

# Patients' Perceived Outcome of Specialist Palliative Care at the Komfo Anokye Teaching Hospital, Ghana

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## **Authors' contributions**

*This work was carried out in collaboration among all authors. Author GA designed the study and collected the data. Author ROP reviewed the study proposal. Authors GA and ROP analyzed the data, wrote the first draft and managed the literature searches. Authors ROP and ADD wrote the final manuscript. All authors read and approved the final manuscript.*

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## **ABSTRACT**

**Aim:** To explore the outcome of specialist palliative care services from the perspective patients at the Komfo Anokye Teaching Hospital in Ghana.

**Study Design:** Qualitative exploratory study

**Place and Duration of Study:** Palliative Care Unit, Family Medicine Directorate, Komfo Anokye Teaching Hospital, from 7th May to 28th May 2019.

**Methodology:** Ten (10) patients with advanced cancer were recruited from the palliative care unit using purposive sampling technique. Face-to-face interviews were conducted using a semi-structured interview guide. Interviews were audio-recorded, transcribed verbatim, and thematic analysis done.

**Results:** Two (2) main themes and four (4) sub-themes were identified. Patients reported renewed sense of hope, enhanced self-dignity, improved symptom control and appreciation with care as the outcome of specialist palliative care services.

**Conclusion:** Palliative care improves the quality of life of patients by improving symptom control and helping them have enhanced self-dignity and sense of hope.

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## 1. INTRODUCTION

Globally, cancer is one of the leading causes of mortality and morbidity [1]. Estimates from the Global Cancer Statistics (GLOBOCAN 2020) indicate that in 2020, 19.3million people were diagnosed of cancer and 10million people died from same [2]. Thus, about 1 in 5 people will develop cancer during their lifetime [3].

In view of the increasing burden of cancer globally, the need for palliative care will rise to meet the care needs of patients and their families [2]. The World Health Organization estimates that, low-and middle-income countries have 80% of the global need for palliative care services [4]. However, in these low-and middle-income countries, palliative care services are either absent or available in isolated facilities [5].

In Ghana, palliative care services are established in three facilities: Korle-Bu Teaching Hospital, Komfo Anokye Teaching Hospital and Tetteh Quarshie Memorial Hospital [6]. The palliative care service at the Komfo Anokye Teaching Hospital started in 2015 and provides care to patients referred by their primary physicians. Majority of these patients have a diagnosis of advanced cancer.

An understanding of the perspective of patients receiving care is crucial to service improvement efforts by clinicians, hospital management and policy makers [7,8]. There is, however, a paucity of studies within the Ghanaian context exploring the outcome of palliative care services from the patient's view point. This study therefore seeks to explore the outcome of palliative care services among patients receiving care at the Komfo Anokye Teaching Hospital.

## 2. MATERIALS AND METHODS

### 2.1 Study Design

A qualitative exploratory study design was used to understand perspectives of patients with advanced cancer on the outcomes of care received at the palliative care unit of the Komfo Anokye Teaching Hospital, one of Ghana's major referral centres.

### 2.2 Study Setting

As of 2019 when the study was being conducted, palliative care services in the hospital were

conducted by three nurses, two physicians and one surgeon. These clinicians had received various levels of training ranging from a 6-week palliative care initiator's course, master's program in palliative care, to a 3-year specialization in palliative care.

### 2.3 Study Population and Sampling

Participants were recruited from the outpatient clinic of the Palliative Care Unit, Family Medicine Directorate. Clinicians at the Unit also attend to inpatients referred to them and conduct home visit for outpatients within the Kumasi metropolis. Patients who had received care with the unit for a minimum of two weeks were included whereas those with unable to communicate verbally or who had cognitive impairment were excluded. Employing data saturation as the benchmark for determination of sample size [9], ten (10) patients participated in the study, and were recruited using purposive sampling technique.

### 2.4 Data Collection and Analysis

Data was collected using face-to-face one-on-one interview with a semi-structured interview guide. Interviews were audio recorded, transcribed verbatim and thematic analysis done.

### 2.5 Methodological Rigor

Debriefing sessions with colleagues were held to ensure that description of data collected was accurate and credible. Detailed information about study setting and participants were provided to ensure transferability of study findings. An audit trail of all the events, procedures and interviews has been kept to ensure dependability and establish confirmability of study findings.

## 3. FINDINGS

### 3.1 Demographic Characteristics and Diagnosis of Participants

All study participants had a diagnosis of advanced metastatic cancer and were aged between 32years and 56 years of age. Detailed demographic characteristics of participants are presented in Table 1 below.

**Table 1. Demographic characteristics and diagnosis of participants**

No.	Name	Gender	Age (years)	Diagnosis
1	Participant 1	F	52	Metastatic breast cancer
2	Participant 2	F	56	Metastatic breast cancer
3	Participant 3	M	46	Hepatocellular carcinoma on cirrhotic liver
4	Participant 4	M	44	Gastric cancer
5	Participant 5	M	40	Advanced gastric cancer
6	Participant 6	M	32	Advanced osteosarcoma of right thigh
7	Participant 7	M	43	Prostate cancer with metastasis to bone
8	Participant 8	F	38	Advanced breast cancer
9	Participant 9	F	50	Renal cell carcinoma
10	Participant 10	F	46	Hepatocellular carcinoma secondary to hepatitis B infection

**Table 2. Themes and sub-themes from transcribed data**

Themes	Sub-Themes
Psychological outcome	Restored hope Restored dignity Appreciation with care
Physical outcome	Reduced symptom burden

**3.2 Themes and Subthemes of Transcribed Data**

The main themes (2) and four subthemes (4) generated from transcribed data have been illustrated in Table 2 below.

**3.2.1 Psychological outcome**

Patients in this study felt respected as individuals, appreciated the care provided and felt emotionally supported by the palliative care clinicians.

**3.2.1.1 Restored hope**

Participants felt the palliative care team provided emotional support by consoling them and enabling them restore a sense of hope. One participant who had been told by his primary physicians that there was nothing more to be done and the palliative care team would continue with his care indicated that, his interaction with the team made him feel there was hope for him despite his condition. He said, “And truly when I came, they made me feel that there is hope.” (Participant 5).

Another participant who also felt very miserable on account of the diagnosis of advanced cancer and even wished he was dead also revealed that, after interacting with the palliative care team, he believed there was hope. He said:

When I heard that I have this disease, all hope was lost therefore I felt very sad. I have cried, I have cried, I could be so sad that I ask myself why I came to this world. I wished I was dead. But since I met these people, they have consoled me and I believe there is hope for me... Because of that my heart is at peace. They have made me happy; my soul is happy. (Participant 7)

**3.2.1.2 Restored dignity**

Participants also felt respected by the palliative care clinicians. One participant comparing palliative care nurses to other nurses in a ward he was previous admitted said:

The surgical ward that I was, some of the nurses addressed us patients with disrespect. How they mentioned our names, they do not respect human beings. They do not address human beings with respect. As for here [Palliative Care Unit], since I came, they address me well. When they are speaking to me, they say please. If I should compare, then the palliative care team members are good people. I like the way they take care of patients. (Participant 4)

Similarly, another participant highlighted that he felt respected by the palliative care nurses

because of how they treated him. The nurses made him feel he was still a human being despite having a wound that had pus draining. He said:

As for where I was, because my wound drains, the nurses spent less time whenever they came around me. This made me feel sad and I wished that I was even not alive. ...But here, even though my leg is still draining, the nurses have patience to have a conversation with me. I noticed that they are loving people and have respect for us patients who due to sickness cannot mingle with people... The nurses have made me know that even though I have a [fungating] wound, I am still a human being and they have made me feel respected. (Participant 6)

### 3.2.1.3 Appreciation with care

Participants were appreciative of the care provided by the palliative care team, specifically about their approach to communication, the home visit service delivery and their availability for providing support via phone calls.

Regarding the approach to communication employed by palliative care clinicians, one participant said, "I was very happy about the way they received me" (Participant 3). Another participant also reiterated, "They have shown me love and kindness. This has really helped me" (Participant 7). Furthermore, another participant who felt the clinicians had addressed all her concerns through interaction with them highlighted with appreciation, "My greatest concern has been addressed and I thank God for this" (Participant 1).

One participant who was particularly appreciative of the home visit service provided her by the team said, "I like the care they provide me at home... Anytime I come to the clinic I suffer" (Participant 1).

Another aspect of the care provided by the palliative care team which attracted appreciation from participants was their availability for discussions on phone when needed. One participant expressing her joy with this mode of care stated:

I can communicate with them from home through the telephone, and that helps

me. I am happy about how they take care of me. (Participant 3)

### 3.2.2 Physical outcome

Participants also reported that their physical symptoms had been controlled following assessment and management by the palliative care team.

#### 3.2.2.1 Reduced symptom burden

After receiving palliative care for at least a week, participants generally felt that their symptoms were being managed more adequately by the team as compared to their previous care provider. One participant, who had a chief complaint of severe headache on her visit to the palliative care team said:

I did not have pain relief at the various facilities I visited before being referred for palliative care. But my pain has been controlled since I started receiving palliative care. (Participant 1)

Another patient, also mentioning how palliative care interventions helped to reduce his presenting symptoms of severe abdominal pains and vomiting, said:

All my concerns were that I had stomach pain. I could not bear the pain after meals. I also vomited whenever I ate. ...They gave me some syrup which helped to control the pain. They also gave me tablets to control the vomiting. ...My stomach pain and the vomiting have been controlled. (Participant 4)

Another patient who had been diagnosed of an advanced osteosarcoma and was battling with bone pain and foul odor from the ulcerated tumor said:

I was very happy about how they addressed my concerns. They gave medicine to control the pain and the bad smell. (Participant 6)

## 4. DISCUSSION

In this study, participants mentioned that they received the needed emotional support from the palliative care team. One psychological outcome of the palliative care service received was that patients reported a renewed sense of hope in spite of having insight into their condition of

advanced cancer. This finding established consistency with a previous study conducted by Choi (2016), which also showed that amidst sadness and anxiety, family members of cancer patients experienced hope with the palliative care team [10]. Although family members were the focus of the study by Choi (2016), it can be inferred that the patients must also have benefited similarly from the service, further improving the sense of satisfaction of family members with the service.

In a study by Baczewska et al. (2019) describing hope in inpatients with terminal cancer, four dimensions of hope were characterized: the situational dimension which focuses on hope related to recovery or health improvement; the telic-temporal dimension which is related to the attitude towards the future and motivates them to make necessary effort in the management; the spiritual-religious dimension which pertains to trust and hope in a Supreme Being; and the affective dimension which highlights the determination of the patient to overcome their anxiety and stay courageous in the face of the illness in order to have a sense of inner satisfaction and calmness [11]. Patients in the study had high levels of score for the spiritual-religious and affective dimensions of hope [11]. In our study, the report of patients having a renewed sense of hope in the face of advanced cancer could also be due to a restoration of hope in religious-spiritual dimension as most patients in Ghana tend to be religious as well as in the situational dimension due to an appreciation of the care rendered to them by palliative care clinicians as symptoms are controlled leading to further improvement in their health.

In addition, most of the participants expressed having renewed self-dignity as they felt respected, loved and cared for as human beings upon meeting the palliative care nurses. This outcome of the palliative care service highlighted by participants is corroborated by a qualitative study on compassion from a palliative care perspective where participants felt treated as individuals and not merely as a disease or number [12]. Tanzi and Buonaccorso (2021) have also highlighted that an approach to “affirm personhood and convey to patients and families that they matter and deserve our care, compassion, and respect” enhances the dignity of patients and families [13].

Furthermore, participants were quite appreciative for the love and kindness shown them, the

concern of the team about them as persons, and the availability of the team to provide care on home visit and phone consult basis. This is congruent with the findings of a qualitative study conducted by Wentlandt et al. (2016) where participants expressed satisfaction with palliative care services they received [14]. Participants in Wentlandt’s study described palliative care professionals as ‘gentle’, ‘kind’, ‘compassionate’ and ‘friendly’. Similarly, participants in this study described palliative care providers as ‘loving,’ ‘compassionate’ and ‘receptive’.

Moreover, this study revealed that, symptom control was one of the outcomes of palliative care important to patients. Participants reported experience of symptom relief after meeting the palliative care team. This finding is significant as the main objective of palliative care is to relieve serious health-related suffering in order to improve the quality of life of patients and their families [15]. Prior studies done in Uganda and Sweden similarly reported improved pain and other symptoms as an outcome of care reported by patients after palliative care consultation [16,17].

## 5. CONCLUSION

Patients diagnosed with advanced cancer receiving specialist palliative care at the Komfo Anokye Teaching Hospital mentioned that the outcome of care they had received from palliative care clinicians was a renewed sense of hope in spite of diagnosis of advanced cancer, improved symptom control, and restored self dignity as they felt respected as persons not diseases. They were also appreciative of the availability of palliative care clinicians for home visits and phone consults. Palliative care clinicians should therefore maintain or continue to improve on the quality of communication with their patients.

## 6. LIMITATION

A higher sample size would have been ideal. However, the time available for the study was very short.

## CONSENT

All authors declare that written informed consent was obtained from patients who participated in this study. A copy of the written consent is available for review by the editorial office of this journal.

## ETHICAL APPROVAL

Ethical approval (with reference CHRPE/AP/208/19) was given by the Human Research, Publications and Ethics Committee of the Kwame Nkrumah University of Science and Technology Kumasi.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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