

Health Care Providers' Communication: The Cancer Patients' Perspective-A Study among Cervical Cancer Patients in Uasin Gishu County, Kenya

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Abstract: Aim: This study aimed at understanding the communication processes between the cervical cancer patients and the health care providers and how the processes influence *interventions* outcomes.

Methods: This was a qualitative study, targeting cervical cancer patients undergoing specialised treatment in health facilities or those receiving palliative care at home or hospice facilities in Uasin Gishu County. In-depth interviews as well as Semi-structured interview guide were utilized to obtain information from the study participants. A total of eight cases were recruited to the study. Content analysis was done and data reported in form of narration.

Results: The cervical cancer patients registered mixed communication experiences with their health care providers. Some of the respondents had a positive experience with prior counselling and preparation while for others it was a negative experience resulting from the poor delivery methods by the health care providers. The information was packaged differently in that some of the respondents received detailed and comprehensive information while for other respondents the information was sketchy. The environment under which the communication took place also aroused mixed reactions as it was favourable for some while it was not conducive for others.

Conclusion: Communication process for cancer patients varies in different settings and among different health care providers. There is need to emphasize on effective communication between the cervical cancer patients and health care providers.

Keywords: Communication, Cervical cancer, Health care providers.

Background

Health communication is defined as the verbal and non-verbal modes of exchanging information in a health care setting [1]. Communication to a patient regarding their health is critical as it helps the patient to understand about their illness, expected treatment and general well-being. The communication must be handled carefully because it is a dynamic process where messages maybe easily distorted.

Good communication is even more vital while communicating life-threatening conditions. Following diagnosis, patients with life-threatening conditions such as cancers are likely to suffer other ailments that would drain them psychologically and emotionally depending on the way information is conveyed by healthcare professionals or by their caregivers.

Effective patient-centred communication, enables patients to understand the treatment process and be empowered in decision making [2]. How the information is packaged to them is crucial since it determines the prognosis of the illness. Lack of effective communication predisposes the patients to

psychological, emotional or social harm. In most cases, a successful outcome during the treatment period is as a result of good communication between the health care provider and the patient [3]. Additionally, patients' perception of quality care is based on their interaction between the patients, their families and the health care providers [4].

Communication about cancer is not a one off event, but a continuous process, thus the initial communication about the diagnosis will dictate the onward care and services the patient will seek [3]. Breaking of the news about the diagnosis is a crucial moment that will make the patient accept the diagnosis or live in denial. At the time of diagnosis, patients and their families are devastated and unsure of the way forward. At this time, they require emotional, psychological and physical support. The health care providers need to apply effective verbal and non-verbal communication skills to ensure good reception of the information by the patients and their families.

Effective communication is necessary to teach and empower the individual patient on cancer management. The ability of a health care provider to pay attention, enlighten and empathize with the patient has a significant impact on the patients' satisfaction of health care [4]. Understanding a cancer patient's perspective of their health provider's communication is critical in service delivery and quality care. This understanding also unearths barriers which may hinder effective communication between the health care providers and cancer patients.

Despite a similar diagnosis, different cancer patients may have different viewpoints regarding their illness, however good communication will level the ground of understanding [5]. The health care providers should employ different communication skills when communicating cancer diagnosis, treatment process or prognosis to patients [6]. Cancer patients seek health care where they perceive there is provision of quality services, which in most cases determined by the communication process. A compassionate, competent and effective communicator will easily create an environment that will enable the patient to feel relaxed and ready for the services provided eventually leading to patient satisfaction.

Materials and Methods

This was a qualitative study carried out among patients suffering from cervical cancer in Uasin Gishu County. Purposive sampling was utilized to select study respondents. The patients were identified during their clinic appointments or hospice care visits. Patients willing to participate in the study agreed with the researcher on the appropriate date, time and venue of the interview. Semi-structured interview guides were used to acquire information from the respondents.

Before the interview, the respondents were informed about the need to audiotape the information and agreed on the language they would prefer. In-depth interviews from the respondents were conducted until there was information saturation. During the interview, recording of the discussion was done using a sound recorder. Emerging themes were categorized into various themes. Thematic analysis was done and reported in form of narration.

The researcher ensured that the research ethical considerations were adhered to by seeking informed consent from the respondents and ensuring that they signed a consent form upon explanation. Further, the information privacy and confidentiality was ensured by recording the responses anonymously assigning numbers to each respondent. Permission to carry out the study was obtained from the National Council for Science and Technology (NACOSTI).

Results

The emerging themes from the study were: the communication experience, communication techniques, adequacy of information, need for information, disclosure and the communication environment.

Communication experience

How information is passed is paramount. Patients being informed of cancer diagnosis, irrespective of the prognosis, feel that their life has been compromised. Cancer diagnosis is associated to death and people feeling like a reminder to their mortality, a major threat associated with diagnosis. From patient narratives, it is clear that communication of diagnosis needs some assurance to coping with threat. There were both positive and negative experiences among the respondents on how communication was done as they sought health care. Some health care providers portrayed a caring and compassionate attitude.

“When I went there for the first time, the nurse was very kind to me. She noticed I was quite sick and she talked to me very politely. She supported me to a chair and ensured I was comfortable. When it was my turn to be seen by the doctor, she helped me to the consultation room”. (Respondent 2)

When encountering a perceived grief, the disequilibrium caused creates stress, which is a psychological response. From patient narratives, it is clear that communication of diagnosis needs some assurance to coping with threat.

“It seemed like a dark moment immediately I was told I had cancer. However, the health care provider who was with me held my hand and allowed me to lean on her. We were silent for a bit but she did not seem to be in a hurry or bothered by my tears. Eventually when I was able to talk, we discussed at length on my way forward. I felt reassured and was ready to pursue health care”. (Respondent 3)

“The staff are very friendly and they always make you relaxed. I always look forward for my appointments. In fact, when I have ‘something small’ I take it to them because they treat me very well”. (Respondent 1)

Sometimes, the health care providers have poor communication with the patients. This makes the patients to regard the services as poor quality and wish they were never to seek health care.

“Nobody primes you on what is to be done. You only hear your name. When you go in there, if it is an injection you are not explained to what it is for. When you come out of that room, you always wish you were well so that you don’t go back there”. (Respondent 5)

The communication techniques

The health providers utilized various communication techniques which enhanced their verbal message. These included listening, touch, eye contact and leaning forward. Some respondents experienced communication blocks which included poor eye contact, being shouted at and lack of confidentiality.

“I remember one time when I was going for radiology. I was very weak after the session and I touched the nurse who was with me. She shouted, “Don’t touch me!” I was very scared. It left me crying”. (Respondent 8)

“I hate that I have to go to hospital because the health care providers look at you like you know nothing. They discuss openly about others thinking you will not understand because they are talking in medical terms. Even those cleaning the floor, some of them answer you very rudely when you ask a question”. (Respondent 5)

Information disclosure

Some of the health care providers were very compassionate and empathetic when breaking the news about the cancer diagnosis. However, others did not care as much and appeared to be in a hurry to

break the news. Some of the patients learned of their diagnosis through other patients since the relatives decided to hide it from them.

“Of course this was insensitive of the doctor to ask the secretary to give me the envelope containing my laboratory report. It was unanticipated that I would go into shock, being a medical professional but there is nothing bad like knowing you are soon going to die”. (Respondent 7)

“It was very sad for me to learn about my illness through other patients in the ward. It made me very angry with my family and didn’t feel like trusting them again”. (Respondent 5)

“When they told me of the diagnosis, I don’t remember hearing anything else except the word “cancer”. My mind kept ringing about what will happen next. I even felt like I was already dead and I thought I could not leave the hospital alive”. (Respondent 1)

Communication duration

The health care providers took ample time when disclosing information to the respondents while for others, it was hurried or they were left to find out the information for themselves without anyone discussing with them.

“I appreciate the nurse and my doctor for taking time to explain to me about this condition. They did so in such a friendly way and I was comforted by the time I left the clinic”. (Respondent 6)

“I was very unhappy with the doctor for telling me about it hurriedly and unempathetically. I think if he had taken time to explain to me, I would have been more emotionally ready to receive the news”. (Respondent 3)

Adequacy of information

Some of the respondents said that the information given was inadequate while others had the health care providers clearly explain to them about the management and treatment process.

“I left the hospital with more questions than answers. Unfortunately, there was no one to answer me the questions I had because I had a very bad reception when I went to the consultation room and this made me to fear”. (Respondent 5)

“I was very happy because the nurse and the doctor were very kind to me. They explained to me what to do simply and clearly. They did not use medical jargon thus I was able to understand. After the session, they allowed me to ask questions and I left when I was very contented with the information”.

Regarding the adequacy of the information, some of the respondents felt that they had been satisfactorily explained to about the diagnosis. Others felt that the information provided to them was confusing or inadequate.

“My doctor took time to describe this condition to me. In addition to the verbal information, she gave me a leaflet with the information that helped me to understand better about the illness”. (Respondent 7)

“I had just been told about the diagnosis. We were then placed in a group then explanation of what will follow was done. I found the information limited”. (Respondent 6)

Need for information

Other respondents did not know what to expect since they were dependent on the health care providers to guide them through the course of management and make decisions for them.

“For me, I did not really know whether the information was adequate or not. All I wanted was what I will be told to do by the health care provider”. (Respondent 3)

“I never knew what information to expect, thus what I told to me was okay”. (Respondent 8)

Communication environment

The environment in which communication occurs is significant and there is need to ensure that the patient is at ease and comfortable. However, this was not the case to some patients who felt that the environment lacked privacy, crowded and was uncomfortable. This environment predisposes the patients to have a negative attitude prior to any communication.

“The consultation room was very tidy, the painting on the wall was bright and it was quiet. There was a comfortable seat that I was given and a glass of water”. (Respondent 2)

“The environment is scary. Along the corridor there are very many sick patients, some on stretchers while others on the wheelchairs or even walking. The queue is long and you have to wait for sometimes before you are seen. Inside the room, the desk is full of files although the floor is clean. That day when I went the tap was leaking. The place looked disorganized, may be because of the many patients who were waiting to be seen”.

Discussion

Communication about cancer experience defines the quality of health care provided and has a high impact on the patient's ability to follow medical recommendations, perform self-care or even adopt preventive behaviours [7]. Effective communication reduces the stress burden among the patient and his/ her family since they will have a better understanding of the treatment process [3].

A positive communication experience will encourage the patient to seek health care. In this study, some of the respondents had a positive communication experience where the health care providers were able to listen and empathise with them. A patient should feel comfortable during a communication process where they can freely interact with the health care provider [8].

Communication experience

A negative communication experience makes one feel unaccepted and may impede them from seeking further health care services. This is even worse for cervical cancer patients who may feel unaccepted because of their diagnosis. Some patients had a negative communication where the health care providers were non-receptive. This could be attributed to heavy workload, understaffing or negative attitude among the health care providers. Similar findings were established in a study reviewing workload in public hospitals [9].

Additionally, a study in Singapore established that nurses had a negative attitude due to society's negative attitude and lack of respect for nurses and due cultural taboos which hindered communication [10]. Other studies however have established that poor communication among cancer patients and the health care providers could be attributed to lack of experience in communication in a difficult situation or inadequate training skills among the health care providers [11,12 & 13].

The inability to control one's emotions in difficult situations and certain cultural practices can contribute to negative communication experience [14]. Health care providers who have been adequately trained and equipped with communication skills especially in cancer care are able to deliver the information better to the patients as compared to those inadequately trained.

Work experience also is likely to affect the communication process since an inexperienced provider may not know what to do in case of difficult questions or when the patients bursts into emotions.

Communication techniques

Utilization of communication techniques enhances effective communication and delivery of the intended message to the receiver.

Information disclosure

Disclosing information to a patient is very crucial especially among the vulnerable group of patients like the cancer patients. Sometimes, health care providers are reluctant to disclose information to patients for several reasons thus leaving the patients with an unmet need [15]. The process of disclosing information about diagnosis to a cancer is critical since it enables the patient to understand the illness.

However, this process can be complex since it not only affects the patient's physical wellbeing but emotional and social health [16]. It also affects their families and loved ones. Some of the respondents had the news of their diagnosis delivered to them in a courteous, compassionate and friendly manner.

Communication time

Time has often been a barrier to effective communication. Time is a scarce resource in the health care practise; nevertheless, it is critical when it comes to disclosure of information pertaining diagnosis to a cancer patient. Some health care providers took adequate time to discuss with their clients. This could be attributed to their understanding of the weight of such information and the need to be with the patient at such a time. For effective nurse-health provider relationship, time is of essence [17].

For some respondents, the disclosure was hurried since it appeared the health care providers did not have adequate time for disclosing and discussion with the patient about the diagnosis.

Information adequacy

Some respondents felt that the information provided was adequate. This could be attributed to the health care provider's knowledge and experience in providing such information. Similar findings were established in a Spain study where most of the respondents reported receiving adequate information [18]. It could also be attributed to lack of knowledge among the respondents on the expected information [19].

When the patient is less informed of what to expect, it is upon the discretion of the health care provider to decide what to say at that moment. Some patients are very dependent on the health care providers thus do not see the need to search for their own information, as such, they are likely to be satisfied with what they are told. The society's views of health care providers as having a wealth of information is also a factor which may contribute to satisfaction of the information provide.

Communication environment

A conducive environment will provide a comfortable setting for communication. Some respondents felt that the environment was very friendly during the process of communication with their health care providers. This could be because the respondents were attending a private hospital where privacy and patient's comfort is highly regarded. Similar observations were made in a study assessing barriers of communication between nurses and mechanically ventilated patients [15].

Conclusion

Evidently, communication between health care providers and cervical cancer patients is significant in cervical cancer diagnosis and prognosis. A positive initial experience leads to better perception of the illness. The ability of the health care provider to perform effective communication is a key step in ensuring that the message is well delivered. Information adequacy is dependent on the expectations of the patient. A conducive environment enables patient's comfort.

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