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Evaluation of the Effectiveness of Family Participation in Doctor-Patient Communication for Cancer Patients

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Abstract: With the continuous increase in the elderly population in China, the incidence of cancer has been rising, making it one of the leading causes of death among residents. The suffering caused by the disease and its economic burden not only bring immense pain to patients but also often lead to negative emotions such as pessimism and anxiety among their family members. Family supportive education, which refers to the emotional support and assistance provided by family members, is a major source of social support and plays a crucial role in individuals' emotional well-being. The treatment and rehabilitation of cancer patients cannot be achieved without active family involvement, especially in terms of doctor-patient communication. Family members' involvement is of great significance in improving doctor-patient relationships and enhancing treatment outcomes. This article, through empirical research, analyzes the current situation of family participation in healthcare communication for cancer patients and reveals the main factors influencing such participation. Based on these findings, it discusses specific strategies and methods to promote effective family involvement in doctor-patient communication and establishes a corresponding evaluation system to assess its effectiveness.

Keywords: Cancer patients; family participation; doctor-nurse-patient communication; effectiveness evaluation

Introduction

In recent years, cancer has become the leading "killer" threatening human health. The diagnosis, treatment, and recovery process for cancer patients is a long and arduous journey that requires close cooperation between patients, their families, and healthcare professionals^[1]. However, due to the dual burden of the disease and its treatment, cancer patients often experience cognitive decline, emotional disorders, and other issues, making it difficult for them

to effectively communicate with medical staff on their own. At this point, family members, as the closest and most trusted individuals to the patient, become a crucial bridge connecting the doctor-patient relationship.

1. Analysis of the Current Status of Family Participation in Doctor-Patient Communication for Cancer Patients

1.1 Basic Situation of Family Participation in Doctor-Patient Communication for Cancer Patients

Families of cancer patients generally place great



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importance on participating in doctor-patient communication. Many family members realize that actively communicating with healthcare professionals helps them gain a comprehensive understanding of the patient's condition, participate in formulating treatment plans, grasp key treatment and care details, and receive guidance and support from medical staff^[2]. In doctor-patient communication, most family members focus on changes in the patient's condition, treatment plans, medication instructions, dietary care, psychological status, and other aspects, hoping to gather as much disease-related information as possible. Additionally, many family members actively report the patient's symptoms, signs, and daily life circumstances to the medical team, and cooperate in health education efforts.

However, the depth and breadth of family involvement in doctor-patient communication for cancer patients still need improvement. Some family members lack sufficient understanding of the disease, and the communication tends to be one-sided, with little proactive inquiry about important information such as prognosis, complications, and rehabilitation plans. In some cases, family members delegate the responsibility of communication to specific individuals, and other family members are less involved, making it difficult to form a unified approach. Furthermore, a small number of family members exhibit emotional instability during communication, even resorting to blame or uncooperative behavior, which can negatively affect the doctor-patient relationship^[3]. Overall, while there is a strong awareness of the importance of family participation in doctor-patient communication, the quality of communication still requires improvement.

1.2 Main Factors Influencing Family Participation in Doctor-Patient Communication

The factors influencing family participation in doctor-patient communication for cancer patients are multifaceted, encompassing both subjective factors within the family and objective factors related to the hospital environment.

Within the family, factors such as the educational level of family members, their medical knowledge, and their understanding of the patient's condition directly affect the initiative and effectiveness of communication^[4]. Family members with higher educational levels and greater medical knowledge

are generally able to acquire information more comprehensively and engage in more in-depth communication with healthcare providers. Additionally, the level of harmony within the family and the degree of cooperation among family members also influence their participation in doctor-patient communication. Families characterized by strong mutual support and close cooperation are more likely to form a united front in engaging with healthcare professionals. Conversely, families with limited understanding of the patient's condition or poor family relationships often have a lower willingness and ability to engage in doctor-patient interactions.

In terms of the hospital environment, the communication attitude and skills of healthcare professionals, as well as the institutional support for doctor-patient communication, have a significant impact on the willingness of family members to participate in communication with healthcare providers. If healthcare professionals approach family members with an open and respectful attitude, actively invite them to participate in communication, and use appropriate communication techniques to convey information, it can greatly enhance family members' enthusiasm for involvement. Conversely, if healthcare providers lack awareness of communication, or if their communication methods are simplistic and rigid, it is detrimental to establishing an equal and trusting doctor-patient relationship, which in turn reduces family members' willingness to engage in communication. Additionally, the degree to which hospitals have perfected their communication systems and the extent of policy support for family involvement in communication also influence, to some extent, the breadth and depth of doctor-patient and healthcare provider-family interactions.

2. Implementation Plan for Family Involvement in Doctor-Patient Communication

2.1 Specific Strategies and Methods for Family Participation in Doctor-Patient Communication

To address the subjective and objective factors influencing family participation in doctor-patient communication, hospitals should implement targeted intervention strategies, adopting a multi-faceted approach to promote more active and effective family

involvement in doctor-patient interactions.

Strengthening education and guidance to enhance the awareness and ability of family members to communicate. Through the production of pamphlets and the opening of family training courses, we help family members to understand disease knowledge, master the skills of effective communication with medical personnel, and enhance the initiative of communication. Regularly organizing family forums and symposiums to build a tripartite communication platform for doctors and patients, guiding family members to objectively understand their illnesses and learn to think differently, so as to enhance the understanding and trust between doctors and patients. Organize family members of recovered patients to share their experience of communication and inspire other family members with their personal experience, so that they can realize the importance of participating in communication.

Innovative communication model to create conditions for families to participate in doctor-patient interaction. On the basis of traditional face-to-face communication, new media platforms such as mobile medical APP and WeChat public number are applied to build a network channel for doctor-patient-family tripartite communication at anytime and anywhere^[6]. Utilizing the informationized outpatient clinic and remote consultation system, it is convenient for the family members of patients in other places to communicate with the medical staff in audio and video. Setting up family lounges and conversation rooms in wards to create a relaxed and private environment for face-to-face communication between doctors and patients. Embedding family participation in the diagnosis and treatment process, such as family members' participation in checking rooms and working with doctors to formulate treatment plans, so as to organically incorporate family members into the medical team.

Improve the system guarantee, incentivize families to actively participate in doctor-patient communication. Include family members' participation in doctor-patient communication in the management system of the hospital, and clarify the communication rights and obligations of family members. Setting up "family participation" indicators in medical quality assessment, and incorporating family feedback

into the performance evaluation system of medical personnel. The establishment of a "negative list" of doctor-patient communication, expressly prohibiting medical personnel from neglecting or avoiding the communication requirements of family members and other behaviors. Establish a doctor-patient communication committee to receive and mediate the opinions and conflicts of family members in communication. Incentive policies for family members' participation have been formulated, and recognition and rewards have been given to families that actively participate in the interaction and promote doctor-patient harmony.

2.2 Key Stages and Points for Family Participation in Doctor-Patient Communication

Effective communication between doctors, patients, and families is essential throughout the entire cancer diagnosis and treatment process. Understanding the key stages and points for family participation in doctor-patient communication at different phases of the treatment process can significantly enhance communication quality.

During the admission phase, healthcare professionals should thoroughly assess the communication needs of the patient's family and provide targeted introductions to the ward environment, treatment procedures, and tasks that require family cooperation, helping to alleviate any unfamiliarity or anxiety. Family members should be encouraged to voice their concerns and questions, with healthcare staff responding patiently and building an initial foundation of trust. Basic information about the disease should be provided, helping family members develop a realistic understanding of the patient's condition, adjust their mindset, and adopt a positive attitude towards treatment.

At the diagnosis and treatment planning stage, doctors should clearly explain the patient's condition, the proposed treatment plan, and potential risks and complications to the family, ensuring that informed consent is obtained. Family members should be encouraged to participate in formulating the treatment plan, expressing their opinions and suggestions. The pros and cons of different options should be analyzed, respecting the choices of both the patient and the family, and striving to reach a consensus. Detailed

plans for examinations, treatments, and nursing care should be developed, with specific instructions for the family's role in the process, thereby making them an integral part of the medical team^[7].

During the treatment phase, healthcare providers should promptly update family members on any changes in the patient's condition, outline the current treatment goals and key actions, and address any questions raised by the family. Family members should be instructed to monitor the patient's symptoms, provide support with oral care, dietary guidance, and medication supervision. Special attention should be paid to the patient's psychological state, and if necessary, a psychologist or social worker should be involved in family communication to assist with psychological counseling. In case of emergencies or deterioration in the patient's condition, healthcare providers should immediately contact the family and discuss possible solutions. At the same time, it is essential to be attentive to the emotional changes in the family and provide the necessary support and encouragement.

During the discharge and rehabilitation phase, healthcare professionals should collaborate with the family to develop a home rehabilitation plan and provide instructions on key care aspects. Family members should be guided in providing nutritional support, psychological care, and in recognizing and managing complications. Regular follow-up appointments should be emphasized, with instructions on self-management techniques. The family should be informed about the scheduling of follow-up visits, maintaining regular communication to address any challenges the patient faces during recovery. Additionally, families should be encouraged to share their rehabilitation experiences with other patient families, promoting mutual support and creating a platform for family-to-family assistance.

3. Evaluation System for Family Participation in Doctor-Patient Communication

3.1 Construction and Implementation of Evaluation Indicators

Establishing a scientific evaluation indicator system is fundamental to objectively assessing the effectiveness of family participation in doctor-patient communication. The design of these indicators should

comprehensively reflect the quality and impact of family involvement in communication, ensuring they are actionable and easily quantifiable.

Patient satisfaction is a crucial indicator for measuring the effectiveness of family participation in doctor-patient communication. Regular patient satisfaction surveys should be conducted to comprehensively understand patients' subjective experiences with family involvement in communication. The survey content should include patient satisfaction with the family's participation in communication (content, frequency, and methods), as well as evaluations of improvements in the doctor-patient relationship. The survey could be administered through various methods such as questionnaires, face-to-face interviews, or phone follow-ups to increase patient engagement.

The improvement in adherence to medical recommendations can objectively reflect the effectiveness of family involvement in communication. Methods such as surveys and statistics on adherence to medical orders can be used to evaluate changes in the patient's behavior, including medication adherence, follow-up appointments, and adjustments to diet and daily routines. The degree of improvement of medical compliance behavior is correlated with the frequency and depth of patients' family members' participation in communication and other indicators, so as to analyze the promotion effect of family participation on medical compliance behavior. A control group can be set up to compare the difference in medical compliance behavior between patients with family members actively participating in communication and those with less communication.

An increase in quality of life is the ultimate criterion for evaluating healthcare services and a key measure of the value of family participation in doctor-patient communication. The quality of life of cancer patients can be assessed using established cancer quality-of-life measurement scales, evaluating changes in physical, psychological, and social adaptation. A comparison of quality-of-life differences among patients with varying levels of family involvement in communication can provide insight into the long-term effects of family participation. Third-party organizations can be engaged to conduct follow-up surveys on patients' quality of life to ensure the objectivity and impartiality of the

evaluation.

3.2 Comprehensive Evaluation and Analysis of Intervention Effects

After establishing a complete set of evaluation indicators, hospitals should continuously collect and analyze relevant data, conducting regular comprehensive evaluations of the intervention effects of family participation in doctor-patient communication. This evaluation can be carried out from both longitudinal and cross-sectional perspectives to provide an objective and comprehensive assessment of the effectiveness of family participation in communication.

Longitudinal comparison involves continuously tracking and observing the situation of family participation in doctor-patient communication over time. This allows for a comparison of the changes in various evaluation indicators before and after the intervention, focusing on key aspects such as patient satisfaction, improvement in adherence to medical recommendations, and quality of life, as well as reductions in medical disputes and doctor-patient conflicts. Analyzing the trends in these indicators will help assess the relevance and effectiveness of the intervention measures for family participation in communication. Successful practices should be promptly summarized and promoted, while areas with slow progress should be carefully examined to identify issues, leading to targeted adjustments and improvements in intervention strategies.

Cross-sectional comparison should expand the sample size of the assessment, select departments with good and poor implementation of interventions for comparative analysis, and screen the key factors affecting the effectiveness of family participation in communication. By comparing the differences in indicators such as patient satisfaction and the incidence of doctor-patient disputes in different departments, we will analyze the impact of factors such as the willingness and ability of patients' families to participate in communication, communication skills of healthcare workers, and the construction of communication systems on the effectiveness of the intervention, and identify effective paths to enhance family participation. We should give full play to the benchmarking and leading role of the demonstration department, and drive the promotion of good practices

in the whole hospital through on-site observation and experience sharing.

Comprehensive evaluation should also place importance on gathering feedback from family members. Through discussions, interviews, and analysis of complaints, healthcare providers can gain a deeper understanding of family members' experiences with doctor-patient communication interventions and gather valuable suggestions. Common demands reflected by patients' families should be incorporated into the next phase of intervention improvements. Additionally, representative cases from family members can be distilled and shared as success stories or promotional materials to enhance the demonstration effect and create a positive atmosphere within the hospital.

Conclusion

The path to recovery for cancer patients is fraught with challenges and requires a joint effort from doctors, patients, and their families. Effectively involving family members in doctor-patient communication, leveraging the unique advantages of family participation, is of great significance in building a harmonious doctor-patient relationship and improving the quality of cancer diagnosis and treatment. Only through the united efforts of both medical professionals and families—working together with trust, support, and mutual understanding—can we stride confidently toward the hopeful road of recovery, creating a new chapter in the development of harmonious doctor-patient relationships.

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