

Changes in Well-Being of Women Cancer Survivors Following a Survivor Weekend Experience

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Purpose/Objectives: To determine the long-term effects on quality of life (QOL) of women cancer survivors following a retreat experience.

Design: One-group repeated measures.

Setting: Southern California.

Sample: Participants in two 1998 Healing Odyssey Retreats (N = 41; response rate 67%). Most women were married (50%), had breast cancer (93%), and had been diagnosed within two years of the retreat (69%). Participants' mean age was 48 years.

Methods: The rehabilitative retreats took place in a mountain retreat center and consisted of multiple experiences guided by experiential learning theory. Exercises aimed to help women learn new tools for dealing with the challenges of cancer, treatment, and recovery. The QOL-Breast Cancer survey was used to collect data preretreat, immediately postretreat, at six weeks postretreat, and at six to seven months postretreat.

Main Research Variables: QOL subscale scores (physical, psychological, social, and spiritual well-being) and overall QOL scores.

Findings: At preretreat, women scored lower on psychological and social well-being than on physical and spiritual well-being. Total QOL, physical, psychological, and spiritual well-being scores differed significantly over time, with a significant increase immediately following the retreat that was maintained at six weeks and six months. Social well-being at six months was significantly greater than at the other three points.

Conclusions: The Healing Odyssey Retreats enhanced women cancer survivors' total QOL—specifically their well-being in four dimensions.

Implications for Nursing Practice: Women who seek programs dealing with living life more fully after cancer and connections with other survivors may benefit from rehabilitative efforts such as this retreat.

Nurses play a major role in the rehabilitation of patients with cancer. They frequently provide case-management and patient-education services and facilitate support groups. Nurses consistently follow up with patients in ambulatory-care settings and have long-term contact with patients throughout treatment and disease courses. Also, nurses frequently are the care providers who are most likely to refer patients to community resources. Nurses often have been innovators in developing new programs, such as cancer camps

Key Points . . .

- ▶ Women who seek rehabilitative experiences, such as experiential learning retreats, may be undergoing substantial physical or emotional life challenges.
- ▶ Cancer survivor rehabilitation programs, such as the Healing Odyssey Retreats, that offer multiple experiential learning activities in a supportive yet rustic environment, may catalyze improved (or enhanced) quality of life that is maintained over time.
- ▶ Rehabilitation efforts for cancer survivors aimed at psychosocial and spiritual dimensions of well-being may enhance physical as well as psychological, spiritual, and social well-being.
- ▶ Nurses can be instrumental in developing and implementing nontraditional survivor rehabilitation programs.

and retreats, which are forming an increasingly important component of cancer rehabilitation. These programs appear to have potential for increasing quality of life (QOL), which is solidly within the realm of nursing, and often are administered by oncology nurses. To date, very little has been done to systematically evaluate the long-term effects of such programs.

Literature Review

The emotional and psychosocial effects of a cancer diagnosis are well-known. Reactions include feelings of isolation, vulnerability, uncertainty about the future, loss of control, and decline in sexual and marital functioning (Dow, Ferrell, Leigh, Ly, & Gulasekaram, 1996; Ganz et al., 1996). Adjustment to

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