

■ CNE Article

Oncology Nurse Communication Barriers to Patient-Centered Care

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Although quality communication has been identified as a necessary component to cancer care, communication skills training programs have yet to focus on the unique role of nurses. This study explored communication barriers as reported by seven nurse managers to better identify communication skills needed for oncology nurses to practice patient-centered care. Thematic analysis of transcripts was used to identify barriers to patient and family communication and desirable patient-centered nursing communication skills. Overall, the nurse managers reported that nurses experience patient and family communication difficulties as a result of inconsistent messages to patients and family from other healthcare staff. Physician assumptions about nursing left nurses feeling uncomfortable asking for clarification, creating a barrier to team communication processes. Patient-centered communication and care cannot be actualized for nurses unless team roles are clarified and nurses receive training in how to communicate with physicians, patients, and family. Therefore, the authors of this article created the COMFORT communication training protocol, and key concepts and resources for nurse communication training through COMFORT are detailed in this article.

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National healthcare agendas and cancer-related organizations have increasingly recognized communication as a key component of standard cancer care (American Society of Clinical Oncology & Oncology Nursing Society, 2011; Institute of Medicine, 2010; Oncology Nursing Society, 2009). Although these practice standards recommend that nurse communication should be patient-centered, involve family members, and entail psychosocial cancer care, many nurses do not know how to integrate and communicate about the psychological and social impact of cancer with the patient's biomedical history (Herman, 2005). Known as a biopsychosocial approach, cancer care and education ideologically prioritize patient-centered care; however, few resources are available to teach nurses how to assess for and enact this care. In the absence of nurse communication training programs, the purpose of this study was to identify communication barriers to patient-centered care for nurses and to determine what communication skills should comprise nurse training and education for patient-centered care.

Background

Nurses experience difficulties in conversations that involve bad news, spiritual or religious concerns, and palliative care issues with patients and family members from different cultures (Helft, Chamness, Terry, & Uhrich, 2011; Malloy, Virani, Kelly, & Munevar, 2010; Noble & Jones, 2010). Oncology nurses report low skill level when helping a patient deal with the economic impact of cancer and intervening with family members in denial (Sivesind et al., 2003). They report discomfort discussing sexual health with patients (Julien, Thom, & Kline, 2010) and a lack of knowledge about survivorship issues (Irwin, Klemp, Glennon, & Frazier, 2011). Low self-awareness of verbal and nonverbal communication, fear of death, and poor task orientation may decrease communication effectiveness for oncology nurses (Tay, Hegney, & Ang, 2010). Oncology nurses also report having great difficulty with requests for euthanasia, patient loss, and confronting a colleague about undesirable behavior (Sivesind et al., 2003).