

A Multimethod Evaluation of a Specialist Breast Care Nurse–Led Survivorship Clinic in Australia

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OBJECTIVES: To compare the needs and issues faced by breast cancer survivors (BCSs) who received chemotherapy as part of their treatment with those who did not and assess satisfaction with a specialist breast care nurse–led survivorship clinic.

SAMPLE & SETTING: BCSs who attended a specialist breast care nurse–led survivorship clinic at a Western Australian private, not-for-profit hospital.

METHODS & VARIABLES: A multimethod evaluation included surveys, quality-of-life assessments, and reviews of wellness plans.

RESULTS: A total of 68 BCSs participated; the majority had received chemotherapy as part of their treatment and were female. BCSs experienced a diverse range of issues. Significant differences were found between chemotherapy and nonchemotherapy groups for financial difficulties ($p = 0.002$), body image ($p = 0.017$), future perspective ($p = 0.022$), and arm symptoms ($p = 0.007$). Participants indicated that the specialist breast care nurse–led clinic was appropriately timed and highly valued.

IMPLICATIONS FOR NURSING: Specialist breast care nurse–led clinics can identify and address BCSs' ongoing needs.

KEYWORDS breast cancer; survivorship; wellness; nurse-led; breast care nurse; chemotherapy

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Cancer survivorship refers to life after diagnosis, living well and optimizing “health of body and mind for life” (Brennan et al., 2008, p. 826). The five-year relative survival rate from early breast cancer in Australia improved from 73% in 1989 to 92% in 2022 (Breast Cancer Trials, n.d.). As survival rates improve post–cancer diagnosis, there is growing recognition of the need for supportive cancer survivorship care (Halpern et al., 2015; Porter-Steele et al., 2017) beyond active treatment, usually defined as surgery, chemotherapy, and radiation therapy (All.Can, 2019). In this context, there has been a shift in the definition of survivorship. The Clinical Oncology Society of Australia (2016) added the term *wellness* to emphasize living well. This incorporates physical, psychological, and economic outcomes focusing on the survivors' priorities and how they wish to live their life using a person-centered holistic approach. The term *survivorship* incorporates the time from end of primary treatment to living beyond cancer (Clinical Oncology Society of Australia, 2016). Support can be delivered via visits with clinicians, primary caregivers, and specialist nurses, or via peer support from other cancer survivors. Follow-up may include face-to-face consultations or telephone sessions individually or within a group setting (Gast et al., 2017; Porter-Steele et al., 2017).

Reviews of breast cancer survivorship care models vary from traditional oncology specialist follow-up, shared care with general practitioners, and specialist breast care nurse (SBCN)–led care (Meade et al., 2017; Post et al., 2017; Radhakrishnan et al., 2019). Studies have reported that women value survivorship care and have commented on who is best to deliver this care (Meade et al., 2017; Post et al., 2017; Radhakrishnan et al., 2019). Barriers in survivorship care can be related to the type of relationship between health professionals and breast cancer survivors (BCSs), in particular opportunities to discuss