

Communication Skills Effectiveness between Healthcare Providers and Patients in Cancer Care Centers in Lebanon

Mohammad Salem^{1*} and Hasan Sadek²

¹Researcher, MSc, MBA, CNRN, BSN

²Faculty of Science, Lebanese University, Lebanon

Abstract

Objectives: This study was designed to assess the effect of healthcare providers' communication skills in the satisfaction and outcomes of cancer patients in cancer care centers in Lebanon.

Methods: This cross sectional quantitative study was conducted in five different cancer care centers in Lebanon. Two hundred and twenty participants across all the five selected centers were asked to take part in the study by filling the 16-item questionnaire. Data was collected within two months, from May to July 2018.

Results: Two hundred and nine questionnaires (95% response rate) were completed and used in the analysis. Out of the 47.4% of the cancer patients who expressed satisfactions with their consultations with the doctors, only 34% recognized that such consultations were useful. Further, more than 55% of the patients do not understand the medical terms used by doctors and are hence less satisfied with the consultations. This study has also confirmed that most cancer patients consider communication to be more significant at the pretreatment phase.

Conclusion: We have established that the healthcare practitioners, especially doctors, still use technical language and terminologies that discomfort the cancer patients and thus hamper their satisfaction and better outcome. Moreover, the demographic factors such as level of education also contribute to patients' satisfaction with caregivers' communication skills.

Keywords: Communication; Cancer care center; Patients' satisfaction

Introduction

Effective communication between the healthcare providers and patients has been identified to be one of the most important factors that contribute to patients' satisfaction, compliance and overall health outcome [1,2]. Clear and empathic communication is even more crucial within the healthcare setting where patients suffer life threatening conditions and terminal illnesses such as cancer [3]. O'Daniel et al. express that cancer patients create impressions of their healthcare service providers based on how the healthcare providers communicate and interact with them [4]. Such impressions can impede or facilitate the manner in which the healthcare practitioners can influence the patients. In turn, this impacts upon the degree to which patients express their contentment with service they are given and thus, their prognosis.

Elaborate and empathetic communication impacts how the patient responds to the healthcare service they are seeking. Nevertheless, Butow indicates that a "good communication is a basic component of good clinical care, without which even the technical aspects of medicine cannot be effectively delivered." [5]. As such, the cancer patients who clearly comprehend their disease and treatment trajectory, who recognize and trust that the practitioner is truly concerned regarding their health, frequently exhibit higher satisfaction with the care they receive and have a higher likelihood of complying with treatment requirements. Effective communication is significant asset to an effective cancer care system [6]. Cancer patients compose a vulnerable population with increased information needs. They depend heavily on their clinicians in regard to coping with physical, emotional, and social burdens, which affect their quality of life. Cancer patients experience multiple symptoms during treatment and rehabilitation, physical, psychosocial, and emotional and thus the need for a lucid communication.

Moreover, Butow clearly explicate that "cancer carries a high psychological burden, thus the costs of poor communication are particularly salient in this patient population" [5]. Cancer patients typically have a long period under treatment and control, and consequently, their care involves a number of different clinicians and institutions (specialist hospital, general hospital, general practitioner among others [2]. This poses another challenge to the communication with cancer patients, as they meet new clinicians numerous -times. Studies have reported that cancer patients desire more information than they receive, and also that the majority want detailed information. In a cross-sectional survey conducted by Costas-Muniz et al. among the selected patients in a cancer care project in New York, between 2011 and 2012 concluded that most of cancer patients who belong to the ethno-cultural minority groups as well as those who have lower levels of education often face more serious hurdles to understanding the physicians' communication regarding their care plans [7]. The study further reported that the caregivers sometimes provide them with heavy unclear information that they cannot clearly understand.

A large number of studies have confirmed that cancer patients will exhibit better-coping strategies with their disease when their clinicians communicate with them more openly and honestly [8-11].

***Corresponding author:** Mohammad Salem, Researcher, MSc, MBA, CNRN, BSN, UAE, Tel: +971559564753; E-mail: salem.mohammad41@yahoo.com

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Despite such research, there is still a persistent lack of appropriate communication skills between healthcare providers and patients in cancer care centers in the cancer care settings in Lebanon. Healthcare providers and physicians still use many technical phrases without additional clarification and that patients regularly feel disinclined to seek additional clarification [12]. Daher et al. assert that such gaps will persistently lead to low satisfaction and poor cancer outcome among the cancer patients in Lebanon [13]. Notably, it is important for the oncologist to be honest and open especially to the cancer patients and hence the need to conduct more explorative investigation to determine the current communication skills in place between the healthcare providers and the cancer patients.

Literature Review

The review presented in this section appraises the findings established by the previous researchers within the domain of communication skills in the healthcare and cancer care settings. Hence, literature search was conducted in three main journal databases; CINHALL, ProQuest and PubMed. It was largely evident that several studies have explored the significance of proper communication skills between the healthcare providers and patients in various capacities [14]. Many researchers have also established the need for empathic communication between the healthcare providers and patients with life threatening diseases such as cancer, and in palliative care settings. Nevertheless, a discussion of whether there is any proper communication skills exhibited between the healthcare providers and the cancer care patients in Lebanon still remains as a gap. An explicit discussion of the resultant articles are presented under the three major subsections presented below.

Communication between the healthcare providers and the cancer patients

Communication between the healthcare providers and patients in whichever the setting is critically significant. However, when it comes to the cancer patients, Fallowfield et al. indicate that the demand for more cordial and empathic communication becomes more valuable [15]. Similarly, the other life-threatening illnesses as well as the terminal illnesses require a proper palliative care, graced by lucid and concise communication [16]. Such difference arise from the nature of the disease and the associated psychological implications.

In a qualitative pilot study conducted by Sloan et al. among the cancer patients and caregivers in Tennessee, USA, reported that, the cancer patients often feel satisfied with a repeated communication or at least, communication done at length [17]. As such, the oncology patients need more time and attention due to their psychological state and distress [18]. In fact, the findings from Sloan et al. reported that the cancer patients need additional social support and even financial assistance to comfort them with their medical condition [17]. They concluded that the cancer patients need more elaborate communication aided with the nonverbal skills for a better impact. Stiefel et al. express that the physicians need to develop a mutual relationship with the cancer patients to make them feel important [19].

Levit et al. explain that oncology healthcare providers need to listen to their patients psychosocial issues, assessing for anxiety and depression, teaching explaining and clarifying unknown information, and helping in the decision making process [20]. Such approach should thus include teaching, supportive and empathetic response that result in patient comfort and the overall wellbeing. Many researchers have highlighted a number of issues to avoid when communicating with the cancer patients such as premature reassurance, blocking and lecturing

among others [21,22]. Such issues highlight the purpose for sensitive communication to be upheld by the healthcare service providers.

Role of effective communication in patients' recovery

Effective communication in cancer care setting is a multifaceted tool used to improve patients' comfort and emotional wellbeing. Butow explicates that an effective communication between the physicians and the cancer patients have a positive impact on the patient recovery due to the resultant psychological adjustments [5]. Cancer patients are known to develop more desires for communication to understand their condition and the progress in order to make proper decisions on their treatment regimens [23]. Indeed, the cancer patients often place high priorities on proper communication during their care service delivery.

According to a qualitative study conducted by Mazar et al. among 106 stakeholders in various cancer care settings in Europe identified that effective communication between the healthcare givers and the oncology patients helps such patients to cope with their cancer condition [24]. Further, the stakeholders expressed that effective communication is essential to the cancer patient as it enables them make informed decisions and make informed care by both the family and the clinical nurses. Conversely, poor communication often lead to a breakdown in care provisions and deteriorated relationship between patients and the care providers [5].

The psychological implication of proper communication skills is far-reaching on the comfort of the cancer patients. A qualitative survey conducted by Green et al. to determine the impact of psychological comfort on the patients' recovery among 177 participants in Kaiser Permanente Northwest, Portland confirmed that a strong positive relationship between clinicians and the patient expedites recovery [25]. A similar idea is expressed by Kornhaber et al. (2016) who conducted a review to understand how close interpersonal relationships enhance patient recovery [26]. Based on findings, one it becomes apparent that effective communication skills, braced by mutual interpersonal relationships are significant in boosting the recovery options for cancer patients.

Challenges of communicating with cancer patients

Despite the present findings, some researchers have noted that some challenges still persist within the healthcare centers [27]. In a recent study conducted by Banerjee et al. to determine the challenges faced by the oncology nurses in communicating with the cancer patients between 2012 and 2014 in US found that nurses are faced with six different communication hurdles [28]. Such challenges include; dialectic pressures in providing empathy, lack of skills for providing empathy, the nature of challenging environments, perceived differences, and perceived organizations barrier in providing empathy. Further, the researchers noticed the burden of shouldering bad information among the oncology nurses to present.

Banerjee and his colleagues explicate the concept of dialectic tensions in providing empathy to entail the contradictory impulses in the relationship between patient and nurse. In their study, the physicians study referred to two kinds of dialectic tensions: the tension between having the knowledge and lack of knowledge about the illness experience and balance between attachment and detachment. While physicians' professional experience provide them with a broader knowledge about the experiences patients go through while in the hospital, many physicians reported that with lack of personal experience they have inadequate communication on the difficulties of the patients.

Similarly, when physician is caught in the dilemma of one's emotional attachment to the patient and the urge to keep detached from their patients and their loved ones.

Many other researchers have also highlighted various instances of challenges faced by the healthcare providers when communicating with the cancer patients. For instance, a study conducted by Hasan et al. reported that emotional burden associated with cancer is the leading challenge in communicating with the cancer patients. A similar idea is also expressed by Hansen [29,30]. The identified challenges poses the cancer patients at the delicate end of information reception point, with additional and sensitive demands. As such, the healthcare providers need to demonstrate skillful communication when handling the cancer patients.

Methodology

This quantitative study was designed to follow the principles of descriptive cross-sectional study research in the collection, analysis and presentation of the data outcomes. Accordingly, the study used a research questionnaire that was borrowed and tested within the researcher's healthcare setting before being administered to the research participants.

Two hundred and twenty (220) questionnaires were distributed to the cancer patients at different stages within five cancer care centers in Lebanon. The selected hospitals included; Al Zahraa Hospital in Beirut; Khoury Hospital and Libano Francais Hospital in Beqaa; and Middle East Institution of Health, and Al Haykaliye Hospital in the Northern Lebanon. The researcher administered the questionnaires after obtaining the participants' consent after receiving the ethical clearance from the Middle East Institution of Health in Lebanon.

The patients were then given 30 minutes to fill in the required details in the two sections of the questionnaire, about their demographic information and their satisfaction with the communication with their healthcare service providers. Data was collected within two months; May to July, 2018. Henceforth, the analysis was performed using SPSS for both the descriptive and correlational statistical tools.

Results

The demographic characteristics of the study participants

This study examined the demographic features of the participants under three major areas' age, gender and level of education as shown in Table 1.

According to Table 1, a large number of the participants (60.8%) had age of 35 and above. Only 39.2% had the age of less than 35. It was also noted that there were more females (64.6%) than male participants (35.6%). Regarding the level of education, most of the participants had studied up to secondary level (43.5%), while a small number had studied to the university (35.4%) and primary school level (21.1%).

Communication skills in care setting

The communication skills were assessed using 13 item questionnaire with the dichotomous data output of 'Yes' and 'No' for each individual question. Table 2 shows the participants' response to each question.

Most participants (84.2%) acknowledged that their caregivers, doctors often discuss with them, tell them about their treatments (52.6%) and inform them about the possible side effects (90.4%). of However, a large number of patients reported that they did not find it easy talking with doctors (52.6%), and did not understand what they were

Variable	N (%)
Age	
<35	82 (39.2)
≥ 35	127 (60.8)
Gender	
Male	74 (35.4)
Female	135 (64.6)
Level of education	
Primary	44 (21.1)
Secondary	91 (43.5)
University	74 (35.4)

Table 1: Participants' demographic data (n=209).

Variable	N (%)
Doctors discuss with patients	
Yes	176 (84.2)
No	33 (15.8)
Patients find it easy talking with doctors	
Yes	99 (47.4)
No	110 (52.6)
Nurse/Doctor tell patients about the treatments	
Yes	192 (91.9)
No	17 (8.1)
Understanding what told about the treatment	
Yes	84 (40.2)
No	125 (59.8)
Told about possible side effects	
Yes	189 (90.4)
No	20 (9.6)
Understanding about the possible side effects	
Yes	65 (31.1)
No	144 (68.9)
Further clarification	
Yes	186 (89)
No	23 (11)
Satisfied with allocated time with doctor	
Yes	94 (45)
No	115 (55)
If doctor listens	
Yes	77 (36.8)
No	132 (63.2)
Preference in addressing illness	
Doctor	72 (34.4)
Nurse	137 (65.6)
Usefulness of consultation with the doctor	
Yes	72 (34.4)
No	137 (65.6)
Medical termination as a barrier to your doctor	
Yes	116 (55.5)
No	93 (44.5)
Phase of treatment communication is more preferred	
Pre-treatment phase	144 (68.9)
Treatment phase	50 (23.9)
Post-treatment phase	15 (7.2)

Table 2: Participants' satisfaction with the caregivers' communication (n=209).

told about their treatments (59.8%), did not understand the possible side effects (68.9%). Accordingly, some participants reported that they often seek further clarification (89%) but some do not (11%); a large number (63.2%), indicated that doctors do not listen to them and thus the high preference talking to the nurses (65.6%). Indeed, 65.6% of the participants reported that they do not regard their consultations with the doctors as useful. Most patients (68.9%) consider proper communication to be most important at the pre-treatment phase while others consider it more important at during the treatment (23.9%) and post-treatment phases (7.2%). Regarding the time allocation for discussion with the doctors, almost half of the participants (45%) expressed satisfaction with time.

Impact of socio-demographic factors on cancer patients' satisfaction with caregivers' communication skills

Further assessments were done to determine whether the participants' socio-demographic factors had any effect on their satisfaction with the caregivers' communication skills. The highlighted factors were examined against four major domains of communication skills (doctors' discussions with the patients, patients' understanding about their treatment, and usefulness of consultations as well as satisfaction with the allocated time). The Chi-square analysis output is presented in Table 3 below.

Age was identified as one of the key factors that have a direct impact on the patients' satisfaction with the caregivers' discussions about their treatments ($p=0.015$), how patients regard the usefulness of consultations ($p=0.042$) and their satisfaction with time ($p=0.042$) at 95% confidence interval. However, age does not have any significant contribution to the understanding of the cancer patients' treatments as described by the healthcare service providers. Similarly, gender of the cancer patients also contributed to their satisfaction with the caregivers' discussions ($p=0.057$) and usefulness of consultations ($p=0.058$). However, time allocation and how patients understand their treatment information were not influenced by gender. Lastly, patients' level of education was identified to have a contribution to all the domains of communications at $p<0.05$. As such, the level of educations of cancer patients seem to be the most significant factor on patients' satisfaction with caregivers' communication skills.

Discussion

This cross-sectional quantitative inquiry has unmasked a number of key issues in terms of communication weaknesses between the healthcare providers and the cancer patients. It is evident that in as much as a large volume of literature has acknowledged weaknesses in the communication skills displayed by the healthcare providers, some positive issues have been identified in this study [28,31,32]. Nevertheless, the use of medical terminologies still remains as a gross challenge to these cancer patients, particularly those of lower educational status. These key findings, among other major outcomes are presented herein.

Concerning the communication preference for the patient, our results have shown that most patients prefer talking to the nurses as opposed to talking to the doctors. The same idea has been presented by many previous researchers including Read et al. who conducted a quantitative study in London. However, Read & Mayberry did not restrict their study to cancer patients [33]. Friesen also indicated that most patients prefer discussing their illnesses with the nurses instead of the doctors. According to Friesen, most of patients prefer to communicate to the nurse more than to doctor since doctor prefer to explain the issue with exact medical terms, while nurse explain by broader point of view [34]. As such, nurses display more open conversation that gives patients time to fathom and even ask questions

regarding their medication matters [35]. However, a quantitative study conducted by Ranjan et al. in India has shown that a significant percentage of cancer patients prefer to communicate with the doctor [36].

In many instances, the cancer patients do not understand the doctors' explanations about the treatments. For instance, in our study, we observed that a large percentage of cancer patients failed to understand the doctors' explanations about their treatments. Other previous researchers such as Hantho et al. also confirmed that patients often fail to understand the doctors' illustrations about the side effects of various medications [37]. Similarly, Graham et al. also reported that patients often find it hard to understand their treatments following the caregivers' explanations [38]. In fact, in their study conducted in California, more than 50% of the participants, who were cancer patients, admitted that they do not understand what they are told about their treatments. Such findings also get hand in hand with the outcome attained by Dizon in London where more than 55% of cancer patients consider medical terminologies as a barrier for understanding [39]. Hence, we can conclude that the healthcare service providers who care for the cancer patients do not exhibit proper communication skills, especially in explaining treatments to the cancer patients.

We also observed that the proper communication skills are best needed by the cancer patients who are at the pre-treatment phase compared to the treatment and post-treatment phases. Accordingly, a study conducted by Epstein et al. also observed a similar outcome in US where most of the cancer patients showed a high inclination to lucid communication during the pre-treatment phases [40]. At such points, the cancer patients often express more worries that often disrupt their concentrations [41]. Other researchers in oncology has also explicated that cancer patients often have spiritual demands that require attentive care based on culture and religion [42,43]. As such, they need empathic communication with detailed attention and comforting [44,45]. Moreover, the socio-demographic factors such as age, gender and level of education also contribute to cancer patients' satisfaction with the selected domains of communication; time, explanations for the treatment, usefulness of discussions and understanding of treatment. This observation partially concurs with the reports established by other researchers such as Tay et al. who reported that "personal characteristics of patients and nurses are the key factors that influence effective nurse-patient communication within the oncology setting." Zamanzadeh et al. also identified patient characteristics as one of the contributors to effective communication within the oncology units [46,47].

Conclusion

Therefore, we have identified a number of issues associated with the low level of satisfaction among the cancer care patients in the selected cancer care centers in Lebanon. This idea gives the clue about the kind of unsatisfactory communication used by the healthcare providers. However, such unsatisfactory communication was shown to vary with the patients' level of education among other demographic features. It was also evident that most of the caregivers prefer medical terms when conversing with the cancer patients which most patients fail to understand. Nevertheless, most caregivers make the attempt to explain to the patients some of the basic elements of the treatments.

However, we also report a limitation based on the study participant. We only surveyed the patients, yet communication is a double faced tool. We thus recommend for a comparative investigations to look into matter from the caregivers' perspectives.

Variables	p-Values for each domain of communication			
	Discussion with the patient	Understanding the treatment	Usefulness of consultations	satisfaction with time
Age	0.015	0.328	0.042	0.024
Gender	0.057	0.356	0.058	0.533
Level of education	0.042	0.000	0.000	0.000

Table 3: Socio-demographic factors on patients' satisfaction.

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