

Provider Verbal Responses to Patient Distress Cues During Ambulatory Oncology Visits

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Although patients with cancer frequently experience forms of distress, including depression and anxiety, these issues often are under-recognized by healthcare providers. How providers respond to patient distress influences patients' disclosures of concerns. Additional assessment by providers often is needed to identify treatable issues (e.g., educational needs, symptoms of depression) in patients. Providers may use distancing behaviors to decrease patient expressions of emotional concerns, perhaps because of a lack of confidence in handling socioemotional concerns or because of more practical factors (e.g., lack of time). Both acknowledgment and exploration of patient concerns by providers are necessary to adequately assess socioemotional concerns. These provider behaviors may be therapeutic interventions in themselves or may be useful in determining the need for referral and pharmacologic treatment.

This study was a secondary analysis of a subset from a preexisting data set of audio files collected in conjunction with an electronic self-report assessment–cancer (ESRA-C) tool used by patients with cancer to report symptoms and quality-of-life concerns. This data set was collected from 2005–2007 during ambulatory, on-treatment oncology clinic visits. Results revealed that such concerns are addressed significantly more often when providers receive a summary report of the ESRA-C tool prior to the actual visit (Berry et al., 2008). The term “providers” refers to oncology nurses, advanced practice nurses, physician assistants, and oncologists.

The purpose of the current analysis was to identify patient cues of socioemotional concerns and distress, explore provider cue-responding behaviors to patient cues of distress and socioemotional concerns, and examine the effect of an ESRA-C report on provider cue-responding behaviors.

Review of the Literature

Specific provider behaviors are known to influence patient outcomes (i.e., well-being, adjustment, and quality

Purpose/Objectives: To explore healthcare provider cue-responding behaviors to patient cues of distress and socioemotional concerns during ambulatory, on-treatment oncology visits.

Design: Descriptive secondary analysis of a data set of audio recordings of oncology visits and reports of symptoms and quality of life recorded with an electronic self-report assessment–cancer (ESRA-C) tool.

Setting: Comprehensive cancer center, ambulatory care.

Sample: 31 randomly selected cases from an existing data set (with one used as a training tool) of 590 audio recordings of patient-provider communication.

Methods: Patients were placed in Group 1 ($n = 20$) and Group 2 ($n = 10$) to explore differences in patient-provider communication and decrease coder bias. Both groups completed the ESRA-C questionnaire prior to the visit. Providers in Group 2 received a printed ESRA-C summary report for use during the visit. Audio files of the visit were coded using the Medical Interview Aural Rating System (MIARS).

Main Research Variables: Patient cues of distress and provider cue-responding behaviors.

Findings: Patient cues of distress and socioemotional concerns ranged from 0–13 cues per visit, with a mean of 4.6 cues per visit. Providers acknowledged 57% of patient cues, but only acknowledged and explored 22% of all patient cues. Providers in Group 2 acknowledged patient concerns more often but explored the concerns less frequently. The number of patient cues *distanced from* by providers was lower in Group 2 and the overall provider score for responsiveness to patient cues of distress was higher, indicating more responsiveness than from Group 1.

Conclusions: The use of a summary report of patient concerns may have enhanced provider responsiveness, in general. Distancing behaviors by providers in response to patient verbal cues may indicate a lack of knowledge, time limitations, or a lack of confidence.

Implications for Nursing: To effectively support patients with cancer through active therapy, a greater level of acknowledgment, exploration, and responsive action by providers is indicated. These findings have implications for provider education, with regard to appropriate responses, and for researchers to test methods that best prompt and support effective provider behaviors, ultimately improving patient outcomes.