ORIGINAL RESEARCH ARTICLE

Older people’s experience of radiotherapy services

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Abstract: The highest prevalence of cancer is seen in the older population. With an increase in average life expectancy, the age demographics of cancer patients have also increased. Studies have shown that health professionals are often unaware of the fact that older patients present different needs as compared to younger patients. Radiotherapy departments may also lack the necessary facilities to cater for additional care and support for older patients. The aim of this study was to investigate the experience of elderly cancer patients undergoing radiotherapy. A qualitative approach was used in this experimental research. One focus group (n = 4) and two individual interviews were conducted with participants who had previously undergone radiotherapy in Ireland. The question schedule investigated key areas of care: travelling to care, emotional difficulties, information needs, financial costs and follow-up care. A thematic long table method was used to analyse the data. Department delays, radiotherapy staff, car-parking, embarrassment and lack of self-confidence, information overload, as well as poor emphasis on support groups were the impact themes identified. One of the main issues identified was in relation to the timing of information and “information overload”. Further investigation is required to elucidate this area.

Keywords: supportive care; prostate cancer; older patients; elderly; radiotherapy


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Introduction

Along with most developed countries worldwide, recent decades have brought about a vast increase in life expectancy in Ireland. Eleven percent of Ireland’s population is currently over the age of 65; this percentage is projected to double by 2041, with the greatest increase occurring among the advanced elderly (>85 years) [1]. In addition to this, the National Cancer Registry Ireland (NCRI) has projected that the total number of new invasive cancers are set to double in the next three decades, from 28,480 to 55,991 [2]. This changing demographic means that the management of cancer among the elderly represents a priority for healthcare delivery in the immediate future and emphasises the need for “age attuning of the health service” [3]. Older people have more complex needs than younger people and would require a different combination of services.

The NCRI also investigated the median age of diagnosis for the most prevalent cancers in Ireland (breast, prostate, colorectal, lung and melanoma) and documented the results in its 2013 annual report. Findings were consistent with the pattern of increased incidence over the age of 65 [4]. Radiation therapy is often an alternative to surgery and chemotherapy in older patients because of its limited systemic toxicity. Particularly for elderly patients with already extensive co-morbidities, it often proves to be a more appropriate and favoured treatment [5]. Combining these demographic predictions with the fact that cancer is mostly prevalent amongst the older population and radiotherapy seems to be the preferred modality of treatment, an investigation into the current experience of the elderly within the radiotherapy departments in Ireland is long overdue.
Provision of an adequate care programme for older cancer patients necessitates that healthcare professionals acquire an in-depth understanding of their specific needs and requirements, social status and existing support network, and most importantly an awareness of the impact cancer treatment may have on their quality of life.

There is a relative lack of literature regarding the integration of primary care within the Irish healthcare system but a UK study has examined the benefits of such a service for older patients, suggesting that integrating services could reduce fragmentation and incoherence, thus positively influencing patient satisfaction and outcomes[6].

A national survey report conducted by the NHS in the UK revealed that older people were less likely to: have potential side effects of treatments explained to them, or be given written information about these side effects; be given a named Clinical Nurse Specialist in charge of their care; be given information on self-help or patient support groups; and be given more information on benefits for which they may be eligible[7]. Another aspect of care that warrants attention is the transport of elderly patients to radiotherapy departments on a daily basis. Musselwhite and Haddad found that driving cessation is associated with a reduced quality of life, with older patients feeling isolated and excluded from society[8]. Thus, for such a cohort of patients, travelling to care can be a source of anxiety and worry, which could influence one’s attitude towards treatment.

It is important to remember that specific needs of older patients may often be overlooked as they are perceived as vulnerable members of society, and a more paternalistic approach may be adopted[9]. Moreover, a statistically significant under-representation of older patients in clinical trials has been noted[10,11]. Thus, it is a necessity to advocate on behalf of older patients within the cancer care domain.

In order to deliver effective health care, it is imperative that health and social care providers within radiation therapy departments develop an understanding of the needs of older oncology patients, which may be beneficial for future health policy and service enhancement. The aims of this study were to evaluate older people’s experience of radiotherapy treatment and supportive care in Ireland.

AIM 1: To consult with older people who have undergone radiotherapy in order to ascertain their experience.

Objective 1.1: Recruit volunteers >70 years of age, who have previously undergone radiotherapy in Ireland via patient advocacy organisations – Age Action Ireland and the Irish Cancer Society, to participate in focus groups to discuss their experiences during treatment.

Objective 1.2: Identify from the topics discussed during the focus group, the specific areas of concern for older people within radiotherapy departments.

AIM 2: Suggest suitable measures that could be implemented within radiotherapy departments in Ireland that would be of particular benefit to the care of older people.

Objective 2.1: Analyse the response of participants and indicate the areas within radiotherapy in need of service enhancement for older patients, if applicable.

Objective 2.2: Design a research questionnaire, primarily based on results of the study and published literature, which will further elucidate older people’s experience of radiotherapy.

Materials and Methods

A qualitative approach was used in this experimental research. A focus group was chosen as the main source of data to exploit the theoretical advantages of its interactive nature[11]. Owing to the current lack of literature in this subject area, it was envisaged that this methodology would provide the most exploratory approach in capturing the patient’s voice. Two or more focus groups were originally planned, but only one focus group with four participants was feasible. Two additional female patients came forward and these were facilitated separately via individual semi-structured interviews in order to maximise the response rate. The optimal focus group size was considered to be six to eight; however Sim has previously described focus groups of only four to six participants[12].

Participant Population

Participants eligible for inclusion were subjects over the age of 70, had previously undergone radiotherapy in an Irish institution and are members of the Age Action Ireland or the Irish Cancer Society patient advocacy organisations. Individuals not meeting these criteria and those unable to give informed consent were excluded from the study. The inclusion and exclusion criteria were chosen in accordance with the EORTC and SIOG consensus guidelines for age categorisation[13,14].

Recruitment Process

Four male participants and one female participant initially signed up for the study. All male participants had
previous diagnoses of prostate cancer. For the purpose of the focus group research, it was considered inappropriate to involve a female breast cancer patient in this very specific social space as it would prove potentially embarrassing for both parties. Therefore, a semi-structured interview with the female participant was conducted. Subsequently, another female patient came forward and was also interviewed as she had experienced treatment for cervical cancer.

While not initially the intended design of this study, the combination of multiple methods to aid the comprehension of the same phenomenon, i.e. triangulation, is gaining much attention in published literature([15]). This extends to the combination of qualitative approaches regarding focus groups and interviews. The approach used in this study is similar to that of Lambert and Loiselle’s strategy, which investigated the information-seeking behaviour of cancer patients([16]). This combination of qualitative methods has been employed in previous studies, including a study on patient information leaflets (PIL) for prostate cancer([17,18]).

Age Action Ireland and the Irish Cancer Society were contacted via email, outlining the background of this research, aims and objectives, and its potential benefits. The importance and relevance of this project was clearly defined. Upon approval, this information was disseminated via their survivorship programme contact list, including participant information leaflets and posters. The posters, with detachable contact details, were also displayed at meetings within the organisations, where possible. The PILs and posters alike, informed potential participants of the study and inclusion criteria, and explained what the study was about and what was expected of the participants.

Data Collection

A semi-structured thematic interview guide was developed after a literature review on patient’s perceptions of cancer treatment. There is little radiotherapy-specific knowledge on the subject, therefore the questions were explorative and broad. The focus group and interviews were conducted at a convenient time and place for participants. Both interviews took approximately one hour and the focus group was conducted for two hours and thirty minutes to allow a free and open discussion. All were audiotaped for later transcription and analysis.

Analysis Method

The focus group and each interview took 5–6 h and 2–3 h, respectively, to transcribe. A seven-staged method of analysis (Figure 1) using a computerised long table approach was employed and operated in accordance to Krueger and Casey([19]). Following this, the data was interpreted in the following way:

- Reflection on the meanings of words used;
- The context of the conversation was considered, along with the possibility that members of the group may have influenced each other’s quotes;
- Frequency of expression of comments, themes or opinions, and its extensiveness, as well as how many participants conveyed a theme, was identified;
- The larger trends or concepts that emerged from the data were considered.

In the group dynamics analyses, the questions posed by Krueger and Casey were considered: Did the participant answer the questions asked? Did the comment address a different question in the focus group? Did the comment say something of importance about the topic? Is it something that has already been stated([19])

Ethics Statement

Ethical approval to conduct this study was first sought from the Faculty of Health Sciences, Trinity College Dublin. Formal approval of the study was obtained from the patient advocacy department of Age Action Ireland and similarly, from the survivorship coordinator of the Irish Cancer Society. Before the focus group and interviews began, a consent form was signed by each participant. All participants were aware of their right to withdraw from the study at any time. They were also informed that the focus group and interviews alike would be audio-recorded with access to the transcript supplied on demand.

Results

The study included six participants: four males and two females. Participants’ age, cancer sites and the years or months since radiotherapy were documented in Table 1. The mean age was 76 (range: 70–81). The study consisted of predominantly prostate cancer patients (n = 4), three of whom had previously attended a prostate information evening. The time since treatment varied considerably among participants. Topics discussed in the focus group with participants 1–4 and in both interviews with participants 5 and 6 included: experience, travel, emotional and spiritual difficulties, information access and needs, financial expenses, as well as follow-up care. A word count from the transcribed focus group illustrated the variation of participation during the interview (Figure 2). The central themes discovered within the
Older people’s experience of radiotherapy services

Figure 1. Flow chart of the seven-stage method of analysis

Table 1. Study participant characteristics

<table>
<thead>
<tr>
<th>Participant (n = 6)</th>
<th>Sex</th>
<th>Age</th>
<th>Site of Cancer</th>
<th>Years/Months since RT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>Male</td>
<td>78</td>
<td>Prostate</td>
<td>13 months</td>
</tr>
<tr>
<td>Participant 2</td>
<td>Male</td>
<td>70</td>
<td>Prostate</td>
<td>9 years, 3 months</td>
</tr>
<tr>
<td>Participant 3</td>
<td>Male</td>
<td>71</td>
<td>Prostate</td>
<td>4 months</td>
</tr>
<tr>
<td>Participant 4</td>
<td>Male</td>
<td>80</td>
<td>Prostate</td>
<td>9 years</td>
</tr>
<tr>
<td>Participant 5</td>
<td>Female</td>
<td>81</td>
<td>Breast</td>
<td>3 years, 4 months</td>
</tr>
<tr>
<td>Participant 6</td>
<td>Female</td>
<td>77</td>
<td>Cervix</td>
<td>6 years</td>
</tr>
</tbody>
</table>

RT = Radiation therapy

focus group and both interviews were summarised in Tables 2 & 3. The focus group results were collectively interpreted as all participants were treated for the same disease. Meanwhile, results of the semi-structured individual interviews were interpreted separately. Figure 3 illustrated some of the phrases that were mentioned by the participants during the focus group session.

Radiotherapy Experience:

Participants 1–4 observed that the staff within the departments were kind, approachable, attentive and reassuring, which greatly assisted them throughout their treatment. Delays due to machine breakdowns and subsequently having to empty their bladder and re-drink the required volume of water for daily bladder-filling were a source of frustration. Participant 5 had a negative
Table 2. Thematic results of the focus group with prostate cancer patients

<table>
<thead>
<tr>
<th>Themes</th>
<th>Summary</th>
<th>Quote</th>
<th>Sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RT Experience</strong></td>
<td>Delays (t = 3)</td>
<td>Delays with the onset of treatment following diagnosis</td>
<td>“Come back tomorrow.”</td>
</tr>
<tr>
<td></td>
<td>Department Staff (t = 4)</td>
<td>Delays within the department due to machine breakdowns were very tiring for older patients</td>
<td>“It is both frustrating and upsetting to be told ‘you have to empty and refill again.’”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff and therapists were reassuring, attentive, friendly, approachable</td>
<td>“As people get older, in particular men, holding water is a growing difficulty.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“The whole service was brilliant.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“It was a superb Radiation department.”</td>
</tr>
<tr>
<td><strong>Travel to RT dept.</strong></td>
<td>Car-parking (t = 3)</td>
<td>Parking was an additional frustration</td>
<td>“There should be plenty of parking facilities for people who drive themselves to treatment.”</td>
</tr>
<tr>
<td></td>
<td>Journey (t = 2)</td>
<td>Significant added cost of parking</td>
<td>“A little practical advice could be useful.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>When critical body functions are in turmoil (urgency), driving on M50 with nowhere to stop was difficult to manage</td>
<td>“€7–10 per day adds up with around 40 visits.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Walking was therapeutic and boosted energy levels</td>
<td>“Car-parking was so expensive if you went over.”</td>
</tr>
<tr>
<td><strong>Emotional difficulties and spiritual well-being during RT</strong></td>
<td>Embarrassment due to lack of control of bodily functions (t = 2)</td>
<td>Being refused entry into public premises to use the toilet was extremely embarrassing</td>
<td>“I would gladly pay 50c for use of facilities to save huge embarrassment.”</td>
</tr>
<tr>
<td></td>
<td>Self-confidence (t = 2)</td>
<td>Social isolation can stem from the feeling that one lacks the ability to control oneself</td>
<td>“I had the complete fear of not being in control and dependent on the stoppable factors.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital environment can hugely impact patient’s attitude to treatment</td>
<td>“I lacked the confidence to start small projects.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No specific person to speak to about these issues but hearing of other’s experiences helped</td>
<td>“You have to keep digging if you want something.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>‘P Card’</td>
<td>“If I had emotional difficulties – could have spoken to someone and would have been treated with respect and dignity.”</td>
</tr>
<tr>
<td><strong>Level of information received</strong></td>
<td>Information overload or lack of specificity (t = 3)</td>
<td>Difficult to make a decision regarding treatment when given large volumes of information.</td>
<td>“It’s often very hard to absorb the larger volume of information given, in a stressful situation.”</td>
</tr>
<tr>
<td></td>
<td>Information Evening beneficial before txt (t = 3)</td>
<td>Lots of booklets and literature given but the service is not pushed out to patients again</td>
<td>“You’re offered the service or facility and then it’s up to you, the patient, whether you’ll avail of it or not.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Being shown the scientific side of treatment (physics, plans control room) was very reassuring and could help nerves prior to txt</td>
<td>“Absolutely brilliant for me – coming to the realisation of how scientific and precise the treatment was.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stressed when not informed that the radiation therapists were leaving the room and lack of consideration for patient</td>
<td>“Would have given me much more confidence if seen before txt.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>More specific treatment side effects/ outcomes given would help mentality/attitude</td>
<td>“Any queries during the session – more than happy to answer.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“I would and could have went [sic] to any staff member in the department.”</td>
</tr>
<tr>
<td><strong>Additional expenses during RT</strong></td>
<td>Additional scans (t = 2)</td>
<td>Scans taken while in a day ward were covered by the VHI, otherwise were not</td>
<td>“Financial thing is an irritation.”</td>
</tr>
<tr>
<td></td>
<td>No additional costs (t = 2)</td>
<td>Coordination of appointments necessary addition</td>
<td>“Scans done on the day you’re in a day ward, it’s covered by the VHI; but scans taken on a day when not in a day ward, not covered.”</td>
</tr>
<tr>
<td><strong>Follow-up care after RT</strong></td>
<td>Effective and open follow-up (t = 4)</td>
<td>Follow-up was reassuring every 3–4 months initially and every 6 months now</td>
<td>“I was as high as a kite.”</td>
</tr>
<tr>
<td></td>
<td>Need for implementation of support after RT (t = 3)</td>
<td>Rad. Onc. open to contact and RT’s insistent to come back for advice if necessary</td>
<td>“I felt I could contact him directly if a problem arose.”</td>
</tr>
<tr>
<td></td>
<td>Lack of information regarding sexual activity (t = 3)</td>
<td>No clear guidelines or discussion given in relation to sexual activity</td>
<td>“I would have appreciated advice in relation to sexual activity.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Groups where people are forward thinking were very constructive and beneficial</td>
<td>“Physiotherapy guidance would have been useful after treatment to help regain control of pelvic muscles.”</td>
</tr>
</tbody>
</table>

RT = Radiation therapy; txt = treatment

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Table 3. Thematic results of interviews with breast and cervical cancer patients

<table>
<thead>
<tr>
<th>Theme</th>
<th>Summary</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>RT Experience</td>
<td>(Participant 5) Healing power of touch</td>
<td>Whole scenario very new and nerve-wracking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Terribly important and huge help for patient to interact or make personal contact – affects first impressions</td>
</tr>
<tr>
<td></td>
<td>(Participant 6) Radiotherapy staff Brachytherapy discomfort</td>
<td>Staff were marvellous but brachytherapy was a traumatic experience</td>
</tr>
<tr>
<td>Travel to RT dept.</td>
<td>(Participant 5): Unfavourable appointment times No travelling expenses</td>
<td>Frequently, appointment times should be changed to accommodate country patients Short walk after the train journey was therapeutic and helped with fatigue</td>
</tr>
<tr>
<td></td>
<td>(Participant 6): Stress-free travel Tiredness</td>
<td>Proximity to hospital meant easy access but the routine of everyday treatment caused fatigue</td>
</tr>
<tr>
<td>Emotional difficulties and spiritual well-being during RT</td>
<td>(Participant 5): Impersonal and technical service Lack of self-confidence The need for improved communication Inadequate supportive care</td>
<td>A service lacking in humanity, rushed in and out (anonymous treatment), makes one feel inhuman and left not knowing what to expect An interpersonal connection is vital Felt alone, unsupported and discouraged while fragile and weak</td>
</tr>
<tr>
<td></td>
<td>(Participant 6): Supportive care approach Stigma associated with disease</td>
<td>Some patients will resent being pushed into seeking supportive care while others will appreciate it being offered – important to become aware of patient’s specific needs The media coverage of Jade Goody’s cervical cancer diagnosis was upsetting</td>
</tr>
<tr>
<td>Level of information received</td>
<td>(Participant 5): Information overload Information booklets not useful</td>
<td>When one is experiencing it on the spot, there’s a lot to take in; with many distractions, it can be hard to absorb the necessary information told</td>
</tr>
<tr>
<td></td>
<td>(Participant 6): Information overload Unexpected results</td>
<td>When information is given at the wrong time, patients are not prepared enough for what to expect in terms of procedure and side effects</td>
</tr>
<tr>
<td>Additional expenses during RT</td>
<td>(Participant 5): No substantial expenses</td>
<td>Additional PET scan costly as were visits to urologist and gastroenterologist</td>
</tr>
<tr>
<td></td>
<td>(Participant 6): Additional scans and consultations</td>
<td></td>
</tr>
<tr>
<td>Follow-up care after RT</td>
<td>(Participant 5): Frequency of appointments is sufficient Need for follow-up support groups</td>
<td>Every 6 months was adequate because patients are keen to detach themselves from their disease and put the process behind them The option of various different services/professionals should be provided, especially to older patients as they are often left isolated, fragile and vulnerable post-cancer treatment</td>
</tr>
<tr>
<td></td>
<td>(Participant 6): Satisfactory follow-up</td>
<td>Annual appointments are a standard for the rest of the participant’s life and she finds this acceptable</td>
</tr>
</tbody>
</table>

RT = Radiation therapy
Participant 1: “The staff was very good… It was a four-hour turnaround from when I left home and returned and my body functions were in turmoil… I found my self-confidence went through the floor… I came to the information evening after my treatment… I’ve been thrown out for trying to use their toilet because I wasn’t drinking and it was very embarrassing… Paying €7–€10 a day for 43 sessions adds up… the radiation therapists were insistent I come back with any queries.”

Participant 2: “Treatment was excellent… one of the frustrations was that the machines were breaking down quite often… I suppose the biggest problem with travel was car-parking…I had an information evening before my treatment started… Began to feel socially isolated… I had no additional expenses…I felt at a loss, perhaps an information leaflet should be given upon completion of treatment.”

Participant 3: “Friendly and approachable staff… Car parks are very expensive… You have to keep digging if you want something… Very good information seminar held before my treatment… Grief, anger and denial were the emotions I felt… The whole support group idea and groups like this, I very much value… The information evening was tremendous… I’d gladly pay 50 cent to use the toilet.”

Participant 4: “The radiotherapists put me at ease with nothing to worry about… Walking to treatment was therapeutic… Any information I wanted, I asked and was told…. Additional expenses included my bones needing X-rays…. I was only a phone call away if ever I needed anything.”

Figure 3. Transcribed quotes from participants of the focus group

experience with the radiotherapy department and was disappointed by the lack of interpersonal skills amongst the attending staff. Contradictory to this, participant 6 had a predominantly positive experience and complimented the proficiency of the staff involved in her care.

Travel to Radiotherapy Department:

Car-parking proved problematic for participants 1–3; in particular for participant 1, who had a longer journey to travel than others and found it difficult to cope with issues such as urinary urgency. Participant 4, given his proximity from the radiotherapy department, walked to treatment daily and felt that this helped to alleviate fatigue. Participant 5 used public transport and praised the introduction of free travel pass for the elderly. She found the radiotherapy department to be less accommodating in terms of scheduling appointments according to specific train and bus schedules. No difficulty whatsoever arose for participant 6 owing to her proximity to the radiotherapy department.

Emotional Difficulties:

Participants 1–4 were subject to significant embarrassment due to some radiotherapy side effects, resulting in a significant loss of self-confidence and to some extent, social isolation. Participant 5 reported that she was deeply affected emotionally by the perceived technical response of her radiotherapy team, leaving her feeling inhuman, alone and discouraged. She admitted that her self-confidence was severely diminished as a result of treatment. Participant 6 coped well emotionally during treatment; however, she did not appreciate being encouraged to attend psychology or feel-good sessions as she felt that it was not warranted in her case. She also struggled, on some occasions, with the stigma surrounding her cervical cancer disease.

Access to Information:

Participants 1–4 found that the abundance of information provided lacked specificity and contributed to a more complex decision-making process. These participants of the focus group received no information regarding sexual function, which was a worrying concern for three of the four participants. Participants 5 and 6 both felt the timing of the information they received made it difficult to absorb and for this reason subsequent procedures and side-effects were unexpected.

Financial Expenses:

Half of the participants of the focus group reported no additional expenses while the remainder suffered extra costs in the form of additional scans. Another problem reiterated was the cost of car-parking. Participant 1 raised a very interesting point during the focus group discussion: financial implications from the introduction of water charges on patients with associated urinary and bowel side effects. Participant 5 had no additional expenses. Participant 6 recounted minor expenses for additional scans and consultations.

Follow-up Care:

Participants 1–4 found that the follow-up care was open and effective, although participant 3 found that the diet sheets given were somewhat conflicting and difficult to follow. Participants 5 and 6 felt the frequency of follow-up appointments was more than sufficient but par-
participant 5 experienced feelings of isolation post-treatment.

Discussion

One of the main themes highlighted by the participants in relation to information needs was the overload of information at an inappropriate time for the patient to process. Before suggesting new methods of delivering information to patients, one must acknowledge the services that are already in place. In 2007, the Irish Cancer Society launched a video aimed at preparing patients for radiotherapy treatment\(^{[20,21]}\). This educational video was implemented to help patients become more aware of the procedure and make the entire experience less daunting or frightening. Detailed images of the treatment room were shown so that patients knew what to expect. One participant in this study mentioned, “It was like walking in a strange country, with a strange language” and if this video was made available to her prior to the treatment, this feeling could have been avoided.

Another difficulty experienced by participants of this study was that information was often given in abundance at the wrong time while patients were perhaps distracted by their new surroundings. This video gives patients the chance to learn at their own pace. It is available to cancer patients in hospitals and also on the Irish Cancer Society website. The interview participants were unaware of the availability of the video and this shows that there needs to be better collaboration among existing services in terms of highlighting and informing, especially in the interest of older patients. The development of specific clinical care pathways and promoting appropriate education, treatment and care for vulnerable and older cancer patients could tackle these existing information barriers\(^{[22]}\).

Public information evenings have been hosted by the Discipline of Radiation Therapy at Trinity College Dublin in association with the Irish Cancer Society. The purpose of these information sessions is to educate patients about radiation therapy for cancer. Participants of the focus group who attended the prostate information evening found it extremely beneficial and had a positive impact on their treatment. Particularly for those who had the opportunity to attend before their treatment, being made aware of some of the scientific aspects involved in the delivery of radiation was very reassuring.

Aside from the information booklets provided in waiting areas or by consultants, it seems as though support groups were not otherwise mentioned. While one interviewee presented the idea of being advised to attend a support group, the other five participants were of the belief that participating in a support group would have been very beneficial. They appreciated and valued other patients sharing their experiences in a group of forward-thinkers. Many were already members of groups such as Age Action Ireland, the Irish Cancer Society and Men against Cancer but these services were something they had to find themselves. For older patients who are a little less assertive, these services should be pushed out to them. An example of this is the ‘Macmillan Connected’ programme in the UK, where people who have previously gone through a cancer experience themselves become ‘buddies’ for newly diagnosed cancer patients. Buddies can offer advice and emotional support, or provide patients with information on other services available via Skype or email\(^{[23]}\).

This type of support service would also prove beneficial to those who feel the stigma associated with their disease, as with the cervical cancer participant in this study. This could have been exacerbated by the media coverage of the disease in the past, with negative portrayal of the cancer’s associated link to women’s sexual behaviour\(^{[24]}\). In terms of travelling to care, many participants drove themselves to treatment, with only two using public transport and walking, respectively. The use of public transport involved connecting trains or buses, and when unfavourable appointment times were given, this posed a challenge. The Irish Cancer Society’s ‘Care to Drive’ programme is a free service, available to cancer patients in need of transportation to hospitals for chemotherapy appointments. While it is not yet nationally available, it includes almost 20 hospitals countrywide, five of which are situated in Dublin\(^{[25]}\). It is unfortunate that no such service was available to radiotherapy patients at the time of this study. In addition to this, several studies have shown that older patients are less likely to undergo chemotherapy and thus a transportation service for older radiotherapy patients is a priority\(^{[26-29]}\).

Unfortunately for prostate cancer patients, an extremely dominant theme that arose during the focus group was embarrassment in relation to problems caused by urinary urgency and frequency. Each participant spoke about the prevalence of notices and signs in public premises such as bars and restaurants regarding the prohibited use of the toilet facilities when not a patron. Some discussed the shame they felt when they were refused entry on some occasions. This led to an element of social isolation for some patients and delayed the return of self-confidence. One participant shared a ‘P card’ among the group and informed others of its use in Scotland; it enabled him to produce it in bars and restaurants alike and avail of their toilet facilities due to a medical

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condition causing urinary urgency. Other group participants overwhelmingly welcomed the idea of this card as before, after and during treatment, those suffering urinary and bowel complications often fear leaving their house in case they become subject to public humiliation after an uncontrollable incident. The Bladder and Bowel Foundation, a UK wide charity for bladder and bowel control issues, have similarly developed a ‘toilet card’ for those with medical conditions indicating the need to urgently use a toilet[30]. With the number of elderly men receiving treatment for prostate cancer in particular on the rise, the development of a comparable card is essential among Irish organisations[34].

An interesting point raised during the focus group was the introduction of domestic water charges in Ireland. Prostate cancer patients reported that before, during, and after treatment, use of the toilet is about three to four times greater than the average person. The toilet contributes to one-third of overall water consumption and thus there will be an added expense for such patients and a sufficient reason to apply for a special medical consideration rate[32].

**Recommendations for Service Improvement for Older Patients:**

- Support groups – participants spoke of the benefits in terms of forward thinking and positive mental attitudes;
- Provision of an information evening—attended prior to radiotherapy in order for patients to witness the more scientific side of their treatment;
- One-to-one discussions with members of the care team regarding side effects and sexual activity;
- ‘Introduction of the P Card’ and practical help for issues such as urinary urgency.

**Limitations of the Study:**

The low response rate of this study has led to results based predominantly on prostate patients sharing male experiences, views and opinions. It would not have been applicable to include a female participant in such a group. This low response rate could perhaps be largely attributed to a sub-optimal recruitment method. However, reminder emails and personal messages were circulated to both organisations involved in the study in order to boost participation. Unfortunately, ethical issues can frequently pose a barrier to research involving direct contact with older patients within radiotherapy departments. A follow-up questionnaire for prostate patients has been designed, based primarily on the results of this study and published literature, which may be of use in further studies in this field of research.

The fact that three of the four members of the focus group had previously attended an information evening held by the Discipline of Radiation Therapy may have influenced their participation in this TCD undergraduate study. Furthermore, individuals are more likely to become involved in research projects if they have had either a very positive or a very negative experience and results from this study reflected this; five being very positive and one being rather negative.

A further limitation of the study included the significant variation in time since patients received radiotherapy treatment, which ranged from just four months to nine years in some cases. This would inevitably lead to subsequent variations among patient experience of the service provided.

Additionally, the focus group was not conducted by an independent interviewer and this may have influenced the group dynamics especially in terms of discussing with a facilitator, who in this case was a young woman, some ‘taboo’ topics such as sexual activity. Therefore, the results were not truly representative of older patients’ experience in Irish radiotherapy departments but nonetheless show some level of consistency with results from the MacMillan Report in the UK[32]. Opinions shared were highly valued and thought-provoking for future studies in this area.

**Conclusion**

This study has explored the various aspects of radiotherapy services that older patients received in Irish departments. For prostate cancer patients, it seemed that the biggest difficulty of treatment was perhaps losing control of bodily functions and the subsequent lack of practical support. For all participants interviewed, it seemed that there should be more emphasis on ‘information giving’ at the right time in a calm setting, in order to make patients comfortable in their new environment.

Certainly, it is clear that patients aged 70 and over, who have come through cancer treatment, are vulnerable. They must be directed to suitable support groups post-treatment in order to prevent loneliness or a downhill emotional experience.

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