

Student Nurses' Analysis Of A Clinical Encounter In Palliative Care

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Received: January 14, 2019; Accepted: January 15, 2018; Published: February 23, 2018

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Abstract

Palliative care is a threaded manner of clinical care. It not only works on erasing physical systems but providing comfort and relief from other psychological problems is also its feature. The paper is an account of young female client witnessed by student nurses at a palliative clinical setting in Karachi Pakistan. Here, physical and psychological domains are the basic analysis of the encounter. However, with proper understanding of aspects in palliative care, it is emphasized and recommended in the paper that holistic care is very essential in palliative care and is not practiced at much in clinical setting like the one where the encounter was witnessed.

Key words: palliative care, physical, psychological, domain, care

Introduction

Palliative care is, "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual"(1). As cleared from the above definition that the purpose for palliative care is not just to give ease in physical symptoms of the disease however it is the care giving general in life threatening or any serious disease. We also experienced a palliative care patient who was facing life threatening illness (cancer). In this paper, we will focus on her two affected domains which were physical and psychological domains of life.

Clinical Encounter

Working in a palliative setting is always a challenging task. We also had similar feelings while we were assigned with palliative care patient during our clinical rotations at one of the hospitals in Karachi. We were assigned on a pediatric female client of 13 years, who diagnosed with Acute Myeloid Leukemia (AML). During history taking patient verbalized that two years back she got a severe headache and nasal bleeding during her class at the school. After that she went to the doctor along with her parents and uncle and took prescribed medicine. Later she felt a temporary relief from symptoms but not a long term relief. She further told that

later she felt striking pain in her head some times. According to her, she also lost around up to 5 kg of her weight and was unable to take care for her diet. Three month back, she again faced severe headache, along with left ear pain and nasal bleeding. So she was admitted in the local hospital of her town on the basis of these symptoms. At that time she dropped her Hemoglobin level and they transfused her pack cells and white blood cells. Moreover, the doctor suggested some investigations to find out the main cause of the issue. After two months they referred her to this hospital.

Furthermore, she said that she has become weak day by day and worried about her disease because her father and mother are here also with her from many days. The father has to work and mother has to look after her siblings. Most of the time she is anxious and continuously crying and thinking that why that happened to her? My whole family is suffering due to my illness and I did not go to school and madarsa since I have severe headache and on and off nasal bleed. Therefore, I keep myself isolated and do not want to talk to anyone in the family.

Analysis

The following scenario highlights two measure domains of the palliative care in the young patient which includes physical & psychological domains. Firstly, as indicated by physical set up of the scenario the patient was experiencing physical sign and symptoms of the disease in the result of severe headache, left ear pain and nasal bleeding.

Pain is an unpleasant sensory and emotional experience association with actual or potential tissue damage, or described in term of such damage (2). As patient stated due to pain she is unable to participate in her daily life activities and kept herself isolated in the family. Pain can lead to social isolation, disengagement from meals and other activities, caregiver burden, and inability to afford analgesics to control the pain". Moreover, bearing with intolerance pain and frequent episodes of nasal bleeding are prime observed physical issues (3). Also, it is important to change client's condition with time as it impacts the quality of living when pain sensations are maintained (4).

Secondly, when we look at the psychological domains we can realize that how painful situation she was experiencing and her family too. Moreover, financial related to compel was a main factor of concerning to pull the issue, as patient verbalized that “my father is a labor, he earn money on daily bases, due to financial issues we came to this hospital for treatment”. Furthermore, she stated that the hospital provide her treatments free of cost but sometime they purchase medicine from outside from hospital which become financial burden for her family. Finance is a huge factor that refrain clients and families to seek treatment regarding cancer (5). In addition, due to disease process and financial problems my patient gone under depression and anxiety as she stated that “due to my disease me and my family is suffering a lot, I do not know why that happened to me, most of the time I am crying and do not want to talk to anyone”. Psychological issues like depression, poor concentration, issues with sleep and drastic changes in intelligence levels are also associated with these kinds of situations (6).

Clients surviving at proper areas with better health facilities have a great survival rate in comparison to those who come from under privileged areas (7). So, our patient was also the dweller of an area where there were no facilities of better health management. Moreover, low socioeconomic status also contributes to high prevalence of diseases and difficulty of access to quality health care. People who are living in low socioeconomic status have low finance, literacy level, occupational hazards, social class and hereditary. These factors further leads to unhealthy behavior like ending up in cigarette smoking, alcohol consumption, lack of exercise, poor mental health, and psychological stress. Thus the prevalence of these unhealthy factors contributes to the high prevalence of diseases in low socioeconomic status people (8). Furthermore, school absenteeism and family suffering is also describing the presence of psychological stress on the patient with omission of physical burden.

Theoretical integration

Further, we found that in order to improve patient’s suffering, Kolkabas’ comfort theory is mid line theory which can be integrated more usefully in palliative nursing care for patient in our case and addressing the patient’s comfort needs. In addition, the comfort theory strengthen is that it covers fulfilling all needs of palliative care needed patients in complete and holistic way. Furthermore, it also helps to identified and delivered patient’s comfort care interest and needs as well. It also promotes maximum wellbeing as it addresses all the four aspects of comfort including physical, socio-culture, environmental and psycho-spiritual (9).

Comfort is an essential aspect to satisfy human needs, arguing that the nursing role should focus on addressing that might interfere with the patient’s physical and mental comfort (10). Reflecting to the above encounter, all the health domains of the patient were affected but her major concerns fall under the physical and psychological domain. Complain of severe headache, left ear pain and nasal bleeding are indicates the disturbed physical domain. Bleeding manifestation due to thrombocytopenia are common in Acute Myeloid Leukemia (AML) patients. The risk of serious bleeding complications is particularly high in patients with newly diagnosed acute promyelocytic leukemia in which thrombocytopenia is often accompanied by disseminated intravascular coagulopathy (11).

Above discussed physical and psychological effects have long term future implications on children and proportional toward children’s family, primarily; assessment of the quality in palliation followed-up in the survival of the children. Physical and Psychological domain are interdependent perspectives that impact the person’s quality of life. Health care professional may have difficulty in the palliative patients and their families.

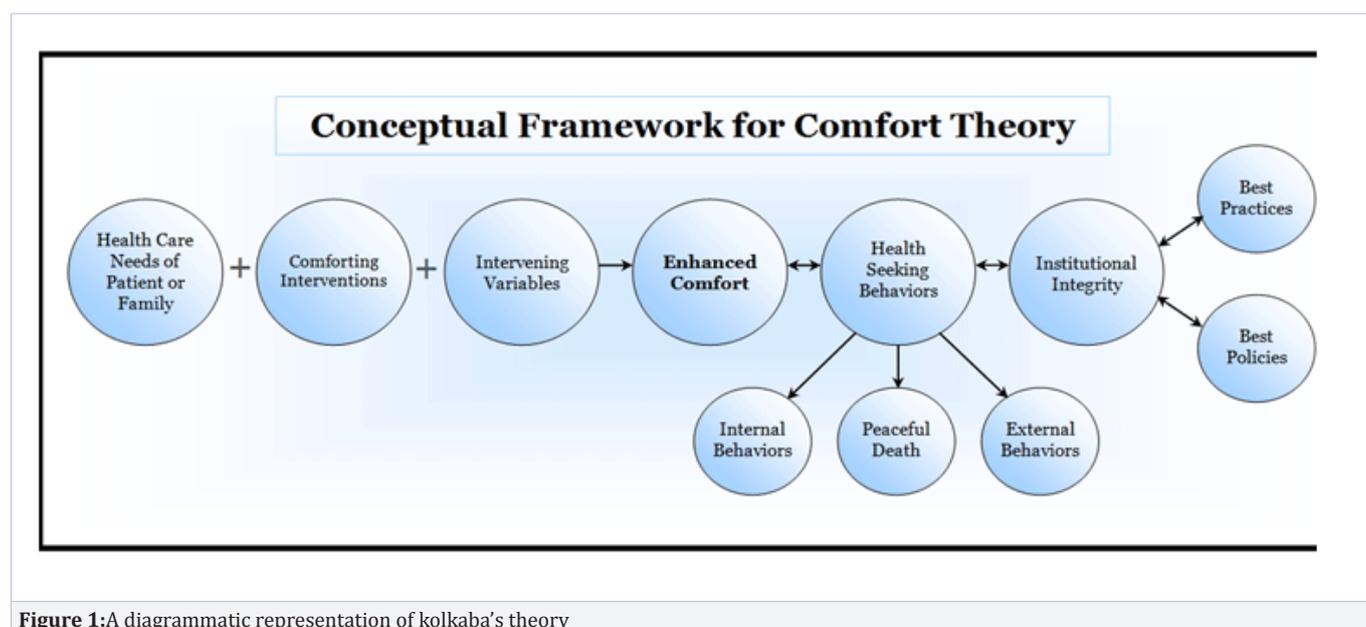


Figure 1: A diagrammatic representation of kolkaba’s theory

Recommendations and Conclusion

It is recommended that proper training and obtaining enough knowledge and skills to health care providers regarding palliative care can enable them to provide quality care to palliative care patients. Patient's dignity is considered primary so it should be maintained. Practically as nurses we cannot work hard on finances or poverty at one time to improve whole circumstances but we can give time and space to patient and family to ventilate and share their fears so that they can feel lighter and better in time of palliative and can also deliver cost effective treatment. Death is also heavy experience that should be dignified and last times of patient should be relating to provision of comfort. Provide family maximum time with patient at the patient's palliation. The child was young so play therapy could be initiated as a mode of better treatment and involvement and pubertal changes could also be discussed as a way to decrease stressful time.

In conclusion, it is seen that there are multiple factors involved in care of clients in palliative care. As clinicians it's not only treatment but assessment of overall health domains to provide a holistic care is our responsibility.

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