Working out of the ‘toolbox’: an exploratory study with complementary therapists in acute cancer care

Natasha McLaren¹ Peter Mackereth² Eileen Hackman ² and Fiona Holland¹
[1] University of Derby
Correspondence to: Dr Fiona Holland, Senior Lecturer, Psychology Department, University of Derby, Kedleston Rd, Derby

Key words: ‘tool box’, therapist, acute cancer care, training, supervision

Abstract
Aims: The aim of this research was to explore and capture therapists’ experiences of and preparation for working with patients in an acute cancer care setting.
Method: Semi structured interviews with therapists (n=18) in an acute cancer hospital in the North West of England. The interviews were transcribed and analysed using thematic coding.
Results: Key themes identified included; the need for a ‘tool box’ that goes beyond initial training, building confidence with adapting these new skills in practice, helping patients to become empowered, the need to support carers, research evidence and resources issues, and the role of supervision.
Conclusion: This study was limited by being set in a single acute cancer site. Therapists valued having a ‘tool box’ but needed confidence and support to navigate the challenges of clinical practice.
**Introduction**

Complementary therapies (CTs) are increasingly being used alongside conventional cancer treatments such as chemotherapy and radiotherapy (Baker et al, 2012). Research suggests there are beneficial psychological effects for patients attending for cancer treatment, lowering levels of anxiety, worry and depression (Billhult et al, 2009; Kutner, 2008). Utilising CTs to assist with specific symptoms, such as nausea and pain have also been investigated (Cassileth, 2007). Patients and carers are very appreciative of CTs providing interventions during hospitalization (Shorofi et al, 2011; Smith et al, 2002). An area of emerging practice for therapists is helping patients during medical procedures and treatments, such as intravenous cannulation and complex invasive radiotherapy procedures (Mackereth P et al, 2012b).

**Motivation, training and supervised for therapists working in cancer care**

As an emerging and evolving workforce, there is at yet limited information about how therapists are trained and supported in acute cancer care practice. Mackereth et al (2009a) investigated the motivation of therapists (n=51) working in cancer care across three sites, including hospice, a hospital and cancer care day services. Participants reported having experience of cancer or another serious illness within the family or with a friend. Some had worked as health professionals; all were keen to make a difference by providing CTS to patients and carers. In a second paper, Mackereth et al (2009b) explored therapists training in cancer care, concluding that there is a need for; on-going professional development, standardisation in courses and support and supervision. In a third study, Mackereth et al (2010) explored the rewards and challenges of therapist (n=15) working in cancer care settings and the role of supervision via focus
group interview. Participants valued their work, and reported that providing CTs in cancer care was of itself rewarding, empowering and a privilege.

**Acute cancer care**

Patients can become anxious and distressed by being repeatedly cannulated for chemotherapy, attending for scans and/or having to wear moulds that place them in locked positions for radiotherapy treatments (Cox & Fallowfield, 2005; Sharpe et al, 2005). CT practice within an acute cancer setting needs further investigation, more specifically identifying concerns and challenges of working directly with patients during procedures and medical treatment. CTs interventions aimed at easing distress and calming patients during procedures/treatments have been described by lead therapists working in a major cancer hospital (Mackereth et al 2012b; Stringer & Donald, 2011). The commonly used techniques or tools provided at this centre include: teaching patients a shortened version of progressive muscle relaxation technique using a stress/squeezy ball, breathing techniques utilising an aromastick, and hypnotherapy alone or combined with massage or reflexology. A service evaluation identified those patients experiencing needle phobia and/or claustrophobia had been able to successfully complete procedures, alleviate anxiety and learn self – soothing techniques for future use (Mackereth, 2012a).

**Study Aim**

The research question was a formulated study to explore the experience, training and support needs of therapists worked closely with patients receiving chemotherapy and/or radiotherapy.

**Design**

Semi-structured interviews were utilised to explore the experiences of the therapists working in an acute cancer hospital. Interviews were chosen as they provide access to participants’ “experiences of their
lived world” (Kvale and Brinkman, 2009, p.29) Demographic detail was captured via questionnaire. The interview trigger questions (Box 1) were pilot-tested with two senior members of the complementary therapy team at the study site.

**Ethical approval and access**
The study was granted ethics approval by the University of Derby. The Clinical Lead for Complementary Therapies at the study site gave permission to approach therapists to be approached. Participants provided written informed consent and their anonymity was assured.

**Procedures**
We recruited participants working in a complementary therapy department based in a large regional acute cancer centre. Therapists here provided a range of interventions to help patients through chemotherapy and radiotherapy, had access to training courses provided in-house, and could attend monthly group supervision sessions. A poster and information packs about the project were distributed at team meetings. Prior to the interviews, participants completed demographic questionnaires and were given the interview questions in advance. Interviews were conducted at the hospital in a confidential space. Transcriptions were offered to participants for validation. Interview data was a labelled indicating transcript number (T16W) and gender (M=Male or F=Female).

**Analysis**
Thematic analysis was systematically applied to the transcribed interviews, with themes noted and supportive quotes identified. Transcripts were read and the reread and themes agreed with two of the authors. Widely used, this process enables an account to be drawn from complex data derived from interviews (Green & Thorogood, 2009; Silverman, 2001).

**Box 1. Trigger Questions**

- What motivated you to work as a therapist in this setting? - any
motivational changes since working in this setting?

• What treatments or intervention do you find useful in your role? - any intervention more helpful than another, tell me about it and why?
• How have the patients responded to your interventions /treatments? - any memorable moment with a patient or carer?
• What professional challenges have you experienced in the work? – any strategies to overcome challenges? If so what are they?
• What type of specific training have you received for working in your role? - How did it help develop your skills? How might the training be improved?
• What would you recommendation be for therapists wishing to work as a therapist in this setting? - What training should they do? What qualities/ skills do you think they should possess? What kinds of support may they need to do the work?
• Anything else that you would like to add – any suggestions/experiences that you would like to share?

Results
A demographic form was created to obtain information such as age, gender and experience level of the CTs. The results are shown below in Table 1.

Table 1 Demographic Results

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Place of work</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2</td>
<td>Private Practice</td>
<td>9</td>
</tr>
<tr>
<td>Female</td>
<td>16</td>
<td>Hospice/cancer care centres</td>
<td>13</td>
</tr>
<tr>
<td>Ethnic Origin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>16</td>
<td>Other charity service</td>
<td>8</td>
</tr>
<tr>
<td>Black/Asian/Chinese/other</td>
<td>0</td>
<td>Schools</td>
<td>1</td>
</tr>
<tr>
<td>Mixed</td>
<td>2</td>
<td>Certificate</td>
<td>5</td>
</tr>
<tr>
<td>Age Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31-40 years</td>
<td>4</td>
<td>Degree</td>
<td>8</td>
</tr>
<tr>
<td>41-50 years</td>
<td>6</td>
<td>Complementary Therapy Training</td>
<td></td>
</tr>
<tr>
<td>51-60 years</td>
<td>6</td>
<td>Hypnotherapy</td>
<td>15</td>
</tr>
<tr>
<td>61-70 years</td>
<td>2</td>
<td>Massage</td>
<td>14</td>
</tr>
<tr>
<td>Years as a therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>1</td>
<td>Creative Visualization/ Relaxation training</td>
<td>16</td>
</tr>
<tr>
<td>1-5 years</td>
<td>2</td>
<td>Stress Management Training</td>
<td>16</td>
</tr>
<tr>
<td>11 years +</td>
<td>11</td>
<td>Registered Health Professional</td>
<td>6</td>
</tr>
<tr>
<td>Years working in acute cancer care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5 years</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-10 years</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 years +</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There were a total of eighteen interviews. The participants ages ranged from 31-70 (M=41-60 years). The CTs practised were hypnotherapy, massage, aromatherapy, reflexology, creative visualization/relaxation and stress management techniques.

**Box 2: The themes and sub-themes**

<table>
<thead>
<tr>
<th>Theme 1:</th>
<th>Theme 2:</th>
<th>Theme 3:</th>
<th>Theme 4:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The motivations/drivers to work as a CT</td>
<td>Training &amp; supervision</td>
<td>Challenges to working as a CT</td>
<td>Recommendations &amp; advice for CT</td>
</tr>
</tbody>
</table>

**Sub-themes:**

<table>
<thead>
<tr>
<th>Theme 1:</th>
<th>Theme 2:</th>
<th>Theme 3:</th>
<th>Theme 4:</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Wanting to volunteering</td>
<td>b. Training &amp; confidence</td>
<td>b. Funding &amp; research</td>
<td></td>
</tr>
<tr>
<td>c. Prior health professional experience</td>
<td>c. Supervision</td>
<td>c. Other health care professionals</td>
<td></td>
</tr>
</tbody>
</table>

**Theme 1: The motivations to work as a complementary therapist.**

**Subtheme: prior experience of cancer:**

"...It's a very inspirational area, and once you witness the difference it can make to patient and carer's lives, you instantly want to become involved (T18 P F)."

"...to get more experience and use hypnosis with pain management techniques (T6 M F)."

"...I wanted to work as a therapist in this setting to make a"
difference... help patients with fears and phobias and reduce patients’ symptoms (T8 T F).

Sub-theme: Prior experience as health professionals.
Six participants expressed that their motivation to work in had evolved from working as a health professional:

...As a nurse I had always been interested in complementary therapy and trained in CTs...eventually combined both my nursing and CT skills together in my current post (T18 P F).

...I’ve previously been a nurse in intensive care and a teacher in a nursing school (T17 P M).

...I was a nurse for many years, but I left due to the administration... less time with the patient (T15 W F).

Two participants had experiences working in specialist work:

...I came from a clinical hypnotherapist background and I worked in HIV and surgery pain control so I was absolutely fascinated with issues regarding pain control...with cancer care...I thought this would be a great opportunity to be of use (T10 T F).

...I used to work with people living with HIV/AIDS and ran my own clinics. I also worked as a volunteer in an MS clinic providing massage and reflexology (T17 P M).

Sub-theme: experience of cancer.
Three therapists talked about their experiences of cancer and the use of touching with a family member or friend:

...I witnessed my mother receiving complementary therapies for needle phobia and visibly saw benefits (T18 P F).
My brother-in-law had a rare cancer and was very poorly... I was told that I could not touch him because it was a contra-indication...now I realise that was a load of bull... I want to make sure that nobody ever left this world with cancer and not had therapeutic touch (T14 W F).

I had personal experience of receiving massage and reflexology and found it very helpful and so got interested in training and then offering it to patients... I was also involved in my father's care when he was ill with cancer (T17 P M).

Sub-theme: Wanting to volunteer
Participants talked about their route in the work being via volunteering:

...It was suggested to me by my teacher that I come to the hospital... I thought because 1 in 3 people have cancer it makes sense that the other 2 have to help out (T16 W F).

...I trained with somebody who worked in a cancer care setting... she had asked me if I would volunteer (T1 M F).

Theme 2: Training.
Sub-theme: building a ‘tool box’ of techniques.

The expression ‘tools’ or ‘tool box’ was referred to by most of the interviewees to describe the different techniques and adaptations offered to patients during medical procedures and treatment:

The more techniques the more you have in your tool box, the more help you are to the patients and their relatives (T5 M F).

...the more techniques we have the better, so even sometimes a foot
massage helps to bring the tension down to the feet instead of thinking and worrying...squeeze balls to give something for people to [focus] on (T9 T F).

...well I do feel like hypnotherapy has really helped me it is a great tool to have in my box (T16 W F).

Participants also discussed how the training offered to them is beneficial and specific to working in acute cancer care:

...since working here I have developed many skills and have trained in hypnotherapy (T18 P F)

...specific training to work with people with cancer... on top of that the ‘anxiety and panic’ courses and training in how to use the different interventions so different stress management techniques ... and hypnotherapy (T9 T F).

**Sub-theme: training and confidence.**

Participants talked about how all the therapists have access to courses on site:

...all the therapists who work here use adaptive techniques ... we have courses in-house ...cheaper than going anywhere else and we have the knowledge that most people don’t have (T1 M F).

Nine participants talked about the need for building confidence following the training:

...my confidence was poor ...I was worried I would not be able to help the patient (T5 M F).

...therapists may not feel confident using techniques that are taught. It’s a little bit like a driving test, if you don’t put it into practice, you can start to forget how to use it, which can lead to not feeling confident in yourself (T18 P F).
Sub-theme: supervision.
Seven participants discussed the group supervision that was available for CTs at the cancer hospital. Some participants spoke about the opportunities it gave them to share experiences with other CTs.

...with the supervision you discuss any concerns ...anything that has happened to you in the last few weeks that you need help in how to deal with, in case it happens again (T5 M F).

One therapist talked about supervision questioning how one could work without it:
...supervision is essential... [patients] get bad news it impacts upon you (T10 T F).

Another reported that she preferred supervision externally:
...I won’t come to supervision here ... if I have an issue over something it will be serious and I am not doing it in a group setting (T11 T F).

Theme 3: Challenges of being a CT therapist in acute cancer care
Participants were keen to address how they approach patients in terms of individual attention in what can be an impersonal medical system:

...I am not here to be part of the machine that treats people as numbers and puts them on conveyer belt (T11 T F).

....patients and carers were relieved that I was not another doctor or nurse or somebody with a needle... sometimes you just needed to sit there and listen - what nurses and doctors don't have time to do. (T2 M F)
...I would recommend at all times that therapists talk to the patient rather than relying on electronic information or case notes, the expert on the scenario is the patient (T10 T F).

Participants discussed the challenging procedures/treatments they encounter:

...constantly [being] cannulated and they can end up building up a needle anxiety or needle phobia (T5 M F).

They talked about how their work made a difference:

...to see a patient who is consumed with fear and so overwhelmed by the treatment/ procedure, who are convinced that they cannot go through with it, suddenly feel empowered by our support and techniques, it is truly amazing to witness ...giving them control back and providing them with tools for life (T18 P F).

Participants talked about their work as engagement rather than distraction:

...I think that anything that directly involves the individuals and gives them something to do (T2 M F).

The participants also discussed how they let the patient know they are in control of their own situation during medical procedures/treatment:

...I always say to them, I am your servant use me well (T11 T F).

...we are all your minions none of us would have jobs without you (T10 T F).

Participants how they empower patients by teaching them:
I am all about people not needing me so putting tools in someone else’s tool box, so at midnight if I am not there you can do it yourself (T11 T F)

Participants also talked about their wider role in health promotion and training provided by the Trust on smoking and alcohol brief interventions advice:

...I also think it’s important to have an awareness of health promotion... not being afraid to assist patients to make changes such as stopping smoking and reducing use of alcohol during cancer treatment (T17 P M).

Sub-theme: caring for carers.
Fourteen participants talked about relatives or carers needing care as much as the patient during medical procedures:

...the biggest problem with carers is that their total focus is on the patient so they might not prioritise their own needs (T10 T F)

...carers are often quite neglected (T6 M F).

Another therapist talked about the impact of a bad news upon the carer:
... I left another therapist with the patient and I took the relative out of the room ...did a foot massage and hypnotherapy ...by the end she had calmed down ... smiling and really, really grateful for what we had done for her and the patient (T5 M F).

Another therapist talked about how carer’s distress during medical procedures can
.....have a knock on effect to the patient so helping to work with the carer can actually help to relax the patient (T9 T F).
**Sub-theme: funding and research.**

Eight participants expressed concern over the lack of funding provided for CTs and the issues it creates for staffing:

...*what happens if we don’t have enough resources* (T10 T F).

...*physically I wish I had clones so I can get things done... it is what it is... I do tend to over work... finding the funds to employ therapists is difficult* (T17 P M).

...*we would love to cover all areas and not worry about the finance but in the current climate this is not possible... our service is charity funded. So often feel like we need a magic wand to see all the patients and carers* (T18 P F).

**Sub-theme: other health care professionals.**

Six participants discussed the difficulties with health professionals understanding of the role of a CT in this setting:

...*who employees me? Well it's the patient, we're a charity [funded] but... we have to earn our keep ...we can’t step on anyone's toes* (T10 T F).

...*patients are the biggest champions, they go back to their nurses and doctors saying how its helped them get though treatment* (T17 P M)

Participants also talked about the expectation of health professionals that CTS are evidence based:

...*the research that we are doing here is very empowering for other areas involved in CT... helping to light the way ensuring that more people are able to access similar support... funding also has an*
impact on the research... can be costly and take time to put in place (T18 P F).

...I get frustrated with some attitudes towards complementary therapies ...over research evidence... these are changing, particularly as health professionals observe how they help in practice...  (T17 P M).

Theme 4: Recommendations and advice for CT.
The participants were encouraged to offer advice and traits that they thought a CT should need to work in their job. Aside from training and prior experience, therapist talked about attitudes and attributes:

...creativity, confidentiality, the ability to switch off afterwards, passion, empathy, adaptability, calmness, trusting own intuition and resources and quick thinking ... all useful (T9 T F).

Participants talked in-depth about being empathetic during medical procedures:

... when you are being empathetic you stay on the ground and not jump in the hole and you help them out of the hole (T5 M F).

Another therapists described their empathy as being able:

...to put aside the desire to rescue (T10 T F).

Discussion
A personal experience of cancer was a common motivator for most participants with a desire to make a difference by offering CTs. 6 out of 18 of the participants made a career change from nursing, in part frustrated by paperwork and lack of contact with patients in their former role. Six of the therapists began by volunteering their services before gaining a paid role.
A ‘tool box’ approach to techniques was highlighted and discussed, with confidence an issue for therapist to take the skills into practice. The cohort of participants has virtually all completed hypnotherapy, creative imagery/relaxation training, plus one or more CT training (Table 1). The data from the interviews speaks to how useful these skills are in acute cancer settings. Examples were given of working with patients experiencing treatment related anxieties, needle phobia and receiving distressing news.

Resources for services, training and research, unmet needs of carers and an expectation from the wider multidisciplinary team that CTs prove their value either from research work or at least from positive patient feedback. From the data, the CTs perceived that patients had four key areas that needed to be addressed in the work:

1. To be supported in situ by skilled therapists during treatments and medical procedures
2. To be able needs to feel in control throughout the procedure
3. To learn self-soothing techniques to utilise and empower patient during future procedures/ treatment
4. Carers may also require support during the patient’s procedures/treatment to explore their own role and how they can manage their own stress.

In addition, therapists talked about having a role to play in supporting patients to make lifestyle changes to facilitate, such as stop smoking and/or reducing alcohol intake.

Therapists discussed recommendations and advice for potential CTs wanting to work in acute care. Attributes included having empathy, creativity and resilience. Arce et al’s (2009), resilient individuals often generate positive emotions to rebound from stressful encounter (p.286)
Limitations and recommendations
We only had access to therapists in one acute cancer care hospital. The findings here cannot be generalised to all cancer care settings, but could be the basis of a much larger multi-centred study, with that in mind we recommend:

- Mapping the use and range of interventions provided by complementary therapists in acute cancer settings.
- Investigating the training, support and supervision of therapists working in acute cancer settings.
- Explore the experience of patients receiving CTs during medical procedures and during cancer treatments e.g. chemotherapy and radiotherapy.
- Explore with the wider health professional attitudes, concerns and views about the delivery of CTs in acute cancer care.

Box 2. Model for key attributes of an acute cancer care therapist

Conclusion
The study provides information about the therapist’s role, training and
challenges specifically within an acute cancer care setting. In the process a model has emerged that encompasses key attributes of a therapist working in this sphere of practice (see Box 2). We would suggest potential therapist would benefit from a combination of prior experience as a volunteer in a cancer care setting or similar setting, empathy, engage in training that builds a toolbox of skills and identify strategies, such as ongoing supervision that promotes emotional resilience.

**Conflict of interest statement – None declared**

**Acknowledgements**
The authors would like to thanks the therapist who took part in the interviews and for the support of ‘Walk the Walk’ Charity, who help fund the complementary therapy services in the Radiotherapy and Chemotherapy Departments.

**References**


Cassileth B, Trevisan C, Gubili J, Complementary Therapies for Cancer

Cox AC Fallowfield LJ, *after going through chemotherapy I can't see another needle*. European Journal of Oncology Nursing, 2006; 11, 43-8

Ernst E, *Complementary and alternative medicine (CAM) and cancer: The kind face of complementary medicine*. International Journal of Surgery, 2009; 7:499-500


Stringer J Donald G, *Aromasticks in Cancer Care: An innovation not to be Sniffed at*. Complementary Therapies in Clinical Practice. 2011; 116-21