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Situational awareness in the outpatient encounter between patients with breast cancer or malignant melanoma and healthcare professionals: patients' perceptions

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Situational awareness in the outpatient encounter between patients with breast cancer or malignant melanoma and healthcare professionals: patients' perceptions

Aims and objectives: To explore patients' experiences of situational awareness in the outpatient encounter when they are informed about the diagnosis of breast cancer or malignant melanoma.

Background: Patients enter a stressful situation when receiving a diagnosis of breast cancer or malignant melanoma and research indicates that needs are most prominent at this time. However, healthcare professionals often fail to address these needs adequately. It is unclear how patients experience situational awareness practiced to meet their fundamental needs in the encounter when they are informed about the diagnosis of cancer.

Design: This study used a phenomenological hermeneutical approach.

Methods: Nine semi-structured interviews with patients being diagnosed with breast cancer or malignant melanoma were performed. The interpretation theory of Paul Ricoeur guided the analysis. The study is presented in line with the COREQ checklist.

Results: The analysis resulted in three themes: 1) 'Being accompanied' refers to how patients' need information to be targeted to them as individuals. 2) 'Being seen' points to HCPs' exploration of the patients' perspectives to get an understanding of their preferences. 3) 'Being taken care of' indicates that patients feel supported if situational awareness is practiced by the healthcare professionals.

Conclusion: Practicing situational awareness in the outpatient encounter is essential to patients' experience of feeling accommodated or rejected. Patients feel rejected when their fundamental needs are not met while experiencing situational awareness seems to accommodate fundamental needs and pre-empt an inappropriate patient outcome.

Relevance to clinical practice: HCPs need to acknowledge the importance of using a structured approach to meeting patients' fundamental needs in a stressful situation. Each patient is different and may experience different needs in encounters where they are receiving the diagnosis of breast cancer or malignant melanoma. Therefore, treatment and care must be tailored to the individual patient based on a caring relationship.

Keywords: breast cancer, malignant melanoma, situational awareness, fundamentals of care, relation, nursing, interviews

What does this paper contribute to the wider global clinical community?

- Insight into situational awareness as a process to meet patients' individual needs and improve patient outcomes
- More knowledge of patients' different needs at the time of diagnosis of breast cancer or malignant melanoma
- The importance of knowing the patient as a person to meet the patient's fundamental care needs

Introduction

A diagnosis of breast cancer or malignant melanoma can cause severe distress because of e.g. fear of death, altered self-identity, self-esteem and body image (Jorgensen, Garne, Sogaard, & Laursen, 2015; Kasparian, 2013). The diagnosis implies an inevitable interaction with healthcare professionals (HCPs) where patients expect to be supported and feel that their fundamental needs are met. There is considerable evidence that while patients have a wide range of needs (Morrison et al., 2012), HCPs often fail to address these needs appropriately (Halbach et al., 2016; Hultstrand Ahlin, Hornsten, Coe, Lilja, & Hajdarevic, 2019; Martinez Arroyo, Andreu Vaillo, Martinez Lopez, & Galdon Garrido, 2019; Reese et al., 2017; Stamataki et al., 2015). To address patients' needs adequately, situational awareness is essential to delivering sustainable best practice and improving clinical outcomes for patients (Green et al., 2017). Research on patients' perceptions and experiences of meeting their fundamental needs is a key aspect within healthcare. To our knowledge, no research exists on

patients' experiences of situational awareness in encounters where they are informed of the diagnosis of breast cancer or malignant melanoma and this provides the rationale for the present study.

Background

Patients diagnosed with breast cancer or malignant melanoma often enter a healthcare system where HCPs may deal with shortage of staff (Aiken et al., 2018) and are expected to deliver care at a reduced cost and with increased efficiency and productivity resulting in time pressure and care that may be perceived as depersonalised and task-oriented (Kitson, Muntlin Athlin, & Conroy, 2014; Maben, 2010). The consequence can be errors in clinical judgement (Jeffs, Tregunno, MacMillan, & Espin, 2009), clinical decision making (Stubbings, Chaboyer, & McMurray, 2012) and inadequate nursing care (Aiken et al., 2018; Conroy, 2018; Muntlin Athlin, Brovall, Wengstrom, Conroy, & Kitson, 2018), which may lead to poor outcomes for the patients as e.g. post-operative mortality (Ball et al., 2018). Situational awareness is seen as an important phenomenon and one particularly crucial for improving clinical patient outcomes (Green et al., 2017; Hartgerink et al., 2014). HCPs play a crucial role in providing attention on the patients' perspectives and needs and what HCPs do or fail to do may compromise patient safety (Green et al., 2017).

Situational awareness is defined as a process that occurs in three steps (Fore & Sculli, 2013). The first step is to collect data about and from the patient, for example, how the patient perceives the situation and information about the diagnosis provided by the pathologist. If the first step fail to happen there is a risk of forming an inadequate picture of the patient's situation. In step two, a synthesis based on information from step one is interpreted to form a comprehensive picture of the patient's situation and a mutual understanding between the patient and the HCPs. This allows the HCP to make a sound judgement and improve clinical decisions including the patient and the HCP's perspectives. In step three, the HCPs project what is expected to happen in the future and make a plan that prevents inadequate outcomes for the patient (Fore & Sculli, 2013) (Table 1). Failures in perception, comprehension, and projection can reduce patients' needs being addressed and met. Lack of situational awareness can occur in many different settings, particular during stressful situations such as, for example, the encounter when patients are informed of the diagnosis of cancer. This situation is stressful as studies indicate that needs are most prominent at the time of diagnosis (Williamson, Jorge-Miller, McCannel, Beran, & Stanton, 2018). For example, a research study portrays patients' need for guidance and clarification of doubts, concerns, anxiety, fear

of illness and treatment (Trescher et al., 2019). Patients feel supported when HCPs are accessible during the diagnostic phase, act respectfully in encounters, and when HCPs meet their fundamental needs (Hultstrand Ahlin et al., 2019). However, different contexts in healthcare systems are not always geared for cultures that value and underpin these situations (Bridges et al., 2013; Feo & Kitson, 2016; Louis, 2019). Therefore, there may be a potential risk that situational awareness is not practiced in encounters where patients are informed about the diagnosis of breast cancer or malignant melanoma resulting in fundamental needs not being met which may lead to further distress. Thus, it may be essential to explore patients' experiences of situational awareness.

Methods

Design

This study has a phenomenological hermeneutic approach and uses individual semi-structured interviews to explore the experiences of situational awareness among patients being informed of breast cancer or malignant melanoma diagnoses in an outpatient setting. The phenomenological hermeneutical approach is guided by the theory of interpretation as presented by the French philosopher Paul Ricoeur (Ricoeur, 1976). The study is presented in line with the COnsolidated criteria for REporting Qualitative research checklist (COREQ) (Supplementary file 1).

Setting

The present study into the experience of situational awareness was conducted at a Department of Breast- and Plastic Surgery at a University Hospital in Denmark. At the time of diagnosis the support for patients having breast cancer or malignant melanoma diagnoses, respectively seems to be comparable as HCPs are experienced in either breast cancer or malignant melanoma. In the meeting where patients are informed about the diagnosis, a physician and a nurse are present together with the patient and potentially relatives. The physician e.g. investigates the patient's body and informs him or her about the diagnosis of cancer. The nurse continues the communication without the physician in order to sufficiently support the patients. The communication includes, for example, information about practical procedures and psychosocial issues in order to meet the patients' fundamental care needs.

Sampling

In total, nine patients were purposefully selected to participate in the interview study (Table 2). According to Kvale & Brinkmann 15 +/- 10 participants are usually sufficient to include in an interview study (Brinkmann, 2014) and in approaches where phenomenology is part of the design there will always be something new to discover, which is why data saturation seems impossible to obtain (Gentles, 2015).

The inclusion criteria were: patients with malignant melanoma or breast cancer diagnoses, who were willing to participate, and differed with regard to age and gender. Patients with breast cancer or malignant melanoma were chosen to participate because we intended to have both genders represented in the study. We know from research that females have significantly more needs than male patients (Morrison et al., 2012), and patients suffering from breast cancer are predominantly females while patients with malignant melanoma are of both genders. In addition, little research exists regarding the interaction between patients with malignant melanoma and HCPs (Hultstrand Ahlin et al., 2019). Exclusion criteria were: Patients, who could not speak or understand Danish or patients with brain tumors or other cognitive challenges. If a patient fulfilled the inclusion criteria, the nurse, who had participated in the encounter with the patient receiving the diagnosis, approached the patient directly. None of the patients, who were invited to participate in the study, declined.

Data collection

Two of the authors (SKJ & BB), who are employed as registered nurses in the Department of Plastic Surgery and the Department of Breast Surgery, respectively, conducted semi-structured interviews in the period from April to August 2017. They are participating in a research program initiated by a clinical nursing research unit at a Danish University Hospital to develop research competences. Prior to the interviews, they made observations in the encounters where potential participants received the diagnosis of breast cancer or malignant melanoma. SKJ and BB observed and took notes about the non-verbal and verbal communication between the patients and the HCPs in order to improve the interview guide and ask contextual exploring questions in the interviews. The notes were only used for these purposes. The interview guide was developed by all authors and aimed to contain questions related to perception, comprehension and projection to explore how the participants experienced the three steps that appears in situational awareness. The interview guide started with: *Could you please describe how you experienced the encounter where you were informed about your diagnosis?* The author from the Department of Plastic Surgery conducted observations and interviews with patients from the Department of Breast Surgery

and the author from the Department of Breast Surgery conducted observations and interviews with patients from the Department of Plastic Surgery. All interviews were recorded and transcribed verbatim. The interview lasted from 21 to 105 minutes and took place in a quiet place in hospital or at the patient's residence depending on the patient's preference. In all interviews, only the interviewee and the informant were present.

Ethical considerations

Approval from the Danish Data Protection Agency in The Northern Region of Jutland was obtained (ID 2008-58-0028). The ethical guidelines of the Nordic Nurses Federation (Nordic Nurse, 2003) and the Helsinki Declaration (The World Medical, 2018) were followed during the study. The participants were informed orally and in writing about the purpose of the study and gave informed consent before the interview. It was emphasized to the patients that declining to participate or withdraw from the study would have no impact on their future treatment and care.

Data analysis

The analytical process was performed in three steps: 1) naïve understanding, 2) structural analysis, and 3) critical interpretation and discussion (Geanellos, 2000; Ricoeur, 1976). In the first step – naïve understanding, all authors read the interview text several times to achieve an immediate understanding of the participant's experience regarding situational awareness in the encounter when they were informed about the diagnosis of breast cancer or malignant melanoma.

In the next step – the structural analysis, we extracted meaning units to illustrate 'what the text says'. The meaning units were interpreted to units of significance - 'what the text is about' aiming to identify and formulate themes (Ricoeur, 1976). By means of the structural analysis, a deeper understanding of the text became possible.

In the final stage of the analytical process – critical interpretation and discussion, the themes were discussed with other research results and underpinned with quotes from the interview text to widen and deepen our understanding of the participant's experience of situational awareness.

During these steps we moved from a superficial grasp of the interview texts as a whole to a deeper understanding of patients' experiences of situational awareness. Ricoeur argues that a pure description is not sufficient to obtain a profound understanding as the interview text

contains a surplus of meaning that emerges through the interpretation process. Therefore, an interview text never only has one interpretation, but one can be more probable than another and may be given credibility and validity through argumentation (Ricoeur, 1976). To interpret the surplus of meaning within the interview text requires interpretation drawing on the interpreters pre-understanding (Geanellos, 2000). The analysis and interpretation involved all the authors who subsequently discussed and continuously challenged each other's pre-understanding and interpretation to enhance the trustworthiness and suitability of the interpretation. The themes were derived from the data and took into consideration the three steps in the process of situational awareness, which was part of the interpreter's pre-understanding. Thus, the analysis moved between an inductive and deductive approach.

Results

This study aimed to explore patients' experiences of situational awareness in the outpatient encounter when they were informed of the diagnosis of breast cancer or malignant melanoma.

The results are presented according to the three analytical steps.

Naïve understanding

Patients who are informed about breast cancer or malignant melanoma are in shock and display more psychological and relational than physical needs in this situation. They want HCPs to demonstrate interest and awareness in them as persons. The HCPs must consider the patients' situations and communicate about what to expect in the situation. If the communication is standardised patients feel dehumanised and unaccompanied. The patients want HCPs to establishing relationships and possessing professional competencies including non-technical- and technical skills. This helps the patient to keeping calm, maintain hope and cope with the situation. If the patients' experience a lack of confidence this may leave them with a feelings of anxiety, insecurity, loneliness and helplessness.

Structural analysis

Three themes were identified in the structural analysis: 1) Being accompanied 2) Being seen 3) Being taken care of which is illustrated in the following

Theme 1: Being accompanied

Patients with a diagnosis of breast cancer or malignant melanoma are in an unknown and stressful situation without knowing what is going to happen in the future. They often suffer because they are diagnosed with a potentially life-threatening disease. However, each patient experiences the situation differently depending on e.g. their coping strategies and resources which is why it is essential to collect data on how each patient experience the situation and how individual needs for e.g. information are met. The patients expect HCPs to establish a relationship and display situational awareness to accompany the patient during the cancer trajectory in order to deliver high quality care, and not standardized care as experienced by one patient,

“It must never be like a factory where patients are coming for surgery. It is about relations. As a HCP you must have knowledge about the patient in addition to knowledge about the disease. It would have meant a lot to me, if she [the HCP] had shown that she could remember me. However, we [the patient and his relative] did not get that feeling. It could have contributed to the establishment of the relationship if she [the HCP] had said: I see that you are going on a skiing holiday Saturday. What separates me from other patients? (ID 7)

This quote illustrates that it is important to have knowledge about the disease but also non-technical skills such as being able to establish a relationship and explore the situation from the patient’s perspective. If the information is standardized and task-oriented, it may dehumanize treatment and care and leave the patient with a feeling of not being accompanied and acknowledged as a person with a cancer disease. By contrast, demonstrating person-centeredness and display a heartfelt interest in the patient as a human being contributes to feeling treated in a compassionate way as illustrated in the following quote,

It makes you feel like a human ... and not as a disease. It makes you feel like a human being instead of just being one having surgery, so it is really good (ID 1).

To know the patient as a person requires collecting data from the patient to get a deeper understanding of the existential meaning of being a person with either breast cancer or malignant melanoma and contributes to them feeling accompanied and not alone in this stressful situation. This also means that HCPs must explore what the patient knows about the disease. To support the patient adequately, the HCP must take the starting point in this knowledge as exemplified below,

The HCP asked if I had read my record and I said yes. Then she took her starting point there that she was sitting in front of a person that had read a lot about the disease on the internet – all there was (ID 7)

Giving the patient the opportunity to present himself in the form of telling about his knowledge, thoughts and needs in his or her situation is essential for building a good relationship that encourage and empowers patients to cope with the situation.

I feel, that if we [the patient and his wife] had more that we could talk about, there would have been time for that. Then the HCP had taken the time for that. We had the feeling that the HCP had time and competencies to get into the dialog that WE needed. It was SO good (ID 7).

Being present and taking the time to collect data from the patient and be aware of the patient's needs in the situation where patients are informed about breast cancer or malignant melanoma seem significant when it comes to meeting the patient's fundamental needs and reduce suffering.

Theme 2: Being seen

Based on a synthesis of the collected data from step one in the process of situational awareness, HCPs form a comprehensive picture of the patient. This synthesis guides them to understand the situation and meet patients' fundamental needs by helping them to cope with the situation. A patient experiences that the HCP misinterprets his need for information as the HCP did not collect enough data to perceive the patient as the person he is, as illustrated below,

It is difficult for HCPs to relate to the people they are facing. That is, what is their background? If they knew, they could target their communication just a little bit. It is about meeting patients exactly where they are, and if you miss it then it is very difficult for the patient. Then the information is “machine gun” talk. You have this; we are going to do that and then this. You don't listen to the patient. The patient doesn't listen to what has been said (ID 7)

This quote illustrates that the communication is one-way, standardized and task-oriented without involving the patient's perspective. The consequence was that the patient did not listen to the HCP and the relationship developed in a negative direction. Another patient

experienced that the HCP collected data from her, but misinterpreted her needs for information

The HCP was so careful. She did not think that I should get too much knowledge on that day ...she told me and that we could talk about this another day. Why ask about me being a nurse? I need the same information as everybody else (ID 4).

The HCP interpreted and assessed the patient's need for information without involving the patient's perspective, and her background as a nurse. Consequently, the patient did not feel accommodated, and building a positive relationship based on trust and a mutual understanding seems to have been compromised. By contrast, building a positive relationship based on a caring and empathetic attitude, may leave the patient with a feeling of trust,

It is the way the HCP indicated things, and had eye contact that made me feel trust. The trust was there immediately. Then she said things as if she had known me for a while even though she had not. The way she communicated ... I FELT trust (ID 3).

It seems as if the way the HCP perceive the patient's situation and communicate with the patient has an impact on how the patient cope with the situation. The ways HCPs communicate verbally and non-verbally are interpreted by the patient and affect the relationship positively or negatively.

Theme 3: Being taken care of

The ability to project future actions based on the synthesis from step one to obtain an understanding and a comprehensive picture of the patient's situation from step two form step three in the process of situational awareness. In step three, HCPs need to project what is likely to happen next and make treatment and care plans accordingly. Failures in perception, comprehension and/or projection may leave patients feeling let down and affect their quality of life.

The HCP did not radiate the authority that you expect in this situation. She did not. That is what has stayed with me since. It did not seem as if the HCP was busy, but the HCP was very uncomfortable about the situation and therefore it was obvious that she wanted to leave the room as soon as possible. The HCP was very unsure and I thought that there was something between the lines that was not expressed – that not was good (ID 7).

This patient experiences that the HCP does not have the right competencies to talk about the cancer diagnosis. Moreover, the HCP did not have the courage to be present in the situation which the patient interpreted as the HCP withholding the truth, which provoked insecurity and suffering. If the HCP does not display situational awareness by meeting the patient's needs, interpreting and handling them, the patient may feel rejected and lose faith. In addition, when the HCP does not practice situational awareness, the patient does not listen to what is being said and may interpret the situation in a more negative way. By contrast, when the HCP possesses professional and personal competencies and displays situational awareness, the patient feels supported and taken care of.

One HCP throws out the message about cancer. I did not hear half of the message and I myself interpreted the result of the message. However, the other HCP picked up the message. It meant a lot that the HCP had the time and the competencies to do so. It would have been very bad, if this was not the case (ID 7).

To experience a one-way communication and not be prepared for what is going to happen may induce insecurity and unease. First, the patient does not feel taken care of because one HCP did not display appropriate situational awareness. Next, another HCP did have the competencies and took the required time to meet the patient's needs leaving the patient with a feeling of being taken care of. When patients experience that situational awareness is not being practiced because decisions about the amount of information being shared are not made based on a person-centered and situation-oriented approach, their fundamental needs are not met and they may feel let down. Further, when the patient experiences that the HCP does not project what is going to happen next this leaves the patient uncomfortable with more worries and feeling rejected as expressed by this patient.

The HCP told me that I had got enough information for now and that it was too much for me. So I could write down my questions and bring them next time. I did not feel that my head was full. I felt comfortable when I know what is going to happen. There may be some things that you don't want to know. But I wanted to know more so that I do not have to worry unnecessarily. I wanted to be prepared for the potential problems Actually, I got more nervous and thought, What is going to happen after surgery? So the first thing I did when I came home was to get the information from the internet (ID 9).

The patient misses information in relation to her situation. Because of not being adequately informed and not receiving a plan, the patient feels more nervous and her imagination about

her situation may escalate. The patient feels rejected while the HCP does not project the future situation by answering the questions that the patient has. The patient has the feeling that she is not being listen to, which may leave her with a feeling of loneliness, insecurity and rejected. By contrast, being well informed by a competent HCP and having a plan contribute to feeling accommodated and relieved.

The tumour was small. I interpreted on the information, but I was relaxed and thought that I was going to survive. In addition, the professional knowledge made me feel secure Yes, I was relieved. When I left the consultation I felt that my nervousness was reduced ... my body was still tense... I must say. However, the nervousness in my stomach had gone. I was relieved that there was a plan (ID 6).

This quote illustrates that the HCP was able to prevent a bad outcome for the patient and interpret the patient's needs adequately. However, suffering may increase when situational awareness is not demonstrated leaving the patients with a feeling of rejection.

Get my consent, that I have understood what the HCPs are telling me. They could have asked: "What have you heard" It is so important that I understand what they are trying to say. They do not give a shit about my understanding. They have not even asked what I heard (ID 7).

This quote elucidates that the HCPs did not collect data from this patient and neither did they try to understand the patient from his perspective, which seemed to affect his well-being. Their work seems to be task-oriented without involving the patient's perspective.

Critical interpretation and discussion

The findings revealed vivid descriptions of patients' experiences of situational awareness; both positive, e.g. involving the patient's perspective and showing a supportive attitude and negative, e.g. ignoring the patient's perspective, producing task-oriented experiences. Both positive and negative practices shaped how the participants experienced the encounter and affected their coping with the situation.

Non-verbal and verbal communication plays a central role in the process of situational awareness and appeared as a recurring and crucial issue in all three themes. Findings demonstrate that good communication related to feeling well informed and involved in

clinical decisions enable patients to experience their situation with cancer with less difficulty while poor communication contributes to increasing anxiety and uncertainty (Hultstrand Ahlin et al., 2019; Muntlin Athlin et al., 2018). High quality communication by HCPs is essential to recognize, acknowledge and address patients' needs in order to support them coping with a potentially life-threatening disease (Llewellyn, Howard, & McCabe, 2019). In our study, when patients perceived inadequate communication including a lack of perception, comprehension and projection, they did not feel accompanied and seen as a person with individual preferences, which often resulted in feeling rejected. Poor communication seemed to increase their level of distress and may lead to patient harm. This finding supports another study where a common feeling was loneliness due to feeling ignored or neglected (Hultstrand Ahlin et al., 2019). It is essential for patients to feel important, prioritized and respected as persons; otherwise, they may feel rejected in the encounter (Hultstrand Ahlin et al., 2019).

Effective communication and interpersonal skills are cornerstones of building a trusting relationship between patients and HCPs (Feo, Rasmussen, Wiechula, Conroy, & Kitson, 2017). This supports the patients to deal with grief, fear or other negative feelings linked to the situation (Sanakova & Cap, 2018). However, building a trusting relationship may be challenging in healthcare systems that focus on productivity and efficiency and in which time taken for care of patients is continuously reduced. Thus, the process of situational awareness may systematise and facilitate the communication and may help to build positive relationships. It may also contribute to making clinical decisions involving the patient's preferences and underpin a better outcome for the patient. In our study, patients seemed more relieved when HCPs demonstrated skills or valued building a trusting relationship by displaying situational awareness. However, building a relationship between patients and HCPs is complex and important for giving the possibility of patients feeling worthy and valuable, especially in situations that can be perceived as life threatening (Sanakova & Cap, 2018). In this manner, communication in the process of situational awareness can be seen as a way in which a patient is acknowledged as a human being of worth. In our study, patients seemed inadequately acknowledged when the HCP did not endeavour to get to know them by collecting data from them in order to comprehend their situation and make plans based on mutual decisions. In other words, display situational awareness. When situational awareness was not demonstrated, the patients perceived the information as task-oriented and not situation-oriented and person-centered. Not taken into account the patient's perspective, one that captures the patient's personal description and interpretation of their illness and related issues (Ekman et al., 2011) resulted in the patient's needs not being met, in turn resulting in a

negative relationship with the HCP and a feeling of not being adequately taken care of, which compromised high quality support. When the HCP practiced situational awareness by taking as their starting point the patients' needs for e.g. information and sought to get a more comprehensive picture of the patient in order to project a more patient tailored plan, this left patients more relieved and satisfied with the encounter.

One of the key challenges is to adjust information to the individual patient's needs (Sanakova & Cap, 2018). Ensuring that patients have appropriate information regarding the diagnosis and treatment is essential for providing safe and quality services (Vahdat, Hamzehgardeshi, Hessam, & Hamzehgardeshi, 2014). In our study, when patients lacked information and searched the internet to fulfil their needs for knowledge, it may be difficult to make the best decision for the individual patient leaving the patient with a decision that is neither person-centered nor situation-oriented. Such a decision may have negative outcomes for the patient.

Practicing situational awareness is a precursor to clinical judgement and decision making (Fore & Sculli, 2013). Patients facing important decisions related to a potentially life-threatening illness often rely on intuitions, feelings and communication with trusted others including family, friends and HCPs. Telling and listening is a way of creating a mutual understanding of the experience of being a person diagnosed with a potentially life threatening disease and gives HCPs the opportunity to decide and plan care and treatment in collaboration with the patient (Ekman et al., 2011; Feo, Rasmussen, et al., 2017). Trusting relationships can increase autonomy by helping patients to make decisions that would otherwise overwhelm the cognitive capacity of an individual patient (Epstein, 2013). Therefore, a relational orientation to clinical decision-making begins with HCPs knowing the patient as a person and understanding their situation (Epstein, 2013). In our study, patients felt taken care of when the HCP involved their perspective and showed interest in them as persons in order to get a more comprehensive picture of their needs. This seemed to leave the patients with less distress and suffering. Thus, meeting the patients fundamental needs requires the ability to engage meaningfully with them and acknowledge them as unique human beings when forming the integrated care plan (Kitson et al., 2014).

Research indicates that nurses strive for a shared understanding of the patient's situation when working with other HCPs. A mismatch of professional thinking may arise from dissimilarities in professional thinking and orientation (Stubbings et al., 2012). Tunnel vision is one example where HCPs focus on one component such as either care or treatment, often to the detriment of overall patient care and treatment (Green et al., 2017). This was supported by our findings as one participant experienced that the diagnosis of cancer was delivered

bluntly, which was experienced as inappropriate in that situation and gave rise to patient harm. Fortunately, the message was picked up by another HCP thus leaving the patient with a feeling of being taken care of.

Compared to the process of situational awareness, the Fundamental of Care Practice Process (Feo, Conroy, Alderman, & Kitson, 2017) may be a more suitable and specific approach as it explicitly integrates the elements of trust, focus, knowing, anticipating and evaluating that are necessary for building a trusting relationship. In addition, the Fundamental of Care Process explicitly takes into account the psychosocial and relational elements that were of great importance in our study compared to the physical components.

Limitations

This study has some limitations. One limitation is that only nine patients participated which potentially limits the transferability of the findings. Interviewing more patients could have contributed to a more varied picture of the patients' experiences. On the other hand, the data demonstrated various aspects of the experience of situational awareness and according to Ricoeur (Ricoeur, 1976) these experiences may show some universal or common issues of significance. Another major limitation is that only two male patients participated although the ambition of the study was to invite more men as there may be gender specific differences in their experiences. However, this was not possible during the timeframe when data was collected due to administrative issues. Another limitation could be that we only looked at the encounter where patients were informed about the diagnosis of cancer. It could have contributed to the findings if we had investigated different encounters in the patient's pathway with cancer. However, we found it important to explore situational awareness in the first encounter between a HCP and a patient as this encounter is especially essential for establishing a trusting relationship and patients' needs are prominent at this time. The cumulative effect of not listening to the patient, not asking about how they e.g. experience being ill undermines trust, not just in the individual HCP, but it can also jeopardize the patient's trust to the whole healthcare system in the future (Kitson, 2018).

Conclusion

The findings from this interview study provide us with knowledge about the consequences of providing situational awareness or not. How patients experience situational awareness practiced in the outpatient encounter is essential to their experience of feeling taken care of or rejected. Experiencing situational awareness practiced can contribute to meeting patients'

fundamental needs and pre-empting an inadequate outcome as e.g. suffering while not experiencing situational awareness practiced may result in delivering poor support, increased suffering and compromised well-being.

Relevance to Clinical Practice

HCPs need to acknowledge the importance of using a structured approach in clinical decision-making to delivering high quality treatment and care in encounters where patients are receiving the diagnosis of breast cancer or malignant melanoma. Each patient is different and may experience different needs, which is why treatment and care need to be tailored to the individual patient and based on a caring relationship. The process of situational awareness may be a suitable tool for tailoring clinical decisions to each individual patient to ensure a good outcome to reduce patients' suffering from breast cancer or malignant melanoma. HCPs and healthcare systems need to reflect on how we can learn from these findings and establish a culture that value a person-centered and situation-oriented approach to patients being confronted with a potential life-threatening disease by listening to the patients in order to identify their individual needs.

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Contributions

Study design: LJ, SKJ, BB; data collection: SKJ, BB; analysis: LJ, SKJ, BB and manuscript preparation LJ, SKJ, BB.

Conflicts of interest

The authors have declared no conflict of interest.

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Table 1: The steps in situational awareness

Steps in situational awareness	Explanation
Step 1	Collection of relevant data about and from the patient
Step 2	Comprehension and understanding of information from step one forms a complete picture of the patient's situation.
Step 3	Projection of what is expected to happen in the future and preparation of a plan preventing inadequately outcomes for the patient

Table 1: Description of the sample

Patient	Gender	Age	Diagnose	Employment	Marital status
1.	Female	50	Breast cancer	Factory worker	Living alone
2.	Male	86	Malignant melanoma	Retired	Married
3.	Female	63	Malignant melanoma	Retired	Married
4.	Female	57	Malignant melanoma	Nurse	Married
5.	Female	71	Breast cancer	Retired	Living alone
6.	Female	59	Breast cancer	Nurse	Living alone
7.	Male	45	Malignant melanoma	Business consultant	Married
8.	Female	51	Breast cancer	Unemployed	Married