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How nurses can promote resilience among adolescents receiving active cancer treatment: A scoping review

by Pascal Bernier

ABSTRACT

Objective: Explore knowledge on resilience-promoting interventions among adolescents receiving active cancer treatment. The question used to guide the research was: How can nurses promote resilience among adolescents receiving active cancer treatment?

Introduction: Adolescence is a very turbulent stage of development (Young, 2014). A cancer diagnosis at this age contributes to emotional distress and reduces quality of life (Sodergren et al., 2017). However, some youth develop positive coping mechanisms that lead to increased resilience (Bellizzi et al., 2012; Sodergren et al., 2017). Because nurses often care for these patients over an extended period of time, they can play an important role in fostering this resilience.

Method: Three databases (CINAHL, PubMed and PsycArticles) were consulted in February 2023, using research limiters “2013–2023” and “adolescents” (teenagers) both in French and in English. Potentially relevant sources were selected based on the guidelines identified by Pollock et al., (2021). Data were extracted, analyzed and presented using the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews checklist (Tricco et al., 2018). The results were categorized, using deductive reasoning, as either protective factors or risk factors, in line with the Resilience in Illness Model (RIM; (Haase et al., 2014, 2017). Finally, potential interventions were identified where nurses can foster resilience among adolescents actively undergoing cancer treatment.

Results: The method used returned 86 studies, 17 of which met the selection criteria. Of these, 10 were quantitative in nature, three were qualitative, three were theoretical (including literature reviews and meta-analyses) and one was an editorial. The majority ($n = 15$) were published in the United States. There have been no studies specifically examining the role of nurses in promoting resilience among adolescents undergoing active cancer treatment since 2013.

AUTHOR NOTES

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Conclusion: Based on the findings of this paper, considering that information has been published on the role nurses serve in caring for adolescents who have a chronic illness other than cancer, the conclusion is that pediatric oncology nurses can be key players in promoting resilience among patients at this stage of development. Studies focusing specifically on this topic would be useful in determining how to facilitate adaptation and foster resilience effectively among adolescents receiving active cancer treatment.

INTRODUCTION

Adolescence

Adolescence is a critical stage of development during which many profound changes occur. The data gathered in studies of adolescent participants are heterogeneous. Similarly, age ranges in research involving adolescents receiving active cancer treatment vary greatly, as wide as 10 to 35 years of age in some studies. In this paper, adolescence is considered to span from 10 to 25 years of age for the sake of inclusivity, in line with Haase et al. (2014, 2017), and refer to a period of continuous, dynamic interplay between a host of biological, psychological, social, and environmental factors, in which numerous developmental challenges emerge (Young, 2014). The changes that occur during puberty impact self-perception and body image (Young, 2014). During this period, adolescents also undergo significant cognitive and affective development, and learn to regulate their emotions and resolve problems (Brand et al., 2017; Young, 2014). Of the many other challenges they face, achieving independence from their parents is particularly important (Brand et al., 2017; Young, 2014). Peers, friends, and significant adults play a key role in identity development at this stage. During this transition from childhood to adulthood, young people begin to identify their own values and desires, which helps them establish their personal identity (Young, 2014).

Cancer and adolescence

The desire to belong and be recognized by peers is particularly strong during adolescence (Young, 2014). Adolescents with cancer face not only the normal challenges of this stage of life, but also many more related to their treatment (Zebrack, 2011). The most commonly reported issues include the side effects of treatment (e.g., fatigue, lack of strength, nausea, weakened immune system), physical changes (e.g., loss of weight, muscle mass, and hair), a reduced ability to focus and concentrate, absence from school, social isolation and impacted friendships (Sodergren et al., 2017; Zebrack, 2011). These problems are compounded by an increased dependence on parents, a loss of control over one's body, bodily integrity,

and body image, and concerns about sexuality (Sodergren et al., 2017). Adolescents report feeling a loss of normalcy, falling behind their peers, being socially excluded and experiencing changes to their sense of self and outlook on life (Sodergren et al., 2017; Zebrack, 2011). Coping with treatment, side effects, psychosocial difficulties and the possibility of premature death brings about feelings of vulnerability, anger, frustration, and fear (Sodergren et al., 2017).

Cancer, adolescence and resilience

It is interesting to find that, amid the turbulence of adolescence, a significant proportion of adolescent cancer patients display resilience in the face of adversity. According to Haase et al. (2017), resilience is both a process and an outcome. The resources that adolescents develop to deal with these challenges provide them with a sense of accomplishment and competency and help them remain motivated (Haase et al., 2017). Interestingly, having cancer can also lead adolescents to make positive changes (Bellizzi et al., 2012). Adolescent cancer patients describe themselves as being more mature (Bellizzi et al., 2012; Sodergren et al., 2017), more positive and less self-centred (Bellizzi et al., 2012). Relationships with family members can become particularly important and meaningful to adolescents facing the difficulties of a cancer diagnosis. Some say that they have developed confidence in their ability to look after their health and that cancer has helped them to reflect on the meaning of life, their goals, and their future.

Though serious illnesses such as cancer can have many negative impacts, it appears that some adolescents experience positive impacts as well (Bellizzi et al., 2012). In addition to their core work of health promotion and disease prevention, nurses can help adolescent patients and their families implement the tools of positive psychology in order to become more resilient (Figueiredo et al., 2020).

PROBLEM, OBJECTIVE AND RESEARCH QUESTIONS

The initial exploration that led to this research showed that few articles, if any, explicitly examine the role of nurses in promoting resilience among adolescents actively undergoing cancer treatment or receiving follow-up care.

The primary goal of this paper is to review the literature with a view to identifying resilience-related themes that could be used to develop nursing interventions to promote resilience among adolescents receiving active treatment for cancer. This paper will identify various potential interventions to promote resilience among this patient group, taking into account the factors mentioned in Haase et al.'s Resilience in Illness Model (RIM; 2014, 2017). Possible areas for future research will then be identified.

The following questions guided the literature review process and research strategy:

1. What interventions (nursing and other) promote resilience among adolescents undergoing active cancer treatment?
2. What important themes emerge from studies on resilience among adolescents undergoing active cancer treatment, and how could these help shape nursing interventions?

METHODOLOGY AND RATIONALE

Rationale for scoping review

As there is little information on the role of nurses in promoting resilience among adolescents receiving active cancer treatment, a scoping review is an appropriate method for mapping existing data, extracting key concepts and contextualizing them in order to define areas for future research (Levac et al., 2010). The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR; Tricco et al., 2018) was used for the purposes of writing this paper. Articles for the scoping review were selected using the JBI Manual for Evidence Synthesis (Peters et al., 2020). Suggestions made by Pollock et al. (2021) in their article discussing evidence synthesis methodology as it relates to nursing practice and research were also incorporated. The extraction, analysis and presentation of results were performed using JBI SUMARI (System for the Unified Management, Assessment, and Review of Information; Peters et al., 2020).

Rationale for using the Resilience in Illness Model

As there are few data on the role of nurses in promoting resilience among adolescents undergoing active cancer treatment, extracted data related to resilience themes and potential nursing interventions were categorized, using deductive reasoning, as either protective factors or risk factors, in line with the RIM (Haase et al., 2014, 2017). The RIM was developed on the basis of two worldviews: 1) lifespan development and 2) meaning-based model (Haase et al., 2014). The RIM seeks to understand better the (positive) protective factors that impact resilience among adolescents aged 10 to 26 years with cancer (Haase et al., 2014). This model has empirically demonstrated its predictive value for both research and clinical practice involving youth with cancer (Haase et al., 2017).

Research strategy

I began by using CINAHL (EBSCO) and Sofia, a simple research tool available through Quebec universities, to find academic articles on the subject of my research. Given the potential scope of this subject, I used words contained in the titles and abstracts of articles, as well as some keywords used to describe the articles to develop my documentary research strategy. I then used Boolean operators to refine my research strategy. I consulted three databases (CINAHL, PubMed and PsycArticles) in February 2023. Only studies published since 2013 were considered, as medical advancements in pediatric oncology occur very rapidly, and it is inevitable that psychosocial and psychological challenges change with these advancements. I applied the following research limiters: "2013–2023," "English or French," and "adolescents" (teenagers). Due to time constraints and the exploratory nature of this research, I did not examine the references listed in the 17 studies included. As this is an emerging area of research, I chose to include all types of studies in my review.

Inclusion criteria

The studies that were included concern adolescents aged 10 to 25 years with cancer who are in active treatment. The studies explicitly discuss resilience and were published between

2013 and 2023. I also considered studies that evaluate the implementation or measure the effectiveness of resilience promotion programs. Finally, I performed a brief, simple search in Google Scholar in order to find any articles that my strategy may have missed. Unfortunately, I was unable to explore grey literature, primarily due to time limitations.

Selection of studies/data sources

All studies identified were uploaded into Version 20.4 of EndNote. The titles and abstracts were screened, and references for potentially relevant sources were imported into JBI SUMARI. The flowchart in Figure 1 shows the number of articles kept or excluded at each stage of the research process (Tricco et al., 2018). Relevant data were extracted using a summary table as suggested by Pollock et al. (2021). The data extracted included specific details about participants, concepts, context, type of study and the main findings relevant to my research objective.

Context

This literature review was conducted in an academic context. The idea behind the review was to produce a professional paper about a subject of interest to the nursing sciences. I also wanted to learn more overall about the ways in which adolescents face cancer and adapt to their circumstances during treatment.

RESULTS AND DISCUSSION

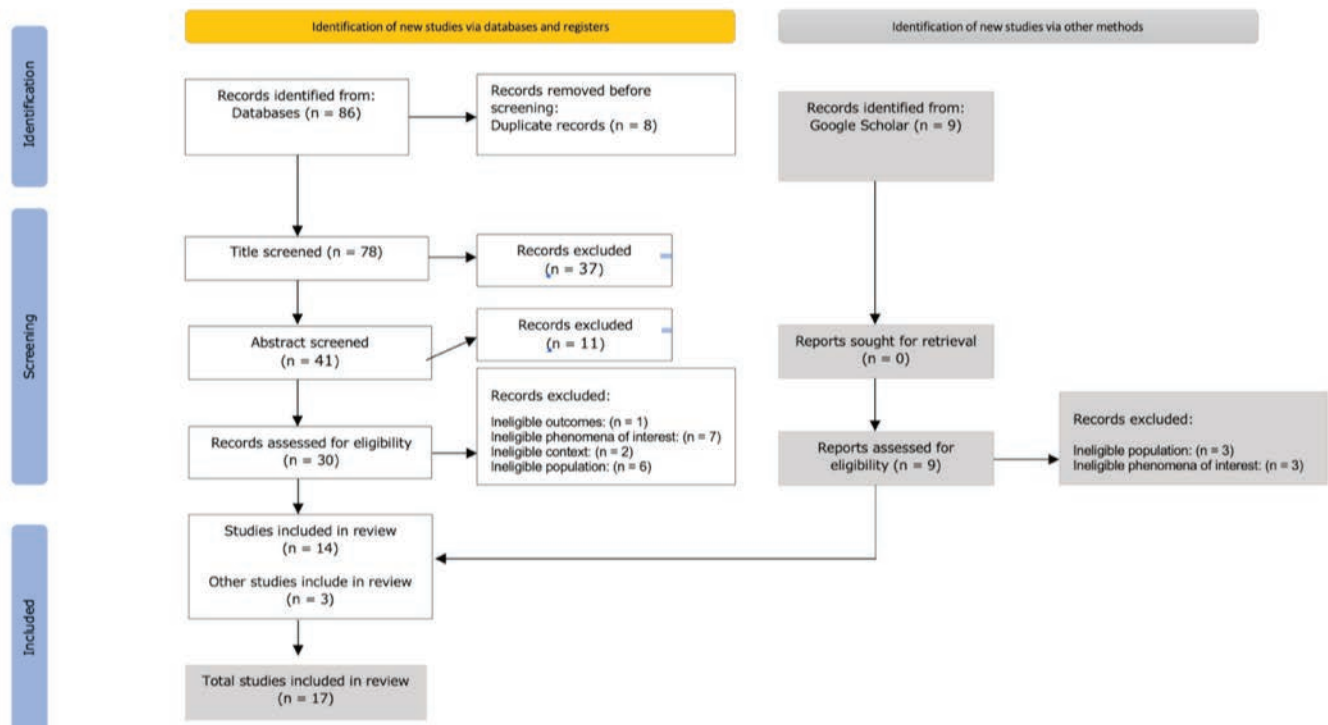
To my knowledge, since 2013, no study has specifically examined the role of nurses in promoting resilience among

adolescents undergoing active cancer treatment. The RIM proposes four protective factors (courageous coping, family environment, social integration and hope-derived meaning) and two risk factors (illness-related distress and defensive coping; Haase et al., 2014, 2017). These protective and risk factors directly impact resilience and self-transcendence. They also impact the quality of life and well-being of adolescents with cancer (Greup et al., 2018).

After assessing studies on the basis of the inclusion criteria, 17 articles were included in this review. All the included studies directly address the resilience of adolescents undergoing active cancer treatment, but only three apply the RIM (Haase et al., 2014, 2017). None of the studies identified specifically examines the role of nurses in promoting resilience among adolescents receiving active cancer treatment, though one study looks at the role of nurses in promoting resilience among adolescents with a chronic illness (Figueiredo et al., 2020). I decided to adhere to the selection criteria and exclude this study as it did not address cancer. Deductive reasoning was used to assign each identified theme a factor from Haase et al.'s model (2014, 2017). I will start by discussing “social integration” and “hope-derived meaning,” as, of all the factors, they seem to be the most important to adolescent cancer patients.

Social integration: During adolescence, identifying with peers and significant adults (other than parents) is very important. Nurses and other healthcare professionals therefore have an

Figure 1



opportunity to be role models, mentors and guides (Griggs & Walker, 2016). Providing effective healthcare to adolescents undergoing active cancer treatment requires a holistic perspective and addressing more than just the symptoms of the illness (Mack, 2018). It is important to consider the uniqueness of each adolescent and develop a connection with them (Mack, 2018). This aligns with several qualitative studies that have found that adolescents need to feel understood, heard and connected to others (Donovan et al., 2021; Haase et al., 2020; Rosenberg et al., 2014). One quantitative study involving 40 American adolescents between 13 and 25 years of age receiving cancer treatment shows that a high level of social support is associated with greater resilience (Wu et al., 2015). While it is true that technology and social media can have a negative impact, they also allow adolescents to connect with and feel understood by others, which is particularly important for youth with cancer (Donovan et al., 2021). Finally, it has been shown that music therapy for adolescents undergoing active cancer treatment promotes resilience by encouraging social integration, as adolescents get the chance to talk about their journey with others experiencing similar experiences (Haase et al., 2020; Robb et al., 2014). Since adolescence is generally a time when youth identify with peers and significant adults (Griggs & Walker, 2016), nurses have the opportunity to be role models for adolescents undergoing active cancer treatment. Nurses interact more closely with patients than other healthcare professionals do and have the ability to go beyond the mere symptoms of the illness and acknowledge each patient's unique experience (Mack, 2018). Many pediatric oncology patients refuse psychological therapy, but accept brief interventions delivered by healthcare professionals (Mack, 2018). Social support promotes a sense of belonging and social connection among adolescents, which significantly increases resilience (Rosenberg et al., 2014) and post-traumatic growth (Greup et al., 2018).

Hope-derived meaning: Studies show that hope is essential to adaptation and is associated with positive outcomes related to health and quality of life (Griggs & Walker, 2016). Mack (2018) points out that the suffering of adolescents with cancer reflects the meaning of the illness in their lives. Rosenberg et al. (2014) posit that adolescents need to be able to envision a future for themselves and set life goals. It is, therefore, important to help adolescents with cancer put their lives into perspective and make sense of their illness. Additionally, Rosenberg et al. (2014) state that it can be beneficial to encourage these adolescents to express their gratitude for what they have and to help them see the positive side of things. These factors contribute to resilience and are consistent with the RIM (Haase et al., 2014, 2017). There is a close link between hope-derived meaning and other factors in the model, namely "illness-related distress," "social integration" and "family environment" (Haase et al., 2014). Nurses can support adolescents with cancer by helping them to accept their situation, make sense of their lives and illness, redefine their goals and clarify their expectations. This can increase motivation and hope (Griggs & Walker, 2016). This support also may increase compliance with

treatment, maturity, self-esteem and quality of life (Griggs & Walker, 2016). It is worth noting that non-compliance with treatment is a well-known problem for this patient population (Haase et al., 2017).

Family environment: Family dynamics are disrupted when an adolescent is diagnosed with cancer. Lau et al. (2020) show a correlation between maternal distress and adolescent distress in the context of cancer. Murphy et al. (2017) demonstrate that a positive attitude on the part of mothers is associated with a positive outlook on the part of adolescent patients. Therefore, intervention to facilitate adaptation by parents would be an interesting way to indirectly support adolescents (Lau et al., 2020). Additionally, social support interventions appear promising given that social support is associated with an increased ability to adapt to adversity (Greup et al., 2018). Nurses could play a key role in helping families adapt, for example, by promoting effective communication strategies (Griggs & Walker, 2016; Lau et al., 2020), and courageous coping interventions closely related to the family environment (Haase et al., 2017).

Courageous and defensive coping: In this study, I have decided to group themes and potential interventions related to courageous coping and defensive coping in a single category, despite the fact that the first is a protective factor and the second, a risk factor, according to the RIM (Haase et al., 2014). When people face an illness, as well as the limitations and side effects it brings, they may develop defensive adaptation mechanisms, such as avoidance, intense emotions, or a defeatist attitude (Haase et al., 2017). These mechanisms can, nevertheless, lead to the development of courageous coping mechanisms (Haase et al., 2017). That said, the chronic use of defensive mechanisms can become problematic (Haase et al., 2017), as they can exacerbate distress, depression, and anxiety, and reduce quality of life, resilience, and post-traumatic growth (Greup et al., 2018; Haase et al., 2017). There are a variety of interventions that promote resilience among adolescents with cancer, including therapeutic education (Haase et al., 2020), support for adolescent independence, self-management (Greup et al., 2018), and the development of self-efficacy (Rosenberg et al., 2014). Adolescents state that participating in activities that are not related to cancer are important, as they allow them to affirm their identity (Donovan et al., 2021). A positive attitude, optimism and gratitude are also strongly associated with resilience (Rosenberg et al., 2014). Youth with a positive outlook show more courageous coping and resilience (Murphy et al., 2017). It is recommended, therefore, that interventions target cognitive faculties (Greup et al., 2018; Murphy et al., 2017), the exploration of alternatives, self-esteem (Griggs & Walker, 2016), and the expression of emotions (Griggs & Walker, 2016; Haase et al., 2020).

Illness-related distress: Studies show that the level of illness-related distress is strongly associated with resilience, particularly for adolescents with cancer (Haase et al., 2017). These youth often live with uncertainty and fear. They are more prone to defensive coping, are less socially integrated, and seem to have more difficulty making sense of their illness. Adolescents

with high levels of illness-related distress appear to also have lower levels of optimism (Greup et al., 2018; Haase et al., 2017). Nurses can support adolescents with cancer by addressing their symptoms of distress. They can also help these youth by relaxing the limitations imposed during treatment and effectively managing their side effects, as suggested by Mack (2018). Interventions to address the uncertainty that accompanies illness and associated symptoms can decrease adolescents' psychological distress and defensive coping, and increase courageous coping, resilience, and self-transcendence (Haase et al., 2014, 2017).

These different strategies will have a variable effect on:

Resilience: Derivatives of hope (such as spiritual perspective) are strongly associated with resilience (Greup et al., 2018; Griggs & Walker, 2016; Haase et al., 2017; Lau et al., 2019; Mack, 2018; Rosenberg et al., 2019; Rosenberg et al., 2014; Rosenberg et al., 2021; Scott et al., 2021). In the first part of their work, Haase et al. (2014) mention that courageous coping positively influences resilience. However, they indicate in the second part of their work (2017) that courageous coping can also have a negative impact if it is overutilized or if it is used during significant distress. In order to increase resilience among adolescents with cancer, it is important to address risk and protective factors both directly (Haase et al., 2017; Wu et al., 2015) and indirectly (Greup et al., 2018; Griggs & Walker, 2016; Lau et al., 2020; Mack, 2018; Rosenberg et al., 2014). Among the most promising protective factors, social integration and hope-derived meaning seem most relevant to the nursing context.

Self-transcendence: This term describes the capacity of a person to see beyond their illness, that is, to realize that they are not defined by it. The two main factors in the RIM that influence self-transcendence are illness-related distress ($p < 0.001$) and spiritual perspective ($p < 0.0001$) (Haase et al., 2017). The more symptoms of distress and uncertainty an adolescent shows in the face of an illness, the less capable they will be of adapting to the illness with self-transcendence (Haase et al., 2014, 2017). Interventions that specifically target spiritual perspective and illness-related distress would be interesting avenues to explore for nursing practice.

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CONCLUSION

The primary objective of this article was to explore and compile possible resilience-promoting interventions that could be applied directly or adapted to nursing care for adolescents receiving active cancer treatment. This review highlighted certain recurring themes in the literature. Interventions targeting protective factors such as social integration and hope-derived meaning are particularly promising. Interventions involving courageous coping may also be an interesting avenue. Adolescents sometimes have difficulty communicating their needs and concerns. Nurses, however, are in an ideal position to support adolescents with resilience-promoting interventions, given their professional experience with this patient group and their capacity for being a role model.

IMPLICATIONS FOR RESEARCH

There are still many lacunas in the research on resilience for this population group. Few studies focus on the specific role of nurses in promoting resilience, social integration, meaning-making and hope. Larger-scale studies are needed to explore the impact of resilience and other protective factors on the quality of life of adolescents undergoing active cancer treatment. Finally, long-term prospective studies examining the impact of nursing interventions on levels of distress are needed.

Limitations

This study has many limitations. First, only one researcher read and extracted data for this literature review, meaning that interpretation has been influenced by that individual's biases. Second, the studies from which data were extracted use a variety of research methods, which can contribute to interpretation bias. Despite these significant methodological limitations, however, this review explores the potential role of nurses in promoting resilience among adolescents receiving active cancer treatment and highlights the importance of continued research in this area.

CONFLICTS OF INTEREST

None declared.

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