BACKGROUND

Palliative care is rooted on interdisciplinary teams, comprised of clinicians, social workers, and volunteers, among others, in order to direct efforts towards the best possible outcomes for patients (Bricon-Souf et al., 2005; van Wingarden et al., 2006). Scientific literature recognizes that symbolic dimensions can affect care practices, particularly inter-professional collaboration and interactions (Hibbert et al., 2013; Toussin, 2012). Mindscapes are chains of meanings that give structure to the social actors’ possibilities for action, giving sense to the everyday practices and orienting relational dynamics (Maruyama, 1980). Social network as cultural phenomenon: network structure firstly exists in the symbolic representations held by the professional actors; then they exist into their mental map through which they orient themselves (Wesik, 1995).

THEORETICAL QUESTIONS

- How is the influence distributed through the network?
- Which shapes these mindscapes can take?
- Which differences between health and social actors?
- How is the influence distributed through the network?

METHODS: NET-MAP

Action-research committed by the Palliative Care Association to the University of Bergamo. Data gathering from October to December 2014, in Bergamo, Italy.

Sample: 26 participants from 17 different health care organisations, including 8 doctors, 9 nurses, 6 nurse managers, 2 psychologists, and 1 volunteer.

Net-Map is an interview-based mapping tool that helps people understand, visualize, discuss, and improve situations in which many different actors influence outcomes. Net-Map helps players to determine what actors are involved in a given network, how they are linked, how influential they are, and what their goals are.

ACTION-RESEARCH COMMITTED BY THE PALLIATIVE CARE ASSOCIATION TO THE UNIVERSITY OF BERGAMO.

The data consists in 3 interactional maps produced by 26 health and social care professionals. The comparative analysis of maps highlights significant about palliative care networks: a) the power distribution are concentrated around specific networks’ hubs; b) the prevalence of the health system and the persisting of medicalization on social world; c) the ‘glue’ function acted by the psychologist.

CONCLUSION

In this poster we explored the symbolic dimension of Italian palliative care network in order to investigate how professional practice can be influenced by social and cultural aspects, throughout specific mindscapes, embodied in everyday interactions. Mindscape analysis helps us to understand how the social and health actors perceive their working contexts and inter-professional interactions. The purpose of the maps was to obtain the subjective interpretations and everyday experience of the participants, rather than obtain a factual account of the palliative care process and organisational structures. We believe that the findings highlight the potential application of mindscapes and qualitative network analysis to elicit intra- and inter-organisational interactions beyond those represented within formalised structures and processes.

REFERENCES


