

Physicians' Perceptions of the Quality of Palliative Care and the Importance of Collaboration in Interdisciplinary Teams in Norwegian Nursing Homes [Letter]

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Dear editor

I read with great interest the article published in the Journal of Multidisciplinary Healthcare titled “Physicians’ Perceptions of the Quality of Palliative Care and the Importance of Collaboration in Interdisciplinary Teams in Norwegian Nursing Homes”.¹ This study provides valuable insights into the factors influencing the quality of palliative care in Norwegian nursing homes, particularly from physicians’ perspectives. The findings offer several key strengths: 1) This study not only presents empirical data but also explores physicians’ firsthand experiences, revealing nuanced professional attitudes and systemic challenges they encounter. Consequently, it allows for a comprehensive evaluation of how collaborative practices influence the quality of care in nursing home settings. 2) The study employs content analysis following Graneheim and Lundman’s framework, ensuring a systematic approach to data analysis. 3) The article adheres to the *Consolidated Criteria for Reporting Qualitative Research (COREQ)*, ensuring a transparent and high-quality research report.^{2,3}

However, the study has some limitations that warrant attention. First, the relatively small sample size (12 physicians) may not fully capture the diverse experiences of healthcare providers delivering palliative care across various Norwegian nursing homes. Expanding the sample to include nurses, social workers, and other healthcare professionals could provide a more comprehensive understanding of interdisciplinary collaboration. Additionally, incorporating the perspectives of patients or their families—who play a crucial role in palliative care—would enrich the findings.⁴ Second, the study does not utilize qualitative data analysis software, which may reduce efficiency and accuracy in data coding. Third, while the study acknowledges variations in care quality across nursing homes (NHs), it does not conduct an in-depth analysis of the specific factors contributing to these differences. Fourth, the study identifies systemic and environmental barriers to care quality, including inefficiencies in documentation and inadequate physical infrastructure. Although these challenges are recognized, further exploration of potential interventions or policy recommendations could enhance the practical applicability of the findings. Future research should focus on developing standardized documentation systems and modifying care environments to improve comfort and dignity in end-of-life care.⁵

Disclosure

The author reports no conflicts of interest in this communication.

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