

Study (Author, year, country, ref. no.)	Objective	Design	Sample	Findings/conclusion
Boot & Wilson, 2014 (UK) ^[26]	To identify the challenges for clinical nurse specialists when they must facilitate future care in conversations with patients in the terminal phase.	Semi-structured interviews.	Eight interviews selected from two municipal palliative teams.	The nurses identified three key factors: (1) assessing whether the patient was ready to discuss the topic; (2) the patient's physical condition; and (3) the nurse's relationship with the patient and family.
Veloso et al., 2013 (Denmark) ^[19]	To analyse cancer patients' perceptions of unmet needs of rehabilitation.	Nationwide survey.	4246 participants.	Many felt the need for support through conversation with health care professionals.
Zamanzadeh et al., 2014 (Iran) ^[27]	To show factors influencing patient-nurse communication in oncology care.	Semi-structured in-depth interview.	Nine patients, three family members and five nurses.	Proper training that meets nurses' need and that focuses on a holistic patient-centred approach.
Wittenberg-Lyles et al., 2013 (USA) ^[29]	To explore communication barriers between cancer patient and nurse.	Focus group interview.	Eight nurses.	The nurses identified key barriers to patient-centred communication.
Waldron et al., 2013 (USA) ^[28]	To evaluate and estimate the effect of psychosocial interventions on improving the quality of life of adult cancer caregivers.	Systematic review from 1947 to 2011.	1115 caregivers were included in the baseline measurements.	Interventions targeting problem-solving and communication skills may ease the burdens related to patient care and improve quality of life.
Varre et al., 2011 (Norway) ^[20]	To understand cancer patients' coping potential as expressed through their descriptions in an online discussion forum.	Qualitative content analysis.	711 forum messages were analysed.	The forum messages revealed: (1) a need to be the main character in one's life's drama; (2) a need to be an active participant and mobilise one's strength; and

				(3) a need for storytelling and exchanging of experiences.
Koinberg et al., 2002 (Sweden) ^[39]	To describe breast cancer patients' satisfaction with a spontaneous system of check-up visits to an oncology nurse.	Qualitative descriptive design inspired by phenomenographic analysis.	19 breast-cancer patients who were not involved in a routine follow-up system.	The patients had a need for information, and the level of satisfaction with the knowledgeable and professional skills of the nurses was high.
Brataas et al., 2009 (Norway) ^[30]	To explore cancer nurses' perceptions of conversations with cancer outpatients.	Qualitative interview.	12 oncology nurses.	The oncology nurses' role appreciation and meaning horizons guide their perceptions of patient-nurse communication.
Yoon et al., 2014 (Hong Kong) ^[31]	To gain insight into the talk-in-interaction in surgical-oncology consultations.	Analysis of video-recorded conversations.	31 patients with breast cancer and eight surgeons.	There was a tendency by the surgeons to move from issues of psychosocial nature to clinical matters.
Beaver et al., 2007 (UK) ^[32]	To explore views on patient participation in decision making for people with colorectal cancer.	Qualitative study.	35 in-depth interviews of health care professionals.	Patient participation in decisions regarding surgical treatment were viewed as limited.
Koutsopoulou et al., 2010 (Greece) ^[33]	A critical review of the evidence for nurses as information providers to cancer patients.	Descriptive literature review.	46 articles from 1990 to 2008.	Nurses are viewed as a key source of information during and at the end of the treatment.
Merckaert et al., 2009 (Belgium) ^[21]	To investigate cancer patients' desire for psychological support.	Questionnaire-based survey.	381 patients.	One in four women and one in 10 men desire psychological support.
Foster et al., 2009 (UK) ^[25]	To find out who visits UK mobile services providing cancer information and support in the community.	The data were collected from each telephone conversation with the trained personnel manning the telephone service.	109 visits by the mobile services during a seven-month period in 2006.	Very few were still undergoing treatment. Most of them sought information or support for themselves, but one-third called on behalf of others.
Indou 2002 (Japan) ^[34]	To verify the causal model to predict the anxiety of nurses	Multiple regression analysis using a	500 nurses at eight	Factors, in descending order of importance: (1) Negative

	related to cancer nursing.	questionnaire containing an anxiety scale.	hospitals.	experience of nursing patients at the time of death; (2) The feeling of the gap in goals for cancer nursing; (3) The emotional necessity to provide care with a business-like attitude; (4) The attitude which avoids using the word 'death' in conversation; (5) The negative cancer image; and (6) The failure of execution of the informed consent of the nurse.
Kvåle 2007 (Norway) ^[22]	To find out, through qualitative in-depth interviews, if cancer patients in an oncology ward always want to talk about their feelings and difficult emotions regarding their disease and future.	Giorgi's approach to phenomenology.	Interviews with 20 inpatients with various cancer diagnoses in different stages and with different prognoses.	The patients wanted to talk about normal life, their hobbies and their families. Such conversations seem to support their coping strategies.
Uitterhoeve et al., 2009 (Netherlands) ^[38]	To investigate the relationship between nurses' cue-responding behaviour and patient satisfaction.	Videotaped interviews using the Medical Interview Aural Rating Scale questionnaire.	100 patients and 34 nurses from seven different oncology inpatient clinics.	The findings show that the patients were satisfied with the nurses' cue responding.
De Araujo & Rosas 2008 (Portugal) ^[42]	To understand the meaning of nurses' clinically based conversations with clients.	Phenomenological interviews.	Nine adult clients and nine nurses.	The findings identified acceptance and valuation by the clientele of nurses' clinically based conversations.
Jansen et al., 2007 (Netherlands) ^[23]	To review the literature to investigate specific needs of older patients with cancer in the treatment phase of the disease through conversations with physicians and nurses.	Literature review.	17 articles.	Many older patients want as much information on disease and treatment as possible, but are less interested in the details than younger patients.
Radziewicz et al., 2009 (USA) ^[35]	To describe methodology for ensuring treatment fidelity in patient-centred coping and communication support provided by nurses to patients	Review study. A randomized controlled intervention study.	28 articles.	Rigorous measurement of interventionist adherence to the intervention protocol and flexibility to allow for changing needs of patients and

	via telephone conversations.			family caregivers.
IMA et al., 2010 (Brazil) ^[40]	To understand the nurse/patient communication process, emphasizing nursing care to women who have been mastectomised.	Interview, grounded theory.	Eight nurses from cancer treatment institution.	Professionals need to get involved and believe that their presence is as important as the performance of technical procedures that relieve situations of stress.
Liu J-E et al., 2006 (China) ^[41]	To develop an understanding of caring in nursing from the perspective of cancer patients.	Semi-structured interview guide.	20 cancer patients.	Caring in nursing as perceived by cancer patients involves nurses having qualified professional knowledge, attitudes and skills in oncology.
Zheng et al., 2013 (China) ^[36]	To explore the views of patients and enterostomal nurses regarding a telephone follow-up programme for patients returning home with colostomies.	Semi-structured interview.	11 patients and eight nurses.	The enterostomal nurses found that telephone follow-up after a patient's hospital discharge was meaningful work.
Grimsbø et al., 2011 (Norway) ^[24]	To explore the use and content of patients' e-mail messages sent to oncology nurses and thus gain a 'snapshot' of patients' experiences of living with cancer.	Qualitative content analysis.	276 messages from breast and prostate cancer patients.	Questions and concerns regarding symptoms, experiences, fear of relapse, and uncertainty in everyday life. However, patients also expressed experiences of being "left in a void" after being discharged from hospital and living with serious unmet informational needs.
Farrington & Townsend, 2014 (UK) ^[37]	To examine how nurses can use critical reflection to minimise distressing side effects of treatment.	Evaluation of a specific incident from clinical practice.	Critical reflection	The article shows that critical reflection is a valuable learning process.