Hospital stays are becoming shorter, and care is increasingly technical, fragmented, and impersonal; therefore, recognizing patient psychosocial needs in a timely manner is critical (Gosselin, Crane-Okada, Irwin, Tringali, & Wenzel, 2011; Keller et al., 2004; Pasacreta, Kenefick, & McCorkle, 2008). Between 30%-50% of patients with cancer experience psychosocial distress (Gosselin et al., 2011; Keller et al., 2004). Patients report having unmet psychosocial needs and a desire for support at varied phases of their cancer treatment (Absolom et al., 2011). The National Comprehensive Cancer Network has suggested that psychosocial distress be considered the sixth vital sign (Holland & Bultz, 2007). Nursing is a trusted profession, and the amount of time nurses spend with patients makes them well positioned to play a key role in assessing patients and intervening to minimize psychosocial needs (Pasacreta et al., 2008).

The Institute of Medicine (2007) emphasized the importance of meeting the psychosocial needs of patients with cancer, but stressed that education regarding how to best approach the psychosocial needs can help ensure that holistic assessments are completed. The National Institute for Clinical Excellence suggested that systematic assessments of patient psychosocial needs should be conducted at varied time frames throughout the continuum of care, including the critical phase of inpatient hospitalization when psychosocial needs often are intensified (Howell et al., 2012). Systematic psychosocial nursing assessments can prevent increasing symptom distress in patients with cancer (Sarna, 1998), which would improve their quality of life. Failure to address psychosocial concerns can result in patient and family suffering, and may alter the course of the disease (Howell et al., 2012).

Barriers that interfere with addressing patient psychosocial concerns must be identified and used to design effective educational programs for nurses. Educational programs based on nurse-identified needs improve nurses’ skills in providing psychosocial care (Langewitz et al., 2010). Educational programs have included simulated patient interviews and covered techniques such as beginning difficult conversations, summarizing patient concerns, and responding to patient feelings (Langewitz et al., 2010).