
COMMUNICATING WITH PATIENTS AND FAMILIES AROUND DIFFICULT TOPICS IN CANCER CARE USING THE COMFORT COMMUNICATION CURRICULUM

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OBJECTIVES: *To examine nurse communication in cancer care and offer communication strategies for quality palliative care nursing.*

DATA SOURCES: *Communication strategies offered are based on the COMFORT Communication curriculum, an evidence-based communication training program.*

CONCLUSION: *Whole-patient assessment, a major component of palliative care, involves communication that includes eliciting the patient's story, addressing health literacy needs, being mindful of burnout, and relating to the patient and family.*

IMPLICATIONS FOR NURSING PRACTICE: *Quality communication skills are essential to oncology nursing, especially given their vital role in cancer care.*

KEY WORDS: *communication, palliative care, oncology nursing, cancer communication, nursing education.*

Research reported in this publication was partially supported by the National Cancer Institute of the National Institutes of Health under award number R25CA174627. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

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0749-2081

<https://doi.org/10.1016/j.soncn.2018.06.007>

Communication between nurse, patient, and family members involves more than just providing information. It includes discussing a range of topics, encouraging the sharing of feelings and fears about the illness, treatment, and prognosis, and helping patients and family members find a sense of control and a search for meaning and life purpose.¹ Nurses with strong communication skills have been shown to positively influence cancer patients' satisfaction, improve overall well-being, and influence patients' experiences.²⁻⁵ However, oncology nurses rarely receive formal instruction on communication as part of their clinical training.⁶ Nurse communication training is still relatively new and few training programs provide comprehensive skill training for palliative care. Existing programs have focused on discussions about fertility,⁷ self-efficacy in responding empathically,⁸ and discussing death, dying, and end-of-life goals of care,⁹ and have not included vital palliative care communication training skills such as ways to include family members, discussing social, psychological and spiritual care topics, and team-based delivery of care.¹ Overall, palliative care communication training tends to be physician-focused, with only a smaller amount of work devoted to nurses specifically.

However, the nurse's role is inherently different than the physician's role and involves talking with patients and families once they have received bad news, discussing spiritual and religious concerns, and talking with physicians and the oncology team about patients and family members.¹⁰ Often excluded when information is provided to the patient and family, nurses report discomfort, lack of role definition, a fear of taking away hope, and a lack of time for participating in discussions with cancer patients and their families.⁶ Communication barriers result in compromised psychosocial care for patient and family because nurses lack experience with screening tools and do not know how to approach sensitive topics.¹¹ Several barriers to effective communication for oncology nurses have been identified, including poor communication among the interprofessional team,¹¹ differing expectations among clinical staff, lack of skills for providing empathic care to patients and family members, the challenge of assessing patient expectations, how to initiate discussions about end of life, and explaining palliative care.¹²

By its nature, oncology nursing demands more attention to palliative care communication

because it attends to both the patient and family and serves to coordinate many factions across a potential of multiple care settings. Patients and family members expect nurses to be honest when sharing information and answering inquires, to ask about the patient's values and goals, take time to listen, and to collaborate with health care team members.¹³ Given the frequency of interaction between oncology nurses and patients and their families, it is crucial that oncology nurses possess strong palliative care communication skills to provide quality cancer care.¹⁴ This article will offer communication strategies based on the COMFORT Communication curriculum (Comfort Communication Project, Los Angeles, CA), an evidence-based communication training program funded by the National Cancer Institute.¹⁵

COMFORT COMMUNICATION CURRICULUM

COMFORT is an acronym that stands for the seven basic principles of palliative care communication (C-Communication, O-Orientation and options, M-Mindful communication, F-Family, O-Openings, R-Relating, T-Team). [Table 1](#) shows an overview of the curriculum and content of each module. Communication research based on clinical observations of terminal prognosis meetings with dying patients, hospice and palliative care team meetings, semi-structured interviews with palliative care team members, and extensive longitudinal research of patients and families from the point of diagnosis through death and bereavement¹ gave shape to the identification of the seven modules.¹⁶ By integrating communication theory into clinical research, the curriculum was detailed in a volume on communication in palliative nursing.¹⁷

With funding from the National Cancer Institute, the nurse communication curriculum was created for a 2-day training course for implementing evidence-based palliative care communication skills into practice. Clinical nursing faculty and communication researchers were brought together to teach the curriculum. To date, COMFORT communication training has been provided nationwide to 269 oncology nurses who have trained an additional 6863 other health care professionals at their home institutions. COMFORT has shown to improve clinician self-efficacy, attitudes toward communication, and reduce providers' apprehension about communication.¹⁸⁻²⁰

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