ONCOLOGY PHYSICIAN ATTITUDES TOWARDS PATIENT & FAMILY-CENTERED CARE

Timothy K Nguyen, Glenn S Bauman, Christopher J Watling, Karin Hahn
Department of Radiation Oncology & Medical Oncology, London Regional Cancer Program, London, Canada
Schulich School of Medicine and Dentistry, Western University, London, Canada

Background
Patient and family-centered care (PFCC) represents an evolution from traditional models that emphasizes patient & family engagement and creating mutually beneficial partnerships within care teams to improve the patient experience.

Shifting to PFCC requires participation across all provider groups. Despite the importance of physician buy-in, research examining physicians’ perspectives on PFCC is lacking.

Objectives
We sought to explore Oncologists’:
1) Familiarity with the principles of PFCC.
2) Perceived barriers to implementing PFCC.
3) Strategies consistent with PFCC principles.

Methods
• Qualitative exploratory study
• Single Canadian academic cancer institution

18 semi-structured interviews

Interviews recorded & transcribed

Coding: organization of data into categories

Identification of relationships and themes

Refinement and clustering of categories into broad concepts

Results

Physician Interpretations of PFCC
• Three predominant themes emerged:

1. Physicians were familiar with the general principles of PFCC but lacked a comprehensive understanding of the concept and the reason for the service model change.

2. Physicians identified patient autonomy as essential to PFCC.

3. Disparities between patient and physician objectives exist and result in compromises that may affect the quality of PFCC delivered.

PFCC Strategies
• Physician-reported strategies were organized into three areas:

Clinical Approach
- Adequate time
- Pt understanding
- Family present

Interpersonal Skills
- Empathy
- Social Awareness
- Active Listening

Logistics
- Timeliness
- Allied health care
- Nursing support

“It’s a multi-dimensional thing...clinical care, teaching, research...when you spend more time with the clinical aspect, the other things suffer” – Physician #2

“The trilogy that I teach is the right people, right place and right time when talking about an issue that is emotionally intense for a patient” – Physician #3

Conclusion
Advancing PFCC in our institution will require continued education of physicians regarding the principles of PFCC, acknowledgement and preservation of the PFCC strategies already in practice and creative solutions to address the system issues that may hamper the practice of PFCC.