International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Knowledge, Attitude and Practice of Caregivers (Attendants) Towards Palliative Care in a Selected Community of Meghalaya: A Cross-Sectional Study

Jessica S. Warlarpih[1], Catherine E. Myrthong[2], Samarjit Dey[3]

[1]Staff Nurse, Shillong Medical College, Civil Hospital, Shillong, Meghalaya, India
[2]Associate Professor, College of Nursing, NEIGRIHMS, Shillong, Meghalaya, India
[3]Associate Dean – Academics, All India Institute of Medical Sciences (AIIMS), Mangalagiri, Guntur District, Andhra Pradesh, India

ABSTRACT

Background: Palliative care aims to improve quality of life among patients facing life-threatening illness and their families. Family caregivers play an important role in providing ongoing care, making their knowledge, attitudes and practices relevant to care quality.

Objectives: To assess caregivers' knowledge, attitude and practice regarding palliative care; determine the relationship between knowledge and attitude; and examine associations of knowledge and attitude with selected demographic characteristics.

Methods: A quantitative cross-sectional study was conducted in areas under five health centres in Meghalaya from 8 January to 3 February 2019. Ninety caregivers were selected by purposive sampling. Data were collected using semi-structured questionnaires on demographics, knowledge and practice, and a five-point Likert attitude scale; analysis used SPSS version 23. Knowledge, attitude and practice findings were reported for 61 caregivers who had previously heard of palliative care.

Results: Of 90 caregivers, 61 (67.77%) had heard of palliative care. Among these 61, 39 (63.93%) had good knowledge and 22 (36.06%) had poor knowledge; 40 (65.57%) had a positive attitude and 21 (34.42%) had a negative attitude. Knowledge and attitude were strongly positively correlated (Spearman r=0.710). Occupation was associated with knowledge (reported p=0.038) and attitude (p=0.029). Reported home-care practices varied across participants.

Conclusion: In this selected sample, most caregivers with prior awareness demonstrated good knowledge and positive attitudes. Caregiver education and support may help address variation in reported practices. The findings are subject to the limitations of purposive sampling and the restricted denominator used for several analyses.

Keywords: Palliative Care, Family Caregivers, Knowledge, Attitude, Practice, Meghalaya, Cross-Sectional Study.

INTRODUCTION

Palliative care seeks to improve quality of life for patients and families facing problems associated with

life-threatening illnesses through the prevention and relief of suffering, including physical, psychosocial and spiritual concerns [1, 2]. It is relevant not only at the end of life but also alongside disease-directed care. The global need for palliative care and the barriers to its availability have been described in international reports [2, 3].

Family caregivers often ensure continuity of care at home, including assistance with medicines, hygiene, nutrition, communication and emotional support. Their preparation and access to guidance are therefore central considerations for patients with serious illnesses [4, 5]. Research among health professionals has documented variable levels of knowledge and attitudes towards palliative care [6–9], but the thesis identified a need to examine the experiences of community-based family caregivers in Meghalaya.

The present study, conducted in 2019, assessed knowledge, attitude and self-reported practice among caregivers (attendants) of patients receiving palliative care in selected communities of Meghalaya. The analysis also examined the relationship between knowledge and attitude and their associations with demographic characteristics.

OBJECTIVES

- To assess the knowledge, attitude and practice of caregivers (attendants) in palliative care.
- To determine the relationship between knowledge and attitude towards palliative care.
- To determine the association of knowledge and attitude with selected demographic variables.

MATERIALS AND METHODS

Research approach and design: A quantitative cross-sectional research design was adopted.

Study setting and period: Data were collected from 8 January 2019 to 3 February 2019 in communities served by Laban State Dispensary, Lumparing Urban Health Centre, Madanrting Urban Health Centre, Nongthymmai Urban Health Centre and Smit Primary Health Centre, Meghalaya.

Population, sample size and sampling: The study population comprised caregivers of patients receiving palliative care in selected communities. Ninety caregivers were recruited purposively: Laban (27), Lumparing (7), Madanrting (24), Nongthymmai (24) and Smit (8). The thesis used a single-proportion sample-size formula with Z=1.96, anticipated proportion 0.09 and precision 0.06, obtaining approximately 87 and rounding to 90.

Eligibility: Caregivers of patients receiving palliative care who were present during data collection and willing to participate were eligible.

Data collection instruments: Section A comprised demographic information; Section B included 16 semi-structured knowledge questions; Section C was a five-point Likert scale with 14 attitude statements (seven positively and seven negatively worded); and Section D comprised 15 semi-structured practice questions. A paper-and-pencil technique was used. Content validity of the research instrument was assessed by nine experts, comprising seven medical experts (two from Oncology, one from Anaesthesiology and Critical Care, two from Community Medicine, one from Medicine and one from Anatomy) and two nursing experts in public health. The thesis reported 95% agreement among experts; items were revised based on their suggestions.

Ethical considerations: Approval was obtained from the NEIGRIHMS Scientific Advisory Committee and Institutional Ethics Committee. Participants received information about the study, and confidentiality was maintained through participant codes. Participation was voluntary.

Statistical analysis: The thesis reports use of descriptive statistics, chi-square tests and Spearman rank correlation using IBM SPSS Statistics version 23. The significance threshold was 0.05. Among the recruited 90 caregivers, detailed knowledge, attitude and practice analyses in the thesis used the subgroup of 61 who had heard about palliative care.

RESULTS

Socio-demographic characteristics

The 90 enrolled caregivers were predominantly female (70; 77.77%) and Christian (74; 82.22%). Thirty-three (36.66%) were aged 20–29 years, and 41 (45.55%) were graduates. Forty-two caregivers each reported having provided care for 1–12 months and 1–5 years.

Table 1. Selected socio-demographic characteristics of caregivers (n=90)

Characteristic	Category	n	%
Age	20–29 years	33	36.66
	30–39 years	20	22.22
	40–49 years	21	23.33
	50–59 years	16	17.77
Gender	Male	20	22.22
	Female	70	77.77
Religion	Christian	74	82.22
	Hindu	9	10.00
	Muslim	2	2.22
	Others	5	5.55
Education	Primary	7	7.77
	Secondary	15	16.66
	Higher secondary	26	28.88
	Undergraduate	0	0.00
	Graduate	41	45.55
	Postgraduate	1	1.11
Duration of caregiving	1–12 months	42	46.66
	1–5 years	42	46.66
	6–10 years	6	6.66

Awareness, knowledge and attitude

Of the 90 caregivers, 61 (67.77%) reported prior information about palliative care and 29 (32.22%) did not. Of the 61 aware caregivers, 48 (78.68%) received information from health workers and 13 (21.31%) from friends. Thirty-nine (63.93%) had good knowledge and 40 (65.57%) had a positive attitude.

Table 2. Knowledge and attitude among caregivers with prior awareness (n=61)

Domain	Category	n	%
Knowledge	Poor	22	36.06
	Good	39	63.93

Attitude	Negative	21	34.42
	Positive	40	65.57

Caregiving practices

Caregivers reported a range of home-care practices. For their main type of home care, 25 (40.98%) reported bathing and sponging, 14 (22.95%) giving medicines, 11 (18.03%) feeding, 8 (13.11%) wound dressing and 3 (4.91%) oil massage. Twenty-six (42.62%) spent 24 hours providing care. In emergencies, 21 (34.42%) reported taking patients to hospital. For pain control, 33 (54.09%) reported administering medication. These figures represent reported practices, not independently observed competency or care quality.

Table 3. Selected self-reported practices among aware caregivers (n=61)

Practice	Reported response	n	%
Main home care	Bathing/sponging	25	40.98
	Giving medicines	14	22.95
	Feeding	11	18.03
	Wound dressing	8	13.11
	Oil massage	3	4.91
Caregiving time	24 hours	26	42.62
Emergency action	Take patient to hospital	21	34.42
Pain control	Medication	33	54.09

Relationship between knowledge and attitude

The thesis reports a strong positive Spearman correlation between knowledge and attitude (r=0.710, significant at the 0.01 level) among 61 participants. The mean knowledge and attitude scores were 8.33 (SD 2.11) and 47.30 (SD 7.46), respectively. This correlation does not establish a causal relationship.

Association with demographic characteristics

Occupation was reported to be significantly associated with knowledge (χ^2=4.28, p=0.038) and attitude (χ^2=4.79, p=0.029). Age, gender, religion and education were not statistically significant in the reported analyses. The occupation-by-knowledge table in the thesis has an internally inconsistent count; the corresponding association requires checking against the original dataset before final submission.

Table 4. Reported associations with occupation (n=61; requires source-table verification)

Outcome	χ^2 reported	p reported
Knowledge	4.28	0.038
Attitude	4.79	0.029

DISCUSSION

The study found that 67.77% of enrolled caregivers had heard about palliative care. Among those with prior awareness, the majority had good knowledge (63.93%) and positive attitudes (65.57%). These

findings must be interpreted with attention to the distinction between the full group of 90 recruited participants and the subgroup of 61 on whom detailed knowledge and attitude findings were presented.

Comparable studies among nurses and other healthcare professionals reported varying levels of knowledge and attitudes. Mukemo et al. described positive attitudes in 58.9% of nurses surveyed in Lubumbashi [7]; Mohamed and Mohamoud reported fair knowledge and attitudes among staff nurses [6]; and Anteneh et al. reported good knowledge and favourable attitudes in approximately half of the nurse participants [9]. Differences in populations and measurement tools limit direct comparison with family caregivers.

Participants reported diverse practical contributions, including personal hygiene assistance, administering medication and taking patients to hospital during emergencies. Such patterns underline the need for caregiver guidance tailored to specific home-care responsibilities. Studies of family caregiving and palliative care practice have similarly described practical support needs and variable care practices [4, 5, 10].

Knowledge and attitude showed a strong positive correlation (r=0.710), in keeping with previously reported relationships among nurses and physicians [8, 11]. Nonetheless, the cross-sectional design cannot determine whether improved knowledge leads to more favourable attitudes. Occupation was reported as significantly associated with knowledge and attitude; however, the occupation tabulation requires reconciliation before this inferential finding can be treated as verified.

CONCLUSION

Among caregivers with prior awareness of palliative care in the selected communities of Meghalaya, most demonstrated good knowledge and positive attitudes, with a positive knowledge–attitude relationship. Home-care practices differed across respondents. The study supports consideration of caregiver education and structured practical support, while the non-probability sample and subgroup analysis limit generalisability.

LIMITATIONS

The thesis identified the relatively small sample size, practical difficulty locating caregivers and the time required for questionnaire administration as limitations. Findings were based on investigator-developed tools, self-reported practices and purposive sampling. Furthermore, detailed KAP findings applied to 61 previously aware caregivers rather than all 90 enrolled participants. The cross-sectional design precludes causal inference.

RECOMMENDATIONS

Caregiver education, community awareness programmes, training for nursing and medical students, and simple informational resources may be considered. Future studies could involve larger samples and include caregivers without prior awareness, using clearer definitions of knowledge and practice and, where appropriate, observed care measures.

ACKNOWLEDGEMENT

The authors acknowledge the NEIGRIHMS Scientific Advisory Committee and Institutional Ethics Committee, participating health facilities and communities, and the caregivers who participated in the study.

REFERENCES

1. Rajagopal MR, Vallath N, Mathews L, Rajashree KC, Watson M. An Indian Primer of Palliative Care. 2nd ed. Pallium India; 2018.
2. World Health Organization. Palliative care. WHO fact sheet. URL cited in original thesis: https://www.who.int/news-room/fact-sheets/detail/palliative-care
3. Connor SR, Sepulveda Bermedo MC. Global Atlas of Palliative Care at the End of Life. Worldwide Palliative Care Alliance; 2014.
4. Given CW, Given B. Palliative care for patients with advanced cancer (grant project). Michigan State University and Walther Cancer Institute; 1999–2002.
5. Northouse LL, Mood D, Templin T, Mellon S, George T. Couples' patterns of adjustment to colon cancer. Soc Sci Med. 2000;50(2):271–284.
6. Mohamed MB, Mohamoud MA. The nurses' knowledge and attitudes towards palliative care among nursing staff at Sabia General Hospital. Int J Adv Res Ideas Innov Technol. 2018;4(3):1664–1668.
7. Mukemo AK, Kasongo NM, Nzaji MK, et al. The nurses knowledge and attitudes towards palliative care in Lubumbashi hospitals. Am Int J Res Humanit Arts Soc Sci. 2017;18(2):114–119.
8. Wilson O, Avalos G, Dowling M. Knowledge of palliative care and attitudes towards nursing the dying patient. Br J Nurs. 2016;25(11):600–605.
9. Anteneh S, Kassa H, Demeke T, Guadu T. Assessment of nurses knowledge, attitude, practice and associated factors towards palliative care. Adv Biol Res. 2016;10(2):110–123.
10. Bassah N, Ubenoh US, Palle JN. An exploratory study of the knowledge and practices of family caregivers in the care of the elderly at home in the Buea Health District, Cameroon. J Gerontol Geriatr Res. 2018;7(3):2–5.
11. Budkaew J, Chumworathayi B. Knowledge and attitudes toward palliative terminal cancer care among Thai generalists. Asian Pac J Cancer Prev. 2013;14(10):6173–6180.