

Critically analyse communication factors concerning nurses



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Introduction and Discussion

There can be health communication issues among nurses giving care to patients such as for example patients positive with breast cancer. Health communication among nursing care unit is a tough responsibility wherein oncology serves as one underlying factor in determining actual communication process. There can be imperative base of nurses skills in a clinical manner in which several cancer oriented nurses have received formal training in dealing with patients and communicate with them in all care level. Thus, there might have inadequate health related communication provided by nurses, can be due to culture related factors of breast cancer patients themselves like for instance, age and gender factors, family and social economic factors that adhere to the everyday life and work of these patients.

Poor healthcare communication among nurses may come into the picture without spontaneous and precise conformity of both sides. This means that, nurses should overcome culture related hindrances to apply effective healthcare communication mostly to those breast cancer patients living in

remote areas and or indigenous sites. Health communication problems that are brought about by certain culture barriers can ideally cause such distressing mood for breast cancer patients as well as with their families, who often want considerable and accurate information coming from nurses and care providers more often as possible. Some of the patients leave consultation unsure about diagnosis and prognosis when culture communication issues strikes in a confusing way and the lack of compelling awareness by nurses in lieu to further diagnostic tests on patients' situation and true standing of well being, putting communication issues in black and white state can lead to unclear health management plan and in turn, nurses will be uncertain about real therapeutic intent on the breast cancer treatment.

Accordingly, there have been initiatives upon improving health communication skills training for nurses and other care professionals located in the breast cancer field from influencing culture continuum in broader communication stature of nurses giving ultimate patient care and support. Health communication difficulty may slow down conscription of breast cancer patients into clinical trials, delaying introduction of effective innovative treatment into healthcare base.

The shortage of effective health communication among nurse specialists and care setting can cause culture oriented perplexity and such loss of poise amongst nursing care team. Culture disparities can put the scenario on higher assumption, healthcare system advocates will acknowledge insufficient training in health communication and management skills can be

served with little dedication thus, contributing to nurses' stress, lack of job pleasure and poignant burnout in the work area.

Case Study Example

Culturally, there is a stigma associated with the word 'cancer' that some cultures perceive such as rude and disrespectful while other cultures think of it as an offensive term. Egyptian breast cancer patients, for example, believe that in dealing with illnesses within a family context they should be dignified (Butow, Tattersall and Goldstein, 1997). Same goes with other cultures such as the Navajo or the Native American tribe in Northern America. Navajo people also illustrate diverse cultural attitudes when it comes to dealing with various illnesses. What is important for these people is the feeling of orderliness and harmony hence disruptions by receiving negative information is frowned upon (Baile et al, 2002). As such, Navajo people perceive adverse diagnosis and prognosis as curse (Mitchell, 1998).

Further, communications pertaining to cancer are also culturally bounded hence there is a need to carefully consider the cultural background of an individual before information about the cancer can be communicated to him/her and the family. As such, there are also familial barriers related to telling the truth (truthfulness) to terminal cancer patients. Taiwanese family members believe that there is no need to tell aged patients about their condition since they can be better-off unknowledgeable of cancer (Hu et al, 2002). On the other hand, Ethiopian refugees with cancer believe that it would be better to tell the family first about their condition. However, information that is unfavorable should not be given at night for the purpose of avoiding the burden of sleepless night (Mitchell, 1998).

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When it comes to the breast cancer experiences of Asian American women, Tam Ashing et al (2003) found out that there are cultural factors as well as gender role and family obligations that can contribute to the women's inadequate involvement in their treatment. This manifests that while there is abundance in the study of cultural standpoints on the disclosure of the diagnosis and in the study of how culture affects the communication process, there is little study on the cultural influences on the interrelationship of patients and health care providers. How culture may affect the information patients might want and their participatory preferences as well as other interactions warrant future study (Tam Ashing et al, 2003).

Cultural Factors

Age, Race, Ethnicity and Communication

Communication problems may emerge because of the differences in communication between nurses and doctors and the patients as well, better patient and nurse communication has been associated with patient choice regarding their treatment, satisfaction level of care and quality of care provided to cancer patients especially for the vulnerable groups like aged and disadvantaged (Liang et al, 2002). It was found out that age and [Latina] ethnicity are negatively associated as older age patients receive less interactive informational support from their respective physicians compared to their younger counterparts (Maly, Leake and Silliman, 2003). As it involves interactive information support, proponents noted that there is a need to improve the quality of communication at the patient-physician level.

Proponents also noted that this is a significant venue to reduce age and

ethnic treatment disparities among breast cancer patients (Maly, Leake and Silliman, 2003).

In specific cases, breast cancer patients aged 80 years and older are reported to be receiving markedly less information about treatment options as compared to younger patients (Liang et al, 2002). These patients stated that they were communicated with fewer choices for treatments. Likewise, they noted that they were less likely talked to by their surgeons and their surgeons were less like to initiate communicating with them (Liang et al, 2002). Silliman et al (1998) emphasised the significance of communication between older breast cancer patients and their respective physicians. And while older women tend to obtain information from other external resources, these women mostly depend on the informations that their physicians can provide them.

Regardless of expectation and knowledge about the value of communication, breast cancer patients undergo surgery less frequent than younger women. Even though many factors could explain patterns of care, (Zuckerman, 2000) it is possible that quality of communication between patients and their nurses contribute to observed treatment variability though medical standard of care (Zuckerman, 2000).

Socioeconomic Status

When it comes to decision-making about their health, younger and educated breast cancer patients are more ready to take active roles. Nonetheless, it was observed that low income and uneducated women diagnosed with breast cancer are communicating less with their respective physicians. This <https://assignbuster.com/critically-analyse-communication-factors-concerning-nurses/>

is more so when it comes to their preferences for treatment and other concerns and fears (Degner et al, 1997; Hietanen et al, 2000; McVea, Minier and Johnson Palensky, 2001; Zuckerman, 2000).

Being unmarried, older women are also diagnosed with the disease also discussed risk factors frequently with their physicians. This group also predicted to prefer to receive conservative therapies as treatment (McVea, Minier and Johnson Palensky, 2001).

Influence of Culture/Ethnicity/Language

In lessening the levels of distress experienced by the breast cancer patients and their families upon learning of the disease, there are culturally appropriate approaches especially in terms of communication. For the clinicians, being aware of these cross-cultural communication practices about disclosing cancer diagnosis means developing sensitivities to the expectations of the involved. As such, during discussions of diagnosis and treatment options for patients from various cultures, clinicians shall consider striking a balance on commitment to straightforward discussion while also respecting the cultural values of the patient (Hern, Jr., 1998).

Commonly, breast cancer patients with Western background tend to conform to certainty, expectedness, power and available outcomes (Mishel, 1990). Such Western philosophies engendered fostering of self-determination and autonomous decision-making (Gordon and Daugherty, 2003). As a cultural prerogative, the need for complete information to make accurate evaluations about their health is reflected as a social value (Hern, Jr. et al, 1998). The

Western culture is particular of what is good, just and ethical in receiving
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health care, this forms part of the principle of self-determination where the goal is to make autonomous decisions about their treatment (Baile et al, 2002).

The Cancer Patient's Family

Families of the breast cancer patients can aid the patients in making better, informed decisions about their care and treatment (Ballard-Reisch and Letner, 2003). There is a need therefore to shift patient decision-making with family-centered strategies particularly because most decisions in cancer health care are carried out in the familial care and obligation context. Active role of health care practitioners is shaped by their structured and ongoing dialogue with the members of the family of the patients. Dialogues between the two mostly centered on the goals of treatments, care planning and expectations about patient outcomes (Given, Given and Kozachik, 2001).

As an advanced part of the cancer care, caregivers specifically coming from the family should be treated as an integral part of the process (Given, Given and Kozachik, 2001). In the cancer care scenario, while nurses may easily attend to the needs alongside those of cancer patient caregivers should be also given a legitimate place in the medical setting (Morris and Thomas, 2001).

Other Communication Barriers

There are indirect indications that signal emotional needs from the patients than direct requests for informational support. In parallel, health care providers can readily respond to direct expressions of need coming from the

patients. The problem lies in the difficulty in detecting and responding to the indirect signals that cues patient needs. Indirect communications that are not immediately and easily identified by the care providers could be allusions as well as paraverbal expressions and nonverbal behaviors (Butow, Brown, Cogar et al., 2002).

It would be easy for the breast cancer patients to assume that their physicians will naturally make them informed of relevant things. However, patients do not necessarily ask for information as this may appear ignorance on their part while some patients may feel guilt when eating most of the busy nurses' time (Fallowfield and Jenkins, 1999; Maguire, 1999).

Other communication barriers may include the presence of multiple specialists that the patients may see within the treatment team (middle level practitioner, nurse) hence becoming confused. Other than the educational background of the patients, anxiety and medicinal side effects may affect the comprehension and understanding of the patient (Towle and Godolphin, 1999; Ballard-Reisch and Letner, 2003).

Role of Nurses and Communication

Nurses play an important role in communication and supporting breast cancer patients especially that they are a part of a multidisciplinary cancer team. Nurses perform different functions in various stages of the breast cancer trajectory. Nurses served as the initial interface or the first clinical contacts for patients and their respective families (Fallowfield and Jenkins, 1999; Maguire, 1999). Thereby, nurses create a supportive environment throughout the course of the patient's care. Nurses are also served as critical

sources of information particularly on procedures, treatments and other phases of the patient care. Since they spend most time with the patients, nurses are considered to be the most trusted member of the cancer team when it comes to informational support (Fallowfield and Jenkins, 1999; Maguire, 1999).

Nurses, as part of the supportive environment, also deal with the emotional needs of the patients upon learning the diagnosis. As such, nurses are able to witness emotionally draining situations including the anger of the patients as well as their family members or the withdrawal and depression of these people. Nurses acts as physician extenders as they manage most of the daily care of the breast cancer patients. Nevertheless, communicating with them has been acknowledged most important aspect of being a nurse (Armstrong-Esther et al, 1989; Van Cott, 1993).

Furthermore, communication serves as an important aspect of the quality of care, from several studies it appears that poor communication is the largest source of dissatisfaction in patients (Macleod Clark, 1985; Ley 1988; Davies and Fallowfield 1991). As an outcome, the quality of care may improve with effective communication. Effective communication does not just depend on the acquisition of the right communication skills (Wilkinson, 1991). From the preceding account, there appears that time pressure, especially in the residential home, is determinant for the verbal communication of nurses and the topics that come up for conversation. As nurses experience more time pressure they talk less about topics concerning lifestyle and emotions. There can be an important point for consideration because, in nursing, high

pressure is often present, appeared that simply employing more staff does
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not lead to better communication (Pool, 1996; Liefbroer and Visser, 1986; Wilkinson, 1991).

Conclusion

Therefore, poor communication with health professionals and in particular nurses creates the most distressful situations for breast cancer patients and their families. In addition, small research has been undertaken to examine specific culture related problems and challenges that confronts the nursing community. There will be a need to conceptualise the perceptions of the nurses about communication as well as how they perceive the potential barriers and strategies of overcoming these communication barriers. Thus, it can be that nurses described communication difficulties being encountered when interacting with cancer patient families.

The culture related factors appeared to be central determinant of quality of nurses' healthcare communication as nurses described difficulties associated with delivery of bad news and treatment plans that are not evidently defined for the breast cancer patient. Indeed, effects of poor communication on nurses were remarkable and brightly described, recommendation for nursing clinical practice and subsequent research are to take place in time. Lastly, upon continuing of nursing education nurses should be trained to be sensitive to the needs of patients and will need to create atmosphere that facilitate cancer patients' question and express imperative needs. Amicably, nurses should be trained to use their time efficiently thus, appeared that nurses' verbal communication is hardly connected to patient characteristics. Then, it is important for nurses to learn how to standardize cancer patient

needs, in order to offer nursing care that is tailored to effective health communication and the success of it.