

## Cancer Patients and Health Care Providers: Communication Levels and Expectations

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**Abstract:** For several reasons diagnosis of cancer is associated with fear and denial, with insufficient knowledge of Radiotherapy among patients and even health professionals, there is a gross lack of information for patients about their diagnosis and treatment modalities, this obviously will affect patients' satisfaction of their care. To assess level of communication and satisfaction among our cancer patient undergoing Radiotherapy, two hundred of them were interviewed (63 male and 137 female). Almost all the patients had more than 6 years of formal education. Twenty-three percent, 31.5% and 23.5% were within 30-40, 41-50, 51-60 years age brackets. One hundred and eighteen patients (59%) did not know the nature and stage of their disease with 138 (69%) showing interest in knowing, while 62.(31%) were not interested. One hundred and sixty four (82%) patients claimed to be satisfied with care in spite of little or no information about this disease. In terms of expectation, majority (60.5%) expected much from their care givers in terms of knowledge of cure of cancer, empathy and sympathy in managing psychosocial problems associated with their disease. In conclusion most of our patients in this environment are not well informed of their disease. There is a willingness to receive information from care givers; hence health care providers need to improve on their level of communication with their patients for them to maximally benefit from treatment thus improving their quality of life.

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### Introduction:

Patients care and satisfaction among several factors are dependent on adequacy of information about diagnosis, treatment modalities and expectation of outcomes for several reasons, the diagnosis of cancer is associated with fear, denial. With inadequate knowledge of the specialty of Radiotherapy, the possibility of inadequate information and misinformation is ever present. There is a major problem of information management among patients generally in developing countries and therefore they do not have information to guide their understanding of disease and therefore expectation, which may be due to low level of education, poor access to information from health care providers which favour contending sources of information from non health care specialists.

Moreso in cancer, where faith, spirituality and non-orthodox practices provide alternate sources of information which are generally misleading, with dire consequences.

Effective communication and adequate information are the very essentials of management of diseases, particularly in the management of a multifaceted treatment associated with long term management of such patients.

Misinformation is based on failure of effective communication and non-communication between the healthcare provider and the patients or the beliefs in the

information provided by non-specialist health care providers or alternative healthcare providers and spiritualists.

This study therefore aims to assess a possible knowledge gap with reference to sources of information, understanding of disease burden and expectation in order to improve on the care of these patients in our environment.

### Materials and Methods:

Two hundred consecutive patients undergoing Radiotherapy in the Department of Radiotherapy, University College Hospital, Ibadan between September and December 2004 interviewed by a trained research assistant.

A set of questionnaires which had earlier been pre-tested and also interpreted into non English local dialect were used in non-English speaking patients.

The questionnaire consists of sections detailing Demography, Sources of information about disease and treatment, and Patients expectations.

### Results:

Almost all the patients had more than 6 years of formal education. Twenty three percent, 31.5% and 23.5% of patients seen were within 30-40, 41-50, 51-60 years age brackets. One hundred and eighteen patients (59%) did not know the nature and stage of their

disease, with 138(69%) interested in knowing, while 62(31%) were not interested. One hundred and sixty four (82%) patients claimed to be satisfied with little or no information they have about their disease. Source of information of patients were Doctors 145(72.5%) nurses 37(18.5%), technologist 8(4.0%) others 10(5%).

Out of the Two hundred patients were interviewed, 63 were males and 137 females. Common histological diagnosis were breast cancer 69(34.5%), cancer of the cervix 56(28%), Head and Neck cancers 38 (19%) others 37(18.5%).

In terms of expectation, the majority (60.5%) patients expected very much from their careers in terms knowledge of cure of cancers as well as empathy and sympathy in managing psycho-social problems.

When bad news is to be passed across 98 patients preferred it to be passed directly to them while 41 (20.5%) wanted it passed to their family and 39(19.5%) wanted someone accompany them before receiving such information while 22(11%) preferred that such information be withheld.

#### **Discussion:**

Adequacy of information and communication in disease managements helps To influence treatment outcomes. Communication may be verbal or non-verbal and health care practitioners should be adequately versed in these communication modalities. In multifaceted but long term diseases such as cancers, good communication is essential for understanding and trust between patients and practitioners<sup>2</sup>.

In developed countries there is a high level of health awareness and access to internet facilities, hence patients are well informed about their diseases and are also well informed of their right to information from their doctors<sup>3</sup>.

In a developing country like Nigeria due to high level of illiteracy and lack of access to health information patients are not well informed and they don't even know that they have right to ask for information from care givers.

Sometimes the patient out of fear of the disease and even of care givers, they are not bold enough to seek detailed information about their condition. Among the patients studied 72(36.5%) had 11 years of formal education while 30% had less than 6 years of formal education, and others (33.5%) had no formal education. This level of low educational attainment of patients may explain why majority did not know or care to know the diagnosis and stage of their cancers<sup>4</sup> This implies that if care givers could give more information to the patients most of them are actually willing to receive them<sup>5</sup>, failure on the part of health professional to pass across enough information might be due to inadequate number of health workers compared to large number of patients to see per clinic

day, hence not enough time is available to adequately review the patients. In spite of the inadequate passing of information to these patients, surprisingly majority 164 claimed to be satisfied with the information received and 138(69%) don't even seek second opinion; this obviously is a reflection of their level of education and exposure. In terms of their expectation from the care givers very much is expected from health workers in terms of therapeutic skill 121(60.5%) diagnostic skill 120 (60%) patience 177 (58.5%), human feeling 110 (55%), skill in management 107(55.5%) and tactfulness 105(52.5%) managing a psycho-social problems 103(51.5%) in decreasing order. The highest expectation is in the therapeutic skill of the care givers, the primary hope of the patients is to have cure for their disease even though 70% of cases seen in this environment come in late stages.

Patients seek information from all the workers in the Radiotherapy clinic, Porters and hospital maids inclusive but majority still seek information from Doctors And Nurses. It is therefore necessary that the all workers should be informed of the rudiments of care of patients undergoing radiotherapy to avoid misinformation. This we believe should obtain for all clinics. In situation when bad news is to be passed across 98(49%) were willing to receive it directly, 80 (40%) attached conditions such as passing the information to family members or to be accompanied by a friend to receive such news<sup>6</sup>. 21(10.5%) wanted such news to be withheld. Majority would like the bad news in one way or the order but this must be preceded by one to one counseling.

#### **Conclusion:**

In conclusion most of our patients in this environment are not well informed about their diseases. There is a willingness to receive information from their care givers, hence the care givers need to improve on their level of communication with their patients for them to maximally benefit from treatment and consequently improve their quality of life.

The expectation of the patients about their careers is high; hence the Doctor and Nurses should brace-up to the challenges of giving their best to their patients.

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**References**

1. Jones R. Pearson J. McGregor S. et al. cross sectional survey of patients satisfaction with information about Cancer BMJ 319 7219 (1999) 1247-8.
2. Jones R. Pearson J. McGregor S. et al Randomized trial of personalized computer based information for cancer patients BMP319 7219 (1999) 1241-7.
3. Brader S.A. Braude R.M. "Patients Information" creating new partner in medical decision making. Academics physician (1998) 73 (4); 408-11.
4. De-Haes H., Teunissen S. Communication in Palliative Care: A review of literature Curr Opin Onco (2005) July 17(4) 345-50.
5. Merckaert T., Libert Y, Razavi D: Communication skills training in cancer care where are we and where are we going? Curr. Opin Onco (2005) July 17 (4) 319-30.
6. Ogden J. Jain A. Patients experiences and Expectation of General bpractice: A questionnaire study of differences by ethnic group. Br. J. Gen. Pract (2005) May 55 (514) 3.

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