

A COMPARISON OF ONCOLOGISTS' AND CONSUMERS' PERCEPTIONS OF THE BENEFITS OF A SUPPORTIVE-EXPRESSIVE GROUP FOR WOMEN WITH ADVANCED BREAST CANCER

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Evidence

Cancer support groups

- improve psychological mood (depression, anxiety, stress related responses)
- Improve QOL (social support, decrease isolation, reduction of pain)
- assist patients deal with existential issues (death and dying).

(Yalom, Spiegel and Stanford group,
Goodwin, Kissane.)

Perceptions of Support Groups

Some evidence of

- limited take up of groups (Cochrane review, Pascoe, Plass & Koch)
- wariness about groups, fear of contagion - possibly resulting in failure to refer (Yalom)
- difficulties recruitment to clinical trials - ambivalence, illness (Goodwin, Edelman)

Anecdotal Evidence

Particularly with women with advanced breast cancer, there is some anxiety that putting women who are facing death in a group could be detrimental.

Specific anxiety about the impact of death of a group member.

‘Isn’t it depressing?’

‘You’re not still in that group?’

Studies of Group Interventions

- Who benefits from what? (Helgeson, Bottomley)
- Stage of disease (Simonton & Sherman)
- Professionally led vs peer support (Lieberman)
- Expression of negative emotion (Lieberman)
- Differences between participants and non-participants (Grande)
- Differences in coping strategies and psychosocial variables (Grande)

This study: descriptive, retrospective

Comparison of perceptions of women and treating oncologists in a

- professionally led
- weekly supportive -expressive group
- for women with advanced breast cancer.

Two weekly support groups for women with advanced breast cancer in Brisbane.

Delivered face to face and with audio teleconferencing to women throughout Queensland.

Retrospective comparison

- Findings taken from comparison of responses to a consumer satisfaction survey and feedback form sent to treating doctors on perceived benefits of the group
- Limitations - small numbers, methodology
- Nevertheless, interesting to compare perceptions and make limited conjectures about these.

Method

Questionnaire sent to all women in groups (n=21) and treating oncologists (n=11)*

Response rate: 14 women (67%)

8 oncologists (61.5%)

Respondents rated potential benefits on 5 point scale:

1 = “Strongly Disagree”

5 = “Strongly Agree”

Women's Questionnaire

Attending the Group has

Q1. Alleviated my sense of isolation as a result of the diagnosis

Q2. Helped me to express and manage my feelings about the disease

Q3. Increased my capacity to deal with the diagnosis

Q4. Increased my capacity to make choices about my treatment

Q5. Helped me to improve control of physical symptoms

Q6. Helped me to improve my relationship/communication with my doctor

Q7. Increased my capacity to influence my treatment

Q8. Helped me to improve my relationship/communication with my family

Q9. Helped me to improve my relationship/communication with my friends

Oncologist's Questionnaire

Attending the Group has

Q1. Alleviated this patient's sense of isolation as a result of the diagnosis

Q2. Helped this patient express and manage her feelings about the disease

Q3. Helped this patient deal with the diagnosis

Q4. Increased this patient's capacity to make choices about treatment

Q5. Helped this patient improve control of physical symptoms

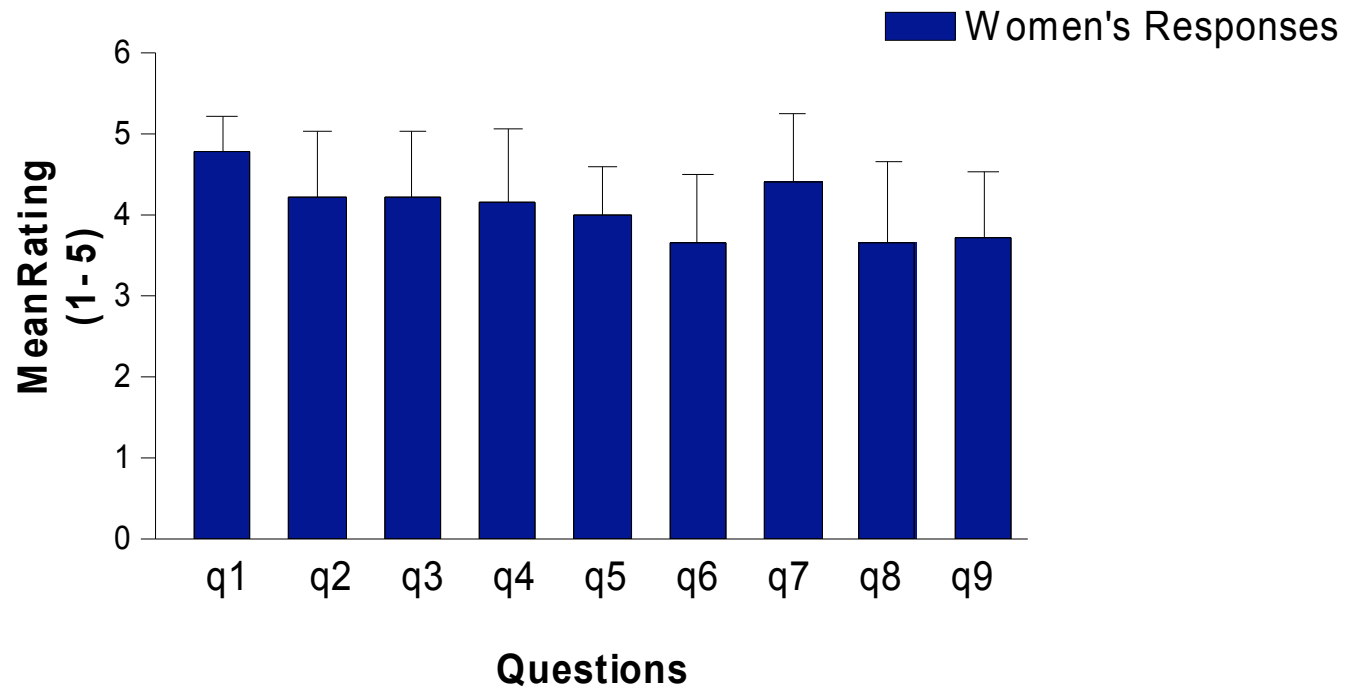
Q6. Helped improve the doctor / patient relationship

Q10. Increased this patient's compliance to treatment

Q11. Helped this patient improve her relationship with her family / friends

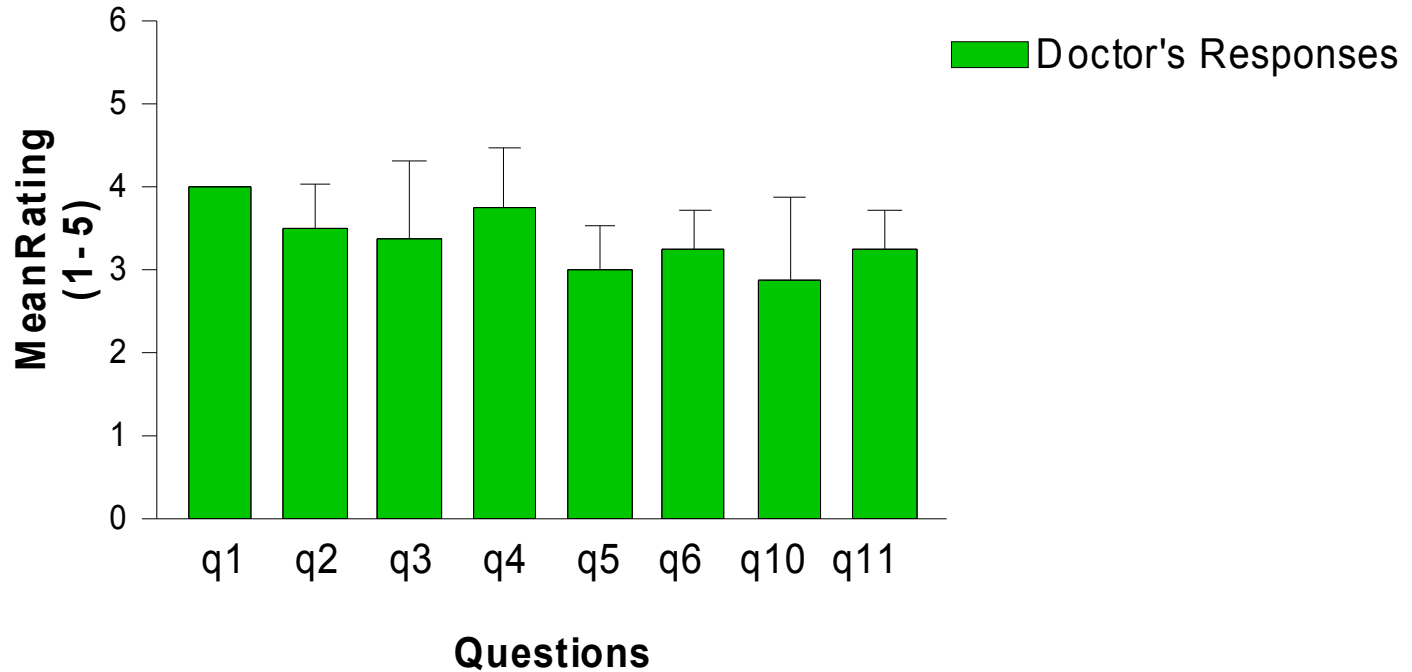
Results - Women's Responses

Figure 1. Mean Ratings (1-5)



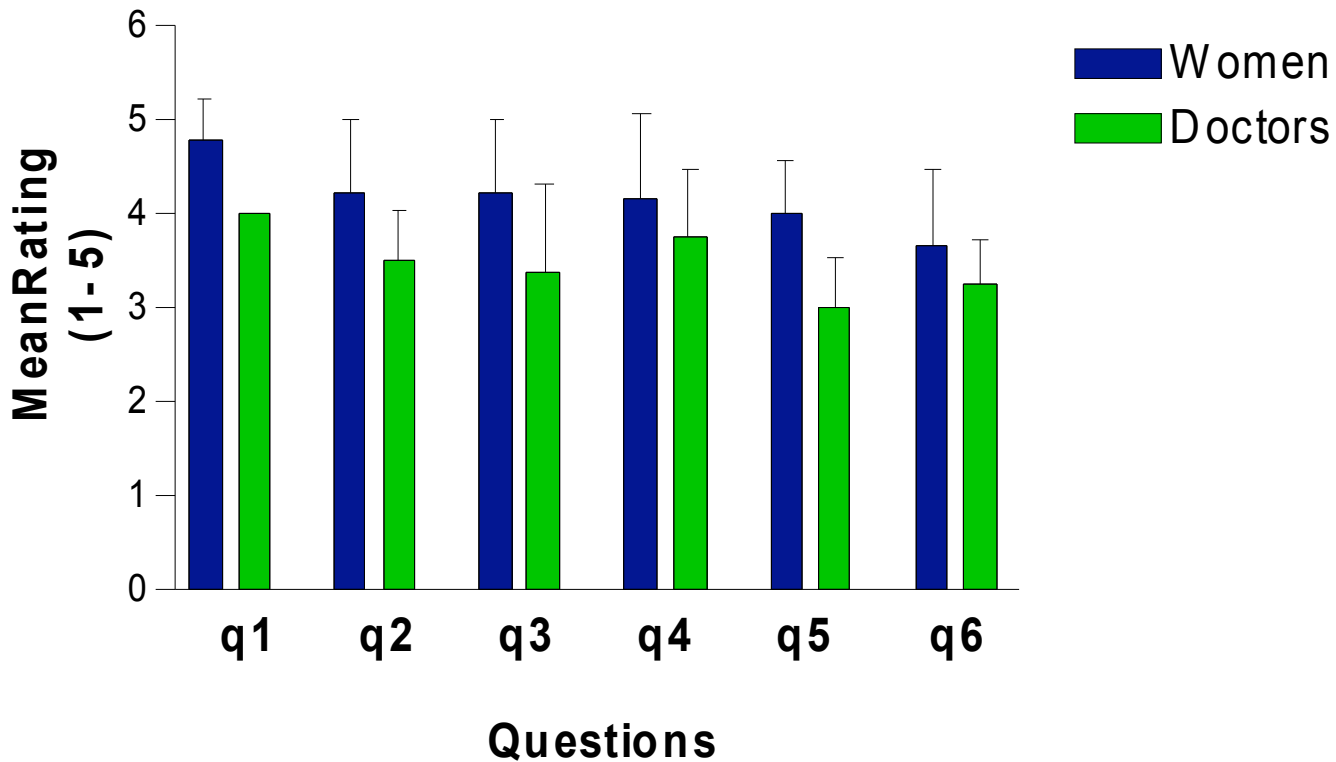
Results - Oncologist's Responses

Figure 2. Mean Ratings (1-5)



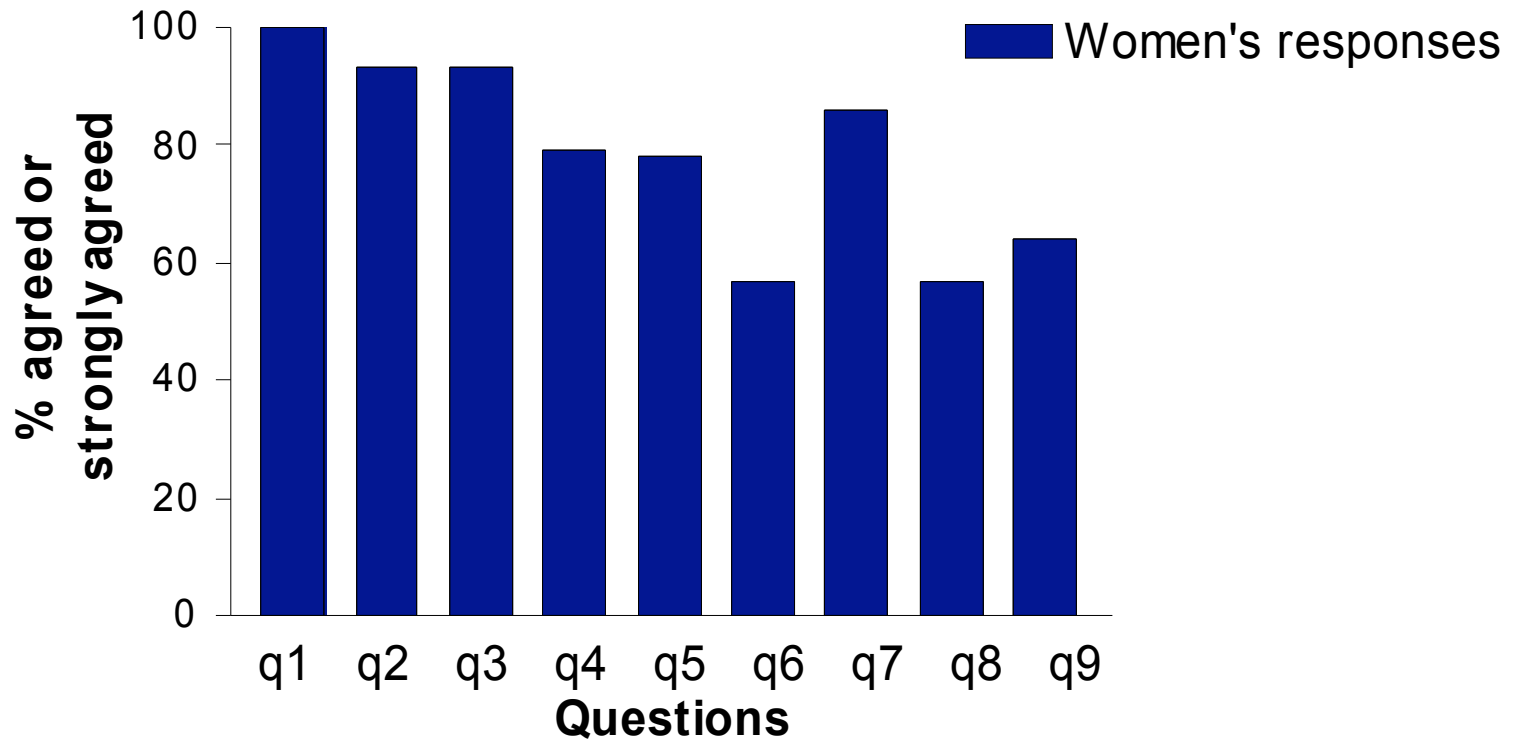
Comparison of Means

Figure 3. Mean Ratings (1-5) of Women & Oncologists across joint questions



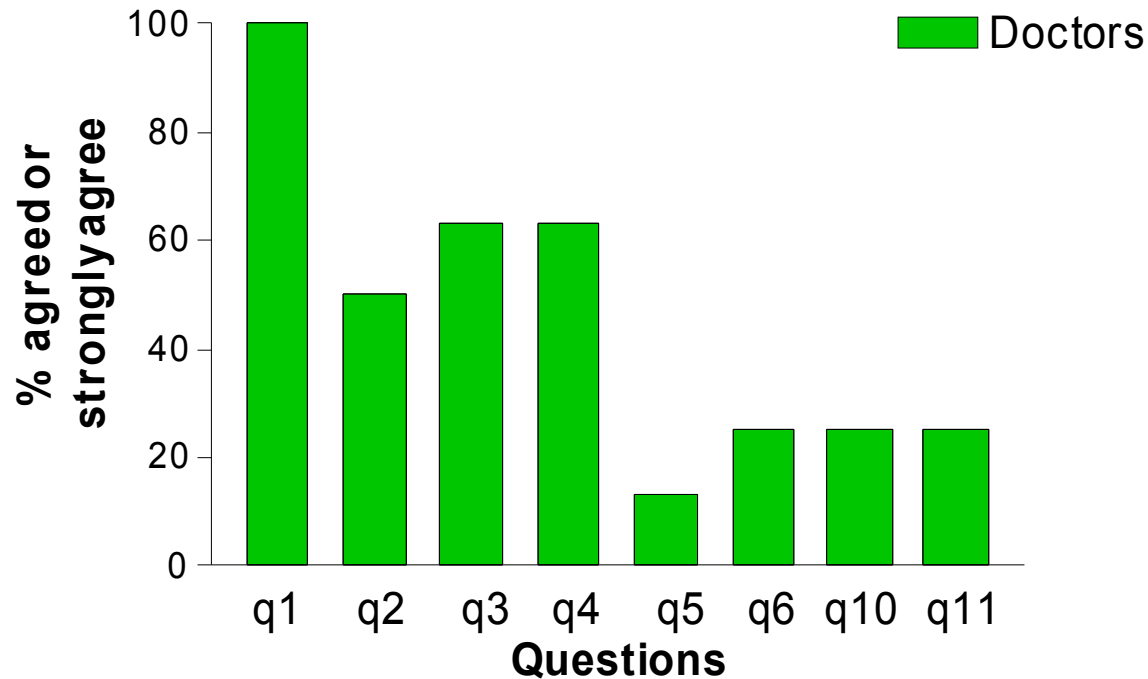
Frequency - Women

Figure 4. The percentage of women who either agreed or strongly agreed to questions.



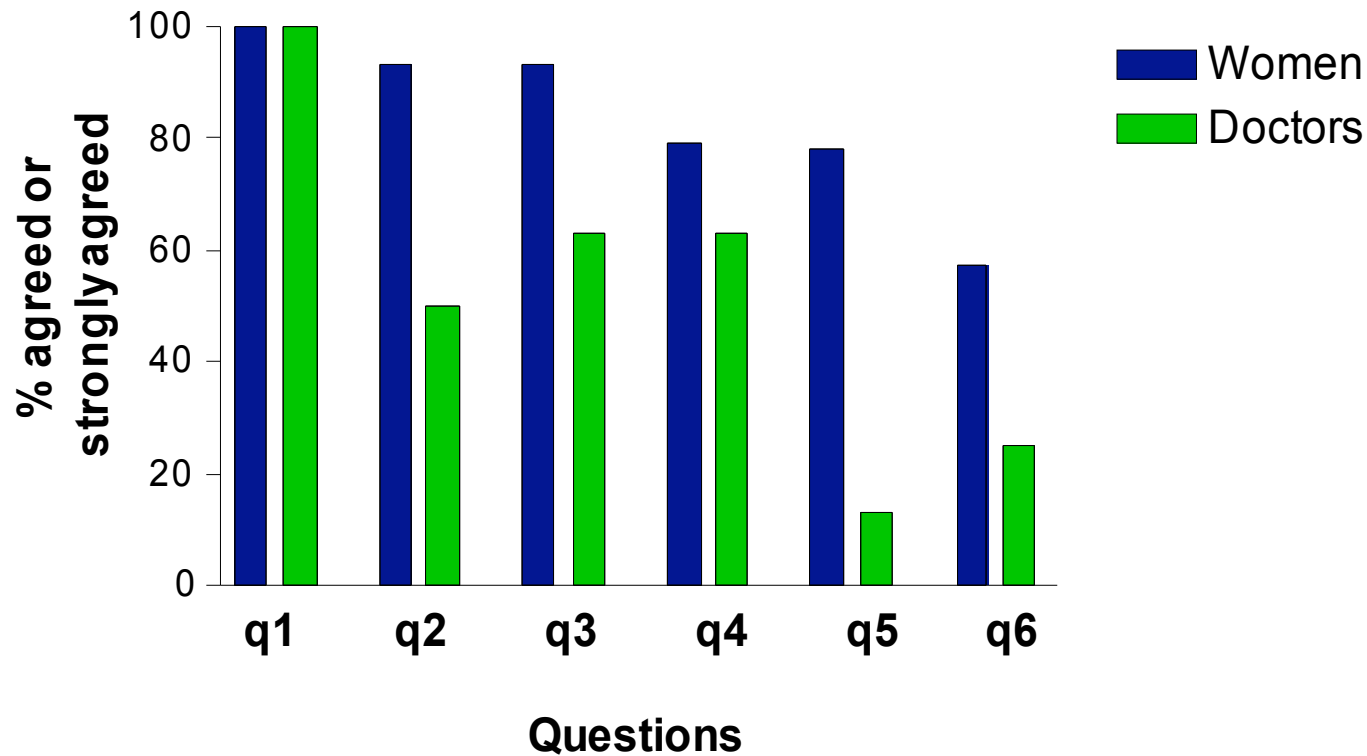
Frequency - Oncologists

Figure 5. The percentage of oncologists who either agreed or strongly agreed to questions.



Comparison of responses

Figure 6. The percentage of women & oncologists who either agreed or strongly agreed to questions.



What can we conclude?

Women and Oncologists generally identified the same potential benefits of belonging to the group, however women responded more positively compared to oncologists.

Treating oncologists tended to disagree or be undecided more, compared to women, about potential benefits

Conclusions

Women & Oncologists agreed on 4 main benefits of Group:

- Alleviated sense of isolation (100%/100%)
- Increased capacity to deal with diagnosis (93%/63%)
- Helped to express and manage feelings about disease (93%/63%)
- Increased capacity to make choices about treatment (79%/50%)

Conclusions

Overall, results may suggest a degree of scepticism about benefits of group amongst oncologists

- + oncologists may not know a lot about psychosocial needs or situations of women
- + women and oncologists may not be talking about the same things
- + they may hold different perceptions about what they are doing
- + views need to be made explicit and not assumed