

Psychosocial Barriers to Care: Recognizing and Responding Through a Trauma-Informed Care Approach

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Healthcare providers caring for patients undergoing intensive oncologic care may experience challenges related to psychosocial barriers to care, which can negatively affect access to treatment and health outcomes. Recognizing and responding to these barriers caused by the experience of adversity and trauma are important considerations to ensure safe and effective patient care. The objective of this article is to demonstrate how a trauma-informed approach can be used to develop supportive interventions. Consideration of this approach not only ensures high-quality patient care, but also promotes health equity by navigating the difficult barriers that may have prevented access to care.

AT A GLANCE

- Healthcare professionals working with people experiencing psychosocial barriers to care should understand the impact of adversity and trauma on healthcare outcomes.
- An interprofessional team is needed to address the complexities of patient care through a trauma-informed lens.
- Healthcare providers do not need to be experts in the treatment of trauma to work in a trauma-informed way.

KEYWORDS

psychosocial factors; social determinants of health; social support; health equity

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About 10%–20% of overall health outcomes are attributed to medical care, so healthcare professionals need to recognize the contribution of socioeconomic and environmental factors, as well as personal experiences that affect health-related behaviors, accounting for the remaining 80%–90% (Hood et al., 2016). These factors are more broadly referred to as social determinants of health (SDOH) and include all aspects of one's social and physical environment, ranging from the level of access to economic opportunity to quality health care and community resources (U.S. Department of Health and Human Services, 2021). As many as 70% of cancer-related deaths occur in economically disadvantaged communities (World Health Organization, 2021); therefore, when SDOH are not optimized, the risk for adverse effects and cancer mortality increases (Flannelly et al., 2020; Pinheiro et al., 2021).

An important component of SDOH is health-related behavior, which is shaped by the effects of childhood experiences, as demonstrated in a landmark study on adverse childhood experiences (Felitti et al., 1998). Traumatic events occurring during childhood, known as adverse childhood experiences, can undermine a person's sense of safety, stability, and bonding, even into adulthood (Centers for Disease Control and Prevention [CDC], 2021). These experiences may include maternal depression, mental illness, any form of emotional or physical abuse, divorce, incarceration, and neglect. These experiences often stem from adverse community environments, such as discrimination, poverty, violence, poor housing quality or homelessness, or the lack of opportunity for economic and social mobility (Ellis & Dietz, 2017).

About 61% of adults have reported having at least one type of adverse childhood experience, and almost one in six has been exposed to four or more of these events (CDC, 2021). The relationship between SDOH and adverse childhood experiences illustrates the interconnectedness of adversity within a community and traumatic exposures to an individual. These elements, in tandem, affect individuals' potential to grow and thrive (Ellis & Dietz, 2017). Healthcare professionals need to understand how this can affect patients' response to a treatment presentation, engagement, and overall outcomes; the use of a trauma-informed care approach can help to address these challenges.