

Communication in Oncology Care: The Effectiveness of Skills Training Workshops for Healthcare Providers

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Communication among human beings is complex and often is neither linear nor necessarily accurate. In the oncology setting, patients interact with a variety of healthcare providers, including physicians, nurses, social workers, and technicians. Communication in the patient-provider relationship can be complicated by patient and family perceptions and expectations, emotional state, and disease course. Cancer diagnoses and treatment often produce anxiety in patients and families who need time to discuss their psychosocial concerns. Therefore, healthcare providers must possess excellent communication skills (Maguire, Faulkner, Booth, Elliott, & Hillier, 1995; Stiles, Shuster, & Harrigan, 1992).

The demands of the clinical setting may lead to hurried interactions between patients and providers. Communication may be filled with jargon and be unidirectional, resulting in incomplete assessments, absent or misguided interventions, and unsatisfied, anxious patients (Ford, Fallowfield, & Lewis, 1996). Instead, oncology nurses and physicians should listen actively to their patients' psychosocial issues, assessing for anxiety and depression, teaching and clarifying misunderstandings, and assisting in the decision-making process. Well-developed communication that includes supportive and empathetic responses serves to comfort and inspire patients and becomes

Communication skills are the cornerstone of the patient-provider relationship in cancer care. Lack of these skills can diminish patient disclosure, increase patient anxiety, and decrease satisfaction with care. The purpose of this article is to evaluate the literature regarding the efficacy and outcomes of communication skills training programs for healthcare providers in oncology. Using four databases, the author found 21 research articles about communication skills training programs for healthcare providers in oncology. The majority of published studies involved training programs for experienced clinicians (i.e., physicians, nurses, nurse practitioners, physician assistants) in oncology care. Programs varied in length from 18–105 hours and evaluated communication skills, patient satisfaction and anxiety, and provider confidence and perceived stress. Specific communication skills and provider confidence were statistically improved in 19 of 21 studies. Follow-up data showed maintenance of some skills and attrition of others. Longer programs with consolidation workshops are seen as more effective.

a therapeutic intervention. Often, the last time that nurses assessed their own communication skills was as students during a psychiatric rotation. Communication skills for all oncology professionals are worthy of evaluation and development as an important component of oncology care (Fallowfield et al., 2002).

Programs to improve communication skills for healthcare providers in the oncology setting have been conducted and evaluated. This article will discuss the effectiveness of those programs, with a special focus on nursing care.

Literature Search Methods

When beginning to review the literature for a specific clinical question, researchers first must define the search terms or key words. For this search, “communication skills,” “healthcare providers,” “communication skills training programs,” and “psychological training programs” were used. Communication skills are the specific behaviors and responses that are used in a therapeutic relationship between a healthcare provider and a patient. Healthcare providers were the nurses, nurse practitioners, physicians, physician assistants, and other professionals involved in patient care. Communication skills training programs teach healthcare providers specific communication skills for use in their relationships with patients through didactic classes, role-playing, and/or feedback. Some literature refers to psychological training programs as the courses that teach communication skills and adaptive behaviors to improve the quality of the patient-provider relationship and alleviate provider stress; as a result, both programs are included in this article.

Four computerized databases, the Cumulative Index to Nursing and Allied Health

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