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Key Words : End of life care, Palliative care

ABSTRACT

Studies shows that dying in hospital is unsatisfactory: patient in end-of-life receives inadequate pain medication; no written policies for family presence during resuscitation and invasive procedure; conflicts arise due to uncertain prognosis and lack of communication; critical care staff lack educational preparation on death and dying and there is a high migration rate of health workers.

This study aims to enhance the end-of-life care provided by the health workers to their patients in Intensive Care Units. The descriptive method with a questionnaire accompanied by an interview, as the main data gathering instrument, was employed in this study. The respondents are the total enumeration of nurses, doctors and nursing aides in different tertiary hospitals in San Fernando City, La Union with established Intensive Care Units. The tools used to analyze and interpret data gathered were frequency counts, percentages, ranking and t-test.

The salient findings of the study shows that the different practices and services in the different tertiary hospitals in the City of San Fernando, La Union were: (1) Pharmacological and non pharmacological interventions for controlling pain and unpleasant symptoms were “not fully utilized” and considered “weakness”; different interventions in communication and conflict resolution were “fully utilized” and were considered “strength”; conducive physical layout and life saving equipments were “fully available” which were considered “strength” xi except for sound producing equipments which according to study will not benefit the patient; support services were “fully available” and was considered “strength” except on education and spiritual services which were “partially available” and were considered weakness; the staffing patterns and continuity of care were “fully available” which were considered “strength”; different training needs identified in terms of priority were: Basic Cardiac Life Support, Legal and Ethical Course, IV Therapy Course, Critical Care Certification, Advanced Cardiac Life Support, Pain and Pain Management, Communication, Burnout and Stress Management,

Spiritual Care, Nursing Skills, Use of ICU equipments and Complementary Medicine or Modalities and were considered “weakness” in terms of training.

Based on the findings of the study in the City of San Fernando, La Union, the following conclusions are made: (1) Many people dying in the hospitals have unmet needs for pain and symptom control, patient education and spiritual care despite being cared for in a conducive ICU set up with its life saving equipments and continuous care of critical care staff; (2) Republic Act 8423 is not fully implemented in different tertiary hospitals; (3) Critical care staff competently implements interventions that are largely shaped by their cultural experience and acculturated into a new subculture of medicine and nursing; with these, nurses and doctors have their own peculiar communication and conflict resolution styles that benefit patient in end-of-life care and (4) Critical Care Staff needs training and specialization in end-of-life care.

Based on the findings of the study, the researcher recommends the following: (1) the different hospitals should have clear cut policies and/or standard operating procedures and/or existing policy manuals in end-of life care; (2) the Nursing/Medical Department and the Human Resource Department of the different tertiary hospitals need to develop a Curriculum that is tailored on the different stakeholders’ needs and focuses on the specific skills, behaviors and capabilities required in quality end-of-life care; (3) the Human Resource Department needs to set up the Management Development Program and to be monitored by the head of Nursing/Medical Department for all critical care staff. The program should create a custom solution that will enhance their knowledge, skills and attitude in the end-of-life care; (4) full implementation of law, Republic Act 8423; and (5) Further research study on the following: (a) Survey of the relatives on the different services and practices rendered to patient in end of life care during their stay in Critical Care Unit and (b) Evaluation of the utilization and effectivity of the different non-pharmacological interventions in controlling pain and unpleasant symptoms in end-of-life care.