

Piloting a Needs Assessment to Guide Development of a Survivorship Program for a Community Cancer Center

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Survivorship is recognized as a distinct phase in the continuum of cancer care, but no system exists to guide patients completing treatment through the predictable complexities of recovery. Most community cancer centers in the United States are designed and staffed to focus on meeting the physical needs of patients with cancer and their families. The social, emotional, and spiritual needs of patients with cancer are not consistently evaluated or addressed by healthcare providers, whose primary goals are cancer treatment and physical symptom management. The disparity is more pronounced in patients who have completed treatment, as the focus of the provider narrows to evaluation for disease recurrence. The complex and multidimensional needs of the growing population of cancer survivors must be integrated into their routine assessment, treatment, and follow-up care. Development of a survivorship program to systematically address common and important needs could effectively fill this void. Although interest in addressing the psychosocial needs of patients with cancer has been an issue in the literature since the 1970s, scant progress has been made (Institutes of Medicine [IOM], 2007); this public health concern has been set as a national priority (Aziz & Rowland, 2003; IOM, 2006; Jemal et al., 2004; Rowland et al., 2004). The first step is documentation of the needs of patients with cancer receiving treatment and follow-up care in a community cancer care setting.

The primary purpose of this article is to report the results of a needs assessment of cancer survivors receiving care in a community cancer center. The goals of the research were (a) to construct an instrument to assess cancer survivors' unmet supportive care needs and associated distress; (b) to delineate the physical, social, emotional, spiritual, and other needs of a population of patients in a community cancer center; and (c) to incorporate the identified needs into a developing survivorship program that could be used as a model for other community cancer centers. To achieve these goals, a collaborative research

Purpose/Objectives: To develop and pilot a survey to assess needs and distress of cancer survivors receiving care in a community cancer center.

Design: Descriptive, quantitative.

Setting: A community cancer center in the southeastern United States partnering with a local college of nursing faculty.

Sample: Convenience sample of 307 adult cancer survivors.

Methods: Voluntary completion of a modified survey of needs.

Main Research Variables: Cancer survivor needs and distress according to five subscales (physical effects, social issues, emotional aspects, spiritual issues, and other issues), age, and gender.

Findings: Patients on average reported experiencing more than 25 of 50 possible survivorship needs. Average distress scores associated with individual needs were low. The most frequently experienced needs were fatigue, fear of recurrence, and sleep disturbance. Middle-aged survivors experienced significantly greater need and distress across all subscales.

Conclusions: Need and distress exist among adult cancer survivors receiving treatment and follow-up in community cancer care settings, with the middle-age phase of life creating unique barriers. Survey data may provide documentation of the multidimensional impact of cancer on quality of life and can help direct survivorship program development.

Implications for Nursing: Nurses can address a barrier to survivorship care in community care settings by using the Pearlman-Mayo Survey of Needs to assess outcomes relevant to survivors. Partnership between community hospital RNs and college of nursing faculty may create local or regional solutions and serve as useful models for survivorship care.

effort (Finkelman & Kenner, 2008; Ravert & Merrill, 2008) was undertaken through the partnering of community cancer center RNs with local college of nursing faculty. The intent was to draw on academic resources that were not otherwise available in the community cancer center to develop and ultimately disseminate a community survivorship care model (IOM, 2006). IOM (2007)