

INVOLVEMENT OF COLLEGE STUDENTS IN THE PALLIATIVE CARE MOVEMENT IN KERALA

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Abstract

Background

The Pain and Palliative Care units and local colleges have made an attempt to establish relationships with marginalized groups, people from socially disadvantaged areas and this joint venture has considerable potential for community development.

Aim

The present study has been undertaken to analyze the pain and palliative care activities of N.S.S Volunteers/ College Students in Kerala.

Materials and Methods

The respondents of the study include college students rendering Pain and Palliative care services in the State of Kerala. 22 Colleges rendering these services in Ernakulum and Kozhikode districts were selected as sample. For the purpose of analysis, statistical tools like averages, percentages and rank test were applied.

Results

Palliative care units in the colleges were started recently. Only a few N.S.S. volunteers actively involved in palliative care services. Only a few students other than N.S.S. volunteers actively involved in palliative care services. Most of the colleges did not offer home care or care any patient so far and mainly involved in organizational work. Students raised their own funds for rendering palliative care activities. The major physical care provided by the students was changing the clothes of patients and attending to the bed sore.

Conclusion

In Kerala, most the college students rendered palliative care services without having palliative care units in the college. A few N.S.S. volunteers actively involved in palliative care services.

Even though most of the college students underwent training in palliative care, they did not care any patient so far and mainly involved in organizational work.

Key words: National Service Scheme, Palliative care, Weighted average method

Manuscript

Introduction

Without good networking and sheer hard work, the initial process of creating interest and gaining commitment in Pain and Palliative care (PPC) would not have been possible. Public health practice is in a developmental stage to involve as many young people as possible in developing social support strategies around death and loss. The PPC units and local colleges have made an attempt to establish relationships with marginalized groups, people from socially disadvantaged areas and this joint venture has considerable potential for community development.

Significance of the study

Palliative care is not only treatment of pain and other symptoms and of disease. It is total care, incorporating emotional, and social and spiritual support. Volunteers especially college students could help, depending on the skills they have and time available to the most vulnerable group in the society, the chronically ill patients in the form of assistance with administrative matters or fund raising, active patient care, helping with nursing chores or counseling. For this purpose, students should develop necessary listening and counseling skills. It is also necessary to learn to understand needs and do what exactly is required to improve quality of life. Each palliative care service provides its own program of services to the person and their family and a wide range of support from trained volunteers. The involvement of the students in palliative care movement would help them to develop several skills and would mould them in such a way that they could face any difficulties in future boldly. The college students render palliative care services in different ways. They may form their own palliative care unit and offer home care visit to patients independently. Sometimes, they may form palliative care units but do not offer home care visits independently. In such cases they render palliative care services in association with other voluntary organizations which offer home care visits. In certain other cases, the students offer palliative care services other than caring of patients. No study has so far been conducted for

analyzing the pain and palliative care activities of the college students. In this context the present topic entitled “Pain and Palliative Care Activities of National Service Scheme (N.S.S.) Volunteers / Students of the Colleges in Kerala” assumes greater importance.

Scope of the study

The present study has been undertaken to analyze the involvement of College students in the Pain and Palliative care. The assessment has been made by considering the perception of NSS volunteers/ students of different colleges in Kerala.

Objective of the Study

The main objective of the study is to study the pain and palliative care activities of N.S.S Volunteers/ College Students in Kerala.

Selection of Sample

The respondents of the study include NSS Units of the colleges / Colleges rendering Pain and Palliative care services in the State of Kerala. The Colleges 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.

Selection of Colleges Rendering Palliative Care Services

The Colleges rendering Pain and Palliative care services have been selected from the records of the Consortium of Pain and Palliative care Units in Ernakulam District and Institute of Palliative Medicine, Kozhikode. No single college in Alappuzha district is providing Pain and Palliative care services. The number of Colleges which render these services in Ernakulam and Kozhikode districts are two and 20 respectively. All the colleges which render these services have been selected for the purpose of the study.

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 and rank 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.

Period of the Study

The study covers a period of two years (2009-2011).

Involvement of College Students in the Palliative Care Movement -Analysis

59.1% of the colleges were having N.S.S. units. Out of which, 84.6% belonged to North and 15.4% belonged to Central zones and no single college in South zone rendered palliative care service. In Kerala, the college students are rendering palliative care services without having palliative care units in the college. However, some colleges are having their own palliative care units. The study revealed that palliative care units in the 15 colleges were started recently that is during the period 2003-2010. It was also found out that 26.1% of the units were started in the year 2008 which was due to increased publicity given to this movement by media during this period.

For rendering quality palliative care services proper training in respective field is very essential. For acting as palliative care volunteers, students are given free training by various institutions in Kerala. 59.1% of the colleges were having trained N.S.S. volunteers in Palliative care. 4.5% of the colleges had 100 trained volunteers in palliative care and another 4.5% of them had trained 66 trained volunteers. However, 41% did not have any trained N.S.S. volunteers, where other students who got training provided palliative care services. Most of the N.S.S. volunteers did not render palliative care services even though they underwent palliative care training. Rendering these services depend upon several factors viz., a broad mind of helping others, availability of time, funds, nursing services, conveyance, type of patients cared, permission from parents, work load etc. Only a few N.S.S. volunteers actively involved in palliative care services. Out of 59.1% of colleges having trained volunteers, trained N.S.S. volunteers of 23.1% the colleges, even after getting palliative care training did not render any palliative care service. In 9.2% of the colleges, the number of trained N.S.S. volunteers who rendered the services was 20 and it was 10 in 22.8% of the colleges and 15 in 4.5% of the colleges. In Kozhikode district, even the students other in 63.64% of the colleges, students other than N.S.S. volunteers were trained in palliative care. In 4.5% of the colleges, 500 other students got training and in another 4.5% of the colleges, 70 students got training and in 9.2% of the colleges, 60 students got training and in 22.5% of the colleges, the number ranges from 25 to 57. Even though palliative care training was provided to

other students in 63.64% of the colleges, only in 42.85% of the colleges, the students were actively involved in palliative care services. Palliative care service includes a lot of activities like caring of patients, raising of funds, identifying patients, etc. An enquiry was made among the respondents to know the number of colleges who actively involved in caring of patients. It is revealed that 82% of the colleges did not care any patient so far. 4.5% of them each cared 4 to 46 patients (Table 1). An analysis was made to know the type of involvement of students in palliative care activities. The students were mainly involved in organizational work which was ranked as first by the colleges. The second major activity was raising of funds. They also engaged in awareness campaign which was ranked as third (Table 2).

Palliative care requires money which is procured by way of public donations, own funds, funds from local self Governments etc. It was revealed from the study that students raised their own funds for rendering palliative care activities which they ranked as the first and foremost source of fund. Second, they collected funds by way of public donations and is a part of palliative care service. (Table 3). The active participation of college students in this movement is very essential for improving its coverage in Kerala. It was revealed that 63.6 % did not offer home care visit and only 36.4 % offered this service (Table 4).

The periodicity of visit of the college students depend upon the time available and number of patients cared by them etc. It was understood that out of 63.6% who offered home care visits, 37.5 % students visited the patients monthly and another 37.5 % visited once in two weeks. 12.5% of units/colleges visited the patients weekly and another 12.5% of them paid visit without any periodicity (Table 5). In this dynamic world, each and every individual is busy. As far as students are concerned, they are engaged in so many activities along with their routine activities. So the time available for doing palliative care activities is very limited. It was understood that 25% of the N.S.S. units/Colleges which offered home care visit spent up to 1 hr for each patient cared by them. 50 % of them spent 1 to 2 hrs and only 25% of them spent 3hrs and more for a single patient (Table 6).

The physical care included bathing, attending to the bed sore, changing clothes, giving medicines, dressing the wounds, changing the “condom catheter”, training the family members in simple nursing tasks etc. .The major physical care provided by the students was changing the

clothes of patients and they attended to the bed sore of the patients and gave them medicines as prescribed by the doctors, which were ranked as second and third by the students (Table 7). Patients need psychological care in addition to physical care which is provided in palliative care. 'Sharing of problems with patients and the family' was the major psychological care provided by them. They listened to the sorrows and fears of patients and also the concerns of the family members which were ranked as second by the students (Table 8). In addition to physical care, the students also provided financial care to the patient viz., supply medicines to the patients, rice and provisions for the patients' family at free of Cost, providing wheel chairs / water beds, commodes etc. to the patients and providing books, clothes and school fees for the patients' kids etc. The major financial care provided by them included 'Supply rice and provisions for the family' and 'providing wheel chairs / Water beds, Commodes etc'. 'Supply medicines at free of Cost' was ranked as second (Table 9). Providing spiritual care to the patients is a part of pain and palliative care services. The students helped to establish /re-establish a sense of meaning and purpose to life which was ranked as the first spiritual care offered by them. Fulfilling the wishes of patients was the second type of spiritual care provided by them (Table 10). Since patients are drawn from different States and cultural backgrounds, they might speak different languages in which the palliative volunteers might not be well versed. An enquiry was made to know whether the students faced any language barriers. It was understood that 68.2% of the students did not face any language barriers while rendering palliative care services. Only 9.1 % of them sometimes faced such barriers (Table 11). Illiteracy of the patient/ family members was the major language problem faced by the students. Difficulty in understanding the patients /care givers language was the second problem faced by them (Table 12). Volunteers usually face different type of problems while dealing with different patients those who were suffering from severe pain, mental agony and other social and financial problems. It was revealed from the study that 50 % of the students did not face any problem in rendering palliative care service. However, 4.5% of them always faced problems, 13.6% of them very rarely faced problems and 31.8% sometimes faced the problems while rendering palliative care services (Table 13). Non availability of medicines was the major problem faced by the college students in rendering palliative care services. Non co-operation of Patients and the Family was ranked as second (Table 14).

Conclusion

Palliative care units in the colleges were started recently that is; during the period 2003-2010 and some of the units was started in the year 2008 which was due to increased publicity given to this movement by media during this period. Only a few N.S.S. volunteers actively involved in palliative care services. Even after getting Palliative care training most of them did not render any palliative care service.

Even though palliative care training was provided to other students, only a few students actively involved in palliative care services. Most of the colleges did not care any patient so far. The students were mainly involved in organizational work. Students raised their own funds for rendering palliative care activities. Most of colleges did not offer home care visit and only a few students visited the patients monthly or once in two weeks. A few students visited the patients monthly or without any periodicity. The colleges which offered home care visit spent up to 1 hr for each patient cared by them. The major physical care provided by the students was changing the clothes of patients and they also attended to the bed sore of the patients. 'Sharing of problems with patients and the family' was the major psychological care provided by them. The major financial care provided by them included 'Supply rice and provisions for the family' and 'Providing wheel chairs / Water beds, Commodes etc'.

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SANTHA S.

Table 1 No. of Patients Cared by the Students

Number of Patients Cared	Frequency	Percent
Nil	18	82
4	1	4.5
20	1	4.5
40	1	4.5
46	1	4.5
Total	22	100

Source: Primary data

Table 2 Type of Involvement in Palliative Care Activities

Type of involvement	Mean	Rank
Patient related activities	1.6667	5
Organisation work	2.1429	1
Identifying the needy patients in the locality and linking them to the nearby Palliative Care Unit	1.7143	4
Raising funds	2.0952	2
Awareness campaign	2.0000	3

Source: Primary data

Table 3 Sources of Funds for Palliative Care Activities

Sources of funds	Mean	Rank
Public Donations	1.1000	2
Funds from Local Self-Govt.Institutions	0.6000	3
Own	1.4000	1

Source: Primary data

Table 4 Colleges Offering Home Care Visit in Kerala

Responses	Frequency	Percent
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Yes	8	36.4
No	14	63.6
Total	22	100.0

Source: Primary data

Table 5 Periodicity of Home Care Visit by the College Students

Responses	Frequency	Percent
Once in a week	1	12.5
Once in two weeks	3	37.5
Monthly	3	37.5
Others	1	12.5
Total	8	100

Source: Primary data

Table 6 Hours Spend for Each Patient by the College Students

Hrs. spend	Frequency	Percent
Upto 1 hour	2	25
1-2 hours	4	50
3 hours and more	2	25
Total	8	100

Source: Primary data

Table 7 Type of Physical Care Provided by the Students to the Patients

Type of Physical care	Mean	Rank
Bathing	0.1667	6
Attending to the Bed Sore	0.3889	2
Changing clothes	0.4167	1
Giving medicines	0.3333	3
Dressing the wounds	0.2778	4

Changing the “condom Catheter”	0.0556	7
Training the family members in simple nursing tasks	0.1944	5

Source: Primary data

Table 8 Type of Psychological Care provided by the Students to the Patients

Type of Psychological care	Mean	Rank
Listening the sorrows and fears of patients	1.4000	2
Listening to the concerns of the family members	1.4000	2
Chatting with the Patients	0.9333	3
Sharing of problems with patients and the family	2.4667	1

Source: Primary data

Table 9 Type of Financial Care provided by the Students to the Patient’s Family

Type of Financial Care	Mean	Rank
Supply medicines at free of Cost	0.4667	2
Supply rice and provisions for the family	0.6667	1
Provide wheel chairs / Water beds, Commodes etc	0.6667	1
Books, Clothes and school fees for the kids	0.4000	3

Source: Primary data

Table 10 Type of Spiritual Care Provided by the Students

Type of Spiritual Care	Mean	Rank
Fulfilling the wishes of patients	0.1111	2
Psychological boost	0.0889	3
Helped to establish /re-establish a sense of meaning and purpose to life	0.1556	1
Encourage to reminisce with Family & Friends	0.0889	3
Gift giving	0.0444	4

Source: Primary data

Table 11 Language Barriers Faced by the College Students

Responses	Frequency	Percent
Sometimes	2	9.1
Very rare	5	22.7
No	15	68.2
Total	22	100

Source: Primary data

Table 12 Type of Language Barriers Faced by the College Students

Type of Language barriers	Mean	Rank
Difficulty in understanding the patients /care givers language	0.8333	2
Patient/ Caregiver seem to be getting impatient, looks blank / confused /has a facial expression not in keeping with context of the discussion	0.3333	3
Illiteracy of the Patient/ Family members	1.0000	1

Table 13 Problems Faced by the College Students in Rendering Palliative
Care Services

Responses	Frequency	Percent
Always	1	4.5
Sometimes	7	31.8
Very rare	3	13.6
No	11	50.0
Total	22	100.0

Source: Primary data

**Table 14 Type of Problem Faced by the Students in Rendering
Palliative Care Services**

Type of Problem faced	Mean	Rank
Conveyance problems to reach the patients	0.131868	4
Non co-operation of Patients and the Family	0.186813	2
Lack of proper training in Palliative Care	0.054945	8
Lack of Funds	0.153846	3
Resistance from other units in the locality	0.054945	8
Non –Co-operation among volunteers	0.065934	7
Lack of interest	0.098901	5
Personal problems	0.131868	4
Friction among volunteers	0.153846	3
Lack of support from doctors	0.032967	9
Lack of support from nurses	0.054945	8
Non availability of medicine	0.197802	1
Others	0.087912	6

Source: Primary data