Exploring the role of collaborative patient-provider relationships in self-management during radiation therapy

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Introduction: Radiation therapy (RT) is a key treatment modality for cancer. Because cancer patients return to home immediately following each treatment day, they are expected to assume most responsibilities in managing illness. Thus, successful self-management strategies are important much like other chronic illnesses.

An attribute of self-management that has not been well explored is patient-provider collaboration.

Study Aim:

a) To explore pattern(s) of collaborative patient-provider relationships during RT;

b) To validate the associations among patient-provider collaboration, self-management and well-being in this population.

Methods: An observational, cross-sectional survey study was conducted between September, 2014 and December, 2016 at a cancer centre in Canada. A total of 125 patients undergoing RT completed a one-time questionnaire. Using previously validated instruments, this questionnaire assessed three variables: collaboration with healthcare providers (e.g., physicians, nurses), self-management (e.g., adherence, self-efficacy) and patient well-being (e.g., social difficulty, general health, anxiety, symptom distress).

Pattern(s) of collaborative relationship is described through descriptive statistics. Associations among study variables will be assessed using structural equation modeling once the entire dataset is entered. Pearson's product-moment correlation and multiple regression are used in the meantime to address the second research aim.

Results: At the time of submission, we analysed a dataset of 71 participants.

First, participants perceived moderate to high levels of collaboration with their physicians, nurses and radiation therapist (means range: 2.95 to 3.93 out of 5, 5 being the most positive). A majority of participants reported no collaboration with other providers within the allied health team such as social worker and dietitians (81.2%-86.8%). Participants reported little cancer-related symptoms (means range: 0.40 to 2.21 out of 10, 10 being the most severe).
Significant associations were found between: patient-physician collaboration and well-being measure of social difficulty ($r=-0.26, p<0.05$); self-management measure of medical condition and well-being measure of overall health ($r=0.41, p<0.01$) and anxiety ($r=0.38, p<0.01$).

Lastly, self-management variables moderated the relationship between patient-provider collaboration and measures of well-being. For instance, collaboration and well-being measure of anxiety was moderated by self-efficacy [$F(1, 69)=5.49, p<0.05$, $R^2=0.29$].

**Discussions**: Most participants reported collaboration with only three professional groups. With low symptom-distress scores, participants did not need to seek help beyond core care providers.

Patient-provider collaboration on patient outcomes was moderated by self-management skills of patients with small magnitude of shared variance noted. This suggests other factors are present in predicting patient outcomes.

**Conclusions**: Patients collaborated mainly with their oncology doctor, nurses and radiation therapists during RT.

Collaborative relations between patients and providers enhanced outcomes through enhancement in self-management skills.

**Lessons Learned**: When patients are relatively symptom free, they do not utilize all allied health professionals. This may change resource allocation in clinical setting.

Patient-provider collaboration is important in improving patient well-being, and this occurs with enhancement of self-management skills.

**Limitations**: Limitations of the study include the use of a cross-sectional, survey design that collected only self-report data from one study site.

**Future Research**: Examine specific role(s) that each professional group takes on to support self-management across settings.

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**Keywords**: self-management; cancer patients; patient-provider collaboration; patient-centred care