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VIVÊNCIAS DOS ENFERMEIROS NAS REUNIÕES DE TRANSIÇÃO DE CUIDADOS EM CONTEXTO PALIATIVO
NURSES' EXPERIENCES IN CARE TRANSITION MEETINGS IN PALLIATIVE CONTEXTS
VIVENCIAS DE LOS ENFERMEROS EN LAS REUNIONES DE TRANSICIÓN DE CUIDADOS EN CONTEXTO PALIATIVO

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RESUMO

Introdução: A reunião de transição de cuidados é uma atividade de responsabilidade, vital à qualidade dos cuidados. Através da comunicação, são garantidas a segurança e a continuidade de cuidados, contribuindo para um cuidado mais humanizado à pessoa.
Objetivo: Compreender as vivências dos enfermeiros na reunião de transição de cuidados em unidades de cuidados paliativos.
Métodos: Estudo qualitativo, de cariz fenomenológico. Os dez enfermeiros(as) foram identificados(as) através da técnica de amostragem intencional em rede. A técnica de obtenção de dados foi a entrevista semiestruturada audiogravada, sendo a análise realizada de acordo com o método fenomenológico descritivo de Giorgi.
Resultados: Identificou-se a comunicação como pilar fundamental da reunião de transição de cuidados que promove uma maior eficácia na continuidade de cuidados prestados à pessoa/família/cuidador com necessidades paliativas. Destacaram-se fatores facilitadores (organização da informação e partilha de experiências) e limitadores (gestão do tempo e interrupções). Para mitigar estes últimos, sugeriram formação contínua, melhorias nos registos, mais tempo para as reuniões.
Conclusão: Os enfermeiros em cuidados paliativos destacaram a comunicação eficaz nas reuniões de transição de cuidados, identificando os fatores facilitadores e limitadores das mesmas; contudo, reforçaram a importância da presença multidisciplinar e de outras reuniões/encontros promotores/res do autocuidado profissional.

Palavras-chave: cuidado transacional; comunicação; cuidados paliativos; enfermagem; continuidade da assistência ao paciente

ABSTRACT

Introduction: The care transition meeting is a responsibility-based activity that is vital to the quality of care. Through communication, the safety and continuity of care are guaranteed, contributing to more humanised care for the individual.
Objective: Understanding nurses' experiences in care transition meetings within palliative care units.
Methods: This qualitative study employs a phenomenological approach. Ten nurses were identified using purposive snowball sampling. Audio-recorded semi-structured interviews were the technique used for data collection and were analysed according to Giorgi's descriptive phenomenological method.
Results: Communication was identified as a fundamental pillar in care transition meetings, which promotes greater effectiveness in the continuity of care provided to individuals, families, and caregivers with palliative needs. Facilitating factors (information organization and experience sharing) and limiting factors (time management and interruptions) were highlighted. To diminish these challenges, continuous training, improvements in record-keeping, and allocating more time for meetings are suggested.
Conclusion: Palliative care nurses emphasize the importance of effective communication in care transition meetings, identifying both facilitating and limiting factors, however, highlighting the significance of multidisciplinary involvement and other meetings/gatherings that promote professional self-care.

Keywords: transitional care; communication; palliative care; nursing; continuity of patient care

RESUMEN

Introducción: La reunión de transición de cuidados es una actividad de responsabilidad, vital para la calidad de los cuidados. A través de la comunicación, se garantiza la seguridad y la continuidad de los cuidados, contribuyendo a una atención más humanizada a la persona.
Objetivo: Comprender las vivencias de los enfermeros en la reunión de transición de cuidados en unidades de cuidados paliativos.
Métodos Estudio cualitativo, de carácter fenomenológico. Los 10 enfermeros/as fueron identificados mediante la técnica de muestreo intencional en red. La técnica de obtención de datos fue la entrevista semiestructurada audiograbada, y el análisis se realizó siguiendo el método fenomenológico descriptivo de Giorgi.
Resultados: Se identificó la comunicación como pilar fundamental de la reunión de transición de cuidados, que promueve una mayor eficacia en la continuidad de la atención a la persona, la familia y el cuidador con necesidades paliativas. Se destacaron factores facilitadores (organización de la información y compartición de vivencias) y limitadores (gestión del tiempo e interrupciones). Para mitigarlos, se sugirió formación continua, mejoras en los registros y mayor tiempo dedicado a las reuniones.
Conclusión: Los enfermeros en cuidados paliativos destacaron la comunicación eficaz en las reuniones de transición de cuidados, identificando tanto los factores facilitadores como los limitadores . No obstante, subrayaron la importancia de la presencia multidisciplinar y de otras reuniones que fomenten el autocuidado profesional.

Palabras clave: cuidado de transición; comunicación; cuidados paliativos; enfermería; continuidad de la atención al paciente

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INTRODUCTION

The Basic Law on Palliative Care (CP) defines it as:
Active, coordinated and comprehensive care provided by specific units and teams, in hospital or at home, to patients suffering from incurable or serious illness in an advanced and progressive stage, as well as to their families, with the main objective of promoting their well-being and quality of life through the prevention and relief of physical, psychological, social and spiritual suffering, based on the early identification and rigorous treatment of pain and other physical, psychosocial and spiritual problems (Law No. 52/2012 of 5 September 2012, p. 5119).
Its philosophy is based on four pillars: adequate symptom control, effective communication, family support, and teamwork (Neto, 2021). These principles are in line with the need to ensure continuity and quality of care and, therefore, with the importance of the Transition of Care (TC) in health, an aspect recognised in Portuguese legislation. Thus, the DGS defines, through Standard No. 001/2017 of 8 February (p. 4, 2017), CT as "any moment of care provision in which there is a transfer of responsibility for care and information between providers, whose mission is to ensure the continuity and safety of care".
In Palliative Care (PC), Care Transition meetings emerge as a privileged activity for communication between health professionals, where fundamental aspects of the nursing process are discussed, promoting continuity of care and complying with the individual care plan (ICP). However, nurses' experiences in CT meetings remain largely unexplored, with little literature available, particularly in the Portuguese context.
In the study developed by Frias and Paiva-Santos (2023) on communication in shift handover meetings, the authors concluded that safe CT implies that an analysis be carried out in each context of professional practice, which justifies studying this theme in a palliative context.
In the Netherlands, Engel et al. (2020) analysed the quality of collaboration and information transfer in CP from the perspective of nurses, characterising it as suboptimal. This study did not refer to TC meetings in the context of hospitalisation, but suggests that healthcare institutions should pay more attention to shared professionalisation, promoting high-quality CP (Engel et al., 2020).
In the national context, there are no known studies associated with TC meetings in a palliative care setting. However, considering more comprehensive studies, the difficulty in transferring information increases with the degree of complexity of the situations (O'Neill et al., 2023).
In view of the above, there is an urgent need to study the experiences of nurses in TC meetings in the Portuguese palliative care context.
The research question was defined as: "What are the experiences of nurses in TC meetings in a palliative care context?"
This study aimed to understand the experiences of nurses in TC meetings in a palliative care context, using a phenomenological approach. Through individual interviews, it seeks to understand the daily practices, challenges, and learnings that permeate this process, as well as how these experiences influence professional practice and the quality of nursing care. By giving nurses a voice, the aim is to understand the dynamics of TC meetings in PC, highlight the complexity of PC work, and emphasise the nurse as a fundamental element in building more humanised care with the potential to contribute to proposals for improving nursing care in situations of great vulnerability and end of life (Cunha et al., 2017).

1. METHODS

A qualitative, phenomenological study was conducted with the approval of the Ethics Committee of the Health Sciences Research Unit: Nursing, ESEnfC (No. P1068-09-2024).
The study participants were selected using an intentional network sampling technique. They included nurses who had been practising professionally in CP inpatient care for at least one year and who held TC meetings. Nurses in management positions or who had been away from care provision for more than two months were considered exclusion criteria.
Data collection was carried out through individual, audio-recorded, semi-structured interviews. A total of 10 face-to-face interviews were conducted in a private space, with an average duration of 23 minutes. Data saturation was assumed after the eighth interview; however, two more interviews were conducted to confirm saturation.
The data were collected between November and December 2024. Participation was voluntary, and participants were informed of their right to withdraw from the study at any time. Complete confidentiality was guaranteed, and written consent was obtained by the researcher before each interview. The interviews were coded with the letter E (for nurse) followed by the number corresponding to their interview order.
The data obtained were analysed using the method proposed by Amedeo Giorgi.
To ensure the rigour of the research, namely its credibility, researcher triangulation and study extension were carried out. In order to increase transferability, intentional sampling, an in-depth and rich description of the reports and a schematic presentation of the phenomenon under analysis were used.
The webQDA software was used as a tool to support data analysis.

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2. RESULTS

A total of 10 interviews with nurses were analyzed. Most participants were female (8 women and 2 men), aged between 27 and 46 years. Their professional experience ranged from 5 to 24 years, and their experience in PC ranged from 3 to 7 years. Among the participants, 4 were specialist nurses (3 in mental health and 1 in medical-surgical nursing), and 1 held a master's degree in PC.

The essence of the lived experience is presented in the comprehensive framework (Figure 1), organized into an interactive structure referred to as the comprehensive structure of the phenomenon's essence. This framework offers a deep and articulated synthesis of nurses' experiences in CT meetings, representing the interpretative conclusion of the study's findings.

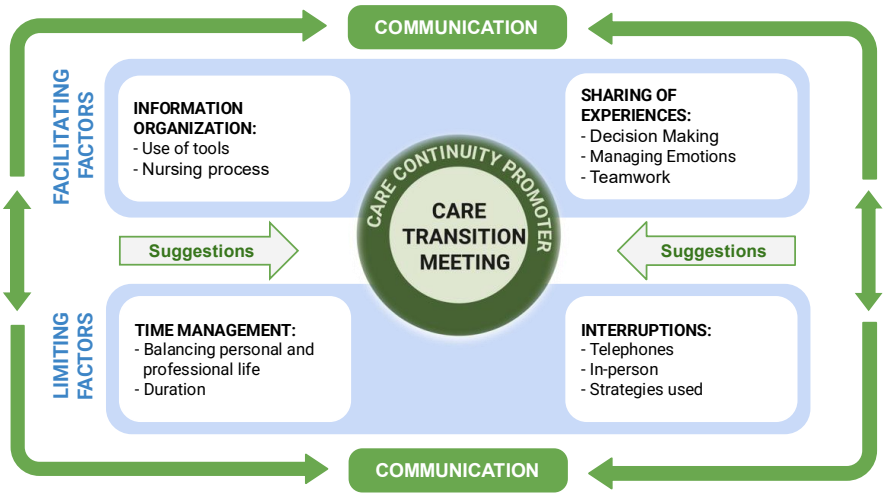

Figure 1 – Comprehensive structure of the essence of the phenomenon.

From the nurses' experiences in CT meetings within the palliative care context, communication emerges as a fundamental pillar for the adequate transmission of information about the person (patient/family/caregiver) receiving nursing care, with CT meetings serving as a key mechanism for promoting continuity of care.

> E4 *"(…) it is important to communicate the necessary information to ensure continuity of care and, in this way, promote patient safety. (…) Communicating in a structured and organized manner allows us to guarantee continuity and quality of the care provided. Therefore, effective communication is essential to avoid potential errors*."

Two major themes were identified that reflect the participants' experiences: facilitating factors (information organization and experience sharing) and limiting factors (time management and interruptions).

2.1 Facilitating Factors

Analysis of the participants' experiences highlights the presence of factors that facilitate the development and flow of CT meetings, namely information organization and the sharing of experiences.

Information Organization

Participants report that, in PC, they use several tools that support the systematization of the information to be communicated, making the person's (patient/family/caregiver) needs more visible.

> E6 *"(…) we have a handover sheet based on the ISBAR technique, which in my opinion is extremely important and fundamental. (…) it includes all the patient's needs that we must address; we also have the PPS, which helps us assess the patient's functionality, and the ESAS, which allows us to identify uncontrolled symptoms, which then become the focus of our intervention."*

During CT meetings, the nursing process is used to standardize information, giving visibility to the IPC and promoting its continuity.

> E1 *"(…) specifically, I believe we stand out (…) because we address not only nursing issues and symptoms, but also other areas such as social, psychological, emotional, and family situations. (…) we do not treat only the patient, we do not care only for pain, we do not care only for a wound; we care for existential suffering. (…) the CT meeting in PC promotes a more complete, broader, and more holistic view, and it is very important starting from the simplest aspect to allow for more individualized work."*

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Sharing Experiences

Sharing experiences in CT meetings within the palliative context plays a crucial role in promoting a collaborative approach. It enables not only the exchange of information but also supports the emotional management of healthcare professionals.

E5 "*(...) we reflect extensively as a team during that moment in the handover (...) it is a moment in which we end up sharing our experiences throughout the shift (...) especially in this service, it is a moment that greatly contributes to preventing our burnout as healthcare professionals working in this area*."

In CT meetings with open discussion, teams can make more informed decisions that are aligned with the wishes of the person (patient/family/caregiver), thereby promoting more humanised care.

E1 *"(...) it is also a moment of reflection, in which we can then consider decision-making together with the patient and the family; for example, proposals for treatment or referral, holding family conferences (...) and thereby fulfilling the Individual Care Plan (ICP)*."

Communication among nurses during CT meetings strengthens teamwork, which is essential for addressing the challenges inherent to palliative care and ensuring that each professional's perspective is valued.

E6 *"(...) it is an important moment in palliative care, not only for this transmission of information (...) the discussion of the interventions carried out and those planned is also important, as is talking about multidisciplinary interventions so that there is an interconnection between the various areas to optimise excellence in care (...)*."

2.2 Limiting Factors

Participants in the study also identified the existence of limiting factors, which represent challenges to be addressed to ensure the effectiveness of CT meetings, such as time management and interruptions.

Time Management

The personal availability of each professional, in terms of the time they can dedicate to CT meetings while balancing personal and professional life, is another factor that may hinder information sharing.

E3 *"(...) we also have a life outside of work (...) and indeed this may compromise the transmission of information."*

The duration of the meetings is highlighted as a limiting factor in ensuring complete and effective communication to guarantee continuity of care.

E8 *"(...) at times I feel some frustration for not being able to carry out a more comprehensive assessment due to time constraints, as not all of us are able to allocate more time beyond the thirty minutes recommended for the handover*."

Interruptions

Participants in the study reported that incoming phone calls or in-person interruptions (from patients/families, support staff, or other professionals) may divert nurses' attention and compromise the flow of communication, making it difficult to share vital information essential for continuity of care.

E4 *"(...) when we are handing over information to our colleague and the phone keeps ringing (...) support staff approach us with questions because it is snack time (...) visitors are present, and patients/families request assistance during the handover. All of this may divert our attention and result in the loss of information that may be important."*

Recognising this limiting factor, participants highlighted some strategies used to mitigate interruptions during CT meetings in such a sensitive context.

E1 *"(...) at a personal level, each of us adopts certain strategies (...) before the handover I go to all my patients and the families who are present (...) if any symptom is beginning to destabilise, I address it, and I also explain that we will soon have our handover meeting (...)."*

Participants are aware that CT meetings in palliative care can be improved. They therefore highlight relevant suggestions to enhance communication effectiveness, aiming to ensure continuity and quality of care. These include ongoing in-service training, improvements in electronic documentation systems, the use of structured tools, the implementation of interdisciplinary handovers with an institutionally extended time frame, and opportunities for catharsis in separate meetings.

E4 *"(...) I think there should be more training in communication (...) it is important to implement regular training sessions for the team (...) focusing on communication techniques for CT."*

E2 *"(...) something within the SClinico software that could include assessment scales for palliative care (...)."*

E10 *"(...) or the use of some instrument, some sheet that could guide us through the most important aspects (...)."*

E4 *"(...) it is important to have a clear, schematic, and structured handover (...)."*

E8 *"(...) ideally, it should be a multidisciplinary handover (...) this is how the individualised care plan is built."*

E9 *"(...) the multidisciplinary contribution would make the handover more complete, and that would obviously require more time for all those involved (...)."*

E3 *"(...) this time is not accounted for institutionally (...) and we also feel frustrated when staying more than half an hour."*

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E3 *"(...) if we had meetings to talk as a group (...) it would be preferable to doing so during the handover."*
E10 *"(...) once a week (...) to discuss certain cases (...) to share more aspects of our experiences (...) so that we do not use daily handover time in a more disorganised way (...) which ultimately contributes to the team's self-care."*

3. DISCUSSION

No studies focusing specifically on CT meetings within the context of PC were identified, which justifies the use of research conducted in other areas or contexts addressing this topic. These studies were analysed and served as support for the discussion of the findings obtained in the present study.

This study captures nurses' lived experiences in CT meetings in a palliative context setting and emphasises the central role of communication within these meetings in promoting continuity and quality of care, thereby enhancing patient safety and care effectiveness. Communication is likewise identified by several authors as a fundamental element in any hospital service, assuming relevance in contexts where individuals are more vulnerable or where the clinical situation is more complex, such as in PC (Engel et al., 2020).

In Portugal, the National Plan for Patient Safety 2021–2026 (PNSD 2021–2026), approved by Ordinance No. 9390/2021, serves as a support tool for healthcare professionals across all levels of care provision (DGS, 2021). It emphasizes communication as a key pillar of patient safety, particularly during CT, to prevent disruptions in continuity of care (DGS, 2021). From this standpoint, the findings of the present study are consistent with the authors referenced.

Participants highlighted, as facilitating factors for communication during handover meetings, the use of various tools that support the systematization of information to be conveyed, providing visibility to the needs of the person (patient/family/caregiver).

The most frequently identified tool was the use of a "sheet/board" based on the Identification, Situation, Background, Assessment and Recommendation (ISBAR) technique, which synthesizes the information to be transmitted.

Participants also noted the need to employ functional assessment instruments such as the Palliative Performance Scale (PPS) and symptom assessment tools such as the Edmonton Symptom Assessment Scale (ESAS), to standardize language in PC and facilitate the communication process. Standardization aimed at structuring CT has been demonstrated as necessary in several studies, with the use of tools such as ISBAR being recommended (Ferreira et al., 2020; Costa et al., 2021; Pun, 2023), a finding that aligns with the results of our study.

Regarding the use of PPS and ESAS during the transmission of information in handover meetings, this may be considered a novel finding. There is still no robust scientific evidence supporting the application of these scales specifically during CT; however, they appear to be instruments that can contribute to a more solid and comprehensive assessment of the person's condition (patient/family/caregiver), as suggested by Bezerra et al. (2024). PPS assesses functional status, whereas ESAS measures the presence and intensity of multiple symptoms, allowing clinicians to monitor the evolution of individuals in palliative situations. Simultaneously, they enable the clarification of certain therapeutic goals and are useful for guiding professionals in care planning, decision-making, and the development of the Individualized Care Plan (ICP).

The analysis of the findings suggests that participants use the nursing process to standardize information, thereby highlighting and promoting continuity of the ICP. The nursing process is a systematic and structured model that guides professional nursing practice to ensure that care is individualized and person-centred (patient/family/caregiver) (Argenta et al., 2020). Its use is an asset in CT meetings, considering that these moments often lack objectivity and effectiveness. Costa et al. (2021) note that the absence of a formal structure for transmitting information may lead to irrelevant, repetitive, speculative, or duplicated content already present in other sources.

Participants also expressed a clearly positive view of experience sharing during CT meetings in the palliative context. They emphasized that such sharing not only enables the exchange of information but also facilitates emotion management among healthcare professionals, playing a crucial role in fostering a collaborative approach.

Through open discussion, teams can make more informed decisions aligned with the wishes of the person (patient/family/caregiver). This process also strengthens teamwork essential to addressing the challenges inherent to PC by ensuring that each professional's perspective is valued and promoting more humanized care. These findings are reinforced by scientific evidence showing that, beyond information transmission, CT meetings provide opportunities for reflection on practice, knowledge sharing, and a social function sustained by the sharing of personal experiences, all of which contribute to improved care quality (OE, 2017; Frias & Paiva-Santos, 2023). However, consistent models to guide this practice and improve information and time management still appear to be lacking (Matos, 2021).

The literature emphasizes several considerations during CT, including providing only information relevant to care; conducting a professional analysis of the person and family; ensuring that information is heard exclusively by the healthcare team; and reporting tests, treatments, and results from the previous 24 hours, while maintaining availability to clarify doubts (DGS, 2017; Costa et al., 2021; Frias & Paiva-Santos, 2023).

Personal characteristics of nursing professionals particularly oral and written communication skills also determine the success of effective communication during CT meetings (Spilioti et al., 2019; Pun, 2021; Costa et al., 2021; Frias & Paiva-Santos, 2023).

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Additionally, the physical location, time available, and existing documentation may act as obstacles or facilitators to effective handover communication, depending on institutional policies (Fealy et al., 2019; Costa et al., 2021).

In the present study, the findings indicate that excessive duration of CT meetings is a limiting factor for effective communication aimed at ensuring care continuity. The amount of personal time each professional can allocate to these meetings was identified as a potential barrier to effective information transmission.

Participants reported that interruptions due to phone calls or in-person requests (from patients/families, support staff, or other professionals) may divert nurses' attention and compromise the flow of communication, hindering the sharing of essential information for care continuity. Nonetheless, they described strategies to mitigate interruptions in such a sensitive context, including support from operational assistants and communicating the meeting schedule to patients/families and the multidisciplinary team.

These limiting factors have already been identified in studies by Costa et al. (2021), O'Neill et al. (2023), Frias and Paiva-Santos (2023), Yetti et al. (2021), Kim et al. (2022), and Abou Hashish et al. (2023), except for telephone interruptions. These authors also highlighted improvement opportunities, such as ensuring an appropriate environment, conducting the meeting in a designated room with the door closed, and placing signage on the door. The possibility of designating a team member remaining outside the CT meeting to address requests particularly from patients/families/caregivers strengthens the strategies identified by the participants in this study (Frias & Paiva-Santos, 2023).

Participants acknowledged that CT meetings in the palliative context setting can be enhanced. They proposed several recommendations to improve communication effectiveness and, consequently, care continuity and quality. These include ongoing in-service training, improved electronic documentation systems, structured instruments, interdisciplinary handover meetings with increased or formally allocated time, and opportunities for emotional catharsis in other scheduled meetings. Consistent with these findings, the need for in-service communication training and structured protocols for handover meetings has been demonstrated in studies by Weston et al. (2022), Abou Hashish et al. (2023), and Frias and Paiva-Santos (2023). The use of digital applications has also shown potential to improve information transition processes and enhance the safety of hospital care (Yuen et al., 2023).

There is no scientific evidence supporting the suggestions identified in this study regarding interdisciplinary information transmission meetings requiring additional institutional time allocation, nor the recommendation for cathartic moments in other meetings. However, in the study by Parola et al. (2018), conducted in a PC setting, participants similarly described the handover period as a source of self-care, allowing emotional catharsis.

Based on the findings of the present study, we can affirm that nursing CT meetings in palliative context are essential to ensuring continuity of care, even when faced with factors that simultaneously facilitate and hinder their development. The identification of PPS and ESAS as integrated tools used during information transmission in CT meetings represents an original and relevant finding. Another novel contribution relates to the professionals' suggestions for optimizing interdisciplinary communication processes.

Although scientific evidence within the palliative context remains limited, the available literature suggests that nurses' well-being is essential for delivering high-quality care, underscoring the importance of strategies that promote their health and professional satisfaction.

CONCLUSION

This study, one of the first at a national level to explore nurses' experiences in TC meetings within palliative care, confirms communication as a central pillar for safety, continuity, and quality of care. Structured tools such as the ISBAR methodology, the nursing process, and the use of PPS and ESAS the latter being an original finding showed potential to standardize information and support decision-making. Despite the value of TC meetings for interdisciplinary coordination and emotional management, challenges persist, such as insufficient time, interruptions, and the limited availability of professionals. Participants suggested improvement strategies that include continuous training, optimization of records and information systems, strengthening multidisciplinary participation, and creating self-care spaces that promote catharsis, although robust evidence to support all these recommendations is still lacking.

Recognizing the study's limitations including the small sample size, its restriction to a single (central) region, and the potential influence of the researcher's presence during data collection it is reinforced that the findings reflect a collective awareness of the importance of communication as a pillar of palliative care and within TC meetings, highlighting its relevance for holistic patient care.

This study adds new evidence, namely regarding the usefulness of the PPS and ESAS scales in structuring communication in PC. The results emphasize the need to acknowledge emotional and communicational dimensions such as structuring elements of interdisciplinary practices, opening avenues for future research to assess the impact of these strategies.

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AUTHORS' CONTRIBUTION

Conceptualization, C.S.; data curation, C.S., A.C. and C.L.; formal analysis, C.S., A.C. and C.L.; funding acquisition, C.S., A.C. and C.L.; investigation, C.S.; methodology, C.S., A.C. and C.L.; project administration, C.S., A.C. and C.L.; resources, C.S., A.C. and C.L.; software, C.S.; supervision, C.S., A.C. and C.L.; validation, C.S., A.C. and C.L.; visualization, C.S., A.C. and C.L.; writing—preparation of the original draft, C.S., A.C. and C.L.; writing—revision and editing, C.S., A.C. and C.L.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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