

Adaptation of the Illness Trajectory Framework to Describe the Work of Transitional Cancer Survivorship

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To date, cancer survivorship has been conceptually limited. Concept analyses have revealed a need for clarification of conceptual and operational definitions of cancer survivorship (Doyle, 2008; Farmer & Smith, 2002).

The prevailing definition of survivorship comes from the National Coalition for Cancer Survivorship (1986), which labeled anyone who had received a cancer diagnosis as a survivor from that point forward. The period of survivorship immediately following completion of cancer treatment often is described in terms of significant absences—absence of treatment, absence of the treatment team, and, importantly, absence (or remission) of the cancer itself (Breaden, 1997; Dow, 2003; Institute of Medicine [IOM], 2006). Many survivors feel powerless during this period (Armstrong, 2001; Breaden, 1997; Carr, 2004; Pelusi, 1997) and some experience conflicting emotions resulting in psychological distress (Dow, 2003; Doyle, 2008; Ferrell & Hassey, 1997; IOM, 2006; Mellon, Northouse, & Weiss, 2006). Despite these stark psychological profiles, survivor and caregiver roles immediately following treatment are not described clearly; this contrasts with clear activity descriptions during cancer treatment. During treatment, survivors and their caregivers generally are depicted as engaged in a series of well-defined tasks necessary for successfully adhering to prescribed therapies and achieving treatment goals (Given & Sherwood, 2006; IOM, 2006). Successful transition from active cancer treatment to life following treatment has been shown to be a significant predictor of future outcomes, particularly survivors' and caregivers' psychological and emotional health (Cheng, Thompson, Ling, & Chan, 2005; Deimling, Sterns, Bowman, & Kahana, 2005; Ferrell & Hassey, 1997; Mellon et al., 2006). Understanding patients' and caregivers' work during active treatment or palliation has facilitated the development of important models of cancer care associated with improved outcomes among these survivors and their families (Gaugler et al., 2005; Given & Sherwood,

Purpose/Objectives: To examine and refine the Illness Trajectory Framework, and to address transitional cancer survivorship.

Data Sources: CINAHL®, PubMed, and relevant Institute of Medicine reports were searched for survivors' experiences during the year following treatment.

Data Synthesis: Using an abstraction tool, 68 articles were selected from the initial search (N > 700). Abstracted data were placed into a priori categories refined according to recommended procedures for theory derivation, followed by expert review.

Conclusions: Derivation resulted in a framework describing the work of transitional cancer survivorship, defined as survivor tasks, performed alone or with others, to carry out a plan of action for managing one or more aspects of life following primary cancer treatment. Theoretically, survivors engage in three reciprocally interactive lines of work: (a) illness-related, (b) biographical, and (c) everyday life work. Adaptation resulted in refinement of these domains and the addition of survivorship care planning under "illness-related work."

Implications for Nursing: Understanding this process of work may allow survivors and those who support them to better prepare for the post-treatment period. This adaptation provides a framework for future testing and development. Validity and utility of this framework within specific survivor populations also should be explored.

2006; Kozachik et al., 2001; Northouse, Kershaw, Mood, & Schafenacker, 2005). Models developed to describe the work of cancer survivors and their support people during the transitional survivorship period, which follows cancer treatment, can similarly guide research and practice interventions.

Theory Derivation Procedures

Theory derivation is an iterative process that can be useful when an existing theory would benefit from refinement in light of new knowledge or evolution of a concept, such as cancer survivorship (Botes, 2002;