

ISSN: 2682 – 6453

ILORIN JOURNAL OF HEALTH PROMOTION AND ENVIRONMENTAL HEALTH EDUCATION

SPECIAL EDITION

A Publication of:

**The Department of
Health Promotion
And**

**Environmental
Health Education**

**UNIVERSITY OF ILORIN,
ILORIN, NIGERIA.**

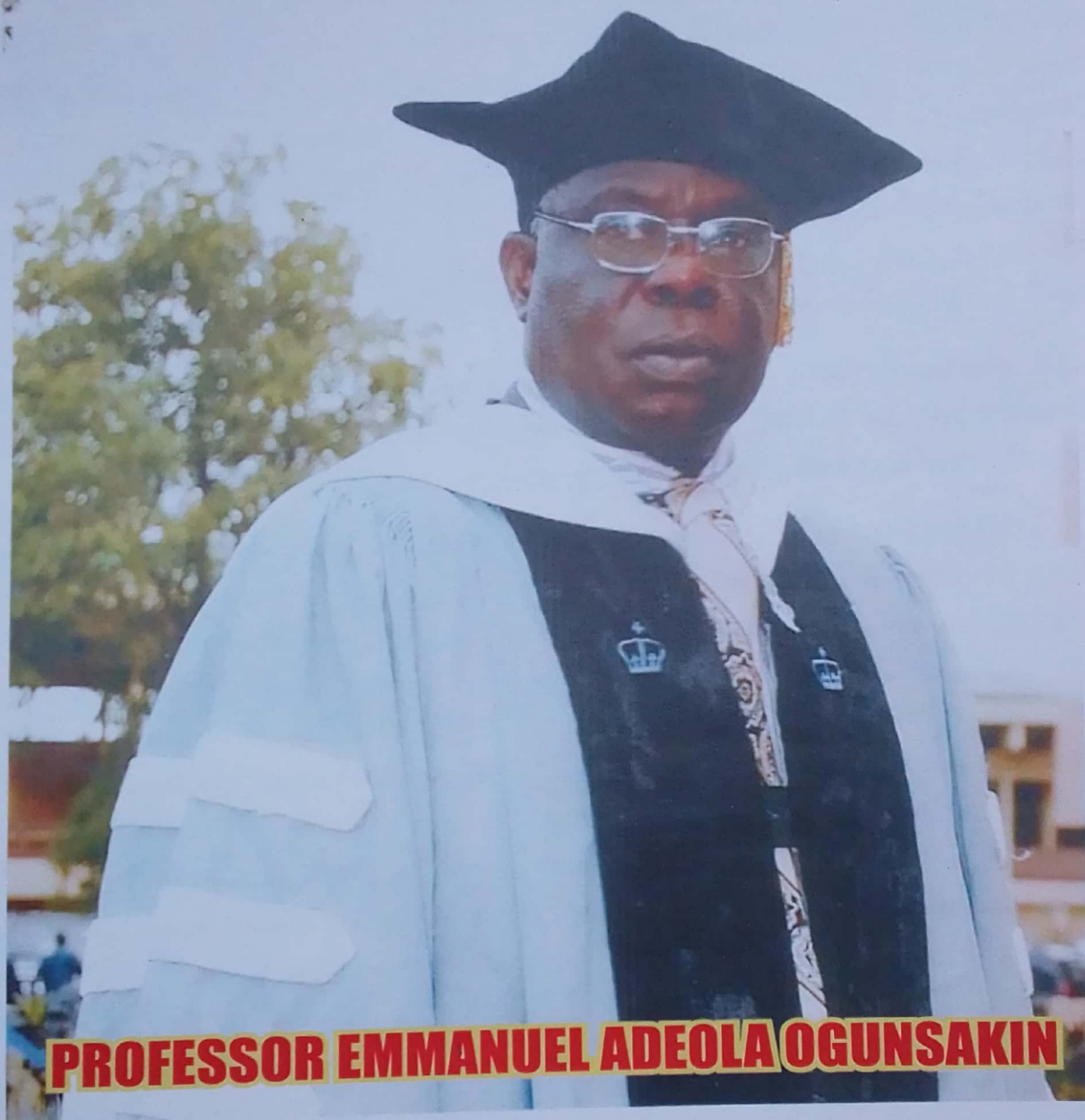
VOLUME 4,

NO. 1

(SEPTEMBER, 2018)

A Special Edition of the
ILORIN JOURNAL OF HEALTH PROMOTION AND ENVIRONMENTAL HEALTH EDUCATION
(IJOHPENE)

In honour of



A Publication of
The Department of Health Promotion and Environmental
Health Education

VOLUME 4, NO. 1 (SEPTEMBER, 2018)

Profile of

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Professor E. A. Ogunsakin was born in Owo, Ondo State over 70 years ago. He had his early education in St. James Anglican Primary School, Owo and got his Primary School Leaving Certificate with Grade A in 1960. He passed his GCE London after his secondary education in 1967 in six subjects at a sitting including English Language. He later proceeded to Fordham University, Bronx, New York, USA where he bagged his B.Sc. (Hons) Biology in 1974. Master of Science in Public Health and Nutrition in 1975 from Columbia University, New York, USA. Another M.Sc. in Health Care Administration in 1977 from C.W. Centre, Long Island University, New York, USA, and Doctor of Education in 1979 from Columbia University, New York, USA.

He was the first lecturer of Health Education in the Department when he joined the University services in 1981. He was the one who championed the Health Education Curriculum and have trained many of who are the current professors in the Department.

He had many experience since basic qualification and job experience which include but not limited to the following; Dean, Faculty of Education 1st August, 2002-31st July, 2006; Head of Department at different times; Member, Institute of Education; University of Ilorin Board of Governors; Lecturer, Department of Physical and Health Education, University of Maiduguri (Sabbatical Leave) 1990-1991; Bayero University, Kano (Sabbatical Leave) 2006-2007; University of Benin (Sabbatical Leave) 2011-2012; Postgraduate Coordinator, Department of PHE 1992-1996; Member of University of Ilorin Senate 1987-2016; Chairman, Unilorin Sports at different times; Editor-in-Chief, Health and Fitness Journal International and Journal of Health, Physical Education and Recreation at different times; Part-time Gymnasium worker, Teachers College, Columbia 1977-1979; and Health Teacher at Wade and Charles Drew High Schools, Bronx, New York, USA 1978-1980.

He belongs to many Learned/Professorial Bodies such as; Nigerian School Health Association, American Public Health Association, Nigerian Association for Physical Health Education and Recreation, Curriculum Organization of Nigeria and Nigeria Association for Sport Science and Medicine (NASSM). He is currently a traditional high chief of Owo Kingdom with the title Arala of Owo Kingdom.

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VOLUME 4, NO. 1 (SEPTEMBER, 2018)

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HEALTH WORKERS PERCEIVED IMPACTS OF HOSPICE CARE ON GRACEFUL DEATH OF TERMINALLY ILL PATIENTS IN FEDERAL MEDICAL CENTRE, AZARE, BAUCHI STATE

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Abstract

This study examine perceived impacts of hospice care on graceful death of terminally all patients in Federal Medical Centre, Azare, Bauchi State. Hospice care is the care given to the terminally ill patients to reduce their pains, sufferings and complications before graceful death. The objectives of the study were to investigate whether comprehensive hospice care, palliative care and supportive care

rendered by health workers and relatives patients have impact on their graceful death.

The study adopted descriptive research design of the survey type for the study. The population of the study comprises of all health workers in Federal Medical Centre, Azare, Bauchi State. The instrument used for the study was researchers structured questionnaire validated by experts from Department of Health Promotion and Environmental Health Education, and Department of Epidemiology and Community Health, both in University of Ilorin, Nigeria. The reliability of the instrument was determined through test re-test method with reliability coefficient of 0.78 obtained. In all, three hypotheses were formulated and tested for the study. The data generated were analysed by parametric statistical method of Chi-square (χ^2) at 0.05 alpha level of significance. The finding from the study revealed that;

— health workers perception of quality of hospice care have significant impact on graceful death of terminally ill patients, because the calculated (χ^2) value of 22.09 > than critical value of 12.59;

— health workers perception of palliative care have significant impact on graceful death of terminally ill patients, because calculated (χ^2) value of 28.63 > critical value of 12.59; and

— health workers perception of supportive care render by the relatives of patients have significant impact on graceful death of terminally ill patients, because calculated (χ^2) value of 54.74 > critical value of 12.59.

Based on the findings above, health workers perception of quality of hospice care, palliative care and supportive care by the patients' relatives have much impacts on graceful death of terminally ill patients. The study recommends that health workers should try as much as possible to improve the quality of services rendered to terminally ill patients, also, health workers should health educate the relative of terminally ill patients on the need to intensify the supportive services rendered to their patients.

Introduction

The word "hospice" stem from the latin word "hospitium" meaning 'guest house'. It was originally used to describe a place of shelter for weary and sick travelers retuning from religious pilgrimage. During the 1960's, Dr. Cicely Saunders, a British physician began the modern hospice movement by establishing St. Christopher's Hospice Care Centre, London. The first hospice in the United State

of America was established in new haven Connecticut in 1974 (Health East Hospice Care, 2013).

The hospice care in Nigeria was initiated by Mrs. O.K. Fatumbi after she attended the 6th international conference at St. Christopher hospice centre in England in 1991. On Fatumbi return to Nigeria, she went round seeking the support of several Nigerians to make her dream a reality. The first public introduction of hospice care in Nigeria was in March 31st, 1993 Dr. Anne Merriman of the hospice Africa based in Nairobi, Kenya visited Nigeria. Fatumbi and Anne addressed a public gathering under the chairmanship of Professor J. T.K. Duncan on the need to establish hospice care in Nigeria. Since then, Mrs. Fatumbi carried out home base hospice care single-handed, until a board of trustees was established on March 5th 1998 to look after hospice care in Nigeria (Pillar, 2012).

According to Toot (1984) hospice is defined as the provision of a comforting and caring environment for the patient who has traveled through the maze of modern medical technology and has recognized that the limits of technology preclude a cure and perhaps even a comfortable existence. Hospice is about quality of life at a time when a person has an illness for which curative measures are no longer possible and for which a physician has determined that the patient has a life expectancy of about six months or less.

According to Hospice Foundation of America (2010) hospice can be defined as the programme design to provide comfort and support to the patients and their families when a life limiting illness no longer responds to aggressive cure-oriented treatment. Hospice can also be defined as a care of patient life by offering comfort and dignity while addressing all systems of diseases.

Hospice neither hastens nor postpones death, it can be a middle ground between aggressive treatment to the end in a hospital and physician-assisted suicide. Hospice can offer any treatment that is necessary to improve the quality of life, relieve suffering or allow death to occur with comfort and dignity. The overriding principle of hospice is that any treatment can be considered not for its life-prolonging but for its intent ability to enhance comfort or otherwise improve the quality of life (Frances S.P. 2013).

Hospice aims to provide help for the terminally ill patient who has an incurable disease. This must continue until the patient dies. The help must cater not only for the symptoms and increasing physical limitations of the patient, but also his fears, frustrations, his friend and family, his culture background and his beliefs. There are many benefits of hospice care based on one-on-one approach. The patient

can receive this care and support in their own homes. They are able to live a fulfilling life, surrounded by family and friends in a comforting environment. Patient do not need to be home bound to receive hospice service (Piller, 2013).

According to Market and Sinon (2010), a hospice is an autonomous, centrally administered program of coordinated in and out patient service. This physician directed programme of health care delivery employs a multifaceted approach, narcotic and non-narcotics, analgesics are used in physical system control and the interdisciplinary hospice team; provide psychological and spiritual services as needed. The patient and family is the primary unit care and services available on 24 hours seven days-a-week basis. Hospice services are also available during the period of bereavement. Also patient are usually accepted on the basis of health needs, rather than the ability to pay.

The arraign of supportive care services rendered by patient relative usually help in reduction of suffering and protracted symptoms associated with terminally ill patient relative supportive care. Palliat (2004) noted that hospice care services have impact on the quality of care jointly given to the terminally ill patient by health workers and their relatives, most especially in aspect of pains reduction and distress management as well as improving the wellbeing their wellbeing.

Health care providers rendered palliative care services to the terminally ill patients that are within life and death. The palliative care given to the patient on the verge of death covers both promotive and preventive care services on the patients and their families. Chin-Yi, Wen-Chi and Wen-Chi Chou (2016) posited that palliative care render by the hospital is aimed at relieving terminal illness induced symptoms and reduce suffering of terminally ill patients as well as improve their quality of life.

Hospice care is a treatment primarily aims at symptom control not at disease control or treatment. The most widely publicized aspect of hospice are is control of pain, but control is only one of the measures taken to maintain the patients quality of life. Hospice is also taken into consideration concurrent stressful symptoms such as loss of appetite, nausea, vomiting, hiccups, itching, labored breathing, coughing, insomnia, depression, anxiety, inconvenience, constipation and difficulty in swallowing. Eliminating the pain and physical symptoms of the patient are the only two aspects of the hospice concern for maintaining the quality of life.

Death is often the final result of terminal illness, many doctors are not psychological programmed to care for the dying. Too often terminal care becomes more unbearable to the relative of the patient. In this situation, the responsibility of

affecting the terminally ill patients are not preventable or lack prevention. The conditions of terminally ill patients can only be preserved from deterioration by giving them both palliative and supportive care services.

It has been observed by the researcher that there are basically different life support services rendered to terminally ill patients at the hospice care home/centre. Most of the care revolve round palliative and supportive care services directed at pains and suffering reduction for graceful death.

The researchers observed that majority of patients under critical and severe conditions formed bulk of the patients in hospice care center. It has revealed by the researcher that terminally ill patients are often taken to hospice care center to alleviate their suffering experience at homes. It is believed that terminally ill patients will be taken care of in such a way.....graceful death. The researcher observed from their field experience that both health workers and patients relatives paid non-challant attitudes to provision of the palliative, prevent and supportive they are expected to render to terminally ill patients.

Research Question

In carrying out this study the following research question were raised:

1. Does the perception of health workers have impact on hospice care available to terminally ill patients in Federal Medical Centre, Azare, Bauchi State.
2. Does the palliative care rendered by health workers impact graceful death of terminally ill patients in Federal Medical Centre, Azare, Bauchi State.
3. Does the supportive care render by patient relative as perceived by health workers impact on quality of hospice care rendered to terminally ill patient towards their graceful death in Federal Medical Centre, Azare, Bauchi State.

Research Hypotheses

For this study, were three research hypotheses formulated as follows:

1. The perception of health workers will not have significant impact on quality of hospice care available to terminally ill patient in Federal Medical Centre, Azare, Bauchi State.
2. The palliative care rendered by health workers will not have significant impact on the graceful death of terminally ill patients in Federal Medical Centres, Azare, Bauchi State.
3. The supportive care rendered by patient relative as perceived by health workers will not have significant impact on quality of hospice care render to

terminally ill patients towards their graceful death in Federal Medical Centres, Azare, Bauchi State.

Purpose of the Study

The study focused on perception of health workers influence on hospice care to graceful death among terminally ill patient attending Federal Medical Centre Azare, Bauchi State. The study will among others determine.

1. Influence of palliative care rendered by health workers on graceful death of terminally ill patients attending Federal Medical Centre, Azare, Bauchi State.
2. Influence of supportive care rendered by patient relative as perceived by health worker son graceful death of terminally ill patient in Federal Medical Centre, Azare, Bauchi State.

Methodology

This study adopted descriptive research design of the survey type. The population of the study consisted of all health workers at Federal Medical Centre (FMC) Azare, Bauchi State, totaling five hundred (500) workers. A stratified sampling technique was used to select two hundred (200) health workers forty percentage (40%) out of the existing five hundred in federal medical centre, Azare, Bauchi State. The research instrument used for the study was questionnaire which has been adequately validated and pilot tested with test re-test reliability method. The results of pilot tests were correlated with Pearson Product Moment Correlation coefficient in which correlation coefficient of 0.78 was obtained. The data collected were analysed with the use of Chi-square (χ^2) statistical method at 0.05 alpha level of significance.

Results

Hypothesis 1: The perception of health workers will not have significant impact on quality of hospice care available to terminally ill patient in Federal Medical Centre, Azare, Bauchi State.

Table 1: Shows Chi-square analysis on the perception of health workers impact on quality of hospice care available to terminally ill patients

S / N	Item	SA	A	D	SD	Fr eq of Ag re	% of Ag ree	Freq. of Dis-agre e	% of Dis-agre e	RT	D f	Cal. val ue	Crit. Valu e	Dec.
1	Hospice care services really help in reducing patient suffering before graceful death	54 (36.67)	136 (151.33)	8 (7.67)	2 (4.33)	190	95	10	5	200	6	22.09	12.59	Hypothesis Rejected
2	There is need for the establishment of hospice care unit in all health facilities in Nigeria	30 (36.67)	160 (151.33)	3 (7.67)	7 (4.33)	190	95	10	5	200				
3	Hospice care cannot extend life of terminally ill patients	26 (36.67)	158 (151.33)	12 (7.67)	4 (4.33)	184	92	16	8	200				
Total		110	454	2	13	56	82	36	18	60				

The analysis table 1 shows that 190(95%) of the respondents agreed that hospice care services summary underline reduce terminally ill patients suffering before graceful death. Majority of the respondents 190(95%) agreed that there is need for establishment of hospice care while 10(5%) of them disagreed. Also, 184 (92) of the respondents agreed that hospice care cannot extend life of terminally ill patients. While 16(8%) of them disagreed with the statement. In all, 564(82%) of the respondents agreed that have greater impact on graceful death of terminally ill patients in Federal Medical Centre. Azare, Bauchi State, while 36(18%) of them

disagreed with the statement.

The result of analysis on tested hypothesis one (1) in table 1 shows calculated Chi-square (χ^2) value of 22.09 against the critical value of 12.59 with degree of freedom of 6 at 0.05 alpha level of significance. Since the calculated value is greater than the critical value, the hypothesis stated above is hereby rejected. This means that hospice care have impact on graceful death of terminally ill patients in Federal Medical Centre, Azare, Bauchi State.

Hypothesis 2: The palliative care rendered by health workers will not have significant impact on the graceful death to terminally ill patients in Federal Medical Centres, Azare, Bauchi State.

Table 2: Shows Chi-square analysis on palliative care rendered by health workers and impact on the graceful death to terminally ill patients

S / N	Item	SA	A	D	SD	Freq of Agree	% of Agree	Freq of Disagree	% of Disagree	RT	Df	Cal. value	Crit. Value	Decision
1	Health workers do not always support hospice care system	35 (34.33)	137 (136.33)	16 (19.34)	12 (10)	172	86	28	14	200	6	28.63	12.59	Hypothesis Rejected
2	Health workers prefer euthanasia to hospice care system	48 (34.33)	112 (136.33)	30 (19.34)	10 (10)	160	80	40	20	200				
3	Many doctors do not like to promote hospice care therapy	20 (34.33)	160 (136.33)	12 (19.34)	8 (10)	180	90	20	10	200				
	Total	103	409	58	30	512	56	88	44	600				

The analysis in table 2 shows that 172(86%) of the respondents agreed that health workers do not always support hospice care system, while 28(14%) disagreed with the statement. Also, 160(80%) of the respondents agreed that health workers prefer euthanasia to hospice care system, while 40(20%) of them disagreed with the statement. Majority of the respondents 180(90%) agreed that many doctors do not like to promote hospice care therapy, while 20(10%) of them disagreed with the statement. In all, 512(85.33%) of the respondents agreed that palliative care rendered by the health workers influence graceful death of terminally ill patients in Federal Medical Center Azare, Bauchi State, while 88(14.67%) of them disagreed with the statement.

The finding of tested hypothesis two (2) in table 2 above shows calculated chi-square value of 28.63 against the critical value of 12.59 with degree of freedom of 6 at 0.05 alpha level of significance. Since the calculated value is greater than critical value, the above stated hypothesis is hereby rejected. This means that the palliative care rendered by the health workers to terminally ill in federal medical centre, Azare, Bauchi State have greater impact on their graceful death.

Hypothesis 3: The supportive care rendered by patient relative as perceived by health workers will not have significant impact on quality of hospice care rendered to terminally ill patients towards their graceful death in federal medical centres, Azare, Bauchi State.

Table 3: Shows Chi-square analysis on supportive care render by patient relative and impact on quality of hospice care render to terminally ill patients towards their graceful death

S / N	Item	SA	A	D	S D	Freq of Agree	% of Agree	Freq of Dis-agree	% of Dis-agree	RT	D f	Cal. value	Crit. Value	Dec.
1	The assistance render by relative of terminally ill patients in term of their feeding helps in achieving graceful death	60 (38.33)	130 (133.3)	6 (15.33)	4 (13)	190	95	10	5	200	6	54.74	12.59	Hypothesis Rejected
2	The closeness of relative of terminally ill patients with hospital staff ensure effective care to graceful death	40 (38.33)	115 (133.3)	25 (15.33)	20 (13)	155	77.5	45	22.5	200				
3	Terminally ill patient receives little or no care from hospice care workers and their relatives	15 (38.33)	155 (133.3)	15 (15.33)	15 (13)	170	85	30	15	200				
	Total	115	400	46	39	515	575	85	42.5	600				

The analysis in table 3 above shows that 190(95%) of the respondents agreed that the assistance render by relatives of terminally ill patients in term of their feeding helps of achieving graceful death, while 10(5%) of them disagreed with the statement. Also, 155(77.5%) agreed that the closeness of relatives of terminally ill patients with hospital staff ensure effective care to graceful death, while 45(22.5%) of them disagreed with the statement. Majority of the respondents 170(85%) agreed that terminally ill patient receives little or no care from hospice care workers and their relatives, while 30(15%) of them disagreed with the statement.

The result of analysis on tested hypothesis three (3) in table 3 above shows calculated chi-square (χ^2) value of 54.74 against the critical value of 12.59 with degree of freedom of 6 at 0.05 alpha level of significance. Since the calculated value is greater than critical value, the hypothesis stated above is hereby rejected. This means that the supportive care render by patient relatives have much impact on graceful death of terminally ill patients in Federal Medical Centre, Azare, Bauchi State.

Discussion of Findings

The result of tested hypothesis one (1) in table 1 revealed that health workers perceived that comprehensive hospice care services have much impact on graceful death of terminally ill patients in Federal Medical Centre, Azare, Bauchi State. This finding is in line with the finding of pillar hospice foundation (2010) that in hospice care, health workers are collectively concerned with the total wellbeing of the patients and their families which include physical, psychological, spiritual and social wellbeing. This finding corroborates Parker (2013) earlier finding that the overriding principle of hospice care is that any treatment can be considered not for its life prolonging but for its intent ability to enhance comfort or otherwise improve quality of life.

The result of tested hypothesis two (2) in table 2 revealed that health workers perceived the palliative care render to terminally ill patients have greater impact on their graceful death in death in Federal Medical Centre, Azare, Bauchi State. This findings agreed with the findings of chin-Yi, Wen-Chishe and Wen-chi Chou (2016) that the palliative care rendered by the hospital is aimed at relieving terminal illness induced symptoms as well as preserve that well being of terminally ill patients and their relatives. This finding supported market and Simon (2010) earlier finding that hospice care employs different approaches such as narcotic and non-narcotic, analgesic medication for physical system control and psychological factors management for graceful death.

The result of tested hypothesis three (3) in table 3 revealed that health workers perceived that the supportive care rendered by relatives of terminally ill patients have greater impact on their graceful death. This finding is in line with the finding of Palliat (2004) that hospice care services impact on the quality of life of terminally ill patients by management and control of pains and distress associated with their conditions. Pillar (2013) maintained that there are many benefits of hospice care based on one-on-one approach through which patients can receive care and support from the health workers and their relatives.

Conclusion

Based on the findings of the study carried out, the following conclusion were drawn:

1. Health workers perception of quality of hospice care have much impact on graceful death of terminally ill patients in Federal Medical Centre, Azare, Bauchi State;
2. Health workers perception of palliative care services render to terminally ill patients have much impact on their graceful death in Federal Medical Centre Azare, Bauchi State;
3. Health workers perception of support care render by relative of terminally ill patients have much impact on their graceful death in Federal Medical Centre Azare, Bauchi State.

Recommendations

Based on the conclusion drawn from the study, the following recommendations were made:

1. health workers should try as much as possible to improve the quality of services rendered to terminally ill patients, also, health workers should health educate the relative of terminally ill patients on the need to intensify the supportive services rendered to their patients.
2. Governments at various levels in conjunction with hospital managements should organize workshops and seminars for the health workers on impacts of palliative care to graceful death of terminally ill patients;
3. Health workers handling terminally ill patients should try as much as possible to health educate the relatives of terminally ill patients on need to intensify the supportive care services rendered to their patients.

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Printed in Nigeria by:
Tim-Sal Printing & Publishing Co.
Plot 6, Lagos Rd., Odota, Ilorin.
Tel.: 08077787630