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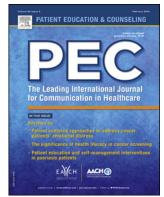

Review

A 3-stage model of patient-centered communication for addressing cancer patients' emotional distress

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ABSTRACT

Objective: To describe pathways through which clinicians can more effectively respond to patients' emotions in ways that contribute to betterment of the patient's health and well-being.
Methods: A representative review of literature on managing emotions in clinical consultations was conducted.
Results: A three-stage, conceptual model for assisting clinicians to more effectively address the challenges of recognizing, exploring, and managing cancer patients' emotional distress in the clinical encounter was developed. To enhance and enact recognition of patients' emotions, clinicians can engage in mindfulness, self-situational awareness, active listening, and facilitative communication. To enact exploration, clinicians can acknowledge and validate emotions and provide empathy. Finally, clinicians can provide information empathetically, identify therapeutic resources, and give referrals and interventions as needed to help lessen patients' emotional distress.
Conclusion: This model serves as a framework for future research examining pathways that link clinicians' emotional cue recognition to patient-centered responses exploring a patient's emotional distress to therapeutic actions that contribute to improved psychological and emotional health.
Practical implications: Specific communicative and cognitive strategies are presented that can help clinicians better recognize a patient's emotional distress and respond in ways that have therapeutic value.

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Contents

1. Introduction . . . 143
2. Emotional distress and its sequelae . . . 144
3. A therapeutic approach to emotional management and support . . . 145
 3.1. Recognizing emotional distress . . . 145
 3.2. Exploring emotional distress . . . 146
 3.3. Therapeutic action . . . 146
4. Conclusions and implications . . . 147
 4.1. Research and practical implications. . . . 147
 4.2. Conclusions . . . 147
 Acknowledgements . . . 147
 References . . . 147

1. Introduction

From first diagnosis to treatment to survivorship or end of life, people with cancer often experience considerable emotional distress. Receiving a cancer diagnosis, making decisions about treatment, undergoing treatment, and concerns about recurrence

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can generate much anxiety, anger, sadness, fear, and worry for cancer patients. Emotional trauma, if unmitigated, not only is a cause of psychological morbidity, it can contribute to poorer biopsychosocial (e.g., pain, loss of physical and social functioning, fatigue) and economic outcomes (e.g., longer hospital stays and use of more money for care) [1]. Because the cancer diagnosis and treatment add a significant emotional dimension to clinician–patient interactions [2], a clinician's ability to help patients manage their emotional distress is essential. Unfortunately, clinicians often have a difficult time assisting their patients in coping with their emotional distress because they may not recognize the distress, may not know what to do when negative emotions are exhibited, may think helping with emotions is another provider or family member's job, or believe discussing the distress will harm the patient rather than help him or her [1,3,4].

While past research has indicated communication in medical consultations can influence patients' emotional experiences [3], and potentially have positive impacts on psychosocial health outcomes [2], more research needs to focus on the processes through which clinicians move through recognizing a patient's emotional needs to ultimately providing therapeutic resources as needed. The purpose of this paper is to model a pathway through which clinicians can more effectively identify and respond to patients' emotions in ways that contribute to betterment of the patient's health and well-being. The model lays out the important role communication plays in helping clinicians move from recognizing emotional distress to responding in empathic and validating ways to therapeutic value of communication, which may include, as appropriate, discussion and referral for medical intervention.

Such a model fills an important gap in the literature. First, though there is an impressive body of research that examines clinicians' (in)abilities to recognize patients' emotional cues and concerns and the reasons for this (e.g., [1,3–5]), this literature typically leaves out ways clinicians could help patients cope with negative emotions. Second, the model draws upon previous research focused on empathic and patient-centered communication so to present ways clinicians can explore patients' preferences for discussing emotions and concerns as well as appropriately acknowledge and validate these feelings (e.g., [6–9]). Yet, 'talking' about feelings and the reasons underlying them may not alleviate emotional distress. Thus, the model also addresses communication as it relates to the possible need for therapeutic interventions such as cognitive behavioral therapies or medication.

Following a brief review of the literature on emotional distress experienced by cancer patients and its potential deleterious effects on health outcomes, a three-stage model is described to examine the challenges of recognizing, exploring, and managing patients' emotional distress in the clinical encounter.

2. Emotional distress and its sequelae

Emotional distress has been conceptualized in a number of ways. For our purposes, the National Comprehensive Cancer Network guidelines offer a useful definition: emotional distress is defined as "an unpleasant experience of an emotional, psychological, social, or spiritual nature that interferes with the ability to cope with cancer treatment. It extends along a continuum, from common normal feelings of vulnerability, sadness, and fears, to problems that are disabling, such as true depression, anxiety, panic, and feeling isolated or in a spiritual crisis" (p. 115) [10]. Important in this definition is that emotional distress exists along a continuum from normal or common negative feelings (frustration, disappointment, nervousness, bad mood) to disabling emotional states in need of treatment (depression, anxiety, hopelessness). Ineffectual management of negative emotions may also be an economic burden as emotionally distressed patients use more medical services, have higher medical costs, and stay longer in hospitals [11,12]. In short, cancer patients with intense and/or sustained emotional distress are at risk of additional biomedical and psychosocial harm in addition to that of the cancer and its treatment.

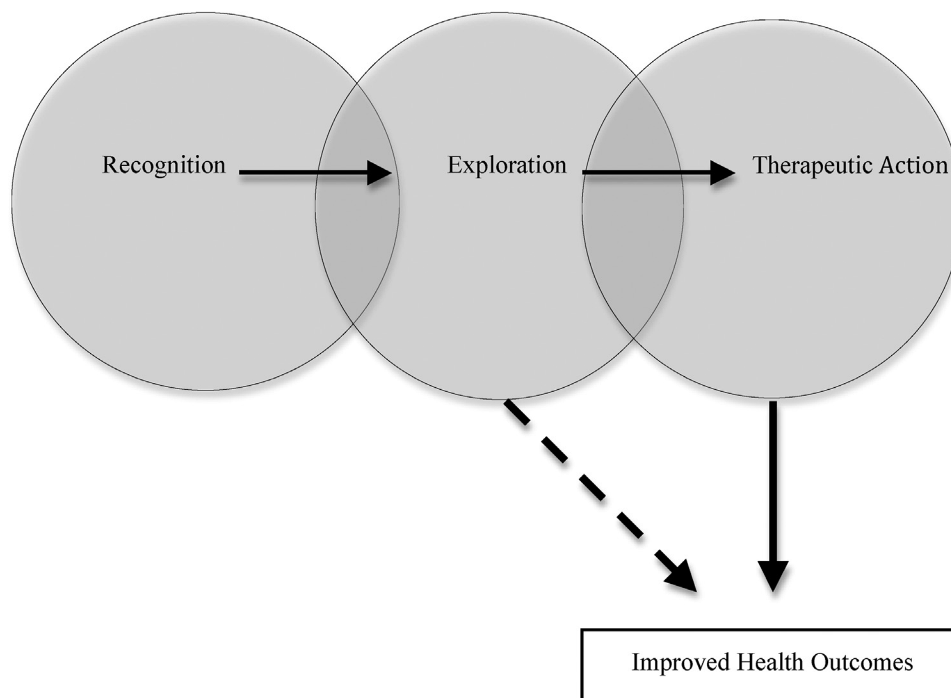

Fig. 1. A 3-stage model of patient-centered communication for addressing cancer patients' emotional distress.

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