Original Article

Exploring the Knowledge and Attitudes of Clinical Nurses Toward Palliative Care: A Qualitative Enquiry in Ghana

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Abstract

Background: Palliative care is an essential aspect of healthcare that focuses on improving the quality of life for patients with life-threatening illnesses by alleviating pain and other distressing symptoms. However, its integration into clinical practice remains inconsistent. Nurses play a vital role in delivering palliative care, which is significantly influenced by their knowledge and attitudes. As such, this study explored the knowledge seeks to explore the knowledge and attitudes of clinical nurses toward palliative care. **Materials and Methods:** This qualitative descriptive study was conducted from May to September 2023 and enrolled 14 healthcare personnel from Ho Teaching Hospital. Participants were selected using purposive sampling until data saturation was achieved. Data were collected by conducting face-to-face in-depth interviews with the participants at a place and time of the interview convenient to participants. Only participants who consented were recruited into the study. Data collection and analysis occurred at the same time. Data were analyzed using the conventional content analysis approach of Graneheim and Lundman. **Results:** Four major themes and 12 subthemes were generated. The themes were 1. Nursing practice experience, 2. Knowledge of palliative care with subthemes, 3. Assessment of pain and its management with subthemes, and 4. Attitude toward palliative patients with subthemes. **Conclusions:** The study highlights the multifaceted experiences, knowledge, pain management practices, and attitudes of nurses in palliative care. It underscores the importance of comprehensive training to enhance care delivery and support for palliative patients. The study recommends regular in-service training to support nursing staff in providing comprehensive and compassionate palliative care.

Keywords: *Attitude of health personnel, attitudes, knowledge, nurses, palliative care, practice, qualitative research, and Ghana*

Introduction

Palliative care is an essential aspect of healthcare that focuses on improving the quality of life for patients with life-threatening illnesses by alleviating pain and other distressing symptoms. It is a holistic approach that addresses the physical, emotional, social, and spiritual needs of patients and their families.[1] The World Health Organization (WHO) emphasizes the importance of integrating palliative care into health systems globally, particularly in regions with limited resources.[2] This integration is vital for ensuring that patients receive comprehensive care that enhances their wellbeing and dignity during the most challenging times of their lives.[2]

In Ghana, palliative care services are still developing, and there is a significant need to improve the knowledge and attitudes of clinical nurses, who play a crucial role in providing these services.[3] Nurses are often the first point of contact for patients and their families, making their role indispensable in delivering effective palliative care. However, the lack of formal training and resources in palliative care can impede their ability to offer the necessary support and care.[4] Enhancing the skills and knowledge of clinical nurses through targeted education and training programs is essential for improving palliative care services in Ghana.[5]

Furthermore, cultural perceptions and stigma associated with life-threatening illnesses and palliative care can also affect the delivery of these services.[6] Addressing these cultural barriers and promoting awareness about the benefits of palliative care is vital for its successful integration into the healthcare system.[6] Collaborative

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efforts between healthcare personnel, policymakers, and communities are necessary to overcome these challenges and ensure that palliative care services are accessible to all patients in need.[6,7]

Despite the growing recognition of palliative care's importance, there is limited research on the knowledge and attitudes of clinical nurses in Ghana toward this essential aspect of healthcare. The lack of adequate training and education in palliative care can lead to suboptimal patient management, increased suffering, and decreased quality of life for patients with life-limiting illnesses.

The aim of the study was to explore the knowledge and attitudes of clinical nurses on palliative care in the Ho Teaching Hospital of Volta Region of Ghana.

Materials and Methods

A qualitative exploratory descriptive design was adopted for this study and conducted from May to September 2023 to explore the knowledge and attitudes of clinical nurses at the Ho Teaching Hospital on palliative care. According to Creswell and colleagues, the qualitative exploratory descriptive design enables a researcher to explore how people understand and describe a human phenomenon and lived experiences.[8] Purposive sampling method was used to sample 14 participants. However, this was based on data saturation. Data saturation is the point at which no new responses emerge from participants.[9] Data were collected through individual face-to-face in-depth interviews after pretesting of the interview guide on two participants whose data were not included in the final study. Pretesting was conducted to enhance the clarity and credibility of the interview guide. The pretesting was done to ensure reliability of the instruments. By distributing the information sheet to potential participants in the hospital, the researchers invited all eligible healthcare personnel to participate in the study. The information sheet included the study objectives, inclusion criteria, and ethical approval of the study. Included in the study were nurses who have worked for 2 years and above, who have at least a diploma degree, and aged 18 years and above. Exclusion criteria were nurses who have worked less than 2 years at the time of the study or worked more than 2 years but were not permanent staff or were on study leave at the time of the study. Individuals who expressed interest in participating in the study were interviewed at a place and time convenient to them. Before the interviews started, written consent was obtained from all participants. A digital voice recorder was used to record all the interviews. An interview guide was used for the interviews. Each interview began with a general question: "Can you describe what you understand by the term 'palliative care?". The interview guide was designed in line with the study objectives for study validity.

In conducting the interviews, the researchers remained focused on the purpose, provided feedback, built rapport to gain trust, and maintained objectivity by avoiding imposing their own views. Attention was also paid to nonverbal cues. Interviews ranged from 45 to 60 minutes, with data collection proceeding until saturation was achieved. Concurrent data analysis informed the collection process, allowing for an inductive data generation. Qualitative conversational content analysis, guided by Graneheim and Lundman's framework,[10] involved verbatim transcription of interviews, followed by thorough reading, coding, subthemes, and themes formation. Codes were inductively derived, merged, and grouped into subthemes, which were then consolidated into broader themes through comparative analysis. To establish credibility, interview transcripts were reviewed and member checking member checking was conducted with five participants to validate their responses done by five participants to their responses. Dependability was ensured through transparent documentation of research activities, including data collection and analysis, and by providing illustrative excerpts from the interviews. Transferability was confirmed by sharing the categories with individuals who matched the participant profile but were not part of the study and comparing the findings with their experiences. Confirmability was assessed by having colleagues familiar with qualitative analysis review selected interview texts and codes, and evaluating their agreement with the interpretations.

Ethical consideration

Ethical clearance was obtained from the Research and Ethics Committee of the University of Health and Allied Sciences [UHAS-REC A.1 [111] 22-23]. The purpose, benefits, and possible risks of the study were explained to participants. This was done a week before data collection to allow the participants to read and make sure they understand the information that had been given to them and consider participating in the study or otherwise. Only the participants who met the inclusion criteria and agree to participate were given a consent form to sign to indicate their consent. Participants were informed that they have the right to withdraw from the study at any point. The anonymity of participants was ensured by assigning numbers such as P1, P2, and P14 to each participant during the recruitment. These numbers were used when quoting participants in the findings chapter. Participants' privacy was protected by ensuring that their information was not shared with unauthorized individuals. Additionally, all identifiable data and demographic information were stored separately from the interview transcripts to maintain confidentiality. The research was conducted in line with relevant guidelines and regulations as well as ethical principles of the Declaration of Helsinki, ensuring the protection, safety, and wellbeing of all participants. All authors agree to the publication of this article.

Results

Fourteen nurses from Ho Teaching Hospital participated in

the study. Their ages ranged from 25 to 59 years, with a mean (SD) age of 32.43 (7.24) years. Of the participants, eight were male and six were female. Eight participants were married, and six had children. Additionally, seven participants had more than 5 years of professional experience, and over half (eight) held diplomas. Table 1 presents the details of the biographic data.

Themes and subthemes

In all, four themes and 12 subthemes were identified from interviewing participants. Table 2 presents details of the themes and subthemes.

Theme 1: Nursing practice experience

All participants were asked to share their experiences following their services to palliative care patients. Nursing practice experience emerged as a theme with the following subthemes: physical, psychological, social, and financial.

Subtheme 1: Physical experience

Most nurses encountered physical challenges such as tiredness, injuries, and inadequate space and equipment for patient care. *"The work has been tiresome, or burdensome I should say. The way we expected the work to be is not actually so. the patients are more than the staff resulting in a whole day of work without rest, then you feel exhausted and because they are many the equipment is not adequate for us to take care of them." (P10)*

"Since the hospital was upgraded to a Teaching Hospital, there has not been a single structure added as you can also see. Patients are referred from all over the place to the hospital, leading to overcrowding, patient overload and inadequate equipment to work with." (P1)

Subtheme 2: Psychological experience

The psychological experiences of participants included anxiety, sadness, and depression. *"My experiences were a mixed feeling… sometimes I am anxious about some patients' conditions, especially when you have less logistics like beds, gloves… to deal with certain situations, but when I finally get the entire process under control, then I get internal joy." (P2)*

"The volume of patients that we receive per day and the nature of their diagnosis compare to the staff strength we have in my unit (Female Surgical 1) gives me reason to be sad and sometimes depressed." (P14)

Subtheme 3: Social experience

Many participants reported that the shift system negatively affected their ability to attend social functions or spend time with family and friends. A participant stated, *"The pressure from work doesn't make room for me to make new friends, or attend weddings." (P11)*

"This is how I live my life now, from work straight to my room… because by the time I get home, I am so tired that I have little time for family and friends." (P3)

Subtheme 4: Financial experience

Participants narrated that they support patients who could not afford medical bills and medical investigations.

"Every day, I see patients struggling to pay for their treatments and other investigations. It breaks my heart, and I often find myself contributing out of my own pocket to help them." (P6)

"Working in oncology, I've witnessed firsthand the financial strain cancer treatments impose on patients. Some patients have to choose between buying medication and feeding their families." (P12)

Theme 2: Knowledge of palliative care

Knowledge of palliative care emerged as the second theme with the following subthemes: definition of palliative care, components of palliative care, and pillars of palliative care.

Table 1: Sociodemographic data of participants (*n*=14)

Pseudonym	Age	Gender	Marital status	Nature of Employment	Duration of practice	Highest Educational Level	Religion	Tribe
P1	36	Male	Married	Permanent	12	Diploma	Christian	Guan
P2	26	Female	Single	Permanent	2	Degree	Christian	Akan
P3	30	Male	Married	Permanent	3	Degree	Christian	Ewe
P4	30	Male	Single	Permanent	4	Degree	Christian	Akan
P5	29	Female	Married	Permanent	7	Diploma	Christian	Ewe
P6	35	Male	Married	Permanent	8	Degree	Christian	Guan
P7	28	Female	Married	Permanent	5	Diploma	Christian	Akan
P8	38	Female	Married	Permanent	12	Diploma	Christian	Ewe
P9	38	Male	Married	Permanent	16	Diploma	Christian	Ewe
P10	26	Male	Single	Permanent	3	Diploma	Christian	Ewe
P11	28	Male	Single	Permanent	2	Degree	Christian	Ewe
P12	28	Female	Single	Permanent	2	Diploma	Christian	Ewe
P13	53	Female	Married	Permanent	27	Diploma	Christian	Ewe
P14	29	Male	Single	Permanent	4	Degree	Christian	Ewe

Table 2: Presentation of findings (themes and subthemes)

Themes	Subthemes
1. Nursing practice experience	• Physical • Psychological • Social • Financial
2. Knowledge of palliative care	• Definition • Components • Pillars of palliative care
3. Assessment of pain and its management	• Pain scale used • Medications used • WHO's analgesic ladder
4. Attitude toward palliative care	• Positive • Negative

Subtheme 1: Definition of palliative care

Participants defined palliative care as symptom management and addressing patients' and families' concerns. A participant expressed, *"Palliative care is a holistic approach focused on improving the quality of life for patients with serious illnesses." (P6)*

"Palliative care is not just end-of-life care; it can be integrated at any stage of illness to help patients live as well as possible." (P11)

Subtheme 2: Components of palliative care

Participants identified symptom management, psychological support, spiritual care, and coordination of care as key components of palliative care. A participant said, *"The components of palliative care include symptom management, psychological support, spiritual care, and coordination of care." (P5)*

"...I don't remember exactly but I believe, the components of palliative are symptoms management and care of patients and their families." (P14)

Subtheme 3: Pillars of palliative care

Participants struggled to correctly recall the pillars of palliative care. A participant admitted, *"To be frank, it has been long since I read about those pillars." (P14)*

"I think it is about prescriptive, descriptive, and explanatory." (P1)

Theme 3: Assessment of pain and its management

Three subthemes were identified under this theme: pain scale use, medications, and WHO's analgesic ladder.

Subtheme 1: Pain scale used

Participants reported that they mostly assessed patients' pain through self-report or palpation rather than a specific pain tool. A participant explained, *"We were supposed to use the Numeric Rating Scale, but in practice, we rely on patients' own reports." (P5)*

"...when patients report to me that they are in pain, I mostly confirm that by touching their part of the body where they claimed it's paining them." (P2)

Subtheme 2: Medications used

Participants reported that they manage their patients' pain using acetaminophen and ibuprofen. A participant said, *"For managing pain, we usually start with acetaminophen or ibuprofen, but if the pain persists, we give tramadol." (P4)*

"...hardily do we get morphine, mostly we give para (acetaminophen) to our patients when in pain." (P9)

Subtheme 3: WHO's analgesic ladder

Participants reported that their drug administration depended on the hospital's stock. A participant stated, *"What we have at the pharmacy is what we sometimes start with. I have not seen us use the WHO's Analgesic Ladder in this facility." (P8)*

"...as a nurse we give what is ordered or what is in stock period." (P13)

Theme 4: Attitude toward palliative care

When assessing nurses' attitudes toward palliative care services rendered at the oncology and palliative care unit, two subthemes emerged: positive and negative attitudes.

Subtheme 1: Positive attitude

Participants reported that they feel fulfilled when patients recover under their care.

"Even on the hardest days, seeing a patient smile or hearing a simple 'thank you' reminds me why I do this. Watching someone regain hope, even in the face of cancer, gives me strength and keeps me going with a positive heart." (P3)

"I have a positive attitude towards work because that is my job and what motivates me more is seeing my patient recovering or their families appreciating the services I render to them." (P7)

Subtheme 2: Negative attitude

Participants expressed emotional exhaustion and helplessness when watching patients deteriorate. *"Sometimes it feels like no matter how hard we try; we're just watching people slip away. It's emotionally draining, and when you don't have enough support or time to process it, it starts to wear you down. There are days I question if I can keep doing this." (P4)*

"Witnessing the decline of patients can be heart-wrenching, and sometimes it feels like a losing battle." (P12)

Discussion

The study aimed to explore the knowledge and attitudes

of clinical nurses on palliative care and provide valuable insights into the experiences, knowledge, and attitudes of nurses working in palliative care settings. Four major themes emerged: Nursing practice experience, knowledge of palliative care, assessment of pain and its management, and attitude toward palliative care. The findings align with existing literature on the challenges and emotional toll faced by healthcare professionals in palliative care.[11] Nurses in this study reported physical, psychological, social, and financial challenges. The physical strain due to inadequate staffing, lack of resources, and workplace hazards such as needlestick injuries corroborates previous findings,[12,13] which reported that palliative care nurses often experience burnout due to increased patient load and inadequate support systems. Additionally, a study by Koh and colleagues[14] highlights that the demanding nature of palliative care can lead to physical exhaustion and emotional burnout, supporting the findings of physical and psychological experiences reported by the participants. However, this study's findings contrast with research conducted in China,[15] which suggested that improved hospital infrastructure and better resource allocation significantly reduced the burden on nurses. The difference may stem from variations in healthcare system funding and policies in different regions. The current study setting may not have benefited from such infrastructure enhancements, leading to persistent challenges.

Additionally, the study found that while nurses had a general understanding of palliative care, knowledge gaps existed regarding its fundamental principles, particularly the pillars of palliative care. This aligns with a scoping review[16] that identified knowledge deficits among nurses in low-resource settings, emphasizing the need for continuous education and training. In contrast, a study by Blixt *et al*.[17] found that nurses in well-funded healthcare systems exhibited a comprehensive understanding of palliative care, including pain management strategies and the WHO analgesic ladder. This difference could be attributed to variations in continuing education programs and institutional support.

Furthermore, the study identified inconsistencies in pain assessment and medication administration. Participants reported reliance on patient self-reporting rather than structured pain scales, echoing findings by Alruwaili *et al*.,[18] who noted similar challenges in settings with limited access to standardized assessment tools. The study also found that nurses underutilize the World Health Organisation's (WHO) analgesic ladder. The underutilization of the WHO analgesic ladder also aligns with findings from a previous study,[19] which highlighted the lack of adherence to standardized pain management guidelines in resource-constrained environments.

Again, the study found both positive and negative attitudes toward palliative care. While many nurses valued their role in providing comfort and dignity, some viewed it as emotionally draining. This aligns with a previous study,[17] which found that while nurses recognized the importance of palliative care, the emotional burden often led to feelings of helplessness. However, some previous studies[20,21] found that structured emotional support programs for nurses significantly improved their attitudes toward palliative care. The difference may be due to the absence of such support mechanisms in the study setting, suggesting a need for better psychological support for nurses caring for palliative patients.

The strength of this study was the conduct of in-depth individual face-to-face interviews to deeply understand participants' experiences, knowledge, and attitudes on palliative care. Regardless, the study is limited by the relatively small sample size and the inclusion of participants from only one teaching hospital, which may affect the transferability of the findings. Notwithstanding the robust methodology, the limitations of this study include a relatively small sample of only 14 nurses from a single teaching hospital, which may affect the broader generalizability of the results.

Conclusion

This study highlights the multifaceted challenges nurses face when caring for palliative care patients, including significant physical, psychological, social, and financial burdens. While participants demonstrated a basic understanding of palliative care and maintained largely positive attitudes, gaps were noted in knowledge of its foundational principles and pain management practices, such as the limited use of standardized tools and protocols. These findings, though context-specific and based on a relatively small qualitative sample, suggest the need for structured training, institutional support, and improved working conditions to enhance palliative care delivery. Broader studies across different settings are recommended to assess generalizability and to inform policy and practice improvements.

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Conflicts of interest

Nothing to declare.

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