

Competencies for Nurses Regarding Psychosocial Care of Patients With Cancer in Africa: An Imperative for Action

Marie Goretti Uwayezu, RN, MScN¹; Bellancille Nikuze, RN, MScN¹; Johanna E. Maree, RN, DCur²; Lori Buswell, APRN, MSN^{3,4}; and Margaret I. Fitch, RN, PhD^{1,5,6}

Psychosocial care is considered an important component of quality cancer care. Individuals treated for cancer can experience biologic or physical, emotional, spiritual, and practical consequences (eg, financial), which have an impact on their quality of living. With the establishment of cancer centers in Africa, there is growing advocacy regarding the need for psychosocial care, given the level of unmet supportive care needs and high emotional distress reported for patients. Nurses are in an ideal position to provide psychosocial care to patients with cancer and their families but must possess relevant knowledge and skills to do so. Across Africa, nurses are challenged in gaining the necessary education for psychosocial cancer care as programs vary in the amount of psychosocial content offered. This perspective article presents competencies regarding psychosocial care for nurses caring for patients with cancer in Africa. The competencies were adapted by expert consensus from existing evidenced-based competencies for oncology nurses. They are offered as a potential basis for educational program planning and curriculum development for cancer nursing in Africa. Recommendations are offered regarding use of these competencies by nursing and cancer program leaders to enhance the quality of care for African patients with cancer and their family members. The strategies emphasize building capacity of nurses to engage in effective delivery of psychosocial care for individuals with cancer and their family members.

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INTRODUCTION

Cancer has an impact on individuals that is more than just physical; there are emotional, psychosocial, spiritual, and practical consequences as well.¹ From the time a person thinks there may be something wrong, throughout diagnosis, treatment, and follow-up, changes occur because of the disease and its treatment, which can have a profound effect on individuals with the illness and their family members.² Addressing the full range of needs patients and families experience requires psychosocial interventions in addition to those aimed at curing or controlling the disease. Evidence indicates that unmet psychosocial needs result in increased emotional distress, decreased quality of life, reduced compliance with treatments, and shortened survival.³⁻⁷

Quality comprehensive cancer care, provided by an interdisciplinary team, is based on a bio-psychosocial-spiritual model and includes the provision of psychosocial care in addition to medical and surgical care.⁸ As an integral part of that team, oncology nurses in many countries address psychosocial issues for patients with cancer and their families. They are in a unique position to monitor and address patients' psychosocial distress and coping. Their education for

cancer nursing prepares them for this role and enables them to contribute to achieving high-quality cancer care.⁹⁻¹¹ Providing psychosocial care is embedded in the standards of practice for oncology nurses.¹²⁻¹⁴

With the increasing worldwide number of cancer centers being established in Africa, there is a growing advocacy to implement quality comprehensive cancer care.¹⁵⁻¹⁷ To date, much of the development of cancer care in Africa has focused on prevention of cancer and early identification and treatment of disease.¹⁸ Less attention has been paid to the elements of psychosocial care.^{19,20} Given the importance of psychosocial care, advocates are calling for better integration of it within daily practice.

Nurses have the potential to play important roles in providing psychosocial care across the continuum of cancer care. However, to perform that role, they require access to relevant knowledge and skills development.²¹ Caring for patients with cancer demands knowledge and skills beyond basic nursing education, clearly articulated expectations for the practice of nursing, and standards for performance on the basis of evidence.²²⁻²⁴ Relevant learning opportunities can be more easily designed for nurses when clear role expectations and competencies for patient care are established. Once

Author affiliations and support information (if applicable) appear at the end of this article.

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CONTEXT

Key Objective

This article describes competencies African nurses require to meet the psychosocial needs of patients with cancer.

Knowledge Generated

African patients with cancer have psychosocial needs but gaps exist in providing care to meet these needs. With relevant education, nurses are well positioned to provide basic psychosocial care and refer patients as required to psychosocial services. This article presents competencies for psychosocial nursing care for patients with cancer, which are adapted for African settings.

Relevance

The competencies could be used to guide development of nursing education and support nurses in providing psychosocial care to patients with cancer and family members.

nurses have the requisite education (ie, knowledge, skills, and competencies), the quality of cancer care can be enhanced.^{25,26}

Although oncology nursing is a well-established specialty for nurses in the developed world, the same does not apply to Africa. Specialist nursing in Africa is most commonly on the basis of demand and supply. Irrespective of the fact that cancer is the third most common cause of mortality, oncology nursing education and training opportunities are scarce.²⁷ In addition, the lack of physical resources to prevent and treat cancer, and shortages of other trained cancer care professionals, result in Africa's nurses working in conditions that will not be tolerated in the developed world.²⁸

This article focuses on the role nurses can perform regarding psychosocial care of patients with cancer and their families in African settings, acknowledging other health care professionals will also be providing psychosocial care. We anticipate the description of relevant competencies could serve as a basis for curriculum design and provision of subsequent professional development programs in cancer care for nurses in Africa. Although competencies have been written about psychosocial care roles for cancer nurses in high-income countries,^{12-14,29} descriptions have not as yet been designed for the cultural and economic settings of Africa.

METHODS

The work was undertaken by the authors who are expert oncology nurses. Three team members live and work in Africa permanently and the others have worked in various African settings as collaborators or educators as well as in other international settings. A systematic review of psychosocial needs of patients with cancer in Africa was performed and will be reported in a separate publication. Based on an understanding of gaps in psychosocial care and on personal clinical practice observations, team members identified the need for competencies related to psychosocial care to be established for nurses in Africa.

The context for this work included understanding psychosocial needs of patients with cancer across the cancer trajectory, the scope of psychosocial care for patients with cancer, the role of the nurse in cancer care, and current educational approaches for African nurses regarding psychosocial oncology. Gaps in psychosocial care and the need for development of nursing expertise in oncology nursing care were identified in various reports by psychosocial and nursing associations,^{9,14,26} and educational needs for learning oncology nursing in Africa had been reported.^{24,25,27} The context for our work is highlighted below, illustrating the need for the development of psychosocial competencies for nurses.

As an initial step, existing standards designed by oncology nursing associations were collected and reviewed by the team members independently. One member (M.I.F.) drew from the psychosocial portions of these standards documents (eg, therapeutic relationships, communication, person-centered care, and family-focused care) and designed a draft adaptation of psychosocial nursing care competencies to be used in the African context. All team members then reviewed this draft document and, through discussion, arrived at a consensus about the competencies to be included, given the African setting. It is our hope that the description of the competencies will stimulate dialogue about psychosocial care by African nurses for patients with cancer, and will serve to guide the design of new educational programs or augment content in existing programs. They may also serve to driving future research. The ultimate intention is to enhance the psychosocial care of patients with cancer and their family members in Africa.

CONTEXT FOR THE DEVELOPMENT OF PSYCHOSOCIAL NURSING COMPETENCIES FOR AFRICAN SETTINGS

Patients Have Psychosocial Needs Throughout the Cancer Experience

Patients with cancer experience physical, emotional, psychosocial, informational, spiritual, and practical needs throughout their cancer experience. For example, fatigue,

pain, nausea, anxiety, and depression are common for patients with cancer in many countries.³⁰⁻³⁶ Various studies have reported needs of patients with cancer in Africa, including a range of psychosocial ones (see [Table 1](#) for examples illustrating the range of needs identified across the psychosocial domains).

Although patients with cancer in Africa may have similar needs to those of patients with cancer in other parts of the world,^{2,30-33} the challenges patients face in having their needs met are unique to the African setting and often exacerbated by limited resources.³⁶⁻⁴² Geographical, economic, health system organization, and social and cultural factors influence how individuals are diagnosed and treated for cancer from country to country as well as supported throughout the cancer experience.^{19,43} Many African countries face significant challenges surrounding access to cancer diagnostic and treatment facilities and have high proportions of individuals diagnosed with late-stage disease.⁴⁴⁻⁴⁶ Issues of knowledge, transportation, personal finances, education, family support, and reliance on traditional health practices can serve as barriers to early cancer diagnosis for patients.^{42,47,48}

In relation specifically to psychosocial care, investigations of emotional distress and quality of life in patients with cancer in several African countries are beginning to provide insight into patients' experience of psychosocial challenges ([Table 2](#)) and build the evidence base for practice concerning psychosocial needs. For example, Harding et al⁴⁹ reported 75.9% of 112 patients with cancer from South Africa and Uganda felt significant levels of sadness and 69.6% reported feeling worried. Using the same measure, Lazenby et al⁵⁰ reported 35% of 100 patients with cancer in Botswana experienced sadness and 39% worry. Additionally, 48% of these patients experienced body image changes and 10%-29% reported high stress because of a range of bothersome symptoms.

Psychosocial issues are found across the cancer continuum. For example, Clegg-Lamprey et al³ reported 42.7% of 89 patients with breast cancer in Ghana were frightened or terrified at diagnosis and, in a second sample of 69 women, 57.1% feared having a mastectomy.⁴¹ Many indicated they had had no opportunity to talk with anyone about their fear of death (61.8%) or fear of mastectomy (30.3%). Odigie et al⁵¹ reported that 67.9% of 81 Nigerian women felt inadequate as a woman following their mastectomy and 79.0% reported a decrease in their conjugal relations.

TABLE 1. Supportive Care Needs of Individuals With Cancer: Definitions and Examples

Domain	Definition	Examples of Challenges Drawn From Reports Concerning the Experiences of Patients With Cancer in Africa
Physical	Needs for physical comfort and freedom from pain, optimum nutrition, and ability to carry out one's usual day-to-day functions (ie, activities of daily living) to reduce distress	Pain, fatigue, lack of energy, weakness, feeling drowsy, nausea, vomiting, cough, shortness of breath, loss of appetite, spitting up blood, hair loss, changes in bowel patterns, incontinence, impotence, weight changes, changes in sleep patterns, difficulties swallowing, wound smells, and cognitive changes
Informational	Need for information to reduce confusion, anxiety, and fears; to inform decision making; and to assist in skill acquisition	Lack of information about medical condition, cancer, treatments, side effects, tests/procedures, mental health disorders, impending death, how to manage symptoms/side effects at home, how to care for person with advanced cancer, and available community resources
Emotional	Need for a sense of ease, comfort, belonging, and reassurance in times of stress	Fear (eg, of cancer, witchcraft, upsetting relatives, etc), upset, worry, sadness, anxiety, frustration, anger, bitterness, guilt, helplessness, hopelessness, and loneliness
Psychologic	Needs related to the ability to cope with the illness experience and its consequences, including the needs for optimal personal control and experiencing positive self-esteem	Anxiety disorders, depression, post-traumatic stress disorder, poor self-esteem, self-image disorders, intrusive thinking, inadequate coping or use of negative coping strategies, and loss of personal control
Social	Needs related to family relationships, community acceptance, and involvement in relationships	Family members' responses, interactions with family members, interactions with friends, interpersonal communication, sexuality concerns, stigma, telling others about the cancer; cultural expectations, feeling isolated, rejection, and abandonment
Spiritual	Needs related to meaning and purpose in life; faith and beliefs	Beliefs about life, illness, death, and afterlife; interactions with faith-based community, use of prayer, use of traditional healers, and awareness of impending death/wish to die
Practical	Needs for direct assistance to accomplish a task or activity and thereby reduce the demands on a person	Transportation, finances, help at home with chores or shopping, getting enough nutritious food, care of children, employment issues, legal issues, and obtaining supplies for wound care

NOTE. Content from table was drawn from references [3-5,19,36-38,42-45,47,49-51,54-56,76,108-124](#).

TABLE 2. Illustrations of Psychosocial Issues Reported for Patients With Cancer in Africa

Point on the Cancer Trajectory	Key Psychosocial Issues for Patients With Cancer in Africa That Would Benefit From Nursing Intervention
Prevention	Awareness about cancer and cancer-prevention strategies
Screening and early detection	Awareness of available screening and early detection options Fear of cancer/overcoming myths about cancer and cancer treatment Awareness of signs and symptoms that need investigation Where to go for investigation of symptoms Anxiety of waiting for test results
Diagnosis	Disbelief, emotional numbness, and shock of initial diagnosis Telling family members about the cancer Understanding the type of cancer, available treatment options, and implications of treatment (eg, impact on daily lives and prognosis) Making decisions about treatment
Treatment	Traveling/accommodation during treatment (whether surgery, chemotherapy, or radiation) Financial concerns about treatment Coping with the treatment schedules and side effects Coping with changes in roles and responsibilities of family members Emotional reaction to treatment difficulties (anxieties, sadness, etc) by patient and by various family members
Rehabilitation/survivorship	Awareness of late and long-term effects, when to seek help, and how to deal with them Adjusting to the changes in bodily function and appearance Finding available resources for support (emotional and practical) Making decisions about various aspects of life and priorities (eg, return to school, return to work, and roles in the family) Coping with fear of recurrence and uncertainty
Recurrent disease	Emotional reactions to diagnosis of recurrent disease and its implications Awareness of implications of recurrent diagnosis and treatment options available Making treatment decisions Making decisions about life priorities
Advanced disease/end-of-life	Coping with side effects (especially pain) Confronting the end-of-one's life/anticipatory grieving for patient and family members Finding hope/meaning in life as it remains Combating fear of being a burden and feeling of isolation
Bereavement	Family members coping with loss and grief

NOTE. Content for table was drawn from references [3-5,19,36-38,42-45,47,49-51,54-56,76,108-124](#).

Within three years of the surgery, 38.3% had gone through a divorce or separation from their husbands.

This same trend exists for women with cervical cancer as their challenges can start before diagnosis and last well after treatment has finished. Having cervical cancer often results in stigmatization and rejection by their communities, their families, and life partners, and the fear of treatment and death are eminent.^{42,48,52} In a study of 153 South African women with cervical cancer, Sabuleu and Maree⁵³ found that all domains of quality of life were affected with social functioning being affected the most.

Clinically significant levels of psychosocial distress have also been reported for patients with cancer in Africa. For example, Fatiregun et al⁵⁴ reported clinically significant levels of anxiety disorder in 19% of the 200 patients with breast cancer from Nigeria. Kagee et al³⁸ reported significantly high levels of depression for 34.3% of 201 patients with breast cancer in South Africa, whereas Wondimagegnehu et al⁵⁵ reported high distress for 29% of 428 patients with breast cancer in Ethiopia. Recently, Kugbey et al⁵⁶ showed clear correlations between available social support and heightened levels of anxiety and depression for

205 patients with breast cancer in Ghana. In Morocco, Khalil et al⁵⁷ reported in a sample of 110 survivors of cervical cancer up to 10 years post-treatment, lower emotional functioning than the control of women who had not had cervical cancer; 72% were unemployed, 31% had no interest in sexual relationships, and 41% experienced fear of recurrence.

Psychosocial Cancer Care Defined

The domain of psychosocial care includes understanding and treating the social, psychologic, emotional, spiritual, quality of life, and functional aspects of cancer and is applied across the cancer trajectory from prevention through bereavement (Table 3).⁵⁸ It involves attending to the needs and wishes of individuals as well as their communities of support. Psychosocial health is a state of mental, emotional, social, and spiritual well-being including the ways people view themselves and how they deal with stressful situations (Lazarus and Folkman).⁵⁹

Cancer and its treatment bring a myriad of changes, and coping with the consequences can be distressing for both an individual as well as family members.¹ When human

TABLE 3. Approved Standards Related to Psychosocial Care and to Nursing Practice**Nursing Role in Psychosocial Care of Patients With Cancer**Defining psychosocial oncology⁵⁸:

- *The domain of psychosocial oncology includes the formal study, understanding and treatment of the social, psychologic, emotional, spiritual, quality of life, and functional aspects of cancer as applied across the cancer trajectory from prevention through bereavement*

Standard of care⁵⁸

- Comprehensive cancer care should ensure the provision of appropriate psychosocial health services by:
 - Facilitating effective communication between patients, their families, and care providers
 - Identifying psychosocial health needs of patients and families
 - Designing and implementing a plan that links the patient and family with needed psychosocial health care services, coordinates biomedical and psychosocial health care, and engages and supports patients and families in managing their illness and health
 - Systematically monitoring, evaluating, and readjusting plans.

Foundational knowledge and skills for nurses in psychosocial care of patients with cancer^{12,13}

- Knowledge
- Understand the emotional impact of a cancer diagnosis and treatment on quality of life
 - Understand of the evidence for intervention in psychosocial care
 - Aware of resources available in the local setting to assist with psychosocial care of patients and families
 - Aware of own role and the role of other available health care professionals who can help with psychosocial care requirements

Skills

- Recognizing the signs and symptoms of psychosocial/spiritual distress
- Completing a comprehensive patient assessment of all domains related to psychosocial care
- Identifying patient perspective, strengths, weaknesses, and problems/concerns
- Devising a mutually agreeable plan for psychosocial care with the patient and family members
- Providing basic emotional support, psychosocial, and spiritual care
- Referring patient to available resources for identified problems/concerns
- Monitoring the implementation of the plan of care
- Evaluating the effectiveness of the plan of care and readjusting as required
- Documenting assessment, interventions, and effectiveness of interventions
- Communicating with the interdisciplinary team about patient condition, nursing intervention, and outcomes of care

beings are confronted with stressful life circumstances, they experience emotional, cognitive, and behavioral responses unique to that individual.⁵⁹ When cancer strikes, a person's ability to meet his or her own needs and cope may be compromised. Physical discomfort or a sense of personal crisis may interfere with an individual's usual approaches to meet his or her needs and the needs of their families. New learning, new skills, or assistance from others may be required.

All individuals will experience some degree of emotional response to their cancer diagnosis and treatment.¹ In general, good communication, basic emotional support, and excellent symptom management will allow approximately 20% of patients with cancer to mobilize their own

coping resources and manage predominately on their own.⁶⁰ Another 30% will require additional professional encouragement and assistance concerning education about their cancer and managing side effects, access to services, and access to peer support. Meanwhile, approximately 50% will require intervention from professionals in various disciplines with expertise in cancer care to cope with the full range of unmet needs they are experiencing. Access to various health care professionals is valuable in achieving quality care outcomes for patients (ie, nutrition, social work, psychology, physiotherapy, occupational therapy, spiritual leader, and speech-language pathology). However, these services are not always available or easily accessible in many parts of Africa. Screening for psychosocial distress using a standardized tool (eg, Edmonton Symptom Assessment System-revised,⁶¹ Hospital Anxiety and Depression Scale,⁶² and Distress Thermometer⁶³) together with a follow-up conversation can help to pinpoint the issues a patient with cancer is experiencing and mobilize appropriate psychosocial care.⁶⁴

The principles of psychosocial care focus on caring for an individual's basic needs through adequate communication, provision of information, basic emotional support, screening of needs, and symptom management⁶⁵ (Table 3). Higher levels of distress and unmet need will require more specialized intervention and referral to an expert in psychosocial care.⁶⁶ Nurses are often the preferred providers of basic psychosocial care, building on a cornerstone of therapeutic communication and response to patients' information needs and acknowledged psychosocial distress. Patients require the opportunity to talk about what is happening to them and have someone who will listen with a nonjudgmental attitude and compassion.

In summary, psychosocial care is ultimately concerned with the psychologic and emotional well-being of patients and families.⁵⁸ It includes issues of self-esteem, insight and adaptation to illness and its consequences, social functioning and relationships, therapeutic communication, and spiritual well-being. Improvements in overall patient health require psychologic, social, and environmental interventions in addition to biomedical ones. Patients who have a good understanding of their situation and feel empowered are able to cope more effectively.

Nursing Role in Psychosocial Care Across the Cancer Continuum

In many countries, nurses are the largest workforce in health and are often the first health care professional that individuals see when seeking help for health-related problems.⁶⁷ The practice of nursing embraces the whole person and the person's family including all components of human need (ie, physical, social, psychologic, spiritual, and practical).⁶⁸⁻⁷¹

Addressing psychosocial care needs of individuals affected by illness is a crucial role for nurses.^{14,72} If these needs are not identified and met, individuals can experience heightened psychosocial distress and poor health

TABLE 4. Competencies for Nurses in Psychosocial Care of Patients With Cancer in Africa^a

Postbasic nurses will be able to:	Advanced nurses will be able to:
Understand the cancer experience and the different needs, feelings, fears, concerns, and losses that the individual/family may encounter as part of the cancer journey and being able to discuss them comfortably with the individual/family	Conduct a thorough in-depth assessment and provide management/interventions of psychosocial and spiritual needs
Understand the basic support needs of patients and families, and refer patients with more complex psychosocial and spiritual needs	Provide advanced counseling techniques
Recognize the importance of the interplay between individuals, families, and community structures	Provide leadership in conducting family meetings to assess and manage care and relationship needs
Understands the impact stigma can have on the overall outcome of care and quality of life for patients and their families/caregivers	Hold an in-depth understanding of evidence-based practice and clinical guidelines for management of psychosocial and spiritual issues and the different models of spiritual and psychosocial care
Conduct a systematic psychosocial, spiritual, and cultural assessment that includes the individual/family's response to cancer, their main concerns, feelings, fears, goals, and beliefs and understanding of cancer and prognosis	Undertake the management of advanced emotional and social difficulties for individuals diagnosed with cancer
<ul style="list-style-type: none"> • Assess the individual/family's supportive and informational needs and their preferred role in decision making • Assess the individual/family's pre-existing mental health needs including therapies and outcomes (if relevant) • Assess the individual/family's financial, social, and practical concerns, 	Understand the relationship between patients and family's spiritual and stages of grief
rituals, and practices that may affect their cancer experience	Collaborate with interdisciplinary professionals to manage complex spiritual and psychosocial care (The African Palliative Care Association)
Identify patient and family distress; identify individuals/families that require supportive, psychosocial, or spiritual care intervention and refer as necessary in a timely manner	Engage in systematic assessment of barriers to psychosocial and spiritual care as necessary
Apply supportive care strategies and best practice-/evidence-based psychosocial care interventions that are within the scope of practice to facilitate effective coping	Assesses the supportive and deleterious effects of interactions among individuals, caregivers, the community, and social systems on people at risk for or diagnosed with cancer throughout the cancer care continuum.
Succinctly documenting the individual's/family's perspective, reactions, and responses, maintaining confidentiality, but sharing what the interprofessional health care team needs to be aware of to provide individualized care	Lead quality improvement/research studies to enhance communication processes as necessary
Provide relevant information/education at the appropriate times through the cancer experience related to common psychologic reactions, responses to the cancer experience, coping mechanisms, and psychosocial and spiritual care	Assists nursing staff in development and maintenance of competency in the development of psychosocial and spiritual nursing diagnoses
Is aware of own psychosocial distress and spiritual needs and ways these differ from their patients	Assists the postbasic nurse in the development and maintenance of evidence-based assessment skills with a focus on common cancer-related psychosocial and spiritual problem areas
Practice effective strategies to decrease professional caregiver burden and prevent burnout	

^aAdapted from standards and competencies for cancer nursing published by the Canadian Association of Nurses in Oncology, the Oncology Nursing Society, the European Oncology Nursing Society, and the American Pediatric Cancer Association.

outcomes, while families could experience complicated grief responses.⁷³ Within undergraduate preparation worldwide, nurses receive instruction, to a greater or lesser degree, on recognizing psychosocial needs and supporting patients to resolve psychosocial issues. Basic assessment of psychosocial need, problem-identification, intervention, and/or referral is expected in all nursing roles. However, providing nursing care to a specialty population, such as patients with cancer, will require additional learning and adaptation of knowledge to meet the unique psychosocial needs in the population.

Nursing care of patients with cancer is conceptualized as a specialty practice that requires knowledge and skill beyond that of undergraduate preparation.⁷⁴ In addition to garnering additional knowledge in the disease-related interventions (ie, screening, chemotherapy administration, postoperative care, and symptom management),²³ cancer

nursing requires an astute insight into the emotional and psychosocial impact of the illness on the individual and his or her family.⁷⁵ At present, in many parts of Africa, nurses with only undergraduate preparation are expected to perform in specialist oncology nurse roles without the benefit of additional training.⁷⁶

Standards and accompanying competencies designed to guide cancer nursing practice have been developed in countries where cancer nursing (oncology nursing) is recognized as a specialty. Oncology nursing associations developed these standards to cover the breadth of oncology nursing care and clearly incorporate psychosocial care expectations.^{12,13,77-79} Yet, in various studies, nurses have indicated they do not feel well prepared to provide psychosocial care to patients and want added preparation.⁸⁰⁻⁸² Describing required competencies can provide guidance regarding the added knowledge and skills to cover when

preparing specialty nurses. To date, such competencies for nurses related to psychosocial cancer care have not been developed for the African context.²⁴ As educational programs are established for oncology nursing in Africa, descriptions of competencies would be helpful to guide curriculum design and program implementation.

All oncology nursing standards describe expectations that nurses caring for patients with cancer will conduct basic psychosocial assessments, identify psychosocial issues or patient concerns, and provide basic emotional support. The initial expectation is directed toward creating a therapeutic relationship and providing patient support by engaging in person-centered communication. The starting point is characterized by gaining an understanding of the perspectives of the patient, through listening carefully to the individual, and acknowledging that understanding.⁸³ As a basis for their interventions, nurses need to first gain an understanding of the impact the cancer diagnosis has for a patient, but then assess and monitor the ongoing impact from the patients' perspective.

An important second expectation in providing psychosocial care is identifying the concerns a patient has and providing relevant intervention and information to assist the person in coping with the situation. Having knowledge about available services that support patients in the community, connecting patients and families to necessary services, and referring individuals to relevant specialists when required are also expectations of cancer nurses. These expectations apply in any setting where nurses interact with individuals concerning cancer (eg, during public education sessions, during screening, in hospital, in ambulatory settings for chemotherapy or radiation, at home, during survivorship, and during palliative care).

Nurses prepared as specialist oncology nurses at a graduate level work with complex multifaceted and dynamic patient and family situations where conditions may be unpredictable and outcomes uncertain. The psychosocial care skills possessed by these nurses will facilitate patient and family decision making about complex treatment, symptom management, and end-of-life care. In addition, specialist nurses engage in quality improvement and evaluate service delivery, identifying gaps and relevant solutions in care. They also engage in research initiatives related to psychosocial care of patients with cancer and their families.⁸⁴ In some settings, advanced nurses conduct support groups for patients and/or engage in counseling. They offer professional development opportunities for other nurses regarding the psychosocial care of cancer care for patients with cancer and the family members, and work with other nurses to build resources for continued learning.

In various cancer centers around the world, nurses have introduced an important role in screening for emotional and symptom-related distress using standardized distress screening tools.⁸⁵ Tools such as the Edmonton Symptom Assessment System⁶¹ or the Distress Thermometer⁶³ allow nurses to triage

patients and use the results as a basis for a conversation about needs and supports required. Screening can help to see easily who would benefit from intervention and/or referral to other members of the cancer care team. The Distress Thermometer is beginning to be used successfully with patients who have cancer in Africa.⁸⁶

PSYCHOSOCIAL CARE COMPETENCIES FOR NURSES IN AFRICA

The competencies outlined in Table 4 were designed by this author team to reflect the expectations for nurses to provide psychosocial care for patients with cancer but are contextualized for the African cancer care setting. Drawn from the standards for oncology nurses, we hope the presentation of the contextualized competencies will serve to stimulate dialogue about psychosocial care by nurses and guide the development of relevant educational approaches.

The competencies cover the knowledge, skills, and values required of nurses in providing psychosocial care. Fundamental to these competencies is being able to communicate effectively in an empathetic and nonjudgmental fashion and establish a therapeutic relationship. Being able to assess psychosocial distress, identify heightened levels of distress, and know when referral is required to other disciplines are essential competencies. Providing basic emotional support, being aware of available support services for patients and families, and helping make connections to relevant services are also important.

Nursing Education in Africa Regarding Psychosocial Cancer Care

Currently, general nursing practice standards⁸⁷⁻⁹¹ in Africa align with those of the International Council of Nurses⁷² and describe expectations about providing support to patients and family members. Nurses receive basic education during their undergraduate preparation in assessing the emotional, psychologic, and spiritual needs of patients and families. However, in most countries, this education needs to be augmented^{9,25,26} for providing appropriate and meaningful psychosocial care to specialized populations such as individuals with cancer.

Currently, few formal programs exist across Africa to provide nurses with education and training in oncology nursing or specifically in psychosocial cancer care.^{24,27} Additionally, nurses in practice find it difficult to offer psychosocial care to patients with cancer because of lack of education in cancer care, unclear structures to support their practice, and lack of facility resources.⁷⁶ Despite these challenges, there is a growing recognition across the continent that nurses can play an increasingly important role in cancer care.⁹²

Presently, the role expectations for nurses working in African cancer centers vary from center to center, and very few contain explicit statements about psychosocial care by nurses.^{91,93} Few nurses have focused on psychosocial care during treatment in their research investigations which, in

large measure, focus on prevention.⁹⁴ Some cancer programs have social workers, and psychologists or psychiatrists, attached to their service⁹⁵ or have developed support groups for patients.⁹⁶ In some countries, there are a growing number of patient advocacy and support organizations where patients can be referred for peer-based psychosocial care and practical support.^{97,98} Additionally, the growth of palliative care and hospice have created services to assist patients in meeting psychosocial needs toward the end of life.^{99,100} Finally, patient navigation programs have been introduced recently in a few settings,¹⁰¹⁻¹⁰⁷ although most focus on screening and early diagnosis.

Proposed Recommendations to Support the Role of Nurses in Psychosocial Care of Patients With Cancer in Africa

The recommendations presented below are drawn from earlier work regarding oncology nursing as a specialty in low- and middle-income countries^{9,25} and on the basis of our understanding of the current situation in Africa and concern for psychosocial care of patients with cancer. They are offered for leaders in nursing and cancer programs across Africa to enhance the quality of care for patients with cancer and their family members. The strategies emphasize building the capacity of nurses in Africa to engage in effective provision of psychosocial care.

Policy

- Address oncology nursing education and training as a crucial component of health workforce development in national cancer control and implementation plans
- Provide appropriate funding for oncology nursing education programs

Education

- Incorporate preparation regarding competencies for psychosocial nursing care in oncology educational programs for nurses in Africa

- Develop nursing faculty who can design, implement, and teach oncology nursing both in academic and clinical settings
- Develop mechanisms for educational program sharing between countries across Africa

Practice

- Increase the number of specialists and clinically competent oncology nurses
- Incorporate psychosocial care explicitly into standards of practice expectations for oncology nurses
- Support consistent implementation of oncology nursing standards and competencies for practice across cancer programs, including psychosocial care

Research

- Develop priorities for research that will inform clinical practice, strengthen the nursing knowledge base for care of patients with cancer, advance culturally appropriate cancer care, and add to the evidence base for cancer nursing care.
- Encourage nursing research regarding the biobehavioral interventions for psychosocial and emotional needs of patients with cancer and their families in Africa.

In conclusion, this article offers a list of competencies in psychosocial care for nurses caring for patients with cancer and their families in Africa. These competencies could serve as a basis for educational program planning and curriculum development as cancer nursing grows across Africa. Both existing programs and new programs could use them to incorporate relevant psychosocial knowledge, skills, and attitudes. With preparation in psychosocial cancer care, nurses will be in a strong position to assist patients with cancer in meeting their psychosocial needs and achieving desired outcomes. Ultimately, the quality of cancer care in Africa can be enhanced.

AFFILIATIONS

¹School of Nursing and Midwifery, College of Medicine and Health Sciences, University of Rwanda, Kigali, Rwanda

²Department of Nursing Education, University of the Witwatersrand, Johannesburg & Netcare Education, Johannesburg, South Africa

³Dana-Farber Cancer Institute, Boston, MA

⁴Partners in Health, Boston, MA

⁵Bloomberg Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada

⁶Rory Meyer's College of Nursing, New York University, New York, NY

CORRESPONDING AUTHOR

Margaret I. Fitch, RN, PhD, Bloomberg Faculty of Nursing, University of Toronto, 207 Chisholm Ave, Toronto, Ontario, Canada; e-mail: Marg.i.fitch@gmail.com.

AUTHOR CONTRIBUTIONS

Conception and design: All authors

Collection and assembly of data: Margaret I. Fitch

Data analysis and interpretation: All authors

Manuscript writing: All authors

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Lori Buswell

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Margaret I. Fitch

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