



Exploring aspects of physiotherapy care valued by breast cancer patients

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Abstract

Objective To explore the reported value of physiotherapy care received by patients who had accessed a Specialist Breast Care Physiotherapy Service.

Design Exploratory qualitative study using in-depth interviews to explore aspects of physiotherapy care valued by breast cancer patients. Thematic network analysis was used to interpret the data and bring together the different experiences of the participants and identify common themes.

Setting Physiotherapy Department at a NHS Foundation Trust Teaching Hospital.

Participants Nineteen participants were recruited and three were selected to take part in the in-depth interviews. All participants had received physiotherapy care from a Specialist Breast Care Physiotherapy Service and had been discharged within the last six months.

Results Participants valued a patient-centred holistic approach to care and access to a Specialist Service with an experienced clinician. In particular the importance of the therapeutic alliance and the value of psychological, emotional and educational support emerged, with the participants feeling empowered in their recovery.

Conclusion and clinical implications Participants reported an overall positive experience of their physiotherapy care. This study supports the need for service providers to evaluate their current physiotherapy provision and subsequently develop Specialised Services to meet the physiotherapy needs of breast cancer patients throughout all stages of their treatment pathway from the delivery of pre-operative care through to post-treatment follow-up.

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Introduction

Breast cancer has been the most common cancer in the United Kingdom since 1997 and accounts for 31% of all new cases of cancer in females [1]. The rate of new diagnoses increases rapidly amongst those aged 40 years, rising from about 1 per 100,000 in young adults to just over 400 per 100,000 in those aged over 85 years [2]. Although much progress has been made in combating breast cancer, women endure multiple assaults to the body from both the disease

and treatments. For some of the nearly three million people diagnosed annually [3], the life-prolonging surgical and adjuvant therapies are associated with complications and side effects, can lead to functional limitations, disability and have a negative impact on quality of life.

As acknowledged in the National Cancer Survivorship Initiative (NCSI) Vision [4], the next challenge is to “understand the needs of those living with breast cancer today and to develop models of care which meet their needs” (p. 4). It also acknowledges the need for services which are responsive to individual needs and access to specialist care when needed.

It is recognised that breast cancer patients have specific support needs and if these remain unmet, they are likely to have implications for long term rehabilitation outcomes.

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Hence there is an urgent need for physiotherapists to develop effective and high quality rehabilitation protocols for breast cancer patients, to support their functioning and to prevent permanent disabilities [5,6].

The Specialist Breast Care Physiotherapy Service was first established as a pilot service in 2010, in accordance with National Institute for Health and Clinical Excellence guidelines (2004) [7] and the National Cancer Action Team ‘Breast Cancer Rehabilitation Pathway’ (2009) [8]. As outlined in the NCSI document (2010) [4] the Service has been designed to accommodate the increasing numbers of breast cancer survivors in the future and to optimise the use of NHS resources.

The Service has been developed to support patients at all stages of their breast cancer treatment pathway, with the provision of a Specialist Outpatient Service for treatment related problems; including shoulder dysfunction, arm and breast lymphoedema, reduced arm strength, scar tightness, myofascial dysfunction, axillary web syndrome, donor site morbidity following reconstruction and pain. The Service is delivered by a physiotherapist who specialises in the treatment of breast cancer patients and has extensive clinical experience working with this patient group. The need to evaluate the impact of the new Service was identified as a priority. Hence, the study aimed to explore the value of physiotherapy care received by patients who had accessed the new Specialist Breast Care Physiotherapy Service.

The study objectives were to:

- identify which aspects of care patients valued most and least;
- gain insights into why these aspects were liked or disliked;
- make recommendations for clinical care pathways based on outcomes.

Method

Participants were recruited from a sampling frame of patients who had been referred to the Specialist Service and discharged within the last six months. The researcher accessed patient records to identify potential participants who met the inclusion criteria. Consent forms were sent by post with invitation to participate and an information sheet. Written consent was gained prior to taking part in the study.

In order to draw a representative sample from the population, a stratified purposeful sampling technique [9] was used; with the patients being stratified into one of three subgroups dependant on their previous physiotherapy experience. The researcher was interested to see whether the previous physiotherapy affected participant’s experience of the Specialist Service. Group one patients had accessed the Specialist Service only, group two patients had accessed the Specialist Service and had previous experience of physiotherapy locally and group three patients had accessed the Specialist Service and had previous experience of physiotherapy outside this locality. Those selected were contacted

by post and asked to telephone the Physiotherapy Department if they agreed to take part.

The inclusion criteria were any patients who had been referred to the Specialist Service following a diagnosis of breast cancer, since June 2010. Any patients identified as requiring full-time cognitive or physical care, those unable to participate in a group setting or requiring a translator or a family member to communicate were excluded.

This paper reports the results of in-depth one to one interviews which were conducted as part of the larger study involving three groups described above. One participant from each subgroup was selected using a random number table. The order of the interviews was also generated via this method. Items developed from the earlier part of the larger study were used to guide the interview schedule of open-ended questions. A consistent scripted protocol was followed for each interview, which was audio-recorded then transcribed and lasted between 30 and 45 min. The researcher conducted the interviews in a dual role alongside being the physiotherapist who had delivered care as part of the Specialist Service. The implications of this dual clinician–researcher role are further discussed in the ‘limitations’ section below. A thematic network analysis approach was adopted to interpret the data [10].

An application for full NHS ethical approval (Ref. 12/NW/0009) was submitted, the committee decision was that the study was a service evaluation and therefore did not require any NHS ethics approvals. Governance approval was obtained from the host NHS Trust R&D Department (Ref. 2011/266can) and ethical approval was obtained from the University ethics panel (Ref. BuSH 041).

Results and discussion

Nineteen female participants were recruited. Due to the stratification dependant on previous physiotherapy experience, the numbers in each group varied; in group one there were seven participants two in group two, and ten in group three.

As stated above one participant was randomly selected to take part in an in-depth interview from each subgroup. It is beyond the remit of this paper to fully present the findings from each of the interviews, and as the participants were stratified into sub-groups related to previous experience of physiotherapy, the findings cannot be combined together as one set of outcomes. However within this small sample, previous experience of physiotherapy had not affected the perceived value of experience of the Specialist Service; therefore comparisons between findings can be made.

The results are presented as an analysis of themes generated from each interview (see Fig. 1 and Supplementary Figs. S1 and S2), followed by a discussion of themes below.

The names quoted are pseudonyms to protect the identity of the participants. Laura was selected from group one, Pamela from group two and Chris from group three.

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