



Cancer and Palliative Care in Covid-19 and Other Challenging Situations

PSYCHOSOCIAL AND EMOTIONAL MORBIDITIES AFTER A DIAGNOSIS OF CANCER: QUALITATIVE EVIDENCE FROM LIVED EXPERIENCES OF HEALTHCARE PROFESSIONAL CANCER PATIENTS AND SURVIVORS IN UGANDA

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INTRODUCTION

Globally, cancer is a major, and growing, public health problem. Inevitably, many healthcare professionals (HCPs) are diagnosed with cancer, however, there is little evidence about their lived experience of this.

OBJECTIVE

To; (1) examine the psychosocial and emotional morbidities associated with cancer patient-hood experiences among HCPs, (2) generate evidence to inform policy and clinical practice about the needs of HCPs patients and survivors of cancer in Uganda.

METHODS

The phenomenological study was conducted in purposively recruited HCPs in Uganda. Data was collected via semi-structured interviews either face-to-face or over the phone. Interviews were audio-taped and transcribed verbatim. Thematic analysis was guided by Colaizzi's (1978) seven-step framework

Ethical approval was obtained from Hospice Africa Uganda Research Ethics Committee **HAUREC-079-20**.

RESULTS

Eight HCPs cancer patients from medical, allied health, and nursing backgrounds participated in the study. Their mean age was 56 years, range 29-85 years. Three broad themes emerged from the interviews:

THEME 1: FROM HCP TO PATIENT

Receiving bad news

"He held the envelope and told me; you've to wait for Doctor... to give you the results. Of course, if it was good news, he'd have just given the results to me. So, telling me to wait for the Doctor, as a health worker, I suspected cancer. I started seeing myself as someone who's not having more than 10 years to live; losing hope, seeing what I have been planning ... I became speechless. My wife started asking me what's wrong. I just kept quiet. After Doctor coming, he called me. He gave me the results when he was hurrying, and he told me "I have to give you the results how they are. You have a cancer..." (Clinical Officer, Hodgkin's Lymphoma)

Effect on professional identity

The two experiences were really touching: from an in-charge to a patient on the bed. That was really humbling for me... when I got the experience, it moved my heart so much. It moved my ego, self-esteem, and pride. I really came down to the level of a patient. I realized that; nurse, doctor... anyone can come down to the level of a patient. You sleep on that bed, the stretcher on which you have been wheeling other people It humbled me, and it made me so close to patients than anything else. That I would never neglect any single patient! It totally increased my compassion (RN, Skin Cancer)

THEME 2: SOCIOECONOMIC CHALLENGES

Every day I ask myself; people get sick and are able to walk around, but me I fell sick once and got disabled. I can't walk or get myself up. They just support me. I was very enterprising; was rearing chicken, pigs, that's no more. I had a private clinic, but I closed it. You can't receive patients when you're like this! I need to eat this; I can't afford it. All the money got finished on the pain and the disease. Even now I'm on loans. I have sold off almost everything I had. I feel so bad. My children were at the university but now they are seated home. I have real suffering (Midwife, Metastatic Cervical Cancer)

You can't perform effectively. You're getting treatment the patients are also here waiting. When you are on chemo, you're sick, you have headache, you are what. That is a problem to my patients. Sometimes, when I get treatment, I get sick for a week... (RN, CLL)

THEME 3: COPING AND SUPPORT STRATEGIES

After getting cancer, it became so hard for me to counsel myself. I'm a health worker, but it became difficult for me to accept that I have a cancer and accept to start treatment. It became very, very difficult for me...I thought of committing suicide. My friend saw me crying, tears running down. I was alone in a corner. He came nearer to me and asked me what the problem was. And I became open to him ... He counselled me (Clinical Officer, Hodgkin's Lymphoma)

I had the social support. My friends were visiting me and being in the palliative care circle, people were coming from all over to visit me; from the ministry, from hospitals... People would really encourage me, and I felt supported. My daughter was there for me; my colleagues within PC were all there for me. I did not lack anything in terms of support (RN, Bowel Cancer)

CONCLUSIONS AND RECOMMENDATIONS

Getting cancer is challenging for HCPs, and is associated with significant psychosocial and emotional suffering. The authors recommend a need to: (1) address barriers to healthcare access (2) increase training, especially communication, for cancer care specialists; (3) intensify cancer awareness campaigns to fight ignorance and stigma; (4) introduce a public health insurance scheme to eliminate out-of-pocket costs for cancer treatment and, (5) develop guidelines for the management of HCP cancer patients.