

Barriers in managing chemotherapy-induced nausea and vomiting: An interview study

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ABSTRACT

Introduction: Managing chemotherapy-induced nausea and vomiting (CINV) effectively is crucial for cancer patients' well-being and treatment adherence. Identifying the barriers to controlling CINV is key to improving management and enhancing cancer care in Malaysia. This study aimed to explore Malaysian oncologists' perspectives on the barriers impeding the successful management of CINV through semi-structured interviews. **Materials and Methods:** A purposive sampling approach was used to select oncologists from public hospitals with diverse backgrounds. In-depth, face-to-face interviews were conducted using a semi-structured guide focusing on CINV management barriers. Data collection continued until thematic saturation was reached, and the interviews were analyzed thematically using ATLAS.ti software. The study adhered to ethical standards with appropriate approvals and informed consent. Between January and April 2023, 15 oncologists from public hospitals across Malaysia were approached, with 12 interviews conducted upon reaching data saturation. These 12 oncologists, each with over 10 years of experience, provided insights that were recorded and analyzed over a total duration of 540 minutes. **Results:** Thirty-one themes emerged as barriers to effective CINV control in Malaysia's public health hospital settings. Key findings highlighted several critical issues: financial barriers to accessing new and effective antiemetic agents, even with government subsidies, were identified as the primary concern among oncologists. A lack of knowledge and awareness regarding CINV also posed a significant challenge. Many oncologists perceived CINV as an unavoidable part of cancer treatment, which may discourage patients from discussing their CINV experiences. Additionally, oncologists tended to undervalue and underestimate CINV, often resulting in the use of less effective antiemetic regimens. Misconceptions, such as fears that discussing CINV might disrupt treatment plans or lead to discontinuation, also emerged as significant concerns. **Conclusion:** These novel perspectives can inform tailored interventions to improve CINV management, enhancing the quality of care for cancer patients in Malaysia and potentially guiding similar improvements in other settings globally.