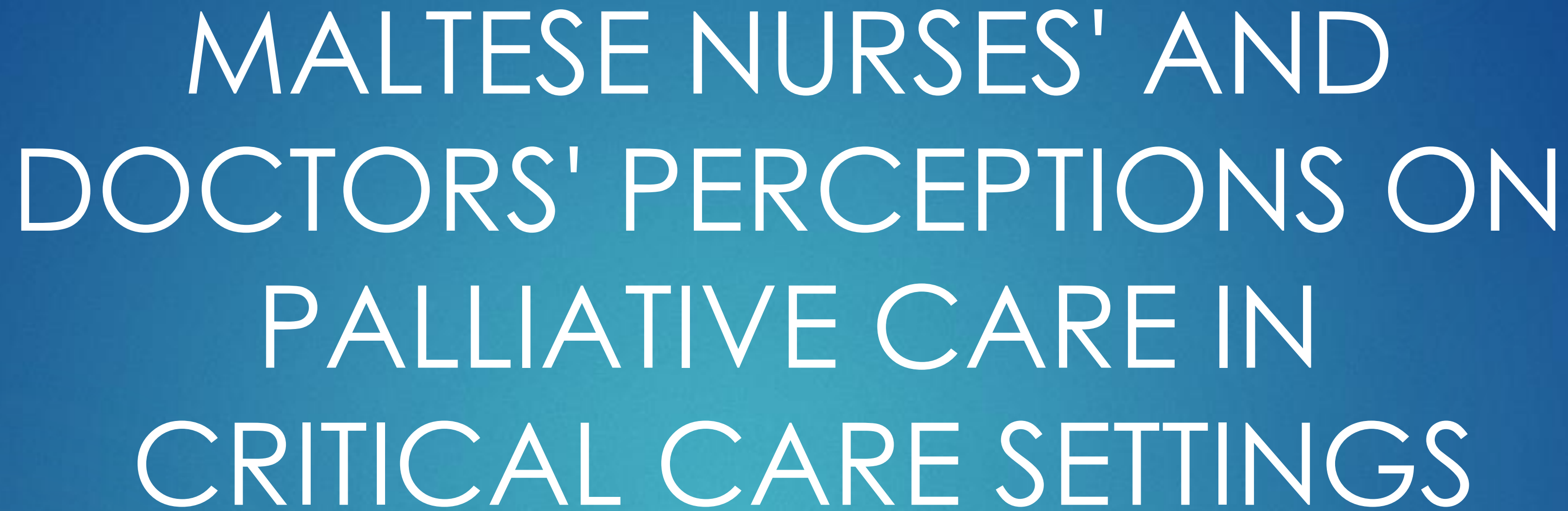

Qualitative Findings from a Mixed-Methods Case Study

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Overview of the Topic

- What is Palliative Care (PC)?
  - Holistic, patient and family-centred care
  - Provided to individuals suffering from serious life-threatening illnesses
  - Improves quality of life through early identification of the individual’s needs
  - Provided throughout the whole illness trajectory
  - Provided in conjunction with curative treatments

Purpose of the Research Study

To explore Maltese ICU nurses' and physicians' understandings and perceptions about integrating PC in the critical care setting

Research Design

- Explanatory Mixed-Methods Case Study Research Design
  - Phase 1 (Quantitative): Questionnaires (EOLC-ICU Scale by Montagnini et al. 2012)
  - Phase 2 (Qualitative): Interviews and Focus Groups with nurses and physicians
- Setting: 20-bed general adult ICU in Malta

Quantitative Data Findings:

Results of the EOLC-ICU Scale

- Highest self-perceived competencies in ***Attitudes*** and ***Symptom Management***
- Lowest self-perceived competencies in ***Emotional Support for Staff***, ***Continuity of Care*** and ***Behaviours***
- Nurses felt more confident in ***Spiritual Support*** and ***Emotional Support for Patients and Families***
- Physicians were more confident in ***Attitudes*** and ***Decision Making***
- No differences by gender and education
- Older age / more years of experiences were associated with higher self-perceived competencies, but there was a dip for the very highest ages / years of experience

Qualitative Data Collection

- Four one-to-one interviews and two focus groups were conducted with nurses (n=8) and physicians (n=7)
- An interview and focus group guide comprising of a number of open-ended questions was used
- Discussions were minimally structured in nature to allow for richer data generation

Qualitative Data Analysis

- **Thematic Analysis** was used to **identify themes and patterns** by observing common trends and relationships (Lapadat, 2010)
- Braun & Clarke's (2006) six-step framework was used to conduct the **thematic analysis**
- The latest version of **NVivo** was used to organise and manage the qualitative data

Qualitative Data Findings

Developing the Main Themes

EXCERPTS FROM TRANSCRIPTS	EMERGENT THEMES	MAIN THEME
Making the patient comfortable, physically, emotionally, and psychologically.	Comfort and Symptom management Patient centred end-of-life care	**Understandings of Palliative Care**
It's either full blown therapy or withdrawal of treatment.	Dichotomy between Palliative and Curative Care The Critical Care Team	**Current Delivery of Palliative Care in the ICU**
As critical care, we do lack some training when it comes to palliative care.	Communication Issues The High Intensity Area Lack of training and specialised HCPs Lack of Knowledge and Awareness	**Barriers to Palliative Care Delivery in the ICU**
If anyone doubted that palliative care was an issue before the pandemic, I think this should have served as a trigger again, for the whole hospital to be perfectly honest here.	The Impact of the COVID-19 Pandemic on the Delivery of Palliative Care in the ICU	**Unprecedented Pandemic Times**

Theme 1:

Understandings of Palliative Care

"The main aim is to keep the patient comfortable and pain free, and comfortable, I mean holistically, psychologically and physically."

Charge Nurse, 1

- Keeping the patients **comfortable** and **pain free** was prioritised
- **Communication** and **patient centred decision-making** were prevalent in the understandings of palliative care
- **End-of-life care** was an essential part of optimal PC delivery in the ICU

Theme 2:

Current Delivery of PC in the ICU

"[Palliative care] is something which typically we think of as kind of afterthought in our minds, it's not something which is forefront of our thought process when it comes to dealing with patients."

- Physician 4, Focus Group

- A division **between curative and palliative care** was evident in current practice
- Palliative care was given an **unintentional secondary importance**
- **Overtreatment** and **medical futility** caused **distress** among participants
- Death was perceived as a **defeat** or **failure**
- **End-of-life decision-making** is complex and may lead to ***"decision paralysis"***

Theme 3:

Barriers to PC Delivery in the ICU

"It's not just a lacuna in our training but also the hospital is not girded for dealing with palliative care in an intensive care setting. Much of it is related to the fact that there is this cultural barrier to treating patients in palliative care setting."

Physician 3, Focus Group

- **Communication challenges** (e.g. breaking bad news, family meetings) and **conflicts** between health care professionals
- The **intensive and hectic environment** and **operational system** surrounding the critical care area
- Lack of t**raining and specialised professionals**
- **Lack of knowledge and awareness** on a hospital and community level

Theme 4:

Unprecedented Pandemic Times

"It was worse during COVID… behind the Perspex, [patients and relatives] cannot have that contact, it was overwhelming … it was very heart-breaking … when the patient died alone there, no one was there, everyone was in quarantine, and it was hard."

Nurse 4, Focus Group

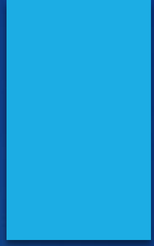
- ICU professionals were **unprepared** to provide PC during the COVID-19 pandemic, and felt generally **overwhelmed**, **stressed**, and **traumatised**
- Providing **PC for patients in isolation** was even more challenging
- The pandemic may serve as **a trigger to invest in more PC resources** and increase PC knowledge in the community

Recommendations for Practice

- **Patient and family discussions should be held earlier** in the patients' admission to the ICU to set patients' goals and avoid unnecessary suffering
- **Better support for clinicians** is required, particularly aimed at reducing the incidence of burnout and moral distress
- **Better continuity of care and support for patients** transferred out of the ICU
- The **pandemic may serve as an eyeopener** for better integration of PC in the ICU

Recommendations for Further Research

- Investigating **critically ill patients' and their relatives' perceptions** about palliative care
- **Quality improvement projects** which take into consideration the perspectives of both the clinicians and the patients and relatives
- A formal assessment of the sources and extent of **moral distress of Maltese ICU clinicians** through validated instruments



Thank You!