Community nurses’ perceptions of inter-professional communication and collaboration in palliative home care

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Background:
In palliative home care situations in Belgium, general practitioners (GPs) collaborate closely with community nurses. In some cases, additional assistance of a palliative home care nurse may be required. As such, every member of this care team has his own responsibilities. Moreover, this trio of involved health care providers is an “ad-hoc” team, which means that the composition may change with every patient.

Aims of the study:
- To explore how the community nurse perceives the communicative aspects in this “ad-hoc” team.
- To investigate the own role perception of the community nurse in this team.

Methods:
Semi-structured interviews with 20 community nurses. Data are analysed, based on thematic analysis principles.

Results:
Communication happens mainly in pairs. As a result, meetings between all the involved health care providers are rare. Furthermore communication happens opportunistic rather than formal. The community nurse decides who to contact: for lacks of information this is mostly the GP. For treatment advice concerning symptoms this will rather be the palliative home care nurse.

The community nurse perceives a strong sense of hierarchy: the nurse perceives to be the executive while the GP owns final responsibility. Moreover the community nurse conducts as “the eyes and the ears” of the GP. The community nurse acts as go-between in the team: if needs or symptoms change, the nurse will take initiative to inform the GP and coordinate care. On the other hand the palliative home care nurse will be contacted for change of therapy.

Discussion/implications:
Ad hoc communication between two members of a team can be useful in urgent situations. Nevertheless, formal team meetings have shown their additional value in dealing with complex situations and anticipation of problems, as palliative care requires. The ambiguity of the hierarchical position (executive and coordinative) may have an influence on the efficiency and as a result on the quality of patient care.

Future research is recommended to investigate which team characteristics optimise interprofessional communication and collaboration and enhance quality of patient care.