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Research Article

# Communicating with Emotional Patients: Thoughts, Skills, and Influencing Factors for Ontario Radiation Therapists

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## ABSTRACT

**Purpose:** Patients receiving radiation therapy are subject to high anxiety levels. Radiation Therapists (RTs) are uniquely positioned to support patients as they progress through treatment, but little is known about Therapists' ability to perform this important task. This research was designed to describe RTs' ability to communicate with cancer patients during emotional interactions and to determine what intrinsic and extrinsic factors influence that ability.

**Methods:** Single-centre focus groups were used to develop themes for a questionnaire. That questionnaire was then distributed throughout 13 Ontario cancer centres. Themes evaluated included intrinsic factors (demographics, value, and so forth) and extrinsic factors (work environment, resources, and so forth). A validated clinical vignette was used to evaluate actual respondent communication skill and a validated scale reported various aspects of emotional intelligence.

**Results:** One hundred ninety-nine responses were received from 13 cancer centres, distributed across Ontario. Response rate was low (31%), but wave analysis indicated a lack of nonresponse bias. Based on the clinical vignette, RTs showed a high degree of skill when communicating with emotional patients, reporting minimal use of blocking or controlling behaviours. Factors shown to significantly influence the ability to communicate with emotional patients included personal sociability and years of experience, organizational provision of time, private space, and support ( $P < .05$ ).

**Conclusions:** RT respondents were particularly skilled at communicating with emotional patients. That skill level was significantly influenced by both personal and organizational factors. The most important of these were experience and time. These findings are consistent with the literature for other professions and are likely generalizable throughout Canada and similar international practice environments.

## RÉSUMÉ

**But :** Les patients qui reçoivent des traitements de radiothérapie subissent un niveau d'anxiété élevé. Les radiothérapeutes (RT) sont bien placés pour appuyer les patients dans leur progression dans le traitement, mais on sait peu de choses sur la capacité des thérapeutes à exécuter cette tâche importante. La recherche a été conçue dans le but de décrire la capacité des RT de communiquer avec les patients atteints du cancer durant des interactions émotives et de déterminer quels sont les facteurs intrinsèques et extrinsèques qui influent sur cette capacité.

**Méthodologie :** des groupes de discussions réunissant des participants d'un même centre ont été utilisés pour développer des thèmes pour un questionnaire, qui a ensuite été distribué dans 13 centres de cancérologie de l'Ontario. Les thèmes abordés comprenaient les facteurs intrinsèques démographie, valeur, etc., et extrinsèques (milieu de travail, ressources, etc.). Une vignette clinique validée a été appliquée afin d'évaluer les habiletés de communications réelles des répondants et une échelle validée présentait différents aspects de l'intelligence émotionnelle.

**Résultats :** 199 réponses ont été reçues de 13 centres de cancérologie à travers l'Ontario. Le taux de réponse a été faible (31 %), mais l'analyse des vagues a permis de conclure à l'absence de biais de non-réponse. Selon la vignette clinique, les TR affichent un degré de compétence élevé dans la communication avec les patients émotifs, avec une utilisation minimale des comportements de blocage ou de contrôle. Les résultats indiquent que les facteurs qui ont une influence significative sur la capacité de communiquer avec les patients émotifs comprennent la sociabilité personnelle et les années d'expérience, l'octroi de temps par l'organisation, l'espace privé et le soutien ( $p < 0,05$ ).

**Conclusions :** Les RT qui ont répondu au sondage sont particulièrement aptes à communiquer avec les patients émotifs. Ce niveau d'aptitude est influencé de façon significative par des facteurs

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personnels autant qu'organisationnels, dont les plus importants sont l'expérience et le temps. Ces constats sont cohérents avec ceux présents dans la littérature scientifique pour d'autres professions et

sont probablement généralisables pour l'ensemble du Canada et dans des milieux d'exercice similaires à l'étranger.

*Keywords:* communication; cancer; anxiety; depression; radiation therapy; psychosocial support

## Introduction

The term “emotional” is defined as “markedly aroused or agitated in feeling or sensibilities” [1], and a cancer diagnosis can cause a maelstrom of emotions for patients. Pressures from a cancer diagnosis can often result in emotional outbursts varying from anger to sadness. High anxiety levels have been reported in 44%–50% of radiation therapy patients [2, 3] with up to one third of new cancer patients at high risk of developing a psychological disorder within the first year [4, 5].

Patients undergoing cancer treatment need emotional support from their health care team. Radiation Therapists (RTs) are in a position to offer meaningful emotional support to cancer patients because a unique trust relationship develops during a course of daily radiotherapy. Interacting with patients who are experiencing strong emotions is a particularly challenging part of RTs' daily work. This type of emotionally charged communication is considered highly psychologically burdensome [6, 7], resulting in high levels of work-related stress [8, 9]. This is particularly disconcerting because RTs have been previously identified as having very high levels of pre-existing emotional exhaustion, depersonalization, and burnout [10, 11].

Given the psychological toll and the pressures of competing demands, it is understandable why other health care professionals (HCPs) report the prolific use of “blocking” and “controlling” communication styles to avoid difficult conversations with patients [7, 12–14]. These communication styles prevent the patient from expressing their distress by not enquiring about their feelings, or creating an atmosphere in which it is uncomfortable for them to express their feelings, or intentionally focussing the conversation on technical issues. Adding to the burden of these types of interactions is the tension that exists between the provision of patient care and the technical and time management demands made on RTs [15, 16]. Regardless of the emotional demands of the work, many RTs identify their role in patient care and support as the major reason they entered the profession [17]. RTs clearly value the concept of human caring as it applies to their role, although there has been little exploration of caring or communication skills within the field of radiation therapy [18, 19].

Research from other HCPs working with cancer patients demonstrates that HCPs often missed, blocked, or avoided addressing patient verbal and nonverbal cues [7, 12]. Evaluations of the ability of HCPs to engage in effective communication suggest that both intrinsic and extrinsic factors influence that ability. Lack of knowledge and formal

training are often cited as intrinsic factors, which inhibit engagement in psychosocial interactions [7, 12, 20, 21]. Personal factors such as not wanting to do harm and fear of burnout may be equally important. Communication ability may also be influenced by extrinsic factors, such as workload, available resources, and workplace culture [8, 16]. It is unclear whether the findings from other HCP can be generalized to RTs because of the unique relationship forged during the prolonged treatment course. If these findings can be extrapolated to the radiation therapy profession, then improvements in RTs' ability to engage in effective communication with our patients are both vital and urgent.

Poor communication will result in negative psychological consequences for the patient and the RT [2, 5, 7, 9, 22–24] yet nothing has been published regarding RTs' ability to communicate in difficult “emotional” situations or about the factors that may influence that communication ability. This study was undertaken to describe RTs' ability to communicate with cancer patients during emotional interactions and to determine if intrinsic and extrinsic factors influence that ability.

## Materials and Methods

This was a two-phase research project, with Research Ethics Board approval. Single-centre, qualitative focus groups (FGs) were used to explore RT perceptions about their ability to communicate with emotional patients. The findings from the FGs were then used to develop a questionnaire for distribution to all radiation therapy centres in Ontario.

### *Phase 1: Focus Groups*

Qualitative FGs were used to identify the most important themes for inclusion in a questionnaire. An email invitation was sent to all RTs in a single radiation therapy centre. All those who indicated they were interested in participating signed consent forms before data collection and were included in the FGs. Participants were stratified into 3 groups of 6 or 7 RTs based on years of RT experience. The FGs were led by an experienced moderator. The researcher attended the FG to ensure that analysis of the FG transcripts was consistent with the tone of the discussion, but did not participate. Preliminary themes for FG discussion were based on an extensive literature review of other HCPs and were collated into a moderator's guide. The 60-minute sessions were held in a private location away from the radiation therapy department, but within the hospital.

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