

# Professional and Patient Perspectives on Nutritional Needs of Patients With Cancer

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**Purpose/Objectives:** To identify and compare perceptions of RNs, registered dietitians (RDs), and patients regarding the best format and key nutrition information components that should be provided to patients during cancer treatment.

**Design:** Cross-sectional study using an opinion-based questionnaire.

**Setting:** Outpatient cancer centers.

**Sample:** 506 RNs and 367 RDs, as well as 653 patients undergoing cancer treatment.

**Methods:** Two similar self-administered questionnaires were developed, one for patients and one for healthcare professionals. Face and content validity were assessed by a panel of experts. Data were analyzed using descriptive statistics, chi-square statistic, and a Spearman Correlation Coefficient to compare responses.

**Main Research Variables:** Patient nutrition concerns as well as format and content of printed educational materials.

**Findings:** Significant differences existed among groups regarding the most common nutrition concerns, the perception of importance of information frequently provided to patients with cancer, and rank order of importance for eight items typically provided to patients. The dietary information format preferred by all groups was an all-inclusive booklet; RNs (75%) were more likely than RDs (43%) or patients (50%) to prefer this format. Data also revealed that almost half of the patients (47%) received no dietary counseling, including 18% who experienced significant weight loss.

**Conclusions:** RNs and RDs who provide nutrition education to patients with cancer should consider the need to develop and use a variety of printed materials to meet individual needs. Because major concerns of patients and healthcare professionals were related to patients' ability to consume adequate amounts of food, this should be the primary focus of any nutrition education materials.

**Implications for Nursing:** These findings provide information that can be applied to the development of informational materials and counseling practices.

## Key Points . . .

- An all-inclusive booklet containing recipes was the format preferred by RNs, registered dietitians (RDs), and patients for nutrition education during cancer treatment, although RDs were more inclined to believe that patients would prefer a simple, one-page diet sheet.
- The three major nutrition concerns for patients with cancer are appetite loss, nausea and vomiting, and the ability to get enough nutrients. These should be the main focus of patient education materials.
- Only 50% of the patients received professional dietary counseling.

exia, chronic nausea, and asthenia, can result in changes in body image and psychological distress (Bruera & Sweeney, 2000). These adverse responses may result in complications that require unplanned hospitalization and increased costs of care (Nitenberg & Raynard, 2000; Ottery, 1996). Benefits associated with nutritional support for cachexia include increases in weight, anthropometric measurements, and serum albumin as well as improvements in nitrogen balance and immune function (Bloch, 2000).

Assessment at diagnosis or at the start of treatment can determine a patient's nutrition status. When a compromised nutrition status exists, further assessment and nutrition education are recommended before beginning treatment. For patients who are not at nutritional risk at the time of assessment, nutrition education should be provided to enable them to cope with likely side effects of treatment. The primary goal of this study was to identify the dietary needs of patients with cancer from patients' perspectives as well as the two groups of healthcare professionals who provide the majority of nutrition counseling during treatment: RNs and registered dietitians (RDs). RNs provide more than half of patients' nutrition counseling during cancer treatment, and RDs counsel approximately one-quarter of these patients (Polisena & Wade, 1993). The purpose of this study was to provide basic data for use in designing successful strategies for educating patients with cancer about their dietary needs. The assumption was that

Adequate nutrition is especially important for patients with cancer, and food is viewed as significant not only for its nutritional value but also as a quality-of-life issue (McGrath, 2002). Intensive chemotherapy can cause difficulty with eating, which may be stressful for patients and caregivers. This can lead to problems such as anorexia, which may be life-threatening if significant weight loss occurs (Bloch, 2000). Therefore, recommendations and suggestions regarding consuming a healthy diet during and following treatment are key to helping patients maintain strength and overcome their disease.

Many patients with cancer are unable to eat, and prevalence of weight loss and malnutrition in patients has been reported to range from 9% in patients with breast cancer to 80% in patients with esophageal cancer. Capra, Ferguson, and Reid (2001) estimated that 20% of patients with cancer die from the effects of malnutrition rather than malignancy. Cachexia, characterized by weight loss, lipolysis, muscle wasting, anor-

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