

Understanding Distress in the Hospital: A Qualitative Study Examining Adults With Cancer

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PURPOSE: To measure the distress of hospitalized adults with cancer and identify strategies and behaviors to manage distress.

PARTICIPANTS & SETTING: 185 adults with cancer hospitalized in a large tertiary hospital in the Midwest.

METHODOLOGIC APPROACH: This study involved a one-time assessment using the National Comprehensive Cancer Network's (NCCN's) Distress Thermometer and two open-ended questions. Demographic data were reviewed, and responses to open-ended questions were analyzed by content analysis. A team approach was used to develop and validate themes.

FINDINGS: Strategies used by patients to manage distress were categorized as taking charge and embracing help. Helpful strategies were related to quality of life and relationship with care teams.

IMPLICATIONS FOR NURSING: Understanding of distress in hospitalized adults with cancer is limited, which warrants the attention of healthcare professionals. Study results have implications to enhance patient care and to address nationally established psychosocial care objectives and NCCN distress screening standards.

KEYWORDS cancer; distress; hospital; qualitative research

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Cancer presents a serious burden to society and is a life-changing diagnosis for millions of people in the United States. According to the U.S. Department of Health and Human Services, cancer is the second leading cause of death in the United States, exceeded only by heart disease (National Center for Health Statistics, 2016). The American Cancer Society (2017) reported that more than 15.5 million people were living with a cancer diagnosis in 2016.

As cancer treatments evolve, equal attention should be given to understanding the psychosocial health of patients with cancer. A response to psychosocial health needs is highlighted in the Institute of Medicine's (2008) *Cancer Care for the Whole Patient: Meeting Psychosocial Needs*. The report summarized individual, social, and biologic effects of distress, stating that “the failure to address these problems results in needless patient and family suffering, obstructs quality health care, and can potentially affect the course of the disease” (Institute of Medicine, 2008, p. 51). The report also highlighted the negative physiologic effects that untreated distress can have on a person, as well as its effect on families and the larger community.

Distress has been defined as

a multifactorial, unpleasant, emotional experience of a psychological (cognitive, behavioral, emotional), social, and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms, and its treatment. Distress extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fears, to problems that can become disabling, such as depression, anxiety, panic, social isolation,