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# Exploring cancer rehabilitation services in South Wales: qualitative understanding from the perspectives of people affected by cancer and healthcare professionals

Judit Csontos, Dr Dominic Roche, Dr Tessa Watts

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**Expert attention**  
For people affected by cancer, it was important to their someone who understood their diagnosis and was able to reassure them with expert advice on what they could achieve and how far they could push themselves physically. There were in the past (personally) first had to...  
"I've not a lot of... I don't want to put their...  
"I've not a lot of... I don't want to put their...  
"I've not a lot of... I don't want to put their..."

**Rehabilitation is not routine in the cancer pathway**  
Healthcare professionals reported numerous barriers to care provision. One of the main barriers to that cancer rehabilitation is not provided routinely within the cancer pathway. This could impact who people did not always have information on available services.  
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"I've not a lot of... I don't want to put their..."

**Healthcare professionals**  
The primary findings of this study indicate that cancer rehabilitation is highly valued by people affected by cancer. However, rehabilitation is not routinely provided within the cancer pathway. This can act as a barrier to supporting people with cancer related health problems, particularly if there is a paucity of knowledge on available cancer rehabilitation services. Further, promotion among people affected by cancer and within the multidisciplinary team may help in overcoming this barrier.

**Implications**  
The qualitative study reported here is part of a three phase project: Rapid Evaluation of Cancer Rehabilitation Services in South Wales (RECARV). Within RECARV qualitative and quantitative methods are combined to explore in what circumstances cancer rehabilitation services work, for whom and how. Identifying the value and barriers to cancer rehabilitation can aid the improvement of services and might help more people cope better with the consequences of cancer.

**Feedback is given to the two specialist cancer rehabilitation services on the value and barriers to care provision.**

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## Purpose:

- Cancer rehabilitation can **improve quality of life**. (Hunter et al. 2017)
- 39% of National survey respondents **did not always receive practical advice and support** (Welsh Government, 2017). → **Why?**
- Aim: To explore the **value, barriers and facilitators** to cancer rehabilitation.



## Methods:

- Audio recorded, semi-structured, one-on-one **interviews** with people affected by cancer (n=15) and healthcare professionals (n=20)
- **Thematic analysis** was based on Braun and Clarke (2006).
- London South – East Research Ethics Committee (17/LO/2123).

*'...I do a lot of arm work and lifting weights, which improves my overall wellbeing, because I breathe better, I relax better and I'm learning how to relax again. Oh, dear, I couldn't go to sleep some nights, I just couldn't relax. But now I can. And it's partly the physical exercise I'm doing, coz I'm properly tired and the breathing exercises that I've... I've learned via Tai Chi, so it's... it's coming together.'*  
(Participant\_03 affected by breast cancer)

### Expert attention:

- People affected by cancer appreciated healthcare professionals' **attention and knowledge**.
- Healthcare professionals' **understanding of one's diagnosis** and needs **gave reassurance** to people affected by cancer.

### Good for body and soul:

- People affected by cancer valued the positive effect of exercise classes on their **physical health**.
- However, for some the impact of rehabilitation in **relieving anxiety and stress** was more important.

*'Even when in the pool [hydrotherapy] first I had 'Oh, no' I was a bit shy, I didn't want to. But their reassurance and their coaxing me to do things. I think that's what was the best thing for me. Hm... just putting my trust in them really.'*  
(Participant\_28 affected by breast cancer)

## Lack of information on services as a barrier:

- People affected by cancer did not always know **who to turn to with their rehabilitation needs**, because they were not made aware of available services.

*'...if you speak to people they'll say 'Oh, well, I've just had aromatherapy or acupuncture or something...' And you're like 'Oh, well, I didn't know that you can get that.' 'Oh, if you need to speak to this person and this...' You know, so it's seems to be more word of mouth, there doesn't seem to be a formal kind of way of finding things out.'*  
**(Participant\_37 affected by breast cancer)**

## Rehabilitation is not routine in the cancer pathway:


- One of the **main barrier for healthcare professionals**.
- People affected by cancer might not see a rehabilitation professional if they are **not referred by other members** of the MDT.

*"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)**

## Other barriers:

- Lack of staff and time
- Medical model in healthcare:  
“quiet reputation”, “seen as an add-on”

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## Conclusion:

- Cancer rehabilitation is highly **valued by people affected by cancer**.
- However, cancer rehabilitation is **not routinely provided**.
- Moreover, **not enough information** is available on services.
- **Service promotion and education** of other members of the MDT could help with making cancer rehabilitation available for more people.

References:

**Braun, V. & Clarke, V. (2006).**

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**Welsh Government (2017).**

**Welsh Cancer Patient Experience Survey.**