

**Title:**

**Impact of Nurse-Patient Communication on Breast Cancer Care**

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## **Abstract**

**Background:** Depending on the patient's case and stage of illness, breast cancer care usually involves comprehensive patient assessment thus demanding effective communication. As observed during placement, nurse-patient communication remains a critical challenge in improving patients' overall outcomes. Given existing communication barriers, effective intervention is needed to improve nurse-patient interaction strategies.

**Aims:** This study examined communication in breast cancer care between nurses and patients, following the Population, Exposure, Outcome (PEO) framework.

**Methods:** An Extended Literature Review (ELR) research design was adopted where electronic databases including CINAHL, Medline and British National Indexing (BNI) were used to look for relevant articles. Six articles were identified and critically analysed using Caldwell's Framework.

**Results:** The results showed that there was poor communication between nurses and patients often leading to uncertainty in care planning. Lack of communication knowledge was predominant among breast cancer care barriers. Although all qualitative studies reviewed provide comprehensive patient feedback, non-probability sampling and small sample sizes may have led to bias

**Conclusion:** The communication gap in breast cancer care may be filled by introducing evidence-based training for health practitioners. With the poor-quality communication eliminated and the provider-patient issues reduced, the quality of care and patient satisfaction will increase among breast cancer patients. Hence, future research should involve more representative samples to produce results useful for practice, including improved patient care.

## Introduction

The connection between nurse-patient communication and the care of breast cancer patients constitutes a vital discourse in the contemporary nursing practice, emblematic of wider trends in patient-centric care and healthcare delivery (Lubasch *et al.*, 2021). Communication skills are critical in ensuring the provision of patient-centred and high-quality care (Ghaffari *et al.*, 2020). Besides, this approach enhances the patient experience, and the general quality of life of patients undergoing the breast cancer journey from diagnosis to post-treatment (Oakley and Ream, 2024). This review aims to collect and assess the evidence on the role of quality nurse-patient communication in the context of breast cancer, premised on the assertion that these conversations transmit substance more firmly associated with the patient's endurance, adherence to supervised medical protocols, and mental health. This study is vital as communication in breast cancer care has been cited as a critical aspect in enhancing patient recovery (Ghaffari *et al.*, 2020).

At the core of the present effort lies the connection to the National Health Service (NHS) mandate on the importance of holistic nurse-patient communication in clinical settings to improve patient outcomes (NHS, 2023). The Nursing and Midwifery Council (NMC) underpins the necessity of communication-based skills in the professional training of nurses to optimise treatment interventions (NMC, 2018). The analysis will seek to critically assess recent literature that relates to the clinical translation of nurse-patient interaction and how it affects actual treatment outcomes.

This critical review will explore how nurse-patient communication influences breast cancer care, as well as discuss its professional, clinical, and the role of communication concepts in terms of nursing practice. In this regard, the review will evaluate the existing literature and align the findings with existing healthcare policies to understand how communication strategies can effectively be incorporated into care. Besides, the essay will consider how these variables measure up to the standards proposed by the clinical literature. Structured in this way, the complete analytical design is set to follow the PEO (Population, Exposure, Outcome) framework to specify the research question before

moving on to a comprehensive yet focused assessment of the key findings from recent empirical endeavours. The process starts with an overview of the research question and the logical structure through which it is to be explored.

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## Background

Communication between patients and nurses plays a vital role in healthcare, in particular when addressing long-term conditions like breast cancer (Haugan, 2021). Due to the three dimensions of care, including diagnosis, treatment, and psychological support, nursing professionals play a critical role in their patients' lives (Lubasch *et al.*, 2021). Therefore, nursing professionals should have excellent communication skills to encompass all aspects of providing care and enhance outcomes and the quality of breast cancer care.

From a professional perspective, nurse-patient communication remains an integral part of nursing practice. According to NMC (2018), good communication and compassion are integral to the professional standards expected of practitioners (NMC, 2018). In the case of breast cancer care, where patients are often overwhelmed by complex information and emotional distress, effective communication by nurses is critical. Oakley and Ream (2024) show that the communication skills of nurses directly determine the rendering of their role, including patient satisfaction and adherence to practice. Furthermore, good communication is associated with better symptom relief and can substantially affect the patient's agreement and understanding of the treatment plan.

In clinical terms, the importance of the impact of communication is difficult to overestimate. Patients with breast cancer often face numerous problems, which include their understanding of the diagnosis, the methods and side effects of its treatment (Farzi *et al.*, 2022). A study by Kerr *et al.* (2020) has provided compelling evidence that the development of communication skills among oncology nurses contributes to improving treatment outcomes for patients diagnosed with cancer. As a result, breast cancer patients with improved communication skills felt less anxious, and pain alleviation was easier to perform (Young *et al.*, 2020). Additionally, since the communication quality depends on the characteristics of the patient, the NICE guidelines on patient care demand the development of individualized strategies for communication with breast cancer patients, hence nurses must select better patient-care-based communication practices (NICE, 2018).

When assessing holistic approaches to breast cancer management and nurse-patient communication, it becomes imperative to evaluate the applicable theoretical models for understanding this topic. The integration of effective communication in breast cancer care can be associated with multiple nursing theories and models focusing on the therapeutic patient-nurse relationship (Mersha *et al.*, 2023). One such theory is Peplau's Theory of Interpersonal Relations, where the nurse is a significant, resourceful and supportive individual who provides a therapeutic healing relationship. Peplau recognised the role of a communicator who helps a patient with psychological functions and noted that the nurse-patient relationship must pass through distinct stages to be successful (Lee and Son, 2022). Here, effective communication is not just an exchange of information, but also a source of emotional support, education, relationships, confidence, and trust—all essential in breast cancer care. This theory is effective in nursing as it gives nurses a structured approach to base an interaction. Wasaya *et al.* (2021) however criticise this theory for minimally emphasising on maintenance of health promotions.

An extended literature review will be crucial in synthesizing the accumulated evidence and existing practices to examine the efficacy of communication in breast cancer care. Through a holistic and critical examination of multiple studies and reports, nurses can understand where the gaps are present in practice and offer guided and evidence-based suggestions for enhancing communication (Doyle *et al.*, 2020). For example, understanding the feedback from the patients can help to identify specific areas of poor communication and offer suggestions that can be implemented in practice settings. Moreover, literature reviews also contribute to building the congruence of various research findings and developing a solid foundation of clinical guidelines and training processes (Dugué, Sirost and Dosseville, 2021).

The topic of communication in breast cancer care is particularly essential for a student nurse to address the challenges witnessed during placement in oncology wards. The rationale for choosing this topic is to gain insights into the barriers, facilitators, and best practices of nurse-patient communication in breast cancer care. This will ultimately improve patient outcomes, enhance patient satisfaction, and inform nursing education and practice. Effective communication plays a crucial role in providing emotional support,

addressing concerns, and ensuring optimal care for patients navigating the challenging journey of breast cancer diagnosis and treatment (Sisk *et al.*, 2020). Nurse-patient communication is particularly vital in breast cancer care due to the emotional and psychological impact of the disease, the complex treatment processes, and the need for patient education and shared decision-making (Ridley-Merriweather *et al.*, 2022).

The need for effective communication in breast cancer care is also directly aligned with existing health policies and evidence-based practice. According to the NHS Long Term Plan, communication skills should be improved across the entire range of health professions to guarantee quality patient care and outcomes (England, 2023). In addition, evidence-based practice in nursing implies that communication strategies are continually evaluated using research and auditing, implying that effective communication should not only address patients' clinical needs but should also address their quality of life (Oakley and Ream, 2024).

As a result, nurse-patient communication becomes a highly important element of breast cancer care that secures pertinent influences on professional practice, clinical outcomes, and the overall conceptual frameworks in nursing. This extended literature review will present these different dimensions focusing on an analytical perspective of the communication's role and elucidating the potential to develop and enhance nursing practice concerning ensuring better patient care in regards to the diagnosed condition. Incorporating policies and current research evidence into the perspective will serve as an additional level of understanding of the importance of suitable communication approaches in the concept of nursing.

## Methodology

The methodology chapter is invaluable in any research to inform the reader of the methods adopted by researchers in conducting the study. This chapter explains the research design used and the methods applied in searching for articles. An extended Literature Review (ELR) research design was selected in this study to obtain a broader perspective concerning the study. Tamilmani *et al.* (2021) define an ELR as a study involving analysing different scholarly articles and presenting the findings systematically.

### Formulating the Research Question Using the PEO Framework

The following research quest will be adopted throughout the study based on the PEO framework below.

"How does using different communication methods (face-to-face vs. digital communication) impact patient satisfaction and subsequent outcomes, including discharge, among adults with breast cancer in hospital settings?"

To examine nurse-patient communication in the context of breast cancer care, the research question was framed using the Population, Exposure, Outcome (PEO) model. This is a particularly valuable instrument for creating questions in a healthcare framework, where research is primarily focused on the experience and effects related to exposures in a population (Snow *et al.*, 2023). For the current study, the population selected was breast cancer patients, the exposure was defined as nursing communication techniques, and the outcome was a combination of determining the impact of care and the level of satisfaction with breast cancer treatment on discharge.

Qualitative and quantitative research are two distinct approaches to data collection and analysis in research (Sardana *et al.*, 2023). While qualitative research aims to obtain a more profound understanding of a phenomenon, searching for meaning, interpretation, and subjective experiences collected through interviews, observations, and textual analysis, quantitative research uses numerical data and statistical analyses to measure relationships, patterns, and variables (Vu, 2021). The latter includes surveys, experiments, and structured observations and focuses on the measurement and testing of hypotheses with a view toward generalizations and objectivity.

In this study, qualitative research was suitable due to the need to obtain broad data concerning the topic. Qualitative approaches enable the exploration of individuals' experiences and are richer in insights than quantitative ones (Hennink, Hutter and Bailey, 2020). The latter, in turn, might be limited by a more objective interpretation of phenomena but is subjective in data generalization. The PEO model is similar to the popular PICO model, but the former is tailored especially for a qualitative evidence synthesis and is considered more suitable for interdisciplinary, communication studies due to its more exploratory nature (Schiavenato and Chu, 2021). The PEO structure allows one to explore more extensive experiential data instead of limiting the research to the comparison of quantitative interventions, which assists in promoting a holistic understanding of patient experience.

### **Development and Selection of Keywords**

Developing the search keywords was also vital to achieving the literature review's comprehensiveness and relevance (Doyle *et al.*, 2020). The chosen search terms were organized systematically in line with the PEO components. Therefore, the population component for the breast cancer patients was linked to the related "oncology patient communication", and "breast cancer patient care". The exposure to the component was aligned with existing research studies about "nurse communication", "healthcare communication strategies" and "nurse-patient interaction". Finally, the "treatment outcomes", "patient satisfaction" and "care effectiveness" were linked to the outcome component. The choice of these search terms was influenced by the preliminary searches that revealed the use of the above terms in the latest research studies. Furthermore, synonyms and other related words were included to ensure the search for studies surrounding the topic of interest was broad, hence capturing as many relevant studies as possible (Hopia and Heikkilä, 2020). The researchers stipulated the rationale for using specific or synonymous and related keyword terms that revealed content, ensuring prioritisation of the most pertinent studies and minimal exclusion of important evidence.

Table 1: PEO Framework

PEO Framework	Keywords for Research Question
<b>Population</b>	Adults with breast cancer in hospital settings
<b>Exposure</b>	Communication methods, face-to-face, digital comm
<b>Outcome</b>	Patient Satisfaction is measured by improved outcomes and discharge

### Choice and Justification of Databases

The databases chosen for the literature search included CINAHL, MEDLINE, and the British Nursing Index (BNI). Each of the databases was selected based on the particular strengths and relevance to the subject. CINAHL is known for its comprehensive coverage of nursing and the allied health literature and is an essential source for research into the interactions between nurses and patients (Hopia and Heikkilä, 2020). MEDLINE is a more general database but provides a broad collection of life sciences and biomedical literature, which is vital for understanding the medical aspects of breast cancer care (Wang *et al.*, 2022). BNI was selected because it is focused on nursing research conducted in Britain, covering areas that might not be explored to the same extent in international publications (El-Hamamsy and Tincello, 2021). The rationales for choosing these databases revolved around ensuring high-quality, peer-reviewed studies that could provide a broad base of evidence. The goal was to find a balance between quantitative and qualitative studies, in line with Dawadi, Shrestha and Giri (2021) who discussed the importance of utilizing a range of databases in the form of a mix-method literature review to ensure access to the full spectrum of healthcare research.

Table 2: Search results and initial hits

<b>Databases</b>	<b>Search Results</b>	<b>Advanced Search Results (included and excluded)</b>	<b>Retained Results</b>
<b>CINAHL</b>	1124	11	2
<b>Medline</b>	435	9	2
<b>British Nursing Index (BNI)</b>	748	18	2
<b>Total</b>	<b>2307</b>	<b>38</b>	<b>6</b>

### **Selection of Research Articles**

The selection of six primary research articles used in this study was based on strict criteria to guarantee that the sources are relevant and contemporary regarding dynamic exchanges in nurse-patient communication aspects of breast cancer treatment. All six articles selected for this study, hence, were specifically chosen based on an ongoing focus on communication aspects of breast cancer care. In this respect, the specificity of article selection is foundational as it determines the direct relation of research results and discussions to contemporary clinical and nursing practice (Doyle *et al.*, 2020).

### **Inclusion and Exclusion Criteria**

To make sure that the final selection included only the most relevant studies, the inclusion criteria were stringently defined. Specifically, the inclusion criteria involved articles published in the English language and primarily based on breast cancer communication, not older than five years. The five-year criterion was applied due to the rapid progress of communication technology, making the methodology used in studies older than this redundant in the current clinical settings (Höglander *et al.*, 2023). On the other hand, articles that did not meet this criterion were excluded. The inclusion and exclusion criteria helped to guarantee that only the most relevant studies are considered in the review, which is an important factor for the overall validity of its results.

Table 3: Inclusion and Exclusion criteria

Criteria Type	Criteria Description
<b>Inclusion</b>	Articles published in English
	Focus primarily on breast cancer communication
	Published within the last five years to ensure relevance with current communication technologies
<b>Exclusion</b>	Articles not published in English
	Studies not primarily focused on breast cancer communication
	Articles older than five years due to the rapid advancement in communication technology making older methodologies redundant

### Analysis Using Caldwell's Framework

The analyses were conducted using the framework formulated by Caldwell for contextual, conceptual, and methodological critique of health science research (Galazzi *et al.*, 2022). The selection of this framework was based on its comprehensive nature, which enables a detailed review of the content. This process also allows a better understanding of how and why some communication strategies are more effective in improving patient outcomes in breast cancer care than others. The utilization of Caldwell's framework enabled a structured critique of the articles regarding how the researcher has taken into account various aspects of the nurse-patient communication process or lack thereof (Caldwell, Henshaw and Taylor, 2011). That is the context in which the communication took place, the clarity of the communication process, and the outcomes. While one study may describe the process of communication in detail, the methodological framework used to determine the actual outcomes might not be very rigorous. This kind of critique will allow me to identify the gaps in the existing knowledge and the future direction for additional research.

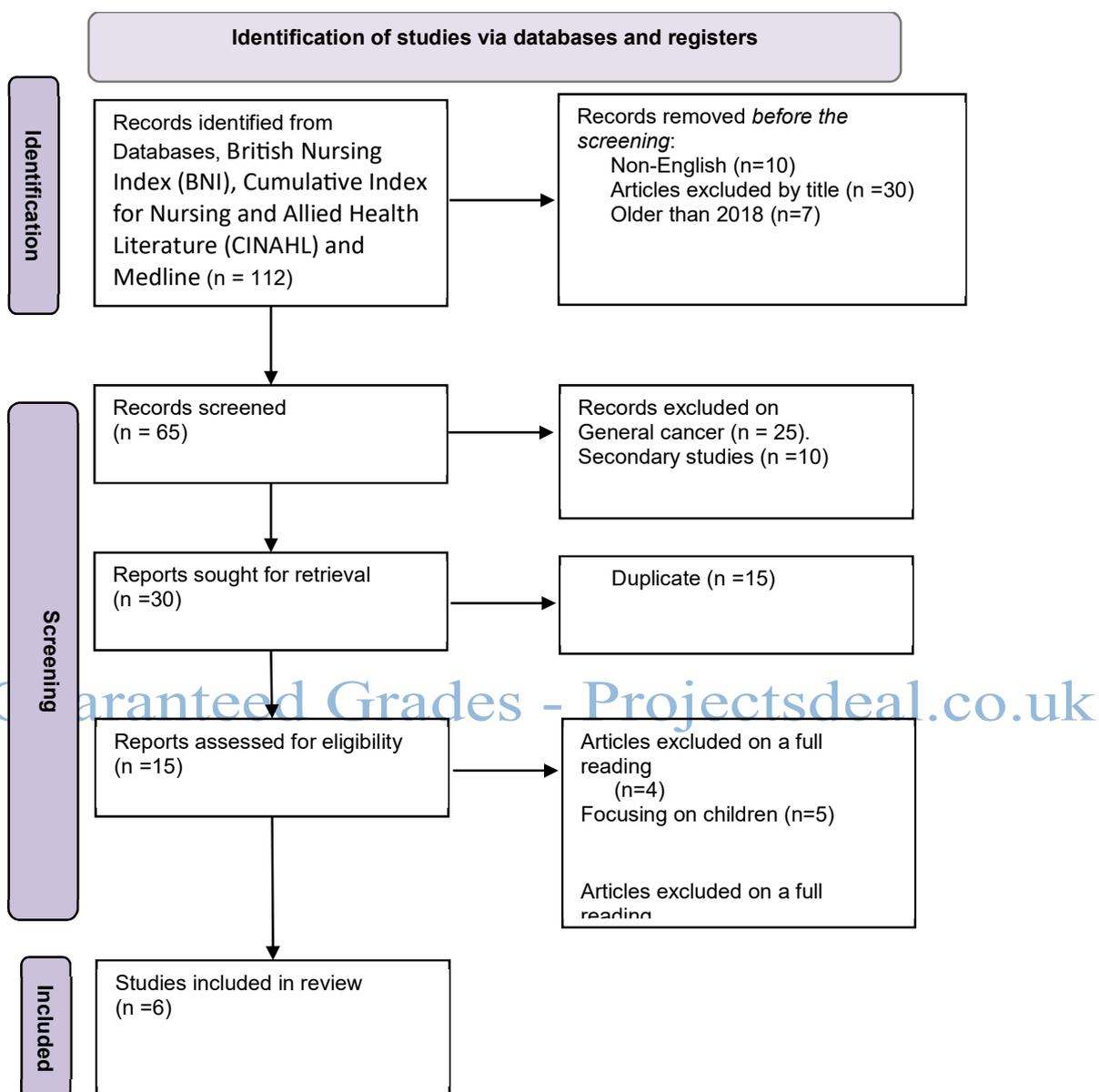
The stringent incorporation of the selection and analysis procedures utilized in this research highlights the necessity for rigorous definition and applicability of literature review methodologies (Doyle *et al.*, 2020). This is especially critical when considering a

sensitive field like that of cancer care communication. Limiting the scope of the language to only English studies could have possibly eliminated relevant findings from non-English speaking areas, providing information about the differences in the strategies for communication due to cultural background. It can be concluded that, while the results provided additional insight into the effective strategies for communication in an English-speaking background, they may not be generalisable due to language limitations.

### **Search Strategy and Selection Process**

The search provided generated 2307 articles on initial hits which were subjected to inclusion and exclusion criteria. The next step was the selection of the relevant studies from this pool, which resulted in the exclusion of irrelevant and duplicate sources. Initially, the selection was based on the inclusion criteria for the database, which specified that the articles needed to be published in English and focused on the communication component of the nurses' interactions with breast cancer patients. This stage was very important to ensure that the literature search corresponds to the high academic requirements. All articles that did not meet these criteria were excluded from the search results. Specifically excluded hits were editorials, commentaries, and other types of empirical studies at this stage. This led to 38 articles which were further filtered based on the inclusion criteria. The next stage was focused on the review of titles and abstracts of the remaining publications. The selection was based on the relevance of articles to the proposed study. This stage led to the exclusion of 32 publications that focused on cancer care as a whole, and the specific focus on breast cancer was insufficiently addressed. The final process led to 6 articles which were critically analysed. Figure 1.0 below illustrates the article search process.

**Figure 1: PRISMA Flow chart**



### Critical Appraisal of Selected Studies

The final selection of six studies was subjected to a critical appraisal guided by the Critical Appraisal Skills Programme (CASP) Tool built on the foundations of existing methodologies for assessing the strength of the evidence in healthcare research (Long, French and Brooks, 2020). An additional procedure to the critical appraisal involved the judgement of the extent to which each study's findings applied to the practice setting

related to breast cancer care. Thus, while exploring the aspects of organizational culture in hospitals and the ways it affected nurse-patient communication in surgical wards, the study by Lubasch *et al.* (2021) used reliable logistic hierarchical regression models. The quantitative studies are evaluated on their clarity of methodology application to ensure that the conclusions drawn are supported by evidence. Moreover, studies by Khoshnazar *et al.* (2016) and Wei *et al.* (2017) dealt with qualitative accounts, meaning they provided significant detail into patient and provider perspectives and are thus more challenging to critically evaluate. The perceived subjectivity of the methodology represented by those studies demanded a more thorough investigation of the representability of the sample processed through models such as content analysis.

### **Reflection on Methodological Limitations**

Through the assessment process, several methodological limitations were identified, which could impact the generalisation of the findings. First, the sample sizes and demographics in some studies, such as those conducted within a single cultural or national context, might not be universal. In addition, studies based on self-reported data, such as patient surveys, might be biased based on perceptions and reporting accuracy (Varpio *et al.*, 2021). Secondly, the methodologies' diversity, ranging from cross-sectional surveys to in-depth interviews, also made it challenging to compare the findings across the studies directly. However, this diversity can be considered a strong foundation for a more comprehensive understanding of the topic from various research paradigms. This perspective also correlates with the idea that multi-faceted exploration of phenomena such as nurse-patient communication in breast cancer care could provide more in-depth insight than a single-method approach.

The selected articles collectively covered the diverse aspects of nurse-patient communication and its impact on breast cancer care. Each identified study provided unique contributions in terms of understanding the influencing factors, patients' needs hierarchically, and implications for clinical practice. Moreover, the employed methodological diversity, including qualitative interviews, cross-sectional surveys, and hierarchical regression models, allowed for addressing the phenomena's complexity in

nurse-patient interaction across various healthcare domains and cultural contexts. Table 2.0 below illustrates the article's summary.

*Table 4: Articles Summary*

<b>Author and Year</b>	<b>Aims</b>	<b>Methods</b>	<b>Results</b>	<b>Conclusion</b>	<b>Implications to Practice</b>
Lubasch <i>et al.</i> (2021)	Examine the impact of hospital process organization on social support	Cross-sectional survey with logistic hierarchical regression models	Better process organization correlated with higher perceived social support	Improving process organization can enhance supportive nurse-patient interactions	Focus on enhancing hospital processes to improve patient-nurse interactions
Khoshnazar <i>et al.</i> (2016)	Identify communication needs of breast cancer patients	A qualitative study with content analysis	Identified needs for therapeutic communication and facilitating empathy	Addressing communicative needs can significantly improve patient care	Incorporate therapeutic communication strategies in patient care plans
Wei <i>et al.</i> (2017)	Explore patient-provider discordance in needs assessment	Descriptive qualitative design with content analysis	Discordance in needs assessment between patients and providers	Aligning patient-provider perceptions can improve care outcomes	Develop holistic home-based care plans considering patient-provider discordances
Reese <i>et al.</i> (2017)	Examine communication about breast cancer-related sexual concerns	A qualitative study with framework method analysis	Barriers and facilitators to communication about sexual concerns identified	Effective communication strategies are necessary for discussing	Develop interventions to enhance communication on sensitive topics

				sexual concerns	
Llewellyn <i>et al.</i> (2019)	Explore the enduring psychological needs of breast cancer patients	Interpretative Phenomenological Analysis	Enduring vulnerabilities and psychological needs identified	Highlighting enduring needs can inform future service developments	Ensure continuity of care and access to emotional support services
Tompkins <i>et al.</i> (2016)	Understand the experiences and expectations of breast cancer survivors	Phenomenological qualitative research	Unmet needs and barriers to care in post-treatment survivorship identified	Survivorship care should be culturally sensitive and support self-management	Adapt survivorship care models to meet diverse needs

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Lubasch *et al.* (2021) addressed the association between hospital process organization and the patient-perceived social support from nurses. With a cross-sectional survey of 2979 patients in 83 German hospitals, the study conducted logistic hierarchical regression models to analyze the quantified data. This approach is strong since it allows identifying particular organizational components that impact patient perceptions and emphasizes the necessity of structured hospital processes to enhance patient support.

Khoshnazar *et al.* (2016) used semi-structured interviews with patients, at least one healthcare professional, and a family caregiver. The Conventional Content Analysis method allows for ascertaining the critical elements of therapeutic communication and its component empathy in a peculiar environment. The use of a qualitative study enriches the understanding of the emotional and psychological components of patient care. However, the lack of generalization can be a shortcoming of the design due to a small and purposive sample.

Wei *et al.* (2017) used a descriptive qualitative inquiry to investigate the discordance between patients' and providers' perceptions of needs. The interviews with nine patients and eight healthcare providers in Shanghai provide significant insight into the challenges of home-based and information needs and support perceptions. The use of a qualitative design uncovers detailed individual experiences; however, such a design may have low applicability outside the studied demographics.

Reese *et al.* (2017) used focus groups and interviews to investigate why patients cannot communicate their sexual concerns. The analysis of data via the framework method helps to formulate a model for enhancing the communication strategy. Although the study is essential in articulating both the individual and institutional barriers, the obtained results apply mainly to the settings and populations studied.

Llewellyn *et al.* (2019) presented the analysis of interviews of women treated with radiotherapy from the historical and recent cohorts. The IPA method helps identify the enduring psychological needs. The study emphasizes the long-term emotional and psychological burden, although the limited focus on the radiotherapy intervention may restrict the applicability of results.

Tompkins *et al.* (2016) used a phenomenological inquiry to explore survivorship care appropriateness through interviews with a group of post-treatment women. The Framework Analysis reveals similar and distinct needs and expectations, emphasizing the cultural sensibility of care. Although the study provides a comprehensive view, the findings need validation in diverse healthcare systems.

## Findings

The literature search process yielded 6 articles with four key themes identified. This chapter will examine the methodological rigour and appropriateness of these studies in addressing the study topic. By critically appraising these studies, this chapter aims to understand how well they inform practice, highlight gaps, and identify potential biases or conflicts of interest that may influence findings. This analysis is particularly crucial as nurse-patient communication plays a pivotal role in patient outcomes and satisfaction in breast cancer care.

### Theme 1: Social Support in Enhancing Breast Cancer Communication

Lubasch *et al.* (2021), Khoshnazar *et al.* (2016), and Reese *et al.* (2017) describe a diverse set of perspectives when it comes to the role of social support in breast cancer communication. The systematic reviews highlight the importance of social support in improving the quality of communication between breast cancer patients and providers, providing a better understanding of those interpersonal mechanisms that may promote or undermine the communicative process during clinical interaction. Specifically, Lubasch *et al.* (2021) investigate how hospital process organization affects the patient's social support perception from nurses. Its cross-sectional survey design based on a large sample of 83 German hospitals and 2979 patients specifies a robust dataset that supports the generalization of the research results. The logistic hierarchical regression models adjusted for patient characteristics and hospital structures represent a data analysis technique that allows identifying the most robust predictors of the social support perceived. However, the cross-sectional design of the study does not allow for establishing a direct causality between the process organization and the efficacy of nurse-patient interaction. The results suggest that a better-organized process is associated with higher social support perceived. Thus, the systematic enhancement of hospital operations can potentially improve patient experience, yet the survey design provides only a snapshot of the current state which requires general studies to prove these implications.

Khoshnazar *et al.* (2016) conducted a qualitative study to explore the communicational requirements of women with breast cancer, utilizing semi-structured interviews with a smaller, although certain, number of patients, healthcare providers, and one family caregiver. The strength of the study is an in-depth exploration of personal experiences that unveil distinct communicative needs of the patients beyond clinical activities. Conventional content analysis provides profound insights into the emotional and empathic aspects of communication in the field of caregiving (Drisko and Maschi, 2016). Nevertheless, the study has several limitations, including the narrowed group of participants, which might be non-representative of the entire target population, and a potential bias in the identification of communicative needs while processing the data.

Reese *et al.* (2017) also conducted a qualitative study aimed at understanding patient-to-provider communication regarding sexual problems associated with breast cancer. The sample of subjects participated in interviews and focus groups, and by using thematic analysis of the results, the researchers found common barriers to communication over the sexual health field. The researchers also managed to organize several key domains of how the communication should look, although the focus on the sexual needs of the patients might not apply to the broader group of communicative needs of breast cancer patients.

These studies demonstrate the strengths and weaknesses of quantitative and qualitative methodologies and the factors of communication within the frame of breast cancer care. On the one hand, Lubasch *et al.* provide a broad, statistically sound view of the structures-based factors influencing communication. On the other hand, studies by Khoshnazar and Reese *et al.* focus on individual and personalized communication needs and barriers. The combination of these two approaches is important for understanding the complexities of social support in enabling patients to speak up when seeking breast cancer care.

## **Theme 2: Communication Needs and Preferences of Breast Cancer Patients**

Proper communication between healthcare providers and breast cancer patients is an important relationship factor that not only affects patient satisfaction but also adherence to therapy and the overall outcome. The findings from the current studies highlighted the unique communication needs and preferences among breast cancer patients.

The need for unique communication needs was highlighted by Khoshnazar *et al.* (2016) in their study adopting semi-structured interviews. Semi-structured interviews are essential as they enable researchers to obtain broad perspectives from participants concerning a study element. The authors adopted a purposive sample of women with breast cancer, healthcare professionals, and a family caregiver. This allowed researchers to freely evaluate the interaction between patients and providers and fully understand the needs of each party involved. While the use of purposive sampling is essential to obtain only those participants most suitable to give appropriate responses, this method can lead to sampling bias, which adversely affects the external validity of the study (Patino and Ferreira, 2018). Consequently, Magaldi and Berler (2020) caution researchers using semi-structured interviews against oversimplification of participants' responses as some vital elements could be missed. Also, because of the small sample and specific age of participants, it is not possible to generalise the research to all other women with breast cancer.

Similarly, Wei *et al.* (2017) used a descriptive qualitative design and conducted in-depth interviews among a purposive sample of breast cancer patients and healthcare providers from Shanghai. Through open-ended questions, researchers identified discrepant needs assessments that might interfere with the proper interaction between patients and providers. Since researchers considered both participants and their caretakers in their study, it is possible to have a comprehensive approach to needs assessment. Meanwhile, the research was carried out in China, sampling only 17 participants, which could have influenced the validity and generalisability of findings to other women with breast cancer (Baldwin, 2018).

Reese *et al.* (2017) also used a qualitative framework, which included focus groups and interviews to collect perspectives from patients and providers on communication about sexual concerns in breast cancer care. When collecting data using focus group discussions, a researcher usually has access to large unstructured data from participants. This increases the richness of results due to discussions in focused groups and divergent perspectives. However, Hennink (2017) note that focused group discussions are usually challenging to control and manage which may lead to a lack of

objectivity. Reese *et al.* (2017) used mixed methods data in collecting data from the sample, and this approach increases the accuracy and validity of the findings. However, limitations of underreporting in focused groups may lead to social desirability issues (King *et al.*, 2018).

### **Theme 3: Discordance in Perceived Needs between Patients and Providers**

Multiple studies analysed herein have evaluated the theme of the discordance between patients and providers when receiving medical care. These findings confirm the existence of discrepancies and elucidate their practical implications on the quality of healthcare. For breast cancer care in which emotional vulnerability and physical care are inextricably intertwined, highlighting the existing gap is especially necessary (Kerr *et al.*, 2020). In this regard, evaluating the methodological quality of the conducted studies is required to ensure that their findings contribute to the understanding of practitioners while steering clear of upheld limitations.

The study by Wei *et al.* (2017) was designed as a descriptive qualitative study, with a purposive sample of participants from China, who participated in in-depth interviews on the matter of the current research. While this design is beneficial for gaining in-depth personal experiences and perceptions, the findings are less generalizable due to the established sample from only one low-income setting. Nonetheless, the study results supported significant differences between patients' perceived actionable metaphors and providers' ones. Patients have identified more areas such as information, communication, and support that require changes, focused extensively on positivity and peer experiences. At the same time, providers were more conservative in their needs, emphasizing treatment efficacy and safety. The presented gap creates significant concerns regarding patient commitment to chemotherapy and satisfaction with the services

Similar to Wei *et al.* (2017), the study by Reese *et al.* (2017) used a mix of focus groups and individual interviews to learn more about the barriers to communication on sexual health experienced by breast cancer patients. Furthermore, the researchers use the qualitative framework to investigate patient-provider communication in this area. As in Wei *et al.*, the qualitative nature of the study enables obtaining a broader perspective concerning the study topic. This means that it was possible to obtain in-depth participants'

feedback concerning the communication barriers in breast cancer care. However, while the results are less generalisable due to the limited sample, they allowed getting a better understanding of the current challenges in the provider approach to communication about a crucial aspect of life quality for the patients.

These studies have the strengths of such an inquiry form, including the ability to gain deeper insights into qualitative experience. The limitations of the papers also overlap, with possible biases coming from the researcher's interpretations and a lack of a representative and randomized sample (Varpio *et al.*, 2021). Methodologically, these studies both lead to concerns about the generalisation of the findings due to the participants' cultural context. Moreover, they highlight a lack of communication training for the providers on the issue. However, the authors do not provide information on the impact of the discordances identified on specific patient outcomes, such as adherence to treatment and psychological well-being.

These studies thus, show a lack of alignment between the needs of breast cancer patients when seeking medical help and the provider's perspectives on this aspect. This problem threatens to harm the satisfaction and effectiveness of provided care. Consequently, the studies suggest a need for more research to fill the gap between the perceptions of patients and providers. Adopting mixed methods would give both depths to qualitative inquiry and generalizability to the quantitative data.

#### **Theme 4: Barriers and Facilitators to Effective Communication about Sensitive Topics**

Another theme apparent through the reviewed studies is the unique communication needs presented by breast cancer patients and their contributions to the overall experience of satisfaction. According to Lubasch *et al.* (2021), hospital processes and systems could play a crucial role in creating a necessary format for effective nurse-patient interaction and suggest that it could even structure communication for the sake of improved patient outcomes. Similarly, the work by Khoshnazar *et al.* (2016) points to the importance of addressing the specific communication needs of breast cancer patients.

Both Reese *et al.* (2017) and Khoshnazar *et al.* (2016) rely on qualitative methods to address the personal and sensitive nature of the aforementioned themes; for example,

Reese *et al.* use focus groups and interviews to speak about sexual concerns among breast cancer patients, with Khoshnazar *et al.* opting for semi-structured interviews to identify communication needs. While qualitative research is the most appropriate for investigating personal experiences, the concerns of subjectivity become apparent, especially when interpreting data (Maher and Dertadian, 2018). The researchers attempted to control this; for example, Reese *et al.* used the framework method, which provided the necessary rigour for their study.

Reese *et al.* (2017) identified significant personal and institutional barriers to communication, with the former manifesting through hesitance and discomfort in discussing sexual health and the latter through a lack of training among healthcare providers. Khoshnazar *et al.* (2016) also noted that most patients felt unheard and searched for a "soothing presence" which was generally missing. These studies underlined the lack of readiness and openness of the healthcare environment to discuss the sensitive target topic, effectively halting communication between the clients and the providers.

Reese *et al.* (2017) also proposed two facilitators for this type of conversation; however, they pertain to the actions and characteristics of the patient. The authors suggest that future interventions should focus on helping providers to be more active in their approach to difficult topics. Khoshnazar *et al.* (2016) focused on the need to build a system of trust and comfort that will bridge the gap between the provider and the receiver and outlined the proposed goal. Their study, when compared to Reese *et al.* (2017), provides a more general understanding of the communicative issue in healthcare, as the latter revolves around a single medical domain related to the patient's sexual concerns.

Both studies lack generalizability because they rely heavily on qualitative data that can be interpretable by the researcher. They also rely on a very specific demographic, limiting the external validity (Findley, Kikuta and Denly, 2021). Both studies offer high rigour, especially Reese *et al.* (2017) with the framework approach to the qualitative data analysis. Both studies have a very high level of sensitivity and confidentiality and focus on personal aspects of the patient's experiences receiving cancer care. Future research might benefit from a mixed-methods approach because it will balance between the

general applicability through quantitative analysis and the depth of the qualitative insights. Diversification of the sample would also give future research more applicability to real-life scenarios.

### **Summary**

When evaluating these studies, it becomes apparent that there are significant communication barriers when accessing breast cancer care. majority of the articles identify the need for staff training to bridge the communication gap and enhance the quality of care for breast cancer patients. This appraisal reveals the intricate problem of nurse-patient communication in breast cancer care that can be significantly improved due to focusing on patient needs and patient-provider perceptions alignment. Although the reviewed qualitative studies demonstrate a profound understanding of the topic due to disclosing individual experiences, their methodological limitations, especially those of non-probability sampling and small sample size, may be associated with potential bias; therefore, the findings should be cautiously interpreted. In such a way, future research may be recommended to implement more comprehensive sampling techniques to ensure greater methodological rigour and enrich the findings to facilitate practice implications. However, the reviewed studies highlight the need for practitioners to adopt more evidence-based interventions in improving communication in breast cancer care. These interventions may help healthcare providers to improve their communication strategies to achieve better patient outcomes associated with breast cancer care.

## **Discussion and Implications for Practice**

The evidence obtained from this analysis illustrates that there are significant communication barriers that lead to reduced patient satisfaction on discharge. The critical appraisal of the six studies on communication and social support in breast cancer care has provided essential implications for clinical practice and future research. The implications relate to the highlight of the challenging communication dynamics between breast cancer patients and oncology caregivers. In this regard, social support has been noted as a significant moderator of these dynamics.

## **Social Support and Communication Efficacy**

Thus, the importance of social support in improving communication provided by Lubasch *et al.* (2021), Khoshnazar *et al.* (2016) and Reese *et al.* (2017) is an essential area for intervention. In other words, the three studies show that organization-level processes at hospitals can contribute to enhanced support as perceived by patients. This, in turn, can result in improved communication and, ultimately, better patient outcomes. Lubasch *et al.* offer a strong analysis in this regard, presenting logistic hierarchical regression models to demonstrate the impact of hospital process organization on perceived support. However, the survey-based cross-sectional design of the study does not allow for determinations of causality based on the presented statistical relationships (Abduh *et al.*, 2023). However, recent studies often view structured support interventions positively for patient satisfaction and treatment compliance (Roila *et al.*, 2019; Wode *et al.*, 2019).

## **Individualised Communication Needs**

Studies by Khoshnazar *et al.* and Reese *et al.* investigate the individualized communication needs of patients, offering valuable insight into the qualitative aspects of patient-provider communication. Khoshnazar *et al.* used semi-structured interviews to identify specific communication needs among women with breast cancer. Although this methodology is characterized by being rich in detail, its applicability can be limited due to bias and the small and specific sample of respondents (Adeoye-Olatunde and Olenik,

2021). As Koivunen and Saranto (2018) note, qualitative studies tend to be narrow in scope and are not generalizable. Reese *et al.* also discuss the lack of discussion of sensitive issues, such as sexual health. The findings, in this case, are particularly valuable as they demonstrate the most critical barriers in discussing specific issues and, therefore, emphasize the need for specific staff

### **Discordance in Perceived Needs**

Another theme is discordance between patients' and providers' perceptions of needs, as in the works by Wei *et al.* and Reese *et al.* This theme is particularly important as a gap in understanding and provision of patient care may negatively affect patient engagement and satisfaction, therefore also affecting the likelihood of treatment and its effectiveness. Wei *et al.* demonstrate this gap through a descriptive qualitative research study, which, despite the limitations in its generalizability (Hays and McKibben, 2021), demonstrates several differences between patient-specific needs and HCP-perceived expectations. The urgency of addressing this gap is further supported by research that demonstrates that patient and system expectations in treatment are a significant factor in treatment efficacy and patient satisfaction.

### **Communication Barriers and Facilitators**

It should be noted that the exploration of barriers and facilitators to effective communication regarding sensitive topics confirms the necessity of developing an institutional approach to creating more permissive atmospheres for interactions between patients and healthcare providers. For example, considering the studies conducted by Reese *et al.* and Khoshnazar *et al.*, it becomes clear that the personal burdens of patients during this type of discussion rationalize the need to investigate the structural difficulties of efficient implementation. The latter has other strong correlations, especially in regards to the interpretations and outcomes which need to be discussed in these terms between the patients and responsible medical providers. Thus, the findings of the research indicate that it is essential to make healthcare establishments perform more proactive measures in this direction, such as additional training, and the development of transparent protocols for sensitive discussions.

The critical analysis of these studies reveals a complex landscape of communication in breast cancer care, where both systemic and individual factors play pivotal roles. The implications for practice are clear: there is a need to enhance social support structures within healthcare settings, tailor communication approaches to individual patient needs, address the discordance in perceptions between patients and providers, and break down barriers to discussing sensitive topics. These insights not only align with existing literature but also call for a holistic approach to integrating these findings into clinical practice to improve overall patient care and outcomes. Further research should aim to address the gaps identified, particularly in understanding the causal relationships and developing interventions that can be generalized across diverse healthcare settings.

### **Implications for Practice**

The studies discussed above utilized various combinations of quantitative and qualitative research methods, which yielded diverse types of findings and were subject to specific constraints. For example, Lubasch *et al.* (2021) used a cross-sectional survey that was not able to prove causality. With this type of design, it is impossible to observe how independent and dependent variables can change over time, which decreases its applicability for evidence-based practice. On the other hand, the authors utilized a large sample and created logistic hierarchical regression models that have made their work more reliable. Consequently, this approach can be utilized for making changes in practice within any clinical setting to enhance patient comfort and safety. In contrast, qualitative research approaches, such as those used by Khoshnazar *et al.* and Reese *et al.*, can provide a deeper understanding of patient needs, motivations, and emotional states. However, their applicability for general populations and settings is limited by the specific nature of purposive samples, which can restrict the study's external validity. Therefore, the findings of these studies cannot be easily applied in nursing education, despite being critical for special training.

### **Recommendations for Education and Practice**

Considering the salience of communication, the studies can be synthesized into an educational package for nurses to develop better communication skills. The package will benefit from both quantitative and qualitative studies as the former provides the

wider picture while the latter details specific patient concerns (Ridley-Merriweather *et al.*, 2022). For example, one of the modules that can be included in the training is how to cope with communicative barriers identified by Reese *et al.* (2017). The education package should emphasize the aspect of discussing sensitive issues, such as sexual health. Additionally, it is possible to develop an assessment tool based on the themes and barriers to help the practitioners meet the patient's communication needs. The assessment can be used during routine encounters with the patient to obtain feedback on the quality of communication and therefore enhance the practice. The reviewed literature has a considerable impact on the strategies of communication in breast cancer care, which is critical for improving patients' outcomes. However, much of the final impact depends on the ability to apply the findings since the studies were conducted with diverse methods and rigour. For example, the research by Lubasch *et al.* provides a statistics-backed view of how the hospital processes can contribute to social support improvement. Although the authors have identified a sufficient number of correlations, their cross-sectional study design does not allow for establishing causality and thus is not suitable for precise practice modification without further longitudinal studies to confirm these relationships (Spector, 2019).

Compared to various statistical studies, both the reviewed qualitative articles presented a problem of poor generalizability; in other words, their findings could not be directly applied to wider populations without the risk of misrepresentation (Lavinias and Gentil, 2020). For example, although Reese *et al.* (2017) presented a very specific and detailed view of the communication needs of the two breast cancer survivors analysed, the relative lack of participants and strict selection criteria could have potentially created situations in which certain ideas and needs would be attributed to patient demographics that did not actually represent the broader population. Thus, although the messages of these studies were quite clear – better communication and understanding of body anxiety might produce optimal results – their application should be adjusted based on local population characteristics. However, it is possible that these studies could directly recommend some changes if they were addressed to the readers who were directly responsible for the care delivery. For example, creating educational packages for nurses that would help them develop their communication skills based on such studies' findings could have direct

implications. Similarly, developing an assessment tool that would audit the efficiency of communication strategies in oncology based on these studies could be used to produce more patient-friendly interactions in the system.

Finally, edification efforts might concentrate on trying to identify flaws in qualitative and quantitative research procedures and results when it comes to patient care. For example, such endeavours might include setting up lectures covering the dynamics and specific vulnerability of studies conducted with the use of the small size of non-randomized groups of participants for their application during clinical practice. In addition, it would be pertinent to explore the topic further in continuing education cases based on the studies carried out by Khoshnazar *et al.* and Reese *et al.* (2017).

### **Further Research**

Further research is needed to address the gaps identified in the reviewed studies and elaborate more robust evidence. In particular, more thorough longitudinal designs with large samples and randomization are required to develop causal explanations (Schober and Vetter, 2018). Moreover, mixed-methods designs could combine the specific insights of target-oriented qualitative approaches with the reliability and perspective-based generalizability of the quantitative ones to deepen the understanding of breast cancer patient needs in different clinical and personal settings. Demographic diversity should be prioritised, and biases explicitly considered to increase generalisability (VanderWeele, Mathur and Chen, 2020). Furthermore, more targeted studies that examine the effect of communicative strategies on patient outcomes such as maintaining appointment adherence or psychological state, could considerably benefit clinical practice in an actionable manner.

The studies reviewed provide illuminating insights into the communicative needs of breast cancer patients and contextual factors influencing them. However, their significance for clinical practice is limited by the relatively narrow contexts and compromised generalizability and methodological rigour. Consequently, educational and management strategies based on the findings should not be universally applied and would benefit from additional research. A more robust, mixed-methods approach is needed to develop

universally applicable communication strategies based on qualitative insights developed in the reviewed studies.

### **Strengths And Limitations**

The review's first strength is integrating both qualitative and quantitative research designs across the selected articles. The use of diverse methods strengthens the review by integrating both numerical trends and the patients' individualistic and personalized experiences, thus signing a more balanced opinion towards the research (Morgan, 2018). The blend of approaches forms a comprehensive approach to understanding the impact that nurse-patient communication has on patient outcomes and satisfaction, which is critical to a clinical setting as both objectively and subjectively based evidence is imperative.

Another strength that emerged was the reviewed studies' focused scope on the patient-nurse communication, and the scope of the patients being breast cancer diagnosed. By concentrating the scope of the research, the findings provide findings relevant to informing clinical practice, as the specific patient intervention remains the central area of concentration. Focusing the scope also refined the study objectives, critically analysing the core components of the interpersonal interactions that most general population-based

The research question framed with the help of the Population, Exposure, Outcome (PEO) model provides a well-structured focus for the scrutiny, thus, being well-aligned with the extraction of qualitative evidence. In particular, this framework specifies that the population or people and specific experiences and outcomes about specific exposures are to be studied. This increases the focus on eliciting insights that can directly be applied in actual practice to improve patient care.

### **Limitations**

However, the generalisability of the review has certain limitations due to the relatively small number of studies analysed (Atkinson *et al.*, 2023). As the initial focus of the research was on six peer-reviewed publications, it is possible that the findings do not fully represent the diversity of situations in which communication between nurses and patients occurs. In this way, the review cannot be fully extrapolated to various populations or

settings, as the role of cultural variables, peculiarities of the healthcare system, and the special specifics of various nurse-patient dyads might lead to different outcomes.

Moreover, the majority of the studies under consideration are largely based on qualitative data, which also makes the review potentially subject to bias (Mackieson, Shlonsky and Connolly, 2019). Even though qualitative research is rich in detail, it is always open for the subjective interpretations of a researcher that can influence the data analysis and conclusion generation (Bergen and Labonté, 2020). Hence, the objectivity and generalization of the review may be limited.

Another drawback is the scope of the review. Although it is well done in the context of nurse-patient communication, the extant literature review may be limited to a broader array of factors, such as organisational policies, technological interventions, or the transcultural context which directly or indirectly influence patient satisfaction and outcomes in the field. Since the review only encompasses one aspect, the communication, it may disregard or give insufficient insight into other elements which are essential for patient-centeredness.

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Lastly, this study only included six articles which is a small size according to Kang (2021) affects the reliability and generalisability of findings. However, these articles although few were focused on the study question thus appropriate for answering the study question.

## **Conclusion**

This study aimed to assess if the current communication strategies applied by nurses when communicating with breast cancer patients were effective in increasing their health outcomes on discharge. Although its results are confined to each element of nurse-patient interaction in the context of breast cancer care, the results pointed out increasing dissatisfaction from patients' feedback concerning communication methods by nurses. In general, while results are constrained by the number of studies identified and the biases associated with qualitative methodology, lack of clear communication was identified as a key limitation in attaining breast cancer care.

In conclusion, the critical analysis of the six selected studies in this work confirms the existence of significant communication barriers experienced in breast cancer care. Such findings, therefore, strongly suggest that there is a critical need to pursue enhanced training and development of healthcare faculty who can fill the existing communication gaps, thus bettering patient care. The reviewed studies provide powerful and qualitative insights into individual patients' experiences and consequently may articulate a limited understanding of the communication challenges that present within the breast cancer continuum. On one hand, however, the limitations of the methodology are evident. The studies used non-probability sampling and limited sample size, so conclusions arising from them are subject to adequate bias and must, therefore, be used with caution.

Therefore, future studies need to apply a more robust and broad sampling methodology. That will allow the creation of a better and broader evidence base that can support the practical implications in the clinical setting. In general, while the present research laid strong foundational groundwork for understanding challenges in breast cancer communication, evidence-based interventions are warranted to enhance external validity and generalisability. In moving forward, more integrated evidence-based communication techniques are warranted in practice to enhance communication between patients and nurses and improve their health outcomes. Therefore, this study submits that the current communication methods used in breast cancer care by nurses are not effective in improving patient's health outcomes on discharge.

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