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A QUALITATIVE INVESTIGATION OF PATIENT AND CAREGIVER RECIPROCAL SUPPORT IN SPECIALIST PALLIATIVE CARE

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Background Patients and caregivers in palliative care have capacity to support one another and cope with advanced illness. Joint adaptation to changing roles and mutual recognition of the challenges they face are reciprocal dimensions of support provision between patients and caregivers in palliative care.¹ However, few studies have explained how patients with advanced illness and caregivers are mutually supportive in palliative care. We aimed to identify processes of reciprocal support among patients and caregivers in palliative care.

Methods A qualitative study using the grounded theory method² was conducted with 15 patients and 21 caregivers recruited from a regional specialist palliative care service comprising two hospice sites. Sampling was purposive and theoretical. Data comprised a total of 30 semi-structured interviews using an interview schedule formulated for data collection. The data were analysed using grounded theory coding procedures and analytical memos were compiled to support the analysis.

Results Patient and caregiver reciprocal support manifested primarily in the form of emotional support. Caregivers provided emotional support to assist the patient cope with distress. Patients provided emotional support to alleviate caregiver strain, and particularly when they felt unable to reciprocate beyond emotional support. Patient and caregiver reciprocation in emotional support comprised mutual expression of affection and optimism, mutual disclosure about concerns, mutual effort to maintain constancy and normalcy, and mutual obligation to accommodate each other's preferences for care. However, obligation to accommodate each other's preferences resulted in patients and caregivers also concealing their distress from each other and in some cases, feeling constrained by one another when discussing treatment and care with healthcare professionals.

Conclusions Reciprocal support among patients and caregivers in specialist palliative care involves both disclosure and concealment. Healthcare professionals need to be alert to the impact of both disclosure and concealment in the decision-making process for treatment and care.

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THE USE OF IMMERSIVE VIRTUAL-REALITY INTERVENTIONS TO IMPROVE PSYCHOLOGICAL WELLBEING IN ADULT CHRONIC PHYSICAL ILLNESS

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Background Despite the negative psychological sequelae associated with chronic illness, psychological wellbeing is commonly overlooked in palliative care. Immersive virtual reality (VR) is a novel treatment that may improve psychological outcomes and ameliorate quality of life in adults living with chronic physical illness (ACPI). The aim of the study was to systematically review literature to:

1. Explore the psychotherapeutic applications of immersive VR in ACPI
2. Assess the effect of immersive VR interventions on the psychological welfare of ACPI

Methods A systematic literature review and meta-analysis were conducted. Database searches of Ovid MEDLINE/PubMed, Web of Science, PsycINFO, Embase and Scopus included literature published between July 1993 to March 2023. Given the paucity and heterogeneity of study design and interventions, narrative synthesis was conducted.

Results Out of 12811 texts screened; 31 studies were included. In these studies, 75% of participants were female, and the median age of participants was 50.8 years. Most of the texts included were feasibility or pilot studies. Immersive VR interventions focusing on relaxation and participant engagement demonstrated high acceptability and feasibility when adopted to patient populations dealing with cancer, kidney disease, dementia, cardiovascular disease, and multiple sclerosis. Results indicate that immersive VR can alleviate pain and reduce anticipatory anxiety, particularly in oncological settings.

Conclusions There are notable positive effects associated with immersive VR promoting environment-based and game-based relaxation, amongst people with cancer as well as other restricting chronic physical conditions. Further research on long-term benefits of VR, in wider population groups, is recommended.

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AN EXPLORATION OF CORNEAL DONATION WITHIN A HOSPICE INPATIENT UNIT (IPU)

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Background Having a certain illness or health condition does not necessarily prevent a patient from becoming an organ donor and it is possible that palliative care patients dying in hospice setting may still be eligible to donate their corneas. In line with the organ donation law in England, patients are asked about their organ donation wishes. Should a patient choose to become a cornea donor when they die, IPU staff will endeavour to fulfil patient's wish.

Methods An audit was undertaken to examine the documentation on corneal donations among inpatients who were admitted to IPU between January and March 2023. The nursing team also learned from past cases to avoid missing prospective corneal donations. Additional supporting information was sought from local eye bank to compare the regional corneal donation statistics and ascertain the outcome of retrieved corneas.

Results Results provided by the eye bank confirmed that we have been consistently the second biggest contributor to the