

Perceived barriers and facilitators for the integration of palliative care in intensive care: results from a qualitative study

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Background/aims: Over the last decades, palliative care (PC) has been slowly integrated into the care provided for patients in intensive care (IC) units. Several organizational models and integration initiatives have been described. However, integrating PC in IC in an organisation is a challenge. More evidence is needed on the best organizational design and strategy.

Aims: To identify and understand barriers and facilitators for the integration of PC in IC.

Methods: Qualitative study using semi-structured interviews focused on perceived barriers and facilitators for the integration of PC in IC. A combination of purposive and snowball sampling was applied until reaching theoretical saturation. 38 professionals (physicians, nurses, psychologists, social workers) working in Portuguese PC and IC units (nationwide, including the Azorean islands) participated in this study. A thematic analysis was performed to the transcripts of interviews.

Results: Different barriers and facilitators were identified for the integration of PC in IC. Main barriers referred to the myths associated to both palliative care and intensive care, with palliative care being perceived as end of life care and intensive care as aimed at saving lives. Organizational culture and professionals' personal characteristics were also perceived as potential barriers. As facilitators, participants suggested education, awareness and knowledge about palliative care. Outcomes of PC interventions and positive experiences after referral to palliative care were also considered as facilitators as they show the clear benefits of this integration.

Conclusions: InPalln is the first empirical research study addressing the integration of PC in IC in Portugal. Tailored organizational strategies such as work arrangements (e.g., joint meetings), implementation of shared experiences (e.g., education), and creating awareness and knowledge about palliative care are needed to foster the successful integration of PC in IC.

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