REVIEW

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Team Approach to Palliative Care: a Narrative Review

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ABSTRACT

Background: aging of population, high incidence of cancer and chronic diseases have led to the focus of medical care on managing symptoms of the disease, raising the ability of patients, quality of life and helping patients and their families cope with threatening illnesses. The comprehensive management of cancer patients in the palliative care system is not possible except through interdisciplinary and multidisciplinary approaches. In these approaches, the focus is on the patient and the family as well as the best care for the patient. This study aims at investigating and introducing a team approach as the basis of palliative care as well as its advantages and its implementation barriers.

Methods: This paper was a literature review using a detailed search in the databases: Science Direct, Scopus, SID, PubMed, Magiran as well as reviewing articles and clinical trials between 2000 and 2017.

Results: Teamwork approach is a process in which a group of health professionals cooperate with one another to promote health, prevent and treat diseases and provide other health services. Increasing patients' satisfaction and survival, providing coordinated care, helping patients to make decisions and be engaged in their own treatment, reducing the cost of treatment, and using evidence-based guidelines in managing the symptoms are the advantages of teamwork to the patient providing the proper environment for learning and increasing the knowledge and skills of members, leading to creativity and problem solving in group members. Financial problems, lack of workforce, inadequate time, and poor communication skills are among the barriers for implementation of this approach.

Conclusion: In spite of the obstacles and challenges faced in the implementation of teamwork, attempts have been made to eliminate the barriers in order to institutionalize and implement this approach for palliative care, having advantages for both patients and the organization.

Keywords: palliative care, interdisciplinary communication, multidisciplinary communication

INTRODUCTION:

Due to rapid social changes resulting from development process and especially aging of population, increasing incidence of cancer[1], it is anticipated that cancer would be a main disease, especially in developing countries over the coming decades[2]. In Iran, after heart diseases and accidents, cancers are reported as the third most common cause of death[3], and statistics show 84829 new cases of cancers annually[4].

The comprehensive management of cancer is a challenge faced by cancer patients. The patient's physical symptoms require a specialized review and presentation of pharmaceutical and non-pharmacological strategies. Similarly, other dimensions such as psychosocial, social and economic issues are also managed by evaluating patient and caregiver in financial assistance, counseling, and emotional support through palliative care[5]. Palliative care applies different approaches to meet the needs of cancer patients, and medical science today has a broad understanding of the physical, mental, psychological, social and spiritual aspects of the patients, and hence it seeks to develop and support a group, team, and multidisciplinary approaches. The results of the research show that using teamwork compared to standard oncology care increases their survival and this approach has a positive effect on pain relief, symptom management and hospitalization[6,7]. Teamwork is considered as an integral part of the palliative care philosophy and is part of its standards[8]. This paper is to review the team approach as the foundation of palliative care and its benefits and barriers.

METHODS:

The present study is a review that used accurate search in the major Persian and English databases such as Science Direct, Scopus, SID, PubMed, Magiran and Ovid. The search was conducted, focusing on key words such as palliative care, interdisciplinary communication, multidisciplinary communication and clinical trials and review articles related to palliative care in cancer patients.

RESULTS & DISCUSSION:

The very complexity of the knowledge and skills required to provide comprehensive care to cancer patients has led to specialization in the members of the healthcare team, which means that none of the health words alone can meet the widespread needs of these patients[9]. A multi-disciplinary group work is a hallmark of quality, and community-based palliative care[10].

Various definitions of team care:

Palliative care team consists of clinical, nursing, social work, theology, psychology and other disciplines, depending on the type of disease, patient selection, resources and facilities of the relevant treatment center focusing on care and pain relief in order to increase the survival of patients and improve the quality of life of patients and their families with life-threatening diseases without considering the patient's stage of illness and other treatments[11].

Teamwork is essential in providing care services[12]. In a health system, teamwork involves the presence of two or more people with measurable goals and a leader who provide a stable environment for solving problems[13]. A wide range of words are used to describe the partnership and collaboration of various disciplines concerning the care and treatment of patients[14]. Words such as multidisciplinary, interdisciplinary, and cross-functional, which sometimes are interchangeable, are nowadays used in the terminology of the healthcare system[15].

In a multidisciplinary approach, each of the disciplines independently uses their expertise to take care of the pa-

tient, and usually a physician will be responsible for coordinating the services provided and determining the degree of teamwork involved. Team members work in parallel with eachother, and interconnection between disciplines is the least; team members can all be of a different discipline or field[16]. The members may have no contact or communication, or team interaction may be completely formal; everyone is responsible for their own work, and team members have separate goals[17]. Considering these definitions, multidisciplinary care is also known as a key for providing quality care for cancer patients[18].

In 2002, Romano caused a new revolution in the health system by changing the multi-disciplinary approach to the interdisciplinary approach. It was a collaborative approach between the clients and treatment team members, leading to patient involvement in the decision-making process. In the multidisciplinary approach, interacting with the patient and their participating in the treatment process was ignored[19]. In an interdisciplinary approach, members interact and communicate with each other closely and repeatedly; it focus on an organized team to solve a set of patient problems. Each member of the team shares their knowledge and skills to support and collaborate with other members of the group. For a comprehensive and holistic patient management, assessments and evaluations made by each of the members are communicated to other members of the team, and the team members are completely familiar with each other's work[20]. Interdisciplinary care is widely considered as an integrated team approach in which healthcare professionals, taking into account all relevant therapeutic options, provide a suitable care design for the patient[21]. Interdisciplinary care is the goal of palliative care teams. Team members share their information and activities; team leadership is dependent on duties of the members, and each person's duty is dependent on his position in the group , i.e. each person is responsible for performing his or her duties[22]. The team model of cross-function was introduced from the business world to the health system through organizational theory. In organizational theory, this concept involves teams that are gathered to create a range of special skills and include professionals who have the flexibility and speed to adapt to the changing needs of patients and their families: a team with diverse disciplines that play the role of an interdisciplinary team[23]. To have a strong team, it is necessary for the team members to have a common goal and a correct understanding of the role and contribution of each member to achieve successful outcomes. Each member of the team shares their skills, experience, attitudes and values with the group and provides a team-integrated care for the patient. Scientific and social development helps to create a strong team that can support team members[24].

The benefits of teamwork for the patient:

Research suggests that teamwork leads to changes in the course of treatment and in providing care with evidence-based guidelines[25]. as well as increasing patient satisfaction[26]. In this approach, a coordinate care is provided timely by a team of multi-disciplinary physicians, nurses and other health professionals for physical, psychological assessments as well as appropriate referral times and providing accurate information according to the needs and priorities of each individual. Preventing the repetition of the services already provided and paying attention to emotional problems of patients are other benefits of teamwork. The results of different researches suggest that this team approach has a significant effect on patient survival[27].

In a study, Morrison et al. showed that palliative care with a team approach led to a significant reduction in hospital costs. Based on the results of this study, implementing a palliative care team approach produced a net profit of $ 1.3 million a year for service provi-

sion centers[28]. In addition to financial benefits both for patients and the organization, many results have been reported in relation to improved service quality, patient satisfaction and increased patient care[7,29].

The benefits of teamwork for the staff:

The performance of the team members is so higher than that of the other staff. A group discussion among the members of the care team about each of the patients provides an ideal opportunity to train the members, especially the physicians and nurses although these gatherings are mostly held to discuss about how to communicate, how to disseminate information among the hospital staff and the primary care facilities and about the rate of referral of the patients[30,31].

Working in the care team increases the knowledge and skills of team members and provides a good environment for training the members. Each member of the team is involved in improving the quality of patient care and educational activities such as end-of-life care, recording and evaluation of pain, and development of therapeutic instructions and practical guidelines, updating the clinical procedures, advanced planning, making therapeutic decisions and team dynamics and awareness[32].

The members of the group enjoy the support and use the opinions of each other. When they are challenged, the members learn, traits such as courage and humility form the group[33]. Furthermore, variety of disciplines, management consensus, direct coordination, patient active involvement, proper communication between doctors and patients, professional, cultural and demographic diversity, provide a variety of perspectives for decision making, and promote creativity and problem solving[34].

Barriers to implementation of teamwork:

Though team management has a tremendous positive impact on cancer patients, there are some barriers to its implementation, the most important of which can be inadequate facilities, time constraints and poor professional communication[31]. The results of studies indicate that the most important barriers to multidisciplinary teamwork implementation are lack of enough time and workforce, inadequate space, financial problems, inappropriate selection of individuals, poor administrative process, lack of appropriate tools for teamwork evaluation, lack of research and related publications, lack of egalitarianism concerning the members' power and lack of good communication between different disciplines[35]. Walsh et al. (2008) in a qualitative research reported the following as the important obstacles to the implementation of a team approach: lack of recognition of the roles and responsibilities of the individuals and inadequate relationship between the professionals, the existence of a hierarchy between the health-related occupations and their unequal role in decision making and ignoring the role of nurses with regard to the significant role as they play in the group[33]. Continuity of care and decision making in multidisciplinary teams has shown that the most important factors in the effectiveness and quality of the team work are as follows: training, experience, expertise of team members, team care philosophy and organizational structures[36].

Organizational factors identified in patient-oriented team care that determine the care process are encouraging and motivating for collaborative care, leadership, roles identification, standard care as well as assessment and feedback processes[37]

Organizational factors affecting team work:

Considering the fact that it is the patients' right to enjoy the experiences of the team members, it is recommended that educational opportunities, including continuos educational courses, professional help of the organization, and the creation of learning opportunities in rela-

tion to leadership skills, communication, time management, how to use the internet, video conferencing and electronic services, and the acquisition of knowledge of anatomy, radiology, oncology, pathology for team members who are not familiar with these concepts to be provided by health organizations[38,39].

CONCLUSION:

In palliative care, teamwork seeks not only to control pain and physical symptoms of the patient, but also to provide a set of mental, spiritual, social and family healthcare. Given the ever-increasing medical advances and the increased survival rate of patients with and other life-threatening diseases, the demand for this method of care has grown and, consequently, educational systems have developed to train individuals who can act as an integrated team learning of individuals. The action taken in this regard is the creation of a professional curriculum through medical professionals (oncology, hematology and internal medicine), nurses, pharmacologists, nutritionist, psychologists, rehabilitation, law and medical specialists as well as clergy. The plan was approved with the aim of designing and developing an inter-professional curriculum for relief for cancer patients. The results of the study for designing the curriculum presented 10 issues for inter-professional curriculum, including familiarity with the concepts of inter-professional training processes and practice, familiarity with the management of needs and physical symptoms, familiarity with personal and interpersonal communication, familiarity with managing mental health of patients and their families, familiarity with the spiritual needs and the ways of spiritual care, familiarity with ethical principles and principles of ethical care, and familiarity with legal standards in providing relief care for patient and his family as well as how to provide strategies for education of each of these topics[40].

Incorporating a multidisciplinary or interdisciplinary care approach in providing palliative care services of all ages in the curriculum of related student students is among other measures to enhance teamwork. Provision of adequate human and financial resources to carry out teamwork, budgeting by government agencies and institutions, incorporating teamwork approaches in the National Cancer Program, and regular training programs for staff are among the suggestions for providing these services.

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