

Reliability and Validity of a Tool to Assess Oncology Nurses' Experiences With Prognosis-Related Communication

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Communication with patients and families regarding a cancer diagnosis or recurrence generally includes a discussion of prognosis. Prognosis-related communication includes estimates of likelihood of cure, how long the patient is expected to live, and the kind of life the patient will have, among other issues (Mack, Wolfe, Grier, Cleary, & Weeks, 2006). This information is often presented during several separate discussions with members of the healthcare team, consisting of the patient's physician (MD) and often the nurses caring for the patient (Clayton et al., 2007; Hancock et al., 2007). This type of communication can be challenging to deliver and receive, and it can have a significant impact on decision making (Innes & Payne, 2009) and the maintenance of hope (Clayton et al., 2008; Mack et al., 2006). To date, examination of nurses' experiences with this process has been limited and, therefore, the creation of robust instruments to measure such experiences and their impact on nurses and patient care are essential. The purpose of this study is to analyze a previously developed survey instrument, Ethical Dilemmas and Prognosis-Related Communication in Oncology Nursing: A Survey of Oncology Nursing Professionals (Helft, Chamness, Terry, & Uhrich, 2011), in an effort to determine whether the individual items in the scale can be aggregated into a valid and reliable measure of nurses' experiences with prognosis-related communication.

Background

Since the 1970s, a shift has occurred; the physician is no longer the keeper of all medical information, rarely sharing with patients and families the details of a diagnosis and its treatment (Kaplowitz, Campo, & Chiu, 2002). In the current healthcare environment, patients are routinely informed of their diagnoses (Innes & Payne, 2009) and are often active participants in decision making related to their care

Purpose/Objectives: To establish the reliability and validity of a previously developed survey measuring nurses' experiences with prognosis-related communication.

Design: Psychometric testing of survey.

Setting: Mailed survey of Oncology Nursing Society (ONS) members.

Sample: 392 ONS members.

Methods: Reliability was analyzed using Cronbach's alpha. Total scale and subscale characteristics were evaluated through inter-item correlation matrices, average inter-item correlations, corrected item-to-total correlations, and Cronbach's alpha coefficients if the items were removed. Construct validity was assessed using exploratory factor analysis and contrasted group comparisons.

Main Research Variables: Measures of attitudes toward prognosis-related communication, demographic variables.

Findings: A three-factor structure emerged with acceptable reliability and validity. Contrast group comparisons revealed differences in prognosis-related communication by nurses' years of experience with patients with cancer, level of education, and extent of education about prognosis-related communication.

Conclusions: The final three-factor instrument, Prognosis-Related Communication in Oncology Nursing, was found to have acceptable reliability and validity.

Implications for Nursing: The final instrument can serve as a tool to measure nurses' experiences with prognosis-related communication. Such measurements may guide interventions that aim to improve the process of prognostic disclosure and elucidate the role of the nurse in the process.

Key Words: prognosis; nurses' experiences; disclosure; communication

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(Clayton et al., 2007). Patients want to be knowledgeable regarding their diagnoses and the treatment options that are available to them (Hagerty, Butow, Ellis, Dimitry, & Tattersall, 2005). A key aspect of participating in health care, particularly in the setting of life-limiting illness, is accurate understanding