

Study on Effective Communication Skills for Good Cancer Care

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Abstract

Even though communication is a key clinical skill in oncology, few physicians and cancer nurses have conventional formal training in this area. Inadequate communications may be upsetting for a patient or family since they frequently need much more information than is often delivered. Many clients leave consultations with questions regarding their diagnosis and prognosis, the value of more tests, and whether or not they are necessary for the management framework or the therapy's underlying therapeutic purpose. Furthermore, communication issues may prevent patients from enrolling in clinical trials, resulting in the delay of useful new treatments in clinics. Inadequate communication between experts or departments may lead to misunderstandings and a loss of trust among team members. Lack of communication and management skills training, according to oncologists, is a big role in their stress, work satisfaction, and emotional tiredness. As a result, many efforts aiming at strengthening cancer healthcare personnel's fundamental effective communication have been launched in recent years. Some of the problems that affect communications in an oncology context, and hence patient care, are discussed in this study. The fundamental conclusion of this research is that communication is beneficial in the treatment of any condition. In this paper, the author provides a comprehensive study on effective communication skills for good cancer care. Further research on the effectiveness of the Contraction Stress Test (CST) in improving healthcare professional communication should focus on improving patient outcomes rather than healthcare workers' views of their abilities.

Keywords: communication, cancer, oncology, patients, skills

1. Introduction

Doctors and nurses frequently spend more time talking and listening to patients than doing any other medical or nursing activity. During a 40-year career, an oncologist, for example, is anticipated to undertake around 150,000 to 200,000 sessions with patients and families. As a result, communication should be seen as a crucial therapeutic skill that takes a long time to master. Unfortunately, only a small percentage of oncologists and nurses have had appropriate formal training in communication skills that foster change, confidence, and competence. This is a significant oversight since excellent communication has several beneficial benefits on patients' adjustment to cancer or treatment, while bad communication has severe ramifications for both healthcare staff and patients (A. Jain, S. Jain, R. Jain, and D. V. Kohli 2015, T. Kehwar, K. Chopra, and D. Rai 2017).

The accuracy or completeness of the data obtained is most likely determined by effective communication throughout the consultation. It has an effect on the range and quantity of symptoms provoked, allows for a more accurate evaluation of therapeutic efficacy, influences adherence to treatment suggestions, affects physical or mental well-being, and adds to both patients and healthcare satisfaction. The literature shows that good, patient-centered communication is linked to a variety of important as well as meaningful healthcare outcomes, such as adherence to drug regimens but instead diets, control, pain, resolutions of structural or logical symptoms, advancements in physiological measures like blood sugar but also hypertension control, as well as good psychological functioning of patients. Approval of clinical study participation is mostly motivated by trust in the clinician. Although the most undergraduate curriculum and postgraduate specialty programs now include some mention of psychological

difficulties and communication, these subjects are generally still treated as sidebars.

Many cancer patients, predictably, are unsatisfied with most of the communication that occurs inside hospitals. The failure to provide enough information regarding the diagnosis, prognosis or available therapy alternatives may cause worry or uncertainty, as well as contribute to overall dissatisfaction with healthcare. Rather than technically irresponsible medical conduct, many of the complaints made to the British National Health Service Ombudsman each year involve communication difficulties. If there has been a breakdown in communication between the doctor and the patient, litigation is more probable. These poor conditions are not only upsetting for patients, but they're also unfulfilling professionally and psychologically for the physicians and nurses involved. The basic requirements for effective interactions among healthcare or its patients are that the quantity of information provided is enough and that it is comprehended, believed, remembered, or, preferably, acted upon. Unfortunately, numerous published researches show that these fundamental needs are seldom met. The causes of poor communication are many and complex. They include both personality and attitude traits of patients and their healthcare, as well as challenges posed by cancer care delivery systems (U. K. Jain, R. K. Bhatia, A. R. Rao, R. Singh, A. K. Saxena, and I. Sehar 2014, A. Kumar, R. Khanna, R. K. Srivastava, I. Ali, P. Wadhvani, and M. I. Ali 2014).

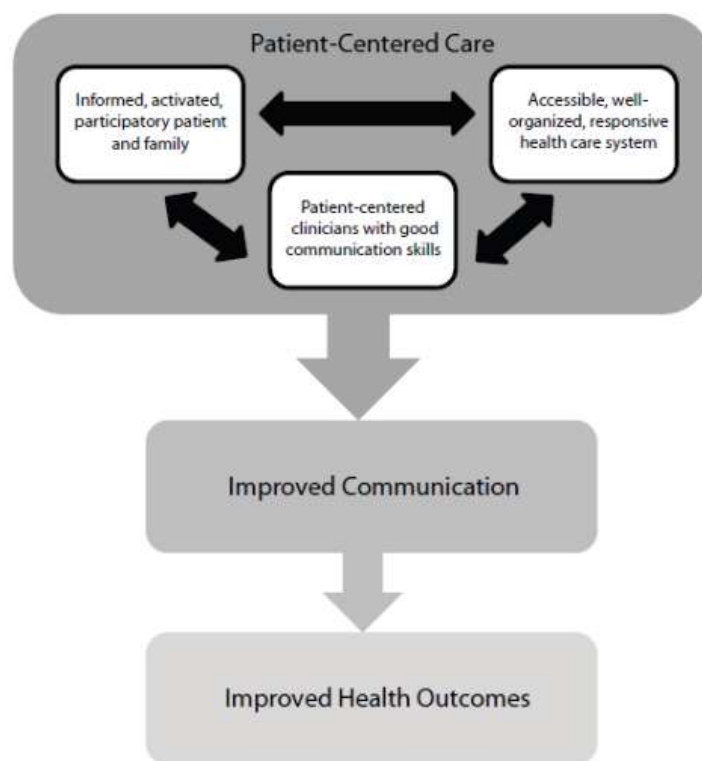


Figure 1. Illustrate the model of patient care. Patient-centered care is influenced by the dynamic interactions between patients, doctors, or the healthcare system (Kirkbride P, Cooper T. Stereotactic body radiotherapy 2011)

Patient-centered care requires effective communication with patients and collaborative decision-making as shown in Figure 1. Patients or families must connect with a physician medical provider that has good communications skills but also is supported by such an available, well-organized, but rather responsive national healthcare system to be educated, engaged, or participative. The primary goals of patient-centered data sharing are to:

- Foster the ability to heal relationships.
- Exchange data.
- Respond to emotional responses.
- Maintain uncertainty.
- Make choices, and

According to a collection of writings published by the National Cancer Institute, patients should be able to help themselves. In cancer care, patient-centered information sharing is important. These six roles interact in a dynamic

way to affect the effectiveness of patient communication and, in turn, the health clinical outcomes. They are abilities that must be learned, used, and maintained throughout the cancer treatment process. Patient-centered care is influenced by the dynamic interactions between patients, doctors, or the healthcare system. Doctor care can boost communication and enhance health outcomes.

1.1 Difficulties in Communication With Patients

Patients may have actual trouble comprehending what is wrong since laypeople sometimes have less grasp of fundamental biology and medical language than physicians and nurses realize. Anxiety over having a life-threatening sickness might make it even more difficult to absorb and comprehend complicated information. Attempts to reduce anxiety, on the other hand, are required and valuable; otherwise, patients may exaggerate the severity of their disease. For example, scientific evidence from cognitive psychology shows that an insecure person selectively attends to data about life danger, recalls so much information regarding life threat than some of the more neutral words, but rather imposes more life-threatening understandings on any ambiguous comments given by the doctor. Although patients should not be deceived about the severity of their illness, many have unduly gloomy opinions about the effectiveness of contemporary therapies that need to be addressed. Patients are continuously exposed to cancer-related television shows and other media, where the information presented is often incorrect and wrong.

The disinformation spread by phony publications and advertising for cancer miraculous cures on the Internet has the potential to do significant damage. Healthcare professionals are increasingly mentioning communication with the "overly aware and often misguided online patient" (Kirkbride P, Cooper T. Stereotactic body radiotherapy 2020, N. Taneja, A. Alam, R. S. Patnaik, T. Taneja, S. Gupta, and M. K. Sunil 2021, A. R. F. Shafana, G. A. I. Uwanthika, and T. Kartheeswaran 2021). If subsequent communication is to be effective, healthcare must analyze the patient's fundamental comprehension of cancer, the expectation of what lies ahead, or their information requirements, regardless of the source of the patient's past knowledge. In general, hospital patients' recollection of medical information is poor, with an average recall of roughly 55%. When the consultation is about cancer, the recall rate is about 26%. Patients failed to retain critical aspects regarding their diagnosis, therapy, the therapeutic goal of treatment, and prognosis in one case when oncologists evaluated their information providing as especially excellent. It's tough to say which patient traits will help with knowledge retention the most. Age seems to have no consistent link with knowledge recall, but intelligence quotient (IQ) has a modest but persistent relationship. Interestingly, even though physicians often spend more time with and provide more information to patients from better socioeconomic backgrounds, social status had minimal influence. Similarly, the impact of one's attitude on knowledge recall is complex. Although anxiety or depression impairs recollection and subjective comprehension of health information in nonpatient volunteers, studies with both patients and nonpatients show that relatively high levels of worry may improve recall by driving individuals to attend more actively (P. Shukla, S. Niranjana, and A. Gupta 2015).

Few clinicians are aware of their patients' various information preferences, both in terms of kind and quantity. A perceived willingness to participate in clinical decision-making is frequently mistaken with a desire for more knowledge. According to the study, the majority of breast cancer survivors choose somewhat passive participation in decision-making but need a substantial quantity of information about treatment alternatives. Several studies undertaken in Europe and the United States have revealed that the vast majority of patients want to know whether they have cancer, what their prospects of remission are, and all potential treatment adverse effects. Although fewer physicians are afraid to use the term cancer these days, most of us still think that such information should only be given to patients who deliberately seek it. Patients seldom raise significant inquiries unless they are specifically asked to do so. Many people believe that their physicians will give them all they need to know, while others fear seeming silly if they ask questions that betray their inexperience, and still others feel bad for taking up more of their doctor's time. Patients were given few chances to ask questions or limited time to answer when asked whether they understood the material communicated to them; participants received few opportunities to ask questions or little delayed response when asked if they comprehended the information is communicated to them (N. Kumar, A. Singh, D. K. Sharma, and K. Kishore 2018).

1.2 Doctor And Nurse Communication Problems

Some physicians recognize that their whole communication abilities are inadequate and, as a result, delegate most of the information-giving job to expert nurses. Nevertheless, there is no proof that nurses' abilities are superior to those of physicians. Distancing strategies and unethical interviewing actions are common among nurses. Patients also prefer to obtain their diagnosis or data from one of the most prominent hospital doctors, not a nurse, contrary to common opinion. Effective patient consultations need not just solid communication skills, but then also personal awareness of potential communication hurdles. The context and substance of interaction in oncology may frequently

elicit difficult and highly heated emotions, prompting some clinicians to adopt a chilly, professional demeanor to protect their emotional well-being. Unfortunately, such techniques are both ineffective and harmful to patients or their families. Furthermore, such techniques prevent physicians from forming the types of gratifying therapeutic connections that make medicine so rewarding. Oncologists are becoming more disenchanted with their profession and showing indications of burnout. According to research, doctors who specialize in cancer admit that a lack of communication or management skills training is a key issue leading to their stress, work satisfaction, even emotional exhaustion.

It has previously been established that healthcare practitioners tend to underestimate the array of data their patients need. Although surveys are provided for this purpose, filtering of information supplied to patients is frequently done on an instinctive basis, with little effort made to uncover systematically what patients truly desire. Speaking honestly about cancer may be uncomfortable, but omitting to do so because of a notion that neither news is great news or using euphemisms simply helps to propagate misunderstandings.

1.3 Constraints in the System Causing Communication Difficulties

Many debates take place in environments that are not conducive to the development of strong abilities. Some medical departments, unlike, for instance, an accountant's, financial manager's, or veterinary surgeon's office, allow less privacy for private or uncomfortable consultations. There are also a lot of interruptions. One doctor expressed astonishment at how frequently his appointments were disturbed by the phone ringing or other healthcare workers entering the room during a study experiment in which patients were given audio recordings of their visits. It's all too easy to get numb to such things, but being overheard may be humiliating for patients, as well as scary or uncomfortable for them to be privy to other people's private talks. Inadequate privacy leads to patient anxiety and may make it more difficult for the patient to grasp or participate in the session. Because throughput or waiting list reductions are top management concerns, some cancer clinics are under such time constraints that a true patient-centered discourse is compromised in favor of a physical examination as well as doctor-centered monologues {Formatting Citation}.

1.4 Multidisciplinary Teams Communication

Another issue in oncology that influences patient treatment is the efficiency of communication among the interdisciplinary team. Confusion over the diagnosis, test findings, and treatment might be exacerbated by a lack of communication between various doctors and departments. Although an interdisciplinary team strategy to cancer treatment has been found to improve communications, many healthcare professionals are unfamiliar with such organizational structures, having been trained in a more hierarchical system. The ostensible advantages will not be realized until old procedures are abandoned and new patterns of interaction amongst healthcare providers are developed. The presumption is that someone must have transmitted the crucial details at the proper moments; hence critical stuff for the patients is often ignored. This may be perplexing, leading to a loss of faith in the team or unnecessary concern in patients; it can also be irritating for clinicians, who will have to spend more time relaying bad news or even simple facts to an unprepared patient. The authors' current study, which examines how effectively the interdisciplinary team is meeting patients' informational demands, is the reason for worry. Although cancer services in the United Kingdom were reorganized in response to Calman and Hine's suggestions, little, if any, provision was made for staff retraining in improved management methods and communication (N. G. Schofield, C. Green, and F. Creed 2008, R. Richards, P. Kinnersley, K. Brain, G. McCutchan, J. Staffurth, and F. Wood 2018).

1.5 Disseminating Information About Clinical Tests

Treatments that are effective in clinical trials are required for good cancer care. Unfortunately, patient enrollment in trials is relatively low, delaying research and, as a result, the introduction of novel cancer therapies. Poor recruitment is caused by a variety of variables, including systemic limits in cancer care delivery, ethical or medico-legal concerns, and personality traits or attitudes including both patients and practitioners. Doctors' hesitation to bring up clinical trials involving potentially patients admitted is likely to be a bigger impediment than individuals' unwillingness to participate. There are perceived conflicts between the roles of physician or scientist, and even some doctors are concerned about the influence of the required disclosure of uncertainty on the doctor-patient relationship. Demands for maximum bandwidth and cost control result in an overabundance of patients in overcrowded clinics, with insufficient consulting time or assistance to explain trial facts and acquire adequately informed consent. According to studies, some institutions do not compensate or promote professionals who participate in joint trials. Despite these limits, one of the most important factors in poor trial recruitment is physicians' communication abilities. As a consequence, patients have unacceptably poor knowledge of the studies they participate in. 178 senior oncologists undergoing communication skills training identified explaining randomization, presenting difficult information, and

gaining informed permission as major issues. If the situation is to improve, physicians, nurses, and trial coordinators who have that position require additional education and awareness of patient attitudes, as well as assistance with their communication skills (T. C. Eng, H. Yaakup, S. A. Shah, A. Jaffar, and K. Omar 2012, B. S. Nandakumar 2018).

The question of how much information must be supplied for permission to be informed is particularly difficult. Patients' right to be informed' has received a lot of attention, whereas patients' right not to know' has received less attention. Several people have questioned whether it is ethical to overwhelm patients with unnecessary information. True autonomy, in theory, should incorporate both patients' requests for less and more knowledge. When information concerning prognosis and the predicted therapeutic advantages from the various study treatment arms is withheld, it is frequently an instinctive choice taken by the clinician, according to audio consultation records. It is seldom done as a consequence of a question about the patient's expressed information choices. There has to be a more reasonable foundation for choosing how much or what kind of information should be supplied to each patient who is qualified for a clinical study. Some attempts have been made in this direction. Table 1 depicts the fundamentals of oncology education, as well as how communication is beneficial to patient care. In one research, for example, 58 patients were randomly assigned to either complete disclosure of all pertinent information or an individual's ability based on the clinicians' best guess of what the patients desired. The key conclusion was that thorough disclosure resulted in a greater knowledge of the research components of therapy and outcomes, but much less willingness to consent to randomized treatment as well as more anxiety (Y. Narita 2020).

Table 1. Demonstrate the Essential Core Curriculum in Oncology

Oncology's Fundamental Core Curriculum	Oncology Clinical Trial Enrollment
<ul style="list-style-type: none"> • Breaking the Bad News Decision-Making in Groups 	<ul style="list-style-type: none"> • Survivorship Expanded Curriculum
<ul style="list-style-type: none"> • Discuss the prognosis and any risks. 	<ul style="list-style-type: none"> • Genetics of Cancer
<ul style="list-style-type: none"> • Emotional reactions 	<ul style="list-style-type: none"> • Adherence to treatment
<ul style="list-style-type: none"> • Resolve the issue of recurrence 	<ul style="list-style-type: none"> • Talk about the internet or untested treatments.
<ul style="list-style-type: none"> • Talk about death or dying. 	<ul style="list-style-type: none"> • Beliefs that are influenced by culture

2. Literature Review

Communication Skill or Psychological Education in Oncology was investigated by N. Delvaux et al. In cancer care, ensuring the highest quality of living for patients who have been diagnosed has become a significant priority. The cumulative impact of stresses connected to cancer treatment, many of which require contact with patients and family, may, nevertheless, contribute to staff burnout. Since standard formal development focuses on technical treatment, several healthcare professionals lack the psychological understanding and communication skills required to diagnose patients' concerns. But, one of the major roadblocks to Post-transfusion purpura (PTP) implementation is health workers' doubt regarding its efficacy. As a result, studies on the efficacy of training should be conducted to determine the influence of good communication just on the quality of treatment and the quality of life of people. This training should prepare health care workers to examine and deal with the complexities of difficult clinical situations such as truth-telling, signed consent abortion, 'do-not-resuscitate' orders, and thus the selection of curative or palliative treatments (D. Razavi and N. Delvaux 1997).

Current Ideas of Communication in Oncology was investigated by V. Jenkins et al. Too several people leave their appointments with a misunderstanding of their diagnoses, prognosis, that further diagnostic testing, management plans, even treatment's therapeutic goal. This situation is a reflection of the poor effective communications that greatest healthcare providers receive. It is not completely due to authoritarianism or a lack of knowledge that patients all over the world want more information; rather, this is a reflection of poor effective communications that maximum healthcare providers accept. They will not be capable to assist patients and family members take an educated or well-versed part in their cancer treatment unless we devote time and resources to helping healthcare professionals improve this essential clinical skill. Such programs are resource-intensive, but they are vital if they are committed to improving the skill base again for benefit of all stakeholders—healthcare professionals and patients (L. Fallowfield and V. Jenkins 2006).

Terry C. Davis et al. studied Literacy Levels or Cancer Communicating. Health literacy is becoming more widely acknowledged as a vital aspect impacting communication along the cancer treatment continuum. They looked at the latest research on health literacy and how it affects cancer outcomes or communication. As per the National Adult Literacy Survey, which is widely observed as the maximum accurate portrayal of reading in our culture, almost one out of every five American adults might lack the literacy abilities required to participate effectively in our society. As patients, they are at a disadvantage in terms of their ability to receive, absorb, and comprehend cancer information

or services necessary to make informed healthcare choices. Furthermore, these hurdles obstruct patient comprehension of explicit consent for routine operations including clinical trials, as well as communication or discussion about risks or advantages of treatment alternatives. More study is required to find effective ways to educate and communicate with a patient who has little health literacy. They provide practical communication tools based on our personal experience to assist overcome the cancer communication gap. Patients with inadequate health literacy and the inequities in cancer detection and early should be treated with respect, compassion, and sensitivity (S. Chant, T. Jenkinson, J. Randle, and G. Russell 2002).

The development of communication and language workshops for cancer advanced practice student nurses was investigated by M. Rosenzweig et al. traditionally, communications skills have not been taught in nursing schools. The most effective instructional technique for enhancing health care workers' communication skills is to deliver material first, then routinely assess their abilities and get monitored feedback. Communication skills training using standardized patients (SPs) was intended for cancer nurse practitioner students. This strategy may improve other areas of cancer nursing, such as nurses with less oncology experience and practicing nurses in oncology units. It's also utilized in nursing programs at both colleges. The subject should be taught early in the curriculum, but it should be reinforced with medical follow-up throughout the rest of the courses. More time for editing would be advantageous to videotaped critique to more effectively use this assessment tool in reinforcing the communication content. Finally, the usefulness and acceptability of this teaching method must be evaluated on a larger scale with a more diverse student group (M. Rosenzweig, M. Clifton, and R. Arnold 2007).

Communicating Skills Training in Oncology was investigated by W. Sollner et al. Based on their experience as teachers of effective communication for oncology practitioners, the authors explain their results and speculate on outstanding questions and potential difficulties related to communication in cancer treatment. Each of us has been teaching communication skills to oncologists and oncology nurses for many years. This might be why the editor asked us to provide a clinical comment on the Contraction Stress Test (CST). As a result, we'll discuss some of the insights we made throughout the training and attempt to outline future assignments. Progress in communication, like any other medical activity, will need a thorough examination of the subject, bold and skilled trainers who can "spread the word," and thorough scientific analysis to back up these efforts (A. Kiss and W. Söllner 2006).

3. Discussion

Communications with such a cancer sufferer are important to assisting him or her in making the greatest possible transition. It helps patients foresee issues, aids rehabilitation in people with curable malignancies, and prevents unneeded suffering, for example. For some individuals, excellent communication allows them to prepare for dying, which might be more pleasant than facing an unclear future. On the other hand, communicating is a challenging task. Medicine, in general, and cancer in particular, are now faced with an exponential increase of scientific knowledge, which frequently makes decision-making more complex. In this context, shifting healthcare personnel's attitudes in favor of excellent communication requires a more complete understanding of patient emotions and support needs. The more health care provider tries to interact with the patient, the further the patient will respond verbally or nonverbally. These responses need more attention towards the patient's needs and a greater willingness to provide emotional support. Family-centered communications include communication between the patient and his or her family. Interaction with the doctor that is oriented on the parents helped the family comprehend its caregiving role. Family caregivers who receive precise or practical guidance from the medical team are much more confident in their ability to provide care. Caregivers who obtain this assistance may provide better care to their patients.

3.1 Communication Is Influenced By Language or Culture

If the physician doesn't share a common language as that of the patient or family, but if there are cultural barriers, communication might be more challenging. Every cancer patients have a right to accurate information regarding his or her care and prognosis so that he or she may participate fully in decision-making. Most medical institutions have trained translators or other means of assisting patients with language barriers. If cultural views will have an impact on treatment or care choices, the national healthcare staff should be informed. For example, a widespread Western idea is that the ultimate choice on cancer treatment should be made by an educated patient. Effective clinical practice must include not just technology system difficulties as well as the human component. As proven in this article, effective communication fosters collaboration and assists in the avoidance of errors. The patient-centered care model stresses the clinician's correlation with patients or their families as a tool for treating, collaboration as a critical component of diagnosis, but instead, healthcare professionals understanding but also attempting to address patient concerns or information needs as critical to order to promote patient well-being but also the quality of life. Excellent communications skill are vital for attaining these objectives, but they're also linked to other critical therapeutic

outcomes for patients, their families, and the medical team. These abilities are useful in emotionally charged circumstances such as shifting a patient to palliative care or towards the end of life. It is vital for health services to assess possible communication failures and to be proactive in offering programs or outlets that encourage teamwork. By tackling this issue, medical associations may be able to considerably enhance their clinical outcomes.

3.2 Cancer Patients Have Unique Communication Requirements

Making decisions concerning a patient's treatment can be difficult. Patients, families, or physicians may make important choices together with the support of good communication, which can enhance the patient's well-being or quality of life. Building a trustworthy connection between the patients, family caregivers, or the health care team is the aim of excellent communication in cancer treatment.

- Assist patients, family caregivers, or the healthcare team in sharing information.
- Assist the patient or family in discussing their thoughts and worries.

4. Conclusion

Effective communication among cancer patients, family careers, and healthcare workers may enhance patients' well though and quality of life. Communication about concerns or making choices is crucial at all phases of cancer treatment or supportive care. Although medical and nursing education has created many oncology-related healthcare workers with exceptional communication skills, the system is failing the majority, to the cost of both its own and their patient's well-being. Communication skills are important in health care professions, yet there is no agreement on what constitutes effective performance. The creation of standardized procedures for assessing communication has received little attention, or the oncology consultation has generally stayed outside of the current focus on standard patient healthcare and the resulting changes in cancer treatment delivery. Members of cancer interdisciplinary teams have seldom assessed their own or other team members' communication abilities, and they are usually uninformed of what may be considered excellent practice.

Although few carefully examined clinical studies show that treatments to increase communication skills enhance cancer healthcare outcomes, there is evidence indicating efficient communication could be taught or that skill gains can be sustained and developed. Learner-centered methods to teaching skills that yield demonstrated change include cognitive, emotional, and behavioral elements. One such approach, funded by the Medical Research Campaign in the United Kingdom, enhanced self-rated abilities, raised senior oncologists' confidence in critical issue areas and increased their attitudes and readiness to educate younger staff communication abilities. While oncology communication may be stressful and unpleasant, it also provides patients and their families with several opportunities to learn more about their treatment options and receive better care. Patient-beneficial improvements are considerably less likely to happen unless the training needs of healthcare staff are given significantly more consideration. As a result, several programs aiming at strengthening the core effective communication of cancer healthcare staff have been conducted in recent years. This study looks at some of the challenges that affect oncology communications, as well as patient care as a result. Communication is useful in the therapy of any ailment, according to the findings of this study. This research discusses some of the issues that impact oncology communications and, as a result, patient care. The author of this research conducts a thorough investigation on effective communication skills for cancer care. More study on the Contraction Stress Test's (CST) usefulness in enhancing health provider communication must focus on improving outcomes for patients rather than health provider's perceptions of their skills.

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