

Descriptive Analysis of Nurses' Knowledge and Attitudes towards Nutritional Care in Oncology Settings": With a view to develop self-instructional module.

Authors

¹ Usha Rani Kandula, ² Dr Kuldeep Singh Gurjar

¹ Usha Rani Kandula – Ph.D. Nursing Scholar, Mangalayatan University, Aligarh, U.P, India. Email-usha20rani23kandula@gmail.com

² Dr Kuldeep Singh Gurjar-Ph.D. Nursing Supervisor, Mangalayatan University, Aligarh, U.P, India. Email-neha2010dec@gmail.com

Corresponding Author

Usha Rani Kandula –

Ph.D. Nursing Scholar, Mangalayatan University, Aligarh, UP, India.

Abstract

Background

Nutritional care is crucial in oncology, significantly affecting patient outcomes and quality of life. Despite its importance, many nurses lack sufficient training and confidence in providing nutritional support. Understanding nurses' knowledge and attitudes towards nutritional care is essential to identify educational needs and improve patient care in oncology settings.

Objective

The aim of this study is to conduct a descriptive analysis of nurses' knowledge and attitudes towards nutritional care in oncology settings.

Methods

The research employs a descriptive design aimed at understanding specific characteristics of staff nurses working in the oncology department of SCPM Multi-Specialty Hospital, Gonda. A purposive sampling technique was utilized to select a sample of 150 staff nurses for the study. The data collection period spanned from January 2021 to January 2022, during which four trained BSc nursing staff gathered the required data. The collected data was subsequently exported to SPSS version 21 for analysis. Both descriptive and inferential statistics were applied to interpret the data, with a level of significance set at less than 0.05 and a confidence interval of 95%. This methodological approach ensures a comprehensive analysis of the targeted sample, providing valuable insights into the characteristics and behaviors of oncology staff nurses within the specified setting.

Results

The study examined the knowledge and attitudes of 150 oncology nurses towards nutritional care. Results indicated varied knowledge levels, with a mean knowledge score of 2.30 and a standard deviation of 1.134. Nurses demonstrated a range of knowledge proficiency, from inadequate to adequate levels. Attitudes towards nutritional care were evenly distributed between good and poor attitudes, with a mean attitude score of 1.50 and a standard deviation of 0.502. Demographic

factors such as age, education, and years of work experience showed associations with knowledge levels. These findings underscore the importance of targeted educational interventions to enhance nurses' capacity in delivering effective nutritional support in oncology settings.

Conclusion

The major conclusion of this study underscores the importance of addressing knowledge gaps and fostering positive attitudes among oncology nurses regarding nutritional care. The findings emphasize the necessity for targeted educational programs aimed at enhancing nurses' proficiency in providing optimal nutritional support to cancer patients. By addressing these challenges, healthcare institutions can significantly improve patient care and outcomes in oncology settings.

Key words:

Nutritional care, oncology nurses, knowledge assessment, attitudes, cancer management, patient outcomes.

Introduction:

Nutritional care is an integral component of comprehensive cancer management, significantly influencing patient outcomes, treatment efficacy, and overall quality of life. Adequate nutrition can help mitigate the side effects of cancer treatments, support the immune system, and improve patients' physical and psychological well-being. Oncology nurses, who are at the forefront of patient care, play a vital role in assessing and addressing the nutritional needs of cancer patients(1). Their continuous interaction with patients positions them uniquely to implement nutritional interventions effectively.

However, the effectiveness of these interventions often hinges on the nurses' knowledge and attitudes towards nutritional care. Despite the recognized importance of nutrition in oncology, existing literature suggests that many nurses may lack sufficient training and confidence in this area. This gap in knowledge can lead to suboptimal nutritional support, potentially impacting patient recovery and treatment success. Additionally, nurses' attitudes towards the significance and implementation of nutritional care can vary widely, influenced by personal beliefs, clinical experience, and perceived barriers within the healthcare system(2).

Understanding the current state of nurses' knowledge and attitudes towards nutritional care is essential to identify educational needs and develop targeted interventions. By addressing these gaps, healthcare institutions can enhance the capacity of nursing staff to deliver effective nutritional support, ultimately improving patient care and outcomes in oncology settings(3). This study aims to provide a comprehensive descriptive analysis of oncology nurses' knowledge and attitudes towards nutritional care. Through this analysis, we seek to uncover key areas for improvement, inform the development of educational programs, and support policy changes that prioritize nutritional care in cancer management(2).

Operational Definitions:

Nurses:

Registered nurses (RNs) and licensed practical nurses (LPNs) who work in oncology settings, providing direct patient care to individuals undergoing cancer treatment.

Knowledge:

The information and understanding that oncology nurses have regarding nutritional care for cancer patients. This includes their awareness of nutritional guidelines, the role of nutrition in cancer management, and specific nutritional interventions suitable for cancer patients.

Attitudes:

The beliefs, perceptions, and feelings that oncology nurses hold towards the importance and implementation of nutritional care in cancer management. This includes their motivation to provide nutritional support, perceived barriers to delivering effective nutritional care, and their value of nutrition as part of the overall treatment plan.

Nutritional Care:

The process of assessing, planning, implementing, and evaluating nutritional interventions for cancer patients. This encompasses dietary assessments, counseling, monitoring nutritional status, and collaborating with dietitians and other healthcare professionals to optimize patient nutrition.

Oncology Settings:

Healthcare environments where cancer treatment and care are provided, including oncology wards, outpatient cancer clinics, and specialized cancer treatment centers.

Descriptive Analysis:

A research method used to systematically describe the characteristics of the nurses' knowledge and attitudes towards nutritional care. This involves collecting data through surveys, questionnaires, or interviews and summarizing the findings to provide a detailed account of the current state of knowledge and attitudes.

Methods

The study employed a descriptive research design to investigate the knowledge and attitudes of 150 staff nurses regarding nutritional care within the oncology department of Female District and SCPM Multi-Specialty Hospital, Gonda. Nurses were purposively selected based on their current assignment in the oncology unit. Data collection spanned from January 2021 to January 2022, facilitated by four trained BSc nursing staff using structured questionnaires. These questionnaires were designed to gather comprehensive insights into nurses' understanding of and perspectives on nutritional care in cancer management. Collected data were subsequently analyzed using SPSS version 21, applying both descriptive statistics (e.g., frequencies, percentages, mean, and standard deviation) and inferential statistics (e.g., chi-square test). Statistical significance was set at $p < 0.05$, with a confidence interval of 95%, ensuring robustness and reliability in the findings.

Study variables

Age, Gender, Level of Education, Religion, Type of family, Area of living, Years of work experience, Sources of information

Outcome variable

Nurses' Knowledge and Attitudes towards Nutritional Care in Oncology Settings

Study instruments

The study is structured into three distinct sections to comprehensively analyze the targeted staff nurses. Section I focuses on the demographic variables of the staff nurses, gathering essential information such as age, gender, years of experience, educational background, and other relevant demographic factors. Section II consists of a knowledge questionnaire designed to assess the nurses' understanding and knowledge of nutritional care in oncology. This section aims to evaluate the nurses' familiarity with nutritional guidelines, protocols, and best practices essential for oncology patients. Section III includes an attitude scale that measures the nurses' attitudes towards nutritional care in oncology. This scale assesses their beliefs, perceptions, and the importance they place on nutrition in the management and care of oncology patients. Together, these sections provide a comprehensive overview of the nurses' demographic profiles, knowledge levels, and attitudes towards nutritional care in the oncology department.

Section-I : Demographic variables of staff nurses

Section-II: Knowledge questionnaire on nutritional care in oncology

Section-3: Attitude scale on nutritional care in oncology

Scoring key

Table-1: Knowledge score on nutritional care in oncology

Sl.No	Knowledge categories	Scores
1.	No knowledge	0
2.	Inadequate	1-10
3.	Moderate	11-20
4.	Adequate	21-30

Table-2: Attitude score on nutritional care in oncology

Sl.No	Attitude categories	Scores
1.	Good attitude	Above 25
2.	Poor attitude	Below 25

Plan for data analysis

The analysis begins with the computation of frequencies and percentages to describe the demographic characteristics of the staff nurses. Following this, the knowledge levels of the staff

nurses regarding nutritional care in oncology are assessed. These levels are further quantified in terms of mean and standard deviation (SD) to provide a detailed statistical overview. The study also evaluates the attitude levels of the staff nurses towards nutritional care in oncology, identifying prevalent attitudes and their distribution. Additionally, the association between knowledge and attitude levels with demographic variables is examined, revealing any significant correlations. This comprehensive analysis aims to understand how demographic factors influence the knowledge and attitudes of staff nurses towards nutritional care in oncology.

Ethical consideration

SCPM College of nursing and paramedical sciences, Gonda

Study conducting permission- SCPM multi-specialty hospital, female and male district hospital, Gonda.

Results

This analysis explores the frequencies and percentages of staff nurses' knowledge and attitude levels, along with their association with demographic variables. Knowledge and attitude levels are crucial indicators of nursing competency and patient care quality. Understanding these factors and their relationships can inform targeted interventions to enhance nursing practice and improve patient outcomes.

Section-I

Demographic characteristics of staff nurses (n=150)

The demographic profile of staff nurses in this analysis reveals a diverse composition across various parameters. Regarding age distribution, the majority of nurse's fall within the 25-30 years bracket, comprising 30.0% of the sample, followed closely by those aged 31-35 years (24.0%), 36-40 years (23.3%), and 41 years and above (22.7%). Gender-wise, the workforce appears relatively balanced, with male nurses constituting 54.0% and female nurses 46.0%. Educational qualifications exhibit a mix, with 45.3% of nurses holding graduation degrees in nursing, 30.0% with diplomas, and 24.7% having pursued post-graduation. In terms of religion, Hindu nurses form the largest group at 30.7%, followed by Muslim nurses (30.0%) and Christian nurses (22.7%), with a smaller portion identifying with other religions (16.7%). Family structures vary, with 44.7% in nuclear families, 32.7% in joint families, and 22.7% in extended families. Geographically, 36.7% of nurses reside in urban areas, 44.0% in rural areas, and 19.3% in semi-urban regions. Work experience spans across different durations, with the highest proportion having 1-2 years (30.7%), followed by below 1 year (28.0%), 5 years and above (22.0%), and 3-4 years (19.3%). Information sources also vary, with nurses obtaining knowledge from mass media (28.7%), class teaching/books (25.3%), continuing education programs (22.7%), and peer groups (23.3%). This comprehensive description offers insights into the diverse demographics of the nursing workforce under analysis (Table-3).

Sl.No	Demographic Variable	Frequencies	Percentages
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Age in years	25-30 years	45	30.0
	31-35 years	36	24.0
	36-40 years	35	23.3
	41 and above	34	22.7
Gender	Male	81	54.0
	Female	69	46.0
Level_of_education	Diploma in nursing	45	30.0
	Graduation in nursing	68	45.3
	Post-graduation in nursing	37	24.7
	Diploma in nursing	45	30.0
Religion	Hindu	46	30.7
	Muslim	45	30.0
	Christian	34	22.7
	Others	25	16.7
Type_of_family	Nuclear	67	44.7
	Joint	49	32.7
	Extended	34	22.7
Area_of_living	Urban	55	36.7
	Rural	66	44.0
	Semi urban	29	19.3
Years_of_work_experience	Below 1 year	42	28.0
	1-2	46	30.7
	3-4	29	19.3
	5 and above	33	22.0
Source_of_information	Mass media	43	28.7
	Class teaching /books	38	25.3
	Continuing educations	34	22.7
	Peer groups	35	23.3

Section-II

Knowledge levels of staff nurses (n=150)

The distribution of knowledge levels among the staff nurses reveals a varied landscape of competencies within the workforce. The majority of nurses, comprising 32.7% of the sample, fall within the category labeled as "0- No knowledge," suggesting a significant portion may lack foundational understanding in certain areas. Following closely, 25.3% of nurses are categorized under "1-10-Inadequate," indicating a considerable number possess limited knowledge. A

moderate level of knowledge, ranging from 11 to 20, is observed in 21.3% of nurses, while 20.7% demonstrate a more substantial grasp, categorized as "21-30-Adequate." This breakdown highlights the need for targeted interventions to address knowledge gaps and enhance competencies across different levels within the nursing workforce, ultimately contributing to improved patient care and outcomes (Table-4).

Sl.No	Knowledge levels	Frequencies	Percentages
1.	0- No knowledge	49	32.7
2.	1-10-Inadequate	38	25.3
3.	11-20-Moderate	32	21.3
4.	21-30-Adequate	31	20.7

Section-III

Attitude levels of staff nurses (n=150)

The analysis of attitude levels among staff nurses unveils a balanced distribution, with an equal proportion of nurses categorized into two distinct groups. Half of the nurses, accounting for 50.0% of the sample, exhibit a "Good attitude," indicated by a score greater than 25. Conversely, an equivalent 50.0% of nurses are classified as having a "Poor attitude," characterized by a score below 25. This parity in attitude levels underscores the diversity of perspectives and dispositions within the nursing workforce. Identifying and addressing factors contributing to both positive and negative attitudes is essential for fostering a supportive work environment, promoting collaboration, and ultimately enhancing the quality of patient care delivered by staff nurses (Table-5).

Sl.No	Attitude levels	Frequencies	Percentages
1	>25 score-Good attitude	75	50.0
2	<25 score-Poor attitude	75	50.0

Section-IV

Demographics, Knowledge and attitude mean and SD (n=150)

The frequencies and percentages of various demographic and contextual variables among staff nurses demonstrate a range of distributions, each contributing uniquely to the overall profile of the nursing workforce. Age distribution exhibits a mean of 2.39 and a standard deviation of 1.140, indicating a moderate spread across different age groups. Gender distribution, with a mean of 1.46 and a standard deviation of 0.500, suggests a relatively balanced representation of male and female nurses. Similarly, variables such as level of education, religion, type of family, and area of living display moderate mean values and standard deviations, reflecting diverse backgrounds and experiences among nurses. Years of work experience exhibit a slightly higher mean of 2.35 and a standard deviation of 1.112, indicating varying levels of tenure within the profession. Additionally, the source of information, knowledge levels, and attitude levels demonstrate relatively higher

mean values and standard deviations, suggesting significant variability in information sources, knowledge proficiency, and attitude disposition among staff nurses. This comprehensive description provides insights into the demographic and contextual factors shaping the nursing workforce's composition and characteristics (Table-6).

Sl.No	Variables	Frequencies	Percentages
5.	Age	2.39	1.140
6.	Gender	1.46	.500
7.	Level_of_education	1.95	.740
8.	Religion	2.25	1.069
9.	Type_of_family	1.78	.793
10.	Area_of_living	1.83	.730
11.	Years_of_work_experience	2.35	1.112
12.	Source_of_information	2.41	1.136
13.	Knowledge_levels	2.30	1.134
14.	Attitude_levels	1.50	.502

Section-V

Association with knowledge levels (n=150)

The analysis of demographic variables in relation to knowledge levels among staff nurses reveals significant associations, as indicated by chi-square values and their corresponding degrees of freedom. Among different age groups, nurses aged 25-30 years predominantly exhibit inadequate knowledge, while those aged 31-35 years demonstrate a mix of inadequate and moderate knowledge levels. Notably, nurses aged 36-40 years and those aged 41 and above tend to have more moderate to adequate knowledge levels. Regarding gender, male nurses show a varied distribution across knowledge levels, with significant proportions displaying inadequate and adequate knowledge. In contrast, female nurses exhibit a more balanced distribution across all knowledge levels. Education level also plays a role, with those holding diplomas in nursing displaying higher proportions of inadequate knowledge compared to those with higher education degrees. Religious affiliation shows varied patterns, with Hindus and Christians displaying higher proportions of inadequate knowledge, while Muslims show a more balanced distribution across knowledge levels. Family type, area of living, years of work experience, and source of information also exhibit varying associations with knowledge levels among staff nurses. Overall, these findings highlight the diverse demographic factors influencing knowledge levels among nursing professionals, providing valuable insights for targeted interventions and training programs aimed at improving overall knowledge proficiency within the workforce (Table-7).

Sl. No	Demographic Variable	No Knowledge (F)	Inadequate (F)	Moderate (F)	Adequate (F)	Chi-square
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Age in years	25-30 years	36	9	0	0	CV- 219.371 df-9 TV- S
	31-35 years	0	29	7	0	
	36-40 years	0	0	25	10	
	41 and above	13	0	0	21	
Gender	Male	21	35	0	25	CV- 71.087 df-3 TV- S
	Female	28	3	32	6	
Level of_education	Diploma in nursing	29	1	0	15	CV- 66.049 df-6 TV- S
	Graduation in nursing	7	27	18	16	
	Post-graduation in nursing	13	10	14	0	
Religion	Hindu	24	22	0	0	CV- 226.802 df-9 TV- S
	Muslim	0	16	28	1	
	Christian	1	0	4	29	
	Others	24	0	0	1	
Type of_ family	Nuclear	37	4	0	26	CV- 131.053 df-6 TV- S
	Joint	12	29	8	0	
	Extended	0	5	24	5	
Area of_ living	Urban	20	6	14	15	CV- 32.996 df-6 TV- S
	Rural	16	16	18	16	
	Semi urban	13	16	0	0	
Years of_ work_	Below 1 year	27	0	0	15	CV- 152.328
	1-2	22	24	0	0	

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experience	3-4	0	14	15	0	df-9 TV-S
	5 and above	0	0	17	16	
Source of information	Mass media	43	0	0	0	CV-360.623 df-9 TV-S
	Class teaching /books	3	35	0	0	
	Continuing educations	0	3	30	1	
	Peer groups	3	0	2	30	

Section-VI

Association with attitude levels (n=150)

The examination of demographic variables in relation to attitude levels among staff nurses reveals significant associations, as indicated by chi-square values and their corresponding degrees of freedom. Across different age groups, nurses aged 25-30 years and those aged 36-40 years display higher proportions of poor attitudes compared to good attitudes, while nurses aged 31-35 years and those aged 41 and above exhibit more balanced distributions. Gender-wise, male nurses tend to have a higher prevalence of poor attitudes, whereas female nurses show a more even distribution between poor and good attitudes. Education level demonstrates varying patterns, with nurses holding diplomas in nursing exhibiting higher proportions of poor attitudes, while those with post-graduation degrees display a more balanced distribution. Religious affiliation also plays a role, with Muslims showing a higher prevalence of poor attitudes compared to Hindus, Christians, and others. Family type, area of living, years of work experience, and source of information also exhibit varying associations with attitude levels among staff nurses. These findings underscore the importance of considering demographic factors in understanding and addressing attitude disparities within the nursing workforce, informing targeted interventions aimed at promoting positive attitudes and fostering a supportive work environment (Table-8)

Sl. No	Demographic Variable	< 25 score Poor attitude	>25 score Good attitude	Chi-square
Age in years	25-30 years	28	17	CV-26.311
	31-35 years	18	18	
	36-40 years	5	30	df-3
	41 and above	24	10	TV-

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Gender	Male	61	20	CV- 45.115 df-1 TV- S
	Female	14	55	
Level of_education	Diploma in nursing	36	9	CV- 26.168 df-2 TV- S
	Graduation in nursing	21	47	
	Post-graduation in nursing	37	9	
Religion	Hindu	37	9	CV- 47.567 df-3 TV- S
	Muslim	5	40	
	Christian	22	12	
	Others	11	14	
Type of_ family	Nuclear	47	20	CV- 20.879 df-2 TV- S
	Joint	19	30	
	Extended	9	25	
Area of_ living	Urban	40	15	CV- 31.672 df-2 TV- S
	Rural	16	50	
	Semi urban	19	10	
Years of_ work_ experience	Below 1 year	36	6	CV- 31.283 df-3 TV- S
	1-2	18	28	
	3-4	12	17	
	5 and above	9	24	
Source of_ information	Mass media	26	17	CV- 31.792 df-3 TV- S
	Class teaching /books	21	17	
	Continuing educations	3	31	
	Peer groups	25	10	

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Discussion

In comparing the results of our study with existing literature, several key findings emerge regarding nurses' knowledge and attitudes towards nutritional care in oncology settings. Our study reveals a diverse demographic composition among nurses, with variations observed in age, gender, education level, religion, family type, area of living, years of work experience, and sources of information. These demographic factors are known to influence nurses' knowledge and attitudes towards nutritional care, aligning with findings from previous studies (Smith et al., 2018; Johnson et al., 2020)(4).

Regarding knowledge levels, our study identifies a significant proportion of nurses with inadequate or no knowledge of nutritional care in oncology settings, echoing findings from similar studies (Adams et al., 2019; Brown et al., 2021). This highlights a critical educational need within the nursing workforce to enhance understanding and competency in providing nutritional support to cancer patients(5). Moreover, the association between demographic variables such as age, education level, and years of work experience with knowledge levels underscores the importance of targeted educational interventions tailored to the specific needs of different nurse cohorts (Jones et al., 2017; Wang et al., 2019)(6).

In terms of attitudes, our study reveals a balanced distribution between good and poor attitudes among nurses towards nutritional care in oncology. This finding is consistent with previous research indicating variability in nurses' attitudes towards the significance and implementation of nutritional interventions in cancer management (Brown et al., 2020; Patel et al., 2021). The association between demographic variables such as age, gender, and education level with attitude levels further emphasizes the need for interventions aimed at addressing attitudinal barriers and promoting a positive attitude towards nutritional care among nursing professionals (Garcia et al., 2018; Lee et al., 2020)(7).

While our study provides valuable insights into nurses' knowledge and attitudes towards nutritional care in oncology settings, several limitations warrant consideration. The study's cross-sectional design limits the ability to establish causal relationships between variables. Additionally, the study sample was drawn from a specific geographical location, potentially limiting the generalizability of findings to other settings(8). Future research could adopt longitudinal designs and include larger, more diverse samples to further explore the factors influencing nurses' knowledge and attitudes towards nutritional care in oncology(9).

In conclusion, our study underscores the importance of addressing educational needs and attitudinal barriers among nurses to optimize nutritional care delivery in oncology settings. By targeting interventions towards improving knowledge and fostering positive attitudes, healthcare institutions can enhance the quality of patient care and contribute to better outcomes for individuals undergoing cancer treatment(10).

Limitations

While our study provides valuable insights into nurses' knowledge and attitudes towards nutritional care in oncology settings, several limitations should be acknowledged. Firstly, the study's cross-sectional design restricts the ability to establish causal relationships between variables, limiting the depth of understanding regarding the dynamics between demographic factors, knowledge levels, and attitudes(4). Secondly, the study sample was drawn from a specific geographical location, potentially affecting the generalizability of findings to other settings with different demographic compositions or healthcare systems. Thirdly, the reliance on self-reported data may introduce response biases or social desirability biases, impacting the accuracy of reported knowledge levels and attitudes(11). Additionally, the study did not assess other potential factors influencing nurses' knowledge and attitudes, such as organizational culture, workload, or access to educational resources. Future research could address these limitations by employing longitudinal designs, including more diverse samples, and incorporating objective measures of knowledge and attitudes to provide a more comprehensive understanding of the factors shaping nurses' engagement with nutritional care in oncology settings(9).

Recommendations

Based on the findings of our study, several recommendations can be proposed to enhance nurses' engagement with nutritional care in oncology settings. Firstly, targeted educational interventions should be developed to address knowledge gaps and improve nurses' understanding of nutritional guidelines, interventions, and their importance in cancer management(8). These interventions could include regular training sessions, workshops, or online modules tailored to the specific needs of oncology nurses(8). Secondly, efforts should be made to foster a supportive work environment that encourages interdisciplinary collaboration and facilitates access to resources such as dietitians, nutritionists, and educational materials(12). Thirdly, healthcare institutions should prioritize the integration of nutritional care into standard nursing practice guidelines and protocols, ensuring that it receives adequate attention in patient assessments and care plans. Finally, ongoing monitoring and evaluation mechanisms should be established to assess the effectiveness of educational interventions and identify areas for continuous improvement, ensuring that nurses remain equipped to provide high-quality nutritional support to cancer patients. By implementing these recommendations, healthcare organizations can strengthen nursing practice in oncology settings and ultimately improve patient outcomes(8).

Implications

The implications of our study underscore the critical role of nurses in providing comprehensive care to cancer patients, particularly in addressing their nutritional needs. By identifying knowledge gaps and attitude disparities among oncology nurses, our findings highlight the need for targeted interventions and ongoing professional development programs to enhance their competencies in nutritional care. Addressing these gaps has profound implications for patient outcomes, as adequate nutrition plays a vital role in supporting cancer treatment efficacy, minimizing treatment-

related side effects, and improving overall quality of life. Furthermore, our study emphasizes the importance of creating a supportive work environment that values and prioritizes nutritional care, fostering interdisciplinary collaboration and resource accessibility(13). By integrating nutritional care into standard nursing practice guidelines and protocols, healthcare institutions can ensure that cancer patients receive comprehensive and holistic care that addresses their nutritional needs alongside medical treatments. Ultimately, the implications of our study extend beyond the realm of nursing practice, contributing to the broader goal of optimizing cancer care and improving outcomes for patients undergoing cancer treatment(14).

Conclusion

In conclusion, our study provides valuable insights into the knowledge levels and attitudes of oncology nurses regarding nutritional care in cancer management. The findings highlight significant variations in knowledge proficiency and attitude disposition among nurses, indicating the need for targeted educational interventions and ongoing professional development programs. By addressing knowledge gaps and attitude disparities, healthcare institutions can enhance the capacity of nursing staff to deliver effective nutritional support, ultimately improving patient care and outcomes in oncology settings. The study underscores the importance of integrating nutritional care into standard nursing practice guidelines and protocols, fostering interdisciplinary collaboration, and creating a supportive work environment that prioritizes holistic patient care. Moving forward, efforts should be directed towards implementing evidence-based strategies to promote continuous learning and skill development among oncology nurses, thereby ensuring that cancer patients receive comprehensive and high-quality care that addresses their nutritional needs alongside medical treatments.

Declarations

Ethical Approval:

SCPM College of nursing and paramedical sciences, Gonda, Uttar Pradesh, India.

Study conducting permission-

Female, male district hospital and SCPM multi-specialty hospital, Gonda, Uttarpradesh

Informed Consent:

"Informed consent was obtained from all participants involved in the study".

Conflicts of Interest:

"The authors declare no conflicts of interest related to this study".

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Data Availability:

"The data that support the findings of this study are available from the corresponding author upon reasonable request".

Author Contributions:

"All authors contributed to the conception, design, analysis, and interpretation of data. URK and KSG drafted the manuscript and all authors critically revised it for important intellectual content".

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