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Oncology Nurses' Perspectives on the State of Cancer Survivorship Care: Current Practice and Barriers to Implementation

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The United States has an estimated 12 million cancer survivors (Altekruse et al., 2010). Cancer affects the well-being of survivors beginning at diagnosis and after the completion of acute treatment. During the transition from active treatment to post-treatment care, cancer survivors may be left without the resources, knowledge, or skills needed to manage the long-term consequences of their disease or treatment. Survivors also need routine health-promotion and disease-prevention management and education. As a result, survivorship care has emerged as a distinct focus within oncology.

Although survivorship has several definitions, the one most frequently used describes it as beginning at diagnosis (Hewitt, Greenfield, & Stovall, 2006). The National Coalition for Cancer Survivorship (NCCS) defines cancer survivorship as the state of living with the many challenges that come with a diagnosis of cancer, from the time of diagnosis and for the balance of life (NCCS, 2009). Both NCCS (2009) and the Centers for Disease Control and Prevention (CDC, 2004) include family, friends, and caregivers in this definition.

Educating patients and caregivers about late and long-term physical and psychological effects that may occur is an important component of survivorship care. Survivorship care has improved outcomes in quality of life, early detection of late-onset sequelae of cancer treatment, reduction in the risks for new or recurrent cancers, and prevention of illness from comorbid conditions (Ganz, 2009; Landier, Wallace, & Hudson, 2006). Nursing professionals and researchers are exploring ways to integrate those findings into clinical practice and to empower cancer survivors to engage in healthy behaviors and obtain optimal care following treatment (Earle, 2007; Houldin, Curtiss, & Haylock, 2006).

Purpose/Objectives: To describe current survivorship care from the perspectives of oncology nurses.

Design: Descriptive.

Setting: E-mail invitation to Web-based survey.

Sample: 399 Oncology Nursing Society members providing care for patients initially treated more than one year previously.

Methods: An online survey was used to evaluate current aspects of survivorship care.

Main Research Variables: Practice settings, services provided, and barriers to delivering survivorship care.

Findings: Few nurses (27%) worked in settings with a formal survivorship program. Several program components were provided significantly more often in outpatient settings, pediatric facilities, and workplaces with a formal survivorship program. At the transition from acute to follow-up care, the survivorship nursing care provided most often was scheduling for ongoing monitoring (71%) and the least likely was assistance for employment or legal issues (16%). The greatest barriers to providing survivorship care were lack of time and funding (46%). Among nurses new to oncology (fewer than five years), 49% indicated they lacked sufficient knowledge compared to 36% of nurses with more than five years of oncology experience.

Conclusions: Findings describe current aspects of survivorship care across practice settings. Nurses reported that the greatest barriers are lack of time, funding, and lack of knowledge about survivorship issues.

Implications for Nursing: A need exists for education to enhance knowledge and skills of nurses who will provide survivorship care. Research is warranted to develop empirically supported guidelines and care-delivery models that address the barriers to providing survivorship services.

Cancer survivorship as a focus within oncology has gained momentum because of initiatives launched by advocacy groups, professional organizations, and government. NCCS, the Lance Armstrong Foundation, and the