RELIABILITY AND VALIDITY OF A TOOL TO ASSESS ONCOLOGY NURSES’ EXPERIENCES WITH PROGNOSIS-RELATED COMMUNICATION

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**Background/Significance:** Communication with patients and families regarding a cancer diagnosis or recurrence generally includes a discussion regarding prognosis. Prognosis-related communication incorporates the revelation of likelihood of cure, how long the patient is expected to live, and the kind of life the patient is expected to have. The way in which this delicate information is presented is critical. Helft, Chamness, Terry, and Uhrich (2011) describe adult oncology nurses’ experiences with prognosis-related communication. In the article, the authors report the results of a mailed survey, which was administered to members of the Oncology Nursing Society (ONS). While content validity was established, no further psychometric testing was reported on the survey instrument. In order to grow the body of knowledge regarding this topic, more qualitative and quantitative research must be performed. Quantitative research requires validated measures to document the phenomenon.

**Purpose:** To analyze a previously developed survey to determine if individual items in the scale can be aggregated into a valid and reliable measure of nurses’ experiences with prognosis-related communication.

**Sample Description/Population:** 392 completed surveys

**Setting:** National survey of ONS members

**Method Design & Procedure:** Reliability of the instrument 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.

**Results/Outcomes:** A five-factor structure emerged, of which, three factors had acceptable reliability and validity: MD Communication, RN Role, and Decision Making. Contrasted group comparisons revealed differences in prognosis-related communication by nurses’ years of experience with cancer patients, level of education, and extent of education about prognosis-related communication.

**Conclusions/Implications:** The final 3 factor instrument, “Prognosis-Related Communication in Oncology Nursing,” was found to have acceptable reliability and validity. A subscale related to barriers to communication requires further refinement before inclusion in the instrument. The final instrument can serve as a tool to measure nurses’ experiences with prognosis-related communication. Such measurements may guide and evaluate interventions that aim to improve the process of prognostic disclosure and elucidate the role of the nurse in the process.