

Vansač P., Guľašová M.

## Therapeutic treatment of patients in palliative care during the Covid 19 pandemic

St. Elizabeth University of health and social work Bratislava,  
Institute of bl. M. D. Trčku, Michalovce, Slovakia

Вансач П., Гуляшова М.

## Терапевтичне лікування пацієнтів з паліативної допомоги під час пандемії COVID-19

Вища школа охорони здоров'я та соціальної роботи  
Св. Алжбети, м. Братислава, Словаччина

vansac.p@gmail.com, mgulasova9@gmail.com

### Introduction

The health status of patients in palliative and hospice care is very serious and their deep suffering manifests in various dimensions – physical, mental, emotional, social, and spiritual. During the COVID-19 pandemic, patients' fears and worries related to this disease and to isolation from their family members intensified. Mostly the first wave of the pandemic at the beginning of March 2020 was characteristic of misunderstanding and extreme worries about the negative impact of the hitherto unknown COVID-19 virus, and uncontrollable human behaviour. In this context, there is an opening space for dialogue that could productively re-enter the game using direct connection to therapeutic treatment in palliative and hospice areas. We should open space for dialogue with the ones with whom we share the same humanity, threats, fears and worries. In addition to the fact that the dialogue may help to address the current value crisis, it is also an important means of spiritual accompaniment, which forms an essential part of caring for palliative patients. For this reason, one of the most important purposes of this research is to address people who work in palliative wards and hospices in various positions. This purpose is followed by the aim of our research, which is to find out how often and in what form did the workers provide therapeutic treatment to patients in hospice/palliative care patients during the COVID-19 pandemic.

Hospice and palliative care Hospice care is regulated under Article 7 par. 4 c) of Act No. 578/2004 Coll. on Healthcare providers, health workers and professional organizations in health, amending certain acts, a separate regulation of institutional health care. Under this Act, hospices guarantee patients that they will not suffer unbearable pain, that their human dignity will always be respected, and that they will not be left alone in the last moments of their lives [2].

Palliative care (WHO, 2002) is an approach that improves the quality of life of patients and their families facing the problems associated with a life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain

and other problems, physical, psychosocial, and spiritual. Palliative care involves health care provided by doctors (diagnosis and treatment), nursing care, rehabilitation, psychological care, medical-pedagogical care – for children, spiritual care, and social counselling. [2].

**Aim.** The general objective of this research is to map therapeutic treatment in hospices and palliative care wards during the COVID-19 pandemic.

The partial objectives of this research are to discover:

How often did hospice/palliative care workers provide therapeutic treatment that involved:

1. staying near the patient's bed – staying silent when the client is silent,
2. having contact with the patient – based on basal stimulation,
3. providing information to the patient on spirituality topics,
4. conducting supportive conversation with the patient with negative emotions – depression, anxiety and crying,
5. conducting counselling conversation with the patient – the issue of partner, family, and generational relationships,
6. conducting therapeutic conversation with the patient – on existential topics about the meaning of life, suffering and death, considering the gender, age, job classification and the length of employment in the hospice/palliative ward.

### Research methods

To obtain the necessary information we used the existing available scientific literature and a non-standardized questionnaire. The questionnaire consisted of 12 questions. The first four questions were aimed at finding out information about the respondents regarding their age, gender, length of practical experience and their profession performed in the facility. The following 8 questions focused on the various forms of spiritual care that we monitored. The answers to these questions were designed in the form of the Likert scale: never – sometimes – often – always. The research sample consisted of 75 employees of hospices and palliative wards.

### Interpretation of the results

We did not find any significant correlations between nominal variables (gender, age, employee status, length of practical experience), therefore we are not reporting their evaluation.

RQ No. 3 How often did the hospice/palliative care workers provide spiritual care that involved providing information to the patient on spiritual topics, considering their age?

In research question No. 3, we wanted to find out how often the hospice/palliative care workers provided spiritual care that involved providing information to the patient on

spiritual topics, considering their age. The significant correlation coefficient 0.312 indicates that we found a positive relation in the sample – the tendency to provide information on spirituality increases with the age of employees.

RQ No. 5 How often did the hospice/palliative care workers provide spiritual care that involved conducting counselling conversation with the patient – the issue of partner, family, and generational relationships, considering their age?

In research question No. 5, we found that the frequency of counselling conversations with the patient increases with the age of employees, which indicates a correlation coefficient of 0.282.

Table 1. Providing spiritual care that involved providing information on spiritual topics, considering their age

Age category	f	%	The tendency to provide information on spirituality increases with the age of the employee (answer No. 7)	0.312 sig. 0.06
20–25 years	8	10.7		
26–35 years	10	13.3		
36–45 years	26	34.7		
46–55 years	20	26.7		
56–65 years	11	14.7		

Source (here and after): own elaboration.

Table 2. Conducting counselling conversation – the issue of partner, family, and generational relationships, considering age

Age category	f	%	The tendency to conduct counselling conversations increases with the age of the employee (answer No. 9)	0.282 sig. 0.014
20–25 years	8	10.7		
26–35 years	10	13.3		
36–45 years	26	34.7		
46–55 years	20	26.7		
56–65 years	11	14.7		

Table 3. Significant correlations between two ordinal variables found using Spearman's correlation coefficient

Correlation of respondents' answers		Value
5. I stay near the patient's bed; I stay silent when the patient is silent	6. increases when using basal stimulation	0.297 sig.0.010
	7. increases with the tendency to provide information on spirituality	0.266 sig.0.021
	11. increases with the tendency to provide spiritual service	0.279 sig.0.015
	12. increases with the tendency to accompany the patient during a church service	0.321 sig.0.005
6. I have contact with the patient – based on basal stimulation	11. increases with the tendency to provide spiritual service	0.248 sig.0.032
7. I provide information to the patient on spiritual topics	9. increases with the tendency to conduct counselling conversation	0.305 sig.0.008
	10. increases in relation to the tendency to conduct therapeutic conversation with the patient – on existential topics about the meaning of life, suffering and death	0.385 sig.0.001
	11. increases in relation to the tendency to provide spiritual service	0.421 sig.0.000

8. I conduct supportive conversation with the patient with negative emotions – depression, anxiety and crying	9. increases with the tendency to conduct counselling conversation	0.318 sig.0.005
	10. increases with the tendency to conduct therapeutic conversation on existential topics about the meaning of life, suffering and death	0.355 sig.0.002
	11. increases with the tendency to provide spiritual service	0.312 sig.0.006
9. I conduct counselling conversation with the patient – on the issue of partner, family, and generational relationships	10. increases in relation to the tendency to conduct therapeutic conversation with the patient – on existential topics about the meaning of life, suffering and death	0.599 sig.0.000
10. I conduct therapeutic conversation with the patient – on existential topics about the meaning of life, suffering and death	11. increases with the willingness to provide spiritual service	0.338 sig.0.003

### Discussion

Based on the research findings we can state that in the frequency always, often, sometimes, from the research sample of 75 respondents:

1. 66 respondents (88%) stayed near the patient's bed (staying silent when the client was silent) during the COVID-19 pandemic. According to Galbadage Thusara et al., COVID-19 causes social distancing and makes it impossible for the family members to visit patients in hospices or palliative wards. Hence, the presence of personnel near the patient's bed is extremely important. [7]

2. 65 (87%) respondents had contact with the patient – based on basal stimulation during the COVID-19 pandemic. Basal stimulation in the spiritual area is important, because it stimulates verbal and non-verbal communication to induce pleasant feelings and experiences on a sensory level (basal stimulation may involve, for example, favourite religious songs, photos, etc.)

3. 64 (85.4%) respondents provided information to the patient on spiritual topics during the COVID-19 pandemic. In their study, Novotná and Kala (2015) state that the assessment of spiritual needs should be performed after first establishing a relationship with the patient. For the assessment, we need to master the art of conducting conversation, having a personal interest in the patient and his or her life, and being aware that we cannot press on the patient and assume that we are entitled to such information. Anxiety, sadness, lack of hope, peace, love and forgiveness, losing the meaning of life in sickness, anger or unwillingness to cooperate are among the guiding elements for determining the problem in the spiritual area. In practice, however, the assessment of spiritual needs is neglected and considered a completely personal matter involving only the believing patients. [3]. In their study, Puchalski Christina et al. noted that appropriately trained staff can provide qualified spiritual support to patients and families. They recommend that staff complete training aimed at spirituality, active listening, sympathetic presence, prayer and sharing the sacred moment [4]. This topic relates to RQ No. 3, where we found that the tendency to provide information on spirituality increases with increasing age. The veracity of this finding lies in the fact that with increasing age more experience is gained in the spiritual field.

4. 65 respondents (87%) conducted supportive conversation with the patient with negative emotions – depression, anxiety and crying during the COVID-19 pandemic. In their study, Riahi Somayeh et al. state that the development of spiritual care provided by nurses and other personnel had positive results, i.e. increased patient satisfaction with care, decreased anxiety and depressive symptoms during hospitalization and generally improved quality of life. [5].

5. 73 respondents (97.4%) conducted counselling conversation with the patient – the issue of partner, family, and generational relationships during the COVID-19 pandemic. According to Downing Julia et al., counselling conversation is one of the non-pharmacological measures. The result of this conversation is better pain control, and positive thinking despite the pain and disease. [1]. This topic is associated with RQ No. 5, where we found that the frequency of the counselling conversation with the patient increases with the age of the employee, which indicates a correlation coefficient of 0.014.

6. 64 respondents (85.4%) conducted therapeutic conversation with the patient – on existential topics about the meaning of life, suffering and death during the COVID-19 pandemic. In their study, the authors Novotná and Kala point out that the most important aid in the spiritual area is talking to the patient. The sick often remain alone with their worries and fears, and most healthcare workers and relatives do not have the courage to start conversations about existential questions with them. [8]. In this case, it is very good if the conversation on existential topics is taken over by a priest who performs the Good Shepherd's service or the Good Samaritan service. [8].

Our research suggests the following recommendations for practice: We want to emphasize that it is very important to stay near the patient's bed and stay silent when the patient is silent. When applying this approach, personnel show interest in the patient. The Apostle Paul described a similar approach: "Rejoice with those who rejoice, weep with those who weep!" (Rom 12:15).

Regarding negative emotions, we found that 87% of personnel (always, often, sometimes) conducted supportive conversation. During the COVID-19 pandemic, patients needed to overcome the feeling of isolation. Supportive conversation as a strategy for managing loneliness and fear is extremely important. The authors of the study entitled *Spiritual care in critically ill patients during the COVID-19 pandemic*, Rocío De Diego-cordero, Lopez-Gómez, Lucchetti, Badanta (2021) state

that in Spain nurses were responsible for providing spiritual care to their patients. Although they generally believe that spirituality is important for treatment and helps patients to cope with the disease, they stated that they were not trained to handle this type of care. They also described work overload, a lack of time and training as the reasons for limited spiritual care. [6].

### Conclusions

Spirituality has always been considered a basic dimension of hospice patient care, especially during the

COVID-19 pandemic. The results of our research support the role of therapy in hospices and palliative wards. We studied how often employees in the positions of nurse, hospital attendant, social worker, doctor, and priest provide therapeutic care to their patients. The results of the research showed that approximately 80% of employees provided therapeutic care during the first and second wave of the COVID-19 pandemic. The quality of the provided therapeutic care was not one of the objectives of this research. This field should be studied in other research studies since palliative care is a very important and popular topic.

### References

1. Downing J. et al. Symptom Control at the End of Life in Children with COVID19 Infection. In De Lima L, Pettus K, Downing J, Connor S, Marston J (Eds), Palliative Care and COVID19 Series – Briefing Notes Compilation (pp. 39-43). Houston: (2020). IAHP Press.
2. Koncepcia zdravotnej starostlivosti v odbore paliatívna medicína vrátane hospicovej starostlivosti, č. 17463/OZS zo dňa 19. 6. 2006. [online]. [citované 2021-08-22] Dostupné na internete: <https://www.health.gov.sk>.
3. Novotná H., Kala M. Spirituální potřeby a jejich diagnostika v nemoci, In: Paliatívna medicína a liečba bolesti, 2015; 8(1e), s. 23 – 25, ISSN 1339-4193 (online).
4. Puchalski Ch. et al. Interprofessional Spiritual Care in the Time of COVID19. In De Lima L, Pettus K, Downing J, Connor S, Marston J (Eds), Palliative Care and COVID19 Series – Briefing Notes Compilation (pp. 29-33). Houston: (2020). IAHP Press.
5. Riahi Somayeh, Fateme Goudarzi, Shirin Hasanyand, Hasan Abdollahzadeh, Farzad Ebrahimzadeh, Zahra Dadvari. Assessing the Effect of Spiritual Intelligence Training on Spiritual Care Competency in Critical Care Nurses. Journal of Medicine and Life, 11(4), 346–354. <https://doi.org/10.25122/jml-2018-0056>.
6. Rocío de Diego-cordero, Lorena López-Gómez, Giancarlo Lucchetti, Bárbara Badanta. Spiritual care in critically ill patients during COVID-19 pandemic, Nursing Outlook, (2021), doi: <https://doi.org/10.1016/j.outlook.2021.06.017>.
7. Thushara Galbadage, Brent M. Peterson, David C. Wang, Jeffrey S. Wang and Richard S. Gunasekera. (2020). Biopsychosocial and Spiritual Implications of Patients With COVID-19 Dying in Isolation. Front. Psychol. 11:588623. doi: 10.3389/fpsyg.2020.588623.
8. Vansač Peter. Duchovné sprevádzanie osôb s psychickými poruchami, In: Theologos. Prešov: GTF PU, 2015, roč. 17, č. 1/2015, s. 187-197.

Дата надходження рукопису до редакції: 20.04.2022 р.

The **aim** of the research was to find out in what form and how often a spiritual service was provided by the hospice/palliative team to patients during the COVID-19 pandemic.

**Methods.** In this research, we applied quantitative research strategies including descriptive statistics, and to respond to postulated research questions we used a non-parametric Spearman's correlation coefficient.

**Results.** The results of this research show that approximately 80% of hospice workers and palliative care workers who participated in our research provided spiritual care to patients in the following rates: always, often sometimes.

**Conclusions.** The results of this research showed that hospice and palliative workers did not leave patients without spiritual care. Further and very relevant research in the field of palliative care could be aimed at the level of quality of provided spiritual care.

**Key words:** spiritual accompaniment, COVID-19, patient, palliative care.

**Метою** дослідження було з'ясувати, у якій формі та як часто надавалась духовна служба хоспісною/паліативною командою пацієнтам під час пандемії COVID-19.

**Методи.** У цьому дослідженні ми застосували кількісні стратегії дослідження, включаючи описову статистику, а для відповіді на постульовані дослідницькі запитання ми використали непараметричний коефіцієнт кореляції Спірмена.

**Результати.** Результати цього дослідження показують, що приблизно 80% працівників хоспісів та паліативних працівників, які брали участь у нашому дослідженні, надавали духовну допомогу пацієнтам у таких темпах: завжди, часто іноді.

**Висновки.** Результати дослідження показали, що хоспісні та паліативні працівники не залишали пацієнтів без духовної допомоги. Подальші та дуже актуальні дослідження у сфері паліативної допомоги можуть бути спрямовані на рівень якості наданої духовної допомоги.

**Ключові слова:** духовний супровід, COVID-19, пацієнт, паліативна допомога.

**Conflicts of interest:** absent.

**Конфлікт інтересів:** відсутній.

#### Відомості про авторів

**Vansač Peter** – Professor, Head of Department of Social Work, St. Elizabeth University of health and social work Bratislava, Institute of bl. M. D. Trčku, Michalovce; Slovakia.

vansac.p@gmail.com, ORCID ID 0000-0003-1007-9130.

**Guľašová Monika** – Associate Professor of Social Work, St. Elizabeth University of health and social work Bratislava, Institute of bl. M. D. Trčku, Michalovce; Slovakia.

mgulasova9@gmail.com, ORCID ID 0000-0001-7772-4072.