When healthcare professionals express themselves: results overview of the qualitative phase of the HERO initiative

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(HCPs) while treating patients with hemophilia.

- relatively new, with little information in the literature.
- relevant to achieving good treatment outcomes.¹
- with hemophilia.



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Increased awareness of these themes can improve the quality of care, focus more attention on the meaning of comprehensive care and of multidisciplinary approach, and reduce burnout and psycho-emotional difficulties.

Results

• A total of 62 HCPs from seven countries completed the interview (Figure 1).

- Most of the respondents were physicians (n=31), while included (n=16), respondents other nurses physiotherapists (n=9), social workers (n=3), and psychologists (n=3).

Five dominant themes emerged, identifying factors that could stimulate growth and motivation, and reduce workrelated burnout:

1. Policy, Resources, and Network

This theme described the general vision of care.

Central to the theme were ideas of multidisciplinary care and the influence of (for example) local policies, and organizational structure.

- All possible stakeholders were mentioned, except the patients and their families (critical to comprehensive care).
- The main concerns were financial (both as a resource for care and salary) and the HCPs' allocated time for each patient.

2. Working with Adult Patients

HCPs tended to mostly view adult patients from an impersonal, biological perspective.

- Both patients and HCPs viewed the development of the most ideal treatment option as a difficult challenge to achieve, and often dependent on serendipity.
- Chronicity and hemophilia-related complications conveyed frustration and feelings of helplessness to both HCPs and patients.
- Factor replacement therapy was seen as the main reason for improvement.

Counselling and Communication During Diagnosis and Reproductive Choices

- for HCPs.

5. Considering Family Dynamics

Reference

1. Palareti L, et al. Int J Qual Health Well-Being 2015;10:28915–28925.

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These results can be used to develop a 'core curriculum', focused on cross-professional competencies and 'soft skills', to improve the comprehensive care for patients with hemophilia. Giving the timing of the interviews, perceptions may have changed since 2010.

3. Coping with Adolescents

Although this theme contained many emotions and challenges in communication, the HCPs seemed motivated, hopeful, and focused on a psychosocial perspective rather than a biological perspective.

Giving medical information to patients and their family members while coping with emotional reactions (panic, fear, denial, etc.), and adjusting the language to be appropriate for different social/cultural contexts, was challenging

The 'mother/woman' was viewed as the main communicator.

 There was a lack of knowledge regarding the feelings and worries of the 'husband/man' with respect to the diagnosis of a son, or the wife's carrier status.

There was also a lack of optimal strategies about how best to manage communication with the entire family.

For HCPs, the family plays an important role during childhood, but this importance diminishes over time as patients become less dependent on their parents.

This theme (and the second theme of working with adults) highlights the difficulties HCPs have to overcome biomedical and individualistic approaches when treating adult patients.

- Considering each patient within the context of their relationships to understand their motivations and to find conditions for successful treatments, regardless of their apparent autonomy, is a competence that still requires improvement.