

Knowledge, Attitude and Practice of Critical Care Nurses regarding Palliative care at Tertiary Care Hospitals, Peshawar

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Abstract

Background: By caring to the physical, psychological, and spiritual needs of patients with life-threatening illnesses, palliative care plays a critical role of improving their quality of life. As front-line healthcare providers, nurses play a crucial role as they offer effective and compassionate palliative care. However, the delivery of the best end-of-life care may be complicated by nurses' lack of knowledge,

attitudes, and practical skills. The purpose of this study is to assess nurses working in tertiary hospital settings' present levels of palliative care knowledge, attitudes, and practices. Finding these gaps can assist shape focused training initiatives and legislative changes to improve the caliber of palliative care services, which will eventually improve patient outcomes and provide dignified end-of-life experiences. Objectives: To asses'

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nurses' knowledge of palliative care in critical care department in tertiary care settings. To evaluate nurses' attitude of palliative care in critical area in tertiary care settings. To investigate nurses' practice in critical area in tertiary care settings. Methodology: A descriptive cross sectional was used at this study. The data gathered from nurses working in important clinical departments like the Intensive Care Unit (ICU), Coronary Care Unit (CCU), and High Dependency Units (HDU) at Lady Reading Hospital and Hayatabad Medical Complex. Results: The study involved 109 healthcare participants working in various critical care units, predominantly female (86.2%) and aged primarily between 26-35 years. The majority held a Bachelor of Science in Nursing (67.0%) and had between 1-5 years of professional experience (76.1%). Participants were distributed across critical care specializations, including general ICU (45.9%), HDU (8.3%), neurosurgery ICU (14.7%), pediatric ICU (13.8%), and NICU (17.4%). Regarding knowledge, attitude, and practice towards palliative care: •Knowledge: The majority demonstrated high knowledge about palliative care (67.9%), with a mean knowledge score of 2.6789 (SD = 0.46906). Moderate knowledge was held by 32.1%. •Attitude: Most participants exhibited a neutral attitude (62.4%) but had a positive attitude (35.8%), with a mean attitude score of 2.3519 (SD = 0.49887). •Practice: A significant portion showed good practice toward palliative care (67.9%), with an average practice score of 2.6697 (SD = 0.49169). Conclusion: The study demonstrates that critical care nurses generally possess good knowledge and engage in appropriate practice behaviors related to palliative care. Nevertheless, attitudes tend to be neutral, signifying potential areas for attitude enhancement through targeted education and emotional support. Strengthening positive perceptions of palliative care could foster more proactive implementation in clinical practice. Continued training and awareness programs are essential to bridge the gap between knowledge and attitude, ultimately improving palliative care delivery in critical care settings.

INTRODUCTION

Palliative care, which aims to improve the quality of life for people with life-threatening illnesses, is a crucial part of healthcare. Because they have close contact with these patients throughout their therapy, nurses are essential in providing them with compassionate, all-encompassing care. However, the knowledge, attitude, and practical

abilities of nurses in this field are critical to the effectiveness of palliative care. In order to guarantee patient comfort, dignity, and emotional support in therapeutic settings, it is essential to comprehend these variables. The World Health Organization affirms that palliative care is a strategy that, by avoiding and reducing suffering, enhances the quality of life for patients and their families who face problems related to life-threatening illness. through timely identification, accurate evaluation, and management of pain and other issues that are physical, psychological, and spiritual. (1) Advanced medical therapy does not cure every disease process. In many situations, receiving care in an intensive care unit (ICU) delays the ultimate death process. In intensive care unit (ICU) procedures and protocols, palliation and end-of-life (EOL) care have become inextricably linked over time. Compared to other members of the treatment team, nurses in intensive care units develop a closer bond with patients and their families (2). Palliative care's objective has evolved in recent years from providing intensive care for patients near death to those who may live for many years with end-stage cancer or organ failure, with the purpose of reducing their pain and suffering. It has been acknowledged that everyone has the fundamental human right to get palliative care, regardless of their age, income, or type of illness. (3). This chapter introduce the knowledge attitude and practice of nurses about palliative care at critical units. it outlines the background, rationale, and objective of this study and discuss the significance of examining this issue in the context of tertiary care facilities. There is little data from Pakistani tertiary care hospitals, despite the fact that international research emphasizes the significance of nurses' involvement in palliative care. The quality of services provided may be impacted by the fact that many nurses may not have received enough training or exposure to palliative care concepts. at order to identify current gaps and direct future training initiatives, this study attempts to evaluate nurses' knowledge, attitudes, and practices about palliative care at tertiary care hospitals.

1.2 Background of the Study

Palliative care, which aims to alleviate pain and enhance the quality of life for patients with life limiting illnesses, has grown in importance within modern health care systems. Nurses are the mainstay of interdisciplinary palliative care teams as the need for such care increases. Their expertise, attitude, and practical proficiency have a direct impact on

the general standard of patient treatment and family satisfaction. Palliative care (PC) is a strategy that helps patients and their families deal with the challenges of a life-threatening illness by preventing and alleviating suffering through early detection, accurate assessment, and treatment of pain and other issues such as physical, psychological, and spiritual. The classic definition of palliative care is the intensive treatment of a patient nearing the end of their life. Palliative care has grown in recent years to encompass patients with cancer or end-stage organ failure who may live for many years (7). These days, nursing care must include palliative care because more and more patients are in the latter stages of their lives and need care. One of the most common barriers to providing high-quality palliative care is nurses' ignorance about and unfavorable attitudes toward it. Therefore, the purpose of this study was to evaluate nurses' attitudes regarding end-of-life care in public hospitals as well as their understanding of palliative care (8). Palliative care aims to provide patients with terminal illnesses with the best possible quality of life while also promoting their comfort and dignity. One of the everyday responsibilities of nurses is providing end-of-life care (5). The World Health Organization (WHO) projects that non-communicable diseases (NCDs), which have been the primary cause of high morbidity and mortality in sub-Saharan Africa, would be just as common as communicable diseases by 2020. Even while PC is crucial for addressing NCDs, its limited spread throughout Africa suggests that many patients have not received official PC treatments. Nonetheless, the creation of PC using efficient, affordable methods is a workable substitute for meeting the sick people's immediate demands and enhancing their quality of life. Delivering the right PC is a significant task for health institutions around the world. Many nations have severe shortcomings in this area, and as the population ages and the number of elderly individuals with numerous morbidities and incurable chronic diseases rises, the demand for PC will also rise. (6) According to the study, nurses at Shanghai's intensive care unit (ICU) had comparatively low levels of palliative care knowledge (median knowledge scores of 8 out of 18), showing major gaps in comprehending crucial aspects of end-of-life care. The results indicate that many nurses lack thorough knowledge about palliative care concepts, symptom treatment, and patient and family communication, despite some improvement over prior years. This knowledge gap underscores the need for

focused education and training programs to improve nurses' proficiency in palliative care techniques and may impede the provision of appropriate, high-quality care to patients who are near death. (9) According to the article, most Addis Ababa nurses don't know anything about palliative care. In particular, just 30.5% of nurses showed that they understood the definition and fundamentals of palliative care. Inadequate training and the lack of formal palliative care instruction in nursing curricula could be the cause of this ignorance. Additionally, the study discovered that nurses who worked in surgical wards and those who had received palliative care training were more likely to be more knowledgeable. Overall, nurses' knowledge levels are still low despite their generally positive attitudes about palliative care, suggesting the need for focused educational interventions to enhance their comprehension and application of palliative care concepts (10). Palliative care was seen favorably by 62.9% of nurses, indicating that most nurses had positive opinions. Nonetheless, a sizable percentage showed unfavorable opinions, which were mostly impacted by their lack of exposure to organized training or organizational assistance. Perceptions are shaped by both institutional and personal variables, as seen by the considerable associations found between attitudes and demographic parameters including marital status, educational achievement, and employment environment. (11)

1.3 Problem Statement

With an emphasis on enhancing the quality of life for patients with terminal illnesses, hospice care is a crucial part of the healthcare system. The need for hospice and palliative care is rising globally due to the aging population. Despite government initiatives, hospice care is still not widely known or used in China. End-of-life care is a critical function of healthcare professionals, particularly those working in intensive care units. Intensive care unit (ICU) staff play a crucial role in end-of-life care due to China's aging population and growing need for palliative care; nevertheless, little is known about their knowledge, attitudes, and practices (KAP) surrounding palliative care. Even though China established guidelines for palliative care in 2017, the general public and healthcare professionals still do not fully comprehend the fundamental ideas. Employees in the intensive care unit (ICU) must be proficient in palliative care since it frequently serves as a turning point for conversations about goals of care and advance directives.

Therefore, it is imperative to evaluate the KAP of ICU doctors and nurses toward palliative care and to determine the elements that influence it. (5) The study's conclusions emphasize the need for focused instruction and training to raise healthcare professionals' awareness of and attitudes regarding hospice care. The quality of end-of-life care may eventually improve as a result of these efforts. The study emphasizes how urgently national strategies to improve hospice care services are needed.

The World Health Organization defines palliative care (PC) as a strategy that improves the quality of life for patients and their families dealing with life-threatening disease. Through early detection and treatment of pain and other issues, it seeks to prevent and alleviate suffering. Due to the rising. In Jordan, the field of palliative care (PC) is expanding, and there are growing calls to broaden its use, create regulations, and increase public knowledge of its significance, particularly for cancer patients. However, research on nurses' knowledge, attitudes, and practices (KAP) regarding palliative care in this setting is scarce. Implementing and improving PC services may be difficult if these KAP levels and their relationship to training and demographic factors are not fully identified. prevalence of non-communicable diseases, PC has spread around the world. Palliative care integration within Jordan's healthcare systems is becoming increasingly important, particularly for cancer patients. (6) The results of the study highlight the necessity of improving nurses' training and understanding of palliative care. Closing knowledge and awareness gaps will enhance attitudes and behaviors related to end-of-life care. Therefore, improving palliative care training could result in nurse services for cancer patients that are more effective and compassionate.

1.6 Significance of the Study

For patients with terminal illnesses, palliative care is essential to enhancing their quality of life. As the primary caregivers, nurses play a crucial role in providing efficient palliative care services. To ensure compassionate and evidence-based patient management, it is crucial to comprehend their knowledge, attitude, and practice about palliative care. The goal of this study is to emphasize how critical it is to improve nurses' proficiency in this crucial area of healthcare. Nurses are expected to have enough expertise to give their patients the best treatment possible because they spend a lot of time tending to critically ill patients with chronic illnesses. Although patients and their families have a

right to PC in their later years, most nurses are ill-equipped to provide this kind of care. As a result, nurses with little PC knowledge are unable to adequately assess patients' needs, communicate with them, and address their physical, mental, social, and spiritual issues. (6) Ethiopia lacks palliative care units, especially at public hospitals in Wollega. General hospitals provide care for patients with life-threatening illnesses. The difficulties of palliative care can be handled by any nurse now employed in Wollega zones' public hospitals. To the best of our knowledge, no research has assessed the PC knowledge and attitudes of nurses employed in Wollega zones' public hospitals on end-of-life care. The results of this study will fill a knowledge vacuum in the field and assist the relevant organizations in addressing this public health issue. (3) The results of this study will assist legislators and hospital administrators in identifying training and awareness gaps among nursing personnel. Additionally, it will direct the creation of focused educational initiatives to improve palliative care procedures. Additionally, this study will add important information to the body of knowledge regarding Pakistani healthcare. at the end, it seeks to raise patient outcomes and palliative care standards at tertiary care facilities

1.7 Rational

In order to provide patients with terminal illnesses with comfort and dignity, palliative care is a crucial part of healthcare. As front-line caregivers, nurses are essential to providing quality palliative care. However, research indicates that a large number of nurses lack sufficient training and experience in this field, which may jeopardize patient outcomes. In order to support patients and their families and enhance the quality of care, it is essential to comprehend these gaps. Palliative care is becoming more widely acknowledged as an essential part of providing highquality healthcare, especially for patients with terminal illnesses and their families. Despite its significance, research suggests that many nurses—who work as front-line healthcare workers in hospitals—may not have enough training, expertise, or experience in palliative care. For example, a study conducted at tertiary hospitals by [insert authors here] revealed a substantial knowledge and practice gap among nursing personnel (7) This study attempts to determine current shortcomings and the factors causing them by evaluating nurses' knowledge and practice in palliative care. Training programs, hospital policies, and

professional development activities can all be influenced by the findings. In tertiary hospital settings, increasing nurses' proficiency in palliative care will ultimately improve patient outcomes, guarantee dignified care, and fortify the healthcare system as a whole.

METHODOLOGY RESEARCH DESIGN

A descriptive cross-sectional design was chosen for this research. This approach is appropriate for assessing nurses' current knowledge, attitude, and practice (KAP) regarding palliative care at a specific point in time. Many registered nurses working in various departments at Lady Reading Hospital (LRH) and Hayatabad Medical Complex (HMC), Peshawar, provided data for this study. A cross-sectional design was chosen due to its effectiveness, affordability, and capacity to produce valuable.

STUDY SETTING

The data gathered from nurses working in important clinical departments like the Intensive Care Unit (ICU), Coronary Care Unit (CCU), and High Dependency Units (HDU) at Lady Reading Hospital and Hayatabad Medical Complex. To ensure that the sample included nurses with different exposure levels and clinical specialties, the study was conducted in these units.

STUDY DURATION

The study was conducted over a four-month period, from August to November of 2025. This timeline was carefully planned to give enough time for all stages of the research process, including obtaining ethical approval, communicating with the management of the hospital, distributing and collecting questionnaire, and entering and evaluating data. The study's lengthy duration made it possible to approach participants from both hospitals units and working shifts (morning, evening, and night) without interfering with their clinical responsibilities. The selected timeframe also made it possible to maintain data quality, verify the completeness of the questionnaire, and effectively monitor the data collection process.

SAMPLE SIZE

The Rao soft Sample Size Calculator, a commonly used statistical tool for predicting suitable sample sizes, was used to establish the sample size for this research. The total number of nurses employed by Lady Reading Hospital and Hayatabad Medical Complex in Peshawar served as the basis for the computation. Hospitals (LRH and HMC) records

indicate that there were roughly 150 nurses (N) employed in these particular units. The Rao soft calculator was used with the following parameters to guarantee statistical reliability and representativeness: Population Size: 150, Response Distribution: 50% (used as a conservative estimate when the true distribution of answers is unknown), Confidence Level: 95%, and Margin of Error: 5% (usually acceptable for social and health sciences research). The recommended sample size was determined to be 109 people using these factors

SAMPLING TECHNIQUE

We implemented a random sample technique to collect data, because it enabled the researcher to include every participant during the time of data collection. The final sample is unbiased and unaffected by the study group since everyone was given an equal and fair chance during the selection process. Nurses employed by Lady Reading Hospital and Hayatabad Medical Complex, a tertiary care facility in Peshawar, in the Critical care units, Intensive Care Unit (ICU), Coronary Care Unit (CCU), and High Dependency Units (HDU) were sampled. The researcher obtained a sufficient sample size within the study's limited timeframe by choosing participants who were willing and met the inclusion criteria. This approach is suitable for descriptive cross-sectional studies where the goal is to examine current trends, attitudes, and knowledge levels rather than to prove causation.

SAMPLE SELECTION

Inclusion Criteria:

- Both male and female nurses.
- Registered nurses with a minimum of one year of Critical care unit experience.
- Nurses currently working in the ICU, CCU, HDU of Lady Reading Hospital and Hayatabad medical complex, Peshawar.
- Registered nurses willing to participate.

Exclusion Criteria:

- Administrative nurses or those not directly involved in patient care. Nurses who were on leave during the data collection period. Nurses don't have expired valid PNC licence.

DATA COLLECTION PROCEDURE

Data Collection tool:

The questionnaire utilized for this study was based on a previously validated tool that was first created and tested by Ross et al. in 1996 and subsequently supported by Amir Hosein Farmani. With a Cronbach's alpha of 0.76, the tool demonstrated strong internal consistency and adequate dependability in the initial study. Additionally, it complied with international norms.

Demographic information, knowledge, attitude, and practice are its four main components. The questionnaire was immediately used for this study without the need for additional validation or modification because its validity and reliability had already been verified.

Ethical Approval:

The Ethical Review Committees of Lady Reading Hospital, Hayatabad Medical Complex, and HIMS (Hayatabad Institute of Medical Sciences) granted formal approval before data collecting began. To make sure the study adhered to all institutional and professional ethical norms, these committees thoroughly examined the research proposal, data collection tools, and informed consent forms. The approvals attested to the study's low risk to participants and the presence of sufficient measures for informed consent, privacy, and confidentiality.

All of the study's participants were registered nurses who were currently working at the two hospitals. Each nurse was thoroughly told about the study's goals, methods, and possible advantages prior to taking part. To assure understanding, a consent form and information sheet were sent, both of which were written in basic, unambiguous English. Participants were made aware that participation in the study was completely voluntary and that they might decline or stop at any time without consequences or negative effects on their careers. Before the questionnaire was distributed, each participant provided written informed consent. The consent procedure was created to respect the moral principles of fairness, autonomy, beneficence, and non-maleficence.

Data Collection Procedure:

Ethical approval was given by the HIMS Peshawar Ethical Review Committee. The relevant hospitals, LRH and HMC, were then asked for permission to gather data. The

selection criteria were considered when evaluating applicants. A previously validated questionnaire was used to collect data. Subjects gave both written and verbal consent prior to data collection. Data was kept completely confidential. This strategy was used to obtain data by personally administering the questionnaires. Each participant received the surveys directly from the researcher, who also explained their purpose and instructions. Participants were encouraged to provide honest answers, and they were given the time to complete the questionnaires in a comfortable and convenient environment. In order to minimize the risk of data loss or contamination, the completed questionnaires were immediately collected.

DATA ANALYSIS PROCEDURE

Before being input into the computer for analysis, each questionnaire was thoroughly examined for accuracy, consistency, and completeness following the conclusion of data collecting. SPSS version 27.0 was used for the coding, cleaning, and analysis of the data. This program was chosen for health-related research due to its dependability and effectiveness in managing both quantitative and qualitative data. In order to provide an overview of the respondents' knowledge, attitudes, and practices about palliative care as well as to summarize their demographic features, the study started with descriptive statistics. Measures of central tendency, such as the mean and standard deviation, were used to analyze quantitative variables like age and years of clinical experience, while frequencies and percentages were used to present categorical variables like gender, qualification, and departmental distribution

RESULTS

4.1 Introduction

The study are explained in detail in this chapter. It begins with the demographic information of the participants, such as age, gender, level of education, experience, and kind of job. Tables display descriptive data such as the mean and standard deviation. Additionally, tables are made and the components of the questionnaire's frequencies and percentages are calculated.

4.2 Demographic Data

4.2.1 Age:

The majority of participants (63.3%) were in the 26-35 years age range. Only (32.1%) were between 18-25 years, 4 % were in the range of 36-45 and 0.9% were in the 46-55 years.

TABLE 1: AGE (YEARS)

Frequency	Percent	Valid Percent	Cumulative Percent
Valid 18-25	35	32.1	32.1
26-35	69	63.3	95.4
36-45	4	3.7	99.1
46-55	1	.9	100.0
Total	109	100.0	100.0

Gender:

A Significant portion of the participant were female 86.2% while 13.8% were male

TABLE 2: GENDER

Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	15	13.8	13.8

4.2.3 PARTICIPANTS QUALIFICATION

The most of the participants were Bsn degree holders 67% while 32.1% were diploma holder and only 0.9% was Msn

TABLE 3; PARTICIPANT QUALIFICATION

	Frequency	Percent	Valid Percent	Cumulative Percent
VAL ID diploma in nursing	35	32.1	32.1	32.1
Bsn	73	67.0	67.0	99.1
msn	1	.9	.9	100.0
Total	109	100.0	100.0	

4.2.3 PARTICIPANTS QUALIFICATION

The most of the participants were Bsn degree holders 67% while 32.1% were diploma holder and only 0.9% was Msn

TABLE 3: PARTICIPANT QUALIFICATION

		Frequency	Percent	Valid Percent	Cumulative Percent
VAL ID	diploma in nursing	35	32.1	32.1	32.1
	Bsn	73	67.0	67.0	99.1
	msn	1	.9	.9	100.0
	Total	109	100.0	100.0	

4.2.4 PROFESSIONAL EXPERIENCE OF PARTICIPANT

The majority of participants 76.1% were 1-5 years of nursing experience while 22% were 6-10 years of experience and only 1.8% were more than 10 years of nursing experience.

TABLE 4: PROFESSIONAL EXPERIENCE OF PARTICIPANT

		Frequency	Percent	Valid Percent	Cumulative Percent
	1-5years	83	76.1	76.1	76.1
Valid	6-10years	24	22.0	22.0	98.2
	morethan10years	2	1.8	1.8	100.0
	Total	109	100.0	100.0	

4.2.5 CRITICAL CARE EXPERIENCE OF PARTICIPANT

The most of the participant are general icu nurses 45.9%,17.4% were hdu participant ,14.7% were neurosurgery participants ,13.8% were peads icu participant and 8.3%were NICU participants

TABLE 4.5: CRITICAL CARE EXPERIENCE OF PARTICIPANT

					Cumulative Percent
Valid	General icu	50	45.9	45.9	45.9
	peads icu	15	13.8	13.8	59.6
	Hdu	19	17.4	17.4	77.1

nICU	9	8.3	8.3	85.3
Neurosurgery icu	16	14.7	14.7	100.0
Total	109	100.0	100.0	

Frequency			Percent	Valid Percent	Cumulative Percent
Valid	Lrh	90	82.6	82.6	82.6
	Hmc	19	17.4	17.4	100.0
	Total	109	100.0	100.0	

4.3 KNOWLEDGE OF PARTICIPANTS TOWARDS PALLIATIVE CARE

Majority were having high knowledge

The 67.9% of the participant were high knowledge about the palliative care

Moderate knowledge of participant

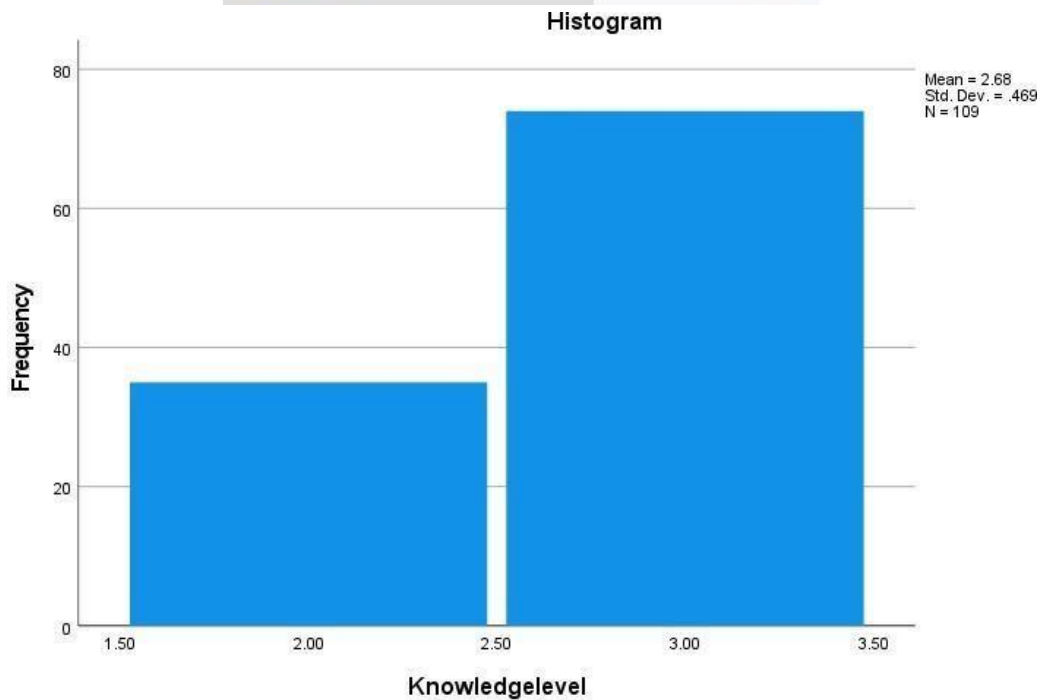
The 32.1% of the participant were have moderate knowledge about palliative care As show as an table 7

Frequency			Percent	Valid Percent	Cumulative Percent
	moderate knowledge	35	32.1	32.1	32.1
Valid	High knowledge	74	67.9	67.9	100.0
	Total	109	100.0	100.0	

Mean and standard deviation of knowledge level. The mean of knowledge level of participants towards is 2.6789. The standard deviation of knowledge level of participants towards is 0.46906 As shown in the Table 8

Knowledge Level Statistics

N	Valid	109
	Missing	0
Mean		2.6789
Std. Deviation		.46906



4.4 Attitude Of Participants Towards Palliative Care

Majority were have 62.4% neutral attitude towards palliative care,35.8 % were have positive attitude and 0.9%were have negative attitude towards palliative care

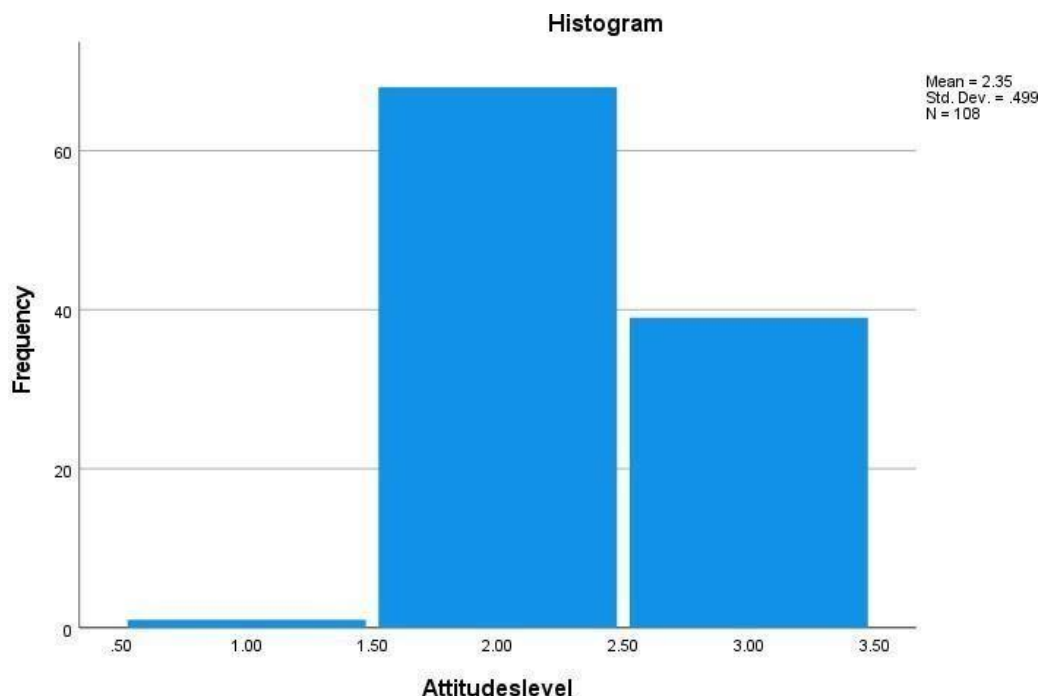
Table 9: *Attitudes level*

Frequency			Percent	Valid Percent	Cumulative Percent
Valid	negative	1	.9	.9	.9
	neutral	68	62.4	63.0	63.9
	positive	39	35.8	36.1	100.0
Total		108	99.1	100.0	
Missing	System	1	.9		
Total		109	100.0		

Mean and standard deviation of attitude towards palliative care of participant The mean of participant towards attitude level were 2.3519 while the standard deviation were 0.49887 As shown in Table 10

Attitude level Statistics

N	Valid
Missing	1
Mean	2.3519
Std. Deviation	.49887



4.5 PRACTICE OF PARTICIPANT TOWARDS PALLIATIVE CARE

Most of the participant were good practice towards palliative care (67.9%) while the 31.2%were have fair practice and 0.9%were had poor practice towards palliative care in the tertiary care hospitals AS shown in Table 11.

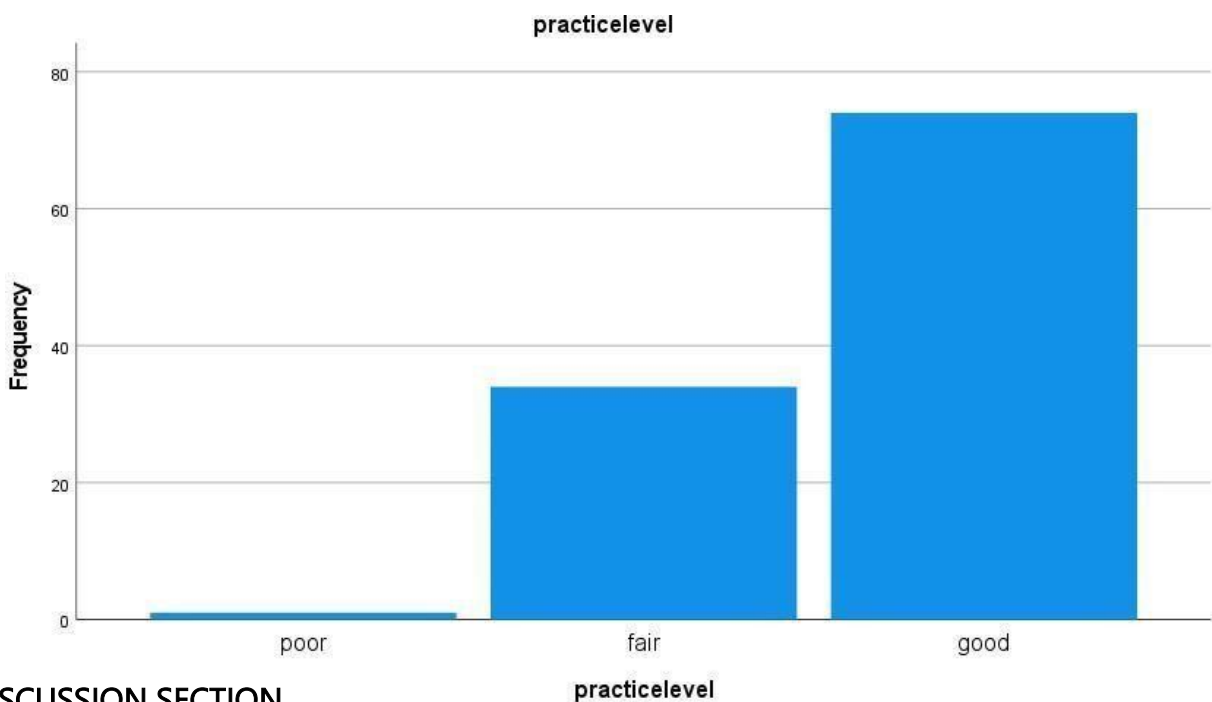
Table 11

Frequency	Percent	Valid Percent	Cumulative Percent
Valid Poor	1	.9	.9
Fair	34	31.2	32.1
good	74	67.9	100.0
Total	109	100.0	100.0

Mean and standard deviation of practice towards palliative care The mean of practice of participant were 2.6697 while the standard deviation were 0.49169 As shown in Table 12

Practice level Statistics

N	Valid	109
	Missing	0
Mean		2.6697
Std. Deviation		.49169



DISCUSSION SECTION

Interpretation of the Study

According to the questionnaire, the majority of healthcare participants show positive attitudes toward palliative care and good practice (67.9%), with mean scores indicating positive attitudes and practices. The majority of participants (67.9%) had high levels of expertise, and the majority are young professionals with one to five years of experience who primarily work in critical care units such the ICU, NICU, and HDU. According to the demographic data, younger nurses and those with more recent work experience are actively involved in palliative care practices, which maybe helps explain their active approach. Palliative care is prioritized in a concentrated professional setting, as evidenced by the fact that most of them are female, have BSN degrees, and work at LRh

Limitation of the Study

Sample Bias: The majority of the sample consists of young, female nurses with higher qualifications and recent critical care experience, which can limit the findings' applicability to other age groups, genders, or experience levels.

The cross-sectional design: The data limits our ability to comprehend how practice, attitude, and knowledge evolve over time.

Self-Reported Data: Positive actions may be over-reported due to social desirability bias in responses about attitudes and practices.

Limited Scope: It appears that the study's primary focus is on nurses working in particular critical care units at a single hospital, which restricts its wider application.

Conclusion of the Study

According to the study's findings, healthcare workers who took part in it generally had adequate palliative care knowledge, favorable attitudes, and acceptable procedures. Qualifications and experience seem to have a favorable impact on these aspects. For nurses to provide high-quality palliative care that meets the comprehensive requirements of critically ill patients, this ability is essential.

However, continued education and focused initiatives could improve the provision of palliative care even more.

RECOMDENATIONS

The following recommendations are given below

- **Improved Training:** To preserve and advance nurses' skills and knowledge, implement ongoing professional development programs centered on palliative care concepts.
- **Broader Studies:** To improve generalizability, future research should incorporate a variety of healthcare settings and larger, more diverse populations.
- **Longitudinal Studies:** Perform follow-up research to evaluate how knowledge, attitudes, and practices have changed over time, particularly following educational initiatives.
- **Interdisciplinary Approach:** Encourage cooperation amongst different medical specialists to advance all-encompassing palliative care strategies.

- Policy Implementation: Create institutional guidelines that encourage palliative care procedures and incorporate them into standard critical care procedures.
- By strengthening efficient palliative care procedures and policies, these insights can help healthcare organizations improve patient outcomes.

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