Social Work Intervention Research With Adult Cancer Patients: A Literature Review and Reflection on Knowledge-Building for Practice

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Social Work Intervention Research With Adult Cancer Patients: A Literature Review and Reflection on Knowledge-Building for Practice

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The results of a literature review of social work intervention research with adult cancer patients found only a small number of studies conducted by social work researchers. The findings of the review are presented followed by a reflective discussion on the nature of knowledge-building and research knowledge for practice. Knowledge building is considered as a continuous, negotiated process within communities of practice focused on psychosocial perspectives that draw on a range of knowledge sources. Epistemology, worldviews and research orientations are considered along with the values and stance of social work, all of which create the domain of the practice-researcher.

KEYWORDS psychosocial interventions, social work, practice-based research, critical reflection
The fields of oncology and cancer service delivery are key domains for social work practice. From these fields, oncology social work has emerged as a specialized discipline in which social workers provide a range of psychosocial services to individuals, groups, and communities interacting with cancer care. A comprehensive review of the significant contribution of oncology social work, its future directions, and professional challenges has been undertaken by social work leaders in the field (Blacker & Christ, 2011; Burg et al., 2010; Deshields, Zebrack, & Kennedy, 2012; Zebrack, Walsh, Burg, Maramaldi, & Lim, 2008). Notwithstanding this significant contribution, the delivery of psychosocial care is complex and differences exist among treatment settings, health systems, states, and countries. For example, the utilization of the Distress Thermometer (DT) as a screening tool has had most currency in the United States and in Canada with patchy uptake elsewhere. In the authors’ country, Australia, only a small number of cancer centers are using the DT on a routine basis. As these discussions continue about the positioning of psychosocial services and social work in the oncology field, one key aspect is consistently mentioned—that of the need for ongoing research in the field.

As practitioners and researchers in the field, we would argue that this research should reflect the diversity of views concerning what constitutes research evidence and knowledge for practice. Thus the purpose of this article is twofold. Firstly to review evidence based studies undertaken by oncology social workers about their practice and secondly, to critically appraise this evidence within the wider context of knowledge creation and knowledge building for social work practice.

BACKGROUND TO THE LITERATURE REVIEW

Partly in response to these ongoing debates and the fact that little is known specifically about the Australian oncology social work field, an academic/practitioner partnership has recently been investigating social work practice in cancer care in Australia. The collaboration has considered three aspects; first, the oncology social work workforce; second, the scope of oncology social work practice; and third, the involvement of oncology social workers in research. In particular, the latter two aspects have had a focus on social work interventions. In the first phase of this work, a national survey was undertaken to identify the demographics and size of the social work workforce. The results of the survey found an experienced and well-qualified workforce that was predominantly located in the main population centers of the country with fewer services in rural and regional settings; commensurate with the smaller scale and patient volume of cancer centers outside the major cities. Social workers were also active in a range of research activities from small-scale studies about practice to involvement in larger research projects.
undertaking a range of research roles; however, mostly they were research contributors rather than lead researchers and authors.

To inform the investigation a literature review of social work research in cancer was undertaken. In planning the approach to the literature review two key systematic reviews of social work research were identified and used as a baseline from which to continue. These were the reviews of Cwikel and Behar (1999) who used a vote count methodology (Light & Smith, 1971) to review social work with adult cancer patients and Preyde and Synnott (2009) who conducted a meta-analysis of psychosocial intervention for adults with cancer.

Cwikel and Behar reviewed 40 studies undertaken between 1978–1998. The articles were evaluated for the quality of the research and applicability to practice and included a range of study designs of which 22 (57.5%) were Randomized Control Trials (RCTs); 12 (30%) were quasi-experimental; 3 (7.5%) involved pre–post tests; 2 (5%) were retrospective and 1 (7.5%) a multiple time series study. The majority of studies (22 or 55%) involved mixed diagnoses and the remainder were breast (11; 27.5%), gynaecologic (4; 10%), and other (3; 7.5%). Over 60% (24) of the studies were undertaken in the treatment stage. Social workers participated in just under half of the studies (17; 42.5%) and first authorship was mixed with the majority (15; 37.5%) being psychologists and (7; 17.5%) being social workers. Psychosocial interventions were clustered together in the following groups: cognitive/behavioral, information/education, non-behavioral counseling, social support, and “other” including diet, exercise, diaries, and phone counseling. The review found that of the treatment interventions, 36 of the 40 studies achieved at least some positive results with some cognitive behavioral interventions showing more consistently positively results. The review also indicated that similar positive results were evident for interventions in the treatment phase. The effectiveness of the vote count methodology as an alternative to meta-analysis was also established.

Since that review, many types of literature reviews have been published that have aimed to capture research work in psychosocial oncology with adult cancer patients. These have been comprehensively appraised by Preyde and Synnott (2009) who documented a “review of reviews” identifying reviews concerning social support theory, the characteristics of patients and interventions and effects on psychological outcomes, legal issues and the Internet, psychoeducational intervention, psychosocial intervention, and more specifically psychosocial intervention on psychological outcomes and quality of life. Perhaps the most notable of these was that by Rehse and Pukrop (2003) who identified and systematically reviewed 37 published controlled outcome studies undertaken between 1970–1999 on the effects of psychosocial interventions on quality of life in adult cancer patients. The findings of the meta-analysis concluded that psychosocial interventions were most effective on quality of life if provided over a period of 12 weeks and that the quality of the relationship between patient and therapist was also significant. In this analysis, psychosocial interventions were grouped into four clusters according
to the levels of patient participation and included patient education programs; social support through “professionally guided” support groups that facilitated emotional support and shared experiences; coping skills training where patients learned new coping strategies and fourthly “psychotherapeutic interventions” inclusive of specific therapeutic techniques such as “psychodynamic, existential, supportive or eclectic therapeutic approaches and crisis intervention” (p. 180).

The systematic review undertaken by Preyde and Synnott encompassed the period from 1999–2007 and aimed to follow on from the Rehse and Pukrop review. Studies included in their review were those that were published in English and were identified through an online search of MEDLINE; CINAHL; PsychINFO, Social Sciences Citation Index; Social Services Abstracts; and PubMed databases. Keyword and title search terms were noted as psychosocial, care, intervention, service, support oncology, effectiveness, and evaluation with specific inclusion criteria developed consistent with the overall aims of the review. A total of 27 articles was reviewed; however, there were no conclusive findings or consistent results “to support any one type of psychosocial oncology intervention” (p. 340). The authors stated, however, that four studies reviewed (Andersen et al. 2004; Boesen, Ross, Frederiksen, Thomsen, Dahlstrøm, Schmidt, and Johansen, 2005; Edgar, Rosberger, & Collet, 2001; and Lee et al., 2006) contained results of significance that could be used as a guide in social work practice. These included cognitive adaption, coping management, and stress management techniques tailored to the individual needs of each patient based on the assessment (p. 342). Preyde and Synnott concluded their review with comments regarding the limited number of studies conducted by social workers or researchers on social work interventions specifically. They recommended a research agenda for social work interventions based on randomized controlled trials to support the evidence for practice and to demonstrate effectiveness in practice. They referred to the findings of Cwikel and Behar in 1999 that social work research contained few RCTs with certain types of intervention research more frequently completed by other health professionals.

Implicit in these conclusions is the difficulty of definition and attribution of interventions specifically to social work. In many reviews the terms are often used interchangeably; however, the term “psychosocial intervention” is also used by disciplines such as psychology, nursing, and health education. Conclusions drawn by the authors from their own literature review and from their own practice experience are that there seem to be a group of interventions that are most commonly used by social workers and these are cognitive/behavioral interventions, information/education, non-behavioral, supportive counseling, social support, and other related areas broadly associated with social functioning. In more recent literature, interventions such as patient advocacy, patient navigation, finding resources, and community referral have been included and these can also be added to the list of social work
interventions. Some of these interventions have been developed into specific service provider roles for example “patient navigators” and “case managers,”; however, these are largely derivative of social work practice interventions. The psychosocial domain is a crowded and competitive field as greater specialization occurs in health professional roles and disciplines become more regulated through licensing and credentialing. A patient-centered approach would discount these issues if the psychosocial interventions were effective and delivered by a trained professional. However, from a social work perspective, we would argue that social work–delivered interventions reflect the differentiation of skills, abilities, knowledge, and worldviews that make up social work’s particular professional focus that informs the psychosocial assessment and subsequent actions. It is at this point that differences become significant—differences that are located within a wider social perspective of health, wellbeing, and health inequalities and disparities. The recently revised global definition of social work ratified at the International Federation of Social Work (IFSW) General Meeting and the International Association of Schools of Social Work (IASSW) General Assembly in July 2014 reflects the elements that go to make up social work practice:

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and Indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing. (IFSW & IASSW, 2014).

AIM

The ongoing commentary in many literature reviews about the lack of psychosocial/social work intervention research and this distinction provided the background for the review undertaken within the parameters of social work intervention undertaken by social workers with adults who have cancer. Thus, the aim of the literature review was to identify and describe social work research in the adult cancer field that investigated psychosocial/social work interventions delivered by social workers.

METHODS

A systematic search of four electronic bibliographic databases—Medline, PsychInfo, CINAHL, and Social Work Abstracts—was conducted using the keywords “cancer” and “social work” in order to capture the widest range
of potentially eligible papers. The search was limited to peer-reviewed studies conducted from January 2000 to December 2013 and English-only. Papers were included if they presented qualitative or quantitative studies concerning intervention or observational studies targeting adult oncology or oncology palliative care patients and there was evidence of social workers being involved in the delivery of an intervention as part of the study. Papers were excluded if they did not concern adult cancer patients; included social workers in the sample group and did not describe results of studies with a clear investigational design. Case studies, book reviews, editorial comments, descriptions of models of care, and program outlines were excluded.

RESULTS

The combined search of the four databases yielded 311 papers after removal of duplicates. Abstracts were reviewed and 44 were retrieved for full text screening. These papers were then reviewed and rated by two researchers independently using the “QualSyst” Assessment Tool (Kmet, Lee, & Cook, 2004). Although many tools are now available, this tool was selected as it was originally designed in the cancer research field. The quality of studies was assessed against a 14-point checklist that included points such as: Is the question/objective sufficiently described? Is the study design evident and appropriate? Raters assigned one of four scores “Yes,” “Partial,” “No,” or “N/A” for each study. For qualitative studies, a 10-point scale appropriate to the methodology was used; for example, is the context of the study clear? Following the same process, raters assigned one of the four scores for each question. In both the selection of abstracts and the rating of studies, where decisions differed, the final decision was reached by consensus amongst the research team.

In the process four papers were rejected and four additional papers were identified from the references of the eligible papers. The final set comprised 25 papers. A flow chart of the process is illustrated in Figure 1 using the PRISMA reporting format for literature reviews (Moher, Liberati, Tetzlaff, & Altman, 2009).

CHARACTERISTICS OF THE FINAL SET OF STUDIES

The characteristics of the final set of studies is shown in Table 1. Of the 25 papers reviewed, two were qualitative studies listed in Table 2. Of the 23 quantitative studies five were methodological in which research protocols were tested or piloted and social workers were directly involved. Eight papers described results of Randomized Controlled Trials, one paper reported pooled results from three trials, two of which are included in this review and one paper discussed a non-randomized trial. There were eight observational
Records identified through database searching and the removal of duplicates (n = 311) N = (n = ??)

Additional records identified through other sources (n = 4)

Records identified (n = 315)

Abstracts screened (n = 315)

Records excluded (n = 267)

Full-text articles assessed for eligibility (n = 48)

Full-text articles excluded, with reasons (n = 23)

Studies included in qualitative synthesis (n = 2)

Studies included in quantitative synthesis (n = 23)

**FIGURE 1** Identification of papers.

### TABLE 1 Characteristics of studies

<table>
<thead>
<tr>
<th>Study type</th>
<th>Qualitative</th>
<th>Quantitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Methodological/protocol/pilot studies 5; RCTs 8; Pooled RCTs 1; non-randomized CT 1; Observational/evaluation 8)</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>Country</td>
<td>Australia</td>
<td>3</td>
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<tr>
<td></td>
<td>Canada</td>
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<td>Hong Kong</td>
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<td>Ireland</td>
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<td>Netherlands</td>
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<td>UK</td>
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<td></td>
<td>USA</td>
<td>13</td>
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<tr>
<td>Author &amp; Reference</td>
<td>Study Design &amp; Tumor Stream</td>
<td>Intervention and Intervention Type</td>
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<tr>
<td>Clausen et al. (2005). Would Palliative Care Patients Benefit From Social Workers' Retaining the Traditional 'Casework' Role rather than Working as Care Managers? A prospective Serial Qualitative Interview Study Scotland</td>
<td>Qualitative, prospective longitudinal - 3 monthly semi-structured interviews for up to one year Palliative Care Lung stream &amp; advanced cardiac failure Community setting N = 20 (lung); N = 20 (cardiac) 219 recorded interviews 93 patients, 48 caregivers, 60 professionals, 18 bereavement</td>
<td>Investigational study No intervention delivered but findings refer to Intervention Types: 1, 3–6.</td>
</tr>
<tr>
<td>Davis et al. (2009). Social Workers as Patient Navigators for Breast Cancer Survivors: What Do African-American Medically Underserved Women Think of This Idea? USA</td>
<td>Qualitative Focus groups; participants from cancer treatment and support programs in three cities; Breast cancer survivors (Months—30 yrs) Breast stream Community setting N = 36</td>
<td>Investigational Study No interventions delivered but findings refer to Intervention Types: 1, 3–6</td>
</tr>
</tbody>
</table>
studies, the majority of which were service evaluation/audit studies with no control groups. Common to the majority of studies, was the role of the social worker in delivering all or parts of the interventions and in the majority of papers social workers were either the lead author or a co-author.

CHARACTERISTICS OF THE METHODOLOGICAL/PROTOCOL/PILOT STUDIES

A Social Difficulties Inventory was designed and evaluated by Wright, Smith, Roberts, Selby, and Velikova (2007) that aimed to assist health professionals to identify patients requiring further assessment and referral to support services. The design involved a patient self-assessment using the Inventory compared with a social work assessment using the same Inventory. Clinical guidelines were then developed. This study was part of a body of work undertaken in the United Kingdom by the Psychosocial and Clinical Practice Research Group based in Leeds. Another study from this research group by Podmore et al. (2009) is reported on in Table 3 listing non-RCT Quantitative Studies. In the protocol paper, secondary data concerning the impact of unmet social needs and the impact on social work of the implementation of the Social Difficulties Inventory are evaluated.

The randomized clinical trial methodology used in a later RCT on the ADAPt-C program (Ell et al., 2008) is described in an article by Ell et al. (2007) and a pilot study of a follow up program for low-income women with an abnormal mammogram (Ell et al., 2002) is a forerunner for an RCT investigating patient navigation and case management interventions with this group—the SAFe program (Ell, Vourlekis, Lee, & Xie, 2007).

Bausewein et al. (2012) reported on a study protocol for an RCT trialing an outpatient breathlessness support service for patients with advanced disease including cancer. The intervention team was multidisciplinary and included respiratory specialists, palliative care specialists, a physiotherapist, occupational therapist, and social worker. In modeling the service based on literature reviews and qualitative interviews the necessary social work intervention was identified to include patient and caregiver assessment, information and education, and coping strategies. The design of a multitiered prostate cancer patient navigation intervention was discussed by Nonzee and colleagues (2012) where lay health navigators performed activities to proactively identify and resolve personal and systems barriers to care. A social worker and lay health navigator delivered the interventions. The expected primary outcomes of the study are noted and included a reduction in time from abnormal screening result to diagnosis and reduction in time from diagnosis to treatment initiation in the intervention group. Secondary outcomes including psychosocial and demographic predictors of non-compliance and patient satisfaction were also anticipated.
<table>
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<tr>
<th>Author &amp; Reference</th>
<th>Study Design &amp; Tumor Stream</th>
<th>Intervention and Intervention Type</th>
<th>SW Involvement</th>
<th>Findings</th>
</tr>
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<tbody>
<tr>
<td>Chan et al. (2006).</td>
<td>RCT, Active Treatment, Breast stream, Multi site/Medical centers</td>
<td>Study compared three support group interventions as representative of different approaches: Body-Mind-Spirit (BMS—culturally sensitive approach); Supportive-Expressive (SE—western style approach); Social Support Self-Help (SS—non-professionally lead) as well as a non-intervention group.</td>
<td>Social work lead researcher and author</td>
<td>BMS produced the largest number of beneficial effects. Psychological distress, emotional control and negative emotions were all reduced; social support was enhanced. Total salivary cortisol used as a stress marker lowered after 8 months. ($p = 0.03, E.S. = 0.62$) No statistically significant improvements were evident in the other intervention groups but participants reported individual benefits. Non-intervention group experienced reduction in social support.</td>
</tr>
<tr>
<td>Clark (2010).</td>
<td>RCT, Active Treatment, Mixed streams, Single site/Medical Center</td>
<td>FLEX Care enhanced psychosocial intervention: FLEX Care® is a communication model which allows psychosocial care providers to determine patient communication preferences using four standard questions in order to tailor communication about psychosocial issues. A Social Worker and an Oncology Nurse were trained in FLEX Care® and delivered the enhanced intervention.</td>
<td>Social work lead researcher and author</td>
<td>Patients receiving FLEX Care® enhanced psychosocial intervention experienced a significant reduction in psychosocial distress (as measured by BSI-18) when compared to controls (Mann Whitney $U = 19.00, p = .001$)</td>
</tr>
<tr>
<td>Ell et al. (2007). (Protocol reported in Ell et al., 2002)</td>
<td>Randomized Clinical Trial, Early intervention/screening, Breast stream, Single site/Medical center</td>
<td>Screening Adherence follow-up Program (SAFe) includes structured telephone adherence risk assessment, health education, psychosocial counseling, systems navigation assistance, patient tracking and reminders, referral to community services. Participants were randomized to intervention care or usual care.</td>
<td>Social work researcher and lead author</td>
<td>Patients in the intervention group more likely to adhere to diagnostic follow-up than Usual care group (90% vs. 66%, OR = 4.48, $p &lt; .001$) and women who did not participate in the study (90% vs. 68%, OR = 4.13, $p = .003$). Patient navigation and counseling effective strategies to improve diagnostic resolution among low-income, ethnic minority women with abnormal mammograms</td>
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<tr>
<th>Author &amp; Reference</th>
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<th>SW Involvement</th>
<th>Findings</th>
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</thead>
<tbody>
<tr>
<td>Ell et al. (2008) (protocol reported in Ell et al. 2007)</td>
<td>RCT</td>
<td>Alleviating Depression Among Patients with Cancer (ADAP-C)—Socioculturally tailored collaborative intervention—a stepped care model to address depression in cancer patients.</td>
<td>Social work lead researcher and author</td>
<td>Depression outcomes: Intervention group had 92% greater odds of 50% depression score reduction on the PHQ-9 than control group (OR = 1.92, CI, 1.14 to 3.26). Intervention group had 99% greater odds of 5-point depression score reduction on the PHQ-9 than control group (OR = 1.99, CI, 1.14 to 3.50; p = .02)</td>
</tr>
<tr>
<td>Randomized Controlled trial of Collaborative Care Management of Depression Among Low-Income Patients with Cancer USA</td>
<td>Active treatment All streams Single site/Medical Center</td>
<td>N = 472</td>
<td>The intervention team included social workers, patient navigators, and psychiatrists. Social worker assessed patients offered education, structured psychotherapy, maintenance/relapse prevention, provided patient navigation assistance, and liaised with the psychiatrist regarding patients potentially in need of antidepressant medication.</td>
<td>Comparison of mean scores b/w control and intervention groups indicated a positive improvement trend at 6 and 12 months</td>
</tr>
<tr>
<td>Ell et al. (2009)</td>
<td>RCT</td>
<td>Written patient navigation information augmented by patient navigation by bilingual, bi-cultural navigators in order to improve treatment adherence and follow-up. Intervention consisted of interactive health education, (decision support), counseling (emotional support), written care site and community service information and active navigator assistance to facilitate adherence to treatment.</td>
<td>Social work lead researcher and author</td>
<td>Quality of Life outcomes: intervention patients did better on emotional and social well-being components of FACT-G and mental components of SF-12 over time:</td>
</tr>
<tr>
<td>Cancer Treatment Adherence Among Low-Income Women with Breast or Gynecologic Cancer: A randomized controlled trial of patient navigation USA</td>
<td>Active treatment Mixed streams Single site/Medical center</td>
<td>N = 487</td>
<td>Interventions delivered by social workers and patient navigators.</td>
<td>At 12 months intervention pts had significantly better scores on social/family, emotional and functional wellbeing scores and SF-12 functional wellbeing scores.</td>
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<td>At 6 months intervention patients has significantly higher scores on physical functioning and functional well-being and the SF-12 mental component</td>
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<td>Study compared the effects on adherence to treatment of enhanced usual care (control) versus structured patient navigation (intervention). Treatment adherence was found to be very high in both groups and no significant differences were found. Treatment adherence rates high in both groups 87–94% suggesting the benefits of patient navigation provided to both groups.</td>
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<td>Qualitative data from semi structured interviews identified economic, cultural and systems barriers to adherence.</td>
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<tr>
<td>Study</td>
<td>Design</td>
<td>Interventions</td>
<td>Population</td>
<td>Intervention Types</td>
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<tr>
<td>Ell et al. (2010).</td>
<td>RCT—pooled analysis of three RCTs</td>
<td>ADAPt-C intervention (Ell et al., 2008) and IMPAACT (Ell et al., 2009) and MDDP (multifaceted Depression and Diabetes Program)</td>
<td>Depression Care for Low Income, Minority, Safety Net Clinic Populations With Comorbid Illness USA</td>
<td>Models of care that included interventions 1–6.</td>
</tr>
<tr>
<td>Kayser et al. (2010).</td>
<td>RCT</td>
<td>Couples-based intervention</td>
<td>Effects of a Randomized Couple-based Intervention on Quality of Life of Breast Cancer Patients and Their Partners USA</td>
<td>Interventions and control groups demographically matched. Control group assigned to standard social work services; others to Partners in Coping Program (PICP) nine bi-weekly 1-h sessions lead by a social worker. Sessions conducted over a 5 month period Intervention Types: 1–5</td>
</tr>
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<tr>
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<th>SW Involvement</th>
<th>Findings</th>
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</thead>
<tbody>
<tr>
<td>Miller et al. (2007).</td>
<td>RCT Active treatment</td>
<td>Structured multidisciplinary intervention over 8 sessions that specifically addressed domains that impact on QOL (emotional, spiritual, physical, and social). Led by psychologist or psychiatrist co-facilitated by a nurse, physical therapist, social worker or pastoral care worker depending on focus of session</td>
<td>Social work lead researcher and author</td>
<td>Improvement in overall QOL from baseline. (10 points higher at week 4 than in the control group p = .047)</td>
</tr>
<tr>
<td></td>
<td>Mixed stream Single site/medical center</td>
<td></td>
<td>Social work delivered intervention and multidisciplinary team.</td>
<td>Improvement in all social domains from baseline.</td>
</tr>
<tr>
<td></td>
<td>USA</td>
<td>N = 115</td>
<td>Social work intervention involved delivery of social domain modules including structured information on social support, community resources, financial and legal issues (advance directives)</td>
<td>Low correlation of QOL between social domains and overall QOL.</td>
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<td>Social work component can result in improvement of social domains and contribute to improvement of overall QOL for patients in active treatment</td>
</tr>
<tr>
<td>Perry (2000).</td>
<td>Non-randomized Clinical Trial Active treatment</td>
<td>A 60-point pre-transplantation preparation check list was offered by the social worker at routine pre-transplant home visits. The aim was to promote active patient involvement in treatment.</td>
<td>Social work lead researcher and author</td>
<td>The intervention group was better prepared, had fewer problems and were less anxious when confounding factors were taken into consideration.</td>
</tr>
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<td></td>
<td>Hematology Bone Marrow Transplant Single site/community</td>
<td>Intervention was administered to all intending BMT patients at one center. Intervention group consisted of those consenting to follow-up post-transplant interview. All other post BMT patients consenting to the interview in the other participating centers were comparison subjects</td>
<td>Social worker developed and provided the intervention material to the patient</td>
<td>Intervention group had higher scores for hopelessness, helplessness and fatalism. Results were not statistically significant for the overall data set. For example Mean Z-scores showed the intervention group had marginally higher PrepTP scores and lower Post TP scores (p = .061). Matching of controls improved statistical significance. Hypothesis that pre-transplant empowerment improves post-transplant adjustment is only weakly supported by the results.</td>
</tr>
<tr>
<td></td>
<td>Australia</td>
<td>N = 254</td>
<td>Intervention Types: 4, 5, 6</td>
<td>Qualitative data characterized the intervention group as more action focused with greater expectation of involvement in their treatment</td>
</tr>
<tr>
<td>Study</td>
<td>Design</td>
<td>Intervention</td>
<td>Social Work</td>
<td>Findings</td>
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<tr>
<td>Stigt et al. (2013)</td>
<td>A Randomized Controlled Trial of Post thoracotomy Pulmonary Rehabilitation in Patients with Resectable Lung Cancer</td>
<td>RCT</td>
<td>Social worker part of the multidisciplinary rehabilitation team delivering the 12 week rehabilitation program.</td>
<td>The study evaluated the effectiveness of pulmonary rehabilitation after thoracotomy. Improvements in exercise tolerance were observed in intervention group but at a cost of greater pain than controls. High withdrawal and drop out rates and early closure left the study underpowered. No outcomes relating specifically to the role of social worker in this intervention were reported other than the number of patients who received counseling. No social work outcomes were discussed.</td>
</tr>
<tr>
<td>Netherlands</td>
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<td>Active treatment Lung stream Single site</td>
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<td></td>
<td></td>
<td></td>
<td>Intervention Types: Not specifically stated but probably 1, 3, 4, 5</td>
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<td>N = 57</td>
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<td>12-week rehabilitation program for post thoracotomy patients, which included physiotherapy sessions, and scheduled visits to the pain team and medical social worker</td>
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CHARACTERISTICS OF THE INTERVENTION STUDIES

In reviewing and presenting the review of the intervention studies, the authors have allocated intervention codes. These were drawn from three sources; the codes developed by Cwikel and Behar (1999), interventions from the literature review and interventions derived from the practice knowledge and experience of the social work authors. The social work interventions were delivered by professionally qualified social workers in all the studies reviewed. The social work intervention types include:

- Psychosocial assessment/screening (1)
- Cognitive/behavioral therapies (2)
- Emotional support counseling (non-cognitive/behavioral) (3)
- Information/education (4)
- Social support, including community services/resources and referral (5)
- Patient navigation including service access/facilitation/resourcing (6)

QUALITATIVE STUDIES

The findings of the two qualitative studies illustrated the centrality and benefit of social work interventions for two key groups; breast cancer survivors and palliative care patients with commentary on the relevance of social workers in patient navigation and traditional casework roles that incorporated key social work skills and interventions to meet identified patient needs.

QUANTITATIVE STUDIES: RANDOMIZED AND NON-RANDOMIZED CONTROL TRIALS

The majority of studies reported statistically significant differences between the intervention group and the control/usual care groups and the interventions had a statistically positive impact on the outcomes studied.

Using pre- and posttest measures Clark (2010) trialed a communications model known as FLEX Care ® delivered by social workers and oncology nurses. The intervention involved enhanced and individualized psychosocial care delivered to patients based on an assessment of patients’ communication preferences. This was aided by psychosocial assessment and supported by coordinated communication processes between team members. The psychological distress of participants receiving the enhanced intervention was reduced. Ell et al. (2007) tested a model of interactive counselling, interactive health education and systems navigation/resources undertaken by social
workers and patient navigators that followed a risk assessment screening process. The program was known as SAFe, the Screening Adherence Follow-up program, for low-income, ethnic minority women with abnormal mammograms. This study was based on a previous observational and pilot study undertaken by the lead researcher (Ell et al., 2002). The study found that the key elements of the program were highly effective in improving the follow-up of women in the study group with abnormal mammogram and diagnostic resolution.

In the intervention trials designed to address psychosocial distress (Chan et al., 2006; Clark, 2010; Ell, Lee, & Xie, 2010; Ell et al., 2008; Kayser, Feldman, Borstelmann, & Daniels, 2010) social workers delivered a variety of interventions that included a couples-based intervention for early-stage breast cancer patients and their partners; a “stepped care” model intervention to address depression in cancer patients and support group intervention. These represented a wide range of therapeutic approaches requiring knowledge and skill in psychosocial assessment and intervention. The couples’ intervention (Kayser et al., 2010) consisted of a protocol of specific psychosocial interventions that utilized key social work interventions. In the stepped care model (Ell et al., 2010, 2008) the social worker assessed patients for depression, offered education, structured psychotherapy, maintenance/relapse prevention, and liaised with the psychiatrist regarding patients potentially in need of antidepressant medication. Chan’s study (2006) compared three different approaches to support interventions grounded in different frameworks (Body-Mind-Spirit, Supportive Expressive, and self-help). The findings indicated that the Body-Mind-Spirit intervention that was culturally sensitive to the sample group resulted in the largest number of beneficial effects including a reduction in psychological and emotional distress.

Other interventions involved communication skills training, patient education, patient navigation, identifying and addressing psychological distress issues such as depression and coping or providing emotional support, and interventions addressing a particular group of patients or a specific symptom using a multidisciplinary team of which a social worker was a member. The interventions focussing on patient navigation and psychological distress described a more direct and prominent social worker involvement. The social worker usually delivered the interventions personally or supervised patient navigators. Navigation studies (Ell et al., 2009) included structured assessment of barriers, cancer education, community resource referrals, and addressing psychosocial issues. In working with patient navigators, social workers took on senior/specialist roles in the navigation team often acting as advisors to the lay navigators and providing specialist psychosocial interventions.

Studies also included interventions that required the social workers to be specifically trained for example Clark (2010). Perry (2000) described a non-randomized trial of an educational resource in a form of a checklist...
designed to encourage interactive patient involvement in bone marrow transplant preparation. The interactive involvement was based on a checklist developed by the researcher that included key social work interventions including information/education, social support and patient navigation/resourcing. The checklist was presented to the patient by the social worker/researcher during a routine psychosocial assessment home visit. Although not statistically significant the psychosocial interventions identified in the study were consistent with those of other studies in the cancer field.

A number of studies identified the importance of the multidisciplinary team in the delivery of high quality psychosocial care; however, the role of the social worker was not specifically reported on; for example, Stigt et al. (2013) presented trial results of a rehabilitation program for patients who had undergone thoracotomy and in a methodology paper discussed previously, Bausewein et al. (2012) described a protocol for a clinic-type Breathlessness Support Service. In both cases the multidisciplinary team included a social worker but their role was not comprehensively discussed. The role may have included a range of social work interventions; however, this can only be speculative.

QUANTITATIVE STUDIES: OBSERVATIONAL/EVALUATION STUDIES

Quantitative studies that were observational or evaluation studies are listed in Table 4. The screening of psychosocial distress was the focus of studies by Lee, Katona, de Bono & Lewis, (2010); Thewes, B., Butow, P., & Stuart-Harris, and Greater Southern Area Health Service Screening Collaborative Group (2009); O’Donnell (2013), and Pituskin et al. (2009). The results were variable with statistically significant improvements in some areas when the screening was followed up by multidisciplinary referrals that included social work intervention (O’Donnell, 2013; Pituskin et al., 2010)—although no specific data were presented in this study). In contrast, the study by Thewes et al. (2009) there was no increase in the number of referrals to social work or psychology; however, there was a decrease in the time to referral. Two studies undertook secondary data analysis that reported on the predictors of use of social services. The Canadian study by Gadalla (2007) found that the use of social work services was strongly associated with gender, age, marital status, living arrangements, income security, and other social factors whereas the U.K. study by Podmore et al. (2009) found that referrals to social work were largely for patients with financial difficulties. Two studies involved chart reviews of social work practice that demonstrated the range of interventions undertaken by social workers (Guo, LeDay-Jacobs, Palmer, & Bruera, 2007; Hamilton, Jackson, Abbott, Zullig, & Provenzale, 2011).
<table>
<thead>
<tr>
<th>Author &amp; Reference</th>
<th>Study Design &amp; Tumor Stream</th>
<th>Intervention and Intervention Type</th>
<th>SW Involvement</th>
<th>Findings</th>
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</thead>
<tbody>
<tr>
<td>Gadalla (2007).</td>
<td>Observational</td>
<td>Social work interventions described drawing from literature with specific reference to Cwikel and Behar (1999).</td>
<td>Social work lead researcher and author</td>
<td>Use of social work services strongly associated with ($p &lt; .0005$) with patient's gender, age, marital status, living arrangements, income adequacy, perceived health status, ADL limitations, pain limiting activities and depression.</td>
</tr>
<tr>
<td>Cancer Patients’ Use of Services in Canada: Prevalence, Profile and Predictors of Use</td>
<td>Secondary data analysis -</td>
<td>Intervention Types: 1–6</td>
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<tr>
<td>Canada</td>
<td>All stages of treatment</td>
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<td></td>
<td>All Streams</td>
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<td></td>
<td>Community</td>
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<td></td>
<td>CCHS Cycle 1 $N = 2,703$</td>
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<tr>
<td>(respondents with cancer) $186$ ($6.9%$) were social work clients</td>
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<tr>
<td>CCHS Cycle 2</td>
<td>$N = 2,821$</td>
<td></td>
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<tr>
<td>(respondents with cancer) $231$ ($8.2%$) were social work clients</td>
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<tr>
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<th>SW Involvement</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guo et al. (2007).</td>
<td>Observational—Service evaluation— Chart reviews</td>
<td>Social work service provision was investigated</td>
<td>Social work researcher and co-author</td>
<td>Social worker consulted mostly on discharge planning (82%) and helping patients to cope with their situation (47%).</td>
</tr>
<tr>
<td>Psychosocial assessment of patients who have undergone inpatient cancer rehabilitation</td>
<td>USA</td>
<td>Active Treatment</td>
<td></td>
<td>Interventions provided by social workers included counseling (100%), referral to financial resources (49%) and other social resources including transportation (43%).</td>
</tr>
<tr>
<td>Hamilton et al. (2011).</td>
<td>Observational</td>
<td>Psychosocial interventions drawn from the literature.</td>
<td>Not stated</td>
<td>Number of referrals were not associated with coping status, age, gender or identification of a caregiver</td>
</tr>
<tr>
<td>Use of Psychosocial Support Services Among male Veterans Affairs Colorectal Cancer patients</td>
<td>USA</td>
<td>Service evaluation—Chart review Colorectal stream Multi site</td>
<td>Social work interventions described drawing from literature with specific reference to Cwikel and Behar (1999).</td>
<td>78.6% of sample received some form of psychosocial support (social work, chaplain, psychologist, psychiatrist, mental health nurse).</td>
</tr>
<tr>
<td></td>
<td>Newly diagnosed</td>
<td>Intervention Types: 1-6</td>
<td></td>
<td>50.5% received social work intervention. Rectal cancer patients less likely than colon cancer patients to have received psychosocial care (Odds ratio = 0.65, 95% CI [0.43, 0.97], p = .04.) No significant differences on race or marital status and receipt of psychosocial services.</td>
</tr>
<tr>
<td></td>
<td>N = 1,199</td>
<td></td>
<td>Patients with advanced stage disease were more likely to receive psychosocial care.</td>
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</table>
Routine screening for psychological distress on an Australian inpatient hematology and oncology ward: Impact on use of psychosocial services

Australia

Observational Service Evaluation—routine distress screening using the Distress Thermometer and Brief Symptom Inventory-(BSI-18) to identify psychosocial distress

Newly admitted patients

Mixed Stream

Single site

N = 115

Psychosocial interventions included in two research tools used in study.

Intervention Types: 1-6

Social work co-author and member of multidisciplinary research team.

Screening resulted in increased referrals to social work

51% patients significantly distressed.

Of these 28% had not been referred for psychosocial support before screening.

Practical problem/s 33%

Family problems 11%

Emotional problems 80%

Spiritual/religious problems 4%

Physical problems 94%

After screening significant increase in referrals to psychology (preceding 12 weeks, 14; pilot-study 12 weeks, 27; and a trend for an increase in social work referrals (preceding 12 weeks, 141; pilot-study 12 weeks, 174).

Screening positively received by ward staff

Other problems identified included available staffing levels to meet identified needs; unmet psychosocial support needs of carers and family members not captured through patient screening

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<tr>
<th>Author &amp; Reference</th>
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<th>Intervention and Intervention Type</th>
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<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>O’Donnell (2013)</td>
<td>Observational</td>
<td>Social work interventions included assessment, supportive intervention, education, emotional adjustment, practical and financial assistance. Family and caregiver support included similar social work interventions</td>
<td>Social worker lead researcher and author. DT implemented by trained nurses. Referrals made to social work and psycho-oncology for psychosocial assessment, mental health triage and social work intervention</td>
<td>Implementation of DT screening supported by training program for oncology staff. Of patients, 38% scored 4 or above were seen by social worker. Patients in the clinical range on the Hospital Anxiety and Depression Scale (3%) were referred to psycho-oncology. Analysis of 228 DTs indicated higher distress more likely than in younger patients (age range 16-69 yrs). Highest predictors of distress were emotional problems, fears, worries or sadness rather than physical, practical or family concerns. (No data reported in study). Patient interviews highlighted lack of understanding about psychosocial services and a reluctance to use them. Implications for staffing and resources discussed.</td>
</tr>
<tr>
<td>The Distress Thermometer: A rapid and effective tool for the oncology social worker Ireland</td>
<td>Evaluation of Distress Thermometer (DT) for oncology social work</td>
<td>Intervention Types: 1–6</td>
<td></td>
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<tr>
<td>Pituskin et al, (2010). (Pilot study reported in Fairchild et al. 2009)</td>
<td>Observational—Evaluation of systematic, multidisciplinary screening and referral</td>
<td>Social work interventions following screening and referral</td>
<td>Social worker was a member of the MDT; provided psychosocial intervention following referral after screening</td>
<td>Screening resulted in referrals to social work n = 12 for supportive counseling (75%); care assistance (67%); Financial support (67%) and end of life planning (17%). Baseline scores (n = 82) and 4 week follow-up scores (n = 23) following palliative radiotherapy and multidisciplinary intervention showed statistically significant improvements in pain, (p = .001) tiredness, (p = .001) anxiety, (p = 0.001) depression, (p = .013) drowsiness (p = 0.022) and overall well-being (p = .035)</td>
</tr>
<tr>
<td>Multidisciplinary team contributions within a dedicated outpatient palliative radiotherapy clinic: A prospective descriptive study Canada</td>
<td>Palliative radiotherapy</td>
<td>Intervention Types: 1, 3–6</td>
<td></td>
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<td></td>
<td>All streams</td>
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</table>
Podmore et al. (2009). Routine assessment of social difficulties in cancer patients: Are we opening Pandora’s box?

UK
Observational Evaluation—secondary data analysis of results from a study implementing the Social Difficulties Inventory (SDI)

All streams Single site

N = 183

Interventions in the secondary analysis study were classified as information provision and referral to another service.

Intervention Type: 4, 5.

Original Study Intervention Types: 1, 3–6

Study undertaken by the Psychosocial and Clinical Practice Research Group.

An implied reference is made to the researcher’s experience in social work

(Social workers participated in the delivery of the original study conducting interviews with patients using the SDI).

Interventions in the secondary analysis study were classified as information provision and referral to another service.

Intervention Type: 4, 5.

Original Study Intervention Types: 1, 3–6

Study undertaken by the Psychosocial and Clinical Practice Research Group.

An implied reference is made to the researcher’s experience in social work

(Social workers participated in the delivery of the original study conducting interviews with patients using the SDI).

59% of patients required no intervention (n = 108) and 23% (n = 42) receive information and advice about services. Fifteen percent were referred to other services of which over half (55%) were for social work. The majority of referrals to social work were for financial assistance but some were also made for adjustment difficulties

 Raises issues of over-referral for non-specialist information that could be accessed by patients themselves

Thewes et al. (2009). Does routine psychological screening of newly diagnosed rural cancer patients lead to better patient outcomes? Results of a pilot study

Australia
Observational, cross sectional, analytic

Newly diagnosed patients All streams Multi site

N = 83

(40 unscreened; 43 screened)

Social work intervention not discussed

Social worker was part of the study receiving referrals for social work intervention following screening.

No increase in rate of referrals to social workers or psychologists as a result of screening

(possibly due to low power of the study and/or staff vacancies during the time of the study). Screened participants reported significantly higher levels of overall unmet needs (Mann-Whitney U = 100.0; Z = −2.53; p = 0.0). These included psychological needs, information needs, and physical and daily living needs compared with the unscreened cohort. No significant difference in sexuality needs was identified between the groups.

There was a decrease in time to referral to a social worker or psychologist among the screened cohort by 9 days.

Screening was well accepted by study participants
Several of these studies made specific references to the study context, suggesting that this was also a factor that needed to be taken into account when considering the findings. For example, the study by Lee, Katona, De Bono, and Lewis (2010) was in an Australian rural setting where access to psychosocial services was variable and Hamilton et al. (2011) discussed the specific context of the treatment setting in understanding their finding that rectal cancer patients were less likely than colon cancer patients to have received psychosocial care.

**Common Themes Across the Social Work Intervention Studies**

A number of the studies were undertaken with participants with known health disparities; for example, from low socioeconomic groups, minority ethnic groups, and those living in poverty. Many of the social work interventions were undertaken in collaborative multidisciplinary health teams where individualized and targeted comprehensive psychosocial assessments were initiated followed by social work interventions to complement the medical assessment and treatment. These studies demonstrated the importance in cancer care and patient outcomes of integrated social work interventions, provided by professionally trained social workers working interprofessionally in multidisciplinary teams.

The use of screening tools to identify levels of distress in cancer patients was a theme in several of the studies that aimed to assess the efficacy of the use of screening to improve the early identification of patients in distress for timely referral to psychosocial services including social work. The results of these studies was fairly evenly balanced and contingent on other services and programs being in place to support the screening process. The application of screening tools and the delivery of psychosocial services provide both challenges and opportunities (Rohan, 2012; Zebrack, Burg, & Vaitones, 2012). However the use of screening tools remains a contested debate (Mitchell, 2007; Palmer, van Scheppingen, & Coyne, 2011) and screening on a large scale has system-wide implications in terms of utilization, accuracy, and implementation. Treatment settings using screening tools need to consider their duty of care to provide adequate staffing and resources to meet the needs of patients when high levels of distress have been identified and also the provision of ongoing staff education for those implementing the screening. Ensuring that patients receive an appropriate service according to their individual psychosocial needs is also a concern of oncology social workers (Oktay, Nedjat-Haiem, Davis, & Kern, 2012).

Turning now to some general comments on the literature review, only a small number of studies were identified that focused on social work interventions. These findings were contrary to our expectations that were based on the active research culture in oncology practice in the United States and the results
of the Australian national survey where almost half of the social work respondents indicated they were actively engaged in research activities. This discrepancy may be due to a number of reasons. On a practical level there were difficulties in identifying social work involvement in published studies as the social work qualifications of authors was either unclear or not stated and author affiliations were with a faculty or institution that may not be associated with, or include social work. The title and keywords of research papers did not always mention social work or psychosocial intervention. Other reasons for the low number of studies may have been due to social work researchers not routinely publishing their work and that the types of research being undertaken by social workers fell into wider categories than those selected for this review.

To illustrate this point, a wider search of the oncology field beyond RCTs and quantitative studies resulted in the identification of further studies led by social work researchers, drawing on a range of research methodologies; for example, Zilberfein, Hutson, Snyder, and Epstein (2002) investigated social work practice with pre- and post-liver transplant patients using a retrospective, chart review method. The findings identified psychosocial interventions delivered by social workers that were consistent with intervention studies in the literature review and that could be categorized into the same groupings suggested by Cwikel and Behar (1999). The most frequent therapeutic interventions were individual counseling, family counseling, and participation in the Liver Transplant Support Group. The wider social context in which the social workers undertook interventions, including substance misuse, social supports, financial issues, and home care services all impacted transplant outcomes. A finding of particular significance was that providing health-related information and education prior to the transplantation proceeding impacted on transplant outcomes. This in turn had implications for wider service delivery protocols and practices for this patient group. Social workers also participated in studies as research team members, for example Hodgkinson et al. (2007) investigated psychosocial outcomes and supportive care needs in gynecologic cancer using a self-report questionnaire for cancer survivors. From a sample group of 199 disease-free survivors, the majority of participants (68%) reported normal quality of life and relationship adjustment but nearly 90% also reported supportive care needs ranging from clinical levels of anxiety and the fear of disease recurrence, “existential” issues concerning the meaning of life, decision-making, spiritual beliefs, and other psychosocial issues.

In an exploratory study of the needs of disease-free cancer survivors and their partners a needs assessment approach using qualitative, semi-structured telephone interviews was undertaken by Hodgkinson, Butow, Hobbs, and Wain (2007). The identified needs were grouped into categories including information, health care, physical functioning, relationships, emotions, socioeconomic issues, expectations, and life perspective. Although not an
intervention study the identified needs were in areas in which social work interventions would occur. In our fourth example, Moulton et al. (2013) completed a formative evaluation of a peer support program for women with gynecologic cancer. The program focused on the provision of emotional support and information to women in treatment and their families. The professionally led, peer to peer program drew on well-trained survivor volunteer mentors supported by medical and social work staff. The foundations of the program were formulated from key social work perspectives concerning targeted emotional support, education, and advocacy during the course of treatment. The formative evaluation of the program included data from participant questionnaires, a case study, and ongoing reflections of the survivor volunteers. The evaluation found that participants viewed the program as a helpful resource, possibly influencing their perceptions of support and quality of life.

Although the study involved patients currently receiving treatment in contrast to the studies by Hodgkinson et al. (2007) that focused on long-term survivors, of interest is that existential issues were identified in both studies. “Over half of the women surveyed were diagnosed with Stage III ovarian cancer yet reported their health status as being good. Perhaps this indicates the hope and optimism of this respondent group that may have been enhanced by their program participation” (Moulton et al., p. 928).

These examples illustrate significant, useful studies that, although they did not meet our specific criteria for inclusion in the literature review, have relevance for knowledge-building, practice, and service delivery. The studies have been evaluated and can be replicated with a reasonable degree of certainty about the viability of the practice and the outcomes. Most importantly they provide confirmation that effective social work practice involves much more than evidence based interventions.

Reflecting on the Review Findings and Knowledge-Building for Practice: “The Whole is Greater Than the Sum of its Parts” (Aristotle 4th Century BC)

The literature review was undertaken using a standard systematic review approach and evidence of the efficacy or otherwise of social work interventions was appraised. The results were variable in some cases and meta-analysis could not be undertaken. Contextual factors were significant, not the least being the country in which the study was undertaken and the differences in professional practice. However, social work practice is much more than a series of interventions with an individual, group, or community and the results of the literature review are only one small part of social work research and practice in the field of oncology. Taking a wider view of knowledge-building and knowledge translation for practice, practitioners need to draw on a range of sources of knowledge. Drury Hudson (1997) and Plath
have proposed models of knowledge for practice that are inclusive of, but not exclusively, evidence-based. Sources of knowledge include theoretical, empirical, and procedural knowledge; practice wisdom; and personal knowledge. In contemporary practice, indigenous knowledge should also be included. In advancing knowledge for practice beyond the exclusive use of “gold standard” evidence, collaborations such as Social Care Institute for Excellence (SCIE) in the United Kingdom suggest that practice is based on the synthesis of knowledge from a range of sources including researchers, practitioners, service provider organizations, policymakers, service users, and caregivers, all of which provides the foundation of professional knowledge for practice (Pawson, Boaz, Grayson, Long, & Barnes, 2003; Pawson, Greenhalgh, Harvey, & Walshe, 2005). Using multiple and triangulated sources of knowledge SCIE systematically reviews and publishes available evidence in social research and policy areas and develops practice guidelines based on the type and quality of the information gathered from these sources.

Epistemological and ontological perspectives also influence the ways in which social situations and types of behavior are conceptualized, “problematized,” and researched. This is a nuanced process that needs to be considered by researchers in the evaluation of research outcomes. Discourse analysis and other critical approaches can aid researchers in the appraisal of the relevance of findings, their context, and the assumptions that underpin research questions, methodologies, and outcomes (Bacchi, 2009).

The interchangeability or differentiation of “social work” and “psychosocial interventions” also needs to be considered. The association of the two may be a result of the shared knowledge and practice between disciplines working together in the same field. In writing about the development of new knowledge, Canadian writers Couturier, Gagnon, Carrier, and Etheridge (2008) suggest that in some fields there is a transformation of disciplines that are ‘co-present’ and ‘co-active’ that may lead to new knowledge. They go on to state:

The concrete meeting of disciplines (for example in research activities and practice settings) fosters the emergence of an 'interdisciplinary discursive space' (Klein, 1996, p. 220) that allows for the collective formulation of a system of higher-level concepts (Jantsch, 1971) that are highly prescriptive to the extent that they create and legitimate a way of problematizing that transversely imposes its own necessity of action. This is where practical, academic and scientific interdisciplinarity converge. (p. 347)

Arising from these convergent and transformative processes “communities of practice” emerge and this is evident in the interdisciplinary nature of the “psychosocial” beyond social work to the psycho-oncology community of practice.
Thus, knowledge is a moving, constantly renegotiated experience that the practitioner must reflexively understand and scrutinize rather than being a fixed entity. In writing about the rationality of practice, philosopher Joseph Dunne (2005) stated that:

... the very implicitness of much that goes on in a practice should be a spur to discussion and argumentation, as judgements and their grounds are exposed to demands for discursive justification ... the knowledge of a particular group of practitioners and even of the whole relevant community at any particular juncture in the historical evolution of a practice—is not fixed but (constantly) moving... (p. 382)

Contemporary literature on reflective practice, critical reflection, and reflexivity (Brookfield, 2009; Fook, 2002; Fook & Gardner, 2009; Polanyi, 1967; Schön, 1983) has positioned emergent practice theories as an integral part of knowledge-building.

CONCLUSION: USING RESEARCH AND OTHER WAYS OF KNOWING AS FOUNDATIONS FOR PRACTICE

This continual movement and development of what is known in practice also challenges fixed views concerning the incommensurability of research paradigms considered foundationally and conceptually different. Philosophers such as Dunne (2005) suggest that in the social sciences an empirical lens can be used to better understand actions and situations; however, predictions are more uncertain. Generalizable empirical findings must be complemented by thickly descriptive studies, be they narrative, interpretative, or hermeneutical. These studies are not to be regarded as being a lesser endeavor but of equal significance and importance (Dunne, 2005, p. 386)

In thinking about the practice-based researcher and evidence-informed practice as an integrative strategy, Epstein (2011a) suggests that all of the following can be drawn on: statistical analyses of quantitative Information; narratives and thematic analyses of qualitative information; technologically sophisticated and profoundly simple ways of communicating information; metaphors, stories, anecdotes, artistic expression, poetry, and humor.

In arguing the significant role of clinical data mining as part of the trilogy of evidence-based practice, evidence-informed practice and practice-based research Epstein (2011b) states: “Whatever their design, when conducted properly, CDM studies allow for unanticipated findings—positive, prosaic, and negative—but in no way are they intended to merely justify existing practice” (p. 286).

Individual social workers, communities of practice, academics, and researchers must not only reflect on what they do but articulate their practice through a knowledge-building lens that includes the components
of judgment to keep the practice “in good order and advancing” (Dunne, 2005, p. 382).

The literature review undertaken on social work interventions with adults who have cancer clearly indicates that this is a research area that needs to be strengthened. This type of research forms one part of knowledge for the oncology social worker whose practice must also be informed by other sources of knowledge and the context of the work, combined with professional judgment, an ethical stance, and a commitment to social justice. This ultimately is the domain of the social work practice researcher.

ACKNOWLEDGMENTS

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REFERENCES


