

Strength in Numbers: patient experiences of group exercise within hospice palliative care

Reference: Malcolm L., Mein G., Jones A., et al. BMC Palliative Care 2016; 15(97):173-179.

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Abstract:

Background: Exercise is increasingly recognized as a core component of palliative rehabilitation. The authors of this study recognized that there is limited qualitative evidence regarding psychosocial effects of group exercise in palliative care. They documented a particular lack of research regarding group exercise for palliative patients with a non-cancer diagnosis.

Methods: The aim of this study was to explore patients' experiences of participating in group exercise classes in a U.K. hospice setting from January-June 2014. In this qualitative observational study, nine patients (age 34-93) with advanced progressive illnesses participating in a group exercise program at a South London hospice completed semi-structured interviews after completing at least four one-hour weekly group exercise sessions of either Pilates or circuit training. Participants were purposively sampled by gender, age, ethnicity and diagnosis; to include diagnoses across cancer, respiratory and neurological conditions. Transcripts were interpreted using thematic analysis.

Results: All patients reported positive experiences from participating in group exercise classes. Improvements reported in physical function had a positive effect on ability to complete activities of daily living and enhanced patient mood. Other reported psychosocial benefits included: promotion of self-management, space and opportunity for reflection, supportive relationships, sharing of information, and a deeper appreciation of patients' own abilities.

Conclusion: This study highlights the positive experiences and value of group exercise classes to groups of people with diverse cancer and non-cancer conditions. The physical, emotional and psychosocial benefits suggest hospices and other palliative services should explore similar group exercise programs as part of their rehabilitation services.

Comments: Many interesting insightful quotes were provided regarding the perception of hospice, supportive relationships, and taking part in group exercise classes.

Strengths: Qualitative study, included some variety of patients (cancer, chronic respiratory disease, and motor neuron disease), and direct patient quotes were included in the analysis.

Weaknesses: Small size (n=9), one center, unidimensional, observational (no randomization), sampling with possible selection bias, no objective or quantitative measures, included outpatients, no adverse events observed, limited duration, limited patient demographics provided (did not define advanced progressive illness) and thus unknown applicability to different patient populations.

Relevance to Palliative Care: The results of this study should be carefully considered and further research is needed using large multi-center RCTs with better standardization and methodology. This study suggests that some patients with advanced progressive illnesses may experience psychosocial benefits to group exercise classes. Where resources are available, it is reasonable to offer group exercise classes to patients with advanced progressive illnesses that can safely participate.