What do Radiation Therapists know about patient anxiety? 

International survey results

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Research Aim

• To determine Radiation Therapists’ (RT) knowledge and confidence in detecting and managing patient anxiety

• Why conduct this research?
  ➢ Unmet psychosocial needs are common (Mackenzie 2013)
  ➢ Psychosocial services are often under resourced/access issues (Turner 2011)
  ➢ Communication skills do not improve with experience alone (Fallowfield 2002)
  ➢ Psychosocial care is the responsibility of all healthcare professionals (Australian psychosocial guidelines 2003)
Progress to date

Systematic review → Survey development

Survey pilot → Survey launch → Results analysis
Systematic review

“Reduced patient anxiety as a result of radiation therapist-led psychosocial support: a systematic review” (JMRS doi:10.1002/jmrs.208)

Need to further explore:
- RT role/expectations
- RTs and Communication Skills Training (CST)
- RT use of screening tools
- Referral pathways & Implementation

Survey development

- RTs and psychosocial support survey:
  - Demographics
  - Training
  - Vignettes - Knowledge of anxiety
  - Work practices
  - Work resources (Hulley)
  - Burnout (ProQoL 5)

- Qualtrics survey software
- Ethics - University of Sydney
Survey pilot

- Piloted in 4 NSW radiation oncology departments
- Additional review by 3 medical radiations professional associations

Survey launch

- Australia, NZ & Canada August - November 2016
- Similar practice, training and interest
- 9 sections, approx 140 items
- Promoted via email, professional associations, research networks and social media
Results Analysis

859 surveys started

276 excluded (not completed)

1 excluded (not target)

582 Data sets

318 (54.6%)

264 (45.4%)

Completed responses by country (n=582)

Country Recoded

ANZ

Canada
### Demographics

<table>
<thead>
<tr>
<th>Demographics</th>
<th>ANZ n=318 (54.6%)</th>
<th>Canada n= 264 (45.4%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>275 (86.5%)</td>
<td>234 (88.6%)</td>
</tr>
<tr>
<td>Full time</td>
<td>214 (67.3%)</td>
<td>178 (67.4%)</td>
</tr>
<tr>
<td>Age (n=563)</td>
<td>37.5 years (21-68)</td>
<td>40.0 years (23-64)</td>
</tr>
<tr>
<td>Experience (n=578)</td>
<td>14.7 years (0-48)</td>
<td>14.7 years (0-45)</td>
</tr>
</tbody>
</table>

### Results Analysis
RT knowledge regarding signs of anxiety

- In total, 522 (89.7%) RTs listed 2059 signs (24 signs were uncodeable)

- 489 (84.0%) RTs listed 3 or more signs

- 60 (10.3%) RTs did not list any signs

- No significant difference between countries

![Categorised signs of anxiety listed by RTs](chart.png)
RT confidence regarding patient anxiety

• Overall:
  ➢ Very 16.8%
  ➢ Somewhat 61.5%

• No difference between countries
  (n=582, chi sq=3.862, df=3, p= 0.277)
Communication Skills Training (CST)

- Overall 57% completed CST
- More ANZ RTs completed CST
  \( (n=582, \text{chi sq}=8.308, \text{df}=1, p=0.004) \)
RT perceived need for CST

- Overall 78.0% indicate a moderate to strong need for CST
- No difference between countries
  (n=582, chi sq=8.163, df=3, p= 0.043)
RT motivation toward CST

• Overall 83.1% indicated a **moderate to strong motivation** to complete CST

• No difference between countries
  
  \((n=582, \chi^2=0.791, \text{df}=3, p=0.852)\)
Limitations

• Unable to determine response rate

• Potential responder bias

• High proportion of female responders

• Survey length and personal nature of demographics and questions may have discouraged completion

• Did not collect geographic region - can’t comment on differences between regions, departments, or metro vs. rural
Conclusion

• RTs can identify relevant signs of anxiety

• RTs are ‘somewhat confident’ dealing with patient anxiety

• Approx half of RT respondents have completed CST

• RTs identify a ‘moderate to strong’ need and motivation to complete CST

• No clear differences between ANZ and Canada in RT confidence with patient anxiety, or need & motivation to complete CST
Ongoing analysis

- Impact of patient anxiety
- RT referral practices
- RT burnout
References


