| | | |
|---|---|---|
| Yes | 83 | 54.2 |
| No | 70 | 45.8 |
| Adjuvant the rapies are important in managing pain | | |
| Yes | 108 | 70.6 |
| No | 42 | 27.5 |
| Don't know | 3 | 2 |
| Drug addiction is a major problem when morphine is used | | |
| Yes | 80 | 52.3 |
| No | 71 | 46.4 |
| Don't know | 2 | 1.3 |
| Provisions of palliative care require emotional detachment | | |
| Yes | 44 | 28.8 |
| No | 106 | 69.3 |
| Don't know | 3 | 2 |
| Drugs that can cause respiratory depression are appropriate for treatment | | |
| Yes | 31 | 20.3 |
| No | 42 | 27.5 |
| Don't know | 80 | 52.3 |
| Philosophy of PC is compatible with that of aggressive treatment | | |
| Yes | 48 | 31.4 |
| No | 75 | 49 |
| Don't know | 30 | 19.6 |
| Use of placebos is appropriate in the treatment of some pain | | |
| Yes | 93 | 60.8 |
| No | 57 | 37.3 |
| Don't know | 3 | 2 |
| Meperidine is not an effective analgesic for the control of chronic pain | | |
| Yes | 72 | 47.1 |
| No | 53 | 34.6 |
| Don't know | 28 | 18.3 |
| Accumulation of losses renders burnout inevitable for those who work in PC | | |
| Yes | 92 | 60.1 |
| No | 30 | 19.6 |
| Don't know | 31 | 20.3 |
| Manifestation of chronic pain are different from those of acute pain | | |
| Yes | 118 | 77.1 |
| No | 27 | 17.6 |
| Don't know | 8 | 5.2 |
| Terminally ill patients have the right to choose "don't resuscitate" | | |
| Yes | 107 | 69.9 |
| No | 27 | 17.6 |
| Don't know | 19 | 12.4 |
| Terminally ill patients should be encouraged to have hope against all odds | | |

| | | |
|---|---|---|
| Yes | 84 | 54.9 |
| No | 67 | 43.8 |
| Don't know | 2 | 1.3 |
| PC should only be provided for patient who has curative treatment | | |
| Yes | 89 | 58.2 |
| No | 45 | 29.4 |
| Don't know | 19 | 12.4 |
| Long-term use of morphine can induce addiction | | |
| Yes | 84 | 54.9 |
| No | 69 | 45.1 |
| Adjuvant the rapies are important in managing pain | | |
| Yes | 93 | 60.8 |
| No | 60 | 39.2 |
| Getting spiritual support is important to terminally ill patient | | |
| Yes | 142 | 92.8 |
| No | 11 | 7.2 |
| Morphine should be used to relieve dyspnea in cancer patients | | |
| Yes | 116 | 75.8 |
| No | 37 | 24.2 |
| Respiratory desperation will be common when opioids are taken | | |
| Yes | 123 | 80.4 |
| No | 30 | 19.6 |
| PC services extending after mortar care | | |
| Yes | 140 | 91.5 |
| No | 11 | 7.2 |
| Benzodiazepines should be effective for controlling delirium | | |
| Yes | 141 | 92.2 |
| No | 12 | 7.8 |
| Some dying patients will require continuous sedation to alleviate suffering | | |
| Yes | 142 | 92.8 |
| No | 11 | 7.2 |
| Family involvement in patient care is part of PC | | |
| Yes | 141 | 92.2 |
| No | 12 | 7.8 |
| Higher calorie intake needed terminal stage of cancer | | |
| Yes | 134 | 87.6 |
| No | 19 | 12.4 |

**Source: Primary data**

To determine the level of knowledge on palliative care services provision among health care providers, there were related statements which have been used. Among respondents, 127(83%)

of them said that they knew the definition of palliative care, 118(77.1%) respondents said that manifestation of chronic pain is different from those of acute pain and 84(54.9%) of respondents said that terminally ill patients should be encouraged to have hope against all odds. 142(92.8%) of respondents said that some dying patients will require continuous sedation to alleviate suffering and 141(92.2%) of them said that family involvement in patient care is part of palliative care.

**Level of knowledge on palliative care services provision among health care providers.**

The score assessment has been done and the total score was 25 with mean of 13.81. The respondents with score less than mean have been considered to have low knowledge whereas respondents with score greater than the mean have been considered to have high knowledge.

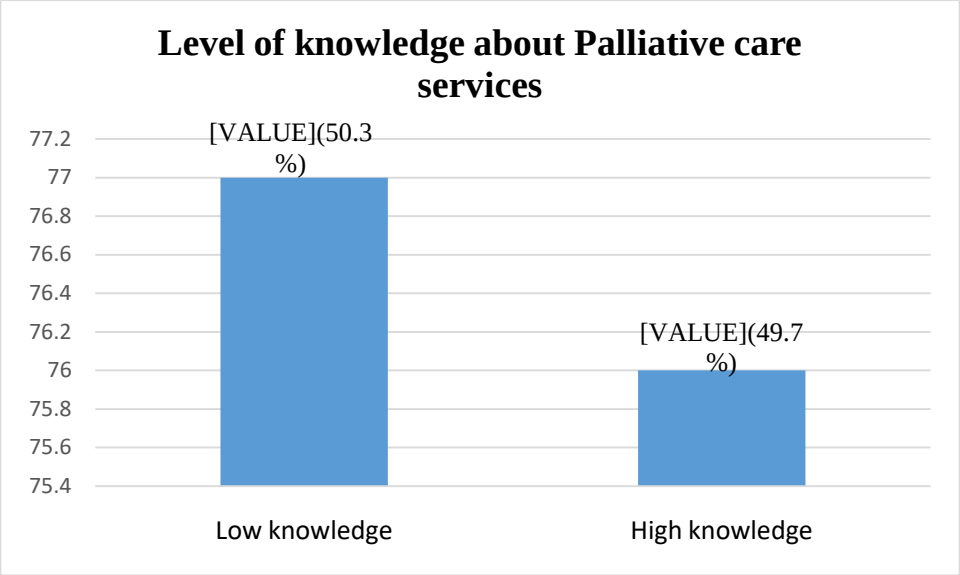


**Figure4.1 Level of knowledge**

As indicated by the figure above 77(50.3%) of respondents had low knowledge towards palliative care services provision and 76(49.7%) of respondents hah high knowledge towards palliative care services provision.

**Health care providers' attitude towards palliative care services provision at Kibagabaga Hospital.**

The objective two to assess health care providers' attitude towards palliative care services provision at Kibagabaga Hospital and was measured by score assessment of variables. Twenty-four (24) statements in the table 3 were used to assess health care providers' attitude towards palliative care services and all statements are positive where the overall score is 24 and the mean was 12.36.

**Table 3 Health care providers' attitude towards palliative care services provision at Kibagabaga Hospital**

| Variables | Frequency | Percent |
|---|---|---|
| PC is given only for dying patients | | |
| Strongly disagree | 87 | 56.9 |
| Disagree | 50 | 32.7 |
| Agree | 16 | 10.5 |
| As patient near death HCP should withdraw his involvement | | |
| Strongly disagree | 49 | 32 |
| Disagree | 12 | 7.8 |
| Uncertain | 10 | 6.5 |
| Agree | 82 | 53.6 |
| Giving nursing care is a worthwhile leaning experience | | |
| Strongly disagree | 4 | 2.6 |
| Disagree | 14 | 9.2 |
| Uncertain | 4 | 2.6 |
| Agree | 71 | 46.4 |
| Strongly agree | 60 | 39.2 |
| It is beneficial for chronically sick person to verbalize her feelings | | |
| Strongly disagree | 16 | 10.5 |
| Disagree | 61 | 39.9 |
| Agree | 31 | 20.3 |
| Strongly agree | 45 | 29.4 |
| Close to dying person often interfere with a professional's job | | |
| Strongly disagree | 78 | 51 |
| Disagree | 62 | 40.5 |
| Agree | 13 | 8.5 |
| Strongly agree | 0 | 0.00 |
| Length of time required to give nursing care would frustrate me | | |
| Strongly disagree | 58 | 37.9 |
| Disagree | 31 | 20.3 |
| Agree | 62 | 40.5 |
| Strongly agree | 2 | 1.3 |
| Families should be concerned about helping their dying member | | |

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| | | |
|---|---|---|
| Strongly disagree | 4 | 2.6 |
| Disagree | 8 | 5.2 |
| Agree | 69 | 45.1 |
| Strongly agree | 72 | 47.1 |
| Family should maintain as normal environment for their dying member | | |
| Strongly disagree | 35 | 22.9 |
| Disagree | 14 | 9.2 |
| Agree | 62 | 40.5 |
| Strongly agree | 42 | 27.5 |
| Healthcare provider are not the one to talk about death with dying person | | |
| Strongly disagree | 48 | 31.4 |
| Disagree | 12 | 7.8 |
| Agree | 32 | 20.9 |
| Strongly agree | 61 | 39.9 |
| Family should be involved in the physical care of the dying person | | |
| Strongly disagree | 22 | 14.4 |
| Disagree | 69 | 45.1 |
| Uncertain | 2 | 1.3 |
| Agree | 26 | 17 |
| Strongly agree | 34 | 22.2 |
| It is difficult to form a close relationship with the family of dying member | | |
| Strongly disagree | 34 | 22.2 |
| Disagree | 33 | 21.6 |
| Uncertain | 62 | 40.5 |
| Agree | 13 | 8.5 |
| Strongly agree | 11 | 7.2 |
| There are time when death is welcomed by the dying person | | |
| Strongly disagree | 33 | 21.6 |
| Disagree | 11 | 7.2 |
| Uncertain | 59 | 38.6 |
| Agree | 50 | 32.7 |
| Strongly agree | 0 | 0.00 |
| HC for the patient's family should continue throughout the period of grief | | |
| Strongly disagree | 13 | 8.5 |
| Disagree | 21 | 13.7 |
| Uncertain | 2 | 1.3 |
| Agree | 117 | 76.5 |
| Strongly agree | 0 | 0.00 |
| Dying person and his family should be the in charge decision maker | | |
| Strongly disagree | 15 | 9.8 |
| Disagree | 51 | 33.3 |
| Uncertain | 11 | 7.2 |
| Agree | 58 | 37.9 |
| Strongly agree | 18 | 11.8 |

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| | | |
|---|---|---|
| Addition to pain relieving medication should not be a HCP concern | | |
| Strongly disagree | 14 | 9.2 |
| Disagree | 53 | 34.6 |
| Uncertain | 53 | 34.6 |
| Agree | 15 | 9.8 |
| Strongly agree | 18 | 11.8 |
| Healthcare should extend to the family of dying person | | |
| Strongly disagree | 5 | 3.3 |
| Disagree | 13 | 8.5 |
| Uncertain | 48 | 31.4 |
| Agree | 75 | 49 |
| Strongly agree | 12 | 7.8 |
| When a patient asks HCP am I dying it is better to change a subject | | |
| Strongly disagree | 4 | 2.6 |
| Disagree | 88 | 57.5 |
| Agree | 60 | 39.2 |
| Strongly agree | 1 | 0.7 |
| I am afraid to become a friend with chronically sick and dying patient | | |
| Strongly disagree | 5 | 3.3 |
| Disagree | 128 | 83.7 |
| Uncertain | 2 | 1.3 |
| Agree | 15 | 9.8 |
| Strongly agree | 3 | 2 |
| I would be uncomfortable if I enter the room and found him crying | | |
| Strongly disagree | 25 | 16.3 |
| Disagree | 51 | 33.3 |
| Uncertain | 2 | 1.3 |
| Agree | 74 | 48.4 |
| Strongly agree | 1 | 0.7 |
| Death is not the worst thing that can happen to a person | | |
| Strongly disagree | 92 | 60.1 |
| Disagree | 1 | 0.7 |
| Uncertain | 1 | 0.7 |
| Agree | 28 | 18.3 |
| Strongly agree | 31 | 20.3 |
| I would feel like running away when the person died | | |
| Strongly disagree | 53 | 34.6 |
| Disagree | 79 | 51.6 |
| Uncertain | 4 | 2.6 |
| Agree | 16 | 10.5 |
| Strongly agree | 1 | 0.7 |
| I would not want to be assigned to care for a dying person | | |
| Strongly disagree | 24 | 15.7 |
| Disagree | 113 | 73.9 |
| Uncertain | 1 | 0.7 |
| Agree | 14 | 9.2 |

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| | | |
|---|---|---|
| Strongly agree | 1 | 0.7 |

**Source: Primary data**

To assess the health care providers' attitude on palliative care, they had been asked the related questions. Among respondents 87(56.9%) strongly disagreed that palliative care is given only for dying patients, 45(29.4%) respondents strongly agreed that it is beneficial for chronically sick person to verbalize her feelings and 48(31.4%) respondents strongly disagreed that healthcare provider are not the one to talk about death with dying person. Among respondents 88(57.5%) were disagree with the statement which was saying that when a patient asks HCP that am I dying it is better to change a subject to cheering one, 79(51.6%) respondents were disagree with the statement saying that I would feel like running away when the person died and 14(9.2%) respondents were disagree with the statement saying that I would not want to be assigned to care for a dying person.

**Health care providers' attitude towards palliative care services provision**

The score assessment has been done and the total score was 24 with mean of 12.36. The respondents with score less than mean have been considered to have negative attitude whereas respondents with score greater than the mean have been considered to have positive attitude.

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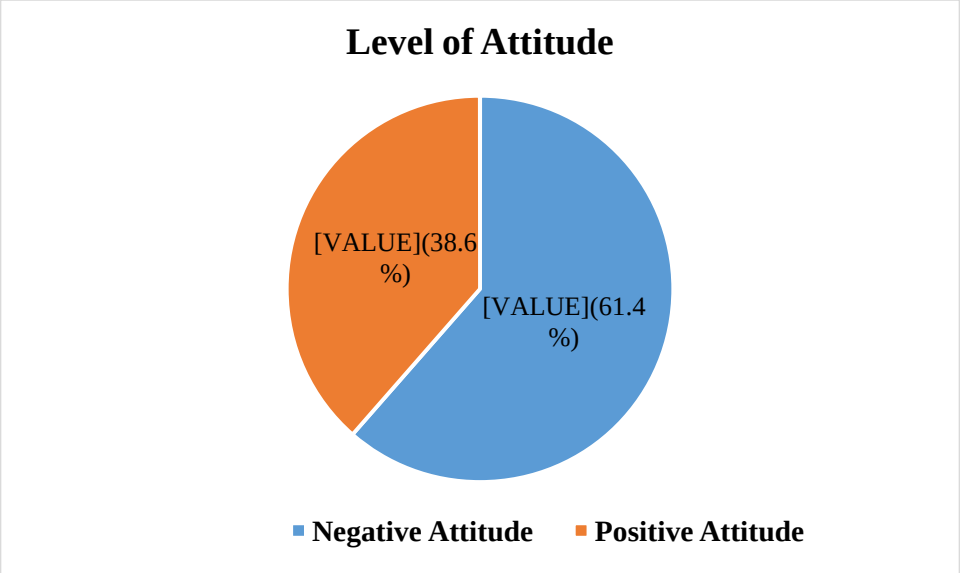


**Figure 2 Health care providers' attitude towards palliative care services provision**

As indicated by the figure above 59(38.6%) of respondents had positive attitude towards palliative care services provision and 94(61.4%) of respondents had negative attitude towards palliative care services provision.

**Health care providers' practices on palliative care consultation service at Kibagabaga Hospital**

The objective three was to identify health care providers' practices on palliative care consultation service at Kibagabaga Hospital and was measured by score assessment of variables. Ten (10) statements in the table 4 were used to assess level of practices among health care providers, the overall score is 10, and the mean was 6.58.

**Table 4 Health care providers' practices on palliative care consultation service at Kibagabaga Hospital**

| Variables | Frequency | Percent |
|---|---|---|
| Time for PC discussion | | |
| During diagnosis | 93 | 60.8 |
| When the problem progress | 43 | 28.1 |
| At the end of life | 17 | 11.1 |
| Do you inform terminally ill person about their diagnosis | | |
| Yes | 141 | 92.2 |
| No | 12 | 7.8 |
| Factors considered when dealing with terminally ill | | |
| Culture | 36 | 23.5 |
| Psychological | 30 | 19.6 |
| Medical situation | 23 | 15 |
| Social | 64 | 41.8 |
| **Things considered before addressing the spiritual issue** | | |
| Listen with empathy | 48 | 31.4 |
| Impose own view | 55 | 35.9 |
| Connect with spiritual | 50 | 32.7 |
| **Addressing the psychological aspect of the patient during PC** | | |
| Emotional support | 45 | 29.4 |
| Counselling the patient | 74 | 48.4 |
| Hiding the truth | 34 | 22.2 |
| **Who do you involve in decision making** | | |
| Patient | 41 | 26.8 |
| Family | 77 | 50.3 |
| My own | 18 | 11.8 |
| Other professionals | 17 | 11.1 |
| **Perception for terminally ill patient concern** | | |
| Patient right | 65 | 42.5 |
| Needing treatment | 54 | 35.3 |
| Doubting your professionalism | 16 | 10.5 |
| Attention seeking behavior | 18 | 11.8 |
| **Communication to the terminally ill patient depend on** | | |
| Family's ability to assimilate | 34 | 22.2 |
| Their involvement in decision making | 99 | 64.7 |

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| | | |
|---|---|---|
| Your willingness to disclose information | 20 | 13.1 |
| **Commonly used medication for severe pain** | | |
| Paracetamol | 48 | 31.4 |
| Morphine | 77 | 50.3 |
| Pethidine | 6 | 3.9 |
| Codeine | 22 | 14.4 |
| **How do you assess patient pain** | | |
| Grade with face | 98 | 64.1 |
| Intensity | 29 | 19 |
| Location | 8 | 5.2 |
| Quality | 18 | 11.8 |

**Source: Primary data**

To assess the health care providers' practices on palliative care, they have been asked how often they use to discuss about the topics related to palliative care and 93(60.8%) respondents said that the time to discuss about palliative care is during diagnosis. The majority of respondents 64(41.8%) said that the social is the factors considered when dealing with terminal ill patient, 48(31.4%) respondents said that the thing to be considered before addressing the spiritual issue is to listen with empathy, 74(48.4%) respondents use to give the counselling to the patient while addressing the psychological aspect of the patient during palliative care and 77(50.3%) respondents used to involve the family of the patient in decision making.

**Health care providers' practices on palliative care consultation service**

For determining the Health care providers' practices on palliative care consultation service, the score assessment has been done and the total score was 10 with mean of 6.58. The respondents with score less than mean have been considered to have poor practices whereas respondents with score greater than the mean have been considered to have good practices.

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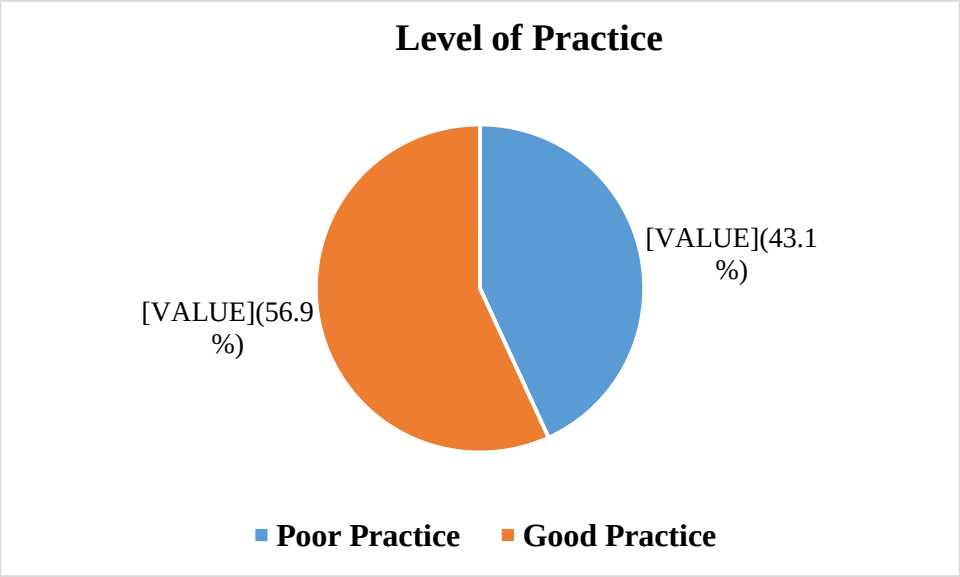


**Figure 3 Health care providers' practices on palliative care**

As indicated by the figure 3, 66 (43.1%) of respondents had poor practices towards palliative care and 87(56.9%) of respondents hah good practices towards palliative care.

**Predictors of practices toward palliative care consultation service among health care providers at Kibagabaga Hospital**

To determine predictors of practices toward palliative care consultation service among health care providers at Kibagabaga Hospital, 10 factors evaluated to check whether they have statistical significant with practices of health care providers towards palliative care with <0.05 P-value calculated to 95% CI, as presented in the table below.

**Table5 Predictors of practices toward palliative care consultation service among health care providers at Kibagabaga Hospital (Bivariate analysis).**

| Variables | Level of practices | | | | P-Value |
|---|---|---|---|---|---|
| | Poor practice | | Good practice | | |
| | n | % | n | % | |
| **Level of Attitude** | | | | | **0.009** |
| Negative Attitude | 48 | 51.1 | 46 | 48.9 | |
| Positive Attitude | 18 | 30.5 | 41 | 69.5 | |
| **Level of Knowledge** | | | | | 0.228 |
| Poor knowledge | 36 | 46.8 | 41 | 53.20 | |
| Good knowledge | 30 | 39.5 | 46 | 60.50 | |
| **Professional cadre** | | | | | 0.659 |
| Nurse | 35 | 44.30 | 44 | 55.70 | |
| Midwife | 19 | 46.30 | 22 | 53.70 | |
| Doctor | 12 | 36.4 | 21 | 63.6 | |

| | | | | | |
|---|---|---|---|---|---|
| **Age group** | | | | | 0.121 |
| 23-35 Years old | 25 | 44.6 | 31 | 44.6 | |
| 36Years old and above | 41 | 42.3 | 56 | 57.7 | |
| **Sex** | | | | | 0.448 |
| Male | 24 | 36.9 | 41 | 36.9 | |
| Female | 42 | 47.7 | 46 | 52.3 | |
| **Marital Status** | | | | | 0.204 |
| Single | 8 | 33.3 | 16 | 66.7 | |
| Married | 58 | 45 | 71 | 55 | |
| **Educational Level** | | | | | 0.516 |
| Diploma | 12 | 38.7 | 19 | 61.3 | |
| Bachelor's Degree | 41 | 47.1 | 46 | 52.9 | |
| Medical Doctor | 13 | 37.1 | 22 | 62.9 | |
| **Working Experience** | | | | | |
| < 5 Years | 15 | 46.9 | 17 | 53.1 | 0.876 |
| 5-9 Years | 22 | 43.1 | 29 | 56.9 | |
| 10 Years and Above | 29 | 41.40 | 41 | 58.60 | |
| **Month Salary** | | | | | 0.285 |
| 100000-200000 RWF | 21 | 53.80 | 18 | 46.20 | |
| 201000-300000 RWF | 25 | 38.50 | 40 | 61.50 | |
| Above 300000 RWF | 20 | 40.80 | 29 | 59.20 | |
| **Religion** | | | | | 0.085 |
| Catholic | 43 | 48.30 | 46 | 51.70 | |
| Protestant | 23 | 35.90 | 41 | 64.10 | |
| **Working Department** | | | | | 0.081 |
| Inpatient | 13 | 38.20 | 21 | 61.80 | |
| Surgery and Emergence care | 21 | 58.30 | 15 | 41.70 | |
| Critical care and support services | 8 | 27.60% | 21 | 72.40% | |

Source: Primary data

The table above shown that there was statistically significant between level of Attitude and level practices of health care providers towards palliative care with <0.05 P-value calculated to 95% CI. As indicated in the table of bivariate analysis, only single variable was statistically significant, so then the researcher could not undergo the further analysis to check the strengths of association between factors contributing to palliative care.

**Discussion of the study findings**

Providing palliative care should be a key component of the healthcare system that all healthcare organizations should strive to improve. Despite the understanding of the benefits of palliative care, many people living with chronic life-threatening illnesses do not receive palliative care.

The primary challenges to apply palliative care are an overestimation of patient progress by health professionals and a low level of knowledge about palliative care.

The main purpose of this study to assess health care provider's knowledge, attitude and practices towards palliative care services provision and the present study showed that a half of respondents 50.3% had low knowledge towards palliative care services provision, while the remaining portion has high knowledge towards palliative care services provision.

The previous study conducted by Alemnesh was not in the same line with present study where revealed that the low number of health care providers had high knowledge towards palliative care services delivery. This study found out that only 30.5% of respondents had good knowledge towards palliative care services delivery, so then in the comparison with the present study, more health care providers of Kibagabaga Hospital had good knowledge compared to that of Ethiopia. Although, the nurses had poor knowledge and knowledge aspect of practice, but their attitude towards PC was favorable. The researchers suggest that nurses can have a prominent role in end-of-life care. Hence, it is important to assess nurses' knowledge, attitude and practice to help them handle such cases. The result of the study conducted in Ethiopia suggested that the majority of respondents that have had favorable attitude but low knowledge and practice towards palliative care. Similarly, ward and training on palliative care were significantly associated with knowledge, working institution, level of education, ward and training, on the other hand, were found to be statistically significant with the attitude of nurses towards palliative care [19].

The study conducted by Getie, which was about knowledge on palliative care and associated factors among nurses revealed that more than half of the nurses (55.43%) had poor knowledge about palliative care. In this regard, the educational status of nurses and palliative care training were significantly associated factors with the nurses' level of knowledge about palliative care. The researcher suggested that there should be incorporation of palliative care in the nursing curriculum. Furthermore, palliative care training and continuous education should be given regularly for nurses to improve their knowledge about palliative care [20].

The present study revealed that revealed that 43.1% of respondents had poor practices towards palliative care and 56.9% of respondents hah good practices towards palliative care and there was statistically significant between level of Attitude and level practices of health care providers towards palliative care.

The previous study conducted from Palestine was almost in the same line with the present study where it showed that the majority of nurses had high practices about palliative care.

This study also revealed that 30.5% of nurses had as high knowledge. The low level of nurses' knowledge about palliative care in this study could also be associated with the lack of specific palliative care units in Palestine. The difference may be due to lack of updating information regarding palliative care, and this might be due to the fact that PC education was not incorporated into either diploma or degree curricula [7].

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