Exploring collaborative working in Palliative and Supportive Care

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WHY WORKING TOGETHER MATTERS

- Need for different professionals, patients and carers to work effectively together is key to contemporary health and social care
- Failure to do so has major implications for:
  - Delivery of patient-centred care
  - Patient safety
  - Staff morale
  - Health service costs
WHY “COLLABORATIVE WORKING”

• Focus on personal identities, roles and relationships
  • rather than on wider systems (cf Integrative Care)
• Interest in people working together to reach common goals
• BUT not necessarily as a “team”
• Not just “professionals”
A METHODOLOGICAL CHALLENGE

• Needed participants to reflect on involvement in a complex case
  • Hard to keep it all in mind
  • Easy to slip into ‘official’ version of role and identity

• We wanted to get at the perspective from direct lived experience
OUR SOLUTION: THE ‘PICTOR’ TECHNIQUE

• Participants choose one memorable case
• Produce graphical representation of case, placing arrow-shaped ‘Post-Its’ on large sheet of paper
• Served as basis for reflection on, and discussion about, case with interviewer
• Draws on method used in PCP family therapy (Hargreaves, 1979)
STUDIES USING PICTOR

• Collaborative working between District Nurses and Social Workers (Angela Ross, PhD study; Ross et al, 2005)
• Nursing roles in community palliative care (Macmillan; King et al, 2010)
• Palliative care patients’ and carers’ experiences of services (Beth Hardy, PhD study; Hardy et al, in press)
• Unpicking the Threads: Specialist and Generalist Nurses’ roles and relationships in supportive care (Macmillan)

• Evaluation of Midhurst Specialist Community Palliative Care service (Macmillan)

• Reflecting on collaboration in Nursing and Midwifery students’ placements (Alison Bravington, MSc study)
CASE EXAMPLE: NURSING ROLES STUDY

• Participant is ‘Sam Morgan’, Community Matron in SE of England.
• Case is of elderly woman with senile dementia and multiple other health problems
• Living at home on own; very wealthy
• Main carer is nephew
  • Very caring, but difficult and demanding
  • Sam needed to consider possible “ulterior motive”
HOW SAM USES THE LAYOUT

• “I’ve got all these touching (referring to diagram) because I feel that we got really close and I knew what everybody wanted at the end and what the patient wanted”

• “…these aren’t touching because I felt that these people had their own agenda and weren’t looking at the bigger picture”

• “…and there’s sort of arrows all going the other way because they sort of thought they’d done their job and so they pulled out”
STRENGTHS OF PICTOR

• Most participants enjoy it and find it enlightening
• Facilitates comprehensive discussion of complex collaborative cases
• Visual basis may help some ptps who struggle with purely verbal reflection
• Visual record can be useful in dissemination of findings
CHALLENGES AND LIMITATIONS

• Danger of over-interpreting patterns in charts
  • generally through naïve realist approach
• A minority of participants initially struggle with concept
  • most often lay participants
• Can be practical challenges in carrying out technique
  • e.g. with bed-ridden patients
• How far should you allow ptps to deviate from core instructions for technique?