

# Determinants of Knowledge and Attitude related to Palliative Care Nurses

Rista Fauziningtyas<sup>\*</sup>, Dwi Eri Retno Widowati, Retno Indarwati, Candra Panji Asmoro

**Abstract---** *There are only a few health care institutions in Indonesia that carry out palliative care. The factors that are related to the knowledge and attitudes of the health workers who work in the palliative care services are still unknown. The aim of this study was to find out the determinants of the factors related to the nurses' knowledge and attitude in the context of palliative care in a hospital in Surabaya. This study used a cross-sectional design. The sample size was 115 respondents via total sampling. The independent variables were age, education, training experience, length of work and place on the career ladder. The dependent variables were knowledge and the attitude of the nurses toward palliative care. The data was obtained through a questionnaire and it was analyzed using Chi-square, Spearman rho and a multiple linear regression test. There was found to be a relationship between age ( $p = 0.004$ ) and length of work ( $p = 0.016$ ) with knowledge in palliative care. There was also found to be a relationship between the length of work ( $p = 0.049$ ) and career ladder ( $p = 0.013$ ) with the nurse's attitude in palliative care. It is expected that the nurses in the hospital can take part in training so then their knowledge will increase. In addition, the arrangement of the career ladder also needs to be clear to create positive behaviors among the palliative nurses. The quality of the palliative services will increase as a result.*

**Keywords---** *Attitude; Knowledge; Nurse; Palliative Care*

---

## I. INTRODUCTION

The quality of palliative care services can be provided by the principles of the World Health Organization (WHO) for patients with a chronic illness or who have reached the end of life pathway. To achieve this, nurses must have good knowledge, supportive attitudes and aid in the implementation of adequate palliative care [1]. In Indonesia, there are only a few health services including hospitals and health center services (Puskesmas) that handle palliative care such as in Surabaya, Jakarta, Yogyakarta, Bandung, Bali and Makassar [2]. Although palliative care has been implemented by several hospitals in Indonesia, empirical data on the implementation of this practice is still limited in Indonesia [3]. Optimizing the implementation of palliative care may be related to the knowledge and skills of the health workers.

According to the WHO in 2018, there are more than 40 million people in the world who need palliative care but only 14% have just received such treatment. Some of the diseases included under palliative care include cardiovascular disease with a prevalence of 38.5%, cancer 34%, chronic respiratory disease 10.3%, Human Immunodeficiency Virus (HIV) /

---

Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia

Corresponding author;  
Rista Fauziningtyas  
E-mail: [ristafauziningtyas@fkip.unair.ac.id](mailto:ristafauziningtyas@fkip.unair.ac.id)

Acquired Immunodeficiency Syndrome (AIDS) 5.7% and diabetes 4.6% [4]. Most people who need palliative care are in the 60% elderly group at over 60 years of age while adults (15-59 years old) make up 25% and 0-14 years old make up 6% [5]. Cancer prevalence in Indonesia is 1.79 per 1000 population, which is up from 2013 by many as 1.4 per 1000 population. This figure puts Indonesia in 8<sup>th</sup> place with the most cases in Southeast Asia. It is ranked 23<sup>rd</sup> in Asia. Based on the results of the 2018 Basic Health Research Data (RISKESDAS), palliative care carried out in Indonesia currently places more emphasis on cancer and HIV / AIDS because there is a significant increase in said cases each year [6]. According to the WHO in 2014 and the Ministry of Health in 2007, palliative care is not only for cancer patients. It is also for patients with degenerative diseases, obstructive pulmonary disease, cystic fibrosis, stroke, Parkinson's, heart failure, genetic disease and infectious diseases such as HIV / AIDS [5].

Palliative care is still not optimal in health care institutions in Indonesia inclusive of hospitals, health centers and nursing homes [7]. This can occur due to the insufficient knowledge about palliative care of the health workers, one of which is a nurse. Research conducted by Indarwati et al in 2020 highlights that in the Indonesian context, nurses working in nursing homes are faced with major barriers when providing palliative and end of life care (EOLC), namely insufficient and inadequate knowledge about palliative care and EOLC [8]. A lack of knowledge about palliative care can be caused by several factors. For example, due to a lack of training during their nursing education or while working, or not getting palliative education while in college [1]. A lack of knowledge can have implications on the nurses' behavior when providing palliative care.

The nurse's behavior in palliative care is influenced by several factors based on Lawrence Green's theory, namely predisposing factors, enabling factors and reinforcing factors [9]. Supporting factors include the knowledge and attitude of the nurses towards palliative care. The enabling factor is their experience of attending the training. Research conducted by Uslu-Sahan&Terzioghu in 2017 found that the nurses did not have enough knowledge of palliative care. The nurses who received education on palliative care assumed that the education they received was inadequate. Level of education will affect the understanding of the health information [10]. Length of work will also affect knowledge and attitude. The longer a person works for, the more that their experience will increase [11]. Therefore the researchers want to know what factors are associated with the nurses' knowledge and attitude in palliative care so then later it can be utilized to improve the quality of palliative nursing care.

## **II. METHODS**

This research used a cross-sectional study design. The sample of this study was nurses who had treated palliative patients for 6 months in a hospital in Surabaya and who had a minimum education level of a diploma in Nursing. The number of respondents in total was 115 nurses taken using the total sampling technique from the 7 inpatient rooms of 1 hospital in Surabaya.

The independent variables in this study were age, education, experience attending training, career ladder and length of work. The dependent variable of this research was the knowledge and attitude of the nurses in palliative care. There were 2 questionnaires used in this study, the Palliative Care Quiz for Nurses (PCQN) and the Frommelt Attitude Toward Care of the Dying (FATCOD-B). PCQN is the questionnaire used to measure nurses' knowledge of palliative care. There are 20 items included across 3 aspects. There are 4 items in the philosophical aspect and for the principles of palliative care, 13 items for the aspect of pain management and other symptoms and 4 items on the psychosocial aspects of care. The total

scored ranged from 0-20 with 3 categories: good (15-20), enough (11-14), and less (0-10) [12], [13]. Furthermore, FATCOD-B is a questionnaire used to measure the nurses' attitude to palliative care. There were 30 statement items consisting of favorable and unfavorable. This instrument used a Likert scale with a score range of 1-5. The total score ranged from 30-150 and it was divided into 3 categories: good (111-150), enough (71-110) and lacking (30-70) in terms of the attitude towards caring for a dying patient. This questionnaire was tested for validity and reliability. The reliability test result obtained was 0.68 using Cronbach's alpha. The validity result was in the range of -0.278 to 0.544 using the Pearson correlation test [14]. The data analysis used the Spearman Rho statistical test and the Chi-Square test. To determine the most dominant factor, a multiple logistic regression test was performed.

This study received ethical approval from the ethical committee of the Faculty of Nursing of Universitas Airlangga with certificate number 1380-KEPK. Each respondent signed an informed consent sheet before answering the questionnaire. They were assigned a pseudonym to preserve their anonymity. The data was stored in a locked cabinet and all electronic copies were protected by a password.

### III. RESULTS

Table 1. Characteristics of the respondents and level of knowledge (n = 115)

Characteristic of respondents	Categories	Knowledge						Total		p-value	r
		Less		Enough		Good		Σ	%		
		n	%	n	%	n	%				
*Age (years)	17-25	4	3.5	0	0	0	0	4	3.5	0.004	0.266
	26-35	52	45.2	1	0.9	0	0	53	46.1		
	36-45	23	20	3	2.6	1	0.9	27	23.5		
	46-55	17	14.8	3	2.6	0	0	20	17.4		
	56-65	9	7.8	2	1.7	0	0	11	9.6		
	Total	105	91.3	9	7.8	1	0.9	115	100		
Education	Diploma	65	56.5	7	6.1	1	0.9	73	63.5	0.955	-0.005
	Bachelor	39	33.9	2	1.7	0	0	41	35.7		
	Master	1	0.9	0	0	0	0	1	0.9		
	Total	105	91.3	9	7.8	1	0.9	115	100		
Training in Palliative care	Yes	51	44.3	7	6.1	1	0.9	59	51.3	0.150	----
	No	54	47	2	1.7	0	0	56	48.7		
	Total	105	91.3	9	7.8	1	0.9	115	100		
* Length of work	6-12 months	1	0.9	0	0	0	0	1	0.9	0.016	0.225
	1-3 years	7	6.1	0	0	0	0	7	6.1		
	3-5 years	13	11.3	0	0	0	0	13	11.3		
	5-10 years	35	30.4	2	1.7	1	0.9	38	33		
	> 10 years	49	42.6	7	6.1	0	0	56	48.7		
	Total	105	91.3	9	7.8	1	0.9	115	100		
Career ladder	Level 1	48	41.7	3	2.6	0	0	51	44.3	0.202	0.120
	Level 2	35	30.4	4	3.5	1	0.9	40	34.8		
	Level 3	21	18.3	2	1.7	0	0	23	20		
	Level 4	1	0.9	0	0	0	0	1	0.9		
	Total	105	91.3	9	7.8	1	0.9	115	100		

\* p value < 0.05 n = number r = coefficient of correlation

Based on Table 1, it is known that age and length of work have a significant relationship with the level of knowledge of the nurses, especially regarding palliative care with a p-value < 0.05. Education, training and career ladder in this study were not related to the nurses' knowledge of palliative care.

Table 2. Characteristics of the respondents and attitude (n = 115)

Characteristics of the respondents	Categories	Attitude						Total		p-value	r
		Lack		Enough		Good		n	%		
		n	%	n	%	n	%				
Age (years)	17-25	0	0	4	3.5	0	0	4	3.5	0.114	0.148
	26-35	0	0	48	41.7	5	4.3	53	46.1		
	36-45	0	0	24	20.9	3	2.6	27	23.5		
	46-55	0	0	17	14.8	3	2.6	20	17.4		
	56-65	0	0	8	7	3	2.6	11	9.6		
	Total	0	0	101	87.8	14	12.2	115	100		
Education	Diploma	0	0	61	53	12	10.4	73	63.5	0.751	-0.030
	Bachelor	0	0	39	33.9	2	1.7	41	35.7		
	Master	0	0	1	0.9	0	0	1	0.9		
	Total	0	0	101	87.8	14	12.2	115	100		
Training in Palliative care	Yes	0	0	54	47	5	4.3	59	51.3	0.213	-----
	No	0	0	47	40.9	9	7.8	56	48.7		
	Total	0	0	101	87.8	14	12.2	115	100		
*Length of work	6-12 months	0	0	1	0.9	0	0	1	0.9	0.049	0.184
	1-3 years	0	0	6	5.2	1	0.9	7	6.1		
	3-5 years	0	0	11	9.6	2	1.7	13	11.3		
	5-10 years	0	0	35	30.4	3	2.6	38	33		
	> 10 years	0	0	48	41.7	8	7	56	48.7		
Total	0	0	101	87.8	14	12.2	115	100			
*Career ladder	Level 1	0	0	45	39.1	6	5.2	51	44.3	0.013	0.231
	Level 2	0	0	35	30.4	5	4.3	40	34.8		
	Level 3	0	0	20	17.4	3	2.6	23	20		
	Level 4	0	0	1	0.9	0	0	1	0.9		
	Total	0	0	101	87.8	14	12.2	115	100		

\* p value < 0.05 n = number r = coefficient of correlation

Table 2 shows that there were no nurses who were lacking in attitude towards palliative care. Career ladder and length of work have a significant relationship with the nurses' attitude in palliative care with a p-value < 0.05. Education, training, and age in this study were not related to the nurses' attitude.

Table 3. Factors related to knowledge and attitude in palliative care

Dependent variable	Independent variable	Std. Error	Wald	p-value
Knowledge	**Age	0.130	5.99	0.014
	Education	1.887	1.019	0.313
	Training in palliative care	3.85	3.374	0.066
	* Length of work	0.127	4.613	0.032
	Career ladder	0.508	1.288	0.256
Attitude	Age	0.126	3.127	0.077
	Education	1.809	0.144	0.704
	Training in palliative care	0.374	0.038	0.846
	Length of work	0.123	3.270	0.071
	** Career ladder	0.55	4.361	0.037

\* p value < 0,05

\*\* the smallest p-value which means the dominant factor to knowledge and attitude

Based on Table 3, the age variable has the strongest relationship with the nurses' knowledge in palliative care with a p-value = 0.014 (< 0.05). The older the nurse's age, the possibility is 5.99 times more likely of them have a level of "good" knowledge. The strongest relationship attitude variable was found in the determinant of the career path with a p = 0.037 (< 0.05).

#### **IV. DISCUSSION**

In this study, the majority of respondents were aged 26-35 years and age is related to the nurses' knowledge. This is in line with the research conducted by Abudari et al. in 2014 which stated that age is related to the nurses' knowledge in palliative care. According to Purwanto in 2005, being aged 26-35 is the most productive moment in a person's lifetime when it comes to reaching the peak of their career, although this varies depending on the type of work and individual concerned. In addition, productive age refers to an age of dense activity and good cognitive abilities [17]. A person's age will affect their ability to receive information. The more that a person's age increases, the more that their ability to receive information will also develop. This ability is related to the maturity of their bodily functions, both in terms of the senses and in reference to their brain and individual health [18]. The older someone is in age, the more mature and strong they are in terms of thinking and working [19].

The results show that there is no relationship between education and the nurses' knowledge of palliative care. The majority of the respondents had a diploma level of education. The level of education of the respondents in this study varied from a diploma up to a Bachelor's and Master's degree. Different levels of education between the individuals can influence the level of knowledge and the nursing actions given to the patients [20]. Palliative care subject courses in Indonesia have only been obtained by the diploma and Bachelor's students in the study period from 2010 and later. This is after the Ministry of Health of the Republic of Indonesia issued the Decree of the Minister of Health of the Republic of Indonesia Number: 812 / Menkes / SK / VIII / 2007 on July 19, 2007 regarding palliative care [2]. The nursing students who studied before 2010 have not received study material specifically regarding palliative care. In addition, knowledge can also be related to level of education, information, culture, experience, socioeconomics [21], age and individual occupation [22]. It can be concluded that someone who is highly educated is not necessarily highly knowledgeable too because many factors are related to the nurse's knowledge.

This study showed that there is no relationship between having attended training and the nurses' knowledge in palliative care. This is also consistent with the research conducted by Turangan, Kumaat & Malara in 2017. Adequate knowledge is also supported by the motivation of the participants when attending training. Training refers to a series of individual activities carried out to systematically increase expertise and knowledge. It is expected to raise the level of professional performance in their fields [24]. Palliative care training can contribute to the knowledge and insights of the nurses [25]. Out of the 3 aspects of knowledge of palliative care in this study, there are 2 aspects that are still lacking, namely the philosophical aspect and the principles of palliative care and the management of pain and other symptoms. For the psychosocial aspects of EOL care, all of the respondents already had a good level of knowledge.

The results of this study indicate that there is a relationship between the length of work and the knowledge of the nurses in palliative care. The majority of the respondents, as many as 56 nurses, had a working period of more than 10 years. This is similar to the research conducted by Morsy, Elfeky & Mohammaed in 2014 which stated that the respondents have more than 10 years of work related to treating cancer patients. This is supported by the research conducted by Burns & Grove in 2005 that showed that the nurses who do palliative care are nurses who are proficient in their respective fields. Length of work is one of the supporting factors that influences knowledge [28]. Length of work is synonymous with experience. The longer the length of the working period, the more experience they will gain. This experience will influence and increase the

nurse's knowledge because knowledge is also obtained from experience [29]. This is in accordance with the research by Iswanto&Purwanti in 2008 which states that the longer a person has worked for, the more that their knowledge increases.

This study shows that the career ladder is not related to the nurses' knowledge of palliative care. Marquis & Huston in 2010 said that the application of the career ladder system is one solution that can be applied to avoid the boredom and indifference felt towards work. Each hospital has its own regulations regarding career paths. The hospital used in this study has several stages that are involved in determining the career ladder of the nurses such as length of work, certificates owned, discipline and the competence of each nurse. As compensation for achieving a high step on the career ladder, the hospital also provides awards in accordance with both level and category.

This study shows there is no relationship between age and the nurses' attitude in palliative care. This is in line with the research conducted by Agustina et al. in 2014 which showed that the majority of the respondents were in early adulthood (21-39 years). Contrary to the research conducted by Lange, Thom & Kline in 2008, older nurses will have a more positive attitude when caring for patients. Nurses aged 40 to 50 years have significantly higher scores on FATCOD than the nurses who are 20 to 30 years old. Older nurses generally have a better attitude towards palliative patient care [33].

Based on the results, it is known that the education of the respondents is not related to the attitude of the nurses in palliative care. This is in line with the research conducted by Barrere, Durkin & LaCoursiere in 2008 where education was found not to be related to the nurses' attitudes in palliative care. According to Asmadi in 2008, education will affect the mindset of individuals. Mindset will affect behavior. Higher education will provide optimal service and attitude. Highly educated nursing personnel tend to be motivated to behave better because they already have broader knowledge and more insights than those with less of an education [36].

The results showed that there was no association between training and the nurses' attitudes in palliative care. This is in line with the research conducted by Kasenda in 2013. The results show that  $p = 0.748$  ( $p > 0.05$ ) which shows that there is no relationship. This is possible because the hospital has not structured a training program for the nurses which can help to improve their skills. Training not being given cannot affect their attitude when caring for patients as a result.

The performance of a nurse can be influenced by their education and training. Education and training are some of the most important parts of staff development [30]. The training that is followed by the nurses is expected to improve the abilities of the nurse in terms of knowledge, skills and attitude [9]. The research conducted by Benardin in 2007 is not in line with this study. Bernardin stated that education and training are the efforts undertaken to develop staff performance in work or in connection with their work. The training followed by the nurse will certainly add knowledge and skills when helping the patients who are in an emergency situation or in other situations. In this study, a training program on palliative care was attended by nurses over 36 years old. In addition, some of the aspects lacking in palliative care attitudes are the aspects of communication, fear, a relationship with the patient and where the focus of the attention is on the family.

This study shows that there is a relationship between the length of work with the nurses' attitudes in palliative care. The majority of the respondents who had worked for more than 10 years had a good attitude in caring for palliative patients compared to the respondents who had a tenure of less than 10 years. The nurses who had a longer work period have gained a lot of experience. These results are consistent with the research conducted by Lange, Thom & Kline in 2008 which suggests that nurses with work experience totaling 11 years or more have significantly higher FATCOD scores compared to nurses who have work experience of less than 5 years. In addition, nurses with experience of caring for patients before death also have a high score, so the frequent interaction with patients near to death has a relationship with a more positive attitude

when caring for these patients. Work experience is a background that indirectly determines a person's performance and attitude. The length of the work period and the experience of managing cases will be related to their skills. The development of the behavior and attitudes of a person when making decisions related to carrying out the appropriate actions requires an experience/working period to cause high confidence. The longer a person works, the better and more skilled a person is at his job [39].

The data analysis found that the career ladder was related to the nurses' attitudes in palliative care. The development of a career ladder system for the nurses distinguishes between a job and a career. Work is a position given to someone and it is bound by the relationship between the superiors and subordinates that get rewards in the form of money. A career is more directed at job success (performance) or it can be interpreted that a career is a level chosen to meet the nurse's job satisfaction. Later this can contribute to the nurse's chosen profession. Career commitment can be seen from the nurses' attitudes towards their profession and their motivation to work in accordance with their chosen career [40]. Nurses must improve their attitude when treating patients according to their competencies in order to achieve a higher step on the career ladder. The hospital must strive for continuous education and training for the nurses and they must be supported by the recognition of their work results, through promotion and financially so then the nurses are motivated [41].

## V. CONCLUSION

Age and length of work are related to the nurses' knowledge. Nurses in the productive age category (26-35 years) have good cognitive abilities. The longer the nurse's tenure, the more experience and knowledge that they get and the better attitude they have as a result. The career ladder is also determined by their length of work. Nurses who are higher on the career ladder will have a good attitude when treating the patients according to their respective competencies.

Nurses are advised to attend training on palliative care to increase the nurses' knowledge and skills. Further research with a greater sample is expected to identify the nurses' practices when carrying out palliative care. The hospital is expected to always facilitate the nurses in terms of training, seminars and workshops on palliative care especially regarding the aspects of pain management and other symptoms as well as when the focus of attention is on the family and the relationship with the patient. The study also suggests that the hospital should build a good career ladder system for the nurses.

## CONFLICT OF INTEREST

The author(s) declared there to be no conflict of interest.

## ACKNOWLEDGEMENT

Thanks go to Universitas Airlangga who gave us the funding and also to Dr Soetomo Hospital who gave us permission to do this research.

## REFERENCES

- [1] W. Alliance, "World Health Organization. Global Atlas of Palliative Care at the End of Life," *London, Engl. Worldw. Palliat. Care Alliance*, 2014.
- [2] R. Kepmenkes, *Kepmenkes RI Nomor: 812/Menkes/SK/VII/2007 Tentang Kebijakan Perawatan Palliative Menteri Kesehatan Republik Indonesia*. 2007.
- [3] R. Putranto, E. Mudjaddid, H. Shatri, M. Adli, and D. Martina, "Development and challenges of palliative care in Indonesia: Role of psychosomatic medicine," *Biopsychosoc. Med.*, vol. 11, no. 1, pp. 1–5, 2017, doi: 10.1186/s13030-017-0114-8.

- [4] World Health Organization (WHO), "Palliative Care," 2018.
- [5] World Health Organization, "Global atlas of palliative care at the end of life," Worldwide Palliative Care Alliance, London, 2014.
- [6] R. Kemenkes, "Potret Sehat Indonesia Dari Riskesdas," 2018.
- [7] A. O'Dowd, "Chronic underfunding in palliative care is key cause of poor care of dying people," vol. 4969, no. September, p. 4969, 2015, doi: 10.1136/bmj.h4969.
- [8] R. Indarwati, R. Fauziningtyas, G. D. Kuncahyo, R. D. Tristiana, C. M. Chan, and G. D. Smith, "Palliative and end-of-life care's barriers for older adults," *Work. with Older People*, vol. 24, no. 1, pp. 72–80, 2019, doi: 10.1108/WWOP-08-2019-0021.
- [9] S. Notoatmodjo, *Promosi Kesehatan dan Perilaku Kesehatan*. Jakarta: Rineka Cipta, 2012.
- [10] A. Dewati and Irdawati, "Hubungan Antara Pengetahuan dengan Perilaku Ibu dalam Pemenuhan Kebutuhan Nutrisi Anak Batita Malnutrisi di Posyandu Desa Sembungan Boyolali," *J. Keperawatan Pros. Semin. Ilm. Nas. Kesehat.*, 2013.
- [11] S. Iswanto and O. S. Purwanti, "Hubungan Stress Kerja dengan Perilaku Medikasi di Ruang Al-Qomar dan Asy-Syam Rumah Sakit Islam Surakarta.," *Ber. Ilmu Keperawatan*, 2008.
- [12] M. M. Ross, B. McDonald, and J. McGuinness, "The palliative care quiz for nursing (PCQN): the development of an instrument to measure nurses' knowledge of palliative care.," *J. Adv. Nurs.*, vol. 23, no. 1, pp. 126–137, 1996, doi: 10.1111/j.1365-2648.1996.tb03106.x.
- [13] E. Chover-Sierra, A. Martínez-Sabater, and Y. Lapeña-Moñux, "Knowledge in palliative care of nursing professionals at a Spanish hospital," *Rev. Lat. Am. Enfermagem*, vol. 25, no. 0, 2017, doi: 10.1590/1518-8345.1610.2847.
- [14] M. A'la, "the Frommelt Attitudes Toward Care of the Dying Care Form B (Fatcod-B) Indonesia Version : Measurement Validity Using Factor Analysis in Nursing Students," *NurseLine J.*, vol. 1, no. 1, pp. 73–82, 2016.
- [15] G. Abudari, H. Zahreddine, H. Hazeim, M. Assi, and S. Emara, "Knowledge of and Attitude Palliative Care among Multinational Nurses in Saudi Arabia," *Int. J. Palliat. Nurs.*, vol. 20, no. 9, pp. 435–441, 2014, doi: 10.12968/ijpn.2014.20.9.435.
- [16] H. Purwanto, "Pengantar Perilaku Manusia," Jakarta: EGC, 2005.
- [17] A. Pangesti, "Gambaran Tingkat Pengetahuan dan Aplikasi Kesiapsiagaan Bencana pada Mahasiswa Fakultas Ilmu keperawatan Universitas Indonesia tahun 2012," Universitas Indonesia, 2012.
- [18] S. Notoatmodjo, *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta, 2010.
- [19] A. Wawan and M. Dewi, *Teori dan Pengukuran Pengetahuan, Sikap dan Perilaku Manusia*. Yogyakarta: Nuha Medika, 2010.
- [20] B. N. Ward, "Nursing Students' Knowledge and Attitudes Toward Care of the Dying," 2017.
- [21] Suliha, "Pendidikan Kesehatan dalam Keperawatan," Jakarta: EGC, 2002.
- [22] Asrofudin, "Faktor-faktor yang Mempengaruhi Pengetahuan," 2010. .
- [23] T. Turangan, L. Kumaat, and R. Malara, "Faktor-faktor yang Berhubungan dengan Pengetahuan Perawat Dalam Menghadapi Cardiac Arrest di RSUP Prof R. D. Kandou Manado," *E-Journal Keperawatan(e-Kp)*, vol. 5, no. 1, 2017.
- [24] Widodo, "Faktor-faktor yang Berhubungan Dengan Pengetahuan Perawat Tentang Penatalaksanaan Asuhan Keperawatan Pasien Dekompensasi Kordis di Ruang ICVCU RSUD Dr. Moewardi," *J. Keperawatan Glob.*, vol. 1, no. 2, pp. 55–63, 2016.
- [25] Andriaansen, "Effects of a Postqualification Course in Palliative Care," University of Professional Education, 2005.
- [26] W. Y. M. Morsy, H. A. Elfeky, and S. E. Mohammaed, "Nurses' Knowledge and Practices about Palliative Care among Cancer Patient in a University Hospital – Egypt," *Adv. Life Sci. Technol.*, vol. 24, pp. 100–113, 2014.
- [27] N. Burns and S. Grove, "The Practice of Nursing Research Conduct, Critique, and Utilization (5th edition)," St. Louis: Elsevier Saunders, 2005.
- [28] S. Notoatmodjo, *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta, 2014.
- [29] A. Wibowo, M. Suryani, and Sayono, "Hubungan Karakteristik Perawat Dengan Penggunaan Sarung Tangan Pada Tindakan Invasif di Ruang Rawat Inap RSUD Dr. H. Soewondo Kendal," *J. Ilmu Keperawatan dan Kebidanan*, vol. 1, no. 4, pp. 1–9, 2013.
- [30] Marquis and Huston, "Kepemimpinan dan Manajemen Keperawatan, Teori dan Aplikasi. Alih Bahasa :

- Widyawati dan Handayani,” Edisi 4., Jakarta: BGC, 2010.
- [31] H. R. Agustina, A. Anna, A. Praptiwi, and T. Solehati, “Kajian Pengetahuan, Sikap, Praktik dan Kesulitan Perawat dalam Melaksanakan Perawatan Paliatif di Rumah Sakit Pemerintah di Propinsi Jawa Barat,” Universitas Padjadjaran, 2014.
- [32] M. Lange, B. Thom, and N. Kline, “Assessing Nurses’ Attitudes Toward Death and Caring For Dying Patients in A Comprehensive Cancer Center,” *Oncol. Nurse Forum*, vol. 25, no. 6, pp. 955–959, 2008.
- [33] S. Achora and L. J. Labrague, “An Integrative Review on Knowledge and Implications for Practice,” *Featur. Artic.*, vol. 21, no. 1, pp. 29–37, 2019, doi: 10.1097/NJH.0000000000000481.
- [34] C. Barrere, A. Durkin, and S. LaCoursiere, “The Influence of End Of Life Education on Attitude of Nursing Students,” *Int. J. Nurs. Educ. Scholarsh.*, vol. 5, no. 1, pp. 1–18, 2008, doi: 10.2202/1548-923X.1494.
- [35] Asmadi, “Konsep Dasar Keperawatan,” Jakarta: EGC, 2008.
- [36] A. Ayed, “The Nurses ’ Knowledge and Attitudes towards the Palliative Care,” vol. 6, no. 4, pp. 91–100, 2015.
- [37] A. Kasenda, “Hubungan Antara Pelatihan dan Motivasi dengan Kinerja Perawat di Ruang Rawat Inap RSUD Liun Kendage Tahuna,” 2013.
- [38] J. Benardin, “Human Management: An Experiential Approach,” Boston: The McGraw-Hill Companies, 2007.
- [39] Andriani, “Faktor-faktor yang Berhubungan Dengan Kinerja Bidan di Desa dalam Pelaksanaan Program Jaminan Persalinan di Kabupaten Lampung Barat Tahun 2012,” Universitas Indonesia, 2012.
- [40] S. Budiono, Noermijati, and A. Alamsyah, “Pengaruh Spiritualitas di Tempat Kerja terhadap Turnover Intention Perawat Melalui Komitmen Organisasional di Rumah sakit Islam Unisma Malang,” *J. Apl. Manaj.*, vol. 12, no. 4, pp. 639–649, 2015.
- [41] A. . Alamri, A. . Rumayar, and F. . Kolibu, “Hubungan Antara Mutu Pelayanan Perawat dan Tingkat Pendidikan Dengan Kepuasan Pasien Peserta Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan di Ruang Rawat Inap Rumah Sakit Islam (RSI) Siti Maryam Kota Manado,” *J. Ilm. Farm.*, vol. 4, no. 4, pp. 241–251, 2015.