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

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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)

**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.

**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.

‘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.

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”

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: