Being in safe hands: How cancer services may promote and support patients’ psychological well-being throughout treatment

Lynda Appleton, Research Nurse, The Clatterbridge Cancer Centre
Helen Poole, Liverpool John Moores University
Christine Wall, Liverpool John Moores University
Background

- Patients commonly experience stress and uncertainty during their cancer journey which can negatively impact on their psychological health and quality of life (Wikman et al. 2015)

- Compared to the occurrence of anxiety and depression, relatively little is known about how patients develop and sustain positive psychological well-being during cancer treatment (Ng et al. 2017)

- Professionals have a key role in promoting the health and well-being of patients through interventions which enable individuals to feel confident, calm and comfortable (Edvardsson et al. 2016)
Study Aims

• To explore how cancer services promote and support patients’ well-being throughout their cancer treatment

• Specifically, to identify components of care that were important to patients and which met their needs
Methods

• A qualitative, exploratory study using semi-structured interviews
• Purposive, maximum variation sample

Inclusion criteria:

• Aged 18 years or over with a diagnosis of colorectal, lung or head and neck cancer
• Aware of health status
• At the start, middle or end of treatment
• Being treated with curative or palliative intent
• Able to give informed consent independently
Sample

- 264 approached (14 actively declined) - response rate 16%
- 30 patients participated (10 per diagnostic group)
- 18 male, 12 female, age range 52-88 years
- 21 receiving curative treatment, 9 palliative
- 15 radiotherapy, 10 chemotherapy, 5 combined
- 3 were inpatients, remainder outpatients
- Patients were interviewed before (2), mid-way (11) or at the end of treatment (17)
Data Analysis and Findings

• Interviews were digitally recorded with the patient’s consent, anonymised and transcribed verbatim
• Thematic analysis used to identify recurrent or common themes across the data (Braun and Clarke 2014)
• Themes verified between three researchers and through checks with respondents
• Diaries analysed using the same methods
• Three main themes – personal, people, organisational - with associated sub-themes
Personal factors (1)

- Being positive and resilient

“If you can be positive about your outcome then I’m sure that helps in your treatment... but you need to, I would say hold on to every little bit of positivity there is and don’t believe that anything less than good is going to happen” P18

“I’m convinced I’m going to get through it, I’m absolutely convinced I’m going to get through it, I’ll just do as I’m told and, you know, to get there, to achieve that” P12
Personal factors (2)

• Feeling informed

“So the plan, treatment plan is set out in front of you and it’s been made very clear to me the goals of each aspect of that plan. So that makes the day-to-day effect of the treatment manageable because you understand what you’re achieving... you just feel what you’ve done is behind you and what’s in front of you is achievable, so that has a good effect I think mentally” P17
Personal factors (3)

- Taking responsibility for self-care

“Take part in it really. Like I say it’s not something that’s being done to you... be proactive, yeah, I think it’s the key issue” P17

“You have to be a participant in your own survival” P18
People factors (1)

- Face-to-face interactions

“It’s very important for me to be with them because you have your faith in them.... you trust and you build a rapport with them over time” P05

“They couldn’t do enough for me, em, and, you know, all the staff, the cleaners, very respectful and, you know, people who take your bloods, people in the canteen...well, the little restaurant, you know, they couldn’t do enough for me” P03
People factors (2)

- Perceptions of staff

“They can’t be doing with ‘em, with your mind, they haven’t got the time for all that and they haven’t got the training either have they” P5

“Where I’m concerned I wouldn’t bother a member of staff for that tiny thing. I’ll wait until I get a build-up and then I would ask somebody” P28

“I don't like phoning them...important people” P13
People factors (3)

- Feelings of solidarity

“When you go to register yourself in she’ll say, ‘Good morning. How are you today?’ And I’ll say, ‘I’m fine.’ And you just...that little thing just makes you feel a part of something, that’s all I can say, you don’t feel a stranger or you’re looking about wondering what’s what” P6

“That seems to be part of the philosophy that patients are partners in what’s going on, you don’t feel it as if it’s being done to you, you feel that, you know, we’re all in this together type of thing” P17
Organisational factors (1)

• Environment

“I think a lot of effort's been put into creating that atmosphere and it does help, definitely, you know, when you're fighting a horrible disease like this” P12

“You can see the place, you can see the uniforms, you can see the offices, you can see the equipment, you see the staff, everything about it is quality, there's no other word” P8
Organisational factors (2)

• Managing unfamiliar environments

“If you are unsure of where to go and what to do, somebody immediately will show you, they don’t tell you, they show you, again which is important, because it’s new to you” P21

“When you walk in, if it's your first visit then you automatically have to go to the main reception and well they’re welcoming and there’s a chap and he said “Right, come on, I'll take you down there.” And he walked us all the way down didn’t he, no trouble at all, yeah it was fine that, that was great” P9
Organisational factors (3)

- Organisational routines

“Everyday was put down separate and it was ticked off as you went in, so again, it was... it was part of your routine, it wasn’t just a letter, it was part of the routine that had to be ticked off everyday” P21

“It’s just something you feel, you feel relaxed when you go, things like that, that everything runs smoothly and there’s no hold-ups” P25
“They give out an atmosphere of competency and confidence and I’m quite happy to sit there and think, ‘well, I’m in safe hands’”  P02

“I was in the loop of the team, er, the multi-disciplinary team, so em, you’re in their protection if you like, em, so yeah, it was in X (treatment centre) then as well, so I just stayed with them so it’s very important for me to be with them because you have your faith in them...you trust and you build a rapport with them over time”  P05
Being in safe hands

“I wasn’t scared of going in there, in fact, I really liked going...if someone asked me about it I’d say ‘Look, I wouldn’t worry about it because they know what they’re doing and they look after you’” P04

“I just gave myself into a system to make me better” P24

“There was no sort of stress attached to the visits, but I quite looked forward to them...it wasn't an unpleasant experience by any stretch of imagination” P11

“Actually I’d rather go there than the dentist in many ways” P17
Recommendations

• Build on positive patient staff relationships
• Promote familiarisation with the hospital environment
• Support patients to self-manage
• Provide regular opportunities for expression of concerns/worries
• Develop brief communication interventions in line with the four-tier model of psychological support for patients and families (NICE 2004)
• Results from staff survey of level 1 psychological support to patients – clear referral pathways, adequate signposting, access to training and resources, increased awareness of professional roles & responsibilities
References


Thank you