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Integration of Palliative Care in Hospitals of Lubumbashi: Nurses' Opinion

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Abstract: ***Palliative care (PC) should be the excellence model for all patients with progressive and potentially life-threatening illness, as the focus is on alleviating suffering and support, to ensure the best possible quality of life for patients and families. This study aims tostrengthen the skills needed to practice the palliative approach and hinders the integration of this approach in the various health facilities in Lubumbashi and the level of integration into the health system in the Democratic Republic of the Congo.This is a descriptive multicenter cross-sectional study conducted in four large hospitals in the city of Lubumbashi betweenNovember 2016 to July 2017. Data collection was performed on the basis of a questionnaire andall datacollected were captured using Epi Info and analyzed with SPSS 23. According to this study,100% of nurses did not recognizethe integration of palliative care services,64.3% say there was no palliative approach as management strategy, three cases prevented integration of the above approach: the health care system is focused on curative and preventive care (49.1%), cultural and financial burdens (25.9%) and the fact that teaching does not deal with aspects of palliative care. Almost 100% had proposed that the integration of palliative care takes place at the second and third level. Given the increase in chronic diseases in Africa in general and the DRC in particular, it would be desirable to create a culture where palliative care would be considered a necessary part of all health care systems.***

Keywords: Integration, Palliative care, Nurses, Lubumbashi

1. Introduction

Palliative care (PC) was defined by the World Health Organization (WHO) as "an approach that improves the quality of life of patients and their families facing the problems life-threatening diseases, prevention and relief through early identification and impeccable assessment and treatment of pain and otherother physical, psychosocial and spiritual problems(Katumbo Mukemo Astrid et al., 2017).

One hundred years ago, death was rather sudden, and its main causes were infections, accidents and deliveries. Today, however**,** sudden deaths are much less common. Nearthe end of their lives, most people have a serious and progressive illness : heart disease, cancer, respiratory problems , etc., which affects activities more and more until death(Murray, Kendall Boyd & Sheikh, 2005).

In recent years, a number of health care and group settings havetested the impact of integrating the palliative approach into care for chronic diseases. The results of these trials demonstrated that, in combination with disease management and treatment to influence disease progression, the palliative approach provides better outcomes for patients and their caregivers, including: improving treatment of the symptoms, quality of life and patient satisfaction; reduce the burden on caregivers; referrals to palliative care and use of the most appropriate services; and the reduction of an appeal frivolous ICU(Bakitas Mary Margaret Bishop Firer, Paula Caron, 2011; Meyers et al., 2004; Smith et al, 2017).In addition, the advance care planning promotes choice and improves the quality of care (Sanders, Rogers, Gately, & Kennedy, 2008).

Palliative care beyond the Traditional Medical Model:Reflecting the Psychosocial and Spiritual Concerns of Medical Decision Making Care,and the Relief of Suffering in all its Dimensions, and, Throughout the Progression of Disease(Smith et al., 2012). As this philosophy target the whole person, more and more experts argue that the palliative approach could and should be integrated in the care of all people with serious chronic disease, including cancer(Smith et al., 2012). Care should be availableearlierin the progression of the **disease** to better meet the needs of patients.

Palliative care is a relatively new discipline in Africa and its development is hindered by the fact that the concept of pain management is not integrated into healthcare systems. Only four of the 53 African countries have integrated palliative care in health policy or have used it as part of a strategic plan for cancer treatment. These include Kenya, South Africa, Tanzania and Uganda, while Rwanda and Swaziland have taken a different approach in developing autonomous national policies on palliative care(Fraser et al, 2017. Ntizimira et al, 2014).
Palliative care is a global challenge, with all health services overloaded with moderate to severe pain patients. This is particularly true in sub-Saharan Africa, where about 24.7 million people were living with HIV / acquired immunodeficiency syndrome (HIV / AIDS) in 2013, accounting for 70% of the global burden of disease

with more than 1.4 million new infections reported in 2013 alone(Ntizimira et al., 2014). There were more than 700 000 new cases of cancer and nearly 600 000 cancer deaths in Africa in 2007 and cancer rates on the continent would increase by 400% over the next 50 years.

The desire to integrate palliative philosophy intothe care of chronic diseases reflects three trends in the health sector: advances in health changed the trajectory of the disease, people with serious chronic illness now live many years, but often in pain, experiencing other symptoms or losing some of their functions; palliative care is increasingly recognized as a holistic person-centered therapy that brings value to all those affected by a critical illness; Strong scientific evidence confirms that high-quality palliative care can improve health and quality of life and reduce the use of more expensive health services.

Evidence-based research clearly demonstrates that there is a need and a demand for a holistic approach to palliative care on the continent. It is therefore important to show to all Africans why it is a global problem and how palliative care can improve the quality of life of millions of cancer and HIV / AIDS patients, however, suffer from moderate to severe pain.The lack of validated results and comparative studies between different systems of care that the experiences of caregivers of palliative care are poorly documented in the African context. The DRC in general and the city of Lubumbashi in particular are no exception to this rule in this area. Promoting and integrating PS into the health care system care at different levels is a major challenge. From all the above, we asked ourselves what is the opinion of nurses on the integration of palliative care in health facilities in the city of Lubumbashi. This study aims to address the skills required to practice the palliative approach and the brakes for the integration of this approach in the different health facilities in the city of Lubumbashi and the level of integration in the health system of the Republic democratic of the Congo.

2. Material and Method

Type of study, and period under study
This is a descriptive multicenter cross-sectional study conducted in four large hospitals in the city of Lubumbashibetween November 2016 to July 2017. Sendwe hospital, the University Hospital, the GCM / Sudhospital and SNCC medical complex in Lubumbashi.

Study population, inclusion and exclusion criteria
The target populationfor in this study was nurses working in the above health facilities. Was included in the study, all nurses found D-Day in the research settings and also given informed consent, and were excluded, all nurses who refused to participate in the study, but also who were absent missing the big D-day in the research settings .

Sample size
The calculation of the sample size for nurses was made using Epi Info 7 Cal Stat in its function to a descriptive study. Sample size determination wasbased on 80% power, the alpha of 5% and 3% accuracy(effect size), with a baseline ratio of 0.5 (used when the proportion is not known). The calculated sample size was 112.

Collection, processing and data analysis
Data collection was performed on the basis of a questionnaire and all data collected were captured using Epi Info and analyzed with SPSS 23.

Ethical considerations
Nurses who met the inclusion criteria were informed of the study objectives and conditions of participation. Their oral informed consent was obtained before the filling of forms. Participation in the study was free. This study was approved by the Ethics Committee of the University of Lubumbashi

3. Results

Table I: Distribution of nurses by age, the hospital institution and level of study.

Age (in years)	Effective (n = 112)	Percentage
25-35	30	26.8
36-46	30	26.8
47-57	38	33.9
58-68	14	12.5
Sex		
Female	98	87.5
Male	14	12.5
Institution		
Sendwe	21	18.8
Lubumbasi University Teaching Hospital(CUL)	23	20.5
Congo Railway Company of Lubumbashi(SNCC/Lshi)	48	42.9
GCM/Sud Hospital(GCM/Sud)	20	17.9
Residence		
Lubumbashi	74	66.1
Katuba	12	10.7
Kenya	4	3.6
Ruashi	6	5.4
Kampemba	16	14.3
Educationalstatus		
Advanced practice nurse	7	6.3
Practice nurse	57	50.9
Registered nurse	48	42.8

The majority of respondents (60.7%) were between 36 and 57 years old**.**Young people (25-35 years old) accounted for 26.8% and the oldest (58-68 years old) for 12.5%. Regardingconnection with the hospital facility**,** 42.9% of respondents came from Congo Railway Company of Lubumbashiand the other three hospitals had very similar numbers, 20,21 and 23 respectively corresponding to 17.9% (GCM /sud), 18.8% (Sendwe) and 20.5% (CUL). Regarding residence and level of education in nursing**,** about two-thirds (66.1%) lived in the town of Lubumbashi, and in 93.7% of cases, they were the practice nurse (50 , 9%) and registered nurse (42.8%). As shown in the table, the nursing staff of the four major hospitals in Lubumbashi is overwhelmingly female (87%), giving a sex ratio F / M 7/1.

Table II: Distribution of nurses according to palliative care training, work experience and care for the terminally ill

Work experience (years)	Effective (n = 112)	Percentage
<5	19	17.0
5-10	22	19.6
11-15	14	12.5
≥16	57	50.9
care experience with the terminally ill (in years)		
<2	58	51.8
≥ 2	54	48.2
Palliative care training		
No	101	90.2
Yes	11	9.8

The table II shows that 50.9% of the nurses surveyed were over 16 years old and 17% were under 5 years old. In addition, for palliative care (PC), 51.8% of respondents had less than two years' experience in the management of terminally ill patients compared to 48.2% with at least two years of experience and 9.8% training in palliative care.

Table III: Distribution of nurses as they heard of palliative care units, the suitable structure and skills required to practice palliative approach

Parameters studied	Effective (n = 1120)	Percentage
have already integrating palliative care services		
No	112	100
Yes	0	0
Having heard of palliative care units		
No	67	59.8
Yes	45	40.2
the most suitable structures to the situation of our country (city)		
palliative care units	73	65.2
Beds identified within a service for palliative care practice	16	14.3
Mobile teams of palliative care	23	20.5
Skills required to practice palliative approach in your structure		
relational and communicative competence between caregivers, the patient and family	7	6.3
Involve close to taking any decision, encourage, support, motivate and organize the return home of the patient end of life	59	52.7
Manage anxieties, various difficulties and problems of relatives of patients	33	29.5
I do not know	13	11.6

The table shows that the majority of nurses (100%) did not recognize the integration of palliative care services; 67 nurses or 59.8%, never heard of palliative care units, 73 subjects (65.2%) have proposed the integration of palliative care units in the country and 59 (52.7%) supported the idea of involving the relatives of the patient in decision making. In addition, although the proportion is small, it was been proposed the creation of mobile teams of palliative care (20.5%) and the ability to manage anxieties, various difficulties and problems of relatives of the patients (29.5%).

Table IV: The Distribution of nurses by the existence of a palliative approach as management strategy, obstacles to the integration of palliative care and the level of integration of palliative care into the health system

Parameters studied	*Effective*	*Percentage*
Existence in your structure of palliative care as a strategy to support cancer patients		
No	72	64.3
Yes	40	35.7
Barriers to integration of palliative care in your local health system		
Financial and cultural barriers	29	25.9
Curriculum teaching does not address aspects of palliative care	24	21.4
Changing the health system focused on curative and preventive care	55	49.1
I do not know	4	3.6
Level of integration of palliative care into the health system		
Health center	1	0.9
Reference General Hospital	49	43.8
University clinics	62	55.3

Almost all nurses surveyed (99.1%) suggest that the integration of SP takes place at the second and third levels, that is to say in general hospitals of reference (43, 8%) and the University Clinics (55.3%). After recognizing that 64.3% were not palliative approach as management strategy in their hospitals, they identified three causes that hinder to the integration of the above approach: the need to change the current health care system focused on curative and preventive care (49.1%), cultural and financial burdens (25.9%) and the fact that the teaching curriculum does not address aspects of PC.

4. Discussion

As part of the integration of palliative care servicesin this study no health facility has integrated these services,as noted in Christian's study, two of the 53 countries (Rwanda, Swaziland) have an autonomous national policy, a strategic plan and an implementation plan while four countries (Uganda, Kenya, Tanzania, South Africa) have integrated palliative care into health services public. Thus, strong laws are needed to make palliative care a right for patients who have a chronic illness or an end of life(Ntizimira et al., 2014). While the lack of integration of SP in health facilities there is an increase in non-communicable diseases in many countries, WHO urges these countries to adopt national policies taking into account the integration of the SP and the prevention and control of non-communicable diseases.

Despite these global recommendations, the availability of palliative care in many African countries is virtually nonexistent. In the case of the DRC one ofthe French-speaking African countries considered by the SP World Association as having "no palliative care activities known." So there is some way to go in this area. Taking into account the right to health requires States to take the necessary measures to the "creation of conditions which assure to all medical service and medical attention in case of illness.

Three major obstacles to the integration of palliative care in our local health system were cited: focusing the system on curative and preventive care (49.1%), cultural and financial burdens (25.9%) the absence of PC aspects in the teaching curriculum (21.4%). After recognizing that 64.3% were no palliative approach as management strategy, this study identified three causes that hinder to the integration of this approach: the need to change the care-focused health care system curative and preventive (49.1%), cultural and financial burdens (25.9%) and the fact that the education level doesn't address aspects of PC. According to the study conducted in Kinshasa, the doctors and nurses interviewed mainly cited the cultural factor, the lack of funding and the lack of educational content related to quality end-of-life care as a brake on the potential of PC in kinshasa hospitals(Masumbuku Jacques Lofandjola, 2014). These findings are consistent with other studies that have shown that political issues and lack of resources for basic and continuing training appear to be common factors limiting palliative care in most countries(Abu Zeinah GF, Al-Kindi SG, nd).

In terms of the skills required topractice the palliative approach, 52.7% of nurses supported the idea of involving the relatives of the patient's decision-making. Various previous studies among health professionals on end-of-life care show that communication is a special skill and must be approached sensibly(Galushko million Romotzky V, 2012). Effective communication is considered essential forthe delivery of quality end-of-life care. Palliative medicine is an approach of great interest to come and calls for improving communication for quality care(Slort & Deliens, 2011).

The results of this study also showed that more than half (55.3%) of nurses felt the need to integrate palliative care at the third level, that is to say at university clinics , , while 43.8% of thebaseline, the reference general hospital, and 0.9% at the first level, the health center (table IV). It was also observed that 65.2% of nurses believed that palliative care units were the most appropriate structure for the situation in the DRC or the city of Lubumbashi (Table IV). In addition, the creation of fixed units is privileged in the University Teaching hospital , which, as part of their triple mission of care / education / research should contribute to the dissemination of knowledge in palliative care as highlighted Claire-Alix(Claire-Alix AUNIER, et al., 2006).
Finally, it should be noted that the integration of such care units in hospitals hosting patients in a conventional hospital also has the advantage of providing multidisciplinary care for the patient and those around him. They also provide especially difficult life support and rebel control symptoms. In addition, they train health professionals in this comprehensive approach to end-of-life patient and family, so that they can apply this knowledge in their usual area of practice. They develop a specific specific research in palliative care and training, space planning, the use of specific materials make these units pilot structures of professional training and research. As additional hospital services that accommodate patients, these units are likely to fall under this type of care. It is an important contribution in to relieve pain(Claire-Alix AUNIER, et al., 2006).

5. Conclusion

The implementation of palliative care is a global health challenge, which has implications not only for the health care systems, but for various strata of our society. Millions of patients, especially in low and middle-income experience unnecessary pain and suffering without access to morphine. This has social and psychological effects on families caring for the end-of-lifecare of a loved one. According to this study, the majority of nurses (100%) did not recognize the integration of palliative care services, 64.3% said that there was no palliative approach as management strategy in their respective hospitals, three causes hinder the integration of this approach: the need of change the current health of the system focused on curative and preventive care (49.1%), cultural and financial burdens (25.9%) and the fact that the education level does not deal with aspects of palliative care. Almost all nursing surveyed(99.1%) suggested that the integration of SP takes place at the second and third levels, this means that in general reference hospitals (43, 8%) and the University teaching Hospital (55.3%)

Palliative care has a lot much to offer to people and families living with chronic illness that limits life expectancy. Given the advances in medicine, many people areliving with this type of disease, and most people are dying, and all should receive appropriate support and the right to make informed decisions about their care end of life.

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