Healthcare Providers' Perceptions of the Utility of Psychosocial Screening Tools in Childhood Cancer: A Pilot Study

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Purpose/Objectives: To examine the perceptions of healthcare providers (HCPs) regarding the utility of two psychosocial screening tools designed for pediatric oncology, the Psychosocial Assessment Tool–Revised (PATrev) and the Psychosocial Care Checklist (PCCL).

Design: Repeated measures comparative study.

Setting: Four pediatric health centers in Ontario, Canada.

Sample: 15 oncologists, 14 nurses, and 8 social workers.

Methods: Using a visual analog scale (VAS), participants were asked to rate how useful they found (a) the psychosocial summary derived from the parent-completed PATrev, used to assess family psychosocial risk, and (b) the HCP-completed PCCL, used to identify family psychosocial needs. Measures were completed soon after diagnosis and six months later. Mann-Whitney U tests were used for analyses.

Main Research Variable: VAS scores.

Findings: Pediatric oncology HCPs differ in their acceptance of the psychosocial screening tools tested. The highest utility ratings for both instruments were from nurses, and the lowest utility ratings were from social workers; moderate ratings were obtained from oncologists.

Conclusions: Psychosocial screening tools can identify the psychosocial needs of children with cancer and their families throughout the cancer trajectory. Consequently, these tools could foster communication among colleagues (medical and nonmedical) who are caring for children with cancer about the psychosocial needs of this population and the allocation of resources to address those needs.

Implications for Nursing: Nurses seem to value these tools more than other HCPs, which may have positive implications for their clinical practice.

Key Words: psychosocial screening; pediatric cancer; healthcare provider

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Pediatric cancer care in most developed countries is based on the premise that the child's medical treatment needs to be provided in the context of the family, and many programs endorse a child- and family-centered care approach (Kazak, Simms, & Rourke, 2002; Wiener & Pao, 2012). In spite of substantial evidence in the field regarding the psychosocial effects of childhood cancer on the affected child and family (Alderfer & Hodges, 2010; Barrera, Atenafu, Doyle, Berlin-Romalis, & Hancock, 2012; Bearden, Feinstein, & Cohen, 2012; Boman, Lindahl, & Björk, 2003; Dolgin et al., 2007; Kazak et al., 2004; Kazak, Boeving, Alderfer, Hwang, & Reilly, 2005; Kazak et al., 2006; Rodriguez et al., 2012), research on psychosocial screening in pediatric oncology is in its infancy, and tools to screen for distress or psychosocial risk in this population are rare (Kazak et al., 2001, 2007; Pai et al., 2007, 2008).

In addition, evidence exists regarding healthcare providers' (HCPs') limited use of these tools to document (a) their knowledge of psychosocial difficulties in the patient and his or her family and (b) how useful they find these tools (Mitchell, Clarke, & Sloper, 2005; Selove, Kroll, Coppes, & Cheng, 2012). Early psychosocial screening can guide interventions to reduce or prevent adverse psychosocial outcomes and to foster better use of resources in clinical practice (Kazak et al., 2007).

Two psychosocial screening tools have been used in pediatric oncology (Patenaude & Kupst, 2005): the Distress Thermometer (DT) (National Comprehensive Cancer Network [NCCN], 2003) and the Psychosocial Assessment Tool (PAT) (Kazak et al., 2001, 2007, 2012; Pai et al., 2008). The DT is widely used for screening in adult cancer (Bultz et al., 2011; Carlson, Waller, Groff, Zhong, & Bultz, 2012; Holland & Bultz, 2007; NCCN, 2003) and was adapted for children (Patel et al., 2011). The current authors chose to work with the PAT because (a) the tool is intended to be completed by the family members (e.g., parents, siblings) of children newly diagnosed with cancer (Kazak et al., 2001, 2007, 2012; Pai et al., 2008) and (b) evidence suggests that families who complete this tool receive more psychosocial care (Kazak et al., 2011).