

Türkiye'de Onkoloji Hastalarının Sağlık Profesyonelleriyle İletişimine İlişkin Duygu ve Düşünceleri: Nitel Bir Çalışma

Feelings and Thoughts of Oncology Patients Regarding Communication of Healthcare Professionals in Turkey: A Qualitative Study

Zahide Gül YAZGI DEMİR¹ A,B,C,D,E,F,G^{ORCID}, Mualla YILMAZ² A,B,D,E,F,G^{ORCID}

¹ Harran Üniversitesi, Sağlık Hizmetleri Meslek Yüksekokulu, Yaşlı Bakımı Programı, Şanlıurfa, Türkiye

² Mersin Üniversitesi, Hemşirelik Fakültesi, Ruh Sağlığı ve Hastalıkları Hemşireliği Anabilim Dalı, Mersin, Türkiye

ÖZ

Amaç: Bu araştırma, onkoloji hastalarının sağlık profesyonellerinin iletişimine ilişkin duygu, düşünce, deneyim ve beklentilerini belirlemek amacıyla yürütülmüştür.

Yöntem: Bu tanımlayıcı nitel araştırma, Türkiye'de bir onkoloji hastanesinin polikliniğine takip için başvuran kanser tanısı almış 35 hasta ile yürütülmüştür. Veriler, her hasta ile derinlemesine görüşme tekniği kullanılarak toplanmıştır. Veriler, içerik analizi yöntemi ile analiz edilmiştir.

Bulgular: Araştırmaya katılan onkoloji hastalarının yaş ortalaması 48,11 ± 8,006'dır. Onkoloji hastalarının %45,7'sinin ilkökul mezunu, %80'inin kadın, %48,6'sının meme CA, %28,6'sının hastalığın II. ve IV. evresinde olduğu ve %68,6'sında hastalık tanısının üzerinden bir yıl veya daha az süre geçtiği saptanmıştır. Araştırmada iki ana tema belirlenmiştir: (1) onkoloji hastaları ile sağlık profesyonelleri arasındaki iletişim kalıpları ve (2) onkoloji hastalarının sağlık profesyonellerinden beklentileri. Bu ana temalara ilişkin altı alt tema ortaya çıkmıştır.

Sonuç: Bu araştırmanın bulguları, sağlık çalışanları ile kanser hastaları arasındaki olumlu iletişimin, olumlu sağlık sonuçlarının elde edilmesinde önemli bir faktör olduğunu göstermektedir. Bulgular, sağlık çalışanlarının hastalarla daha iyi iletişim kurabilmeleri için iletişim becerilerini geliştirmelerinin önemini vurgulamaktadır. Bu araştırma, sağlık profesyonellerine onkoloji hastalarıyla iletişimlerinde nelere dikkat etmeleri gerektiği konusunda destek ve rehberlik sağlayabilir. Sağlık profesyonellerine, iletişim becerilerini ve özellikle de kanser teşhisini açıklama becerilerini geliştirmelerine yardımcı olmak için uygulamalı sözlü/sözsüz iletişim eğitimi verilmesi önerilmektedir.

Anahtar Kelimeler: Onkoloji hastaları, Sağlık profesyonelleri, İletişim.

ABSTRACT

Objective: This research was conducted to determine the feelings, thoughts, experiences, and expectations of oncology patients regarding communication with healthcare professionals.

Method: This descriptive qualitative research was conducted with 35 patients diagnosed with cancer and applied to the outpatient clinic of an oncology hospital in Turkey for follow-up. Data were collected using an in-depth interview technique with each patient. The data were analysed using content analysis.

Results: The average age of the oncology patients participating in the study was 48.11 ± 8.006 years. It was found that 45.7% of the oncology patients were primary school graduates, 80% were female, 48.6% had breast CA, 28.6% were in stage II and IV of the disease, and 68.6% one year or less had passed since the diagnosis of their disease. The research identified two main themes: (1) patterns of communication between oncology patients and healthcare professionals and (2) expectations of oncology patients from healthcare professionals. Six subthemes emerged regarding these main themes.

Sorumlu Yazar: Zahide Gül YAZGI DEMİR

Harran Üniversitesi, Sağlık Hizmetleri Meslek Yüksekokulu, Yaşlı Bakımı Programı, Şanlıurfa, Türkiye.
zhde.yzgi@gmail.com

Geliş Tarihi: 06.03.2025 – Kabul Tarihi: 18.11.2025

Bu çalışma, birinci yazarın yüksek lisans tezinden üretilmiştir. Ayrıca 20-23 Ekim 2021 tarihlerinde düzenlenen VI. Uluslararası X. Ulusal Psikiyatri Hemşireliği Kongresi'nde sözlü bildiri olarak sunulmuştur.

Yazar Katkıları: A) Fikir/Kavram, B) Tasarım, C) Veri Toplama ve/veya İşleme, D) Analiz ve/veya Yorum, E) Literatür Taraması, F) Makale Yazımı, G) Eleştirel İnceleme

Conclusion: The findings of this research show that positive communication between healthcare professionals and cancer patients is an important factor in achieving positive health outcomes. The findings emphasise the importance of improving healthcare professionals' communication skills to better engage with patients. This research can provide support and guidance to health professionals about what they should pay attention to in their communication with oncology patients. It is recommended that healthcare professionals should be provided with practical verbal/nonverbal communication training to help them improve their communication skills and more specifically their ability to explain a cancer diagnosis.

Key words: Oncology patients, Healthcare professionals, Communication.

1. INTRODUCTION

Cancer is one of the most critical health problems of our age, which is a fatal disease that causes adverse effects on the lives of individuals (1,2). In addition to with physical problems, cancer patients suffer many psychological and social issues such as anxiety, uncertainty about the future, sexual and economic problems, reduced self-esteem, fear of death, loss of identity/role, and social isolation (2,3). In this context, the cancer diagnosis is a major and severe source of stress for the individual (4). Therefore, cancer patients require psychosocial support to cope with stress (2). It is evident that effective communication between healthcare professionals and patients is of paramount importance in ensuring the psychosocial well-being of cancer patients (5). It has been reported that positive communication between patients and healthcare professionals is vital for patients to cope with the disease, affects satisfaction with care, promotes hope and positive thinking (6), has a facilitative effect on treatment (7), and provides support in coping with treatment and side effects (8). In this context, given its impact on issues such as treatment, mood, motivation, hope, trust, and care satisfaction, it is evident that healthcare professionals' communication with patients is essential (2).

Cancer patients may experience communication problems with healthcare professionals at each stage of the disease, starting from the diagnosis (9). A systematic review identified 12 areas of unmet need in advanced cancer patients, and one of these areas was communication (10). In another study conducted with 70 cancer patients, 47% of the patients were determined to experience obstacles in communicating effectively with healthcare professionals and required supportive interventions (11).

Disclosure of the cancer diagnosis to patients is one of the major communication issues. The problem concerns how the diagnosis is disclosed to the patient (12). Disclosing the cancer diagnosis is considered delivering bad news as the disease in question is fatal. Therefore, it is difficult for patients and healthcare professionals (13). The diagnosis of cancer is usually told to patients by doctors (14,15). In the qualitative study by Rohde et al. (2019), some of the cancer patients stated that the cancer diagnosis was notified to them improperly, they were not satisfied with the form of the notification of diagnosis and considered it inadequate (16). In another study conducted with 437 cancer patients, patients were asked to evaluate the communication established with them while they were notified of the diagnosis, and 5.6% of the patients were determined to rate doctors' communication as poor (15). It is known that the attitude, approach and communication of the healthcare professional while disclosing the cancer diagnosis to the patient gain importance, as they affect the adaptation of the patients to the diagnosis (17), their

coping with the disease and trust in the healthcare team, facilitating acceptance of the disease and maintenance of treatment (18).

Patients consider healthcare professionals to be capable of improving their quality of life and meeting their information and support needs at any stage of cancer (18). However, each individual's tendencies regarding health, concerns and fears about the disease, or reactions to the disease may differ. In this context, patients' expectations from healthcare professionals may also vary (13). In the literature, it is stated that patients expect healthcare professionals to spare enough time for them, exhibit a caring and reassuring attitude, observe a holistic approach, act cordially and compassionately, to see them not only as patients but also as human beings (16), support, compassion and hope (19).

This research examines the communication between healthcare professionals and cancer patients, including patients' feelings, thoughts and experiences of patients during the diagnosis and all stages after the diagnosis. In this context, this research is more comprehensive than other studies in the literature on the communication of healthcare professionals with cancer patients. Furthermore, this study is the first qualitative research investigating the feelings, thoughts, experiences and expectations of cancer patients regarding communication with healthcare professionals in Turkey. Therefore, the research findings can guide healthcare professionals in determining which elements to pay attention to in their communication with cancer patients within a cultural context and can be helpful for them in planning their approaches toward patients. In addition, the findings may provide important clues about the strategies needed to strengthen communication between healthcare professionals and cancer patients by drawing attention to cancer patients' perspectives regarding the issue. This research was conducted to determine oncology patients' feelings, thoughts, experiences, and expectations regarding healthcare professionals' communication with them.

2. MATERIAL AND METHODS

Study Design

This research was conducted using phenomenological research design from qualitative research approaches.

Participants

The study group of the research consisted of 35 patients meeting the inclusion criteria and visiting the outpatient clinic of an oncology hospital in Turkey for follow-up between 7 January and 4 March 2020. Inclusion criteria were to be aware of the diagnosis of cancer, being able to speak and understand Turkish, being 18 years of age or above, being in remission after cancer treatment and visiting the outpatient clinic for follow-up, and volunteering to participate in the research. Criterion sampling method, which is one of the purposeful sampling methods, was used in determining the study group. Criterion sampling is based on the study of all situations that meet predetermined criteria for the problem of the sample (20). In qualitative research, repetition of data is accepted as the saturation point (21). Therefore, the sample size was determined according to the point where the answers given by the oncology patients in the in-depth interviews started to repeat. Data collection ended after the 20th oncology patient interview.

Data Collection

The research data were collected through in-depth interviews with each patient, for which the "Personal Information Form" and "Individual In-depth Interview Questionnaire" were used. The questionnaires prepared by the researchers were sent to three experienced faculty members and expert opinions were obtained. To evaluate the applicability and comprehensibility of the questionnaires, a pre-application was made to three patients who met the inclusion criteria and agreed to participate in the study. No adjustments were made to the data collection forms as a result of the pre-application. The interviews were conducted in a room containing only the researcher and the patient. Due care was taken for the interview room to be a quiet place where the patients could feel comfortable. Interviews were recorded with an audio recorder, within the knowledge and approval of the patients. In addition, the patients' non-verbal behavior was observed and noted. The interviews lasted between 45 and 55 minutes.

Personal Information Form: This form, created by the researchers, consists of nine questions including information on age, gender, educational status, marital status, employment status, income level, medical diagnosis, disease stage, and duration of diagnosis.

Individual In-depth Interviews Questionnaire: This form created to determine the feelings, thoughts, experiences and expectations of oncology patients regarding the communication with health professionals. It consists of four open-ended questions. These questions are given below:

1)What are your general impressions regarding the communication of healthcare professionals with patients?

2)How did the healthcare professionals communicate with you when they disclosed the diagnosis? Please explain.

3)How did the healthcare professionals communicate with you during the treatment? Could you explain with examples?

4)What are your expectations concerning the communication of healthcare professionals with you?

Data Analysis

The research data were evaluated using the content analysis method, which is one of the qualitative data analysis methods. To evaluate the data, a raw data set was created by transcribing the interviews in Microsoft Office Word. No software programme was used for the qualitative data analysis. For each topic discussed, two researchers evaluated the responses of the individuals independently. Their assessments were combined according to the differences and similarities of the responses given by the participants. Each researcher carefully read the raw data. The raw data were then processed, by coding significant concepts and themes. The coded data were gathered together, and the themes were created. Finally, two researchers came together to reach a consensus on the analyses, finalising the themes. The themes agreed upon by the researchers were then sent to two expert lecturers in psychiatric nursing and qualitative research, who were not involved in the study, for confirmation.

Ethical Approval

Institutional permissions were received from the institutions where the study was conducted. Ethics committee approval dated 14/11/2019 and numbered 2019/54 was obtained from the Scientific Research and Publication Ethics Committee. Patients participating in the study were informed about the title, purpose, and method of research. They were also informed that the interviews would be recorded with an audio recorder and that they could withdraw from the study at any time. Verbal consent was obtained from the participants.

3. RESULTS

The average age of the oncology patients participating in the study was 48.11 ± 8.006 , 45.7% of them were primary school graduates, 80% of them were female, 20% of them male, 48.6% had breast CA, 20% had lung CA, 14.3% had colon CA, 5.71% had ovarian CA, 28.6% were at II. and IV. phase of the disease, and in 68.6% of them, one year or less had passed since the diagnosis of their disease (Table 1).

Two main themes and five sub-themes were obtained on the oncology patients' feelings, thoughts, and experiences regarding the healthcare professionals' communication (Table 2).

Theme 1: Patterns of communication between oncology patients and healthcare professionals

Subtheme 1: Communication experiences of patients with healthcare professionals

Communication patterns include both linguistic and verbal and paralinguistic and non-verbal communication patterns. As examples of verbal communication patterns, the participants indicated that healthcare professionals such as doctors, nurses, and secretaries addressed them by their first names and made jokes. Regarding non-verbal communication patterns, they pointed out that healthcare professionals made eye contact with them. Furthermore, the participants mentioned that they were pleased with these approaches. Patient statements under the sub-theme titled "communication experiences of patients with healthcare professionals" are listed below.

"The fact that they address me often and call me with my first name makes me happier as a patient. It is a nice feeling to be called by the doctor with your first name. (41 years old, female, colon CA)

"Their eye contact was excellent. Indeed, there were nurses, especially in the chemotherapy department, who talked to you by looking into your eyes. (50 years old, female, breast CA)

Patients stated that doctors and nurses provided feedback to them regarding their appearance. For example, one patient statement is as follows:

"The nurse providing care for me complimented me when I put on make-up. Another nurse said my make-up was so nice, I was well-groomed, and I looked gorgeous. I thanked her. I liked it very much." (54 years old, female, breast CA).

Table 1. Sociodemographic Characteristics of the Oncology Patients (n=35)

Sociodemographic characteristics	Minimum- Maximum values	$\bar{x}\pm sd$
Age	32-64	48,11±8,01
	n	%
Gender		
Female	28	80
Male	7	20
Education level		
Illiterate	1	2.86
Literate	1	2.86
Primary school graduate	16	45.7
Secondary school graduate	1	2.86
High school graduate	9	25.7
Undergraduate	4	11.4
Postgraduate	3	8.6
Marital status	27	77.1
Married	3	8.6
Single	5	14.3
Divorced		
Status of Working in an Income Generating		
Job Working	7	20
Not working	28	80
Income status		
Income less than expenses	13	37.14
Income equal to expenses	21	60
Income is more than expenses	1	2.86
Medical Diagnosis		
Over CA	2	5.71
Colon CA	5	14.3
Breast CA	17	48.6
Lung CA	7	20
Cervical CA	1	2.86
Liver CA	1	2.86
Pancreatic CA	1	2.86
Rectum CA	1	2.86
Stage of the Disease		
I. Phase	7	20
II. Phase	10	28.6
III. Phase	7	20
IV. Phase	10	28.6
Relapse	1	2.86
Diagnosis Time		
≤1 year	24	68.6
1-5 years	9	25.7
6-10 years	1	2.86
≥10 years	1	2.86

n: number, %: percent, \bar{x} : mean, sd: standard deviation

Table 2. Themes and Subthemes

MAIN THEME	SUB-THEME
THEME 1: Patterns of Communication Between Oncology Patients and Healthcare Professionals	1.Communication Experiences of Patients with Healthcare Professionals 2.Lack of Communication Between Healthcare Professionals and Patients 3.Physicians' Communication During the Disclosure of the Diagnosis to the Patient 4.(Positive/Negative) Communication Between Healthcare Professionals and Patients
THEME 2: Expectations of Oncology Patients from Healthcare Professionals	1. Professional/Occupational Expectations of Oncology Patients from Healthcare Professionals 2.Spiritual/Emotional Expectations of Oncology Patients from Healthcare Professionals

Some of the oncology patients participating in the study stated that the healthcare professionals' communication with them negatively. They did not make eye contact, and some doctors only communicated with them while looking at the computer screen.

"Most doctors, let's not say most, but some of them communicate with you only by looking at the computer screen. This cannot be called communication, we can say that they do not communicate." (54 years old, female, breast CA)

Subtheme 2: Lack of communication between healthcare professionals and patients

Almost all of the oncology patients participating in the study stated that the healthcare professionals worked at an intense pace, focusing only on daily routines rather than the patient's feelings. This resulted in deficiencies in communication. However, they indicated that they were not disturbed by this situation that much because the duties of healthcare professionals were very important, and the lack of communication was due to the insufficient number of personnel and their excessive workload. According to the patients, this situation was therefore understandable and should be deemed normal. The patient statements under the sub-theme "Lack of communication between healthcare professionals and patients" are given below.

"I try to look a little bit from their perspective, too, because of their workload. Besides, everyone can't communicate well." (54 years old, female, breast CA)

"I'm not the only patient; there are lots of them. I mean, doctors and nurses should also take care of them. They're up to their ears in work. Both nurses and doctors attend almost a surgery a day." (60 years old, male, lung CA)

Subtheme 3: Physicians' communication during the disclosure of the diagnosis to the patient

Most of the oncology patients who participated in the study stated that the moment they learned the diagnosis was an unforgettable experience for them and their relatives. They also indicated that a similar situation was valid for healthcare professionals, too, because it was a difficult moment for them, especially regarding how to disclose the diagnosis. Most patients

stated that the physicians were careful and attentive when disclosing the diagnosis and that they felt confident thanks to such a positive attitude. They also indicated that they did not feel the need to see another doctor for treatment because of this. Conversely, a small number of patients who had a negative experience regarding the moment they learned the diagnosis, stated that the moment in question caused trauma, and that they would never forget it.

The patient statements under the sub-theme titled "physicians' communication during the disclosure of the diagnosis to the patient" are below. The first statement belongs to a patient who had a positive experience, and the second belongs to a patient who had a negative experience.

"The doctor disclosed the diagnosis] while making eye contact... I completely trusted them at that moment and did not feel the need to look for another doctor. The doctor wasn't frivolous, and they explained the situation quite well, without being judgmental, hurting, or promising vain hopes, whereas not in despair, but in a neutral way." (54 years old, female, breast CA)

"The doctor said it to me stupidly. My results came out, then the doctor said, "You are cancer." They didn't break it to me gently. At that moment, you break down. The doctor's disclosure of the diagnosis to your face in such a way doesn't go out of your mind. It gets engraved in your brain, and you have trauma from then on. A trauma occurs. Wherever you go, you can't erase it from your brain. You have to get deep down to its foundation. It is thorny for you to get deep down to your subconscious and root that trauma out. It is like an incident that happened in childhood and could not be forgotten. It's just like that. (46 years old, female, breast CA)

Subtheme 4: (Positive/Negative) Communication Between Healthcare Professionals and Patients

Subtheme 4.1. Positive communication between healthcare professionals and patients

Some of the oncology patients participating in the study stated that the communication from healthcare professionals was positive, their approach was professional. They trusted doctors who established a good contact with them and wanted to receive treatment from them. Doctors and nurses were accessible and acted attentively and politely towards patients, addressing them by name. The patients also indicated that some doctors and nurses followed up on symptoms they experienced, which they appreciated, as they felt they were being treated humanely and valued. Conversely, only five patients stated that trusting the doctor's knowledge was more important than their communication skills. The patient statements under the sub-theme titled "Positive communication between healthcare professionals and patients" are given below.

"When you ask the nurses something, they behave concerned, caring, and affectionate. In other words, they are professional " (47 years old, female, breast CA)

"Nurses are very kind to oncology patients. I mean, compassion and conscience come into play here a little. They approach patients with compassion and conscience. Their care and concern are like this. Especially in the oncology hospital, which is more -let's say- optimistic, the nurses are like fairies." (39 years old, female, breast CA)

Subtheme 4.2. Negative communication between healthcare professionals and patients

Some of the oncology patients participating in the study stated that healthcare professionals communicated with them negatively. Some doctors, nurses, and secretaries were judgemental rather than communicating effectively; some doctors prioritised financial concerns, providing little explanation or information, and performing their duties mechanically. They spared very little time for patients and did not trust them. The patient statements under the sub-theme titled "Negative communication between healthcare professionals and patients" are given below.

"Some nurses, you know, are very insensitive. Especially those who work intensively are very angry toward patients. As a patient, you might not have understood something. Your psychology has already collapsed. They should not snap at you. For example, you ask something you haven't understood, but you get scolded." (41 years old, female, ovarian CA)

"Some of them are nothing less than a dog. As if you have taken a dog and tied it there, just like that. In other words, they don't understand human psychology or the patient. Some healthcare professionals live as if they will never get sick." (46 years old, female, breast CA)

Theme 2: Expectations of oncology patients from healthcare professionals

Subtheme 1: Professional / occupational expectations of oncology patients from healthcare professionals

Oncology patients participating in the study stated that they expected healthcare professionals to care about not only their physical health but also their mental health, talk with them, inform them about the disease, treatment, and the overall process. The patient statements under this sub-theme are as follows:

"For example, I would like them to sit with me and tell me that this is an illness, there will be a treatment process requiring patience, and there are patients who have healed. I would like them to talk like that. But when they told me that it was a malignant disease, it felt so bad." (45 years old, female, breast CA)

"I am waiting for them to explain to me that this treatment will be applied. You know, you might get hurt or we will do this or that..." (44 years old, female, breast CA)

Subtheme 2: Spiritual/emotional expectations of oncology patients from healthcare professionals

Oncology patients participating in the study stated that they expected healthcare professionals to make them feel valued, be compassionate, tolerant, and friendly, behave empathically, do their job willingly, and to hear nice words. Patients also asked for prayers from healthcare professionals and others. The patient statements under this sub-theme are as follows:

"It is enough for me if they are a little tolerant and friendly." (36 years old, female, breast CA)

"I want prayer for me. This is what my expectation is. (Laughing) That's what I tell them all. This disease also requires spiritual strength. That's why I always ask for prayer from those who show concern for me." (32 years old, female, ovarian CA)

4. DISCUSSION

This study has determined the feelings, thoughts, and experiences of cancer patients regarding the communication of healthcare professionals with them and the expectations of healthcare professionals in this regard. The findings of this study have important implications for effective communication between healthcare professionals and patients. It can also be a supplementary reference for healthcare professionals to review their approach toward cancer patients and patients in general.

Oncology patients participating in the study stated that healthcare professionals such as doctors, nurses, and secretaries addressed them by their first name, made eye contact, even joked with them, and they were very pleased with this approach. In addition, patients stated that doctors and nurses provided feedback to them regarding their appearance. In a qualitative study conducted with 25 patients who received chemotherapy or radiotherapy, the participants noted that the healthcare professionals' positive attitudes such as sensitivity, understanding, listening, smiling, trust, sincerity, respect, and encouragement affected their care and treatment. And it was reported that taking a positive approach affected patient satisfaction (22). A meta-analysis study emphasised that the patients perceived the health professionals' attitudes beyond the disease, to feel respected, to receive treatment in a friendly and positive social and physical environment, and to perceive the personalized care experience as positive experiences (23). Conversely, some of the oncology patients participating in the present study stated that the doctors, nurses, and secretaries did not make eye contact. Another study found that patients complained about doctors avoiding eye contact, evaluating this as a communication error (24). These findings emphasise the importance of effective communication in building strong relationships between healthcare professionals and patients. If healthcare professionals focus on communication-based interventions based on communication in patient care, positive outcomes will be more achievable for patients. In this context, the present research serves as reminder to healthcare professionals of the importance of using communication as a tool to facilitate cancer treatment, which requires both physiological and psychological treatment.

Almost all of the oncology patients participating in the study stated that the healthcare professionals worked at an intense work pace, they performed their tasks by focusing only on daily routines rather than the patients' emotions, and therefore there were deficiencies in communication. However, the patients indicated that this did not bother them too much because

the healthcare professionals' duties were very important, and the lack of communication was due to insufficient personnel and an excessive workload. According to the patients, this situation was therefore understandable and should be deemed normal. In a study by Chan et al. (2018), the patients stated that they could not express all their needs because nurses were too busy to meet them due to their heavy workload (25). In addition, a study of nurses caring for cancer patients reports that a high patient load, heavy workloads, long working hours, time constraints, and the insufficient personnel made providing psychosocial care difficult (26). In addition, a study investigating cancer patients' perspectives on nurses' communication reported that workload was a communication barrier (27). The findings of our study also show that sufficient time cannot be allocated to reveal the patients' psychosocial problems, anxieties, and feelings. This research highlights the importance of addressing the causes of communication deficiencies experienced to improve communication between healthcare professionals and cancer patients.

Most of the oncology patients who participated in the study stated that finding out about their diagnosis was an unforgettable experience for them and their relatives. Some patients who had negative experiences of receiving their diagnosis negatively stated that it caused them trauma and something they would never forget. In a study, patients emphasize that the way the diagnosis is communicated is vital (28). Another study, it was reported that patients prefer doctors with good verbal and non-verbal communication skills, reassuring and empathetic attitude when learning the diagnosis (29). Similarly, this research shows that doctors' behaviors and communication styles during the disclosure of the diagnosis have crucial impacts on patients.

Some of the cancer patients participating in the study stated that the communication of the healthcare professionals was positive, their approach was professional, and they were satisfied with the situation, trusted healthcare professionals and felt valued. In contrast, the other group of patients stated that communication from healthcare professionals was negative; they had a judgmental style of speech, did their job technically, and spared little time for the patients; therefore, they did not trust healthcare professionals. Literature supports the findings of the present study (7,24). The present research shows that positive communication between healthcare professionals and patients is helpful as it ensures patients' trust in treatment and adaptation to the disease, while helping them feel valued. For this reason, it is important to support healthcare professionals to improve their communication skills and raise their awareness of this issue.

The cancer patients participating in the study also expressed their expectations of healthcare professionals. All of the oncology patients participating in the research stated that they expected healthcare professionals to care about not only their physical health but also their mental health, talk to them, to inform them about the disease, the treatment, and the overall process, to make them feel valued, to be compassionate, tolerant, and friendly, to behave empathically, and to do their job willingly. Besides, they indicated that they expected to hear nice words from the doctors and nurses. Patients also asked healthcare professionals and others to pray for them. In a study conducted with oncology patients, it was stated that patients wanted to obtain information about the disease and treatment process from health professionals, that patients saw health professionals as a source of psychological support, and that they wanted the

people who would provide psychological support to have verbal communication and listening skills and the ability to make psychological intervention by talking instead of medication. In addition, it was determined that patients expected health professionals to make them feel valued and help them cope with the feeling of pessimism (30). The fact that patients have expectations of healthcare professionals suggests that their approach during the disease is crucial for patients and that they see healthcare professionals as a source of motivation and moral support.

5. CONCLUSION

Oncology patients stated that the healthcare professionals called them by their first name and made eye contact. They indicated that they were pleased with such an approach. However, they also noted that some healthcare professionals did not make eye contact, had a very intense work pace, and fulfilled their tasks by focusing only on daily routines rather than the patients' emotions. The patients argued that communication deficiencies occurred for these reasons. A few patients who had a negative experience regarding the moment they learned the diagnosis stated that the moment in question caused trauma in them. The patients also indicated that healthcare professionals' communication was positive; doctors and nurses were accessible, attentive, and polite; therefore, they felt valued. Additionally, patients stated that they expect healthcare professionals to take care of their mental health as well as their physical health, and to be compassionate, tolerant, friendly and empathetic.

This study found that positive communication between healthcare professionals and cancer patients is an important factor for achieving positive health outcomes. Recognising the importance of communication in cancer care can help healthcare professionals identify the psychosocial needs of patients and address them adequately. In this context, the findings emphasize the importance of improving healthcare professionals' communication skills for them to communicate better with patients. It is recommended that they be provided with practical verbal and non-verbal communication training to help them improve ability to explain a cancer diagnosis, for example. Furthermore, additional research is recommended to conduct additional research on the views of healthcare professionals regarding their communication with patients and the factors that influence communication between healthcare professionals and cancer patients.

Limitations

As the necessary permission could not be obtained from the relevant institution to conduct the study with inpatients, it had to be carried out with outpatients attending the follow-up clinic. The time spent with health professionals, as well as the psychosocial needs and expectations, may differ between inpatients and outpatients. In this context, the findings obtained may not fully reflect the inpatient group. Therefore, this situation can be regarded as a limitation of the research.

Ethical Considerations

Institutional permissions were obtained from the institutions where the research was conducted. Necessary approval for the study was obtained from the Scientific Research and Publication Ethics Committee (Date: 14.11.2019, No: 2019/54).

Acknowledgements

We would like to thank oncology patients for their contribution to this study.

Conflict of Interest

The authors declare no conflicts of interest with the research or writing of this paper.

Funding Support

The authors declared that this study received no financial support.

REFERENCES

1. Şentürk, S., Bıçak, D., & Akça, D. (2018). Kanserli hasta yakınlarının yaşadıkları sorunlar ve hemşirelik yaklaşımı. *Sağlık Akademisyenleri Dergisi*, 5(1), 35-39.
2. Ülger, E., Alacacıoğlu, A., Gülseren, A.S., Zencir, G., Demir, L., & Tarhan, M.O. (2014). Kanserde psikososyal sorunlar ve psikososyal onkolojinin önemi. *Dokuz Eylül Üniversitesi Tıp Fakültesi Dergisi*, 28(2), 85-92.
3. Grassi, L., & Travado, L. (2008). The role of psychosocial oncology in cancer care. Coleman MP, Alexe DM, Albrecht T, McKee M. Responding to the challenge of cancer in Europe (ss. 209-229). Slovenia: Institute of Public Health of the Republic of Slovenia.
4. Kavradım, S.T., & Özer, Z.C. (2014). Kanser tanısı alan hastalarda umut. *Psikiyatride Güncel Yaklaşımlar/Current Approaches in Psychiatry*, 6(2), 154-164.
5. Anderson, J. N., Graff, J. C., Krukowski, R. A., Schwartzberg, L., Vidal, G. A., Waters, T. M., et al. (2021). "Nobody will tell you. You've got to ask!": an examination of patient-provider communication needs and preferences among black and white women with early-stage breast cancer. *Health Communication*, 36(11), 1331-1342.
6. Prip, A., Møller, K. A., Nielsen, D. L., Jarden, M., Olsen, M. H., & Danielsen, A. K. (2018). The patient–healthcare professional relationship and communication in the oncology outpatient setting: a systematic review. *Cancer Nursing*, 41(5), 11-22.
7. Khoshnazar, T. A. K., Rassouli, M., Akbari, M. E., Lotfi-Kashani, F., Momenzadeh, S., Rejeh, N., et al. (2016). Communication needs of patients with breast cancer: a qualitative study. *Indian Journal of Palliative Care*, 22(4), 402-409.
8. Prip, A., Pii, K. H., Nielsen, D. L., & Jarden, M. (2022). Patients' experience of communication during their course of treatment in an oncology outpatient clinic: qualitative study. *Cancer Nurs*, 45(1), 187-196.
9. Hack, T. (2005). Psycho-oncology special issue on communication. *Psycho-Oncol*, 14(10), 797–798.
10. Wang, T., Molassiotis, A., Chung, B. P. M., & Tan, J. Y. (2018). Unmet care needs of advanced cancer patients and their informal caregivers: A systematic review. *BMC Palliative Care*, 17(1), 1-29.
11. Noordman, J., Drienaar, J. A., Henselmans, I., Verboom, J., Heijmans, M., & Dulmen, S.V. (2017). Patient participation during oncological encounters: barriers and need for supportive interventions experienced by elderly cancer patients. *Patient Educ Couns*, 100(12), 2262-2268.
12. Psikoonkoloji Derneği. *Kanser psikososyal yönetiminde sağlık çalışanının gücü.*

<https://www.ipos->

[society.org/resources/Documents/Kanser%20psikososyal%20yo%CC%88netiminde%20sag%CC%861%C4%B1k%20c%CC%A7al%C4%B1s%CC%A7an%C4%B1n%C4%B1n%20gu%CC%88cu%CC%88%20\(1\).pdf](https://www.ipos-society.org/resources/Documents/Kanser%20psikososyal%20yo%CC%88netiminde%20sag%CC%861%C4%B1k%20c%CC%A7al%C4%B1s%CC%A7an%C4%B1n%C4%B1n%20gu%CC%88cu%CC%88%20(1).pdf) (Erişim Tarihi: 15 Nisan 2020)

13. Dülgerler, Ş., & Çam, O. (2016). Kanser tanısı konan hastalarda tanıyı söyleme süreci ve hemşirelik yaklaşımları. *Kocaeli Üniversitesi Sağlık Bilimleri Dergisi*, 2(1), 15-19.
14. Fesci, H.B., & Ünal, S. (2011). Kanserli hastaların kötü haber almaya ilişkin görüşleri. *TAF Preventive Medicine Bulletin*, 10(3), 319-326.
15. Figg, W. D., Smith, E. K., Price, D. K., English, B. C., Thurman, P. W., Steinberg, S. M., & et al. (2010). Disclosing a diagnosis of cancer: where and how does it occur? *J Clin Oncol*, 28(22), 3630.
16. Rohde, G., Söderhamn, U., & Vistad, I. (2019). Reflections on communication of disease prognosis and life expectancy by patients with colorectal cancer undergoing palliative care: A qualitative study. *BMJ Open*, 9(3), 1-8.
17. Gemalmaz, A., & Avşar, G. (2015). Kanser tanısı ve sonrası yaşananlar: kalitatif bir çalışma. *Hemşirelikte Eğitim ve Araştırma Dergisi*, 12(2), 93-98.
18. Güner, P. (2006). Kötü haber verme. *Hemşirelikte Eğitim ve Araştırma Dergisi*, 3(2), 6-9.
19. Tuominen, L., Leino-Kilpi, H., & Meretoja, R. (2020). Expectations of patients with colorectal cancer towards nursing care—a thematic analysis. *Eur J Oncol Nurs*, 44, 1-7.
20. Yıldız, S. (2017). Sosyal bilimlerde örnekleme sorunu: nicel ve nitel paradigmalardan örnekleme kuramına bütüncül bir bakış. *Kesit Akademi Dergisi*, 3(11), 421-442.
21. Baltacı, A. (2018). Nitel araştırmalarda örnekleme yöntemleri ve örnek hacmi sorunsalı üzerine kavramsal bir inceleme. *Bitlis Eren Üniversitesi Sosyal Bilimler Dergisi*, 7(1), 231-274.
22. Hjörleifsdóttir, E., Hallberg, I. R., Gunnarsdóttir, E. D., & Bolmsjö, I. Å. (2008). Living with cancer and perception of care: Icelandic oncology outpatients, a qualitative study. *Supportive Care in Cancer*, 16(5), 515-524.
23. Collet, R., Major, M., van Egmond, M., van der Leeden, M., Maccow, R., Eskes, A., et al. (2022). Experiences of interaction between people with cancer and their healthcare professionals: a systematic review and meta-synthesis of qualitative studies. *Eur J Oncol Nurs*, 102198, 1-15.
24. Kee, J. W., Khoo, H. S., Lim, I., & Koh, M. Y. (2018). Communication skills in patient-doctor interactions: learning from patient complaints. *Health Professions Education*, 4(2), 97-106.
25. Chan, E. A., Wong, F., Cheung, M. Y., & Lam, W. (2018). Patients' perceptions of their experiences with nurse-patient communication in oncology settings: A focused ethnographic study. *Plos One*, 13(6), 1-17.
26. Güner, P., Hiçdurmaz, D., Yıldırım, N. K., & İnci, F. (2018). Psychosocial care from the perspective of nurses working in oncology: A qualitative study. *Eur J Oncol Nurs*, 34, 68-75.
27. Alshammari, M., Duff, J., & Guilhermino, M. (2022). Adult patient communication experiences with nurses in cancer care settings: A qualitative study. *BMC Nursing*, 21(1), 201.

28. Krieger, T., Salm, S., Dresen, A., & Cecon, N. (2023). Cancer patients' experiences and preferences when receiving bad news: a qualitative study. *J Cancer Res Clin Oncol*, 149(7), 3859-70.
29. Al-Johani, W. M., AlShamlan, N. A., AlGhamdi, M. F., AlAbdulkader, A. M., Aljohani, W. M., AlGhamdi, R. F., et al. (2022). Breaking bad news of a cancer diagnosis: a mixed-methods study of patients' perspectives. *Patient Prefer Adherenc*, 16, 3357-3369.
30. Aksan, A.T., & Gizir, C.A. (2017). Sağlık psikolojik danışmanlığı çerçevesinde meme kanserli kadınların yaşantıları ve psiko-sosyal gereksinimleri. *Mersin Üniversitesi Eğitim Fakültesi Dergisi*, 13(3), 977-999.