

A province-wide survey of oncology clinicians' perceptions

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BACKGROUND

PaCES is addressing the problem of late referrals to palliative care (PC) for patients with advanced cancer in Alberta, Canada.

OBJECTIVES

- To understand the barriers to early, oncology-integrated PC as perceived by oncology clinicians caring for patients with advanced cancer across the province of Alberta
- Develop recommendations for improved early PC access

METHODS

- Web-based survey distributed by e-mail to all oncology clinicians in Alberta (n=268 respondents, 33% response rate)
- Survey questions informed by Michie's Theoretical Domains Framework (TDF) and Behaviour Change Wheel that identifies three sources of behaviour: Capability, Opportunity, and Motivation (COM-B)
- Mixed methods analysis of quantitative and qualitative responses

SURVEY RESPONDENTS



42% Nurses (n=113)
25% Doctors (n=66)
20% Allied Healthcare (n=54)
13% Other (n=27)

Count	Tumour Group
53	Breast
41	Palliative
39	Gastrointestinal
34	Lung
29	Hematological
22	Head & Neck
17	Gynecological
14	Genitourinary
19	Other

QUALITATIVE RESULTS: BARRIERS FACED BY ONCOLOGY CLINICIANS IN REFERRING PATIENTS TO PC, WORKING WITH PC, AND ADDRESSING PATIENTS' PC NEEDS IN THE CANCER CLINIC

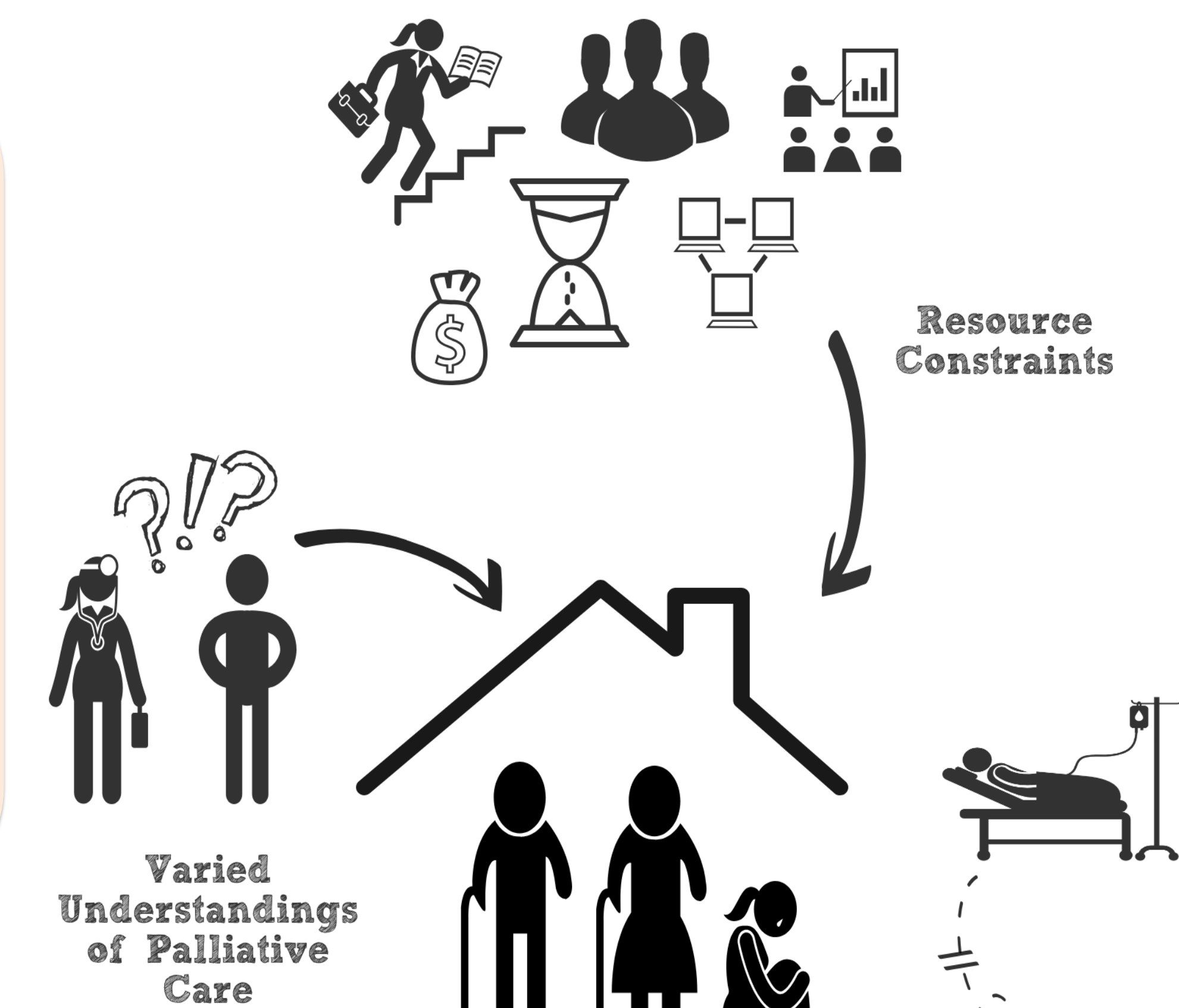
VARIED UNDERSTANDINGS OF PALLIATIVE CARE

- Clinicians are concerned about patients' negative perceptions of PC

"patients fear palliative care referrals mean the care team is giving up"

- Nearly all believe in the benefits of early PC and suggest creating shared meanings of PC is vital

"Normalizing palliative care will make it routine and less threatening to patients"



RESOURCE CONSTRAINTS

- Limited time and competing priorities is the most frequent barrier for clinicians in addressing patients' PC needs
- Rural clinicians note fewer available palliative care services

"Palliative home care is amazingly helpful but often are struggling with staffing themselves"

- Respondents want more PC focused education opportunities

QUANTITATIVE RESULTS: TOP RANKED BARRIERS

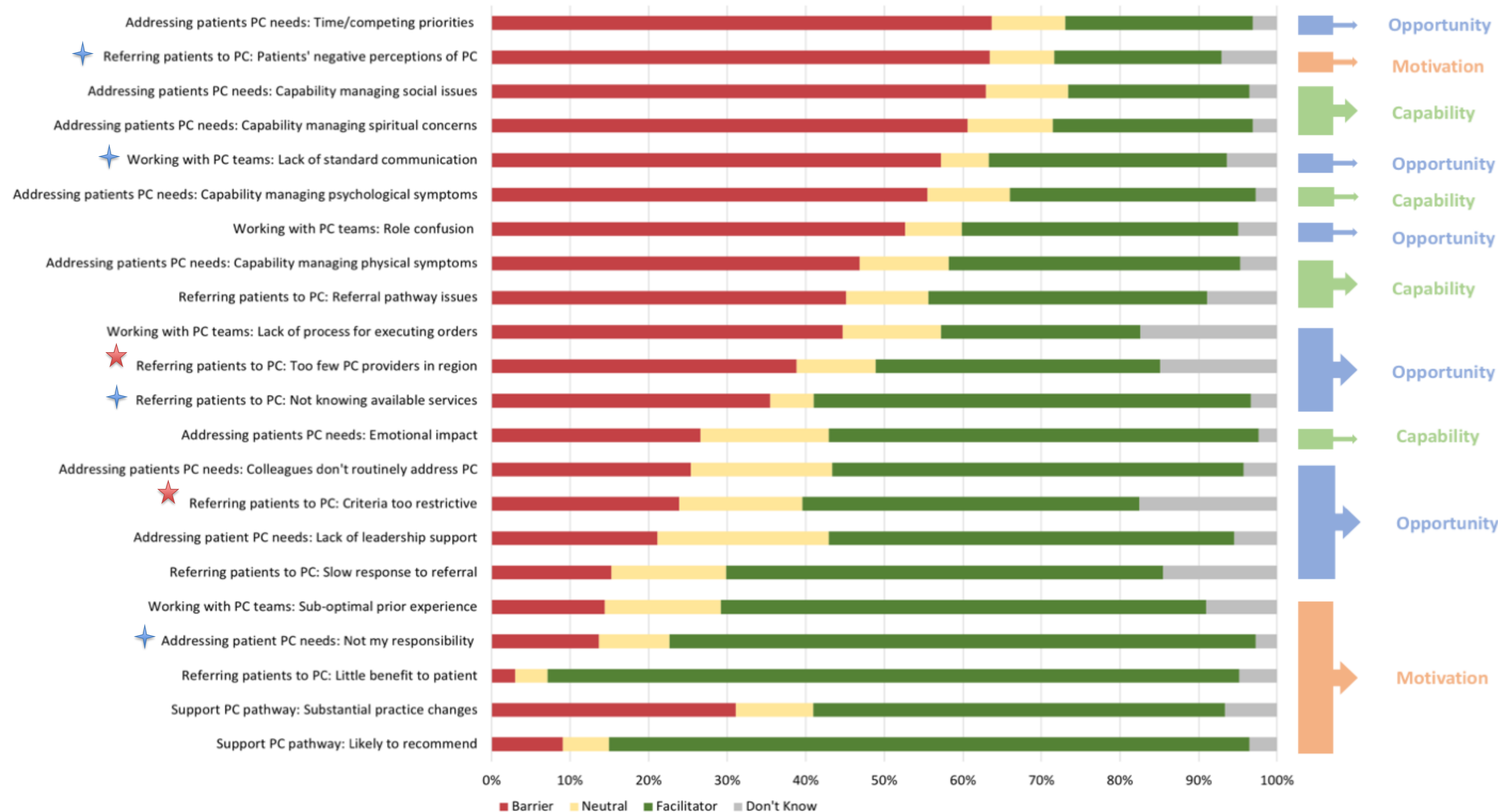


Figure: Percent of clinicians who perceive survey items to be a barrier or facilitator.

- ★ Indicates responses differed significantly by **tumour group** (χ^2 , $p < 0.05$)
 - For *"too few providers in the region"*, the head & neck and palliative tumour groups were more likely to identify this as a barrier.
 - For *"criteria too restrictive"*, the lung and hematological tumour groups were more likely to identify this as a barrier.

- ★ Indicates responses differed significantly by **profession** (χ^2 , $p < 0.005$).
 - For *"patients' negative perceptions of PC"*, and *"lack of standard communication"*, nurses and allied healthcare professionals were more likely than doctors to identify these as barriers.
 - For *"not knowing available services"*, and *"not my responsibility"*, allied HCPs were more likely to identify this as a barrier.

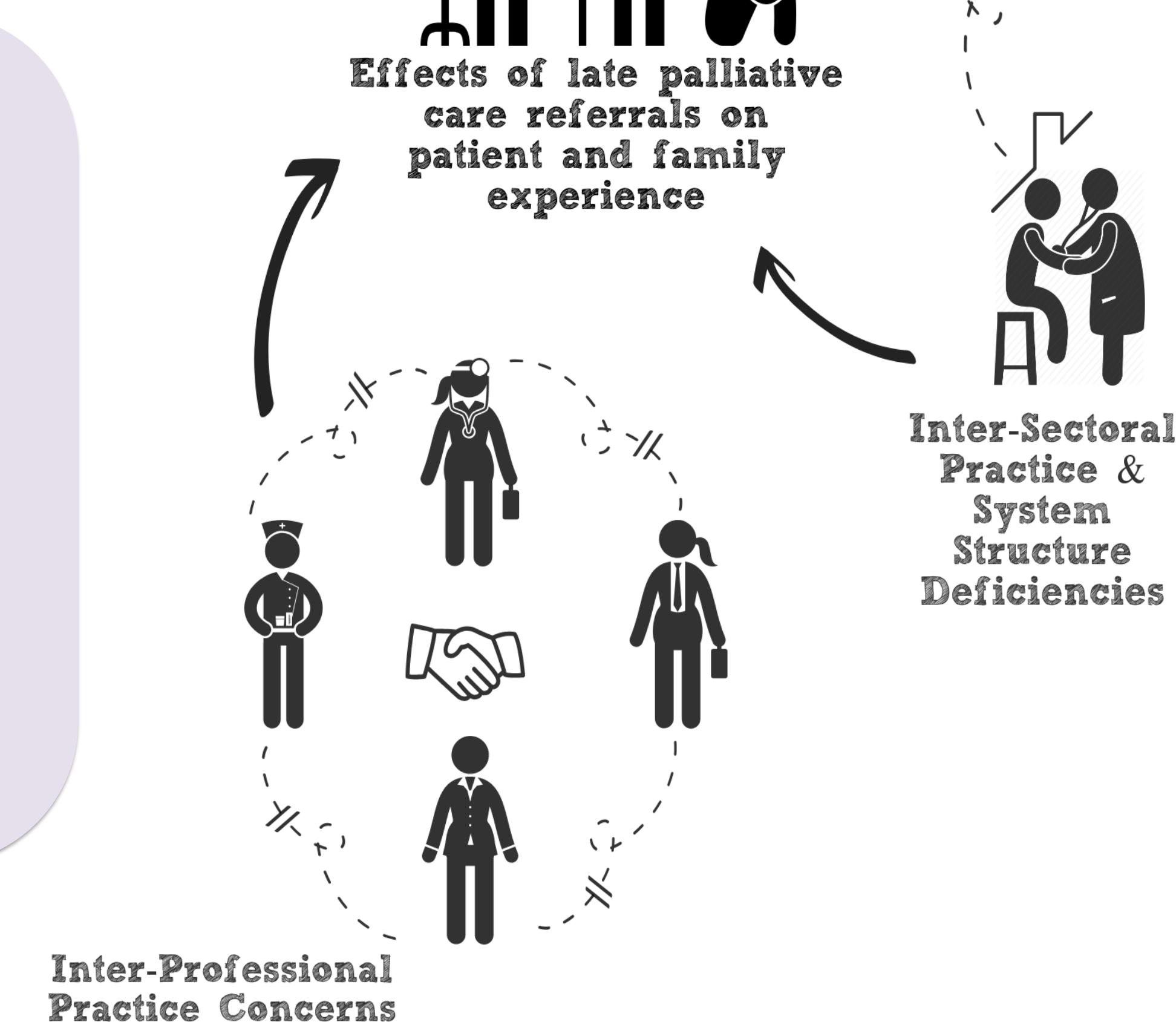
INTER-PROFESSIONAL PRACTICE CONCERNS

- Respondents strongly agree providing PC is part of their responsibilities

- Role confusion is a barrier to providing effective PC

"It is overwhelming trying to figure out who to contact to provide what"

- There are difficulties knowing when, how, and how often palliative home care will be involved



INTER-SECTORAL PRACTICE & SYSTEM STRUCTURE DEFICIENCIES

- Not knowing what services are available is a barrier for physicians and radiation therapists
- Nurses indicate they have a general awareness of available services but have specific referral issues
- Respondents indicate restrictive criteria is a barrier

"Patients have to be on the verge of crisis before they meet criteria for palliative home care"

IMPACT

Findings suggest a multifaceted approach is required to:

- Build on clinicians' motivating belief in the benefits of PC
- Overcome complex barriers in opportunity, capability
- Address concerns regarding patients' negative perceptions of PC

This multifaceted approach informs PaCES development of an "early PC pathway" to achieve systematic, early PC approaches in cancer clinics, and earlier access to specialist PC services.