### BACKGROUND

Palliative care is rooted on interdisciplinary team, 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 Wingaarden et al., 2006). Scientific literature recognises that symbolic dimensions can affect care practices, particularly inter-professional collaboration and interactions (Hibbert et al., 2013; Tousijn, 2012). Mindscapes are chains of meanings that give structure to the social actors' possibilities for action, giving sense to the everyday practices and orientating 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 (Weick, 1995)

# THEORETICAL QUESTIONS

How inter-professional collaboration is embodied in specific mindscapes in the field of palliative care in Italy?

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

## METHODS: NET-MAP



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.

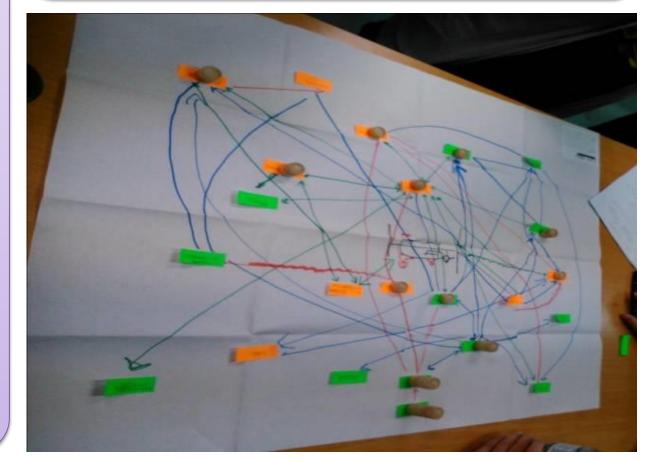
By creating Influence Network Maps, individuals and groups can clarify their own view of a situation, foster discussion, and develop a strategic their networking approach to activities.

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 doctors, 9 nurses, 6 nurse managers, 2 psychologists, and 1 volunteer.

Data collection and feedback: 3 hours.

Working group: 90 minutes.



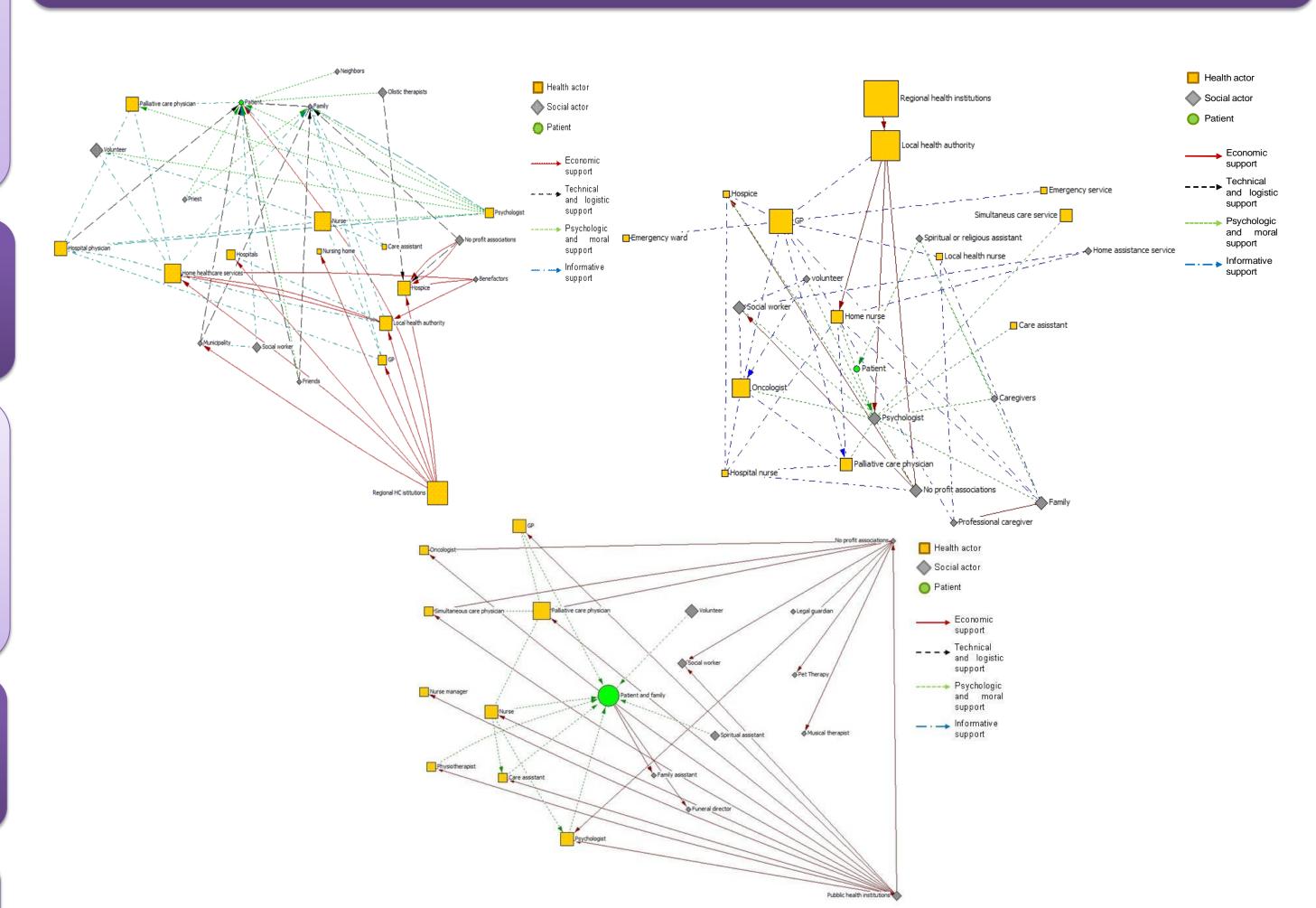
## Into the Network. Qualitative Study on Italian Palliative Care Mindscapes

Lusardi, R., Tomelleri S. University of Bergamo, Bergamo (Italy)

# DATA TRANSFORMATION

VisuaLyzer<sup>™</sup> is an interactive and intuitive desktop tool for visualizing and analyzing social network data from imported data or from data created in the graphical interface

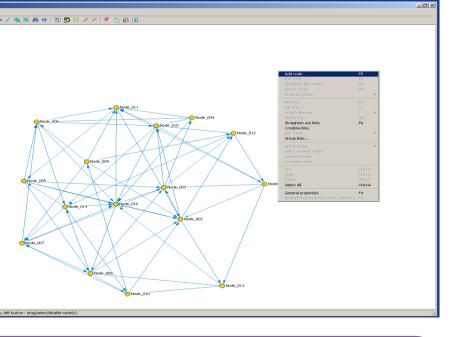
# OUTCOMES



# SUMMARY

This poster is based on an action-research experience and describes how palliative care can be influenced by the social and cultural process; those processes that are configured in specific mindscapes, embodied in the clinicians' and caregivers' everyday practices. The use of the qualitative network analysis as a research methodology has allowed us to transform the mindscapes into symbolic maps, representing a regional Italian palliative care system. Opening with the map analysis we are able to observe the formal and informal interactions' implicit knowledge, the power relations and how the individual aims are materialized between the participants. 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.





# RESULTS

The comparative analysis of the mindscapes reveals important aspects about palliative care practices .A common characteristic of all maps was that regional and local institutions possess the main power concentration. Therefore they were perceived to have the greatest influence over the network configuration and the inter-professional dynamics. The professionals perceived themselves to be parts of an interactive system that they can only partially manage, because the economic support relies on external actors usually detached from everyday care work. The analysis shows that the health domain retains the main concentration of power to the detriment of the other social actors (volunteers, social workers, families, etc.). The social actors (local institutions, social workers, but also neighbours, friends, etc.) have minimal visibility in the network, relative to the health hubs. Social hubs that have acquired the capacity to influence the palliative care process are the social worker and third party associations (the latter represented in the maps as volunteers and associations). Social workers manage resources for the community assistance services and the economic support for patients and families. The psychologist is a central figure in all maps. He/she represents the fulcrum of dense connections, linking them to all of the significant network hubs. His/her main function consists of psychological and moral support, coherent with their professional mandate. However, the psychologist's high degree of interconnectivity is also crucial for informal coordination and knowledge-sharing across the network. This function is facilitated by the fact that he/she is represented as a hybrid within the health and social domain. This suggests that the psychologist is seen to act in both domains, and his/her authority is well recognised in both domains.

# 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 interprofessional 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 interorganisational interactions beyond those represented within formalised structures and processes.

# REFERENCES

- 74(10),809-25.
- Hibbert, D., Hanratty, B., May, C., Mair, F., Litva, A. & Capewell, S. (2013). Negotiating Palliative Care Expertise In The Medical World. Social Science & Medicine, 57(2), 277-288. Maruyama, M. (1980). Mindscapes and Science Theories. *Current anthropology*, 21(5), 589-608. Schiffer, E. & Hauck, J. (2010). Net-Map: Collecting Social Network Data And Facilitating Network Learning Through Participatory Influence Network Mapping. *Field Methods*, 22(3), 231-249. Tousijn, W. (2012). Integrating Health And Social Care: Interprofessional Relations Of Multidisciplinary Teams In Italy. *Current Sociology*, 60, 522-537.
- van Wijngaarden, J.D.H., de Bont, A.A. & Huijsman, R. (2006). Learning To Cross Boundaries: The Integration Of A Health Network To Deliver Seamless Care. *Health Policy*, 79(2-3), 203-13. Waale, D. (2008). Tracing Power And Influence In Networks: Net-Map As A Tool For Research And Strategic *Network Planning* (Vol. 772). Washington: Intl Food Policy Res Inst. Weick, K.E. (1995). *Sensemaking in Organizations*. New York: Sage Publications.

# UNIVERSITÀ DEGLI STU

Bricon-Souf, N., Anceaux, F., Bennani, N., Dufresne, E. & Watbled, L. (2005). A Distributed Coordination Platform For Home Care: Analysis, Framework And Prototype. International Journal of Medical Informatics,