

7<sup>th</sup> International Conference on

# GERIATRICS GERONTOLOGY & PALLIATIVE NURSING

September 4-5, 2017 | Edinburgh, Scotland

**Bart Van Rompaey<sup>a</sup>, Jolien De Cock<sup>a</sup>, Johan Wens<sup>a</sup> and Tinne Dilles<sup>a</sup>**

<sup>a</sup>University of Antwerp, Belgium

**Background:** In Belgium patients are free to choose their general practitioner. Moreover, this free choice remains after the transition to a residential care facility. Consequently, staffs have to corroborate with several physicians each having their procedures and habits. Since residential care facilities. Almost two third of 172 studied facilities indicate to deal with 11 to 30 general practitioners. The latter indicated the visit and care for older people in these facilities was not a priority, indicating a need for easy and accessible communication with the staff. The aim of this study was to obtain insight in the cooperation between nurses and general practitioners in residential care facilities.

**Methods:** Since few researches were available on the topic and we focused on the perceptions of the respondent, a phenomenological design with a descriptive approach was developed. Using a semi-structured interview six head nurses and eight general practitioners in a non-metropolitan region in Flanders, Belgium, were included. The interviews were recorded and transcribed. Relevant data were coded leads to themes answering to the research questions.

**Results:** Respondents indicated the collaboration being agreeable, but indicated bottle necks. The poor availability of the general practitioners, where nurses preferred standardized visits, influenced the continuity of care and caused gaps in the information process. Physicians and nurses pointed at the need to be fully informed at all times.

**Conclusion:** Both parties have an equal assignment and responsibility in the care for older people in a residential care facility. To improve quality of care in this specific situation, the implementation of a tailored patient care system is highly recommended.

Bart Van Rompaey is a nurse scientist with a PhD in Medical Sciences. He is the chair of the master in nursing and midwifery at the University of Antwerp. With a workload balancing between education, management and research, he has been teaching at different levels of the nursing and midwifery education. Currently he is working on research in geriatric care, e.g. delirium and medication management. He is also the vice-president of the NuPhaC research group (Nurse and Pharmaceutical Care).

bart.vanrompaey@uantwerp.be