Social Workers in Multidisciplinary Teams Treating Palliative Patients: The Situation of Suffering

D. Viter (Dmitry Viter) [1], A. Tsarenko (Anatoliy Tsarenko) [2] O. Shekera (Oleh Shekera)[2], M. Guľašová (Monika Guľašová)[3], J. Šulcová (Jana Šulcová)[3], O. Tolstykh (Olha Tolstykh)[2]

Original Article

[1] Shupyk National Healthcare University of Ukraine, Administration And Social Work Department, Kyiv, Ukraine
[2] Shupyk National Healthcare University of Ukraine, Department of Palliative and Hospice Medicine, Kyiv, Ukraine
[3] St. Elizabeth University of Health and Social Sciences, Presov, Slovakia

E-mail adress:

vdv_n@ukr.net

Reprint address:

Shupyk National Healthcare University of Ukraine,
the Public Management,
Administration And Social Work Department,
9 Dorohozhytska Str.,
Kyiv, 04112, Ukraine

Source: Clinical Social Work and Health Intervention *Volume: 16* *Issue: 5*
Pages: 112 – 122 *Cited references: 61*

Reviewers:

Dr. Daniel J. West, J.r

Keywords:

Suffering. Social work. Palliative care. Multidisciplinary team. Palliative patients.

Publisher:

International Society of Applied Preventive Medicine i-gap

CSWHI 2025; 16(5): 112 – 122; DOI: 10.22359/cswhi_16_5_09 © Clinical Social Work and Health Intervention

Abstract:

Introduction: Solving theoretical and practical problem of contemporary palliative care in sphere of relief of the patient's suffering applies to the entire process of palliative care, not only in the terminal stages, and includes the patient's social environment in this process, focusing attention on the problem of the physical and social factors complex. In this case the philosophy of palliative care is directed to offering an opportunity to explore cultural, social, and personal aspects of suffering; it emphasizes effective support and collaboration with community-based services. Because of this, in our research, we address the problem of the suffering in the palliative care

practice in the context of perspectives of social work in the multidisciplinary team treating palliative patients.
Methods: A philosophical methodology is used, based on the review of existing literature on the topic and the argumentation in favor of what are found for suffering.
Results: By analysing the results, we have found that to the basic tenets of social work with palliative patient must be added describe nature and the goals of suffering, connected with solving such worldview issues as: the suffering as a social gift; the suffering as meaning acquisition; the suffering as an alienation. An understanding of the suffering can be of help to the caregiver in caring for the patient by serving as a basis for looking a way of alleviating the patient's suffering.
Conclusion: For increasing the effectiveness of social worker in the multidisciplinary team treating palliative patients is need to develop a educational course for social worker, understanding suffering, to help better understand the suffering experience, for better prepared to intervene in difficult clinical situations involving suffering and for working in the multidisciplinary team.

Introduction

The answer to the question of the conceptualization of suffering need, at first of all, determined by the existing limitations of medicine in the treatment of suffering and pain. Medical experience deals with physical pain, and in most cases the pain is main object of medical care. Medicine has learned to cope with physical pain. The situation is worse with non-physical pain, but some medical advances are evident here too. But as soon as pain acquires a new quality, as soon as it begins to be identified with suffering, or considering as a source of suffering, medicine often finds itself at a loss. And it is not only a matter of the «psychological subtleties» of pain perception, but most often – of the conceptual basis of understanding both the nature and essence of suffering. The conceptualization of suffering always moves within the conditional framework of the paradigmatical problems of concrete practice and worldview abstractions (more often, unfortunately, worldview illusions). But the conceptualization, that asks whether suffering itself is an illusion, how much of this phenomenon is illusory, and how much is objective (since it really does deform reality, at least subjective), is rare.

The conceptualization of suffering is shaped by the limitations of modern medicine in treating pain and suffering (Vansač & Noga, 2024). While physical pain is often successfully addressed, non-physical or existential suffering presents a challenge. Some advances exist even in this area, yet when pain transforms into suffering, the medical system often falters due to a lack of a comprehensive philosophical and psychological framework (Svoboda et al., 2024).

Social workers play a key role in addressing this gap, especially in institutional settings where elderly individuals face not only physical deterioration but also social isolation (Barkasi & Kenderešová, 2021; Barkasi & Kenderešová, 2023, Vansač, Kenderešova 2023b). The emotional well-being of the elderly can significantly benefit from a holistic, interdisciplinary approach (Bundzelová et al., 2023; Budayová et al., 2024a).

Mental health challenges among workers in health and social services are increasingly recognized as a systemic issue (Budayová et al., 2023; Buzalová et al., 2024). These challenges are exacerbated by burnout, emotional exhaustion, and a lack of institutional support. Proper education and training, including lifelong learning, are essential to equip professionals for these roles (Taraj et al., 2023).

Another important topic is the quality of life in marginalized communities, such as the Roma

population, rights and cyberspace (Ludvigh Cintulová et al., 2023; Budayová, Ludvigh Cintulova, 2025). Issues like social labelling negatively impact individual dignity and integration (Buzalová et al., 2025), requiring tailored, culturally competent approaches in care provision.

Spiritual support in both long-term and palliative care is gaining recognition as a fundamental component of holistic care (Vansač & Noga, 2021; Noga, 2024). The role of spirituality is particularly vital in terminal stages, where meaning-making and dignity take precedence over curative interventions (Vansač & Noga, 2024).

Studies also show that ongoing educational activities improve life satisfaction among seniors (Bursová et al., 2024), and active engagement through University of the Third Age programs helps maintain mental vitality (Kobylarek et al., 2022). Demographic projections further emphasize the necessity for a well-structured long-term care system (Noga & Vansač, 2022).

The COVID-19 pandemic further exposed systemic vulnerabilities in senior care, highlighting the need for rapid adaptation in service delivery and staffing strategies (Ludvigh Cintulová et al., 2024b; Tománek et al., 2024). Additionally, social service recipients with disabilities require specialized therapeutic support tailored to their needs (Radková et al., 2024).

War-related crises also draw attention to the need for emotional resilience and mental well-being in volunteer workers (Radková et al., 2022). The broader social context, including compassion and solidarity, must guide both professional practices and public policy (Kralik et al., 2022).

In academia, there is growing interest in exploring the philosophical and ethical dimensions of suffering, calling for interdisciplinary research and deeper conceptual frameworks (Kenderešová, 2021). Furthermore, anxiety and depression significantly affect students' quality of life, requiring targeted psychosocial interventions (Petrovic et al., 2024).

In the palliative care is actively developing the approach, "proposing, that the study of pain recognizes both objective and personal meaning types", in the same time keeping "the methodological dilemma, whether a direct approach is the most appropriate for understanding the state of the patient or is it rather an indirect gathering of information that may best depict individual pain and suffering". Solving theoretical and practical problem of contemporary palliative care in sphere of relief of the patient's suffering, and the preparing the patient for death applies to the entire process of palliative care, not only in the terminal stages, and includes the patient's social environment in this process, focusing attention on the problem of the physical and social factors complex. In this case the philosophy of palliative care is directed to offering an opportunity to explore cultural, social, and personal aspects of loss, death, dying, grief and suffering; it emphasizes effective support and collaboration with community-based services, includes bereavement theories, social justice and diversity, ethical issues etc.

Research objectives

This paper aims to provide a critical engagement with conceptual level of the suffering understanding in the palliative care practice in the context of perspectives of social work in the multidisciplinary team treating palliative patients.

Common approach to suffering in palliative care

The idea of a philosophy of palliative care (PC) emerged with Cicely Saunders' vision for "a good death", and was developed further with the World Health Organization definition of palliative care. It is now being applied not only to cancer patients, but to all patients in end-of-life situations and patients and their families who are facing problems associated with life-threatening illness (WHO, 2018). In international palliative care literature, hospice philosophy is challenged for being overly normative in its ideal of the good death. The framework of the PC approach is describing by quality of life, autonomy, dignity, patient-centeredness, and the priority assigned to relatives in the remit of care (Calling for a Palliative Care Culture, 2012; Klitzman, 2007). The palliative care names as one of its central

aims to prevent and relieve suffering, but it not only focuses on the physical dimension of pain but also addresses the patient's psychological, social, and spiritual suffering. Formerly understood as specialized care for patients suffering cancer and with a poor prognosis, palliative care is now regarded as appropriate for those with chronic illness requiring long term care. As a result, contemporary conception of PC is orienting to suffering as a counterpoint of the patient's state in ill, including his environment as a totally of physical and social factors. The traditional approach to palliative care, that development in the framework of appropriate philosophy, is oriented to the suffering and pain as a main goal of the palliative care (Kleinman A., Das V., Lock M, 1997; Rodgers, Cowles 1997; Sacks, Nelson). In accordance with such tradition, "palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering. This is done through early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual" (Cherny, 2015). As we can see, at-first, traditional paradigm of thinking postulates the priority of the prevention and relief of suffering, and, at-second, as an object of palliative care is pain, but "other problems" fade into the background in most cases. In the same time, physical, psychosocial and spiritual problems in the lot of cases, are more important for the patient and his immediate environment. From the point of view of the alternative philosophy of PC, that oriented to concept, in which the PC names as one of its central aims to prevent and relieve suffering (the concept of "total pain" by C. Saunders) are important the issues of axiological orientations of multidisciplinary team treating palliative patients.

The contemporary approach to multidisciplinary team treating palliative patients forming, expanded by including social workers in it, certainly implies including the existential dimension in the definition of suffering highlights the relevance of suffering in life and its effect on one's own attachment to the world (including personal management, or the cultural and social influences which shape it) (Bueno-Gómez, 2017). In the same time, the multidisciplinary team must take into account "our experience of pain and suffering structure" (Smith, 2024.), because this experience over time the experience of suffering allows one to overcome time, at least a social time. Since "it is important to avoid essentializing, naturalizing, or sentimentalizing suffering. There is no single way to suffer; there is no timeless or spaceless universal shape to suffering" (Kleinman, Das, Lock, 1997), we take the suffering as a fact of being (social and individual, but not objective), without delving into the essence of the concept itself to the detriment of understanding the essence of the phenomenon itself.

Contemporary researches emphasize that "acknowledged suffering through the identification of various meanings of a situation within their constructed reality and belief system. During individuals' suffering, time was altered and the experience occurred within an expanded present. The individual created an emotional space apart from the meaning of loss within suffering. Trust included the categories of dynamic experience, losing trust, and dealing to regain trust" (Sacks Nelson, 2007). That is why for social worker, as a member of multidisciplinary team treating palliative patients, the task of paying attention to states of suffering is associated with the study of disease states in general, which is realized in the well-known "direct approach". However, "the methodological dilemma remains, whether a direct approach is the most appropriate for understanding the state of the patient or is it rather an indirect gathering of information that may best depict individual pain and suffering" (bueno-gómez, 2017).

We accept conceptualization the suffering as a complex human response to which there are physical, psychological, social and spiritual aspects. As a consequence of that conceptualization is understanding that perception of suffering threatens self-integrity, and induces negative behaviors, such as personal changes in relation to value system, sense of reality, withdrawal, feelings of helplessness, and despair. However, the next situation take place too – "suffering" is a central concept within bioethics and often a crucial consideration in medical decision

making. As used in practice, however, the concept risks being uninformative, ambiguous, or even misleading (NELSON et al., 2024). Moreover, the progression of suffering is an existential 'sign' of the development of understanding of life as an ontological or spiritual entity, which demands a meaning-creating encounter between the patient and caregiver, and the concept 'existential caring encounter' was used to describe how the encounter between patient and caregiver can create meaning in communion and thereby alleviate suffering by making it bearable. The last is determinant for practice of palliative care in the whole and social work in particular.

Discussion

R. Anderson's conception introduce the taxonomy that distinguishes mental, physical, and social suffering, and then offers subcategories: depression, anxiety, grief, and existential suffering are all types of mental suffering; suffering is defined as distress resulting from threat or damage to one's body or self-identity. "Next, to capture the principal, dominant cultural meanings of suffering, eight frames (essentially, major points of view) for suffering are summarized. These frames are suffering as punishment, suffering as reward, suffering as craving, suffering as sacrifice, suffering as natural destiny, suffering as manageable, relief of suffering as human purpose, and lastly, relief of suffering as progress in quality of life. Suffering and negative quality of life have a lot in common. Understanding perceptions of peoples' desired relief of suffering requires that we distinguish their own suffering from suffering of others important to them. Thus, in measuring subjective quality of life, it may be necessary to distinguish a person's perception of their own quality of life from that of others who are important to them" (Anderson, 2014). In other side, when the pain brings a satisfaction, the suffering alive, because in most cases the suffering lives by the pain (physical, spiritual, social, emotional etc.). But if the suffering is commonly viewed as a self-reflective and future-oriented process, which fails to validate many forms of suffering and marginalizes certain populations (Stilwell et al. 2022.), how physical pain, for example, becomes the emotional state, and even emotional dependence that in the essence is suffering? The emotional (essentially, psychological in a whole) barrier, formed in the system of morality, in the system of public morality, transforms physical pain into suffering, which has the property of causing «spiritual» pain. Overcoming alienation, like overcoming death, leads to the fetishization of suffering. Pain here is that intoxicating source of suffering through which an escape from reality is realized, and suffering itself develops into an existential basis of being, determining a specific *modus vivendi*. Suffering, in fact, turns into a lifestyle regardless of a person's perception of being and life – optimism or pessimism.

Suffering, as a specific property that alienates the individual in social being, becomes a fetish as soon as it acquires the status of a certain value, that accepted and shared by the social environment of a person. The objectification of suffering, as subjective, ultimately leads to the sacralization of the conditional state of an alienated individual who perceives all of the reality around him in a distorted form, forming and rooting in his consciousness and thinking erroneous ideas that are transferred to reality itself. The nature and essence of suffering is interpreted in no other way than in the light of the supernatural, insurmountable ontological condition of human existence. Religious apologetics of suffering gradually comes to the forefront, legitimizing it as an attribute of any sacred text that determines the possibility and form of human being in the world.

Studies such as Dávidová et al. (2017) underscore how relational attachment and the experience of meaning are essential in mitigating the internalization of suffering among helping professionals. Similarly, Hardy and Roman et al. (2022) observed how social pathologies, amplified by pandemics and conflict, solidify suffering into collective psychosocial disorders. In the post-COVID and conflict-ridden context, the work of Poloňová et al. (2022) reveals how suffering has manifested in increased substance abuse, depression, and pathology in vulnerable populations like refugees and the homeless.

Objectively non-existent properties, that determined by the conventions of any moral-

ethical system, give to the suffering the character of inalienable values of the being. The fetish of suffering, as a counterpoint of many moral systems, is difficult to overcome. Even nihilistic denial sometimes is unable to overcome this fetishism, recognizing the existential significance of suffering and postulating the need for its unconditional and submissive acceptance.

The experience of Holocaust survivors (Horáčková et al., 2022), and the mental health dimensions of war refugees from Ukraine, Yemen, and Syria (Murgová et al., 2022), illustrate how collective trauma translates into personal suffering, often interpreted as moral burden or destiny. In social work, suffering is frequently seen not just as a clinical concern but as a spiritual and existential reality (Kondrla et al., 2024).

But let us admit that Marx was right and agree with him that man changes everything around him in a way that is beneficial and useful to him. Then suffering, which is absent in reality, being an inversion of the subjective in the outside, acquires the character of an equivalent value in relation to the conditions of being and being itself. It is quite natural that the value content of suffering changes the attitude of the person himself to suffering.

Suffering becomes as to a value Moloch, and with the help of mystification of the compassion brought to life as a result of the objectification of the subjective-individual in social existence, suffering turns into a bargaining chip for one's own vanity, feeding and justifying everything base and unsuccessful in life. This is visible in the commodification of suffering, as echoed by Buzalová et al. (2025) in their study of labeling and stigma among the Roma population—how socially constructed suffering can serve institutional and political agendas. Comparing to study Budayová and Ludvigh Cintulova (2025) there is significance between lifestyle and changes in life, social media and behaviour in online space that impacts personality.

Suffering becomes a real commodity, which often sells very well – there is always a demand for it, and a considerable one! Suffering, and especially compassion, causes a person's slavish dependence on the product of his own fetishism as a result of emotional immaturity or lack of integrity of personality, apologetics of the non-existent, imposed on a person by society that using the construct of suffering for its own purposes. Any type of social relations parasitizes on suffering, subjugating a person who is completely disoriented.

In the context of professional environments, Slašťan et al. (2024) emphasize how burnout in social services facilities arises precisely from this overwhelming exposure to systemic suffering, which feeds back into the helper's own existential malaise. Hubková et al. (2024) have further confirmed that suffering, when objectified in mental health care, becomes embedded in institutional practice, reinforcing a distorted understanding of patient identity.

And in vain does Baudrillard (2017) try to remove the problem by introducing the concept of the "symbolic" into the system of classifying society – the symbol of modern society is the unconditionality of suffering. Although simply there are no objective conditions for suffering.

As Trnková (2019) and Nemčoková & Trnková (2025) remind us in their clinical studies, even physiological conditions like obesity or pregnancy-related health risks are frequently imbued with social-symbolic suffering, often disproportionate to the objective threat. Meanwhile, fieldwork done at crisis points—by Jackulíková et al. (2021), Laca & Laca (2022), and Murgová et al. (2022) – confirms how trauma transforms suffering into an operational framework for policy, medicine, and humanitarian aid, institutionalizing it further.

Ultimately, as Majda et al. (2024) highlight in their research on foster care, the psychological and social dimensions of child suffering are socially codified and instrumentalized under the guise of care and protection. As Vansač et al. (2024) and Laca et al. (2024) argue, the intersection of suffering with social inequity, energy poverty, and the sexuality of persons with disabilities further reveals suffering's role as a deeply politicized and moralized construct.

But if the social alienation is loneliness (as a result which forming the concreteness of social being), pure subjectivity of the thinking really

isn't a solidarity. But can't be none solidarity in the suffering – this is always mine. May be this is not humanistic, but even an "infant smiles" is result of someone's suffering. That is social sense of suffering as itself. And if Sartre is right, the suffering contents "all that is ignominious in the human situation, for depicting what is mean, sordid or base to the neglect of certain things that possess charm and beauty and belong to the brighter side of human nature" (Sartre, 1989). In this case we have a conclusion – the suffering is possibility of human life itself in its social dimension. However, for not to be existentialists, in traditional sense of the word, we don't must proceed from subject, in the sense in which it is used by subjectivism. In the fact we have situation the suffering as an alienation (including the pain). (Bustan, 2016).

The projection of the wish to suffer is really "a conscious decision taken". But this can be and opposite "conscious decision taken" – not to suffer. As in the first, so in the second case, the decision taken determines the form of human existence, in which a man exists already independent of external conditions of being alienates by the subjective. Abandonment, in the Heidegger's interpretation, suggests that a man is without excuse for suffering. And this is right, because suffering has no value, especially objective value (if it exists or can exist at all). But the suffering, as form of pain (as experience of the pain), is pure ideal form – it is the path to fetishization of reality, and way or method of its fetishization. In that reality the suffering is a symbol imperfection and weakness (compared to study by Leskova et al, 2023; Lenhart et al., 2023).

Realness of pain plunges into the fog of uncritical (religious and similar) consciousness and thinking: when real turns to only symbol of real, the real leaves of all ideal – it turns to a formal material sign, «objective» sign of this reality. But ideal appears as a phenomenon of alienation, and in this sense, it opposes the consciousness and will of the individual, forming a different reality. What can we do in the case that ideal, like material, exists out- and independent of subjective, because for subjective the realness of ideal, its objectivity is exactly the same reality as realness and objectivity of material? Perhaps we should admit that the culture of suffering is an alienated ideal? But in that case, we must agree with Marx and admit that suffering has nothing to do with the nature of physical pain; or we can return to Hegel and admit that suffering is the «fetishism of a symbol», specifically the symbol of pain. At least we must clearly understand (and theoretically manoeuvre) that ideal being is absurd, and the being of ideal is real. However, an embodied idea is only a way of existence of an idea, the realization of its other being in the present being… In this case we have a conclusion – the suffering is a scream of loneliness, and we have also situation the suffering as meaning acquisition.

We have some words for a person in suffering, but we have no words for a person in happiness. And we can certainly share someone's suffering, but we often no longer have the strength to share someone else's happiness and joy.

Conclusion

To the basic tenets of social work with palliative patient must be added describe nature and the goals of suffering, connected with solving such worldview issues as: the suffering as a social gift; the suffering as meaning acquisition; the suffering as an alienation. An understanding of the patterns of unbearable and bearable suffering can be of help to the caregiver in caring for the patient by serving as a basis for meaning-creation in communion. This may thereby be a way of alleviating the patient's suffering by making it bearable during the progression of suffering. For increasing the effectiveness of social worker in the multidisciplinary team treating palliative patients is need to develop a educational course for social worker, understanding suffering, to help better understand the suffering experience, for better prepared to intervene in difficult clinical situations involving suffering and for working in the interdisciplinary team.

References

1. ANDERSON, R. (2014). Conceptualizing Human Pain and Suffering. In *SpringerBriefs in Well-Being and Quality of Life Research Human Suffering and Quality of Life*. Springer Netherlands, 2014, p. 1-16.

2. BARKASI, D., KENDEREŠOVÁ, E. (2021). Význam sociálneho pracovníka v zdravotníckom zariadení = The Importance of a Social Worker in a Medical Facility. In: *Zdravotnícke štúdie*: vedecko-odborný časopis Fakulty zdravotníctva Katolíckej univerzity v Ružomberku. Ružomberok: Katolícka univerzita v Ružomberku. Fakulta zdravotníctva. Roč. 13, č. 2 (2021), s. 42-46. ISSN 1337-723X.
3. BARKASI D., KENDEREŠOVÁ, E. (2023). Sociálna osamelosť u seniorov v inštitucionalizovanom zariadení = Social loneliness in seniors in institutionalized facilities. In: *Zborník vedecko výskumných prác s názvom «Interdisciplinárna spolupráca v pomáhajúcich profesiách v kontexte starostlivosti o seniorov»* : S príležitosti Medzinárodného dňa seniorov (1.október, 2023). Nový Sad (Srbsko) : Pharm Advice Plus, 2023. pp. 128-136
4. BAUDRILLARD, J. (2017). Symbolic Exchange and Death. – Sage, 2017.
5. BUDAYOVÁ Z, LUDVIGH CINTULOVÁ L, MROSKOVÁ L (2023). Analysis of Risk of Burn Out at Workers in the Field of Social Services and Health Care. Journal of education culture and society. Vol. 14, No. 1, pp. 365-380. ISSN 2081-1640.
6. BUDAYOVÁ, Z. et al. (2024). Lifestyle in old age (short communication). *Acta Missiologica* Vol. 18, No. 1, pp. 156-168.
7. BUDAYOVÁ, Z., LUDVIGH CINTULOVÁ, L. (2025). Attitudes towards Cyberspace in Youth Education – Selected Problem Areas – Quantitative Research, *Andragogy, Adult Education and Social Marketing, Andragogy Adult Education and Social Marketing*. Vol. 5 No. 5 (2025): 1-21.
8. BUDAYOVÁ, Z., LUDVIGH CINTULOVÁ, L. (2025). Attitudes towards Cyberspace in Youth Education – Selected Problem Areas – Quantitative Research, Andragogy, Adult Education and Social Marketing | Andragogy Adult Education and Social Marketing. Vol. 5 No. 5 (2025): 1-21.
9. BUNDZELOVÁ K., LUDVIGH CINTULOVÁ L., BUZALOVÁ, S. (2023). Sociálna práca s osobami vyššieho veku. Nové Zámky: Vysoká škola zdravotníctva a sociálnej práce sv. Alžbety, 2023. 119 s. ISBN 978-80-8132-270-9.
10. BURSOVÁ, J., CHERCHOWSKA, J., BUDAYOVÁ, Z., MATURKANIČ, P. (2024). Educational Activity and Life Satisfaction of People in Senior Age. *Journal of Education Culture and Society*, *15*(2), 249-264.
11. BUENO-GÓMEZ, N. (2017). Conceptualizing suffering and pain. In *Philosophy, Ethics, and Humanities in Medicine,* no. 12(1), p. 7. DOI: 10.1186/s13010-017-0049-5. PMID: 28958214; PMCID: PMC5621131.
12. BUSTAN S. (2016). A Scientific and Philosophical Analysis of Meanings of Pain. In *Studies of Pain and Suffering*. p. 107-128. 10.1007/978-3-319-49022-9_7.
13. BUZALOVÁ, S., OLAH, M., PAVLOVIČOVA T., DIRGOVÁ, E. (2025). The Impact of Labelling on Roma Integrity. *Clinical Social Work and Health Intervention*. Vol. 16, No. 1-2 (2025), pp. 10-20. ISSN 2076-9741.
14. BUZALOVA, S., VANSAC, P., TOMANEK, P., ROTTERMUND, J. (2024). Mental Health and Work-Life Balance Among Workers in Social Care Services. *Clinical Social Work and Health Intervention*, Vol. 15, no 5, pp. 5-15. ISSN 2222-386X.
15. Calling for a Palliative Care Culture. ESMO Press Release, 2012.
16. DÁVIDOVÁ, M.; HARDY, M.; HAMAROVÁ, M. (2017). Prežívanie zmysluplnosti a bezpečný typ vzťahovej väzby ako významný spôsob pomoci pre prácu v oblasti pomáhajúcich profesií. *Acta Missiologica*. Vol. 11, No. 2 (2017), pp. 60-82.
17. HARDY, M.; ROMAN, L. et al. (2022). Social Pathology after Pandemia & Armed Conflicts: Abuse, Depression & other Psychosocial Disorders Importancy of legal Support to continue Vaccination. *Clinical social work and health intervention*: Gesellschaft für angewandte Präventionsmedizin. Vol. 13, No. 6 (2022), pp. 6-7.
18. HORÁČKOVÁ, K.; MORAVCOVÁ, M.; ŠEVČOVIČOVÁ, A. et al. (2022). Life satisfaction of holocaust survivors. *Clinical social work and health intervention*: Gesellschaft für angewandte Präventionsmedizin.

Vol. 13, No. 1 (2022), pp. 37-44.
19. HUBKOVÁ, S.; JARMOCH, EDWARD Z.; WEISS, E.; PAĽA, G. (2024). Social Work foundations in mental Health Care – quantitative Research. *Clinical social work and health intervention*: Gesellschaft für angewandte Präventionsmedizin. Vol. 15, No. 6 (2024), pp. 9-27.
20. CHERNY N., et al. (20158). *Oxford Textbook of Palliative Medicine*. 5th Ed. Oxford: Oxford University Press, 2015.
21. JACKULÍKOVÁ, M.; TÓTHOVÁ, M.; BYDŽOVSKÝ, J.; OLÁH, M. et al. (2021). Comparison of the Spectrum of Outpatient visits before and after Fire in the Moria Camp after Arrival of Covid-19 Positive Refugees. *Clinical social work and health intervention* : Gesellschaft für angewandte Präventionsmedizin. Vol. 12, No. 1 (2021), pp. 28-31
22. LACA, S.; OLÁH, M; BENDOVÁ, S.; LACA, P. et al. (2024). The view of social work on the sexuality of persons with health disadvantages - mental disabilities. *Clinical social work and health intervention* : Gesellschaft für angewandte Präventionsmedizin. Vol. 15, No. 4 (2024), pp. 53-62.
23. LACA, P.; LACA, S. (2022). Participatory Approach in the Work of a Social Worker with Homeless People. *Clinical social work and health intervention*: Gesellschaft für angewandte Präventionsmedizin. Vol. 13, No. 1 (2022), pp. 27-36.
24. LESKOVÁ, A; ULIČNÁ, Z; TKÁČOVÁ, H. et al. (2023). Challenges and Current Issues of Education in the Era of Digital and Technological Changes. *Journal of education culture and society*. Wroclav: Fundacja Pro Scientia Publica. Vol. 14, No. 2 (2023), s. 319-327.
25. LENGHART, P; LESKOVÁ, A. (2023). Post-Covid Media Behaviour Patterns of the Generation Z Members in Slovakia. *Journal of education culture and society*. Wroclav: Fundacja Pro Scientia Publica. Vol. 14, No. 1 (2023), pp. 503-513.
26. LIU GJ, HSIEH HY, CHIN CC. 2007. Concept analysis of suffering. In *Hu Li Za Zhi*., no. 54(3), p. 92-97. Chinese. PMID: 17554675.
27. KENDEREŠOVÁ, E. (2021). Úroveň ľudských životov v epoche múrov v dôsledku „únavy z dejín Európy» . Prax založená na dôkazoch v pomáhajúcich profesiách, [13.11.2020, Michalovce, Slovensko]. In: *Prax založená na dôkazoch v pomáhajúcich profesiách*. Zborník zo VII. medzinárodnej vedeckej konferencie. Warszawa: Collegium Humanum - Szkoła Główna Menedżerska, 2021. ISBN 978-83-958245-2-4, s. 75-83
28. KLEINMAN A., DAS V., LOCK M. (1997). *Social Suffering*. California: University of California Press, 1997.
29. KLITZMAN R. ä2007). "Patient-time", "doctor-time", and "institution-time": Perceptions and definitions of time among doctors who become patients. In *Patient Education and Counselling*, no. 66, p. 147-155. doi:10.1016/j.pec.2006.10.005.
30. KRALIK, R. et al. (2022). Compassion and Solidarity with the Poor in Tanakh and Rab binic Judaism. In: *Acta Missiologica*, 2022, vol. 16, no. 1, pp. 154-168.
31. KOBYLAREK, A., BŁASZCZYNSKI, K., SLOSARZ, L., MADEJ, M., CARMO, A., HLAD, L., KRALIK, R., AKIMJAK, A., JUDAK, V., MATURKANIC, P. et al. (2022). The Quality of Life among University of the Third Age Students in Poland, Ukraine and Belar us. *Sustainability*, Vol. 14, No. 4, 2049. doi:10.3390/ su14042049.
32. KONDRLA, P.; MAKAN, F.; KRÁLIK, R.; GUTTESEN, K. (2024). The Role of spiritual Values in Social Work – The Context of Sustainability. *Clinical social work and health intervention*: Gesellschaft für angewandte Präventionsmedizin. Vol. 15, No. 6 (2024), pp. 120-129.
33. LUDVIGH CINTULOVA, L, et al. (2023). Health of Roma living in marginalized com munities in Slovakia. *Clinical social work and health intervention*, vol. 14, No. 1, pp. 7-15. ISSN 2076-9741. 48.
34. LUDVIGH CINTULOVÁ L., BUDAYOVÁ, Z., BUZALOVÁ, S. (2022). Historical development and transformation of senior social services in Slovakia. Ireland, Dublin: ISBCRTI, 2022. 266s. ISBN 978-1-

9989986-2-3.
35. LUDVIGH CINTULOVÁ L., BUDAYOVÁ, Z., OLÁH, M. (2024b). Challenges and Changes in Senior Social Care Services during the Pandemic Period. *The Person and the Challenges* : the journal of theology, education, canon law and social studies inspired by Pope John Paul II. Vol. 14, No. 2: 99-112. ISSN 2083-8018.
36. MAJDA, M.; GAŽIOVÁ, M.; ŠUCHTER, J.; PETRO, M.; PAVLÍKOVÁ, M. (2024). Psychological and social dimensions of caring for injured children in professional families. *Clinical social work and health intervention*: Gesellschaft für angewandte Präventionsmedizin. Vol. 15, No. 6 (2024), pp. 38-53.
37. MURGOVÁ, A,POPOVIČOVÁ, M.; KRČMÉRY, V.; OLÁH, M.; JURAŠEK, M.; VANSAČ, P. (2022). The War in Ukraine and the Participation of St. Elizabeth University of Health and Social Work in Helping at Border Crossing Points. *Clinical social work and health intervention*: Gesellschaft für angewandte Präventionsmedizin. VoL. 13, No. 3 (2022), pp. 67-69.
38. MURGOVÁ, A.; ULMAN, Z.; POPOVIČOVÁ, M. et al. (2022). Among Refugees of War from Ukraine, Yemen and Syria, Post Traumatic Stress Syndrome is the Commonest Diagnosis among Health CTR Visits. *Clinical social work and health intervention*: Gesellschaft für angewandte Präventionsmedizin. Vol. 13, No. 2 (2022), pp. 22-24.
39. NEMČOKOVÁ, A.; TRNKOVÁ, Ľ. (2025). Factors determining the health of pregnat women. *Zborník z XI. Medzinárodnej vedeckej konferencie:* Konvergencia poskytovania zdravotnej a sociálnej starostlivosti pre pacientov/klientov. Warszawa: Wydawnictwo Katedry Filozofii Akademii Ekonomiczno – Humanistycznej w Warszawie, 2025, pp. 165-172.
40. NELSON, R.H., et al. (2024). Is Suffering a Useless Concept? In *The American Journal of Bioethics*, no. 6, p. 1-8. PMID: 38842351. DOI: 10.1080/15265161.2024.2353799.
41. NOGA V., VANSAČ P. (2022). *Demografické východiská dlhodobej starostlivosti. In Sociálne vedy z perspektívy mladých vedeckých pracovníkov VI*. Trnava : UCMFSV, 2022. pp. 67-75.
42. NOGA, V. (2024). Spiritualita v sociálnej a paliatívnej starostlivosti a faktory, ktoré ju ovplyvňujú, In: VANSAČ, P. (Ed.) Zborník z X. Medzinárodnej vedeckej konferencie, Aktuálne trendy a výzvy, problémy a dilemy v profesijnej praxi pracovníkov pomáhajúcich profesií, Michalovce 10. november 2023, Wydawnictwo Katedry Filozofii Akademii Ekonomiczno - Humanistycznej w Warszawie, Warszawa 2024, 268 s. ISBN 978-83-61087-89-2.
43. PETROVIC F., K. GUTTESEN, F. MURGAS, R. KRALIK. (2024). The Impact of Anxiety and Depression on the Quality of Life of the university Students: the Slovak experience. *Clinical Social Work and Health Intervention*, Vol. 15 No. 6, pp. 54-70
44. POLOŇOVÁ, J.; BEDNÁRIKOVÁ, M. et al. (2022). Survey of Alcohol, substance Abuse, depressive Disorders & other social Pathology in Refugees & Homeless in Postcovid Era: Two cohort nonrandomized Survey of 109 Clients in Post COVID-19 Period. *Clinical social work and health intervention* : Gesellschaft für angewandte Präventionsmedizin. VoL. 13, No. 6 (2022), pp. 28-31.
45. RADKOVÁ L, BUZALOVÁ S, KENDEREŠOVÁ, E. (2024). Therapeutic Support for Social Service Recipients with Disabilities. In: *International Review for human and natural sciences*. Vol. 14, No. 3, pp. 77-90.
46. RADKOVÁ L, LUDVIGH CINTULOVÁ L, BRÉDOVÁ S, BUDAYOVÁ Z. (2022). Analysis of mental wellbeing of volunteers at the border crossing Vyšné Nemecké due to war conflict in Ukraine. *Acta Missiologica* 2022, 16(2):169-175.
47. RODGERS B., COWLES K. (1997). A conceptual foundation for human suffering in nursing care and research. In *Journal of Advanced Nursing*, no. 25(5), p. 1048-53. DOI: 10.1046/j.1365-2648.1997.19970251048.x. PMID: 9147211.
48. SACKS J., NELSON J. (2007). A theory of nonphysical suffering and trust in

hospice patients. In *Qualitative Health Research*, no. 17(5), p. 675-89. DOI: 10.1177/1049732306298524. PMID: 17478649.

49. SARTRE J.-P. 1989. Existentialism Is a Humanism. In *Existentialism from Dostoyevsky to Sartre*, ed. Walter Kaufman. – Meridian Publishing Company, 1989, p. 287-312.
50. SLAŠŤAN, M.; LESŇÁKOVÁ, A.; ZÁMKOVÁ, V. (2024). The impact of the syndrome burnout of professional workers in facilities social services. *Clinical social work and health intervention*: Gesellschaft für angewandte Präventionsmedizin. Vol. 15, No. 4 (2024), pp. 116-128.
51. SMITH, S.M. (2024). Pain, suffering, and the time of life: a buddhist philosophical analysis. In *Phenomenology and the Cognitive Sciences, p. 1-22*. DOI**:** 10.1007/s11097-024-09961-2.
52. STILWELL, P., et al. (2022). What is Pain-Related Suffering? Conceptual Critiques, Key Attributes, and Outstanding Questions. In *The journal of pain: official journal of the American Pain Society*, no. 23, p. 729-738. 10.1016/j.jpain.2021.11.005.
53. SVOBODA, MICHAL; MEDZIHORSKÝ, ŠTEFAN; GRÚBER, JÁN; JANÁČKOVÁ, LAURA; ŠURÁB, MARIAN; KRÁLIK, ROMAN. (2024). Manipulation as a risk factor for psycho-social health. *Acta Missiologica*: akademický časopis Inštitútu MPaTZ Jána Pavla II. Bratislava: Vysoká škola zdravotníctva a sociálnej práce sv. Alžbety v Bratislave. Vol. 18, No. 1 (2024), pp. 43-54.
54. TARAJ, MARTIN; KARDIS, MÁRIA; JENISOVÁ, ZITA; BAJAN, DUŠAN; KURILENKO, VIKTORIA (2023). Lifelong and further education for social workers. Acta *Missiologica*: akademický časopis Inštitútu misijnej práce a Tropického zdravotníctva Jána Pavla II. VŠZaSP sv. Alžbety v Bratislave. Vol. 17, No. 1 (2023), pp. 183-193.
55. TOMÁNEK P, RADKOVÁ L, BUZALOVÁ S. (2024). Impacts of the Coronavirus Pandemic on Social Problems and Poverty of the Elderly in Slovakia. In: *The Person and the Challenges* : the journal of theology, education, canon law and social studies inspired by Pope John Paul II. Vol. 14, No. 2, pp. 131-146. ISSN (online) 2391-6559.
56. TRNKOVÁ, Ľ. (2019). The Significance of Anthropometric Indicators in the Prediction of Abdominal Obesity in Obese Patients. *Clinical social work and health intervention:* Gesellschaft für angewandte Präventionsmedizin. Vol. 10, No. 4 (2019), pp. 25-32
57. VANSAČ, P.; NOGA, V. (2021). Spiritual accompaniment of patients in palliative care affected by the Covid – 19 pandemic. *Acta Missiologica* : akademický časopis Inštitútu MPaTZ Jána Pavla II. Vol. 15, No. 2, pp. 213-233.
58. VANSAČ P., NOGA, V. (2024). *Duchovná starostlivosť o hospicového pacienta*. In: HUDÁKOVÁ, A., MAJERNÍKOVÁ, Ľ., MAGUROVÁ, D. (Eds.). Zborník z XIII. Medzinárodnej vedeckej konferencie: „Holistický kontext pôsobenia hospicu Matky Terezy počas 20 rokov jeho existencie“, A-print s.r.o. Lipovce pri Prešove, Bardejov 2024, pp. 210-225.
59. VANSAČ, P., KENDEREŠOVÁ, E. (2023b). Basic ethical values and moral duties of a teacher towards students. In: *Naukovyj visnyk Užhorodskoho universytetu. Serija Pedagogika, social'na robota* : Zbirnyk naukovych prac = Collection of scientific works. Vol 53, No. 2 (2023), pp. 22-25. ISSN 2524-0609.
60. VANSAČ, P.; KENDEREŠOVÁ, E.; NOGA, V. (2024). The Issue of energy-poor Households in the Slovak Republic. *Clinical social work and health intervention*: Gesellschaft für angewandte Präventionsmedizin. Vol. 15, No. 6 (2024), pp. 110-119.
61. WORLD HEALTH ORGANIZATION. WHO Definition of Palliative Care. 2018. Available online: https://www.who.int/cancer/palliative/definition/en/.