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Future solutions to improve comfort during radiotherapy: patient & radiation therapist interviews

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Future solutions to improve comfort during radiotherapy: patient & radiation therapist interviews

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Purpose/Objective

Patients undergoing radiotherapy are positioned to restrict motion, ensuring treatment accuracy. Immobilisation can be uncomfortable which may impact treatment accuracy. Radiation Therapists (RTT) are responsible for managing patient comfort, yet there is little evidence to guide practice.

The objective was to explore patient and RTT experiences of comfort during radiotherapy and identify methods how comfort may be managed.

Material/Methods

Semi-structured interviews were conducted to gain insight into optimal solutions for managing comfort from both patients and RTTs.

Adult patients were purposefully recruited from Somerset NHS Foundation Trust from those referred for, receiving or had received radiotherapy within 3 months and treatment delivery time on the couch exceeded 10 minutes. Practicing RTTs were recruited nationally across the United Kingdom with experience of treatment delivery times exceeding 10 minutes. Patients were interviewed at SFT NHS or in their homes, and RTTs were interviewed via telephone. Interviews were audio-recorded, transcribed verbatim, thematically analysed and triangulated using the convergence coding matrix to explore the agreement, silence and dissonance between patient and RTT findings.

Inclusion criteria:

<u>Patients</u>: Inclusion criteria were diagnosed malignancy; >18 years; recently referred for radiotherapy, currently receiving treatment or had radiotherapy within the last 3 months; treatment delivery time ≥ 10 minutes (the time the patient was immobilised on the radiotherapy couch).

NHS Research Ethics Committee approved the study and the study was registered [NCT03984435].

Results

25 patients and 25 RTTs gave informed consent and were interviewed between February and July 2019. For patients, four main themes emerged: acceptance and coping, positioning and immobilisation, information and communication, and the environment (Figure A).

For RTTs, three main themes emerged: perceptions of acceptance and coping, positioning and immobilisation, and information and communication (Figure B). During triangulation, partial agreement was found between patients and RTTs for the acceptance and coping themes which reflected how patients deal with discomfort and transcend to accept the discomfort; for the positioning and immobilisation themes, which focused on accuracy and importance of rigid immobilisation and information; and the information and communication themes where patient education

and coaching were viewed as important.. RTTs were silent about the environment theme present in patient findings.......

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Conclusion

This qualitative study has provided the voice of patients and RTTs and their experiences of comfort during radiotherapy. It has highlighted some of the negative experiences and challenges to patient comfort and ways that this has been addressed in current practice. This information will be used to inform the development of radiotherapy comfort invention(s).