

The Prevalence and Nature of Psychosocial Distress in Post-Treatment Haematological Cancer Survivors

Deborah Raphael (PhD student), Professor Merryn Gott, Dr Rosemary Frey (Supervisors) School of Nursing, University of Auckland

Introduction

Haematological cancers are the fourth most prevalent cancer in the developed world, with incidence increasing in many countries.¹ New and improved treatments have led to increased survival but treatment can be aggressive, causing both late and long-term physical and psychosocial effects.^{2,3} Survivors facing psychosocial issues in the post-treatment period may not always receive the appropriate psychosocial support.⁴

Aim: To investigate the nature, magnitude, and timing of psychosocial distress post-treatment amongst haematological cancer survivors in Aotearoa New Zealand and to explore their experiences of post-treatment support.

Design: Two-phase exploratory sequential mixed methods approach (Design and methods are shown in Figure 1.)

Theoretical framework: Andrykowski et al (2008) Psychological factors associated with psychological health in cancer survivors.⁵

Results

Qualitative: Distress in the post-treatment was associated with the transition from patient to survivor, uncertainty, physical problems/impairment and fear of recurrence. Strategies to maintain psychosocial wellbeing included drawing on inner strength; support from personal connections; support from health professionals and support organisations. Barriers to utilising the above strategies were identified.

Quantitative: 21.9% of post-treatment survivors suffered from significant distress. Distress prevalence was greater in younger people, those unemployed or on sick leave, and women. Three significant predictors of distress were not being born in NZ, low social support, and high fear of recurrence.

Integration: The results were integrated and linked back to the underlying theoretical framework, Figure 2 below displays the integrated results. The blue boxes represent the existing theoretical framework, the orange boxes represent integrated data analysis from this research

Methods

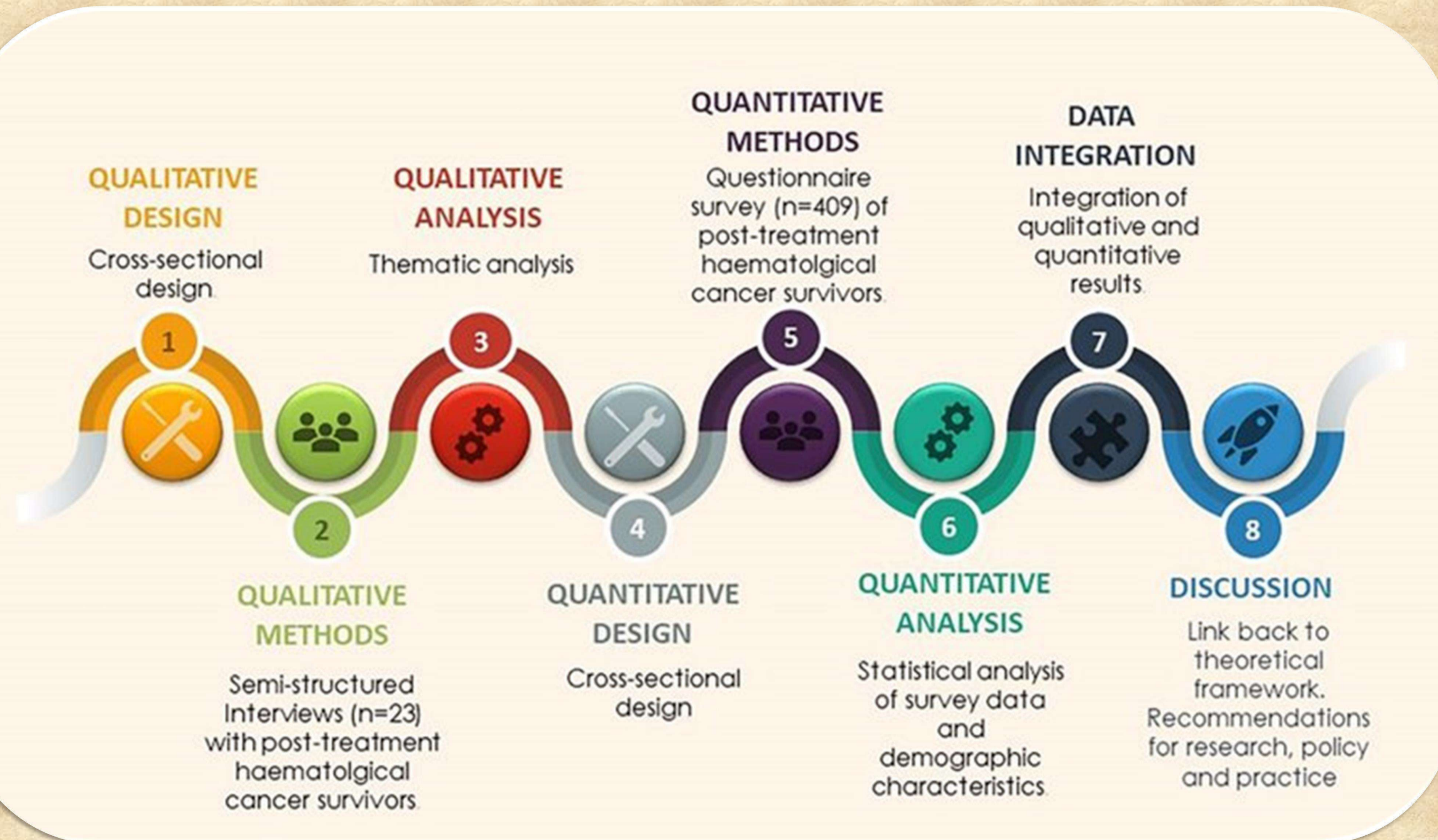


Figure 1. Research design and methods

Data Integration

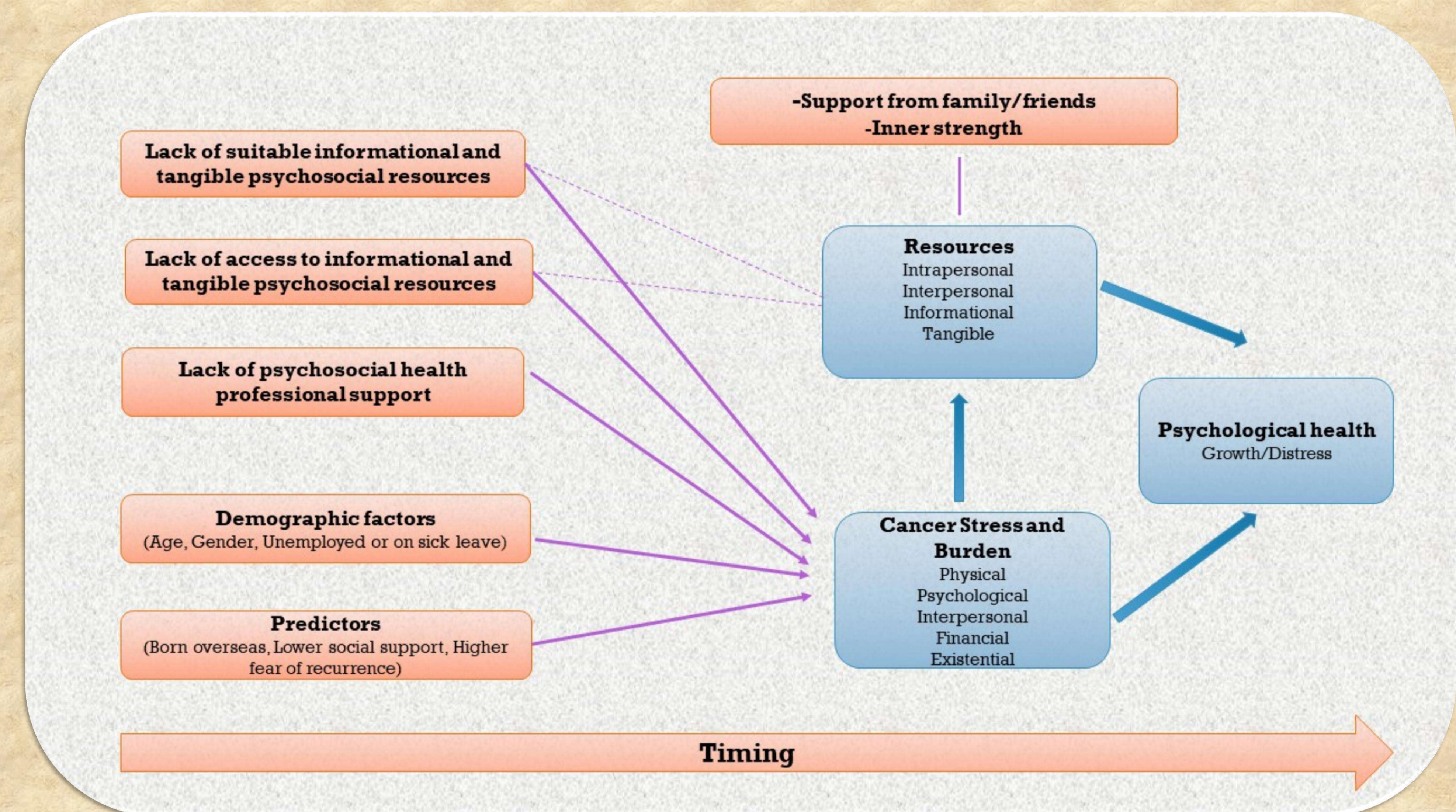


Figure 2. Integrated results

References

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2. Carey M, Anderson A, Sanson-Fisher R, Lynagh M, Paul C, Tzelepis F. How well are we meeting haematological cancer survivors' preferences for involvement in treatment decision making? *Patient Educ Couns*. 2012;88(1):87-92.
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4. Swash B, Bramwell R, Hulbert-Williams NJ. Unmet psychosocial supportive care needs and psychological distress in haematological cancer survivors: The moderating role of psychological flexibility. *J Contextual Behav Sci*. 2017;6(2):187-94.
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Conclusion

More psychosocial support is required for haematological cancer survivors in the post-treatment period. Distress screening needs to be implemented post-treatment to identify those survivors who may be struggling. There needs to be increased discussion from health professionals regarding psychosocial issues and also a need for the implementation of individualised psychosocial interventions.

Name: Deborah Raphael

Institution: University of Auckland, School of Nursing

Email: d.rafael@auckland.ac.nz

Biography

Deborah Raphael has been a health researcher in the School of Nursing at the University of Auckland for over 10 years. She has worked on numerous research projects, and has a particular interest in the psychosocial aspects of health and illness.

She has recently completed her PhD entitled ***The Prevalence and Nature of Psychosocial Distress in Post-Treatment Haematological Cancer Survivors.***