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### Article

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### **Abstract**

Aims:

To explore how cancer services may positively promote and support patients' well-being throughout treatment. Specifically to identify components of care that are important to patients and meet their needs

#### Background:

Patients commonly experience stress and uncertainty during their cancer journey which can have a negative impact on their psychological health and quality of life. Comparatively, little is known about how patients may experience positive well-being during their treatment experience.

#### Design:

Qualitative study using semi-structured interviews.

#### Methods:

Interviews were conducted between 2014-2015 with a purposive sample of 30 individuals who were at the beginning, middle or end of treatment for lung, colorectal and head and neck cancer. The majority were outpatients and receiving radiotherapy, chemotherapy or a combination of these. The recordings were analysed using thematic analysis.

#### Results:

Patients may obtain a range of positive health benefits derived from contact with staff, patients and public. Positive emotional gains were based on 'being in safe hands' and part of the collective effort to eradicate cancer. This appeared to assist patients achieve favourable treatment responses, however, a range of factors encouraged and hindered them to express concerns.

## Conclusion:

Interactions with staff, patients and the hospital environment supported well-being in those receiving cancer treatment. Findings demonstrate additional areas for research including the development of interventions to facilitate peer support and the implementation of communication strategies that promote well-being.

## Keywords

health services research; psychosocial nursing; patient perspectives; qualitative approaches

## Summary Statement

Why is this research or review needed?

- Individuals experience varying levels of psychological morbidity related to their cancer diagnosis and treatment.
- The post-treatment period is commonly identified as isolating and uncertain for patients.
- Compared with the occurrence of anxiety and depression, relatively little is known about how patients develop and sustain positive well-being during cancer treatment.

What are the key findings?

- Cancer patients employ a range of strategies for managing adjustment which are embedded in their professional and lay networks.
- Fostering positive well-being contributes to a range of benefits to the management of treatment.
- Barriers and opportunities to well-being may be moderated through modifications to the healthcare setting.

How should the findings be used to influence policy/practice/research/education?

- Understanding the experiences of people undergoing treatment can assist nurses to provide targeted care and support.
- Factors that enable patients to make the transition to and from treatment should be embedded in professional interventions.
- Patients use a broad range of approaches to manage daily life alongside a diagnosis of cancer and nurses are uniquely positioned to build on these.

## **Introduction**

Patients commonly experience stress and uncertainty during their cancer journey as a result of their diagnosis, illness and treatment, which can have a negative impact on their mental health and quality of life (Luckett *et al.* 2011, Wikman *et al.* 2015, Russell *et al.* 2015).

Furthermore, the incidence of patient's psychosocial needs may vary at different stages of the cancer pathway (Gil *et al.* 2012, King *et al.* 2015). Although a subset of patients are at

high risk of depression, symptomatic distress and subclinical mood disturbances are more prevalent (Hulbert-Williams *et al.* 2015). Additionally, a significant minority of patients adjust and cope well, such that following successful treatment they are not dissimilar to the general population in terms of their psychological well-being (Mitchell *et al.* 2011). In contrast, relatively little is known about those patients who are currently not at risk of distress, but who still experience worries and concerns. There is a lack of clarity about which aspects of routine care are effective in moderating the potential negative impact of cancer on patients' well-being.

## **Background**

We undertook a search of the relevant literature in the databases CINAHL, PubMed, PsycINFO and British Nursing Index, over the last ten years, using the keywords (alone or in combination): cancer, chemotherapy, radiotherapy, coping, adjustment and well-being. This highlighted an extensive literature focusing on the impact of psychological distress on patient outcomes, as opposed to factors which optimise positive psychological well-being in patients with a diagnosis of cancer. Approximately 30-40% of cancer patients experience mental health problems, including anxiety or depression (DoH, 2011) and Macmillan (2015) report that more than four in ten people with cancer have experienced five or more distressing or concerning emotional issues in the past week. Several studies have identified how levels of psychological distress amongst cancer patients vary in their incidence, duration and severity according to a range of demographic and clinical factors such as cancer type, treatment phase, coping style and level of social support (Adams *et al.* 2014, Li *et al.* 2016, Brown *et al.* 2016).

## Psychological morbidity and the cancer treatment trajectory

Psychological morbidity during the active treatment phase is frequently linked to patient's treatment type and their position in the treatment pathway. The on-treatment experiences of patients may have an impact on later stages of the cancer pathway, including the post treatment and survivorship phases, while the transition into and out of treatment can be challenging associated with uncertainty and fear of an unknown future (Meyerowitz *et al.* 2008, Kornblith *et al.* 2010). Cancer treatment may result in a wide range of physical and emotional impacts on the patient such as sleep disturbances, fatigue and treatment toxicities which are linked to increased anxiety or depression. The cancer diagnosis and start and end of treatment have been identified as potentially high risk time-points for clinically significant anxiety, fatigue and pain amongst patients (Jacobsen and Andrykowski, 2015). Patients' experiences of multiple cancer treatment modalities have been associated with a heightened risk of anxiety and depression, for example, women receiving radiotherapy are more likely to be depressed if they had received prior chemotherapy. Similarly, Alder and Bitzer (2003) and Hoffman *et al.* (2013) found that patients who reported a bad experience during and after chemotherapy or radiotherapy experienced higher anxiety and depression which led to more problematic coping strategies and impaired adjustment.

## The promotion of positive psychological coping

Significant literature has explored the extent to which individual characteristics can ameliorate the negative aspects of treatment (Johansson *et al.* 2012, Burton *et al.* 2015).

This has typically focused on diagnosis and the early treatment period and has been

informed by coping models that incorporate an appraisal process e.g. Lazarus and Folkman's Transactional Model of Stress and Coping (Laubmeier and Zakowski, 2004, Hulbert-Williams *et al.* 2013, Ahadi *et al.* 2014). Whilst acknowledging that coping is a dynamic process which varies over time and in response to different stressors, these studies highlight a range of active coping strategies consistently associated with reduced psychological distress and improved well-being (Hopman and Rijken, 2015, Ng *et al.* 2017, Merluzzi *et al.* 2017).

Active coping strategies include information-seeking to reduce fear and promote reappraisal (Mulcare *et al.* 2011) and information provision may be considered one of the dominant ways health professionals may facilitate coping ability (Halkett *et al.* 2008). A Swedish study by Tarnhuvud *et al.* (2007) suggests nurses are ideally placed to provide adequate information before, during and after radiotherapy to “mentally prepare patients with the aim of relieving anxiety” (pg. 337) and thus improve coping and well-being. Furthermore, several interventional studies have investigated the positive impact of group sessions, educational programmes and healthy living events on patients' coping and well-being (Galway *et al.* 2012, Carlson, 2013, Parahoo *et al.* 2015, Manne *et al.* 2017), highlighting the importance of addressing patient's emotional needs throughout their illness pathway (Shiraz *et al.* 2014).

Supporting patients to self-manage their health needs is a key priority in cancer service plans (DH, Macmillan Cancer Support & NHS Improvement, 2013), therefore it is important to understand how individuals mobilise coping strategies for managing positive psychological health. The impact of the care environment on patients' well-being has been

investigated from in-patient and out-patient perspectives in predominantly heterogeneous patient groups with multiple long term conditions such as heart disease, asthma or musculoskeletal disorders (Raven *et al.* 2012, Andrade *et al.* 2013, Chang *et al.* 2013, Medina-Mirapeix *et al.* 2013, Aliman and Mohamad 2013). These studies found that patients' treatment experiences were positively influenced by staff who were responsive, courteous and able to meet the individual's information needs and that nurse-led care was influential to the well-being outcomes of patients at various stages of the treatment pathway (Larsson *et al.* 2007, Edvardsson *et al.* 2016). Similarly, Hjörleifsdóttir *et al.* (2008) found that the caring responses of nurses was associated with increased patient satisfaction, while social interactions based on close relationship bonds and familiar routines may positively contribute to the individual's well-being (Bahrami, 2011). Furthermore, the number, interconnectedness and quality of the patient's relationships and support networks have been linked to better adjustment to cancer (Hoffman *et al.* 2013).

In recent years many studies have been developed focusing on the negative psychosocial impacts of cancer, e.g. anxiety and depression and a proliferation of interventions designed to reduce these (Stanton *et al.* 2013, Brandão *et al.* 2014). There is little data on how everyday encounters with healthcare services support patients' well-being. Our study is unique with its focus on exploring the way patients experience *routine healthcare* to understand those aspects of care and treatment delivery that are important and help to meet their needs.

## **The study**

### **Aims**

To explore how cancer services promote and support patients' well-being throughout their cancer treatment. Specifically, to identify components of care that were important to patients and which met their needs.

### **Method**

#### **Design**

This qualitative study used an exploratory design involving semi-structured interviews (Green and Thorogood, 2009) to elicit patients' views and experiences while attending a cancer centre for treatment.

#### **Participants**

Purposive sampling was used to recruit thirty patients with a diagnosis of colorectal, head and neck or lung cancer being treated with curative or palliative intent. These cancer groups were selected due to their potentially complex nature in terms of burdensome side effects, disruption to physical and cognitive function and changes to body image (Cotrim and Pereira, 2008, Hodges and Humphris, 2009, Giuliani *et al.* 2016). Participants reflected a heterogeneous sample in terms of their clinical and demographic profiles and treatment phase (Table 1). Participants were at the beginning, middle or end of treatment; aware of their health status; and able to give informed written consent independently. Although data

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were collected at three different time-points, the study was cross-sectional in nature and each participant was interviewed once. Participants were receiving radiotherapy, chemotherapy or a combination of these. Age ranged from 52-88 years. Patients attending treatment were offered a letter of invitation, an information sheet, a reply slip and prepaid envelope. Those interested in participating returned their contact details to the research team who contacted them to discuss the study and respond to any questions. A higher number of people declined participation in the early stages of treatment, usually associated with the stress of an unknown treatment situation.

#### **Data collection**

Following informed written consent each participant took part in a recorded semi-structured interview using a topic guide informed by a structured literature review (Table 2). All interviews were conducted by the lead author, a research nurse not involved in the care of participants. Interviews were digitally recorded, lasted between 25-95 minutes and were transcribed verbatim with ID numbers assigned to protect participant's identity. Most interviews were undertaken in participants' homes, with nine occurring at the treatment centre. In ten interviews an adult carer, usually the spouse of the participant, was also present. Recruitment ended when new themes ceased to emerge from the data.

#### **Ethical considerations**

Participants were recruited from one treatment centre located in the northwest of England. Ethical permission was obtained from the Local Research Ethics Committee (reference: 14/NW/0336) and participating NHS Trust.

## **Data analysis**

Analysis was inductive and conducted in parallel with recruitment. The basic six step systematic process of Thematic Analysis described by Braun and Clarke (2014) was used. Firstly, transcripts were closely read to identify main features and interesting commentary. Coding followed whereby notes and ideas about the data were documented in transcript margins and tentative 'codes' assigned. Patterns in codes were sought and codes sorted into meaningful groups, termed sub-themes (Silverman, 2006, Green and Thorogood, 2009). Sub-themes were then grouped together into themes that reflected their properties and were assigned a higher order label. Three major themes emerged which were reviewed against the original data and checked to ascertain conceptual differences between them prior to writing up the findings. No differences were identified between the three cancer groups, treatment time-points or in relation to individual demographics.

## **Rigour**

Coding, categorisation and generation of themes was managed by the three authors to ensure the process was rigorous and that thematic categories were consistent with the data. Each author analysed the transcripts independently, then discussed their findings in the group. The interpretation and explanation of participant data are reported using verbatim extracts which clearly portray the reality of individual experiences in the context of cancer treatment. Data were compared within and across participants and triangulated with the results of organisational patient surveys which yielded similar findings. A short lay summary of findings was prepared and sent to participants for review (Goldblatt *et al.* 2011), to enable them to comment on whether the explanations assigned to quotes were

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representative of their intended meanings. Participant feedback confirmed that data analysis was consistent with their views and experiences. The principal researcher used a field diary to make thought processes explicit; reflect on personal knowledge and experiences; and consider how these might have had an impact on the recording, retrieving and interpretation of the data.

### **Findings**

Here, we present three themes that emerged from the analysis at a personal, people and organisational level. Each theme contains several sub-themes reflecting the key factors identified by patients as important in meeting their emotional, social and practical health needs. An overarching core theme of 'being in safe hands' incorporated all themes and sub-themes to reflect a multi-dimensional understanding of barriers and enablers to well-being. The findings highlight relationships between factors that were instrumental in supporting patients during cancer treatment. Participant quotes are supplemented in Table 3.

#### **Personal factors**

This theme highlights how patients cultivated a range of personal resources for dealing with the stress associated with their cancer diagnosis and treatment. Personal factors comprised the sub-themes: being positive, being resilient, feeling informed and taking responsibility for self-care.

### *Being positive*

Respondents identified the need to dispel negative emotions and foster a positive sense of well-being which was believed to help their treatment experience. Staff had a key role in supporting and sustaining this:

*“If you can be positive about your outcome then I’m sure that helps in your treatment... but you need to, I would say hold on to every little bit of positivity there is and don’t believe that anything less than good is going to happen” P18*

*“I would recommend a positive attitude and a determination to trust in their skills” P11*

### *Being resilient*

Keeping positive over long periods required resilience which was magnified by the need to attend for treatment on a daily basis:

*“You have to be able to stick it out... I got so tired with all this radiotherapy... it’s just that it came to a point when you’re so worn out” P15*

*“They didn’t have you hanging around...I just wanted to go in as quick as possible and come home because it wasn’t like a one-off thing, it was everyday” P30*

### *Feeling informed*

It was important to feel informed about current and future plans for treatment which helped individuals to manage their condition. Good quality information enabled patients to plan for what was to come and to accommodate the treatment experience alongside daily life:

*“So the plan, treatment plan is set out in front of you and it’s been made very clear to me the goals of each aspect of that plan. So that makes the day-to-day effect of the treatment manageable because you understand what you’re achieving... you just feel what you’ve done is behind you and what’s in front of you is achievable, so that has a good effect I think mentally” P17*

The challenges associated with information provision were acknowledged by respondents, for example, receiving the right amount of information at the right level:

*“Sometimes I think for the layman, maybe there’s too much information that could be given, it’s where do you stop, but how do those health professionals know at what level the person’s at? Has that person got a degree? Has that person got an A-level? Has that person got a spirit level, who knows, it’s one of those where do you pitch it” P07*

#### *Taking responsibility for self-care*

Patients believed it was important to engage in self-care measures and to work in partnership with staff to maximise the benefits of treatment and care:

*“Take part in it really. Like I say it’s not something that’s being done to you... be proactive, yeah, I think it’s the key issue” P17*

*“You would need for the staff to ..... identify these people who aren’t willing to help themselves to a certain extent and to nurture that need and desire to do for themselves, because that’s all important when you get out into the big wide world*

*again, if people were allowed to just be mollycoddled constantly you'd be doing them no their favours at all would you" P18*

#### People factors

This theme incorporates the sub-themes: face-to-face interactions, perceptions of staff and feelings of solidarity. It features the exchanges that took place between patients, staff and other patients/families which were supportive and created an atmosphere whereby meaningful interactions could occur.

#### *Face-to-face interactions*

Rapport with staff was significant to patients and was aided through meaningful relationships based on trust, confidence and respect:

*"It's very important for me to be with them because you have your faith in them.... you trust and you build a rapport with them over time... Mr. X (Oncologist) seen me throughout the treatment as well which is great because that also gives you confidence" P05*

*"They couldn't do enough for me, em and, you know, all the staff, the cleaners, very respectful and, you know, people who take your bloods, people in the canteen...well, the little restaurant, you know, they couldn't do enough for me" P03*

The welcoming, friendly disposition and visible demeanour of staff assisted respondents to normalise their experiences through the use of smiles, therapeutic touch, first name terms and humour:

*“Well they get to know you by your first name and it is a very friendly atmosphere, even though it’s quite a serious time in your life, they try and make you at ease, which was good” P27*

*“You just want to be warm and calm and em, treated with respect and sort of like a bit of a laugh, you know, just to be normal really, that’s all you want to be, just normal” P05*

*“If you are jokey with them, they’ll be jokey back, so there’s a bit of banter goes on and this that and the other, so it’s not all doom and gloom” P19*

#### *Perceptions of staff*

Knowledge of staff and their roles was central to feeling confident when asking questions and raising issues or concerns. Staff viewed as inaccessible for emotional support were less likely to be approached:

*“They can’t be doing with ‘em, with your mind, they haven’t got the time for all that and they haven’t got the training either have they” P05*

*“Where I’m concerned I wouldn’t bother a member of staff for that tiny thing. I’ll wait until I get a build-up and then I would ask somebody” P28*

*“I don’t like phoning them...important people” P13*

### *Feelings of solidarity*

Being part of the collective effort to treat and manage cancer aided positive adjustment and well-being linked to feelings of solidarity and being in the same situation as others:

*“When you go to register yourself in she’ll say, ‘Good morning. How are you today?’ And I’ll say, ‘I’m fine.’ And you just...that little thing just makes you feel a part of something, that’s all I can say, you don’t feel a stranger or you’re looking about wondering what’s what” P06*

Witnessing the care that others were receiving helped to demystify some of the public preconceptions associated with cancer:

*“You think you’re the only person in the world that’s got cancer or had cancer... you see other people and you think, ‘do you know what, I’m not the only one, there’s thousands of people in the same boat as me, you know’ and see the care that other people are getting, you know and it does reassure you” P03*

### Organisational factors

The final theme contributed to the well-being of patients and included the sub-themes: environment, managing unfamiliar environments and presence of organisational routines and schedules.

## *Environment*

Several participants described how the treatment centre helped allay fears and promoted a sense of ease and calmness:

*“There was no sort of stress attached to the visits, but I quite looked forward to them, you look forward to them because the sooner I go and get this over and done with the better, but it wasn't an unpleasant experience by any stretch of imagination” P11*

*“I think a lot of effort's been put into creating that atmosphere and it does help, definitely, you know, when you're fighting a horrible disease like this” P12*

*“You can see the place, you can see the uniforms, you can see the offices, you can see the equipment, you see the staff, everything about it is quality, there's no other word” P08*

## *Managing unfamiliar environments*

This subtheme focuses on the impact of unfamiliar hospital environments on the patient and how the actions of staff assisted them to navigate their healthcare experience:

*“If you are unsure of where to go and what to do, somebody immediately will show you, they don't tell you, they show you, again which is important, because it's new to you... everyday was put down separate and it was ticked off as you went in, so again, it was...it was part of your routine” P21*

*“When you walk in, if it's your first visit then you automatically have to go to the main reception and well they're welcoming and there's a chap and he said “Right,*

*come on, I'll take you down there" and he walked us all the way down didn't he, no trouble at all, yeah it was fine that, that was great" P09*

### *Organisational routines*

Organisational routines and schedules assisted patients to process their cancer treatment, whilst appointment lists enabled patients to manage the passing of time:

*"You do always want to be in and out as quickly as is possible, it's always a relief when you're going out" P23*

*"They didn't have you hanging around...I just wanted to go in as quick as possible and come home because it wasn't like a one-off thing, it was everyday" P30*

The personal, people and organisational subthemes outlined above combined to form the over-arching theme of being in safe hands.

### *Being in safe hands*

Being in safe hands was realised through care that was skilled, reliable and safeguarded the needs of individuals:

*"They give out an atmosphere of competency and confidence and I'm quite happy to sit there and think, 'well, I'm in safe hands'" P02*

*"I was in the loop of the team, er, the multi-disciplinary team, so em, you're in their protection if you like, em, so yeah, it was in X (treatment centre) then as well, so I*

*just stayed with them so it's very important for me to be with them because you have your faith in them...you trust and you build a rapport with them over time" P05*

Entrusting oneself to the system was central to feeling in safe hands and entailed placing one's health in the hands of professionals and trusting them to deliver competent care:

*"I wasn't scared of going in there, in fact, I really liked going...if someone asked me about it I'd say 'Look, I wouldn't worry about it because they know what they're doing and they look after you'" P04*

*"I just gave myself into a system to make me better" P24*

Patients in this study described how the prospect of attending the cancer centre was anxiety- provoking, however, worries were allayed through the reactions and responses of staff:

*"I was quite surprised because I thought it would have been quite nasty because you hear things, don't you, about people feeling dreadful and sick" P 29*

*"I just didn't know what to expect, I just didn't know, so and I was nervous coming because I didn't know what to expect, so, yeah, it was nice the way it was set out"*

P13

Figure 1. represents an integrated, applied model based on our findings to highlight those aspects of care and treatment which practitioners and organisations can positively influence to: i) improve patient experience; ii) maximise patient well-being; and iii) foster a healthcare environment which promotes the active engagement of patients. The model illustrates the

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relationship between feeling in safe hands and the themes and sub-themes that emerged as positive contributors to patient's experiences of treatment and cancer services. Each of the subthemes was dependent on the individuals' preferred coping styles and their beliefs, knowledge and expectations. Being in safe hands wasn't viewed as a state of utopia, rather it was considered a place where people could feel vulnerable and anxious but still feel safe and supported if their concerns were dealt with.

## **Discussion**

Our data describe aspects of care and treatment patients consider most important to their well-being and our integrated model reflects the inter-relationships between the three themes and respective subthemes to describe the multi-dimensional concept of being in safe hands. Bury's (1982) work on biographical disruption examines how those who are ill engage in re-learning and re-ordering life after taken-for-granted routines and assumptions have been disturbed. He suggests that people can make adaptations to their lifestyle and social networks while having a chronic illness, which according to May *et al.* (2014) and Vassilev *et al.* (2011) is important for developing self-empowerment and social capital. Our findings suggest that patients are able to adapt to the professional, organisational and environmental structures of the cancer treatment centre and to subsequently develop positive coping strategies as a result of interactions with other patients and family members, healthcare professionals and support staff. This is achieved, in part, by feeling safe and confident in the care and treatment being received, mirroring findings from previous research where patients are more likely to feel calm and in control of their situation when their environment is familiar and meaningful (Wong *et al.* 2013). Patients are

also expected to better adjust to the care environment when supported to manage situations that are uncertain and develop the skills required to adjust positively to events (Kisfalvi and Oliver, 2015), as opposed to the loss of security experienced when faced with unfamiliar hospital environments (Van Der Meide *et al.* 2015). Our study found that the presence of organisational routines, good signposting and being greeted by friendly staff made a positive difference to patients, concurring with the findings of Meijering *et al.* (2017) that healthcare configurations can enable biographical repair and sense-making.

The demeanour and behaviour of professionals was instrumental in fostering a positive care environment. Pedersen *et al.* (2012) identify the importance of professionals critically reflecting on their interactions with patients when providing information, which according to May *et al.* (2014) is critical to the development of patient's self-empowerment and their ability to engage and mobilise the co-operation of extended social networks. Potential barriers to effective professional-patient exchanges were identified in this study. Staff who were viewed as too busy or who occupied technical roles were considered less likely to deal with psycho-social concerns, however all professionals have a key role in reducing patients' anxiety and distress (Merchant *et al.* 2015, Lavergne *et al.* 2015). Our findings highlight the importance of all staff being aware of their overall demeanour and its effect on patients' well-being. Professionals have a key role assisting patients to manage the demands and burdens of disease and treatment and supporting them to develop the skills and confidence necessary to engage and interact with individuals and groups that make up the healthcare service.

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Participants expressed a desire to take responsibility for their own health needs through self-care measures, which according to Henshall *et al.* (2017) can support quality of life and well-being. Some patients may be more motivated to self-care than others, therefore professional support should be available to help individuals decide and set their own priorities for care (Kidd *et al.* 2008). It is important that staff build on the coping strategies of patients and assist them to develop adaptive techniques for sustaining positive adjustment, consistent with feeling in safe hands. Comparable to work by McDonald *et al.* (2013) in the US, patients in our study viewed being positive as beneficial to treatment and recovery, therefore efforts to reduce anxiety were valued. Further research is required to investigate the cumulative impact of psychological well-being on treatment outcomes.

Patients described benefits from witnessing the care others received, engaging in peer support and camaraderie and realising others were worse off. These findings are congruent with those of McCaughan *et al.*'s (2011) small study, where social comparison and the giving and receiving of information in the community of people with cancer were valued. Feeling part of the collective effort to treat and manage cancer aided patient's experiences of treatment and cancer services, however, there is little research exploring the nature of patient-to-patient interactions in the hospital environment. Mazanderani *et al.* (2013) suggest that sharing experiences with another person improves the psychological well-being of both individuals and is a powerful form of self-care, such that helping others assists the person to help themselves. Witnessing others going through the same treatment provided reference points to inform behaviour, actions and decisions, enabled new understandings to be cultivated, facilitated the opportunity to seek common ground and aided the

normalisation of experience and fitting in (Rodriguez, 1999, Morse *et al.* 2000, Montali *et al.* 2011, Wolfenden and Grace, 2012). In this study the waiting area facilitated peer support as patients gathered in one area providing the opportunity to meet, talk and share experiences and knowledge while waiting for treatment. The sense of solidarity that emerged as a result emphasised the value of the waiting environment in promoting positive experiences of treatment and cancer services amongst patients.

### **Limitations**

All participants were recruited from one centre and despite our intention to recruit a heterogeneous sample on the basis of treatment intent, modality and duration, some groups were over represented. The majority of participants were outpatients, over 50 or had completed their treatment and were being treated with curative intent. During data collection, several patients were interviewed with their spouse/partner present which may have influenced responses. Nevertheless, the methods used provided in-depth qualitative data to highlight how cancer services may support psychological well-being across a broad range of diagnoses and treatment trajectories.

### **Conclusion**

This study has identified the opportunities that exist for enhancing patient experience during and following treatment. Feeling in safe hands was nurtured and sustained through a range of personal, people and environmental factors. We have highlighted how patients engage with professionals in a range of ways, not just through structured consultations but also through more informal, opportunistic exchanges, all of which have the potential to

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support an individual's well-being. Although being in safe hands is at the core of the patient experience in this study, this does not mean that patients do not feel vulnerable and anxious. It does, however, demonstrate that it is possible to modify levels of anxiety through appropriate interactions and support.

Professionals need to be aware of the multi-factorial nature of patient's experiences at a human and environmental level and how these interrelate to enable patients to positively adjust to their disease and illness experience. Service development opportunities should focus on patient-centred interventions that promote the expression of concerns, positive staff behaviours and the planning of hospital systems and processes that foster positive well-being. Nurses have a key role in supporting patients through meaningful brief communication interventions in line with the four-tier model of psychological support for patients and families (NICE, 2004), which could incorporate a range of interventions e.g. psychological therapies and peer support schemes for patients and staff.

Future research should focus on other methods used by patients to elicit positive well-being during their healthcare experience. We suggest further research is undertaken to explore positive well-being amongst larger groups of patients in different healthcare contexts, including studies that explore a multi-system approach to feeling in safe hands as opposed to investigating factors in isolation.

#### Author Contributions:

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE\*):

- 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- 2) drafting the article or revising it critically for important intellectual content.

\* <http://www.icmje.org/recommendations/>

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Table 1.

Cancer group	Lung	10	Colorectal	10	Head and Neck	10
Treatment intent	Palliative	9	Curative	21		
Treatment type	Chemotherapy	10	Radiotherapy	15	Chemo-radio	5
Gender	Male	18	Female	12		
Hospital status	In-patient	3	Out-patient	27		
Time-points recruited	Early treatment	2	During treatment	11	Post treatment	17

Table 2.

1. What does quality in cancer care at X (name of treatment centre) mean to you?
2. What is important to you when receiving treatment/ care from staff?
3. Can you explain how your physical care/ emotional care needs have been met, or not, by staff?
4. How have your views of X (name of treatment centre) changed, if at all, as a result of your experiences?

Theme	Sub-theme	Participant quotes
Personal	Being positive	<p>“Because then it is a form of positivity because you’re putting some energy into it, you’re part of it, em, there’s a control aspect of it, you know, I’m not unintelligent, I’m not a blob, so you want to, you know, you want to er, help your situation, you know, so any way that you can put some positivity into it and help it has got to be good, hasn’t it” P05</p> <p>“Focus on the positive...you know, the treatments are so much better and I think your attitude yourself passes on to your family...I’ve surprised myself, I’ve been very positive, very determined... I know it’s potentially a, you know a terminal disease, I know it’s a terminal disease, but I’m just determined I’m going to fight it... you know so I’m very positive” P12</p>
	Resilience	<p>“I’m convinced I’m going to get through it, I’m absolutely convinced I’m going to get through it. I’ll just do as I’m told and, you know, to get there, to achieve that... So just, I’ll take it a day at a time and I’m not going to stop living in the meantime, I’m not going to cry and wail” P12</p> <p>“And I think again as I’ve said... any support or help that you can get to enrich your life within the journey that you’re on and help you has got to be, even if it’s different people, don’t have the same person all the time because it’s too much probably some people to endure permanently, you just take different people and also your attitude is different with different people isn’t it. So that’s got to be a positive as well because it’s enabling you to <i>be</i> jolly. Because it might put a downer all the time if you take the same person, does that make sense, so yeah, those points and things as you say in supermarkets, train stations, anything like that, there’s always, you know, em, and if some, don’t know, some poignant statement could be put there...I remember going to X (<i>hospital</i>) and seeing a poster and it really hit me, and em,</p>

		<p>I'm that type of person anyway but it did have a big impact on me, and it said...it's a lady and it said on the poster...and it said, em, 'I've got cancer, cancer hasn't got me' and I thought that was so cool, so powerful" P05</p>
	Feeling informed	<p>"You're bound to have questions... so I would say, ask, immediately you will get an answer. I think that's the most important thing, the communication, ask so you're not worrying about something, an item is continually on your mind, when you got to ask your question, you'll get an answer" P20</p> <p>"But actually, it's a relief when they did explain it what they were going to do... explaining stuff to you, it's much easier because you worry about things that aren't necessarily going to happen" P23</p>
	Taking responsibility for self-care	<p>"I like to have an understanding of what's going on also so that possibly if there is any choices which is discussed with me then you have a level of control in the respect that you can, you know, ask the advice of the consultants and have a conversation with him and say, 'Oh, you know, dah-dah this might happen, you could have this.' So you have some form of control I guess, some sort of input into what's going to happen to you... I think, cause you feel as though you're actually helping yourself, em, em, as well as the medical professional are helping you, so everything in tune with one another but you're actually trying to help yourself if that makes sense" P05</p> <p>"If you put a bit of energy into things and, you know, er, time and effort into things you meet people don't you and you, you know, I understand it's not easy for a lot of people to do that because they're dealing with the psychological part of the illness which is major, so it's not easy, em, but I think it helps to do all the other things to, to lessen that" P05</p>

People	Face to face interactions	<p>“They’re all friendly, staff walk by and the ones I’ve dealt with more, they recognise my face, have a nice smile and a hello, so its good atmosphere, the various staff and the staff at the reception are always lovely” P02  “I think the medical staff’s attitude towards you, I find that if people are nice...you don’t want them to be over the top but pleasant and nice with you, I think that’s a great help when you’re in this position ... X (<i>specialist nurse</i>) was a tower of strength to me, with her encouragement” P16</p> <p>“All the staff there, right from the top...well from the bottom line right up to the top they are all very helpful and friendly... staff making you at ease, anything you needed was no trouble at all, if you're in the waiting room and they're walking either in or out and they spot you, they always smile over which is nice” P09</p>
	Perceptions of staff	<p>“So that’s quite important, just being listened to and, you know, just take that time with you, really, you know? Because as you, as I said before, you think you’re the only one and they’re very, very busy people and they’ve got lots and lots of other patients, em, but if...I think it’s important that they give you at least 5 to 10 minutes just to reassure you if you’re uneasy, apprehensive or if you...something in the previous week has upset you or...and you can get...if they can give you that 5 or 10 minutes just to calm you down and just to reassure, that’s quite important I think” P03</p> <p>“I don’t know who I’m supposed, or allowed to ask who, cause like there was nobody around then, but earlier in the day when I get there early, you see like...nurses, all people walking, with badges around holding files, but I don't know if I'm supposed to...who they are or whether I can stop them, you know” P01</p>
	Feelings of solidarity	<p>“I found when I was having the sort of half-hour treatment, if you just said goodbye to the people there and say good luck, that means a lot to them, you know...and little things like</p>

		<p>that, the patients themselves can do a lot to help each other” P11</p> <p>“I tended to look after him and so I liked him, he was a nice gentleman, you know...and then there was X (<i>patient</i>) and she got very friendly, so we sort of...you know, we’re chatting to each other, you know, we tended to look after each other” P15</p>
Organisational	Environment	<p>“Because it’s a horrible thing to have and it’s frightening for people, it really is somewhere that’s, it’s just welcoming, welcoming...happy with everything that we’ve asked for or we’ve been told and so forth, everything’s been, everyone’s been great and, you know, well the hospital itself, well the cancer unit, it’s not like a hospital, it’s bright, it’s clean, and it’s just entirely different to a hospital” P09</p> <p>“It’s just something you feel, you feel relaxed when you go, things like that, that everything runs smoothly and there’s no hold-ups or messing about, going from one place to the other” P25</p>
	Managing unfamiliar environments	<p>“They showed me where I would be going and that which is always nice so you’re not going in strange. You know where you’re going to be in the bays and... not the exact bay but they just show you one so it’s not quite as strange to go in on the Monday” P12</p> <p>“I’d say it’s not frightening as I thought, it’s not frightening, I now have got used to the hospital regime and it happening round you, but if you’re going to X (<i>treatment centre</i>) specifically, I can’t fault it, I would say don’t be frightened, people are lovely with you, very helpful if you need help” P16</p>
	Presence of routines	<p>“You have to attend oncology at 8:30 Monday to Friday, everyday was put down separate and it was ticked off as you went in, so again, it was...it was part of your routine, it wasn’t just a letter, it was part of the routine that had to be ticked off everyday, so how can I say it, instead of something folded up like that, it was something physical that you looked at every day” P21</p>

		<p>“After the first couple of days, we found it fairly easy, it was easy to go along with... it was a matter of down here, book in here, turn the corner to the X (<i>name of machine</i>), to the machine, sit down, in you go for three minutes, out you come, home you come. It was... you just got into a routine” P25</p>
Being in safe hands		<p>“I was assured that I am still in good hands, which turned out to be correct” P10</p> <p>“That seems to be part of the philosophy that patients are partners in what’s going on, you don’t feel it as if it’s being done to you, you feel that, you know, we’re all in this together type of thing” P17</p>

Figure 1. An integrated model of Being in Safe Hands

