

Good training not good luck: what haematologists and oncologists believe would make it easier to refer to psychosocial care

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Introduction

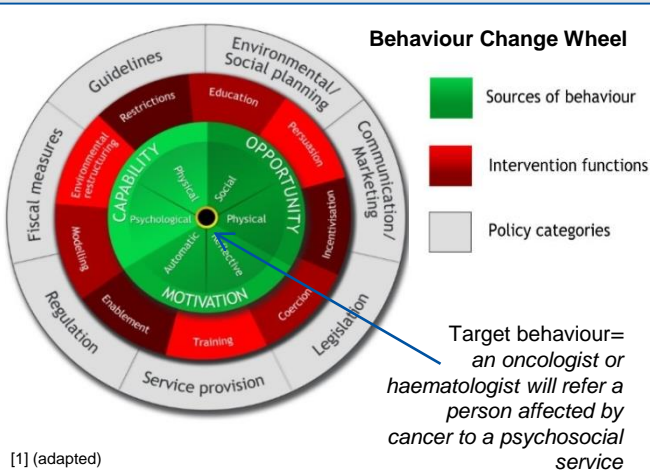
Rates of referral of patients to psychosocial services are low in most cancer treatment centres, while rates of distress are high.

Objectives








To determine why some oncologists and haematologists find it difficult to refer their cancer patients to psychosocial services, and to identify interventions through which enablers may be promoted and barriers may be surmounted, that clinicians would be willing and able to participate in.

Methods

A purposive sampling method ensured data were gathered from 7 oncologists and 5 haematologists, 5 female, with varying levels of experience, who worked in two large public teaching hospitals. Qualitative data were collected using semi-structured interviews guided by the COM-B framework [1], to help understand influences on the target behaviour (i.e. referral). Data were analysed with assistance from NVivo software, using Braun and Clarke's method of Thematic Analysis [2].



Results

	Barrier	BCW solutions	Clinician-identified solutions
Capability	Knowledge about: - What available, how to refer and how they may help - Which patients at risk of distress and may benefit - How to raise the subject and discuss referral	✓ Education ✓ Training ✓ Enablement	✓(1) Education/training ✓(2) Improved processes, communication with and visibility of services ✓(3) Increasing awareness about how it will make their job easier, may save them time and increase treatment compliance 
	Lack of time to discuss and refer	✓ Training ✓ Environmental restructuring ✓ Enablement ✓ Modeling ✓ Restriction	✓(4) Standard part of care/screening 
	Convoluted referral pathways	✓ Environmental restructuring ✓ Training ✓ Enablement ✓ Modeling	✓(1) ✓(2) ✓(4) 
Opportunity	Patients reluctant to accept due to stigma with needing psychosocial care	✓ Training ✓ Enablement ✓ Modeling	✓(4) ✓(5) Data demonstrating impact 
	Lack of availability of outpatient services	✓ Environmental restructuring	✓(6) More funding/capacity 
	Unreasonable waiting times	✓ Environmental restructuring	✓(6) 
Motivation	Medical treatment has to take priority	✓ Education ✓ Persuasion ✓ Incentivisation ✓ Coercion	✓(1) ✓(3) ✓(5) 

Conclusions

Findings will inform the development of acceptable behaviour-change-theory-based interventions to improve rates of referral to psychosocial services by oncologists and haematologists. Without novel interventions of this type, a substantial number of people affected by cancer will continue to suffer unnecessarily from high levels of distress.

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[1] Michie S, Atkins L, West R (2014) The Behaviour Change Wheel: A Guide To Designing Interventions. Silverback Publishing, London
 [2] Braun V, Clarke V (2006) Using thematic analysis in psychology. Qual Res Psychol 3(2):77-101