Nurses play a major role in the rehabilitation of patients with cancer. They frequently provide case-management and patient-education services and facilitate support groups. Nurses consistently follow up with patients in ambulatory-care settings and have long-term contact with patients throughout treatment and disease courses. Also, nurses frequently are the care providers who are most likely to refer patients to community resources. Nurses often have been innovators in developing new programs, such as cancer camps and retreats, which are forming an increasingly important component of cancer rehabilitation. These programs appear to have potential for increasing quality of life (QOL), which is solidly within the realm of nursing, and often are administered by oncology nurses. To date, very little has been done to systematically evaluate the long-term effects of such programs.

Literature Review

The emotional and psychosocial effects of a cancer diagnosis are well-known. Reactions include feelings of isolation, vulnerability, uncertainty about the future, loss of control, and decline in sexual and marital functioning (Dow, Ferrell, Leigh, Ly, & Gulasekaram, 1996; Ganz et al., 1996). Adjustment to

Key Points . . .

➤ Women who seek rehabilitative experiences, such as experiential learning retreats, may be undergoing substantial physical or emotional life challenges.
➤ Cancer survivor rehabilitation programs, such as the Healing Odyssey Retreats, that offer multiple experiential learning activities in a supportive yet rustic environment, may catalyze improved (or enhanced) quality of life that is maintained over time.
➤ Rehabilitation efforts for cancer survivors aimed at psychosocial and spiritual dimensions of well-being may enhance physical as well as psychological, spiritual, and social well-being.
➤ Nurses can be instrumental in developing and implementing nontraditional survivor rehabilitation programs.