Palliative and Supportive Care

cambridge.org/pax

Review Article

Cite this article: Frey R, Balmer D (2024) The challenges for health professionals delivering palliative care in the community during the COVID-19 pandemic: An integrative review. *Palliative and Supportive Care* **22**(4), 827–839. https://doi.org/10.1017/S1478951523000275

Received: 01 February 2023
Accepted: 21 February 2023

Keywords:
COVID-19; Community; Home; Hospice; Palliative care

Author for correspondence: Rosemary Frey, School of Nursing, Faculty of Medical and Health Sciences, University of Auckland, Private Bag 92019, Auckland 1142, New Zealand.
Email: r.frey@auckland.ac.nz

The challenges for health professionals delivering palliative care in the community during the COVID-19 pandemic: An integrative review

Rosemary Frey, PH.D.[1] and Deborah Balmer, PH.D.[2]

[1]School of Nursing, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand and
[2]WA Centre for Rural Health, The University of Western Australia, Geraldton, Australia

Abstract

Objectives. The growing demand for palliative care has been accelerated due to the COVID-19 pandemic. However, providing community-based palliative care was also more difficult to do safely and faced several challenges. The goal of this integrative review was to identify, describe, and synthesize previous studies on the challenges for health professionals delivering palliative care in the community during the COVID-19 pandemic.
Methods. Searches were carried out on the Ovid MEDLINE, CINAHL, PsycINFO, Social Care Online, PubMed, Embase, and Expanded Academic databases. Journals typically reporting palliative care and community health studies were also searched (*Palliative Medicine, Journal of Pain and Symptom Management*, and *Health & Social Care in the Community*). All articles were peer-reviewed and published in English between December 2019 and September 2022.
Results. Database and hand searches identified 1231 articles. After duplicates were removed and the exclusion criteria applied, 27 articles were included in the final review. Themes in the research findings centered on 6 interconnected categories. The challenges imposed by the pandemic (lack of resources, communication difficulties, access to education and training, and interprofessional coordination), as well as the varying levels of success of the health-care responses, impacted the well-being of health professionals and, in turn, the well-being and care of patients and families.
Significance of results. The pandemic has provided the impetus for rethinking flexible and innovative approaches to overcome the challenges of delivering community palliative care. However, existing governmental and organizational policies require revision to improve communication and effective interprofessional collaboration, and additional resources are needed. A blended model of virtual and in-person palliative care delivery may provide the best solution to community palliative care delivery moving forward.

Introduction

The worldwide burden of serious health-related suffering, defined as suffering associated with life-limiting illness or injury, is predicted to escalate to almost 90% in the next 40 years (Sleeman et al. 2019). Palliative care is both a school of thought and a clinical service that seeks to relieve the suffering of life-limiting illnesses for patients (children and adults) and their families (Quill and Abernethy 2013; World Health Organization 2018). Health-care services are under increasing economic pressure within the context of an aging population and associated multi-morbidity and chronic illness, as well as improvements in medical care (Anderson 2011). At the same time, there has been a shift toward "ageing in place" and home-based care (Wiles 2004, p.96). This shift is accompanied by many Organisation for Economic Cooperation and Development countries, with an agenda to reduce the length of hospital stays and minimize the use of hospital beds by transferring care to the home (Williams and Botti 2002). Delivery of palliative care in the community is thus a priority setting.

Community palliative care can be defined as palliative care provided within the patient's home, the home of a relative, or a care home, or in a non-hospital setting while still residing at home (Walshe et al. 2008). A community palliative care team may be composed of specialist palliative care nurses who visit patients and families in their own homes or as part of a broader team delivering care to patients in facilities such as aged care facilities, hospices, or hospitals. Community palliative care thus can include both generalist and specialist palliative care services. Generalist palliative care is provided to patients and families with low to moderate levels of care complexity as a part of routine practice (Gardiner et al. 2012). Generalist palliative care is a component of routine care and clinical practice by any health-care professional who is not a specialist palliative care team member. Specialist palliative care is provided to patients and families with moderate to highly complex care needs (e.g., complicated pain management or psychosocial needs) (MJHS 2022). Specialist palliative care is provided by health and allied health professionals with additional expertise and training (e.g., palliative care consultant and palliative care nurse specialist) (Department of Health (UK) 2008). The community palliative care team services include support and advice on pain and other distressing symptoms, psychosocial support for the patient and their families, and bereavement support (National Institute for Health (UK) 2017).

This growing demand for palliative care has been accelerated due to the COVID-19 pandemic (Kamal et al. 2020). However, providing community-based palliative care is also more difficult to do safely and faces several challenges. Many patients who need palliative care at home are at increased risk from COVID-19, protective equipment is often in short supply, and surging deaths could overwhelm usual service provision (Lancet 2020). In response to COVID-19, community palliative care services must adapt rapidly and creatively to find new ways of working, revising, and establishing new policies (Downar et al. 2017). As a result of COVID-19, we have witnessed the extraordinary adaptive capacity of health-care services to respond to unprecedented challenges, and hospice/palliative care is no exception (Dunleavy et al. 2021). There is a critical need to harness the lessons learned and evaluate practice changes and innovations. This is imperative if we are to provide safe and high-quality palliative care and optimize services, including making the best use of the limited specialist palliative care workforce available for those who need it most.

Aim

This integrative review sought to identify, describe, and synthesize previous studies on the challenges for health professionals delivering palliative care in the community during the COVID-19 pandemic.

Method

Design

Due to the diversity of research on the topic, an integrative review design was selected. An integrative review allows for the inclusion of diverse methodologies (e.g., experimental and nonexperimental research). It establishes what is known, what is unknown, and what remains uncertain concerning a topic, allowing for the development of a systematic knowledge base (Whittemore and Knafl 2005). This review complies with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for reporting systematic reviews (Page et al. 2021).

Search terms

The search terms included hospice OR palliative care OR end-of-life care OR terminal care OR terminally ill AND community OR community health nursing OR home nursing OR home care services OR home visiting services OR family physicians OR general practitioners OR family doctors AND Covid-19 OR coronavirus OR 2019-ncov OR sars-cov-2 OR cov-19 OR pandemic OR 2019 novel coronavirus OR coronavirus disease.

Inclusion criteria

Criteria for the inclusion of studies were empirical research that identified challenges to delivering palliative care in the community by professional care providers during COVID-19 restrictions. Further details included

- Language: English
- Topic: end-of-life care, palliative care, and terminal care
- Sample: health-care professionals (nurses, physicians, and home care service providers)
- Location: community care, outpatient care, and home care (including care homes)
- Time: COVID-19 (2019–2022)
- Design: descriptive, experimental, correlational, diagnostic, and explanatory
- Evaluation: experiences, descriptions, and perceptions
- Research paradigm: qualitative, quantitative, and mixed methods

Exclusion criteria

- Nonempirical articles
- Review articles
- Guidelines
- COVID-19 epidemiological studies, drug trials, or focus on patient symptoms or outcomes
- Non-palliative patients (including patients with COVID-19)
- Non-health professionals (including volunteers and family)
- Hospice inpatient services and hospital services
- Focused exclusively on the development of technological innovations during COVID-19 (including apps and telehealth)
- Unpublished manuscripts, theses, government documents, conference abstracts, and posters
- Non-English language papers

Search strategy

The search strategy consisted of searching electronic databases, hand searches of pertinent journals, and reference lists of relevant studies. Databases searched included: Ovid MEDLINE (2019–2022), CINAHL (2019–2022), PsycINFO (2019–2022), Social Care Online (2019–2022), PubMed (2019–2022), Embase (2019–2022), and Expanded Academic (2019–2022). The start date was December 2019 when COVID-19 was first identified (Yang and Wang 2020). All searches combined all search terms (incl. truncations) for the 3 concepts of interest: palliative care, community care, and COVID-19. Each search varied to a degree to utilize the relevant MeSH/Thesaurus/Keyword headings specific to each database (Table 1).

The bibliographies of included review articles were also examined for additional citations omitted from the databases. The tables of contents of journals typically reporting palliative care and community health studies were searched by hand (*Palliative Medicine, Journal of Pain and Symptom Management*, and *Health & Social Care in the Community*). Table 1 provides a listing of articles retrieved by each database.

Data extraction

Four steps, as described by Whittemore and Knafl (2005), (1) data reduction, (2) data display, (3) data comparison, and (4) conclusion drawing, were utilized. The papers were reviewed, and data were extracted from the title, abstract, and full text. One researcher (R.F.) completed all searches and removed duplicate records. Articles were first screened in EndNote (Hupe 2019) using the inclusion

Table 1. Search strategy

Database	Keywords	Articles retrieved
Ovid MEDLINE	palliative care or end-of-life care or terminal care or terminally ill or hospice AND community or community health nursing or home nursing or home care services or home visiting services or family physicians or general practitioners or family doctors AND Covid−19 or coronavirus or 2019-ncov or sars-cov−2 or cov−19 or pandemic or 2019 novel coronavirus or coronavirus disease	290
CINAHL	palliative care or end-of-life care or terminal care or terminally ill or hospice AND community or community health nursing or home nursing or home care services or home visiting services or family physicians or general practitioners or family doctors AND Covid−19 or coronavirus or 2019-ncov or sars-cov−2 or cov−19 or pandemic or 2019 novel coronavirus or coronavirus disease	64
Embase	palliative care or end-of-life care or terminal care or terminally ill or hospice AND community or community health nursing or home nursing or home care services or home visiting services or family physicians or general practitioners or family doctors AND Covid−19 or coronavirus or 2019-ncov or sars-cov−2 or cov−19 or pandemic or 2019 novel coronavirus or coronavirus disease NOT drug or trial	340
PsychInfo	palliative care or end-of-life care or terminal care or terminally ill or hospice AND community or community health nursing or home nursing or home care services or home visiting services or family physicians or general practitioners or family doctors AND Covid−19 or coronavirus or 2019-ncov or sars-cov−2 or cov−19 or pandemic or 2019 novel coronavirus or coronavirus disease	53
PubMed	palliative care or end-of-life care or terminal care or terminally ill or hospice AND community or community health nursing or home nursing or home care services or home visiting services or family physicians or general practitioners or family doctors AND Covid−19 or coronavirus or 2019-ncov or sars-cov−2 or cov−19 or pandemic or 2019 novel coronavirus or coronavirus disease	400
Social Care Online	palliative care or end-of-life care or terminal care or terminally ill AND community or community health nursing or home nursing or home care services or home visiting services or family physicians or general practitioners or family doctors AND Covid−19 or coronavirus or 2019-ncov or sars-cov−2 or cov−19 or pandemic or 2019 novel coronavirus or coronavirus disease	14
Expanded Academic	palliative care or end-of-life care or terminal care or terminally ill or hospice AND community or community health nursing or home nursing or home care services or home visiting services or family physicians or general practitioners or family doctors AND Covid−19 or coronavirus or 2019-ncov or sars-cov−2 or cov−19 or pandemic or 2019 novel coronavirus or coronavirus disease	12

and exclusion criteria at the level of titles and abstracts by R.F. Full texts were screened by R.F. and D.B. Where there was uncertainty concerning inclusion, a decision was made by consensus.

Appraisal

It was expected that the included studies would have a variety of designs and methodologies. Specifically, the inclusion of both qualitative and quantitative research makes the process of quality appraisal challenging and may prove of little utility. In addition, the relatively limited research base, as well as complex methodological and ethical issues characteristic of palliative care, makes the topic unsuitable for traditional methods of review and synthesis (Gardiner et al. 2011). For these reasons, the quality of the articles was not appraised in this review.

Analysis

A descriptive thematic analysis of the final articles was conducted to systematically review and synthesize research from different paradigms (Braun and Clarke 2006). The thematic analysis allows for identifying important themes and provides organized and structured methods of treating the literature (Braun and Clarke 2006). The content of each article was analyzed, and an initial list of themes was developed. The full-text papers were reread by R.F. and D.B., and the data were applied to each theme. The themes were then re-evaluated, relationships explored, and themes amalgamated.

Results

Database searches identified 1173 articles. Hand searches of relevant journals resulted in the further additions of *Palliative Medicine* (27), *Journal of Pain and Symptom Management* (27), and *Health & Social Care in the Community* (3), and a review of included article references added 1 additional article totaling 1231 articles. Once duplicates were removed, 733 articles remained. Six hundred and thirty-two articles were eliminated at the title and abstract stage. One hundred and one articles were reviewed in full by D.B. and R.F. using the inclusion and exclusion criteria. Utilization of the inclusion and exclusion criteria resulted in 27 articles for the final review. Figure 1 outlines the selection, inclusion, and exclusion processes (Figure 1).

Article overview

The research was most frequently located in the United States (Bayly et al. 2022; Chua et al. 2022; Dhavale et al. 2020; Hasson et al. 2022; Mitchell et al. 2022, 2021; Page et al. 2020; Sleeman et al. 2022; Sumitha et al. 2022) of the included articles, followed by the United Kingdom (20–24). The remainder were conducted in India (Dhavale et al. 2020; Page et al. 2020; Sumitha et al. 2022), Italy (Costantini et al. 2020; Franchini et al. 2021; Varani et al. 2021), Germany (Jansky et al. 2021; Tielker et al. 2021), Australia (Luckett et al. 2021), Canada (Wentlandt et al. 2021), New Zealand (Frey and Balmer 2022), Taiwan (Chou et al. 2020), and one multinational study (Dunleavy et al. 2021). All of the articles were published between 2020 and 2022. The majority of studies utilized survey designs with samples of less than 1000 participants (Bayly et al. 2022; Costantini et al. 2020; Dunleavy et al. 2021; Hasson et al. 2022; Jones et al. 2022; Kates et al. 2021; Luckett et al. 2021; Mitchell et al. 2022, 2021; Ritchie et al. 2021; Rogers et al. 2021; Sleeman et al. 2022; Tielker et al. 2021; Varani et al. 2021). Five studies reported qualitative designs using interviews or a focus group (Franchini et al. 2021; Frey and Balmer 2022; Jansky et al. 2021;

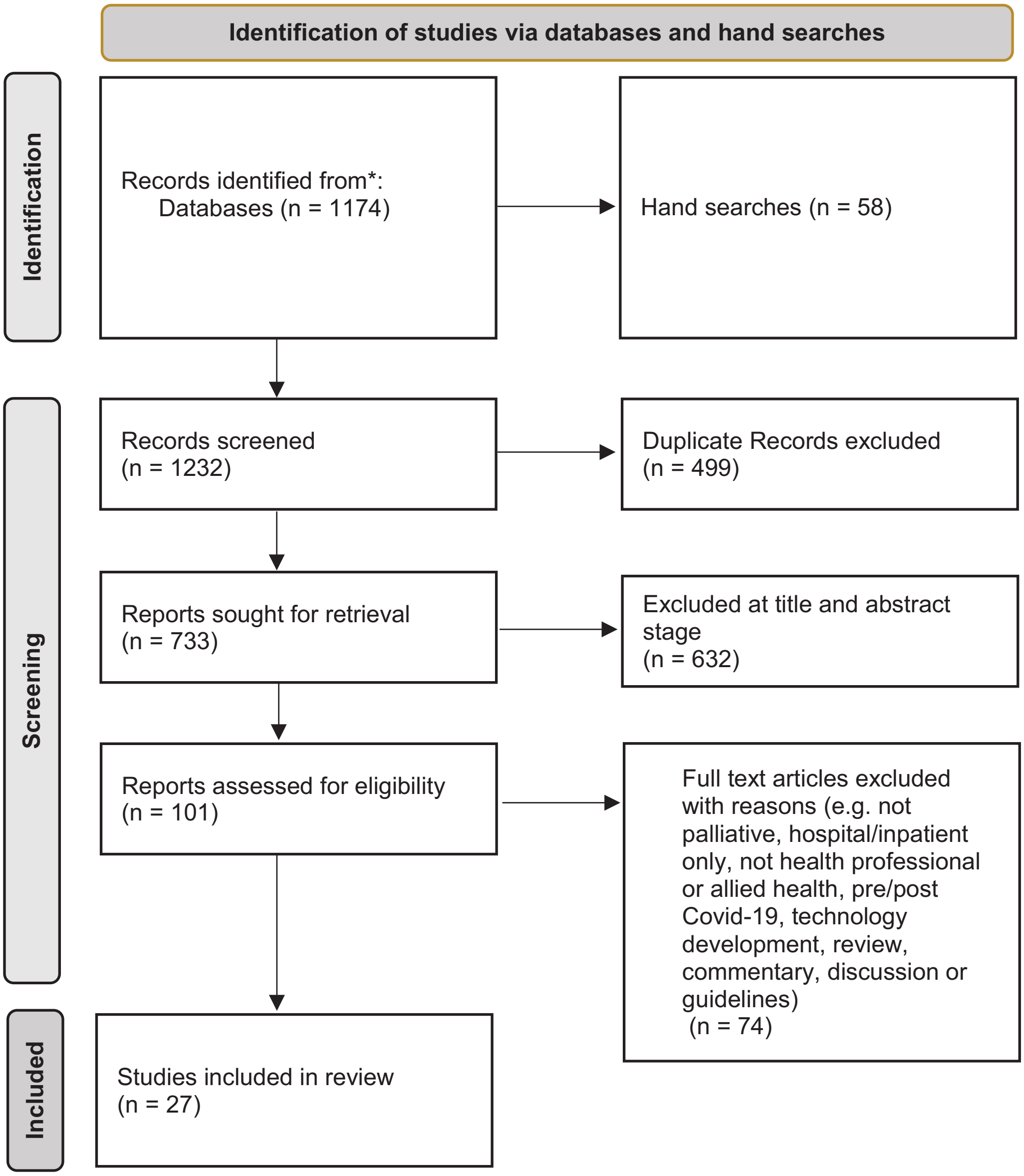

Fig. 1. PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only.
*Page et al. (2021).

Lalani et al. 2022; Sterling et al. 2020). A few were short reports, case studies, or clinical notes (Dhavale et al. 2020; Page et al. 2020; Silva and Schack 2021; Sumitha et al. 2022; Weisse and Melekis 2021; Wentlandt et al. 2021). One included study utilized a cohort design (Chou et al. 2020). While some of the articles exclusively focused on palliative care delivery in the community (Franchini et al. 2021; Frey and Balmer 2022; Page et al. 2020; Silva and Schack 2021; Sterling et al. 2020; Sumitha et al. 2022; Varani et al. 2021; Weisse and Melekis 2021) or primary care settings (Mitchell et al. 2022, 2021; Ritchie et al. 2021; Tielker et al. 2021), the majority included palliative care delivery in other settings as well (Bayly et al. 2022; Chou et al. 2020; Chua et al. 2022; Costantini et al. 2020; Dunleavy et al. 2021; Hasson et al. 2022; Jansky et al. 2021; Jones et al. 2022; Kates et al. 2021; Lalani et al. 2022; Luckett et al. 2021; Rogers et al. 2021; Sleeman et al. 2022; Wentlandt et al. 2021). Articles reported palliative care delivery in the community from specialist palliative care services (Bayly et al. 2022; Chou et al. 2020; Costantini et al. 2020; Dunleavy et al. 2021; Franchini et al. 2021; Frey and Balmer 2022; Hasson et al. 2022; Jones et al. 2022; Page et al. 2020; Rogers et al. 2021; Silva and Schack 2021; Sleeman et al. 2022; Sumitha et al. 2022; Varani et al. 2021), specialist teams from multiple settings (Jansky et al. 2021; Kates et al. 2021; Lalani et al. 2022; Wentlandt et al. 2021) from the perspective of general practitioner (GP) practices (Mitchell et al. 2022, 2021; Ritchie et al. 2021; Tielker et al. 2021), allied health professionals across settings (Dhavale et al. 2020; Sterling et al. 2020), and comfort care homes (Weisse and Melekis 2021). Table 2 presents a summary of the 27 included articles.

Thematic analysis

The themes in the research findings centered on 6 interconnected categories: (1) resources, (2) communication, (3) education and training, (4) interdisciplinary coordination, (5) physical and

Table 2. An integrative review included articles ($n = 27$)

Authors (year)	Country	Purpose	Setting	Design	Sample	Relevant findings
Bayly et al. (2022)	United Kingdom	To understand the delivery of rehabilitative palliative care services during COVID-19	Hospice, hospital, and community settings survey	A survey from the CovPal study	61 specialist palliative care leads	Shift to the online digital divide limited the capacity of many patients to participate in rehabilitation; staff redeployment hindered the ability to deliver services
Chou et al. (2020)	Taiwan	Use of palliative care services before and during COVID-19	Inpatient and home	Cohort study	All patients ($n = 19{,}900$) cared for at Taipei City Hospital	Hospice home care was not reduced
Chua et al. (2022)	United States	To describe clinician-reported challenges related to video visits and in-person visits	Multisite 20 academic cancer centers	Clinician post-visit surveys and notes	2329 PC clinician post-visit surveys	Palliative care video visit technical difficulties decreased; however, in-person visit challenges related to absent family members increased during the pandemic
Costantini et al. (2020)	Italy	Preparedness for and impact of the COVID-19 pandemic on hospices in Italy	Italian hospices	Survey	Medical and nursing directors from 16 hospices	Scarcity of personal protective equipment (PPE), a lack of guidance on COVID-19, and increased staff anxiety
Dhavale et al. (2020)	India	Challenges faced by patients and caregivers during the lockdown due to COVID-19 and describe the interventions delivered by the social work team to meet these challenges	Home	Case note review	Social workers, caregivers, and families of 30 patients	Improve networking among PC organizations as well as general practitioners (GPs) to improve care
Dunleavy et al. (2021)	United Kingdom, Europe, and other	To explore palliative care service innovations and response to the COVID-19 pandemic	Inpatient palliative care units, hospital palliative care teams, home palliative care teams, and home nursing services	Survey	458 health professionals from inpatient palliative care units, hospital palliative care teams, home palliative care teams, and home nursing services w	Outlined crisis of context, including fear and anxiety, duplication of efforts, too much information, IT, and funding challenges
Franchini et al. (2021)	Italy	The impact of the pandemic on home health-care professionals, describing changes and challenges in their routine work as well as their experiences with the COVID-19 pandemic	Home	Qualitative – semi-structured interviews	30 home care professionals (15 physicians and 15 nurses)	Telephone and video visits were perceived as a barrier to care for new patients; the lack of opportunity to provide in-person emotional support to caregivers after the patient's death was distressing to home palliative care professionals; the lack of weekly in-person team meetings was reported as a problem by home palliative care professionals; home palliative care professionals expressed a lack of coordination with primary care; and home palliative care professionals perceived the connection between local health-care network services which was lost
Frey and Balmer (2022)	New Zealand	To explore the impact of and response to COVID-19 for hospice community services in Aotearoa/New Zealand	N.Z. hospices	Qualitative-structured interviews	18 health professionals	Challenges to communication, visiting, allied health and volunteer services, and access to residential aged care

(*Continued*)

Table 2. (*Continued.*)

Authors (year)	Country	Purpose	Setting	Design	Sample	Relevant findings
Hasson et al. (2022)	United Kingdom	To study the effect of the pandemic on the delivery of out-of-hours community palliative care services	U.K. hospices	Survey	81 adult hospice managers	Lack of integration between charitably and state-funded palliative care providers. The inter-related challenges of the use and availability of PPE ($n = 21$) and infection control screening
Jansky et al. (2021)	Germany	Aims: (1) how German specialist home palliative care teams were affected during the firstwave, (2) which challenges they faced, and (3) which strategies helped to handle the consequences of the COVID-19pandemic	German Hospices	Qualitative – focus groups	18 specialist home palliative care teams	A shift in patient care because of the COVID–19 pandemic, restricted home visits, and a visitation ban in nursing reduces the risk of infection impeding teamwork
Jones et al. (2022)	United States	Impact of the COVID-19 pandemic on quality improvement initiative implementation and hospice IDT members' general and dementia-specific care provision	U.S. hospices	Survey	643 active employees, including nurses, certified nursing assistants, HHAs, social workers, spiritual care counselors, and physicians	(1) Impact of telehealth, PPE, and visit restrictions onrelationships; (2) lack of COVID-19-specific skills; and (3) organizational climate
Kates et al. (2021)	United States	Impact of the COVID-19 pandemic on the hospice and palliative workforce and service delivery	U.S. hospices	Survey	36 palliative care agency respondents	Impact of the pandemic and resulting social distancing measures on the emotional well-being of patients, families, and staff
Lalani et al. (2022)	United States	To explore challenges/barriers in PC provision during the pandemic	Rural hospitals, rural clinics, nursing homes, or hospice settings	Qualitative – PAR research	Health-care professionals ($n = 15$)	Restricted visitation, communication challenges, "hard to say goodbye over iPad," moral distress among providers, and preference for home hospice services
Luckett et al. (2021)	Australia	Response of Australian specialist palliative care services to COVID-19 and its consequences to inform pandemic practice and policy	Consultative (including acute, subacute, and long-term care), outpatient, inpatient wards/units, inpatient hospice, and community home-based	Survey	28 health-care professionals involved in planning the response to COVID-19	Lack of support for self-management, psychosocial needs, and bereavement for clients living at home; pressures on staff capacity and well-being; and a perceived lack of health system preparedness for a potential future surge
Mitchell et al. (2022)	United Kingdom	Service changes and innovation in U.K. primary care to deliver end-of-life care during the first phase of COVID-19	GP practices and community nurses	Survey	559 GPs and community nurses	Changes in the organization of their team to provide end-of-life care in response to the COVID-19 pandemic
Mitchell et al. (2021)	United Kingdom	To understand the views of GPs and community nurses providing end-of-life care during the first wave of the COVID-19 pandemic	GP practices and community nurses	Survey	559 GPs and community nurses	Role conflicts emerged between GPs and community nurses

(*Continued*)

Table 2. (*Continued.*)

Authors (year)	Country	Purpose	Setting	Design	Sample	Relevant findings
Page et al. (2020)	India	Cipla Palliative Care & Training Centre home-based care during the COVID-19 lockdown	Home	Short report	280 patients on home care and health-care professionals	Severe travel restrictions, limiting access to home care for several of our patients, the psychological burden of patients and families, accessibility of medical stores
Ritchie et al. (2021)	United States	Challenges and adaptations by HBPC practices during the first wave of COVID-19	Primary care practices	Survey	79 physicians, nurse practitioners, allied health	Challenges: patient lack of familiarity with telemedicine (81.9%), patient anxiety (77.8%), clinician anxiety (69.4%), technical difficulties reaching patients (66.7%), and supply shortages including masks, gowns, and disinfecting materials (55.6%)
Rogers et al. (2021)	United States	Effects of the COVID-19 pandemic on U.S. hospice agencies, staff, and patients	Hospice agencies	Survey	84 home care nurses, inpatient hospice nurses, medical directors, physicians, nurse practitioners, and others	Changes in workforce availability and increased emotional support needs of staff. Patient and families-increased bereavement needs. Nearly one-third of respondents reported negative effects on patient outcomes, such as inadequate symptom management and negative psychosocial effects
Silva and Schack (2021)	United States	The way outpatient palliative care providers deliver care for patients and their families during COVID-19	NYC outpatient palliative care practice	Case study	1 case study	Lack of physical exam, telemedicine technical issues, completing advance directives
Sleeman et al. (2022)	United Kingdom	To identify factors associated with palliative care services being busier during COVID-19	U.K. palliative care services	Survey	277 clinical leads	Being more busy was positively associated with the following: providing a specialist palliative home care service; providing hands-on care in the community; being publicly managed; having more confirmed and suspected cases of COVID-19; and reporting staff shortages and geographical location
Sterling et al. (2020)	United States	To explore the experiences of home health-care workers caring for patients in New York City during the COVID-19 pandemic	Home	Qualitative – semi-structured interviews	New York city home health-care workers ($n = 33$)	Workers were (1) on the front lines of the COVID-19 pandemic but felt invisible; (2) reported an increased risk for virus infection; (3) received varying amounts of information, supplies, and training from their home care agencies; (4) relied on nonagency alternatives for support, including information and supplies; and (5) forced to make difficult choices in their work and personal lives

(*Continued*)

Table 2. (*Continued.*)

Authors (year)	Country	Purpose	Setting	Design	Sample	Relevant findings
Sumitha et al. (2022)	India	To explore locally evolved strategies to meet the PC needs in the coastal region	Community-based PC services	Short report	209 locked-in patients and their families	It is seen that serious health-related suffering was related to the social determinants of health. We could identify several dependent widowed women living alone in this coastal community without appropriate supportive care and resources
Tielker et al. (2021)	Germany	To describe GPs' experiences, challenges, and perspectives concerning end-of-life care during the pandemic (spring 2020) in Germany	GP practices	Survey	410 GPs	Challenges: 62.7% of the GPs reported increased telephone contact and reduced personal contact with patients; relatives were restricted (48.5%) or prohibited from visiting (33.4%) patients in nursing homes
Varani et al. (2021)	Italy	To describe the impact of the COVID-19 pandemic on burnout and psychological morbidity among home palliative care professionals in Italy	The National Tumor Assistance in 11 Italian regions	Survey	198 PC physicians and nurses	As measured by the GHQ-12 questionnaire, psychological morbidity was worse during the pandemic. The COVID-19 pandemic increased PCPs' distress because of work overload, fear of contagion, and difficulty in delivering effective PC despite the isolation and necessary barrier precautions
Weisse and Melekis (2021)	United States	To explore innovative strategies to improve community-based end-of-life care based on care home responses to the pandemic	Care homes	Short report	33 directors and staff from homes in operation (33) as well as from established non-profit homes "in development" (6)	Questions and concerns, and the development of safety protocols, decisions about closure and/or operating with significantly limited staff and volunteers, financial strains, and cancellations offundraising events challenges faced by hospice social workers, care coordination
Wentlandt et al. (2021)	Canada	Impact of the pandemic on Toronto's palliative care planning	23 palliative care institutions	Clinical notes	29 PC teams	Clinical load and capacity stresses, beds, staffing and redeployment, and medication and PPE shortages were reported

Abbreviations: PC, Palliative Care; IDT, Interdisciplinary Team; HHA, Home Health Aides; HBPC, Home-Based Palliative Care; NYC, New York City; PCP, Palliative Care Professionals; GHQ, General Health Questionnaire.

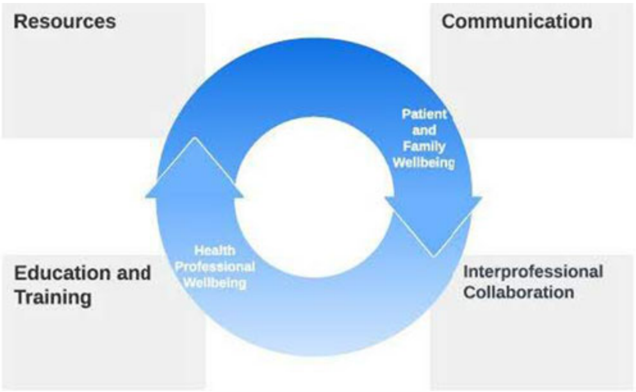

Fig. 2. Thematic analysis.

emotional well-being of health professionals, and (6) quality of care. Figure 2 gives an overview of the themes and shows their relationships to each other.

Resources

Issues surrounding the scarcity of resources (including the provision of personal protective equipment (PPE), medications, and technology), as well as staff shortages and funding issues, were highlighted by several articles.

The necessity of additional precautions against COVID-19 led to the adoption of PPE for community and out-of-hours care. This increased demand led to challenges to the provision of PPE. Fourteen articles reported both inadequate supplies, including PPE supplies and medicines (Bayly et al. 2022; Costantini et al. 2020; Dhavale et al. 2020; Franchini et al. 2021; Hasson et al. 2022; Jansky et al. 2021; Jones et al. 2022; Luckett et al. 2021; Page et al. 2020; Ritchie et al. 2021; Rogers et al. 2021; Sterling et al. 2020; Weisse and Melekis 2021; Wentlandt et al. 2021). Staff number reductions due to furloughs and redistribution and staff self-isolating (Bayly et al. 2022; Frey and Balmer 2022; Hasson et al. 2022; Jansky et al. 2021; Jones et al. 2022; Kates et al. 2021; Lalani et al. 2022; Luckett et al. 2021; Mitchell et al. 2021; Ritchie et al. 2021; Rogers et al. 2021; Sleeman et al. 2022) as well as a decrease in service provision from volunteers and the allied health workforce (Costantini et al. 2020; Frey and Balmer 2022; Jansky et al. 2021; Jones et al. 2022; Luckett et al. 2021; Mitchell et al. 2021; Ritchie et al. 2021; Weisse and Melekis 2021) resulted in increased staff workload (Bayly et al. 2022; Frey and Balmer 2022; Hasson et al. 2022; Jansky et al. 2021; Jones et al. 2022; Kates et al. 2021; Lalani et al. 2022; Luckett et al. 2021; Mitchell et al. 2021; Wentlandt et al. 2021) Financial issues compounded these challenges for some specialist palliative care services (Dunleavy et al. 2021; Jansky et al. 2021; Ritchie et al. 2021; Silva and Schack 2021; Sterling et al. 2020), particularly for those run on a private or charitable funding model that was unable to conduct fundraising activities (Hasson et al. 2022; Ritchie et al. 2021; Sleeman et al. 2022; Weisse and Melekis 2021).

Communication

Communication challenges focused on both messaging and means of communication. Both health professionals and patients faced communication challenges during the pandemic. Due to the rapidly evolving situation during the pandemic, messaging for health professionals from national and local governmental authorities sometimes led to confusion due to information overload, mixed messaging, or lack of information (Dunleavy et al. 2021; Frey and Balmer 2022; Jansky et al. 2021; Luckett et al. 2021; Rogers et al. 2021; Sterling et al. 2020). Internal messaging in specialist organizations (e.g., reduction in team meetings) also led to limited communication among health professional teams (Bayly et al. 2022; Franchini et al. 2021; Frey and Balmer 2022; Jansky et al. 2021; Jones et al. 2022; Rogers et al. 2021). A shift to telephone and virtual technology for the delivery of care to reduce the possibility of infection was reported by most studies (Bayly et al. 2022; Costantini et al. 2020; Dhavale et al. 2020; Dunleavy et al. 2021; Franchini et al. 2021; Frey and Balmer 2022; Hasson et al. 2022; Jansky et al. 2021; Jones et al. 2022; Kates et al. 2021; Lalani et al. 2022; Luckett et al. 2021; Mitchell et al. 2022; Page et al. 2020; Ritchie et al. 2021; Rogers et al. 2021; Silva and Schack 2021; Sumitha et al. 2022; Tielker et al. 2021; Wentlandt et al. 2021). However, digital technology used to provide care to patients led to challenges in terms of both technical problems and the availability of equipment (Chua et al. 2022; Dunleavy et al. 2021; Lalani et al. 2022; Luckett et al. 2021), as well as equity issues related to patient and family access (the digital divide), including digital literacy and connectivity issues (Bayly et al. 2022; Chua et al. 2022; Lalani et al. 2022; Luckett et al. 2021; Page et al. 2020; Ritchie et al. 2021; Silva and Schack 2021; Tielker et al. 2021).

Education and training

For health professionals, access to upskilling related to end-of-life care delivery during the pandemic (including infection control) (Bayly et al. 2022; Costantini et al. 2020; Dhavale et al. 2020; Dunleavy et al. 2021; Franchini et al. 2021; Hasson et al. 2022; Jones et al. 2022; Luckett et al. 2021; Mitchell et al. 2022; Page et al. 2020; Ritchie et al. 2021; Sleeman et al. 2022; Sterling et al. 2020; Sumitha et al. 2022) and training in remote technologies (guidelines and the etiquette involved) were reported (Bayly et al. 2022; Dunleavy et al. 2021; Lalani et al. 2022; Ritchie et al. 2021; Wentlandt et al. 2021). Educational materials related to COVID-19 and health services available were also disseminated to informal carers, families, and patients with varying levels of success in distribution (Dhavale et al. 2020; Dunleavy et al. 2021; Franchini et al. 2021; Luckett et al. 2021). Education services within palliative care organizations either ceased operation or moved to virtual delivery methods (both synchronous and asynchronous) (Bayly et al. 2022; Dunleavy et al. 2021; Sterling et al. 2020).

Interprofessional coordination and collaboration

Several papers referred to challenges surrounding coordination between health-care professionals and health services (Dunleavy et al. 2021; Franchini et al. 2021; Frey and Balmer 2022; Hasson et al. 2022; Tielker et al. 2021; Weisse and Melekis 2021). This coordination extended to networking with nongovernmental organizations and basic services (e.g., groceries and financial assistance) to facilitate patient and family care (Dhavale et al. 2020; Ritchie et al. 2021; Sumitha et al. 2022). Maintaining connections among GPs, specialist palliative care providers, allied health professionals, patients, and their families was frequently discussed, although maintaining these connections was often challenging (Dhavale et al. 2020; Dunleavy et al. 2021; Franchini et al. 2021; Frey and Balmer 2022; Hasson et al. 2022; Jansky et al. 2021; Mitchell et al. 2021). In contrast, the pandemic sometimes provided the impetus for a long-needed integration of both within and across services or extended preexisting relationships (Bayly et al. 2022; Dunleavy et al. 2021; Hasson et al. 2022; Mitchell et al. 2022; Page et al. 2020; Sumitha et al. 2022; Wentlandt et al. 2021).

Physical and emotional well-being of health professional

The emotional and physical impacts of care delivery during the COVID-19 pandemic were included in several papers. These impacts included topics ranging from anxiety, fear, stress, and exhaustion to moral distress (Bayly et al. 2022; Costantini et al. 2020; Dunleavy et al. 2021; Franchini et al. 2021; Frey and Balmer 2022; Hasson et al. 2022; Jansky et al. 2021; Jones et al. 2022; Kates et al. 2021; Lalani et al. 2022; Mitchell et al. 2022; Ritchie et al. 2021; Rogers et al. 2021; Varani et al. 2021). Health professionals' fears for personal safety and the safety of patients and families were represented (Bayly et al. 2022; Costantini et al. 2020; Dunleavy et al. 2021; Frey and Balmer 2022; Hasson et al. 2022; Jansky et al. 2021; Luckett et al. 2021; Ritchie et al. 2021; Sterling et al. 2020). Changes in care delivery, team roles, and increased involvement in end-of-life care led to reports of emotional and physical exhaustion (Bayly et al. 2022; Franchini et al. 2021; Jones et al. 2022; Kates et al. 2021; Mitchell et al. 2021; Rogers et al. 2021; Varani et al. 2021). Moral distress was associated with impacts on the ability to deliver holistic care related to telemedicine, social distancing, visiting restrictions, shortages of PPE, medications, staff resources, and organizational climate (Costantini et al. 2020; Jones et al. 2022; Kates et al. 2021; Lalani et al. 2022). In contrast, 6 articles reported that health professional motivation, collaboration, and personal pride increased within the context of the pandemic (Bayly et al. 2022; Dunleavy et al. 2021; Franchini et al. 2021; Luckett et al. 2021; Mitchell et al. 2022; Rogers et al. 2021). Attempts at addressing health professional self-care (e.g., counseling, staff forums, and relaxation activities) were reported in 4 papers (Dunleavy et al. 2021; Luckett et al. 2021; Page et al. 2020; Sterling et al. 2020).

Quality of care

Most papers reported on the challenges to the quality of patient care delivery (e.g., increased instances of patient decline either physically or psychologically) created by the requirements for infection control, new methods of virtual service delivery, and overstretched services (Bayly et al. 2022; Costantini et al. 2020; Dunleavy et al. 2021; Franchini et al. 2021; Frey and Balmer 2022; Hasson et al. 2022; Jones et al. 2022; Kates et al. 2021; Lalani et al. 2022; Luckett et al. 2021; Mitchell et al. 2021; Ritchie et al. 2021; Rogers et al. 2021; Tielker et al. 2021). A lack of closeness and personal contact were reported as issues with remote care delivery. The barriers created by PPE contribute to negative impacts on patients (Dunleavy et al. 2021; Franchini et al. 2021; Frey and Balmer 2022; Hasson et al. 2022; Jones et al. 2022; Kates et al. 2021; Lalani et al. 2022; Luckett et al. 2021; Mitchell et al. 2021; Ritchie et al. 2021; Rogers et al. 2021; Tielker et al. 2021). The delivery of bereavement services in the wake of COVID-19 restrictions also created anxiety and distress for health professionals and families (Dhavale et al. 2020; Franchini et al. 2021; Frey and Balmer 2022; Hasson et al. 2022).

Discussion

The pandemic produced many challenges both concerning the immediate health threats and as a result of the responses generated to those threats. Those health professional responses involved changes in communication, education, availability and distribution of resources, and interprofessional collaboration.

Communication

The developing situation experienced during the pandemic led to the production of huge amounts of information designed for the delivery of care. The situation was overwhelming and stressful for palliative care health professionals and patients to keep up with the most up-to-date information and access it in a timely manner. This theme resonated with the experiences of other frontline health-care professionals worldwide (Zarocostas 2020). For example, research by Collins (2020) has raised concerns that information overload may contribute to errors in daily practice. Ensuring that communication systems meet the needs of health-care professionals is vital to combat overload and to provide assurance that information needs are met to deliver quality palliative care. The importance of technology for communication at the end of life during the COVID-19 pandemic was also reported and often praised as an advancement in care and indeed did provide positive results in the delivery of care (Chua et al. 2022; Dunleavy et al. 2021; Lalani et al. 2022; Mitchell et al. 2022; Page et al. 2020; Wentlandt et al. 2021). However, these means of contact were no substitute for physical human presence and contact. Technology-assisted communication was not always sufficient to meet patients' and families' psychological, emotional, and spiritual needs (Chwistek 2020; Frey and Balmer 2022). Post-pandemic palliative care delivery in the community should be directed toward a hybrid model of face-to-face and remote consultations in addition to training patients and families and providing funds for accessibility of the Internet and equipment (Garfan et al. 2021; Rodin et al. 2020).

Education and training

The COVID-19 pandemic forced governments, health-care professional bodies, and organizations, as well as academic institutions, to identify novel methods to maintain both supply and current teaching and learning. However, there were challenges to making education both current and available with consequences for health professionals, informal carers, families, and patients. For example, a lack of training and educational materials could sometimes lead to perceptions of skills deficits, contributing to feelings of moral distress among health professionals (Frey and Balmer 2022). As identified by Fadul et al. (2021, 42), there is a need for new and creative "point of care training methods" for all health professionals delivering palliative care. This training should counterbalance the provision of education on palliative care principles and interventions while maintaining provider well-being (Fadul et al. 2021).

Resources

Most articles reported shortages of supplies, including medications and PPE (Bayly et al. 2022; Costantini et al. 2020; Dhavale et al. 2020; Franchini et al. 2021; Hasson et al. 2022; Jansky et al. 2021; Jones et al. 2022; Luckett et al. 2021; Page et al. 2020; Ritchie et al. 2021; Rogers et al. 2021; Sterling et al. 2020; Weisse and Melekis 2021; Wentlandt et al. 2021). Key among the resource challenges, however, was the availability of health professionals who were often overstretched and overburdened, similar to research reporting the experiences of other frontline health-care providers during the pandemic (Soares et al. 2022). The future of community palliative care will likely depend on the availability of professional workforces and caregivers (Horey et al. 2015). The current system for community palliative care mostly relies on unpaid informal caregivers (Burholt et al. 2022). Evidence from this review suggests that care for patients in the end stage of life cannot be delivered solely by remote means. Caregivers can also be an important resource for setting technology during virtual visits (Lyu et al. 2022). Successful delivery of palliative care in the community cannot be possible without addressing the needs of family caregivers (Burholt et al. 2022).

Collaboration

COVID-19 also highlighted gaps in effective interprofessional collaboration (Dunleavy et al. 2021; Franchini et al. 2021; Frey and Balmer 2022; Hasson et al. 2022; Tielker et al. 2021; Weisse and Melekis 2021). Instances of miscommunication and duplication of services were reported. Community nurses, in particular, reported a sense of abandonment by general practices and specialist palliative care services (Frey and Balmer 2022; Mitchell et al. 2021). Opportunities to strengthen interprofessional relationships across primary care and with specialist palliative care colleagues through interdisciplinary training and collaborative approaches to patient care need to be further developed (Green and Taylor 2021).

Well-being and quality of care

The challenges imposed by the pandemic in the delivery of palliative care and the varying levels of success of the health-care responses impacted the well-being of health professionals and, in turn, the well-being of patients and families. For health professionals, the delivery of palliative and end-of-life care in the community resulted in a high emotional burden, according to the literature showing how changes in service delivery, overwork, and the fear of infection may negatively impact the physical and psychological health of health-care professionals, leading to anxiety, depression, burnout syndrome, and other mental health concerns (Pappa et al. 2020; Varani et al. 2021). Family and carer impact from changes to care delivery was particularly noted in the area of bereavement. Family members who were restricted from being with their relatives during this crucial period face a greater likelihood of suffering from complicated grief (Wallace et al. 2020). Interventions delivering bereavement counseling must incorporate in-person and virtual means (including virtual support groups) to assist grieving carers and families (Laranjeira et al. 2022).

Lessons for the future

Reports of challenges to palliative care provision arising from inadequate access to the necessary resources, communication, education, and collaboration have been identified in this review. In this context, such challenges may negatively influence both health professional well-being and the experience of grief and future expectations of caregivers and family members. The impacts of these challenges may prolong this pandemic's adverse outcomes for some communities for some time to come. As stated by Chapman et al. (2020, 764), "The consequences of COVID-19 for palliative care systems are not simply instrumental or related to notions of changes in care 'quality' but fundamental to the central meaning of care." While remote care delivery methods are likely to continue post-pandemic, whether health professionals can sustain a therapeutic relationship with patients and families remains to be seen. Perhaps a hybrid model of palliative care delivery may provide the best solution to care delivery moving forward (Vincent et al. 2022).

More broadly, it is hoped that this pandemic will result in a better appreciation of the critical nature of palliative care. An aging population, increases in chronic morbidity (Vos et al. 2015), the health pressures exacerbated by the climate crisis (Friel 2020), worldwide palliative care inequity (Chapman et al. 2020), and potential future pandemics all underscore the significance and necessity of palliative care provision for quality care for all.

Limitations

To date, most articles on palliative care delivery in the community during the COVID-19 pandemic have used descriptive design and small sample surveys/interviews, limiting their generalizability (Hackshaw 2008). Furthermore, most studies combined findings from multiple settings rather than focusing on the community in depth, with differing findings as a result (Franchini et al. 2021; Varani et al. 2021). While some studies have examined the experiences of families and patients (Dobert et al. 2021; Feder et al. 2021; Ghosh et al. 2020), further research is required to measure outcomes of palliative care provision in the community (e.g., mortality of patients with chronic conditions) during COVID-19. Further research on equity issues in utilizing community palliative care services during the pandemic is required. Despite these limitations, the included articles provide valuable knowledge on the challenges in delivering community palliative care during COVID-19 with lessons for the future.

As with any research, this review also has limitations. Article inclusion criteria were limited to those articles published in English, and the gray literature was not searched. The scope of this review is also limited to the experiences of health professionals delivering palliative care in the community during the pandemic. While the experiences of health professionals, patients, and families are closely linked, and there are a few studies from diverse viewpoints (Bayly et al. 2022; Chou et al. 2020; Dhavale et al. 2020; Page et al. 2020), more studies from patient and family perspectives are required to examine the outcomes of palliative care delivery in the community during COVID-19.

Conclusions

This review synthesizes the current international evidence about the challenges experienced by health professionals delivering community palliative care during the COVID-19 pandemic. The pandemic has provided the impetus for rethinking flexible and innovative approaches to overcome the challenges of delivering palliative care. However, existing governmental and organizational policies require revision to improve communication, and additional resources are needed to prepare and support health professionals during times of crisis. Remote care delivery technology requires further evaluation and development to improve patient and family care. The significant negative impact of these challenges on health professionals, patients, and families must be addressed in addition to promoting effective interprofessional service delivery capable of adapting to changing situations.

Data availability statement. The data that support the findings of this study are available from the corresponding author upon reasonable request.

Acknowledgments. The authors would like to thank Dr. Aileen Collier, the University of Auckland, New Zealand, Prof. Bridget Johnston, the University of Glasgow, UK, and Ms. Jenny Thurston, Mercy Hospice for their collaboration on the project for which this review provided support.

Funding. This work was supported by the Health Research Council of New Zealand (Project Number 20-1262).

Conflicts of interest. None declared.

References

Anderson G (2011) The challenge of financing care for individuals with multimorbidities: Rocket science or child rearing? In *Health Reform*. Paris: OECD, 81–107.

Bayly J, Bradshaw A, Fettes L, *et al.* (2022) Understanding the impact of the Covid-19 pandemic on delivery of rehabilitation in specialist palliative care services: An analysis of the CovPall-Rehab survey data. *Palliative Medicine* **36**(2), 319–331. doi:10.1177/02692163211063397

Braun V and Clarke V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* **3**(2), 77–101. doi:10.1191/1478088706qp063oa

Burholt V, Balmer D, Frey R, *et al.* (2022) Health equity and wellbeing among older people's caregivers in New Zealand during COVID-19: Protocol for a qualitative study. *PLoS One* **17**(7), 1–22. doi:10.1371/journal.pone.0271114

Chapman M, Russell B and Philip J (2020) Systems of care in crisis: The changing nature of palliative care during COVID-19. *Journal of Bioethical Inquiry* **17**(4), 761–765. doi:10.1007/s11673-020-10006-x

Chou Y, Yen Y, Feng R, *et al.* (2020) Impact of the COVID-19 pandemic on the utilization of hospice care services: A cohort study in Taiwan. *Journal of Pain Symptom Management* **60**(3), 1–6. doi:10.1016/j.jpainsymman.2020.07.005

Chua I, Olmsted M, Plotke R, *et al.* (2022) Video and in-person palliative care delivery challenges before and during the COVID-19 pandemic. *Journal of Pain and Symptom Management* **64**(6), 577–587. doi:10.1016/j.jpainsymman.2022.08.005

Chwistek M (2020) "Are you wearing your white coat?": Telemedicine in the time of pandemic. *JAMA* **324**(2), 149–150. doi:10.1001/jama.2020.10619

Collins R (2020) Clinician cognitive overload and its implications for nurse leaders. *Nurse Leader* **18**(1), 44–47. doi:10.1016/j.mnl.2019.11.007

Costantini M, Sleeman K, Peruselli C, *et al.* (2020) Response and role of palliative care during the COVID-19 pandemic: A national telephone survey of hospices in Italy. *Palliative Medicine* **34**(7), 889–895. doi:10.1177/0269216320920780

Department of Health (UK) (2008) End of life care strategy: Promoting high quality care for adults at the end of their life [Internet]. London, UK. https://www.gov.uk/government/publications/end-of-life-care-strategy-promoting-high-quality-care-for-adults-at-the-end-of-their-life (accessed 20 September 2022).

Dhavale P, Koparkar A and Fernandes P (2020) Palliative care interventions from a social work perspective and the challenges faced by patients and caregivers during COVID-19. *Indian Journal of Palliative Care* **26**(Suppl 1), S58. doi:10.4103/IJPC.IJPC_149_20

Dobert R, Sibley A, Mustain C, *et al.* (2021) What matters for frail older adults during a global pandemic. *Journal of the American Geriatrics Society* **69**(Suppl 1), S127. doi:10.1111/jgs.17115

Downar J, Goldman R, Pinto R, *et al.* (2017) The "surprise question" for predicting death in seriously ill patients: A systematic review and meta-analysis. *Canadian Medical Association Journal* **189**(13), E484–E493. doi:10.1503/cmaj.160775

Dunleavy L, Preston N, Bajwah S, *et al.* (2021) 'Necessity is the mother of invention': Specialist palliative care service innovation and practice change in response to COVID-19. Results from a multinational survey (CovPall). *Palliative Medicine* **35**(5), 814–829. doi:10.1177/02692163211000660

Fadul N, Elsayem A.F. and Bruera E (2021) Integration of Covid-19 into pandemic planning. *BMJ Supportive & Palliative Care* **11**(1), 40–44.

Feder S, Smith D, Griffin H, *et al.* (2021) "Why couldn't I go in to see him?" Bereaved families' perceptions of end-of-life communication during COVID-19. *Journal of the American Geriatric Society* **69**(3), 587–592. doi:10.1111/jgs.16993

Franchini L, Varani S, Ostan R, *et al.* (2021) Home palliative care professionals perception of challenges during the Covid-19 outbreak: A qualitative study. *Palliative Medicine* **35**(5), 862–874. doi:10.1177/02692163211008732

Frey R and Balmer D (2022) COVID-19 and hospice community palliative care in New Zealand: A qualitative study. *Health & Social Care in the Community* **11**(00), 1–10.

Friel S (2020) Climate change and the people's health: The need to exit the consumptagenic system. *The Lancet* **395**(10225), 666–668. doi:10.1016/S0140-6736(20)30257-9

Gardiner C, Gott M and Ingleton C (2012) Factors supporting good partnership working between generalist and specialist palliative care services: A systematic review. *British Journal of General Practice* **62**(598), e353–e362. doi:10.3399/bjgp12X641474

Gardiner C, Ingleton C, Gott M, *et al.* (2011) Exploring the transition from curative care to palliative care: A systematic review of the literature. *BMJ Supportive & Palliative Care* **1**(1), 56–63. doi:10.1136/bmjspcare-2010-000001

Garfan S, Alamoodi A, Zaidan B, *et al.* (2021) Telehealth utilization during the Covid-19 pandemic: A systematic review. *Computers in Biology and Medicine* **138**, 104878. doi:10.1016/j.compbiomed.2021.104878

Ghosh J, Ganguly S, Mondal D, *et al.* (2020) Perspective of oncology patients during COVID-19 pandemic: A prospective observational study from India. *JCO Global Oncology* **6**, 844–851. doi:10.1200/go.20.00172

Green L, and Taylor V (2021) Seeing a familiar face: Collaboration across professional boundaries. In Roberts D, and Green L (eds), *Collaborative Practice in Palliative Care*. London: Routledge, 26–37.

Hackshaw A (2008) Small studies: Strengths and limitations. *European Respiratory Society* **32**, 1141–1143. doi:10.1183/09031936.00136408

Hasson F, Slater P, Fee A, *et al.* (2022) The impact of covid-19 on out-of-hours adult hospice care: An online survey. *BMC Palliative Care* **21**(1), 1–7. doi:10.1186/s12904-022-00985-6

Horey D, Street A, O'Connor M, *et al.* (2015) Training and supportive programs for palliative care volunteers in community settings. *Cochrane Database of Systematic Reviews* **2015**(7), CD009500. doi:10.1002/14651858.CD009500.pub2

Hupe M (2019) EndNote X9. *Journal of Electronic Resources in Medical Libraries* **16**(3–4), 117–119. doi:10.1080/15424065.2019.1691963

Jansky M, Schade F, Rieder N, *et al.*, PallPan Study Group (2021) 'It felt like a black hole, great uncertainty, but we have to take care for our patients' – Qualitative findings on the effects of the COVID-19 pandemic on specialist palliative home care. *PLoS One* **16**(12), e0260767. doi:10.1371/journal.pone.0260767

Jones T, Lin S, Durga A, *et al.* (2022) Potential sources of moral distress during COVID-19: Perspectives of hospice interdisciplinary teams. *Palliative & Supportive Care*, 1–7.

Kamal A, Casarett D and Meier D (2020) Compassion in a crisis: The role of palliative care during the COVID-19 pandemic. *Mayo Clinic Proceedings* **95**(11), 2325–2326. doi:10.1016/j.mayocp.2020.08.032

Kates J, Gerolamo A and Pogorzelska-Maziarz M (2021) The impact of COVID-19 on the hospice and palliative care workforce. *Public Health Nursing* **38**(3), 459–463. doi:10.1111/phn.12827

Lalani N, Cai Y and Wang Y (2022) "Hard to say goodbye over iPad": Experiences of palliative care providers and lessons learned during the COVID-19 pandemic in rural communities of Indiana, United States. *Journal of Hospice & Palliative Nursing* **24**(3), E94–E100. doi:10.1097/njh.0000000000000856

Lancet T (2020) Palliative care and the COVID-19 pandemic. *The Lancet* **395**(10231), 1168. doi:10.1016/S0140-6736(20)30822-9

Laranjeira C, Moura D, Salci M, *et al.* (2022) A scoping review of interventions for family bereavement care during the COVID-19 pandemic. *Behavioral Sciences* **12**(5), 155–168. doi:10.3390/bs12050155

Luckett T, Donkor A, Phillips J, *et al.* (2021) Australian specialist palliative care's response to COVID-19: An anonymous online survey of service providers. *Annals of Palliative Medicine* **10**(3), 2747–2757. doi:10.21037/apm-20-1760

Lyu M, Zhao Q, Yang Y, *et al.* (2022) Benefits of and barriers to telehealth for the informal caregivers of elderly individuals in rural areas: A scoping review. *Australian Journal of Rural Health* **30**(4), 442–457. doi:10.1111/ajr.12869

Mitchell S, Harrison M, Oliver P, *et al.* (2022) Service change and innovation in community end-of-life care during the COVID-19 pandemic: Qualitative analysis of a nationwide primary care survey. *Palliative Medicine* **36**(1), 161–170. doi:10.1177/02692163211049311

Mitchell S, Oliver P, Gardiner C, *et al.* (2021) Community end-of-life care during the COVID-19 pandemic: Findings of a UK primary care survey. *BJGP Open* **5**(4), 1–14. doi:10.3399/BJGPO.2021.0095

MJHS (2022) Specialist palliative care. MJHS Institute for Innovation in Palliative Care. https://www.mjhspalliativeinstitute.org/ (accessed 2 January 2023).

National Institute for Health (UK) (2017) Community palliative care. In *National Guideline Centre*. London: National Institute for Health and Care Excellence, 1–100.

Page M, McKenzie J, Bossuyt P, *et al.* (2021) The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *Systematic Reviews* **10**(1), 1–11. doi:10.1186/s13643-021-01626-4

Page N, Naik V, Singh P, *et al.* (2020) Homecare and the COVID-19 pandemic – Experience at an urban specialist cancer palliative center. *Indian Journal of Palliative Care* **26**(Suppl 1), S63–S69. doi:10.4103/IJPC.IJPC_151_20

Pappa S, Ntella V, Giannakas T, *et al.* (2020) Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain, Behavior, and Immunity* **88**, 901–907. doi:10.1016/j.bbi.2020.05.026

Quill T and Abernethy A (2013) Generalist plus specialist palliative care – creating a more sustainable model. *New England Journal of Medicine* **368**(13), 1173–1175. doi:10.1056/NEJMp1215620

Ritchie C, Gallopyn N, Sheehan O, *et al.* (2021) COVID challenges and adaptations among home-based primary care practices: Lessons for an ongoing pandemic from a national survey. *Journal of the American Medical Directors Association* **22**(7), 1338–1344. doi:10.1016/j.jamda.2021.05.016

Rodin G, Zimmermann C, Rodin D, *et al.* (2020) COVID-19, palliative care and public health. *European Journal of Cancer* **136**, 95–98. doi:10.1016/j.ejca.2020.05.023

Rogers J, Constantine L, Thompson J, *et al.* (2021) COVID-19 pandemic impacts on U.S. hospice agencies: A national survey of hospice nurses and physicians. *American Journal of Hospice and Palliative Care* **38**(5), 521–527. doi:10.1177/1049909121989987

Silva M and Schack E (2021) Outpatient palliative care practice for cancer patients during COVID-19 pandemic: Benefits and barriers of using telemedicine. *American Journal of Hospice and Palliative Medicine®* **38**(7), 842–844. doi:10.1177/1049909121997358

Sleeman K, Cripps R, Murtagh F, *et al.* (2022) Change in activity of palliative care services during the Covid-19 pandemic: A multinational survey (CovPall). *Journal of Palliative Medicine* **25**(3), 465–471. doi:10.1089/jpm.2021.0315

Sleeman K, De Brito M, Etkind S, *et al.* (2019) The escalating global burden of serious health-related suffering: Projections to 2060 by world regions, age groups, and health conditions. *The Lancet Global Health* **7**(7), 883–892. doi:10.1016/S2214-109X(19)30172-X

Soares J, Oliveira N, Mendes T, *et al.* (2022) Burnout-related factors in health professionals during the Covid-19 pandemic: An integrative review. *Saúde Em Debate* **46**, 385–398. doi:10.1590/0103-11042022E126I

Sterling M, Tseng E, Poon A, *et al.* (2020) Experiences of home health care workers in New York City during the coronavirus disease 2019 pandemic: A qualitative analysis. *JAMA Internal Medicine* **180**(11), 1453–1459. doi:10.1001/jamainternmed.2020.3930

Sumitha T, Thelly A, Medona B, *et al.* (2022) Response to COVID-19 crisis with facilitated community partnership among a vulnerable population in Kerala, India – A short report. *Indian Journal of Palliative Care* **28**(1), 115–119. doi:10.25259/IJPC_62_2021

Tielker J, Weber J, Simon S, *et al.* (2021) Experiences, challenges and perspectives for ensuring end-of-life patient care: A national online survey with general practitioners in Germany. *PLoS One* **16**(7), 0254056. doi:10.1371/journal.pone.0254056

Varani S, Ostan R, Franchini L, *et al.* (2021) Caring advanced cancer patients at home during COVID-19 outbreak: Burnout and psychological morbidity among palliative care professionals in Italy. *Journal of Pain and Symptom Management* **61**(2), 4–12. doi:10.1016/j.jpainsymman.2020.11.026

Vincent D, Peixoto C, Quinn K, *et al.* (2022) Virtual home-based palliative care during COVID-19: A qualitative exploration of the patient, caregiver, and healthcare provider experience. *Palliative Medicine* **36**(9), 1374–1388. doi:10.1177/02692163221116251

Vos T, Barber R, Bell B, *et al.* (2015) Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: A systematic analysis for the Global Burden of Disease Study 2013. *The Lancet* **386**(9995), 743–800. doi:10.1016/S0140-6736(15)60692-4

Wallace C, Wladkowski S, Gibson A, *et al.* (2020) Grief during the COVID-19 pandemic: Considerations for palliative care providers. *Journal of Pain and Symptom Management* **60**(1), 70–76. doi:10.1016/j.jpainsymman.2020.04.012

Walshe C, Chew-Graham C, Todd C, *et al.* (2008) What influences referrals within community palliative care services? A qualitative case study. *Social Science & Medicine* **67**(1), 137–146. doi:10.1016/j.socscimed.2008.03.027

Weisse C and Melekis K (2021) Comfort care homes: pressures and protocols in end-of-life care during the COVID-19 pandemic. *Journal of Social Work in End-of-Life & Palliative Care* **17**(2–3), 173–185. doi:10.1080/15524256.2021.1910109

Wentlandt K, Cook R, Morgan M, *et al.* (2021) Palliative care in Toronto during the COVID-19 pandemic. *Journal of Pain and Symptom Management* **62**(3), 615–618. doi:10.1016/j.jpainsymman.2021.01.137

Whittemore R and Knafl K (2005) The integrative review: Updated methodology. *Journal of Advanced Nursing* **52**(5), 546–553. doi:10.1111/j.1365-2648.2005.03621.x

Wiles J (2004) Home as a new site of care provision and consumption. In Andrews G, and Phillips D (eds), *Ageing and Place*. London: Routledge, 95–113.

Williams A and Botti M (2002) Issues concerning the on-going care of patients with comorbidities in acute care and post-discharge in Australia: A literature review. *Journal of Advanced Nursing* **40**(2), 131–140. doi:10.1046/j.1365-2648.2002.02355.x

World Health Organization (2018) Palliative care. Geneva: WHO. https://www.who.int/news-room/fact-sheets/detail/palliative-care (accessed 20 September 2022).

Yang P and Wang X (2020) COVID-19: A new challenge for human beings. *Cellular & Molecular Immunology* **17**(5), 555–557. doi:10.1038/s41423-020-0407-x

Zarocostas J (2020) How to fight an infodemic. *The Lancet* **395**(10225), 676. doi:10.1016/S0140-6736(20)30461-X