THE ROLE OF NURSES IN PALLIATIVE AND HOSPICE CARE

Rola pielęgniarek w opiece paliatywnej i hospicyjnej

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Summary
Introduction: The role of nurses in palliative and hospice care especially with the terminally ill and dying patients in hospice.

Aim of the study: To show the importance and irreplaceable role of nurses in meeting the needs of a patient.

Material and methods: The survey was performed among nurses working with terminally ill and dying people in hospices in the Czech Republic and Slovakia.

Results: Obtained results were analyzed by means of questionnaires, where there are opinions and attitudes of nurses who take care of patients in the terminal stages of various diseases.

Conclusions: Although the survey shows significant differences in providing hospice care in Slovakia and the Czech Republic, we can conclude the same result, which is that the role of nurses in the case of care of the terminally ill is extremely important.

Keywords: hospice, palliative care, terminally ill, nursing care

Streszczenie
Wstęp: Rola pielęgniarki w opiece paliatywnej i hospicyjnej oraz w terapii terminalnie chorych i umierających pacjentów w hospicjum.
Cel badania: Pokazanie znaczenia i roli pielęgniarek w zaspokajaniu potrzeb pacjentów.
Materiał i metody: Badanie przeprowadzono w czeskich i słowackich hospicjach wśród pielęgniarek pracujących z nieuleczalnie chorymi i umierającymi ludźmi.
Wyniki: Analizowaliśmy wyniki uzyskane za pomocą kwestionariuszy, w których określono opinie i postawy pielęgniarek w opiece pielęgniarskiej pacjentów w terminalnej fazie choroby.
Wnioski: Mimo że badanie wykazało istotne różnice w zakresie dostępu do opieki hospicyjnej na Słowacji i w Czechach, to rola pielęgniarek w opiece nad śmierćcznie chorymi w obu krajach jest niezwykle ważne.
Słowa kluczowe: hospicjum, opieka paliatywna, terminalnie chory, opieka pielęgniarska
The forms of palliative and hospice care in Slovakia

Slovak Association of Hospice and Palliative Care (Slovak A Ha PS) is a voluntary civil association of common or legal persons. The main aim of the association is to bring forth to the spirit of Christian ideals in order to strive to alleviate human suffering of terminally ill and dying people and their families. Slovak Association of hospice and palliative care was founded in 2000 and in 2003 was renamed as the Association of Hospice and Palliative Care. Its members are individuals concerned with the ideas of palliative and hospice care. Functioning of the hospices in Slovakia is related to financing, investment costs, and operation, ability and cooperation agreements with insurance companies, with the support of the state and its own business activities and various other contexts. Hospice funding model is largely based on the charitable activities without state participation. It is not sufficient to ensure optimal functioning of the hospice. The preferred way is multi-source financing, which includes sources from Health Insurance companies, the Ministry of Labour, Social Affairs and Family, and other resources, such as grants, business activities, sponsorship and others. However, it is not enough to cover the costs of treating the patients, and therefore each patient has to pay for a certain amount of treatment himself.

In order to ensure dignity of a dying patient, we must respect the value of his priorities. We have to keep in mind his wishes and desires, we have to be able to understand and accept him, create conditions that could last for the particular period of his life in the company of his loved ones in a dignified and agreeable environment. The role of palliative and hospice care is not only to fulfill the individual requirements of a terminally ill patient, however it is to provide him with the highest possible comfort in the last moments of his life [1].

The palliative and hospice care are interrelated and provide the following forms: Palliative care - visiting service - mobile hospice, which "is an ideal form of care for the terminally ill and dying person, providing him with the conditions to stabilize his health as the disease symptoms are under the control. There is also formed a family background, while home care is available" [2].

There are two types of home hospice care - lay care - HOME HELP (includes family care, close care, neighbourhood assistance, volunteers' care) - special type of care - Human Resources - HOME CARE (This type of care is complementary or substitutional non-professional care. The time of providing such care is determined by a physician. It is provided by means of social, medical and lay care, nurse or other member of the team who is to visit the sick two or three times a day, or, according to his needs). Outpatient palliative (hospice) care or so-called palliative medicine is given to the patients whose medical conditions require inpatient or home hospice care. Stationary hospice care - day is also known as "semi-ambulant" care, in which a person comes into the hospice in the morning and returns back home in the afternoon or in the evening. Taking care of the sick is restricted to a few hours (infusion, or other therapies). This care is provided in day hospitals - day hospices, which are usually partly a hospice and a palliative care system. There is provided a palliative therapy as a complex of social, psychological and even spiritual care [3].

This alternative is also utilized by families which need to recover. Inpatient palliative care is not granted unless the unfavourable health condition of the patient requires controlling the symptoms in progressive incurable disease in “preterminal” or terminal stage. Such care is carried out when the mentioned care cannot be fully provided in other departments or at home. In general, the patient provides free informed consent to the given palliative care under the rules of the mentioned issue [4]. Respite care is a part of the palliative care with its origin in England. Its aim is to make the life easier for those who take care and it provides a room to “recharge the batteries and a new gain of energy". This is a change of environment, which allows mutual support and cooperation for the people who care for the terminally ill and, thus, to eliminate the effects of psychosocial burden of intensive palliative care [5].

Care and communication with terminally ill patients and their families

Communication with the patient occupies very important part of nursing activities and comprehensive nursing care, which is carried out by the nurse [6]. “Good communication with patients is the further professional approach to the success” [7]. According to Dobrikova-Porubcanova (2005), facial expressions constitute 50 % and body movement further 40% of the overall communication with vocal and voice characteristics, and only 7% of the communication results from the content of what we say [8]. The same expresses Krivohlava (2002): “Based on the experience of many, it is clear that often what is expressed without words - an authentic friendly or partner stance is more important than what you say” [9]. Individual manifestations of non-verbal communication, such as facial expressions, haptics, gestures and others reflect current physical, medical and emotional condition of patients [10]. The environment plays also an important role because if it is noisy, without privacy, it all prevents honest and effective communication with the patient [11]. It is important for the nurse to have the following specific characteristics, such as empathy, truth, concreteness, care and respect for the uniqueness of a person. The basis for successful communication with patients is therefore the art of careful listening of the patient and understanding the signals of nonverbal expressions [12].

Taking care of terminally ill and dying patients includes also taking care of his relatives. A nurse gradually befriends with the family members, relatives and friends of the ill person and through commu-
nigation with them gains new information on how to assist in nursing care. The role of the nurse is also to try to involve them in the care system of the sick. Family of the terminally ill patient finds itself in a very difficult situation and needs to face various difficulties and problems. Behaviour and decisions have a great impact on the significant effect of how the patient responds. Relatives often do not allow for the care of the seriously ill and dying family member for various reasons. There might be present a fear of losing a job, of unfavourable economic situation, of inadequate housing conditions (many family members live in the same apartment where there is not only one room reserved for the sick), of overloading of the nurse, lack of knowledge and experience in providing the nursing care. It is necessary to be familiar with the patients’ family and their reasons for placing the sick relative into the hospice. Communication with the patients’ family should be open and in friendly terms. It is important to understand the family and respect its cultural, religious, ethnic and other characteristics and habits [13]. Cembova (2004) speaks of the phases of grieving families for deceased as follows: “Shock - that occurs when a patient’s death happened suddenly and unexpectedly, protest - desire, anger, a person denies the loss of his loved one, disorganization - apathy, a person cannot live in an environment where the deceased lived or also died, reorganization - life returns to normal, the memories are less painful, relative accepts the death” [14]. Based on the personal experience, Svatosova (2001) writes: “To make a phone call, write, invite, and visit. With the help of some volunteers, we organize regularly, several times a year, solemn entry for survivors; living books; with worship, with snacks and especially with the listening. In my opinion, it is quite important for those people who travel from one corner of the country to another” [15].

Purpose of the study

To explore: What are the attitudes and experiences of nurses in providing the quality of life to terminally ill patients in hospices in Slovakia and the Czech Republic? Are the nurses prepared in advance when working with the terminally ill people better in Slovakia or the Czech Republic? Is the nursing care in providing the quality of life of patients with final-stage disease in hospices better in Slovakia or the Czech Republic? How do nurses perceive their role in taking care of the patient and his family in hospices in Slovakia and the Czech Republic? Do nurses have different or the same personal values and attitudes toward the terminally ill person and his family in hospices in Slovakia and the Czech Republic?

Material and Methods

In our work, we used the method of obtaining data by means of a questionnaire. It was anonymous, given to nurses who work with terminally ill patients and dying people. The questionnaire consisted of 7 closed, semi-open and 16 open questions. Our survey also included nurses who work in hospices, where they provide care for the terminally ill and dying patients. The first exploratory sample consisted of 45 nurses working in hospices in the Czech Republic. The second group consisted of 28 exploratory nurses working in hospices in Slovakia. Due to a little participation of nurses working in hospices in Slovakia, the questionnaire was given also to nurses in Palliative Department at Trstena Hospital (NH s P), Slovakia and nurses from stay ward department and teaching hospital in the castle of UVN, FN Ruzomberok, Slovakia.

The first exploratory group consisted of hospice nurses in the Czech Republic, which was 45: 6 nurses from the Hospice of St. Lazarus in Pilsen, 10 nurses from Hospice at Holy Hill in Olomouc, 7 nurses from the Hospice of the Good Shepherd in Cercany, 9 nurses from the Hospice of St. Jana N. Neumann in Prachatice, 8 nurses from the Hospice of St. Elizabeth in Brno, 5 nurses from Hospice “CITADELA” in “Valasske Mezirici”.

The second group consisted of a research nurse from a hospice unit for terminally ill in Slovakia. Out of these respondents, 42 nurses, were 3 nurses from Cell hospice “PLAMENOK” in Bratislava, 9 nurses from Hospice - House of Peace in Bernadette in Nitra, 10 nurses from Hospice House of Mercy in Banska Bystrica, 5 nurses from Mercy Hospice nurses in palliative Trenčin, 10 nurses from the department Trstena Hospital (HNSP), 5 nurses from stay ward department in the castle, UVN FN Ruzomberok, Slovakia.

Results

Question No. 1 - Do you consider yourself to be adequately prepared to work with dying patients?
Out of 42 respondents working in hospices in Slovakia on the question of whether the nurses are adequately prepared to work with dying patients 17 (40.5%) answered Yes, 19 (45.2%) partially, in the case of 6 respondents (14.3%) the answer is not marked. Out of 45 respondents from hospices in the Czech Republic we found 14 that (31.1%) were sufficiently prepared to work with the dying, 23(51.1%) partly and 8 (17.8%) answered No.

Question No. 2 – Do you spend sufficient time with dying patients when on duty?
The answer Yes, every moment I spend with dying patients identified 12 (28.6%) of the total number of respondents working in hospices in Slovakia and 7 respondents from hospices in the Czech Republic. 24 (57.1%) of the respondents working in hospices in Slovakia and 33 (73.3%) of the respondents in the Czech Republic hospices answered that they do not always give enough time to the dying, depending on the workload. The answer is not, tried to be full service with dying patients identified 6 (14.3%) of respondents from the hospices of Slovakia and 5 (11.1%) of respondents hospices in hospices in the Czech Republic.

Question No. 3 – Is flexible time throughout the day devoted to administration and nursing records?
Out of the total number of respondents working in hospices in Slovakia, 13 (30.9%) respondents said 1-2 hours, 16 (38.2%) respondents spend 2-3 hours and 13 (30.9%) respondents spend 3 and more hours. Out of the respondents working in hospices in the Czech Republic, 25 (55.6%) said they spent 1-2 hours executing the administration of nursing records, 16 (35.5%) respondents said 2-3 hours and 4 (8.9%) respondents said and more hours.

**Question No. 4 - How do you take care of patients in daily service on the department?** 3 (7.1%) of the respondents replied that to 1-3 patients out of the total number in Slovak hospices. The answer is not marked by any of the respondents in the hospices in the Czech Republic. 3 (7.1%) of the respondents in the Czech Republic said they take care of 4-5 patients and 1 (2.2%) respondent from hospices in the country. The following answer was marked by 17 (40.5%) of respondents in hospices in Slovak republic and 10 (22.2%) of respondents in the Czech Republic and hospices reported that takes care of 6-10 patients. 19 (45.3%) of respondents working in hospices in Slovakia answered that during the service they take care of more than 10 patients and 34 (75.6%) of the respondents from hospices in the Czech Republic.

**Question No. 5 - What are the needs of the patients in the terminal stage of the illness?** Out of the surveyed nurses working in hospices in Slovakia, in the Czech Republic none of the respondents is for the biological needs. 1 (2.4%) of the hospice nurse in Slovakia identified psychological needs and 2 (4.4%) of the respondents hospices in the country. 3 (7.1%) of the respondents in hospices in Slovakia prefer social needs and 1 (2.2%) respondent from hospices in the country. Most of the respondents, 38 (90.5%) of the hospices in Slovakia and 42 (93.4%) working in hospices in the Czech Republic said that each patient has his important needs.

**Question No. 6 - To what level do you provide patient relief and symptomatic treatments in your institution?** Excellent response identified 13 (31.0%) of the respondents, very good 15 (35.7%), good 9 (23.8%), a sufficient level 2 (7.1%) and the level deemed insufficient pain relief and symptomatic treatment only 1 (2.4%) respondents out of the total number of 42 respondents working in hospices Slovakia. Respondents from hospices in the Czech Republic in their response identified excellent level 10 (22.2%), very good 28 (62.2%), good 7 (15.6%), and the lack of a sufficient level was not identified by any of the respondents.

**Question No. 7 - Do you monitor the pain of dying patients throughout the day?** 31 (73.8%) of the respondents gave a positive answer, negative response 4 (9.5%), and no answer in the case of 7 (16.7%) of respondents working in hospices in Slovakia. Out of the total number of respondents working in hospices in the Czech Republic, 38 (84.4%) answered Yes, 3 No (6.7%), and 4 (8.9%) concluded that sometimes not.

**Question No. 8 - How frequently do you fulfill the psychological needs of the dying patients?** To this question, 8 of the respondents think about how frequently they fulfill the psychological needs of the dying patient. The first option - caressing was identified in the case of 10 patients (23.8%), handshake 10 (23.8%), lovely smile 7 (16.7%) and others (“where the most common answers were”; “handshake and caress”, “sitting on the bed of a patient and speaking to him/her”. According to 12 nurses, there are 15 (35.7%) of respondents working in hospices in Slovakia. 17 (37.8%) of respondents working in hospices in the Czech Republic said that the most fulfilling psychological needs of the patient is caressing, handshake 13 (28.9%), lovely smile 7 (15.5%) and others, where, the most responses were “All three options” – as said by 8 (17.8%) of the respondents.

**Question No. 9 – Do you see the importance of nonverbal communication when meeting the needs of the patient in the terminal stage of the disease?** To this question, 9 respondents subjectively rated the importance of nonverbal communication in meeting the needs of the patient in the terminal stage of the disease. 19 (45, 2%) of the respondents answered Yes, to great extent; 11 (26, 2%) said yes, but sometimes it is not enough, partially, depending on the stage of the patient as identified 8 (19,1%), no 1 (2, 4%) and could not be expressed in 3 (7,1%) of the respondents working in hospices in Slovakia. Out of the total number of the respondents working in hospices in the Czech Republic, 27 (60,0%) answered yes, very big, 9 (20,0%) said yes, but sometimes it is not enough, 6 (13,3%) said partly, depending on the stage of the patient, no response is not marked by one respondent, and 4 (6,7%) were not able to express themselves.

**Question No. 10 - How do you perceive the presence of family and loved ones at the bedside of the terminally ill?** To this question, 10 respondents (nurses) remarked on the presence of family and loved ones at the bedside of terminally ill patients. Out of the total number of respondents working in hospices in Slovakia, 29 (69.0%) answered to be very happy to welcome the presence of families and 20 (44.4%) of respondents hospices in the country. We were unable to identify 2 (4.4%) of the respondents working in hospices in the Czech Republic, but neither of the respondent from hospices in Slovakia.

**Question No. 11 – Do your patients usually die in your institution?** Response in the presence of families identified 7 (16.7%) of the respondents working in hospices in Slovakia and 10 (22.2%) of the respondents working in hospices in the country; in the presence of 26 nursing staff (61.9%) of the respondents working in hospices in Slovakia and 21 (46.7%) of the respondents working in hospices in the Czech Republic. 3 (6.7%) of the respondents working in hospices in the Czech Republic said that patients die alone, the survey did not mark any of the respondents working in hospices in Slovakia. As a final alternative to others (where most of the respondents said that patients are dying even in the presence of family and nursing staff) said
9 (21.4%) of the respondents working in hospices in Slovakia and 11 (24.4%) of the respondents working in the hospices in the Czech Republic.

**Question No. 12 – Does your institution strictly follow the visiting hours for the relatives?** Out of nurses working in hospices in the Slovakia, 3 (7.1%) state that visiting hours are defined (according to the nurses working in children's hospice “PLAMENOK =FLAME”), but only 34 (81%) reported that family members can come at any time and 5 (11.9%) nurses from other institutions reported “that visiting hours are defined, but according to the agreement with the physician, family members can come at any time”. All 45 (100%) of the respondents working in hospices in the Czech Republic reported that their institution does not set the visiting hours, which means that relatives can come at any time throughout the day.

**Question No. 13 – Does your institution cover also the spiritual needs of the patient?** Of the surveyed nurses working in hospices in Slovakia, 9 (21.4%) replied that their institution provides the persistent presence of the priest, and 27 (64.3%) are willing, at the request of the patient or relatives, to ensure the priest and 6 (14.3%) of the respondents said as follows: “A priest visits our institution every Monday and Thursday and based on the request we can provide a patient with a priest at any time of the day”. Out of nurses working in hospices in the Czech Republic, 16 (35.6%) said that a priest is still present in their hospice, 27 (60.0%) can on the request of the patient and his family members ensure the priest and 3 (4.4%) said: “A priest visits our institution once a week, but on the request of the patient we can call the priest to come at any time”. Out of nurses working in hospices in the Czech Republic, 34 (75.6%) meet the requirements of the Czech Republic and Slovakia, which were identified “that visiting hours are open to be calmed down”; “I am with the patient and try to discover what troubles him, I do it alone”; “It depends on the situation, I try to help him humanly and professionally” (mentioned by 4 respondents) “I try to provide him with social contact” (with the family members, volunteers, staff), “I advise medical treatment”, “I try to be sensitive, accept the patient and calm down his emotions”, “having empathy”, “yes, caressing, singing, praying”, “caressing, verbal contact”, “I always calm him down”, “I encourage patients”; “I try to be unemotional”; “I prefer peaceful approach, allow the patient to express his emotions”, “It is individual”, “I prefer peaceful talks, caressing, hugs”. “I try to be patient and engage gracious approach to alleviate symptoms of emotion, sometimes it is better to listen and let the patient to express all that he is going through”, “I try to react with a calm and quiet voice”, “I try to listen to the patient and, if possible, help him to solve the current problem (consult with a doctor, psychologist, etc.)” “I prefer peaceful approach and silent presence”, “I prefer conversing, touch”, “I try to be calm”, “I reassure him that I sit beside him on the bed, listen to him”, “I try to react calmly”, “I try to understand him and help him as much as I can”, “I respect him; I do not judge the patient’s symptoms”. For me, these are difficult situations; I try to accompany him the way it is best for him (in silence, nonverbal expressions ...).”

**Question No. 16 – What is the level of nursing care in your institution?** Respondents consider only 16 (38.1%) to be excellent, 17 (40.5%) as very good, and 9 (21.4%) good. Out of nurses working in hospices in the Czech Republic, 24 (53.3%) said that nursing care in their institution is excellent, 19 (42.3%) very good and 2 (4.4%) considered it as well provided.

**Question No. 17 – Do you try to meet the needs of the dying person?** Out of the surveyed nurses working in hospices in Slovakia, 29 (69.9%) were trying to meet the needs of the patient several times during the day; 5 (11.9%) answered partly, 8 (19.2%) nurses said that they try to fulfill the most important needs depending on the of the time available during each shift. Among the nurses in the hospices in the Czech Republic, 34 (75.6%) meet the requirements of the patients several times during the shift, 6 (13.3%) fulfill only the most essential needs, 5 (11.1%) of the nurses said it depends on the time they have.

**Question No. 18 - Do you think the hospital environment (hospice) can decently provide a patient with a dignified dying?** Out of the surveyed nurses working in hospices in Slovakia, 33 (78.6%) think that hospice provides the patient with a dignified dying at all times, 29 (64.5%) nurses of hospices in the country said it provides dignified dying. And 10 (22.2%) of the respondents from the Czech Republic and 5 (11.9%) of hospices in Slovakia think that hospice provide dignified dying, however, many times without the presence of family
members. 4 (9.5%) of the respondents working in the hospices in Slovakia and 6 (13.3%) of the respondents working in hospices in the Czech Republic consider it to be partly performed.

**Question No. 19 - Have you dealt with the issue of dying and death before entering this institution?**

Nurses who responded to the survey said that they dealt with the issue of death and dying before accepting the position in the institution. Based on these facts, 36 (85.7%) of the nurses working in hospices in Slovakia dealt with the issue of dying and death before entering this institution and 31 (68.9%) nurses working in hospices in the country. Negative response indicated 5 (11.9%) of the hospice nurses in Slovakia and 11 (24.4%) of hospice nurses in the country. 1 (2.4%) hospice nurse from Slovakia stated the answer ‘other’ and 3 (6.7%) nurses working in hospices Czech Republic mentioned concrete answers “I knew I would have to deal with it but I certainly did not know it would be so difficult”; “I expected it, but the reality was somehow different than I had expected, but rather in a positive way”; “I knew that I would have to deal with the death as such because I wanted to work in hospice, but I did not expect that it would have an impact on my personal life. I wanted to keep these problems at work, but I think about the problems also in my private life”.

**Question No. 20 - What do you feel when the patient dies during your shift?**

Out of the total number of nurses working in hospice in Slovakia, 2 (4.8%) experience fear, 3 (7.1%) helplessness, 6 (14.3%) responsibility, and 6 (14.3%) experience sadness. 7 (16.7%) of the nurses consider it as a part of life and 17 (40.5%) of the hospice nurses in Slovakia consider it as a part of their work. Nurses working in hospice Czech Republic responded as follows: 1 (2.2%) felt fear, helplessness, 3 (6.7%) of the nurses are aware of the responsibility, 2 (4.4%), experience sadness, 8 (17.8%) think of their own death, and 2 (4.4%) replied that it is a part of their life. The last option ‘other’ was reported in the case of 2 (4.4%) of the hospice nurses in Czech Republic and 1 (2.4%) of the hospice nurses in Slovakia, specific answers were given by the nurses in the final resort as “respect for life”, “sometimes anger, and compassion for those who mourn”.

**Question No. 21 - What helps you the most when working with dying patients?**

Here we wanted to know what helps nurses best to manage their work with the dying people. Out of the surveyed sample, respondents working in hospices in Slovakia, 15 (35.7%) indicated that faith in God helps them, 18 (42.8%) of the respondents said that it is a collective and overall atmosphere of the institution that helps, 7 (16.7%) of nurses concluded it is the family. Nurses working in hospices in the Czech Republic responded as follows: 12 (26.7%) of the nurses said that it is faith in God that helps, 22 (48.9%) reported to be their assisted team and the overall atmosphere in their institution, 6 (13.3%) of the respondents stated to be family to help them to cope with demanding work and 5 (11.1%) of the respondents indicated that what helps them are “picnics, hobbies and friends”, “husband and prayers”; “relax with a book in the wild”, “girlfriend and communication”, “family and God”.

**Question No. 22 – Do you feel being fulfilled by the work in this institution?**

Here we investigated the nursery job description in hospice. Out of the surveyed nurses from Hospices in Slovakia, 8 (19%) answered yes, 31 (73.8%) of the respondents answered yes but find it sometimes difficult and 3 (7.1%) of the respondents said that their work does not satisfy them, they do not feel to handle it and find it mentally too difficult. Out of the interviewed nurses working in hospices in the Czech Republic, 19 (42.2%), which is almost a half, feel happy and fulfilled working with the dying people, 20 (44.5%) of the respondents said yes but find it sometimes difficult. 4 (11.1%) of the hospice nurses working in Czech Republic said it is mentally too difficult and they feel they cannot make it, and 1 (2.2%) of the respondents wrote: “I cannot be objective because I have been working in the hospice for only a week”.

**Question No. 23 – Is it difficult for you to work with the dying patients?**

In the last question of the questionnaire, the nurses were asked to assess how they feel about working with the dying people. Out of the total number of respondents working in then hospices in Slovakia, 3 (7.1%) said physically difficult, 12 (26.7%) mentally difficult, 24 (57.1%) of the respondents said they feel physically and mentally well, 2 (4.8%) of the respondents indicated working with the dying people to be difficult, and 1 (2.4%) of the respondents replied: “I am satisfied with the work, even though it is quite difficult”. Respondents working in hospices in the Czech Republic responded as follows: 6 (13.3%) reported never physically difficult, 15 (33.4%) concluded that it is mentally difficult, 17 (37.8%) stated to be both physically and mentally well, 5 (11.1%) of the nurses working in hospices in the Czech Republic declared the job not to be difficult for them and 2 (4.4%) of the respondents said: “At the beginning it was mentally very difficult but now I feel different”; “I was very exhausted during my first year, now I can withstand the physical demands and it is faith in God that helps me mentally”.

**Discussion**

Our finding shows the lack of vocational training for nurses in this area, which also emphasizes Nemcová (2004), which states that one of the most serious problems in the care of the terminally ill is the lack of professional training. Further, she stresses out that “professional training includes long-term, special education, including training, in order to obtain relevant knowledge”[16].

Kelnarova, who conducted a survey in hospitals in Brno in 2005, claims it to be positive that 80% of nurses consider the issues of death and dying [17]. It is important for the nurses to reflect upon these matters as it is considered to be necessary and it is Blumenhtal - Barby (1988) who states that “[18]. Only those who have been thinking about their own death and for hours learned how to incorporate into the understanding of yourself, can provide good care to the dying, and not only the
Conclusions

Although the survey showed significant differences in providing hospice care in Slovakia and the Czech Republic, we can state the same, which is, that the role of nurses in the terminally ill is extremely important. After discussing the topic and evaluation of the questionnaires we can conclude that it is necessary for nurses to attain specific education in order to develop expertise readiness for such a demanding work with dying patients, which often helps them cope with their personal experience. To increase the quality and humanity, it is proper for nurses who work in palliative and hospice care to provide participation in various conferences and seminars relating to the subject of terminally ill and palliative care. In the future, it is advisable for the hospice care to create conditions for dignified dying of the patient and in a special way focus the attention on the mobile hospice programs that help busy family members to provide care for the terminally ill.

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