5. How did you come to know about palliative care?	67 (30.73%)
K6. How would you rate your knowledge of palliative care?	93 (42.66%)

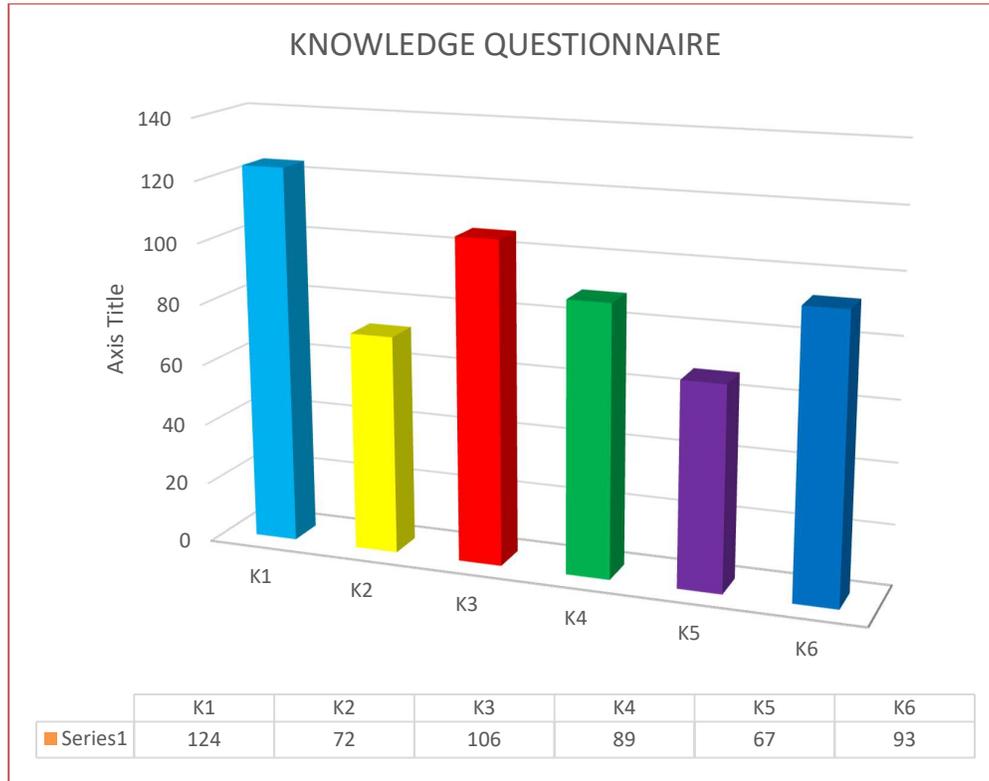


Figure 5: Frequency and percentage of participants' with correct responses to the knowledge items on the questionnaire

Table 6: Frequency and percentage of participants' with correct responses to the Awareness items on the questionnaire

Questionnaire items	Frequency (%)
A A1. Do you think palliative care should be offered to people suffering from following illness?	142 (65.14%)
A2. Do you know that palliative care provides physical and psychological support to the terminally ill patients which includes cancer?	78 (35.78%)
A A3. when do you think palliative care should start?	127 (58.26%)
A4. Do you wish to contribute your services to palliative care?	193 (88.53%)
A5. Is there any Palliative Care center in your locality?	124 (56.88%)
A6. Do you think these services meet the palliative care needs of our community?	203 (93.12%)

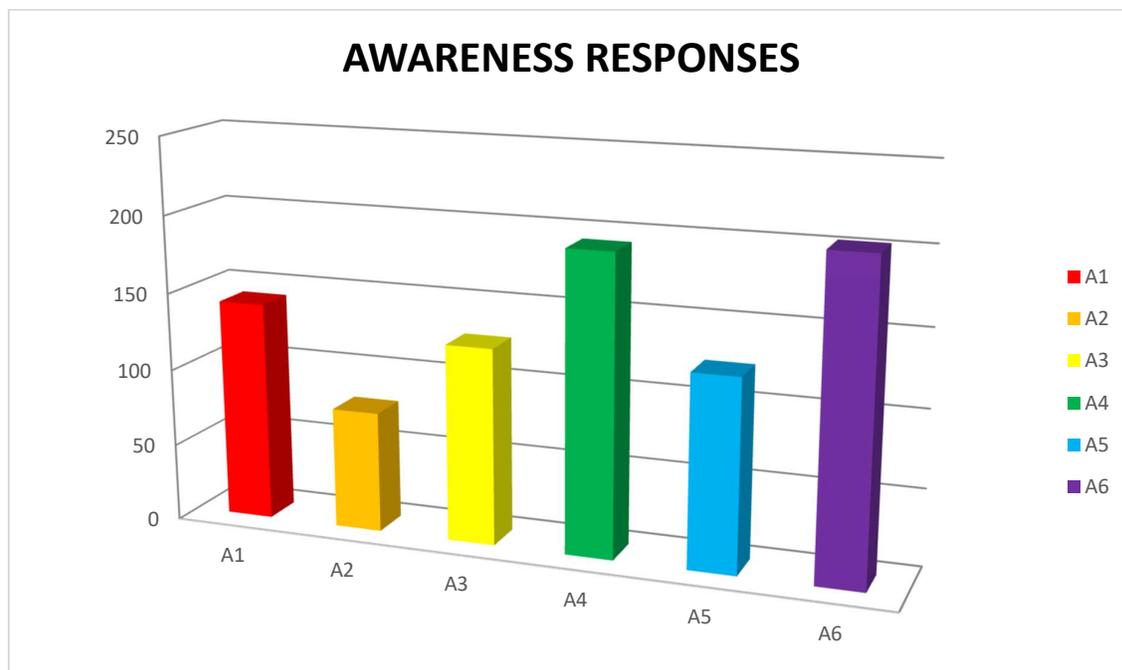


Figure 6: represents awareness responses

DISCUSSION

In this study, Palliative care is an approach that improves the quality of life of patients and their families abutting the problem associated with life-threatening infection, through the inhibition and break of suffering by means of early identification and perfect valuation and action of pain and other difficulties, physical, psychosocial and spiritual.

It is an charitable need worldwide for people with life- limiting diseases including cancer, other non-communicable diseases and infectious diseases like HIV/AIDS have pain, other indications and psychosocial pain which can intensely decrease value of life, place a burden on the family’s budget and there is little chance of therapy. The palliative care services is an

special form of general treatment which interrelates both losses and their families with doctors at hospitals, home built care (maintaining a standard of care at the place of stay for a bedridden patient, through family/community permission, and/or home visits by trained teams; usually inclusive of a nurse) as well as the community irrespective of age/religious differences/social status. Ideally, relaxing care services should be delivered from the time of diagnosis of life-threatening illness, adapting to the increasing needs of cancer patients and their families as the disease developments into the terminal phase. They should also provide support to families in their sadness. In India, currently there are about 908 palliative care services booming palliative care either through home-based

care, outpatient substance or in patient services. These centres are gathered around few areas but, there is extremely limited admission to quality palliative maintenance services for massive majority of Indians crossways the country.

CONCLUSION AND SUMMARY

This study shows that even though percentage of compassion is in par with both general population awareness and knowledge are insufficient to implement changes to decrease morbidity before mortality in palliative care. Hence, we would indorse to start quick intervention and 3 “ness” (Awareness, kindness, persuasiveness) for the realization in palliative care by the general population till the end of the ride by the sufferers.

REFERENCE

- [1] Van der Plas, A., Onwuteaka-Philipsen, B., Francke, A., Jansen, W., Vissers, K. and Deliens, L., 2015. Palliative Care Case Managers in Primary Care: A Descriptive Study of Referrals in Relation to Treatment Aims. *Journal of Palliative Medicine*, 18(4), pp.324-331.
- [2] Keim-Malpass, J. and Lindley, L., 2017. End-of-Life Transitions and Hospice Utilization for Adolescents. *Journal of Hospice & Palliative Nursing*, 19(4), pp.376-382.
- [3] Paice, J. and Ferrell, B., 2011. The management of cancer pain. *CA: A Cancer Journal for Clinicians*, 61(3), pp.157-182.
- [4] Gordon, D., Pellino, T., Miaskowski, C., McNeill, J., Paice, J., Laferriere, D. and Bookbinder, M., 2002. A 10-year review of quality improvement monitoring in pain management: Recommendations for standardized outcome measures. *Pain Management Nursing*, 3(4), pp.116-130.
- [5] Gaertner, J., Boehlke, C., Simone II, C. and Hui, D., 2019. Early palliative care and the opioid crisis: ten pragmatic steps towards a more rational use of opioids. *Annals of Palliative Medicine*, 8(4), pp.490-497.
- [6] Steins, M., Eschbach, C., Villalobos, M. and Thomas, M., 2017. Schmerztherapie in der Palliativmedizin. *Pneumologie*, 71(05), pp.297-306.
- [7] Motov, S., Strayer, R., Hayes, B., Reiter, M., Rosenbaum, S., Richman, M., Repanshek, Z., Taylor, S., Friedman, B., Vilke, G. and Lasoff, D., 2018. The Treatment of Acute Pain in the Emergency Department: A White Paper Position Statement Prepared for the American Academy of Emergency Medicine. *The Journal of Emergency Medicine*, 54(5), pp.731-736.
- [8] Dijkstra, B., Berben, S., van Dongen, R. and Schoonhoven, L., 2013. Review on pharmacological pain management in trauma patients in (pre-hospital) emergency medicine in the

- Netherlands. *European Journal of Pain*, 18(1), pp.3-19.
- [9] Ghosh, A., Dzung, E. and Cheng, M., 2015. Interaction of Palliative Care and Primary Care. *Clinics in Geriatric Medicine*, 31(2), pp.207-218.
- [10] Buss, M., Rock, L. and McCarthy, E., 2017. Understanding Palliative Care and Hospice. *Mayo Clinic Proceedings*, 92(2), pp.280-286.
- [11] Ghandourh, W., 2016. Palliative care in cancer: managing patients' expectations. *Journal of Medical Radiation Sciences*, 63(4), pp.242-257.
- [12] Busolo, D. and Woodgate, R., 2015. Palliative care experiences of adult cancer patients from ethnocultural groups: a qualitative systematic review protocol. *JBIR Database of Systematic Reviews and Implementation Reports*, 13(1), pp.99-111.
- [13] van der Velden, N., Meijers, M., Han, P., van Laarhoven, H., Smets, E. and Henselmans, I., 2020. The Effect of Prognostic Communication on Patient Outcomes in Palliative Cancer Care: a Systematic Review. *Current Treatment Options in Oncology*, 21(5).
- [14] Friedrichsen, M., Lindholm, A. and Milberg, A., 2011. Experiences of truth disclosure in terminally ill cancer patients in palliative home care. *Palliative and Supportive Care*, 9(2), pp.173-180.
- [15] Schoonover H, Corbett CF, Weeks DL, Willson MN, Setter SM. Predicting potential postdischarge adverse drug events and 30-day unplanned hospital readmissions from medication regimen complexity. *J Patient Saf*. 2014;10(4):186-191.
- [16] Rochon PA, Gurwitz JH. Optimising drug treatment for elderly people: the prescribing cascade. *BMJ*. 1997;315(7115):1096-1099.
- [17] Jagadeesan, B., Haran, P., Praveen, D., Chowdary, P. and Aanandhi, M., 2021. A comprehensive review on pancreatic cancer. *Research Journal Of Pharmacy And Technology*, 14(1), pp.552-554.