

PERCEPTIONS OF ELDERLY CANCER PATIENTS AND NURSING OFFICERS ON CANCER CARE SERVICES AVAILABLE AT NATIONAL CANCER INSTITUTE MAHARAGAMA: LINKING BUDDHISM TO MODERN SCIENCES

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Introduction

Phenomenon of population ageing is experienced globally irrespective of the economic status of the country. Sri Lanka is no exception to this phenomenon and bears the rapidly ageing population in South – East Asian region. Most of the instances elderly population is considered as economically non productive and their contribution is often underestimated. Ageing populations create multitude of problems in many sectors. Health sector is mostly overburdened with health care issues of elders. Most of the non communicable diseases like diabetes, hypertension, musculoskeletal disorders, psychological disturbances, social deprivation and malignancies are common in elderly population. On the other hand elders are more prone to get multiple diseases which require more specific and complex care.

Geriatric Medicine is the branch of medical science which deals with health care issues in elderly. Establishment of comprehensive Geriatric services in a country like Sri Lanka is extremely difficult. Yet, advance technological mechanisms are used in well developed countries to provide Geriatric care services to the elders. However, Sri Lankan elderly population has not caused much socio – economic burden to the country as done by the counterparts. Probably this could be due to Asian culture where the stable family ties and religious support especially among the Buddhist cultures.

Malignancies or cancers are a common occurrence in elderly. Cancers cause lot of social, cultural, psychological and physical stigma in an

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individual. When it occurs in elderly, adverse impacts on families, societies, health care services and economy is enormous. Elderly cancer patients need more complex and specific care. Making a decision on suitable treatment modality for an elderly cancer patient is often difficult and highly personalized. Generally elderly cancer patients are socially isolated and psychologically and physiologically unstable. Hence, elderly cancer patients expect more services to make their lives comfortable. Fortunately, Buddhism provides lot of psychological support and guide lines to help the helpless. Assessment of background socio demographic characteristics, perceptions and expectations of elderly cancer patients and with the Buddhist philosophy would help the health authorities to improve elderly cancer care services in Sri Lanka.

National Cancer Institute Maharagama (NICM) is the premier organization which provides cancer patients around the country. Nursing Officers play major role in providing comfort and care to elderly cancer patients. Assessment of perceptions of Nursing Officers regarding the elderly cancer care services available would provide more confirmatory information for future initiatives.

Objectives

To describe and compare perceptions and expectations of elderly cancer patients and Nursing Officers on cancer care services available at National Cancer Institute Maharagama (NICM).

Methods

A cross sectional descriptive study was designed to compare perceptions on services at clinics, wards, laboratory, radiology department and dispensary. In addition perception on overall care at present and future expectations of the both groups was assessed. Random sample of elderly patients who had been continuing treatments at least for six months and all Nursing Officers who had at least six months of service exposure at NICM

was studied. Test of proportions were performed to assess the significance of observations.

Results

Total of 306 elderly patients and 248 nursing officers were studied. Among elders 43.5% males, 56.5% females, 93% Sinhala, 83% Buddhists, 72% currently married, 70% had no income and 40% had education below grade 5. Among 248 Nursing Offices; 95.6%, females, 100% Sinhala, 98.4% Buddhists, 68.5%, 25 – 29 years of age 51.6% were currently married. Only 7.7% had received post basic training in the subject areas other than the Geriatric nursing. Standard normal deviates were calculated in testing of two sample percentages on relevant attributes. Statistically significant differences observed in percentages satisfied in both groups with the help of junior staff at Clinics (Elders, 82%, Nurses 41.1%, $p < 0.001$), wards (Elders 74.2%, Nurses 67.7%, $p < 0.01$), laboratory (Elders 78.8%, Nurses 35.9%, $p < 0.01$) and Radiology department (Elders 74.8%, Nurses 39.9%, $p < 0.01$). Statistically significant differences ($p < 0.01$) in percentages dissatisfied on waiting time and facilities for the elderly at clinics, wards, laboratory, radiology department and dispensary except for the percentage dissatisfied for the fact that facilities for elderly at clinics ($p > 0.05$). Satisfaction on overall elderly care at NICM was significantly different in both groups (Elders 75.2% Nurses 36.9%, $p < 0.01$). Significant differences were observed on percentages agreed on separate wards for the elders (Elders 97.1% Nurses 92.3%, $p < 0.01$), specially trained staff to care the elders (Elders 91.5% Nurses 90.3% $p < 0.05$) and more welfare services for the elders (Elders 97.4%, Nurses 90.3%, $p < 0.01$).

Conclusions

Though the majority of elderly cancer patients are satisfied with help of the junior staff attached to various sections, proportion of nursing officers satisfied with help of the junior staff is significantly low. Significantly lower proportion of nursing officers was satisfied with overall elderly care at

NICM. More than 90% of both elderly cancer patients and Nursing officers expects separate wards, specially trained staff to care the elders and more welfare services. Global improvement of elderly cancer care services at NICM should be improved using modern technology and patient care concepts in Buddhist philosophy.

Among the greatest preachings in Buddhism, activities like caring of patients, elderly parents, elders, poor and disabled add merits to those who follow them to reach higher states in one's soul. There are numerous examples in the Buddhist history where the lord Buddha proved himself a great physician. In fact, constitutional provisions to maintain elderly care and patient care were made compulsory by the lord Buddha, to Buddhist kings owing to the sensitiveness of the problem. Hence, the recommendations that are derived from this study needs to be attended without any delay giving due respect to the Buddhist preachings which will invariably benefit every person in the country.

Keywords: Elderly, Geriatrics, Cancer, Nursing