Knowledge and Perception of Health Processionals towards Hospice Care in Nigeria

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ABSTRACT

Background:
Hospice care is an emerging area of medical care for chronically ill patients. Globally, the need for providing appropriate quality health care services at the end of life is evolving, largely due to advance medical science and technology. The World Health Organization (WHO) has recognized palliative care as a global public health concern. This has led to planning and delivering of hospice care for patients in their final stages of life. This study investigated the knowledge and perception of health professionals in two urban tertiary teaching hospital in the south-south zone of Nigeria towards hospice care.

Materials and Methods:
The study was a cross-sectional questionnaire-based study. The data collected was coded and analyzed using SPSS version 22. A total of 250 respondents were included in the study and only 220 questionnaires were retrieved (retrieval rate 88.7%).

Results:
The findings of the study revealed that 82 (63.07%) nurses, 33 (73.33%) doctors and 28 (62.22%) pharmacists understood the term hospice care while 82 (63.08%) nurses, 31 (68.89%) doctors and 31(68.89%) pharmacists perceived hospice care as beneficial to the patient and family during the course of the patient's illness and death.

Conclusion:
These findings show that there is fair knowledge and perception of healthcare professionals on hospice care.

Recommendation:
The researchers therefore recommend further research with more settings to spread the knowledge and acceptance of hospice care to all health workers in Nigeria for the benefit of terminally ill patients and advocate interventions to improve their services.

Keywords: Health professionals, Knowledge, Hospice, Hospice care, Perception.

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INTRODUCTION

Hospice care is an approach that improves the quality of life of patients and their families facing the problems 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, whether physical, psychosocial or spiritual. It is also seen as an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness.[1] It prevents and relieves suffering through the early diagnosis, correct assessment and treatment of pain and other problems, whether physical, psychosocial, or spiritual. The World Health Organisation (WHO) also acknowledges that Hospice care improves the quality of life of patients and that of their families who are facing challenges associated with life-threatening illness, whether physical, psychological, social, or spiritual and improves the quality of life of caregivers as well.

As defined by Cambridge Advanced Learners' Dictionary,[2] hospice is a hospital for people who are dying, especially from cancer. The American dictionary also defines hospice as a place or organisation that provides care for people who are dying. Hospice derives its name from the Latin word hospitum, which means hospitality or place of rest and protection for the ill and weary. As stated by Eleke *et al*.[3] the idea of hospice started in Europe in the 11th century and the first hospice was founded in Malta about 1065 to care for the ill and dying by the Roman Catholic church which they used for centuries as places of hospitality for the sick, wounded, dying, as well as travelers and pilgrims to and from the holy land. The first modern hospice care was created by Cicely Saunders in 1967.[4]

Hospice care therefore, is a type of patient-centred medical care for the chronically, terminally or seriously ill patients. It encompasses their pain, symptoms, emotional and spiritual needs. Globally, the need for appropriate quality end of life care has developed because of advancement in medical science and technology. According to Ling *et al*.[5], WHO[6] acknowledges hospice care as a global public health concern, leading to planning and delivering of hospice care for patients in their final stages of life. The present-day idea of hospice comprises of care rendered for the terminally ill in hospitals, nursing homes, or for those who prefer to spend the last days of life in their own homes, providing a peaceful, symptom-free and dignified transition to death. At this time when the desire to restore health has shifted to desire for a pain-free life, the focal point becomes quality rather than the length of life.[7]

Various factors have led to resistance against hospice. These include professional and cultural taboos against open discussion about death among physicians or the wider population, strange medical techniques and inhuman treatment of the terminally ill by some unsympathetic health professionals.[8] However, the development of hospice has spread throughout the world, with clear-cut distinction in implementation in different countries. The aim of hospice care is to

proclaim life and see the concept of dying as a normal transition process, give as much assistance as possible to patients for an active life till death, support family throughout the course of the patient's illness and death.[4] Hospice care is patient-centred and scholars have defined an area of quality of death and dying as dying at the patient's place of choice. Efforts have been made in several studies[1,4,6] to explore influencing factors associated with the place of death for terminal cancer patients. However, there is paucity of empirical evidence on the reasons for terminal cancer patients' choice of a specific place of death. Hospice care attempts to honour terminally ill patients and their preference for the way of dying. Although developed countries of the world have embraced hospice care, however, it is still an unfolding medical specialty in many developing nations.

In Nigeria, hospice care is still in its early stage of evolution. Onyeka[9] highlighted that the first hospice was established in the oldest teaching hospital in the country (University College Hospital, Ibadan) in 2003. The prevalence of long-term non-communicable diseases as leading causes of morbidity and mortality worldwide emphasizes the need for healthcare professionals to possess knowledge and skills in hospice care. The knowledge and attitude of healthcare professionals towards hospice care and end of life had been explored in various studies.[3; 4; 5; 7] Comparing the findings of these studies showed conflicting results with no clear consensus on the nature of the variables. The researchers believed that the identified gap presented the need for more studies on the current state of knowledge and perception of healthcare professionals towards Hospice Care in Nigeria especially in the South-South zone where there is no practice at the moment. Moreover, there is still limited practice of hospice care in the whole country Nigeria. Therefore, researchers in the present study decided to investigate the knowledge and perception of healthcare professionals towards hospice care in Benin City as a pilot study for this zone. The aim of the present study therefore was to investigate the knowledge and perception of healthcare professionals towards hospice care in two tertiary hospitals in Benin metropolis in the South-South zone of Nigeria and proffer recommendations.

MATERIALS AND METHODS

Study Location and Design

The study setting was two urban tertiary hospitals (Faith Mediplex and University of Benin Teaching Hospital, UBTH) both in Benin metropolis, capital city of Edo State in the South-South zone of Nigeria. A descriptive survey was adopted for the study as it focused on knowledge and perception of healthcare professionals towards hospice care.[10]

Study population

A total of 250 participants from the two tertiary health institutions were included in the study and only 220 questionnaires were retrieved (retrieval rate 88.7%). The professionals include nurses (n=150) doctors (n=50) and pharmacists (n=50).

Eligibility criteria

Inclusion criteria were Healthcare Professionals who had worked in the hospitals for 7 years and above, who currently provided direct care for patients with chronic illnesses and were willing to participate. Anyone who met these criteria was considered eligible and

signed the consent form.

Sample size determination

The sample size for this study was calculated using the single population proportion formula with constant standard deviation usually set at 1.95 at 95% confidence interval.[11]

Sampling technique

The multistage sampling technique was used to select the professionals in groups and then followed by simple random sampling.

Data collection tool

The study was a cross-sectional questionnaire-based study. The questionnaire, designed by the researchers was divided into three sections:

Section A: Socio demographic data

Section B: Health workers knowledge about hospice care

Section C: Health workers perception of hospice care

Procedure

The professionals were randomly selected in their various workplaces and given the survey to assess their knowledge. The questionnaires were retrieved in a space of two weeks.

Statistical analysis

The data collected was coded and analyzed using the IBM SPSS version 22. The hypothesis was tested using the chi square statistics. Level of statistical significance was set at $P< 0.05$.

Ethical issue

Ethical clearance was obtained from the Hospitals Research Ethics Committees of both hospitals used for the study. The nature and purpose of the study was explained to the participants and were informed that participation was voluntary and they had the liberty to withdraw participation at any time. Confidentiality was assured and verbal informed consent obtained from each willing participant after which they signed the consent form.

RESULTS

A total of 250 respondents were used for the study and only 220 questionnaires were retrieved (retrieval rate 88.7%).

Table 1: Age Range of Professionals

Age	Frequency	Percentage
30-39 years	100	45.46
40-49 years	60	27.27
50 years and above	60	27.27
Total	220	100

Table 2: Sources of Information of Hospice Care

Source	Frequency	Percent
Place of Work	47	21.4
Health Education and Seminars	73	33.2
Radio and Television	56	25.5
Newspaper and Journals	28	12.7
Others	16	7.2
Total	220	100

Table 3: Knowledge of Healthcare Professionals on Hospice Care

Professionals	Frequency	Percentage
Nurses	100	45.5
Doctors	37	16.8
Pharmacists	33	15
Total	170	77.3

From the study it was observed that 100 (36.7%) Nurses, 37 (16.8%) doctors and 33 (15%) pharmacists have knowledge of hospice care

Table 4: Hospice Care Is For Those Who Are Facing Serious Terminal Diseases At End Stage

Professional	Frequency	Percentage
Nurses	**88**	**40**
Doctors	**33**	**15**
Pharmacists	**35**	**15.9**
Total	**156**	**70.9**

From the table above, the study shows that 88 (40%) Nurses, 33 (15%) doctors and 35 (15.9%) pharmacists believe hospice care is for those facing terminal diseases at end stage.

Table 5: Hospice Care Provides Bereavement Follow Up For Patient And Family

Professional	Frequency	Percentage
Nurses	100	45.5
Doctors	40	18.2
Pharmacists	35	15.9
Total	**175**	**79.6**

The result of the study shows that 100 (45.5%) nurses, 40 (18.2%) doctors and 35 (15.9%) pharmacists, a total of 175 (79.6%) health professionals perceive hospice care as providing bereavement follow up for patients and family.

Table 6: Hospice Care Is Beneficial

Professional	Frequency	Percentage
Nurses	82	37.3
Doctors	31	14
Pharmacists	31	14
Total	144	65.3

From the results of the study, it was observed that 82 (37.3%) nurses, 31 (14%) doctors and 31 (14%) pharmacists, a total of 144 (73.2%) health professionals perceive hospice care as beneficial

Table 7: Hospice Care Helps to Provide Different Levels of Care to Manage Loved Ones' Symptoms

Professional	Frequency	percentage
Nurses	95	43.2
Doctors	33	15
Pharmacists	33	15
Total	151	73.2

It was revealed from the study that 95 (43.2%) nurses, 33 (15%) doctors and 33 (15%) pharmacists, a total of 151 (73.2%) health professionals perceived hospice care provides different levels of care to manage loved ones' symptoms.

Table 8: Hospice Care Incorporates Aspects Of Culture In Providing Care

Professional		Frequency	Percentage
	Nurses	95	43.2
	Doctors	41	18.6
	Pharmacists	40	18.2
	Total	176	61.8

From the study 95 (43.2%) Nurses perceive Hospice care as incorporating aspects of culture while 41 (18.6%) doctors have such perception and 40 (18.2%) pharmacist have similar disposition

Table 9: Hospice Care Is Expensive

Professional	Frequency	Percentage
Nurses	98	44.5
Doctors	43	19.5
Pharmacists	40	18.2
Total	181	82.2

The study revealed that 98 (44.5%) nurses, 43 (19.5%) doctors and 40 (18.2%) pharmacists, a total of 181 (84%) health professionals perceived hospice care as expensive.

Table 10: Hospice Care Is Only Available To

Those Who Can Afford It

Professional	Frequency	Percentage
Nurses	107	48.6
Doctors	40	18.2
Pharmacists	38	17.2
Total	185	84

The study also revealed that 107 (48.6%) nurses, 40 (18.2%) doctors and 38 (17.2&) pharmacists, a total of 185 (84%) health professionals perceived that hospice care is only available to those who can afford it.

Table 11: All Patients Who Go For Hospice Care Eventually Die

Professional	Frequency	Percentage
Nurses	107	48.6
Doctors	40	18.2
Pharmacists	38	17.2
Total	185	84

Additionally, the study revealed that 107 (48.6%) nurses, 40 (18.2%) doctors and 38 (17.2&) pharmacists, a total of 185 (84%) health professionals perceive that all patients who go for hospice care eventually die.

DISCUSSION

From the study it was observed that the respondents had a fair knowledge of hospice care as reflected in their responses as 82 (63.07%) Nurses, 33 (73.33%) doctors and 28 (62.22%) pharmacists have a fair knowledge. This is in agreement with the study conducted by among health workers in some selected hospice centers in the United States of America.[12] The study showed that majority of health workers had a good knowledge of hospice care. This is expected in view of the establishment of many hospices in that country. The health workers knowledge reflected their ability to determine the kind of patients requiring hospice care. This is further buttressed by the study conducted in the Indiana University Center for Aging Research.[7] The Regenstreif Institute found minimal differences in the intensity of hospice services provided in nursing homes as compared to hospice services provided to patients in their homes. From the findings, the responses of health professionals in Nigeria on the knowledge of hospice care can be said to be good. This agrees with the findings of the previous studies. [3, 4, 9] Although most respondents reported that they had heard of hospice, however, those who had were only moderately knowledgeable about its services, scoring the equivalent of distinction on the knowledge of hospice care in Nigeria. On the other hand, in our sample, individuals who had heard about hospice generally had favourable opinion about it.

Assessing nursing knowledge on hospice care is also important as knowledge plays a causal role in attitude or behavioural consistency.[13] In this study the description of knowledge scores showed fair knowledge of hospice care. On the contrary, findings from a previous study [14] showed that 30.5% of nurses had good knowledge of hospice care in China as against another finding of [3] on the knowledge of palliative care among professional nurses in south east Nigeria. However, it was observed that physicians in Shanghai [15] had more knowledge about hospice care, agreeing with another study.[13] Although there is lack of specific palliative/ hospice care units in Nigeria, the nurses in this study had a high level of' knowledge about hospice care.

Knowledge of hospice is an important and necessary component of end-of-life decision making. Results from this study suggest that the health professionals have a positive perception about hospice care from their responses. The study also revealed that knowledge of hospice is linked to their perception about hospice care. Thus, poor perception may also help explain existing racial and ethnic disparities in end-of-life care. Poor knowledge and misconceptions may contribute to poor attitudes about hospice, low rates of enrollment and late referrals. Studies have suggested that improved knowledge of hospice could increase access, timeliness of referrals and better quality of care. Specifically, underutilization of hospice services and hospice referrals may be attributable to a lack of knowledge about hospice

among groups.
Understanding public perceptions about hospice may also help inform public education efforts to improve awareness of hospice as an option at the end of life. Although misconceptions about hospice are believed to be common, no studies have systematically investigated the prevalence of these beliefs in a broad geographically diverse sample.

Conclusion: These findings show that there is fare knowledge and perception of healthcare professionals in hospice care in the institutions used for this study.

RECOMMENDATION

This study has provided preliminary data on knowledge and perception of health professionals of hospice care in Benin City in the south-south zone of Nigeria. It is therefore recommended that further research be done with more settings to assess the knowledge oand acceptance of hospice care by all health workers in Nigeria for the benefit of terminally ill patients and advocate interventions to improve their capacity. It is also recommended for government, non-governmental organisations and public-spirited individuals to establish hospice care centres in the country for the benefit of terminally ill patients in Nigeria.

LIMITATIONS OF THE STUDY

The limitations of this study are those generally associated with questionnaire-based research like respondents' bias, inaccurate responses and unanswered questions. The fact that this study was done in only two hospitals in a single city is a limitation that makes the results ungeneralizable to other settings in the south-south zone and the country at large.

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