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Humanitarian care: Facilitator of communication between the patients with cancer and nurses

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ABSTRACT

Background & Aim: Effective communication with the patients and engaging patients in decision-making and care planning are necessary to improve health outcomes and satisfaction with the treatment. Communicating effectively can help prevent and manage complications following the treatment of cancer. Therefore, this study aimed to describe and explain cancer patients' communication facilitators' experiences between patients and nurses.
Methods & Materials: This is a qualitative conventional content analysis study. The study was conducted on 22 cancer patients who were selected based on a purposeful sampling approach. Semi-structured interviews were performed to collect the data. The data were then analyzed using conventional content analysis. Also, the Lincoln and Guba criteria were used to measure the trustworthiness of the data.
Results: The researchers have identified the main theme as "humanitarian care". Besides, five categories of "good-naturedness", "empathy", "patience", "confidentiality", and "honesty" were also extracted from 18 subcategories.
Conclusion: Effective nurse-patient communication facilitates patients' healing, enhances clinical outcomes and improves patients' response to treatment. Hence, these ethical features need to be reinforced among nurses.

Introduction

Cancer is a life-threatening disease (1) with a growth rate. Despite considerable advances in medicine, cancer still remains as a major challenge for healthcare system. In Iran, cancer is the third leading cause of death following cardiovascular diseases and accidents. According to statistical reports by the Ministry of Health and Medical Education, annually, there are more than 30,000 deaths due to cancer and 70,000 new cases in Iran (2).

Approximately 20-40% of the patients with cancer experience various emotional distress, including physical symptoms, feeling sorrow over the loss of their present and future opportunities, concerns regarding leaving relatives and losing them, and hesitation about future life. Such emotional distress is accompanied by concerns regarding how to live with cancer diagnosis and its physically demanding treatment and functional and cognitive impairment (1).

Nurses can play a vital role in providing supportive care and directing care for these patients. Understanding and respecting patients' preferences, enhancing their involvement in the treatment process and considering them as equal partners in healthcare decision making can lead to the improvement of safe and high-quality health outcomes (3). Effective communication between nurses and patients can greatly contribute to providing individualized care and their family's satisfaction with the treatment (4).

Communicating with those intolerable patients who are reluctant to speak requires confidence, empathy, and self-awareness (5). It is important to note that poor communication

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with patients may result in complicated situations such as lack of access to the patients' information, misinterpretation of the information, and an atmosphere of distrust between the patients and the nurses. Hospitalized patients are often dissatisfied with healthcare professionals' poor communication because of a lack of empathetic and appropriate caring behaviors and may also feel devalued. Patients believe that nurses spend a very short time with them, and they often ignore the patients and are not active listeners (6).

Some studies have indicated that healthcare providers' effective communicative skills can establish positive reactions among many of the patients, such as reduced anxiety and feeling of sinfulness, reduced pain. Symptoms of the disease, increased consent and acceptance of the disease, adaptation to the disease, cooperation, and collaboration with the nurses, improved physiological conditions and performance, and enhanced effects of patient education (4, 7-11).

Appropriate communication with all the patients is necessary, especially for patients with cancer. Establishing appropriate communication with cancer patients is mandatory for decision-making and enhancing patients' contribution to the care process and preventing cancer complications. Cancer patients often feel that they have inadequate information about the disease, leading to a lack of confidence, anxiety, and depression among patients. Some of the previous studies, both quantitative (3, 12, 13) and qualitative studies (25-27), have been conducted aiming at improving nurses' communicative skills (14-16).

However, none of them investigated the cancer patients' experiences of communication facilitators. Consequently, the present study was done to explore cancer patients' communication facilitators' experiences in contact with nurses.

Methods

Design

Qualitative research is well-received in nursing research because of several features such as high sensitivity to describing the phenomenon, providing a comprehensive summary of events experienced by the individuals, and appropriate flexibility for designing studies (17). Therefore, in this research, the qualitative content analysis was used based on a conventional method.

Setting

This study was conducted in four educational hospitals affiliated with the two main universities of Iran, including Tehran University of Medical Sciences and Shahid Beheshti University. These hospitals are located in Tehran, the capital of Iran, with active and large cancer wards. One of these hospitals has a Radiotherapy ward with 36 beds. The other hospital has hematology and oncology wards with 27 beds. There are 30 beds in the oncology ward in the third hospital, and the fourth hospital has more than 150 beds in oncology wards.

Participants

Participants entered the study through purposeful sampling (18). Then, twenty-two cancer patients with at least one-week hospitalization experience in oncology and hematology wards were selected. Semi-structured interviews were conducted to collect the data. The average age of the participants was 49.21±6.32 years, with a range of 26 to 68 years. 10 participants were female, 12 were male, and the average hospital stay period was 12.50 days (Table 1).

Table 1. Socio-demographic data of the participants (N=22)

Sociodemographic characteristics		N (%)
Gender	Female	10 (45.45)
	Male	12 (54.55)
Marital status	Single	8 (36.36)
	Married	14(63.64)
Educational status	Illiterate	2 (9.09)
	Primary education	4 (18.18)
	High school diploma	9 (40.91)
	University degree	7(31.82)
Diagnosis	GI Cancer	7(31.82)
	Lung Cancer	4(18.18)
	Breast Cancer	3(13.64)
	Brain Cancer	3(13.64)
	Hematology cancer	5(22.72)

Data collection

After explaining the research's purpose to the participants, semi-structured, face-to-face, and in-depth interviews were conducted (19). The study was carried out from December 2018 to May 2019. The participants determined the time and place of the interviews. At the beginning of each interview, the first author asked a few general questions such as: "Would you please explain your communicative experience with the nurses during your hospitalization?" The interview continued by co-constructing the next questions on the basis of the participants' responses until data saturation were achieved. The first participant was a patient with breast cancer and three times of hospitalization. She was interviewed individually, and verbatim transcription was applied to the content of the interview. Then, the other participants were interviewed similarly. To achieve a variety of data, samples with maximum variation in age, gender, literacy, job, type of cancer, and hospital stay were selected. The interviews lasted from 40 to 78 minutes. The interviews were then transcribed, and the data were collected and analyzed simultaneously until data saturation was reached (17).

Data Analysis

The three-step approach proposed by Graneheim & Lundman (18) was used to analyze the data. Content analysis was performed along with data collection. Using the latent content analysis method, at first, verbatim transcription was applied to the interviews' content. Then they were read several times to build a general understanding of the content. To extract the codes, the data were reviewed word by word. The words, sentences, and paragraphs with key points pertinent to the study's subject were considered "meaning units." Primary coding was done using the participants' statements and the author's perception of those statements. The codes were reviewed for several times, and then comparisons were made between the obtained codes and the primary codes. In the next step, subcategories were created and reviewed by combining primary codes based on their similarities and differences. After several comparisons, identical subcategories were integrated. And then, the main categories and finally, the themes were created (20).

Trustworthiness

Lincoln and Guba's stringent criteria were used to examine the trustworthiness of the data. To access valid data, the following steps were considered:

- For credibility, allocation of sufficient time was sought by the researcher for long-term engagement with data (about 12 months) (17);
- For dependability, member checking was performed to ensure the data; to this end, different parts of the transcriptions of the interviews with the primary codes were examined by the participants and the level of convergence of the extracted ideas compared to their opinion. In addition to the research team, the coding process was performed by two expert faculty members with sufficient experience in qualitative studies to observe peer checking. Ultimately, the disagreements were resolved through consensus;
- Purposeful sampling was performed with maximum variety in age, gender, literacy, and hospital stay to ensure the transferability of the data (21);
- Moreover, to establish confirmability, all the stages of the research were documented and revised.

Ethical considerations

This study was approved by the Ethics Committee in Human Research at Shahid Beheshti Medical University (no: IR.SBMU.RETECH.REC.1396.552). Before performing the interviews, the objectives and procedures were explained to the participants, and informed written consent was obtained from each patient for voice recording and using the data.

Results

The findings included the main theme "humanitarian caring" and five categories of "good-natured, empathy, patience, confidentiality, and honesty," which were extracted from 18 subcategories (Table 2).

Table 2. Overview of the theme, categories, and subcategories

Main theme	Categories	Subcategories
Humanitarian care	Good-Naturedness	Pleasantness
		Kindness
		Good-Temperedness
	Empathy	Caring Attentions
		Induction of Tranquility to Patient
		Expressing Intimacy/Sincerity
	Patience	Meeting Patients' Needs Patiently
		Understanding Patients' Concerns
		Understanding Patients' Feelings
	Confidentiality	Confidentiality of Patients' Information
		Not Disclosing Patients' Problems
		Observing Patients' Privacy
	Honesty	Uprightness
		Truthfulness
		Multilateral Presence
		Harmony of Verbal and Behavioral Communication
		Transparent Communication

The first category: Good-Naturedness

Good-naturedness was the first category distilled from data coding and data analysis in the present study. The participants experienced this category as "pleasantness", "kindness", and "good-temperedness". The participants believed that these characters were facilitators of effective nurse-patient communication.

Regarding the second subcategory, "kindness", a 28-year-old patient stated: *When the nurse "R" entered the ward, she would behave the patients kindly and humanely. When a nurse is good-tempered, we confide in him/her and express our problems. So, we would show better responses to treatment and care. Also, we would feel satisfactory and peaceful".*

Moreover, some participants expressed that they have many physical, mental, spiritual, and economic problems that need special attention when patients are hospitalized. When the nurses listen to the patients carefully and devote some time to them, they would feel satisfied; and probably many of their problems would be resolved in this way, or they could overcome the problems more easily.

Regarding the third subcategory, "good-temperedness", a 54-years-old patient asserted: *"During this period of my hospitalization, there was a nurse with a sweet smile on her face every time she entered the room. She was very kind and would make me happy. Many of us were happy with her behavior. When we called on her, she would come to us kindly without any anger. We love her and would wish that she always comes to our bedside".*

Second category: Empathy

"Empathy" was another category that was extracted from the participants' statements. It included the three subcategories of "caring attentions," "induction of tranquility to patients", and "expressing intimacy/sincerity". The participants stated that multilateral attention along with care induces better communication between patients and the nurses.

Regarding the first subcategory, "caring attentions," a 48-year-old patient emphasized that: *"One of the nurses was very caring and was an active listener. When I talked to him, he would listen very carefully and attentively. He paid a lot of attention to the other patients and me."*

Another subcategory was "induction of tranquility to patients." Some participants and

even patients noted that the nurses' comforting behavior toward the patients had induced more tranquility to patients, enabling them to adapt to the disease and its treatment. This peace and tranquility create a suitable atmosphere for the patients to cope with treatment problems more successfully.

In this regard, a 36-years-old patient said: *"Nurse J. was very calm and cool. When she came to our bedside, I would always feel relaxed. I called that contagious calmness. Even in very stressful and tense circumstances, she was very peaceful, even after a long and busy shift. She would respond patiently to whatever questions we asked her. She would never go mad, even if we called her ten times. Most of the time, I would easily tolerate chemotherapy in her company".*

The third subcategory, "expressing intimacy/sincerity," demonstrated that sometimes it is necessary to create reciprocal understanding in nurse-patient interactions. The two sides indicate a feeling of intimacy in a defined framework for constructive interaction to form among them.

Accordingly, a 48-year-old patient stated: *"It was easier to talk to nurses with whom we were intimate. It was as if I have a feeling of intimacy or sincerity. I could express my problems more easily or ask my questions more comfortably".*

Third category: Patience

"Patience" was another category that was extracted in this study. Patience with life turbulences, with communicative difficulties and pain, can help build effective communication between patients and nurses. The communicative process can often be difficult. Sometimes, patients become aggressive or depressed, especially if diagnosed with cancer. Hence, establishing communication with patients leads to the stability and expansion of effective communication. Patience consists of three subcategories of "meeting patients' needs patiently," "understanding patients' concerns," and "understanding patients' feelings." Coping with patients' inappropriate behaviors patiently, meeting the overt and covert needs of patients, and understanding patients' apprehension and feelings are among the nurses' important characteristics.

In this regard, a 44-year-old patient asserted: *"I was in a terrible situation; I could not believe that I had cancer. I got really angry and aggressive. When the nurses were talking to me, I would shout at them. I ignored them. One day, one of them let me utter whatever I liked and said nothing in response. Later, when I turned to him, he was kind to me and offered to help me. I was truly embarrassed by my inappropriate behavior".*

Fourth category: Confidentiality

The category of "confidentiality" was extracted along with the subcategories of "confidentiality of the patients' information", "not disclosing patients' problems", and "observing patients' privacy." Confidentiality is one of the ethical principles that ought to be observed in all nursing care interventions. The participants of this study experienced confidentiality regarding the disease's announcement and its secrets because of the patients' request. The diagnosis was not disclosed to their family members, and communicative privacy was observed as well.

A 58-years-old patient said: *"I did not want to share my diagnosis with my children. One of my children was preparing for the school final exams, so I did not want to distract him / I did not want to upset my child before his final exam. I asked them to keep him uninformed for that time. They had to respect my request. Thus, they pretended as if I had no cancer. I trusted the nurses and willingly adhered to my treatment. I expressed my problems more often, and they did whatever they could to help me".*

Fifth category: Honesty

"Honesty" was the last category that was extracted from the participants' statements. Honesty is considered as one of the ethical principles of nursing practice. This category included five subcategories of "uprightness," "truthfulness," "multilateral presence," "harmony of verbal and behavioral communications," and "transparent

communication." The participants asserted that honesty in the nurses' behavior could help build trust among the patients. When the patient does not observe any difference between the nurses' words and behaviors, he/she becomes more motivated to communicate with the nurses. Many participants stated that when words and actions are identical, they would be more effective. Many patients insist that the nurses have honesty and truthfulness, their words and actions are identical, and their communications are clear. Many participants believed that they have the right to know everything about their illness, and honesty plays an important role accordingly.

Regarding the first subcategory, "uprightness," a 63-year-old patient stated: *"When I first got sick, and I asked the nurses, they either didn't tell me anything or they lied to me. But one day, a nurse told me that he wanted to talk to me. They slowly realized that I had cancer, and I had to cooperate to receive the treatment sooner. This is called uprightness".*

Moreover, regarding the subcategory of "transparent communication," a 52-year-old patient asserted: *"I had very severe pain after the operation, and I was very worried, I told my nurse ..... she explained the cause of the pain to me, and she said that the pain would decrease over time, and she injected me painkiller…. I calmed down like this, and I was relieved that nothing unnatural had happened to me. After about half an hour, the pain was reduced".*

Considering these categories and subcategories, humanitarian care is a deep and multidimensional concept that is influenced by many factors. Humanitarian care combined with ethical virtues can facilitate communications between patients and nurses. In humanitarian care, the nurse should focus on all the aspects of patient care and consider the various dimensions of the patients' needs, including physical and psychological needs. All the five dimensions of "good-naturedness, empathy, patience, confidentiality, and honesty which were extracted in this study can describe this type of care. In this type of care, the patients and the nurses communicate freely. The patient's problems and needs are resolved in a peaceful atmosphere mixed with empathy and kindness based on the stated and unstated issues.

Discussion

The findings of this study indicated that humanitarian care facilitates communications between patients and nurses. The five categories of "good-naturedness, empathy, patience, confidentiality, and honesty" were extracted from the data provided by the participants in this study. These categories explain the dimensions and characteristics of humanitarian care and the build-up of communication between the patient and the nurse. Humanitarian care is a kind of optional care performed by nurses with their inclination (22). Although some studies have referred to humanitarian care as the essence of nursing care at the end of life and critical care (23), this type of care can be considered an optional care plan at any time during the care process.

Good-naturedness, as the first category extracted in this study, was manifested by the subcategories of "pleasantness, kindness, and good-temperedness," which were served as facilitators of communication with patients. Although kindness and compassion have long been considered synonymous in nursing, nowadays, these qualities are often notable by their absence. Perhaps that is as it should be, and we should regard kindness as something experienced, rather than something provided. An act of kindness is within the power of every nurse and has the potential to make such a difference that no clinical procedure or formulaic reassurance can ever make (24).

Empathy is one of the professional nursing values and a complex human experience that involves mental symmetry among individuals (25). It requires skillfulness in using words and phrases, indicating an understanding of patients' condition and having confidence in patients. Teaching the use of reflection, self-awareness, and stress-reducing methods to the nurses based on mindfulness can be effective in nurse-patient communication (14). The nurses should be trained to recognize their knowledge of their feelings during the

treatment of cancer patients and their ability to explore the patients' needs and the method of empathy and sympathy. Practicing communicative skills in complicated interactions, especially with end-stage, nervous, and upset patients can be effective in strengthening empathy-based communication at the onset of the treatment.

Cancer patients assert that their physical and mental conditions are important in caregiving and related communications. They believe that meeting their basic needs in a respectful rather than a contemptuous manner will be more influential than advanced nursing interventions (26). Mohammadipour et al. considered a cheerful reciprocal approach as an antecedent to nurses' presence. They believed that it could trigger effective and valuable communication between the patients and the nurses (27), which leads to patient-centered care (28).

Furthermore, "patience" was the next category distilled from the subcategories of "meeting patients' needs patiently," "understanding patients' concerns," and "understanding patients' feelings." Understanding patients' concerns and apprehension, coping with conflicts, and exploring the patients' world are essentials in developing programs for the nurses. Recognition of the patients' socio-cognitive concerns can help decrease patients' anxiety and distress in life-threatening conditions. Patients' concerns and apprehension ought to be discussed along with managing disease symptoms, treatment complications, physical impairment, life quality, emotional problems, and spiritual and religious issues (4). Nursing communication is an art and a skill. Improvement of communicative skills requires time and practice, as well as perseverance. Better communication, resulting from knowledge, support, experience, and success, may foster nurses' self-confidence and self-efficacy, ultimately reinforcing patient-centered care.

Another category was "confidentiality" which includes the subcategories of "patient confidentiality", "not disclosing patients' diagnosis", and "observing communicative privacy". Confidentiality refers to the patients' rights (29) whose observation is one of the fundamental principles of ethical norms. Lack of observation of such rights will lead to psychosocial damage to individuals (30). Implementation of confidentiality would enhance bilateral confidence between the patients and the nurses and promote humanitarian care. Thus, this category should be highlighted in the university curriculum during students' academic studies and clinical training to be internalized by the nurses as habits.

Finally, "honesty" includes the subcategories of "uprightness," "truthfulness," "multilateral presence', "harmony of verbal and behavioral communication," and "transparent communication." Patients prefer to experience communicative cycles associated with sympathy, honesty, and a balance between sensitivity and optimism (7). The nurses need to be trained on how to answer difficult questions on treatment modalities, and they should know the proper method of communicating with cancer patients. Accordingly, attention should be paid to the patients' values, preferences, concerns, and fears (7, 14). Honesty is an important principle of the treatment that plays an important role in building trust between the patients and the caregivers. Respect for the patient and maintaining human dignity and commitment to honesty and loyalty in dealing with her/him are among the most important values in the nursing profession.

It is noteworthy that the present study has its strengths and limitations. Given that this study's findings resulted from the participants' experiences, the nurses are recommended to use them in decision-making for removing barriers to interaction and promoting quality care. However, since the study was carried out on cancer patients, the results could not be generalized to other settings.

Conclusion

The attributes that have been identified as facilitators of the patient-nurse relationship in this study are the merits of humanitarian care. Communication is the underlying factor in humanitarian care. Communication is a vital

and fundamental skill, which is also one of the nurses' challenging responsibilities. Communication, like nursing, is both an art and a skill. Improvement of communicative skills demands time, practice, continuation, and reflection. Optimal communication is formed through knowledge, support, experience, and success. Effective communication can improve confidence and self-efficacy and enhance patient-centered care. The present study's findings demonstrated that good-naturedness, empathy, patience, confidentiality, and honesty could lead to humanitarian care and facilitate communication between cancer patients and nurses. The reinforcement of these moralities among the nurses can help establish appropriate communications followed by a promoted patient recovery, which, in turn, enhances caregiving and the quality of life among patients and improves patient satisfaction.

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Conflict of Interest

The authors declare no potential conflicts of interest with respect to the research, authorship, and publication of this article.

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