

# Survivorship Care Plans

## Rural, low-income breast cancer survivor perspectives

Pam Baker DeGuzman, PhD, MBA, RN, Kaitlyn Colliton, BSN, RN, Carmel J. Nail, RN, MSN, FNP-BC, CBCN®, and Jessica Keim-Malpass, PhD, RN



**BACKGROUND:** Despite increasing implementation of survivorship care plans (SCPs), cancer survivors still experience unmet needs post-treatment. Rural, low-income survivors experience less planning for supportive care during treatment, which is difficult to overcome after patients complete treatment.

**OBJECTIVES:** This pilot study explores post-treatment survivorship care planning execution, perception, and needs among rural, low-income cancer survivors.

**METHODS:** A longitudinal, descriptive, qualitative design with semistructured interviews was used.

**FINDINGS:** Rural survivors' responses reflected lack of knowledge about post-treatment care, including how to assess for cancer recurrence. Delivery of the SCP during the final treatment appointment was inadequate for knowledge retention. Individualized assessment of survivorship needs and education post-treatment may improve long-term health outcomes for this population.

### KEYWORDS

survivorship care plan; health literacy; cancer recurrence; cancer survivorship

### DIGITAL OBJECT IDENTIFIER

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**SURVIVORSHIP CARE PLANS (SCPs) ARE DOCUMENTS** intended to clearly and effectively incorporate specific guidelines for monitoring and maintaining patients' health following treatment (American Cancer Society, 2017). Providers typically review SCPs with patients after primary cancer treatment. The Institute of Medicine, now known as the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine, recommends including specific supportive care elements in SCPs to help survivors cope with the psychosocial and existential aspects of cancer (Hewitt, Greenfield, & Stovall, 2006). At a minimum, SCPs should address the following supportive care elements: health-promoting behaviors; potential effects of cancer on relationships, sexual functioning, work, and parenting; potential need for psychosocial support, including spiritual care; and potential insurance, employment, and financial consequences of cancer (Hewitt et al., 2006).

Although these recommendations were published more than a decade ago, unmet supportive care needs continue to be documented in survivorship research (Salz, Oeffinger, McCabe, Layne, & Bach, 2012; Smith, Singh-Carlson, Downie, Payeur, & Wai, 2011). Cancer treatment providers have struggled with the preparation and delivery of SCPs, likely related to the time it required to develop them (Dulko et al., 2013; Hewitt et al., 2006; Stricker & O'Brien, 2014).

Little research has evaluated the impact of SCPs on rural survivors (Dulko et al., 2013; Schootman, Homan, Weaver, Jeffe, & Yun, 2013); however, rural residents may be more vulnerable to deficiencies in SCPs than their urban counterparts because they live farther away from care (DeGuzman, Sheffield, Hauser, Sherman, & Keim-Malpass, 2015). Although estimates vary based on measurement of rurality (Meilleur et al., 2013), more than 20% of U.S. survivors are estimated to live in rural counties (Weaver, Geiger, Lu, & Case, 2013). Post-treatment rural cancer survivors may be further disadvantaged because of lack of financial access (Fuchsia Howard et al., 2014; Palmer, Geiger, Lu, Case, & Weaver, 2013; Pesut, Robinson, Bottorff, Fyles, & Broughton, 2010), assistance with health literacy (Franklin et al., 2010; Katz et al., 2010; Wilson, Andersen, & Meischke, 2004), and support for psychosocial issues like depression (Glasser, Nielsen, Smith, & Gray, 2013; Livaudais et al., 2010). In addition, rural survivors may experience appointment stacking (i.e., scheduling all medical treatment appointments on one day to eliminate the need