



Oncology nurses' communication challenges with patients and families: A qualitative study



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ABSTRACT

The benefits of effective communication in an oncology setting are multifold and include the overall well-being of patients and health professionals, adherence to treatment regimens, psychological functioning, and improvements in quality of life. Nevertheless, there are substantial barriers and communication challenges reported by oncology nurses. This study was conducted to present a summary of communication challenges faced by oncology nurses. From November 2012 to March 2014, 121 inpatient nurses working in the oncology setting participated in an online pre-training qualitative survey that asked nurses to describe common communication challenges in communicating empathy and discussing death, dying, and end-of-life (EOL) goals of care. The results revealed six themes that describe the challenges in communicating empathically: dialectic tensions, burden of carrying bad news, lack of skills for providing empathy, perceived institutional barriers, challenging situations, and perceived dissimilarities between the nurse and the patient. The results for challenges in discussing death, dying and EOL goals of care revealed five themes: dialectic tensions, discussing specific topics related to EOL, lack of skills for providing empathy, patient/family characteristics, and perceived institutional barriers. This study emphasizes the need for institutions to provide communication skills training to their oncology nurses for navigating through challenging patient interactions.

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Introduction

Nurses play a pivotal role in accompanying the patient and family through their cancer journey. As outlined in the 2010 Institute of Medicine's (IOM's) report, nursing practice covers a broad continuum of care, from health promotion to disease prevention, to coordination of care, to cure (when possible) and to palliative care when cure is not possible (IOM, 2010). Given the frequency and continuity of contact that nurses have with their patients and their families, nurses are in an ideal position to assume important role in health care delivery processes (Baer and Weinstein, 2013). Cancer patients and families have a high prevalence of psychological stress

and need emotional and social support; therefore, the importance of adequate communication about the diagnosis, prognosis and treatment alternatives cannot be over-emphasized (Hack et al., 2012).

The benefits of effective communication are multifold, and include the overall well-being of patients and health professionals. Effective communication positively influences the rate of patient recovery, pain control, adherence to treatment regimens, psychological functioning, and quality of life (e.g., Gattellari et al., 2001; Uitterhoeve et al., 2009; Vogel et al., 2009). Alternatively, ineffective communication can leave patients feeling anxious, and is associated with increased uncertainty and dissatisfaction with care (Hagerty et al., 2005), increase lack of compliance with recommended treatment regimens (Jin et al., 2008; Martin et al., 2005), and elevated rates of depression and anxiety (Donovan-Kicken and Caughlin, 2011). As well, ineffective communication may negatively affect the nurses by increasing stress, lack of job satisfaction, and emotional burnout (e.g., Emold et al., 2010; Potter et al., 2010).

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Despite the numerous benefits of effective communication between patients and nurses, it is not uncommon for oncology nurses to report substantial barriers and communication challenges within their practice. In a recent study examining outcomes of a two-day interactive communication skills course on self-reflection of senior registered nurses, two main areas of communication challenges and specific skills development identified by the nurses included: dealing with patients with difficult questions and dealing with angry patients and relatives (Pilsworth et al., 2014). In another study that explored communication barriers as reported by seven nurse managers revealed an imminent need for nurses is to learn how to manage their intermediary role between patients, families, and physicians (Wittenberg-Lyles et al., 2013).

Prior studies demonstrate that oncology nurses face a plethora of communication challenges, primarily surrounding patient emotions, and challenging family dynamics around end-of-life (EOL) issues. What is still missing, however, is an iteration of specific forms of communication challenges (e.g., not knowing how to respond to a crying patient, or lack of supportive words when patient is EOL, etc.) that will reliably summarize the range of communication challenges faced by oncology nurses in an inpatient setting. Accordingly, this qualitative study will guide the development of communication skills courses that help nurses learn communication strategies to recognize, address, and overcome the communication challenges. These challenges require skills that go beyond simple supportive techniques such as empathy and listening. Teaching advanced communications skills that address specific problems identified and enumerated by nurses may be useful for addressing the communication challenges that interfere with patient-supported care. This study was conducted as a needs assessment survey that would inform the delivery and refinement of a one-day nurse communication skills training programme which provides an experiential and hands-on training to oncology nurses to increase proficiency in dealing with communication challenges. The aim of this study was to present a summary of specific forms of communication challenges faced by oncology nurses in a large cancer hospital, particularly focused around challenges related to empathic communication and EOL care issues.

Methods

Participants and procedure

From November 2012 to March 2014, 121 inpatient nurses working in the oncology setting at Memorial Sloan Kettering Cancer Center (MSKCC) in United States participated in an anonymous online pre-training survey that focused on understanding specific forms of communication challenges faced by MSKCC's inpatient oncology nurses. Nurse leaders from acute care, pediatrics, critical and urgent care selected potential nurse participants ($N = 146$) to participate in one of 13 communication skills trainings, offered between November 2012 to March 2014. MSKCC's Institutional Review Board approved this educational study and the publication of this data.

Approximately two weeks prior to their training, all nurse participants received an invitation and a web link to complete online survey using Qualtrics software; see <http://www.qualtrics.com/>). The response rate was approximately 83%, with 121 inpatient oncology nurses completing the survey.

Measures included a combination of qualitative and quantitative questions. On a 5-point Likert-type scale with 1 (Strongly Disagree) and 5 (Strongly Agree), nurses were asked to rate their confidence in communicating empathically with patients, and discussing death, dying and EOL goals of care. Additionally, nurses were asked

two open-ended questions to understand their specific types of communication challenges: "What are the challenges in communicating empathically with your patients?" and "What is the most difficult aspect of discussing death, dying and EOL goals of care with patients?"

Data analysis

After the online questionnaires were completed, results were provided to the study team in SPSS[®], version 18.0. Using descriptive analysis, mean scores for self-confidence ratings in communicating empathically with patients and in discussing death, dying and EOL goals of care were calculated.

Consistent with prior qualitative work and current analysis methods, the analysis of the open-ended question responses was performed through a thematic text analyses approach (Patton, 2002) that involved a rigorous review and interpretation of the data. A coding team consisting of the first four authors on this paper analyzed the data. When reviewing the data, the team focused on describing and interpreting participant comments regarding their challenges in communicating empathically with patients and discussing death, dying and EOL goals of care. The analysis strategy involved a combination of independent and collaborative analysis. As a first step, the coding team generated a code book consisting of descriptive and interpretive concepts identified during review of the open-ended data. To achieve this, they proceeded through an iterative process of open coding of a subset of the transcripts. Each coding team member independently developed codes capturing their interpretation of the underlying meaning of participant comments. After each team member completed their coding of a sub-topic, the team met to review the coding, mutually agreed to codes and their definitions, and reached consensus about how to apply the created codes to the data. This process of independent coding continued, and was followed by consensus work until the two sub-topics were coded (Patton, 2002).

Results

Self-reported confidence in communication

The mean rating for nurses' self-reported confidence in communicating empathically with patients was 4.12 ($SD = .64$) and in discussing death, dying and EOL goals of care was 3.43 ($SD = .97$).

Challenges in communicating empathically with patients

Six challenges in communicating empathically with patients were discussed: 1) dialectic tensions in providing empathy; 2) burden of carrying bad news; 3) lack of skills for providing empathy; 4) perceived institutional barriers in providing empathy; 5) challenging situations; and 6) perceived differences. Further, each type of communication challenge included a subset of challenges described below. Table 1 summarizes themes and sub-themes for challenges in communicating empathically with patients, and provides additional supporting quotes.

1. Dialectic tensions in providing empathy

Dialectic tensions refer to the contradictory impulses of the nurse–patient relationship. Nurses in this study referred to two types of dialectic tensions. Firstly, the tension between knowing and not knowing about the illness experience was noted as a challenge to providing empathy. Although nurses' professional experience gave them extensive knowledge of what patients

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