

# Survivorship Care Plans: Health Actions Taken and Satisfaction After Use

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**OBJECTIVES:** To examine the use of and assess patient satisfaction with survivorship care plans (SCPs).

**SAMPLE & SETTING:** 189 cancer survivors recruited from five cancer treatment center locations (Avera Cancer Institute in Aberdeen, Mitchell, Sioux Falls, and Yankton; Sanford Cancer Center in Sioux Falls) and one auxiliary specialty center (Urology Specialists in Sioux Falls), all in South Dakota.

**METHODS & VARIABLES:** A written survey was completed by participants before and three months after receiving an SCP. Associations between demographics and cancer-related characteristics and use of the SCP were evaluated using chi-square tests. Logistic regression was used to determine factors associated with any use of the SCP, health actions attributable to the SCP, and satisfaction with the SCP.

**RESULTS:** The most frequently reported uses of the SCP were to share with spouse or partner, inform about symptoms, and ask physician or nurse about concerns. SCP use, health actions taken, and satisfaction with the SCP were associated with gender, marital status, and main cancer type.

**IMPLICATIONS FOR NURSING:** Nurses should promote SCPs because they are valued and used by survivors for follow-up care.

**KEYWORDS** cancer survivorship; survivorship care plan; follow-up care; satisfaction

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Individuals who complete active treatment for cancer may benefit from a survivorship care plan (SCP) that includes information to support prevention of and screening for new cancers, surveillance for cancer spread or recurrence, and health promotion resources (Hewitt, Greenfield, & Stoval, 2005). An SCP can also facilitate care coordination among healthcare providers (HCPs), leading to greater understanding of provider roles in shared care for survivors for whom cancer-related symptoms coexist with multiple chronic conditions (Hewitt et al., 2005).

The SCP is endorsed by a number of professional bodies for survivors of cancer, including the Commission on Cancer and the Institute of Medicine (known now as the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine). The former includes the SCP in its cancer program guidelines (Commission on Cancer, 2016), and the latter specifically identifies the SCP and its vital importance in the transition from active cancer treatment to post-treatment care, as well as emphasizes the role of the SCP in cancer survivors' long-term survival and quality of life (Hewitt et al., 2005).

An essential goal of the SCP is to facilitate communication among survivors, their family members and caregivers, and their HCPs about active treatment details, follow-up care, and other resources that may be necessary to cancer survivorship management (Birken et al., 2018). Although early Institute of Medicine recommendations supported the use of SCPs, adoption by HCPs has not been widespread (Forsythe et al., 2013; Salz & Baxi, 2016). Although a study by Donohue et al. (2015) indicated that HCPs (N = 72) who were aware of and used SCPs generally agreed that they were necessary to effectively care for patients, a later study by Donohue et al. (2019) of 40 HCPs treating breast cancer survivors