

PATIENT SATISFACTION WITH PAIN AND PALLIATIVE CARE SERVICES IN KERALA

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Abstract

Background

Aim

The main objective of the study is to analyze the patient satisfaction with Pain and Palliative Care services in Kerala.

Materials and Methods

The respondents of the study include Pain and Palliative care patients in the State of Kerala. The sample consisted of 871 patients comprising of 471 males and 400 females. The data collected were suitably classified and analyzed keeping in view the objectives of the study. For the purpose of analysis, statistical tools like averages, percentages, rank test and Pearson's Chi Square test were applied.

Results

Most of the male and female patients got the services of doctors, nurses and volunteers and were either highly satisfied or satisfied with the services of the doctors, nurses, volunteers and in the present medical treatment. The hope of male patients could be maintained/ strengthened through palliative care treatment and female patients experience a 'Feeling of independence' after undergoing palliative care treatment. All the patients needed improvement in the services of the doctors and male patients needed an increase in the frequency of volunteer's visit whereas the female patients required an increase in the frequency nurse's visit.

Key words: Quality Assessment, holistic approach, hospice movement, community based care

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Introduction

Palliative care is a tailor-made and holistic approach. Since patients have a range of diseases and respond differently to treatment options, customized treatment is provided to meet the individual needs of each patient. Supportive care helps the patient and their family to cope with their condition and treatment of it from pre-diagnosis, through the process of diagnosis and treatment, to cure, continuing illness or death and into bereavement. It helps the patient to maximise the benefits of treatment and to live as well as possible with the effects of the disease. It is given equal priority alongside diagnosis and treatment. Sandhya Bajpai(2008)¹, in her study “ Quality Assessment of Provided Palliative Care by managing Pain in Terminal Cancer Patients”, stated that avoidable suffering can be minimized by explaining about correct dosage , timing and prophylactic measures to minimize side effects. Greater awareness has to be created about safety and benefits of morphine, chiefly amongst medical community. Besides the domain of pain and symptom management, four other domains should be considered, viz. patient satisfaction, shared decision making, coordination and continuity of care.

Eduardo Bruera (2004)², made a review of the outcomes of the first 344 admissions to the Palliative Care Inpatient Service (PCIS) at their comprehensive cancer center. It is revealed that Symptom intensity data showed severe distress on admission and significant improvement in the main target symptoms. Most patients were discharged to a hospice. The study concluded that PCIS had been accepted in tertiary cancer center on the basis of its clinical utility and financial viability.

Significance of the Study

Comprehensive palliative care services touch all parts of the health care system and often require the expertise of highly trained physicians, nurses, social workers etc. It is applied throughout the course of the illness, and includes an array of interventions that are intended to maintain the quality of life, or attenuate the suffering, of the patient and family. Caregivers deal with the medical and psycho-social, spiritual and economic needs of the patient and the family by supporting the patient and family’s goals for the future, including their hopes for cure or life-prolongation, as well as their hopes for peace and dignity throughout the course of illness. As death approaches, practical needs are addressed, psychosocial and spiritual distress is managed, values and decisions are respected, and opportunities are available for growth and resolution. The service of a specialized palliative care program may be required as the degree of distress,

discomfort, and dysfunction increases. To ensure effective palliative care, there must be adequate provision of opportunity and support for the caregivers and service providers to work through their own emotions and grief related to the care they are providing. Moreover, the review of earlier literature revealed that most of the studies in palliative care have been conducted in the field of medical science. No study has so far been conducted for analyzing the satisfaction level of patients on pain and palliative care services. In this context, the present topic entitled “Patient satisfaction with pain and palliative care services in Kerala” assumes greater importance.

Scope of the study

The present study has been undertaken to analyze the patient satisfaction with pain and palliative care services in Kerala. The study is confined to palliative care patients in the selected districts of State of Kerala.

Objective of the Study

The main objective of the study is to analyze the patient satisfaction with pain and palliative care services in Kerala

Hypotheses of the Study

H₀₁ There is no association between gender of the patients and their level of satisfaction on the services of doctors in Kerala.

H₀₂ There is no association between gender of the patients and their level of satisfaction on the services of nurses in Kerala.

H₀₃ There is no association between gender of the patients and their level of satisfaction on the services of volunteers in Kerala.

Selection of Sample

The respondents of the study include Pain and Palliative care patients in the State of Kerala. The Pain and Palliative care units and rendering Pain and Palliative care services have been selected from the data base maintained by the Institute of Palliative Medicine, Kozhikode, Kerala and Consortium of Pain and Palliative care units in Ernakulam District. The Pain and Palliative care patients have been selected from the data base maintained by the Pain and Palliative care units of the districts selected as sample for the purpose of the study.

Selection of Pain and Palliative Patients

Pain and Palliative Patients have been selected from the records of Pain and Palliative care units functioning in the three districts earmarked for the intensive study. There were in all 8705 Pain and Palliative patients in 55 units. A sample of 10 % was selected at random from each unit functioning in the selected districts for the purpose of study. The patients include both males and females. Thus the total sample has come to 871 patients.

Collection of Data

The data required for the study were collected from both primary and secondary sources. The primary data were collected from the respondents based on structured questionnaire. The secondary data were collected from reports, books and journals published by the Consortium of Pain and Palliative care Units in Ernakulam District. Institute of Palliative Medicine and from various web sites.

Tools of Analysis

The data collected were suitably classified and analyzed keeping in view the objective of the study. For the purpose of analysis, statistical tools like percentages, rank test and Karl Pearson Chi Square test were used. For the rank data weighted average method was used to obtain the rank. Weighted mean is calculated and these means are ranked in order of magnitude from highest to lowest. To study the Problems of Pain and Palliative Care volunteers in Kerala the relevant questions were asked in five point scale and are scored in the order of magnitude from 5 to 1 for positive questions and 1 to 5 for negative questions. Overall score of each respondent was found out and which form the basis for comparison. To test the hypothesis that two attributes are associated or not we used the Chi-square test for independence.

Period of the Study

The study covers a period of two years (1st May 2009 – 30th April 2011).

Patient Satisfaction with Pain and Palliative Care Services in Kerala-Analysis

The main aim of pain and palliative care is to avoid needless suffering of the people with terminal illness and to improve the quality of life by addressing all elements of suffering. Cicely Saunders, founder of the modern hospice movement, conceptualised 'suffering' as "total pain" having four elements and identified the elements as physical, psychological, social and spiritual pain. Curative treatments are not a part of Palliative care. However, Palliative places great importance on minimizing or alleviating pain and symptoms and patients reported an increase in quality of life and decreased anxiety. Palliative care patients have breakthrough pain in addition to their chronic pain.

In this chapter an analysis has been made to find out the level of satisfaction on pain and palliative care services among male and female patients in Kerala.

Patients should be able to avail the services of the doctors on real time basis. Only 9.4% of male patients and 0.8% of female patients got the services of doctors regularly. 11.2% of male patients and 7.5 % of female patients received services of doctors frequently. 78.1% of male patients and 88.4% of female patients received services of doctors occasionally. 1.3% of male patients and 3.4% of female patients got the services of doctors only once (Table 1). Chi square test result (Table 1) revealed that there was significant association between Gender of the patients and periodicity of visit of the doctors, since the calculated value of χ^2 (38.190) is greater than tabulated value (11.34) at 1% level with 3 d.f. Most of the male and female patients were either highly satisfied or satisfied with the services of the doctors (Table 2). In order to know whether there was association between Gender of the patients and their level of satisfaction in the services of the doctors, Chi-square test was applied. It was revealed that there was a significant association between Gender of the patients and their level of satisfaction in the services of the doctors, since the calculated value of χ^2 (28.764) was greater than the tabulated value (9.21) at 1% level with 2 d.f. (Table 2). Therefore, the null hypothesis **H₀₁ stating that there is no**

association between gender of the patients and their level of satisfaction on the services of doctors in Kerala stands rejected.

Most of the male and patients got the services of the nurses either regularly or frequently (Table 3). In order to know whether there was association between the Gender of the patients and the periodicity of visit of the nurse, Chi-square test was applied. It was revealed that there was a significant association between the Gender of the patients and the periodicity of visit of the

nurse, since the calculated value of χ^2 (17.935) was greater than the tabulated value (9.21) at 1% level with 2 d.f. (Table 3). Most of the male and female patients were highly satisfied or satisfied with the services of the nurses (Table 4). In order to know whether there was association between the Gender of the patients and the level of satisfaction in the present services of the nurses, Chi-square test was applied. It was revealed that there was no significant association between the Gender of the patients and the level of satisfaction in the present services of the nurses, since the calculated value of χ^2 (1.196) was less than the tabulated value (6.63) at 1% level with 1 d.f. (Table 4). Therefore, the null hypothesis **H₀₂ stating that there is no association between gender of the patients and their level of satisfaction on the services of nurses in Kerala is accepted.**

Most of the male and female patients got the services of the volunteers without any periodicity (Table 5). In order to know whether there was association between the Gender of the patients and the periodicity of visit of volunteers, Chi-square test was applied. It was revealed that there was a significant association between the Gender of the patients and the periodicity of visit of the volunteers, since the calculated value of χ^2 (50.229) was greater than the tabulated value (11.34) at 1% level with 3 d.f. (Table 5). 52% of male patients and 49% of female patients were highly satisfied, 39.1 % of male patients and 50.3% of female patients were satisfied and another 8.9 % of male patients and 0.8% female patients had no opinion about the services of the volunteers. Chi square test result revealed that there was a significant association between the Gender of the patients and their level of satisfaction in the services of the volunteers, since the calculated value of χ^2 (34.436) was greater than the tabulated value (9.21) at 1% level with 2 d.f. (Table 6). Therefore, the null hypothesis **H₀₃ stating that there is no association between gender of the patients and their level of satisfaction on the services of volunteers in Kerala stands rejected.**

An enquiry was made to know whether the patients were satisfied with the preset medicines supplied by the units. 55.8% of male patients and 35.3% of female patients were highly satisfied, 44.2 % of male patients and 60% of female patients were satisfied, 1.3 % female patients were not satisfied and another 3.5% of female patients had no opinion about the present medicines (Table 7). In order to know whether there was association between the Gender of the patients and their level of satisfaction in the present medicines, Chi-square test was applied. It was revealed that there was a significant association between the Gender of the patients and their level of

satisfaction in the present medicines, since the calculated value of χ^2 (36.171) was greater than the tabulated value (9.21) at 1% level with 2 d.f. (Table 7). 56.7% of male patients and 46.3% of female patients were highly satisfied, 43.3 % of male patients and 52.5% of female patients were satisfied and 1.3 % female patients had no opinion about the present medical treatment of the units (Table 8). Chi-square test result revealed that there was a significant association between the Gender of the patients and their level of satisfaction in the present medical treatment of the units, since the calculated value of χ^2 (7.967) was greater than the tabulated value (6.63) at 1% level with 1 d.f. (Table 8). 60.7% of male patients and 39% of female patients were highly satisfied, 39.3 % of male patients and 61% of female patients were satisfied with the overall services of the units. Chi-square result revealed that there was a significant association between the Gender of the patients and their level of satisfaction in the overall services of the units, since the calculated value of χ^2 (40.833) was greater than the tabulated value (6.63) at 1% level with 1 d.f. (Table 9).

65.9% of male patients and 69.9% of female patients opined that they did not require any improvement in the quality of present palliative care services of the units. But 34.1 % of male patients and 30.1% of female patients opined that the quality of present palliative care services must be improved (Table 10). Chi-square test revealed that there was no significant difference in the opinion about the improvement in the present care among male and female patients, since the calculated value of χ^2 (1.542) was less than the tabulated value (6.63) at 1% level with 1d.f. (Table 10). An enquiry was made among the patients to know whether the patients required any services other than those provided by the units. 90.9% of male patients and 87.5% of female patients opined that they did not require any service other than those provided by the units. But 9.1 % of male patients and 12.5% of female patients opined that they required services other than those provided by the units (Table 11). Chi-square test result showed that there was no significant association between the age of the patients and their need for other services not provided by the units, since the calculated value of χ^2 (22.290) was greater than the tabulated value (13.28) at 1% level with 4 d.f. (Table 11). 85.6% of male and 84% female patients opined that palliative care service was absolutely essential for the society, whereas, 14.4% of male and 16% female patients opined that these services were essential to the society (Table 12). Chi-square test showed that there was no significant difference in the opinion about the need for palliative care in the society among male and female patients, since the calculated value of χ^2

(0.411) was less than the tabulated value (6.63) at 1% level with 1 d.f. (Table 12). The type of relief to male and female patients after undergoing pain and palliative care treatment (Table 13) was that the pain suffered by the patients earlier could be reduced to a considerable extent which was ranked as first both by male and female patients. The hope of patients could be maintained/strengthened through palliative care treatment, which was ranked as second by the male patients. 'Feeling of independence' was ranked as second by female patients. Both male and female patients opined that the services of the doctors must be improved. Male patients needed an increase in the frequency of volunteer's visit which they ranked as second, whereas the female patients required an increase in the frequency nurse's visit (Table 14).

Conclusion

Most of the male and female patients got the services of doctors, nurses and volunteers and were either highly satisfied or satisfied with the services of the doctors, nurses, volunteers and in the present medical treatment. Most of the male and female patients opined that they did not require any service other than those provided by the units and palliative care service was absolutely essential for the society. The pain suffered by both male and female patients earlier could be reduced to a considerable extent. The hope of male patients could be maintained/strengthened through palliative care treatment and female patients experience a 'Feeling of independence' after undergoing palliative care treatment. All the patients needed improvement in the services of the doctors and male patients needed an increase in the frequency of volunteer's visit whereas the female patients required an increase in the frequency nurse's visit.

References

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Table 1 Gender of the Patients and Periodicity of Visit of the Doctors
(Chi- Square Test)

Gender	Periodicity of Visit of the Doctors					
		Regularly	Frequently	occasionally	Only once	Total
Male	count	43	51	357	6	457
	% within gender	9.4%	11.2%	78.1%	1.3%	100%
Female	count	3	29	342	13	387
	% within gender	.8%	7.5%	88.4%	3.4%	100%
Total	count	46	80	699	19	844
	% within gender	5.5%	9.5%	82.8%	2.3%	100%

Source: Primary data

$\chi^2 = 38.190$ with 3 degrees of freedom. Significant at 1% level

Table 2 Gender of the Patients and their Level of Satisfaction in the Present Services of the Doctors (Chi-Square Test)

Gender	Level of Satisfaction in the Present Services of the Doctors				
		Highly Satisfied	Satisfied	No Opinion	Total
Male	Count	212	255	4	471
	% within Gender	45.0%	54.1%	.8%	100%
Female	Count	109	280	11	400
	% within Gender	27.3%	70.0%	2.8%	100%
Total	Count	321	535	15	871
	% within Gender	36.9%	61.4%	1.7%	100%

Source: Primary data

$\chi^2 = 28.764$ with 2 degrees of freedom. Significant at 1% level

Table 3 Gender of the Patients and Periodicity of Visit of the Nurses (Chi- Square Test)

Gender	Periodicity of Visit of the Nurses				
		Regularly	Frequently	occasionally	Total
Male	Count	197	146	117	460
	% within Gender	42.8%	31.7%	25.4%	100%
Female	Count	150	177	67	394
	% within Gender	38.1%	44.9%	17.0%	100%
Total	Count	347	323	184	854
	% within Gender	40.6%	37.8%	21.5%	100%

Source: Primary data

$\chi^2 = 17.935$ with 2 degrees of freedom. Significant at 1% level

Table 4 Gender of the Patients and their Level of Satisfaction in the Present Services of the Nurses (Chi-Square Test)

Gender	Level of Satisfaction in the Present Services of the Nurses				
		Highly Satisfied	Satisfied	No Opinion	Total
Male	Count	314	151	6	471
	% within Gender	66.7%	32.1%	1.3%	100%
Female	Count	282	114	4	400
	% within Gender	70.5%	28.5%	1.0%	100%
Total	Count	596	265	10	871
	% within Gender	68.4%	30.4%	1.1%	100%

Source: Primary data

$\chi^2 = 1.196$ with 1 degrees of freedom. Not significant at 1% level

Table 5 Gender of the Patients and Periodicity of Visit of the Volunteers
(Chi-Square Test)

Gender	Periodicity of Visit of the Volunteers						
		Every day	Once in a Week	Twice in a week	Once in a month	No periodicity	Total
Male	Count	3	14	26	87	299	429
	% within Gender	.7%	3.3%	6.1%	20.3%	69.7%	100%
Female	Count	1	2	25	55	314	397
	% within Gender	.3%	.5%	6.3%	13.9%	79.1%	100%
Total	Count	4	16	51	142	613	826
	% within Gender	.5%	1.9%	6.2%	17.2%	74.2%	100%

Source: Primary data

$\chi^2 = 50.229$ with 3 degrees of freedom. Significant at 1% level

Table 6 Gender of the Patients and their Level of Satisfaction in the Present Services of the Volunteers (Chi-Square Test)

Gender	Level of Satisfaction in the Present Services of the Volunteers				
		Highly Satisfied	Satisfied	No Opinion	Total
Male	Count	245	184	42	471
	% within Gender	52.0%	39.1%	8.9%	100%
Female	Count	196	201	3	400
	% within Gender	49.0%	50.3%	.8%	100%
Total	Count	441	385	45	871
	% within Gender	50.6%	44.2%	5.2%	100%

Source: Primary data

$\chi^2 = 34.436$ with 2 degrees of freedom. Significant at 1% level

Table 7 Gender of the Patients and their Level of Satisfaction in the Present Medicines (Chi-Square Test)

Gender	Level of Satisfaction in the Present Medicines					
		Highly Satisfied	Satisfied	Not satisfied	No Opinion	Total
Male	Count	263	208	0	0	471
	% within Gender	55.8%	44.2%	.0%	.0%	100%
Female	Count	141	240	5	14	400
	% within Gender	35.3%	60.0%	1.3%	3.5%	100%
Total	Count	404	448	5	14	871
	% within Gender	46.4%	51.4%	.6%	1.6%	100%

Source: Primary data

$\chi^2 = 36.171$ with 2 degrees of freedom. Significant at 1% level

Table 8 Gender of the Patients and their Level of Satisfaction in the Present Medical Treatment of the Units (Chi-Square Test)

Gender	Level of Satisfaction in the Present Medical Treatment of the Units				
		Highly Satisfied	Satisfied	No Opinion	Total
Male	Count	267	204	0	471
	% within Gender	56.7%	43.3%	.0%	100%
Female	Count	185	210	5	400
	% within Gender	46.3%	52.5%	1.3%	100%
Total	Count	452	414	5	871
	% within Gender	51.9%	47.5%	.6%	100%

Source: Primary data

$\chi^2 = 7.967$ with 1 degrees of freedom. Significant at 1% level

Table 9 Gender of the Patients and their Level of Satisfaction in the Overall Services of the Units (Chi-Square Test)

Gender	Level of Satisfaction in the Overall Services of the Units			
		Highly Satisfied	Satisfied	Total
Male	Count	286	185	471
	% within Gender	60.7%	39.3%	100%
Female	Count	156	244	400
	% within Gender	39.0%	61.0%	100%
Total	Count	442	429	871
	% within Gender	50.7%	49.3%	100%

Source: Primary data

$\chi^2 = 40.833$ with 1 degrees of freedom. Significant at 1% level

Table 10 Gender of the Patients and Their Opinion about the Improvement in the Present Care (Chi-Square Test)

Gender	Improvement in the Present Care			
		Yes	No	Total
Male	Count	156	302	458
	% within Gender	34.1%	65.9%	100%
Female	Count	116	270	386
	% within Gender	30.1%	69.9%	100%
Total	Count	272	572	844
	% within Gender	32.2%	67.8%	100%

Source: Primary data

$\chi^2 = 1.542$ with 1 degrees of freedom. Not significant at 1% level

Table 11 Gender of the Patients and Their Need for Other Services not Provided by the Unit (Chi-Square Test)

		Need for other services not provided by the Unit		
Gender	Count	Yes	No	Total
Male	% within Gender	43	428	471

	Count	9.1%	90.9%	100%
Female	% within Gender	50	350	400
	Count	12.5%	87.5%	100%
Total	% within Gender	93	778	871
	Count	10.7%	89.3%	100%

Source: Primary data

$\chi^2 = 2.576$ with 1 degrees of freedom. Not significant at 1% level

Table 12 Gender of the Patients and their Opinion about the Need for Pain and Palliative Care Services in the Society (Chi-Square Test)

Gender	Need for Pain and Palliative Care Services in the Society			
		Absolutely Essential	Essential	Total
Male	Count	403	68	471
	% within Gender	85.6%	14.4%	100%
Female	Count	336	64	400
	% within Gender	84.0%	16.0%	100%
Total	Count	739	132	871
	% within Gender	84.8%	15.2%	100%

Source: Primary data

$\chi^2 = 0.411$ with 1 degrees of freedom. Not significant at 1% level

Table 13 Gender of the Patient and the type of Relief to the Patients after Undergoing Pain and Palliative Care Treatment

Type of relief after undergoing treatment	Male		Female	
	Mean	Rank	Mean	Rank
My hope is maintained/strengthened	12.6875	2	12.05028	3
Pain is reduced	12.82313	1	12.27083	1
I feel more comfort	11.7512	4	11.92	4
I am relieved from physical/mental suffering	10.38095	9	11.82258	6
I feel more secure	10.9435	6	11.21839	8
I feel relaxed	11.49593	5	11.89091	5

Feeling of independence	11	7	12.09677	2
A good mental support system to help my family	8.5	10	9.666667	10
The quality of my life is improved	11.25	6	10.87059	9
I could get tremendous psychological boost	10.69565	8	11.26619	7
A great financial help to me and my family	12.03774	3	6	11

Source: Primary data

Table 14 Gender of the Patients and Areas where Palliative Care Services are to be Improved

Areas where services are to be improved	Male		Female	
	Mean	Rank	Mean	Rank
Services of the doctors	8	1	8	1
Services of the nurses	7.733333	4		
Services of the volunteers	7.50000	7	7.333333	4
Medicines	7.777778	3	6.857143	5
Increase in the frequency of doctor's visit	7.666667	5	7.25000	4
Increase in the frequency nurse's visit	7.695652	6	7.52500	2
Increase in the frequency of volunteer's visit	7.80000	2	7.333333	3

Source: Primary data