

Knowledge and Attitude towards Palliative Care amongst Clinical Physiotherapy Students in a Nigerian Tertiary Institution

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ABSTRACT

Background: The scope of physiotherapy practice is evolving, cutting across specialties such as palliative care. Though its benefits have been established, insufficient knowledge about palliative care is frequently observed among health practitioners, including physiotherapists.

Objectives: This cross-sectional study aimed to evaluate the level of knowledge and attitude towards palliative care amongst undergraduate clinical students of physiotherapy. **Materials and Methods:** A total of 130 conveniently sampled participants were involved in this study. We excluded first, second and third-year physiotherapy students who were yet to commence clinical postings. Validated measures were used to assess knowledge and attitude towards palliative care. We summarized participants' characteristics using mean, standard deviation, frequency and percentages. Mann-Whitney U test was used to determine the interaction between selected participant variables and their knowledge and attitude towards palliative care. **Results:** The mean age of the respondents (females = 56.4%; males = 43.6%) were 24.0±2.08 years. Participants had poor knowledge (30.19±13.34) but good attitude (70.95±9.25) towards palliative care. It was observed that students who were married possessed a more positive attitude towards palliative care compared to the singles (p=0.044). **Conclusion:** There is poor knowledge of palliative care amongst clinical physiotherapy students, which can be breached through an adequate training curriculum.

Keywords: Physiotherapy education; Palliative care; Knowledge; Attitude; Nigeria

INTRODUCTION

Physiotherapy is a healthcare profession concerned with assessing functional ability and optimizing the quality of life [1]. It ensures physical, psychological, emotional, and social wellbeing within the areas of health promotion and prevention, treatment and rehabilitation [1]. The scope

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of physiotherapy practice is dynamic, cutting across various specialties including palliative care [2]. Palliative care treatment is aimed at providing pain relief, managing debilitating symptoms as well as improving quality of life [3]. About 78% of adults requiring palliative care live in middle and low-income countries [4]. Palliative care is a comprehensive approach to providing specialized healthcare services to those living with life-threatening chronic illnesses [5], and it improves the quality of life for patients. Palliative care is the totality of care from the point of diagnosis to end of life care, taking into consideration the disease progression [6,7]. Its purpose is to relieve symptoms that develop as disease advances, allowing patients to live comfortably [8,9]. With the increasing rate of chronic terminal diseases such as cancer and end-stage renal failure, there is a need for the integration of palliative care into the healthcare system at various tiers [10]. Currently, only 14% of patients who need palliative care receive it globally, thus, increasing avoidable suffering [4]. Poverty, shortage of healthcare professionals, insufficient knowledge and training leading to late diagnosis and late-onset of care constitute major challenges to the palliative care process [11,12].

Given the wide range of needs of patients requiring palliative care, adequate integration of palliative care into the healthcare system must adopt a multi-disciplinary approach [13,14]. Physiotherapists as part of this team focus on reducing stress, pain, and fatigue, and optimizing mobility and functional ability to maintain or improve quality of life [2]. Over 50% of palliative care patients benefit from physiotherapy [15]. However, studies have shown that healthcare providers lack sufficient knowledge regarding the administration of palliative care [16,17]. Although Fadere et al [17] is a Nigerian-based study, physiotherapists were not involved in the study. In addition, it has also been observed that inconsistent training in palliative care exists among undergraduates pursuing health courses including physiotherapy [18,19]. It is imperative to examine the knowledge

and attitude of physiotherapists-in-training towards palliative care and identify gaps that may inform curriculum amendment. Therefore, this study aimed to assess the knowledge and attitude towards palliative care amongst undergraduate clinical students of physiotherapy.

MATERIALS AND METHODS

This study was a cross-sectional study conducted in the Department of Physiotherapy, Nnamdi Azikiwe University. It involved a convenience sample of 130 clinical physiotherapy students. First, second and third-year physiotherapy students who were yet to commence clinical posting were excluded from the study. Ethical approval was sought and obtained from the Ethical Review Committee of the Faculty of Health Sciences and Technology, College of Health Sciences Nnewi before the commencement of this study. Informed consent was sought and obtained before being recruited into the study. Confidentiality was fully ensured. Socio-demographic data such as age, and gender, were obtained. The questionnaires for assessing knowledge and attitude towards palliative care were respectively modified from the Palliative Care Quiz Questionnaire and the Frommelt Attitudes Towards Care of the Dying (FATCOD) Scale. Both questionnaires were content-validated by two lecturers in the Department of Medical Rehabilitation, Nnamdi Azikiwe University.

The palliative care quiz questionnaire modified from Palliative Care Quiz for Nursing (PCQN) questionnaire was used to assess knowledge of palliative care. It comprises 20 close-ended quiz questions, scored using total mean percentages among the various samples [20]. Score range of 0%-49% signifies poor knowledge, 50%-69% signifies moderate knowledge and 70% and above signifies good knowledge in palliative care. Excellent test-retest reliability (0.993) has been reported [20].

The modified Frommelt Attitudes Towards Care of the Dying (FATCOD) scale was used to assess attitudes towards caring for dying patients. Scores ranged from 30-150. Higher scores indicate a more

Table 1: Social-demographic characteristics of participants

Characteristics	Frequency	Mean±SD	Percentage/
Age	-	24.0±2.08	-
Gender			
Male	56	-	43.1
Female	74	-	56.9
Marital status			
Single	121	-	93.1
Married	9	-	6.9
Level of study			
400level	65	-	50
500level	65	-	50

SD: Standard deviation

Table 2: Levels of knowledge and attitude of the participants towards palliative care

Variable	Mean	SD (%)	Level
Knowledge	30.19	13.34	Poor
Attitude	70.95	9.25	Good

SD: Standard deviation

Table 3: Mann-Whitney U test showing the influence of sociodemographic characteristics on knowledge and attitude towards palliative care

Variable	Mean rank	Mann-Whitney U	p-value
Knowledge			
Gender			
Male	70.30	1803.00	0.203
Female	61.86		
Marital status			
Single	66.15	465.50	0.466
Married	56.72		
Level of study			
400	65.65	2102.50	0.963
500	65.35	4247.50	
Attitude			
Gender			
Male	61.16	1829.00	0.252
Female	68.78		
Marital status			
Single	63.69	325.00	0.044*
Married	89.89		
Level of study			
400	61.97	1883.00	0.284
500	69.03	4028.00	

positive attitude while lower scores indicate a more negative attitude towards caring for dying patients. Internal consistencies of 0.81 and 0.83 have been reported [21].

Statistical analysis

Descriptive statistics of frequency and percentages were used to summarize participants' sociodemographic characteristics. Mean and standard deviation was used to summarize

participants' levels of knowledge and attitude towards palliative care. Mann-Whitney U test was used to test the putative influence of sociodemographic characteristics on knowledge and attitude. Data were analyzed using the SPSS version 21, with the level of significance set at 0.05.

RESULTS

A total of 130 respondents (females = 56.4%; males = 43.6%) participated in the study. Participants were equally represented from both levels of study (Table 1). Overall, the participants had poor knowledge (30.2±13.3) about palliative care but good attitude (70.95±9.25) towards it (Table 2).

There was no significant difference in knowledge of palliative care between male and female students ($p = 0.203$); between married and single students ($p = 0.467$); and between 400 level and 500 level students ($p = 0.963$). Similarly, there was also no significant difference in attitude towards palliative care between male and female students ($p = 0.252$); and between 400 level and 500 level students ($p = 0.284$). However, students who were married had a more positive attitude towards palliative care compared to those who were single ($p = 0.044$) (Table 3).

DISCUSSION

The study revealed that the respondents had poor knowledge of palliative care physiotherapy. This is consistent with Kumar *et al* [22] who reported poor knowledge of palliative care amongst physical therapists. This suggests the inadequacy or non-existence of palliative care contents in the physiotherapy curriculum of the participants of this study. Our finding, however, contradicts Zeru *et al* [23] and the disparity could be because Zeru *et al* [23] was conducted amongst nurses. By implication, nurses may be better exposed to palliative care than physiotherapists, although this is not the subject of the present study. However, consistent with Zhou *et al* [24], participants in our study displayed a positive attitude towards palliative care. This is contrary to the study by Kumar *et al* [22]

which reported poor attitude of physiotherapy students towards palliative care in the pre-program part of the study. The discrepancy could be a result of the difference in the time of assessment. With increasing advocacy of palliative care physiotherapy, we believe, that students of today may be better exposed to palliative care than the physiotherapists of yesterday. Our study showed that age, gender, marital status and level of the study did not influence the knowledge of palliative care amongst clinical physiotherapy students. A similar finding has been reported by Aboshaiqah [25]. However, the results in this present study contradict Fauziningtyas *et al* [26] who reported age as the strongest factor determining knowledge of palliative care amongst nurses. Similarly, Usta *et al* [27] revealed that female students and a higher level of study were associated with higher knowledge of palliative care. Knowledge increases as nursing students progress in their courses [28]. Furthermore, contrary to our finding, McIlfatrick *et al* [29] reported a significant impact of marital status, age and gender on palliative care knowledge. The disparity could be due to differences in the study population; most of the studies were conducted among nursing students. Data on knowledge and attitude towards palliative care amongst physiotherapy students is scanty, hence we drew comparison and contrast from the closest available data. According to Meier *et al* [30], as applicable to medicine, three factors that hinder the integration of physical therapy into palliative care may include professional knowledge and relevant skills; professional and public attitudes about the goals of physical therapy, and financial and structural attributes of the health care system.

Our study is the first to report the association of sociodemographic factors with attitude towards palliative care amongst physiotherapy students. Results revealed that age and level of the study did not influence the attitude of clinical physiotherapy students towards palliative care. This suggests that the palliative care clinical physiotherapists clinician training the students should be more

intentional with single students, who are more likely to exhibit negative attitudes. This is contrary to Zeru *et al* [23] Similarly, Laporte *et al* [31] showed that older age and more advanced years of study positively correlated with the attitudes towards caring for terminally ill patients. We believe that the major cause of the discrepancy is the varying study population; Zeru and colleagues [23] were conducted among professional nurses, while Laporte and colleagues [31] were conducted among student nurses. Overall, there is poor knowledge and positive attitude towards palliative care amongst clinical physiotherapist students in our study setting. There is a significant knowledge gap that can be breached through a more comprehensive training curriculum in palliative care. Given the advocacy for the integration of physical therapy into palliative care, we recommend that relevant stakeholders particularly the Nigerian Medical Rehabilitation Therapist Board, the Nigeria Society of Physiotherapist and heads of departments across tertiary institutions offering Physiotherapy education in Southeastern Nigeria look into their curriculum and make room for a more robust palliative care syllabus.

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Data availability: The data that support the findings of this study are available from the corresponding author, [EI], upon reasonable request.

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Ethical approval:

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