

ABSTRACT

Developing countries like Sri Lanka too experiencing the effects of demographic transition leading to rapid growth of the elderly population in spite of the slow growth of the economy. As far as health issues in the elderly are concerned, malignancies are a common disease entity and its impact on health and the economy is vast. Cancer Institute Maharagama (CIM) is the premier cancer care organization in the country which provides a reasonably good care to the cancer patients all over the country. Assessment of knowledge, perceptions and satisfaction of both the service providers and recipients on available services, is essential for proper utilization of services and for the future developments. Therefore, the present study was designed to assess knowledge, attitudes and satisfaction of elderly patients and that of the Nursing Officers on services available for the elderly cancer patients at CIM.

Methodology: A descriptive cross sectional study was carried out at Cancer Institute Maharagama during 1st August 2010 to 1st September 2010. Nursing officers who had at least six month of experience at CIM were given a self administered questionnaire. And the patients above the age of 60 years or above and those who had exposed to the CIM clinics and wards during preceding six months were administered a questionnaire. Questionnaires were designed to assess demographic data of both groups, knowledge on services available at CIM, ageing and factors considered in treating elderly cancer patients. Attitude, satisfaction on available services and expectations of the both groups were also assessed.

Results: Elderly patients (study group 1) comprised of 133 (43.5%) males and 173 (56.5%) females. Median age was 67 years, 93.2% (n = 285) and majority were Sinhala Buddhists. Majority of the study group 1 (71.9%, n=220) were currently married. But only 39.6% (n = 121) had education grade 5 or below and 6.5% (n = 20) were currently employed. Majority (70.9%, n = 217) had no income and 69.3% (n=212) were supported by their children. Majority 70.3% (n = 215) were living with children with or without spouse.

Majority of the elderly patients knew about Out Patient Department, cancer screening, X-ray, ultra sound, laboratory, clinics, wards, children care unit, female care unit and ECG services at CIM. Also, majority of elders did not know about on physiotherapy (52%, n = 159), counseling (87.9%, n = 269), welfare services (89.5%, n = 274), and nutritionist service (84%, n =257). More than 75% of the elders knew that the age, weight, laboratory

tests, chronic illnesses are concerned in treating cancer patients and some treatment could be offered rather than palliation. Nearly all the patients knew about common changes in the elderly and 59.5% (n = 182) of the study sample considered that the minimum age for the elderly would be of 60 years. Majority of the patients were satisfied with help of the junior staff at clinics, wards, laboratory and radiology department but unsatisfied with waiting time and facilities for the elderly in same places and dispensary.

Higher level of education (p = 0.007), level of income (p = 0.022) and literacy (p = 0.006) were associated significantly with adequate knowledge of the elders on cancer care services.

Factors associated with satisfaction of overall care of the CIM were chronic morbidities in the family (p = 0.04) and satisfaction on health education (p = 0.028). But sex, age group, ethnicity, marital status, level of education, income, living arrangement and literacy were not associated with overall satisfaction. Health education received on diagnosis (p = 0.000), treatments (p = 0.000) and outcome (p = 0.004) were significantly associated with satisfaction on health education.

Study group 2 comprised of 248 nursing officers and 95.6% of them were females. Median age was 27 years and majority were Sinhala Buddhists and 51.6% were married.

More than 90% of the nurses knew about basic hospital services. But only 78.2% (n = 184) knew about welfare services and 70.2% (n = 174) knew about nutritionist service. More than 90% of nursing officers knew that the age, weight of the patient, laboratory tests and chronic illnesses were considered in treating cancer patients. But only 63.3% (n = 157) knew some cancers could be cured and 79.4% (n = 197) knew that there are treatment options other than the palliative care for the elderly.

Significantly higher proportions of both groups were agreed on separate wards for the elders, more welfare services and specially trained staff to treat elders.

Conclusions and recommendations: Some gaps in the knowledge of both groups were identified. Level of education and literacy were associated with knowledge of the elders. Health education on diagnosis, treatment and outcome associated with satisfaction on health education. Majority of the elders and nursing officers were not satisfied with waiting time and facilities available for the elders in clinics, laboratory, radiology department and dispensary. Majority of the both groups agreed to have separate wards for the elders, specially trained staff and more welfare services for the elders. Training of the

staff, implementation of the infrastructure facilities and welfare services needed to be established.

Key words: Geriatric Oncology, Elderly Cancer care, Knowledge and perception on elderly Cancer care.