

Oncology Nurses' Attitudes Toward Prognosis-Related Communication: A Pilot Mailed Survey of Oncology Nursing Society Members

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Oncology nurses constitute the largest group of oncology clinicians in the United States, are deeply involved with the care of patients with cancer across the cancer continuum, and often define their roles as patient advocates, but few studies address their attitudes toward and experiences with prognosis-related communication, which is central to defining goals of care. Literature on nurses, the nursing role, and communication about end-of-life care has focused primarily on intensive care unit nurses and advance directives. Some evidence suggests that critical care nurses play a pivotal role in clinician-family communication in the intensive care unit (Hampe, 1975; Jamerson et al., 1996; McClement & Degner, 1995). Families rate nurses' skill with such communication as one of the most important clinical skills of intensive clinicians (Daley, 1984; Hickey, 1990; Molter, 1979; Rodgers, 1983). In one meta-analysis of studies assessing the needs of family members with a loved one in the intensive care unit, eight of 10 identified needs related to communication with clinicians, and the majority of these were addressed primarily by nurses (Hickey, 1990).

One qualitative study that specifically examined hospital-based nurses' attitudes toward communication of prognosis as it related to hospice referral found that some nurses felt that communicating about prognosis was "not my responsibility," suggesting that some respondents may have felt that such communication was outside of the scope of proper nursing practice (Schulman-Greene, McCorkle, Cherlin, Johnson-Hurzeler, & Bradley, 2005). In a study of nurses' views on disclosure of terminal prognoses in the United Kingdom, May (1993) found no evidence that respondents wanted to communicate terminal prognoses themselves. The current study's authors know of no similar studies in oncology nursing literature that address issues of prognosis-related communication with patients with advanced cancer, although oncology nurses likely face many of the same challenges.

Purpose/Objectives: To assess oncology nurses' attitudes toward prognosis-related communication and experiences of the quality of such communication among physicians.

Design: Cross-sectional study.

Setting: Nationwide survey in the United States.

Sample: 394 Oncology Nursing Society members who completed surveys.

Methods: Pilot mailed survey.

Main Research Variables: Demographic variables, measures of attitudes toward and experiences of prognosis-related communication.

Findings: Nurses had mixed views of prognosis-related communication and identified common barriers to their own more effective participation in prognosis-related communication. Nurses with more experience and those who worked in inpatient settings were more likely to be present for physicians' prognosis-related communication with patients.

Conclusions: Respondents identified uncertainties regarding the scope of oncology nurses' role in prognosis-related communication. Respondents also identified opportunities for improved interdisciplinary communication, most importantly the inclusion of oncology nurses in prognosis-related communication.

Implications for Nursing: Opportunities for oncology nurses to bridge some gaps in prognosis-related communication likely exist, although barriers surrounding nurses' role, education, and communication within the context of the larger healthcare team need to be clarified if potential solutions are to be developed.

Patient education is a clearly defined role of nursing, and coordinating care within the healthcare team is a well-defined role for oncology nurses. Nurses are well situated to facilitate communication about hospice and palliative care with patients with advanced cancer in inpatient and outpatient settings. Nurses spend significant time with patients compared to other clinicians and often may uncover gaps in understanding and gain insight into treatment preferences. However,