



Psychosocial Concerns in Cancer Care: The Role of the Oncology Nurse

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Oncology nurses know the importance of helping patients with cancer cope with their diagnosis and treatment. The impact of the disease and complex treatment regimens affects patients and families on many levels and often results in psychosocial concerns. The Oncology Nursing Society has been a national leader in advocating for complete care of patients with cancer, including the assessment of psychosocial concerns. New standards for accreditation of cancer facilities have brought national attention to this important element of cancer care.

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Communication between patients and healthcare providers is a cornerstone in the provision of high-quality cancer care (Street, Makoul, Arora, & Epstein, 2009). Communication about the psychosocial concerns of patients with cancer has gained increasing attention from national organizations, particularly since 2007. A National Cancer Institute (NCI) report by Epstein and Street (2007), *Patient-Centered Communication in Cancer Care: Promoting Healing and Reducing Suffering*, highlighted the importance of communication in improving cancer care outcomes and decreasing suffering for patients with cancer. New standards for assessment of psychosocial concerns were written into the Standards for Safe Chemotherapy Administration by the American Society for Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) in 2009. In addition, ONS's 2009–2013 Research Agenda highlights the need to design interventions that reduce negative psychosocial outcomes for patients with cancer (Berger, n.d.).

In addition to the 2007 NCI report, two national organizations have brought the psychosocial care of patients with cancer into the spotlight. The National Comprehensive Cancer Network (NCCN) has been developing and revising guidelines for distress management in people with cancer for more than 12 years (NCCN, 1999). The NCCN Distress Guidelines state that “distress should be recognized, monitored, and documented and treated promptly at all stages of the disease and in all settings” (NCCN, 2012, p. DIS-3). In 2011, the American College of Surgeons Commission on Cancer® (CoC) created a new accreditation standard for all cancer centers. Standard 3.2 requires screening for psychosocial concerns at least once during cancer care and documented guidelines for treatment or referral and documentation for all cancer centers in the United States by 2015 (CoC, 2011). Implementation of this standard will be done by the Cancer Committee at each cancer center, a committee that requires the representation of oncology nursing. Therefore, clarifying the terminology (see Figure 1), tools, and processes

that lead to screening, identification, and treatment of psychosocial issues is crucial to ensuring high-quality cancer care and now mandated for accreditation at cancer centers nationally.

New Standards for Commission on Cancer Accreditation

The American College of Surgeons' CoC (2011) is a consortium of 47 professional organizations, including ONS. Established in 1922, the CoC is dedicated to improving survival and quality of life for people facing cancer. The CoC has an Accreditation Committee of physician and nonphysician members who set standards for accreditation of facilities that provide cancer care. Accreditation is categorized by one of 12 categories based on the services provided and number of newly-diagnosed patients seen at the facility, such as Integrated Network Cancer Program, NCI-designated Comprehensive Cancer Center Program, Community Hospital Cancer Program, or Veterans Affairs Cancer Program. Accreditation is awarded in one of three categories: three years with commendation, three-year accreditation, or three-year accreditation with contingency.

Questions to Consider When Reading This Column

- How do we assess psychosocial concerns? What tools should we use?
- Who should do the assessment?
- How often?
- At what other times should patients be assessed?
- How and when do we refer patients with significant psychosocial concerns?
- How do we document assessment?
- What are the processes for follow-up care?