

Barriers and facilitators to the provision of support for adults living with a brain tumour: a qualitative study of healthcare professionals

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🌐 <https://research.ncl.ac.uk/waysahead/>

Results

Background

- Adult brain tumour patients can experience substantial impact to quality of life, often requiring support for extended periods following primary treatment.
- Little is known about whether fulfilling these supportive care needs is achievable from the healthcare professional perspective.

Aim: To identify and explore barriers and facilitators to effective support provision for adults living with a brain tumour, post-treatment.

Methods

- Healthcare professionals involved in the care of adult brain tumour patients were recruited from across the UK.
- Semi-structured interviews were conducted remotely and analysed using thematic analysis.

25 healthcare professionals (Clinical nurse specialist n=6; Occupational therapist n=4; Neuropsychologist n=3; Clinical Oncologist n=2; Physiotherapist n=2; Specialist allied health professional n=2; Neurosurgeon; Neuroradiologist; Neuro-oncology support sister; Speech and language therapist; Epilepsy nurse specialist; Macmillan centre manager n=1 each) were interviewed across 11 NHS Trusts, with an average of 11.5 years working with brain tumour patients.

Barriers and facilitators were identified at the level of the patient, healthcare professional, and service.

Patient level

Help-seeking

- Desire not to be a burden
- Patient insight
- Desire to maintain normality

Resistance to support

- (Lack of) acceptance
- Attendance and compliance
- Cognitive challenges

Strength of support network

- Family and friend input

"Patients don't tend to recognise how they've changed or they don't really want to tell you" – HCP48

"Unless people can accept... they can't really put in those changes... I find it really hard to engage the ones struggling with that process" – HCP3

Professional level

- Keeping tabs on a patient
- Identifying support needs
- Relationship with patients
- Awareness of available support
- Co-ordination (referral pathways)
- Co-operation of other professionals
- (Avoiding) information overload
- Perceived role in self-management support

"When you strike up that rapport, they're much more likely to link in with you later on" – HCP49

Service level

- Staff availability
- Resources (cost and equipment)
- Time (flexibility)
- Waiting lists
- Training (expertise)
- Accessibility (location)
- Facilities

"Each area has different services so we've still got that postcode lottery problem" – HCP43

"We can offer this, but we are a very small team... there is only one of me" – HCP14

Conclusions

- This is the first study to allow healthcare professionals to self-report the challenges faced when providing support to brain tumour patients.
- These findings highlight areas that need to be addressed to facilitate the development of supportive care pathways.