CULTIVATING SUPPORT THROUGH EFFECTIVE COMMUNICATION BETWEEN A MEDICAL TEAM AND A CANCER PATIENT – CASE REPORT

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OSTVARENJE PODRŠKE KROZ DELOTVORNU KOMUNIKACIJU ZDRAVSTVENOG TIMA I ONKOLOŠKOG BOLESNIKA - PRIKAZ SLUČAJA

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ABSTRACT

The implementation of appropriate and individualized communication with the patient results in the identification and resolution of a series of interfering and disabling factors that compromise a positive therapeutic outcome.

This paper presents a case report as an example of good communication between a patient suffering from breast cancer and a cancer treatment team, which was achieved during and after the radiation therapy. The health professionals' quality consultative and educational approach to the patient and her family throughout the time of crisis contributed to the resolution of the patient's current problems and consequently to the success of the cancer treatment. The development of an anxiety disorder in the patient was prevented, while increasing her self-awareness and achieving her psychophysical stability in dealing with the challenges of the malignant disease and its treatment.

Adequate communication and a supportive psychological approach between the medical team and the patient/family during oncological treatment are of tremendous importance, and represent one of the major factors necessary to achieve a positive outcome of diagnostic and therapeutic procedures.

Key words: communication; patients; neoplasms.

SAŽETAK

Realizovanje primerene i individualizovane komunikacije sa pacijentom za rezultat ima prepoznavanje i rešavanje niza onesposobljavajućih i ometajućih faktora, koji kompromituju pozitivan terapijski ishod.

U radu je iznet prikaz slučaja, kao primer adekvatne komunikacije, između pacijentkinje obolele od karcinoma dojke i onkološkog zdravstvenog tima, koji je ostvaren tokom primene radioterapijskog tretmana i nakon lečenja. Kvalitetan savetodavno-edukativni pristup zdravstvenih radnika u odnosu na pacijentkinju i njenu porodicu u svakom kriznom trenutku kod pacijentkinje doprineo je rešavanju aktuelnih problema i samim tim uspešnosti onkološkog terapijskog tretmana. Kod pacijentkinje je onemogućen razvoj anksioznog poremećaja i postignut je razvoj samosvesti i psihofizičke stabilnosti u suočavanju sa izazovima koje donose maligna bolest i lečenje.

Veliki je značaj adekvatne komunikacije i suportivnog psihološkog pristupa na relaciji zdravstveni tim – pacijent/podrođica u toku onkološkog tretmana i predstavlja jedan od važnih faktora potrebnih da se postigne pozitivan ishod dijagnostičkih i terapijskih postupaka.

Ključne reči: komunikacija; pacijenti; neoplazme.

INTRODUCTION

Contemporary oncology is a complex, multidisciplinary field that is based on the latest scientific breakthroughs and practical skills, with the following main objectives: the prevention of the occurrence of malignant diseases, early detection and prompt diagnosis, adequate treatment of malignant diseases, the implementation of all the principles of healthcare, the application of palliative care, ensuring high-quality rehabilitation, along with the necessity of a proper and continuous specific psychosocial approach in relation to the patient and her family. It is important to respect all the principles of psycho-oncology.

Besides medical assistants, who are highly specialized in providing psychosocial support and psychological and psychotherapeutic assistance, medical professionals that are in constant contact with patients must provide basic psychosocial support, which is manifested through adequate communication with cancer patients (1).

A coordinated approach of all members of the medical team, as well as effective and appropriate communication within the team itself enable the successful provision of health services and are reflected in the quality of care. A successful team approach enhances the trust and will of the patient in a specific interactive relationship, which constantly requires the enhancement of communication and a fully supportive relationship.

The initial reaction of a newly diagnosed patient with a malignant disease is shock, fear, disbelief and panic. The patient's perception of her former way of life, satisfaction, optimism, family stability, professional achievement and hope for the future loses all meaning in a single moment and takes on a new dimension that is discouraging and pessimistic.

The presence of a malignant disease creates a specific situation in family relationships and professional aspects. The patient is faced with her personal beliefs and fears related to the malignant disease, whereby a specific anxiety disorder is developed, which may cause psychopathological consequences and prevent the activation of positive potentials of the personality in the battle against the disease. Patients develop unpleasant emotions. Depending on the intellectual potential of her personality and will, emotional support received from her surroundings, and expert medical psychological-psychiatric care during all the phases of the cancer treatment, it is necessary to establish a decisive and positive attitude towards achieving the patient's stability and readiness to actively participate in the battle against the disease. Indicators of successful adjustment include an active involvement in daily activities, the preservation of life roles as much as possible, and successful control of negative emotions (2).

The adequate approach of a health professional to a patient includes: a good assessment of the patient's personality, an insight into the personality's structure, previous experiences, and habits; and familiarity with the conditions of everyday activities, the patient's way of functioning in a social environment, and the current problems in the lives of the patient and her family. Accumulated and unsolved problems prevent an adequate therapeutic response. It is often necessary to solve first the family, professional and social problems that were present before the development of the disease, which become more significant and burdensome during the course of the disease. The stimulation and activation of the personality's positive resources are of great importance. The significance of neurophysiological processes, the interrelation of the conscious and the unconscious, and their consequential effect on the autonomic nervous system should be emphasized.

Professionally realized communication, an open, sincere dialogue between medical professionals and patients and family members, contribute to the

awareness of the physical, emotional and social impact of the problem on the patient herself and her family.

The human approach to medical activities involves a number of components in the communication, attitude and behavior between a health professional and a patient. The expected result during and after the implementation of this approach is the encouragement of an individual sense of importance and responsibility in both the patient and the health professional. Here the negative aspect of control, management or any manipulation in the psychosocial, emotional and spiritual sphere is completely excluded, and to the satisfaction of both sides.

In the process of studying and mastering the principles of quality communication, it is necessary to achieve, during the acquisition of knowledge, an understanding of the facts through personal perception and contemplation, i.e. an adequate self-awareness, whereby the personal individuation of a healthcare professional is attained.

In addition to the adequately acquired theoretical knowledge, the process of establishing communication between healthcare professionals and patients also involves an appropriate level of empathy, which is advanced by the experiential relationship during the process of learning communication skills. The specific psychological interaction between a healthcare professional and a patient is conditioned by the cognitive values of the knowledge acquired by a healthcare professional. The communication skills that should be mastered by a healthcare professional include: knowing how to actively listen to the patient, understanding the importance of non-verbal communication, giving the patient incentives as well as signaling affirmation, and prompting the patient to openly express his/her reactions and communicate any concerns and fears. During the exchange of information, a healthcare professional should be able to clarify and summarize it and to listen to him/herself. One important factor is to recognize all the signals made by the patient during active listening during effective communication.

It is important not only to listen to the patient but to actually hear him/her, whereby a mental distancing must not occur. The expected outcome is a specific synergy of reciprocity, which leads to rapprochement and the solution of problems to the extent possible.

Diagnostic procedures and therapeutic procedures are characterized by dynamics and complexity. They are conditioned by a number of factors and can be

timely and validly accomplished taking into account the level of knowledge, resources and quality of work, but the crucial factor that needs to be emphasized is person-to-person help. This kind of help is not realized only through a medical intervention, but also through specific psychological support. The treatment should take into account coping mechanisms: the internal locus of control, which is reflected in the efforts of individuals to rely on themselves, and the external locus of control, which is reflected in external factors such as family, friends, social environment, and religion (3).

Empathy and spiritual support should be directed towards a patient's personality. Spiritual support means respecting the uniqueness of each individual and accepting his/her doubts, beliefs and values, whatever they may be. One of the basic elements of an adequate psychological approach in communication is to identify and understand the emotions of the patient. A disease triggers in a patient an emotional response and at the same time changes his/her experience of his/her own personality. A patient may develop an anxiety disorder and depression with negative consequences in the form of psychosomatic disorders. In practice, it is often very difficult to distinguish the symptoms of anxiety and the symptoms of depression, as most of the symptoms characteristic for the above conditions overlap (4, 5). The physical symptoms of the disease cause the development of psychological and social problems, and vice versa. To ensure that communication includes active listening and talking, the patient should be allowed and helped to freely express his/her feelings, which should be recognized and accepted.

During the planning and implementation of communication, it is essential to identify the level of the patient's self-confidence, will, and motivation, as well as the current available potentials of her personality, in order to overcome the crisis situation through the communication relationship between the healthcare professional and the patient. It happens in practice that patients do not want to burden a healthcare professional with their problems because they think that s/he is too busy, and sometimes patients do not know how to express their feelings, thoughts, fears. Sometimes, healthcare professionals do not know how to cultivate emotional support, or they are personally affected by the emotional reactions of the patient. Patients and healthcare professionals can apply "the tactics of avoidance", in which talking about

difficult emotional issues is avoided. During the provision of support, it is extremely important that a healthcare professional notices and takes into account the existence of the patient's spiritual pain.

It is exceptionally important to comply with the SPIKES six-step protocol for the communication of bad news, an important segment within palliative care that includes: 1) Setting/Preparation, 2) Perception, 3) Invitation, 4) Knowledge/Giving information, 5) Empathy/Responding to patient's reactions, and 6) Summary and Strategy (6).

A healthcare professional has a very demanding role in the adequate psychological approach during communication, because s/he is often in conflict with his/her own accompanying personal problems: family, social, existential, and emotional problems. In order to maintain everyday enthusiasm in work that requires knowledge, practical skills and a specific psychological approach, one needs to possess self-awareness. The healthcare professional's self-awareness excludes the possibility that s/he mixes his/her own feelings with the feelings of a patient. To develop and maintain self-awareness, one needs to analyze one's own emotions and thoughts. Self-awareness increases a healthcare professional's capacity for empathy towards a patient. If there is an adequate empathic relationship with the patient, communication is better. A healthcare professional's effective communication with a patient results in personal and professional satisfaction, because it contributes to the patient's well-being (7).

During the cultivation of communication and provision of psychological support to a patient, a healthcare professional needs to actively take care of him/herself and prevent the development of "the burnout syndrome". Aspects of self-care include physical, emotional and spiritual components. Permanent readiness of all members of the oncology team for the mutual exchange of information, knowledge, supervision, cooperation and support is important.

CASE OUTLINE

The patient is a 53-year-old woman, who is a teacher by occupation. She was treated for the early stage of cancer of the left breast, according to the decision of the competent oncologists' doctors' consultation at the reference oncological institution. The therapy consisted of a breast-sparing surgery,

followed by the application of radiotherapy and hormone therapy. During the administration of the specific oncological therapy, there was no deterioration of existing chronic non-oncological illnesses, because they were controlled by an appropriate regular therapy. The only clinical problem that manifested during the treatment was a local skin reaction due to the application of the radiation therapy (radiodermatitis), which was adequately treated. The psychological aspect of the patient's personality showed a strong emotional component, and developed positive character traits. The patient was adequately supportively and psychologically prepared for diagnostic and therapeutic procedures. During the diagnostic procedures, surgical treatment, and application of radiation therapy that followed, the patient was open to cooperation and respected healthcare professionals. She expressed a specific individuality in the communicative approach as well, with an optimistic attitude. Occasional, mild anxiety was successfully resolved by psychotherapeutic interventions. A high-quality interactive approach was established by all members of the medical team, and was cultivated in a coordinated manner, with the use of verbal and non-verbal skills. A relationship of trust and adequate clinical monitoring was developed during the diagnostic procedures and treatment, and upon the completion of the therapy during the follow-up examinations. At all moments of crisis, the patient was open in presenting her problems and respected the opinions of medical professionals. Using all means of support, she was able to overcome a series of potentially critical situations that could have cumulatively resulted in psychological and physical complications. A specific adaptability to facing the challenges that disease and treatment bring was achieved. All of the patient's doubts, questions and dilemmas were resolved in a timely manner. Her family was informed and educated about possible objective anxieties, how to properly position themselves in relation to the patient, and how to achieve a redefinition of relations and provide adequate emotional support. This brought the patient a sense of relief, given that in the period before the disease she had played a key role in directing family relationships. The medical team was harmonized, with all members being informed about crisis situations and possible solutions. There were no individual incidents or authoritative, distanced approaches. Team members showed mutual respect and an adequate level of empathy. During the treatment, the medical team

worked towards raising the level of the patient's motivation and focusing on achieving the next goal. The support was continuous and did not weaken over time. The patient developed the freedom of open and honest communication, and the ability to express all that she felt and thought, as well as the things that caused her fear and anxiety. Because of this, the medical team was aware of any possible irritant. The patient developed a sense of personal faith in her own capabilities and a self-awareness that prevented her from falling into an anxious and depressive state. Post treatment, the patient swiftly reintegrated into all aspects of life. During follow-up examinations, the patient showed a high level of confidence with regard to the stressful moments of the evaluation of examination results, because she felt fully confident and safe in the presence of the team. In her private life, the patient developed new perspectives and motivation in everything she did.

DISCUSSION

A multidisciplinary medical team in modern oncology practices needs to master the principles of a synchronized and effective communicative approach in everyday practice. The patient is extremely psychologically vulnerable in relation to any inadequate communicative approach. Anxiety disorders in patients develop due to the presence of the disease itself, frequently invasive diagnostic procedures, demanding treatments, and waiting for results concerning the progression of the disease. If the existing communicative approach of team members is uncoordinated and inadequate, and does not include a daily exchange of patient-related information and a common position regarding plans for further steps of communication, and furthermore is accompanied by a detached and overly authoritative manner providing limited information without empathy or support, this creates a certain barrier and the patient's rejection of an open, effective communication. This case report is an example of a medical team's positive and synchronized application of the communicative approach. Besides the ability to openly express thoughts, feelings, fears, and anxieties, the patient had all kinds of continuous support, adequate information and recommendations at her disposal. The medical team possessed a spirit of unity, proper education and compliance with the empathic approach. The medical team's attitude contributed to the patient's development of self-awareness and inner stability, which certainly helped her to overcome the disease.

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