



**ORIGINAL RESEARCH PAPER**

**Medicine**

**PSYCHOSOCIAL ISSUES AMONG THE HEALTHCARE WORKERS INVOLVED IN CARE OF GERIATRIC PATIENTS WITH PALLIATIVE CARE NEEDS**

**KEY WORDS:**

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**ABSTRACT**

**Aim:** To evaluate the psychosocial issues among the healthcare workers involved in care of geriatric patients with palliative care needs. **Methodology:** 330 health care workers were interviewed with a questionnaire which covered various psychosocial aspects of care-giving. **Results:** Health care providers consisted of 44% junior doctors and remaining nursing staff. Most prevalent issue was anger about the situation they were dealing with. Ethical issues had least prevalence among the HCWs. **Conclusion:** The prevalence of psychosocial issues among these professionals was around 70% in various aspects. There is an inevitable need for training of these HCWs while dealing with this subset of patients as it can tremendously improve the patient care in the long run.

**INTRODUCTION:**

The health care needs of older adults differ a lot from younger patients. The physical, social, and behavioural effects of aging are often occurring simultaneously to both acute and chronic illnesses. (1) In addition, fewer physicians are entering the field of geriatrics. As a result, internists and residents in training assume much of their care. Both the presentation of illness and its response are altered in this group (2). Geriatric population needs more nursing and residential care to meet their needs. As the number of geriatric population is steadily increasing now, more health workers are being recruited for this purpose. This is inevitably a demanding and stressful job and is widely regarded as one of the most stressful occupations. As a result, there is increased burnout among the healthcare professionals like junior doctors and nurses who take care of the geriatric population which raises issues like absenteeism, depression, professional exhaustion and high levels of staff turnover. This burnout impacts negatively upon the staff members, as well as the quality of care provided by them which leads to reduced levels of patient satisfaction and adverse patient outcomes. Hence, knowledge of burnout of the staff within these settings is important in terms of stress prevention, health promotion, improved patient care and overall better outcomes. The purpose of this study is to identify issues such as physical exhaustion, depression, pity on the condition of the patient, helplessness pertaining to circumstances, dilemma over the treatment issues, social norms and scope of providing quality care to the patients.

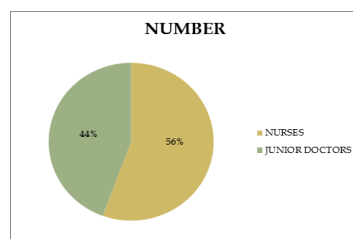
**METHODOLOGY:**

Participants were the junior doctors and staff nurses who were involved in geriatric patient care. Study participants were recruited over a 2 year period (2017-2019). 330 participants were recruited while assessing the palliative care needs of the geriatric population in tertiary care centre. Inclusion criteria for study participants were that the patient was 60 years or older, the health care worker would provide informed consent. Health care workers were excluded from the study if the patient had a survival of less than a week, or a comatose patient.

A questionnaire consisting of 10 questions was developed reflecting physical, mental, social and concerning the improvement of quality care of the patient was provided to the consented health care, and response was marked on a scale of 0-3 , with 0,1: mild, 2: moderately and 3: strongly as responses.

**RESULTS:** In this study of 330 participants, junior doctors and nurses who were involved in care of geriatric patients with palliative care were included, which consisted of 146 junior staff(44.2%) and nurses 183 (55.5%).

**GRAPH 1 : Distribution of health care providers in 330 GPWPC**

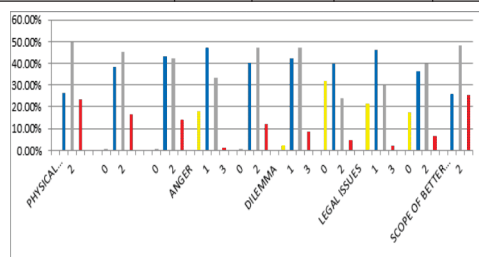


**TABLE 1: health care provider burden while caring for GPWPC needs**

0, 1=mildly ,2= moderately 3=strongly

Question	0	1	3	4
Do you feel physically exhausted?	0	1	3	4
N	0	86	165	79
%	0	26.5%	49.9%	23.6%
Do you feel sad or depressed?	0	1	2	3
N	1	126	149	53
%	0.30%	38.20%	45.00%	16.50%
Do you have pity for the patient?	0	1	2	3
N	1	141	140	48
%	0.30%	43.00%	42.50%	14.20%
Do you feel angry on the situation?	0	1	2	3
N	59	156	110	5
%	17.90%	47.30%	33.30%	1.40%
Do you feel helpless for the patient?	0	1	2	3
N	2	132	155	41
%	0.60%	40.20%	47.00%	12.30%
Do have dilemma with reference to care delivered to the patient?	0	1	2	3

N	6	139	156	29
%	2.00%	42.20%	47.30%	8.50%
Do you have any ethical issues?	0	1	2	3
N	105	132	78	15
%	31.90%	39.60%	23.90%	4.60%
Do you have any legal issues with reference to care?	0	1	2	3
N	69	156	99	6
%	21.70%	46.40%	29.90%	2.00%
Do you have any social issues (problems with relatives) faced while managing this case?	0	1	2	3
N	56	118	132	24
%	17.40%	36.20%	39.60%	6.80%
Do you believe that there is a scope of better care?	0	1	2	3
N	0	86	158	86
%	0	25.9%	48.4%	25.6%



**DISCUSSION:**

Health care providers consisted of 44% junior doctors and remaining nursing staff, and the most prevalent issue raised by them was physical exhaustion while taking care of the varying needs (71%), and getting angry at the current situation (82%), as the condition of the patient is seldom reversible. 61.5% reported to feel emotionally upset in life, 59.3% felt helpless at the current situation of the patient. Prevalence of ethical issues was 28.5%, and dilemma with reference to care 58%. 31.9% had legal issues and 46.4% had social issues. 74% considered they were not able to deliver better care for the patient.

The questionnaire covered most of the psychosocial aspects involved, however requires further refinement and validation.

**CONCLUSION:**

The prevalence of psychosocial issues among these professionals was around 70% in various aspects. This is due to inadequate training in palliative care and communication abilities. There is a strong need for training of all health care professionals in India in palliative care approach, so that patients with end-stage disease enjoy the result of symptomatic and supportive care.

Recommendations to improve end-of-life care in hospitals include: educating staff members, identifying and assessing the people who need care, implementing care pathways and ensuring access to specialist palliative care teams.<sup>(5)</sup> Such care has to meet the needs of older people, who often have comorbid illnesses, such as cardiovascular disease, arthritis, dementia or sensory loss and die from diseases other than cancer. Meeting these multiple needs in the hospital setting demands skill and good teamwork between specialists, including geriatricians, oncologists, cardiologists, palliative care clinicians, pharmacists, psychologists, social workers, dieticians, nursing staff, speech therapists and chaplains, at different stages of the illness. Numerous studies have

demonstrated that internists and resident house staff were less likely to diagnose atypical presentation of common illness, were less judicious with use of available resources, and less frequently used family support and accessible social services compared with geriatricians.<sup>(4)</sup>

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