

Oncology Nurses' Knowledge of Survivorship Care Planning: The Need for Education

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Cancer survivorship care is a concept highlighted in a report by the Institute of Medicine (IOM) (Hewitt, Greenfield, & Stoval, 2005). In that report, cancer survivors described feelings of loss at the end of acute treatment, lack of attention to long-term sequelae of treatment, and a physical and emotional toll from their cancer diagnosis (Hewitt et al., 2005). In response to these concerns, the IOM challenged healthcare providers to establish cancer survivorship planning as a routine part of cancer care (Hewitt et al., 2005).

The IOM cancer survivorship initiatives have been embraced by oncology professionals at many academic medical centers; however, the work has been somewhat fragmented, perhaps from the lack of empirical evidence and widespread professional education (Klemp, Frazier, Glennon, Trunecek, & Irwin, 2011). The need for institutional and professional support of a survivorship paradigm shift is evident (Earle & Ganz, 2012; Ganz, Earle, & Goodwin, 2012). Barriers to high-quality survivorship care include issues of reimbursement, resources, time, communication, coordination of care, and evaluation of results (Stricker et al., 2011). Some issues remain with the term *survivor* (Khan, Rose, & Evans, 2012). Survivorship care encompasses all patients, including those with metastatic disease and at the end of life (Lester & Schmidt, 2011).

Oncology care providers are accustomed to providing expert care, but the establishment of cancer survivorship care as a distinct phase remains a relatively new concept to most healthcare providers (Lester & Schmidt, 2011). A conceptual model of adult survivorship is not well described (Howell et al., 2012), and the operational model continues to evolve (McCabe & Jacobs, 2012). Oncology professionals typically discuss several of the recommended components of survivorship care planning with survivors (Haylock, Mitchell, Cox, Temple, & Curtiss, 2007). However, that occurs over a period of time, not in a concise package or at a designated time point in the cancer trajectory. The familiarity of survivor-

Purpose/Objectives: To survey nurses about their knowledge of cancer survivorship care.

Design: Descriptive, cross-sectional.

Setting: Midwestern comprehensive cancer center.

Sample: 223 registered and advanced practice nurses.

Methods: Online survey of survivorship knowledge using a 50-item questionnaire derived from the Institute of Medicine report and related publications.

Main Research Variables: Concepts of survivorship care and common long-term symptoms.

Findings: Most nurses reported having knowledge about healthy lifestyle habits; more than 50% of nurses reported having knowledge about chemotherapy, surgery, and radiation therapy, as well as side effects of fatigue, depression, limitations of daily activities, and weight gain; less than 50% of nurses reported having knowledge of impact on family, biologic agents, lymphedema, immunizations or vaccinations, and osteoporosis screening; less than 40% of nurses reported having knowledge about marital and partner relationships, osteoporosis prevention and care, sexuality, side effects of bone marrow transplantation, employment issues, and angiogenesis agents; and less than 25% of nurses reported having knowledge on genetic risks, as well as fertility, financial, and insurance issues.

Conclusions: Oncology nurses at an academic comprehensive cancer center reported gaps in knowledge consistent with previous studies about knowledge of survivorship care.

Implications for Nursing: The Institute of Medicine has challenged oncology providers to address cancer survivorship care planning. Gaps in cancer survivorship knowledge are evident and will require focused education for this initiative to be successful.

Key Words: late effects of cancer treatment; rehabilitation; survivorship; undergraduate nursing education; continuing education

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ship care planning to nurses who worked at the James Cancer and Solove Research Institute, a National Cancer Institute-designated comprehensive cancer center in Columbus, OH, was relatively unknown. The institution