Swansea University Doctorate in Professional Practice

Project One: Literature Review Research Protocol

Draft 5

Can the therapeutic-use-of-self improve the development of sustainable self-management behaviours for adults in cancer rehabilitation?

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16/12/2014

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PROJECT SUMMARY / ABSTRACT

Rationale Cancer rehabilitation is an increasing priority worldwide. With increasing survivorship in a simultaneously ageing population, cancer rehabilitation services will need to be prudent in employing tools which enable people affected by cancer to develop self-management behaviours. There is evidence supporting the use of skills and information focussed self-management programmes in long term conditions. However, behavioural elements of self-management programmes, including professionals' therapeutic-use-of-self, or the deliberate use of personal characteristics or attributes, have been researched to a lesser extent. Examination of the therapeutic-use-of-self within cancer rehabilitation self-management programmes is warranted.

Objectives This review aims to collate evidence which explores the role and impact of the therapeutic-use-of-self in cancer rehabilitation. It will scope the research undertaken to date; isolate and evaluate barriers and facilitators to the therapeutic-use-of-self in the development of self-management behaviours; and explore the barriers and facilitators to therapeutic-use-of-self in delivering cancer rehabilitation.

Methods This study will take the form of an integrative literature review. It will be structured using a five stage format to ensure research rigour; transparency and bias risk reduction. Conceptual and operational definitions of search terms, including cancer rehabilitation, therapeutic relationship, therapeutic-use-of-self and self-management will be clarified. Electronic healthcare databases will be searched via Athens, seeking to identify a range of quantitative, qualitative and theoretical papers. Grey literature will also be searched. The 16-item QATSDD and AMSTAR will be used to assess the quality of the studies and reviews retrieved. Analysis using a constant comparison method; seeking to identify patterns, themes, relationships and variations in the data will be completed. Results will present implications for practice and recommendations for further research.

Timeframe The integrative review will be completed within one year. The following timeframes are approximate:
Conceptual and operational definitions will require two months.
Search strategy implementation will require one month.
Data evaluation, extraction and analysis will require six months in total. Presentation of findings will be completed by the end of the 2015 academic year.

Expected Outcomes It is expected that the therapeutic-use-of-self has not been researched in a cancer rehabilitation context. The Medical Research Council suggests less linear, contextual approaches, which integrate process and outcome data, as more appropriate for evaluating complex interventions such as rehabilitation. This integrative review aims to identify insights for supporting therapeutic-use-of-self in practice.

GENERAL INFORMATION

Project One: Research Protocol
Can the therapeutic-use-of-self improve the development of sustainable self-management behaviours for adults in cancer rehabilitation? November 2014.

Supported by:

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RATIONALE & BACKGROUND INFORMATION

Current estimates suggest that one in three people in the UK will develop cancer in their lifetime (CRUK, 2014a). The International Agency for Research on Cancer (IARC, 2014) predicted a 68% increase in the global incidence of cancer by 2030. This projection has been age adjusted, it accounts for global demographic changes and assumptions regarding current trends in cancer incidence.

With this predicted increase in cancer, there is a need to consider the longer term impact of cancer and cancer treatments. The United Nations has predicted that the world's population aged over 60 years is likely to continue to increase to more than double by 2050 (UN, 2013). Not only are people going to continue to live longer, they will live longer with or after cancer. As a result of improvements in screening programmes and increasingly effective cancer treatments, five year survival rates have doubled over the past forty years, now exceeding 50% five year survival for some tumour sites (CRUK, 2014b).

Lifestyle factors such as physical inactivity are another consideration in the immediate, short and long term impact of cancer. Between thirty to forty percent of cancer diagnoses have been attributed to lifestyle factors including poor diet, and reduced physical activity (CRUK, 2014a; WCRF / AICR, 2007). The increasingly sedentary nature of modern life is increasing demand on the National Health Service (NHS) resources as a significant proportion of the British population do not meet the Department of Health Guidelines for 150 minutes of physical activity per week (Frew et al., 2012).

In the United Kingdom (UK) excessive body weight is the third most common cause of cancer which is avoidable. Obesity trends for children and young people would

suggest that the full impact of lifestyle on health, in particular cancer, has yet to be seen (Parkin, Boyd, & Walker, 2011). As a result, in addition to receiving healthcare interventions, inactive individuals affected by cancer will also require additional support to adopt new healthy lifestyle behaviours in order to facilitate recovery from and prevention of further cancer-related complications.

The NHS Wales is championing a new approach to meeting the healthcare needs of local people. The Bevan Commission outlines principles of this new prudent approach to healthcare include ensuring value for investment by emphasising evidence-based care and patient focussed outcomes; and promoting equity in the relationship between healthcare providers and healthcare recipients (Bevan Commission, 2014; Bradley & Willson, 2014). These principles have been inherent in the design and delivery of cancer rehabilitation services since 2008 when the service first started in Swansea, South Wales.

Cancer Rehabilitation

Cancer rehabilitation is a complex intervention which has been challenging to define. It is a set of interventions which are tailored to meet the needs of the individuals who experience a decline in the physical or psychosocial performance of daily activities or life roles (Craig et al., 2008; Korstjens et al., 2008). Often the emphasis is placed on cancer rehabilitation improving strength and endurance, alleviating fatigue and increasing functional performance. For a proportion of people affected by cancer, this will be the case. However, for those with progressive and fluctuant disease, this definition does not allow for the adjustment to functional loss or uncertainty which will be inevitable.

Definitions of cancer rehabilitation have been made focusing on the purpose of

treatment. These include preparing people with a cancer diagnosis for treatment (Li et al., 2013; Morris et al., 2009; van Weert et al., 2008); supporting them throughout and facilitating recovery after treatment (van Weert et al., 2008); and preparing people for cancer survivorship.

Pearson and Twigg (2013), define cancer rehabilitation by highlighting its key features; such as the use of a multi-disciplinary approach; meeting the functional impact of cancer as the focus for treatment; with the goal to optimise participation in daily life. Their definition is based on guiding principles of rehabilitation, as highlighted by Dietz (1980) and Franklin (2007).

The last decade has seen an increase in research evidence exploring, and supporting the use of rehabilitation programmes in cancer (Mewes, Steuten, Ijzerman, & van Harten, 2012; Oldervoll, Kaasa, Hjermstad, Lund, & Loge, 2004; Scott et al., 2013; Silver & Baima, 2013; van Weert et al., 2010). This evidence has been generated by a range of international, multi-centre, randomised controlled trials aiming to clarify the optimal content, structure and models for programme delivery. These trials support the use of rehabilitation for people affected by cancer (PABC), demonstrating physical and psychological benefits.

Cancer rehabilitation is emerging as an international healthcare priority (Pearson & Twigg, 2013; Stubblefield et al., 2013). The debate continues in the literature with the evidence growing in support of cancer rehabilitation. However, defining a framework for the optimal content design, delivery and timing of cancer rehabilitation and ensuring the sustainability of rehabilitation outcomes in the long term remains a challenge (Gamble, Gerber, Spill, & Paul, 2011).

In parallel to the growth of the evidence base for cancer rehabilitation, there has

been an increase in the exploration of the impact of self-management programmes and physical activity or exercise interventions with people affected by cancer (Gao & Yuan, 2011; Markes, Brockow, & Resch, 2006). Cancer rehabilitation is a term often associated, or used interchangeably, with physical activity, exercise, or self-management interventions, designed to support the development of healthy lifestyles or self-management behaviours. Cancer rehabilitation incorporates all of these interventions. Physical activity has been defined as increased energy expenditure above a resting state which is achieved through human movement. Exercise is considered a form of physical activity, which can increase fitness and improve health when undertaken repeatedly (McNeely, Peddle, Parliament, & Courneya, 2006). Self-management interventions can be defined as either a toolkit of knowledge and skills which help people to make healthy choices relating to lifestyle, or the development of a collaborative partnership with healthcare professionals which allows for the individualisation of treatment (de Silva, 2011). For the growing number of cancer survivors, understanding self-management approach is best, will allow for greater prudence in service design and delivery.

Cancer Survivorship

The characteristics and needs of the emergent population of cancer survivors have been difficult to define. It is not the purpose of this review to explore the concept or definition of cancer survivorship in depth. Increasing recognition of the difficulty in deciding who is a cancer survivor, and the complexity of presenting needs in the cancer survivorship population have been significant in driving cancer rehabilitation service design and delivery in Abertawe Bro Morgannwg University Health Board (ABMUHB). In the absence of clear guidance and the desire to avoid excessive

labelling, access to local rehabilitation has been based solely on the functional presentation of the people affected by cancer who seek to access the service. Feuerstein (2007) spent thirty years trying to write a working definition of survivorship, from which he identified three challenges. Firstly, he proposed better understanding the survivorship experiences between cancer and non-cancer populations, before directly transferring models of care. With increasing survivorship, cancer is being regarded by researchers as a long term condition (LTC) (Scott et al., 2013). The feasibility of a LTC model for self-management programmes in cancer survivorship has been shown to be effective, if the content of the programmes is tailored to the needs of cancer survivors (Risendal et al., 2014).

Feuerstein's (2007) final challenges are linked to definitions based on time following primary treatment. The array of complex or long term treatment regimens; the potential for fluctuant, unpredictable impairments and functional restrictions; which might present at any time during or after treatment; including long term or late onset cancer sequelae makes deciding when survivorship starts impossible for some. The framework offered by Pearson and Twigg (2013) proposes screening for functional impairments could accompany routine symptom screening during longer term surveillance pathways. For those cancer survivors no longer undergoing routine surveillance, the Cancer Keyworker role (WAG, 2010) as outlined in the Rehabilitation Standards in Wales would be another avenue for cancer survivors to access the rehabilitation services required in the face of late onset impairment. The success of this model utilising Cancer Keyworkers, will rely on the level of self-management skills cancer survivors have developed.

Self-Management Approach

The inclusion of a self-management approach to cancer rehabilitation programmes reflects a growing understanding that healthcare services need to strive for evidence-based interventions which are prudent in their delivery and achieve sustainable long term outcomes (Bradley & Willson, 2014; van Weert et al., 2008).

With the projected growth of cancer populations there is an increasing need for healthcare services to be meticulous in investment. It makes sense to encourage people affected by cancer to gain a greater understanding of their condition, engage in active monitoring and be proactive in the use of healthy lifestyle behaviours which will support them during their cancer survivorship.

In a comprehensive review of the self-management literature, de Silva (2011) noted that behavioural interventions which focus on the development of self-efficacy, including motivational interviewing, show the most promise for long term benefits for people living with long term conditions. This is in comparison with other approaches which include information provision, technical skills development, and providing support. This is because this approach reflects a collaborative approach between the person and their healthcare professional to goal setting, decision making and managing the impact of their condition.

Current evaluation of self-management appears to focus on measuring the impact of a set of interventions (McCorkle et al., 2011). Jones, Livingstone, and Hawkes (2013), highlight that implementing a self-management programme also requires a change in the person-professional relationship. They identify that an adjustment in approach to the therapeutic interaction is required not only by the person being asked to learn to manage their own condition, but by healthcare professionals also.

This therapeutic relationship is emerging as a component of self-management programmes which would benefit from further exploration. Andrews and Butler (2014, p. 27) highlight that an "effective partnership", an active alliance between the public and healthcare providers, is essential in creating sustainable services. Findings from a recent national survey indicate that there is room to improve the therapeutic relationship with people affected by cancer in Wales (Quality Health, 2014). Therapeutic-use-of-self, as a component of the therapeutic relationship may be fundamental in supporting self-management behaviours for those who will survive with and after a cancer diagnosis.

Therapeutic-use-of-self

An additional element to consider in supporting the development of self-management skills builds on the concept of the therapeutic relationship, also known as the therapeutic alliance in psychotherapy (Elvins & Green, 2008), which highlights the importance of communication in the development of a collaborative partnership between person and healthcare practitioner (Taylor, Lee, Kielhofner, & Ketkar, 2009). The therapeutic-use-of-self is considered one of the most important skills in occupational therapy. It is a complex construct which includes the deliberate use of personal attributes and behaviours as a treatment tool. Three intentions of the therapeutic-use-of-self includes; the creation of trust; guiding rehabilitation participants' to take control over their treatment by supporting self-awareness and setting realistic goals; and facilitating emotional adjustment to changing circumstances (Holmqvist, Holmefur, & Ivarsson, 2013; Taylor et al., 2009). These factors marry closely with the desired outcomes of self-management approaches and are supported by behaviour change models including Self

Determination Theory (SDT). Within SDT, in addition to creating personal autonomy and competence for behaviour change towards self-management of long term conditions; relatedness, or the practitioner-patient relationship, has been called the "medium or vehicle for change" (Ryan, Patrick, Deci, & Williams, 2008, p. 3).

AIMS AND OBJECTIVES

The aim of this review is to summarise and synthesise the available evidence regarding the impact of the therapeutic-use-of-self on the development of self-management behaviours by adults participating in cancer rehabilitation.

This review will aim to answer the following questions:

1. To what extent has the 'therapeutic-use-of-self 'been researched in cancer rehabilitation?
2. To what extent has the 'therapeutic-use-of-self 'been researched in rehabilitation for non-cancer long term conditions?
3. What elements of the 'therapeutic-use-of-self 'enable the development of self-management behaviours in cancer rehabilitation?
4. What are the barriers and facilitators to the therapeutic-use-of-self as an intervention tool in cancer rehabilitation?

STUDY DESIGN

Integrative literature reviews are an approach to secondary research specifically designed to analyse and synthesise data extracted simultaneously from qualitative, quantitative research, and theoretical papers (Whittemore & Knafl, 2005). Given the novelty of research question, a traditional systematic review is unlikely to offer the flexibility required to deconstruct and evaluate the therapeutic-use-of-self in terms of its main concepts, key relationships with self-management behaviour change, drawing upon other long term conditions, and application to cancer rehabilitation (Torraco, 2005). Preliminary reading has identified the need to open the scope of

literature included in this review in order to ensure that it tells a comprehensive story.

The five stage framework offered by Whittemore and Knafl (2005) will be followed to offer transparency, maintain validity and reduce the risk of bias in the integrative review. The first stage of the framework is clear problem identification. This arose out of clinical practice and has been refined through preliminary searches and definition of the review questions identified from the initial scope of the literature.

METHODOLOGY

Following the flow diagram recommended by Moher, Liberati, Tetzlaff, Altman, and The PRISMA Group (2009), this integrative review will commence with a search of electronic databases accessed via Athens. Databases will include the following:

- Cochrane Library
- Pubmed
- Web of Science
- Allied and Complementary Medicine (AMED)
- Cumulative Index for Nursing and Allied Health Literature (CINAHL)
- Excerpta Medica Database (EMBASE)
- Medical Literature Analysis and Retrieval System Online (MEDLINE)
- Psychology Information (PsycINFO)
- SCOPUS accessed via Swansea University

Grey literature is a term used for written material that is not published in accessible formats or indexed in the academic databases listed above. Examples include

conference proceedings, internal reports, unpublished theses and books (Centre for Reviews and Dissemination, 2008). In addition to these sources, the Database of Abstracts of Reviews of Effects (DARE) and Allied Health Evidence Database (http://www.alliedhealthevidence.com/), National Research Register (NRR), and Index to Theses (ITT) will be searched in relation to critically appraised topics which have been completed and research projects which are yet to be published. Hand searching articles from reference lists in retrieved articles will be undertaken to ensure completeness. By clearly justifying the literature search strategy as it develops, reduce risk of bias from inconsistencies in search terminology will be avoided, so meeting the second stage of the review framework.

A scoping review in collaboration with a Swansea University Information Specialist preceded the development of a preliminary search strategy (Appendix 1). It would be preferable for this search to focus on concepts that are clearly definable and easily translated into search terms. However, given that the 'therapeutic-use-of-self 'is a concept which is clinically difficult to define, it is anticipated that it may not be included in a wide range of academic journals; or not consistently indexed. As a result it is anticipated that a limited range of literature will be identified from the academic databases. In this case, the use of a more expansive search term, such as 'therapeutic relationship' will be used, and then relevant articles will be selected from the identified studies (Centre for Reviews and Dissemination, 2008). This initial strategy will include combinations of 'cancer rehabilitation', 'self-management', 'therapeutic-use-of-self '. It is anticipated that these terms will continue to develop during the

literature search. A record of terms used, combinations of terms used and databases searched will be maintained for study replication.

The third stage of the review framework is the employment of meaningful and appropriate data evaluation methodology. The principle investigator will review abstracts of retrieved articles against the following criteria for inclusion in the review. A second member of the research team will review a random sample of approximately 20% of excluded articles, and will provide a second opinion on articles that the principle investigator is uncertain about including in the review. In the event consensus regarding exclusion is not reached, a third member of the research team will be called upon to make the final decision.

INCLUSION	**EXCLUSION**
Population:	
• Adults aged 18+ • Current or previous diagnosis of cancer – any tumour type, any tumour stage. • Allied health professionals working with adults affected by cancer in a rehabilitation context.	• Children and adolescents (aged < 18 years). • Adult survivors of childhood or adolescent cancer diagnoses.
Setting:	
• Inpatient, outpatient or community rehabilitation or occupational therapy or self-management programme for cancer.	• Cancer screening programmes. • Rehabilitation for long term conditions other than cancer will be coded as 'LTC' as reason for exclusion from initial search. This will allow for inclusion in subsequent search strategies in the event that cancer-related articles are insufficient for analysis.
Intervention:	
• Intervention or therapeutic components identified as 'therapeutic-use-of-self ', or correlates of 'therapeutic-use-of-self '	• Interventions designed to increase knowledge or technical healthcare skill development, including education,

including therapeutic relationship, professional-patient relations, therapist characteristics or connectedness. • No restriction will be made on whether interventions are carried out in group and / or individual formats.	cognitive behavioural therapy, motivational interviewing, mindfulness or other correlate of behaviour change interventions not relating to 'therapeutic-use-of-self '. • Non face-to-face interventions including written, web-based or telephone interventions.
Control / Comparison:	
• Interventions identified as information delivery, education, cognitive behavioural therapy, motivational interviewing, mindfulness or other correlate of behaviour change interventions not relating to 'therapeutic-use-of-self '.	
Outcome:	
Primary Outcomes: • Behaviour change reflecting self-efficacy, confidence, or self-care. Secondary Outcomes: • Characteristics of 'therapeutic us of self' identified as being effective in behaviour change. • Psychosocial outcomes including quality of life and functional performance.	• Increased knowledge or technical healthcare skill development.
Context:	
• Published between 2004 and 2014. • The will be no restrictions placed on country where studies were conducted as long as the written outcome has been published in English.	• Published prior to 2004. • Studies published in a language other than English. • Ongoing studies if not complete at time of review will be coded as 'ongoing' as reason for exclusion to allow for inclusion in future review updates.
Study Design:	
• Original study or review paper. • Quantitative research including randomised controlled trials, quasi-experimental studies, and observational	

studies. • Qualitative research including descriptive and exploratory studies. • Items of grey literature including policy and clinical guidance documents, opinion pieces and dissertations.	

DATA MANAGEMENT, EVALUATION AND ANALYSIS

All literature obtained from the search strategy will be stored using Endnote X7 software, and referenced according to the American Psychological Association (APA) 6th referencing style.

The process of article selection and inclusion in the integrative review will be recorded using a PRISMA flow diagram. The 16-item (QATSDD) is a quality assessment tool developed to allow the quality comparison of papers employing different designs (Sirriyeh, Lawton, Gardner, & Armitage, 2012). This tool was not designed to accommodate the assessment of systematic review articles. To this end, the Assessment of Multiple SysTemAtic Reviews (AMSTAR) has shown promise in assessing the quality of reviews including both randomised and non-randomised controlled trials (Payne, Wiffen, & Martin, 2012; Pieper, Mathes, & Eikermann, 2014). Following the principle investigator's application of the tools, consensus will be achieved in the same manner outlined above for inclusion of literature.

The fourth stage of the review framework relates to the analysis of the data extracted. A constant comparison method of data analysis is considered compatible with the integrative review methodology, as it aims to distinguish patterns, relationships, themes and variations from the extracted data. A data extraction tool will be designed in response to content presenting from articles selected. This will be

verified with both academic supervisors. The principle investigator will enter data into the data extraction tool, noting patterns, relationships, themes and variations prospectively. A random sample of papers will be reviewed by the academic supervisory team to ensure validity and reliability of analysis and synthesis. Second opinion and consensus will be achieved using the same method as previously outlined above for issues relating to data extraction.

The fifth and final stage of the review framework will present a discussion of findings and implications for practice. New insights will be used to frame the next steps for further research opportunities and recommendations for practice and policy. This final stage will be facilitated by academic publication, and presentation in local, regional and national clinical forums.

EXPECTED OUTCOMES OF THE STUDY

Cancer rehabilitation and self-management programmes in long term conditions are emerging as international healthcare priorities. Demands on healthcare services and the need for prudent investment in service development are driving the need for services to be fit for purpose demonstrating sustainable outcomes. To date, cancer rehabilitation and self-management treatments have been evaluated by measuring parameters such as information provision, skill development, or programme adherence. However, despite evidence supporting their use, these treatments are not currently succeeding in producing consistently sustained outcomes (de Silva, 2011).

In professions such as occupational therapy, social work and psychotherapy the therapeutic-use-of-self has been shown to be a key feature of successful treatment

outcomes. It is anticipated that the professional's ability to use their own personal attributes and characteristics, has the potential to influence sustained behaviour change for people affected by cancer.

This review has the potential to influence professional education, by reinforcing the benefits of, and identifying barriers and facilitators to therapeutic-use-of-self in clinical interactions. In doing so, the person-centred health care model which envisages individuals taking greater control over their health and wellbeing can be reinforced in practical terms. This would enhance the efficacy and effectiveness of cancer rehabilitation services, in line with the principles of prudent healthcare, in the face of rising demand.

This review will establish a baseline review as to the potential role and impact of therapeutic-use-of-self in cancer rehabilitation. It will form the foundation for researching the perceptions of people using and providing cancer rehabilitation services, to determine the importance of, barriers and facilitators to therapeutic-use-of-self during clinical interactions. The impact of which would improve efficiency and effectiveness of cancer rehabilitation services in the future.

DISSEMINATION OF RESULTS AND PUBLICATION POLICY

The findings of this literature review will be disseminated in several formats. These results will form the foundation of a substantive evidence review of the principle investigator's professional doctorate thesis; and will be the first project as part of a programme of research-led practice development for therapeutic-use-of-self in adult cancer rehabilitation services in South West Wales. This will be updated during the following two research projects which will follow this review. It is expected that a

suitable article for publication will be developed from the findings of this review. The principle investigator will lead on the synthesis of this article, with editorial contributions by the supervisory team, acknowledged by co-authorship. Critical readers will be invited to comment on the article prior to publication. Their contributions will be recognised in the article's acknowledgments.

The results will inform contributions to the update of the Welsh National Cancer Standards for Adults with Cancer. They will also be submitted to the National Cancer Action Team for inclusion in updated versions of the Rehabilitation Pathways. As part of formal service reporting, these results will be fed back to the executive board of Abertawe Bro Morgannwg University Health Board, as evidence for the cancer rehabilitation service model implemented by the Macmillan Therapy Team in ABMUHB.

The results of this review will be submitted for presentation as a paper at local, regional, national and international conferences including the following:

- South Wales Cancer Network Sharing Good Practice Event April 2015.
- National College of Occupational Therapy Conference in July 2015.
- ABMUHB Allied Health Professions Conference September / October 2015.
- American Congress of Rehabilitation Medicine October 2015.

DURATION OF THE PROJECT

	OCT 2014	NOV 2014	DEC 2014	JAN 2015	FEB 2015	MAR 2015	APR 2015	MAY 2015	JUN 2015	JUL 2015	AUG 2015	SEPT 2015
Defining Key Terms												
Conceptual definitions												
Operational definitions												
Search Strategy												
Database searches												
Hand searches												

Synthesis												
Data evaluation												
Data extraction												
Data analysis												
Presentation of findings												
Write literature review												
Conference presentation												

PROBLEMS ANTICIPATED

It is anticipated that the greatest challenges in this project will lie in the definition of conceptual and operational definitions for cancer rehabilitation, cancer survivorship. As discussed previously there is a lack of consensus relating to the timing, duration and intensity of cancer rehabilitation; and the nature of cancer survivorship, the characteristics and needs of cancer survivors. This will make defining the study population challenging. However, by modelling the population on the composition of a local cancer rehabilitation population the review will be representative of clinical practice.

In recent years, there has been a shift away from healthcare professionals using personal attributes in the process of healthcare delivery towards a competency-based skills framework. Therefore, the concept of the therapeutic-use-of-self in not commonly used by all health care professions, as it challenges the notion of remaining professional. With this in mind, the therapeutic-use-of-self is not only challenging to measure, it is also challenging to teach, and evaluate in terms of effectiveness and quality assurance. It is anticipated that any findings supporting therapeutic-use-of-self will meet resistance when being applied to clinical practice in the cancer rehabilitation setting.

ETHICS

This integrative review does not directly require the recruitment of research participants. Therefore, consent procedures will not be completed. However, as a component of the quality assessment undertaken for the selection of primary studies for inclusion, it will be required that appropriate ethical considerations are made explicit in the articles retrieved prior to inclusion.

LINKS TO OTHER PROJECTS

This literature review is the first of three projects which, once completed, will contribute towards assessment for the award of Doctorate Professional Practice for the principle investigator. A Swansea University PhD candidate undertook qualitative research with the participants of the local cancer rehabilitation programme in 2011 and 2013. The findings from these projects have helped to inform the background to this integrative review, and are available in the written work associated with these projects (McNamee, Rance, & Fitzsimmons, 2012).

FINANCING AND INSURANCE

Macmillan Cancer Support UK provides an annual Learning and Development Grant of £1000.00 per annum, which is used towards the tuition expenses for the principle investigator.

Abertawe Bro Morgannwg University Health Board supports this project by approving the principle investigator to take leave from clinical duties to engage in this project's research activities which forms part of a Doctorate in Professional Practice and financial support totalling £1900.00 to date.

The principle investigator declares that all efforts to ensure the accuracy, applicability and integrity of the methodology and results of this project have been maintained. This has been achieved through regular academic supervision with Drs D. Fitzsimmons and J. Rance from Swansea University's School of Health and Human Sciences; clinical supervision with Mrs D Owen Deputy Service Lead for Occupational Therapy in Abertawe Bro Morgannwg University Health Board; collaboration with C. Boucher (Swansea University Information Specialist) and D. Olivier (Assistant Librarian Staff Library Singleton Hospital).

CURRICULUM VITAE OF PRINCIPLE INVESTIGATOR

See attached curriculum vitae for details.

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APPENDIX

Appendix 1: Preliminary Search Strategy