

Things patients do not ask or do not dare to ask their doctors but ask to the nurses



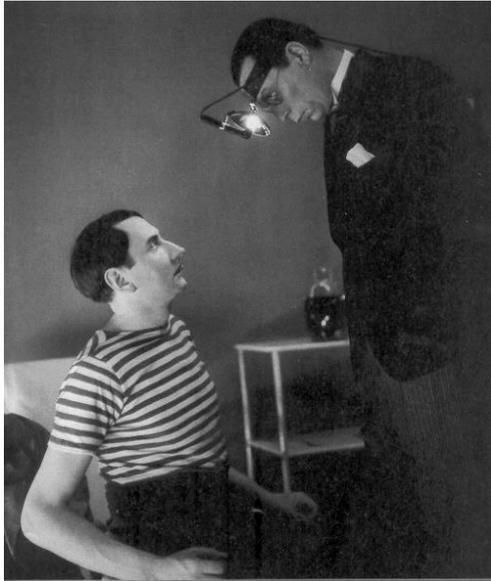
**C.N. Tillier, MANP, Urology Clinical Nurse Specialist. The Netherlands Cancer Institute, Amsterdam. The Netherlands**

# Communication between patients and health professionals

- Contributes to the high quality of healthcare
- Courses at medical schools/ universities to improve the communication skills of medical students



# Patients: evolution of behaviour



1950: Clinician is making decisions on behalf of patients



1990: Shared decision making

# Why patients do not ask the doctor?

- Forgot to ask
- Medical treatment or surgery proposed is not clear to the patient



# Why patients do not ask the doctor?

- Patient's perception of the physician is being rushed or busy



# Things patients do not dare to ask the doctor?

- Doctors are disinterested about psychological matters
- Doctors do not believe in complementary and alternative therapies



© 2001 Karen Wiloo

# Why patients do not ask the doctor?

- Emotion/stress
- Worried impression of the physician
- Misperceptions
- Older patients
- Paternalism



# Why patients do not dare to ask the doctor?

- Uncomfortable or intimate subjects in the presence of a partner or accompanying person
- The patient didn't understand what the doctor said and didn't dare to ask more explanations



# Relationship nurse-patient

- Nurses are familiar with the needs of their patients
- Effective communication improves the quality of care

Psychological burden rates of patients before communication

99,14%

Psychological burden rates of patients after communication

21,57%

# Are we perfect?

- Lack of communication skills



# Role of the nurse

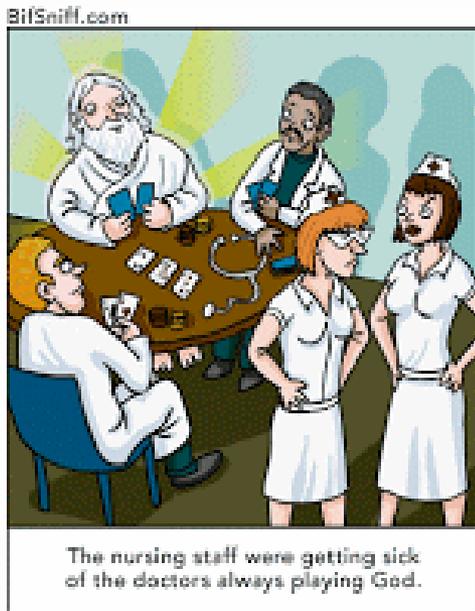
- Nurses as member of a multidisciplinary team



# Relationship doctors/nurses



OR



# Nurses: here we are, here we go?

- From registered nurse to specialised/expert nurse



## Prostate Cancer Advanced Nurse Practitioner / Senior House Officer

[Add to favourites](#)

### Job Reference: 282-C4349MED

**Employer:** [The Royal Marsden NHS Foundation Trust](#)

**Department:** Prostate Cancer

**Location:** The Royal Marsden NHS Foundation Trust, Chelsea

**Salary:** £30,605 - £48,123 per annum

The Royal Marsden NHS Foundation Trust is a world-leading cancer centre. Our role is to offer our patients the best cancer care available anywhere in the world, and to continue to make a global contribution to finding better ways of diagnosing and treating cancer. We employ over 3,900 staff in a diverse range of careers including nursing, medical, science, radiography, pharmacy, occupational therapy, finance and administrative services. We have two hospitals – one in Chelsea, London, and one in Sutton, Surrey – as well as a Medical Daycare Unit in Kingston Hospital

At The Royal Marsden, we deal with cancer every day, so we understand how valuable life is. When people entrust their lives to us, they have the right to demand the very best. That's why the pursuit of excellence lies at the heart of everything we do.

At the heart of the hospital is our dedicated team. We offer a stimulating and dynamic working environment, a wide range of staff benefits and learning and development opportunities. We are looking for employees who aspire to excellence, share our values and can play a crucial role in our on-going achievements.

The Royal Marsden NHS Foundation Trust has an international reputation for high quality patient care, education and research and its partnership with the Institute of Cancer Research has created the largest

**Job Type:** Fixed term

**Working pattern:** Full Time 40 hours per week

**Pay Scheme:** Other

**Staff Group:** Medical & Dental

**Specialty/Function:** Prostate Cancer

### Read this before applying

[Job Description \(320 KB\)](#)

[Person Specification \(135 KB\)](#)

[Risk Assessment \(167 KB\)](#)

[Apply for this job](#)

**Closing Date:** 04/10/2017

### Additional documentation

None Available

# Take Home Messages

- Doctors still have to make efforts to improve the communication with patients
- Nurse consultations beside the doctor consultations
- Nurse as primary contact person who is accessible for the patient when needed
- Collaboration doctors/nurses
- Specialised/expert nurses but not a doctor



# Thank you for your attention



# Questions?



# References

- Elwyn G, Coulter A, Laitner S, Walker E, Watson P, Thomson R. Implementing shared decision making in the NHS. *BMJ*. 2010;341:c5146. doi: 10.1136/bmj.c5146.
- Murgic L., Hébert P.C., Sovic S, Pavlekovic G. Paternalism and autonomy: views of patients and providers in a transitional (post-communist) country. *BMC Med Ethics*. 2015; 16: 65.
- Kessels R.P.C. Patients' memory for medical information. *J R Soc Med*.96(5); 2003 MayPMC5394732.
- Ley P. Memory for medical information. *Br J Soc Clin Psychol* 1979;18: 245-55
- Shapiro DE, Boggs SR, Melamed BG, Graham-Pole J. The effect of varied physician affect on recall, anxiety, and perceptions in women at risk for breast cancer: an analogue study. *Health Psychol* 1992;11: 61-6
- Groenewegen PP, Hutten JBF. Workload and job satisfaction among general practitioners: a review of the literature. *Soc Sci Med*. 1991;32:1111–9.
- Andersson SO, Mattsson B. Length of consultations in general practice in Sweden: views of doctors and patients. *Fam Pract*. 1989;6:130–4.
- Watanabe J, Schulman K, Sulmasy D. The changing times: patient visit duration with internists, 1980-1996[abstract]. Paper presented at: 1998 National Research Service Award (NRSA) Trainees' Research Conference July 20, 1998 Washington, DC
- Chen-Tan Lin, MD; Gail A. Albertson, MD; Lisa M. Schilling, MD; et al. Is Patients' Perception of Time Spent With the Physician a Determinant of Ambulatory Patient Satisfaction? *Arch.Intern.Med/Vol 161*, June 11, 2001
- Melanie Jane Legg. What is psychosocial care and how can nurses better provide it to adult oncology patients? *Australian Journal of Advanced Nursing Volume 28 Number 3*, 2011
- Eisenberg DM, Kessler RC, Foster C, et al. Unconventional medicine in the United States: prevalence, costs, and patterns of use. *N Engl J Med*. 1993;328(4):246–252.
- Sanders K., Moran Z., Shi Z. , Paul R., Greenlee H. Natural Products for Cancer Prevention: Clinical Update 2016. *Seminars in Oncology Nursing*, Vol 32, No 3 (August), 2016: pp 215-240
- Quilliam, Susan (April 2011). "The Cringe Report': why patients don't dare ask questions, and what we can do about that". *J Fam Plann Reprod Health*
- Van Stam, M.A et al. The accuracy of patients' perceptions of the risks associated with localized prostate cancer treatments 2017. Publication very soon