

# Resilience Among Patients Across the Cancer Continuum: Diverse Perspectives

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Each phase of the cancer experience profoundly affects patients' lives. Much of the literature has focused on negative consequences of cancer; however, the study of resilience may enable providers to promote more positive psychosocial outcomes before, during, and after the cancer experience. The current review describes the ways in which elements of resilience have been defined and studied at each phase of the cancer continuum. Extensive literature searches were conducted to find studies assessing resilience during one or more stages of the adult cancer continuum. For all phases of the cancer continuum, resilience descriptions included preexisting or baseline characteristics, such as demographics and personal attributes (e.g., optimism, social support), mechanisms of adaptation, such as coping and medical experiences (e.g., positive provider communication), as well as psychosocial outcomes, such as growth and quality of life. Promoting resilience is a critical element of patient psychosocial care. Nurses may enable resilience by recognizing and promoting certain baseline characteristics and optimizing mechanisms of adaptation.

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Key words: resilience; cancer; adaptation cancer screening; cancer survivorship; end-of-life care; palliative care

Digital Object Identifier: 10.1188/14.CJON.93-101

The Institute of Medicine called in 2007 for an integrated, multidisciplinary approach to better care for the “whole” patient with cancer (Adler & Page, 2008). Since then, focus has increased on the psychosocial aspects of cancer care, including routine screening for unmet needs and psychological distress and the incorporation of multidisciplinary care teams to standard practice models (Carlson, Waller, & Mitchell, 2012; Fann, Ell, & Sharpe, 2012). Psychosocial care among patients with cancer and those at high

risk for developing cancer aims to recognize and address the effects of cancer screening and treatment on the mental status, emotional well-being, and quality of life (QOL) of patients, family members, and caregivers.

Much of the research to date has focused on negative outcomes, such as psychological distress and depression (Carlson et al., 2012). Comparatively, few descriptions exist of positive psychosocial factors before, during, and after cancer. The task is complicated, in part, by varying theoretical descriptions of