

# Rural Cancer Survivors' Perceptions of a Nurse-Led Telehealth Intervention to Manage Cancer-Related Distress

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**OBJECTIVES:** To understand rural survivors' experiences of participating in a nurse-led telehealth visit designed to address cancer-related distress.

**SAMPLE & SETTING:** 25 rural-dwelling, post-treatment adult survivors of head and neck cancer recruited from a cancer center clinic affiliated with an academic health system serving a rural catchment area in the southeastern United States.

**METHODS & VARIABLES:** A descriptive multimethod approach using semistructured qualitative interviews and the Telemedicine Satisfaction and Usefulness Questionnaire.

**RESULTS:** Three primary themes emerged from the qualitative interviews, related to trust, access to information, and technology barriers. Quantitative findings indicated high satisfaction with the nurse-patient relationship through telehealth and lower satisfaction with using telehealth equipment to connect to a visit.

**IMPLICATIONS FOR NURSING:** Despite facing technology barriers, rural cancer survivors prioritize speaking with an oncology certified nurse through telehealth. Although they may be willing to be open and vulnerable with an oncology nurse about their distress, rural survivors are less likely to accept a referral to another provider of psychosocial care. Nurses can incorporate warm handoffs to increase psychosocial referral uptake for rural survivors.

**KEYWORDS** rural; cancer-related distress; cancer survivors; telehealth; survivorship

**ONF, 50(2), 173–184.**

**DOI** 10.1188/23/ONF.173-184

Rural cancer survivors travel an average of 60 minutes to access specialty oncology care (Onega et al., 2008). High travel burden to specialty care affects rural cancer survivors' health-seeking behaviors, treatment decisions, and health outcomes (Segel & Lengerich, 2020), with rural survivors often forgoing necessary care because of long travel distances (Laverne et al., 2011; Pesut et al., 2010). In addition, survivors may delay care to stack multiple health appointments in one visit to the hospital or may have to decline psychosocial care to prioritize medical care (DeGuzman et al., 2017). Travel burden may contribute to increased mortality and morbidity rates for rural cancer survivors (Haddad et al., 2015) and lead to greater levels of cancer-related distress in rural cancer survivors compared with urban cancer survivors (Burris & Andrykowski, 2010). Cancer-related distress refers to psychological, social, spiritual, and physical symptoms affecting survivors' quality of life (Holland et al., 2013). Although rural cancer survivors may be willing to travel long distances to receive specialty care, they may be unable to physically travel because of new-onset disability resulting from cancer or its treatment, may struggle to afford travel costs, and may lack access to transportation because many hospitals do not offer transportation assistance programs (Segel & Lengerich, 2020).

One way to increase rural cancer survivors' access to specialty oncology care is through the use of telehealth. Telehealth includes live, interactive care via videoconferencing, telephone, or remote patient monitoring, as well as the exchange of messages between patients and clinicians (American Telehealth Association, n.d.; Health Resources and Services Administration, 2022). Since the implementation of stay-at-home orders because of the COVID-19 pandemic in 2020, there has been a rapid uptake of