

Summary of key findings



The impact of therapeutic relationships on self-management outcomes after cancer rehabilitation: Understanding participant perceptions using a Modified Delphi Technique

Key Findings

Fifty-eight people took part in two rounds of a Modified Delphi Technique (ModDT). The group undertook prioritisation activities, rated perceived 'importance' and 'relevance' of twenty statements relating to key components of cancer rehabilitation.

The key messages from this research include the following:

Professional attributes, behaviours, skills and knowledge were some of the greatest influencers on facilitating or inhibiting therapeutic relationships. There was tension between professionals' adaptability to individuals' needs and their authenticity during healthcare interactions.

Time for, and timing of, clinical interactions had the potential to influence the role of therapeutic relationships and impact on self-management. There was a risk of inconsistent interpretation of participant ownership of self-management including definition of what successful outcomes look like and how to navigate the compliance dichotomy in practice.

Therapeutic relationships were valued by rehabilitation participants. Evidence supported the premise that therapeutic relationships have the potential to be the mechanism through which rehabilitation participants learn to self-manage the impact of long-term conditions including cancer.

This study identified that that dissolution of therapeutic relationships needed to be considered carefully. Appropriately managed dissolution of therapeutic relationships enabled participant ownership, confidence and resilience. It aimed to prevent the perception of 'abandonment' or perpetuation of dependency on healthcare resources.

Project Aims:

To gain a better understanding of cancer rehabilitation participants' perspectives of:

- The importance of therapeutic relationships in relation to other aspects of rehabilitation
- The impact of therapeutic relationships on their development of self-management behaviours.
- The factors or conditions which act as barriers and / or facilitators to effective therapeutic relationships.

Background

The rising number of people diagnosed with cancer is a growing challenge to health and social care. Increasing incidence (Cancer Research UK, 2014a), and improvements in detection and treatment have seen five year survival rates rise (Cancer Research UK, 2014b). Cancer rehabilitation is a set of complex interventions, personalised to the needs of people struggling to engage in daily activities or life roles. It is well placed to meet the long-term needs of people living with or after cancer (Craig et al., 2008; Korstjens et al., 2008).

The need to manage increasing demands on services, whilst simultaneously delivering cost savings, has resulted in subsequent organisational pressure to adopt rationalised pathways and protocol-driven practice. These pathways offer the benefits of predictable cost and uniform provision of practice (Imison et al., 2014). However, these pathways limit the opportunity for personalized care.

Self-management empowers people who are learning to live with the consequences of cancer or treatment. Therapeutic relationships may be integral to the development of these self-management behaviours. Demonstrating the value of therapeutic relationships through this research aimed to support the argument to protect person-centred practice (Imison et al., 2014).

Methodology

This Modified Delphi Technique (ModDT) was undertaken as part of a professional practice doctorate. It was conducted in two rounds. Research participants were recruited from the local cancer rehabilitation service database (2011 - 2016) and were instrumental in research design. NHS ethical approval (15/WA/0331) and research governance checks and permissions were obtained. Following signed consent, ModDT tools were sent by post or email. At the end of each round a summary of contributions was reflected back to participants to invite additional comments. ModDT data was entered into a Microsoft Excel spreadsheet. Binary responses were recorded for priority setting questions, object identification responses were entered by numeric value and free-text responses were entered verbatim. Priority decisions were based on a consensus threshold of 75%. Importance was also informed by both median (>3.25) and mode scores on a four-point Likert scale. Free text was analysed thematically. A reflexive journal and academic supervision supported a reflexive approach to this research (Stanley & Nayar, 2015).

Recommendations

Next steps following this research would be to explore opportunities to:

- Understand professional barriers and facilitators for engaging in therapeutic relationships
- Understand current mechanisms for skills development for effective therapeutic relationships.
- Define professionals' training needs and develop learning resources to meet these needs.
- Measure the impact of therapeutic relationships on the development of self-management outcomes.

Publications

Wilkinson, W. M. (2020). Service-User Involvement in Mixed Research Methods in Cancer Rehabilitation: Reflections from Practice-Based Research. . *SAGE Research Methods Cases: Medicine and Health*.
Wilkinson, W. M., Rance, J., & Fitzsimmons, D. (2017). Understanding the importance of therapeutic relationships in the development of self-management behaviours during cancer rehabilitation: a qualitative research protocol. *BMJ Open*, 7(1). doi:10.1136/bmjopen-2016-012625

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