

## BACKGROUND

Policy in Ireland recommends that cancer services implement survivorship programmes which includes self-management with support. While **self-management support (SMS) programmes** have been adopted, **reach (uptake) among people living with and beyond cancer (LWBC) is low**.<sup>1,2</sup> Understanding the factors affecting participation in SMS programmes is an important step in the process of developing effective evidence-based implementation strategies to support people LWBC to access SMS. In this study **we report enablers and barriers to participating in SMS from the perspective of those LWBC in Ireland.**

## METHODS

Semi-structured interviews were conducted with **28 people LWBC**, of which eleven had taken part in a SMS programme. Participants diagnoses included prostate, breast, ovarian, cervical, head & neck, stomach or testicular cancer or multiple myeloma or non-Hodgkin's lymphoma. The **Theoretical Domains Framework (TDF)** informed the topic guide and analysis.<sup>3</sup> Inductive thematic analysis was conducted to **identify categories relating to barriers and enablers to participating in a SMS programme**. Categories were then deductively mapped onto the TDF and capability, opportunity, motivation and behaviour (COM-B) model.<sup>3,4</sup> When text related to more than one TDF domain, it was coded to more than one. Data analysis is ongoing and below we present some of the preliminary findings of the **most prominent influences on participating in a SMS programme.**

THEORETICAL DOMAIN (COM-B COMPONENT)	MOST PROMINENT BARRIERS & ENABLERS
<b>Knowledge</b> (Psychological Capability)  <b>Social Influences</b> (Social opportunity)	<p>A <b>lack of knowledge</b> of available programmes and how to access was the most reported barrier, with participants describing limited information received from their healthcare providers or information available on the internet. Of the participants who had taken part in a SMS programme they described how a healthcare professional or informal networks (friends or peer support groups) highlighted a programme to them and encouraged them to take part, pointing the important role of <b>social influences as an enabler.</b></p>
<b>Environmental Context &amp; Resources</b> (Physical opportunity)  <b>Attention</b> (Psychological Capability)	<p>Participants' opportunity to become aware of programmes was often supported by the <b>environmental context and resources.</b> This included <b>visible public advertisements or advertisements within the hospital</b> where they were receiving their treatment. Participants spoke about how those LWBC <b>may not pay attention</b> to leaflets and advertisements on notice boards. Also, a barrier to accessing SMS programme included <b>location and time of day</b> when programmes are delivered. Some participants spoke about how programmes delivered during the working day are not accessible.</p>
<b>Social Role &amp; Identity</b> (Reflective Motivation)  <b>Attitudes</b>	<p>Participants' <b>perception of their illness</b> and if they saw themselves as the type of person who needed a group intervention shaped <b>participants' beliefs</b> about whether they would choose to participate in a programme. Some participants spoke about how there can be a reluctance to engage in a group activity and <b>social influences</b> through peers sharing positive experiences may address this barrier. Also, often SMS programmes are delivered within community cancer support centres that work in the voluntary charity setting and some participants spoke about a reluctance to utilise these services.</p>
<b>Emotion</b> (Automatic Motivation)	<p><b>Anticipated negative experiences</b> was a barrier. Some participants described fear of engaging in groups that may be a negative space, which made some participants hesitant to engage with a group programme. Also, fear of self-disclosure in a group setting was a potential barrier.</p>

## REFLECTIONS & NEXT STEPS

We are identifying the key factors that influence the capability, opportunity and motivation among those LWBC to participate in SMS. **Lack of awareness of programmes and lack of provider signposting are common barriers**, but **other psychosocial and emotional factors may hinder participation**, whether or not programmes are accessible. Findings suggest implementation strategies aiming to improve reach of SMS at the patient level could target the above theoretical domains.

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