**University of Leicester**

**Future 50 PhD Scholarship**

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| **Project Reference** | PVS Postavaru |

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| **Additional Supervisor** | Dr Harriet Walter, Leicester Cancer Research Centre / Genetics and Genome Biology |

**Section 2 – *Project Information***

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| **Project Title** | Use of the Theoretical Domains Framework and the Behaviour Change Wheel to co-develop a culturally sensitive intervention to improve healthcare decision-making in recently diagnosed cancer patients from South-Asian communities | |
| **Project Highlights:** | 1. | The candidate will work at the interface of psychological, clinical, behavioural science and knowledge translation methods to investigate patient decision-making across cancer care pathway. |
| 2. | Co-design of the intervention addressing NHS priorities. The project will sit at the forefront of personalised medicine with potential for societal benefit, both locally and globally. |
| 3. | The candidate will embark on a multidisciplinary collaboration between national and local stakeholders to address a significant unmet need around Equality, Diversity and Inclusion (EDI) in cancer healthcare provision. |
| **Project Summary** | | |
| In 2019, of cancer cases registered by the Leicester Clinical Commissioning Group, 25% pertained to South Asian (SA) patients. Whilst cancer incidence is lower than in White populations, 45% of symptomatic patients delay initial appointments (Rajan et al., 2011; Giurca et al., 2018). This results in more advanced disease at diagnosis and may contribute to the UK’s poorer cancer outcomes. Poorer experience of cancer care is consistently reported in ethnic minority groups; the reasons for this are complex and unclear (Gathani et al., 2021). Previous research highlighted low health literacy, community awareness and assumptions around cancer, barriers to help-seeking, poor understanding and sensitivity towards culture from health professionals (HCP); all these resulting in impaired decision-making and marginalisation.  To address this significant unmet need, the candidate will use Knowledge Translation methods, the Theoretical Domains Framework (TDF) and the Behaviour Change Wheel (COM-B), input from PPIE and HCP to co-design a culturally appropriate intervention to mitigate barriers to optimal healthcare decision-making and to engagement with healthcare services among recently diagnosed (≤ 12 months) SA patients. This will involve:   1. A systematic review of healthcare decision-making in cancer, informed by the TDF framework. 2. Identifying the barriers to and facilitators of optimal healthcare decision-making in SA cancer patients.   (a) Semi-structured interviews with SA recently diagnosed patients.  (b) Mapping the patient journey in terms of key decision points and engagement with healthcare services, from pre-diagnosis, through treatment and follow-up.  (c) Exploring how healthcare decision-making is compounded by the cultural assumptions around cancer and the medical, economic and psychosocial challenges faced by SA patients throughout this pathway.  (3) Designing a culturally appropriate intervention on healthcare decision-making.  (a) The TDF domains identified as influencing healthcare decision-making will be mapped to the COM-B to identify:  (1) the facet of behaviour (capability, opportunity or motivation) requiring intervention.  (2) corresponding intervention functions.  (4) Feedback consultations through focus groups/interviews with SA patients, HCPs and PPIE to:  (a) Confirm trustworthiness of findings.  (b) Ensure the acceptability and cultural appropriateness of the intervention.  (c) Identify potential additional barriers to and facilitators of optimal healthcare decision-making.  (d) Suggest modifications to the intervention components. | | |