

Research Paper

Social Sciences



A Study on Quality of Life of Patients Receiving Palliative Care Services

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ABSTRACT

The palliative care service intend to improve the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, economical and spiritual. In this study the researcher has attempted to study the quality of life of patients receiving palliative care services. 100 respondents were selected through simple random sampling. The samples were drawn from Community Health Center, Ambalappara at Kerala. The findings indicated that majority of the respondents were paraplegia patients. Majority of the patients are under treatment for 2-5 years. Many of them receive palliative care service from institutions. Majority of the respondents have medium level of physical well being, and majority enjoy high psychological well being, socioeconomic and spiritual well being. The findings indicate that psychological wellbeing is significantly correlated with overall quality of life of these patients.

Keywords : Palliative care, Psychosocial, Paraplegia, Life-threatening, Illness

Palliative care seeks to improve the quality of life of patients and their families facing life limiting illness. Unlike curative healthcare, its purpose is not to cure a patient or extend his or her life. Palliative care prevents and relieves pain and other physical, psychosocial, and spiritual problems. As a quote by Dame Cicely Saunders, the founder of the first modern hospice and a lifelong advocate for palliative care, on the wall of a palliative care unit in Hyderabad, India, proclaims: palliative care is about "adding life to the days, not days to the life." The World Health Organization recognizes palliative care as an integral part of healthcare for cancer, HIV/AIDS, and various other health conditions, that should be available to those who need it. While palliative care is often associated with cancer, a much wider circle of patients with health conditions that limit their ability to live a normal life can benefit from it, including patients with dementia, heart, liver or renal disease, or chronic and debilitating injuries.

The goal of palliative care is, therefore, to improve the quality of life of both patients and families by responding to pain and other distressing physical symptoms, as well as to provide nursing care and psycho-social and spiritual support. This is why it is best administered by an interdisciplinary, multi-dimensional team, comprising doctors, nurses, counselors, social workers and volunteers among others.

Palliative care consists in caring for patients suffering from pain for a long time. Patients suffering from Cancer, Aids, Cardiac or Renal diseases, Paralysis and others require palliative care. It is generally misunderstood that only people who are terminally ill or those whom doctors have given up hopes of any progress, go to palliative care centers. Far from true. Any patient suffering from intense pain requiring long term care can benefit from Hospices. The objective of hospices is to improve the quality of life and render living passable.

PALLIATIVE CARE IN INDIA

The vast majority of India's population, however, does not have access to palliative care services: such services exist in only 15 of India's 35 states and territories, according to Pallium India, one of India's leading palliative care organizations. Even in many regions where palliative care services do exist they are thinly spread, limited to a small number of medical institutions, and unavailable in communities. To date,

Kerala is the only Indian state where palliative care services are available in every district

Statistics shows that 80% of all palliative care services in the country are delivered in Kerala, reaching 30% of the needy patients, whereas these services reach only to 2% in India. Kerala's attempts at caring for terminally ill patients have been regarded as a model for the rest of the world. Kerala Government is the only State Government in Asia which has introduced a palliative care policy in the State for the first time. The Neighborhood Network in Palliative Care (NNPC) is a volunteer-driven movement that has gained momentum in Kerala, especially in Palakkad district, where the volunteers are the arms of the community, supporting the patient in collaboration with governmental and nongovernmental agencies in Kerala.

Quality of life is vital health outcome measure that is relevant to the palliative care patients. There has been a shift in the management of palliative care patients from quantity to quality of survival in international research studies. Quality of life is a general term integrating several aspects of life such as physical, psychological, social economical and spiritual dimensions.

OBJECTIVES OF THE STUDY

1. To study the socio demographic profile of the patients receiving palliative care services.
2. To study the physical well being of the patients receiving palliative care services.
3. To find out the psychological well being of the patients receiving palliative care services.
4. To analyze the social well being of the patients receiving palliative care services.
5. To measure the economic well being of the patients receiving palliative care services.
6. To study the spiritual well being of the patients receiving palliative care services.
7. To suggest suitable measures to improve the quality of life of patients receiving palliative care services.

Methods and Materials

In the present study the researcher used research design to describe the quality of life among patients receiving Pallia-

tive Care services. The total number of 196 patients receiving palliative care services under Community Health Center, Ambalappara is considered as a population in the study. The researcher opted simple random sampling for the present study. Out of 196 units, 100 alternate numbers were picked from the list given by the Medical Officer. Tool used for this study was interview schedule. In this schedule there were questions regarding socio-demographic background and quality of life of the patients receiving palliative care services. Quality of Life (QOL) scale developed by Vidhubala. E. et al. (2005) was used to measure the physical, psychological, socio, economic and spiritual well being of patients. The reliability of the scale was calculated through the Cronbach Alpha value of 0.90 and Split-half reliability of 0.74. The validity was established through face/content validity. Three point rating scale will add to elicit the response from the respondent. It was prepared in the form of 'Always' or 'Sometimes' or 'Never' questions.

Findings

Overall quality of life was found to be significant with joint and nuclear family. In terms of each dimension and also in terms of overall quality of life, mean score was higher in the case of patients belonging to nuclear family indicating that they are having better life compared to those living in joint family

- Psychological well being was found to be significant at 0.05 levels with different age groups. Hence it can be concluded that there exists significant difference in the Psychological well being of patients belonging to different age groups.
- ANOVA results show that F-value corresponding to all the dimensions and also overall quality of life is found to be significant in terms of period of treatment at 0.05 levels.
- Mean score for physical well being is significantly low for those have only up to one year of treatment. Psychological well being is higher for those have higher duration of treatment (5-10 year) and significantly low for those have only up to 1 year of treatment at 0.05 levels.
- Socio-economic and spiritual well being is higher for those have higher duration of treatment (5-10 year). Socio-economic and spiritual well being of these groups and those have treatment 2-5 years and 1- 2 years have no significant difference at 0.05 level

- Overall well being is higher for those have higher duration of treatment (5-10 year) However the overall well being is significantly lower for those have only up to 1 year of treatment than the other three groups.
- F-value corresponding to all the dimensions and also overall quality of life is found to be significant at 0.01 levels with different type of care. Patients who have home based care have better quality of life in terms of all dimensions and also in terms of overall quality of life. Patients those having hospital care have low quality of life compared to other two groups.
- Physical well being is significant and positively correlated with period of treatment at 0.05 levels. It indicates that as the period of treatment increases, patients physical well being also increases
- Psychological well being is negatively correlated with qualification and income which implies that as income or qualification increases psychological well being decreases. However, Age and period of treatment is positively correlated with psychological well being.
- Overall well being is significantly positively correlated with age and period of treatment.
- Overall well being is significantly positively correlated with different dimensions. Magnitude of correlation is higher in the case of psychological well being and lower in the case of physical well being. This result indicates that among the three dimensions psychological well being is more correlated with overall well being.

Conclusion

Palliative care service provides Feeling at peace and having a sense of meaning in life. It is therefore vital to identify and meet physical, psychologically, social and spiritual care needs of patients, as well as to assess and treat pain and other symptoms. Palliative care improved the quality of life of patients and their families facing life limiting illness. Unlike curative healthcare, its purpose is not to cure a patient or extend his or her life. Palliative care prevents and relieves pain and other physical, psychosocial, and spiritual problems. The service also improved the quality of life of both patients and families by responding to pain and other distressing physical symptoms, as well as to provide nursing care and psychosocial and spiritual support.

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