

# Driving and Disabling Factors of Noncurative Oral Chemotherapy Adherence: A Qualitative Evidence Synthesis

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**PROBLEM IDENTIFICATION:** Adherence to oral chemotherapy is influenced by many factors. This qualitative evidence synthesis aimed to contribute to an interpretive understanding of the factors that act as facilitators or barriers to adherence among people with cancer taking lifelong, noncurative oral chemotherapy.

**LITERATURE SEARCH:** A systematic search strategy was developed, and searching was undertaken across several electronic databases (CINAHL®, Cochrane Library, EMBASE, ETHOS, ProQuest, PsycINFO®, PubMed, Scopus, Web of Science including MEDLINE®).

**DATA EVALUATION:** 12 reports on 10 qualitative studies were included in the synthesis. A total of 206 patients were included, with 109 taking an oral tyrosine kinase inhibitor, along with a total of 57 healthcare professionals.

**SYNTHESIS:** Two principal analytic themes (driving adherence and disabling adherence) and seven subthemes were identified.

**IMPLICATIONS FOR PRACTICE:** A trusting relationship between healthcare professionals and patients is important to adherence. Open discussions concerning treatment side effects and patients' perceived quality of life should occur at each visit.

**KEYWORDS** adherence; cancer; oral; chemotherapy; qualitative evidence synthesis

**ONF, 46(1), 16-28.**

**DOI** 10.1188/19.ONF.16-28

Systemic oral anticancer treatments offer a new model for treatment (Arber, Odelius, Williams, Lemanska, & Faithfull, 2017), but adherence to these oral chemotherapy regimens, which are taken by patients outside of the healthcare setting, is vital because lack of adherence can cause the treatment to be ineffective. Although some patients may have doubts about the effectiveness of oral chemotherapy (Bassan et al., 2014), most embrace the chance to take their chemotherapy orally (Simchowitz et al., 2010). Oral chemotherapy treatment often results in better patient quality of life because of reduced visits to the hospital and avoidance of the complications associated with IV chemotherapy (Barillet, Prevost, Joly, & Clarisse, 2015). However, oral chemotherapy is associated with a high risk for error and toxicity (Roop & Wu, 2014). Patients must assume the responsibility of taking their oral chemotherapy and managing their side effects. Some patients accept this autonomy and control over their treatment, but others do not, making adherence an issue for many patients (Greer et al., 2016).

Adherence can be defined as “the extent to which patients take their medications as prescribed by their healthcare providers either as part of clinical trial participation or routine care” (Atkinson et al., 2016, p. 576). Many factors may affect a patient's adherence to and persistence with oral chemotherapy, including sociodemographic issues, cognitive impairment, treatment expectations and understanding, patient age and comorbidities, side effects, and the patient-provider relationship (Barillet et al., 2015). Patients with calm, scheduled lives have been found to be more likely to adhere to oral chemotherapy, whereas those with irregular lives, with competing family and professional