

Community Interventions for Survivors and Their Families: A Literature Synthesis

Gayle Roux, PhD, RN, NP-C, FAAN, Ann Solari-Twadell, PhD, MPA, FAAN, and Suzanne Ackers, RN, MS



© Alexander Novikov/Stock/Thinkstock

Background: Advancements in technology and treatment have increased the survival rate for many cancers. Because many people in the United States who are living with cancer reside in communities, a need exists for community-based interventions for survivors and their families. **Objectives:** The goal of this article is to inform nurses and researchers about current evidence-based community intervention outcomes and make recommendations to support care of community survivors of cancer.

Methods: A literature search was conducted for community interventions with a survivor component. Fifteen articles were selected for analysis in two categories of community intervention research, women with breast cancer and people with all types of cancer.

Findings: The literature synthesis indicated that community-based interventions are beneficial to enhancing quality of life and decreasing symptoms in survivors. Exercise, support, and family-centered interventions for children and spouses demonstrated promising results. These findings have implications for nursing practice in communities, where oncology nurses and other professionals can begin concentrating intervention efforts. Additional studies are needed on high-quality, cost-effective, and collaborative community-based interventions for survivors of cancer, including underrepresented populations.

Gayle Roux, PhD, RN, NP-C, FAAN, is the dean and a professor in the College of Nursing and Professional Disciplines at the University of North Dakota in Grand Forks; Ann Solari-Twadell, PhD, MPA, FAAN, is an associate professor in the Marcella Niehoff School of Nursing at Loyola University Chicago in Illinois; and Suzanne Ackers, RN, MS, is an assistant clinical professor in the College of Nursing at Texas Woman's University in Denton. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the authors, planners, independent peer reviewers, or editorial staff. Roux can be reached at groux@twu.edu, with copy to editor at CJONeditor@ons.org. (Submitted July 2013. Revision submitted June 2014. Accepted for publication June 27, 2014.)

Key words: cancer; survivors; community; interventions

Digital Object Identifier: 10.1188/15.CJON.E63-E69

Breakthroughs in research, treatment, and technology have increased the survival rate for many types of cancer, accounting for about 14.5 million survivors in the United States (American Cancer Society [ACS], 2015). The National Cancer Institute (NCI, 2010) estimated that about 15% of these survivors are treated at large cancer centers in the United States and the remaining 85% are treated at local community agencies near where survivors live. About 66% of people with cancer can expect to be alive in five years (NCI, 2011). Eighty percent of survivors of childhood cancer are alive in five years, and their 10-year survival rate is nearing 75% (NCI, 2011). This increase in survivorship has given rise to some identified health risks associated with being a survivor. These health risks affect physical, psychological, spiritual, and psychosocial domains of an individual's well-being (Centers

for Disease Control and Prevention [CDC], 2012). Because the majority of survivors live in homes in communities, resources and strategies inclusive of community interventions should be strengthened within the continuum of care.

The increased survival rate for those diagnosed with cancer has created a shift in the focal point of evidence-based research from prevention and detection efforts to interventions needed to improve and sustain quality of life for survivors and their families (Baker, Denniston, Smith, & West, 2005; CDC, 2012). Increased researcher awareness of this shift toward intervention is demonstrated by the 40% of funded grants that contain some type of intervention component (Rowland, 2011). However, literature on specific types of community-based interventions that have been conducted with survivors and their families is limited. The purpose of this article is to examine