Understanding Distress in the Hospital: A Qualitative Study Examining Adults With Cancer

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Cancer presents a serious burden to society and is a life-changing diagnosis for millions of people in the United States. According to the U.S. Department of Health and Human Services, cancer is the second leading cause of death in the United States, exceeded only by heart disease (National Center for Health Statistics, 2016). The American Cancer Society (2017) reported that more than 15.5 million people were living with a cancer diagnosis in 2016.

As cancer treatments evolve, equal attention should be given to understanding the psychosocial health of patients with cancer. A response to psychosocial health needs is highlighted in the Institute of Medicine’s (2008) Cancer Care for the Whole Patient: Meeting Psychosocial Needs. The report summarized individual, social, and biologic effects of distress, stating that “the failure to address these problems results in needless patient and family suffering, obstructs quality health care, and can potentially affect the course of the disease” (Institute of Medicine, 2008, p. 51). The report also highlighted the negative physiologic effects that untreated distress can have on a person, as well as its effect on families and the larger community.

Distress has been defined as

a multifactorial, unpleasant, emotional experience of a psychological (cognitive, behavioral, emotional), social, and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms, and its treatment. Distress extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fears, to problems that can become disabling, such as depression, anxiety, panic, social isolation,