

Study finds improved communication encourages patients to seek colorectal cancer screening

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Improved communication among patients and primary care physicians increases the chances those due for colorectal cancer screening will follow their doctors' advice and complete the procedure, a University at Buffalo study has found.

The research by principal investigator Thomas Feeley, Ph.D., UB associate professor and a specialist in health communication, also found the more convenient the screening process was, the greater the chance patients would follow through and be tested for [colon cancer](#). Feeley holds faculty appointments in communication, family medicine and nursing at UB.

The study appears in the June issue of *Health Communication*.

"It became apparent during the study," says Feeley, "that the communication related to [cancer screening](#) between health care provider and patient was positively related to an individual going through with the screening recommendation of the physician."

Feeley's research, based on 27 one-hour focus groups with patients, physicians, nurse practitioners and physicians' assistants, found lack of time, patient reluctance and difficulty in scheduling the test itself as reasons people ignored or failed to follow the recommendations made by their [primary care](#) physician.

Physician recommendation and knowing someone who has or had cancer were the most common factors motivating patients' decisions to complete colorectal cancer screening, the study concludes.

James Cooper and Martin C. Mahoney, both of Roswell Park Cancer Institute, and Thomas Foels of Independent Health Association were co-investigators on the study.

The study identified a host of reasons why patients whose doctors had recommended they undergo this test avoided doing so. The reasons included fear of the test, embarrassment, fear of the results, the cost of the test and lack of time.

The study found several effective measures physicians can take to help their patients overcome the barriers and take the screening test: The more persistent doctors were in discussing colon cancer screening with patients, the more likely the patients would take the test. When the office personnel of primary care doctors scheduled the test for their patients, the "attrition levels" between the time the physician recommended the test and when these patients actually underwent the test decreased, according to patients' testimony.

In other words, the more involved the doctor's office was in the tests, the greater the chances patients would actually go through with the test. The vicarious experience of patients facing the screening test also influenced whether the patient would follow through with the test.

"On the negative side, many patients parroted reports from colleagues and friends about the horrors of the prep and embarrassment related to the colorectal screening," Feeley explains. "At the same time, many parents cited children and spouses as their inspiration to get screened; loved ones often tempered the negative response about screening presented in the break room or in the hallways at work."

The words of physicians also had an impact on patients' willingness to take the screening test.

"One physician reported the use of analogies," Feeley says. "For example, the physician said, 'It is like taking care of your car; you must change the oil and check the engine to make sure all is going well.'"

But the study stressed this kind of physician-patient communication that often persuades the patient to take the screening test is hampered when the visits are rushed and distracted.

"Any proper attempt to allay patient fears associated with colorectal cancer screening or efforts to communicate the value of preventive medicine requires ample time for effective dialogue," Feeley says.

Source: University at Buffalo ([news](#) : [web](#))

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