

Assessing Quality of Life in Palliative Care

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ABSTRACT

Background: Patients with palliative care concerns must be admitted to the hospital because they unable to be handled at home or due to a lack of competent family care.

Objectives: The purpose of this paper is to assess the QoL of patients receiving hospice care.

Materials and Method: Throughout the study period (1-12-2020), the descriptive study design proved beneficial in achieving the study's aims (25-2-2021). A possibility (simple random sample) of (N=135) patients, (47) male and (88) female from Teaching Hospitals in the Mosul city.

Results: According to the data, nearly half of the patients (59%) had poor awareness about palliative care, Only 29 (21.5 percent) had high knowledge, while 47 (34.8 percent) had fair knowledge.

Conclusion: According to the study's findings, patients in Iraq are unaware of hospice care. This article stresses the importance of creating hospice care services and there is a poor quality of life with regard to hospice care.

Keywords: Assess, Patients, Palliative Care, Nurses, Quality of Life.

INTRODUCTION

"Palliative care (PC) is a method of improving the quality of life of patients and their families who are dealing with a life-threatening illness by preventing and alleviating suffering through early detection, accurate assessment, and treatment of pain and other issues such as physical, psychosocial, and spiritual problems."¹. Death is an unavoidable fact of life that touches everyone. Nurses are available at all stages of life, including the start and the end, and they are vital in the caring of death. Are some of the most stressful aspects of nursing is that role². In recent years, hospice care is now available to patients with end-stage organ failure or cancer who may live for many years. A treatment side effect causes some chronically ill individuals to die³. Patients with palliative care concerns must be admitted to the hospital because they unable to be handled at home or due to a lack of competent family care. Due to major medical issues, a scarcity of professional home care or an overabundance of unofficial care, greater than half of home patients have moved to another location in the last few months to die⁴. Palliative care is provided not only in specialist departments, but also at home and in general hospital and nursing home wards. As just a result, new nursing graduates must be capable of delivering appropriate care to palliative patients in addition to advanced nurses⁵. One of the most essential variables impacting the successful administration of attitudes and experiences of health care personnel influence not only their technique but also their behavior during patient rehabilitation in hospice health care⁶. Providing palliative care to patients is difficult and emotionally demanding for nurses, who sometimes lack confidence in their abilities. The success of nurses in hospice is established by the connection they have with every client, which is founded on their passion in and desire to assist people who are dying. ^{7,8}. Nurses and other healthcare personnel typically feel unprepared for their tasks in

hospice care, and they urgently want additional learning in areas like as pain management, engagement, and ethical considerations⁹⁻¹¹. The article aims to evaluate palliative care patients' quality of life.

METHODOLOGY

The study employed a questionnaire to assessing QoL in hospice care of patients in Mosul's teaching hospital / Iraq about palliative care in hospital . The research sample conducted at Mosul teaching hospital included: (Ibu-Sena Teaching hospital, Al-Jumhoury teaching hospital, General Mosul hospital, Al-khansia teaching hospital and Abu-Ather teaching hospital). Throughout the study period (1-12-2020), the descriptive study design proved beneficial in achieving the study's aims (25-2-2021). A possibility (simple random sample) of (N=135) patients, (47) male and (88) female from Teaching Hospitals in the Mosul city .This instrument constructed by researcher and shows more than experts in specialist. The research is being carried out in Iraq. In Mosul's Hospital. It's one of Mosul's largest health-care facilities, and Iraq's second-largest after Baghdad's hospitals. Eight hospitals in various specializations were used to choose the four hospitals for this study. because more deal with patient during End of Life. The Hospital of Mosul are located in the north side of the center of Mosul City at the right braid of the Tigris River. The data are collected from the collegians through the utilization of the study instrument. Each collegian spends approximately (15) minute to have the questionnaire completed. The data were analyzed using the SPSS (V:26) and descriptive statistics and inferential statistics (means of score , standard deviation and frequency) .

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RESULTS

Table 1: Distribution the study sample according to their demographic

Variables	F / %	Mean ± SD score
(A):Age		
51-60Years	19(14%)	61.8±0.89
61-70 Years	100(74%)	
71-80 Years	16(12 %)	
(B):Gender		
Male	47(34.8%)	
Female	88(65.2%)	
(C) Martial status		
Signal	31(23%)	
Married	100(74%)	
Widowed	4(3%)	
(D) Residential unit		
House owner	106(78.5%)	
House rent	29(21.5%)	

Table 1 shows that 135 patients aged 51 – 80 were studied participants, with a mean age of 61.8 in the overall average (SD = 0.89). For the rest of the population, most participants were female (65.2%) single (74%) and household owners (65.2%). (78.5 %).

Table 2: Assessment of the patient's palliative care knowledge

Knowledge level	Frequency	Percent
Poor Knowledge	59	43.7%
Fair Knowledge	47	34.8%
Good Knowledge	29	21.5%
Total	135	100%

Table 2 shows that nearly half of the patients (59.7%) had a poor knowledge about palliative care, 47.8% had a fair knowledge, and only 29 (21.5%) had a good knowledge regarding palliative care.

Table 3: Distribution of patient knowledge regarding quality of life in palliative care

Statement	strongly disagree	disagree	uncertain	agree	strongly agree
1. Palliative care is only provided to patients who are dying.	71(52.6)	32(23.7)	22(16.3)	8(6)	2(1.5)
2. As a patient approaches death, the nurse should withdraw from the patient's care.	120(88.9)	8(6)	5(3.7)	2(1.5)	0(0)
3. It is beneficial for a chronically ill person to express his or her feelings verbally.	91(67.4)	27(20)	13(9.6)	4(3)	0(0)
4. Long treatment period for a dying patient frustrated me	80(59.3)	29(21.5)	16(11.9)	8(6)	2(1.5)
5. Family members should try to keep their dying loved one in as normal an environment as possible..	103(76.3)	18(13.4)	10(7.4)	4(3)	0(0)
6. The dying person's family should be involved in his or her physical care.	73(54)	39(29)	19(14)	4(3)	0(0)
7. The relationship with a dying member's family is difficult to form..	64(47)	54(40)	16(11.8)	1(0.8)	0(0)
8. The family of the dying person must be cared for throughout the grieving period	49(36.3)	71(52.6)	12(9)	3(2.2)	0(0)
9. Nursing care must be cover the dying person's family	68(50.4)	46(34)	18(13.4)	3(2.2)	0(0)
10. "I am a dying, when the patient asks nurse ?" I think the best way is to turn the subject into a joyful one.	110(81.5)	20(14.8)	2(1.5)	3(2.2)	0(0)
11. I'm afraid to have relationships with dying and chronically ill patients	66(49)	53(39.3)	12(9)	4(3)	0(0)
12. If I went into a terminally ill person's room and found him weeping I would not be comfortable..	91(67.4)	32(23.7)	9(6.7)	3(2.2)	0(0)

Table 4: Assessing the Quality of life in palliative care

Quality of life	V. good	good	Moderate	Bad	V. Bad
	52(17.3)	33(11)	55(18.4)	86(28.6)	74(24.6)

Table 3 summarizes how to rate one's quality of life in relation to palliative care. More than half of the patients disagree (52.6%) that palliative care is only provided to dying patients, and they also disagree (52.6%) that the nurse should stop working with the patient (23.7 %)

Table 4 shows that there is a high rate of impairment (28.6%) in the quality of life towards palliative care

DISCUSSION

QoL assessment is a key part of hospice care in clinical practice, resulting in a variety of patients' leads to a higher level of identifying problems, assisting patients in making decisions, keeping an eye on things and making communication easier^{12,13}. Despite the fact that numerous Quality of life measures have been designed expressly for palliative care, there is a dearth of data about effective interventions in clinical practice for assessing quality of life¹⁴. Before starting research to see how a QoL evaluation intervention performs in real life, it's important to identify the intervention and its goals. its constituents we defined a clinical intervention in this article because QoL evaluation is a difficult intervention its elements interact with one another in a complex way a system that is complex by definition¹⁵. Table 1 reveals that there were 135 patients in the study, ranging in age from 51 to 80 years old, with a mean age of 61.8 (SD = 0.89). In terms of other demographic factors, the majority of the participants were female (65.2%), single (74%), and homeowners (78.5 percent).The current study differs with a study in Iraq (Nasir et al., 2021) that indicated that the majority of participants were male (72.3 percent).This is normal because most people who need palliative care are 60 years old. Table 2 shows that over half of the patients (59.7%) had a poor understanding of palliative care, 47.8% had a medium understanding, and only 29 (21.5%) had an excellent understanding. The lack of information and quality of life about the disease, as well as the direction of palliative treatment, are evident in the second table. Table 3 summarizes the quality-of-life assessment for palliative treatment. Moreover, half of the patients (52.6 percent)

disagree that palliative care is solely provided to dying patients, They also argue that the nurse should no longer be involved in the patient's care (23.7 percent).

CONCLUSION

According to the study's findings, patients in Iraq are unaware of hospice care. This article stresses the importance of creating hospice care services and there is a poor quality of life with regard to hospice care.

RECOMMENDATION

The study recommended there is a need to conduct future studies based on the hospice care on large number of the Iraqi population.

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Competing Interest: None.

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