

Cancer & Rehabilitation

Lived Experience of CRU Team Members – An Australian Qualitative Study

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The Cancer Rehabilitation Team

Methods – Lived Experiences of members of the Jacaranda team

- 14 team members of the interdisciplinary team were interviewed
- Semi-structured focus group interviews, whole range of professionals within the rehabilitation team express thoughts in their own words
- Interpretive Phenomenological Analysis (IPA) method; both positive & negative interpretations, by two analysts separately.



Team Participants & Procedures

Participants:

- Medical staff (2); Nursing staff (2); Allied Health Staff (8) – PT, OT, SW, SP, Dietitian, Psychologist, Pharmacist; Others (2) – Pastoral Care, Artist.
- All had served six months or more, as part of the team

Procedures:

- Interviews recorded; analysis of these materials by two individuals, this work was done independently, to understand overall themes expressed by interviewees, then refined / merged in interviewer discussions.



Immediate Impressions

A therapeutic community of health professionals:

- Committed to quality care
- Aiming for sustained and equitable therapy despite finite resources

Negative and positive aspects of work:

- Emotional burdens, moral dilemmas
- Moral integrity and growth in professional and personal domains
- Increasing advocacy for cancer patients and rehabilitation services



Theme 1: Therapeutic Community with Healing & Hope

Person-centred care focus across multiple domains:

- Many patients admitted in the CRU seemed initially 'without hope';
- Aiming to try and get people home in best possible circumstances.

Moral integrity:

- Resource limitations where more therapy would help patients;
- Oncology staff not reported as having presented clear information;
- Rehabilitation staff not accustomed to having these conversations

Professional growth & development

- Learning from complex case experience, despite resource limitations
- Junior staff would not usually get this opportunity in other units
- Strengthened advocacy for these individuals



Theme 2: Individual Growth and Development as a Person

Gratitude & humility:

- Learning from patients about what they saw as very important, more time for people and relationships, less focus on 'things and stuff';
- Supporting people who might be approaching dying, as a real phase of life's cycle, and something that might happen to any given team member

Supportive of people in very difficult circumstances:

- Beauty seen in the way that colleagues support these patients;
- Support patients in allowing them to express exactly their intentions, and help to bring these wishes to pass, or help modify these.



Theme 3: Limited by the System

Cancer rehabilitation not visible, limited availability in 'the system':

- Not acknowledged in wider public health system or by government;
- Doing 'the best possible' validates staff, whilst dealing with limitations;
- Difficult to extend referral networks, and provide good publicity

Resilience despite limitations:

- Managing unknown problems makes cancer rehabilitation challenging
- Despite patients feeling good on some days, and bad on others, they feel they are achieving something in improving themselves



What is being done well

A person-centred approach is being modelled:

- Enhanced staff-patient connections
- Value placed on treating patients as human beings > people with cancer

Job satisfaction:

- Offering hope to people perceived as being without much hope
- Very satisfying to see people regaining independence and getting home
- Good strong communication with other team members

Jacaranda (the CRU) as a special place

- Calming, less intrusive, has a serene feeling and not frenetic



What could be done better

Clearer communication with patients prior to admission:

- Medical situation & prognosis often not well known (?communicated)
- Multiple unknowns make it quite challenging to work with patients

Lack of support (information, time etc):

- Information available about patients on arrival often 'hit and miss'
- Patients continue to ask about their prognosis from multiple staff

Stressful aspects to goal-setting and treatments:

- Need to balance available staff time with manageable goals to go home
- Quiet time/space not always available for safe conversations
- Difficulties for nursing staff – language, bathroom space



Conclusions I

1. Qualitative data from focused team member group interviews complements the data from focused consumer interviews – a broad range of existential & other issues related to cancer itself means these rehab programs have quite distinctive challenges;
2. Interviews with team members display commitment to person-centred quality care despite limited resources., with gratitude & humility as staff support patients in achieving their goals, with opportunities for learning & advocacy not common elsewhere.

Conclusions II

1. What is being done well:
 - Good modelling of person-centred care;
 - Satisfying to give back hope to these patients, and get home;
 - Good communication with other team members;
 - Jacaranda (the CRU) is a special place.
2. What could be done better:
 - Better communication before admission;
 - Mutual support with patients asking about prognosis;
 - Manage sources of team stress – balance available time with manageable goals to get home; limitations of geography in providing care (bathrooms, spaces for safe conversations)

Questions?