Barriers and facilitators to self-management in people living with and beyond cancer (PLWABC): a systematic review of qualitative evidence

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Review question

The review objectives are:

To identify, evaluate and synthesise qualitative evidence that has explored the perspectives of people living with and beyond cancer regarding self-management.

To utilise this data to identify, explore and explain the potential barriers and facilitators to self-management in people living with and beyond cancer.

Searches

Keyword, title and abstract searches will be performed and translated as appropriate for each database. The search strategy was designed in collaboration with a health and social care academic subject librarian. An example string is as follows:

S1: ("Self manage*" OR self-manage* OR "self care" OR self-care OR self-monitor* OR self-regulat* OR "self efficacy" OR self-efficacy)

S2: (cancer OR neoplasm* OR oncology OR tumor OR tumour OR malignan*)

S3: (surviv* OR "post treatment" OR post-treatment OR "following treatment")

S4: (barrier* OR obstacle* OR challenge* OR facilitat* OR enable* OR motiv*)

The following databases will be searched: MEDLINE, CINAHL, PsycINFO, Scopus, Web of Science, DARE, ProQuest Dissertations & Theses Global, EThOS, Cochrane Database of Systematic Reviews, PROSPERO. In addition, reference lists of existing reviews and of retrieved articles will be screened.

Language: the search will be limited to papers written in English.

Date limits: None.

Bibliographic management: EndNote software will be used to store and manage the search results.

Types of study to be included

Inclusion: Primary studies with at least some qualitative data collection, analysis and reporting. This may include interviews, focus groups or mixed methods studies.

Exclusion: Studies with only quantitative data collection, analysis and reporting. Study protocols. Existing literature and systematic reviews will be excluded. However, the reference lists will be used as a data source.

Condition or domain being studied

Engagement (or lack of) in self-management practices/behaviours, support and resources in adults (?18) with any diagnosis of cancer who have completed treatment for cancer.

Whilst there is no universal definition of self-management, in cancer survivorship, it has been defined as "awareness and active participation by the person in their recovery, recuperation, rehabilitation, to minimise the consequences of treatment, promote survival, health and wellbeing" (DH, Macmillan Cancer Support, NHS Improvement, 2013). This definition will be used for the purposes of this review.

References:

Department of Health, Macmillan Cancer Support & NHS Improvement (2013). National Cancer Survivorship Initiative Vision. Available at: http://www.ncsi.org.uk/wp-content/uploads/NCSI-Vision-Document.pdf.

Participants/population

Inclusion: Adults **(**?18) who have had a diagnosis of cancer in the past and who have completed treatment for cancer. For example: surgery, chemotherapy, radiotherapy or a combination of treatment modalities.

Exclusion: Adolescents (under 18) with cancer. Patients currently undergoing active oncology treatment. Patients who have recently been diagnosed. Patients with metastatic cancer or cancer recurrence. Patients in receipt of palliative/end-of-life care. Studies that exclusively focus on carers, friends or relatives of cancer survivors, health and social care professionals. Studies on screening, cancer detection or cancer prevention.

Intervention(s), exposure(s)

Participation or engagement (or non-engagement) with self-management practices/behaviours, support and resources.

Comparator(s)/control

None.

Context

There will be no restriction on the study setting.

Primary outcome(s)

A synthesis of qualitative findings in relation to the barriers and facilitators to self-management from a cancer patient's perspective.

Secondary outcome(s)

Not applicable.

Data extraction (selection and coding)

Search results will be independently checked by two reviewers (DN and IMG). Firstly, following the removal of duplicates, all titles and abstracts will be independently screened according to the inclusion/exclusion criteria. Those not meeting the eligibility criteria based on title or abstract assessment will be excluded. Next, articles identified as potentially eligible for inclusion will be obtained in full and reviewed independently by DN and IMG. The selection criteria will be applied to the remaining full text articles and those not meeting the eligibility criteria following full text assessment will be excluded. In the first instance, where the two reviewers do not reach agreement, they will discuss in an attempt to reach a consensus. Any further discrepancies will be resolved with the assistance of a third reviewer (RK).

Data will be extracted using a standardised form. Criteria for extraction will include:

- Author name

- Year published

- Country where research is conducted

- Population description (age, gender, cancer type, treatment received etc.)

- Aims and objectives, research question(s)

- Method of data collection and analysis

- Method of recruitment

- Sample size

- Study setting

- Self-management definition as reported by authors

- Reported barriers to self-management

- Reported facilitators to self-management

- Author's Limitations

- Author's conclusions

In addition to the above, the findings/results, along with the primary data excerpts (participant quotations) from the included studies will be extracted into the qualitative software package NVivo and independently thematically analysed by DN and IMG. Reviewers will familiarise themselves with the primary data by reading the quotations several times. Next, they will generate initial codes and search for themes amongst the codes. Themes will be reviewed several times and named as appropriate (DN, IMG, AJ).

Risk of bias (quality) assessment
The CASP Qualitative Checklist (2017) will be used to assess risk of bias in included studies, however, quality will not be a means of exclusion, a discussion on the quality of the articles will be included in the final review. As before, studies will be appraised by two reviewers (DN and IMG) independently with discrepancies being resolved by a third reviewer (FC).

Strategy for data synthesis
The extracted data will be analysed thematically. The primary concern of the review is to gain an in-depth understanding of the barriers and facilitators to self-management in people living with and beyond cancer and as such, the themes will be coded and grouped as to whether they represent barriers or facilitators. Firstly, the primary findings will be coded and organised into related areas. Secondly, these codes will be developed to create descriptive themes. Thirdly, analytical themes will be developed and discussed to reach consensus.

Analysis of subgroups or subsets
None planned.

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Anticipated or actual start date

01 October 2017

Anticipated completion date

01 June 2018

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Conflicts of interest

Language

English

Country

England