

Patient-Centered Communication in Moroccan Cancer Care: Assessing patients' satisfaction and identifying communication barriers (The Oncology department of the Hospital University Center (CHU) Hassan 2 as a case study).

Omar OUBRY

Department of English studies, Faculty of Arts and Human Sciences Fez-Saïss.

Country: Morocco.

Corresponding author: Omar OUBRY

Abstract:

In a study of physician-patient communication in the oncology department of the University Hospital Center (CHU) Hassan II of Fez, Morocco, we invited some cancer patients – after signing a written consent - to participate in the survey by answering a set of questions we have asked them (using face-to-face questionnaires), with the aim to explore some patient related data, such as: the literacy level, the cancer site, their knowledge level about cancer, how they received the diagnosis, the fact of asking questions about their case to feed their curiosity, their degree of satisfaction with communication with their oncologists, and to what extent they try to acquire more knowledge about their disease; then, we finished up the survey by gathering the patients' suggestions to improve the physician-patient communication process and thus to enhance the quality of care in the oncology department of the university hospital center under study.

Key words: *Cancer; Physician-patient communication; Physician-patient relationship; Health literacy; Cancer literacy.*

Date of Submission: 13-01-2021

Date of acceptance: 28-01-2021

I. Introduction:

Insuring an effective communication between physicians and patients - and especially cancer patients - is one of the main goals of health policies worldwide; these patients feel vulnerable and need a specific care, which includes a very effective communication as well. Also, in several countries, as in the third world ones (such as Morocco), cancer is still considered as a stigmatized disease, associated to some stereotypes such as cancer is incurable, it is not good to talk about it in public, and so forth. In fact, communicating with cancer patients requires specific skills to avoid any communication breakdown that might have negative impacts, mainly a bad compliance with the treatment and a dissatisfaction with care (Cameron, 1996) [1]. In this sense, the study was conducted in the Oncology department of the University Hospital Centre (CHU) Hassan II of Fez-Morocco to explore the physician-patient communication process.

II. Aims of the study:

- Assessing the patients' knowledge about the disease (cancer);
- Finding out how they had received the diagnosis for the first time;
- Evaluating the patients' satisfaction with communication;
- Determining if they talk about personal topics to their oncologists;
- Checking if they ask their physicians further questions about their health status;
- Checking if they use other health information sources (other than healthcare professionals) to acquire additional cancer knowledge;
- Gathering the patients' suggestions for a better physician-patient communication.

III. Method

It is a one month cross-sectional study, which involved about 51 cancer patients who have attended consultations in the oncology department of the CHU Hassan II of Fez (between the 1st and the 31st of January 2017). Being the principal researcher, I took the responsibility to fill up a 4 page face-to-face questionnaire, due to several reasons, essentially: the important rate of illiteracy of the patients, as well as their poor physical and psychological conditions. With coordination with the physicians of the oncology department, patients were asked – after finishing their consultation – to join the office next door: a private room, in which I had prepared

the questionnaires and started by: introducing myself (as the principal researcher), the purpose of the study, then I insured the anonymity of the data generated by the study, and they were asked to sign the consent. After, I had started asking them questions using the questionnaire that is standardized (in which the questions are the same to all the participants) and semi-structured (which includes pre-coded questions and open-ended ones). The final data obtained were classified in an Excel database, and then imported to the SPSS v.20 software to be analysed.

IV. Results

The mean age of the patients was 53.4 years; 64% of them live in an urban area (Fez or the nearby towns), and 45.1% are illiterate, while 31.4% did not have more than elementary schooling. For our participants, the monthly income was under 2000 MAD (\approx 212 USD) for 51.2%, and between 2000 and 4000 MAD (\approx 212 and 425 USD) for 44.2%. When it comes to the cancer type of our sample, 52.9% were women with breast cancer, and 23.5% with a gynaecological cancer. In addition, to assess their knowledge about the disease (cancer), we asked the following question: “what does cancer mean to you?”, and the answers were very varied, most common one stated that: “it is an aggressive life-threatening disease” (45.1%). When it comes to how they have received the diagnosis at first, 96.1% found out about it through the referral doctor; as a reaction to this announcement, the two main ones were ‘the fear of what is next’ (23.5%) and the emotional shock/trauma (19.6%). The majority of the patients (85.7%) were informed – by the oncologists – about the details of the cancer treatment they were about to undergo. Only 68.8% of the patients ask questions about their disease, while 31.3% do not. Moreover, for 22.4% of the participants, their relatives had tried – at some point - to hide serious news (such as: relapse or metastasis) from them to avoid emotional trauma. 93.8% of our patients do not talk to their oncologists about the personal matters that affect their cancer management, mainly because they think that the oncologists might not be interested by such topics. Also, 95.7% of them confirmed their satisfaction with the oncologists’ communication and 97.9% argued that the time dedicated to the consultations is sufficient. It happens that 68% of them look for information to enrich their knowledge about the disease, while 32% do not, mainly because they are either not interested (11.8%), or because they are illiterate (11.8%). At last, the suggestions of the patients for a better communication with their oncologists were gathered, and they will be cited in the discussion part.

V. Discussion

From the findings, we noticed that the average age of the patients was 53.4 years, with 64% of them living in an urban area, which means living in either in Fez or the nearby villages (or small towns), and this somehow explains why 45.1% of the participants are illiterate, due the lack of schooling facilities (teaching staff, material resources...etc.), a thing that goes along with the statistics of the ANLCA (Agence Nationale de Lutte Contre l’Analphabétisme- National Agency Against Illiteracy) stating that the number of illiterate people in Morocco was about 10 million by the end of the year 2015 [2]; indeed, and in relation to our topic, illiteracy has a negative impact on people’s knowledge and communication skills in general, and their health literacy in particular. Also, the monthly income of the participants was under 2000 MAD (\approx 212 USD) for 51.2% of the patients, and between 2000 and 4000 MAD for 44.2% (\approx 212 to 424 USD), which gives a general idea about the low socio-economic level, which also affects the illiteracy level previously cited above. In addition, 84.3% of the participants were women (53.9% of the patients had breast cancer). In fact, cancer is a very serious disease, and in a ‘Fact Sheet’ of the World Health Organization (WHO), it is considered to be “one of the leading causes of mortality and morbidity worldwide, with approximately 11 million new cases in 2012” [3]; in this sense, we asked the participants an open-ended question to assess how much they know about cancer, and the answers were very varied, ranging from: “I don’t talk about it... it’s a taboo” or “it’s a monster”, to: “it is an incurable disease”, “a life-threatening illness”, and “it is a disease that strikes only women over 45 years of age”; this clearly demonstrates how cancer is still considered a ‘stigmatized disease’ that is incurable and shameful to talk about in public, and the source of these misinformation might be: a false interpretation of some health messages of media or healthcare professionals (due to health illiteracy or poor communication skills), rumours and myths of society and the patients’ surroundings, some other cancer patients’ sad illness stories/experiences ... etc. When it comes to how these patients were informed about the diagnosis, almost all of them (96.1%) received the news from the referral doctor (the one who had first addressed them to the oncology hospital for cancer management), and this crucial announcement plays an important role in decreasing the anxiety level of patients, as well as preparing them psychologically for the first oncology consultation by making them more familiar with the cancer domain. Moreover, 85.7% of our patients claimed that the oncologists explained to them the details of the treatment to be adopted (chemotherapy, hormonal treatment, radiation therapy ...etc.), and this might be a proof that these physicians have accomplished the huge task of transmitting important medical knowledge to a category of patients with low socio-economic level. Only 68.8% of the participants tend to ask questions related to their disease (diagnosis, treatment, prognosis...), while 31.3% do not, claiming that: “the physicians ask and we answer”, “The oncologists know what is best for us”, “I am afraid to talk about the details

of cancer”, and “I do not know how to approach the topic”. Moreover, for 22.4% of our patients, their relatives (or companions) have already tried to withhold some serious information from them (the patients) to avoid emotional trauma; actually, this fact could be justified when it comes to very young patients or elderly ones, yet, ‘hiding’ or ‘selecting what to tell’ should remain the task of the oncologist, being the only one who knows the ‘unnecessary details’ that might be avoided while talking to the patients. As a reminder, Lee et al. argued that: “The physician-patient communication encompasses the verbal and non-verbal interactions that form the basis of the doctor-patient relationship” [4]; unfortunately, 93.8% of our patients do not talk to their physicians about their personal matters that might sometimes affect the cancer management – as well as the physician-patient relationship - mainly because (and as argued by the patients): “the oncologists might not be interested in discussing such issues”; this is a common mistake, because doctors in general, and oncologists in particular, need to know a lot about the patient, his/her social background and lifestyle, all to provide the most adequate medical care, and most importantly: an adequate communication; in this sense, Peabody cited in one of his articles that: “the secret of the care of the patient, is caring for the patient” [5]. In addition, almost all the participants confirmed that they are satisfied with their physicians’ communication (95.7%), which explains why 97.9% claimed that the time dedicated to the consultations is sufficient, which is really hard to accomplish, since the oncology hospital of the CHU Hassan II witnesses a huge work load (due to its geographic localization, being the main university hospital center in the northern east region of Morocco). Only 68% of our patients look for information to enrich their knowledge about cancer, while 32% do not; concerning the ones who do, the purpose is mainly to acquire additional details about cancer through different sources (internet, TV, radio, or newspaper) depending on everyone’s own socio-economic level, and this process - if carried out correctly using credible sources of cancer information - would tremendously improve the quality of life of these patients, as well as their cancer health literacy, hence a better communication with the healthcare team and then a better cancer management; when it comes to the 32% who do not look for further cancer information, the cause was either illiteracy, or simply because they do not want to ‘dig deeper’ in the cancer world (due to the denial of the disease); this reflects (as mentioned several times in the article) the major role of literacy in the cancer management process, as well as the need for the educational and psychological support to make the patients accept the illness and deal with it on a daily basis. At last, we asked for the patients’ suggestions to improve the physician-patient communication in oncology, and the pertinent ones collected were:

- Physicians’ active listening: to make the patients feel heard and encouraged to ask the necessary questions about their case;
- The need of the empathy and affection;
- Improving the physician-patient relationship (by making it more personal than professional) to a point when patients can talk freely about their personal matters.

VI. Conclusion

The article highlighted how the cancer patients’ socio-economic status influences the literacy level, and the latter affects their health literacy, and more specifically their cancer literacy. It also demonstrated how the word ‘cancer’ is still misunderstood by many people, to the extent that some do not even want to talk about it. The physician-patient relationship highly acts upon the communication process: a thing that determines to what extent patients can discuss freely both their physical symptoms, as well as their personal matters. The illiteracy and the denial of the disease are the two major factors that push patients not to look for further cancer information from external sources (other than healthcare professionals). After all, cancer patients often express their needs for: a close physician-patient relationship, the human side of medicine, a good psychological support, and an effective communication.

References:

- [1]. Cameron, C. (1996). Patient compliance: recognition of factors involved and suggestions for promoting compliance with therapeutic regimens. *Journal of Advanced Nursing*, 24(2), 244–250.
- [2]. Maroc : près d’un tiers de la population toujours analphabète. (2015, September 8). Le Monde.fr. Retrieved from http://www.lemonde.fr/afrique/article/2015/09/08/maroc-pres-d-un-tiers-de-la-population-toujours-analphabete_4748519_3212.html
- [3]. WHO | Cancer: facts sheet. (n.d.). Retrieved August 5, 2017, from <http://www.who.int/mediacentre/factsheets/fs297/en/>
- [4]. Lee, S. J., Back, A. L., Block, S. D., & Stewart, S. K. (2002). Enhancing Physician-Patient Communication. *American Society of Hematology*, pp. 464–483.
- [5]. Peabody, F. W. (1927). The Care of The Patient. *Journal of The American Medical Association*, pp. 877–882. Retrieved from <https://jamanetwork.com/journals/jama/article-abstract/245777>

Omar OUBRY. “Patient-Centered Communication in Moroccan Cancer Care: Assessing patients' satisfaction and identifying communication barriers (The Oncology department of the Hospital University Center (CHU) Hassan 2 as a case study).” *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 10(1), 2021, pp. 17-19.