

**Educational intervention for nurses  
to enhance their ability to provide palliative care  
to adult cancer patients**

by

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**Thesis submitted to the University of Sri Jayewardenepura  
for the award of the  
Degree of Doctor of Philosophy  
2015**

## DECLARATION BY THE CANDIDATE

The work described in this thesis was carried out by me under the supervision of Professor DMS Fernando (Professor in Physiology, Faculty of Medical Sciences (FMS), University of Sri Jayewardenepura (USJP), Professor S Sivayogan (Professor in Community Medicine, FMS, USJP), Professor NOS Atulomah (Professor of Public Health, Department of Public Health, Babcock University, Nigeria), Dr. RB Marasinghe (Senior Lecturer, FMS, USJP) and Dr. AAJ Jayasiri (Senior Lecturer, Faculty of Arts, USJP) and a report on this study has not been submitted in whole or in part to any university or any other institution for another Degree/Diploma.

  
.....  
Signature of the student

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## DECLARATION OF THE SUPERVISORS

We certify that the above statement made by the candidate is true and that this thesis is suitable for submission to the University for the purpose of evaluation.



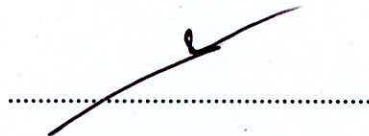
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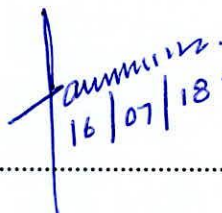
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## **Abbreviations**

<b>AACN</b>	American Association of Colleges of Nursing
<b>AAMC</b>	Association of the American Medical Colleges
<b>AHB</b>	Annual Health Bulletin
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>APHN</b>	Asia Pacific Hospice Palliative Care Network
<b>CAPC</b>	Center to Advance Palliative Care
<b>CCA</b>	Cancer Care Association
<b>CH</b>	Cancer Home
<b>CHCC</b>	Ceylinco Health Care Center
<b>CHPCA</b>	Canadian Hospice Palliative Care Association
<b>CHSL</b>	Ceylinco Healthcare Services Limited
<b>COU</b>	Ceylinco Oncology Unit
<b>CPDs</b>	Continuous Professional Developments
<b>CPR</b>	Cardio Pulmonary Resuscitation
<b>DCPs</b>	Domiciliary Care Providers
<b>DLM</b>	Distance Learning Module
<b>DVD</b>	Digital Versatile Disc
<b>FGD</b>	Focus Group Discussions
<b>FMS</b>	Faculty of Medical Sciences
<b>GD</b>	Global Development
<b>GDPNEE</b>	Guide for the development of palliative nurse education in Europe
<b>GNI</b>	Gross National Income
<b>HIV</b>	Human Immuno deficiency Virus



<b>IAHPC</b>	International Association for Hospice and Palliative
<b>ICT</b>	Information and Communication Technology Care
<b>ICU</b>	Intensive Care Unit
<b>INCTR</b>	International Network for Cancer Treatment and Research
<b>KI</b>	Key informants
<b>LMICs</b>	Low & Middle Income Countries
<b>MO</b>	Medical Officer
<b>MOH</b>	Ministry of Health
<b>NCD</b>	Non-Communicable Diseases
<b>NCI</b>	National Cancer Institute
<b>NGO</b>	Non-Governmental Organization
<b>NICM</b>	National Institute of Cancer, Maharagama
<b>OPA</b>	Organization of Professional Associations
<b>OPC</b>	Observed Palliative Care
<b>OUSL</b>	Open University of Sri Lanka
<b>PBS</b>	Public Broadcasting System's
<b>PC</b>	Palliative Care
<b>PGIM</b>	Post Graduate Institute for Medicine
<b>QOL</b>	Quality Of Life
<b>SD</b>	Standard Deviations
<b>SGNOs</b>	Special Grade Nursing Officers
<b>SE</b>	Standard Error
<b>SLCS</b>	Sri Lanka Cancer Society
<b>SPSS</b>	Statistical package for Social Sciences

<b>SRPCS</b>	Self-Reported Palliative Care Skills
<b>SSH</b>	Shantha Sevana Hospice
<b>STC</b>	Speciality Training Curriculum
<b>STM</b>	Soft Tissue Massage
<b>THK</b>	Teaching Hospital, Karapitiya
<b>USJP</b>	University of Sri Jayewardenepura
<b>WHO</b>	World Health Organization
<b>WPCA</b>	Worldwide Palliative Care Alliance

## ACKNOWLEDGEMENTS

I acknowledge with love and gratitude my supervisors, Prof. DMS Fernando, Professor in Physiology, Prof. S Sivayogan, Professor in Community Medicine, Dr. RB Marasinghe, Head, Department of Medical Education and Health Sciences, Dr. J Jayasiri, senior Lecturer, Department of Sociology, University of Sri Jayewardenepura and Prof. NOS Atulomah, Professor of Public Health, University of Babcock, Nigeria for their insightful guidance and encouragement.

I gratefully acknowledge Vice Chancellor of the University, Dean, Faculty of Medical Sciences, Head, Department of Medical Education and Coordinator, BSc Nursing programme for granting me study leave to complete the study and kind support provided throughout the period of the study.

My sincere thanks to the Key informants of the second phase of the study who gave an invaluable assistance when preparing the module on cancer palliative care.

I acknowledge the kind support provided by Dr. Gayathri Jayathilaka, Senior Lecturer, Education and Technology Division, Open University of Sri Lanka and Prof. Dayalatha Lekamge, Senior professor, Faculty of Education, Open University of Sri Lanka at the initial stage of the preparation of distance educational module.

Special thanks to reviewers of distance learning material, Prof. Antoinette Perera, Emeritus Professor of Family Medicine, Prof. Aloka Pathirana Prof in Surgery, Ms. SMKS Seneviratne, Senior Lecturer, BSc Nursing Programme and Dr. Joel Fernando,

Community Physician and Dr. Neelamani Paranagama, Former Director, National Cancer Control Programme.

My sincere thanks to different categories of participants, Nursing Officers, Medical Officers, Consultants, University Senior Lectures, Senior Tutors and Principals of Schools of Nursing, Special Grade Nursing Officers, Ward Sisters, patients, Domiciliary Care Providers of NICM, THK, CSTH, COU, SSH and CH Maharagama.

I acknowledge the guidance and assistance provided by the Department of Statistics to analyze the data.

I appreciate the cooperation extended by the Director General and Deputy Director General (Education, Training and Research) Ministry of Health for grant me permission to conduct the study at the NICM and THK.

My sincere thanks to Director, NICM and Director, THK for granting permission to conduct the distance learning educational module in their hospitals and Health Education Unit of NICM for giving their fullest support during the period of educational intervention.

My special thanks go to Cancer Society Sri Lanka for granting me permission to conduct the study at SSH and CH Maharagama and facilitated to filming at the institutions to prepare DVD educational material.



I wish to thank Director, National Cancer control programme for supporting me and Colombo branch, WHO for granting me expenses for international communication on this research.

My special thanks go to Dr. Raja Gopal, Training Institute of Palliative Sciences (TIPS) for facilitating me with scholarship for palliative care training in TIPS, Kerala.

My sincere thanks to Dr. Jayantha Waththevidana, Director, Media and Technology Center, Open University of Sri Lanka, Mr. BJ Ramanayaka, Technical Officer, Mr. KMPM Bandara, Computer Application Assistant and Mr. PDN Priyarathna, Media Unit, Faculty of Medical Sciences, USJP and to the special media team from Independent Television Network (ITN) for their excellent services and assistance in producing the DVD educational material.

I wish to thank Vijitha Printers for their assistance to print the educational module on Cancer Palliative Care.

I extend my heartfelt gratitude to my mother, my husband and Alagamma for their support and encouragement throughout the study. To my dear son Kithsara a special thanks for your patience.

I wish to thank Ms. SMKS Seneviratne former Co-ordinator, Dr. SSP Warnakulasooriya, Co-ordinator and all the colleagues of BSc Nursing Programme and Dr. Kusuma Ruberu, Former Head, Department of Physiology for directing and motivating me to complete the study.

Dr. WAA Wijesiri, Senior Lecturer, Department of Community Medicine, Dr. Pradeepa Jayawardana, Chairperson, Research Committee, Dr. Sampatha Gunawardana, Former head, Department of Community Medicine, Prof. T Sugandika Suresh, Head, Department of Bio-chemistry and Dr. WANY Silva, Department of Physiology, Senior Lecturer for their kind support to complete the study.

The services rendered by the Librarian and library staff of Faculty of Medical Sciences, University of Sri Jayawardenepura, Library staff of Training Institute of Palliative Sciences, Kerala, India, library staff of Kristianstad University, Sweden and Library staff of NIC Maharagama.

Special thanks to Mrs. Chithra Ranasinghe for language editing of the distance educational material and the thesis.

My sincere thanks to Mr. Dinuka Madushan, Senior Business Analysts for his support related to Information Technology.

My sincere thanks to Technical Officers WSH Wickramasinghe and Mr. MWJ Manawadu for their technical assistance and Mr. DWPT Kumara and Mr. WKW Pushpakumara, BSc Nursing programme and Non- academic staff of the Department of Physiology and Department of Community Medicine for their assistance in various ways.

I wish to extend my thanks to University Grant (ASP/06/Re/01/2009) and World Class University Project (Ph.D./06/2012), University of Sri Jayewardenepura for providing me financial assistance to complete the study.

**Educational intervention for nurses to enhance their ability to provide palliative  
care to adult cancer patients**

**Meegoda Kankanange Dona Lalitha Meegoda**

**ABSTRACT**

Palliative care (PC) is an important aspect of managing cancer patients throughout the world and nurses play an important role in providing PC. However in Sri Lanka, documentation of evidence-based systematic studies were not found on PC needs and PC have not been considered in continuing education programmes. The General objective of the study was to design, develop, implement and evaluate a distance learning module for nurses providing PC to adult cancer patients.

This study was conducted in two phases. Phase I was a cross sectional descriptive design. Opinions from systematic sample of (a) cancer patients (n=184), (b) nurses (n=130) and (c) domiciliary care providers (n=150) in identifying PC needs of cancer patients together with discovering potential barriers in providing PC in four oncology institutions were obtained.

Phase II of the study was a Quasi-experimental design. Educational needs were assessed with nurses (n=10) working in NICM. Interviews with key-informants (n=12) were used to obtain the perspectives in order to validate the need assessments and identify the management and policy regulations to contextualize module development and curriculum implementation. Following a pre intervention assessment the experimental



group (n=38) was exposed to a theory-based distance learning curriculum designed around PC nursing with a DVD to enhance personalized learning, while the control group (n=37) was following routine clinical procedures without any additional training. Knowledge, attitudinal dispositions and self-reported skills of both groups were measured with validated questionnaire at three points at pre, post (8<sup>th</sup> week) and post (12<sup>th</sup> week) and were compared with the control group which consisted of similar group of nurses. Measurement of observed skills was made with immediate supervisors (ward sisters) using a check list. Medical officers and the patients from the participants working places were interviewed using semi-structured interviewer guides. During the 12 week follow up period the investigator also observed the participants while they were practicing palliative care. Participants of the intervention group were rewarded with a certificate on completion of the module. Feedback from the intervention group was obtained through validated self-reported questionnaire to identify pre disposing, reinforcing and enabling factors and to apply with the intervention according to the PRECEDE-PROCEED model. Qualitative data were transcribed, coded and was analyzed using Van Manen's qualitative analysis and quantitative data were analysed using descriptive statistics, t-Test and ANOVA (p=0.05) of SPSS Version 16.

Results of the initial survey conducted with patients, nurses and domiciliary care providers revealed that although the patients were satisfied with the care received, adequate information about their disease condition and the care or management was not received. Nurses were not satisfied with the care they provided and the main reason for this was lack of palliative care education. Moreover, domiciliary care providers also desired knowledge in order to provide better care. In the qualitative study conducted for



needs assessment purposively selected nurses highlighted that the education on cancer palliative care is a key requirement and emphasized their educational needs. Further the nurses revealed that distance learning mode would be the most appropriate.

In the second phase (the educational intervention) a distant learning module comprising a printed module with six lessons on PC and a DVD was developed taking the views of nurses and key informants in to consideration. Following the intervention, there was a highly significant improvement of three variables in the intervention group compared to the control group. The mean scores in the control and intervention groups for level of overall knowledge ( $28.23 \pm 4.88$  and  $50.36 \pm 3.97$ ), attitudinal dispositions ( $17.19 \pm 2.56$  and  $19.86 \pm 2.40$ ) and self-reported skills ( $25.16 \pm 4.89$  and  $62.58 \pm 9.83$ ) were significantly different. When comparing pre intervention and 12th week following the intervention, there was no significant improvement of knowledge and attitudinal dispositions in the mean scores of the control group, nevertheless there was a significant improvement of self-reported skills. However at the same time points the magnitude of the improvement of knowledge was higher in intervention group. According to the observations made by ward sisters (their immediate manager) with the check list, following the intervention there was a significant improvement of PC skills among the intervention group. The medical officers and the patients revealed that the educational intervention was successful. Feedback from the intervention group on the process of conducting the intervention showed that majority were satisfied with 43.3% showing high satisfaction and 53.3% showing satisfaction rates. Both intervention and control groups have not attended any other training programme on cancer palliative care before and during the intervention.

Since cancer palliative care needs are rising rapidly, education of the nurses working in oncology units should be considered essential in order to maintain quality of life of cancer patients. Participants of the intervention group expressed satisfaction on the educational intervention. Educational intervention using the printed module with multimedia enhancement was thought to be an effective approach to enhance the nurses' knowledge, attitudes and practices on cancer palliative care. Motivation, rewards and supervision at the clinical setting could be the strategies that enhanced the effectiveness of the distance educational intervention.

Key words: Cancer palliative care, Distance education, Educational intervention, Nursing, PRECEDE-PROCEED model