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Health Care Professionals' Views of Palliative Care for American War Veterans With Nonmalignant Respiratory Disease Living in a Rural Area: A Qualitative Study

McVeigh, C., Reid, J., & Carvalho, P. (2021). Health Care Professionals' Views of Palliative Care for American War Veterans With Nonmalignant Respiratory Disease Living in a Rural Area: A Qualitative Study. *Palliative Care and Social Practice*, 15. <https://doi.org/10.1177/26323524211003703>

Published in:
Palliative Care and Social Practice

Document Version:
Publisher's PDF, also known as Version of record

Queen's University Belfast - Research Portal:
[Link to publication record in Queen's University Belfast Research Portal](#)

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Discussion: Results demonstrate that 65% of people with MBD are not accumulating the recommended 150 min of MVPA/week. Those with high PA levels had higher levels of physical functioning, lower pain interference, and pain symptomology. These early findings suggest that higher symptom burden may be a barrier for clinicians recommending exercise in patients living with MBD.

Keywords: Bone metastases, physical activity, quality of life, pain, skeletal-related events

Funding

This work received grant funding from the All-Ireland Institute of Hospice and Palliative Care and the Irish Cancer Society (grant no. PAL17GUI).

Abstract 12

Identifying the Most Important Behavioural Determinants of Starting a Conversation About Palliative Care with the Physician: A Cross-Sectional Structured Interview Study in People With Cancer

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Background: Patients' empowerment and their own communicative behaviours are deemed important for the timely initiation of palliative care. Rigorous empirical data are needed about what factors influence patients to start a conversation about palliative care with their physician.

Aim: To assess which factors are (most strongly) associated with having started or intending to start a conversation about palliative care with the physician (=behaviour) in people with cancer.

Methods: We performed a cross-sectional single-centre survey among people with incurable cancer, from August 2019 to March 2020. We developed a specific questionnaire based on an extended version of the theory of planned behaviour and included knowledge, attitude, perceived behavioural control, subjective norm, and social influence. Computer-assisted personal interviewing was used for data collection. Univariable and multivariable logistic regression analyses were performed.

Results: Eighty-eight participants (response rate: 65%), of whom 29 already started a conversation about palliative care themselves ($n=10$) or had the intention to do so ($n=19$). Holding a more positive attitude (e.g. important to start the conversation about palliative care myself) (OR 3.312 (1.541; 7.118) and having more positive outcome expectations (e.g. receiving information about palliative care) (OR 4.438 (1.633; 12.062) were positively associated; perceiving more barriers (e.g. feeling good) (OR 0.258 (0.104; 0.636) was negatively associated with having started a conversation about palliative care or having the intention to do so.

Conclusion: This study suggests that attitudinal factors are the strongest determinants of people with cancer initiating a conversation about palliative care. Interventions aiming to help them take the initiative in communication about palliative care with their physician should focus on the importance and relevance of behaviour change, elements of behaviour that might be beneficial or difficult and how to overcome barriers.

Keywords: Quantitative research, palliative care, neoplasms, health communication, health promotion, behaviour, behavioural theory

Funding

Research Foundation Flanders.

Abstract 13

Health Care Professionals' Views of Palliative Care for American War Veterans With Nonmalignant Respiratory Disease Living in a Rural Area: A Qualitative Study

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Background: Long-term lung diseases, such as long-term obstructive pulmonary disease, are a growing health concern within the veteran population. Palliative care programmes have mainly focused on the needs of people with malignant disease in the past; however, the majority of those worldwide needing palliative care have a nonmalignant diagnosis. In addition, palliative care provision can often be fragmented and varied dependent on a patient's geographical location.

Aims: Explore palliative care provision for veterans with nonmalignant respiratory disease (NMRD), and their family carers, living in a rural area of America.

Methods: Qualitative study involving a convenience sample of 16 health care professionals from a large veteran hospital in Boise, Idaho. Data collection consisted of 5 focus groups which were transcribed verbatim and analysed using thematic analysis.

Results: Findings highlighted that the uncertain NMRD trajectory impeded veteran referral to palliative and hospice services due to health care professionals' own ambiguity regarding prognosis. A barrier related particularly to veterans was a perceived lack of ability to afford relevant services, and a lack of local palliative service provision. Findings highlighted that a compounding factor to palliative care uptake was also the perceptions held by veterans. Alongside aligning palliative care with dying, veterans also viewed accepting palliative care as 'surrendering' to their disease. Findings indicated that telemedicine may be an effective platform to enhance equity of access to palliative care provision for veterans with NMRD living in rural areas.

Conclusion: A new model of palliative care for veterans with NMRD, using a dynamic digital platform, may provide an optimal way of providing efficient holistic care to rural areas with limited palliative services.

Keywords: Veteran, nonmalignant respiratory disease, palliative care, rural

Funding

Florence Nightingale Travel Scholarship.

Abstract 14

Compassionate Communities as a Therapeutic Landscape

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Background: The concept of compassionate communities is part of a public health palliative care approach to supporting people at end-of-life care.

Aims: How is compassionate communities approach experienced by people approaching the end of their life and their care providers?

Design: A qualitative multisite case study examined 3 contrasting examples of the development of compassionate communities approach to end-of-life care.

Methods: The main methods of data collection was, semistructured interviews with primary participants at the end of life, plus their carer, family and friends; contact diary logs; and focus groups with professionals and volunteers.

Data Collection: Participants included: 8 primary participants (people at end of life), 4 primary carers (spouses), 3 members of family/friends, and focus groups with 19 volunteers and 23 professionals with a total of 29 interviews, 10 focus groups, and 5 diary logs.

Data Analysis: The analysis of the lived experience was interpretative drawing on phenomenology, supported by NVivo 10 for data management. The analysis drew on the primary participants' interviews data plus diary logs and mapping of the care network of people being cared for.

Findings: Home was the preferred place of care for all the primary participants, their inner circle of care (care networks) included both formal and informal carers. A key element of the compassionate communities approach across all the sites was a volunteer befriender role.

Discussion: Within the stories there were highlights of how compassionate communities approaches in different ways had extended formal