Distress is an unpleasant experience of an emotional, psychological, social, or spiritual nature that interferes with people’s ability to cope (National Comprehensive Cancer Network [NCCN], 2007, p. DIS-2). Oncology nurses are not surprised that distress is a phenomenon common to patients with cancer (Madden, 2006). An estimated 29.6%–43.4% of patients with cancer experience distress (Zabora, Brintzenhofeszoc, Curbow, Hooker, & Piantadosi, 2001). As cancer services move to a predominately ambulatory environment, the need for better psychological assessment is critical, yet less than 5% of distressed patients in the ambulatory setting receive psychosocial treatment (Bultz & Holland, 2006). Screening for distress often may be overlooked because healthcare professionals focus on physical symptoms; however, distress can impact the symptom experience and compliance with prescribed treatment (Clark, 2001). For that reason, NCCN included a standard that “[a]ll patients should be screened for distress at their initial visit, at appropriate intervals, and as clinically indicated, especially with changes in disease status” (p. DIS-3). This article will describe the process used by one institution to implement NCCN’s Clinical Practice Guidelines for Oncology: Distress Management in a clinic setting.

Planning for Implementation

Nurses have joined other professionals in the challenge to deliver evidence-based practice; one way to accomplish this is by using clinical practice guidelines. Guidelines follow a review of the evidence, are created by experts, and serve to direct practice. However, even when guidelines have been widely publicized, they often are not fully implemented in the clinical setting because existing barriers impede the process.

At a Glance

- Oncology nurses do not consistently use a standard when assessing for psychosocial issues in patients with cancer.
- The distress thermometer and problem checklist are efficient assessment tools that can be incorporated into normal practice.
- Nurses in a busy oncology radiation clinic were able to assess distress, provide educational and referral resources, and increase patient satisfaction through planned implementation of an assessment and intervention process.

Key barriers identified by nurses include the perception that nurses have insufficient authority to instigate change in the practice setting (Glacken & Chaney, 2004) and insufficient time to implement and read research (Funk, Tornquist, & Champagne, 1995; Glacken & Chaney). Other barriers include a lack of resources and awareness. After deciding that the Clinical Practice Guidelines in Oncology: Distress Management (NCCN, 2007) represented a value consistent with the center’s mission, a multidisciplinary task force set out to compare existing psychosocial services with those recommended in the standards. Consistent

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