

COMMUNICATION CONCERNS WHEN TRANSITIONING TO CANCER SURVIVORSHIP CARE

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OBJECTIVES: *To discuss communication needs that relate to transitioning care for cancer survivors and strategies to facilitate patient-centered communication.*

DATA SOURCES: *National Cancer Institute monograph and peer reviewed articles related to survivorship and communication.*

CONCLUSION: *Key communication tasks in survivorship include managing uncertainty, exchanging information, and enabling self-management. These tasks inform assessment strategies and interventions in survivorship care planning. Communication training must target survivors and providers given the reciprocal and interactive nature of communication.*

IMPLICATIONS FOR NURSING PRACTICE: *Implications for Nursing Practice: Nurses need to evaluate survivors' concerns and incorporate communication strategies in survivorship care planning to reduce distress and facilitate the exchange of information to improve referrals to supportive care resources.*

KEY WORDS: *patient-centered communication, survivorship care planning, transition of care, communication strategies, communication skills training, psychosocial concerns.*

Transitioning cancer patients from active treatment to survivorship follow-up care can be a stressful time for patients, families, and health care providers. The literature has documented that health care providers have often not prepared survivors for life after

cancer.¹ A recent study evaluated the unmet needs of cancer survivors and found the highest ranked unmet needs identified by over 50% of the participants were about lack of information and fear of recurrence.² Another study evaluating the quality of communication between providers and survivors found that 42% of the participants did not receive information regarding late and long-term effects of their cancer or its treatment, and 50% believed they did not receive detailed information about lifestyle recommendations to help them stay healthy in the future, or details related to emotional and social support.³

The inability to communicate effectively as health care providers is a major contributor to the unmet needs described by cancer survivors. A lack of

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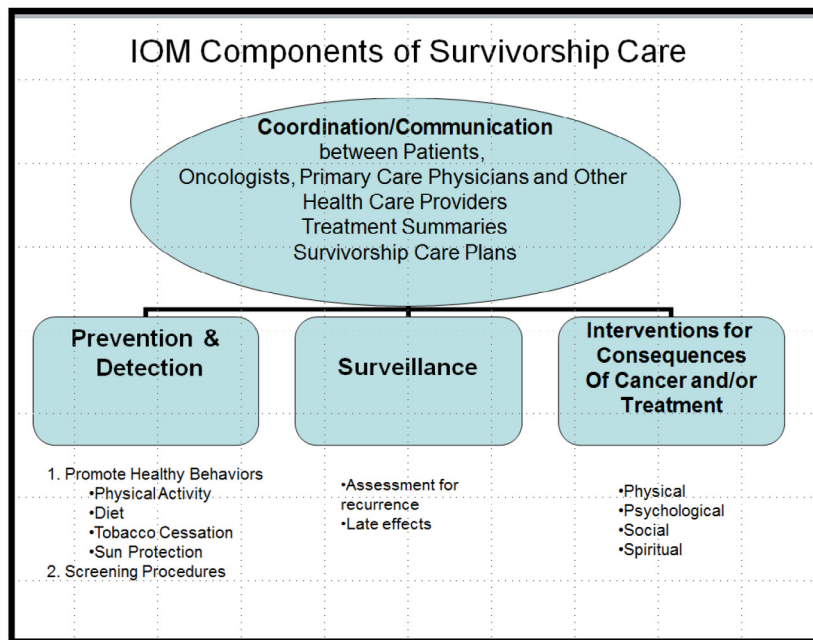


FIGURE 1. Institute of Medicine (IOM) components of survivorship care. Data from the Institute of Medicine,⁶ Grant et al.,⁷ and Aziz and Rowland.⁸

understanding and misinterpretations by physicians, nurses, patients, and family members have contributed to feelings of confusion and vulnerability described by patients and families at the end of treatment.⁴ This article focuses on communication needs that relate to transitioning care for cancer survivors based on the National Cancer Institute (NCI) Patient-Centered Communication (PCC) model.⁵ Barriers to effective communication and how assessment and interventions can help provide opportunities for patients to participate in their care and improve the patient, family caregiver, and nurse relationship will be discussed. The role of Survivorship Care Plan (SCP) in promoting communication will be discussed.

The seminal Institute of Medicine (IOM) report from 2005, “Cancer Patient to Cancer Survivor: Lost in Transition” described the components of providing quality survivorship care and this report remains the gold standard.⁶ Communication was identified as a lynch pin for the four components recommended for quality survivorship care. Prevention, detection, surveillance, and interventions are the components related to quality survivorship care, with communication as central to SCPs because they are a vehicle to provide patients with the information needed to meet follow-up recommendations. An NCI-supported education program for nurses emphasizes that coordination is communication and should be the first component of quality survivorship care. Figure 1 provides a visual

illustration of why the component of communication should be a priority in the process of survivorship care (Fig. 1).⁶⁻⁸

Understanding how communication occurs between clinicians, patients, and families, and how communication contributes to improved outcomes, has become a priority in efforts to provide effective and cost-efficient health care. Follow-up care is paramount because of the growing numbers of cancer patients and survivors.⁹ Significant efforts are taking place to educate clinicians about communication concepts that impact the clinician, patient, and family relationship and the barriers that can prevent effective communication.¹⁰

The NCI published a monograph or framework to describe PCC that will improve health outcomes and encourage interactive communication between patients, clinicians, and families.⁵ Three important keys to communication include: (1) patient-centered care, (2) provision of opportunities for patients to participate in their care, and (3) enhancement of the patient-clinician relationship.⁵ There are six core functions associated with patient-clinician communication that work together to help improve communication with the goal of improving health outcomes (Fig. 2).⁵ The six core functions are:

- (1) Exchanging Information
- (2) Making Decisions
- (3) Fostering healing relationships

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