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

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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.

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About 35%–43% of patients with cancer experience psychological distress, depending on the cancer site or stage of disease (Holland & Alici, 2010). Evidence also suggests that a large percentage of this group are not referred or treated for the distress (Cohen, 2013). The lack of treatment for distress may undermine patients' coping abilities, compromise treatment decisions, and result in poor quality of life for patients and their families. In addition, untreated distress can contribute to decreased treatment adherence, poorer medical outcomes, prolonged rehabilitation, and higher healthcare costs (Abrahamson, 2010; Mitchell, Vahabzadeh, & Magruder, 2011).

Psychological distress, as defined by the National Comprehensive Cancer Network ([NCCN], 2013), is an emotionally unpleasant experience of a cognitive, behavioral, emotional, social, or spiritual nature, which may inhibit a person's ability to manage a cancer diagnosis, its physical symptoms, and its treatment. Symptoms experienced by cancer survivors include increased levels of global psychological distress, difficulty returning to work, psychosexual concerns, and increased psychiatric morbidity (Alter et al., 1996). Research indicates the patient's ability, willingness, and opportunity to express concerns may influence his or her adjustment to stressors associated with cancer (Jensen-Johansen et al., 2013).

Accurate assessment of distress in patients with cancer is challenging because symptoms of distress may be hard to distinguish from disease symptoms and treatment side effects (Ryan et al., 2005). The importance of screening for distress is supported by the campaign to view it as the sixth vital sign (in addition to pulse, respiration, blood pressure, temperature, and pain), which must be monitored throughout the cancer trajectory (Bultz & Carlson, 2006; Bultz & Johansen, 2011).

Several professional oncology organizations (i.e., American Psychosocial Oncology Society, Association of Oncology Social Work, and Oncology Nursing Society) have banded together to support implementation of the Commission on Cancer's (COC's) new accreditation criterion for cancer centers to implement screening programs for psychosocial distress (Pirl et al., 2014). The joint task force has identified critical aspects necessary to effectively meet the COC mandate, such as timing, method, tools, assessment or referral, and documentation of screening. Despite the growing recognition of the significant impact cancer has on the emotional health of patients and their families, integration of distress screening into routine practice 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