



Working out of the ‘tool box’: An exploratory study with complementary therapists in acute cancer care



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A B S T R A C T

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Aims: The aim of this research was to explore and capture complementary therapists’ experiences of and preparation for working with patients in an acute cancer care setting.

Method: Semi structured interviews with therapists ($n = 18$) in an acute cancer hospital in the North West of England. The interviews were transcribed and analysed using thematic coding.

Results: Key themes identified included; the need for a ‘tool box’ of skills that develop beyond those taught in initial training, building confidence when adapting these new skills in practice, helping patients to become empowered, the need to support carers, research evidence and resources issues, and the role of supervision.

Conclusion: This study was limited by being set in a single acute cancer site. Therapists valued having a ‘tool box’ but needed confidence and support to navigate the challenges of clinical practice.

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1. Introduction

Complementary therapies (CTs) are increasingly being used alongside conventional cancer treatments such as chemotherapy and radiotherapy [2]. Research suggests there are beneficial psychological effects of CTs for patients attending for cancer treatment, such as lowering levels of anxiety, worry and depression [3,15]. Utilising CTs to assist with specific symptoms, such as nausea and pain have also been investigated [5]. Patients and carers are very appreciative of CTs providing interventions during hospitalization [25,27]. An area of emerging practice for therapists is helping patients during medical procedures and treatments, such as intravenous cannulation and complex invasive radiotherapy procedures [18].

2. Motivation, training and supervised for therapists working in cancer care

As an emerging and evolving workforce, there is at yet limited information about how complementary therapists (hereafter termed ‘therapists’) are trained and supported in acute cancer care practice. A study [17] investigated the motivation of therapists ($n = 51$) working in cancer care across three sites, including hospice,

a hospital and cancer care day services. Participants reported having experience of cancer or another serious illness within their family or within their friendship group. Some had worked as health professionals; all were keen to make a difference by providing CTs to patients and carers. A second paper [18] explored therapists training in cancer care, concluding that there is a need for; on-going professional development, standardisation in courses and support and supervision. In a third study [19], the paper explored the rewards and challenges of therapists ($n = 15$) working in cancer care settings and the role of supervision via focus group interviews. Participants valued their work, and reported that providing CTs in cancer care was of itself rewarding, empowering and a privilege.

3. Acute cancer care

Patients can become anxious and distressed by being repeatedly cannulated for chemotherapy, attending for scans and/or having to wear moulds that place them in locked positions for radiotherapy treatments [7,23]. CT practice within an acute cancer setting needs further investigation, more specifically identifying concerns and challenges of working directly with patients during procedures and medical treatment. A recent study ($n = 82$) [22], highlights that emotional distress was almost a universal experience arising from diagnostic and cancer treatment procedures. CT interventions aimed at easing distress and calming patients during procedures/treatments have been described by lead therapists working in a major cancer hospital [20,28]. The commonly used techniques or

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tools provided at this centre include: preparing and rehearsing patients prior to procedures using shortened version of progressive muscle relaxation technique with a stress/squeezy ball, breathing techniques utilising an aromastick, and hypnotherapy alone or combined with massage or reflexology. A service evaluation identified those patients experiencing needle phobia and/or claustrophobia had been able to successfully complete procedures, alleviate anxiety and learn self-soothing techniques for future use [21].

4. Study aim

The research question was a formulated study to explore the experience, training and support needs of therapists who worked closely with patients receiving chemotherapy and/or radiotherapy.

5. Design

Semi-structured interviews were utilised to explore the experiences of the therapists working in an acute cancer hospital. Interviews were chosen as they provide access to participants' "experiences of their lived world" [16]. Demographic detail was captured via questionnaire. The interview trigger questions (Box 1) were pilot-tested with two senior members of the complementary therapy team at the study site.

6. Ethical approval and access

The study was granted ethics approval by the University of Derby. The Clinical Lead for Complementary Therapies at the study site gave permission to approach therapists to be approached. Participants provided written informed consent and their anonymity was assured.

7. Procedures

Participants working in a complementary therapy department based in a large regional acute cancer centre were recruited as a purposive sample. Therapists provided a range of interventions to help patients through chemotherapy and radiotherapy, had access to training courses provided in-house, and could attend monthly group supervision sessions. A poster and information packs about the project were distributed at team meetings. Prior to the interviews, participants completed demographic questionnaires and were given the interview questions in advance. Interviews were conducted at the hospital in a confidential space. Transcripts were offered to participants for validation. Interview data was a labelled indicating transcript number and gender (e.g. 16F indicated therapist 16 who was female).

8. Analysis

Thematic analysis was systematically applied to the transcribed interviews, with themes noted and supportive quotes identified. Transcripts were read and the re-read and themes agreed with two of the authors. Widely used, this process enables an account to be drawn from complex data derived from interviews [12,26].

9. Results

A demographic form was created to obtain information such as age, gender and experience level of the CTs. The results are shown in Table 1.

There were a total of eighteen interviews. The participants' ages ranged from 31 to 70 ($M = 41$ –60 years). The CTs practised were hypnotherapy, massage, aromatherapy, reflexology, creative visualization/relaxation and stress management techniques. The themes and subthemes arising from the analysis are detailed in Box 2.

Box 1

Trigger questions.

- What motivated you to work as a therapist in this setting? – Any motivational changes since working in this setting?
- What treatments or intervention do you find useful in your role? – Any intervention more helpful than another, tell me about it and why?
- How have the patients responded to your interventions/treatments? – Any memorable moment with a patient or carer?
- What professional challenges have you experienced in the work? – Any strategies to overcome challenges? If so what are they?
- What type of specific training have you received for working in your role? – How did it help develop your skills? How might the training be improved?
- What would you recommendation be for therapists wishing to work as a therapist in this setting? – What training should they do? What qualities/skills do you think they should possess? What kinds of support may they need to do the work?
- Anything else that you would like to add – any suggestions/experiences that you would like to share?

9.1. Theme 1: the motivations to work as a complementary therapist

9.1.1. Subtheme: prior experience of cancer

...It's a very inspirational area, and once you witness the difference it can make to patients and carer's lives, you instantly want to become involved (18 F).

...to get more experience and use hypnosis with pain management techniques (6 F).

...I wanted to work as a therapist in this setting to make a difference... help patients with fears and phobias and reduce patients' symptoms (8 F).

Table 1
Demographic results.

	Number		Number
<i>Gender</i>		<i>Place of work</i>	
Male	2	Private practice	9
Female	16	Hospice/cancer care centres	13
<i>Ethnic origin</i>		Other charity service	8
Caucasian	16	Schools	1
Black/Asian/Chinese/other	0	<i>Level of training</i>	
Mixed	2	Certificate	5
<i>Age group</i>		Degree	8
31–40 years	4	Ph.D	1
41–50 years	6	<i>Complementary therapy training</i>	
51–60 years	6	Hypnotherapy	15
61–70 years	2	Massage	14
<i>Years as a therapist</i>		Reflexology	10
Less than 1 year	1	Creative visualization/Relaxation training	16
1–5 years	2	Stress management training	16
11 years+	11	<i>Registered health professional</i>	6
<i>Years working in acute cancer care</i>			
Less than 1 year	1		
1–5 years	4		
6–10 years	8		
11 years+	5		

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