A CRITICAL INVESTIGATION OF THE OUTCOMES OF THE TRADITIONAL MODEL OF SPECIALIST PALLIATIVE DAY SERVICES ON SPECIFIC COMPONENTS OF ATTENDEE QUALITY OF LIFE, WELLBEING AND MOOD: A Mixed Methods Study

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BACKGROUND
Specialist Palliative Day Services (SPDS) have been in existence in the United Kingdom (UK) since the mid-1970s and are traditionally provided by larger hospice organisations (Stevens, 2009; Wilkes et al., 1978). In keeping with the central tenet of palliative care the outcome of SPDS is the promotion of quality of life (World Health Organisation 2018; Hearn and Myers, 2001). While there is reasonable evidence to demonstrate the structures and processes of such services there is little evidence of their effectiveness and efficiency (Stevens et al., 2011). Consequently, this study investigated the outcomes of the traditional model SPDS on specific components of quality of life already considered to be outcomes on such services.

RESEARCH APPROACH AND QUESTIONS
This was a two phase, convergent mixed methods research (MMR) study. Phase 1 utilised the EQ5D-3L, Rosenberg Self-esteem Scale (RES), the death anxiety (DA) goal seeking (GS), and choice (CR) subscales of Life Attitude Profile-Revised (LAP-R), the purpose and meaning composite scale of the LAP-R and the Hospital Anxiety and Depression Total Mood Scale (HADDS) to measure components of quality of life over 20 weeks. Phase 2 utilised emotional touchpoint interviews to elicit attendees’ perceptions of attending SPDS. In keeping with a convergent MMR approach three research questions were developed to meet the overall aim of the study (Creswell, 2015). Figure 1 outlines the approach and the research questions.

DATA ANALYSIS AND FINDINGS
Quantitative data were analysed by employing descriptive statistical tests in SPSS. Qualitative data were subjected to thematic analysis using Braun and Clarke’s (2006) framework. In keeping with a convergent MMR approach both data sets were then combined, scrutinised and triangulated (figure 1). A data integration matrix was then developed to demonstrate where data was related and the level of congruence that was achieved. Table 1 highlights the findings and their congruence.

CONCLUSIONS AND RECOMMENDATIONS
This appears to be the first MMR study to critically investigate the outcomes of attending the traditional model of SPDS. Examining the phenomenon from two separate viewpoints allowed SPDS to be scrutinised in a way that would otherwise have not been possible had the quantitative and qualitative findings not been interrogated and discussed as a whole. The conclusions and recommendations from this study are outlined below.

- Referral to SPDS generates death anxiety and may be experienced throughout attendance at SPDS. Services should acknowledge death anxiety as potential cause of non-attendance and work more closely together with public health to reduce the reticence to attend. SPDS should promote themselves through digital technology to allow potential attendees to see the benefits of attending at the point of referral. Assessment of death anxiety within SPDS is required to promote optimal quality of life. Further research on death anxiety and how this affects people with advanced illness is necessary.
- Normal self-esteem may be maintained in SPDS by enabling people in similar circumstances become a valued member of an in-group. SPDS should promote and nurture such groups to allow attendees to benefit from peer support and to feel normal. SPDS should consider incorporating in-groups into their service provision. Further research on the benefits of peer support would be advantageous.
- Attending SPDS allows people to take part in a range of activities and interventions which promote self-management, learning, fun and achievement. SPDS should consider the development of a whole-person rehabilitative framework in which self-management and occupational balancing techniques are promoted. SPDS need to provide evidence of the intended outcomes of activities and interventions to clarify how specific aspects of SPDS benefit attendees and promote quality of life. Further MMR should explore the outcomes of specific SPDS activities and interventions on quality of life.
- Attending SPDS gives meaning, purpose and structure to the lives of some attendees. SPDS should assess existential wellbeing through meaning in life using an outcome measures such as the LAP-R PMI in conjunction with an assessment interview. Further research on how structure and meaning in life enhance the quality of life in SPDS attendees is required.
- Mood was normal for most attendees on admission to SPDS and this did not vary over time. Due to the individuality of responses to illness SPDS should proactively assess mood using a robust tool such as the HADDS on a regular basis. Further research on how mood affects attendance at SPDS is required.
- Being able to make choices within SPDS did not impact on overall choice and control in life. SPDS need to assess choice and control in attendees and employ interventions that help them feel in choice and control in their lives. Further exploration of interventions such as mindfulness which promote choice and control would be valuable. Research into the role of choice and control in people with advanced illness is required.
- Viable social health status is due to the effect of advanced illness on all domains of their quality of life. Further research on how mood affects attendance at SPDS is required.

Table 1: Data Integration Matrix: Findings and Congruence.

REFERENCE