



# HOW DOES THE COVID SITUATION INFLUENCE THE VALUES OF MEDICAL SPECIALISTS IN PROVIDING DISABILITY ASSISTANCE?

Baranauskienė Ingrida

Klaipėda University

Lithuania

2020

This research is funded by the European Social Fund according to the activity 'Improvement of Researchers' Qualification by Implementing World-Class R&D Projects' of Measure No. 09.3.3-LMT-K-712.

# Keywords

Medical professionals, Values, Decisions, People with disabilities, Value centres, Contexts, Working conditions , Covid pandemic

# The research question

The **research question** was raised during data collection – What are the predominant experiences, needs and challenges of people with disabilities, their relatives, and professionals providing support to people with disabilities in the Lithuanian health care system?

(...) having raised the **research question**:

How do working conditions influence the values and decisions of medical professionals in providing support to people with disabilities in the context of Bakhtin's teaching about the cognition of reality?

## (...) research object

The research question is concretized by the **research object** – Influence of working conditions (including the Covid situation) on the values and decisions of medical professionals in the context of the experiences of people with disabilities, their relatives and professionals.

# Life history methodology

Applying life history methodology (Spradley, 1980; Spradley & McCurdy, 1972; Green & Harker, 1988) together with our colleagues involved in the research, we took 8 interviews from each of 30 people with disabilities (with different types of disabilities), from 30 of their relatives, moreover, 5 interviews from each of 50 professionals (doctors, nurses, physiotherapists, social workers, etc.) providing support to people with disabilities in the health care system.

# (...) method of thematic analysis

The findings presented in this presentation are obtained applying the method of thematic analysis (Braun & Clarke, 2012)

# Bakhtin's Ideas for the Cognition of Reality

*“Architectonics – as a visually necessary, non-random arrangement of particular solitary parts and aspects and connection in a complete whole – is possible only around a particular individual – a hero” (Bakhtin, 2002, p. 88)*

# Bakhtin's Ideas for the Cognition of Reality

Only in this way the researcher can see a comprehensive and evidence-based situation: “We see the character in the idea and through the idea, meanwhile, we see the idea in the character and through the character” (Bakhtin, 1996, p. 102, highlighted by the author).

# Bakhtin's Ideas for the Cognition of Reality

According to Bakhtin, another thought, which is even the essential one in the context of my research, is important: writing about Dostoevsky's work, the scholar states that "*what matters to Dostoevsky is not who his character is in the world, but first and foremost, what the world is to the character and what he/she is to himself/herself*" (Bakhtin, 1996, p. 57).

# Bakhtin's Ideas for the Cognition of Reality

Emphasizing the individual, Bakhtin clearly defines the system of values and their importance for the architectonics of “*the world's deed*” (cf., *ibid*, p. 63): “(...) ***scientific, aesthetic, political (and also ethical and social), and finally religious values***. All the values and relationships of space and time and content and meaning become significant around these basic emotional-volitional aspects: *I, the other, and I – for the other*” (*ibid*). Seeing values as a system, Bakhtin reveals the dependence of values on contexts, as he states, on “*spatial and temporal and emotional-volitional relationships*” (Bakhtin, 2002, p. 69).

# Bakhtin's Ideas for the Cognition of Reality

Bakhtin's example about Italy – “**a homeland to her, an alien land to him**” (ibid, p. 78) – is a frequent example of the researchers, who refer to qualitative research. In case of my research, Bakhtin's idea about “***the solitary location of the object, which in turn depends on the solitary position of the subject involved***” (Bachtin, 2002, p. 80, highlighted by the author) is important.

# Bakhtin's Ideas for the Cognition of Reality

Bakhtin's philosophy reveals the influence of the environment on cognition in a vivid and versatile way. Studying Bakhtin's works, one can see the variety of environments that influence the phenomenon: historical, environment of the deed, contextual, material, inner world, cultural, and other.

# Bakhtin's Ideas for the Cognition of Reality

Bakhtin points out that the dialogue has “***two linguistic centres and two linguistic unities: the unity of the author's speech and the unity of the character's speech. But the second unity is not independent, it is subordinated to the first one and included in it as one of its parts***” (Bakhtin, 1996, p. 220).

# Research Analysis and Results

The expression of the topic ***Difficult working conditions*** is multidimensional and involves a number of semantic objects that most often reveal how professionals choose solutions that are incompatible with the values of the medical profession. In this context, the following semantic objects emerged – ***Unrealistic workload, No elementary order*** and ***Environmental impact***.

# Research Analysis and Results. *Unrealistic workload*

Diana, a middle-aged, educated woman, who lives in a city, tells her experience of having to nurse her mother in a nursing hospital. The woman understands that as few professionals as there are in the hospital are unable to provide quality services:

*(...) everyone is there to help, but the point here is it is probably **not only the problem of the hospital, it is the problem of the state because of the staff shortage.** We are probably dealing with that thing, because if **several people are providing services as well as they are now in a nursing hospital, if there is an infinity of those old people lying there – thirty or so, a nurse and two assistants work, and they need to change their pampers, and feed people, they are simply physically... unable, they wash the wards and the toilets themselves, and we can all here shout and demand, but in fact it is ... it seems to me a deeper problem here, not only of this person who does this job, because this person is physically incapable, and such patients, they all require special attention, and the relatives, you cannot bring something sometimes, to stand all the time, and imagine, if there are four people in the ward, and we ask there to feed our granny, and we all four ask, it is in fact no ... women are incapable of sincerely doing so.***

**The identified facts:** In a nursing hospital, one nurse and two assistants care for over thirty seriously ill patients. In the opinion of the daughter of one woman with a disability, such a load prevents quality service. According to Diana, it is not a problem of the hospital but that of the state that staff numbers are low.

# Research Analysis and Results. *Unrealistic workload*

**High workload is the reason** why medical professionals **do not cooperate** with each other. In other words, due to the current workload, there are no possibilities for teamwork. Without teamwork, the quality of services is likely to suffer. It is confirmed by the narrative of a young physiotherapist, Artūras (28):

***With fewer patients, there would be more collaboration between professionals, but since there are many, and also we have to write a lot of different tests and measurements, and many patients, and in twos, and in threes sometimes at the same time. There are no opportunities to participate in some kind of team discussions, and even there is no time appointed for that.***

**The identified facts:** professionals do not participate in team meetings; there is no time appointed for this; it is clear from the context that people with disabilities are not part of the team either.

# Research Analysis and Results. *No elementary order*

The lack of elementary order also creates difficult working conditions. Ugné told us how she nursed her mother during rehabilitation. When the diapers were being changed for her mother, it was necessary to put her in order, a male nurse assistant, who had to take her to procedures, came in. He was making them hurry, did not wait, the situation of changing diapers did not bother him: ***“I have seen many of those buttocks here”***. The professional does not even think that woman is not used to such situations. As the daughter states, ***“there is a great lack of awareness that it’s the opposite sex, and it’s not gone when you get sick”***. Another important point is that not only the patient, but also the staff member, is completely dependent on the order in the hospital: “he is going to make her sit here and take to exercise because there are no schedules, the physiotherapist said and he is running”.

# Research Analysis and Results. *No elementary order*

**The identified facts:** There is no schedule of physiotherapy service at the hospital. The person cannot prepare properly for the procedure in time. The employee does not realize that sex does not disappear when a person becomes ill. The employee places his duty above the right of the person to be dignified. The very fact of using diapers is likely to degrade dignity, the more so, the fact of being forced to change them in public, when the employee of the opposite sex makes you hurry. The woman's dignity is violated. The employee is dependent on the decision of the heads and the prevailing order in the hospital; The parents bring the child to the physiotherapy procedure with unchanged diapers, or suffering from inflammatory processes because of infrequent diaper changes. Parents do this because they live in poverty and are used to it. The child is suffering. The professional, although eager to help the child, feels discomfort and thinks how to do the procedure here with minimal contact with the child. The quality of treatment suffers. The professional feels bad.

# Research Analysis and Results. *Environmental impact*

Vita (41), educated, working, living in a big city, a mother of a girl with a severe mental disability, talks about different treatment conditions in the same hospital, where some children with mental disabilities, for example, are treated in much worse psychosocial conditions than those with oncological disease. Children with intellectual disabilities can also be placed in the unit of infectious diseases in the absence of beds:

*I have been to the pediatric oncology unit more than once. No no, my children are ok. I was just lying with my daughter one floor above in the neurological unit. Or, when there are no beds we would lie a few floors below, in the unit of infectious diseases. We would constantly spend the first year of our daughter in hospitals, various centres and sanatoriums. So, I have something to compare with. Onco units for children were equipped as if from the cosmos – it's even difficult to understand, is it the same children's clinic? Clowns would come, and Santa Clauses during Christmas. Walls, equipment – everything is shiny! Even there are windows in the outdoor corridors... (those who have ever been in the pediatric building {in the hospital X} at least once – they know what I'm talking about...). I do not wish anyone to suffer from illness or disability, and I do not wish anyone to see their child dying. But besides cancer there are many diseases that kill children very slowly... Much slower than cancer, so it's longer ... And the whole family suffers for much longer, and the hardest part is feeling that the environment changes the staff. Where luxury is, everyone is pleasant, where I am with my child – everyone is frowning and unhappy.*

# Research Analysis and Results. *Environmental impact*

Romualda, an elderly intelligent woman living with her daughter with a mental illness in one of the big cities of Lithuania, draws attention to the sharp differences between the premises of patients and staff. In her opinion, the **patients' conditions are much worse than those of the medical staff**, and this promotes the hierarchical relationships:

*Although the Psychiatric Unit of X Clinics has recently been renovated with EU structural funds, the money spent, as I made sure myself while visiting my daughter, is spent on large, modernly equipped rest rooms of the doctors themselves, with a kitchenette, sofas, with opening windows, good furniture. These rooms occupy almost ¼ of all the rooms of the acute psychiatric unit. Meanwhile, patients lie in wards, where plastic windows (supposedly, because of safety) are opened only in a micro way, so air almost does not enter the ward. The wards are unspeakably stuffy. The corridor of the unit is without windows and ventilation. It's rather narrow. The patients coming out to the corridor and sitting on the couches look like passengers sitting in a train car – in front of each other. Because some mentally ill people have a very strange, exploratory gaze, that greatly disturbed my daughter. Meanwhile, the medical staff are isolating themselves, they even celebrate Christmas Eve and Christmas separately from the patients. And they call all of them by surnames. There is no common space for informal communication between the patients and medical staff. Everything is separated and isolated.*

# Research Analysis and Results. *Environmental impact*

**The identified facts:** A meaningful environment of the hospital encourages staff to be more pleasant and empathetic, it stimulates and gives meaning to their daily work. Meanwhile, the poor environment has a negative impact not only on people with disabilities, their relatives, but also on medical professionals. The attitudes of the staff towards a person with a disability also vary in different environments. In a rich environment, people with disabilities feel accepted as equals. Meanwhile, in a poor and gloomy environment, people with disabilities and their relatives say that they are not viewed as people but as walking diagnoses. The mother of a woman with a mental illness has noticed that the environment of uneven comfort and luxury (the facilities for the medical professionals are better equipped, more spacious, richer, and for patients they are significantly worse) promotes hierarchical relationships between medical professionals and patients.

# Conclusions

According to Bakhtin, in order to understand the deed, it is necessary to perceive values as a system.

Bakhtin reveals the dependence of values on contexts, as he states, on “spatial and temporal and emotional-volitional relationships”.

According to Bakhtin, it is important to delve deeper into the contextual environment, which “meant to think of all its contents as happening simultaneously and to guess their interrelations at one moment”.

# Conclusions

In the context of the topic *Difficult working conditions*, the following semantic objects *Unrealistic workload*, *No elementary order*, *Environmental impact* emerged

# Conclusions

The semantics of the object ***Unrealistic workload*** determines poor quality of treatment services for people with disabilities, unjustified prescription of suppressive medication and lack of cooperation between professionals.

The semantics of the object ***No elementary order*** highlights the causes of degrading the dignity of a person with a disability, reveals the expression of emotional difficulties of a professional.

The expression of the semantic object ***Environmental impact*** is to be related to the supposition that a rich and stimulating environment positively changes staff behavior and vice versa – a poor environment is frustrating for employees, and the professionals' fatigue results in poor quality healthcare services.

# Conclusions

Referring to Bakhtin's theory, it is possible to explain the expression of the values of many medical professionals and the influence of the contexts that prevents people with disabilities and health care professionals from achieving the highest possible level of health

# Discussion

Maybe you want to ask?

Thank you for your attention