The perception and operation of cancer rehabilitation services in South Wales from healthcare professionals' perspective: a qualitative study

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Introduction:

Cancer rehabilitation can improve quality of life (Scott et al., 2013). However, accessing and providing cancer rehabilitation is difficult, because there is no consensus on the definition of cancer rehabilitation amongst health professionals (MacDonald, 2010). This can influence the perception and uptake of services (Robb & Davis, 2015). Moreover, in the UK healthcare professionals have reported lack of time, skills and confidence are barriers to rehabilitation (Wells et al., 2014). However, the perception of cancer rehabilitation and how it works in different circumstances have not yet been fully investigated.

Aims:

The qualitative study reported here is part of a three phase project: Realist Evaluation of Cancer Rehabilitation Services in South Wales (REEACaRS). The aim is to explore how healthcare professionals perceive cancer rehabilitation, what it means to them and to investigate how services work in South Wales.

Methodology:

- A purposive sample of 20 healthcare professionals from two study sites was recruited. Eligible participants had at least one year experience in oncology.
- This study was approved by London South – East Research Ethics Committee (17/LO/2123).
- Written informed consent was sought from every participant before the interviews.
- Qualitative, audio recorded, semi-structured one-on-one interviews were transcribed verbatim.
- Thematic analysis was based on Braun and Clarke (2006).

Preliminary findings:

Four potential meanings of cancer rehabilitation have been identified:

- Cancer rehabilitation is goal focused and need dependent;
- Rehabilitation is traditionally considered as aftercare;
- Care and support from diagnosis until the end of life;
- Cancer rehabilitation determined by its benefits.

Having different meanings allocated to cancer rehabilitation might be the result of the lack of consensus on the definition of rehabilitation (MacDonald, 2010).

Barriers to rehabilitation have been identified:

- Medical model in healthcare;
- Professional boundaries.

These might originate from the diverse perception of cancer rehabilitation

Cancer rehabilitation is goal focused and need dependent

Some professionals believe that cancer rehabilitation should depend on people's needs and it should be determined by individuals' goals:

"…establishing what the patients' needs are and then supporting them to maximise their ability hm… to enable them to do what they want to be able to do." (Professional_06 – Physiotherapist)

Rehabilitation is traditionally considered as aftercare

In some settings rehabilitation is considered to start on treatment completion. In acute settings where allied health professionals meet people during chemo- or radiotherapy, they do not always consider their work as rehabilitation:

"it's not something that we're really involved with hm… however, I think that's hm… there is scope for change, so I'd like to think that you know dietitians could be more involved in the rehabilitation side of it… In the acute setting we don't really have the opportunity to hm… to see patients further down the line…" (Professional_07 – Dietitian)

Care and support from diagnosis until the end of life

Some professionals consider rehabilitation as therapy that involves every aspect of care and support and should start from diagnosis until the end of life:

"I see cancer rehabilitation as encompassing hm… at any… at being utilised at any part of a… the patient's cancer journey, so that could be right at the very onset, hm… at diagnosis, hm… right through to end-of-life." (Professional_12 – OT)

Cancer rehabilitation determined by its benefits

For a professional rehabilitation means seeing the improvement in a person's quality of life and everyday activities:

"…they've improved and they were able to go home with perhaps a rollator frame. So yeah, it's really great to see how you can impact on somebodies life and quality of life." (Professional_10 – Therapy technician)

Medical model in healthcare as a barrier to cancer rehabilitation

Cancer rehabilitation is not always considered important by medical professionals, even though rehabilitation makes a significant contribution to alleviating side effects and long-term consequences. Misconceptions can have an impact on referral and service promotion:

"I think unfortunately we have quite a… a quiet reputation, not everybody knows what we do as a Therapies Team let alone then the breakdown of physio, OT, speech and language.

…but they still unfortunately I think even this… to this day a lot of doctors don't realise what we're here for and what we can do for the patients." (Professional_05 – Therapy technician)

Professional boundaries as a barrier to cancer rehabilitation

Certain allied health professional groups reported that there are professional boundaries between specialities that potentially can have an effect on the provision of care:

"…if a physio here identifies somebody needs a second stair rail, why refer them to us when you… they're quite capable of filling in the form to do it. Hm… it's better the person who knows that patient best. Hm… they don't need to come our way just for a stair rail, but culturally that's what's so that's happened…" (Professional_12 – OT)

Conclusion:

The preliminary findings of this ongoing study indicate that there is no consensus amongst allied health professionals on the meaning of cancer rehabilitation. This can have an effect on how other members of the multidisciplinary team and people affected by cancer perceive the services, which can have an impact on referral numbers and the utilisation of rehabilitation services.

References:
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