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Patient-Centered Communication During Oncology Follow-Up Visits for Breast Cancer Survivors: Content and Temporal Structure

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Many breast cancer survivors attend routine oncology-related medical office follow-up visits throughout survivorship (Clayton, Dudley, & Musters, 2008; Clayton, Mishel, & Belyea, 2006). Most of these survivors successfully adapt to survivorship and resume their daily lives without significant depression or anxiety (Ganz et al., 2002; Tomich & Helgeson, 2002; Wonghongkul, Dechaprom, Phumivichuvate, & Losawatkul, 2006). In addition, most women learn to live beyond cancer and some even report finding benefit (empowerment to make lifestyle changes, personal growth, improved family relationships) in the cancer experience (Gil et al., 2006; Lechner, Carver, Antoni, Weaver, & Phillips, 2006; Tomich & Helgeson, 2004).

Despite this successful adaptation to survivorship, virtually all breast cancer survivors have occasional thoughts about cancer recurrence and uncertainty about the future (Gil et al., 2004). These thoughts can be caused by unexplained physical symptoms, medical testing, and even attending a routine medical office visit (Gil et al., 2004). Although office visits can trigger thoughts of recurrence and subsequent uncertainty, survivors report that the visits are a highly valuable way to obtain information and reassurance about cancer recurrence (Clayton et al., 2008; Thomas, Glynne-Jones, & Chait, 1997). Uncertainty theory suggests that communication with providers reduces survivor uncertainty by providing information (Mishel & Clayton, 2003). In addition, although follow-up visits are important to breast cancer survivors, little is known about the structure and content of appropriate survivor-provider interaction during routine follow-up visits.

Literature Review

Conceptual Framework

Patient-centeredness is a multifaceted concept reflecting a style of communication interaction that addresses

Purpose/Objectives: To understand the content and temporal structure of survivor-provider communication during breast cancer survivor follow-up visits.

Design: Descriptive correlational.

Setting: Private outpatient oncology practice.

Sample: 55 breast cancer survivors; 6 oncology providers.

Methods: A secondary analysis of audio recordings of survivor follow-up visits.

Main Research Variables: Survivors: demographics, uncertainty, mood, length of survival, years receiving care from providers, survivor expectations. Providers: demographics, medical uncertainty, specialty (physician, nurse practitioner, or physician assistant). Outcomes: time spent in patient-centered communication, perception of patient-centeredness.

Findings: Most visit time (55%) was spent waiting. Of the remaining 45%, silence represented the most time spent with providers, followed by symptom conversations. More specific survivor discussion plans predicted more time spent discussing symptoms and in reassurance interactions. More specificity of visit purpose predicted survivor perceptions of less patient-centeredness; however, more time in contextual conversations predicted a greater perception of patient-centeredness. Provider factors were not associated with time spent in patient-centered communication or survivor perceptions of patient-centeredness. All dimensions of patient-centered communication occurred during each visit section (before, during, and after the physical examination).

Conclusions: Discussing symptoms and concerns with providers offers reassurance about cancer recurrence. When visit expectations are very high, achieving a survivor perception of patient-centered communication may be difficult. However, time spent understanding a survivor within the context of her life can enhance survivor perceptions of patient-centeredness.

Implications for Nursing: Providers must be sensitive to concerns that are presented throughout a visit. When visit time is short, a second appointment may be necessary to address survivor concerns.

patient needs and concerns as well as being a goal of healthcare delivery systems (Epstein et al., 2005). Each participant possesses unique attributes that can