Dimensions of Distress in Lung Cancer

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OBJECTIVES: To (a) compare the domains of distress between patients who were distressed and patients who were not distressed and (b) examine the relationship between the National Comprehensive Cancer Network Distress Thermometer and Problem List for Patients (DT-PL) and the Hospital Anxiety and Depression Scale (HADS) in individuals with advanced lung cancer.

SAMPLE & SETTING: Individuals with advanced lung cancer receiving chemotherapy were recruited from a comprehensive cancer center in the southeastern United States.

METHODS & VARIABLES: A cross-sectional, descriptive, exploratory design was used. Individuals with lung cancer completed the DT-PL and the HADS. Data were analyzed using descriptive statistics, t tests, and chi-square analysis.

RESULTS: Significant differences were found between the nondistressed group and the clinically distressed group in three domains of distress: family problems, emotional problems, and physical problems. There was no relationship between the DT-PL and the HADS anxiety subscale or the HADS depression subscale.

IMPLICATIONS FOR NURSING: Distress in individuals with advanced lung cancer goes beyond psychological stressors and includes family problems and physical problems.

Background

Definitions of Distress

Ridner (2004) described psychological distress as a “unique discomforting, emotional state experienced by an individual in response to a specific stressor or demand that results in harm, either temporary or permanent, to the person” (p. 539). According to the National Comprehensive Cancer Network (NCCN, 2020), “distress is a multifactorial unpleasant experience of a psychological (ie, cognitive, behavioral, emotional), social, spiritual, and/or physical nature that may interfere with one’s ability to cope effectively with cancer, its physical symptoms, and its treatment” (p. 5). Distress is a negative appraisal of