

Barriers and facilitators to cancer rehabilitation services in South Wales, UK: perspectives of oncology healthcare professionals.

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Introduction:

Cancer rehabilitation services help manage the consequences of cancer and its treatments (Hunter et al., 2017). However, 39% of the respondents of the Welsh Cancer Patient Experience Survey reported they did not always receive practical advice or support to cope with long-term and late effects of cancer (Welsh Government, 2017). The reason for this lack of support and barriers to cancer rehabilitation have not yet been fully investigated in Wales, UK.

Aims:

The qualitative study reported here is part of a three phase project: Realist Evaluation of Cancer Rehabilitation Services in South Wales (REEACaRS). The aim is to explore the value, barriers and facilitators to cancer rehabilitation from the perspectives of healthcare professionals.

Methodology:

- A purposive sample of 20 healthcare professionals from two study sites was recruited. Eligible participants had at least one year experience in oncology.
- This study was approved by London South – East Research Ethics Committee (17/LO/2123).
- Written informed consent was sought from every participant before the interviews.
- Qualitative, audio recorded, semi-structured one-on-one interviews were transcribed verbatim.
- Thematic analysis was based on Braun and Clarke (2006).

Cancer rehabilitation is a “fuzzy word”

The word rehabilitation often means different things in different contexts. Healthcare professionals’ idea of what rehabilitation is often changes depending on the speciality they work in: “...I used to work with progressive neurological conditions, but in my head rehabilitation was, you know someone who had a stroke, you gave them a little bit of language input and they were better again. It’s not like that at all anymore; it’s very sort of fuzzy, fuzzy word. So I think that’s what it means to me. It means a fuzzy word.” (Professional_09 - Speech and language therapist)

In some oncology settings rehabilitation is considered to start on treatment completion. In acute settings where allied health professionals meet people during chemo- or radiotherapy, they do not always consider their work as rehabilitation:

“it’s not something that we’re really involved with hm... however, I think that’s hm... there is scope for change, so I’d like to think that you know dietitians could be more involved in the rehabilitation side of it... In the acute setting we don’t really have the opportunity to hm... to see patients further down the line...” (Professional_07 - Dietitian)

Medical model in healthcare as a barrier to cancer rehabilitation

Cancer rehabilitation is not always considered important by medical professionals, even though rehabilitation makes a significant contribution to alleviating side effects and long-term consequences. Misconceptions can have an impact on service uptake and referrals:

“I think unfortunately we have quite a... a quiet reputation, not everybody knows what we do as a Therapies Team let alone then the breakdown of physio, OT, speech and language. (...) but they still unfortunately I think even this... to this day a lot of doctors don’t realise what we’re here for and what we can do for the patients.” (Professional_05 - Therapy technician)

“(...) and you know everyone thinks it’s just nurses and doctors in the NHS. Hm... and yeah I think that’s certainly true here. Hm... where sometimes they forget about... I think we’re seen as an add-on, where is actually if we were utilised earlier, they actually, we’re not an add-on, we can actually enhance the services and enhance the quality of care. Hm... but that’s not always seen until the end, yeah.” (Professional_06 – Physiotherapist)



Rehabilitation is not routine in the cancer pathway

People can have unmet rehabilitation needs, because referral to services often depends on other healthcare professionals’ knowledge on available rehabilitative interventions. Cancer rehabilitation is not provided routinely within the cancer pathway:

“Referrals into us is probably the other big difficulty, is quite ad hoc, it’s only when people know about us, so it’s not routine within pathways that if you’ve got a cancer diagnosis you get the opportunity to see a therapist.” (Professional_01 - OT)

“The [Name of the surgical unit] then transfer back out to the local team, cause it might be a few weeks before they come here, they might not come here. Hm... and the teams locally are a bit more haphazard, there’s no one who, some of the community teams get referrals and phone us to ask for advice, cause they don’t feel competent to deal with neuro-oncology.” (Professional_02 - Speech and language therapist)

Education of medical professionals and promoting services can facilitate cancer rehabilitation

Some of the barriers to cancer rehabilitation stems from the lack of knowledge on what it is and how it can help people affected by cancer. Educating medical professionals and promoting cancer rehabilitation interventions can help use services to their full potentials:

“If their understanding and respect isn’t there, then it doesn’t follow down, so haematology wise it’s not so smooth, it’s getting better, because actually [Colleague’s name] did a... in-service training with them to explain what our team is, what we do and what cancer rehab is. So we’ve had a lot more referrals since then and that was only a month ago.” (Professional_19 - Physiotherapist)

“Hm... and I would say in the last year, because I’ve been trynna promote other services within my MDTs and saying do... you know asking the question ‘Oh, this person... oh, do they need to be referred on?’ hm... and talking about other services while I’m assessing somebody in the presence of a consultant and they look at it ‘Oh, yes, that’s a good idea.’ Like it is (Researcher: Yes) hm... ‘Oh, oh yeah’ you know you’ve picked up on things that they haven’t maybe had time to think about...” (Professional_18 – Dietitian)



Conclusion:

The preliminary findings of this study indicate that there is **no consensus** on the meaning of cancer rehabilitation and it often depends on professional’s background. This can have an effect on **how other members of the multidisciplinary team perceive the services**, which can have an impact on referral numbers and the utilisation of rehabilitation services. **Educating professionals** can facilitate the use of cancer rehabilitation services.

References:

- Braun, V. & Clarke, V. (2006). *Qualitative Research in Psychology*, 3(2), 77-101.
Hunter et al. (2017). *The American Journal of Occupational Therapy*, 72(2), 1-11.
Welsh Government (2017). *Welsh Cancer Patient Experience Survey*.

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