

Effective Patient - Provider Communication For Newly Diagnosed Patients In A Primary Care Setting: A Quantitative Study



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Problem Statement

Does effective communication in a primary care setting between newly diagnosed patient and health care providers decrease depressive symptoms?

Statement of Purpose

The purpose of this quantitative study is to examine newly diagnosed patients who experience depressive symptoms, due to lack of effective patient-provider communication.

Hypothesis

Newly diagnosed patients, that receive effective healthcare provider communication, will have a decrease in depressive symptoms as compared to diagnosed patients, who do not receive effective communication.

Independent variables

Newly diagnosed patients and health care providers.

Dependent variable

Ineffective communication and depressive symptoms.

Operational Definitions

Patient-provider communication:

The research coordinator will use post-treatment surveys to assess overall communication and medical communication. Survey will be given within thirty days post initial visit.

Depressive Symptoms:

A cluster of symptoms based on the score of CES-D model.

Literature Review

Green, J. K., Rothman, R. L., & Cavanaugh, K. L. (2012) conducted studies in relation to depressed diabetic patients with medical adherence. Center for Epidemiologic Studies Depression (CES-D) scale was used to measure patients level of depression and medical adherence. Results revealed no significant difference of having major depression related to medical adherence.

Jonassiant et al., (2013) conducted a study of HIV patients presenting with depression and how effective communication influence adherence. The study reported women had a greater report of depressive symptoms than men based on the CES-D scale.

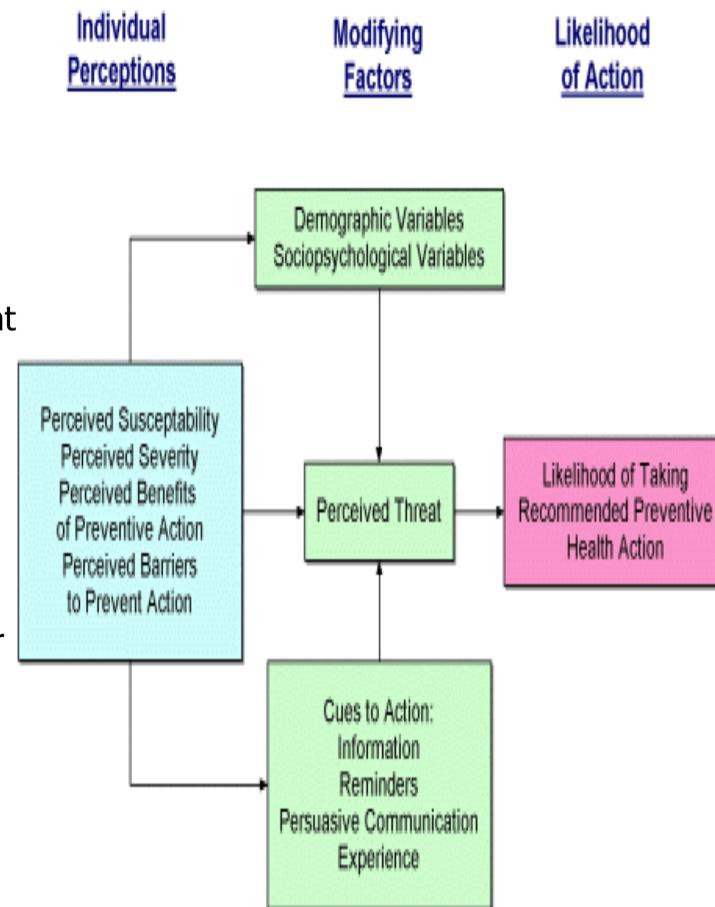
Buchbinder, Wilbur, Zuskov, Mclean, & Sleath (2014) reported effective smoking counseling in the emergency room yield teachable moments for patients. Patients seen in the ER for nonsmoking related issues, were able to be counseled on smoking cessation. These patients should potentially be encouraged to change their behavior.

Campos-Castillo, Bartholomew, Callahan, & Anthony (2016) looked at correlations between electronic messaging and patients with depressive symptoms. when messages conveyed by providers. Results revealed there were no increase in depressive symptoms when using electronic messaging.

Key words:

Depressive symptoms; Electronic messaging; Motivational interviewing; Patient-provider communication; Primary care setting.

Theoretical Framework Map



From Simons-Morton, et. al. (1995). Introduction to Health Education and Health Promotion, 2nd ed. Waveland Press

Research Design

Non-experimental correlational study

Research Setting

CES-D tool will be administered in two primary care locations in urban settings in Houston, Texas.

Population & Sampling

Newly diagnosed patients in 2 primary care settings will be recruited as an accessible convenience population (n=200).

Based on the statisticians' approximation, we will aim to have at least 40 participants. This is important to increase the validity of the findings. Correlations can be used for predication.

Data Collection

Longitudinal, non-experimental correlational data will be collected using a post-visit questionnaire & CES-D assessment tool.

- CES-D tool is composed of 20 items.
- The Post-Visit questionnaire will be done within 30 days post-visit to the primary care setting.

Data Analysis

Using Microsoft Excel, we will set up 3 columns: Participant # Variable 1 (ineffective communication) Variable 2 (depressive symptoms) to calculate Pearson's r Correlation Coefficient with Excel.

We will also produce graphs and scatter plots with Excel to display our results.

Significance to Nursing

Health care providers in primary care settings should be consciously aware of patients preferred communication style.

Poor identification of patient's mental health status and engagement in plan of care can lead to poor patient health outcomes, increase health care costs, and disparities to under-privilege communities.

Primary care settings are ideal in bridging patient and health care communication.

Using effective communication is hypothesized to be essential in minimizing the risk of patients to present with depressive symptoms. These results may be applicable to larger population groups.