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Supportive care needs of cancer patients: A literature review

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ABSTRACT

Objective: This review of the research literature explored the supportive care needs of cancer patients of varying ages and genders at varying stages of cancer treatment.

Method: We conducted a search of online databases of peer-reviewed studies published in the English language between 2009 and 2014.

Results: This paper reviews research studies that explored the supportive care needs of cancer patients through focus groups, surveys, and interviews. The samples addressed varied in age, ethnicity, and gender.

Significance of Results: One major need identified was the requirement of informational support. Other essential needs included emotional, spiritual, and financial support. Supportive care can be administered in various ways—for example, by religious communities or caregivers as well as providers. However, healthcare providers must recognize the supportive care needs of their patients and incorporate effective resources and interventions into treatment plans.

KEYWORDS: Supportive care needs, Cancer patients, Review of research

INTRODUCTION

Support for cancer patients is a vital component of effective treatment, from diagnosis to recovery and survivorship. Unmet support needs can lead to additional stress, which may manifest in the form of headaches, sleeping problems, stomach upset, elevated blood pressure, or chest pain—all of which can have adverse effects (The effects of stress on your body, 2012). However, it is most important to identify patient needs for support. Support may come from many sources—family members, caregivers, providers, education classes, religious communities, social groups, and even online communities (Patient and family, 2013). The present review of the literature explored the supportive care needs of cancer patients of varying ages and genders at varying stages of cancer treatment.

A search of the online databases CINHAL and PubMed was completed and based on empirical research, using the search terms ”cancer,” “support,” and “needs.” To ensure that our findings were current and based on empirical research, the review was restricted to peer-reviewed studies published in the English language between 2009 and 2014. The search yielded 11 research articles that evaluated the supportive care needs of cancer patients and survivors (Table 1).

Galván and colleagues (2009) studied the emotional, informational, and instrumental support needs of immigrant Latina women with breast cancer using focus groups and interviews. They found that women who perceived themselves as recipients of social support experienced less psychological stress and adjusted better to their breast cancer diagnosis than women who did not perceive themselves as receiving social support. The study identified the three stages of the breast cancer experience during which social support was most important: diagnosis, treatment, and posttreatment. In a similar study, Liao and

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Table 1. *Summary of Literature Reviewed*

Author/Date	Study Design	Sample Size	Limitations	Findings
David et al. (2012)	Qualitative, focus group interviews.	4 young adults: 3 females, aged 20, 22, and 23; 1 male, aged 24.	Small sample size. Few met the inclusion criteria for the study.	All desired to maintain identity as individuals and resume as normal a life as possible through treatment and beyond. Peer support was vital to achieving this goal.
Easley et al. (2013)	Qualitative, descriptive.	12 young adults: 11 females, 1 male, aged 18–39.	More women than men; more participants from a specific geographic region in Canada.	All felt that their cancer experience was downplayed because they had the "good" cancer. Many felt they were not considered real patients with cancer by their healthcare provider and other cancer patients. They were unwilling or unable to assess support programs or assistance from healthcare providers.
Galvan et al. (2009)	Qualitative; thematic analysis of focus groups and individual interviews.	22 women.	Small sample size; little diversity; did not represent Latina women of U.S. origin, with private insurance, residing in a rural setting, or earning a higher income.	Social support is needed and important at diagnosis, treatment, and posttreatment. Emotional and informational support were important. Primary sources of support were family members, healthcare professionals, and staff from community-based organizations.
Hamilton et al. (2010)	Qualitative; grounded theory.	22 men.	Small sample size; limited ability to probe for details related to participant experiences in the focus groups.	Four factors influenced social support: cancer symptoms and side effects, perceptions of stigma and fear by family members and social network, cultural beliefs about cancer; not wanting to burden or disrupt lives of family or social network.
Harrison et al. (2011)	Quantitative; questionnaire survey.	659 adult survivors.	Modified form of CaSUN used that may have missed some patients needs. Sample was self-selected; may have some bias.	The most frequent unmet need from this sample of breast, colorectal, and prostate cancer survivors was to help manage concerns of cancer recurrence.
Jones et al. (2011)	Qualitative; focus group interviews.	23 men.	Small sample size; little diversity. Sample characteristics: most participants were married, had health insurance, lived with one	The two common themes that emerged was the importance of family and physician support. Insurance is a necessity for

Continued

Table 1. *Continued*

Author/Date	Study Design	Sample Size	Limitations	Findings
			other person, and resided in the same region.	appropriate healthcare. Men living in rural areas placed a greater emphasis on spirituality and spiritual beliefs than men living in urban areas.
Liao et al. (2009)	Quasi-experimental design with two nonrandomly assigned groups.	122 women: 62 experimental, 60 control.	Participants were recruited only from the outpatient departments of a large teaching hospital. Women with a history of psychiatric diseases or currently in psychiatric treatment were excluded.sr;Participants were not randomly assigned to experimental and control groups. A double-blind design was not used.	Levels of healthcare and support needs before breast biopsy and after results were significantly lower for the experimental group than for the control group. Supportive care and biopsy results predicted healthcare and support need levels after diagnosis confirmation.
McCallum et al. (2014)	Descriptive, cross-sectional.	113 women.	Limited to middle-class, middle-aged Caucasian population. Canadian medical system, validation of one questionnaire developed by researchers.	Some 40% worried about sex life and wanted one-on-one with health professional or written material. Sexual health needs varied with age, premenopausal status, sexual satisfaction, and vaginal changes.
Sutherland et al. (2009)	Qualitative; telephone survey from Australian statewide cancer registry using Supportive Care Needs Survey–Short Form (SCNS–SF31).	236 participants.	Some eligible participants were too unwell (30%) or unable to be contacted to complete the survey (18%). Respondents were not necessarily representative, as only two Australian hospitals (in Victoria) were used. Attempting to avoid inappropriate disclosure of cancer diagnosis also limited the study.	Perceived needs for this newly diagnosed group of cancer patients were mostly in the area of information provision.
Wakefield et al. (2013)	Qualitative; semi-structured interviews.	19 young adults, 21 mothers, 15 fathers, 15 siblings.	Small sample size; all participants were in remission and diagnosed before age 18.	Postcancer treatment support needed and very important for patients and family members.
Wenzel et al. (2012)	Qualitative; focus groups.	48 older adults.	Snowball sampling used; participants recruited from specific areas; individuals with metastatic or advanced cancer were excluded.	The four main issues in this sample were the need for health-related and cancer-specific education, faith and spirituality were important, availability of support, and financial needs.

coworkers (2009) investigated the effect of supportive care on women with suspected breast cancer during the diagnostic phase. Two nonrandomly assigned groups (experimental and control) were employed. The experimental group received supportive care, which included pamphlets on breast cancer diagnosis and treatment and three sessions of individual, face-to-face health education and emotional support, with two follow-up telephone counseling sessions. The control group received routine care. Supportive care needs before breast biopsy and after biopsy results were revealed and were found to be significantly lower for the experimental group.

Jones and colleagues (2011), who conducted focus groups with African-American prostate cancer survivors, identified two themes: the importance of physician and family support, and the need for healthcare insurance. The study also found a major difference between African-American prostate cancer survivors in rural and urban settings. The men from rural settings reported more incorporation of spirituality in their responses to cancer throughout their diagnosis and treatment.

Older adults frequently have poorer health and fewer financial resources than younger patients, introducing special challenges for older adult cancer patients (Wenzel et al., 2012). Wenzel and colleagues (2012) studied older African-American cancer survivors' diagnosis and treatment experiences through focus groups. The researchers identified four themes: the need for information about cancer and available community resources, the importance of spirituality to achieve and maintain a positive attitude, the need for support networks extending beyond the immediate family, and the need for help in reporting financial issues. Hamilton and coworkers (2010) examined perceived social support needs among older 22 African-American cancer survivors and found that perceptions of social support in this sample were influenced by symptoms and side effects, perceptions of stigma and fears by the family and social network, cultural beliefs about cancer, and a desire to reduce any burden or disruption for members of their family and social network. Survivors moved within and outside of their networks to get their social support needs met.

Young adults and adolescents are at the stage of life when they are developing their identity, emotional relationships, and body image. Using semistructured interviews, Wakefield and colleagues (2013) investigated young adults' and their families' perceptions of their healthcare and support needs following cancer treatment. They found that psychosocial and financial support were most needed by families whose loved ones had undergone cancer treatment. Participants suggested implementation of fitness programs to treat weight gain related to cancer, a 24-hour support hotline, case management, and family vacations as methods for improving support care. David and coworkers (2012) employed focus group interviews to explore the psychosocial support care needs of young adults receiving radiation therapy. Their study revealed needs for peer support and information support. In particular, peer support was considered vital to living as normal a life as possible. Easley and colleagues (2013) conducted a qualitative, descriptive study with 12 young adult thyroid cancer survivors aged 18–39 who were 1 to 5 years posttreatment. Participants felt that their cancer experience was downplayed because they had a "good" cancer. Many felt they were not considered real patients with cancer by their healthcare providers and other cancer patients. They were also unwilling or unable to assess support programs or assistance from healthcare providers.

Supportive care, including informational and spiritual support, is important during all stages of treatment. Sutherland and colleagues (2009) utilized telephone surveys to assess the supportive care needs of newly diagnosed patients and found that perceived needs were predominantly related to information. McCallum and coworkers (2014) utilized self-report questionnaires with women who were diagnosed or treated for gynecological cancer to assess supportive care and sexual health needs and found that 40% of participants were worried about the status of their sex lives and wanted to meet one-on-one with a healthcare professional or receive written information.

Harrison and colleagues (2011) studied the supportive care needs of long-term cancer survivors through a questionnaire survey. The unmet needs identified were in these domains: informational support, existential survivorship, and comprehensive care.

CONCLUSIONS

These studies reveal cancer patients' needs for emotional, spiritual, informational, and financial support during all phases of treatment. Clearly, there are needs for support that are not being met through current treatment programs, especially in vulnerable populations. Recognizing the many aspects of patients' lives that may be affected by a cancer diagnosis is an important component of adequate care (Jones et al., 2011). Identifying the unique stressors experienced by different populations provides insight into the supportive care needs such patients may have throughout treatment and survivorship. Understanding the support care needs and challenges experienced in relation to a cancer diagnosis can help healthcare providers tailor treatment plans more effectively for different populations. However, more research is needed on population-specific interventions and ways of connecting patients with resources.

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REFERENCES

David, C.L., Williamson, K. & Tilsley, D. (2012). A small-scale qualitative focus group to investigate the psychosocial support needs of teenage young adult cancer patients undergoing radiotherapy in Wales. *European Journal of Oncology Nursing*, *16*(4), 375–379.

Easley, J., Miedema, B. & Robinson, L. (2013). It's the "good" cancer, so who cares? Perceived lack of support among young thyroid cancer survivors. *Oncology Nursing Forum*, *40*(6), 596–600.

Galván, N., Buki, L. & Garcés, D. (2009). Suddenly, a carriage appears: Social support needs of Latina breast cancer survivors. *Journal of Psychosocial Oncology*, *27*(3), 361–382.

Hamilton, J.B., Moore, C.E., Powe, B.D., et al. (2010). Perceptions of support among older African-American cancer survivors. *Oncology Nursing Forum*, *37*(4), 484–493.

Harrison, S.E., Watson, E.K., Ward, A.M., et al. (2011). Primary health and supportive care needs of long-term cancer survivors: A questionnaire survey. *Journal of Clinical Oncology*, *29*(15), 2091–2098.

Jones, R., Wenzel, J., Hinton, I., et al. (2011). Exploring cancer support needs for older African-American men with prostate cancer. *Supportive Care in Cancer*, *19*(9), 1411–1419.

Liao, M., Chen, P., Chen, M., et al. (2009). Supportive care for Taiwanese women with suspected breast cancer during the diagnostic period: Effect on healthcare and support needs. *Oncology Nursing Forum*, *36*(5), 585–592.

McCallum, M., Jolicoeur, L., Lefebvre, M., et al. (2014). Supportive care needs after gynecologic cancer: Where does sexual health fit in? *Oncology Nursing Forum*, *41*(3), 297–306.

Patient and family support (2013). Retrieved from http://www.conehealth.com/services/cancer-care/patient-and-community-support/.

Sutherland, G., Hill, D., Morand, M., et al. (2009). Assessing the unmet supportive care needs of newly diagnosed patients with cancer. *European Journal of Cancer Care*, *18*(6), 577–584.

The effects of stress on your body (2012). Retrieved from http://www.webmd.com/mental-health/effects-of-stress-on-your-body.

Wakefield, C.E., McLoone, J.J., Butow, P.P., et al. (2013). Support after the completion of cancer treatment: Perspectives of Australian adolescents and their families. *European Journal of Cancer Care*, *22*(4), 530–539.

Wenzel, J., Jones, R.A., Klimmek, R., et al. (2012). Cancer support and resource needs among African-American older adults. *Clinical Journal of Oncology Nursing*, *16*(4), 372–377.