

A Descriptive Study to Assess the Knowledge and Attitude Regarding Palliative Care of Cancer Patients Among Care Giver at Selected Hospitals, Jaipur with A View to Develop an Information Booklet

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Abstract

Introduction : When a patient is diagnosed with cancer, the entire family goes through severe stress. Advanced stage of cancer of the patient is stressful for parents as the hope of cure is limited. Parents feel helpless and try to face the event by adopting varied coping strategies. The Palliative Care Unit attempts to understand the parental needs and offer care not only to the ill patients but also to care givers in totality.

Methodology : In this study the quantitative research approach adopted by researcher to assess the knowledge and attitude regarding palliative care of cancer patients among caregivers at selected hospitals, Jaipur with a view to develop an information booklet. In this study the accessible population consists of care givers of palliative care among cancer patients at selected hospitals, Jaipur. The sample for present study will be 60 care givers of palliative care among cancer patients at selected hospitals, Jaipur.

Results : In this study relationship between knowledge and attitude the calculated value of Karl correlation coefficient is 0.94 and tabulated value 0.25 for degree of freedom 58 at 0.05 level of significance. The calculated value is found to be lesser than the tabulated value. So there is significant relationship but by chance between knowledge and attitude. This clearly means that there is relationship between knowledge and attitude.

Conclusions : The data gathered and analyzed by using descriptive and inferential statistics. Chi-square test was used to find association between the knowledge and attitude score with selected demographic variables. Findings revealed that majority of caregivers had poor knowledge and unfavorable attitude regarding palliative care of cancer patients.

Keywords : Palliative care, Cancer patients, Care giver, Knowledge, Attitude

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Introduction

Cancer is general term which represent a large group of conditions that affect any part of the body. It's also called nasty excrescence and tumors. So cancer is the unbridled creation of abnormal cells that grow beyond their usual structure, and which can also foray touching corridor of the body and spread to other organs; which called metastasis.

Cancer is leading cause s of mortality and morbidity among the non-communicable conditions in South Asian countries, similar as India.

Palliative care is treatment to relieve, rather than cure, symptoms and suffering caused by cancer and to ameliorate the quality of life of cases and their families. Palliative care can help people live more comfortably. It's particularly demanded in places with a high proportion of cases in advanced stages of cancer where there's little chance of cure. Relief from physical, psychosocial, and spiritual problems through palliative care is possible for further than 90 of cases with advanced stages of cancer.

The force- demand gap in palliative care is largely due to a lack of trained specialists, and farther investment in training all members of a case's oncology platoon with primary palliative care chops has the implicit to lessen this imbalance. also, while inpatient discussion services have been slightly available for cases compared with inpatient or home palliative care, many hospitals have applicable and sufficient staff to misbehave with public recommendations. Fresh backing and education to develop a sustainable model that seamlessly dovetails palliative services with oncologic care will really have meaningful clinical and cerebral impact for cases and their families.

Objectives

1. To assess the knowledge regarding palliative care of cancer patients among caregivers at selected hospitals, Jaipur.
2. To assess the attitude regarding palliative care of cancer patients among caregivers at selected hospitals Jaipur.
3. To assess the co-relation between knowledge and attitude regarding palliative care of cancer patients among caregivers at selected hospitals Jaipur.
4. To find out the association between knowledge regarding palliative care of cancer patients among caregivers with their selected demographic variables at selected hospitals Jaipur.

5. To find out the association between attitude regarding palliative care of cancer patients among caregivers with their selected demographic variables at selected hospitals.
6. To develop an information booklet on palliative care of cancer patients among caregivers at selected hospitals Jaipur.

Research Hypothesis

H₁ There will be a significant association between knowledge regarding palliative care of cancer patients among caregivers with their selected demographic variables at selected hospitals Jaipur.

H₀₁ There will be no significant association between knowledge regarding palliative care of cancer patients among caregivers with their selected demographic variables at selected hospitals Jaipur.

H₂ There will be a significant association between attitude regarding palliative care of cancer patients among caregivers with their selected demographic variables at selected hospitals Jaipur.

H₀₂ There will be no significant association between attitude regarding palliative care of cancer patients among caregivers with their selected demographic variable at selected hospitals Jaipur.

H₃ There will be a significant co-relation between knowledge and attitude regarding palliative care of cancer patients among caregivers at selected hospitals Jaipur.

H₀₃ There will be no significant co-relation between knowledge and attitude regarding palliative care of cancer patients among caregivers at selected hospitals Jaipur.

Methodology

In this study the quantitative research approach adopted by researcher in which the problem selected and the objectives to be accomplished the quantitative research approach was considered as the best way to assess the knowledge and attitude regarding palliative care of cancer patients among caregivers at selected hospitals, Jaipur with a view to develop an information booklet. In this study the accessible population consists of care givers of palliative care among cancer patients at selected hospitals, Jaipur. The sample for present study will be 60 care givers of palliative care among cancer patients at selected hospitals, Jaipur.

A structured knowledge questionnaire constructed by reviewing related literature and by consultation with subject experts in the field, by consulting various books, journals

and reports on care givers of palliative care. Expert opinion from teachers and experts.

Statistical Analysis

Data was analyzed by using percentage, mean, mode, median and standard deviation c.v. etc. Chi square test was used to find out association between Knowledge and their socio demographic variables.

Results

Table A : Frequency and percentage distribution of knowledge regarding palliative care of cancer patient among caregivers.

S.No.	Category	Frequency (f)	Percentage (%)
1.	Poor	29	48.33%
2.	Average	19	31.66%
3.	Good	12	20%

This is clearly representing that the level of knowledge of care givers of pre-decided categories i.e. (29) 48.33% majority of caregivers of palliative care were found to have poor level of knowledge whereas only (12) 20% had good level of knowledge regarding palliative care. only (19) 31.66% were found to possess the average level of knowledge.

Table B : Mean, median, mode, mean percentage and standard deviation of knowledge of caregivers of cancer patients regarding palliative care.

N=60

S.No.	Maximum score	Mean	Median	Mode	Mean percentage	Standard deviation
1.	35	17.75	16	13	50.71%	5.96

This shows that the obtained mean:- 17.75, median:- 16, mode:- 13, mean percentage:- 50.71%, and standard deviation:- 5.96.

The score SD and considering the fact that mean, median and mode are close to each other, caregivers of cancer patient are homogenous in term of their knowledge regarding palliative care.

Since the obtained mean of 17.75, stands in the pre-decided category of low level of knowledge (score 0 to 15) therefore investigator can say that the caregivers care have low knowledge regarding palliative care

Table C :- Frequency and percentage distribution of attitude regarding palliative care of cancer patient among caregivers.

S.No.	Category	Frequency (f)	Percentage (%)
1.	Unfavourable	29	48.33%
2.	Neutral	19	31.66%
3.	Favourable	12	20%

These clearly represent that the attitude of caregivers of palliative care in terms of pre-decided categories i.e. (29) 48.33% majority of care givers of palliative care were found to have unfavourable attitude where only (19) 31.66% had favourable attitude regarding palliative care only (12) 20% were found to possess the neutral level of attitude.

Table D :- Mean, median, mode, mean percentage and standard deviation of attitude score of caregivers regarding palliative care.

N=60

S.No.	Maximum score	Mean	Median	Mode	Mean percentage	Standard deviation
1.	125	61.68	53.5	39	49.34%	21.79

This shows that the obtained mean: - 61.68, median: - 53.5, mode: - 39, mean percentage: - 49.34%, and standard deviation: - 21.79.

The score SD and considering the fact that mean, median and mode are close to each other, the caregivers are homogenous in terms of their attitude regarding palliative care.

Since the obtained mean of 61.68 stands in the pre-decided category of (score 51 to 85) neutral attitude therefore investigator can say that the caregivers have average attitude regarding palliative care.

Table E: -Finding related to Co- relationship between knowledge and attitude of caregivers of palliative care.

N=60

S.No.	Correlation value	Tabulated value	Degree of freedom	Level of significance	Result
1.	0.94	0.25	58	0.05	Significant

It evident that for relationship between knowledge and attitude the calculated value of Karl correlation coefficient is 0.94 and tabulated value 0.25 for degree of freedom 58 at 0.05 level of significance.

The calculated value is found to be lesser than the tabulated value. So there is significant relationship but by chance between knowledge and attitude. Therefore, the investigator accepts the research hypothesis (H_1). This clearly means that there is relationship between knowledge and attitude.

There is significant association between knowledge of caregivers and socio- demographic variables of age of caregiver ($X^2=18.58$), educational qualification of caregiver ($X^2=18.12$), duration of giving palliative care ($X^2=13.56$), therefore investigator accept the research hypothesis (H_2)

There is no significant association between knowledge of caregivers of palliative care and socio demographic variables of, gender of caregivers ($X^2=2.9$), occupation of caregivers ($X^2=11.2$), area of residence ($X^2=5.45$), type of family ($X^2=3.58$), relationship with patient ($X^2=1.25$), Therefore investigator fails to reject the null hypothesis H_{02} .

There is significant association between knowledge of caregivers and socio- demographic variables of age of caregiver ($X^2=18.58$), educational qualification of caregiver ($X^2=18.12$), duration of giving palliative care ($X^2=13.56$), therefore investigator accept the research hypothesis (H_2)

There is no significant association between attitude of caregivers of palliative care and socio demographic variables of gender of caregivers ($X^2=2.9$), occupation of caregivers ($X^2=11.2$), area of residence ($X^2=5.45$), type of family ($X^2=3.58$), relationship with patient ($X^2=1.25$), Therefore investigator fails to reject the null hypothesis H_{03}

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Conclusions

The data gathered and analysed by using descriptive and deducible statistics. Chi-square test was used to find

association between the knowledge and station score with named demographic variables. Findings revealed that maturity of caregivers had poor knowledge and unfavourable station regarding palliative care of cancer cases.

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