

Barriers and Enablers to Prehabilitation for Cancer Surgery: Systematic Review of Qualitative Literature.

Introduction

- Multimodal prehabilitation for cancer surgery is becoming increasingly common in cancer care to improve patient outcomes.
- Although beneficial for patient and health service metrics, many services and research trials report issues with patient uptake and adherence as well as continued implementation into existing services.

Aims

The aim of this systematic review was to identify and synthesise the key enablers and barriers to participant uptake and implementation, utilising the iPARIHS implementation framework.

Research Questions:

1. What are the barriers and enablers of key stakeholders to engage with a prehabilitation for cancer surgery program?
2. What are the barriers and enablers to implementing a prehabilitation for cancer surgery program?

Methods

This systematic review included mixed-methods and qualitative studies describing barriers and enablers to prehabilitation for cancer surgery. This broader criterion maximised the number of papers with relevant content to be included.

Four databases were systematically searched for studies published from January 2010 to August 2023.

Data were extracted and synthesised into barriers and enablers in respect to the iPARIHS framework elements of context, innovation and recipient. Key factors were identified and informed recommendations.

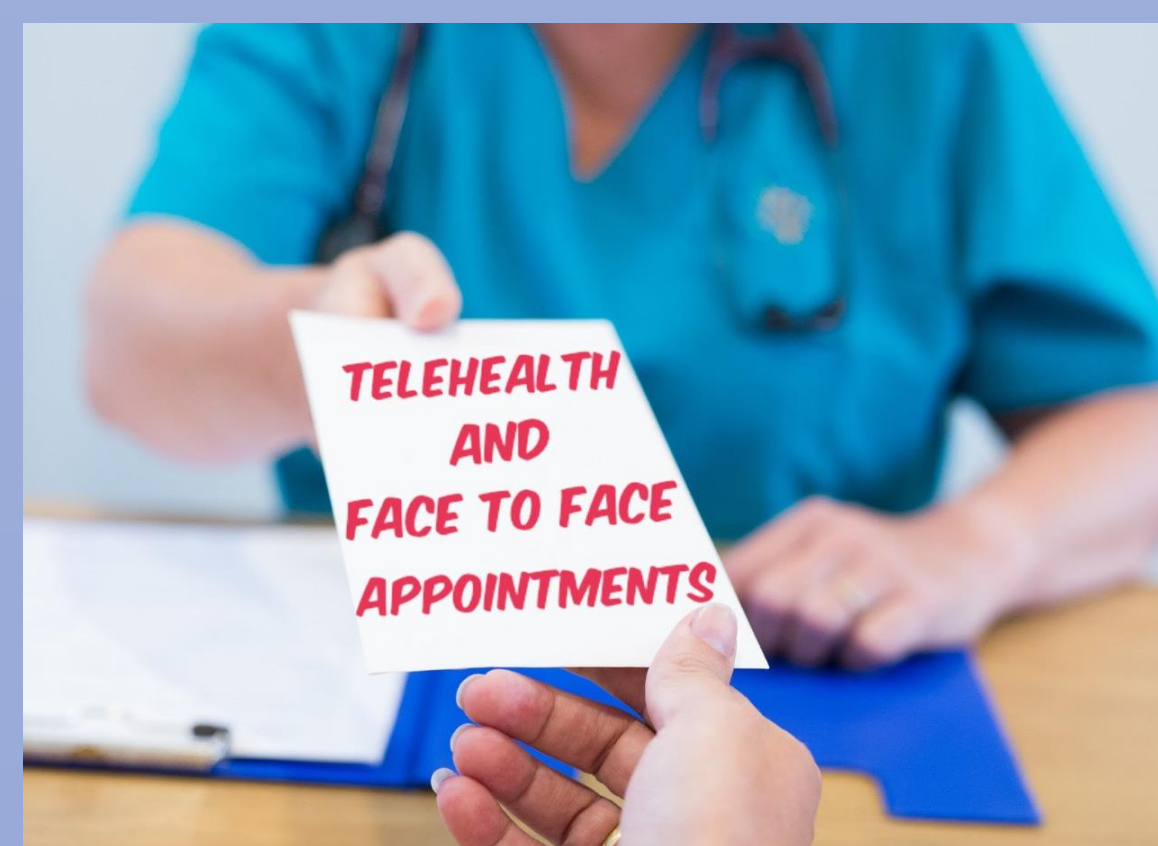
The iPARIHS framework was selected to understand the complex and interconnected factors relating to barriers and enablers to implement a prehabilitation program.

Results

Within Context

Examines factors within the local, organisational and external health system.

- content of service (32 studies),
- engagement/pathway of service (26 studies),
- delivery of service (25 studies),
- logistics (19 studies),
- access (13 studies),
- system support (11 studies),
- health professional training (7 studies).



Recommendations

- Program content and delivery must be flexible – input tailored to the individuals' needs and abilities, monitored by health professionals, variety of locations, time of sessions, in person, online, written material.
- Health system support should include protected time, guaranteed funding, awareness and promotion of program through the hospital media.
- Health Professionals require time for training, networking and service provision.

Within Recipient

Examines the influence of the recipients or stakeholders of the innovation.

- motivation (29 studies),
- accountability (19 studies),
- symptoms (17 studies),
- relationships (17 studies),
- social support (16 studies),
- emotional reaction (16 studies),
- competing life interests (10 studies),
- perception of time (9 studies),
- belief about physical health (6 studies),
- information delivery (4 studies),
- health professional lack of time/awareness (4 studies),
- perception of benefit (3 studies).



Recommendations

- Provide individualised and person-to-person care.
- Staff require training and time to invest in sustainable motivation and counselling strategies.
- Leverage family inclusion in activities.
- Acknowledge unchangeable factors such as symptoms, emotional reaction, competing life demands.
- Utilise recommendation and relationship with health professionals to build awareness among consumers.

Within Innovation

Examines the characteristics of the innovation and the quality/acceptance of the evidence.

- level of available evidence (9 studies),
- health professional desire and interest (8 studies),
- health professional distrust of evidence (5 studies),
- ineffective/unknown screening/stratification (3 studies),
- need for psychological input (3 studies)
- current culture shift (2 studies).



Recommendations

- Utilise existing evidence to build service pathways with adequate risk and input stratification.
- Develop and participate in high quality trials to build evidence base and confidence in service.
- Promote awareness, provide education and training to bolster preventative health culture change.
- Inclusion of psychological input to bolster engagement and adherence.

Discussion

Prehabilitation for cancer surgery has significant benefit, however, there are well established factors that need to be addressed when implementing new services. When health systems are supportive, health professionals can create and utilise high quality evidence to provide the appropriate support to patients to overcome their barriers to participation. The frequently identified themes of relationships and motivation should be forefront when considering patient uptake and adherence. Caution should be used especially when models of care are exclusively on app-based or online methods. The implementation recommendations acknowledge the complexity of the health service and call for a coordinated investment and effort in order to achieve successful service uptake and delivery to improve the health of those undergoing surgery as part of their cancer treatment.

References

