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RESEARCH ARTICLE

Hospice Care Model for Stroke Patients: An Analysis

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ABSTRACT

The lives of stroke patients are often marked by changes in functional and cognitive abilities that alter their daily routines, coupled with burdensome symptoms. Hospice care emphasizes high-quality care focused on enhancing patient comfort, alleviating pain, and providing emotional support to patients and their families. This study aims to discuss a hospice care model for chronic stroke patients. The research methodology employs a qualitative approach using library research, referencing printed materials such as journals, newspapers, magazines, and relevant books to explain the hospice care model and elements related to the care of stroke patients. The article analyzes data from selected documents and texts, followed by a thematic coding process. The study finds that the hospice care model has become an increasingly popular alternative for delivering comprehensive and holistic care to chronic stroke patients. However, the implementation of hospice care models presents specific constraints and challenges. The significance of this study lies in gaining a deeper understanding of the effectiveness of hospice care models for stroke patients and enhancing the provision of quality care for them. By understanding existing models and assessing their strengths and weaknesses, we can identify aspects that require improvement to deliver more precise care. This article provides a deeper understanding of hospice care models for chronic stroke patients. A thorough comprehension of these models will enhance the quality of hospice care for chronic stroke patients and improve their overall well-being.

INTRODUCTION

The increasing number of stroke cases and related fatalities is deeply concerning. The Ministry of Health Malaysia (MOH) estimates an annual increase of 50,000 stroke cases and categorizes it as one of the top three leading causes of death in the country. Numerous studies conducted by scholars have focused on providing care for stroke patients, but these primarily emphasize nutrition, physical health, therapy, and ecological aspects. However, the spiritual dimension for both patients and caregivers must also be explored as part of the care provided to these patients.

Every patient has the right to receive care and treatment services. Hospice care is one form of service offered to patients with chronic illnesses, including stroke. The World Health Organization (WHO) recommends initiating hospice care as early as the diagnosis of a chronic illness (WHO, 1998a). Similarly, the Ministry of Health Malaysia (MOH) endorses hospice care as a specialized medical service for patients within the chronic illness group (https://htwu.moh.gov.my/v3/modules/informasi/item.php?itemid=43).

The number of stroke patients in the country is projected to increase annually, reaching up to 50,000 new cases per year, a figure that aligns with the 15 million cases reported globally each year. In Malaysia, stroke is the third leading cause of death after heart attacks and cancer (Institute for Health Metrics and Evaluation, 2019). In 2018, WHO ranked Malaysia 107th globally for stroke-related mortality, with the number of deaths reaching 13,799.

Despite receiving serious attention, the success of implementing hospice care for stroke patients in Malaysia remains uncertain, as it has yet to be empirically proven over a specific timeframe. Research on hospice care in Malaysia addressing the tawhid paradigm (oneness of God) remains scarce. Hence, the issue of hospice care for stroke patients is raised: To what extent can the Efficiency of existing hospice care be improved to ensure better patient health outcomes? Moreover, what is the level of awareness regarding stroke patient care in enhancing the quality of hospice care for these patients?

These questions arise as studies have shown that various treatment activities often fail to holistically meet the needs of stroke patients (Mohammad Khan et al., 2020; Musa & Che Zarrina, 2019; Bernat & McQuillen, 2017; Harun, M. A. W., 2016). Such failures in care delivery have raised concerns about achieving the goals of hospice care (Mohammad Khan et al., 2020).

Reports in the media highlight the low interest among family members in taking care of stroke patients, with full responsibility often being delegated to hospitals and care homes. Nevertheless, stroke patients hope for care and end-of-life attention from their families (Mohammad Khan et al., 2020). They are forced to accept this reality when they are managed and cared for by individuals other than their family members (Najmi, 2020). Additionally, many patients have expressed dissatisfaction over infrequent visits by family members when staying in hospitals or care homes (Nurul Husna Mahmud, 2022).

Given these identified issues, there is a pressing need for effective strategies in stroke patient care, particularly within the family setting (Breitbart, 2006). Mendieta and Buckingham (2017) emphasized that caregiving involves understanding cultural, religious, physical, emotional, and spiritual aspects. Khalid (2019), Knecht-Sabres et al. (2019), Lindley et al. (2020), and Hudson et al. (2021) pointed out that studies discussing hospice care from a spiritual perspective are significantly limited.

A previous survey revealed that an Islamic psychotherapy approach, incorporating elements of the tawhid paradigm, helped reduce stress in breast cancer patients. This finding inspires the current study to explore how the tawhid paradigm approach can be applied in developing a care model for chronic stroke patients (Najmi, 2020; Ismail, F. B. H., Kirin, A., Masruri, M., & Marpuah, S., 2020).

The hospice model emphasizes palliative care to enhance patient comfort, reduce pain, and provide emotional support to patients and their families. It involves a multidisciplinary team comprising medical specialists, nurses, social workers, counselors, and other healthcare professionals collaborating to deliver comprehensive care.

This study examines the hospice care model designed for stroke patients, also referred to as ischemic heart disease. This chronic condition requires high-quality care and support to improve the patient's quality of life. The hospice care model has become an increasingly popular alternative for providing holistic and comprehensive care to patients with this chronic illness. Therefore, this study aims to identify the hospice care model for stroke patients and discuss the advantages and limitations of the currently used model.

The significance of this study lies in understanding the effectiveness of the hospice care model for chronic stroke patients and identifying strategies to enhance the quality of such care models. Awareness of this importance helps identify opportunities for improvement in delivering better care models for patients.

Overall, this article provides a deeper understanding of the hospice care model for stroke patients and serves as a foundation for further discussions on the strengths and weaknesses of the current model. With a focused understanding, we can improve the provision of hospice care for chronic stroke patients and enhance their quality of life.

This study aims to examine the hospice care model applied to stroke patients, also known as ischemic heart disease. As a chronic condition, it requires high-quality care and support. The hospice care model has emerged as an increasingly popular alternative for providing holistic and comprehensive care to patients with this chronic illness.

The focus of this study is to analyze the strengths and weaknesses of the existing model. This evaluation is essential to understanding how the hospice care model can holistically meet the needs of stroke patients, including symptom management, emotional support, and fostering a meaningful end-of-life experience.

RESEARCH METHODOLOGY

This study adopts a qualitative approach using document analysis. The research design focuses on hospice care models for stroke patients, examining the strengths and weaknesses of existing hospice care models. This study will collect and analyze qualitative data on hospice care models for chronic stroke patients through document analysis.

The analysis approach involves document and text analysis using coding, thematic methods, and comparative analysis to support the discussion. References include printed materials such as journals, newspapers, magazines, and relevant books to explain the hospice care model and elements associated with the care of stroke patients.

In this study, thematic analysis and comparative analysis are also used to identify the main themes emerging from the documents, compare hospice care models, and identify the strengths and weaknesses of the hospice care model for stroke patients. The coding and thematic analysis will help manage the data more systematically. Additionally, a comparison between existing hospice care models will be made to examine the differences and similarities in their usage.

RESULT

Based on a review of scholarly studies, 18 studies met the criteria we established regarding hospice care for acute stroke patients. In general, stroke services have been associated with a significant reduction in mortality, death, dependency, and hospital stay duration, although not every care model yields the same benefits. However, not all care models offer the same advantages. A study by Foley, N., Salter, K., & Teasell, R. (2006) aimed to identify and distinguish between three types of care for stroke patients treated in hospitals based on treatment duration and compare clinically significant outcomes. This study compared hospice care with conventional care. The findings revealed that all three care models were associated with a significant reduction in the likelihood of death and dependency; however, the acute stroke unit was not linked to a significant reduction in mortality when these outcomes were analyzed separately.

A study by Gardiner et al. (2013) demonstrated that palliative and end-of-life care have been accepted as key components of stroke care in stroke units in the UK. The results of this study align with those of Weckmann et al. (2013), which supports the idea that hospice care can be a step toward providing more effective and appropriate care while controlling patient treatment costs. Furthermore, according to a study by Holloway et al. (2010), acute stroke patients should receive advice from doctors in addition to medication and hospice care.

Additionally, the study by Zerwekh (1995) found that clinical methods are required for hospice nursing practice. This study identified at least 10 competencies in hospice nursing practice based on

interviews with 32 hospice nurses. Therefore, this model can articulate hospice nursing practices to students, peers, and decision-makers in future healthcare provision.

Given the increasing mortality rate due to chronic stroke illness, the consistent palliative and end-of-life care functions for these patients have not received adequate attention. A study by Wee, B., Adams, A., & Eva, G. (2010) found that stroke-related pain affects patients, and the individuals involved in their care. The challenges identified in providing this palliative care include communication issues and decisions related to food intake for treating patients. Most concerning, patients who have recovered from the illness are often left without follow-up care, leading many to experience further deterioration in health, such as physical disabilities and mental depression. However, patients involved in this condition desperately require consistent care to manage the chronic pain they experience. Savini et al. (2015) recommended improving interactions and communication between patients and caregivers before stroke onset and making environmental changes to manage patients' emotions. This is because stroke-related pain significantly affects the environment of both the patient and the caregiver.

Furthermore, Addington-Hall et al. (1995) found that medical and nursing knowledge involved in palliative stroke patient care can ensure that all patients receive quality care. Therefore, it is essential for patients facing the prospect of death to receive comprehensive care and treatment. This study is based on interviews with patients from twenty health districts in England. The respondents in the study by Addington-Hall et al. (1995) were 237 patients, with more than half reporting experiencing pain (65%), mental confusion (51%), depression (57%), and urinary incontinence (56%) in the last year before death. Feedback from the respondents showed widespread dissatisfaction with the care received, whether from medical professionals or caregivers. This was due to hospital staff and medical specialists not having sufficient time to attend to the patients. As a result, patients were often unaware of their health progress due to these constraints. Consequently, the study recommended improvements in symptom control and psychosocial support for stroke patients.

In addition, more effective communication between healthcare professionals, patients, and their families is necessary. The competence of medical staff and nurses treating chronic stroke patients can help ensure that all patients receive quality care. The findings above are consistent with the study by Weng et al. (2017), which found that the abilities of nurses in hospice and palliative care, including knowledge, accuracy, consultation methods, and collaboration with the hospice team in the Emergency Unit in Taiwan, were significantly supported by dedicated trainers and education, providing substantial support to acute stroke patients.

Cowey (2012) strongly emphasized the need for hospice care for stroke patients at the end of life, providing high-quality, patient-centered services for patients who have experienced a stroke and their families. Spiritual care is a shared responsibility. He also expressed confidence that the steps being implemented have the potential to succeed. Meanwhile, Wasserman (2008) also noted that hospice nurses for stroke patients have practiced methods starting with building therapeutic relationships with families and patients facing end-of-life experiences. The outcomes from this approach highlighted and incorporated each individual's experience into the stroke patient care plan.

However, not all stroke patients are willing to register for hospice care. A study by Gelfman et al. (2018) indicated fewer patients involved in hospice care. This is because they believe that hospice care cannot contribute to recovery and that such care weakens the health condition they are experiencing. Compared to traditional treatment, this also impacts the mortality rates of patients undergoing hospice care in intensive care units (Harris et al., 2014; Eriksson et al., 2016; Sulong, J., & Ismail, F. H., 2011). The study also suggested that developing a tailored hospice model may be necessary to increase enrollment and offer benefits to stroke patients.

Furthermore, providing hospice or palliative care in nursing care centers can improve the clinical care received by residents, reduce hospitalization, and enhance family members' perceptions of the care (Cimino & McPherson, 2014; Bishop et al., 2014). Cost reduction assistance is necessary to support patients. This is reflected in the work of the Pharmacy and Therapeutics (P&T) Committee as a strategy for managing stroke pain for the Hospice of the Bluegrass in Lexington, Kentucky, which successfully reduced costs significantly and improved pharmacotherapy care for patients at Hospice of the Bluegrass. A list of preferred medications was recommended to patients to manage pain and symptoms effectively (Snapp, Kelley & Gutgsell, 2002). However, a study by Molidor et al. (2018) identified weaknesses in patient access to hospice care. It emphasized the need for studies on models integrating hospice care into stroke care.

DISCUSSION

The hospice care model for stroke patients can be divided into several key elements. Each element is critical in ensuring integrated and comprehensive care quality for the patients and their families.

a. Holistic Care

Hospice care for stroke patients needs to be holistic, involving a multi-disciplinary approach (Wasserman, 2008). This element emphasizes the importance of addressing the patients' and their families' physical, emotional, spiritual, and social needs. A comprehensive conceptual framework must be considered to understand the interaction between the pre-stroke condition, the impact of the stroke, and the environmental factors affecting the patient and their caregiver (Savini et al., 2015; Holloway et al., 2010). Combined care integrates rehabilitation and has proven effective in reducing the likelihood of death and patient neglect in hospitals (Foley et al., 2006). Additionally, end-of-life care requires special attention to symptoms such as pain, confusion, and anxiety. Education on hospice care is also crucial to ensure quality end-of-life care.

b. Symptom Management

This element refers to the ability to manage the critical symptoms of stroke patients, such as pain, respiratory issues, and heart complications (Gardiner et al., 2013). Establishing the Pharmacy and Therapeutics Committee helps develop protocols and guidelines that enhance the pharmacotherapeutic care of patients (Snapp et al., 2002). Additionally, telephone interventions for caregivers can reduce healthcare utilization and improve patients' and caregivers' quality of life (Bishop et al., 2014). Collaboration between the emergency department and the hospice team is crucial in identifying patients who require specialized care.

c. Emotional and Social Support (Communication)

Emotional and social support is crucial for stroke patients' hospice care models. This includes counseling and social support to help patients and families cope with the emotional stress caused by stroke (Zerwekh, 1995). Effective communication between healthcare professionals, patients, and their families ensures that the care process is understood and that patients and families are involved in decision-making (Addington-Hall et al., 1995). This support also helps reduce unnecessary hospitalizations, ensuring high-quality care (Wee et al., 2010).

d. Patient Education and Training Model

Education and training within the hospice care model are essential to provide patients and families with knowledge and skills regarding disease management and home care (Addington-Hall et al., 1995). Education on the principles of hospice care can help improve symptom control and communication between patients, families, and healthcare professionals (Cimino & McPherson, 2014). This model also takes into account the religious and spiritual aspects of patients, as well as enhancing the understanding of hospice nursing practices.

e. Cross-disciplinary collaboration

Collaboration among disciplines, including specialist doctors, nurses, counselors, and social workers, is fundamental in ensuring efficient and effective hospice care (Wasserman, 2008). The combination of acute care and rehabilitation can reduce the risk of death for stroke patients and improve their quality of life. Integrating palliative care into treating stroke patients is also crucial to ensure better access to hospice care (Molidor et al., 2018).

In conclusion, the hospice care model for stroke patients encompasses a holistic, multidisciplinary approach to ensure quality, integrated care for patients and their families. Key elements such as holistic care, symptom management, emotional and social support, patient education, and cross-disciplinary collaboration form the backbone of this model. Each element addresses the diverse needs of stroke patients, ranging from physical and emotional well-being to spiritual and social support. Effective implementation requires coordinated efforts among healthcare professionals, robust education and training, and a focus on palliative care. These components improve patient outcomes, enhance caregiver support, and ensure compassionate end-of-life care (Figure 1).

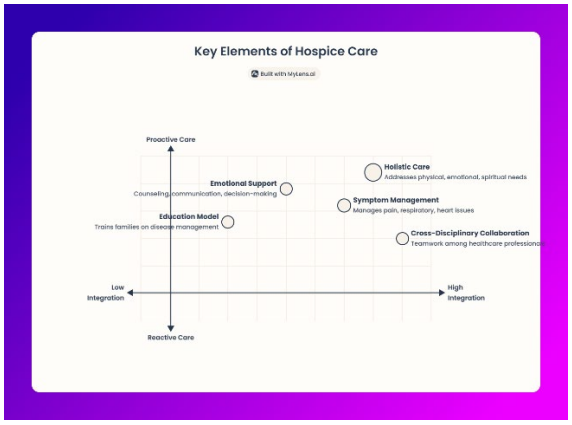

Figure 1: Key Element of Hospice Care Model

CONCLUSION

Although numerous studies have been conducted on the care of stroke patients, the primary focus has been on aspects such as nutrition, physical health, therapy, and ecology. However, patients' and caregivers' spiritual and psychological aspects are rarely examined despite their importance in treatment. Hospice care is a form of care the WHO recommends for chronic patients, including stroke patients. Although hospice care can potentially improve patients' quality of life, its acceptance in Malaysia remains low. Studies show that stroke patients often feel marginalized and receive insufficient attention from their families, especially when they require emotional and social support. This situation highlights the need to raise awareness and involve family members more in the care of stroke patients.

A review of hospice care models found that holistic care, which includes the patient's physical, emotional, social, and spiritual aspects, can lead to better outcomes. Multidisciplinary care involving doctors, nurses, counselors, and social workers is vital in comprehensive care. Educational models for patients and families were also identified as important elements in hospice care, as they can help improve understanding of the illness and methods for home management.

However, there are still challenges in implementing this hospice care model, particularly regarding interdisciplinary collaboration and awareness of the importance of end-of-life care. Studies suggest that more research should be conducted to integrate religious and spiritual approaches into the treatment of stroke patients and assess the long-term effectiveness of this care. Overall, hospice care

that focuses on patients' physical, emotional, and spiritual well-being is essential for improving their quality of life.

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Conflict of Interest

There is no conflict of interest in writing this article.

Author Contributions

The researchers contributed to the preparation of this study as follows: The study concept was developed by Faisal Bin Husen Ismail and Muhammad Masruri; data collection was carried out by Faisal Bin Husen Ismail, Andri Nirwana; the study analysis and discussion were conducted by Mohd Amir Wan Harun and Shakil binti Ahmad; while Faisal Bin Husen Ismail and Andri Nirwana did the draft and final writing. All authors were involved in the final review of this research paper.

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