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Analyzing State of Despair in End-of-Life Cancer Patients: Do the Quality of Care and Satisfaction with Treatment Matter?

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ABSTRACT

Objective: The present study was focused on knowing how perception of patients about their end-of-life care and satisfaction with their treatment affect their state of despair including depression, anxiety, and hopelessness. **Study design:** This study was completed using survey research design **Settings:** Fatima Medical Centre, Minar Hospital, City Hospital and Medicare Hospital, Multan-Pakistan. **Duration:** One year from October 2016 to September 2017. **Methodology:** A sample of 277 male cancer patients approached. Patients' age range was between 38 and 57 years (mean=48.54, SD=10.32). All the cancer patients provided data on the measures of Quality of End-of-life care and Satisfaction with Treatment (QUEST) scale, The Geriatric Depression Scale (GDS), Beck Hopelessness Scale, and Hamilton Anxiety Rating Scale (HAM-A). **Results:** By employing correlation and regression analysis, findings revealed the significant negative correlations of patients' perception of quality of care and satisfaction with treatment with state of despair. Results demonstrated the significant impact of patients' perceived quality of care and perceived satisfaction with treatment on their levels of depression, anxiety, and hopelessness. **Conclusion:** Findings of the current study evoke that when cancer patients perceived their doctors and nurses more caring and found their treatment more satisfactory, they reported low levels of depression, anxiety, and hopelessness.

Keywords: End-of-life care, Satisfaction with treatment, Depression, Anxiety, Hopelessness.

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INTRODUCTION

Current researches suggest that people who die due to chronic diseases such as cancer often find it hard to maintain the dignity at the terminal stage of their.[1,2] Various organization and health care professional have shown interest that how the quality of care of patient at their death bed can be enhanced and also proposed different areas to be worked on improve the end of.[1-4] Every living being passes through the end of life phase. However, during the last century the interplay at the end of life, by patient, families and health care professionals have dramatically changed. Over the last few decades, end of life health become highly effective, complex and very technical due to the involvement of multidisciplinary professional.[5]Their goal it to deliver quality of life at the end of life. Padilla, & Grant[6] defined quality of life as "which makes life worth living and connotes the caring aspects of nursing...". quality of life can be defined in many ways and may define patient's satisfaction level through different component of life such as assessment and satisfaction with different levels of functioning,[7]satisfaction with important life domains,[8] the extent to which life experiences are satisfying for individuals,[1] the extent to which disease severity, distress caused by symptoms and functional alteration is influenced by current life circumstances;[9] and the extent to which individual sense of wellbeing arises from satisfaction and dissatisfaction which is related to different fields of life.[10] However, Steele, Mills, Long, & Hagopian[11] stated that components of quality of care which contribute to quality of life include satisfaction with delivery of care, management of symptoms, and communication with staff. A person with chronic illness at the end of life needs effective preventions for the relief of symptoms. Symptoms indicates distress for which patient seek care and illness increase with the passage of time. at the end of life psychological distress occurs commonly, however development and maintenance of quality of life at the end of life is one of the crucial aspects. Depression, anxiety and hopelessness are the most widespread reactions of a person when he/she reaches in the last stage of illness. Individuals experience great sense of despair during the final week of life. In end of life despair general Feeling of hopelessness develops into desire for hastened death or Suicidal thoughts. Finding of researches related to severely ill patients suggest that these patients have higher risk of suicide and hopelessness as compare to general population[12, 13]Other studies also stated that in advancing illness depression has come to attention as the source of distress.[18] Likewise, anxiety is also associated with advancing illness and the distress caused by anxiety can be eased through better medication and care.[14]

Several empirical studies have investigated the relationship of state of despair with religious aspects such as spiritual well-being.[15]Thus, this study aimed to assess the effect of patient perception of quality of end of life care and satisfaction with

treatment on a state of despair in cancer patients at the last phase of their life.

METHODOLOGY

Study Design: Survey research design.

Settings: Fatima Medical Centre, Minar Hospital, City Hospital and Medicare Hospital, Multan-Pakistan.

Duration: One year from October 2016 to September 2017.

Participants: Participants of this study were 277 male cancer patients aged 38-57 years (mean=48.54, SD=10.32). This sample was approached at four hospitals of Multan including Fatima Medical Centre (n=57), Minar Hospital (n=72), City Hospital (n=54), and Medicare Hospital (n=51). The inclusion criteria of cancer patients were the hospitalized patients of stage four of cancer disease. Patients of other stages were excluded.

Measures: Quality of End-of-life care and Satisfaction with Treatment (QUEST) Scale developed by Sulmasy, McIlvane, Pasley, & Rahn, in 2002,[16] was used to assess the quality and satisfaction with the care provided by physicians and nurses to hospitalized patients at the end of life. The scale has two groups of items; one is about the care rendered by doctors or nurses and the second is about the patients; satisfaction with the care or treatment they receive from their doctors or nurses. First subscale has 9-items and second has 6 items responded on a 5-point likert scale. Reliability coefficient reflected by Cronbach alphas is 0.88 to 0.93.

State of despair was measured through three scales, these are Geriatric depression scale, Hamilton anxiety rating scale and Beck hopelessness scale. The Geriatric Depression Scale (GDS)developed by Kurlowicz, & Greenberg,[17] was used to measure depression levels of cancer patients. It has 15 items responded on YES/NO options. The reliability coefficient of this scale is 0.84. Hamilton Anxiety Rating Scale,[18] was used to measure anxiety that is consisted of 14 items. It measures both anxiety; psychic anxiety and somatic anxiety. Items are scored on 0-4 indicating "not present" to "severe". Beck Hopelessness Scale developed by Beck[19] was used to assess the hopelessness and negative attitudes towards future. It has 20 items with 5-point likert options indicating the reliability of .82.

Procedure: All the participants were selected through purposive sampling technique and were asked to provide the responses on all a booklet consisting of study measures and demographic information sheet. They and their caregivers were assured about the confidentiality of their responses on the questionnaires. The data were then analyzed on SPSS-22.

RESULTS

Table 1 shows the correlations among study variables. Results demonstrated that patients' perception of quality of care provided by their doctors and nurses are significantly negatively correlated with their state of despair. Findings further indicated that patients' satisfaction with care rendered by doctors and nurses was also found negatively associated with depression, anxiety, and hopelessness.

Table 1: Correlation matrix among quality of care, satisfaction with care, and state of despair

	Quality of Care		Satisfaction with Care	
	Doctors	Nurses	Doctors	Nurses
Depression	-.36**	-.39**	-.29*	-.43**
Anxiety	-.28*	-.41**	-.30**	-.34**
Hopelessness	-.31**	-.27*	-.38**	-.32**

*p>.05, **p>.01

Table 2 reveals that dependent variable of depression is 69% explained by the independent variables of quality of care and satisfaction with treatment which is rendered by doctors and nurses as indicted by the value of R^2 = 0.69. A significant *F*-value for the standard regression model (*F* (11, 155) = 15.07, *p*< = 0.001) also depicts that model significantly explains the outcome variable. Examining the t-values from the table is also an indicative of the notion that quality of care and satisfaction with care are significantly contributing in the prediction of level of depression among end-of-life cancer patients.

Table 2: Multiple Linear Regression Model Showing Impact of Quality of Care and Satisfaction with Care on Depression

Predictors	*B*	*Std. Error*	*Beta*	*t*	*p*
(Constant)	4523.11	111.47		2.18	.000
Quality of Care (Doctors)	.311	.027	-.261	2.34	.000**
Quality of Care (Nurses)	.289	.024	-.221	2.12	.02*
Satisfaction with Care (Doctors)	.387	.022	-.297	3.69	.000**
Satisfaction with care (Nurses)	.282	.019	-.202	2.82	.000**

R^2 = 0.69, Adjusted R^2 = 0.58, (*F* (11, 155) = 15.07, *p*< = 0.001) **p*< = 0.05, ***p*< = 0.001,

Results in Table 3 indicate significant explanation of 61% for dependent variable of anxiety by the independent variables of quality of care and satisfaction with treatment provided by doctors and nurses depicting as the value of R^2 = 0.61. *F*-value (*F* (9, 123) = 11.01, *p*< = 0.001) also shows the significant prediction of criterion variable of anxiety. The t-values also provide indicatives of the finding that quality of care and satisfaction with care are significantly playing role in predicting anxiety among end-of-life cancer patients.

Table 3: Multiple linear regression model showing impact of quality of care and satisfaction with care on anxiety

Predictors	*B*	*Std. Error*	*Beta*	*t*	*p*
(Constant)	3623.11	247.42		2.11	.000
Quality of Care (Doctors)	.345	.025	.241	2.56	.000**
Quality of Care (Nurses)	.312	.022	.271	2.34	.000**
Satisfaction with Care (Doctors)	.391	.029	.247	3.11	.000**
Satisfaction with care (Nurses)	.271	.026	.206	2.31	.000**

R^2 = 0.61, Adjusted R^2 = 0.43, (*F* (9, 123) = 11.01, *p*< = 0.001) **p*< = 0.05, ***p*< = 0.001,

Table 4 presents the significant findings related to hopelessness among cancer patients. Findings suggest patients' perception of quality of care and satisfaction with treatment significantly predict the hopelessness among end-of-life cancer patients. A significant *F*-value for the standard regression model (*F* (09, 131) =11.02, *p*<=0.001) indicates that model significantly explains the outcome variable. Examining the t-values from the table is also an indicative of the notion that quality of care and satisfaction with care are significantly contributing in the prediction of level of hopelessness among end-of-life cancer patients.

Table 4: Various linear regression model showing impact of quality of care and satisfaction with care on hopelessness

Predictors	*B*	*Std. Error*	*Beta*	*t*	*p*
(Constant)	3511.43	112.47		2.01	.000
Quality of Care by Doctors	.431	.037	.241	1.99	.01*
Quality of Care by Nurses	.324	.029	.224	2.76	.000**
Satisfaction with Care by Doctors	.399	.033	.277	3.33	.000**
Satisfaction with Care by Nurses	.217	.021	.218	2.16	.000**

R^2 = 0.57, Adjusted R^2 = 0.53, (*F* (09, 131) = 11.02, *p*< = 0.001) **p*< = 0.05, ***p*< = 0.001,

Table 5 shows the comparisons of patients' perception of quality of care and satisfaction with treatment rendered by doctors and nurses. Findings suggest that patients reported the higher quality of care by their doctors than nurses; and were found more satisfied with the treatment provided by their doctors than nurses.

Table 5: Comparison of perceived quality of care and satisfaction with treatment rendered by doctors and nurses

Scales	Doctors		Nurses			
	M	*SD*	*M*	*SD*	*t*	*p*
Quality of Care	26.83	6.15	19.04	5.90	4.21	0.00*
Satisfaction with Treatment	18.11	5.27	11.64	4.17	3.62	0.00*

df. = 230, **p* = < 0.001 (n =277)

DISCUSSION

Deaths caused by cancer are the most frequent; and diagnosis & treatment of cancer are the extremely terrifying experiences for a patient. The notion of cancer cause fear and uncertainty, the prolonged treatment and its negative effects and fear regarding future contribute to high level of depression and hopelessness.[20, 21] Thus, State of despair is considered one of the most prevalent issues in cancer patients at the end of life. The results of the study show a significant negative correlation between quality of end of life care satisfaction with care provided by doctors & nurses, and state of despair which include depression anxiety and hopelessness. Previous research also state that health related quality of life care is inversely associated the depression, anxiety and hopelessness.[22]

In this study, significant impact of quality of care and treatment satisfaction provided by doctors are found on depression, anxiety and hopelessness. According to literature, patients' accounts of treatment and satisfaction towards care is often affected by the doctor interest, attention, anticipation about& impressiveness of treatment, concerns about healing.[23] Previous researches also states that patient behaviour is often influenced by physician & patient relationship such as quality of care and satisfaction & adherence to treatment, understanding medical information given about disease, managing disease and quality of health care.

Results show that nurses play key role in the patient perception of quality of care satisfaction with treatment and this also impact the state of despair which patient experience at the end of life. Finding of literature also supports this by stating patient who are satisfied with treatment and care given by nurse perceive high level of quality of care.[15,24] The result also suggests patients perceived doctors' quality of care and treatment more satisfactory than nurses. therefore, researchers suggest that quality of doctor - patient relationship at the end of life care leads to higher level of satisfaction with care and treatment. [25]

CONCLUSION

The findings of the current study are significant for several reasons. whencancer patients perceive their doctors and nurses more caring and found their treatment more satisfactory, they report lower levels of depression, anxiety and hopelessness. Our findings also have significant implications for the end of life care cancer patients that if these patients are provided with high quality of care then it would increase their satisfaction towards treatment and also contribute to decrease the level of depression, anxiety and hopelessness; which are the crucial part of end of life.

LIMITATIONS AND SUGGESTIONS

The findings of the study should be considered in the light of some limitations. These include, firstly, data was collected from small sample thus future researches should increase the sample to increase the generalizability of the findings. Secondly, this study does not provide any information related to gender differences; so future researches equally divide sample into gender to present comparative view of quality of care and treatment satisfaction and its impact on state of despair. Thirdly, this study does not specify the different types of cancer, therefore future researches should include the various forms of cancer to study the variables.

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AUTHORSHIP AND CONTRIBUTION DECLARATION

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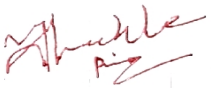
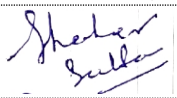
Dr. Humble Bin Ahmed House Officer, Surgery Nishtar Hospital, Multan	Manuscript designing, Data Analysis	
Dr. Shaheer Sultan House Officer, Anesthesia Allied Hospital, Faisalabad	Statistical Analysis, Data Collection	
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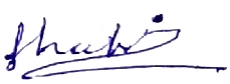
Shabbih Fatima Department of Applied Psychology Bahauddin Zakariya University, Multan	References Writing, Composition of Discussion, Proof Reading	
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