© 2012 by the Oncology Nursing Society. Unauthorized reproduction, in part or in whole, is strictly prohibited. For permission to photocopy, post online, reprint, adapt, or otherwise reuse any or all content from this article, e-mail pubper missions@ons.org. To purchase high-quality reprints, e-mail reprints@ons.org.

Hope in Patients With Cancer Transitioning to Survivorship: The Mid-Life Directions Workshop as a Supportive Intervention

Clare M. Butt, PhD, RN, AOCN®

n estimated 1.6 million people were diagnosed with cancer in 2011 in the United States (American Cancer Society, 2011). Of those newly diagnosed, many were 40–64 years old and in the developmental stage of midlife. Midlife is the time when a person is engaged in caring for a family, advancing a career, and tending to the needs of aging parents (Helson & Soto, 2005). Cancer diagnoses and treatments interrupt the roles in the family and workplace. In addition, the cancer experience may change the way the patient views his or her life and future. After active primary treatment is completed, many patients find themselves lost in the transition to survivorship (Hewitt, Greenfield, & Stovall, 2005).

The article will describe the background and needs of patients with cancer transitioning to survivorship, a theoretical framework for addressing those needs, and a promising new clinical intervention, the Mid-Life Directions workshop (MLD), which is directed at this population. Each session of the workshop is presented with its goal, topics, and processes, as well as benefits for cancer survivors. Finally, because the workshop has not been formally tested among people with cancer, the opportunity to design a research study is discussed.

Survivorship begins at the time of a cancer diagnosis and continues through the balance of life. However, many patients only begin to focus on survivorship after active primary treatment is completed. Therefore, for purposes of the article, survivorship will refer to the time after active primary treatment is completed. The Institute of Medicine (IOM) has detailed the unmet needs of patients transitioning to survivorship (Hewitt et al., 2005). Physical symptoms, such as pain, fatigue and sleep disturbance, as well as psychological symptoms, such as depressed mood and distress, are common in post-treatment survivors. Fear of recurrence or death, difficulty making decisions, and a changed relation-

Purpose/Objectives: To describe the Mid-Life Directions workshop as an intervention to support hope and quality of life in midlife cancer survivors.

Data Sources: Published articles and books.

Data Synthesis: The Mid-Life Directions workshop assists survivors to integrate the cancer experience through conscious awareness and choice, and transistion to survivorship with an increased level of adaptation. Quality of life and hope are enhanced through new information and skills allowing participants to direct their lives into a preferred future.

Conclusions: The midlife cancer survivor is challenged to face the fear of recurrence, death, and the crisis of meaning in a developmentally appropriate way. The task of midlife is to navigate the tension of generativity versus stagnation for care to emerge as the predominant strength. The Mid-Life Directions workshop provides the cancer survivor the opportunity to reevaluate goals, reprioritize values, and find one's own answers to these challenges to adapt to life as a cancer survivor.

Implications for Nursing: This clinically relevant intervention merits formal study. Facilitator preparation, mode of delivery, and other elements for possible research are discussed.

ship with time characterize that transition. Importantly, midlife cancer survivors appear to be vulnerable to higher levels of distress (Brant et al., 2011). The IOM called for interventions to improve the quality of life (QOL) of cancer survivors (Hewitt et al., 2005).

The period following cancer diagnosis and active primary treatment is a time when the patient is open to change (Allen, Savadatti, & Levy, 2009). However, once active primary treatment is complete, the transition back to life becomes a challenge. Life may have remained the same, but the cancer survivor is forever changed (Grant, Economou, & Ferrell, 2010). How the