**CARE NEEDS OF CANCER PATIENTS UNDERGOING AMBULATORY TREATMENT, BOGOTA, COLOMBIA.**

**NECESIDADES DE CUIDADO DE PACIENTES CON CÁNCER EN TRATAMIENTO AMBULATORIO. BOGOTÁ, COLOMBIA**

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**Conflict of interest**

The authors have no conflicts of interest to disclose

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**ABSTRACT**

Cancer causes significant physical, emotional and social changes that generate various needs in both in patients and their families. The need for information and support for home care and daily activities has increased for cancer patients who are faced with changing medical models and must undergo increasingly ambulatory treatments, shorter hospitalization stay and longer survival period. In this cross sectional study were explored the health-care needs of 173 cancer patients undergoing ambulatory treatment in three specialized oncology units at two hospitals in Bogota, by using the Spanish validated version of the Supportive Care Needs Survey (SCNS-SFS28). Nearly half of the patients (46.95%) reported care needs in at least one of the five domains under consideration. Identifying care needs is particularly important in the case of patients with high risk of having them unattended because these can affect negatively their compliance with treatment, health condition and quality of life. A questionnaire like the one used in our survey allows nurses to identify care needs and to focus on appropriate nursing care actions and patient education. Nursing care should take into account the particular needs of all patients in order to teach them and their families how to provide effective self-care, to solve health problems and to satisfy patient needs and demands.

**Key words:** needs assessment; Patient Care, Delivery of Health Care, Neoplasms.

**RESUMEN**

El cáncer provoca cambios físicos, emocionales y sociales que generan  
diversas necesidades en los pacientes y sus familias. La menor estancia hospitalaria, la mayor sobrevida y el amplio número de pacientes que se mantienen en sus hogares recibiendo cuidado, han creado una mayor necesidad de asistencia en aspectos como el transporte de los pacientes, el cuidado en casa, el desarrollo de las actividades de la vida diaria y en la forma de reducir los costos que la enfermedad genera. Se realizó un estudio transversal que exploró las necesidades de atención de salud de 173 pacientes con cáncer sometidos a tratamiento ambulatorio en tres unidades de oncología especializados en dos hospitales de Bogotá, mediante el uso de la Encuesta de Necesidades (SCNS-SFS28) validada en castellano en población colombiana. Casi la mitad de los pacientes (46,95%) informó necesidades de cuidado en al menos uno de los cinco dominios considerados. La identificación de las necesidades de cuidado es especialmente importante en el caso de los pacientes con alto riesgo de tenerlas desatendidas porque éstas pueden afectar negativamente la adherencia al tratamiento, el estado de salud y calidad de vida. Un cuestionario como el que fue empleado en este estudio permite a las enfermeras identificar las necesidades de cuidado adecuados de los pacientes. Los cuidados de enfermería deben tener en cuenta las necesidades particulares de todos los pacientes con el fin de enseñarles a ellos ya sus familias como para proporcionar el autocuidado eficaz, para resolver los problemas de salud y para satisfacer las necesidades de cuidado del paciente.

**Palabras clave**: Evaluación de Necesidades, Atención al Paciente, Prestación de Atención de Salud, cáncer.

**BACKGROUND**

There are three basic methods to measure morbidity results in cancer patients: life quality, patient´s satisfaction and assessment of needs (1). A disadvantage of the first two methods is that they combine the results of service quality evaluation with patients‘ perception of morbidity and treatment processes, while the last one can also provide a direct measure of the extent of a patient‘s desire to satisfy unidentified needs (2).

Quality of life evaluations examine different aspects of the patient‘s life experience.

Surveys on patients‘ satisfaction have focused mainly on the perception they have about quality of care. On the contrary, assessment of needs includes both quality of life and quality of care while evaluating the impact cancer has on the patient‘s needs. Regardless of the methodology used, the common goal is to gather information concerning health which is relevant to improve care quality and to reduce cancer-related morbidity (1).

Cancer alters the priority and nature of health-related needs. These have various nuances and levels of importance depending on the stage the patient is going through: diagnosis, hospitalization or home treatment, among others (3). Throughout cancer evolution, patients undergo countless physical, emotional and social changes caused by the disease and the medical treatment. Such changes bring about a series of needs in both the patients and their families, which vary from one individual to another and also over time(2).

Assessing patients‘ needs requires gathering information about an individual‘s circumstances in order to decide what type of help or treatment to be provided (4).

Although evidence suggests that patients expect health-care providers to inquire about their physical and emotional needs, assessment is often systematic and health practitioners do not grasp what patients are really trying to say. Reports showing patients‘ and family dissatisfaction with the attention they get and their feelings concerning unsatisfied needs may be partly related to inadequate assessment. Assessment to identify the health-care needs in cancer patients is essential to provide a high quality health care focused on the patient (5). A patient-focused care is very unlikely without thorough awareness of his/her needs and the factors that bear upon them. Thus, it is important specific evaluations of the patients‘ needs whereby they can directly express those needs. In other words, nurses must consider the wider use of tools to assess patients’ needs which show the patients‘ self-appraisal of their condition in both cancer research and clinical practice (6).

In Colombia, no were found publications to identify specific needs of cancer patients, nor any form of register with systematized information on aspects related to the expectations of cancer patients regarding the care required across all steps of the patient‘s journey. Usually, the care offered by nursing staff to cancer patients is based on their empirical perception since no systematic assessment is made to identify the needs of these patients during their illness and treatment. This is the first study in Colombia that focuses on the assessment of specific needs of cancer patient in order to guide the planning of future health care interventions and develop nursing programs care for cancer patients in ambulatory treatment. In this study we assessed the health care needs in five aspects as were described by authors of SCNC SF34 questionnaire, and these are referred as the domains of assessment.

**GOALS:** The main goal of this study was to establish the health care needs of patients with cancer in ambulatory treatment. We focused directly on assessing of support needs as perceived by the patients themselves to later use this information to prioritize the services they require in order to prevent (or at least reduce) the possible problems by means of early and appropriate interventions.

**METHOD**

Cross-sectional study: 173 adult patients receiving ambulatory chemotherapy or radiotherapy treatment in three specialized oncology units at two hospitals in Bogota.

**Procedure**

The results of the validation process of the SCNC SF34 questionnaire in its Spanish version, led the authors to identify the care needs of cancer patients in oncology units selected for the study to promote there, the planning of nursing care specific to address these needs. This study was approved by the Institutional Ethics Committee of School of Nursing, Pontificia Universidad Javeriana, Bogota, Colombia.

Once each of the relevant institutions gave their ethical approval and authorization to carry out this study, the researchers trained two oncology nurses on how to administer the questionnaire, on the regular procedures behind obtaining the participants‘ informed consent, and finally, the guidance and support to be given to them while they filled in the questionnaire.

The oncology nurses got in touch with the patients during the period of the chemotherapy or radiation treatment. Each participant was fully informed on the nature of the study, its aims, and the procedures behind gathering the relevant information. They asked for their consent and once they had expressed their willingness to participate, each participant received the questionnaire to be answered individually. In all cases, during this activity the nurses offered the patients their help (if needed) to fill in their answers. Each patient answered the questionnaire only once.

**Collecting the Data**

**Instrument**

We obtained permission from the authors of The Supportive Care Needs Survey Short Form-34 (SCNS SF-34), for validation of the Spanish version and its subsequent use. The questionnaire drafted and validated by the ―Centre for Health Research & Psycho-oncology (1). We used the questionnaire obtained from the validation of the Spanish version titled The Supportive Care Needs Survey Spanish Short Form 28 (SCNS-SFS28).

The validated Spanish version presented a Cronbach‘s Alpha of 0.91 with classification grades that went from 0.80 to 0.89 for its five aspects. The Spanish version of the questionnaire finally comprised five aspects and 28 items, with a five points Likert-type. Response scale; the SCNS-SFS28 was considered appropriate to identify the care needs of Colombian cancer patients.

The SCNC-SFS28 questionnaire‘s constructs were based on the following SCNS-SF34

*Concepts*:

1) psychological needs—assessing patients‘ perceived needs for help with psychological and emotional issues, including counseling and support; 2) health information needs— information needs pertaining to diagnosis, investigative tests, psychological issues, family issues, and financial issues; 3) physical and daily living–physical needs and adjustment tasks, including coping with physical symptoms and side effects of treatment, performing usual physical tasks and activities of daily living, and self-management of medical treatment routines and health care at home; 4) patient care and support—support needs of cancer patients in relation to family, friends, and health care professionals; and 5) interpersonal communication—interpersonal relationships and the interactional skills and communication styles of health care providers (1).

The care needs of the cancer patients were established following the classification criteria stated by the authors of the applied instrument and described in Table 1, the grading of each aspect is reached by averaging out the points of all the elements of the aspect.

**Table 1. Assessing the level of needs**

|  |  |  |  |
| --- | --- | --- | --- |
| **NO NEED** | **1** | No applicable | This was not a problem for me as a result of having cancer |
| **2** | Satisfied | I did need help with this, but my need for help was satisfied at the time |
| **SOME NEED** | **3** | Low need | This item caused me concern or discomfort. I had little need for additional help |
| **4** | Moderate Need | This item caused me concern or discomfort. I had some need for additional help |
| **5** | High need | This item caused me concern or discomfort. I had a strong need for additional help |

Source: The Cancer Council. Centre for Health research & Psychology- Oncology. Supportive care needs survey Short form 34 (SCNS-SF34)

**RESULTS**

**Characteristics of participants**

In Table 2 the participants characteristics are itemized by age, marital status, occupation, schooling, person(s) he/she lives with, main caregiver, and whether the patient has joined (or not) a support network or group. About 80% of patients were over 46 years. Most patients are married or living with a partner, and they are the primary caregivers. In regards of support groups, a big group of patients did not mention any.

**Table 2 Sample Characteristics**

|  |  |  |  |
| --- | --- | --- | --- |
| **VARIABLE** | CATEGORIES | **NUMBER**  **N** | **PERCENT**  **%** |
| **AGE** | Less than 30 years | 7 | 4.05 |
| 30 - 45 years | 16 | 9.2 |
| 46 - 60 years | 65 | 37.57 |
| 61 or more | 70 | 40.46 |
| Lose datum | 15 | 8.67 |
| **MARITAL STATUS** | Married | 85 | 49.13 |
| Living with a partner | 23 | 13.29 |
| Single | 38 | 21.97 |
| Widowed | 17 | 9.83 |
| Lost Data | 10 | 5.78 |
| **OCCUPATION** | Student | 3 | 1.73 |
| Employed | 25 | 14.45 |
| Unemployed | 32 | 18.50 |
| Independent worker | 30 | 17.34 |
| Retired | 66 | 38.15 |
| Lost Data | 17 | 9.83 |
| **EDUCATION LEVEL** | None - Primary | 50 | 28.90 |
| Secondary | 53 | 30.64 |
| Technical | 24 | 13.87 |
| Professional | 28 | 16.18 |
| Graduate | 9 | 5.20 |
| Lost Data | 9 | 5.20 |
| **LIVING ARRANGEMENTS** | Living alone | 12 | 6.94 |
| With the couple | 90 | 52.02 |
| Father and / or mother | 17 | 9.83 |
| Son or daughter | 31 | 17.92 |
| Other | 14 | 8.09 |
| Lost Data | 9 | 5.20 |
| **CAREGIVER** | Spouse | 42 | 24.28 |
| Son or daughter | 18 | 10.40 |
| Father or mother | 11 | 6.36 |
| Other family member | 14 | 8.09 |
| Lost Data | 14 | 8.09 |
| **SUPPORTING NET OR GROUP** | Hospital Group | 23 | 13.37 |
| Friends | 16 | 9.30 |
| Religious Group | 26 | 15.12 |
| Social Group | 5 | 2.91 |
| Other | 32 | 18.60 |
| Lost Data | 70 | 40.70 |
| **TOTAL** |  | **173** | **100.00** |

Source: own elaboration

Table 3 shows the particular cancer diagnosis, treatment received, and the reasons for consultation. Out of the 173 patients participating in this study, over 50% had been diagnosed with one of the three types of cancer (breast, lymphoma, and colon) whose treatment is primarily chemotherapy and/or radiation therapy. The most of them attended for treatment and were receiving chemotherapy.

**Table 3 Profile of participants: Cancer diagnosis, treatment received and reason of consultation**

|  |  |  |  |
| --- | --- | --- | --- |
| VARIABLE | CATEGORY | Number **N** | Percent % |
| TYPE OF CANCER | Breast cancer | 44 | 25.43 |
| Lymphoma | 25 | 14.45 |
| Colon Cancer | 23 | 13.29 |
| Ovarian Cancer | 9 | 5.20 |
| Gastric cancer | 9 | 5.20 |
| Leukemia | 7 | 4.05 |
| Lung Cancer | 6 | 3.47 |
| Myeloma | 6 | 3.47 |
| Prostate cancer | 4 | 2.31 |
| Pancreatic Cancer | 4 | 2.31 |
| Melanoma | 3 | 1.73 |
| Others | 16 | 9.25 |
| Lost Data | 17 | 9.83 |
| TREATMENT RECEIVED | Chemotherapy | 134 | 77.46 |
| Radiotherapy | 30 | 17.34 |
| Surgery | 1 | 0.58 |
| Other | 3 | 1.73 |
| Lost Data | 5 | 2.89 |
| REASON FOR CONSULTATION | Treatment | 137 | 79.19 |
| Control treatment | 11 | 6.36 |
| Other | 4 | 9.83 |
| Lost Data | 21 | 12.14 |
| **TOTAL** |  | **173** | **100,0** |

Source: own elaboration

**Needs of cancer patients in each of the five domains**

The data for each of the questionnaire‘s domains to ponder their needs is presented separately: psychological factors, health and information systems, physical factors and daily life, the patient‘s support and care, and issues concerning the patients‘ sexuality.

Psychological needs (Table 4) were expressed by over 39% of the participants; more than 52% claimed to be depressed, feared the expansion of their illness, felt sadness and anxiety. A feeling of uncertainty towards the future was manifest in almost half the participants; other psychological needs such as learning how to cope with and control the situation, plus how keep up a positive attitude, was expressed for more than 41% of the patients.

**Table 4 Psychological needs of cancer patients**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PSYCHOLOGICAL FACTORS** | **There is no need** | | **There is a need** | | **Data lost** | |
| ITEM | **N** | **%** | **N** | **%** | **N** | **%** |
| **Feeling anxious** | 80 | 46.24 | 91 | 52.60 | 2 | 1.16 |
| **Being depressed** | 75 | 43.35 | 98 | 56.65 | 0 | 0 |
| **Feeling sad** | 76 | 43.93 | 96 | 55.49 | 1 | 0.58 |
| **Changes in the attitudes of others and behavior toward you** | 103 | 59.54 | 68 | 39.30 | 2 | 1.16 |
| **Uncertainty about the future** | 85 | 49.13 | 86 | 49.71 | 2 | 1.16 |
| **Learning to control your situation** | 98 | 56.65 | 72 | 41.62 | 3 | 1.73 |
| **Keeping a positive attitude** | 100 | 57.08 | 71 | 41.04 | 2 | 1.16 |
| **Feelings about death and dying** | 94 | 54.34 | 76 | 43.93 | 3 | 1.73 |

Source: own elaboration

Needs related to the health and information systems were expressed by an important number of the patients receiving ambulatory treatment, (table 5); almost 66% acknowledged the need to receive information on the most important aspects of the type of care they need. Over 42% of patients reported having a need in all aspects of this dimension.

**Table 5 Needs related to Health system and information of cancer patients**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Health system and information** | **There is no need** | | **There is a need** | | **Data lost** | |
| **ITEM** | **N** | **%** | **N** | **%** | **N** | **%** |
| Receive written information about the most important aspects of the care you need | 53 | 30.63 | 114 | 65.9 | 6 | 3.47 |
| Be duly informed of the benefits and side effects of treatment before deciding to submit them | 85 | 49.14 | 83 | 47.98 | 5 | 2.89 |
| Be informed about the test results as soon as possible | 89 | 51.44 | 79 | 45.67 | 5 | 2.89 |
| Information on the control or reduction of cancer (ie remission) | 77 | 44.51 | 91 | 52.60 | 5 | 2.89 |
| Access to professional advice if you or your friends need (psychologist, social worker, counselor, nurse specialist) | 94 | 54.33 | 73 | 42.20 | 6 | 3.47 |
| Being treated like a human being, not a case anymore | 98 | 56.65 | 73 | 42.19 | 2 | 1.16 |
| Be treated in a hospital or clinic as pleasant as possible | 94 | 54.33 | 74 | 42.77 | 5 | 2.89 |

Source: own elaboration

All the items evaluated in the dimension physical and daily life (Table 6) were signaled by over 54% of the participants as a need; the most frequent were weariness and energy loss, general discomfort most of the time, and not being able to perform the tasks that the patient used to perform.

**Table 6 Physical needs and of the everyday life of cancer patients**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PHYSICAL FACTORS AND DAILY LIFE** | **There is no need** | | **There is a need** | | **Data lost** | |
| **ITEM** | **N** | **%** | **N** | **%** | **N** | **%** |
| Present Pain | 74 | 42.77 | 94 | 54.34 | 5 | 2.89 |
| Loss of energy and tiredness | 59 | 34.10 | 111 | 64.17 | 3 | 1.73 |
| Discomfort during much of the time | 65 | 37.57 | 104 | 60.12 | 4 | 2.31 |
| Difficulty with housework | 71 | 41.04 | 97 | 56.65 | 4 | 2.31 |
| Inability to do what you did before | 67 | 38.73 | 103 | 59.54 | 3 | 1.73 |

Source: own elaboration

Over 45%of participants expressed need the acknowledgement and sensitivity of the hospital‘s staff related to their emotional feelings and needs and the need of a reassuring attitude from the medical staff toward the patient‘s overall feelings Table 7)**.**

**Table 7 Support needs and care of cancer patients**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PATIENT SUPPORT AND CARE** | **There is no need** | | **There is a need** | | **Data lost** | |
| **ITEM** | **N** | **%** | **N** | **%** | **N** | **%** |
| More options to choose the specialist | 110 | 63.58 | 58 | 33.53 | 5 | 2.89 |
| More options for choosing the hospital. | 119 | 68.79 | 50 | 28.90 | 4 | 2.31 |
| Attitude reassuring of the medical staff about what you feel. | 98 | 56.65 | 69 | 39.88 | 6 | 3.47 |
| Immediate attention of hospital staff to meet your physical needs. | 96 | 55.49 | 75 | 43.35 | 2 | 1.16 |
| Recognition and awareness of hospital staff about your feelings and emotional needs. | 94 | 54.34 | 78 | 45.08 | 1 | 0.58 |

Source: own elaboration

Concerning the sexuality needs of the cancer patients over 53% of them manifested not needing farther help (Table 8); however, more than 37% of them acknowledged changes in their feelings towards their sexuality and manifested the need to receive information on the subject.

**Table 8 Needs of sexuality of patients with cancer**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SEXUALITY ASPECTS OF PATIENT** | **There is no need** | | **There is a need** | | **Data lost** | |
| **ITEM** | **N** | **%** | **N** | **%** | **N** | **%** |
| Changes in their feelings about sexuality | 104 | 60.12 | 65 | 37.57 | 4 | 2.31 |
| Changes in sexual relationships | 92 | 53.18 | 76 | 43.93 | 5 | 2.89 |
| Receive information about sexuality | 92 | 53.18 | 75 | 43.35 | 6 | 3.47 |

Source: own elaboration

Of the five domains presented by the questionnaire, physical factors and daily life were most frequently identified as an area which support was needed, in second place were the needs related to the health system and information in general, followed by the psychological factors.

**Table 9 Average of care needs of cancer patients in the five domains**

|  |  |  |  |
| --- | --- | --- | --- |
| **DOMAINS OF THE QUESTIONNAIRE** | **There is no need** | **There is a need** | **Data lost** |
| **%** | **%** | **%** |
| I. Psychological factors | 51.28 | 47.54 | 1.08 |
| II. Health system and information. | 48.72 | 48.47 | 2.81 |
| III. Physical factors and daily life. | 38.84 | 58.96 | 2.20 |
| IV. Support and patient care. | 59.77 | 38.14 | 2.09 |
| V. Aspects of the patient's sexuality. | 55.49 | 41.61 | 2.90 |
| **Total** | 50.83 | 46.95 | 2.22 |

Source: own elaboration

**DISCUSSION**

Holistic assessment of needs should be part of the care provided to all cancer patients. It can make a big difference in the overall experience of the patient and can improve results through the effective identification and soon solution of problems (7). The ‗holistic‘ approach as philosophy and takes into consideration the physical, social, psychological and spiritual aspects of human beings as being closely related. Thus, a holistic assessment sees all these aspects as one. Rather than being a goal in itself, this kind of assessment is a way of guaranteeing that the patient‘s worries and concerns are clearly a priority to be attended.

This approach matches the general objective of warranting a type of care that takes into account the individual‘s state of health and its care needs. The relevance of a holistic assessment of cancer patients‘ needs can be summarized as follows (7); it identifies people who need help; it provides patients with the opportunity to think about their personal needs and to plan, along with their health caregivers, how to satisfy those needs; it helps patients to self-manage their condition; it helps health care teams to work more efficiently by focusing their support and making appropriate and well-informed decisions.

The survey applied in this study allowed us to explore the needs in five domains. In general terms, and for all five domains, approximately half the patients identified unfulfilled needs and the remaining half claimed not being aware of such needs or having fulfilled them. This is one of the main findings of this study since it underlines how important it is for oncology nurses to be capable of making individual assessments and then identify those needs in order to plan and execute the direct care and educational activities required by each patient so that then he/she can care for him/her-self and follow the required therapeutic measures at

home.

Over 39% of the participants expressed having psychological needs in all aspects assessed; uncertainty about the future was manifest in slightly less than half of them. The psychological aspects allude to the emotions and feelings that, at a particular moment, a patient perceives related his/her oncology illness and the effort of coping with the particular therapeutic treatment he/she receives. The needs for psychosocial support are more frequent when patients find it difficult to control the situation due to physical or emotional reasons.

Patients tend to report unsatisfied needs when either the disease or its treatment impose restrictions to daily activities, and particularly when their financial resources are reduced, or when they have been forced either to use public health services or to accept help from people other than their own relatives. Overall, it is clear, that at any given moment of the illness, cancer patients can feel despondent, depressed, or anxious; they can also fear that the cancer expands or that the treatments don‘t work well, thus generating uncertainty as to their future lives; if individual assessments are not carried out, or if tools that allow the patient to report the aforementioned anxieties are not used, on many occasions it would not be possible to identify these emotional needs.

Psychological distress was high among both patients and careers, although well within the levels of distress previously reported from other cancer patient groups and their careers. According to our hypothesis, psychological distress was closely associated with greater supportive care needs and similar results have been reported previously in other studies (8,9).

In relation with worries concerning the health system and general information, over half the participants expressed their need to receive written information on the more important aspects of the type of care he/she might require and on dealing with the ailment and the treatment‘s side effects. Information needs are defined as an experience where the patients lack information concerning their life control. It has been observed that most cancer patients have unsatisfied information needs, and that there are misunderstandings amongst health care providers in terms of such needs (10). When trying to satisfy patients‘ needs, there are discrepancies in the perception of such needs by patients and by doctors and nurses (3). Not all health professionals share the same ability to obtain relevant information; likewise, not all patients are equally able to express their worries and anxiety.

Many caregivers and patients do not manage to communicate their concerns to doctors. When they do so, they often omit important psychosocial aspects. Various factors cause this difficulty: many patients and their caregivers believe that problems such as pain, grief, anger and suffering are inevitable when dealing with cancer; others tend to think that doctors do not wish to deal with or to face such problems since they perceive doctors‘ lack of interest, a key element in meaningful communication (5).

Andreassen et al, describe as results that it is evident that patients and family members consider most information to be of high importance; yet, certain areas of information were considered more important than others. The high rating for information about tests/treatment and self-care means that both patients and family members consider this to be the most important areas of information (11). In this study, physicians and Registered Nurses, as well as Assistant Nurses, underestimated both patients‘ and family members‘ needs for information, which is consistent with findings reported by others authors. This lack of needed information must be recognized and used by physicians, as they are reported to be the main source of information for patients with cancer and their family members.

Even though health professionals are the most common source of information for cancer patients, it is worth-mentioning that most patients also consult non-medical information sources; this has implications for practice: while healthcare professionals must continue to fulfill their role as information provider, they must also recognize the importance and range of other media to supplement their consultations (12). Unsolved information queries increase the patients‘ general discomfort; i.e. they raise anxieties and depression thus hindering the patients‘ efforts to adjust to their ailment (10). Information needs are expected to be greater in the period immediately before medical treatment starts (the detection and diagnosis phase), during hospital or ambulatory treatment, and in the period after treatment (back home, during recovery or the terminal phase). These needs are particularly conspicuous during the diagnosis stage, when making decisions before the medical treatment, when patients must undergo invasive surgical procedures or when the treatment has significant secondary effects that change dramatically the patients‘ life style or physical appearance.

The physical aspect, revealed to be the one whereby more needs were explicitly expressed by the participants. Over 54% of them identified at least one need in each of the assessed aspects. Weariness and energy loss are conspicuous among cancer patients at different stages of their illness and not always specifically or necessarily related to a particular type of treatment, thus they both can be presumed as discomforts ―natural‖ to cancer and therefore many times ignored by the health professionals without giving them the attention needed to identify and alleviate them. Patients under these conditions feel discomfort most of the time, stop doing the activities they used to do, and even feel that they can‘t carry out the daily household chores. These physical aspects are the easiest to identify, yet, if they are not, it is impossible to alleviate them thus affecting the patients‘ overall well-being.

One very important symptom in oncology is pain, usually associated to advanced stages of the illness or related to invasive procedures; in this study we found that 54.35% of the patients suffered uncontrolled pain while they received either chemotherapy or radiotherapy; this fact should force all health professionals to reflect on the importance of periodically assessing this particular symptom and take the necessary analgesic measures to effectively alleviate the pain.

The patient‘s support and care aspect showed the highest satisfied averages as manifested by 59.77% of the participants; nevertheless, it is essential to work towards satisfying the needs expressed by the other patients them expressed the need for the hospital´s staff to acknowledge and be sensitive to their feelings and emotional needs, or expects immediate attention with reference to their physical needs, and a reassuring attitude on the part of the medical staff in relation to the patient‘s overall feelings.

The sexual aspect was the second least affected; nevertheless, on average 41.61% of the participants expressed not having fulfilled this need and specifically demanded to be informed on the changes which the relevant treatments might bear upon their sexual relationships as well as on the possible changes of their own emotional feelings and emotions about their sexuality. If the health professionals do not specifically explore the patients‘ sexual needs, they‘ll not report on them: the whole treatment might go on ahead and the patients might very well never openly acknowledge their specific needs in this area, thus affecting the relationship with their sexual partners and therefore their quality of life.

The Department of Human Services of Victoria, Australia (13), in its model for supportive care need provision, defines supportive care as an ―umbrella‖ term that covers all services, both generalist and specialized, that may be at any time necessary to support both cancer patients and their caregivers. This term includes self-help and support, information, psychological support, symptom control, social support, rehabilitation, spiritual support, palliative care, and bereavement care. They specify that, in the context of cancer, the main supportive requirements should attend all physical, psychological, social, and spiritual needs plus the need for information. They highlight the fact that patients with cancer that receive education and psychosocial interventions suffer lower levels of anxiety, mood disorders, nausea, vomiting, and pain, plus have a better understanding of both their illness and their treatment. At the same time, they consider just as important the provision of psychosocial support and care to those diagnosed and treated for cancer as well as for their caregivers or family, since this kind of support is an all-round component of the best clinical supportive care practices as experience has shown. They set up that an important step in the provision of supportive care services is to identify, by routine and systematic questioning of the patient and family, views on issues they require help with for optimal health and quality of life outcomes (13). In this model they recognize that while there needs to be provision of general information to all patients, only a few will require specialized intervention.

It is important to consider not only the symptoms but other factors which might be affecting the patients‘ daily functions and their particular support needs (6, 14). For health practitioners and particularly for physicians, analyzing these aspects implies paying more attention to patients throughout the different stages of the disease, that is to say, from diagnosis to the terminal stage (3). Whatever the reasons, patients‘ needs can be inadequately identified and thus bring about unnecessary anguish (15). As a result of the inadequate understanding of such needs, both health care costs and suffering are unnecessarily increased. Professional nurses must remember that many patients (as well as their caregivers) do not always manifest their worries to their doctors, and even when they do, they frequently leave out important psycho-social factors (5). Therefore, all health related staff should be ready to show their interest in these matters by asking questions and attempt to establish an appropriate communication strategy to better understand their patients‘ and their families‘ needs, thus avoiding needless suffering and in doing so contribute to change the idea that pain, grief, anger, and suffering are unavoidable in patients with cancer (7). These concerns should be attended by explicitly informing all patients not only orally but in writing, and this should be done not only by the practitioner but by the oncology nurse. The professional nurse plays a relevant role when helping fulfill the cancer patients‘ informational needs and is usually the preferred information source of the patients under treatment (12, 13, 16, 17).

Contemporary medicine has progressively become aware of the importance of the patients‘ perspective regarding their health care and the need to better understand the value of the interrelationships established among health care needs, their satisfaction, and the patient‘s quality of life (18). Having a customary assessment system available offers an excellent opportunity for health professionals to better understand and respond to the patients‘ needs.

There is growing interest in improving the assessment of those needs. Also, there is a manifest interest in tools which can be used during the periods of assessment in order to systematize the process of identifying the needs experienced by patients in search of help, attention, and support (15). Conditions derived from the new forms of medical care to cancer patients undergoing ambulatory treatments, shorter hospitalization and longer survival periods increase the need for information about and support to issues such as patient transportation, home care, daily activities and new expenses caused by the disease (19). Cancer patients have multiple needs including family adjustment, interaction with the health care system, stigma, information requirements, sexuality and life style preservation (16).

**CONCLUSIONS**

In this study, the need for supportive care in cancer patients in ambulatory treatment, according to their classification in domains were reported in order of frequency as well: the physics and everyday life, those related to health system and information, then psychological aspects, aspects of sexuality and finally the needs of care and patient support.

More than half of patients said that they have unmet needs in at least one of the domains of the questionnaire. This information obtained on the needs of unmet health care in cancer patients in outpatient treatment, it is useful to plan care management of these patients in units where the study was conducted, and can also help to other similar units to establish strategies to improve the care nursing.

**IMPACT ON NURSING PRACTICE**

This first study made in Colombia shows that identifying the specific health care needs in cancer patients is an important step towards satisfying of these needs, and the supportive care must cover all aspects that a patient might request in order to face the impact of cancer and its treatment. The oncology nurse plays an essential role in exploring permanently and in a holistic way the needs of each of the cancer patients that receives ambulatory treatment to plan specific care in the best way.

The survey used has the convenience of the fact that the patients can answer it by

themselves without further need of staff; this opens the possibility of using them in

oncology practice to continuously assess the needs of those patients as part of the care.

Furthermore, the information obtained by the assessment could be used with further purposes such as running double checks of the planned care, assess fulfillment of the previously identified needs, and auditing future actions.

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