

Background

Initiation of palliative care early in the disease trajectory is beneficial for patients with a life-limiting disease. However, palliative care is still introduced rather late or not at all [1, 2].

Aim(s)

This study aimed to explore hospital nurses' barriers and enablers to early initiation of palliative care for patients with a life-limiting disease.

Methods

A descriptive interview-based study was conducted from a critical realist perspective until data sufficiency was reached. Fifteen nurses working in nephrology and pneumology wards presented and discussed a patient for whom palliative care was initiated too late. Data were analyzed inductively, using open codes, which were summarized in subthemes and themes.

Results

Five key themes were extracted: (1) communication, (2) fear, (3) personal beliefs about life and death, (4) ambiguity in terminology and (5) workload and time pressure. Most barriers were related to poor interdisciplinary communication: therapeutic obstinance, hierarchy, unawareness of the patient's wishes and fear of saying something inappropriate played an important role. Patients' religious beliefs often hindered the use of sedatives or morphine which led to discomfort. Due to time restraints nurses were not always able to deliver high quality palliative care. A palliative support team in hospital and advance care planning were enablers for early palliative care.

Discussion

In this study, we focused on the viewpoint of nurses working in non-oncological wards who are less frequently confronted with patients with palliative care needs than nurses working on oncology or in a palliative care unit. By assessing their views and attitudes on palliative care, we obtained rich data that help us to identify gaps in current care for people with limited life-expectancy and education of nurses. We identified more barriers than enablers to early initiation of palliative care due to our start from a negative experience, i.e. a case where palliative care was initiated too late, which is a limitation of our study. Member checking and researchers' triangulation strengthened the credibility of our findings. To ensure external validity we clearly described the (hospital) context and the participants in our study. Early initiation of palliative care can be facilitated by open communication channels that unite nurses' and physicians' perspectives. All actors should be brought together to elaborate on the enablers of early palliative care in order to achieve optimal care.

Implications and future perspectives

Education and training of healthcare professionals should focus on advance care planning and interdisciplinary communication. All healthcare professionals should be aware of each other's tasks, responsibilities and added value in delivering high quality palliative care. Communication training involving all healthcare professionals at once can add to this.

References

1. Hui D. et al. Improving patient and caregiver outcomes in oncology: team-based, timely and targeted palliative care. *CA Cancer J Clin.* 68(5):356-376, 2018.
2. Jacobsen J. et al. Too much too late? Optimizing treatment through conversations over years, months, and days. *Acta Oncol.* 60(8):957-960, 2021.