ABSTRACT

PEDIATRIC ONCOLOGY NURSES’ EXPERIENCES WITH PROGNOSIS-RELATED COMMUNICATION

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Health care providers (HCPs) in pediatric oncology are faced with the challenge of communicating the devastating news of a cancer diagnosis and prognosis. This type of communication can be referred to as prognosis-related communication (PRC). While the initial conversation with the patient and family regarding prognosis is generally considered the responsibility of the physician, patients and family members will subsequently turn to nurses for clarification of the information presented. If nurses are excluded from initial conversations, they may feel as though they are “working in the dark,” trying to answer questions while not contradicting what the physician said. This strained communication limits the nurse’s ability to fully advocate and care for patients. Little has been reported regarding pediatric oncology nurses’ experiences with PRC.

A cross-sectional survey design framed by the Quality Care Model© was used to examine 1) nurses’ experiences with PRC with parents of children with cancer; 2) factors associated with experiences; and 3) associations with interprofessional collaboration, quality of care, and moral distress. Three hundred and sixteen members of the Association of Pediatric Hematology/Oncology Nurses completed an online survey containing measures of study variables. Correlation and regression were used to explore relationships among variables. Findings demonstrated that nurses strongly agreed that prognostic disclosure is critical for decision making, but are challenged in determining their role. Nurses who had more years of experience, more training in PRC, worked outpatient or inpatient/outpatient, and indicated higher levels of collaboration reported more positive experiences with PRC. A significant correlation was identified between experiences with PRC and collaboration, and both were significantly associated with measures of quality of care and moral distress.

Implications for nursing practice, education and research are identified. Nurses should work to be active participants in PRC. When nurses sense that prognostic discussions have not occurred or if clarity is needed, nurses should feel confident in approaching physician colleagues to ensure parent understanding and satisfaction around communication. Future research and education should aim to develop interprofessional training to enhance communication and collaboration among nurses and physicians to ensure the highest quality of communication and care to patients and families.