

Interdisciplinary team's perceptions towards the adoption of a care pathway for patients treated with oral anticancer drugs

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Background Developing and implementing tailored interdisciplinary care pathways can be a strategy to respond to the required reorganisation of care processes for oral anticancer treatments. Implementation of such care pathways result in changed care processes and roles and responsibilities of healthcare professionals (HCPs) such as (specialized) oncology nurses and (clinical) pharmacists.

Purpose This study aimed to explore how HCPs experienced factors that influenced adoption and stable integration of the care pathway for patients treated with oral anticancer drugs (OACD) in clinical practice.

Method Semi-structured interviews and focus groups were conducted in HCPs (specialists, nursing staff and pharmacists) with a role in the care pathway for patients treated with OACD, developed and implemented in four non-academic hospitals in Belgium. In total, 34 HCPs were interviewed in 7 focus groups and 10 semi-structured interviews. Interviews were performed about one year after the implementation of the care pathway. Data were inductively analysed using a thematic framework and the conclusions were situated within the Normalization Process Theory as theoretical framework.

Findings Healthcare professionals experienced a shifted mind-set towards oral anticancer treatment due to care pathway implementation. Different factors were pointed to when care pathways were perceived as internalized in routine clinical practice. These factors included 1) perceiving the care process as more structured, 2) role clarity and meaningful roles for HCPs, 3) better teamwork and efficiency, and 4) a perceived enhanced provision of pharmacotherapeutic and psychosocial support to patients. Care pathways that were perceived as implying additional administrative work could not easily be integrated and meant tasks described in the care pathways were no longer performed. In one hospital, modifications to the initial pathway were made during implementation and implicated that the roles of nursing staff became unclear and less meaningful and could not be integrated in existing work.

Conclusion Care pathways for patients on OACD may, depending on how they are co-designed by oncology teams, lead to structured and uniform care, better teamwork and increased job satisfaction in HCPs. Stably integrated care pathways may improve the provision of self-management support. For a successful implementation, during the co-design phase, developers need to be mindful that the described processes and aligned tasks are feasible and meaningful for HCPs adopting the care pathway in routine clinical practice.