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# Psychological, Physical, and Social Situation of Polish Patients With Colorectal Cancer Undergoing First-Line Palliative Chemotherapy

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**A** diagnosis of colorectal cancer (CRC) in Poland, particularly in the northeastern regions of the country, often is delayed (Langenbach, Sauerland, Krobek, & Zirngibl, 2010). Some individuals are diagnosed primarily at an advanced stage of the illness, and a substantial percentage of patients undergoing radical treatment find themselves experiencing disease progression. Both subsets of patients may be suitable candidates for palliative chemotherapy based on the use of fluoropyrimidines and calcium leucovorin combined with oxaliplatin, irinotecan, and a targeted therapy (Goldberg et al., 2007).

As a nation, Poland belongs to the block of post-communist countries in which oncology care was substantially underfunded for decades. Published literature concerning the past and present state of oncology care in Poland is lacking. As such, psychological aspects of patient care in this population have not been emphasized and patients' emotional demands have not been taken into account. Virtually no information regarding diagnosis, treatment, how to deal with the disease, and perspective was shared with patients in the past; only a handful of comprehensive cancer centers even existed. Those that did were characterized by an inadequate area-to-person ratio for inpatient rooms, one or two bathrooms per ward, and joint examination rooms. When available, the medical equipment was frequently out of date and no appropriate pre- and postgraduate oncology education was made available to the physician. Psychological aspects of care for patients with cancer were simply not part of the medical school curriculum. Attending an international oncology conference or visiting foreign cancer centers was limited, if not impossible. Since the 1990s, however, the political and economic situation in Poland has substantially changed, resulting in broader access to information. Consequently, health services in

**Purpose/Objectives:** To assess the psychological, physical, and social situations and needs of patients with colorectal cancer (CRC) diagnosed at an advanced stage of the disease.

**Design:** Quantitative, descriptive.

**Setting:** An urban comprehensive cancer center in north-eastern Poland.

**Sample:** 50 patients undergoing first-line palliative chemotherapy.

**Methods:** Participants were asked to fill out an institution-developed questionnaire assessing personal, emotional, physical, and social data.

**Main Research Variables:** Psychological, physical, and social characteristics.

**Findings:** The most frequently reported side effects of chemotherapy were asthenia, loss of taste, and nausea and vomiting. In addition, about 54% of patients were unable to work during treatment. Chemotherapy administration resulted in severe or moderate impediment of activities of daily living in 74% of the patients and negatively influenced their financial situation. About 25% of the patients were reluctant to share the news of their disease with their co-workers; however, most revealed their diagnosis to friends and family. The majority (62%) of patients expected help from family members. Nurses provided emotional support to a much lesser extent than patients' immediate relatives. The majority of patients (80%) needed to express their feelings by talking, but only about 30% considered a nurse to be the preferred person with whom to discuss their disease.

**Conclusions:** Patients with CRC diagnosed at an advanced stage require considerably more emotional, informative, and instrumental support from nurses, doctors, family, other patients, and priests than was anticipated by the authors.

**Implications for Nursing:** Extending routine history taking via the addition of questions to the proposed questionnaire may help to better recognize a particular patient's situation and unique needs. An increasingly patient-focused approach could improve the individual nursing care in this region of Europe. Ultimately, a multidisciplinary team would be required to meet the needs of patients with CRC undergoing chemotherapy.