The Art of Counselling in the Treatment of Head and Neck Cancer: Explorative Investigation Among Perceptions of Health Professionals in Southern Italy.

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Research Article

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Abstract

Background. Recurrent and/or metastatic squamous cell carcinoma of the head and neck (SCCHN) patients show a poor prognosis, which has not changed significantly for 30 years. Preserve the quality of life represent a primary aim for this subset of patients.

Methods. A group of 19 nineteen physicians, working in South of Italy, and daily involved in H&N cancer care took an online anonymous survey aiming to disclose the knowledge level and communication techniques application in the daily patients care.

Results. Several specialists consider that patient involvement in therapeutic choices is mandatory. The main obstacles for a complete and reciprocate communication still consist in the lack of time and staff but also in the need for greater organization, which goes beyond the multidisciplinary strategy already used.

Conclusions. A greater impulse to training and updating on issues related to counselling my improve communication between the different clinicians involved in the treatment plan.

1. Introduction

Head and neck (H&N) cancers are a complex, heterogeneous group of malignancies, which require multifaceted treatment strategies and the input of several specialties. Despite the advancements in multimodality treatments, the prognosis is still dismal because of the high rate of advanced disease at diagnosis and high recurrence rate. At least 50% of patients with locally advanced disease are likely to develop loco-regional or distant relapses within the first 2 years of treatment [1]. For this subset of patients, an improved patient-physician communication is essential in the context of serious and life-limiting illnesses, with clear effects of good communication on quality of care and quality of life (QoL). Moreover, an ethical mandate by which patients are involved and participate in informed decisions regarding their care is essential, as well [2]. In advanced H&N cancer, inadequate communication about prognosis and treatment choices is frequent [3] and is related with unrealistic patient expectations regarding curability and with an aggressive treatment proposal that is not concordant with patients' preferences [4]. In the hospital, critical conversations typically do not occur or occur shortly before the start of the treatment program. Most patients with advanced cancer want to be actively involved in their care and request frank and sensitive conversations about quality of life, prognosis, and treatment choices [5]. Patient involvement in the treatment decision improves their satisfaction and treatment adherence, positively influencing the oncologic care [6]. Multimodality treatment with a multidisciplinary team has become the standard option with a positive impact on patient assessment and management, improving the survival of stage IV patients [7]. However, this approach may represent a barrier to real patients involvement, because values and preferences are not acknowledged during multidisciplinary discussion, this has been described in the health care field as "in absentia" [8].

Clinicians often feel unprepared to have conversations that may include emotional reactions and address challenging treatment-related side-effects. These difficulties are greater in the setting of patients who need palliative care, and it is independent from the experience of doctors [9]. In clinical practice, clinicians frequently think to be better communicators than either colleagues or patients opinion [10], however it represent only an illusion and often the communication is not happening. The discussion on controversial topics, such as treatment complications and the outcomes in the lifestyle, need to be addressed with particular attention to feelings. Patients with advanced H&N cancers prefer that clinicians bring up the topic and expect they do it [11]. Among patients with head and neck cancer, those awaiting the start of palliative chemotherapy are expected to have the greatest degree of distress. Long periods of treatment, repeated hospitalization, side-effects of chemotherapy, can affect the psychological status of these patients and influence the communication with specialists. The major biggest problem with communication is the illusion that it has occurred. The knowledge of strengths and weaknesses can facilitate the development of patient-centred care [12]. The purpose of this observational study was to investigate the level of knowledge of counselling among clinicians engaged in the treatment of H&N cancer and highlight the barriers and aspects of the doctor-patient and doctor-family relationship requiring improvement.

2. Materials And Methods

The data were collected between January 2020 and March 2020, using an online anonymous survey administered to 19 specialist doctors, through the SurveyMonkey ® platform. A group of 19 physicians, working in South of Italy and daily involved in H&N care, including oncologists and radiotherapists. All the investigated physicians returned the questionnaire (rate of acceptance 100%) and were hence included in the analysis and a written informed consent to participate. This survey was specifically arranged to investigate the value and the level of knowledge of shared communication and counselling in managing patients with cancer (Table 1).

Table 1
The the questionnaire proposed to clinicians involved in the treatment of patients with metastatic Head and neck cancer.

Surname:	**Name:**	
Age:	**Sex:**	**Specialization:**
Years of practice in SSCHN treatment		
Total number and specialization of HCP involved in patient treatment: ……. …….		

To complete this survey, order by priority all the statements below, from 1 to 5, where 1 stays for “the most relevant” and 5 for “the least relevant”.

Please, leave out the statement not relevant according to your experience.

1. Which are the foundations that strengthen a therapeutical alliance?

	Value
Informed consent	
Clear and complete communication	
Organized and efficient healthcare personnel	
Confortable care environment	
Welcoming and helpful staff	
Others…….. *……..*	

2. Which do you think are the aspects that make communication between patient and HCP stronger and more efficient?

	Value
Investigate patient and caregivers expectations for the current visit, and face every point during the examination	
Give an exhaustive form with all the specific for therapy	
Constantly monitor the patient's and caregiver's level of understanding	
Pay attention to how messages are received by the patient and the caregiver, and consequentely modulate the subsequent communication	
Collect relevant information about patient history and lifestyle, to adapt/integrate therapy in patient's daily life	
Others…….. *……..*	

3. Which do you consider the better strategy to implement a care program focused on patient and patient family?

	Value
Anticipate patient need and be proactive in care program organization	
Train nursing staff to provide to the patient all the required informations after medical examination	
Consider patient's convenience and availability of resources when prescribing exames	
Use a multidisciplinary approach to reduce waiting list	
Adequately inform about all the successive steps and waiting times, to reduce patient and caregiver anxiety	
Have an efficient and organized unit	
Others…….. *……..*	

4. Which competence would you like to improve?

	Value
Technical skills	
Dialogue and patient management	
Ability to communicate openly with collegues	
Management skills	
Pharmacoeconomy skills	
Others…….. *……..*	

5. Which of the following do you think is an obstacle to a patient focused care?

	Value
Focus on therapy details and not to patient daily life and routine	
Daily amount of work	
Scientific and clinical skills	
Infrastructure shortage	
Access to care	
Others…….. *……..*	

6. What inhibit empathic communication with patient in daily practice?

	Value
Staff and equipement shortage	
Lack of information for population	
Lack of counselling knowledge and skills	
Lack of time	
Structure inadequacy	
Others…….. *……..*	

7. Which is the strenght of your Unit to pursue a patient-focused care?

Value
Quick access
Adequate equipment and environment
Multidisciplinariety
Patient involvement in care path
Professional know-how
Others…….. *……..*

8. Which is the weakness of your Unit to pursue a patient-focused care?

Value
Lack of time
Overcrowding
Inadequate equipment and environment
Internal conflicts
Lack of knowledge about counseling
Others…….. *……..*

9. Which of the following point is the most disregarded?

Value
Take time listening to the patient more than talking about pathology
Ability to investigate about patient doubts and anxieties
Confortable environment of care
Open and complete communication
Clear and detailed explanation of therapeutic schedules
Patient involvement
Others…….. *……..*

10. Which aspect would you like to improve?

	Value
Open multidisciplinary confrontation	
Dialogue skills with patient and caregivers	
Care and diagnostic protocols	
Management skills	
Environment improvement	
Specialized nursing staff	
Others…….. ……..	

11. Which of these needs is the most relevant for metastatic and/or recurrent SCCHN patients?

	Value
Nutritional counselling	
Pain theray	
Depression and anxiety	
Open communication	
Therapy side effects management	
Talk about disease impact in patient life	
Others…….. ……..	

12.Which ECM updating would you more need or prefer?

Value
Immunotherapy
Radiotherapy specific topics
Pharmacoeconomy
Counselling and effective comunication
Legal issues
Palliative care
Nutrition
Others…….. *……..*

13.Which is the more relevant topic in SSCHN therapy?

Value
Multidisciplinariety
Treatment protocols specific for pathology
Counselling and effective comunication
Frail patient
Palliative care
Nutrition
Others…… *……*

14.From 1 to 10, how much are you using counselling techniques in your daily clinical practice?

1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*

15. Give a short explanation to the score of question 14

_____

_____

_____

16. Shortly describe what will help you to improve the score of question 14

_____
_____
_____
17. Thinking to your daily work, you will describe yourself:

Value
Deeply unsatisfied
Fairly unsatisfied
Partially satisfied
Satisfied
Very satisfied

Why?
_____
_____
_____

Seventeen questions, including 14 multiple choice questions, were submitted to the participants. The first part of the survey, points 1 to 6, investigated the state of the art shared with patient suffering from H&N cancers and the role of counselling. In the remaining 9 questions, we investigated the needs and critical issues that hinder and limit shared communication.

3. Results

All physicians, clinical oncologist and radiotherapists, specialized in the treatment of H&N cancer, who attended a meeting about H&N cancer patients counselling in Naples during November 2019, returned the questionnaire (rate of acceptance 100%) and were hence included in the analysis. Most respondents (40%) consider a clear and complete communication as the foundation that strengthens a therapeutic alliance also pointing out the need to have organized and efficient healthcare personnel. To confirm this data, twelve out nineteen medical doctors consider that investigate patient and caregivers expectations for the current visit, and face every point during the examination represent a priority to make communication between patient and HCP stronger and more efficient. However, only five specialists consider the patient involvement in care pathway the main strength of his Unit to pursue a patient-focused care (Table 2).

Table 2
Distribution of the response to question 7 provided by the clinicians, oncologists and radiotherapists involved in the online survey.

Which is the strenght of your Unit to pursue a patient-focused care?	Value (n = 19)
Quick access	6
Adequate equipment and environment	4
Multidisciplinariety	3
Patient involvement in care path	5
Professional know-how	1
Others…….. *……..*	

On the other hand, most interviewees, responding to question number four, aim to improve dialogue skills and patient management (Table 3).

Table 3
Distribution of the response to question 4 provided by the clinicians, oncologists and radiotherapists involved in the online survey.

Which competence would you like to improve	Value (n = 19)
Technical skills	2
Dialogue and patient management	9
Ability to communicate openly with colleagues	3
Management skills	2
Pharmacoeconomy skills	2
Others…….. *……..*	

On the other hand, the majority of clinicians (ten out nineteen), think that overcrowding and lack of time represent the principal weakness to pursue a patient-focused care while carrying out daily work. Consequently, twelve doctors out of nineteen interviewed believe that the principal objectives not reached are: taking time listening to the patient more than talking, and the ability to investigate about patient doubts and anxieties. The open multidisciplinary confrontation and dialogue skills with patients and caregivers represent an aspect that clinicians would like to improve during daily clinical practice, as evidenced by the answers provided in the questionnaire. However, only five specialists consider “open communication” the most relevant need for metastatic and/or recurrent H&N patients. Instead, the majority continues to consider a priority need the nutritional counselling and pain therapy. The

counselling and effective communication with the multidisciplinary approach represent the most peculiar topics for almost all interviewees in relation to the treatment of H&N advanced cancer, as shown in the answers to question twelve of the questionnaire. Eleven respondents continue to consider the multidisciplinary approach the more relevant topic in SSCHN therapy, but for eight of them this approach cannot be pursued without counselling and effective communication with the patient and its caregivers.

4. Discussion

Squamous cell carcinoma of the head and neck remains a challenging clinical problem, with half a million new cases annually worldwide. Despite the recent development of new therapeutic option like immunotherapy, patients with advanced disease have still low chances to be cured by current therapies [13].

Several studies and research have established that HNC care delivered through an integrated Multidisciplinary Team (MDT) approach determines improved patient outcome and better survival rates [7, 14]. This innovative approach could increase efficiency in care delivery, reduce costs and shorten the length of hospital stay [15]. This approach core is represented by the information share and dialogue between the various professionals involved in the treatment pathway.

In this setting, showing respect for the patient's preferences ensuring the better quality of life, represent today the first aims that the doctor must pursue. This ought to pass through a shared communication obtained by listening to the preferences and the needs of the patient [16]. Almost all specialists who participated in the survey confirm that they are acknowledged about the techniques of counselling, however they claim to apply these counselling skills only partially, attributing the greatest difficulty to the limited time available in daily clinical practice.

All participants recognized the importance and priority of the multidisciplinary approach for the treatment of these tumors. However, they confirmed the presence of a series of obstacles actually limiting its application, including some difficulties in open communication. Dialogue between physicians and patients is the core of quality health care. It is essential that patients' values are respected, it is important to elicit patients' preferences and goals [17]. Professionals with better communication and interpersonal skills provide better support to their patients. The current productivity-oriented practice environment also presents barriers to effective communication; the experts involved in this observational survey confirm the presence of several obstacles slowing down an adequate development and application of counselling techniques such as overcrowding and lack of time but also internal conflicts and lack of appropriate knowledge about counselling.

5. Conclusions

The results of the present survey confirm that clinicians working in oncology tend to have a good perception of their colleagues’ communication skills. Several improvements in H&N cancer treatment

recall a greater expectation of collaborative decision making, with professionals and patients participating as partners to achieve an agreement upon goals in accordance with personal beliefs, values and attitudes.

The survey highlighted that there is a need for greater communication both by the patient and the doctor himself. In this field, the need to have specific training to improve the level of empathy is clear. Participants underlined how clinical practice and excessive work take away precious time from frank and constructive communication. This survey confirmed that although head and neck doctors will spend decades in medical education and advanced training to learn interventions, communication skills and instructional sessions generally are not considered of similar value.

When talking about critical topic, such as advanced cancer, therapeutic options including immunotherapy or radiotherapy, and possible end-of-life decisions, patients want doctors to tell them honestly about their condition. The actual obstacles limit communication and make these decisions more difficult and often incomprehensible (Fig. 1).

For the majority of the clinicians involved, open communication objectively represents a purpose to be achieved starting from now, avoiding the existing logistical and organizational barriers. This confirms the request for training and professional updates aiming to improve the relationship with the patients to better define their expectations and legitimate requests. Several topics discussions must be improved with the only goal of guaranteeing effective patient-centred communication (Fig. 2).

The results of the questionnaires point out that the lack of time represents a serious obstacle to the treatment of patients with head and neck cancer. Hence, the need to implement the medical staff involved in the treatment program for those patients in southern Italy. The data confirm the importance of multidisciplinary confrontation and suggest implementing training on clear communication with the stated aim of involving both the patient and his family in therapeutic choices.

Declarations

Author Contributions: R.A, Conceptualization;

R.A, M.B, M.C. writing—original draft preparation and revision;

M.B. Figures preparation;

F.P, A.S, I.B, A.L. Data Collection;

All authors reviewed the manuscript.

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Figures

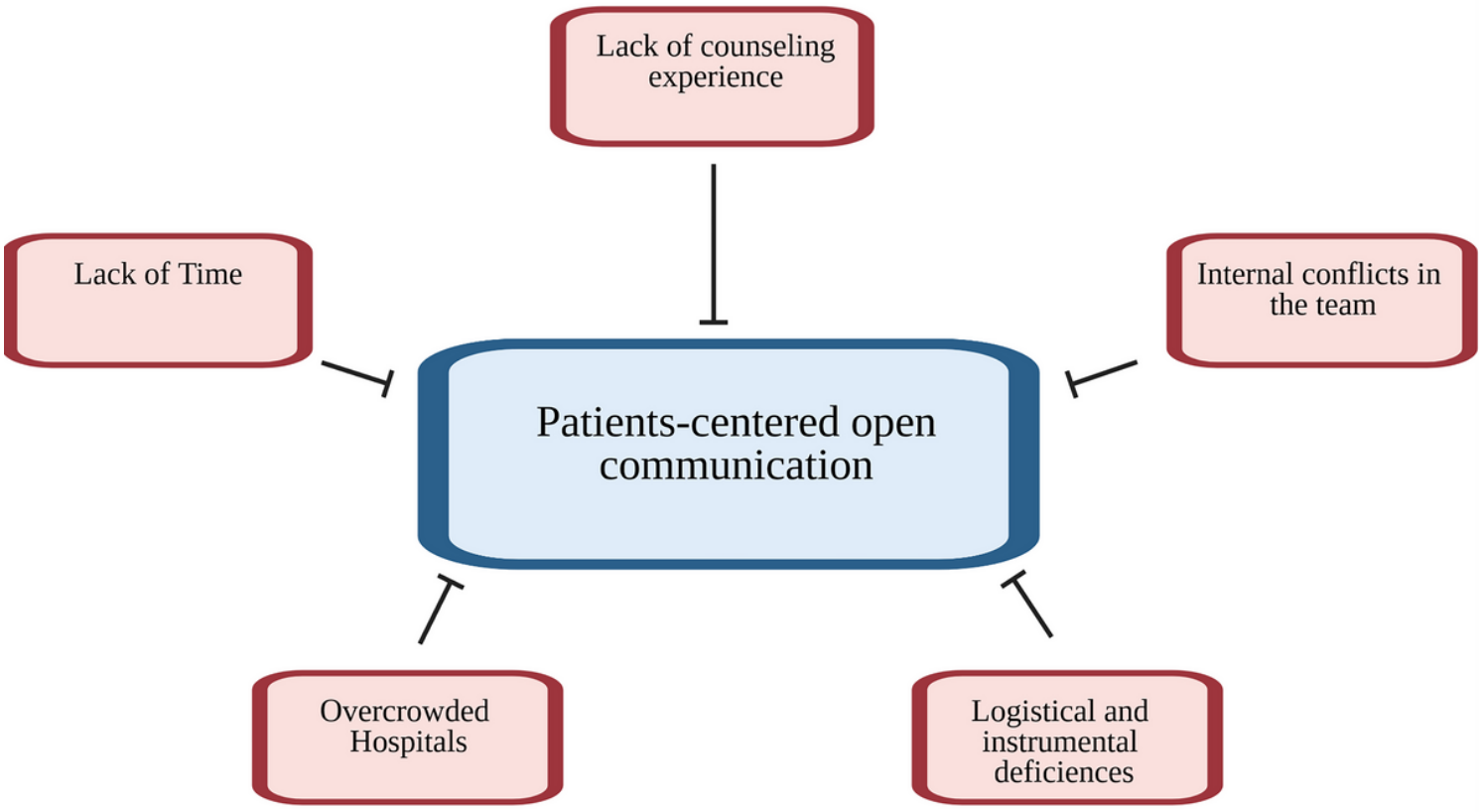

Figure 1

Major barriers for patients-centered care.

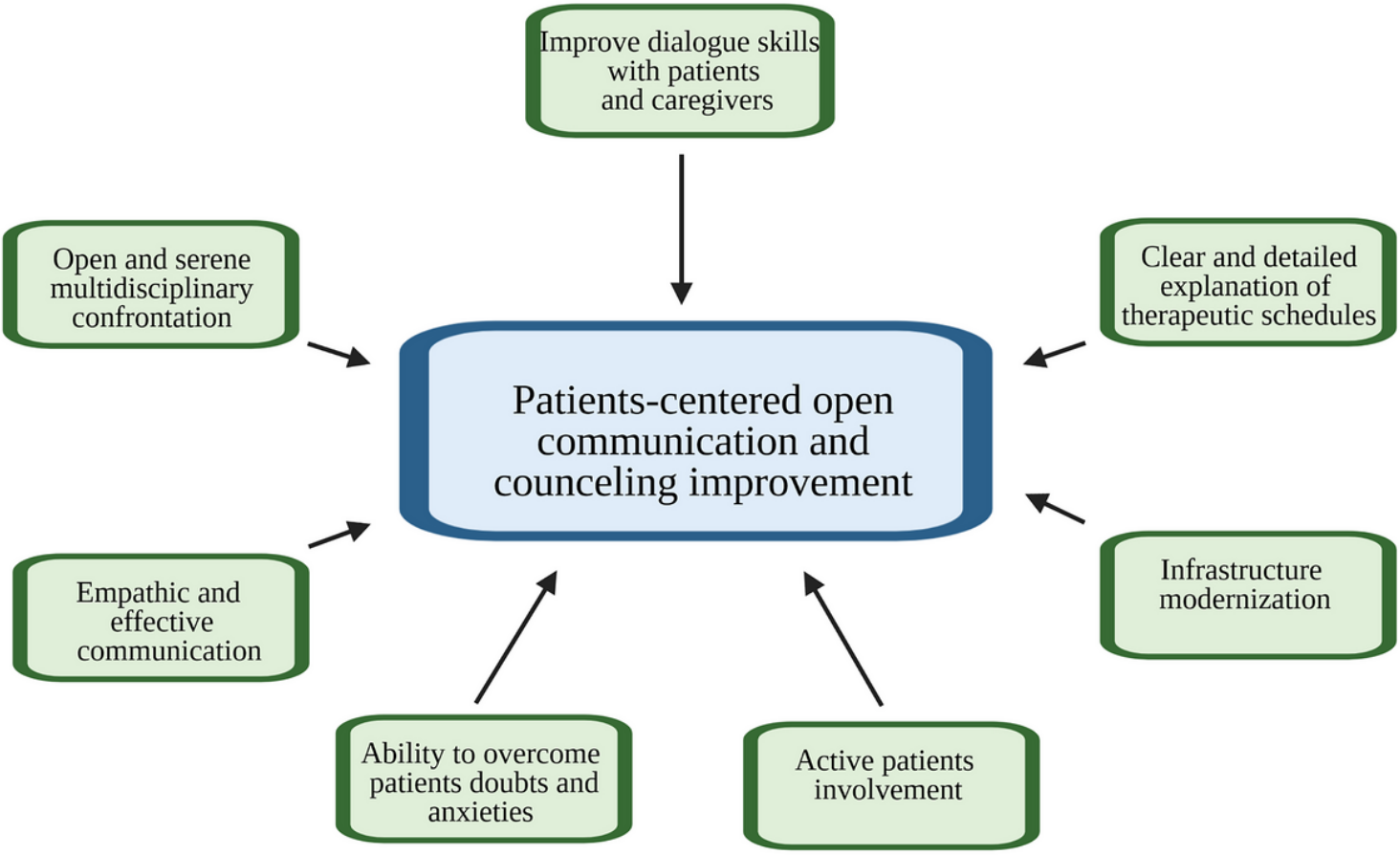

Figure 2

Objectives to be chased to improve Doctor-Patient counseling.