

Rural cancer survivors' post-treatment supportive care needs and intervention preferences: a qualitative study

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Introduction

The completion of cancer treatment and transition from urban centres back to rural communities is thought to be a challenging time for many rural cancer survivors.

Objectives

- To build deeper understanding of the experiences and unmet needs of rural people who have completed active cancer treatment and returned to their rural communities.
- To determine how existing services could be re-orientated and/or new interventions be developed to more appropriately meet their supportive care and tertiary prevention needs.

Methods

Adult South Australians who lived outside metropolitan Adelaide and had completed active cancer treatment (n=13), the carers of someone who fitted this description (n=3) and people who had been *both* a rural survivor and a carer (n=6), participated in semi-structured interviews.



A broad range of demographic backgrounds and medical histories (50% < 2 years, 50% > 2 post-treatment) were represented in the sample. Data were analyzed using Thematic Analysis.

Conclusion

Accessible psychosocial interventions need to be developed with rural survivors' preferences in mind, to address issues such as fatigue, fear of recurrence and social isolation. Greater use of tele-health facilities would reduce the burden of travel and may increase rural cancer survivors' engagement in ongoing cancer surveillance.

Resulting themes

- **When it is over, it is not all over** (problems emerge with fatigue, fear of recurrence, post-op issues, comorbidities, isolation etc.)
"Every day. Every day you wake up and the big C is right there." Female, breast, short-term survivor (#14)
- **Frustration with travel for surveillance/ follow-up medical care**
"We've had problems where I've needed something done, an operation in the Adelaide or something, and you go down there. Like I had to have an operation here earlier in the year, actually it was supposed to have been done last year late and went all the way to Adelaide, spent all day in the hospital and then it was cancelled. Now that is a nightmare. Whereas if you were in the city it's not quite so bad, you haven't got so far to go home and then go back again." Male, prostate, long-term survivor (#12)
- **Openness to new forms of psychosocial support**
"So I got home and it was like it hadn't happened... It probably would have been helpful to have someone... if there was someone, not necessarily in [this town], but in this area that I could have spoken to because like I said, the biggest thing I think I had, was life just went back to normal, and I was just sitting here thinking 'it's not [normal] for me'." Female, breast, short-term survivor (#1)
- **Lack of faith in local medical care**
"Don't have the same GP. We're in the country situation where you ring up and you get who you get. I had a really lovely GP that actually diagnosed my breast cancer - and she's left." Female, breast, short-term survivor (#11)

There is a preference for new forms of psychosocial support and education to be:

- **nurse-led**,
- delivered via **telephone**, **face-to-face** and to a lesser degree, via the **internet**,
- **continuity of care** is important and for
- services to **contact directly** (not self-referral).

Greater use of **tele-health** facilities to minimize travel was another widely-endorsed solution.



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