

END OF LIFE: REFLECTING ON THINGS THAT MATTER

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OBJECTIVES: *To promote oncology nurse communication that is grounded on principles of ethics, individual care, and shared decision-making.*

DATA SOURCES: *Articles and references in the communication, nursing and oncology nursing literature*

CONCLUSION: *Communication is essential to effectively advocate to meet the needs of cancer patients and their families, and other health care providers, particularly in the quality-of-life domains.*

IMPLICATIONS FOR NURSING PRACTICE: *Oncology nurses are in a prime position to facilitate quality communication. Nurses need education in communication to promote quality care and navigate critical junctures in the cancer continuum.*

KEY WORDS: *communication, oncology nurse, education, ethics, quality of life, advocacy.*

Whether young or old, patients and their families coping with a serious illness such as cancer require adequate information to make informed decisions about treatment options. Quality communication is essential for oncology care, particularly when time is limited. Although there

is a multidisciplinary team from diagnosis to end of life, nurses have a vital role in communication with cancer patients. In fact, nurse-patient communication strongly influences patient satisfaction, outcomes, and costs of care.¹ Communication is an essential, powerful therapeutic tool in cancer care. When used well, communication can empower a patient and his or her family with a sense of control while simultaneously reducing uncertainty, stress, and anxiety.

Oncology nurses provide information across the trajectory, including the following:

- a) education about cancer itself;
- b) the process and work-up for the diagnosis of a particular cancer;
- c) information about treatment and its delivery, as well as potential side effects;
- d) prognosis related to a particular cancer; and
- e) quality-of-life issues.

In addition, oncology nurses provide a therapeutic presence and support through active listening,

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identification of values, goals, and preferences, and facilitate collaboration.^{2,3} Often, just having conversations about the cancer experience can be beneficial as therapy, in and of itself. At end of life, communication is particularly important to promote both preparation for death, discussion of goals of care, completion of goals, and psychological healing for patients and their families. Communication assists in resolving psychological and spiritual issues at the end of life that cause anguish for patients and families, as exhibited by the use of maladaptive coping strategies, denial, emotional distress, depression and anxiety, and overall lower quality of life.⁴

In the following discussion, the oncology nurse, Tim, explores the patient Enrique's, understanding of his cancer, but also gently explores the social network around the patient.

Enrique Gonzales is a 25-year-old man with colon cancer who has been surgically resected and is now undergoing chemotherapy. His nurse, Tim, asks what he understands about his cancer. Enrique replies he understands his cancer is serious but he is hoping for a cure and the doctors have told him they think they can get him into remission. Tim inquires if Enrique understands what that means and Enrique says he is unsure. Tim observes that Enrique comes to treatment by himself and asks him who his support system is. Enrique answers his family and friends "but I don't want to bother the family." He wants to show them he is strong. They would also lose work time if they came. Tim wonders if they understand his situation. Enrique responds, "No, I am protecting them." Tim asks Enrique if he thinks they perhaps know more than they let on. Enrique answers he is not sure, but that is why he does his best to put up a good front, even if he doesn't feel well. He uses his religion as a source of strength. He is clear that he would never want to be a burden for his family.

Tim asks open-ended questions and makes observations to which Enrique responds and offers insight to his coping. Tim is able to learn a lot about Enrique, his coping, his family relationships, and his values. Thus, even without the use of diagnosis and prognosis, there is opportunity for rich exchanges of communication between a patient and a nurse that lead to better care and satisfaction.

CURRENT STATUS OF ONCOLOGY NURSES' COMFORT WITH COMMUNICATION

Often, oncology nurses feel uncomfortable or lack confidence in their communication skills because of lack of training in communication, mentoring in difficult communication experiences, and overall oncology nursing experience. Moreover, many nurses have not been empowered by their oncologist colleagues to initiate such discussions. Several studies have demonstrated oncology nurses' discomfort with communication when patients have a serious illness.⁵⁻⁷ Specifically, nurses reported lack of communication education in nursing programs and within their institutions. There are several reasons for this. First, there are no requirements for communication in prelicensure nursing education or in graduate nursing education. Second, patient/family communication is not usually a required competency. Third, there is insufficient mentoring for nurses by nurses in this area. Fourth, nurses may also lack the authority and/or autonomy within their organization to discuss certain aspects of cancer care, such as diagnosis or prognosis. This is further complicated by oncologists' lack of confidence and competence in communication.⁸

As the most trusted health care professional, patients and families rely upon nurses to offer objective information. Nurses, unlike many physicians, do not have their work linked to care delivery incentives or the promotion of procedures. This affords nurses the opportunity to offer unbiased opinions on care across the illness trajectory. The nature of nursing practice is predicated on communication, both verbal and nonverbal. The American Nurses Association *Code of Ethics*⁹ delineates this in the following description of nursing practice:

"The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person. . . The nurse respects the patient's right to self-determination. . . Nurses assist patients with decisions about resuscitation status, withholding and withdrawing life-sustaining therapies, foregoing nutrition and hydration, palliative care, and advanced directives."⁹ p8

It is important to emphasize that communication is within the nurses' scope of practice to share much-needed information. Nurses often perceive it is not their job to discuss difficult issues because

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