

Explanation causal conditions of communication between nurses and patients with cancer in Shahid Modares hospital 2024

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ABSTRACT

Quality of life in cancer patients and their communication needs an important role in evaluating the effectiveness of treatment and the disease process so that in recent years. This study aimed to explanation of th condition of causation of communication between nurses and patients with cancer in oncology wards modares hospital in tehran 2024. It is a qualitative study . Participants were eight registered nurses and ten of patients with cancer. Used non-structured interviews for data collection. According to data analysis, outcomes between nurses and patients communication consisted of that will be explained in detail include condition of causation include , a significant relationship "as a condition of causation resulted in the creation or development of harmony. This category consists of two categories, which are subject to the humanitarian nature of the profession and the benefit of the profession. The sum of these points suggests that the care team needs to deepen the relationship with the patient with cancer " family because their profession is a humanitarian profession and that it has both personal and professional values such as observance of justice , commitment and conscience , respect for the patient " s family until there is a harmony between them. The findings led into the recognition of the important condition of causation in communication between nurses and the patients with cancer establishing the communication of nurses especially using patient-based approach we can have effective communication. Thus in patients with cancer can because patients cope with the disease and improve the treatment of these patients.

Keywords: Communication, Condition of causation, Nurse, Patient, Cancer

Introduction

Cancer is on of the most common chronic diseases , as all types of cancers cause 31 % of all deaths and deaths across the world , and cancer is for evry one is surprize and stersessfull [1]. in fact awareness of the malignant disease of life and life is one of the main causes of health care in Iran and around the world as the third cause of maternal mortality On the other hand , the common health care system has a high emphasis on customer satisfaction [2]. Every year between 15 and 35 percent of patients over 65 years of patients age 65 and by 2030 the number will double to continue to live and nurses are extremely painful and stressful Effective communication between the patient and the medical team is essential [3]. " asserts that there is a lot of evidence that stress and stress due to acute disease of one member of the family affect the overall performance of the family , and , in turn , the family behavior patterns can affect the disease . one of the major problems related to the family is the

satisfaction of the family and the patient . In regard to the importance of effective communication between the the preventive team and the patient " s family , the hospitalised has been carried out in particular [4] .

Ranveig (2011) found that al though most families are satisfied with the care of family in the special department , one - third of the families have expressed concern that their needs have not been met by the surveillance team . Research has also provided evidence that patient satisfaction and family satisfaction will be obtained when they having sufficient information about the patient 's condition , how to take care , care planning , diagnosis and expected outcomes [5]

Communication in cancer care is a recognized problem for patients. Research to date has provided limited relevant knowledge toward solving this problem [6]. The communication between nurses and patients' with cancer impacts patient well-being as well as the quality and outcome of nursing care, investigating the factors related to quality of life in cancer patients and their needs related to nurses plays an important role in

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assessing the impact of health care and disease, as it has been considered in recent years to identify and meet the communication needs of patients with cancer as a desirable goal and an important area of nursing care [7]. This study was carried out in order to explain the condition of causation of the relationship between cancer patients with nurses in the medical oncology sector of Madras Hospital in ۲۰۲۴.

Materials and Methods

The study was conducted at oncology in Shahid Modaress hospital. Eight Nurses and of ten patient "with cancer participated in this study. Purposeful sampling was used for the initial interviews and, according to the emerging codes and categories data was collected by means of theoretical sampling. The purpose of the study was briefly explained to each participant. It was explained that the interviews would be recorded and that they were free to being out of the study if they did not want to continue. Consent form was then offered. If the potential participant read the information letter and signed the consent form, the one was considered for the study. Upon accepting to participate in the research, and after signing the informed consent sheet, nurses and family member were given an appointment for the interview. Interviews were carried out at the time the participants felt their workload was lower or had enough time to be interviewed. Individual non-structured interviews were conducted in a private room at the hospital. The interview guide consisted of core open ended questions to allow the respondents to explain their own viewpoints and experiences as completely as possible. Informed consent was obtained from all participants in this project. The information was confidential and the results were presented to the hospital authorities. Participants were then asked to explain their own experiences and perceptions of "methods of communication that affected taking on the communication. Depending on participants' tolerance and their interest in explaining their own experiences, the interviews continued with the topic questions and probes in order to capture a deeper understanding of the phenomenon under study. All interviews were carried out by the same interviewer. Interviews were recorded by a digital sound recorder, transcribed verbatim and analyzed consecutively. Interview transcriptions were repeatedly reviewed until meaningful themes emerged. The duration of interview sessions ranged from 20 to 90 minutes, with an average of one hour, and interviews were continued until data saturation was achieved. Data were collected by interviewing participants. Data collection and analysis proceeded simultaneously. After each interview, the tape was transcribed manually by the researcher. The accuracy of the transcripts was checked by listening to the audiotape and reading the transcripts simultaneously. The analysis of the interview transcripts was guided by content analysis, which has been identified as appropriate for analysis of interviews. 18 Themes as the expression of the latent content of the text were identified. The data was coded by hand using different colors. Condensed meaning units were abstracted and labeled with codes. The codes were then sorted into both categories and subcategories based on comparisons between similarities and differences. A print out of these files was also made and categories were formed from them. Finally, higher-level categorization was constructed from the initial categories. That is, categories which fit into common files were also brought

together to form final and major categories. Data acceptability criteria were applied using the following methods: prolonged engagement, assigning enough time, appropriate relation to understanding real data, peer and member check, and negative case analysis and objectivity (one of the data characteristics of research [8]).

Results and Discussion

A significant and significant A relationship "as a condition of causation resulted in the creation or development of harmony. This category consists of two categories, which are subject to the humanitarian nature of the profession and the benefit of the profession. Each of these classes has been built into a number of sub - categories that have been addressed to each of the classes below. The sum of these points suggests that the care team needs to deepen the relationship with the patient " s family because their profession is a humanitarian profession and that it has both personal and professional values such as observance of justice, commitment and conscience, respect for the patient " s family until there is a harmony between them. In this chapter, the present study, which is based on continuous analysis of the data with Strauss and Corbin (1998) approaches, is presented in three stages of coding after the introduction of participants. Then the findings are discussed and the result of the analysis is presented in the form of research theory. In the ten patients, the participants were eight nurses. The age range of participants ranged between 18 and 50 years. The condition of patients in full alert was determined. The two nurses had a master's degree in nurses, and the rest of the participants had a bachelor's degree in nurses, and the patients were illiterate to graduate.

The humanitarian nature of the profession

The humanitarian nature of his profession includes the categories of respect for the patient and the family, respect for the patient "s and family " s rights, attention to the obligation and conscience. Nursing is a humanitarian profession and is one of the strong and strong reasons for communication. "Our profession is a human profession and this is our profession, which requires us to treat their patients and their families well and establish relationships, " the nurse said. We have entered this field with knowledge, and this is our professional duty "(nursing with 12 years of work).

Respect for the patient and the family

Respect for the dignity of the patient and his family is related to other categories in relation to other categories. "The respect for the patient and the family is more important than anything I have to do, " nursing said. It is based on the relationship with the patient and her family. And there is an effort to improve a positive relationship, so that the patient and her family can interact better in society "(nurse 8) the recognition of the suffering and distress of the sick family are examples of respect to the family. In respect to the sick family, nurses confirm the

suffering of families by showing interest and anxiety and listening to stories of families. While the nurses showed interest in the patient's family, which was expressed in different ways and was also a threat to the patient's physical security." I understand the feelings of my sick family, and I admit to help them calm themselves by expressing their feelings, "nurses 5 said.

Respecting the patient's rights respect

For respect of patients' rights was one of the other categories that led to a significant relationship between the therapeutic team and the patients' families. The nurse said: "There are about 70 % of the patients who are sick of their rights now that they may be aware of their rights if they are accompanied by patients who do not know their rights. It is the duty of nurses to make them familiar with their rights, legally they must be justified by the patient "(nurse 3).

Paying attention to work conscience and business commitment

Since the profession of nursing and medicine is concerned with the work conscience, the team is bound to consider themselves bound to act on the basis of their commitment to engage in communication. A family said, " It depends on the doctor's conscience, is really concerned with the patient's conscience, and a thousand other people are worried about him every moment, and if it's not a rule, it's our man's duty to lose a family of worries that we are human, we are human beings. " (Nurse 4)

Benefit

The job of nursing and nursing are professions that are based on the benefit of the people whose basis is based on the benefit of the others, which is why the treatment team with the patient and their family has a deep and meaningful connection to which they can help them. The benefit categories include the support of the patient and the patient's family, the lack of exercise of power, the patient and the patient's family, to know, visualize the family position, not judge the patient's condition, support the family, and reassure the families.

Patient and the patient's family Support the patient and the patient's family support by nurses was done when the care team's goals were not in tune with the family's goals and the families were unable to make decisions for their patients, the other part of support, mental support for families ... The nurse said, " A great part of our professional duty is to protect the patient and her family to support what the families feel." We have to explain to them if something is not clear to the family "(nurse 6).

Lack of power over the sick family

Nurses do not treat families and patients with power. They questioned them about their families' concerns. Where families

had the right to choose and decide, the nurses would make choice and decision - making by interacting with families. And they did not know themselves. " Our professional duty requires us to be flexible and gentle with families and give them an opportunity to comment, but unfortunately it's not always the case, and some nurses suffer from vanity, " the nurse said, " (male nurse with eight years of work experience) .

The patient and the sick family as conscious

The nurses respected the patient and the sick family, regarded families as conscious people, helping the family with knowledge, to give them information about what she wanted to do for her patient. "I believe that every person knows what he can do and what he can't do and what I can do to respect others because they have valuable experiences about their careers, " nurses said. I can advise and guide them about what they can do." (Nurse 2)

Imagine the position on of the sick family

Nurses combine their knowledge of the patient's life with their knowledge of illness and health to be sympathetic to the patient's with family. It was not melancholy to feel the patient's position imagining the situation of the sick family" I can imagine how they feel like they're too upset, they don't have the power to analyze the situation, and the things that are important to them and the meaning in this position lose their meaning for them, "nurses said. They can "t trust who they trust and are just so worried. They "re so worried about what they" are going to be going to be, I fully understand (nurse 8).

Not to judge the patient and the family

It is a professional humanitarian nurse who respects all human beings and respects all of them, so as for their patients and their families, they don't judge and respect humans. Nurses encouraged the positive aspects of patients' diagnosis, respected people regardless of their behavior, and maintained contact to show that they were there to help patients. Not judging the patient was part of how nurses respected patients, "as a nurse, we consider the positive aspects of families' personalities and don't judge the appearance of individuals. All humans are precious to us, and we respect them and look at them in one eye. We look at families in such a way as to give them a sense of respect, which is not always carried out by all nurses, as we might not impose their opinions on them, and that's what we expect from our families. Unfortunately, sometimes patients don't have the right judgment in the nurses' performance and they are generally not judged by the nursing profession "(nurse 3)

Reassure families and patients

Patients recognize the therapeutic team with the specifications. Nurse and the therapeutic team as individuals to assist them, their environment is as safe as an

Environment and ensure the best care delivery is provided to patients. Trust families to reassure families is part of the support of families. " We encounter families who are extremely anxious and depressed , so as to give them comfort and comfort , we can give them examples of other patients ... " (nurse 2) , " one participant said .

Nursing is a professional that plays a role in it through communication , meaning that correct implementation of nursing interventions depends on proper and appropriate communication between nurses , patients and family , because correct communication , in addition to the important need of the patient , is the basis for nurses ' work in patient care . Inability to establish a reassuring and patient relationship is a problem that cannot be easily ignored. Violence, ignoring the patient, indifference, lack of tolerance and inattention to the patient and family behaviors that cause dissatisfaction in the patient.

Regarding to close relationship with the patient and having knowledge and scientific and practical knowledge, nurses can play an important role in changing the patient's attitudes towards disease and patient care. studies have shown that when practitioners have communication skills , many positive associations such as anxiety reduction , guilt feeling , in d and symptoms of disease , adaptation to the patient and his family with the health team , improving the physiological and functional conditions and increasing the effectiveness of the training given to patients can be seen [9].

Studies show that effective communication is achieved when nurses acquire communication skills and apply these skills in practice, not just knowledge about how to communicate. Because, according to "mortar" and colleagues, many nurses are familiar with communication skills, but they cannot be used in practice. Recent studies show that communication skills are taught to nurses in educational environments, but nurses do not use these skills regularly and effectively [10]. although communication skills training is an important part of the educational programs of graduates in health , there are many concerns about the weakness of communication skills and lack of communication skills , so that poor communication from health care workers including nurses is one of the main issues in health centers in countries like England . perhaps the cause of these conflicts is the existence of a gap between competence and competence of what a person can or is capable of doing and what a person really does, because it is based on the studies done, training given to nurses in the field of communication skills that provide a nurse to establish an effective and effective communication, but what is surprising is why nurses don't use these skills in the clinical environment and interact with their patients [11].

According to the results of the study, the nurses who wish to communicate their patients and their patients should first identify their patients from communication barriers, then they can identify their patients with communication skills in their interactions. A similar result also revealed similar results [12] according to the profession of nurses , nurses are trying to communicate with the patient 's family nurses will be able to

introduce their profession more to society and change their attitude toward this profession by dealing with patients and families . Studies have shown how much nurses value themselves and protect each other, their job identity is more to reinforce the "feeling of nurses ". So each of them has a special kind and "nursing work "which is different from that of the profession. Also, a career identity is strengthened and consolidated over time and in interactions with people, and this is indeed a part of a profession called "socialization "from the process of self - evident. Studies show that nurses "feeling of being nurses has always been subject to serious and fundamental changes. From the perspective of the profession this phenomenon is strengthened and consolidated over time and in interaction with others, "socialization", which is actually part of the process of a profession. It is obvious that the first step is to enter the educational environment or training environment as a nursing student. Studies have shown that nurses "feeling of being nurses has always been subject to serious and fundamental changes [13]. in discussing the effectiveness of the interactions of the two issues, one of the interaction of nurses with themselves and other interactions with the people of the first section was significantly influenced by the second part. Finally, historical and cultural - social dimensions also influence the shaping of any profession over time. The public view of nursing and the sensitivity of public opinion to it has created a special notion of the profession. The perception of nurses is strongly affected by the perception of nurses and affects their process of socialization. In this complex complex and with highly influential elements such as newspaper ads, magazines, radio and television, various stereotypes have been created for nursing. But an important component is nurses self. Nurses "perception of themselves, their profession and their social status, expectation of themselves and from different aspects of this main component are considered. describing the experience of the profession and explaining the factors affecting it in the beginning of their entry into the official and clinical stage of nurses ' profession will help us to find the profession which leads to the development of the profession and the promotion of job motivation and improving the care provided to the people . Also by identifying the factors affecting the experience and paying attention to them in nursing education, students can be prepared to enter the real world [14].

Business identity is one of the important issues for each profession. The identity of the profession is effective in the development and promotion of all unilateral profession of the profession and has a significant role in introducing profession to society. This identity of the profession and profession of the profession and society is formed as it is not only the profession and profession of the profession as the definition of profession's identity. in other words , the belief and behavior in the mirror of community feedback and the reaction in which the society shows that it cannot be identified even among the members of this profession and hence attempt to create and promote the identity of the profession should always be the priority of the organization . One of the most important goals of achieving this purpose is to have a background and background of the profession which

means that the profession has a background to which it can be attributed to it and one hundred of course its evolution in this background can be distinguished [15].

Empathy and empathy is one of the concepts of causal conditions in this research that facilitated contact between nurses and patients. The patients showed that when nurses with empathy and empathy, they can reduce their sadness and get rid of their worries. Nurses required this empathy and called for more empathy. And in many times there was no such thing from the care team, especially physicians, as many family members preferred to communicate with the nurse [16].

The majority of nurses in the face of patients' needs were treated with respect, attention, and friendliness, which gave the patient satisfaction with how nurses communicate and feel comfortable, and interpreted it well with specifications such as timely care, intimacy, sympathy, and respectful and respectful approach. The importance of caring for attention and respect is so important that many studies have addressed it as therapeutic communication: explanation, timely response to patient need, intimacy, and respectful treatment of nurses when working with the patient, which leads to patient peace [17], in his study of the patient's need of attention, professionalism, and respect. In the study, "et al. [18] defined the importance of health care relevance in three levels of modesty, respect and commitment [13]. In the study, Liaschenko also meant nursing care from patients' eyes in qualities such as respect for the patient, patient safety, patient persuasion, health promotion and interactive education [19].

Empathy of nurses with family of hospitalized patients was one of the positive aspects that the care team expressed in this study. This is also reported in the study of McClelland and his colleagues and Norman and colleagues: patients who report high satisfaction have been under the influence of many nurses and empathy. The family of patients admitted to the hospital said that their loved ones in the intensive care unit are staying with the environment due to lack of information about the patient and being insecure with the environment in hard situations and stressful situations. The interviews and observations made in this study also showed that the family is able to communicate with the care team when they feel comfortable with their techniques and communication skills and explain them about the unfamiliar environment of the ICU. It is also suggested that nurses, who are allowed to present nursing care in a private manner, or more closely related to patients, will lead to more empathy and promotion. In their studies, Ramsey and his colleagues said that the more satisfied the family, the more satisfied the family is [20].

Conclusion

The results of this study found an important insight into the communication process between nurses and patients. However, in the process of communication, the formation of new laws and regulations, and the use of creative methods in teaching the nurse and implementing laws in practice and implementing the patient-centric approach, effectively creates communication. The care team will contribute to the patient's family in terms of

possessing the spirit of altruism, and communication skills, and in terms of having clinical and ethical qualifications. Finally, as qualitative studies seek to explain different phenomena according to experiences of individual living in each field, the findings of this study reveal that in the case study, nurses and family patients use the process in communicating with each other.

Therefore, according to the findings of this study, the fact that in the study the main responsibility for the establishment and continuity of this relationship with the patient has been the responsibility of the nurse and the patient has less power in this regard. Indeed, the findings suggest that in the process of communication between nurse and patient, this nurse is a nurse who has a more active role than the patient, although the initiation of communication is defined according to the patient's needs and the nurse's actions in the face of these needs. The relationship between the nurse and the patient despite the nurse's belief and belief in a task-oriented environment has a very high workload and a response based on the patient's need. Nursing college in its manifesto states that nurses may refer to themselves as masters of power in the process, but issues such as expert knowledge, powerful status in care systems, and access to too many health related information, are factors that cause an increase in power and the right to decision to nurse about the patient. In this regard, the "shuttle" also suggests that the patient, in its subsidiary role, is inclined to define its role as the recipient of a self-knowledge provider. Two communication styles described in the literature and determined by authors were (a)

Biomedical and (b) biopsychosocial. The biopsychosocial style is identified as patient centered Communication. Seven studies were then analyzed for NPs' communication styles and the impact that they had on patient outcomes. The studies analyzed demonstrated that biopsychosocial (patient centered) communication style positively influences patient outcomes as evidenced by (a) improved patient satisfaction, (b) increased adherence to treatment plans, and (c) improved patient health. Due to the results obtained from the study, the poor communication between nurses and patients with cancer is. Therefore, in order to improve the existing situation, it is proposed: 1 - Short-term training courses and service for nurses in the context of communication skills; 2 - regular control of nurses' communication status by nurses. 3. Thorough research and with larger specimens at the country level. 4. Research on the obstacles to effective nurse and fear communication. 5 There's a research in the field the nurses' awareness is in touch. Implications for practice: The results of this review indicate that patient centered communication incorporated into the NPs' practice is associated with improving patient outcomes such as (a) improved patient satisfaction, (b) increased adherence to treatment plans, and (c) improved patient health. Future research needs to be performed in order to fully study the relationship between NPs using patient centered communication style and its impact on patient outcomes

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References

1. Mahmoudi H, Ebadi A, Salimi S, Najafi Mehri S, Mokhtari Noori J, Shokrollahi F. Effect of nurse communication with patient on anxiety/ depression and stress level of emergency ward patients. *Iran J Crit Care Nurs* 2010; 1(3):7-12. (Persian)
2. Honaker P, Carayon P, Douglas S, Schultz K, Walker J, Wetterneck TB. Communication in the ICU and the Relation with Quality of Care and Patient Safety from a Nurse Perspective. *Int J Healthc Inf Syst Inform* 2011 1; 6(1): 51-69.
3. Morehouse RE, Colvin E, Maykut P. Nephrology nurse-patient relationships in the outpatient dialysis setting. *Nephrol Nurs J*. 2001 Jun; 28(3): 295-300.
4. Wong LM. A grounded theory study: communication model about end-of-life care in the intensive care unit. 2010. <http://theses.lib.polyu.edu.hk/handle/200/5686>.
5. Ranveig Lind Family members' experiences of "wait and see" as a communication strategy in end-of-life decisions. *Intensive Care Med*. 2011 July; 37(7): 1143–1150.
6. Wittenberg-Lyles EM, Goldsmith J, Sanchez-Reilly S, Ragan SL. Communicating a terminal prognosis in a palliative care setting: deficiencies in current communication training protocols. *Social science & medicine*. 2008 Jun 1;66(11):2356-65.
7. Rufo RJ. Good-Better-Best: The virtual ICU and beyond. *Nursing Management*. 2010 Dec 1;41(12):38-41.
8. Corbin J, Strauss A. Basics of qualitative research, techniques and procedures for developing grounded theory (3rd ed). USA: Sage publication, 2008.
9. Ramsey J. Family-physician communication in the intensive care unit. *Chest*. 2012 Oct 1;142(4):757A.
10. Anonymous. Critical Care Medicine; Study data from University of Washington provide new insights into critical care medicine Obesity, Fitness & Wellness Week. 2010;1532
11. Sylvan R. Role of the Nurse as a patient advocate. 2009, Site: www.eHow.co.uk: (15 Nov, 2010).
12. Loghmani L. Communication barriers between staff member with family member intensive care unit: A grounded theory study .*Ann Trop Med Public Health* .2018 Jan 13];10:1552-7. 13
13. Loghmani L Factors Affecting the Nurse-Patients' Family Communication in Intensive Care Unit of Kerman: a Qualitative Study *Journal of Caring Sciences*. 2014;3(1):67-82.
14. Jafari N, Zamani A, Farajzadegan Z, Bah-rami F, Emami H, Loghmani A. The effect of spiritual therapy for improving the qual-ity of life of women with breast cancer: a randomized controlled trial.*Psychol Health Med*. 2013; 18(1):56-69.
15. Beth Happ M, Garrett K, Thomas DD, Tate J, George E, Houze M et al. Nurse-patient communication interaction in the intensive care unit. *Am J Crit Care* 2011; 20: e 28-40
16. Iliana M, Raimunda M, Isabela M, Ana F. Nursing Communication in Nursing Care to Mastectomized Women: a Grounded Theory Study *Rev. Latino-Am*. 2010;18(1):54-60.
17. Thorne S, Hislop TG, Kuo M, Armstrong EA. Hope and probability: patient perspectives of the meaning of numerical information in cancer communication. *Qualitative health research*. 2006 Mar;16(3):318-36.
18. Marzband R, Zakavi A. From the per-spective of the teachings of the divine spir-itual health indicators. *Journal of Medical Ethics*. 2012;6(20):99-69. (Persian)
19. Liaschenko J, O'Conner-Von S, Peden-McAlpine C. The" big picture": communicating with families about end-of-life care in intensive care unit. *Dimensions of Critical Care Nursing*. 2009 Sep 1;28(5):224-31.
20. Fried TR, Bradley EH, O'Leary J. Prognosis communication in serious illness: perceptions of older patients, caregivers, and clinicians. *Journal of the American Geriatrics Society*. 2003 Oct;51(10):1398-403.