

Understanding how two cancer rehabilitation services work for people in South Wales, UK: findings from a mixed-methods study

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Background

Cancer rehabilitation (CR) which can consist of physical exercise, psychological support and health education depending on people's needs, has a positive impact on quality of life internationally (Hunter et al. 2017). However, 41.3% of Welsh Cancer Patient Experience Survey respondents reported receiving limited or no practical advice or support for their cancer related health issues (Welsh Government, 2017). Reasons for this lack of support are unclear. Thus, the aim of this study was to investigate how two CR services work in South Wales, UK, for whom, and in what circumstances.

Methodology

- Realist informed mixed-methods study
- Findings can be explained as Context-Mechanism-Outcome configurations
- Ethical approval by London South East Research Ethics Committee (17/LO/2123)
- Quantitative, secondary analysis of a database (n=1645 records over four years), with pre and post rehabilitation outcome measure data (e.g.: FACIT-F, etc.) compared using paired ttest or Wilcoxon signed rank test
- semi-structured, Qualitative one-on-one, audio recorded interviews with healthcare professionals (n=20) and people with cancer (n=15 including three dyadic interviews) recruited purposively from two sites
- Transcribed data were analysed using Braun and Clark's (2006) thematic approach

Findings - Outcomes

Statistical analysis of the database showed significant positive change in people's fatigue (t(4.069, p=0.000, r=0.484), functional mobility Findings - Mechanism week exercise class. However, some participants reduced physical health needs. Individualised

attended the 12-week exercise class several exercise classes encouraged people to start times, indicating long-term health issues, doing physical activities alone by reducing insufficient self-management, and dependency their fears regarding exercising with a cancer on services. Missing data patterns implied some diagnosis and increasing their confidence. participants disengaged. Reasons for this were Tailored exercise classes also improved unclear. Some interviews highlighted people's people's mental health by providing purpose unmet support needs at both services, and a sense of normality, and teaching skills suggesting that CR does not always work as that could enable people to self-manage intended.

Supporting contexts

stress. Educational interventions helped to enhance physical and psychological health by

Inhibiting contexts

Insufficient needs assessment and care coordination

> Not managed therapeutic relationships

Accessibility issues Parking

- Travelling and lack of local cancer rehabilitation services
- Timing of sessions

Unmatched peer support

Mechanism

Cancer rehabilitation interventions can lead to lack of skills to manage health issues, problems with signposting to appropriate service, and lack of emotional support

Outcome

Lack of selfmanagement and dependency on cancer rehabilitation services

Unmet health needs

raising people's bodily awareness and changing individuals' mindsets regarding their contexts often led to CR not being tailored to individual needs.

Findings - Contexts

Contexts and their relationships to mechanisms and outcomes can be seen in the Figure. In detail, well managed therapeutic relationships helped tailoring CR, as people openly discussed issues with healthcare professionals they trusted. Supportive family was helpful in two ways: providing practical support, such as driving, and motivation to become physically active. "Spontaneous peer support" was also an important context as it provided a relaxed informal support for people with cancer, and through the social interactions helped to restore a sense of normality.

inhibiting contexts resulted in However, insufficient tailoring of CR and unmet needs. There was not a gold-standard way to assess CR needs, which led to unidentified health issues. Coordination issues were also found, as healthcare professionals argued that keyworkers should be conducting needs assessment, although people with cancer experienced problems with keyworker allocation. Therapeutic relationships can be inhibiting contexts if not managed, leading to people depending on the services instead of self-managing. Unmatched peer support occurs when people in a group cannot help each other emotionally due to their different needs and circumstances. Other inhibiting contexts included accessibility issues.

Conclusion

Improved coordination of patient support and boundary setting for CR services is needed. However, some of these issues cannot be resolved until CR is fully embedded in the cancer pathway.

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Improved quality of

life, functional

outcomes, and

reduced health needs

(T=665.500, p=0.000, r=0.493), quality of life The mechanism of individualised, tailored (T=2560.500, p=0.000, r=0.550), and pain exercise classes helped people improve muscle changed capacity. However, inhibiting (T=30.000, p=0.000, r=0.676) following a 12- strength leading to increased mobility and

Outcome

Self-managing health

needs

"Spontaneous peer support" Well managed Supportive family therapeutic Practical support relationships Motivation Mechanism Individualised, tailored exercise classes can Increase muscle strength Reassure people in their physical abilities / increase confidence Reduce fear from exercising with cancer diagnosis Give purpose providing a sense of normality Teach skills Psychosocial/educational interventions can Raise awareness and provide practical knowledge Change people's mindset