Psychosocial care in oncology

Organizations collaborate to speed implementation on a global scale

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The many national and international health professional organizations mandated to address psychosocial aspects of oncology care operate autonomously despite having overlapping aims. April 25, 2013, marked an historic, inaugural gathering of the presidents of 4 of these organizations. The International Society of Nurses in Cancer Care (ISNCC), International Psycho-Oncology Society (IPOS), Canadian Association of Nurses in Oncology (CANO) and Canadian Association of Psychosocial Oncology (CAPO) convened to host a Presidents’ Symposium at the annual CAPO conference in Ottawa to look at how they could best collaborate to accomplish their shared aims. Canada is uniquely positioned to be a global leader in increasing access to quality psychosocial and supportive oncology care. What follows are summaries of the presidents’ presentations.

International Society of Nurses in Cancer Care (ISNCC)

Greta G. Cummings, President, and Esther Green, CANO representative

The ISNCC’s mission is to maximize the role of nurses to reduce the global burden of cancer. Our membership includes 50 national nursing and oncology nursing society members, 55 association members and 650 individual members, representing overall more than 63,000 oncology nurses from around the world.

ISNCC focuses its efforts to support cancer nursing globally by building coalitions and partnerships, influencing health policy and cancer control awareness, advancing and applying knowledge, and developing and engaging cancer nurse leaders. We are working with international organizations, including the International Psycho-Oncology Society, on joint initiatives related to education and training in supportive care, screening for distress, and followup for oncology nurses and other professionals. Corporate partnerships, along with foundation and grant support, have allowed for the development and delivery of innovative education, awareness and training programs for oncology nursing leaders, oncology nurses and patients in areas such as tobacco cessation, small molecule therapy and oral therapy toxicity.

On the policy side, ISNCC works with many organizations and associations to develop position statements, participate in regional and international meetings, promote strategies in symptom management for palliative care, and advocate for screening programs and survivorship initiatives. Biennially, ISNCC hosts the International Cancer Care Nursing (ICCN) conference, which allows cancer nurse leaders from all over the world to meet and advance knowledge sharing.

ISNCC aims to grow the next generation of oncology nursing leaders by providing opportunities to participate in train-the-trainer workshops. We have cohosted several Leadership Grantee Summit Conferences to enable cancer professionals from across Eastern Europe to learn from leaders about how to address cancer disparities and collaborate with others to increase capacity for healthcare professionals and their communities. Oncology nursing leaders also participate in many of ISNCC’s board and governance committees to increase worldwide involvement, participation and membership. ISNCC has recently developed a guide1 to help oncology nurses influence policy and strengthen their role and voice in cancer control.

Cancer nurses around the world are focused on patient-centred care, assessing physical and psychosocial issues, and intervening to manage symptoms using their knowledge and critical thinking. Cancer nurses are integral to quality care that supports patients and their families to manage and cope with diagnosis and treatment. By working collectively, we can improve quality of life for patients and their families and influence health policy around the world.

International Psycho-Oncology Society (IPOS)

Barry D Bultz, President

The practice of psychosocial oncology is relatively new. Despite evidence of benefit, growth of psychosocial oncology...
as a subspecialty in cancer care has progressed at a moderate rate at best. Recent Screening for Distress studies have demonstrated psychosocial challenges to patients and the cancer care team when cancer-related distress is both unrecognized and untreated. Keeping in mind the “science of caring” dictum, “What we measure is what we act on,” in 2010 IPOS declared the following quality standards as essential in a cancer care system:

- Quality cancer care must integrate the psychosocial domain into routine care.
- Distress should be measured as the 6th vital sign after temperature, blood pressure, pulse, respiratory rate and pain. Multiple international patient studies have demonstrated that distress is a significant issue for both outpatients and inpatients. Distress rates have consistently been identified as occurring in 35% to 45% of outpatients, reaching as high as 70% in the inpatient population. Also noteworthy in studies was the reliance on the clinical acumen of the medical team, with only a few caregivers relying on standardized distress measures.

In the face of these findings, the Canadian Strategy for Cancer Control in 2004 embraced the concept of Distress as the 6th Vital Sign and the principle of screening patients for distress. In 2009, Accreditation Canada supported this principle in its standards for the accreditation of cancer centres. The 2010 IPOS standards declaration paved the way for growing global endorsement of psychosocial programs generally and Screening for Distress in particular as fundamental components of cancer care. To date, over 70 national and international psychosocial societies and cancer centres and agencies have endorsed these principles. IPOS is now committed to moving from endorsement to implementation. While Canada is one of the first countries to support these recommendations, Taiwan recently became the first Pacific Rim country to move toward implementing IPOS standards, and the American College of Surgeons Commission on Cancer, which accredits cancer centres in the US, has mandated that centres must have a plan to integrate the psychosocial dimension in their routine care by 2014. Health care is beginning to embrace a cultural shift from aspiring to integrate psychosocial care to mandating its implementation.

The complexity of physical and psychosocial patient distress requires expertise from all interprofessional team members. Collectively advocating for the implementation of standardized Screening for Distress programs will help identify what is most distressing to patients and whose expertise they require. A coordinated approach that places the patient and family at the centre and facilitates timely access to services is needed to ensure that the patient and family receive appropriate support. Uptake of clinical standards and practice guidelines by interprofessional teams will establish a best-practice approach to care that is seamless, consistent and valued by staff, patients and families.

CANO influences the national and international landscape primarily through dissemination of oncology standards of care, role competencies, position statements and education on high-priority issues. Four pillars outline CANO’s strategic direction, 2 of which are particularly relevant to collaboration: knowledge exchange, and growth and sustainability. By opening up the dialogue among our professional organizations to support the exchange of new ideas and create innovative approaches that address knowledge gaps and areas for research, we will be better positioned to deliver effective, high-quality, patient-centred care around the world.
shifted the emphasis slightly to articulate what patients and family members might expect to receive in relation to person-centred psychosocial care from oncology health professionals. For the first time, a description of psychosocial services that should be provided by various types of organizations, from community to tertiary centres, was included. New standards for education were articulated and the role of all professionals in providing psychosocial oncology care was addressed, acknowledging both generalist and specialist roles.

A second major initiative was the development of clinical practice guidelines (CPGs) to help healthcare professionals translate evidence on patient-centred care into practice. To date, with the financial support of the Canadian Partnership Against Cancer (CPAC), CAPO has provided leadership in developing and disseminating 5 guidelines related to psychosocial assessment, distress (anxiety/depression), fatigue, sleep and survivorship.

A third major initiative was the development of educational opportunities in psychosocial oncology. In 2006, CAPO obtained Health Canada funding to launch the Interprofessional Psychosocial Oncology Distance Education (IPODE) project that offers web-based learning opportunities for practising health professionals and students.

Finally, CAPO has worked with CPAC to launch a national program for cancer-related distress screening. The goal is to ensure that all cancer patients are screened for distress and receive help from the appropriate professional.

Although significant gains have been made in Canada, major challenges remain in ensuring successful uptake of these tools so that they are integrated into practice and improve patient experience. Barriers to effective management of distress exist at every level. System barriers include organizational contexts within which distress screening and management are insufficiently valued to warrant expenditure of time and resources. Professional barriers include lack of standardized training on the use of knowledge tools such as CPGs, and low self-efficacy in tailoring responses based on the degree of identified distress.

Successful integration of new, complex interventions requires attention to leadership and organizational factors, positive clinician attitudes and motivation, and the provision of clinically meaningful feedback with opportunities for self-reflection. CAPO’s strategic directions for the next 5 years will focus on dissemination and uptake of the knowledge tools that have been created. This knowledge translation work is exceedingly complex and will demand interprofessional and intersectoral collaboration, nationally and internationally. Multinational studies that examine how to best accomplish change in practice are needed.

MOVING AHEAD IN PARTNERSHIP

In the discussion that followed the Presidents’ Plenary, the audience expressed that action was needed to move psychosocial care forward more quickly. There was hope and excitement about new, empirically supported psychosocial interventions and related education programs, but many expressed dismay that these validated approaches and services are still not available in their home jurisdictions. The audience asked the 4 associations to engage more fully with patient advocacy groups, community-based organizations, and the volunteer sector to achieve shared aims more effectively and quickly.

References