ACADEMICIA: An International Multidisciplinary Research Journal
ISSN: 2249-7137 Vol. 11, Issue 11, November 2021 SJIF 2021 = 7.492
A peer reviewed journal

A REVIEW ON FACTOR EFFECTING EFFECTIVE COMMUNICATION BETWEEN REGISTERED NURSES AND ADULT CANCER PATIENTS

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DOI: 10.5958/2249-7137.2021.02546.5

ABSTRACT

To gather the most up-to-date information on the variables that influence successful communication amongst registered nurses and inpatient cancer patients. Method To find relevant quantity and quality studies published in English, a three-step search approach was used to explore electronic databases. The review did not contain any grey literature. The studies were reviewed using the Joanna Briggs Institute System for the Unified Management, Assessment, and Review of Information standards. The quantitative component of the evaluation comprised three investigations, with the results provided in a narrative overview. The qualitative approach of the review comprised five studies, and the results were categorized in a meta-synthesis, yielding four synthesised conclusions. Results The qualities of nurses, clients, and the environment were identified as variables that affect successful communication. Genuineness, competence, and good communication skills were among the promoting characteristics in nurses. The effectiveness of post-basic training in enhancing nurse–patient interaction has yet to be determined. Nurses who were task-oriented, fearful of death, and had poor self-awareness of their own linguistic behaviors, on the other hand, restricted communication. When providing psychosocial elements of treatment and in emotionally charged circumstances, nurses were also found to communicate less successfully. Patients who took an active role in their own treatment and sought information from the nurses, on the other hand, were more likely to communicate with the nurses. Patients' reluctance to share their disease/feelings, desire for seeking emotional support from family/friends, and usage of implicit signals were shown to be some of the variables that limit communication. Nurses who worked in a supportive ward setting were more likely to employ facilitative behavior, while those who worked in a conflict-filled workplace were more likely to use blocking behavior.

KEYWORDS: *Communication, Hematology, Nursing, Oncology, Systematic review*

INTRODUCTION

Effective communication is described as a "two methods" in which "the proper message is sent, and the other receives and understands it correctly." Through verbal and nonverbal signals, communication allows people to share knowledge, meanings, and emotions. When a nurse and a patient engage, one sees the other in the circumstance and, via dialogue, establishes objectives

and agrees on how to accomplish them. However, communications are complicated, and owing to different human reactions, it is often not linear nor accurate. The patient's life-threatening condition complicates communication in the cancer context(1). A cancer patient will certainly experience psychological discomfort and have a significant need for knowledge and psychological support. Furthermore, cancer patients may experience anxiety as a result of the complicated therapy options. The emotional strain that cancer treatment takes may make nurse–patient interactions even more difficult. Internal and external variables affect nurse–patient communication in a cancer context, according to data from current research. In terms of nursing qualities, many studies have shown that self-awareness, attitudes about mortality, and the degree of positive and constructive communication abilities may all influence successful communication. Nurses often worry that patients may express powerful emotions that they will be unable to manage, so they divert attention away from their concerns by changing the subject or refusing to start the discussion. 8 Nurses often prefer to avoid open discussion of the patients' emotions by providing facts and providing practical treatment. Language difficulties, in particular, may impede patients' comprehension of nurses' recommendations, limiting nurses' emotional support for patients. The context in which communicating has been recognized as an influence from the outside. Organizational culture may either encourage or discourage nurses from establishing therapeutic connections with patients. Time allotted for communication may be hampered by institutional conditions and a high workload. The cornerstone of therapeutic nurse–patient interactions is effective communication(2).

For example, it fosters a trusting atmosphere in which the patient is valued and engaged. Effective communication also encourages patients to express their emotions, which provides emotional relief. As a result of these variables, the quality of nurse–patient communication and patient outcomes increases. Finally, in the cancer inpatient environment, good communication is particularly essential. Complex cancer diagnoses and treatment methods have been recognized as miscommunication. Effective communication aids in the reduction of psychological distress in patients by encouraging disclosure, as well as satisfying their cognitive and emotional needs. Efficient communication enhances the overall quality of care. The goal of this study was to compile the best available data on the variables that facilitated or hampered successful communication between registered nurses and adult cancer patients in an inpatient environment(3).

This overview used a multiple search strategy: (ii) a limited search of MEDLINE and CINAHL, provides an analysis of a content words that appear in the title, abstract, and key phrases used to define the article; (ii) an exploration using all identified important expression and index terms; and (iii) a search of all identified reports and articles' reference lists. Two independent reviewers evaluated the titles and abstracts found via the search against the inclusion criteria. Full texts were obtained and evaluated for relevance to the review goals for all papers that fulfilled the inclusion criteria, or in instances where the name and abstract were ambiguous.(4)

1. *Criteria for inclusion:*

This review included both quantitate studies that: They looked at the factors that influence effective communication between oncology nurses and adult oncology inpatients who were 21 years old (the legal age of consent in Singapore); (ii) took place in an inpatient unit, regardless of hospital specialty, while active or palliative cancer drugs were administered; and (iii) looked at

the factors that influence communication skills between oncology nurses as well as adult oncology inpatients who were 21 years old(5).

2. Criteria for exclusion:

Studies including (i) people with intellectual and cognitive impairments; (ii) patients who were ignorant of their cancer cases; and (iii) simulated cancer patients were not included in this study. This study eliminated articles that looked at variables that affected effective communication during (i) end-of-life care and cancer support group counseling; and (ii) cancer diagnostic disclosure to patients. The study also omitted studies that were performed to verify communication assessment methods and to evaluate the efficacy of communication skills training courses(6).

3. Methodology of evaluation:

The Joanna Briggs Institute System for the Unified Management, Assessment, and Review of Information was used to conduct this systematic review, which took place from November 2009 to April 2010.Made by mixing research and descriptive surveys were also evaluated for inclusion. Standard information extraction methods developed from the Joanna Briggs Centre Meta Analysis of Stats Assessment and Review Instrument were used to extract data(7–10)

Because the studies included used various outcome data and/or treatments, quantitative pooling of the data (i.e. meta-analysis) was not feasible, therefore the results were reported in a narrative format. Any interpretative works, including but not limited to phenomenological, qualitative research, and ethnography, were examined for the qualitative component of the review. Data from the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI) were retrieved using standard information extraction methods and combined in a meta-synthesis. This entailed three steps: (i) gathering the observations based on their quality; (ii) categorizing these research results based on similarities in meaning; and (iii) going to subject these classifications to a meta-synthesis to produce a single comprehensive set of synthesized findings that could be used as a basis for proof practice(11–13).

4. The review's quantitative component:

In this section, studies conducted were included. Sivesind et al. used soul surveys to look at clinical settings where nurses felt challenged. This is a research of relatively poor quality. Participants' inclusion criteria were explicit, and confounding variables were addressed. The questionnaire's contents were validated via a focus group. The data's data analysis was solid. Many issues, however, remained unresolved. The methods by which participants were selected and the results were assessed were among them.

Comparisons were conducted, but each group's descriptions were inadequate. Furthermore, while the results of those who dropped out of the trial were reported, it was unclear if they were included in the analysis. Uitterhoeve et al. performed a mixed method research to examine the connection between nurses' cue-responding behavior and improved patient using recorded nurse–patient talks and questionnaires. This was a study of fairly good quality. Participants' inclusion criteria were explicit, and confounding variables were addressed. The same researcher gave validated questionnaires (Hospital Anxiety and Depression Scale and Heaven & Maguire's Concerns Checklist). Using the Medical Interview Aural Rating Scale, qualified professionals

deciphered the recorded talks. The statistical analysis of the data was accurate. The sampling technique, as well as whether the results of individuals who dropped out of the research were included in the analysis, remained unknown(14)(9).

DISCUSSION

In this field, just a few primary studies were performed. There were no randomized controlled studies relevant to the review's study goals after a thorough survey of the literature. Randomized controlled studies were not anticipated, however, since it would be unethical to fail to communicate effectively with individuals in a control group. In addition, this evaluation included other qualitative research than quantitative studies, since a qualitative methodology was more suitable for the study's research goals Only one paper was based in an Asian nation, Beijing, when it came to cultural/geographical contexts. The role of China cultural norms in inhibiting effective communication – the awareness that psychological needs should be managed to meet by family members and the socioeconomic rule to use implicit interaction with outsiders – is predominant among its findings, which differ from those of studies based in Western cultures. Because more data from Asian nations is lacking, further study into the impact of Asian culture on successful nurse–patient communication is required(15,16).

The notion that variables influencing nurse–patient communication in an oncology context may come from the patient, the nurse, or the environment is apparent from this study. During their stay in the hospital, patients often seek informal contact with nurses and approach them for information about their illness and self-care. Patients who are actively engaged in their own treatment exhibit this information-seeking behavior, which improves nurse–patient contact. Furthermore, elderly patients and patients receiving palliative care have been found to be more pleased with nurse communication than younger patients and patients receiving curative therapy(17).

Patients' reluctance to share their illness and emotions, on the other hand, stifles nurse–patient contact. Patients are more likely to seek emotional support from family members, friends, and other patients than from health care providers, according to studies. Implicit signals, which are utilized to discreetly convey worries in both Western and Asian cultures, are also seen to be a barrier to successful communication. This is particularly true given the fact that nurses have been found to react poorly to patient signals(18).

From the viewpoint of a nurse, this study found that excellent facilitators of supportive communication enhance successful communication. Work competency and genuineness are also mentioned as positive characteristics that enhance communication between nurses. Stress caused by not delivering the level of care that the patient or circumstance demanded is also linked to increased facilitative behavior in nurses.

Some discrepancies have been discovered when studying the effect of post-basic courses in influencing nurse–patient interactions. Nurses who've already completed an oncology course7 and APNs, for example, were shown to be more communicative than that of other nurses. On the other hand, the opposite has also been documented. Nurses who did not get post-basic communication skills training had substantially greater facilitative ratings and lower blocking scores than those who did(10,19).

These contradictory results do not offer conclusive evidence of the value of post-secondary education in improving effective communication. When it comes to limiting issues, it was discovered that when nurses concentrate more on the job at hand than on the individual, communication becomes routine and lacks sincerity and care, hindering effective communication. In emotionally charged circumstances, nurses were shown to perceive more difficulties and to be less skilled in resolving patients' problems(9,20).

They were less comprehensive in their psychological evaluations, particularly for patients hospitalized with a cancer recurrence. Nurses who are atheists, dread death, or deliberately employ blocking behaviors are more likely to prevent patients from expressing their worries, according to the study. Finally, there is little data on the impact of the environment on successful communication in this review. A friendly ward atmosphere seems to enhance the adoption of positive and constructive behavior among nurses as a promoter. Conflict among employees, on the other hand, promotes the usage of blocking behaviors. Ward sisters (nurse supervisors) do, however, play an essential role in encouraging nurses to interact with their patients and fostering a cooperative environment(21).

CONCLUSION

Within the limitations of the research and based on few high-quality studies available, it seems that, like in other nurse settings, personal qualities of patients and nurses are the most important influencing variables for successful nurse–patient interaction in cancer. There is very little research on the impact of the environment on successful nurse–patient communications, especially in Asian settings.

Given nurses' high inhibitive behaviors when trying to discuss emotionally charged topics and one‘s negative reaction to patient cues, trainings could be put in place to provide nursing staff with the skills necessary for effective communication and improve their receptivity to patient cues in emotionally loaded oncology settings. Nurses felt less secure in giving psycho-emotional care to cancer patients and had more trouble coping with specific clinical situations, such as dealing with death/dying. Nurses may be informed about such potential problems and create ways to overcome them via educational programs or sharing sessions. Because nurses are seen as a reliable and accessible source of knowledge, sharing information with patients may be a non-threatening way to establish rapport and actively engage them in their own treatment. Patients are more inclined to voice their worries freely and seek emotional support from nurses after rapport has been formed. Because some patients prefer to discuss their problems with family/friends, nurses should be aware of their patients' psychological preparedness to communicate and respect their wishes about who they share their thoughts/emotions with. Nurses may also enlist the help of patients' family and friends in providing appropriate social care. According to the research, nurses should abandon task-oriented care delivery and adopt a positive attitude toward delivering psycho-emotional care to patients via communicating effectively. As a result, institutions have to provide ward arrangements (such as a supportive ward culture and decreased workload) that allow nurses to offer comprehensive care.

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