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Psychosocial dimensions of outpatient cancer nursing: Implications of interprofessional collaboration

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Abstract: The increasing shift of cancer care from inpatient to outpatient settings has substantially reshaped the psychosocial landscape of oncology nursing. While outpatient treatment models enhance efficiency and continuity of medical care, they also place greater responsibility on outpatient oncology nurses to identify and respond to patients' psychological and social needs within time-constrained and fragmented clinical environments. This narrative review synthesizes current literature on the psychosocial dimensions of outpatient cancer nursing, with particular emphasis on the role of interprofessional collaboration in supporting psycho-oncology-oriented care. The review highlights that cancer patients receiving outpatient care commonly experience psychological distress, fear of recurrence, role disruption, and unmet emotional needs, which may remain under-recognized in routine clinical encounters. Outpatient oncology nurses occupy a pivotal position at the intersection of clinical treatment delivery, therapeutic communication, and psychosocial assessment, enabling early identification of distress and facilitation of supportive interventions. However, the effectiveness of psychosocial nursing care is strongly influenced by the structure and quality of interprofessional collaboration involving oncologists, psychologists, social workers, and palliative care teams. Drawing on psycho-oncology principles, this review emphasizes that psychosocial care in outpatient oncology should be conceptualized as a shared interprofessional responsibility rather than an individual nursing task. A psychosocially integrated conceptual framework is proposed to illustrate how nursing communication and collaborative care pathways interact to address patient needs across the outpatient cancer trajectory. Strengthening interprofessional collaboration, enhancing psychosocial competencies in nursing education, and embedding psycho-oncological perspectives into outpatient workflows are critical to improving patient well-being, care continuity, and quality of life.

Keywords: cancer nursing; interprofessional collaboration; outpatient care; psycho-oncology; psychosocial support

1. Introduction

Advances in cancer diagnosis and treatment have led to a substantial shift in oncology care delivery from inpatient settings to outpatient and ambulatory services [1,2]. As a result, an increasing proportion of cancer patients now receive complex treatments, symptom management, and follow-up care within outpatient clinics [1,2]. While this transition has improved treatment efficiency and reduced hospitalization burden, it has also transferred a significant share of psychosocial care responsibilities to outpatient oncology nurses [3]. These professionals frequently serve as the first point of contact for patients navigating emotional distress, uncertainty, and the long-term psychosocial consequences of cancer [4,5].

Cancer is widely recognized as not only a life-threatening physical illness but also a profound psychological and social experience [1,4]. Patients commonly face anxiety, depression, fear of recurrence, altered self-identity, and disruptions to family and social roles throughout the cancer trajectory [6]. In outpatient settings, these psychosocial challenges often coexist with time-pressured clinical encounters, fragmented follow-up, and limited opportunities for in-depth emotional assessment [7]. Consequently, psychosocial needs may remain under-recognized or insufficiently addressed, despite their well-documented impact on treatment adherence, quality of life, and overall outcomes [2,5].

Outpatient oncology nurses occupy a pivotal position at the intersection of clinical care and psychosocial support [3]. Beyond administering treatments and monitoring physical symptoms, they frequently engage in emotional support, patient education, and coordination of care across disciplines [2,3]. However, the scope and effectiveness of psychosocial nursing care in outpatient oncology are strongly influenced by the degree of interprofessional collaboration [2]. Psychosocial support in cancer care often requires coordinated input from physicians, psychologists, social workers, rehabilitation specialists, and palliative care teams [2,8]. When collaboration is limited or poorly structured, psychosocial care may become fragmented, placing additional strain on nurses and leaving patient needs unmet [9].

From a psycho-oncology perspective, interprofessional collaboration is essential for addressing the multidimensional nature of cancer-related distress [4,8]. Collaborative models enable shared decision-making, timely referral to specialized psychosocial services, and a more holistic understanding of patient experiences [8,10]. In outpatient contexts, where encounters are brief and continuity of care may be challenged, effective collaboration can enhance nurses' capacity to identify psychosocial risk, deliver appropriate support, and integrate psychological considerations into routine clinical practice [8,10].

Despite growing recognition of the importance of psychosocial care in oncology, existing literature remains fragmented with respect to outpatient nursing roles and interprofessional dynamics [4,11]. Many studies focus either on inpatient settings or on single professional perspectives, offering limited insight into how psychosocial care is enacted collaboratively in outpatient cancer services [11,12]. Moreover, variability in healthcare systems, team structures, and professional boundaries further complicates the translation of evidence into practice [12,13].

Therefore, this narrative review aims to synthesize current literature on the psychosocial dimensions of outpatient cancer nursing, with a particular focus on the role and implications of interprofessional collaboration [4,12]. By examining how collaborative practices influence psychosocial assessment, support delivery, and nursing experiences, this review seeks to contribute to a more integrated understanding of outpatient psycho-oncology care [2,4]. Such insights are critical for informing nursing practice, guiding interprofessional education, and supporting the development of care models that address the complex psychosocial needs of cancer patients in outpatient settings [4,8].

2. Psychosocial challenges in outpatient cancer care

2.1. Transition of cancer care from inpatient to outpatient settings

Advances in cancer detection, treatment modalities, and supportive care have significantly altered the trajectory of oncology services in recent decades. Increasingly, cancer is managed as a chronic or long-term condition, with a substantial proportion of treatment, follow-up, and symptom management taking place in outpatient or ambulatory settings. Chemotherapy, radiotherapy, immunotherapy, and targeted therapies are now frequently delivered without hospital admission, shifting the center of care from inpatient wards to outpatient clinics [14,15].

While this transition has improved healthcare efficiency and reduced hospital burden, it has also reconfigured the psychosocial landscape of cancer care [14]. Outpatient settings are typically characterized by high patient turnover, limited consultation time, and fragmented encounters with multiple healthcare professionals [16]. Unlike inpatient care, where patients can benefit from continuous observation and prolonged nurse–patient interaction, outpatient encounters are often brief and task-focused, potentially limiting opportunities for comprehensive psychosocial assessment and emotional support [16].

For many patients, outpatient treatment coincides with the expectation of maintaining daily life roles, employment responsibilities, and family obligations while coping with the physical and psychological burden of cancer. This dual demand may exacerbate emotional distress, fatigue, uncertainty, and feelings of isolation, particularly when psychosocial needs are insufficiently recognized within routine outpatient workflows [17].

2.2. Psychological distress and unmet psychosocial needs among outpatients with cancer

Psychological distress is highly prevalent among individuals undergoing outpatient cancer treatment [18,19]. Anxiety related to disease progression, treatment side effects, and prognostic uncertainty often coexists with depressive symptoms, fear of recurrence, and existential concerns [5]. Importantly, these psychosocial challenges may be less visible in outpatient settings, where clinical interactions prioritize treatment administration and biomedical monitoring [18].

Evidence suggests that patients receiving outpatient oncology care frequently report unmet psychosocial needs, including inadequate emotional support, limited opportunities to discuss fears or concerns, and insufficient information tailored to their psychological state [19]. Compared with inpatient contexts, outpatient environments may lack structured mechanisms for routine distress screening, timely referral to psychosocial services, or follow-up of identified emotional concerns [20].

Furthermore, the episodic nature of outpatient visits may hinder the development of therapeutic relationships, reducing patients' willingness to disclose psychological distress [18]. Cultural factors, stigma surrounding mental health, and perceptions that emotional concerns are secondary to physical treatment can further contribute to the underreporting of psychosocial needs [19]. As a result, distress may

accumulate silently, negatively affecting treatment adherence, quality of life, and overall well-being [18].

2.3. The central role of outpatient oncology nurses in psychosocial care

Outpatient oncology nurses occupy a pivotal position at the intersection of clinical care, patient education, and psychosocial support [3,21]. They are often the healthcare professionals with the most consistent contact with patients across treatment cycles, positioning them uniquely to recognize subtle emotional cues, changes in coping capacity, and evolving psychosocial needs [21].

In addition to administering treatments and monitoring adverse effects, outpatient nurses frequently provide reassurance, clarify medical information, and support patients in navigating complex care pathways [3]. These interactions create valuable opportunities for psychosocial engagement, even within time-constrained clinical encounters [16].

However, the extent to which nurses can fulfill this role is influenced by workload pressures, institutional priorities, and the availability of interprofessional support [7]. Psychosocial support in cancer care often requires coordinated input from physicians, psychologists, social workers, rehabilitation specialists, and palliative care teams [7]. When collaboration is limited or poorly structured, psychosocial care may become fragmented, placing additional strain on nurses and leaving patient needs unmet [7].

Importantly, outpatient nurses may experience role strain when psychosocial responsibilities are not formally acknowledged or supported within care structures [22]. Without clear pathways for collaboration with physicians, psychologists, social workers, and other professionals, nurses may feel inadequately equipped to address complex emotional or social issues, despite recognizing their significance [7]. This highlights the need to conceptualize psychosocial care in outpatient oncology as a shared, interprofessional responsibility rather than an individual nursing task [4].

2.4. Psychosocial care as an interprofessional endeavor

Psychosocial well-being in cancer care is inherently multidimensional, encompassing emotional, social, spiritual, and relational domains [4,8]. Addressing these dimensions effectively requires coordinated input from multiple disciplines, including nursing, medicine, psychology, social work, and allied health professionals. In outpatient settings, however, interprofessional collaboration is often challenged by organizational silos, communication barriers, and time constraints [7].

When interprofessional collaboration is limited, psychosocial care risks becoming fragmented or inconsistent. Patients may receive conflicting messages, experience delays in referral, or feel that emotional concerns are peripheral to treatment goals [17]. Conversely, integrated collaboration can enhance continuity of care, facilitate early identification of distress, and ensure timely psychosocial interventions [4].

From a psycho-oncological perspective, interprofessional collaboration is not merely an organizational strategy but a core component of person-centered care. It enables the alignment of biomedical treatment with patients' life experiences, values,

and psychosocial needs [4]. Understanding how outpatient nurses' function within interprofessional teams, and how collaboration shapes psychosocial care delivery is therefore critical to improving the quality of outpatient cancer care [3].

Such insights are critical for informing nursing practice, guiding interprofessional education, and supporting the development of care models that address the complex psychosocial needs of cancer patients in outpatient settings [11].

3. Interprofessional collaboration in outpatient cancer care

Outpatient cancer care is inherently complex, requiring the coordination of multiple healthcare professionals across medical, nursing, psychosocial, and supportive disciplines. Unlike inpatient settings, outpatient oncology places greater responsibility on patients and families to manage symptoms, adhere to treatment plans, and navigate psychosocial challenges within their everyday environments. In this context, interprofessional collaboration (IPC) is a critical determinant of care continuity and patient safety, with implications for psychosocial wellbeing [23]. In outpatient oncology settings, nurses often serve as the primary communication hub, translating patient-reported symptoms and psychosocial concerns into actionable information for the wider interprofessional team. This communication pathway typically involves iterative exchanges between patients, nurses, and other professionals, facilitating timely psychosocial assessment, referral, and follow-up. **Figure 1** illustrates the structured communication pathways through which outpatient oncology nurses coordinate psychosocial care within interprofessional teams.

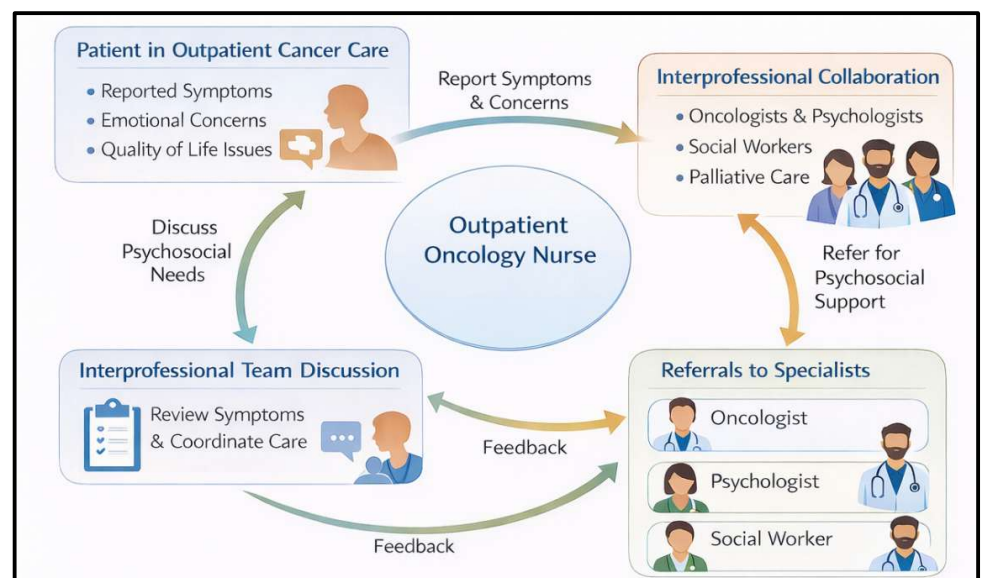


Figure 1. Communication pathways in interprofessional outpatient cancer care.

3.1. Conceptual foundations of interprofessional collaboration

Interprofessional collaboration refers to the process by which healthcare professionals from different disciplines work together with patients and families to deliver comprehensive, person-centered care [24]. From a psycho-oncology perspective, IPC is particularly relevant because psychological distress, social

vulnerability, and existential concerns often coexist with physical symptoms [25].

3.2. Roles of outpatient nurses within interprofessional teams

Outpatient oncology nurses occupy a unique and multifaceted role within interprofessional teams. Their responsibilities extend beyond clinical monitoring and treatment administration to include psychosocial assessment, emotional support, patient education, and care coordination. Due to repeated and often longitudinal contact with patients, nurses can recognize signs of psychological distress, treatment-related anxiety, depression, or social strain [26].

Within IPC frameworks, outpatient nurses act as:

- Care coordinators, facilitating communication between disciplines and ensuring follow-up of psychosocial referrals
- Patient advocates, representing patient concerns and preferences during team discussions
- Translators of medical information, helping patients understand treatment plans and cope with uncertainty
- Continuity providers, maintaining therapeutic relationships across multiple outpatient visits

These roles position nurses as central contributors to collaborative care, particularly in aligning biomedical treatment goals with patients' life experiences and values.

3.3. Communication and information sharing in outpatient settings

Effective communication is the operational core of interprofessional collaboration. In outpatient oncology, communication challenges are amplified by time constraints, fragmented scheduling, and the absence of shared physical workspaces. Inadequate information exchange between disciplines may result in unmet psychosocial needs, duplicated assessments, or inconsistent messaging to patients.

Structured communication strategies such as shared electronic health records, multidisciplinary case discussions, and standardized psychosocial screening tools can enhance collaboration. Outpatient nurses often play a pivotal role in initiating communication by documenting psychosocial observations, alerting team members to emerging concerns, and ensuring that patient-reported outcomes are integrated into care planning [27].

3.4. Impact of interprofessional collaboration on psychosocial outcomes

Evidence from psycho-oncology suggests that well-functioning interprofessional teams are associated with improved psychosocial outcomes, including reduced distress, enhanced coping, better treatment adherence, and higher patient satisfaction. In outpatient settings, IPC enables timely identification of psychosocial risks and more efficient mobilization of supportive resources.

For nurses, effective collaboration also contributes to professional confidence, role satisfaction, and reduced moral distress, particularly when managing emotionally complex patient encounters. Conversely, poorly coordinated care may

place disproportionate emotional labor on nurses, increasing the risk of burnout and compassion fatigue [28].

3.5. Challenges and barriers to effective collaboration

Despite its recognized importance, IPC in outpatient cancer care faces several barriers, including unclear role boundaries, hierarchical dynamics, limited access to psychosocial professionals, and institutional constraints. Nurses may experience difficulties advocating for psychosocial concerns in medically dominated environments, especially when emotional needs are perceived as secondary to treatment efficiency.

Addressing these barriers requires organizational support, interprofessional education, and leadership models that recognize psychosocial care as integral to oncology practice rather than an adjunct service [29].

4. Implications for outpatient cancer nursing practice

Outpatient oncology nursing occupies a pivotal position at the intersection of biomedical treatment delivery and psychosocial support. As cancer care increasingly shifts from inpatient to ambulatory settings, nurses become the primary and most consistent point of contact for patients navigating diagnosis, treatment, survivorship, or disease progression. This positioning confers both clinical responsibility and psychosocial significance, particularly in identifying emotional distress, supporting coping processes, and facilitating continuity of care [30].

4.1. Addressing psychosocial vulnerability in outpatient cancer settings

Cancer patients receiving outpatient care frequently experience fluctuating levels of psychological distress related to uncertainty, treatment side effects, role disruption, and fear of recurrence or progression. Unlike inpatient settings, where distress may be more visible and continuously monitored, outpatient contexts risk under recognition of psychosocial needs due to time constraints, fragmented encounters, and an emphasis on treatment efficiency [31].

Outpatient oncology nurses are, therefore, uniquely placed to detect subtle emotional cues, changes in affect, and maladaptive coping patterns during routine clinical interactions [30].

Integrating psychosocial awareness into routine nursing assessments allows early identification of anxiety, depressive symptoms, existential concerns, and social isolation. This does not require formal psychotherapeutic intervention but rather a relational nursing approach that validates patient experiences, normalizes emotional responses to cancer, and ensures timely referral to psycho-oncology or supportive care services when indicated. Such practices align with the core principles of psycho-oncology, which emphasize whole-person care rather than symptom-focused management alone [30].

4.2. Nursing communication as a psychosocial intervention

Communication in outpatient cancer nursing extends beyond information provision and treatment instruction; it functions as a psychosocial intervention in

itself. Therapeutic communication skills, including active listening, empathic responding, and shared decision support, can mitigate distress and enhance patients' sense of control and agency [31]. In busy outpatient clinics, even brief interactions can carry substantial emotional weight for patients who may feel overwhelmed or unheard [31].

Effective nursing communication also plays a critical role in navigating emotionally sensitive topics such as treatment uncertainty, symptom burden, and care transitions. When nurses are equipped to engage in these conversations within their professional scope, patients are more likely to feel supported and less likely to experience unmet psychosocial needs. Importantly, communication practices should be tailored to cancer-specific contexts, acknowledging the chronic, often unpredictable trajectory of the disease [31].

4.3. Interprofessional collaboration as a framework for psychosocial care

Interprofessional collaboration enhances the capacity of outpatient oncology services to address complex psychosocial needs that exceed the scope of any single discipline [32]. Nurses act as key coordinators within this collaborative framework, bridging communication between oncologists, psychologists, social workers, palliative care teams, and allied health professionals. Through this role, nurses help ensure that psychosocial concerns are recognized as legitimate clinical issues rather than secondary considerations.

Collaborative care models facilitate timely psychosocial referrals, reduce duplication of services, and promote coherent care planning that reflects patients' psychological and social contexts [33]. For cancer patients, such integration is particularly important given the bidirectional relationship between psychological well-being, treatment adherence, symptom perception, and quality of life. Interprofessional collaboration thus reinforces the psycho-oncological principle that psychological health is inseparable from oncological outcomes [25].

4.4. Implications for nursing education and professional development

The expanding psychosocial role of outpatient oncology nurses highlights the need for targeted education and ongoing professional development. Training programs should emphasize psychosocial assessment, communication skills, and collaborative competencies specific to cancer care. Strengthening nurses' confidence in addressing emotional distress can reduce reliance on avoidance behaviors and improve patient-centered care [32].

Moreover, institutional recognition of the psychosocial dimensions of outpatient oncology nursing is essential. Adequate staffing, supportive leadership, and structured referral pathways enable nurses to engage meaningfully with patients' psychological needs without compromising clinical efficiency [34]. Embedding psycho-oncological perspectives into outpatient nursing practice ultimately contributes to more humane, responsive, and effective cancer care [35].

To synthesize these interrelated domains, a conceptual model is proposed that situates the outpatient oncology nurse at the center of psychosocial assessment, therapeutic communication, and interprofessional collaboration. As illustrated in

Figure 2, patient psychosocial needs dynamically interact with nursing communication practices and multidisciplinary support pathways, highlighting the coordinating role of outpatient cancer nursing in delivering integrated psycho-oncological care.

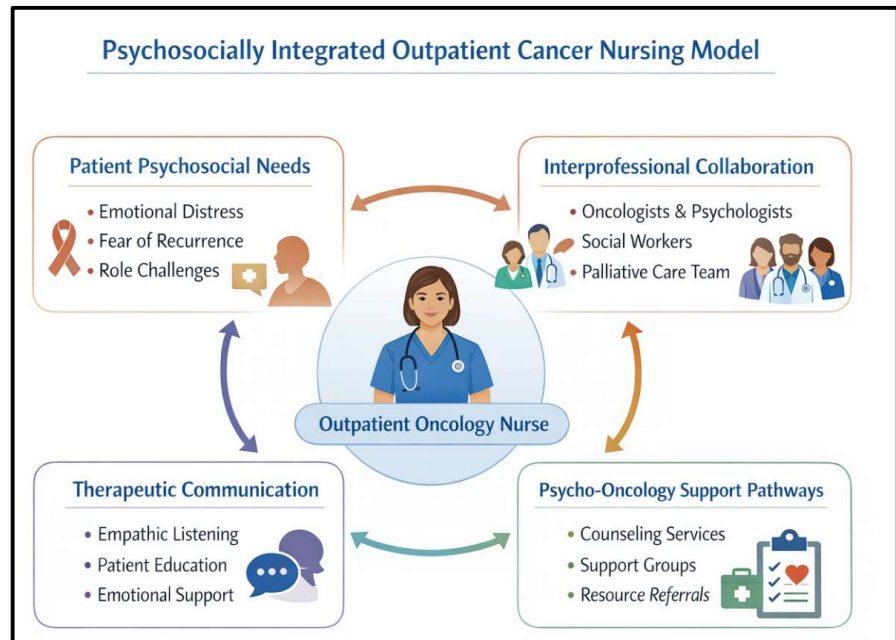


Figure 2. Psychosocially integrated outpatient cancer nursing model.

5. Implications for psycho-oncology-oriented outpatient nursing practice

The findings synthesized in this review highlight that outpatient cancer nursing extends far beyond the delivery of technical or treatment-related care, positioning nurses as pivotal agents in addressing the psychosocial dimensions of cancer survivorship [36,37]. Within outpatient oncology settings, patients often experience persistent psychological distress, fear of recurrence, role disruption, and uncertainty regarding the future, yet these needs may remain under-recognized due to time constraints, fragmented care pathways, and an ongoing emphasis on biomedical outcomes. This section discusses the implications of these findings for psycho-oncology-oriented nursing practice, interprofessional collaboration, and system-level care integration.

5.1. Reframing the role of outpatient oncology nurses in psychosocial care

Outpatient oncology nurses are uniquely situated at the intersection of medical treatment, patient education, and psychosocial support. Regular encounters during chemotherapy sessions, follow-up visits, and symptom monitoring provide repeated opportunities to observe emotional changes, elicit patient concerns, and initiate supportive conversations. The evidence reviewed suggests that psychosocial care should be viewed as a core nursing responsibility rather than an optional or supplementary task. Incorporating routine psychosocial screening, attentive listening,

and supportive dialogue into everyday outpatient practice may facilitate earlier identification of distress and prevent escalation into more severe psychological morbidity [37].

From a psycho-oncology perspective, this reframing underscores the need for nurses to adopt a holistic understanding of patient well-being that integrates emotional, social, and existential dimensions alongside physical symptoms. Such an approach aligns with patient-centred care principles and acknowledges that psychological adaptation to cancer is a dynamic process influenced by treatment phase, disease trajectory, and individual coping resources.

5.2. Strengthening interprofessional collaboration in outpatient oncology

The review further emphasizes that effective psychosocial care in outpatient oncology cannot be delivered in isolation. Interprofessional collaboration involving oncologists, psychologists, social workers, and palliative care professionals is essential to address the complex and evolving needs of cancer patients. Nurses often serve as key coordinators within this collaborative network, translating patient experiences into actionable referrals and facilitating continuity of care across disciplines.

Clear communication channels, shared care goals, and mutual recognition of professional roles are critical to optimizing collaborative practice. When nurses are empowered to initiate referrals and participate actively in interprofessional discussions, psychosocial support becomes timelier and more responsive. This collaborative model is particularly relevant in outpatient settings, where patients may have limited contact time with physicians but sustained engagement with nursing staff [38,39].

5.3. Implications for education and capacity building

The findings of this review suggest important implications for nursing education and professional development. To fulfill their psychosocial role effectively, outpatient oncology nurses require structured training in therapeutic communication, basic psychological assessment, and interprofessional teamwork. Educational initiatives should emphasize skills such as empathic listening, responding to emotional cues, and discussing sensitive topics including prognosis uncertainty and survivorship concerns.

Continuing professional education grounded in psycho-oncology principles may enhance nurses' confidence and competence in addressing psychosocial issues. Moreover, fostering reflective practice and peer support among nursing teams may help mitigate emotional burden and prevent compassion fatigue, thereby sustaining high-quality psychosocial care delivery [40,41].

5.4. System-level considerations for outpatient psycho-oncology care

At the organizational level, healthcare systems must recognize psychosocial care as an integral component of outpatient oncology services. Adequate staffing, protected time for patient communication, and access to psychosocial resources are necessary to support nurses in fulfilling this role. Integrating psychosocial care

pathways into outpatient workflows may reduce fragmentation and ensure that identified needs are followed by appropriate interventions.

Policy-level support for interdisciplinary outpatient models may further enhance care quality and patient outcomes. By embedding psycho-oncology principles into routine outpatient nursing practice, healthcare systems can promote more comprehensive, humane, and responsive cancer care [42,43].

6. Conclusions and future directions

6.1. Conclusions

Outpatient cancer care represents a critical phase in the cancer trajectory where patients are required to manage ongoing treatment effects, psychological distress, and social role adjustments with limited continuous clinical supervision. This review highlights that outpatient oncology nursing occupies a pivotal position in identifying and responding to the psychosocial needs of cancer patients, particularly within settings where time constraints and fragmented care pathways are common. Beyond symptom monitoring and treatment coordination, outpatient nurses frequently serve as the first point of contact for emotional concerns, uncertainty regarding prognosis, and difficulties related to coping and adaptation.

The findings synthesized in this review underscore that psychosocially responsive outpatient nursing cannot be effectively delivered in isolation. Interprofessional collaboration involving oncologists, psycho-oncology specialists, psychologists, social workers, and palliative care teams is essential for addressing the multifaceted psychological and social challenges faced by cancer patients. When outpatient nurses are supported by structured collaborative frameworks, they are better positioned to provide therapeutic communication, facilitate timely referrals, and ensure continuity of psychosocial care across clinical encounters.

Importantly, the review demonstrates that integrating psychosocial principles into outpatient cancer nursing aligns closely with the core aims of psycho-oncology, namely the promotion of emotional well-being, patient-centered care, and quality of life throughout the cancer continuum. Recognizing outpatient nurses as active contributors to psychosocial assessment and support represents a meaningful shift from task-oriented models toward more holistic, person-centered oncology care. The proposed conceptual model further underscores how outpatient oncology nurses can operationalize psychosocially integrated care through sustained communication and interprofessional collaboration across the cancer trajectory.

6.2. Future directions

Future research should prioritize the development and evaluation of structured psychosocial care models tailored specifically to outpatient oncology settings. While inpatient psycho-oncology interventions are relatively well established, evidence remains limited regarding standardized frameworks that empower outpatient nurses to systematically assess psychosocial distress and initiate appropriate interprofessional responses. Prospective studies examining nurse-led psychosocial screening tools and referral pathways in outpatient cancer clinics are therefore

warranted.

In addition, further investigation is needed into the training and competency development of outpatient oncology nurses in psychosocial and communication skills. Educational interventions focusing on therapeutic communication, emotional assessment, and collaborative decision-making may enhance nurses' confidence and effectiveness in addressing sensitive psychosocial issues. Research evaluating the impact of such training on patient-reported outcomes, including distress, satisfaction, and perceived support, would provide valuable insights.

From a systems perspective, future work should explore organizational and policy-level strategies that facilitate interprofessional collaboration in outpatient cancer care. This includes clarifying professional roles, improving information-sharing mechanisms, and integrating psycho-oncology services within routine outpatient workflows. Attention to contextual factors, such as resource availability and cultural expectations, will be particularly important in ensuring that psychosocial care models are both feasible and sustainable.

Finally, as cancer survivorship continues to expand, future research should examine the evolving psychosocial needs of long-term survivors managed predominantly in outpatient settings. Longitudinal approaches may help clarify how psychosocial priorities shift over time and how outpatient nursing and interprofessional collaboration can adapt to support patients beyond active treatment.

In conclusion, strengthening the psychosocial dimension of outpatient cancer nursing through interprofessional collaboration represents a promising and necessary direction for advancing psycho-oncology-informed care. Continued research and practice innovation in this area have the potential to significantly improve the lived experience and overall well-being of cancer patients receiving outpatient care.

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