



Short Communication

Informative and Emotional Needs of Cancer Patients during COVID-19 Pandemic: A Proposal for a Concomitant Psychological Support during Inpatient Chemotherapy Delivery

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The COVID-19 pandemic caused many issues to the care of cancer patients [1,2]. It especially contributed to increasing fear of cancer recurrence and negatively impacted on the already fragile psychological distress of these patients [3-5].

In non-pandemic times, cancer has been shown to modify the order and nature of informative and emotional needs, particularly depending on the disease stage that patients are going through [7]. Data emerging from many studies highlight an important role of age, social class and educational level on how patients express their needs, making difficult for healthcare professional to identify and solve them [8,9]. Discrepancy between needs communicated by patients and those perceived by oncologists may create barriers that prevent both the clear expression of their demands and the understanding of the hierarchy that each patient attributes to them. Furthermore, professionals are often unwilling to give patients all disease information, particularly concerning the prognosis [10]. To date we know that a good communication with patients is considered a fundamental support element in oncology for all stages of the disease, but informative and emotional needs remain often unfulfilled.

In this complicated scenario, COVID 19 pandemic presents specific challenges for cancer patients. The risk of contamination with the COVID 19 is significantly higher for cancer patients, because they have a compromised immune system due to cancer and its treatment and at the same time have to regularly access hospitals for therapy [11]. Thus, it could be expected that anxiety and fear might have been aggravated by the emotional

disruption due to the pandemic. In addition, several measures of social distancing and isolation have been introduced inside and outside clinical setting, in order to prevent, as much as possible, dangerous contamination. Use of masks, temperature checks and decreased contacts with family members and caregivers, in association with transportation restrictions and sometime financial difficulties have been shown to increase depression and insomnia in cancer patients [12-14]. The involvement of family or friends not only provide emotional support but also help cancer patients to avoid miscommunication; therefore restrictions of supportive people may enhance cognitive or emotional issues while receiving news regarding prognosis, treatments and healthcare. In addition, restrictions of clinical contacts and countenance make it more complicated for healthcare providers to respond to patient demand in a compassionate way [15].

To compensate for this disruption, we highlight the crucial role of alternative strategies favoring greater empathy in the process of health information disclosure. In our opinion, active presence of a psychologist in day hospital rooms, during chemotherapy administration, could be important to limit psychological distress and patient cognitive needs, especially in these pandemic times.

Over the last few years, effort to aggregate the reality of healthcare provider and the reality of cancer patients has led us to develop an internal tool (a 21-items dichotomous-type questionnaire, not internationally validated, structured to detect needs/emotions in pandemic period), based on the International Need Evaluation Questionnaire (NEQ) [16]. The questionnaire

was administered in three different periods: 1) during first lock-down from 20/04/2020 to 10/06/2020; 2) later, when the Italian Government relaxed the restrictive measures from 22/09/2020 to 10/01/2021; 3) about a year after the first lock-down, when the restrictive measures were present again, from 10/05/2021 to 23/06/2021. Population under study was constituted by about 80 cancer patients undergoing chemotherapy in the Oncology Unit of San Paolo Hospital (Civitavecchia). Data collection was carried out by our psychologist with the daily frequency from Monday to Friday, in the morning during treatments administration. This internal questionnaire was conducted just to help us to adjust communication issues during pandemic, without presuming to obtain any data to make clinical assumption.

During this year, in which informative and emotional needs should have been worsen, due to the pandemic obstacles, the constant presence of a psychologist in the room of chemo administration have led to an effective amelioration of patient

satisfaction, regarding communication and empathy with health providers. The need to receive more information about diagnosis and future conditions was felt by more of half of patients in the first administration, while there was a marked lowering of this need in the third administration (58% in T1 vs 35% in T3). At the same time, dissatisfaction of patients regarding the need to have more explanations on their treatments decreased from 54% in T1 to 26% in T3. Furthermore, it has been shown that patients felt they were getting more understandable information by doctors and nurses (69% in T1 vs 77% in T3).

Other critical aspects that have emerged from our questionnaire were the need to speak with people having the same disease experience more than with a professional (50% in T1, 46% in T2 and 40% in T3); and the need to be more helped by their family members (29% in T1, 28% in T2 and 48% in T3), which was emphasized by the COVID 19 pandemic (Table 1).

	Questions	T1	T2	T3
1	Need of more information about diagnosis	58%	42%	35%
2	Need of more information about future conditions	58%	42%	41%
3	Need of more information about medical examinations	48%	35%	35%
4	Need of more explanations about treatments	54%	35%	26%
5	Need of more involvement in treatment choices	35%	42%	33%
6	Need of more understandable information by nurses and doctors	31%	31%	21%
7	Need of more help for eating, dressing and going to the bathroom	6%	11%	6%
8	Need of more attention from nurses	10%	11%	6%
9	Need of more reassurance by doctors	39%	25%	31%
10	Need of more economic and insurance information	50%	26%	28%
11	Need to speak with a psychologist	31%	33%	38%
12	Need to speak with a spiritual advisor	10%	10%	11%
13	Need to speak with people having the same disease experience	50%	46%	40%
14	Need of more reassurance by family	29%	28%	48%
15	Need to be more useful in family life	39%	42%	31%
16	Feeling peaceful	78%	56%	77%
17	Feeling to not be able to overcome difficulties	42%	33%	43%
18	Feeling to be under pressure	23%	43%	39%
19	Loosing sleep	44%	53%	45%
20	Feeling to be satisfactorily welcome inside the Oncology Unit	77%	98%	97%

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21	Feeling to be satisfactorily welcome outside the Oncology Unit	75%	98%	97%
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Table 1: Results of questionnaire.

In our opinion, a regular psychological support, in Day Hospital setting, during daily chemotherapy delivery, may ease a solid support-network between patient and oncologists, nurses and family. This approach might permit us to be physically and emotionally connected with our cancer patients, ensuring that all health communications are correctly understood. In order to continue to promote patient-centered care and shared-decision making, even in a period like this, in the near future we need to collect objective data on the important role of a professional psychological support, together with the administration of cancer treatments.

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