

Development and Modelling of a Supportive Palliative Care Intervention for Non-western Migrants with Palliative Care Needs and their Families Using the Medical Research Council Framework in Denmark

Jahan Shabnam¹, Helle Timm², Dorthe Nielsen³, Mette Raunkiaer¹

- 1. REHPA, the Danish Knowledge Centre for Rehabilitation and Palliative Care, the Region of Southern Denmark, the University of Southern Denmark.
- 2. National Institute of Public Health, University of Southern Denmark Copenhagen, Denmark.
- 3. Odense University Hospital, University of Southern Denmark, Odense, Denmark.

BACKGROUND

Opportunities for the use of palliative care are missed among non-western migrants living in Denmark. This happens in spite of existing equal and free access to health care.

This study aims to develop a theoretically informed, evidence-based intervention to increase palliative care utilization among non-western migrants with a life-threatening disease and their families.

METHODS

Following the Medical Research Council's framework for developing and testing complex interventions, stakeholders (public, patients, family caregivers, healthcare professionals, and

academics) were involved at different stages of the intervention development process to increase acceptance and ownership of the intervention.

The intervention was developed iteratively by synthesizing evidence from:

- 1. A systematic review
- 2. Semi-structured interviews and group discussions with patients (n=8), family caregivers (n=11), and healthcare professionals (n=10)
- 3. Three workshops with migrants (n=5) and healthcare professionals (n=6).

Participants from six different settings across two regions of Denmark participated in the study.

FIGURE 1. THE OVERALL PROCESS OF DEVELOPING THIS INTERVENTION

STAGE 1: IDENTIFYING EVIDENCE BASE

1.a Creating knowledge base

Method: A systematic review of the literature

Aim: To identify opportunities and barriers to access and utilize palliative care among non-western migrants in Europe Identified barriers: Poor communication, lack of knowledge and awareness, cultural and religious priorities and lack of resources at different level of health system.

Suggestions: Palliative care intervention needs to aim at different levels of palliative care service provision to mitigate identified barriers.

1.b Problem identification

Method: A qualitative explorative stud

Aim: To explore experiences of utilizing palliative care among patients (n=8), family caregivers (n=11), and healthcare professionals (n=10) in Denmark.

Areas of significance: Communication and trusting relations between families and health professionals, feeling safe and poor navigation in the healthcare system due to language

Suggestions: Skill based training of healthcare professionals negotiation between family and professionals and intersectoral collaboration

STAGE 2: IDENTIFYING THEORY

. Theoretical framework

A conceptual framework for complexity in palliative care

Factors of this study

(Migration history, Danish language proficiency, job, education, income, acculturation)

Interpersonal-level
(communication, negotiation of

Service-level
(skill-based training of
healthcare professionals,
multidisciplinary team
meetings and coordination
between healthcare
professionals at a different level of

STAGE 3:

MODELLING PROCESS AND OUTCOME

3.a Workshop – Introductio

Method: Workshop with non-western migrants (n=5).

study.

Findings: Importance of a supportive palliative care intervention and generate ideas on intervention activities

3.b Workshop – Discussion

Method: Workshop with non-western migrants

Aim: To reflect on the practical issues related to

Findings: Initial draft of intervention activities.

3.c Workshop - Confirmation

Method: Workshop with healthcare of

(n=6).
Aim: To discuss the feasibility of activities thus overall intervention in the existing palliative card

practice.

Findings: Logic model and intervention

STAGE 4: FINAL INTERVENTION

4. The final developed intervention

Method: The final intervention was developed based on the results from the above-mentioned stages, and adjusted in cooperation with the research team members. **Result:** 'Safe & Secure', a supportive palliative care intervention.

RESULTS

The final intervention components included the following three components:

- 1. Skill-based training for palliative care professionals.
- 2. Health consultations with the respective healthcare professional in the healthcare setting or at home.
- 3. Coordination of care between general practitioners, palliative care professionals at the hospital, and/or the municipality.

The mixed-methods design proved to be a suitable approach to identifying multiple

intervention components targeting different stakeholders to achieve the desired outcomes.

CONCLUSION

The comprehensive description of the development process of this intervention aims to increase transferability to other countries with similar healthcare systems as in Denmark. The research team will further test the intervention to assess acceptability, feasibility, and potential effect.

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