Nursing Expertise and the Evaluation of Psychosocial Distress in Patients With Cancer and Survivors

Judith M. Estes, MSN, RN, ANP-C, and Clare Karten, MS

The number of cancer survivors in the United States will continue to grow because of improved screening, early detection practices, and advances in treatment. The cancer experience has a significant impact on the patient and his or her family, which increases the risk for psychosocial distress. Untreated distress experienced by a patient with cancer contributes to poorer treatment adherence, medical outcomes, and quality of life. To provide high-quality, safe patient care, oncology nurses must increase clinical expertise and knowledge. The current article provides an overview of clinical tools available for nurses to use when screening for distress in patients throughout the cancer care continuum.

The importance of screening for distress continues to be a challenge. For example, patients or their families are often reluctant to discuss psychological issues with healthcare providers. This reluctance may stem from concerns about bothering the provider or being stigmatized for having an emotional problem (Graves et al., 2007). Psychological symptoms may be missed or ignored because of lack of time for assessment, providers’ inexperience in dealing with psychosocial concerns, or inadequate knowledge of resources for patients (Graves et al., 2007).

Distress Screening Tools

Various stress-measurement screening tools are available to identify patients who can benefit from intervention for distress (see Figure 1). The Distress Thermometer is a tool currently recommended by the NCCN for its effectiveness in identifying distress and efficiency of use (Holland et