



Effects of the hospital-based palliative care team on the care for cancer patients: An evaluation study



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ABSTRACT

Background: The hospital-based palliative care team model has been implemented in most Western countries, but this model is new in Taiwan and there is little research to evaluate its outcomes.

Objectives: The purpose of this study was to evaluate the effects of the hospital-based palliative care team on the care for cancer patients.

Design: The design was a quasi-experimental study with a pretest–posttest design.

Setting: A medical center, National Taiwan University Hospital in Taipei, Taiwan.

Participants: Cancer patients were excluded after the hospital-based palliative care team visited if they were unable to give informed consent, were not well enough to finish the baseline assessment, were likely to die within 24 h or would be discharged within 24 h, or could not communicate in Mandarin or Taiwanese. A sample of 60 patients who consulted the hospital-based palliative care team was recruited.

Methods: Patients recruited to the study were divided to receive the usual care only (control group, $n = 30$) or the usual care plus visits from the hospital-based palliative care team (intervention group, $n = 30$). Data were collected using questionnaires including the Symptom Distress Scale, Hospital Anxiety and Depression Scale, Spiritual Well-Being Scale, and Social Support Scale at the initial assessment and one week later.

Results: Comparison between groups revealed that the degree change for edema, fatigue, dry mouth, abdominal distention, and spiritual well-being in the intervention group showed significant improvement compared to the control group ($p < 0.05$). However, there was no difference between groups on measures of anxiety, depression and feeling of social support. Within group analysis showed patients' pain score, dyspnea, and dysphagia improved in both groups ($p < 0.05$). In addition, the average degree of constipation and insomnia in the control group declined from baseline ($p < 0.05$), while the degree of edema, fatigue, dry mouth, appetite loss, abdominal distention, and dizziness decreased significantly in the intervention group ($p < 0.05$).

Conclusion: The findings indicated the hospital-based palliative care team can improve the care for patients in relation to symptom management and spiritual well-being. The hospital-based palliative care team is a good care model for patients and worth implementing in clinical practice in Taiwan. The results also provide a general understanding about how the hospital-based palliative care team works in Taiwanese culture.

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Abbreviation: HADS, Hospital Anxiety and Depression Scale.

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What is already known about the topic?

- Hospital-based palliative care teams have been implemented in acute hospital settings in most Western countries to provide a consultative service to clinicians with primary responsibility for the patient.
- Most studies from Western countries indicate that hospital-based palliative care teams can improve the provision of palliative care and reduce patient suffering and unmet needs. There is limited known about the impact of hospital-based palliative care teams in acute hospitals in East Asia.

What this paper adds?

- Both the hospital-based palliative care team and acute hospital settings can improve patients' pain control, dyspnea, and dysphagia in an East Asian setting.
- The hospital-based palliative care team can improve the care for patients, especially for symptom management and spiritual well-being, but feelings of emotional support and social support may be more difficult to affect.
- Communication and late referrals are barriers when attempting to improve the service quality of the hospital-based palliative care team in Taiwan.

1. Background

Cancer has been the leading cause of death in Taiwan since 1982, suggesting an important role for inclusion of palliative care in cancer services. In 2004, deaths from cancer accounted for 27.2% (36,357) of all deaths in Taiwan, which increased by 5.3% from 1995 (DOH, 2006). Nevertheless, a national survey showed only 12% of patients with advanced cancer received palliative care (Kung, 2004). To help patients access palliative care at the end of life, the DOH in Taiwan adopted the hospital-based palliative care team model in 2004. The aims of this model are to provide active total care to patients whose disease is not responsive to curative treatment, to offer an advisory service to acute clinicians and to embed the principles of hospice and palliative care within acute hospital settings (Bakitas et al., 2009; Oakley et al., 2005).

Many studies indicate that hospital-based palliative care teams can be helpful to relieve cancer patients' physical discomfort and provide psychological and social support (Groot et al., 2005). Furthermore, these teams help patients and their families to adjust to their impending death, support decisions about appropriate treatment and care, address factors impacting on quality of life and support preparation for death (Groot et al., 2005; Kirk and Collins, 2006). Moreover, the care provided by hospital-based palliative care teams may also increase patient satisfaction with medical teams, shorten the duration of hospitalization, and reduce medical costs (Cassel et al., 2010; Morrison et al., 2008; Rabow et al., 2004). A recent research paper by Temel et al. (2010) also reported early involvement of palliative care can lengthen survival.

The literature also identifies limitations of hospital-based palliative care teams. Morita et al. (2005b) and O'Mahony et al. (2005) pointed out that hospital-based palliative care teams had little impact on patients' mood disorders such as depression. Morita et al. (2005a) and Rabow et al. (2003) also identified lack of communication between hospital-based palliative care teams and the acute hospital staff and late referrals from acute care staff as barriers to the effectiveness of hospital-based palliative care teams. These include situations where the health professionals in the acute hospital settings did not follow the advice provided by hospital-based palliative care teams and the fact that patients were likely to be near death by the time hospital-based palliative care teams were consulted.

The DOH in Taiwan performed a pilot study to implement hospital-based palliative care teams in eight hospitals in 2004. This study found patient satisfaction with the teams was high with an average score of 4.87 where score 5 means very satisfied. In addition 90% of health professionals from the acute hospitals expressed that the hospital-based palliative care teams could help to deal with patients' symptoms of discomfort, especially for pain control, support of psychosocial needs, and the delivery of palliative care knowledge and skills (Hsu et al., 2007).

However, this study also showed that more than 50% cancer patients did not clearly understand their terminal condition when consulting hospital-based palliative care teams (Hsu et al., 2007). Truth telling is one of the clinical dilemmas posed by the family-oriented culture in Taiwan (Hsu et al., 2007; Hu and Yang, 2009; Kao et al., 2007). There are many challenges and myths, including inadequate training in communication skills for physicians and psychological barriers between family and medical staff (Hancock et al., 2007). For example, death is a taboo topic in Chinese culture. Truth telling signifies medical failure and imminent death, so family members are usually afraid that patients will be sad and lose hope even commit suicide after being informed of their serious condition (Hu et al., 2002). As a result, family members would request the health professionals to hold the bad news and this family-centered model of decision making is usually followed in the acute hospital settings (Hu and Yang, 2009; Yang et al., 2011). However, palliative care focuses on patients' autonomy and respect for their free will. To resolve this clinical dilemma, part of the responsibility of hospital-based palliative care teams is to assist the medical staff in the acute hospital settings in communicating with the patient's family and building mutual trust in order to inform patients about their terminal illness (Hsu et al., 2007).

The success of the pilot study led to implementation of the hospital-based palliative care team model across Taiwan from 2005. The government program aims to increase the percentage of patients with advanced cancer receiving palliative care from 20% to 50% by 2015 (Kung, 2004). This study aimed to understand the effect of the hospital-based palliative care team on care for cancer patients in one hospital in Taiwan.

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