

The knowledge, attitudes and beliefs of advanced nurse practitioners and clinical nurse specialists to prehabilitation advice in oncology patients

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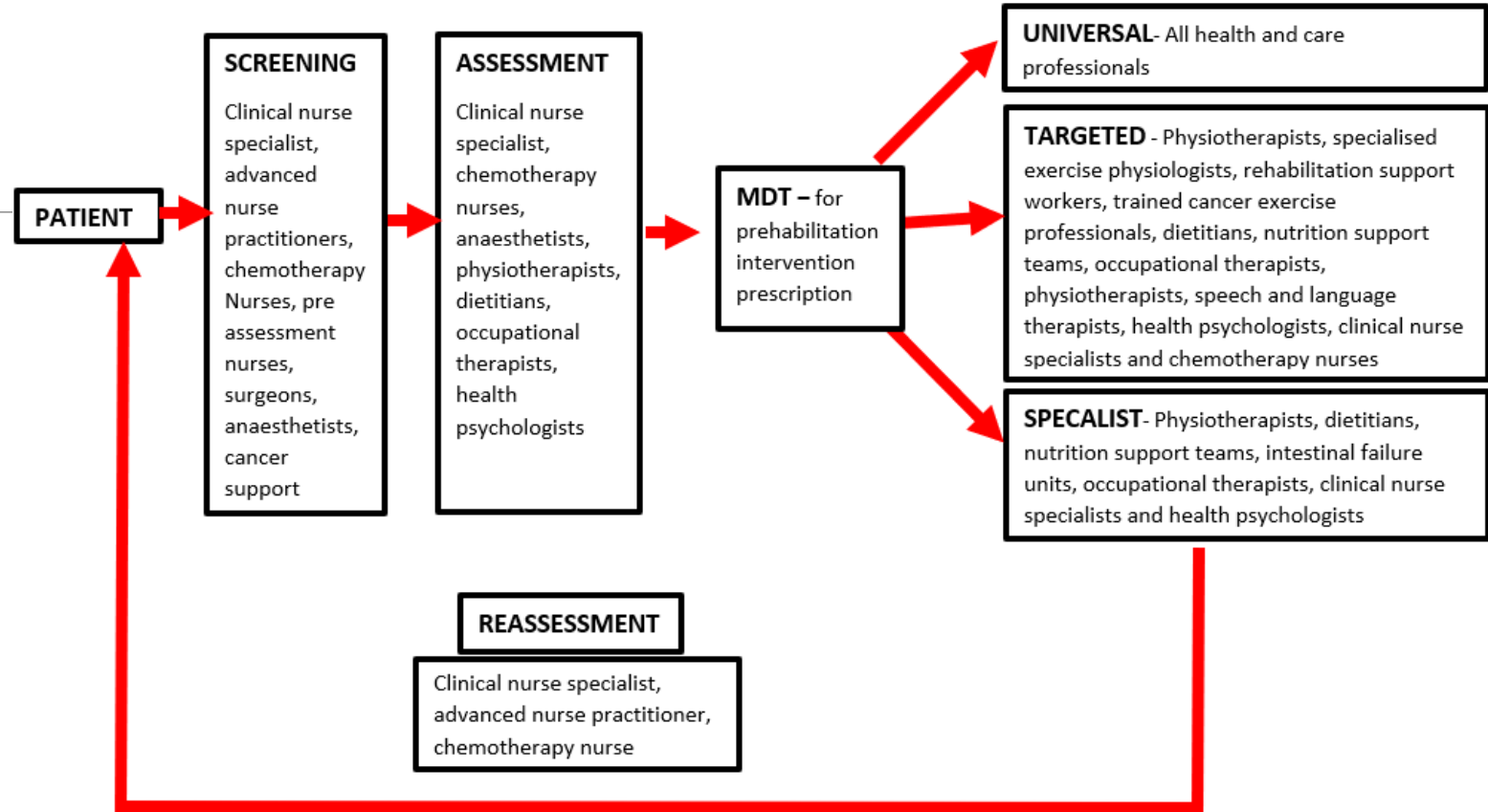
Prehabilitation

We know that prehabilitation enables patients to prepare for cancer treatment, through personalised, multi-modal prehabilitation prescriptions, based upon exercise, nutrition and psychological support.



Part of that includes the provision of healthy eating, physical activity, emotional wellbeing, smoking and alcohol cessation advice and referral leading to improvements in health improving cancer outcomes. Whilst improving patient experience by fostering a sense of control and empowerment.

The dynamic role of the nurse in prehab



Nurses are key to imparting patient advice around prehabilitation through their therapeutic relationship with patients, picking up on cues and “teachable moments” to screen patients, refer to other members of the interdisciplinary team and monitor patients and their degree of need during regular reassessment in a dynamic process

Aims of the survey:

Carried out in advanced nurse practitioners (ANP's) and clinical nurse specialists (CNS's)

Aims:

- Explore what prehabilitation advice is being given in practice to oncology patients by CNS's and ANP's
- Identify barriers and facilitators to the implementation of prehabilitation advice in oncology patients by CNS's and ANP's

Methodology:

- online cross-sectional English language questionnaire using MS Forms
- questionnaire was made up of 23 items (made up of Likert scales, free text options and one click options answers) divided over two parts- “your advice to patients” and “about you”.
- Questions around specific elements of prehabilitation advice were divided into separate questions around: healthy eating, physical activity, mindfulness/wellbeing, alcohol reduction and smoking.
- CNS’s and ANP’s working with oncology patients in the United Kingdom were sent a link to the online questionnaire through several professional organisations including the UK Oncology Nursing Society (UKONS), Macmillan and cancer alliances UK wide and through existing contacts in the NHS.
- Social media platforms were also used to enhance recruitment.
- Launched online for 3 months (March- June 2022).
- Descriptive statistics (N’s and percentages) using MS forms and Statistical package for Social sciences (SPSS), free text qualitative data arranged into themes

Results

Response rate: survey was completed by 415 respondents at closing.

Demographics:

Majority worked England (91%, n=379), worked with multiple types of cancer patients (43.4%, n= 180) with multiple tumour types (19.8%, n= 82), worked in an outpatient setting (84%, n= 349).

Prehabilitation advice

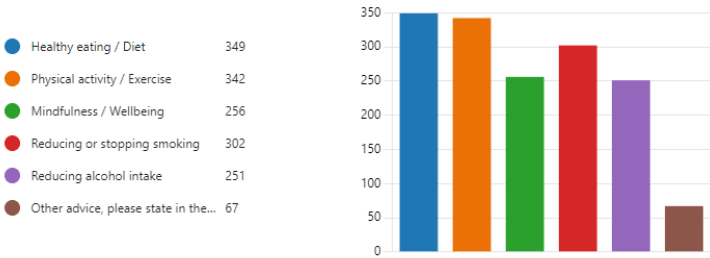
89% (n=371) of respondents gave some advice around prehabilitation elements

This was often multi elemental 47.2% covered dietary, physical activity, mental health, smoking cessation and alcohol cessation reduction advice.

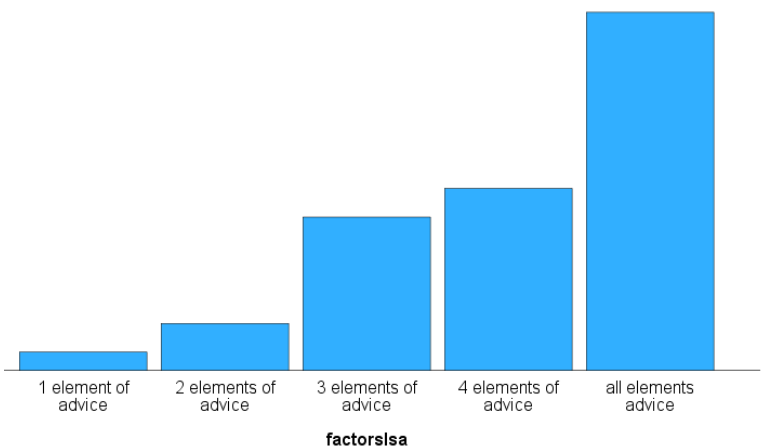
The remaining respondents also gave multi elemental advice, but this was not across all elements, for example 24 %, gave advice comprising four elements of prehabilitation.

48% of respondents worked in trust's which used the term “prehabilitation”, other terms were given in the free text boxes.

Elements of advice



Prehabilitation elements of advice



Support group skin care support and advice
effects treatment financial advice patient needs Support services financial support
emotional support **support** **advice** **patient** patients and families
support for family support patient **treatment** patient aware
advice advice majority of patients Pre treatment

“Other advice”

31% (N 115) OF RESPONDENTS ALSO GAVE “OTHER ADVICE” ALONGSIDE PREHABILITATION ELEMENTS WHICH WAS ARRANGED INTO THEMES

Key themes:

- **Individualised, person-centred patient information**

“Dependent on patient assessment and individualised according to patient, and what they are able to absorb at time of diagnosis”

- **Support- Support with relationships and family, emotional support, financial support**

“The majority of my patients understand healthy living, most of the advice I give is about coping with the changes needed during chemo and coping with uncertainty and fear. The signs and symptoms of relapse are also discussed with almost every patient at an early stage. The most common question I get is “how long have I got”

- **Treatment specific**
- **Logistical**
- **Body image**
- **Lifestyle**
- **Safety netting**

Other themes:

- Advice was primarily given between diagnosis and treatment starting (average of 40% across interventions),

"It is a continuous discussion at appropriate points in journey not just one identified time"

- Tends to be given in the clinic setting (49.6%, n 184)
- Primarily Advice was given to patients verbally and in a written form (e.g. a leaflet) (53.4%)
- Primarily nurses would signpost patients to other organisations and websites for further advice

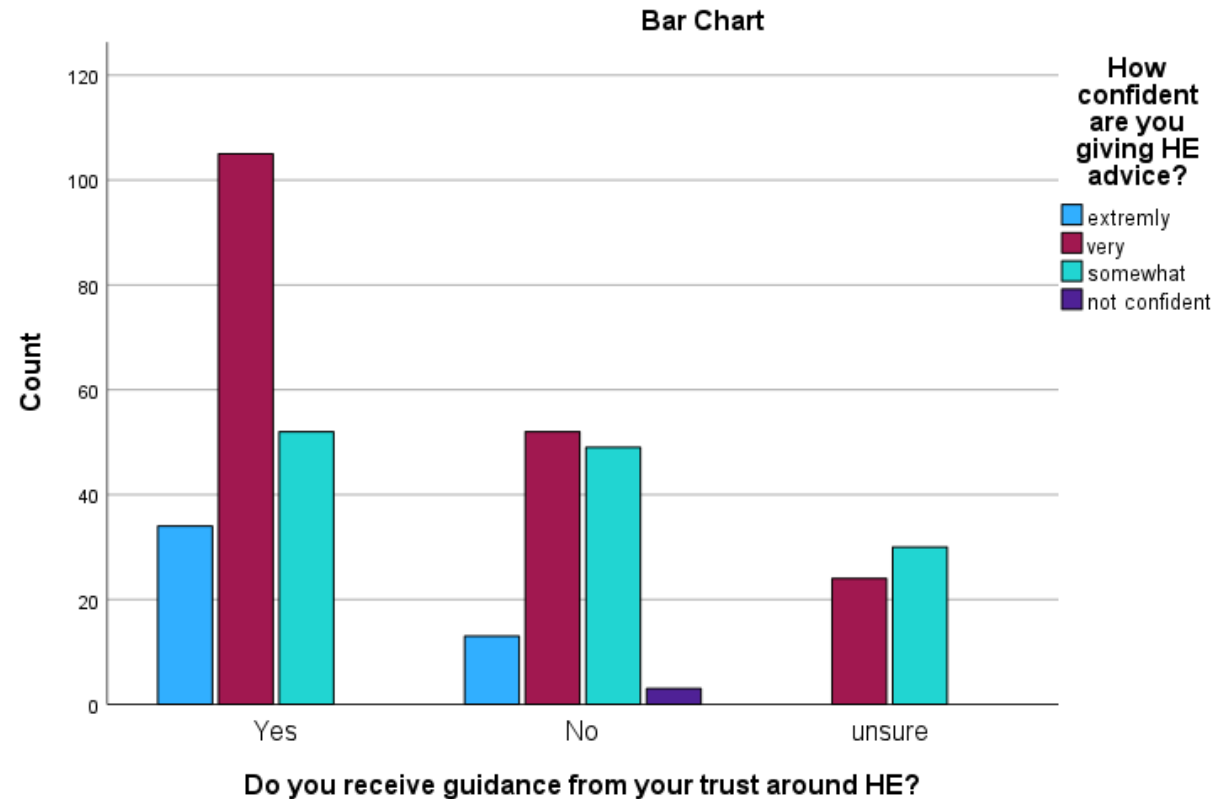
"Give them links to websites this advice/information is not always given at diagnosis as this may be too much information for the patient. You must go at the patient's pace."

Correlations

- Increased length of time in post correlates with increased provision of elements of prehabilitation advice.
- Type of cancer patients and prehabilitation advice given- greatest in surgical patients
- Area of work and prehabilitation advice. 48% of respondents who worked in an outpatient setting gave a greater number of prehabilitation advice elements

Facilitators

- A significant correlation (<0.001) was seen across all elements of prehabilitation advice between respondents' confidence to give prehabilitation advice and guidance provided.
- A significant correlation (0.001) was also seen across all elements of prehabilitation advice between respondents' confidence to give prehabilitation advice and referral to other HCP's.
- A significant correlation (0.001) was also seen across all elements of prehabilitation in guidance provided in prehabilitation advice and referral to other HCP's.



Barriers

- **Time**

Identified by over half of respondents as a barrier (61%)

“Routinely offering this advice on top of all the information we already provide is time consuming and prior to starting treatment the patients main focus is on their treatment plan and how that is going to affect them.”

- **Lack of clear guidance and resource**

Poor guidance and referral pathways combined accounted for (60%) of participants responses followed by combined poor resources and poor quality of resource which accounted for (47%)

“There is no lifestyle service for healthy eating/ physical exercise. The Strong for surgery service/ prehabilitation merely send a booklet. We know many patients do not read what we give them.”

- **Lack of patient interest/ engagement and limited relevance to patients**

Lack of patient interest accounted for (44%) of responses whilst limited relevance to patient interest accounted for (35%) of responses.

“Patient & families can sometimes create barriers to care.”

Barriers continued

- **Confidence/ knowledge**

46% of responses who didn't routinely give prehabilitation advice expressed an uncertainty of what information to give or who to refer to and being concerned they would give incorrect information.

"Differing views within healthcare team owing to lack of specific guidance"

- **Patients being overwhelmed**

"Some patients are not able to focus due to the anxiety from the diagnosis and it can be too much for them"

- **Staff unwilling to support giving prehabilitation advice**

"Working across several sites I find an inconsistency of prehab/rehab implementation support and an unwillingness to support this from staff/colleagues. Perhaps due to lack of understanding or fear of increased workload"

- **Communication barriers**

"Lack of information in different languages. Also limited knowledge of cultural difference"

Discussion/ Recommendations

- Principle finding of this research is the correlation between lack of guidance and confidence/ referral's around prehabilitation advice. Familiarity with guidelines was strongly associated with provision of prehabilitation advice and referral for all prehabilitation elements due to an increase in confidence and knowledge.
- The barrier of time was also identified by over half of respondents as a barrier, combined with the huge amount of information that CNS's and ANP's must give patients during their visits and lack of capacity. It is clear how the need for this advice, and subsequent referrals, needs to be individualised to patients and their families.
- Endorses improved education for CNS's and ANP's around prehabilitation advice and patient need
- Indicates the implementation of a prehabilitation advice resource which can be used by respondents to give quick, tailor-made advice, assessment, re-assessment and referral in often limited consultation time which links into referral pathways.

Thankyou! Any questions?

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