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Transition Experiences of Adolescent and Young Adult Survivors of Childhood Cancer to Adult Healthcare and Care: A Meta-synthesis of Qualitative Studies

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Abstract

To synthesize qualitative data about the transition experiences of adolescent and young adult (AYA) survivors of childhood cancer (CCS) from pediatric to adult-oriented healthcare and nursing care. This synthesis provides an evidence base for clinicians to design tailored transition programs. Literature searches were conducted in multiple databases (CNKI, Wanfang, VIP, SinoMed, PubMed, Embase, Cochrane Library, Web of Science, CINAHL EBSCO, and Scopus) from the establishment to 26 September 2025. Study quality was evaluated using the Joanna Briggs Institute (JBI) critical appraisal checklist for qualitative research. Findings were synthesized using meta-aggregation. Fifteen studies were included, and 55 discrete findings were extracted. These findings were categorized into nine themes and condensed into four overarching integrative findings: (1) Ambivalent attitudes, simultaneous reliance on pediatric services and anticipation of adult care; (2) Critical facilitators for a successful transition; (3) Challenges encountered during transition; and (4) Perceived benefits of transition. AYA CCS undergo a complicated, emotionally challenging transition marked by numerous obstacles. Medical practitioners should recognize these emotional responses, provide supportive services, and develop targeted interventions. Concurrently, healthcare institutions need to align pediatric and adult resources to ensure continuity of care and offer comprehensive family, psychological, and social support, thereby enabling CCS to transition successfully.

Keywords

Adolescent; Young Adult; Childhood; Cancer; Meta-synthesis; Qualitative Studies.

1. INTRODUCTION

Due to recent developments in cancer detection and treatment practices, overall survival rates for childhood cancer have improved remarkably, and thus more patients are surviving to maturity [1]. The process of transition is associated with late effects of treatment, overlapping physical and psychological occurrences, and a completely new healthcare environment for AYA CCS [2]. Thus, AYA CCS must have lifelong follow-up care. They face the daunting task of adapting to adult-centered care programs, which involve customized patient education for healthy habits and chronic disease management. The transition to maturity is now known to be a pivotal age for influencing long-term quality-of-life experiences for AYA CCS [3].

Transitioning can be described with regards to a planned and intentional migration process for patients from a child-oriented pediatric healthcare system towards a patient-oriented

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healthcare system for adults, particularly during their transition to young adulthood [2-4]. Not only do AYA CCS face recurring illnesses and toxicities related to cancer therapies but are also subjected to psychosocial stresses related to pursuing higher education or employment. They tend to demonstrate unreliable treatment adherence, inefficient self-management practices, and hopelessness concerning their futures [2, 5]. Treatment strategies for childhood cancer have been not only towards maintaining remission at the completion of therapies but have also focused on enhancing long-term levels of psychosocial adjustment and overall quality of life [6]. Appropriate recognition and interference related to transition could bring about role adjustments and efficient self-managements for AYA CCS [7].

To date, numerous studies have explored the medical and nursing experiences of AYA CCS during their transition to adult healthcare services. However, findings from single studies may lack comprehensiveness and generalizability due to variations in healthcare systems and cultural contexts. Therefore, the present systematic review employs meta-synthesis to integrate existing qualitative evidence, focusing explicitly on the transition experiences of AYA CCS, to inform the development of evidence-based management strategies for Clinical Healthcare Professionals.

2. METHODS

2.1. Research Design

This qualitative synthesis adhered to the meta-aggregative approach of the JBI [8] and followed the ENTREQ guidelines [9]. The review protocol was prospectively registered with PROSPERO (Registration number: CRD420251179026).

2.2. Search Strategy

A systematic search was conducted in CNKI, Wanfang, VIP, SinoMed, PubMed, Embase, The Cochrane Library, Web of Science, CINAHL (via EBSCO), and Scopus from inception to 26 September 2025. Both controlled vocabulary (MeSH/EMTREE/CNKI subject terms) and free-text words were combined and adapted to each database. Core search concepts and terms included: pediatric, child*, teenager, adolesc*, young adult, adult*; tumor*, neoplasms, neoplasia*, cancer, cancer survivorship; transition, transfer; need*, demand, viewpoint, perspectives, experience, feel*, adjustment; qualitative research, qualitative, interviews, focus groups, grounded theory, thematic analysis, phenomenology, mixed-methods research.

2.3. Inclusion and Exclusion Criterion

Inclusion Criteria: (1) Participants: AYA CCS as the primary population or part of the study sample. (2) Phenomena of Interest: Experiences, challenges, or needs related to the transition of AYA CCS from pediatric to adult healthcare and care systems. (3) Context: Transition processes occurring in healthcare settings where AYA CCS transition from pediatric to adult medical institutions. (4) Study Design: Qualitative research, including phenomenology, grounded theory, ethnography, and mixed-method studies containing qualitative data.

Exclusion Criteria: (1) Publications not written in Chinese or English; (2) conference abstracts, duplicate publications, or full-text unobtainable papers; (3) studies assessed as low quality (Grade C) according to the critical appraisal criteria.

2.4. Literature Screening

These identified records were all imported into EndNote 21 with any duplicates removed. Two authors(YN.S and J.L) independently screened these studies for relevance by comparing both inclusion and exclusion criteria. Titles and abstracts are initially screened for any studies not related to this review. Full texts for potentially relevant studies are then independently

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screened by these same two individual authors. Care is taken to ensure accuracy by verifying each identified study.In the event of disagreement, a third author(TL.L) shall be consulted to assist in the decision-making process.

2.5. Quality Assessment

The quality of each study selected for this systematic review was assessed by two reviewers(YN.S and XW.W.) using the JBI Critical Appraisal Checklist for Qualitative Research [8]. Disagreements were resolved by a third reviewer(TL.L). The checklist consists of ten items rated "yes," "no," "unclear," or "not applicable." Studies were graded as A (all criteria met), B (some criteria met), or C (few/no criteria met). Only studies graded A or B were retained; grade C studies were excluded.

2.6. Data Abstraction and Synthesis

Data was extracted by two reviewers(YN.S and J.L) using a pre-prepared data extraction tool which was based on the JBI QCAT Data Extraction Template on each of the identified studies [8]. The template included: first author, year, country/region, methodology, population, phenomenon of interest, and outcome. If multiple groups were reported on in a study, data for only YG and AG-CCS would have been abstracted.

The integration of findings for the qualitative studies was done via meta-aggregative integration proposed by the JBI [8]. The process involved assigning the identified findings by the reviewers (YN.S and J.L) to themes, forming initial integrations, and comparing these integrations with their original texts to arrive at new themes. These themes were then analyzed for their connections to arrive at the final integrations for the findings. These disagreements can be settled by reviewing with a third reviewer(TL.L).

2.7. Assessment of Confidence in the Findings

The ConQual approach [10] was used to evaluate the dependability and credibility of each synthesized finding. Two researchers(YN.S and XW.W.) independently assessed each synthesized finding, followed by cross-verification. Any disagreements were resolved through consultation with a third researcher(TL.L).

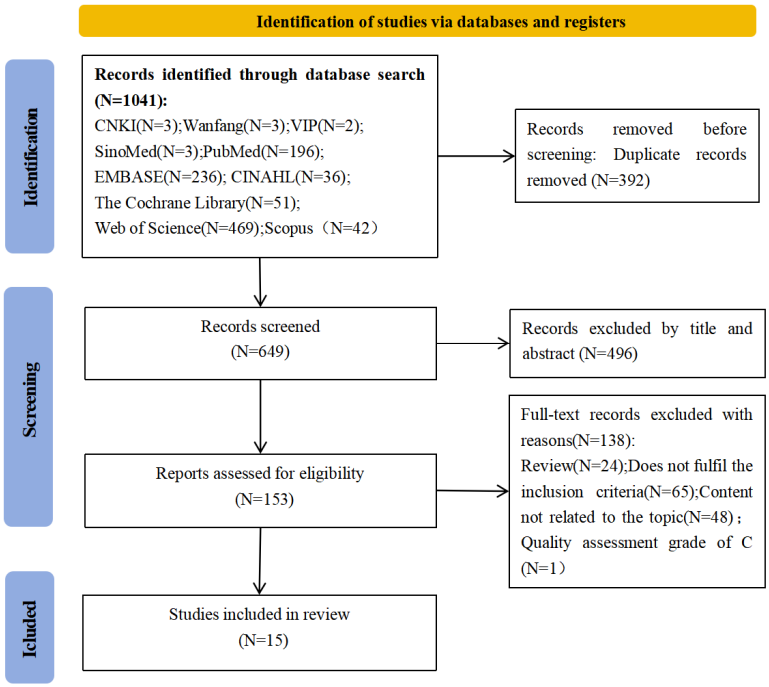

Figure 1. Literature Screening Process

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3. RESULTS

3.1. Literature Retrieval Results

The initial search identified 1,041 records. After removing duplicates, 649 citations remained. Title and abstract screening according to the inclusion criteria resulted in 153 articles for full-text review, of which 138 were later excluded. Ultimately, 15 studies [11-25] were included; the PRISMA flowchart is shown in Figure 1.

3.2. Basic Characteristics of the Included Studies

The basic characteristics of the included studies are summarised in Table 1.

Table 1. Basic characteristics for inclusion in the literature

Author(year)	Country	Study design (data collection method)	Study population	Phenomenon of interest	Themes
Nandakumar et al. [11]	Australia	qualitative study(semi-structured interview)	18 childhood cancer survivors	Explore the perspectives and real-life experiences of cancer survivors about transition enablers and barriers	2 Themes: (1) Enablers to transition;(2) Barriers to transition
Rosenberg-Yunger et al.(2013) [12]	Canadian	grounded theory(semi-structured interview)	38 survivors of cancer in childhood or adolescence	Explore favorable and hindering elements during the handover from pediatric to adult lifelong surveillance care	3 Themes: (1) micro individual patient factors; (2) meso supportive contextual factors; (3) macro systemic healthcare factors
Viola et al.(2022) [13]	United States	Formative Qualitative Research Study(semistructured interviews)	19 adolescent and young adult survivors	Explore enablers and hindrances to receiving risk-tailored long-term follow-up care and unpack the unmet needs of young survivors undergoing pediatric-to-adult care handover	5 Themes: (1) awareness of cancer history and associated health risks; (2) interpersonal connections with medical practitioners; (3) bonds with family caregivers participating in treatment; (4) emotional perceptions of health status, routine follow-up and care handover; (5) daily lifestyle patterns and life-stage shifts
Winzig et al.(2024) [14]	Germany	qualitative content analysis(semi-structured interviews)	21 adolescent childhood cancer survivors	Investigate survivors' perceptions of pediatric long-term surveillance and their worries about the care transfer procedure	1 Themes：(1) Survivors' anxieties over pediatric-to-adult care transition
Sadak et al. (2020) [15]	United States	qualitative study(semi-structured qualitative interviews)	29adolescent and young adult childhood cancer survivorship	Determine vital enablers of successful adult survivorship care transition from survivors' perspectives	4 Themes：(1) flexible, individualized transition schemes; (2) communication as a core prerequisite for successful transition; (3) consistent care providers during handover; (4) integrated care covering psychosocial support
McCann et al. [16]	England	A qualitative, collective case study approach (Semistructured interviews)	12 childhood cancer survivorship	Elaborate on transition within young patients' complete illness experience and its effects on their transition readiness	3 Themes：(1) lived encounters with pediatric cancer; (2) advance arrangement and readiness preparation; (3) medical transfer and accompanying developmental shifts
Frederick et al. [17]	United States	Thematic analysis (Focus groups)	16 young adult childhood cancer survivors	Explore the knowledge requirements, favored education modes, and helpful support services recognized by young adult survivors to facilitate pediatric-to-adult care handover	4 Themes：(1) health education preferences; (2) family functions during transition; (3) expectations of adult medical staff; (4) lack of knowledge about illness and treatment history
Monarque et al. (2025) [18]	Canada	Qualitative study (Focus groups)	13paediatric cancer survivors	Investigate how childhood cancer survivors experience	2 Themes：(1) Poor transition cognition in adolescents; (2) bonding

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Author(year)	Country	Study design (data collection method)	Study population	Phenomenon of interest	Themes
				pre-transition preparation services offered by a comprehensive tertiary cancer hospital	with pediatric care and parental emotional burden
Granek et al. [19]	Canada	Grounded theory (semistructured interview)	10paediatric survivors;28 adult survivors	Explore mental and emotional elements associated with care handover to adult survivorship surveillance clinics	2 Themes：(1) survivor self-identity; (2) emotional facets
Ekaterina et al.(2025) [20]	Germany	Qualitative study (episodic narrative interviews)	10 transition patient;10adult patient;4 adolescent patient	Investigate viewpoints of adolescent and young adult childhood cancer survivors regarding the care transition journey	4 Themes: (1) transition conceptualization; (2) optimal transition timing; (3) healthcare alterations amid handover; (4) obligations for care coordination
Svedberget al.(2016) [21]	Sweden	Mixed method study（inductive qualitative content analysis）	69 young adult survivors of pediatric cancer.	Investigate how childhood cancer survivors in young adulthood describe supportive medical resources during their adolescent-to-adult care handover	3 Themes: (1) support needs for equal medical service access; (2) supportive resources to manage disease sequelae; (3) assistance to sustain continuous healthcare follow-up
Ryan et al. (2021) [22]	Canada	Qualitative study(telephone semistructured interviews)	5 childhood cancer survivors	To deepen insight into prevailing transition models and relevant hurdles, as well as pinpoint approaches to upgrade clinical support	4 Themes: (1) hardships of rural survivors; (2) altered service accessibility after handover; (3) difficulties navigating adult care systems; (4) insufficient transition-related health education
Aleshchenko et al.(2024) [23]	Germany	Mixed method study (episodic narrative interviews)	10 pediatric cancer survivors	To identify barriers and supports affecting transition outcomes of pediatric cancer survivors	10 Themes:(1) Importance of returning to daily life; (2) Social emotional support; (3) Practical assistance from family and friends; (4) Value of long-term follow-up visits; (5) Communication with familiar care providers; (6) Guidance on sustained follow-up care; (7) Shared decision-making in transition; (8) Transition-related difficulties; (9) Peer interaction with other survivors; (10) Personal attitudes and perceptions
Casillas et al.(2010) [24]	United States	Qualitative study (Focus groups)	27 Latino adolescent and young adult survivors	To explore Latino AYA cancer survivors' self-reported obstacles and facilitators for transition to adult survivorship care	2 Themes: (1) transition facilitators for survivorship care; (2) barriers to survivorship follow-up
Psihogios et al.(2019) [25]	United States	Qualitative study (Focus groups)	14 adolescent and young adult childhood cancer survivors	To explore transition-related experiences and preferences of survivorship care among AYA childhood cancer survivors.	6 Themes: (1) Raise awareness of late effects and long-term follow-up requirements; (2) Provide support to ease health fears and uncertainties; (3) Tailor survivorship care to AYA developmental needs; (4) Reinforce support for healthcare transitions; (5) Improve communication and coordination among patients, families and providers; (6) Adopt digital health resources

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3.3. Quality Assessment of the Included Studies

The methodological quality appraisal of the included studies is provided in Table 2.

Table 2. Quality assessment of the included studies

Study	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	Grade
Nandakumar et al. [11]	Y	Y	Y	Y	Y	N	U	Y	Y	Y	B
Rosenberg-Yunger et al. [12]	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	B
Viola et al. [13]	Y	Y	Y	Y	Y	N	U	Y	Y	Y	B
Winzig et al. [14]	Y	Y	Y	Y	Y	N	U	Y	Y	Y	B
Sadak et al. [15]	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	B
McCann et al. [16]	Y	Y	Y	Y	Y	N	U	Y	Y	Y	B
Frederick et al. [17]	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	B
Monarque et al. [18]	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	A
Granek et al. [19]	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	B
Ekaterina et al. [20]	Y	Y	Y	Y	Y	N	Y	N	Y	Y	B
Svedberget al. [21]	Y	Y	Y	Y	Y	N	U	Y	Y	Y	B
Ryan et al. [22]	Y	Y	Y	Y	Y	N	U	Y	Y	Y	B
Aleshchenko et al. [23]	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	B
Casillas et al. [24]	Y	Y	Y	Y	Y	N	Y	Y	U	Y	B
Psihogios et al. [25]	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	B

Evaluation result: Y: yes; N: no; U: unclear. C1: philosophical basis; C2: Research questions/objectives; C3: Data collection methods; C4: Data analysis method; C5: Interpretation of results; C6: Cultural background/values; C7: The interaction between researchers and research; C8: The typicality of the research object; C9: Ethical norms; C10: The conclusion is drawn.

3.4. Findings of the Meta-Synthesis

After repeated reading and analysis, 55 findings were extracted. These findings were organised into nine categories and further synthesised into four integrative findings.

3.4.1 Synthesized Finding 1: Ambivalent attitudes—dependence on paediatric care alongside anticipation of adult services

3.4.1.1 Category 1: Dependence on Paediatric Healthcare Settings. Having received prolonged treatment and nursing care in paediatric facilities, AYA CCS develop familiarity with both the physical environment and the staff [12, 18], resulting in a strong sense of dependence. “I found care at the Hospital for Sick Children very comforting; I was familiar with the doctor there and felt comfortable disclosing personal concerns” [12]; “This medical institution feels just like a second home to me” [18]. Some AYA CCS express confusion regarding the necessity of transferring to adult-oriented services and demonstrate a lack of trust in adult healthcare

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providers; consequently, their motivation to initiate transition remains low [13, 16, 19]. “I had the impression that no one was paying attention to my health, which made me question the point of attending appointments.” [19]; “It would be ideal to connect with a clinician who fully grasps all the hardships I have endured. I am already dealing with several treatment-related late effects, yet many providers react with surprise, stating such complications are uncommon for my age group—they lack an understanding of my unique cancer journey.” [13]. “It does not bother me at all, yet I still do not look forward to the transition process.” [16].

3.4.1.2 Category 2: Anticipation of Transition to Adult-oriented Healthcare.

However, some AYAs with CCS feel ready to participate in this transition process. They see it as part of normal treatment because it is necessary for their continued health. They can thus feel little anxiety or concern about it [19, 23]. And they will realize that with increasing age, they now feel like qualified patients for treatment in adult healthcare facilities [11]. “I believe people ought to prioritize their health and never take physical well-being for granted.” [19]. “Shifting to adult healthcare services is vital for me to monitor my physical condition and confirm that my health remains stable.” [23]. “I spotted young children who were only two or three years old.” [11].

3.4.2 Synthesized Finding 2: Critical Facilitators of a Successful Transition

3.4.2.1 Category 1: Autonomy in medical decision-making. The right to autonomous participation serves as a facilitating factor for AYA CCS to achieve a smooth transition to adult care. AYA CCS feel a need for empowerment to allow them to make their own decisions [20] and feel that they must be actively engaged in joint decision-making about their treatment and care [21]. They would like to be considered adults with all due seriousness [15]. “I hope to work through these matters independently, possibly with some discussion as support.” [20]. “It would be better if providers took the time to walk children through their current medical situation.” [21]. “It seemed to me they took my requirements into account from the perspective of a college student stepping into adulthood, rather than treating me like a child.” [15].

3.4.2.2 Category 2: Effective Communication. Open, two-way communication with healthcare providers is consistently recognised as essential for a successful transition.AYA CCS often struggle to clearly articulate their medical histories to adult-care providers [15]. Therefore, they prefer their paediatric physician to communicate directly with the adult team to provide a comprehensive briefing before the transfer [11, 15]. Additionally, AYA CCS prefer speaking directly with healthcare professionals and emphasise clear information about adult healthcare, enabling them to adequately prepare for the transition [14, 15, 18, 25]. “Effective dialogue between providers and patients stands as the most vital element of a smooth healthcare handover.” [15]. “I am forced to recount and restate my entire medical background during every medical appointment.” [11]. “When the nurse interviews me, she expects me to respond on my own rather than turning to my parents for help.” [18].

3.4.2.3 Category 3: Sustained multi-dimensional support system. Because lifelong surveillance and treatment of late effects of childhood cancer are required, AYA CCS need a transition-preparation team and dedicated coordinators to organise and support the entire process [15]. They value receiving comprehensive, multi-format health education, such as online resources, transition websites, and digital toolkits, that clearly explain current health issues and potential late effects. Such resources provide the necessary knowledge to successfully navigate the transition [17, 18]. “In my opinion, a dedicated care team and support framework walking alongside individuals through every stage of their medical experience is invaluable.” [15]. “PDF-format materials are preferable to us, as these files can be saved, printed, stored on mobile phones and accessed conveniently at any time.” [17]. “I find the material generally well-designed, and it is valuable that mental health topics are covered.” [18]. During the early phase of transfer to adult services, parental support and presence are especially

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important, providing AYA CCS emotional reassurance in an unfamiliar healthcare setting [23, 24]. Also, because the parent is well acquaintead with their child's history, they play a significant role by offering information and supporting their child to prepare for transition by transition readiness skills [18]. “Parents provide both emotional comfort and physical support throughout the whole process.” [24]. “I would argue that my mother exerts a significant influence in this process.” [23]. “My mother appears to have been getting me ready for this stage all along, regularly explaining every detail to me.” [18]. Also, interaction with other individuals with a similar experience related to childhood cancer gives confidence to AYA CCS [23]. “Yes, talking to people about it a bit…they also help to have a certain level of security.” [23]

3.4.3 Synthesized Finding 3: Challenges Encountered During Transition

3.4.3.1 Category 1: Limited knowledge and inadequate transition preparation. Most AYA CCS possess only a vague understanding of transition. They often fail to recognise differences between paediatric and adult services, arriving at adult clinics inadequately prepared [14, 18]. Moreover, CCS reported receiving insufficient information about the transition process, further hindering their preparation and confidence in moving to adult-oriented care [17]. “Providers hardly discussed pre-transition arrangements or post-18 care plans with me at all.” [18]. “I remain unclear about the existing distinctions between care models, which may lie in treatment regimens or follow-up consultation arrangements.” [14]. “My medical records remain incomplete, and I have to piece fragmented information together much like assembling a scrapbook to recall my medical journey.” [17].

3.4.3.2 Category 2: Difficulties Accessing Adult-oriented Healthcare

AYA CCS are unaware of communication channels for adult care and do not know how to gain access to resources or keep up with follow-up appointments on time [22]. Paediatric facilities did not allow patients to gain a clear understanding of their illnesses. Thus, AYA CCS patients feel confused about how to access healthcare facilities for adults [17, 21]. Moreover, there is loss of continuity between healthcare facilities for AYA CCS patients following their dismissal from paediatric hospitals, thus adding up to transition problems [12, 21]. “It strikes me that many helpful resources were unavailable to me throughout my time under paediatric care.” [22]. “New health concerns have emerged, leaving individuals uncertain whether these complications relate to their original disease and prior treatment, as well as unsure of where to seek relevant support.” [21]. “Nevertheless, I have no clear contact person to consult with these concerns, and this may constitute the most prominent barrier.” [17]. “In reality, the experience is far less ideal; providers essentially acknowledge remission and then discontinue ongoing support abruptly.” [21].

“We attempted to reach relevant staff to schedule a consultation, yet failed to make contact with any personnel.” [12].

3.4.4 Synthesized Finding 4: Favorable outcomes post-transition

3.4.4.1 Category 1: Active disease management post-transition. The experience of moving from paediatric to adult services motivates AYA CCS to take an active role in managing their illness, enhancing their self-efficacy [15]. Some AYA CCS viewed the transition to adult care as an opportunity for independent self-management, proactively seeking health-related information [11, 20]. “With advancing age, I found it beneficial to take possession of my health records independently, rather than relying entirely on my parents to manage them.” [15]. “The transition process functions to lessen the extent to which survivors rely on physicians.” [11]. “I believe the most valuable aspect was receiving comprehensive information and thorough explanations regarding all relevant matters.” [20].

3.4.4.2 Category 2: Role Transition and Personal Growth. In paediatric settings, parents usually assume primary responsibility for disease management. During transition, AYA CCS recognise the need to assume greater accountability for their own health [15, 17]. “Programs

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ought to guide parents on stepping back appropriately while empowering young survivors to cultivate autonomy and master self-management skills independently." [17]. "Individuals should bear significant accountability for their own medical care." [15]

3.5. ConQual Summary of Findings

The ConQual ratings for the four integrative findings are summarised in Table 3.None of the 15 included studies described the researchers' cultural or theoretical backgrounds, nor did they discuss the potential influence of the researchers on the study.Therefore, the confidence level of the four synthesized findings was downgraded by one level. Specifically, the confidence in "Synthesized Finding 4" was further downgraded due to the absence of a clear connection between the study findings and their supporting illustrations. Ultimately, the ConQual ratings for the four synthesized findings were "Moderate," "Moderate," "Moderate," and "Low," respectively.

Table 3. ConQual summary of fndings

Synthesized findings	Type of research	Dependability	Credibility	ConQual grades
Ambivalent attitudes—dependence on paediatric care alongside anticipation of adult services	Qualitative and mixed methods	Downgrade 1 level	No change	Moderate
Critical Facilitators of a Successful Transition	Qualitative and mixed methods	Downgrade 1 level	No change	Moderate
Challenges Encountered During Transition	Qualitative and mixed methods	Downgrade 1 level	No change	Moderate
Favorable outcomes post-transition.	Qualitative and mixed methods	Downgrade 1 level	Downgrade 1 level	Low

4. DISCUSSION

This systematic review synthesised the experiences, perceptions, and feelings of AYA CCS during their transition to adult-oriented healthcare and nursing care. Four integrative themes were generated:(1) Ambivalent attitudes—dependence on paediatric care alongside anticipation of adult services; (2) Critical facilitators for a successful transition; (3) Challenges encountered during transition; and (4) Favorable outcomes post-transition. Greater attention to the transition experiences of AYA CCS is needed; early clinical engagement and effective management of survivors approaching transition are critical. The findings provide an evidence base to develop individualised, targeted interventions supporting this vulnerable population.

The synthesis revealed that some AYA CCS retain emotional attachment to paediatric services and regard transition to adult care with ambivalence or reluctance. Marchak et al. [26] identified survivors' reluctance to leave the familiar environment of their childhood treatment team as a key barrier to transfer. Too much emphasis on paediatric environments means that motivation for engagement with adult care is low in survivors, and this impacts their perception of adult healthcare staff adversely [27]. To deal with this resistance on the part of the survivors, it is important for healthcare professionals to validate their concerns by arranging interaction sessions or combined consultations with adult healthcare staff, and through virtual tours, brochures, and stories by peer friends to de-mystify adult care. Healthcare professionals should encourage patients who have a positive perception about transition by reinforcing it through emphasis on transfer as a normal milestone in long-term care for survivors. Research work published reveals that any individual with a positive perception about his or her illness

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manages it effectively [28]. Healthcare professionals should thus validate and enhance this constructive perception on part of the survivors. It can help CCS to have transition-sensitive behavior, such as scheduling their own appointments and effectively conveying their personal disease history.

The process of transition for AYA CCS is complex due to variables that exist on individual, family, healthcare system, and societal levels, thus demanding a multifaceted transition process. Autonomy, communication, and comprehensive and continuous support systems have been found to play a pivotal role for smooth transition by Otth et al. [29] among others. Future transition models should aim to improve autonomic participation in treatment decision-making for the survivor [30, 31], improve communication between physicians and patients and between pediatrists and adult physicians, define transition coordinators [32, 33], facilitate participation by family members, and incorporate peer networking.

Moreover, with limited knowledge, transition preparation, and accessibility to adult care, there is much work for AYA CCS. Smith et al. [34] showed that improving transition readiness is beneficial in decreasing unwarranted loss to follow-up, precluding adverse outcomes, and improving quality-of-life metrics. As transition designers and transition implementers, healthcare providers can assess each patient's transition readiness prior to transfer, develop individualized transition plans, engage anticipatory transitions, and initiate communication with caregivers transitioning CCS [35]. Additionally, communication breakdown between CCS and their oncologic team can occur with loss to follow-up following paediatric hospitalization. Healthcare facilities have a responsibility to improve continuity for post-discharge surveillance by sending medicine recalls, diet and toxicity surveillance, and visiting based on individual patient needs [25]. Formation of transition teams and transition clinic programs could guarantee appropriate healthcare for CCS by providing facilities with transition teams [36, 37].

The findings of this study reveal that cancer survivors experience multifaceted benefits following healthcare transition, including role transformation, personal growth, and proactive disease self-management. Gemma et al. [30] suggest that CCS can be encouraged to design transition plans on their own and should be advised on self-care, communication, and decision-making skills by pediatrics.Parents and clinicians should therefore encourage CCS to actively discuss their care with healthcare professionals and participate in creating transition plans and treatment decisions from an early stage [7]. Gradual assumption of responsibility for their own health enables survivors to acquire the proactive and collaborative skills required by adult-care models, facilitating role transition and personal growth.

Several limitations exist in this review. Firstly, by limiting studies reported in both English and Chinese journals, it is possible that experiences with AYA CCS, which occurred in non-English- and non-Chinese-speaking populations, have been missed. Such a finding would impinge on the universality of transition experiences. Secondly, variation in transition care models could exist due to differing healthcare systems.

5. CONCLUSION

This meta-synthesis investigated experiences with healthcare and nursing in AYA CCS during transition to adult healthcare, findings yielding attitudes, facilitators, challenges, and benefits for surviving young individuals. Future research should merge these results with healthcare realities and patient preferences for designing related interventions. Healthcare organizations have to coordinate both pediatric and adult resources in healthcare to ensure successful transition by providing complete family, psychological, and social care.

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