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Literature Review

The role of the keyworker in breaking down professional culture barriers to providing high-quality palliative care: a literature review

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Abstract

Background: Palliative cancer care is by definition multi-professional in nature. An interdisciplinary approach to disease management emphasising continuity of care results in increased quality of life for patients and families. Complex disease management demands the provision of a full spectrum of high-quality care; requiring both specialist and generalist services. Appointed keyworkers are knowledgeable about patient preferences enabling effective coordination of care and promotes collaborative team-working. The need for diversity in the provision of palliative care is recommended but can challenge effective interdisciplinary collaboration by creating tension and limiting the interdisciplinary team (IDT) from reaching its full potential resulting in adverse outcomes.

Purpose: The purpose of this paper is to review the literature available regarding how IDTs and keyworkers influence high-quality palliative care; evaluate how professional culture barriers can influence team collaboration; discuss the keyworker role in minimising these barriers and clinical implications.

Methodology: A review of the English literature from 2003 to 2013 was performed using the databases PubMed (NML), OVID Medline and Google Scholar.

Results and conclusion: Keyworkers can help overcome professional culture barriers that result from ineffective team communication. Facilitating improved communication regarding professional roles fosters mutual understanding among team members. The dissemination of relevant and timely information minimises fragmentation, prompting team decision-making and promotes continuity of high-quality palliative care.

Keywords: advanced practice; cancer; interdisciplinary; keyworker; palliative care; professional culture; radiotherapy

INTRODUCTION

The World Health Organization[1] definition of palliative care states that patients facing the challenges associated with life-threatening illnesses,

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including cancer, can experience improved overall quality of life when there is access to early identification, assessment and treatment of all issues related to their disease.[2,3] In addition to quality of life, the definition emphasises an interdisciplinary team (IDT) approach to disease management, which is evident in current care initiatives including the National Institute for Clinical Excellence guidelines,[4] NHS End-of-Life Care Strategy[5] and the Cancer Care Ontario Palliative Care Strategy.[6] An IDT is comprised of two or more professionals, from different disciplines, working interdependently towards a common goal by actively communicating, sharing and coordinating information to produce a product that is a direct result of the team's collaborative effort and synergy.[7–11] Interdisciplinary collaboration allows teams to achieve results that are superior in quality and not necessarily feasible by working separately. Leadership within IDTs is task dependent and non-hierarchical with emphasis placed on establishing an understanding and appreciation for the various roles and contributions of each discipline; in addition to incorporating team decision-making, planning and goal setting.[10,11]

Practice guidelines recommend that palliative cancer care should be interdisciplinary with an emphasis on promoting continuity of care for patients, which may involve the appointment of a keyworker to act as a primary contact for patients and families, in addition to promoting collaborative team working and facilitating care across service providers.[4,7,12] Despite recommendations for the need for IDTs in the provision of high-quality cancer care, bringing various disciplines together, each with their own professional culture, varying in beliefs, values and customs, can introduce challenges to effective team working.[8] Lack of interprofessional understanding regarding roles and abilities can challenge effective communication and cause conflict; negatively impacting continuity of care and quality of life for patients.[13]

This paper will critically explore how the IDT and keyworker influences holism in palliative care; evaluate how professional culture can be a barrier to effective team collaboration; discuss how the keyworker can minimise professional culture barriers and implications for practice, with an emphasis on the keyworker role within radiotherapy.

METHODOLOGY

The search strategy for this review used the databases PubMed (NML), OVID Medline and Google Scholar. Key words used, alone or in combination, for this review were:

> interprofessional, interdisciplinary, multidisciplinary, collaboration, collaborative practice, team-working, keyworker(s), holism, professional culture, barriers, challenges, communication, team, service providers, radiation therapy, allied health, palliative care and clinical implications.

The literature was limited to journal articles written in English and published after 2003 to ensure that the literature being reviewed was recent and up-to-date. There were no restrictions on the country of origin where the publications were produced, which helped to provide a range of opinions and experiences.

Searches of the online databases using '*interdisciplinary*', '*interprofessional*' and/or '*multidisciplinary collaboration*' produced large results and were refined further when used in combination with other key words. Articles identified from the refined search were further reviewed on an individual basis for content. Inclusion criteria consisted of interdisciplinary collaboration, coordination of care, keyworkers, professional culture barriers, effective communication strategies and clinical implications.

INTERDISCIPLINARY COLLABORATION AND HOLISM

Palliative cancer care is a complex and dynamic process whose patient care requirements cannot be fulfilled by one discipline; requiring a collaborative interdisciplinary approach to care.[14–16] Practice guidelines[4,12] have recommended IDTs be the standard of care to promote and ensure continuity of care for palliative patients. Wittenberg-Lyles et al.[3]

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supported the use of IDTs by identifying them as a core element in the collaborative practice in palliative care and hospices. Chan and Nichols[16] also supported the guidelines by recognising that team-working is an essential component to providing an effective holistic approach to care, which has increased quality of life for patients. Having a healthcare team that is diverse in its composition of providers and services enables provision of care that is responsive to a range of ongoing and changing patient care needs.[17] The IDT approach has also been noted as being a cost-effective method to providing care in a demanding healthcare system while creating a holistically caring environment.[18–20] Vyt[21] stated that interdisciplinary collaboration provided better service and yielded better healthcare and patient outcomes, which was echoed in several other studies.[10,19,22] Youngwerth and Twaddle[11] also supported these findings and added that IDTs were the most effective method to complete complex tasks, which maximised patient care delivery and was recommended as a 'comprehensive approach for healthcare teams to provide patient-centred care; combining skills, experience and knowledge to produce superior outcomes'.

Practice guidelines identify that a key element in providing quality palliative care, while working within IDTs, is the ability to provide comprehensive and well-coordinated care that will enhance patients' overall quality of life.[4,6,12] Pollock et al.[23] also identified that knowledge and access to timely and appropriate palliative care services provided patients with support that assisted in decreasing unscheduled admissions and emergent use of acute care facilities, improving both healthcare and patient outcomes. Studies have demonstrated the importance of the keyworker role in coordinating care by ensuring patients and families are informed of appropriate palliative care services and resources, in addition to promoting collaborative team-working and facilitating care services.[7,12,15,16,24]

Coordination of care by a keyworker is considered an essential task.[15] The preferred team member identified within the literature to take on the role of the keyworker is the Clinical Nurse Specialist or general practitioner.[4,25,26] However, it has been argued that the coordination of care is within the scope of all healthcare professionals (HCPs) and the responsible individual can be any HCP with the knowledge, skills and judgement to support the patient and integrate care.[12] The core responsibilities of a keyworker are summarised in Table 1. In addition to being a point of contact for patients and families, the keyworker can help maintain a holistic care plan, which is based on patients' specific values and end-of-life goals.[7,27] Keyworkers are able to build trusting relationships with patients and therefore can obtain a better understanding of patient preferences regarding care. Building relationships allows the keyworker to engage the patient in shared decision-making processes, which help to maintain autonomy and fosters service user engagement.[28]

Due to the multi-professional nature of providing holistic palliative care services, fragmentation of information is often a challenge to providing coordinated, integrated and seamless care.[14,16,24] Often, no one person is fully acquainted with the patient's history or preferences and therefore cannot effectively coordinate the transfer of information among IDT members.[24] However, studies have shown that the keyworker can play a vital role by acting as a patient advocate and share patient-specific information with the IDT.[2,16] After obtaining this information, the IDT can develop a better working relationship with the patient and family, improving the quality, efficiency and coordination of care by providing a comprehensive

Table 1. *Core responsibilities of the keyworker*[4,26,51]

The keyworker should:
• Contribute to interdisciplinary team discussions and decisions regarding the patient's care plan
• Provide expert professional advice and support to other health professionals
• Lead in patient communication issues and coordination of the patient pathway for patient's referred to the team
• Lead in the coordination of patient needs assessments
• Ensure assessment findings and care plans are communicated to other professionals involved in the patient's care
• Ensure patients know who to contact when help and advice is needed
• Manage transition of care
• Provide information, care, liaison and support throughout the cancer journey between all health professionals (specialists and generalists) to ensure consistent continuity of care

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holistic shared-care plan, leading to increased patient satisfaction and improved overall quality of life.[7,12,16,19,21,22,24,29]

Treatment advancements and increased survivorship of palliative cancer patients has put pressure on generalist and palliative specialist teams to produce high-quality cancer care.[30,31] The multidimensionality of healthcare, as identified by Verhovsek et al.[13] and Vyt,[21] has resulted in increased numbers of specialised healthcare providers and a decrease in interdisciplinary exchange. However, Hall[8] argues that the complexity of disease management deems IDTs necessary to provide a full spectrum of high-quality care. There is therefore a need for both specialist and generalist roles and services. Available care should be based on the particular needs of the patient and a patient-centred approach can assist the blending of generalist and specialist services.[32,33] Effective collaboration between these two groups can be mutually beneficial as it allows the team to achieve goals not otherwise possible by providing opportunities for accessing resources and services that are integrated for the specific benefit of the patient.[10,11,19,34,35]

BARRIERS TO EFFECTIVE INTERDISCIPLINARY COLLABORATION: PROFESSIONAL CULTURE

The need for diversity in the provision of high-quality palliative care has been recommended in practice guidelines from Canada and the United Kingdom.[4,5,12] Although the literature also recognises the benefits of interdisciplinary team-working, a recognised strength of palliative care, it identifies that effective IDTs must also have the desire to work together to achieve a common goal, which provides a holistic and patient-focused approach to disease management.[8,17,36] It is this need for diversity in team-working, which can be a barrier to effective interdisciplinary collaboration,[14,29,37] in particular, the impact of professional culture.

Each healthcare profession has its own unique culture consisting of specific norms and expectations regarding values, beliefs, customs, behaviours, attitudes, language and approaches to problem solving.[10,13,30] Hall[8] stated that 'a long history of class differences and gender issues underlies current challenges to collaborative teamwork in healthcare'. Traditional roles and barriers to collaboration, such as professional hierarchy, between professions can create tension and limit the IDT from reaching its full potential.[18,19,38] For example, physicians are often considered by other professions to be leaders and ultimate decision makers due to the extent of their education and scope of practice.[30] Each culture is re-enforced through education, often delivered in silos, and socialisation, which begins early during training and transcends into the workplace.[8,13,39] These firmly entrenched beliefs and values will often result in lack of interprofessional understanding, leading to misconceptions, stereotyping and communication barriers.[8,13,19,40,41] As Chung et al.[40] acknowledged, professional cultural constraints can challenge effective IDT collaboration. Several studies have identified some adverse patient outcomes, which can occur as a result of the impact of professional culture on collaboration and communication. These can include: delayed treatment planning or implementation, which compromises overall care and patient safety, duplication of work and incomplete patient follow-up, which can cause increased anxiety; negatively influencing patient satisfaction and quality of life.[19,30,36,40]

Although professional culture can be a barrier to effective interdisciplinary collaboration, it can be overcome by one key element: improved communication. The Canadian Hospice Palliative Care Association's Pan-Canadian Gold Standards for Palliative Home Care guidelines[12] states that communication is essential for interdisciplinary collaboration and case management. Communication allows team members to better understand and respect the distinct roles of other professions; encourages the development and sharing of common goals and philosophies; permits individuals to work to their full scope of practice and enhances collaboration to ensure continuity of care for patients. The literature supports the guideline by acknowledging that communication demonstrates respect for each discipline's contributions[11] and commitment to sharing responsibility for patients' overall care plans.[11,35] Team members

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are obligated to act within their scopes of practice, which must be communicated to the team to clearly define professional responsibilities and minimise role overlap and misconceptions.[12,18,19] Clarification of roles and responsibilities, through formal interprofessional education and experiential learning, fosters trust and mutual understanding among team members, which positively impacts patient care and quality of life. Despite the growing popularity of electronic communication methods, several studies have identified that in-person IDT meetings and communication are more effective in breaking down traditional discipline boundaries within teams and fostering mutual respect and collaboration.[2,42] In addition to team meetings, King et al.[43] determined that structured programs, such as the Gold Standards Framework (GSF), utilising a GSF coordinator, helped to improve communication between IDT members and services. The GSF was found to reinforce good practices and strengthen collaborative relationships between generalist and specialist palliative care services, ensuring improved quality and continuity of care. In addition to the GSF, the Liverpool Care Pathway was also identified as helpful in coordinating non-specialised care.[44]

As previously discussed, the coordination of palliative care services is challenging and the keyworker can play a vital role to ensuring care is patient-centred, well-coordinated and integrated. Keyworkers can help overcome professional culture barriers that result from ineffective team communication. Guidelines[4,12] recognise keyworkers as an essential member of the healthcare team who have the flexibility and opportunity to collaborate with various disciplines to develop care pathways, which optimise team skills and competencies that would best benefit patients' overall care needs. Keyworkers are also valuable information resources who can provide education to generalist team members about available specialist services.[12,23] By being a source of extra information, keyworkers play an active role in collaborative communication during IDT meetings.[2,7] The IDT will gain a better overall understanding of the patient's needs by having a keyworker who can disseminate and provide access to timely and relevant information that will result in prompt clinical decision-making and healthcare outcomes.[16] The keyworker can facilitate team collaboration and keep care focused and well-coordinated by communicating to the IDT the distribution of roles and responsibilities; minimising the fragmentation of information, role overlap and duplication of tasks, which will ensure well-integrated high-quality care.[15]

CLINICAL IMPLICATIONS

Working within the IDT can have several clinical implications impacting both patients and HCPs. An IDT approach will improve the efficiency and effectiveness of healthcare services through increased interdisciplinary collaboration. This will not only enhance patient-related outcomes but will reduce healthcare costs due to more effective and timely use of available resources by patients.[12,20,29] The IDT is an example of a shared-care approach to providing high-quality palliative care. Through collaboration, teams develop common goals and objectives that are driven by being patient-focused and sharing responsibility for care.[45] This requires equal involvement and cooperation between team members and demands knowledge and acceptance of each other's abilities and roles, including professional culture, in the delivery of care.[21,42,46] Interprofessional understanding is necessary to decrease conflict and to prevent HCPs from retreating back into their own professional culture.[18] Although IDTs enhance information exchange,[47] it also requires compromise from all team members.[10] Programs such as the GSF[43,48] and the Ontario Family Health Team Initiative[49] help guide HCPs in the standardisation and delivery of interdisciplinary care by providing tools to improve transfer of information, which can include assessment and care planning protocols, electronic or common patient records, case conferences and regular team/family meetings.[12,26] These standardisations ensure quality and continuity of care and improve satisfaction among patients and HCPs.

One benefit of interdisciplinary collaboration identified in the literature is the concept of role expansion.[7,8,46] By working as individual professions, it is a challenge to remain knowledgeable and current about available resources both within the community and at tertiary care facilities. HCPs benefit from consulting with

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each other at team meetings and tumour boards or via patient records and online cancer care registry networks, such as the Uniting Primary Care and Oncology Network, in Manitoba, Canada.[31,50] Collaboration enables professionals to expand their role within the group by gaining different knowledge and skills, which may not have been originally feasible by working independently.[7,8] This provides opportunities for development of potentially new service initiatives, which will benefit patients. Sharing care responsibilities has also shown to increase HCP's job satisfaction and minimise burnout.[11,21,46]

RADIATION THERAPISTS IN THE ROLE OF THE KEYWORKER

The keyworker has been established as beneficial to effective IDT working. Practice guidelines[4,26,51] identify that care needs change and recognise the individual in the keyworker role will also change as the patient transitions through various treatments and stages of disease. A radiation therapist can effectively act as a keyworker while the patient is undergoing radiotherapy; provided that the individual has the knowledge, skills and judgement to coordinate appropriate and well-integrated care.[12] Radiation therapists are currently major contributors in providing information to patients regarding the radiotherapy process.[52,53] In addition to having excellent communication skills, radiation therapists are already working in consultant roles with good outcomes; helping to minimise wait times by providing additional resources.[54] Current practice at the author's institution and a suggestion for future practice would be for individuals to remain site specific and become specialists for one particular site group to assist in developing the necessary breadth and depth of knowledge required for working within the keyworker role.[12]

The development of professional frameworks for practice is also required to support development of the specialised skill sets required for undertaking this particular role. Professional guidance, such as the NHS Knowledge and Skills Framework pertaining to the responsibilities of the keyworker, have already been established within the United Kingdom and provides institutions with an outline recommending the specific knowledge and skills necessary to fulfill the role.[26,51] The development and implementation of keyworkers will have implications on institutional resources should organisations wish to incorporate the position into current clinical practice. Institutions should provide individuals with initial training, continuing education and support, in addition to on-going monitoring and evaluation of the keyworker by both the IDT and patient (i.e. patient satisfaction surveys).[12,51] Regardless of the individual's profession, the focus of the keyworker is to facilitate effective collaborative team-working and decision-making while coordinating care by informing patients about available resources and services, which will deliver high-quality palliative care. Thereby, positively impacting the patient experience and improving their overall quality of life.

CONCLUSION

The IDT is a key element in providing high-quality palliative cancer care. Due to the complexity of palliative disease management, the IDT is needed to provide patients with a full spectrum of care, which has been shown to increase patient satisfaction and improve quality of life. Teams with the desire to work together will develop a well-coordinated and comprehensive shared-care plan comprising common goals and objectives. As a member of the IDT, keyworkers are fundamental in the promoting the facilitation and coordination of palliative care services; ensuring care is patient-centred and well-integrated.

Despite the known benefits of working within an IDT, professional culture and a lack of interprofessional understanding is considered to be a barrier to effective collaboration. Professional culture barriers are often overcome by increased communication regarding professional roles and abilities that fosters respect and mutual understanding among team members. The keyworker can play an important role in overcoming professional culture barriers that result from ineffective communication by disseminating relevant and timely information, which minimises fragmentation and duplication of tasks. Open and effective communication is essential to address patients' needs and promotes continuity of high-quality palliative care; resulting in increased

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patient satisfaction, improved healthcare and patient outcomes and overall quality of life, which is considered the primary goal of palliative care.

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