

# Knowledge and perception of healthcare providers towards palliative care in Rivers State, Nigeria

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## Abstract

**Background:** Palliative care, a multidisciplinary approach to specialised medical care, focuses on improving the quality of life for both the patient and the family. It increases their satisfaction and improves clinical outcome. Its concept, however, is relatively new in Nigeria, with services mainly limited to patients who attend the tertiary hospitals.

**Aim:** The aim of this study is to evaluate the knowledge and perception towards palliative care among health-care providers in Rivers State.

**Methods:** This cross-sectional study was conducted in November 2012 at the University of Port Harcourt Teaching Hospital, among participants of a workshop on Hospice and Palliative care. Participants were healthcare providers from within and outside the hospital, including doctors, nurses, pharmacists, social workers, medical and nursing students. A structured, anonymous and self-administered questionnaire was used to obtain data on knowledge of palliative care and awareness information. Data were analysed using SPSS version 20.0.

**Results:** There were 114 respondents and this comprised of 29 (25.4%) males and 85 (74.6%) females, giving a male-to-female ratio of 1:3. They were mainly doctors (44.7%) and nurses (44.7%). Majority (88%) had previously heard of palliative care. Sixty-four (56.1%) of them heard of it in a hospital setting from doctors/nurses, 37 (32.5%) from friends/family and 10 (8.8%) in school. Forty-six (40%) respondents believed that nurses should be the ones to provide palliative care services, while 32 (28%) believed the doctors should. Less than half (47.4%) were aware of the interdisciplinary facet of palliative care. Ninety-five (83.3%) respondents believed that terminally ill patients should benefit from palliative care services, while 17.5% believed that patients with diabetes should. More doctors (80%) than nurses (47%) rightly identified the components of palliative care.

**Conclusion:** Healthcare providers had insufficient knowledge concerning the interdisciplinary nature of the palliative care team, potentials beneficiaries and components of palliative care.

**Keywords:** Healthcare providers, knowledge, palliative care, Rivers State

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**Received:** 05.09.2016, **Accepted:** 28.03.2018

## INTRODUCTION

Despite the investment in research, medicine still cannot provide cure for every illness, while the chances of finding

cure to many chronic and life-limiting illnesses are still faraway. Nevertheless, patients with these illnesses need treatment whatever the outcome, hence palliative care interventions.

| Access this article online  |                                 |
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| Quick Response Code:  | Website:<br>www.phmj.org        |
|  | DOI:<br>10.4103/phmj.phmj_26_16 |

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**How to cite this article:** Eke GK, Ndukwu GU, Chukwuma NS, Diepiri BB. Knowledge and perception of healthcare providers towards palliative care in Rivers State, Nigeria. Port Harcourt Med J 2017;11:156-60.

The word palliate comes from the Latin term *pallium*, meaning to cloak, describing the relief of suffering through symptom control – a key practice of palliative medicine.<sup>1</sup>

Palliative care is a multidisciplinary approach to specialised medical care for patients with active, progressive, far-advanced disease, which focuses on relief and prevention of suffering and improving the quality of life for both the patient and the family, thereby increasing their satisfaction and improving clinical outcome.<sup>2</sup> It is now considered a holistic approach to care and an essential healthcare service needed by a wide group of individuals, cutting across age group, disease entity, gender and social class.<sup>3</sup> According to the Global Atlas of Palliative care at the End of Life, published by the Worldwide Palliative Care Alliance jointly with the World Health Organisation (WHO), approximately 3 million patients in 2011 received palliative care and only 1 in 10 people in need is currently receiving it.<sup>4</sup> Moreover, with the world's ageing population and the increase in non-communicable diseases (NCDs) which are rapidly becoming a public health priority, there remains a huge unmet need for palliative care in most parts of the world.

Palliative care is somewhat established and expanding and mostly provided in high-income countries.<sup>4</sup> In the United States of America, 61% of hospitals with more than 50 beds reported a palliative care team in 2012.<sup>5</sup> In low- and middle-income countries, with almost 80% of the global need, palliative care is most needed.<sup>4</sup> However, it is only beginning to be available as an emerging medical specialty with the establishment of palliative care centres in Asia and few countries in Africa.<sup>6,7</sup>

In Sub-Saharan Africa, there is also a growing burden of NCDs, due to lifestyle changes, increased life expectancy and improved treatment of infectious diseases among others.<sup>8</sup> However, many of these countries, including Nigeria, have healthcare systems that are struggling to meet the increasing demand caused by the growing number of patients with life-limiting illnesses. But in reality, palliative care may still remain the only hope and humanitarian relief for many of those patients, especially in the advanced stages of disease.<sup>7</sup> In the last 20 years, healthcare professionals in at least 30 countries out of 56 in Africa have had training in palliative care. However, many of the services if commenced in these countries are confined to the capital, not spreading to the rest of the country, except for very few of them such as Uganda and Kenya who offer widespread, well-integrated palliative care.<sup>7</sup>

In Nigeria, the concept of palliative care is relatively new, with services mainly limited to patients who attend the

tertiary hospitals.<sup>9</sup> It is however desirable that the large number of patients with life limiting illnesses benefit from palliative care. Thus it becomes essential that its services be integrated into the practices of all clinicians and healthcare providers caring for persons with serious and chronic diseases, and not only provided by specialists at tertiary hospitals. Yet, the knowledge and skill deficits concerning palliative care among medical professionals have been identified as one of the most common barriers to quality palliative care.<sup>10,11</sup>

This study was therefore conducted to explore the knowledge and perception of healthcare providers towards palliative care in Rivers State.

## METHODS

The study was conducted at the University of Port Harcourt Teaching Hospital (UPTH) which is located in the South-South region of Nigeria. It is a major referral centre for patients in Port Harcourt and its environs. It also provides primary healthcare services, as patients can and do walk in for consultations and treatment.

It was a cross-sectional study carried out in November 2012, during a 3-day start-up workshop which preceded the inauguration of a multidisciplinary Palliative Care Unit. The programme was organised by the UPTH in collaboration with the Centre for Palliative Care, Ibadan. The first day of the workshop was dedicated to a sensitisation/awareness for healthcare providers from within and outside the hospital, including medical and nursing students, while the remaining 2 days were for the training of members of the palliative care team.

The study population was a convenient sample of healthcare workers who attended the workshop and gave consent to participate in the survey. The instrument used to obtain information was a closed-ended, anonymous and self-administered questionnaire which was retrieved immediately by the investigators after filling to avoid bias. The questionnaires were administered before participation in the lectures. Data collected included biodata, knowledge of palliative care and its components and awareness information. Respondents could tick more than one option per question, where applicable.

Approval for the study was obtained from the Ethics Committee of the Hospital. Data were entered into a Microsoft Excel Spread Sheet and analysed using SPSS version 20.0 (IBM SPSS Statistics 20 © Copyright IBM Corporation 1989, 2011.). Chi-square test was used to

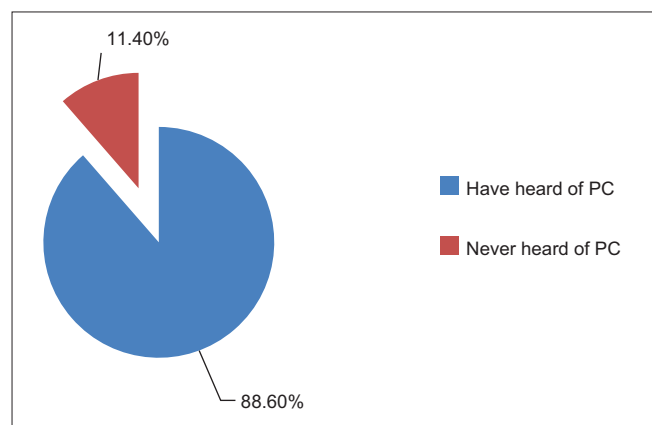
test for significance.  $P < 0.05$  was considered statistically significant. Results are presented using tables and text.

## RESULTS

One hundred and fourteen healthcare providers participated in the study, comprising of 29 (25.4%) males and 85 (74.6%) females, with a male-to-female ratio of 1:3. Almost all (98.2%) had tertiary education with doctors (44.7%) and nurses (44.7%) topping the list of respondents [Table 1].

Whereas, the majority of respondents (88.6%) had previously heard about palliative care [Figure 1], more than half (56.1%) of them heard of it in a hospital setting – from doctors and nurses, 37 (32.5%) from friends and family, 21 (18.4%) from the internet while 10 (8.8%) heard of it in school [Table 2]. Forty-six (40.4%) respondents believed that nurses should be the ones to provide palliative care services and 32 (28%) believed the doctors should, while less than half of them (47.4%) were aware of the multidisciplinary facet of palliative care. Most respondents (83.3%) believed that palliative care was indicated for the terminally ill patients, while few knew that patients with dementia (25.4%) and those with diabetes mellitus (17.5%) should also benefit from palliative care services. Erroneously, some believed that everybody should benefit from palliative care [Table 2].

Table 3 summarised what participants perceived as components of palliative care, according to the various professional cadres. Taking these components separately, pain management was the most common element identified, while only nurses believed that family counselling and support was part of palliative care. More doctors (80%) than nurses (47%) rightly identified the components of palliative care in combination; the difference however was not statistically significant ( $P = 0.134$ ).



**Figure 1:** Awareness of palliative care

## DISCUSSION

In this study, the large majority of respondents (88%), who were mostly doctors and nurses, had heard about palliative care. This is similar to the report by Abu-Saad *et al.*<sup>12</sup> in Lebanon where almost all physicians (91%) and nurses (91%) had heard of palliative care. This is somehow expected as in recent years, with the large burden of chronic communicable as well as NCDs in the developing world, the concept of palliative and hospice care has become increasingly important.

Several authors have reported very few trained palliative care professionals in Nigeria.<sup>13,14</sup> In the same vein, Fadare *et al.*<sup>6</sup> found gaps in the knowledge of workers (mostly doctors and nurses) of a Nigerian tertiary centre, which needed to be improved. In the present study, however, more than half of

**Table 1: Study population**

| Characteristics   | Frequency (%) |
|---|---------------|
| Gender  |               |
| Male  | 29 (25.4)     |
| Female  | 85 (74.6)     |
| Total   | 114 (100)     |
| Profession  |               |
| Doctor  | 51 (44.7)     |
| Nursing   | 51 (44.7)     |
| Social worker   | 5 (4.4)       |
| Pharmacist  | 3 (2.7)       |
| Others (dental therapist, medical and nursing students) | 4 (3.5)       |
| Total   | 114 (100)     |

**Table 2: Awareness information**

| Description   | Frequency (%) |
|---|---------------|
| Where did you hear of palliative care?                    |               |
| Hospital-doctors and/or nurses                            | 64 (56.1)     |
| Friend/family   | 37 (32.5)     |
| Internet  | 21 (18.4)     |
| Media   | 16 (14)       |
| School  | 10 (8.8)      |
| Others (self-read)  | 2 (1.7)       |
| No answer   | 13 (11.4)     |
| Who should offer and/or provide palliative care services? |               |
| Doctors   | 32 (28)       |
| Nurses  | 46 (40.4)     |
| Social workers  | 27 (23.7)     |
| Family/friends  | 14 (12.3)     |
| Clergy  | 4 (3.5)       |
| All of the above  | 54 (47.4)     |
| Don't know  | 7 (6.1)       |
| Indications for palliative care                           |               |
| Everybody   | 24 (21)       |
| Terminally ill  | 95 (83.3)     |
| Elderly   | 37 (32.5)     |
| Patient with dementia                                     | 29 (25.4)     |
| Patients with diabetes mellitus                           | 20 (17.5)     |
| Patients with hypertension                                | 16 (14)       |
| Patients with epilepsy                                    | 16 (14)       |
| All of the above  | 4 (3.5)       |
| Don't know  | 2 (1.7)       |

**Table 3: Components of palliative care services according to various professions**

| Components                       | Professions |            |                    |                 |            | Total (%) |
|----------------------------------|-------------|------------|--------------------|-----------------|------------|-----------|
|                                  | Doctors (%) | Nurses (%) | Social workers (%) | Pharmacists (%) | Others (%) |           |
| Pain management (1)              | 2 (1.7)     | 7 (6.1)    | 2 (1.7)            | 1 (0.9)         | 1 (0.9)    | 13 (11.4) |
| Psychological/spiritual care (2) | 1 (0.9)     | 8 (7)      | 0                  | 0               | 0          | 9 (7.9)   |
| Family counselling/support (3)   | 0           | 5 (4.3)    | 0                  | 0               | 0          | 5 (4.3)   |
| (1) and (2)                      | 2 (1.7)     | 3 (2.7)    | 0                  | 0               | 0          | 5 (4.3)   |
| (1) and (3)                      | 4 (3.5)     | 1 (0.9)    | 1 (0.9)            | 0               | 1 (0.9)    | 7 (6.1)   |
| (2) and (3)                      | 0           | 0          | 2 (1.7)            | 0               | 0          | 2 (1.7)   |
| (1), (2) and (3)                 | 41 (36)     | 24 (21)    | 0                  | 2 (1.7)         | 1 (0.9)    | 68 (60)   |
| Don't know                       | 1 (0.9)     | 3 (2.7)    | 0                  | 0               | 1 (0.9)    | 5 (4.3)   |
| Total                            | 51 (44.7)   | 51 (44.7)  | 5 (4.3)            | 3 (2.7)         | 4 (3.6)    | 114 (100) |

the respondents heard of palliative care in a hospital setting, possibly from professionals who may not have had formal training on palliative care. This is rather worrisome as they may not have the right information to pass on to others.

Despite the WHO's recommendations that palliative care has to be compulsory in courses leading to a basic professional qualification,<sup>15</sup> less than 10% of respondents in this study heard of palliative care in school. Nevertheless, as an emerging discipline in the country, it is understandable as the subject is yet to be incorporated into healthcare providers' curricula.

Undoubtedly, no single medical discipline can meet all the needs of most patients suffering from life-limiting illnesses and their families. A team approach is required with an interdisciplinary team which recognises that various healthcare workers have different roles to play. Such team significantly enhances the care of these patients. However, the composition of such team varies greatly depending on the needs of the patients and the resources available.<sup>15,16</sup>

Stating that multidisciplinary or interdisciplinary approach is central to palliative care, Fineberg *et al.*<sup>17</sup> opined that the most commonly represented or core professions in palliative care team include medicine, social work and nursing, though occasionally the clergy and other healthcare professions are also included. In the present study, less than half of participants (47.4%) correctly identified the interdisciplinary nature of a palliative care team. This is lower than findings by Fadare *et al.*<sup>6</sup> who reported that 91.7%, 94.7% and 96.7% of respondents believed that membership of the palliative care team should consist of medical social workers, nurses and medical doctors, respectively. Religious leaders were also accepted for membership by 88.4% of respondents. Even though authors singled out the various professions without grouping them as a team, their respondents were more knowledgeable in this aspect of palliative care than participants of the present study. It is possible that proximity of the participants in Fadare's study with the

first established palliative care centre located in the same Southwest region of the country, coupled with the various awareness and sensitisation activities on palliative care from that centre, may account for this variance. While previous studies in Africa have reported poor knowledge of nurses towards palliative care,<sup>9,11</sup> it is noteworthy that a large proportion of respondents (40.4%) of the present study singled out nurses as professionals who should offer and/or provide palliative care. This is not surprising, even as the WHO also recognised that nurses have a major role to play in palliative care, with particular responsibility for providing information, for counselling and education of patients and families and for facilitating continuity of care between home and hospital.<sup>15</sup>

Few healthcare providers (25.4%) in the present study identified dementia as an indication for palliative care and even fewer, diabetes mellitus (17.5%), portraying gaps in their knowledge of who should benefit from this type of care. However, majority of them (83.3%) believed that palliative care should be offered to the terminally ill patients. Similarly, Fadare *et al.*<sup>6</sup> reported that 78.7% of respondents in their study were of the opinion that all dying patients would require palliative care. It is however at variance with 34.2% reported by Bharadwaj *et al.*<sup>18</sup> in their survey among interns in India. On the other hand, Rodriguez *et al.*<sup>2</sup> in the USA found that very few healthcare providers in several acute care hospitals identified the initiation of palliative care consultation earlier in the illness trajectory as an unmet need. This may be due to the common misperception that palliative care is reserved for patients in end-of-life care, whereas its scope has greatly changed with the surfacing of other chronic communicable diseases such as, human immunodeficiency virus infection and non-communicable conditions. Palliative care can now be provided at any stage of a life-threatening illness, with the goal of therapy being to improve the quality of life for both the patient and the family, and should not be delayed when it is indicated, but should be regarded as coexisting with disease-oriented therapy throughout a patient's care.<sup>16,19</sup>



The knowledge of respondents concerning the components of palliative care was better among respondents in an aforementioned study in Lebanon<sup>12</sup> than that of the present study, which could be explained by the difference in sample size coupled with the fact that a significant percentage of doctors (12.3%) and nurses (15.8%) in that study had prior education in palliative care. Besides doctors and nurses, other respondents (10.6%) in the present study, which included social worker, pharmacist, medical and nursing students, recognised only pain management as a component of palliative care. However, the perceptions of these few may not be representative of their various professions, and thus may be subject for future research among these health workers. Even as palliative care is a relatively new branch of medicine in Nigeria, doctors in this study showed a better understanding of these components taken together than nurses.

### Study limitations

The low response rate among social workers, pharmacists and students may not be representative of their various professions, and this constitutes a limitation of this study.

### CONCLUSION

Insufficient knowledge was identified in the area of the interdisciplinary nature of the palliative care team, potentials beneficiaries and the components of palliative care.

There is, therefore, an urgent need for continuing medical education for healthcare providers and more importantly the integration of this emerging branch of medicine into the curricula of the health training institutions.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

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