

## Journal Watch

### Health Care Provider Communication: An Empirical Model of Therapeutic Effectiveness

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#### Abstract

**BACKGROUND:** Patients who are facing life-threatening and life-limiting cancer almost invariably experience psychological distress. Responding effectively requires therapeutic sensitivity and skill. In this study, we examined therapeutic effectiveness within the setting of cancer-related distress with the objective of understanding its constituent parts.

**METHODS:** Seventy-eight experienced psychosocial oncology clinicians from 24 health care centers across Canada were invited to participate in 3 focus groups each. In total, 29 focus groups were held over 2 years, during which clinicians articulated the therapeutic factors deemed most helpful in mitigating patient psychosocial distress. The content of each focus group was summarized into major themes and was reviewed with participants to confirm their accuracy. Upon completion of the focus groups, workshops were held in various centers, eliciting participant feedback on an empirical model of therapeutic effectiveness based on the qualitative analysis of focus group data.

**RESULTS:** Three primary, interrelated therapeutic domains emerged from the data, forming a model of optimal therapeutic effectiveness: 1) personal growth and self-care (domain A), 2) therapeutic approaches (domain B), and 3) creation of a safe space (domain C). Areas of domain overlap were identified and labeled accordingly: domain AB, therapeutic humility; domain BC, therapeutic pacing; and domain AC, therapeutic presence.

**CONCLUSIONS:** 78% empirical model provides detailed insights regarding the elements and pedagogy of effective communication and psychosocial care for patients who are experiencing cancer-related distress.

#### Strengths:

- Very few studies have focused on the effectiveness of clinicians, especially in medical settings.
- The sample was very diverse, consisting of 78 clinicians from 24 health centers in 21 cities across Canada.
- Initial focus groups findings were shared with participants, as a form of member checking.
- Four coders were involved in analyzing the data using content analysis and constant comparative techniques.
- Face to face workshops were held at the end of the study in 8 cities across the country to assess the emerging model.

#### Weaknesses:

- All focus groups were conducted by the principal investigator and project manager, which may have influenced the type and degree of interaction from participants.
- Participants were self-selected. The majority of participants (64%) were social workers and women (78%).
- There was some dropout of participants over time:
  - 64 of 78 clinicians attended one of the final workshops
  - The 78 participants attended at least one of 3 focus groups. It is not clear how many participants attended all 3 groups.
- As identified by the authors, this study did not specifically focus on negative therapeutic experiences.

#### Relevance to Palliative Care:

The healthcare provider-patient relationship serves as a fundamental foundation upon which all palliative care is delivered. Although this model was based on the experiences of psychosocial oncology clinicians, many of its guiding principles can be applied to clinical encounters in palliative care. The predominant theme of therapeutic presence is a core value of palliative care clinicians. The themes from this model can help inform best practice and provide a useful framework for modeling and teaching communication/counseling skills in palliative care settings.