
PATIENT-PROVIDER COMMUNICATION: THE RISE OF PATIENT ENGAGEMENT

CORETTA M. JENERETTE AND DEBORAH K. MAYER

OBJECTIVES: *To describe the changing dynamics of patient-provider communication with proposals for optimizing this important relationship.*

DATA SOURCES: *Current research, national programs and guidelines from the National Cancer Institute, the Commission on Cancer, the Institute of Medicine, and the Oncology Nursing Society.*

CONCLUSION: *There are important opportunities to apply evidence-based strategies to optimize patient-provider communication that will result in improved health outcomes.*

IMPLICATIONS FOR NURSING PRACTICE: *Oncology nurses across all areas of practice, including clinical care, research, and education, can play a significant role in achieving the goal of positive health outcomes by addressing challenges that inhibit effective patient-provider communication.*

KEY WORDS: *Patient-provider communication, oncology nursing, engagement.*

Coretta M. Jenerette, PhD, RN, CNE: Associate Professor, School of Nursing, The University of North Carolina at Chapel Hill, NC. Deborah K. Mayer, PhD, RN, AOCN®, FAAN: Professor, School of Nursing, The University of North Carolina at Chapel Hill, Director of Cancer Survivorship, UNC Lineberger Comprehensive Cancer Center, Chapel Hill, NC.

Address correspondence to Deborah K. Mayer, PhD, RN, AOCN®, FAAN, UNC Lineberger Comprehensive Cancer Center, UNC-Chapel Hill, Carrington Hall #7460, Chapel Hill, NC 27599-7460. e-mail: dmayer@unc.edu

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Cancer care continues to evolve as we increase our understanding of the etiology of cancer, develop and refine treatments, and develop and evaluate new cancer care delivery models. Yet, at the center of all these health system changes are patients with cancer and their caregivers. Understanding the dynamic relationship between the patient and the providers, particularly the communication relationship, and developing ways to optimize that relationship are the focus of this article.

While the US population is expected to grow 10% by 2030, the incidence of cancer will increase 45% to 2.3 million individuals diagnosed each year (up from current 1.6 million) with most of the increase occurring within the older adult and minority population.^{1,2} In addition, the number of cancer survivors is projected to increase by 31%, to almost

19 million, by 2024, representing an increase of more than 4 million survivors in 10 years.^{1,2} These statistics have implications for both the health care system and the providers who will see more new cancer patients and follow many more over time.

At the same time that the cancer population is increasing, the American Society of Clinical Oncology projects that the number of oncology providers will not be adequate to deliver quality cancer care in the future. Specifically, projections indicate that there is a need for 40% more oncologists to meet the needs of the growing population of cancer patients, but the expected growth of medical and radiation oncologists is only 25%.³ There is a similar gap for the number of available primary care physicians needed to care for this growing population, in particular the increasing number of elderly.⁴ While the number of nurses and advanced practice nurses is growing at an annual rate of 2.6%, the number of nurses will be insufficient to meet the projected needs within the health care system. The projected nursing shortage is in part because of the retirement of many nurses currently in the work force.⁵ To meet this looming work force challenge, new models of team-based care will be needed across all cancer care settings and will require improved coordination of care with an emphasis on the patient-provider relationship.

Because of the limitations in the provider work force and the increasingly complex cancer population, inevitable changes in cancer care delivery will occur and more will be expected of the patient and family as active members of their cancer care team. For example, hospital stays have become shorter and more complex care is being delivered in the outpatient setting or in the home. Increasingly, women undergoing breast cancer surgery are being discharged within 24 hours and stem cell transplants are being performed on an outpatient basis. These changes in delivery will require a planned approach to providing the needed education and support as patients and families assume new responsibilities.

While much of care is focused on the person with cancer, it is critical to include the caregiver(s), especially as they assume more direct care responsibilities. While not necessarily an official patient in the health care system, it is well documented that caregivers frequently experience physical and emotional distress during this time and will need support.⁶⁻⁸ Caregiver strain or burden is defined as difficulty assuming and functioning in the caregiver role, as well as associated alterations

in the caregiver's emotional and physical health that can occur when the demands of providing care exceed resources and may fluctuate over the cancer trajectory.⁶⁻⁸ Cognitive behavioral and psychoeducational interventions that have demonstrated effectiveness in ameliorating caregiver burden or strain will need to be widely available. Some known interventions for caregivers of cancer patients include integrated caregiver support,⁹ meaning-centered psychotherapy,¹⁰ mindfulness-based stress reduction,^{11,12} and eHealth platforms such as the Comprehensive Health Enhancement Support System (CHESS), which includes information, communication, and a coaching system for caregivers.¹³ The selected interventions will need to be targeted to individual situations to have higher probability of improving the caregiver's quality of life.¹⁴ Communication will be key in identifying patients and families in need of intervention.

Studies have also shown that cancer patients, including survivors, have many unmet needs, regardless of the stage of disease. These needs range from medical issues to information gaps and unmet psychosocial support.¹⁵ Need for psychological support is especially prevalent, even in well-informed cancer survivors.¹⁶ In a study conducted by the American Cancer Society, open-ended questions were administered to over 1500 survivors who identified their unmet needs as: physical, financial, social support, information, educational and emotional, body image, identity, existential, employment, provider relationship, and communication.¹⁷ These needs remained similar over a 10-year period beginning at diagnosis. These study results have important implications for ongoing assessment and tailored interventions throughout the cancer patient's journey. Effective communication to identify these needs is an essential first step and includes the use of patient-reported outcomes (PRO) as a validated means of receiving information directly from the patient. Electronic tools, such as patient portals within electronic medical record systems allow sharing among providers and between patients and providers.

PATIENT-CENTERED CARE

The Institute of Medicine defines patient-centered care as: "Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."¹⁸ Institutions that have

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