AUDIT OF END-OF-LIFE NURSING CARE IN GHANA

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Background

- Death is inevitable. The period of dying presents significant distress to patients and families. Nursing responsibility in End-of-Life (EoL) care is the performance of activities leading to a peaceful death and support for the grieving family (1, 2 & 3).
- The most appropriate nursing care during EoL must be holistic and promote the clients physical, spiritual, emotional and social wellbeing (4, 5 & 6).
- Nursing documentation provides a record of the dying process experience of the patient, family and healthcare team and is essential for evaluating the quality of the care rendered (7,8 & 9).
- Although nurses provide EoL care in Ghana, the extent to which their efforts ensure the total wellbeing of the patient and family is unknown as no study has as yet been published. This study therefore sought to address this knowledge gap by analysing the nurses' records.

Methods

Design

- Retrospective records review of nursing records: Admission & Discharge books, Nurses notes and 24-hour reports, in three hospitals in the Cape Coast Metropolis of Ghana.
- Multi-stage sampling was employed.
    - Purposive samplings of health facilities
    - Consecutive sampling of records of patients who died from 1st January-31st March 2019.
- Fifty records were finally selected after eligibility criteria was applied.

Data collection

- An audit of the nursing records of the patients who were admitted to the selected wards was done.
- A list of all patients who died within the study period were extracted from the A&D book.
- The demographic data of participants were then recorded.
- For facilities where paper-based documentation was in use at the time of the study, the researchers solicited the help of the nurses to track the nurses' notes and the 24-hour nurses' report for each of the patients in the list.
- Where electronic documentation was used, the health information officers assisted with the data extraction.

Data management and Analysis

- Patients sociodemographic and medical characteristics were captured into a password-protected database using SPSS version 20 and analysed using descriptive statistics. Data extraction forms were checked for completeness and quality and cleaned where necessary.
- A qualitative content analysis approach was employed using the deductive reasoning approach (10).
- The Biopsychosocial Model of nursing care was applied as the theoretical framework for analysis of the nurses narratives.
- The unit of analysis was the entirety of nursing documentation (report): 24-hours report, Nurses notes and A&D book, for a patient.

Findings

Demographic and clinical characteristics

Variable	Frequency (N=50)	Percentage (%)
Sex		
Male	33	66
Female	17	34
Age		
30-39	7	14
40-49	13	26
50-59	5	10
60-69	10	20
70-79	10	20
80-89	5	10
Religion		
Christian	45	90
Muslim	5	10
Number of days on admission		
1-3	23	46
4-6	20	40
7-9	2	4
10-12	5	10
Diagnosis at time of death (multiple counts)		
HIV/Immunosuppression	10	20
Gastroenteritis	10	20
Diabetes Mellitus	5	10
Anaemia	5	10
Liver disease	5	10
Septic shock	5	10
Acute asthmatic attack	3	6
Pneumonia	3	6
Foot ulcers	2	4
Dysphagia	2	4
Comorbidities		
Yes	25	50
No	25	50

Findings of the content analysis using Biosychosocial theory

Variable	Categories	Codes	Count
		Resuscitation Efforts	
		• CPR	
Biological/ Physical care	Physiological care	• IV fluids	20
		• Pain management	7
		• Medications	48
		• Administration of oxygen	22
	Observations	i. <u>Objective assessments</u>	
		• Vital signs	50
		• Monitoring blood glucose levels	10
		• Monitoring SPO_2	18
		• Monitoring urine output	10
		i. <u>Subjective assessments</u>	
		• Chest movements	12
		• Patients' activity level in bed	48
	Physical comfort	• Maintaining personal hygiene	42
		• Bedmaking	33
		• Positioning of patient	42
		• Nutrition	15
		• Tepid sponging	5
		• Assisted breathing	10
Psychological care	Reassurance	• Reassuring the patient	23
		• Reassuring the family	30
		• Listening to patient's complaints	8
	Breaking bad news	• Informing relatives of deteriorating condition	5
		• Informing relatives about death	10
		• Consoling relatives	10
	Education on nursing procedures	• Seeking consent about care	12
		• Educating patient about nursing procedures	5
Sociological care	Planning care with family	• Discharge against medical advice	1
		• Planning for home care	1
	Involving family in care	• Relatives participating in patient feeding	5
		• Relatives accompanying patients for investigations	6
Spiritual care	None	None	0
General statements		All other nursing care rendered	12

Discussion

- EoL nursing care in the study setting in Ghana is mainly focused on addressing the physical domain of wellbeing when biospsychosocial theory is applied.
- The interventions were mainly directed at identifying and relieving signs of symptoms. Similar findings in Agogo, Ghana where the nurses indicated the maintaining personal care, performing ADLs and reporting of symptoms as the main nursing activities rendered at EoL (11).
- Less focus on the social domain of care. No entries indicating the presence of family members at the patients' side during the dying process. This is contrary to the situation in Thailand where there are reports of active participation of family members in the promotion of peaceful death of the patients (12).
- The presence of significant others/family members promoted the feeling of relatedness, brought calm and contributed to a peaceful EoL (13).
- Reassurance was the main psychological care provided to patients and their families. However, there were no entries of the content of the reassuring statements. It was unclear if the patients and the family were made aware of the imminent death.
- Peaceful death occurred when the patient and family declared their acceptance of the eventual death (12). Hence, it could not be concluded that the patients received adequate psychological care at EoL..
- Spiritual care has significant impact on their psychological health (14). In this study however, documentation of spiritual care was absent in the nurses' report although patients religious affiliations were documented as part of the biodata and the hospitals had chaplains. This finding means that the nurses were not assisting the patients experiencing the dying process to fulfil their spiritual wellbeing.

Implication for nursing practice & education

- The findings indicate a need to include the teaching of the comprehensive nursing care for EoL for all levels of nurses in training.
- The theoretical basis of EoL nursing care should also be incorporated in nursing education.
- There is a need to strengthen clinical nursing by developing a culturally sensitive EoL nursing care.

Conclusion and recommendation

This study has shown that the Biopsychosocial Theory is not fully applied in the Ghanaian setting in EoL care. There is a need to structure nursing care to promote all the domains of care required by patients during the dying process.

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