



# Maintaining psychosocial wellbeing for post-treatment haematological cancer survivors: Strategies and potential barriers

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## ABSTRACT

**Purpose:** Haematological cancers often require aggressive treatment which can cause both late and long term physical and psychosocial effects that can appear years after treatment ends. However there is a paucity of studies that focus on psychosocial issues among post-treatment haematological cancer survivors. This research aimed to explore the strategies used by haematological cancer survivors to maintain psychosocial wellbeing in the post-treatment period, and examine the barriers they identify to maintaining wellbeing.

**Method:** This research utilised a qualitative research design. Participants were recruited through the New Zealand Cancer Registry. Semi-structured interviews were conducted with 23 post-treatment haematological cancer survivors. A thematic analysis was conducted to analyse the data.

**Results:** The analysis identified three themes describing the strategies that enabled participants to maintain psychosocial wellbeing: inner strength; support from personal connections; support from health professionals/support organisations. Two themes were also identified describing the barriers to psychosocial wellbeing: barriers to utilising personal connections; barriers to utilising support from health professionals/support organisations.

**Conclusions:** Psychosocial support from others was essential in maintaining wellbeing for survivors. The participants who had ready support from family and friends reported needing less psychosocial support from other sources. However, those who needed more psychosocial support did not always receive it, or know where to find it. The key barriers to this type of support were informational gaps and not having a specific contact person to ask for help. Further research is needed to support the development of interventions to reduce psychosocial distress among this underserved group of cancer survivors.

## 1. Introduction

Haematological cancers are a diverse group of cancers, which differ markedly in their progression and prognosis, resulting in varying approaches to treatment and treatment intensity (National Institute for Clinical Excellence, 2003). The most aggressive therapies can cause both late and long term physical and psychosocial effects that can appear years after treatment ends (Klemm, 2008). It is therefore surprising that a review conducted by the authors (Raphael et al., 2017) found a paucity of studies that focus on psychosocial issues among post-treatment haematological cancer survivors. The limited evidence there is available demonstrates that haematological cancer survivors may experience a number of psychological and social problems such as anxiety

and depression (Molassiotis et al., 2011), distress and poorer quality of life (Korszun et al., 2014).

Worldwide, haematological cancers are the fourth most diagnosed cancer in economically developed countries (Smith et al., 2011) and in New Zealand, where the study presented in this paper is set, approximately 1500 people are diagnosed with haematological cancer each year (Ministry of Health, 2014). A key issue for post-treatment survivors is that they are less likely than those in treatment to have frequent contact with health professionals who may be able to monitor and assist with concerns (Parry et al., 2010). Furthermore, there is evidence that limited attention is paid to psychosocial needs during follow-up appointments (Recklitis and Syrjala, 2017). Therefore it is important to identify those factors that affect psychosocial wellbeing for post-

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treatment survivors. The aim of this research was to explore the strategies used by haematological cancer survivors to maintain psychosocial wellbeing in the post-treatment period, and examine the barriers they identify to maintaining wellbeing. For the purpose of this study post-treatment haematological cancer survivors are considered those who had completed treatment and were currently in remission.

## 2. Methods

### 2.1. Sample

Ethical approval for this research was granted by the Southern Health and Disability Ethics Committee. (Ref: 15/STH/82). Participants were recruited through the New Zealand Cancer Registry (NZCR). The NZCR provided a data base with the names and addresses of all people diagnosed with a haematological cancer between July 2007–July 2015. Recruitment was targeted at those who had finished their primary treatment within 5 years or less. This period was chosen because it is within this time frame that cancer survivors of most types are most likely to be affected by psychosocial problems (Kattlove and Winn, 2003; Stanton, 2012; Mullan, 1985) and when the fear of cancer recurrence may dominate a survivor's thoughts (Hewitt and Stovall, 2006). Furthermore, relapses in haematological cancers such as lymphoma and acute leukaemia's are most likely to happen in the first 5 years after remission (Specht et al., 1998).

Potential participants were mailed a letter inviting them to participate in an interview exploring the psychosocial issues they may have faced from the diagnosis of their haematological cancer through to the post-treatment phase. Those who were interested in participating returned a reply form with their phone number. They were then contacted by the first author (DR) who confirmed their eligibility by checking they had completed their primary treatment and were currently in remission (as indicated by their physician). Those who met this criteria were invited to participate in an interview at a day and time that suited them. The method of saturation was utilised to determine the number of interviews. Interview data were analysed after each interview had been conducted, with interviews ceasing when no new codes or themes relevant to the primary research question were found in the data (Hennink et al., 2016).

### 2.2. Data collection

An interview schedule was developed to address the aims and objectives of the research, with questions informed by our previous review (2017) and other relevant literature. Topics covered by the interview schedule were: thoughts and feelings about when treatment was ending, adjustment back into normal life after cancer treatment, information received about what they might expect post-treatment, information or advice received post-treatment, any psychological or emotional strain during and post-treatment, if they had a support person/people in their life, support needs post-treatment, and fear of recurrence. However, although these topics were used as a guide, participants were encouraged to talk about the elements of their cancer survivorship experience that were important to them. Participants were invited to take part in a semi-structured telephone interview (with the option of face-to-face if they lived in the Auckland region). During this interview, demographic information was also collected, including age, ethnicity, marital status, employment status, treatment end date, and current health conditions. Although phone interviews are sometimes considered inferior to face-to-face interviewing (Block and Erskine, 2012) a recent study found that participants had a positive experience with this type of interview, in that it made them feel less inhibited and did not make them feel judged by the interviewer (Ward et al., 2015).

**Table 1**  
Participant demographics.

|                     |                         | n  |
|---------------------|-------------------------|----|
| Age                 | 30–40                   | 5  |
|                     | 41–50                   | 3  |
|                     | 51–60                   | 6  |
|                     | 61–70                   | 6  |
| Gender              | Male                    | 10 |
|                     | Female                  | 13 |
| Ethnicity           | NZ European             | 12 |
|                     | Māori                   | 4  |
|                     | Asian                   | 3  |
|                     | Other European          | 4  |
| Cancer Type         | Non-Hodgkin Lymphoma    | 14 |
|                     | Hodgkin's Disease       | 3  |
|                     | Acute Myeloid Leukaemia | 3  |
|                     | Multiple Myeloma        | 3  |
| Time post treatment | 2–3 years               | 6  |
|                     | 3–4 years               | 5  |
|                     | 4–5 years               | 7  |
|                     | 5–8 years               | 5  |

### 2.3. Analysis

Interviews were audio recorded with consent and transcribed verbatim by the researcher. The interview transcripts were then read multiple times before being entered into NVivo (QSR International Pty Ltd, 2012) to help organise and categorise the data. A thematic analysis (Braun and Clarke, 2006, 2013) was conducted that involved identifying, analysing and reporting themes from the data in six phases: familiarisation with the data; coding; searching for themes; reviewing themes; defining and naming themes; and writing up (Braun and Clarke, 2006). First author DR created a preliminary coding framework which was then refined through discussions with the other authors (RF and MG). Themes and sub themes were then generated, reviewed and revised, a lengthy process which continued through to the writing up period.

## 3. Results

Interviews were conducted with 23 participants from all around New Zealand (Table 1.). Participants ranged in age from 33 to 77 years. The majority of participants were NZ European (52%), and had Non-Hodgkin's Lymphoma (61%). Participants reported being between two and eight year's post-treatment (mean 4.1 years) at the time of the interview. Eighteen participants fell within the previously discussed 0–5 year post-treatment range, and there were five participants who had completed treatment 6–8 years previously. Although the primary aim was to recruit those 0–5 years post-treatment, the participants in the 6–8 year group were interviewed to determine whether there were any differences between the two groups in terms of the issues they faced. Only one Auckland-based participant chose a face-to-face interview, with the remainder of participants (including 5 residents in Auckland) interviewed over the phone. The interviews lasted between 20 and 80 min (mean 40 min).

No obvious differences were identified between the data from participants who had completed treatment 6–8 years previously and the 0–5 year group. Consequently the data were analysed as a whole, rather than analysing these groups separately. The analysis identified three main themes that describe the strategies that enabled participants to maintain psychosocial wellbeing: 1) inner strength; 2) support from personal connections; and 3) support from health professional and support organisations. An additional two main themes were also identified that described the barriers to psychosocial wellbeing: 1) barriers to utilising personal connections and; 2) barriers to utilising support from health professional and support organisations.

### 3.1. Inner strength

An important factor that helped many participants following their diagnosis of cancer, including during the post-treatment period, was their own perceptions of inner strength which they felt helped them to maintain a positive attitude. Many participants mentioned the power of positive thinking, and described how this helped them recover and move forward. Sometimes participants felt a positive attitude lessened the need for extra support from the health system in the post-treatment period.

*I feel like I was really positive the whole way through so I don't think my haematologist was too worried about me in regards to needing to offer me anything ... any other kind of support. I'm sure there would have been if I'd been in a different frame of mind but I'm pretty much just kind of deal with it, move on ... (P10)*

Some believed that a positive attitude could help heal them physically as well as helping them psychologically.

*I read a book by ... a health professional, and she's also a naturopathic practiser now ... she got breast cancer and cured herself through a state of mind. So that was very interesting to read, learning that you can help your own body without medication, through the mind-set. (P13)*

Some participants spoke of the techniques they used to maintain their positivity. These included talking to themselves in a positive manner, and focusing on the encouraging advances in the treatment of cancer.

*I'm really positive about medical science and its leaps and bounds. So that is playing heavily in my mind as well, so just hanging on to glimmers of hope and things like that. But also the hope of it not coming back ... and I think your own body created this, well your own body can help medical science to get rid of it and keep it away. (P23)*

There was a feeling from some participants that they wouldn't 'let cancer win', and ruin their chance of living a good life.

*... I didn't want it to win and to consume me and take over. Once it was done I kicked it to the curb. (P02)*

### 3.2. Support from personal connections

Most participants utilised support from family for both emotional and practical needs, although it is important to note that not everyone had this type of support available. For those who did have close relationships with family living nearby, they often offered emotional support to help survivors resume their routines. Some felt reassured that they had family to call on if they ever felt sick again:

*... I have 3 children and I've got 13 grandchildren, and 5 great grandchildren. And they always worry about me, and I say oh don't worry about me, I'm alright ... but if I do get sick I will call on them, and they will be here for me. (P11)*

Many participants mentioned they hadn't asked for extra psychosocial support because friends and family were providing this type of support. However, some also recognised that there was extra support there if they needed it.

*I was on to it enough that if things really weighed me down I would actually have sought help, Cancer Society help, I would have started there. Because they know what they're doing, they deal with it all the time. It's hard because I didn't need any extra. I had friends, family, I knew I had the Cancer Society at my fingertips. (P23)*

Family were also useful in providing informational support, both in helping to retain information, but also helping with comprehension when needed.

*My wife understood a lot more, because she having gone through the medical side, she was able to comprehend it a lot quicker than me ... (P13)*

Some survivors received financial support from family members which supported their psychosocial wellbeing as it meant they were not worrying about the financial implications of the cancer and its treatment. For example, those who had partners with well-paying jobs were able to take more time off work without struggling financially. One participant described how she lived with her parents, which enabled her to survive financially and take extra time after treatment to ease back into working

*In the end it was about a year that I took off, after the treatment I took an extra 3 months. I let the hair grow back a bit because it's a bit hard trying to apply for a job with a very short haircut that did nothing for me (laughs). (P23)*

Some survivors were fortunate to have emotional support from friends who had the same cancer, and were able to know what they were going through. It made a difference when survivors were able to speak with someone who understood their issues. Some participants also spoke of the bond they formed with others patients who they had met during their treatment and who had been through the same medical experiences as them.

*And the guy next to me, he had a couple of really bad nights, and they thought he wasn't going to make it, and he made it ... we're great friends at the moment. And we've still kept in contact with each other. We've got that thing in common ... he can relate to me, it's coz we went through something. And I guess when you go through something with somebody that only you know about, there's no one else that you can really share that experience with, or know what it's like. (P20)*

Some people had friends in the community, (for example, from the same cultural or ethnic group, through church, or in local place-based community) that offered both practical and emotional support. This form of support from friends was especially important for those with no extended family in New Zealand.

*In our community also if someone was sick we help each other, this is really really good. Because we are here ... we are immigrants, we don't have any family here. Our family is our friends, that's why we are so close. (P21)*

### 3.3. Barriers to utilising personal connections

Not all participants received support from family and friends. This was often because they did not have strong social networks around them, and in some cases they had immigrated to New Zealand and the remainder of their family lived overseas. Those without a friend or family member they felt they could talk to about psychological issues struggled to know who to turn to discuss these issues with, and reported that, in most cases, they were not offered this type of support from health professionals.

*There should be someone there to talk, not every family have families to support them but there should be someone there. (P04)*

*But every so often, you could be out driving, or you could be sitting and it gets into your head and you cannot stop thinking about it. And it gets you in a bit of a mess ... and I've nowhere to go, nobody to talk to about it. But I think people think once the cancer's gone, you don't think about it. But they don't know that you do. (P15)*

There was also a perception by some, that even though they had family or friends to talk to, these people would not really be able to understand their concerns:

*... I find you can't talk to people. You can't tell them about it, because it's*

*something that I can't put into words how I feel. You just feel different and when you try and explain when they say, well how do you feel? I don't know, it's different and it's not as good as you used to feel and it's not as pleasant as you used to feel, but at the end of the day it's better than what could have been. (P17)*

### 3.4. Support from health professional and support organisations

Far fewer participants mentioned obtaining psychosocial supports from outside their personal networks, but for those who did, such supports often came during routine follow-up appointments with health professionals. For example, many found that monitoring appointments and blood tests with the haematologist at the hospital gave them peace of mind:

*The monitoring is very good, and the fear of what's happening in the future is put to rest because you know that every six months or 12 months there's going to be a check done. (P13)*

Others were grateful for and reassured by the easy access to their haematologists:

*My haematologist she's fantastic, she handed her cell phone number and said if you've got any questions just give me a call. And the couple of times I've had them she's always answered. (P22)*

A few participants relied on their general practitioner (GP) for reassurance about the possibility of cancer returning, symptoms that were worrying, or what they might expect in the post-treatment stage.

*I am quite aware of it now ... before I never used to say, but I will go and tell the GP I need a full blood count, blood tests done asap or I ring the nurse and tell her to send me a blood test form. Because I don't want to take any more risks. (P04)*

Only one participant spoke of receiving home visits from a community nurse in the post-treatment period. The participant spoke of the nurse being the main health professional with whom he was able to discuss any psychological problems:

*Yes, she followed up; she was good because you don't know what's normal and what isn't normal. So I did find that I was able to talk to her and she was able to ... she had a lot of experience seeing other people. (P06)*

Many participants spoke positively of their experiences with cancer organisations, especially the Cancer Society which offers various services to cancer survivors in New Zealand. These include a free massage service, the Look Good Feel Better programme and a counselling service:

*And I know they do for women that Look Good, Feel Better, I think that's a really good thing to have as well. I went to one of those and I found that really quite helpful. Especially with people that are on their own and don't actually have anybody. (P19)*

And the Cancer Society they gave me counselling ... because I wanted to do something because of my family and my wife. I didn't want to be in a bad mood or low mood. (P06).

### 3.5. Barriers to utilising support from health professionals and support organisations

Most participants were still having follow-up appointments with their haematologist, however this was not usually an opportunity to receive psychosocial support. Indeed, most reported that psychosocial issues were not discussed by health professionals, and little was offered in the way of psychosocial resources post-treatment. Apart from the services mentioned above, the psychosocial service most frequently discussed by participants was support groups.

#### 3.5.1. Support groups are not 'one size fits all'

Although support groups were one of the main sources of support participants were informed about, they were not always deemed suitable:

*I wouldn't do a support group because I would hate to get close to anyone that had it come back, to have to deal with that. It's bad enough having to deal with your own one and as much as I'd like to help like that I just couldn't. (P23)*

Another issue mentioned in relation to support groups was the mix of people at different stages in the cancer trajectory. Some participants felt distressed by mixing with people who had a terminal diagnosis and who were discussing their end of life plans:

*I went to that and I wanted to shout to everybody, yes I'm cured, I've got the all clear. But the group that they sent me to was everybody was all terminal. And I'm thinking, and the things they're talking about were hospices and this and that ... I thought, this is the wrong place for me to have been sent. And I never got any other any groups, and nobody else coming to me, or telling me I could go somewhere else. (P15)*

Some participants did not go back to the support groups because of the distress they felt having to hear stories from members whose cancer was incurable:

*... she said her treatment hadn't worked and she was terminal and she was thinking about end of life preparation ... she was starting to talk what she would leave behind for her 3 year old daughter. And then ... the person that convenes these groups, she said, oh well why don't we all talk about what we would leave behind. And I'm feeling really uncomfortable cos the whole point for me is to try and stay positive ... I never went back after that. I was, that really was actually a quite traumatic experience I found (P09)*

Some participants also felt there was a lack of groups specific to haematological cancers:

*... the Cancer Society offers a lot of different groups, on a monthly basis, they're not specific to blood cancers ... they've got a lot for breast cancer. They've got prostate support group, they've got a lymphedema support group ... they've got a 'god knows what' support group ... (P09)*

Another restriction participants associated with support groups was the limited availability of these groups in terms of frequency and times. Meeting times were sometimes difficult to manage with work commitments:

*... the support groups are only like every 3 months. Well, what's the point of that, you know? You can't form a supportive relationship or environment or support where you feel supported once every 3 months. (P09)*

#### 3.5.2. Gap in informational needs

The other major barrier relating to support from health professionals and support services participants reported was the lack of information about issues such as: who to contact about any psychosocial problems, what services were actually available, and what they might expect in the post-treatment period. Some participants were confused about who the correct point of contact when having unexplained symptoms or health concerns.

*Well, there's actually quite a big difference during and post, just because how things are organised. So, during the treatment, I would say yes. I always knew who I could contact, I could call the community nurses 24/7 ... I think sometimes it would be good to have that contact person that you could just email and ask, just to put your mind at ease. You don't always need to go to a doctor, specialist, GPs, they often don't know anyway. (P09)*

A number of people who were not offered any psychosocial support

had no idea what support options were available. One participant spoke about wanting to access support in her area but not knowing if there was a cancer support organisation locally:

*It would've been handy having someone, maybe even now, or somebody months ago. Because once the treatment finished and I was sitting in the house one day, and then I just burst into tears. And I wanted to throw the television out the room, I wanted to smash the windows, I wanted to go haywire and damage everything. I don't know what came over me. It was horrible. And every so often even now, I'll think to myself, 9 out of 10 times, I'm fine. But there's that one time the cancer creeps back into my mind, what if I get it. What if it comes back? And you think, I've nobody to talk to, to tell all my fears, my woes. (P15)*

The continuing physical deficits, such as fatigue, once treatment had ended were unexpected and caused distress for a number of participants:

*... it took me a long time to actually realise how far down I'd gone, and then to try and build yourself up. That's where I think if there's anything needs improving, it's after, coz no-one sort of tells you, well you can do this, or we can help build you up, or you can go the gym and start. (P17)*

The distress related to physical deficits post-treatment was often attributed to a lack of information about building up physically, especially in relation to managing fatigue and transitioning back into the workplace:

*... your employer is sort of thinking, well, when are you going to be back? And there wasn't really clear advice on how to manage your reintegration back into work. So I think that there could be more information about that .... there wasn't really any advice on how to slowly build up your stamina to be able to go back to work. (P09)*

#### 4. Discussion

This study explored the strategies haematological cancer survivors use to maintain psychosocial wellbeing in the post-treatment period, and also examined the barriers they face when trying to maintain wellbeing. This paper makes an important contribution to understanding the psychosocial issues experienced by post-treatment haematological cancer survivors and their perceptions of the support they need to deal with these issues. Overall, we identified a gap in current support, particularly for those people who did not have extensive social networks and did not have support from family, for example because they were living in another country.

Our findings are consistent with research on psychosocial wellbeing among other groups of cancer survivors which has shown that most of the support received by survivors post-treatment is from family and friends (Kattlove and Winn, 2003; Girgis and Lambert). We found that family and friends provided not only important emotional support, but also informational, financial and other practical support which meant survivors could focus on their own health without extra stresses. Emotional and informational support from family and friends has been shown to have a significant positive association with the health-related quality of life of cancer survivors (Arora et al., 2007).

Many participants mentioned not asking for extra support because of friends and family filling this role. However, it is important to note that there were some people who did not have family or close friends to call on when they needed support and therefore needed additional support. Few participants spoke of seeking or being offered psychosocial support from health professionals. The biggest element of existing support was through haematologist follow-up appointments. The haematologist provided peace of mind for some participants by monitoring physical health and confirming their cancer had not returned. However this may be because health professionals are not always the chosen source of support for survivors, a recent study showed that only a minority of post-treatment survivors with psychosocial issues wanted to

discuss them with a health professional (Philip and Merluzzi, 2016).

Many participants mentioned they drew an 'inner strength' to help them get through their treatment and beyond. They felt this enabled them to remain positive, and not require extra support. Some also considered that their positivity was connected to improving their physical health. Research with women cancer survivors (including those post-treatment) showed that inner strength was one of the strongest predictors of quality of life (Dingley and Roux, 2014). However, research has shown there are many factors that contribute to inner strength in people with serious illness (Alpers et al., 2012), and that the pressure to remain positive can be stressful for some people (Tod et al., 2011). Also, there are known associations between reporting 'inner strength' and strong social support (Dingley et al., 2001). This association was evident in the current research where those participants who had less social support were less likely to mention inner strength, but more likely spoke of needing more supportive people around them.

Overall, post-treatment psychosocial support from sources other than the individual affected and their family and friends was considered to be suboptimal by this group of haematological cancer survivors. In particular, the information needs of many participants were not met with many reporting they wanted more information on a range of issues. Our findings are consistent with a previous review which found that one of the key unmet psychosocial needs for haematological cancer survivors is informational needs (Swash et al., 2014). Participants reported needing information about a range of topics including rebuilding their physical health and stamina, ongoing symptoms, and knowing who to contact when they had concerns.

Most participants were not offered any psychosocial support from health professionals. Similar results were seen in previous research with a mixed group of cancer survivors where one fifth of participants reported the need for psychosocial support, but were not receiving it (Ernstmann et al., 2009). This lack of psychosocial support for post-cancer survivors has also been recognised by health professionals themselves. For example, research conducted in New Zealand found that 77% of health professionals surveyed felt there was a gap in psychosocial and spiritual care in the cancer post-treatment period (Egan et al., 2013). Our findings confirm this gap for haematological cancer patients, an under-researched group.

Our participants also identified that some supports on offer were also not deemed suitable. Notably, support groups were not a good fit for many people. This was for reasons such as lack of continuity, limited availability of groups and also, crucially, not having groups specific to haematological cancers. Participants felt haematological cancers were different to other cancers and therefore they had specific concerns that might not apply to other cancers. This feeling of 'being different' was also reported by previous research with post-treatment patients with non-Hodgkin's lymphoma (Swash et al., 2014). Similarly, our participants concerns, and for some significant distress, about mixing with people from different cancer stages has also been reported previously (Butow et al., 2007; Avery and Nyhof-Young, 2003) and for some cancers has led to different groups being set up for people at different points on the cancer trajectory (Sweet Louise Support for Incurable Breast Cancer, 2018). A study which interviewed post-treatment lymphoma survivors also found that participants felt a more person-centred individualised approach to meet their support needs (Monterosso et al., 2017).

Overall, our study found that the barriers to psychosocial wellbeing in haematological cancer survivors in the post-treatment period largely revolve around the lack of information and discussion around psychosocial issues, and the gap in promoting the available psychosocial resources available to survivors. There is also potentially a significant missed opportunity for some sort of survivorship care plan (SCP) for those finishing treatment and potentially struggling in the post-treatment period. Although reviews on the use of SCPs in other cancers have shown mixed results, results show that survivors report a high level of satisfaction with SCPs (Brennan et al., 2014). However, there has been

little evaluation of SCPs for haematological cancer survivors (Taylor et al., 2015). Chan and Chan (2015: 414) state that haematological cancer survivors need 'complex, tailored survivorship interventions'. Further research assessing the efficacy of this type of tailored survivorship care plan within the context of haematological cancer is needed.

#### 4.1. Limitations

This research provides in-depth knowledge relating to the experiences of post-treatment haematological cancer survivors, an under-researched group of survivors. However, there are also limitations that should be acknowledged. There may be a self-selection bias influencing who chose to participate. Also, as this was retrospective, participants had to rely on their memory to answer certain questions about their initial post-treatment experiences, which may have led to recall issues. Finally, as this was a cross-sectional study data was collected at only one time point.

#### 5. Conclusion

Haematological cancer survivors have their own set of unique psychosocial needs that carry through to the post-treatment period. Many of the participants in this study had ready support from family and friends, and those with strong support from family and friends reported needing less psychosocial support from other sources. However, those who needed more psychosocial support did not always receive it, or know where to find it. The key barriers to this type of support were informational gaps and not having a specific contact person to ask for help. Further research is needed to support the development of interventions, such as individually tailored survivorship follow-up plans, to help identify and reduce psychosocial distress among this underserved group of cancer survivors.

#### Conflicts of interest

We wish to confirm that there are no known conflicts of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome.

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