

Palliative Care in Acute Hospital Settings in UK

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Introduction

In previous decade, the significant change has been observed in shifting the delivery of palliative care from the healthcare settings to hospice and community-based settings and change is needed for ensuring that better patient is provided within the hospitals (Paes et al., 2018). Several researches have been conducted that have highlighted the dire need for better palliative care in acute hospital settings due to the severity of the patient's condition (Richards, Ingleton, and Gott, 2012; Gott et al., 2013). Moreover, access to high-quality palliative care has come to be an increased concern in the public health policy of the UK whereas policymakers have highlighted the importance of palliative care in hospital settings (Vanbutsele et al., 2018). It is because the majority of deaths in the UK have occurred in acute hospitals and the number of expected to increase in coming years (Richards, Ingleton, and Gott, 2012). This assignment is based on a systematic literature search were two studies, one qualitative and one quantitative, have been chosen for analysing palliative care in critical/acute hospital settings in the UK. Hence, a systematic search has been conducted using appropriate databases such as CINAHL, PubMed, and ProQuest. Both the researches have been analysed by using Holland and Rees (2010) critiquing framework. Their limitations, contributions as well as strengths have been discussed in the assignment.

Literature search

The PIO framework has been incorporated for setting the literature search question (Marchenko and Temeljotov-Salaj, 2020). The reason for choosing this framework is that it can help in generating a question that can help in finding both qualitative and quantitative studies (Marchenko and Temeljotov-Salaj, 2020). The key components of PIO are population, intervention, and outcome. The application of these components is given below:

Population: patients requiring palliative care in acute hospital settings in the UK

Intervention: the transition to palliative care for patients in acute hospital settings in the UK

Outcome: improved palliative care provided to patients in acute hospital settings.

By using the aforementioned criteria, one question has been derived for qualitative research and the other one is derived for quantitative study:

1. How can be patients new to palliative care better supported in acute hospital settings?
2. What are the key palliative care requirements of patients in acute hospital settings in the UK?

After the selection of the research questions, the next step was the identification of the studies for critiquing in this assignment. Hence, the next step is literature search and the use of appropriate search terms for reaching optimum results (Marchenko and Temeljotov-Salaj, 2020). The three databases that have been selected are CINAHL, PubMed, and ProQuest. CINAHL has been selected because it is a renowned database that could offer journal articles related to healthcare, biomedicine, allied health, and nursing (LoBiondo-Wood et al., 2021). Another important database is PubMed which has been selected because it could provide abstracts and references on biomedical and life sciences topics (Canese and Weis, 2013). Lastly, ProQuest has been chosen because of its universal nature and higher number of articles related to palliative care which could be easily accessible (Whittall, Lee and O'Connor, 2016). Hence, these three databases have been chosen because they provide authentic results.

The next step is the choice of search terms for conducting extensive research on the topic (Marchenko and Temeljotov-Sala, 2020). The most important search terms in the area of palliative care are provided in the table below:

Keywords	Terms used for literature search
Palliative care	Supportive care, hospice care, end-of-life care, terminally ill, and palliative care
Hospital	Healthcare settings, clinics
Patient	Patient experience, patient preferences, patient care, patient perspective, patient satisfaction
Acute	Severe, Critical,

These key terms have also been searched by using Boolean Operators such as AND, OR, NOT, or AND NOT. These conjunctions have helped in both combining and excluding the keywords when searching for any specific search term (Aliyu, 2017). The following table shows how AND OR have been used for searching for keywords

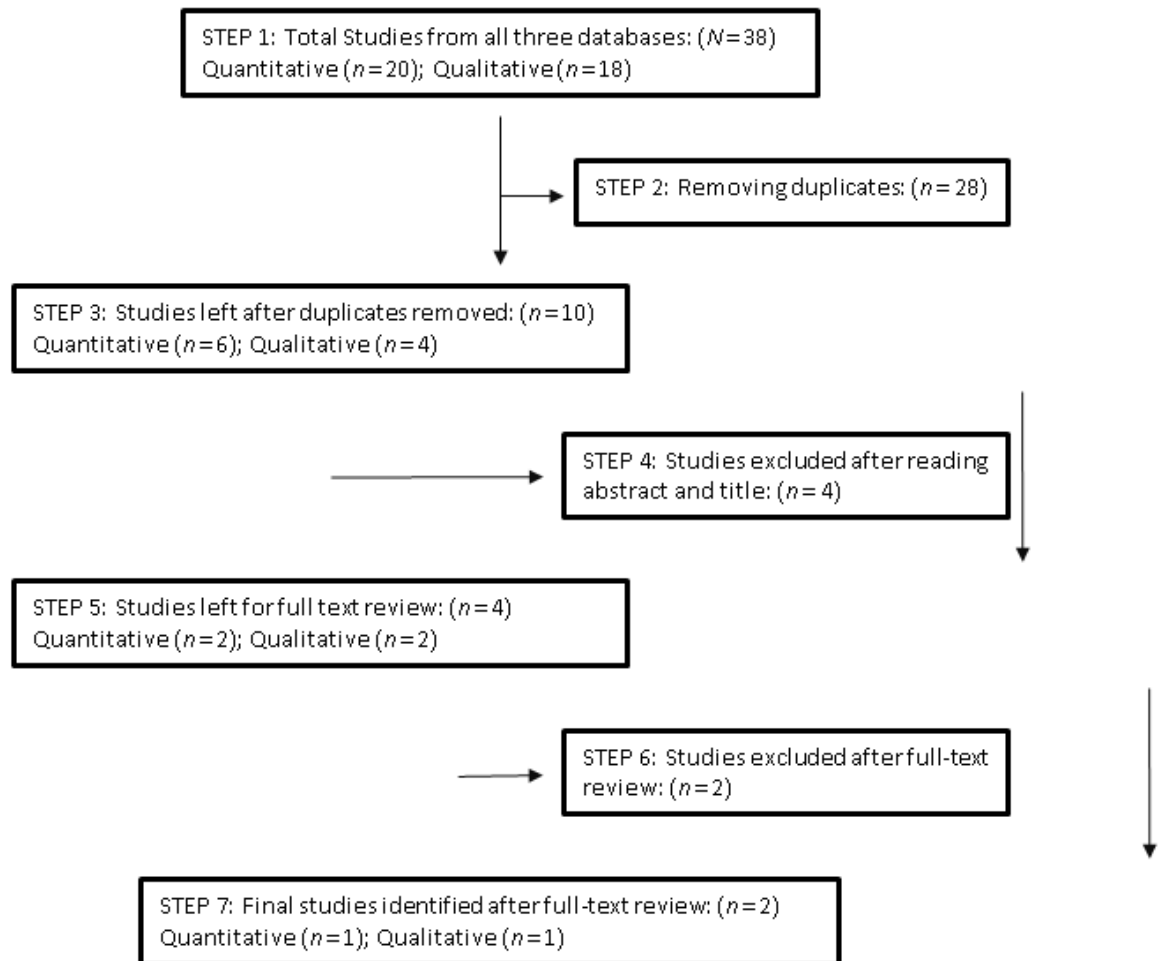
Quantitative and Qualitative search strategy for the three databases

Search	PubMed	ProQuest	CINAHL
<u>Quantitative</u>			
(palliative care* OR Supportive care*)	26,758	31,789	7,500
(Acute* OR Critical*) AND Palliative care	98	87	43
(palliative care* OR end-of-life care*) AND acute AND healthcare settings*	87	57	42
(palliative care* OR end-of-life care*) AND acute AND healthcare settings * AND (Patient satisfaction OR patient perspectives)	32	35	25
<i>Inserting Filters: 2010-present</i>	25	15	12
<i>Filters: full-text</i>	8	7	5
<u>Qualitative</u>			
(palliative care* OR Supportive care*)	26,758	31,789	7,500
(Acute* OR Critical*) AND Palliative care	98	87	43
(palliative care* OR end-of-life care*) AND acute AND healthcare settings * AND Qualitative Patient satisfaction OR patient perspectives)	32	13	14
<i>Filters: 2010-present</i>	24	11	12
<i>Filters: full-text</i>	9	5	4

The table above shows a large number of researches that have been found on palliative care while using different key terms. However, after adding further keywords the number of researches had reduced. Moreover, key filters such as the year from 2010 to present have been applied which led towards a more concise number of researches. Another filter was the full-text filter which showed 8 quantitative researches and 9 qualitative researches in PubMed, 7 quantitative and 11 qualitative researches in ProQuest, and 5 quantitative and 4 qualitative researches from CINHL.

Selection of literature

The selection of the research has been based on inclusion and exclusion criteria. First, only those researches have been included which were in the English language while researches in other languages have been excluded. Only those researches have been included that were conducted from 2010 to present while researches conducted prior to 2010 have been excluded.



It can be seen from the flow diagram above that amongst the total number of researches, 28 have been excluded because these were duplicated. Moreover, after reading the abstract and title further 4 researches have been excluded. 2 researches have been excluded after conducting a full-text review. This led to two studies selected for critique. The first study is the article by Gardiner et al. (2013) named ‘Extent of palliative care need in the acute hospital setting: A survey of two acute hospitals in the UK’ intended to define the degree of palliative care prerequisite in acute hospitals and observe settlement between sources in the purpose of patients with need of palliative care. The second article is the article by Gott et al. (2011) titled ‘Transitions to palliative care in acute hospitals in England: qualitative study’ aimed to discover ways in which palliative care changes are pragmatic and controlled in acute hospitals in two contrasting regions of England.

These are chosen because it has been based in the UK and was quantitative whereas the title and abstract fulfils the requirements for the article.

Critique

Holland and Rees provide a critiquing framework for both quantitative and qualitative research studies (Burrows and Walker, 2013). The framework is used to critique chosen articles in this study.

First, a qualitative research article by Gott et al. (2011) titled 'Transitions to palliative care in acute hospitals in England: qualitative study' was reviewed. Gott et al. (2011) aimed to discover ways in which palliative care transitions are observed as well as handled in acute hospitals in two contrasting regions of England. The aim and title are informative, accessible and present the purpose of the study; however, the inclusion of all regions of England would have delivered a more in-depth view (Vinkers, Tjink and Otte, 2015). The abstract is outlined with sections, efficiently presenting the need to highlight poor practices in palliative care in England hospitals, however, the abstract does not present recommendations that would have added more value to it (Fidahic et al., 2020). In the Introduction section, Gott et al. (2011) argued that in England, palliative care is a neglected area of research because 58% of individuals die in hospitals, and the figure can rise in the next ten years. For this, Gott et al. (2011) also considered presenting evidence-based policy and recommendations for are poor and no standardised programs for palliative care transitions despite UK General Medical Council guidance coming into effect in 2010. The significance of the problem with supporting evidence from previous studies is effectively highlighted (Williams, Boylan and Nunan, 2020).

Since, qualitative research was adopted, Gott et al. (2011) provided the justification of the exploratory nature of the problem and limited current evidence. The selection of qualitative design was the most rigorous approach as it matched with the aim since ways of palliative care transition were to be explored (Goodyear-Smith, Jackson and Greenhalgh, 2015). Williams, Boylan, and Nunan (2020) supported that qualitative design is helpful in exploratory researches to comprehend behaviours via including human experiences.

Gott et al. (2011) involved fifty-eight all-male health professionals with a table categorising the types, presenting a clear description of participants. The inclusion of an all-male sample size

presents the question of whether Gott et al. (2011) were biased since no clarification is provided. Purposive sampling with justification to accomplish concentrated possible differences of opinions as well as experience to reveal the diversity within the targeted populace. Ames, Glenton, and Lewin (2019) argued that purposive sampling is prone to bias and errors in selecting participants by researchers, presenting low reliability and generalisability of results. The sampling strategy was inefficient despite including a diverse range of health professionals; only male participants were included (Schopper et al., 2015).

Gott et al. (2011) performed data collection in 8 focus groups at general practice and hospices and four interviews in acute hospitals in Lancaster and Sheffield, carried out by 15 CGs based on literature review. Hartnell et al. (2012) suggested that interviews and focus groups based on a literature review are reliable and valid as they cover maximum aspects of the phenomenon. Whereas, Samra, Bottle, and Aylin (2015) highlighted that in interviews and focus groups, respondents do not actively voice their opinions that present bias and no true representation of targeted populations.

Regarding ethics, Gott et al. (2011) were allowed to conduct research by the Sheffield research ethics committee. However, the study is questioned about being ethically rigorous since there is no mention of maintaining anonymity, confidentiality, and privacy of participants (Lawton et al., 2017). Pollock (2012) asserted that it is necessary to detail ethics to address the validity and reliability of research.

Since the thematic analysis was adopted via NUD*IST, Gott et al. (2011) assigned three researchers read recorded transcripts to note core themes and subthemes. Manual noting down of themes presents errors as it is also not specified whether themes were rechecked (McIlpatrick and Murphy, 2013). Hudon et al. (2017) mentioned that thematic analysis lacks coherence and inconsistency while establishing themes from transcripts. Gott et al. (2011) presented results with quotations within themes related to the palliative care transition, the significance of efficient communication, and the capability to perform stated choices concerning the place of demise. The findings of Gott et al. (2011) presented detailed insights into the entire problem of transition of palliative care, how it is being impacted, and the cause of poor practices. Taylor et al. (2018) highlighted that thematic analysis is better when exploring a phenomenon from qualitative data, presenting a range of implications.

Gott et al. (2011) compared findings with other studies by referring back to the research problem, answering the aim of the research. The theory has been related to practice due to delivering recommendations via providing steps to achieve complete transition of palliative care, efficiently (Goodyear-Smith, Jackson and Greenhalgh, 2015). Key strengths and limitations of the study are mentioned by Gott et al. (2011) via stating core strength as first to explore the phenomenon, limitation as data only based on England, leading to no generalisation to other areas. Burrows and Walker (2013) stated that an article mentioning strengths and limitations present transparency and clarity of researchers, attributing to ethical practice.

The second research article that was reviewed was a quantitative study by Gardiner et al. (2013) titled 'Extent of palliative care need in the acute hospital setting: A survey of two acute hospitals in the UK'. Gardiner et al. (2013) aimed to discover the palliative care requirement extent in acute hospitals as well as examine arrangement among sources in the determination of patients with need of palliative care. The title is clear, a concise abstract outlines the research process; however, the aim is unclear as it focuses on exploring two aspects of the phenomenon (Vinkers, Tjink and Otte, 2015). In the Background section, Gardiner et al. (2013) asserted that problems are encountered when recognising patients who can gain advantages from palliative care that leads to ineffectively identifying the need for palliative care as only 23% of the population is identified due to lack of training of staff. Gardiner et al. (2013) have highlighted the importance of the topic via entailing to present better comprehension of palliative care to suit services to patient requirements and describe concerns for care.

Gardiner et al. (2013) adopted a cross-sectional design to determine the palliative care need in Sheffield's Royal Lancaster Infirmary (RLI) and Northern General Hospital (SNGH) hospitals of the UK. The selection of cross-sectional design is not the most rigorous approach as it does not efficiently cater to the aim since the need for palliative care was to be explored (Goodyear-Smith, Jackson and Greenhalgh, 2015). Sedgwick (2014) stated that a cross-sectional study is not effective as outcome and exposure are simultaneously examined. There is no evidence of a temporal association between outcomes and exposure in the study of Gardiner et al. (2013). 514 participants focusing on consultee/patients with inclusion and exclusion criteria were included; however, no sampling method is mentioned by Gardiner et al. (2013). Bigger sample sizes deliver more

accurate outcomes with precision; however, they are time and cost-consuming (Fidahic et al., 2020). Dechartres et al. (2013) implied that a sample size of more than 30 and less than 500 with inclusion and exclusion criteria produce reliable outcomes.

In this article, a primary quantitative method is used to analyse the palliative care quality in acute hospitals. The author conducts a comprehensive survey from the patients of two acute hospitals in the UK (Gardiner et al., 2013). The researcher surveyed a total of 1359 in-patients (350 patients in Lancaster, and 1009 patients in Sheffield). The inclusion criteria involve the patients aged 18 or above 18 years, and in exclusion criteria, deaf and non-English speaker patients were excluded due to the lack of resources (Gardiner et al., 2013). However, all data that has been collected were recorded into anonymised paper and then used an SPSS tool for the analysis and representation of the data.

Regarding ethics, Gardiner et al. (2013) were allowed approval via Nottingham 1 Research Ethics Committee, and research authority was approved via related NHS Trusts. Gardiner et al. (2013) involved only those participants that gave consent, and anonymity was maintained. Hoe and Hoare (2012) identified that anonymity and consent are two principles of ethics in research. Gardiner et al. (2013) acknowledge limitations that 23 consultees completed surveys for patients who did not consent. Thus, the study is questioned about being ethically rigorous since it might have delivered inaccurate findings while interpreting responses (Schopper et al., 2015). Burrows and Walker (2013) asserted that acknowledging limitations is an effective practice that increases the integrity of research.

From the sample of 1359 participants, only 37.8%, 514 consultees/patients participated. Of 514 patients, it was found that 54.1% participants were recoded as female, and the median age of these participant were 78 years (Gardiner et al., 2013). Moreover, in a sample, majority of the participants (77.8%) were 65 years old or above, and (23.2%) were 85 or older. In this study, the major part of the analyses are related with sub-group, and guidance for the GSF indicators. However, author use the GSF indicators in this study to identify that patients who have palliative care needs or not. However, from the result, it was found that only 36.0% of patients from the total number of participants experienced the palliative care need according to the criteria of GSF. The staff of medical highlighted that 15.5% of patients need palliative care, and the staff of nursing 17.4% of patients need palliative care (Gardiner et al., 2013). On the other hand, in the Patient self-report data,

it has also been found that 83.2% of patients who were meeting the GSF criteria had palliative care needs.

The findings in the above section reveal that in our sample of 514 patients, only 185 patients experienced the palliative care need according to the criteria of GSF (Pivodic et al., 2016). The author found that this figure of (36.0%) 185 patients is substantially higher than the previous studies and researches as the author discussed the study of France, the UK, and Belgium. In 1999, study of France reported that in France hospitals, only 13% beds of the hospital beds were utilised for palliative care patients (Pivodic et al., 2016). Similarly, the study of the UK in 2001 estimated that only 23% of patients in the hospital of UK experienced palliative care needs (Davison, Jhangri and Koffman, 2016). In addition, in a recent study of 2011, in the hospitals of Belgium, it has been found that only 9.4% of patients were identified as having palliative care needs (Vanbutsele et al., 2018). However, all of these researches have utilized the subjective judgment of nursing staff and medical staff to investigate the patients who have palliative care needs, rather than on the basis of diagnostic criteria. However, the author concluded that this figure of patients should be higher when using an objective and systematic measure.

Discussion

Both articles had strengths and limitations. The strength of Gott et al. (2011) was that it was the first to work on the problem as the phenomenon has been paid less attention in the context of acute hospitals in the UK. The article delivered a detailed understanding of palliative care needs and efficiently identified the main cause of poor communication between staff in acute hospitals (Carduff et al., 2018). Similarly, Gardiner et al. (2013) conveyed the need for recognition of suggesting palliative care in acute hospitals that are not timely determined due to lack of education and staff training.

Another strength of Gott et al. (2011) was that it utilised the method of purposive sampling to enhance the inclusion of a diverse range of professionals. One hospital from rural and one from urban areas were included that provided a variety of perspectives to improve generalisability to other areas of the UK (Farrelly, 2013). However, the main limitation was that the research was only focused on England; thus, results cannot be generalised for other regions in the UK (Drabble et al., 2014). On the other hand, Gardiner et al. (2013) did not mention sampling technique that is essential for producing accurate survey results. This was reflected later when some participants

did not give consent, and instead, some consultees had to fill the survey, which would have led to ineffective data interpretation (Schopper et al., 2015.). The study is limited in terms of extending it for future research when considering taking responses from questionnaires (Panter, Guell and Ogilvie, 2016).

Considering the critique of both studies, the qualitative approach seems to be more suitable for research in the nursing area, attributing to the implication that it delivered a more comprehensive response to question of literature search (Horntvedt et al., 2018). Nonetheless, the results of both articles underwrite contemporary nursing approaches in the UK as they both have delivered insinuations for practice, suggesting effective administration of palliative care provision in acute hospitals (Moran, Bailey and Doody, 2021).

Conclusion

This literature search focused on answering the undertaken question, i.e., providing palliative care in acute hospitals in the UK. Databases were searched using search terms and Boolean operators to generate literature search questions. The two most relevant qualitative and quantitative research articles of Gott et al. (2011) and Gardiner et al. (2013) were identified after conducting several searches. Further, critique of both articles was conducted to identify the application to practice as the studies inferred that there is a necessity to develop approaches of palliative care in nursing in acute hospitals in the UK, attributing to issues of poor communication and lack of proper training and education among staff.

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