Educational Needs of Inpatient Oncology Nurses in Providing Psychosocial Care

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Patients with cancer have multiple psychosocial needs during inpatient admissions. However, nurses often are not sure how to best approach those psychosocial needs. Therefore, the purpose of this survey was to determine the educational needs of inpatient oncology nurses in terms of providing psychosocial care to patients and to determine the barriers that inpatient nurses experience when providing psychosocial care. Twenty-six inpatient oncology RNs participated in an online survey that assessed barriers to psychosocial care as well as educational needs. Nurses identified that time, lack of patient privacy, nurses' emotional energy, confusion about clinical guidelines, lack of experience with screening tools, not knowing how to approach sensitive topics, and poor communication between team members undermine psychosocial care. Inpatient nurses need additional training to provide excellent psychosocial care.

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 make 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 offer that care often is lacking. Nurses frequently are unsure about how to best address the psychosocial needs of patients, and routine distress screening tools 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).