

Care Processes and Quality-of-Life Outcomes Affecting the Gynecologic Cancer Survivorship Experience

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PURPOSE: To describe and assess physical and psychosocial concerns and care processes related to cancer and treatment in gynecologic cancer survivors.

PARTICIPANTS & SETTING: 44 survivors of gynecologic cancer at City of Hope National Medical Center in southern California were enrolled.

METHODOLOGIC APPROACH: A descriptive mixed-methods approach was used. Data were collected on survivorship care plan implementation, supportive care referrals, and barriers to receiving care. Participants completed questionnaires assessing quality of life, unmet needs, and other outcomes at three, six, and nine months after enrollment. Changes over time were analyzed, and quantitative and qualitative results were compared.

FINDINGS: The most common unmet needs were stress reduction, side effect management, fear of cancer recurrence (FCR), and perception of adequate communication among the care team. Qualitative themes centered around communication, care coordination, FCR, financial distress, and need for information about peer support and healthy lifestyles.

IMPLICATIONS FOR NURSING: Nurses play a key role in coordinating care, assessing symptoms, and addressing psychosocial concerns. Providing education and coaching can reduce stress and facilitate survivors' self-management and self-efficacy.

KEYWORDS gynecologic cancer; quality of life; unmet needs; survivorship care plan; mixed methods
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Survivors of gynecologic cancer face multiple symptoms and long-term health effects from cancer and treatment and require comprehensive strategies to manage their needs (Beesley et al., 2018; Campbell et al., 2019). Many face physical and psychosocial concerns related to disease, treatment, and comorbidities (Campbell et al., 2019; Jacobs & Shulman, 2017). Although many survivors function well, 25%–40% experience distress, difficulty concentrating, fear of cancer recurrence (FCR), depression, bowel or bladder dysfunction, sexuality concerns, and difficulty sleeping (Beesley et al., 2018; Campbell et al., 2019). In addition, 30%–54% also experience significant financial toxicity (Campbell et al., 2019; Esselen et al., 2020). The literature indicates that the most significant supportive care needs are related to care coordination and psychological concerns (Beesley et al., 2018; Lisy et al., 2019). Survivors of gynecologic cancer most at risk for unmet needs include those experiencing advanced disease, distress, higher symptom burden, and less social support; those living in remote locations; and younger women (Beesley et al., 2018). Survivors with multiple comorbidities and advanced disease may need additional support because they are less likely to show improvement in quality of life (QOL) over time (Zandbergen et al., 2019).

Cancer survivors commonly experience a range of unmet needs that are not always managed effectively (Jefford et al., 2022). Quality survivorship care entails understanding patient-related factors, system-level issues, and the interplay between them that can affect care delivery (Jacobs & Shulman, 2017). Patient factors include unmet needs, symptom-related and financial concerns, perceptions of communication, and experience of care coordination (Beesley et al., 2018; Kanga et al., 2019). System-level issues include