

Research Article

Breast and Prostate Cancer Patient Perspectives and Perceptions of Interprofessional Collaboration during Cancer Treatment: A Pilot Study

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ABSTRACT

Purpose: Interprofessional collaboration (IPC) in radiation oncology is inherent in the care of the cancer patient. Breast and prostate cancer patients encounter a number of health care providers during their cancer diagnosis, treatment and follow up. As the complexity of cancer treatment increases, patients are seen by interprofessional teams of specialists. These include surgeons, medical oncologists, radiation oncologists, radiation therapists, nurses, dietitians, pharmacists, and other professionals from multiple support services. There is a gap in the literature regarding the cancer patients' perspectives and perceptions of how these different professions collaborate and contribute to their cancer journeys. The purpose of this study was to explore patient perspectives and perceptions of interprofessional collaboration that were taking place at the Odette Cancer Centre at Sunnybrook Health Sciences Centre at Toronto, Ontario, Canada.

Methods: Twenty-three patients with breast ($n = 11/23$) and prostate ($n = 12/23$) cancer were identified as being eligible to participate in the study during December 2012 to February 2013. Breast cancer patients (BCPs) and prostate cancer patients (PCPs) were invited to participate during their consultation, planning, or follow-up appointments. After a minimum of 2 weeks of treatment, they were asked to complete a survey exploring their perspectives and perceptions regarding IPC during their cancer care. Simple, descriptive statistics were performed, including percentages of Likert scale ratings. An open-ended question was included and reviewed by the team of investigators for common emerging themes.

Results: In terms of patient perspective, all surveyed patients (100%) reported IPC among different health care professions was important to them. The majority of patients (91% of BCPs and 100% of PCPs) agreed IPC resulted in better patient care. The largest variation in results was seen in the statement regarding IPC resulting in less repeated information patients have to provide, with 92% of PCPs agreeing and only 55% of BCPs agreeing. In terms of patient perception, IPC at the Odette

Cancer Centre was generally assessed positively. The majority of patients (100% of BCPs and 84% of PCPs) agreed that the health care professions worked well as a team. 64% of BCPs and 100% of PCPs reported the health care professionals communicated well with each other. Most patients (82% of BCPs and 92% of PCPs) reported feeling part of the health care team.

Conclusion: IPC was found to be important to the majority of respondents. Patient experiences were almost uniformly positive with radiation therapists, radiation oncologists, and radiation nurses. An unexpected outcome of 37% of BCPs did not agree that repeating health information to multiple health care professionals was negative to their care.

RESUMÉ

Objet : La collaboration interprofessionnelle (CI) en radio-oncologie est inhérente aux soins offerts au patient. Les patients atteints d'un cancer du sein ou de la prostate rencontrent différents fournisseurs de soins de santé durant le diagnostic, le traitement et le suivi de leur maladie. À mesure que la complexité des traitements contre le cancer augmente, les patients sont vus par des équipes interprofessionnelles de spécialistes, comprenant des chirurgiens, des oncologues médicaux, des radio-oncologues, des technologues en radio-oncologie, des infirmières, des diététistes, des pharmaciens et d'autres professionnels de multiples services de soutien. Il existe une lacune dans la documentation scientifique en ce qui a trait aux points de vue et aux perceptions des patients cancéreux sur la façon dont ces différentes professions collaborent et contribuent à leur cheminement contre le cancer. La présente étude vise à explorer les points de vue et les perceptions des patients à l'égard de la collaboration interprofessionnelle au Centre de cancérologie Odette (CCO) du Sunnybrook Health Sciences Centre.

Méthodologie : Vingt-trois patients atteints d'un cancer du sein ($N=11/23$) ou de la prostate ($N=12/23$) ont été jugés admissibles à participer à l'étude entre décembre 2012 et février 2013. Les patients

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atteints d'un cancer du sein (PCS) ou de la prostate (PCP) ont été invités à participer durant leurs rencontres de consultation, de planification ou de suivi. Après un minimum de deux semaines de traitement, on leur a demandé de remplir un sondage explorant leur points de vue et leurs perceptions de la CI durant leur traitement. Des statistiques simples et descriptives ont été produites, incluant des pourcentages et des notations selon l'échelle de Likert. Le questionnaire comportait une question ouverte dont les réponses ont été examinées par l'équipe de chercheurs afin de recenser les thèmes communs.

Résultats : En ce qui a trait aux points de vie des patients, tous les patients (100 %) ont indiqué que la CI entre les différentes professions de la santé était importants à leurs yeux. La majorité des patients (91 % des PCS, 100 % des PCP) conviennent que la CI se traduit par de meilleurs soins pour les patients. Le plus grand écart dans les résultats a été noté pour l'énoncé selon lequel une meilleure CI faisait en sorte que les patients avaient besoin de moins répéter les

Keywords: Interprofessional collaboration; teamwork; radiation therapy; cancer

Introduction

The Canadian health care system has recently seen a shift from the traditional paternalistic model (physician-centered and treatment oriented) to a patient-centered model of care. Patients today have easier, faster, and more streamlined access to online health information [1], resulting in an increased sense of patient empowerment. These processes have allowed greater shared decision making between the patient and health care professional, leading to more patient involvement in their care and improved patient autonomy. With this change in the health care system model inevitably comes the need for cohesive working relationships among different health care professions within the patient's health care teams. These collaborations, along with the electronic technologies available today that improve communications among health care providers [2], facilitate better quality of care and clinical outcomes for the patient, increased efficiency, and less redundancy for health care organizations and create a responsive, cost-effective health care system [3]. Although many efforts have been made to promote patient-centered health care, there are still gaps that need to be addressed. According to the Ontario Medical Association, patients still have to "adapt to the system and ... navigate through its many intersections", a problem seen in organizations around the world [4, p 34].

Interprofessional collaboration (IPC) is defined by Health Canada as "working together with one or more members of the healthcare team, who each make a unique contribution to achieving a common goal, enhancing the benefit for patients; each individual contributes from within the limits of their scope of practice" [5]. The importance of IPC has and continues to gain recognition in the health care system both nationally and internationally. In 1991, the Regulated Health Professions Act mandated that regulatory colleges promote IPC between members and other regulatory colleges. It is recognized as "a high priority, as concerns about patient safety, health and human

mêmes renseignements, énoncé avec lequel 92 % des PCP étaient d'accord mais seulement 55 % bénéficie généralement d'une perception positive. La majorité des patients (100 % des PCS, 84% des PCP) conviennent que les professionnels de la santé travaillent bien en équipe; 64 % des PCS et 100 % des PCP disent que les professionnels de la santé communiquent bien entre eux. La plupart des patients (82 % des PCS, 92 % des PCP) disent avoir le sentiment de faire partie de l'équipe de soin.

Conclusion : L'étude a démontré que la CI était un élément important pour la majorité des répondants. L'expérience des patients est à peu près uniformément positive pour les technologues en radio-oncologie, les radio-oncologues et les infirmières en radiation. Un résultat inattendu indique que 37 % des PCS ne croient pas que le fait de répéter les mêmes renseignements à plusieurs professionnels de la santé constitue un aspect négatif sans les soins qui leur sont donnés.

resources shortages, and effective and efficient care have reached significance" [6, 7]. As Li [8] states, good IPC inevitably results in increased communication, trust, and respect among health care professionals, ultimately resulting in better patient outcomes including better coordination of the patient's treatment planning. The importance of these concepts is highlighted in a study conducted in 2004 by Baker et al [9] that investigated the incidence of adverse events in Canadian hospitals. The study attributed an increased risk of adverse events in hospitals where patients received more complex care from several different professions to poor communication and coordination of care. These studies illustrate increased communication, trust, and respect as essential elements to successful interprofessional collaboration.

The recognition IPC has gained has led to changes in education by the intentional integration of interprofessional education (IPE) within the health professional curriculum and within the clinical setting by means of increased awareness of the role of multidisciplinary teams and the development of multidisciplinary clinics [10]. Despite the health care system's resources and effort toward establishing IPC and IPE, there is a paucity of effective instruments evaluating the IPE/IPC outcomes [11]. The delivery of IPE/IPC needs evaluation at multiple levels to ensure positive changes and improvements in the educational and clinical environments [7]. These levels are outlined by the Interprofessional Education for Collaborative Patient Centred Practice framework [7]. The work is founded in research completed for Health Canada and aims to emphasize the linkages between IPE and IPC identified as the transfer of knowledge and skills to clinical practice [7]. With these working changes in the education and health care system come the expectations that patients can recognize positive transformations in their care.

Kleeberg et al's study emphasizes the importance of patient perception of their care and the need for good IPC [12]. The study used the Patient Satisfaction and Quality in Oncological Care questionnaire and collected 4,615 responses to

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