The Theoretical Model of Healthcare Factors Influencing Quality of Life in Cancer Survivorship (MoHaQ-CS): Implications for Supportive Care

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Background

Cancer survivors require high-quality survivorship care to support recovery and adjustment to chronic physical, psychological and social issues after cancer.

The organization of healthcare services tasked with survivorship care are complex, encompassing many variables, involving multiple healthcare providers, in often fragmented care pathways spanning several organizations (Gordon et al., 2012; Sisler et al., 2012; Snyder et al., 2008).

Healthcare is recognized as a determining factor in cancer survivors' Quality of Life (QoL) outcomes, yet few QoL models explicitly acknowledge the broader healthcare context (Ashing-Giwa, 2005). Furthermore, few studies have attempted to advance understanding of how the experience of healthcare may affect cancer survivors' well-being, including access, continuity, and the outcomes of, and satisfaction with care (Drury et al., 2017; Sisler et al., 2012).

Aim

This poster presents the Theoretical Model of Healthcare factors influencing QoL in Cancer Survivorship (MoHaQ-CS) (Figure 1), illustrating direct and indirect healthcare-related predictors influencing QoL outcomes among colorectal cancer (CRC) survivors, and implications for supportive care in cancer.

Methodology

Theoretical Framework: Ashing-Giwa (2005) Contextual Model of Health-Related Quality of Life.

Study Design: Mixed methods sequential explanatory study design.

Data Integration: Modified, deductive Pillar Integration Process (PIP) (Johnson et al., 2019).

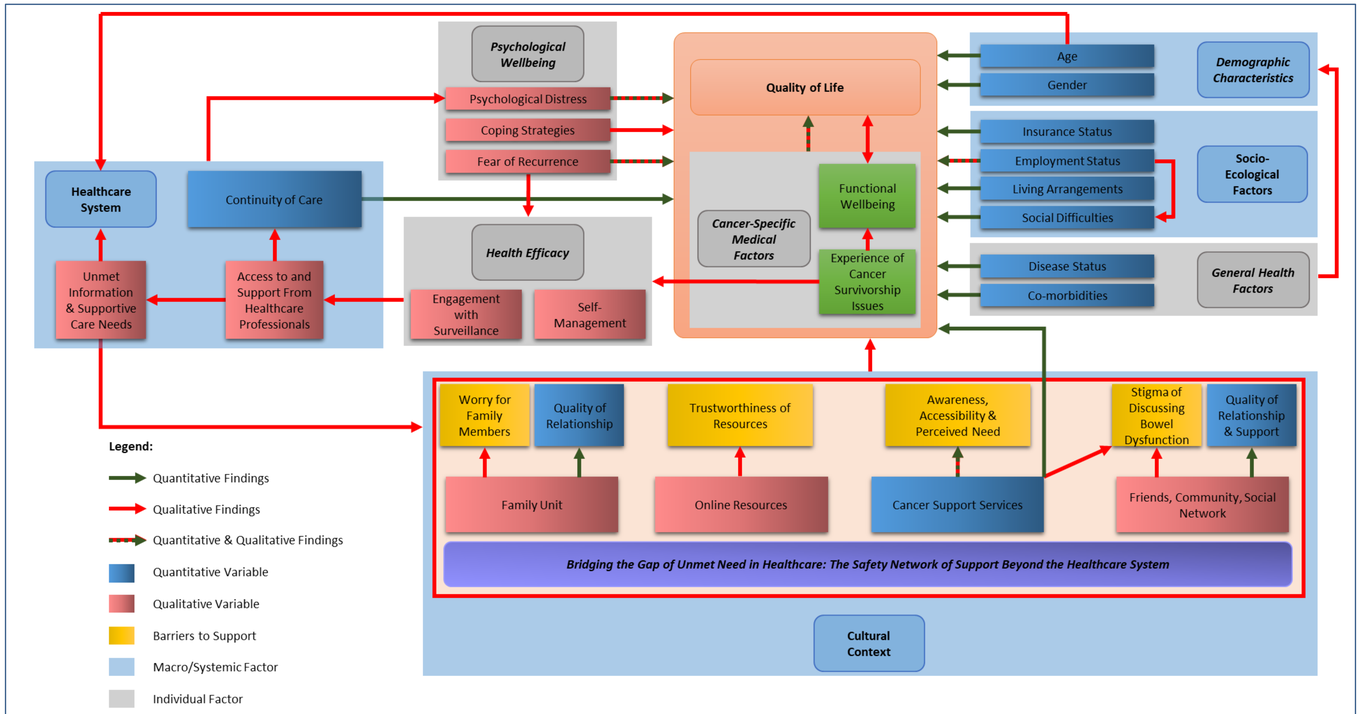

Figure 1: Model of Healthcare Factors Influencing Quality of Life in Cancer Survivorship (MoHaQ-CS)

Methods

Sample: Adult CRC survivors 6-60 months post-diagnosis.

Phase I - Cross-sectional Questionnaire (n=304):
- Functional Assessment of Cancer Therapy — Colorectal Questionnaire (FACT-C)
- Social Difficulties Inventory (SDI)
- Patient Continuity of Care Questionnaire.

Phase 2 - Semi-Structured Interviews (n=22)
- Semi-structured interviews explored survivors' symptom experiences in greater depth.

Results

Quantitative Results (Drury et al. 2020a): The MoHaQ-CS incorporates the quantitative factors which predicted CRC survivors' QoL (Insurance Status, Social Difficulties, Continuity of Care, Use of Cancer Support, Disease Status and Co-Morbidities).

Qualitative Results (Drury et al. 2020b):
The experience of chronic symptoms may create unmet information and supportive care needs, which mediate survivors' perceptions of access to, support from and continuity of healthcare, in turn affecting survivors' QoL. Survivors sought additional support to address unmet needs, however, access to such support was influenced by cultural and social factors.

Conclusions

The MoHaQ-CS represents the processes by which various healthcare factors may influence CRC survivors' QoL, based on the integrated analysis of quantitative and qualitative data generated during the sequential phases of this study. Healthcare experiences may have a significant influence on QoL outcomes among cancer survivors. The MoHaQ-CS specifically identifies multiple healthcare-related factors which may, directly and indirectly, impact QoL outcomes. This framework may support more in-depth empirical research to enhance understanding of the interactions between healthcare experiences and QoL outcomes. While the product of this study, the MoHaQ-CS, maintains the core domains of the Contextual Model of Health-Related QoL, it suggests that self-management skills and cultural context, specifically, the availability, accessibility and effectiveness of support, are critical drivers of healthcare utilisation, unmet needs and consequently, QoL outcomes in cancer survivorship.

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Reference List:

Related Publication:
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