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**Supporting the psychological needs of teenagers and young adults during cancer treatment: a literature review**

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**Supporting the psychological needs of teenagers and young adults during cancer treatment: a literature review**

Natasha Hughes, Julia Williams, Carole Shaw

**Abstract**

Background:

The developmental period of the teenage years and young adulthood can be a challenging time for most. Experiencing a diagnosis of cancer during this time inevitably presents further challenges and concerns. Identifying such issues can help to provide better ways of understanding the patients' experience and their needs, offering nurses insight to enhance care and support for teenagers and young adults (TYAs) undergoing cancer treatments.

Aim:

To explore the literature regarding the psychological issues faced by TYAs during cancer treatment to inform nursing practice.

Method:

A systematic search of electronic databases was conducted using predetermined search terms which yielded relevant articles. Applying an inclusion and exclusion criteria identified six articles that were deemed appropriate to explore the focus question.

Results:

A thematic analysis identified three main themes and five sub-themes: anxieties about treatment, concerns regarding the impact on life (feeling restricted and different, the benefits of being sick, facing uncertainty) and coping strategies (positive thinking and problem solving, support).

Conclusion:

Teenagers and young adults face a unique set of psychological concerns and challenges during cancer treatment, resulting in the development of specific coping strategies. These strategies should be promoted by nurses, ensuring patients are supported throughout their cancer journey.

Childhood cancers are uncommon, accounting for only 0.5% of all cancers in the UK (Smith and Phillips, 2012). Recent statistics revealed 2234 new cases of cancers between 2009 and 2011, among those aged 15 to 24 years ([Cancer Research UK, 2017](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Cancer is described as an abnormal division of cells that becomes invasive and can spread to surrounding tissues ([National Cancer Institute, 2015](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). The development of childhood cancers varies greatly in comparison to adult cancers in terms of frequency, type, biological characteristics and possible cause ([Smith and Phillips, 2012](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [National Institute for Health and Care Excellence (NICE), 2014](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Ward et al, 2014](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4),). Although most adult cancers affect the lung, breast, bowel and prostate, the majority of childhood cancers are haematological and central nervous system tumours ([Ward et al, 2014](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Such a diagnosis has a profound effect both physically and psychologically on teenagers and young adults (TYAs) and their families. The focus of this review is to explore the psychological challenges faced by TYAs to inform nursing care. The terms adolescent, teenage and young adult are used interchangeably, referring to a young person aged between 13 and 19 years.

**Background**

The Department of Health ([DH, 2014](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)) and [NICE (2014)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) outline standards that should be met to improve the care delivered to children and adolescents undergoing treatment for cancer. This highlights the necessity to address the psychological and social needs of the individual, their family and carers throughout their care as an ongoing process, ensuring reassessment at various stages of the cancer journey.

Teenage and young adult years are deemed to be a critical period in which an individual undergoes immense changes, preparing them for adulthood ([Dean and Black, 2015](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Teenagers and young adults present with an increased self-consciousness during a period of time where complex peer relationships are formed and new social behaviours are learned ([Spear, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). It is therefore well recognised that a diagnosis of cancer creates greater complexities, both physical and psychological, during this time, requiring specific care to the age group ([NHS England,2014](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)).

**Methodology**

[Coughlan and Cronin (2017)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) identified that using a systematic approach to review the knowledge of a subject is a rigorous, well-structured process, which is deemed to be the most beneficial to inform practice. The processes used during a review to find and synthesise information should be detailed clearly in the methodology, enabling the review to be replicated to see if similar conclusions are reached (Polit and Beck, 2014; Parahoo, 2014).

**Review question, key words and search terms**

The review question was: how can the nurse support the psychological issues faced by TYAs during their cancer treatment? Both the review question and key words were structured by using the specific acronym PEO (population, exposure, outcome) ([Bettany-Saltikov, 2012](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). This offered clarification of the review question in relation to the population, the exposure and the outcome and allowed the development of key search words/terms ([Table 1](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)).

**Table 1. Population, exposure, outcome (PEO) key words**

| **Population** | **Exposure** | **Outcome** |
| --- | --- | --- |
| Teenagers with cancerKey words:TeenagerYoung adultAdolescent | Cancer treatmentKey words:CancerOncologyTreatment | Psychological experiencesKey words:PsychologicalLife experiencesQuality of life |

[Burns and Grove (2011)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) highlighted how clearly defined key words are essential to finding the key concepts to be identified within the final articles. [Moule and Hek (2011)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) recommended using a thesaurus to identify alternative words with the same meaning that could be used, for example, the word ‘teenager’ was used in conjunction with ‘adolescent’ to expand the search. From these key words selected, key concepts were searched using the advanced option of each database.

The databases chosen reflected those relevant to answering the review question and were the Cumulative Index to Nursing and Allied Health Literature (CINAHL), British Nursing Index (BNI) and PsycINFO. An initial search of each database retrieved a total of 192 articles. Sifting through the articles to eliminate duplicates, reviews and irrelevant papers, a total number of 97 articles were deemed relevant for consideration ([Table 2](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). After applying the inclusion and exclusion criteria ([Table 3](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)), a total of 38 articles were found to be suitable. These were scrutinised further by examining the abstracts to see whether the sample, aims and data collection methods were appropriate to use in this review ([Coughlan and Cronin, 2017](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). This culminated in the selection of six relevant articles ([Table 2](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)).

**Table 2. Results from database search**

| **Database** | **Number of hits** | **Number of duplicates from other databases** | **Irrelevant articles** | **Number of articles to be considered** |
| --- | --- | --- | --- | --- |
| CINHAL | 98 | 11 | 31 | 56 |
| BNI | 49 | 14 | 19 | 16 |
| PsycINFO | 45 | 13 | 7 | 25 |
| Total | 192 | 38 | 57 | 97 |
| Number after inclusion and exclusion criteria applied | 38 |
| Total number of articles suitable for the review | 6 |

**Table 3. Inclusion and exclusion criteria**

| **Inclusion** | **Exclusion** |
| --- | --- |
| Adolescent, teenager, young adultAll types of cancerStudies exploring psychological issuesPrimary researchPeer-reviewed articlesDate limit 2007–2015 | Reviews or opinion papersNon-English articlesAdults, all children in study <10 years, neonatesStudies exploring treatment modalities |

**Overall findings**

A thematic analysis framework ([Braun and Clarke, 2006](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)) was applied. Three recurring themes in relation to the review question emerged: anxieties about treatment, concerns regarding the impact on life, and coping strategies, with an additional five sub-themes: feeling restricted and different, the benefits of being sick, facing uncertainty, positive thinking with problem solving, support.

The majority of articles focused on the physical and psychological impact cancer has on the adolescent ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Wicks and Mitchell, 2010](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Momani et al, 2015](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Studies reviewed primarily originated from the UK. Predominately qualitative research methodologies were used, with one mixed-method approach. Emphasis was placed on the features of and the challenges to care and management of the TYA undergoing treatment for cancer.

**Themes**

**Anxieties about treatment**

Studies reported the negative treatment experiences throughout the TYA's cancer journey ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Wicks and Mitchell, 2010](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Momani et al, 2015](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Generally, procedures were described as being invasive and painful, often resulting in unpleasant side effects ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Momani et al, 2015](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). One study exploring the experiences of children aged 8-16 years old ([Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)) illustrated how pain associated with injections and the unfavourable taste of some oral medications was a significant issue faced by the participants. These findings were similar to those in other studies ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). However, it was noted that the experience of treatment changed over time ([Wicks and Mitchell, 2010](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Momani et al, 2015](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)), suggesting TYAs become familiar with the process, having increased knowledge, experience and familiarity with the routine. [Lombardo et al (2011)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) highlighted that the regularity of treatments allowed the TYAs to emotionally prepare themselves and develop coping strategies to best suit them.

There were differences in the ages of the TYAs in the studies; 11-18 years old ([Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)) and from 8 years old ([Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). This presented a difference in the comprehension of the procedures, suggesting the ability to develop such strategies was age dependent. A larger study by [Momani et al (2015)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) recognised the differences between age groups, suggesting that, although psychological preparation and coping ability may differ with age, the principle of familiarisation and becoming accustomed to the treatment process over time was similar for all the participants.

The location for treatment was seen as an important factor in reducing anxiety. Lower levels of anxiety were reported when treatment was given at home ([Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Similarly [Momani et al (2015)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) found that a ‘good day’ was one not spent in the hospital, indicating the significance of support services providing outpatient care.

**Concerns regarding the impact on life**

Challenges faced by TYAs during this period may seem overwhelming ([Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Going through puberty and the additional diagnosis of cancer can understandably increase stress and anxiety. As this was a reoccurring theme, further examination of the studies revealed three subthemes reflecting these concerns.

**Feeling restricted and different**

The studies reported adolescents felt restricted owing to their cancer, leaving them with feeling of being different, isolated and with a loss in self-esteem ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Wicks and Mitchell, 2010](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Momani et al, 2015](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Expressions of frustration were reported, including lack of control, loss of confidence and resentment ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Wicks and Mitchell, 2010](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). In all three studies this led to behavioural changes and reluctance to comply with treatment plans ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Wicks and Mitchell, 2010](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). [Lombardo et al (2011)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) reported a reduction in social activities during treatment resulting in feelings of disconnection from peers. The seven participants in this study were all receiving chemotherapy, suggesting that these findings may not be generalisable to other cancer patients undergoing alternative therapies ([Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Nonetheless, these findings are similar to those of other studies, with descriptions of alienation, prejudices and isolation ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Wicks and Mitchell, 2010](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Momani et al, 2015](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)).

**The benefits of being sick**

[Momani et al (2015)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) and [Wicks and Mitchell (2010)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) found a long-term benefit of having experienced the illness and treatment processes. One participant described having developed a sense of meaning from their cancer; they felt much stronger and appreciative of life ([Momani et al, 2015](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Similarly, [Wicks and Mitchells (2010)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) reported feelings of motivation following treatment, leading to an increase in confidence and strengthened relationships with family and friends. It should be noted that these reported feelings may not be applicable to all TYAs and therefore the needs of the individual should be considered and reviewed throughout the cancer journey.

**Facing uncertainty**

Uncertainty and the overwhelming effects of cancer were reported ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). [Lombardo et al (2011)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) found that TYAs reported feeling fear of their own mortality. This was mirrored by [Wu et al (2009)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) who also found that participants were concerned with the failure of their treatments and how might they feel facing death alone. This anxiety was most often felt when the cancer was initially diagnosed. Although the other studies chose similar methods of data collection, the subject of mortality did not arise. Further research may indicate how adolescents feel regarding death and mortality and why they find it difficult to discuss. One consideration is that the avoidance of this subject may not originate from the TYAs themselves, but their parents or health professionals.

**Coping strategies**

TYAs with cancer face a spectrum of stressful issues that they have to learn to cope with throughout their diagnosis and treatment ([Engvall et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). All the articles discussed how these challenges encouraged the participants to develop a specific set of coping strategies to progress through their patient journey ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Engvall et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Wicks and Mitchell, 2010](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Momani et al, 2015](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). On reviewing the articles, two further subthemes emerged from coping strategies that explore the ways TYAs chose to confront the issues they face throughout their treatment.

**Positive thinking with problem solving**

Many of the TYAs described gaining a new perspective that helped them move forward and remain hopeful during their treatment ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Engvall et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). [Engvall et al. (2011)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) noted that adopting emotional coping strategies such as positive thinking and seeking support from others aided the cancer journey. TYAs were often able to reach a level of acceptance regarding their cancer at an early stage, allowing them to redefine goals and focus on the meaningful aspects of their lives. This is supported by the work of [Griffiths et al (2011)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) and [Wu et al (2009)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4). Participants concluded that their situation was unchangeable and, rather than avoiding it, they attempted to focus on aspects that would provide a positive outlook ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). TYAs often reported that this made them feel stronger and they generally came to view their illness as a test, expressing optimism about the disease and acknowledging that side effects were short lived ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). [Griffiths et al (2011)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) found participants to be more carefree with a fun-seeking attitude, noting the best way to deal with cancer was to ‘just wing it’ and ‘have fun’ ([Griffiths et al, 2011: 88](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)).

[Engvall et al (2011)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) identified another strategy; a problem-solving approach. This method involved finding an alternative way of dealing with a situation, for instance one participant noted that in response to being unable to play football, they sought an alternative sport. Additionally, TYAs often reported seeking information to tackle the anxieties they faced during treatment. [Griffiths et al (2011)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) highlighted the need to increase knowledge to suppress worries, with one participant noting: that they now understood cancer. TYAs were seen to either use one coping strategy or a combination of strategies depending on their individual preferences ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Engvall et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)).

**Support**

Support was a common theme in all the studies. This support came from various places including; family, friends, health professionals and religious beliefs ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Wicks and Mitchell, 2010](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Engvall et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Momani et al, 2015](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Family support was a fundamental coping mechanism ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Engvall et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Frequently TYAs described their families as always being there, offering encouragement and often becoming their ‘rock’. Some participants even noted the positive impact their illness had on families, saying that relationships were better than they had been before ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Wicks and Mitchell, 2010](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). [Spear (2009)](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4) acknowledged the developmental changes during TYA years increase stress and this affects psychological stability, which, as this review article highlights, requires a network of support for the individual.

Both older ([Engvall et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)) and younger ([Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)) TYAs seek support from their families.

Being treated in the same way as before their diagnosis and experiencing feelings of normality were viewed as important ([Engvall et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Support from health professionals was also viewed as crucial ([Engvall et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)).

TYAs also reportedly relied on supplementary support, looking to religion for guidance or a family pet for comfort ([Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Momani et al, 2015](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Spirituality is often encouraged and observed in adult nursing ([Ruccione et al, 2013](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)) but more difficult for TYAs as they may still be developing their beliefs. This suggests that TYAs view and prioritise religion differently to other age groups, perhaps feeling more vulnerable when thinking about their mortality.

**Implications for practice**

The themes discussed in this literature review have provided an insight into the complex psychological issues that TYAs face during cancer treatment. It has also highlighted the ways in which they choose to cope with these challenges and what they appreciate most. This valuable insight into the experiences of a TYA with cancer provides nurses with a better understanding of this patient group, helping them to improve their practice.

This review revealed that TYAs value the support they receive from others and view it as an essential aspect to guide them through their journey ([Wu et al, 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Wicks and Mitchell, 2010](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Engvall et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Momani et al, 2015](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Nurses should consider the support network and resources available to the TYA. Maintaining social interactions with their peers was deemed crucial for TYAs ([Engvall et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Unfortunately, this may be difficult to achieve owing to the various side effects that the treatment can have. However, health professionals should try to encourage these interactions when possible and help to find alternative ways for TYAs to participate when appropriate.

The various coping mechanisms reported in the literature included positive thinking with a problem-solving approach; this can be supported by nurses. Heightened anxiety was noted at diagnosis and during the early part of treatment; this was high because of a lack of knowledge and lack of familiarity with the medical procedures ([Wu et al., 2009](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Griffiths et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Lombardo et al, 2011](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4); [Momani et al, 2015](http://www.magonlinelibrary.com/doi/10.12968/bjon.2017.26.4.S4)). Problem solving seemed to be the coping strategy of choice, allowing TYAs to seek relevant information and develop an understanding of their illness and its management. Therefore it is important that nurses have the relevant skills and competencies to support the adolescent and his or her family.

**Conclusion**

This review has examined the literature in relation to the psychological issues faced by TYAs having cancer treatments. It has identified themes in the literature and strategies for coping. These findings suggest that age-appropriate information should be provided at an early stage for the TYAs to prepare them and ease their concerns. Furthermore, these anxieties are often combined with fears of how the side effects will impact on their normal life. Further research into this area should include how nurses can be supported, ensuring adequate and relevant information is transferred in a meaningful manner to TYAs with cancer.

**Key Points**

* Teenagers and young adults (TYAs) experience levels of uncertainty after the diagnosis of cancer
* TYAs use various coping mechanisms to manage psychological wellbeing
* Social networks of families and friends offer opportunities of feeling ‘normal’
* Nurses need to be flexible in supporting TYAs' coping mechanisms

**CPD reflective questions**

* How can nurses ensure that teenagers and young adults with cancer do not become isolated?
* Consider how you might recognise the developmental and behavioural changes of puberty, and what effect these have on a diagnosis of cancer
* Consider who might be involved in the care of a teenage and young adult patient with cancer, and what role they might play
* Consider how you might support teenagers and young adults with cancer and how this support might differ from the support given to adults

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