

Development and Qualitative Evaluation of a Self-Management Workshop for Testicular Cancer Survivor–Initiated Follow-Up

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With progress in early detection and effective treatment of cancer, survivorship care is gaining importance. However, no clearly supported model of survivorship care exists (Doyle, 2008), and a range of options likely is required according to cancer type, age, gender, ethnicity, and healthcare system (Morgan, 2009; Oeffinger & McCabe, 2006). Patient-initiated follow-up models are suitable for some cancers and are being introduced and evaluated in the United Kingdom (Davies & Batehup, 2011).

Testicular cancer tends to affect men younger than age 55 (Cancer Research UK, 2010) and has a high survival rate: 95% of men diagnosed with testicular cancer survive for five years (American Cancer Society, 2012), with a 20-year survival rate estimated at about 84% (Brenner, 2002). Therefore, those men live a large portion of their lives as cancer survivors. Testicular cancer potentially is suitable for patient-initiated follow-up, owing to effective cure and the need for ongoing surveillance (Buchler et al., 2011; Edelman, Meyers, & Siegel, 1997). Patient-initiated services may be cost- and clinically effective and more acceptable to patients (Davies & Batehup, 2011). However, those services require knowledgeable, confident patients who self-monitor and initiate contact with healthcare providers (Davies & Batehup, 2011). Therefore, intervention is required to ensure patient needs are met and to help them best use the follow-up services.

To meet testicular cancer survivors' needs, offering health-monitoring interventions is important. Monitoring is necessary because of increased risk for another cancer (Travis et al., 1997) and other health risks, such as cardiovascular disease (Huddart et al., 2003), metabolic syndrome (Dahl, Mykletun, & Fosså, 2005), hypertension, and weight gain (Sagstuen et al., 2005). Survivors need to be aware of those conditions and their signs

Purpose/Objectives: To describe the needs of testicular cancer survivors, develop a nurse-led workshop, and explore the experience of participation.

Research Approach: A systematic intervention development process was used to design a self-management workshop for cancer survivors, which then was evaluated qualitatively.

Setting: Outpatient clinic in England.

Participants: 26 healthcare professionals, charity workers, family members, and testicular cancer survivors participated in the intervention development process. Six testicular cancer survivors attended the workshop and participated in the postintervention focus group discussion.

Methodologic Approach: Ten participants, including four survivors, completed the initial needs assessment interviews. Twenty-six participants then rated the identified needs on two dimensions: importance to self-management and changeability via a self-management intervention. Literature review and expert consultation were used to identify potential workshop components. To explore the experience of attending the intervention, six testicular cancer survivors who participated in the nurse-led workshop were interviewed six weeks later.

Findings: The workshop was well received by participants, who appreciated the goal-setting and information provision activities. The men also felt that they had benefited from the experience of being in the group.

Conclusions: Testicular cancer survivors had unmet post-treatment needs. The systematic intervention development method led to an evidence-based workshop to address those needs. Men reported benefits from attending the workshop, which may help maintain and improve health.

Interpretation: Nurse-led workshops can address the current unmet needs of testicular cancer survivors.

Knowledge Translation: Testicular cancer survivors may require support with health information, maintaining psychological health, and monitoring cancer symptoms. Survivors also need help planning and maintaining an active lifestyle. In addition, a brief workshop approach to intervention delivery is acceptable to testicular cancer survivors.

and symptoms, as well as be able to self-manage and maintain a healthy lifestyle to help mitigate health risks.

In addition to physical health challenges, some men with prostate cancer experience significant depression, fatigue, and anxiety (Dahl, Haaland, et al., 2005; Fleeer, Hoekstra, Sleijfer, Tuinman, & Hoekstra-Weebers, 2006; Orre et al., 2008). Survivors may experience more worry, difficulty coping with uncertainty, and poor mood, all of which may be addressed beneficially through provision of information (Ganz, Casillas, & Hahn, 2008), use of self-management techniques (e.g., goal setting) (Graves, 2003), and early intervention prior to development of clinical depression and anxiety (Akechi et al., 2004).

In summary, testicular cancer survivors need to self-monitor, attend surveillance appointments, and maintain physical and psychological health. Those represent self-management tasks, for which support may be needed. Self-management can be defined as the person's ability to manage symptoms, treatment, and physical and psychosocial consequences of living with a long-term condition (Barlow, Wright, Sheasby, Turner, & Hainsworth, 2002). Self-management programs, typically six-week courses with one session per week, have demonstrated some benefit for a range of cancer survivors (Cockle-Hearne & Faithfull, 2010; Preyde & Synnott, 2009; Wilson, 2008).

Background

In December 2011, a search of CINAHL®, PsycINFO, and MEDLINE® for terms including *testicular*, *testicle*, *cancer*, *neoplasm*, *self management*, *patient education*, and *support group* returned 95 results. None contained self-management interventions for survivors. Men have been underrepresented in self-management research; therefore, acceptability and usefulness are unknown (Jordan & Osborne, 2007). Men are less likely than women to attend self-management programs (Yoon, McKenzie, Miles, & Bauman, 1991). Specifically, testicular cancer survivors have been found to be reluctant to attend support groups, partly because they felt pressure to cope alone (Vaartio, Kiviniemi, & Suominen, 2003). Reluctance to attend support groups may relate to the design of the groups. Little research has examined how men perceive self-management groups. In relation to cancer survivorship, self-management groups form part of care and shorter programs may be effective and appealing to patients. For example, a UK initiative provided a support conference to breast cancer survivors to help promote patient-initiated follow-up, which was rated as very helpful by many participants (Chatfield & Simcock, 2008). The short four-hour workshop intervention also may be appropriate for testicular cancer survivors, as men have been reluctant to attend stan-

dard six-week self-management groups. The shorter intervention and the idea of a workshop may be more appealing to men who may be grappling with changes to their perceived social role and identity as masculine (Vaartio et al., 2003).

Self-management interventions for testicular cancers are lacking; therefore, this article aims to describe the development of a four-hour workshop and provide a qualitative evaluation of its pilot. The way in which people experience interventions is a "vital" intervention evaluation stage that "is often skimmed" (Craig et al., 2008, p. a1655). The core research questions were as follows: What are the self-management needs of this group and, therefore, what intervention components are required? In addition, how do survivors of testicular cancer evaluate the experience of attending the workshop?

Methods

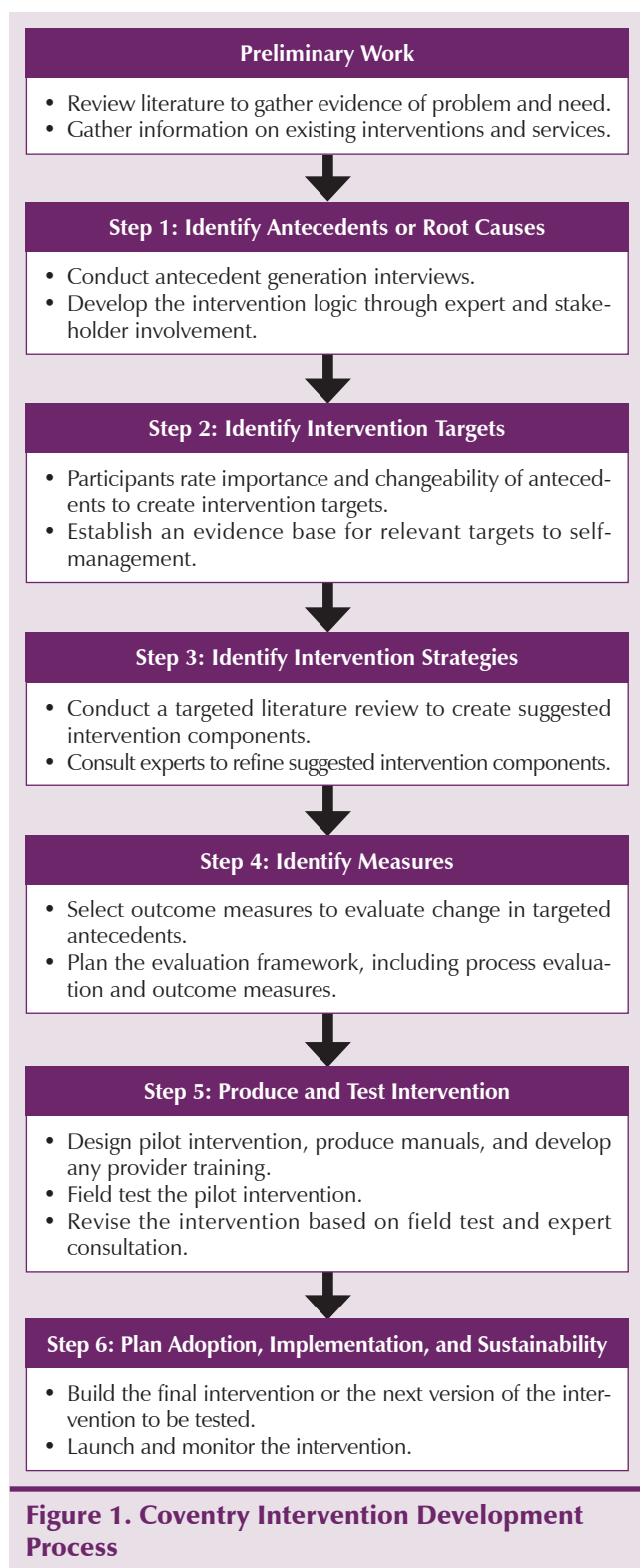
The workshop and evaluation framework were designed using the process outlined in Figure 1, which was based on the Antecedent, Target, Measure method (Martin, Turner, Wallace, & Bradbury, 2012; Renger & Hurley, 2006). That process provided a clear logic for inclusion of every component and was important to intervention development (Michie, Fixsen, Grimshaw, & Eccles, 2009).

Needs Assessment

Ten participants (one nurse specialist, two oncologists, four survivors, one family member of a survivor, and two charity workers) were asked for antecedents or reasons why survivorship care services need to be improved, as well as causes of that antecedent, to create a logic map (Renger & Hurley, 2006). That question was chosen to allow participants to discuss problems faced within survivorship care that may be addressed by the workshop. Sampling prioritized a range of relevant participants, with a recommended size of 10–12 (Renger & Hurley, 2006). In total, 274 antecedents were generated. Duplicate antecedents and any issues that could not be addressed in the workshop (e.g., healthcare practitioner training needs) were deleted. Thirty-seven antecedents remained on the summary map.

Intervention Design

Antecedents from the summary map were rated for importance and changeability through attendance at a self-management workshop from 0 (not at all) to 4 (extremely). Rating was performed by 26 participants (15 cancer survivors, 4 voluntary sector workers from cancer charities, 5 family members, and 2 healthcare professionals) using an online survey. That method prioritized a range of views, and little guidance was available on required sample sizes (Renger &



Hurley, 2006). Antecedents with mean importance and changeability scores higher than the mean of all antecedent scores ($\bar{X} = 3$ for importance and 2.6 for changeability) were selected. Eleven antecedents then were selected and grouped to form three intervention targets: moving forward, psychological health, and providing information.

CINAHL, MEDLINE, and PsycINFO were searched for terms related to testicular cancer (e.g., *testicular, testicle, cancer, neoplasm*) and from each intervention target (e.g., *information, quality of life, psychological health, well-being, moving on, survivorship*). The aims of that search were to identify the evidence base for the relevance of the target to self-management and investigate related interventions or their recommendations to inform what activities to include in the workshop components. Forty-four publications for providing information, 125 for psychological health, and 103 for moving forward were identified as potentially relevant. Abstracts were inspected and relevant full-text articles then were accessed. Findings are presented in brief; additional details are available from the authors on request.

Moving forward: The first target was based on the antecedent “treatment is a huge part of the survivor’s life and what to do afterwards is unclear.” Previous research has highlighted the challenges of moving forward in life as a testicular cancer survivor and covered psychological, social, lifestyle, and health factors (Travis et al., 2010).

Few interventions exist to support testicular cancer survivors. Most notably, returning to work has a positive impact on quality of life, and that may be communicated to testicular cancer survivors for whom that is a possibility to provide hope (Gudbergsson, Fosså, & Dahl, 2008). Some men need support to return to work (Taskila et al., 2006); therefore, providing contacts for relevant supporting agencies may be a helpful strategy.

Other research highlights the importance of coping styles. For example, Rutsikj et al. (2010) reported that avoidance coping (e.g., denying difficulties, withdrawing from difficult situations) is associated with poorer outcomes for cancer survivors. Therefore, teaching active coping strategies such as problem solving may be beneficial.

In addition to signposting (i.e., directing survivors to other available help) and problem solving, goal setting was included in the workshop. Goal setting is a commonly used technique in self-management (Foster, Taylor, Eldridge, Ramsay, & Griffiths, 2007). Participants are invited to select and plan goals and monitor success. That technique has been found to be beneficial and suitable for male participants (Cecil, McCaughan, & Parahoo, 2010).

Psychological health: Participants in step 1 (identify antecedents) and step 2 (identify intervention targets) discussed the importance of poor mood, lack of social support, fatigue, and low energy and motivation, which was supported by previous research (Dahl, Haaland, et al., 2005; Fleeer, Sleijfer, et al., 2006; Orre et al., 2008). Quality of life varies; however, it appears to be low in some testicular cancer survivors (Joly et al., 2002; Rossen, Pedersen, Zachariae, & von der Maase, 2009).

Intervention studies are lacking in relation to psychological health with testicular cancer survivors; therefore, looking at research exploring relationships between psychological health variables is necessary. Fear of recurrence was associated with greater emotional distress and stress, so provision of information about health risks and a focus on managing symptoms may be beneficial (Skaali et al., 2009). A Norwegian study found 13% of their sample of testicular cancer survivors (N = 354) reported cancer-related stress symptoms and recommended that men who experience stress should be referred for psychological intervention where necessary (Fleer, Sleijfer, et al., 2006). The following interventions may be helpful. Providing basic psychoeducation and information about specialist services may encourage men to access psychological help if needed (Davies & Batehup, 2010). Having meaning in one's life is associated with quality of life in survivors of testicular cancer (Fleer, Hoekstra, et al., 2006). The intervention could include activities that focus on considering one's purpose and things to be grateful for. Finally, fatigue relates to poor psychological health (Dahl, Haaland, et al., 2005). Fatigue management has been successfully taught to cancer survivors (Stanton et al., 2005), and a similar approach was taken in the current study.

Information alone has been shown to reduce negative affect in male cancer survivors (Davies & Batehup, 2010); therefore, intervention activities focusing on moving forward also may have benefit for psychological health. The intervention also includes activities that explore finding meaning in life and managing fatigue, which are common to other self-management interventions (Barlow et al., 2002; Stanton et al., 2005).

Providing information: The participants identified a lack of information about long-term consequences of testicular cancer and its treatment, support available, fertility, staying healthy, and signs of recurrence. Those issues were observed in other research. Testicular cancer survivors may be unsure of appropriate diet and exercise (Shinn, Basen-Engquist, Thornton, Spiess, & Pisters, 2007) and require information about fertility (Dahl, Mykletun, et al., 2005), likelihood and how to detect symptoms of recurrence (Vaartio et al., 2003), and financial support (Cecil et al., 2010). Little information is routinely provided to testicular cancer survivors; therefore, more education is needed (Sørli et al., 2006). Information about recurrence is likely to be helpful for men, as this population has a statistically significant increase in risk for having cancer again (Travis et al., 2005) and survivors should be encouraged to self-check via testicular self-examination and monitor (Shinn et al., 2007). Patients also should be informed about the risk of short-term and particularly long-term side effects of their treatment (Fosså, Oldenburg, & Dahl, 2009).

Giving information is a part of most self-management interventions (Barlow et al., 2002), with question-and-answer sessions and signposting to other sources of help or support commonly used (Lorig & Holman, 2003). A didactic model has been useful in support groups for men with testicular cancer (Clark, Jones, Newbold, Wilson, & Brandwood, 2000). Based on those findings, the workshop included provisions of patient information, with signposting and a question-and-answer session.

Information regarding key issues identified during step 1 was made available during the intervention, with discussion and question-and-answer sessions. Peer modeling was found to be useful in a review of interventions for women with a range of cancers (e.g., breast cancer) (McCorkle et al., 2011). Videos of cancer survivors, used with permission from LIVESTRONG®, were chosen to test peer modeling with men to stimulate discussion of psychological health and normalize experiences of distress that may increase acceptability of seeking help (Addis & Mahalik, 2003).

Intervention

The intervention model is presented in Figure 2 and the workshop intervention timetable with activities is shown in Figure 3. The intervention was piloted as a process evaluation to ascertain the relevance and acceptability of workshop activities and the short format, as well as explore any changes required (Two Feathers et al., 2007).

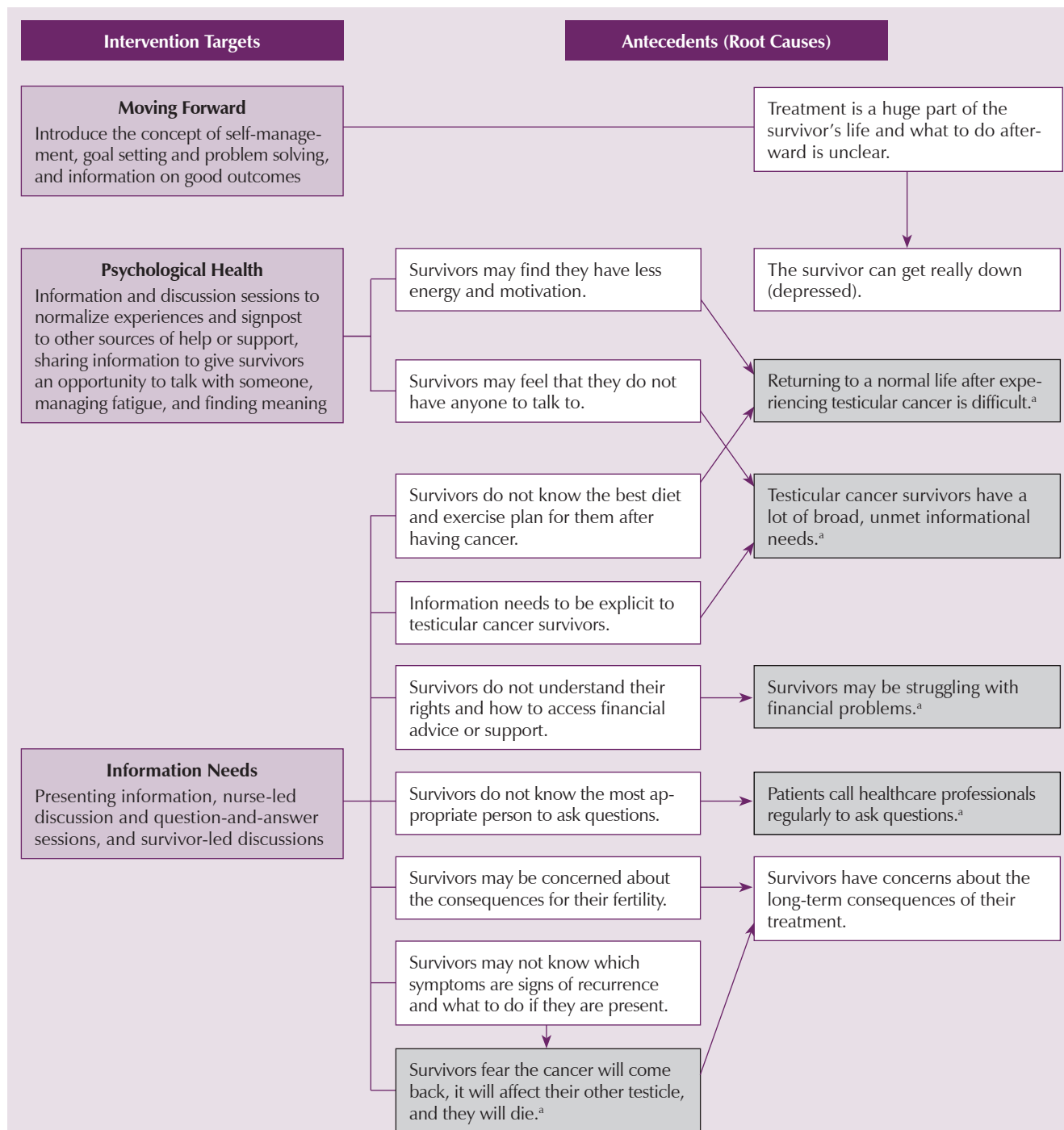
A convenience sample of six testicular cancer survivors who had completed active treatment 5–12 months prior to the workshop was recruited through cancer services at Southampton General Hospital in England by a cancer nurse specialist. The first six participants who gave consent were included, as six were considered sufficient for piloting based on previous self-management research (Jerant, von Friederichs-Fitzwater, & Moore, 2005). Informed consent was obtained.

Participants attended the workshop, which was delivered by an experienced self-management tutor and a male specialist cancer nurse. At six weeks postworkshop, participants completed semistructured telephone interviews. The interview schedule focused on process evaluation concerning the most and least helpful aspects of the workshop, perceptions of relevance, and usefulness of activities and suggested changes (Shevil & Finlayson, 2009), focusing on participants' experiences. Example questions were as follows: How did you find the goal-setting activity? What did you find least useful? How did you feel about being in a group with other people who had similar cancer experiences? Interviews were audio recorded and transcribed verbatim.

Data were analyzed to explore perceptions of the different activities and provide recommendations for refinements. Framework analysis was used, which involves familiarizing oneself with the data, developing

a thematic framework, indexing, charting, mapping, and interpretation, with counter examples and conflicting data sought throughout (Ritchie & Spencer, 1994). Analysis was completed by two authors, with differences discussed until consensus was reached. That improved credibility, as differences in interpretation carefully were considered to help ensure that accurate

meaning was attributed to data (Whittemore, Chase, & Mandle, 2001). Credibility and congruence (i.e., with consensus, agreement, and reliability) of the analysis also were assisted by focusing on the research aims, with a specific interview schedule to address them. The sample size for the evaluation was based on the group size attending the intervention; data saturation



^a Indicates an antecedent that was not rated as important or changeable enough to be an intervention target but is provided to illustrate the structure of the logic map

Figure 2. Intervention Logic Map With Workshop Targets and Antecedents for Why Survivorship Needs to Be Improved

is not used to guide sampling in framework analysis (Ritchie & Spencer, 1994).

Results

Six testicular cancer survivors, aged 29–45 years ($\bar{X} = 35$), completed the intervention and provided data. Overall, the workshop was positively received, with one participant saying, “That was one of the best things I’d been to in a long time.” One participant said potential participants may be reluctant to attend, advising, “They’ll think, ‘Oh, I’m not doing a workshop,’ but they’ll benefit from it.”

Goal Setting

Overall, goal setting was well received. The goals provided a positive outlook, focusing on achieving and using strengths. Participants discussed how that provided focus and aims: “It actually meant I got off my backside and set myself a goal and said, ‘Right, I’ll try and achieve that.’” The idea of sharing goals and receiving feedback was seen as useful and motivational. A participant said, “If you are setting [a goal] amongst people, I feel it will make you want to do it more as well, because they know you’ve done it.”

Some participants talked about being familiar with goal setting from their work experiences and thought applying that skill to their personal lives would be useful. Another participant talked about the need to teach goal setting because testicular cancer mostly affects younger men who might not be used to setting goals.

Moving forward did not mean forgetting about cancer; rather, goal setting reminded some men that cancer survivorship is an ongoing part of their lives. A participant said, “It actually reminded me that [survivorship] still had to be taken seriously.” Poor mood was a challenge to goal setting; one participant said, “I’m sort of suffering quite badly with depression; I can’t actually get my arse into gear.” Another participant found identifying a goal to be difficult: “I actually don’t have all that many [goals] to be honest.” That emphasized the need to teach the skill rather than assuming people simply identify goals on their own. The presentation of example goals was suggested.

Provision and Application of Information

Overall information provision was viewed positively. Participants found information provision useful without being overwhelming or too technical. One participant said, “In that workshop . . . I found out more than I have done in the last probably six years of going through this.” For some, the majority of the information was new. One participant said, “No one ever told me about self-examination.” Others suggested improvements, such as that the information needed “to

Overview and Ground Rules (20 minutes)

- Welcome participants and establish the aims of the workshop.

What Is Self-Management? (10 minutes)

- Discuss the meaning of self-management, including self-monitoring, seeking help, and coping with daily challenges.
- Emphasize that self-management means seeking appropriate survivorship care.

Information on Testicular Cancer (80 minutes)

- Use stories from cancer survivors (e.g., videos from LIVESTRONG®) to illustrate the importance of maintaining a healthy lifestyle and to communicate information about fertility.
- Provide information about testicular self-examination, recurrence, financial matters, healthy eating, and exercise.

Managing Fatigue (30 minutes)

- Highlight fatigue as a common and “normal” side effect.
- Invite participants to consider the causes of fatigue and problem-solve how to manage them.
- Emphasize the importance of a healthy diet and exercise.

Break (20 minutes)

- Allow participants time to share their experiences informally.

Finding a Meaning (20 minutes)

- Encourage participants to explore their positive emotions and coping resources and consider what gives them a sense of meaning and gratitude in life.

Cancer Survivor-Led Discussion (30 minutes)

- Use stories from cancer survivors (e.g., videos from LIVESTRONG®) to stimulate discussion on the impact of cancer and emphasize that others have gone through similar difficulties as survivors.
- Highlight the positive elements and use the storytellers as role models.
- Encourage participants to share their own stories.

Open Forum/Question-and-Answer Session (20 minutes)

- Allow participants to ask any remaining questions and share information and answers with one another.
- The healthcare professional tutor also can provide expert information.

Moving Forward With Hope (10 minutes)

- Show participants how to use goal-setting techniques and encourage their use to help survivors plan for the future.

Figure 3. Workshop Timetable With Estimated Completion Minutes and Activities

be almost put into context a little bit more” by making it specific to cancer survivorship and explaining why the information was relevant to cancer survivors.

Self-examination education and discussion was perceived as being very helpful to some participants, and all stated they had not previously received that information in enough detail to understand what to do. The information was contextualized and related directly to the experiences of cancer survivors, providing usable information on “the why’s and how you do it.” The activity had a direct influence on one participant, who said, “In fact, I’ve marked up my diary for the rest of this year . . . just to give me a cue to make sure that I do.”

The exercise and diet activity was received positively. Some participants included exercise in their goals. Participants felt that the workshop reminded them of the importance of diet and exercise: “People just would carry on without actually thinking about it.” Most participants talked about how that information was not new to them, but the detail was useful. A participant said, “My doctors have said, you know, live healthy and that but, you know, that workshop went a bit more into how to live healthy.”

One participant said the exercise and diet activity required changes because it “came across very much as a regurgitation of standard government policy.” He suggested targeting information more directly to survivors of cancer, suggesting a style of “Hey guys, you are more at risk of this, this, and this because of the type of cancer you’ve had or the type of chemo that you’ve had.”

The question-and-answer activity was helpful for some because “it wasn’t difficult to ask questions and people were feeling comfortable to do that.” Participants asked questions throughout the session, and one said, “Those sort of topics covered pretty much everything that we all needed to know.” However, the question-and-answer activity provided an additional opportunity to ask about any extraneous topics. Participants suggested allowing the opportunity to ask questions anonymously. For example, questions could be handed in on adhesive notes to allow anonymity and provide participants who did not feel comfortable speaking to the group with an opportunity to ask questions.

The information about recurrence was useful and helped reduce anxiety in five participants. The information helped put the fear of recurrence into perspective: “The formal stats there . . . actually put it into context but they explained it in an everyday language.”

Survivor Stories

The idea of using stories from testicular cancer survivors was well received. Videos and their transcripts were presented to participants. A participant said use of the stories “raises the whole agenda of how do you help patients to feel . . . that other people have been or are in the same situation.”

However, the particular examples used were not well received. Participants expressed that the examples used were “too American.” Participants stated they would have preferred examples from people who were role models they could relate to, such as a “fireman, a nurse, a doctor . . . people you know . . . I’d have liked to have read about someone my own age who goes down the pub, you know, who’s gone through it, you know, typical lad or bloke.”

Psychological Health

Addressing fear of recurrence was relevant for some, but not all participants, as can be expected from the literature reviewed for psychological health described previously. Some participants expressed few emotional impacts of having cancer. The group of participants attending the pilot course included survivors who recently completed active treatment and some who had been in survivorship for more than one year. Participants talked about learning from other people who may have been in survivorship longer or had different experiences. The role of the facilitators was important here because the “useful parts were actually having the opportunity to listen to other people, and it’s good to get the group talking about it.”

The group also helped to emphasize the positive message that self-management can be useful and life can move forward.

To see how the others responded to it highlighted for me just how important it was . . . because some of them had had quite traumatic experiences and, therefore, to be able to verbalize it and find there are others who could empathize with that, and also to be give some direction to say, “Look, you can begin to manage that.” I thought it was good.

The experience of simply being able to speak to others who were in a similar situation was useful to participants. Social comparisons were engaged in and seen as helpful “to be aware particularly of those that were on the same workshop whose conditions had been dramatically worse than mine and how they’ve, you know, responded to that actually put it back into perspective again.”

The opportunity for discussion was important. One participant talked about how men do not openly discuss such issues and “it’s probably the one time where we will open up. . . . So the opportunity to discuss things is what’s needed.” The group was relaxed, which was important because “we can have a laugh and talk about it, it just made it more of a social event as well.”

Timing of the Intervention

Some participants felt that the intervention would have been beneficial to “people earlier out of treatment.”

Another participant suggested the workshop might be useful before chemotherapy or other treatments as it would “fill that gap whilst people are in receive mode and that might be the time when you start changing people’s attitudes.” However, most participants felt the intervention was useful to them. One said, “I just wish I had it when I first started going through it and I never did.”

Discussion

The self-management workshop for testicular cancer survivors was developed using a systematic method. Intervention development revealed unmet needs experienced by those men. The resulting intervention addressed information needs, provided support for psychological health, and used goal-setting techniques to encourage men to move forward.

The qualitative evaluation found the workshop format and content were acceptable and activities were relevant and of interest. Much of the information was new to participants, supporting the importance of providing a workshop. Practical information relating to healthy lifestyle was well received. Testicular self-examination has been recommended for survivors in the literature (Shinn et al., 2007); self-monitoring information regarding testicular self-examination was rated positively and reportedly led some participants to adopt this strategy, which has been found to be useful (Huyghe et al., 2007).

Goal setting was seen as useful. That technique is used commonly in self-management interventions, can support engagement in positive health behaviors, and may improve anxiety and depression (Turner, 2010). In addition, participants expressed that information provision reduced their anxiety. Provision of that short component as an early intervention may help prevent the development of further psychological difficulties, but additional research is required to establish that notion as psychological difficulty was not measured in the current study.

The group format was appreciated by men, who reported that it facilitated learning and they enjoyed the opportunity to share experiences. Knowing they were not the only men going through the challenges of survivorship was beneficial, which has been found in other group self-management interventions (Turner, 2010). Group interventions provided participants with a feeling of “universality” that one is not alone, which is a key mechanism underlying their effectiveness (Yalom & Leszcz, 2005). Although men are sometimes found to be unwilling to attend or engage in groups (Vaartio et al., 2003), that was not demonstrated by the current study’s participants. Additional research should explore whether men would remain willing

to participate if larger, potentially more cost-effective group workshops were used.

Sharing experiences and having the opportunity to discuss self-management strategies and successes was received positively. That positive role modeling may promote behavior change (Abraham & Michie, 2008). In accordance with literature about role modeling (Abraham, Wight, & Scott, 2002), participants expressed a desire for the survivors used as role models in the video materials to be more similar to them. Development of such resources using ordinary men similar to the patient group (British in the current study) is advised to facilitate use of role modeling both in the workshop and when men seek information and support on the Internet.

Limitations

The current study was limited by a small sample size, but represents the first stages of intervention development (Craig et al., 2008). The sample size for intervention development was higher than the suggested minimum for step 1, and little guidance was available in the literature for required sample sizes in step 2 (Renger & Hurley, 2006). Intervention development led to a workshop focused on perceived needs that was supported by the existing evidence base. However, the lack of available research specific to testicular cancer meant evidence was sometimes drawn from literature on other cancers or chronic illnesses. Therefore, additional research is needed to explore whether other intervention targets are indicated and how the intervention can be extended and refined. The transferability of the findings concerning the experience of attending the intervention may be limited by the small sample. However, the issues raised by the participants support previous literature. Additional study of the refined intervention using larger samples stratified by potentially relevant variables (e.g., age, marital status) with qualitative research augmented by quantitative findings is necessary. One should acknowledge the complex process of intervention development, of which this article reports only the early stages.

Implications for Nursing

The self-management workshop intervention was delivered by a specialized cancer nurse and a trained lay tutor. Nurse delivery was vital because nurses occupy the central role in patients’ follow-up and have appropriate knowledge of local services and expert clinical knowledge to address their questions. Providing a workshop after treatment may limit the number of calls received by nurses, allowing them to work more efficiently by providing survivorship support and information as standard care. Although additional research

is required to confirm findings and elucidate optimal timing of the intervention after completion of treatment, providing education to testicular cancer survivors and setting up survivorship support are recommended. This article may be used to guide that process.

Conclusions

The current study highlighted moving forward, psychological health, and information as self-management needs for testicular cancer survivors. Additional research should evaluate the extent to which those recommendations are supported by larger samples and groups with different demographic characteristics (e.g., age, ethnicity, marital status).

Recommendations to refine the workshop centered on contextualizing information. Participants favored activities that were related explicitly to being a cancer survivor, and they wanted information with clear relevancy. The technique of contextualizing information may be more broadly applied to clinical encounters

and information provision for patients with testicular cancer throughout their cancer journey.

The workshop is now ready for additional testing per the stages of intervention development to explore impact on clinical outcomes and healthcare usage (Craig et al., 2008). Testicular cancer survivors have unmet needs that must not be ignored; the results showed that the experience of attending the workshop was positive, and men benefitted from the group format and opportunity to share their experiences.

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Digital Object Identifier: 10.1188/13.ONFE14-E23

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