

Holistic person-centred care in radiotherapy: A scoping review protocol

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Abstract

Background: Several healthcare professionals are responsible for the cancer patient's care throughout their engagement with the healthcare system. One such healthcare professional is the radiotherapist, who plays a crucial role in the continuum of delivering high-quality healthcare to the cancer patient. The radiotherapist not only administers treatment but is also directly involved with the patient during treatment. Despite this direct contact with the patient, the narrative tends to focus more time on technical tasks instead of the actual patient. This task-focused interaction is often due to the highly sophisticated equipment and complex radiotherapy treatment processes that the radiotherapist is required to manage. The result is that often the patient's important psychosocial needs are not met, and patients have acknowledged non-compliance and delayed treatment as a result.

Objective: The scoping review aims to explore, chart and map the available literature on wholistic person-centred care in radiotherapy and to identify and present key concepts, definitions, methodologies, knowledge gaps and evidence related to wholistic person-centred care in radiotherapy.

Methods: This protocol was developed using the methodological framework for scoping studies developed by Arksey and O'Malley and incorporates the updated frameworks suggested by Levac, Colquhoun and O'Brien and Peters, Marnie and Tricco et al as well as using the Johanna Briggs Institute (JBI) methodology for scoping reviews. The review will include both peer-reviewed and gray literature regarding wholistic person-centred care in radiotherapy. A comprehensive search strategy has been developed for MEDLINE (Ovid) which will be translated into the other included databases, Scopus, CINAHL (EBSCO), MEDLINE (PubMed), Embase (Elsevier), Cochrane Library, and the Directory of Open Access Journals (DOAJ). Gray literature searching will include Google (Google books and Google Scholar), ProQuest, worldwidescience.org, OpenGrey (www.opengrey.eu), and various university dissertation and thesis repositories. The title and abstract screening, full-text review and relevant data extraction will be performed independently by all three reviewers using the Covidence software which will also be used to guide the resolution of conflicts. Sources selected will be imported into Atlas.ti for analysis that will consist of content analysis, narrative and descriptive synthesis. Results will be presented using narrative, diagrammatic and tabular formats.

Results: The review is expected to identify research gaps that will inform current and future wholistic person-centred care in radiotherapy. The review will begin on 30th June 2023 and will include all sources published in 2010 or later. Data analysis and final results will be submitted to a peer-reviewed journal once the project is complete.

Conclusions: The findings of this review are expected to provide a wide variety of strategies aimed at providing wholistic person-centred care in radiotherapy as well as some gaps in the literature. These findings will be used to inform future studies aimed at designing, developing, evaluating and implementing strategies toward improved wholistic person-centred care in radiotherapy.

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Original Manuscript

Holistic person-centred care in radiotherapy: A scoping review protocol

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Abstract

Background: Several healthcare professionals are responsible for the cancer patient's care throughout their engagement with the healthcare system. One such healthcare professional is the radiotherapist, who plays a crucial role in the continuum of delivering high-quality healthcare to the cancer patient. The radiotherapist not only administers treatment but is also directly involved with the patient during treatment. Despite this direct contact with the patient, the narrative tends to focus more time on technical tasks instead of the actual patient. This task-focused interaction is often due to the highly sophisticated equipment and complex radiotherapy treatment processes that the radiotherapist is required to manage. The result is that often the patient's important psychosocial needs are not met, and patients have acknowledged non-compliance and delayed treatment as a result.

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Methods: This protocol was developed using the methodological framework for scoping studies developed by Arksey and O'Malley and incorporates the updated frameworks suggested by Levac, Colquhoun and O'Brien and Peters, Marnie and Tricco *et al* as well as using the Johanna Briggs Institute (JBI) methodology for scoping reviews. The review will include both peer-reviewed and gray literature regarding holistic person-centred care in radiotherapy. A comprehensive search strategy has been developed for MEDLINE (Ovid) which will be translated into the other included databases, Scopus, CINAHL (EBSCO), MEDLINE (PubMed), Embase (Elsevier), Cochrane Library, and the Directory of Open Access Journals (DOAJ). Gray literature searching will include Google (Google books and Google Scholar), ProQuest, worldwidescience.org, OpenGrey (www.opengray.eu), and various university dissertation and thesis repositories. The title and abstract screening, full-text review and relevant data extraction will be performed independently by all three reviewers using the Covidence software which will also be used to guide the resolution of conflicts. Sources selected will be imported into Atlas.ti for analysis that will consist of content analysis, narrative and descriptive synthesis. Results will be presented using narrative, diagrammatic and tabular formats.

Results: The review is expected to identify research gaps that will inform current and future holistic person-centred care in radiotherapy. The review will begin on 31st December 2023 and will include all sources published in 2010 or later. Data analysis and final results will be submitted to a peer-reviewed journal once the project is complete.

Conclusion: The findings of this review are expected to provide a wide variety of strategies aimed at providing holistic person-centred care in radiotherapy as well as some gaps in the literature. These findings will be used to inform future studies aimed at designing, developing, evaluating and implementing strategies toward improved holistic person-centred care in radiotherapy.

Keywords: person-centred care; radiotherapy; cancer; holistic; radiotherapist

Introduction

Radiotherapy, also referred to as radiation therapy, is a treatment modality that uses high-energy radiation or radioactive substances to destroy cancer cells or prevent their growth [1]. The clinical usefulness of ionizing radiation was found after the discovery of x-rays and has since developed into a medical speciality. Ionizing radiation damages the genetic material of cancer cells blocking the cell's ability to proliferate, thus destroying the cancer cells [2]. Radiotherapy has become a highly cost-effective, leading modality in cancer treatment as it can be used as a primary form of treatment or in combination with other modalities for curative or palliative purposes within cancer treatment [3]. Radiotherapy has an approximate 40% cure rate when used as a single modality of treatment compared to only 11% achieved by chemotherapy when used as a single modality of treatment [4]. CRT utilization has experienced a substantial growth, now established as the standard treatment for various types of tumors, such as cervical, NSCLC, and bladder cancer as elaborated in this discussion. It provides considerable advantages in patient survival and local disease control while not significantly increasing long-term toxicities[5]. Radiotherapy is considered a conservative form of treatment with reduced adverse effects, unlike other treatments such as surgery which can have mutilating and other long-term adverse effects, thus maintaining a good quality of life [6]

Evidence-based practice shows that more than 50% of cancer patients will undergo a course of radiotherapy as part of their treatment and despite this, patients appear to lack knowledge of the importance of radiotherapy treatment and its effects [7,8]. Negative perceptions toward receiving radiotherapy treatment have been expressed as some cancer patients consider it to be a form of poison, while others fear the effects of radiation as they believe it would cause another cancer, thus delaying seeking care [6,9]. Despite the vast improvement in radiotherapy technology, in addition to dealing with treatment-related toxicities [10], many patients also experience emotional challenges such as fear, anger, depression, stress and anxiety [7,11]. Almost a third of cancer patients acknowledge not having their psychosocial needs taken care of during treatment, ensuing in a decrease in non-compliance, delayed treatment and a decrease in quality of life, thus negatively impacting tumour control [7,12,13]. These perceptions, therefore, present an urgent need for a person-centred care approach to enhance the cancer patient's experience and well-being [14]. A person-centred care approach considers the needs and preferences of patients and thus allows patients to be actively involved in any treatment care and decision-making[15]. Although cancer patients come across many health professionals along their journey, radiotherapists have a key role in the cancer patient's experience as they find themselves daily in direct contact with the patient throughout the course of their radiotherapy treatment [12,16].

Radiotherapists are experts in the technical and clinical planning and delivery of radiotherapy treatment. They are equally responsible for providing care, support, monitoring and management of treatment-related toxicities and coordination of supportive care, which can be for up to six weeks [8]. This places the radiotherapist in a unique position to engage with patients concerning their diagnosis and treatment [16,17]. However, despite the radiotherapist's direct contact with the patient, the narrative tends to focus more on technical tasks and other barriers, often at the cost of important psychosocial needs not being met [18]. Radiotherapists' disregard for patient care has also been influenced by the stressful nature of the workplace environment and the time pressures they face[17]. Nonetheless, the consequences of providing support in the form of empathy, compassion, and reassurance must be understood by radiotherapists as it can result in alleviating their patient's anxiety and fear prior to treatment [19]. Empathy is of particular importance in cancer delivery as patients acknowledge having greater satisfaction and self-awareness when treated with empathy [20,21]. The length of time that a cancer patient spends interacting with a radiotherapist has shown to have a considerable impact on their overall experience [17]. Radiotherapists' daily direct contact with cancer patients, therefore, not only enables them to prioritize their unique needs and values but also allows them to be involved in their care, creating a person-centred approach to treatment.

Radiotherapists can facilitate person-centred care by ensuring patients have their undivided attention [22]. This process can be initiated by building a rapport with each patient, communicating effectively, answering their questions, discussing their preferences, listening actively, addressing their physical and emotional needs, providing them with dignity and collaborating with other healthcare professionals to ensure the patient's needs are met. Patients stated that they felt more included and positive about their radiotherapy treatment when these aspects were addressed [8,17,22]. Person-centred care is also considered to be synonymous with wholism, or "holism", as some may prefer. Holistic care considers the body, mind, soul, and spirit interrelated and acknowledges the whole experience [23]. Holistic person-centred care is, therefore, becoming increasingly important in cancer treatment, including radiotherapy [24]. Holistic care in radiotherapy allows for a personalized approach to patient care, which includes addressing the physical, emotional, social and spiritual needs of the patient, empowering the patient and promoting healing and well-being, thus improving the overall quality of life of the patient.

There is a paucity in the literature related to holistic person-centred care in radiotherapy. A search of Open Science Framework, the Cochrane Database of Systematic Reviews and JBI Evidence Synthesis was conducted and no published or in progress scoping or systematic reviews were identified relating to holistic person-centred care in radiotherapy.

The proposed scoping review will explore, map and summarise the nature, range and extent of published literature available that relates to holistic person-centred care in radiotherapy. Identified sources will be described in terms of population, purpose and setting as well as theoretical underpinnings, outcome measures and key findings. The proposed scoping review will assist in identifying common practices, knowledge gaps in the literature, and the identification of potential areas for future research and development.

Methods

Protocol design

The proposed scoping review was developed using the methodological framework for scoping reviews developed by Arksey and O'Malley [25] and incorporates the updated frameworks suggested by Levac, Colquhoun and O'Brien [26] and Peters, Marnie and Tricco et al [27] as well as using the updated Johanna Briggs Institute (JBI) methodology for scoping reviews [28]. The "PCC" framework (population, concept, context) will guide the review that will follow the following stages: (1) identification of the review question(s); (2) identification of relevant studies. This will assist with the development of specific inclusion criteria to facilitate a comprehensive search of the literature. A comprehensive search for relevant studies will then be conducted, followed by the screening of studies. The PRISMA extension for Scoping Reviews (PRISMA- ScR) will guide the reporting process [29]

Step 1: Identification of the review question(s)

The research questions that will guide this scoping review are:

- i.) What sources are available that relate to holistic patient-centred care in radiotherapy?
- ii.) What types of studies have been conducted on holistic patient-centred care in radiotherapy?
- iii.) In what settings have these studies been conducted?
- iv.) What healthcare professionals and patients have been included in the studies?
- v.) What has the key approach been of the studies?
- vi.) What theories have underpinned the studies?
- vii.) Were there any identified measures or outcomes from the studies?

Step 2: Identification of relevant studies

A comprehensive search strategy has been developed by the three members of the research team and an experienced librarian and information specialist. An exploratory search in MEDLINE (Pubmed) and CINAHL (EBSCO) was performed to identify relevant articles on the topic (Appendix 1). Once the scoping review commences, identified keywords in the titles and abstracts of articles related to the review question will be used to complement the search strategy, thus allowing for a more comprehensive search. The search strategy will also be adapted as required by scrutinizing the reference lists of articles that meet the inclusion criteria to find additional papers. Literature published in English and studies that can be translated will be considered. The search will commence in August 2023 and will not have a date limit to ensure that all studies that meet the inclusion criteria are considered. Once the search for each database has been completed, the results will be imported into Covidence (Veritas Health Innovation, Melbourne, Australia) for storage, organization, removal of duplicates, screening and mapping of the data [30].

Step 3: Selection of studies for inclusion

The preliminary inclusion criteria will be defined using the Population, Concept and Context (PCC) format:

Population

The population for this scoping review will be radiotherapists and patients involved in radiotherapy. Given that the scoping review aims to explore holistic person-centred care in radiotherapy, there will be no limitation placed relating to cancer or radiotherapy type, duration of treatment nor final outcome, neither will there be age, geographical nor time-based limitations placed on sources.

Concept

This review will consider studies that focus on person-centred care within radiotherapy to identify key concepts, definitions, methodologies used, existing models of care and knowledge gaps in the literature. Any studies that included an intervention to improve person-centred care in radiotherapy and sources of evidence that informed practice will also be included.

Context

The scoping review will consider literature that is relevant to the radiotherapy context. The review will include the experiences of patients receiving radiotherapy treatment and evidence on the role of radiotherapists in providing any form of care or support to cancer patients during radiotherapy treatment. in both private and public settings.

Types of sources

In view of the fact that patient-centred care has been and is still a key issue in healthcare, the scoping review will aim to explore and integrate qualitative, quantitative and mixed-methods research data concerning person-centred care. Literature will be sourced from databases that will include Scopus, CINAHL (EBSCO), PubMed, Education Resources Information Centre (ERIC), Cochrane Library, Sabinet and the Directory of Open Access Journals. Any systematic reviews that meet the inclusion criteria will also be taken into account. Secondary sources that will be used in the search include Google (Google books and Scholar), ProQuest, worldwidescience.org, OpenGrey (www.opengray.eu), and various university dissertations and thesis repositories.

Study selection

Studies identified in the initial database search will be collated and then transferred into Covidence (Veritas Health Innovation), which allows for duplicates to be removed and for appropriate studies to be sorted and selected based on the inclusion criteria [30]. The first stage, which involves the

screening of titles and abstracts, will be performed independently by all three members of the research team who will vote in Covidence to determine primary inclusion. Any disagreements will be resolved through discussion amongst the team member and in the event of an impasse, the decision will be by majority vote. The second stage of article selection will involve downloading of identified sources from the first stage and then a screening of these articles in Covidence. Full-text sources that do not meet the inclusion criteria will be recorded, and reasons for exclusion will be reported in the scoping review. Any disagreements between the research team members at any stage of the selection process will be resolved through discussion. The PRISMA Extension for Scoping Reviews (PRISMA-ScR) checklist and flow diagram will be used to report and present in full the results of the search and study inclusion selection in the final scoping review [28,29].

Charting and extraction of the data

The extraction tool will be developed by the research team (Appendix 2) in accordance with the JBI methodology for scoping reviews [29] and will be piloted in Excel (Microsoft Corp) for relevance and ease of use. With the aid of an extraction tool, data will independently be extracted from the selected studies by the three members of the research team. Covidence has the advantage that changes can be made to the data extraction form at any time, even whilst extraction is in progress [30]. The data extracted will include study-specific details regarding article title, authors, geographic area, journal or another source, year of publication, aim/purpose, study population and sample size, context, methodology, intervention, outcomes and key findings related to the scoping review questions. Data must be compared, and a consensus must be reached before the data can be exported. After completing the literature search and collecting all related evidence regarding person-centred care in radiotherapy, the next step will be to chart the data. This step involves synthesizing and interpreting the data, which allows key issues and themes to be highlighted. Sources will be imported into Atlas.ti (ATLAS.ti Scientific Software Development GmbH) and thematic analysis used to identify themes that will then be summarized and discussed in relation to the study aims and objectives [31]. The identified codes and themes will be used to map the different aspects of person-centred care in radiotherapy as well as any evidence gaps. Should any missing data be noted in the data extraction table, it will be noted as “missing”. The data will be collated from ATLAS.ti and presented in a narrative summary and table format.

Step 5: Collation, synthesis and reporting of the results

The results will allow the researchers to better understand the delivery of holistic person-centred care in radiotherapy. In addition, the role of the radiotherapist will be analyzed and what is required from them to enhance this phenomenon. The results may also raise awareness of important issues in the radiotherapy profession to be included in the education of future radiotherapists. The results will be reported in accordance with the PRISMA-ScR reporting guidelines.

Results

The scoping review will commence in November 2023 and the formal literature search is expected to be completed by the end of February 2024. A preliminary search of the literature was conducted using the Scopus database in November 2023, revealing 37,345 results using the initial search terms. We intend to publish the manuscript in an appropriate, peer-reviewed and open-access healthcare journal to describe our findings and conclusions to the academic audience.

Discussion

There are several aspects related to patient-centred care within radiotherapy where gaps exist, but these are not well described. This scoping review intends to provide an overview of the current knowledge related to patient-centred care within radiotherapy, the effects that patient-centred care within radiotherapy has on both patient and radiotherapist and to highlight existing gaps within the

literature. The use of grey literature may also supplement the search to find pertinent information that cannot be found in the databases. Finally, this strategy will provide an important lens for understanding the value of delivering holistic person-centred care in radiotherapy. The scoping review method complies with the JBI recommendations [28] and will use the most recent reporting guidelines [29] to ensure that a comprehensive process that can be tracked is used.

The findings will assist radiotherapists and radiotherapy departments as well as educational institutions in identifying elements that are vital for the delivery of holistic person-centred care in radiotherapy. The study may also determine the need for additional curriculum content or additional courses for radiotherapists to fulfil their role as holistic care providers.

Limitations

The scoping review has some limitations. Firstly, the search terms are variable due to the differing terminology used to describe radiotherapy and the cancer patient. Also, the research team will only consider sources available in English, meaning that sources not written in English will be missed, limiting generalizability. The quality of the studies included will not be evaluated for quality nor methodological rigour, however, this is acceptable within the context of a scoping review and the aims of this review.

Conclusion

The scoping review will assist in providing information that will be indispensable in the development of a conceptual framework to guide holistic person-centred care in radiotherapy. The results will be disseminated at a national radiotherapy conference, including publishing an article in a radiotherapy journal. This scoping review strategy hopes to address the gap in the literature and create awareness for radiotherapists on the importance of delivering holistic person-centred care.

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The review will contribute to the completion of a doctoral degree from the Faculty of Health Sciences, University of Johannesburg, for the first author (FB).

Author's contributions

All authors contributed to the manuscript. AM led the development of the methods and search string. FB and KH contributed to the contextualization of the protocol and reviewed the methods section. AM is the primary supervisor and KH the co-supervisor to the first author.

Conflicts of Interest

None to declare

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Supplementary Files

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Multimedia Appendixes

Search terms and results from an initial search conducted in Scopus.

URL: <http://asset.jmir.pub/assets/fddf80b0be534189de3bb7d9caf2d14b.docx>

JBI template source of evidence details, characteristics, and results extraction instrument.

URL: <http://asset.jmir.pub/assets/b6aded1a49ce7fda7215f49fd28f4dc0.docx>

JBI template source of evidence details, characteristics, and results extraction instrument.

URL: <http://asset.jmir.pub/assets/794a7296ca0feee02c334dfed535821f.docx>