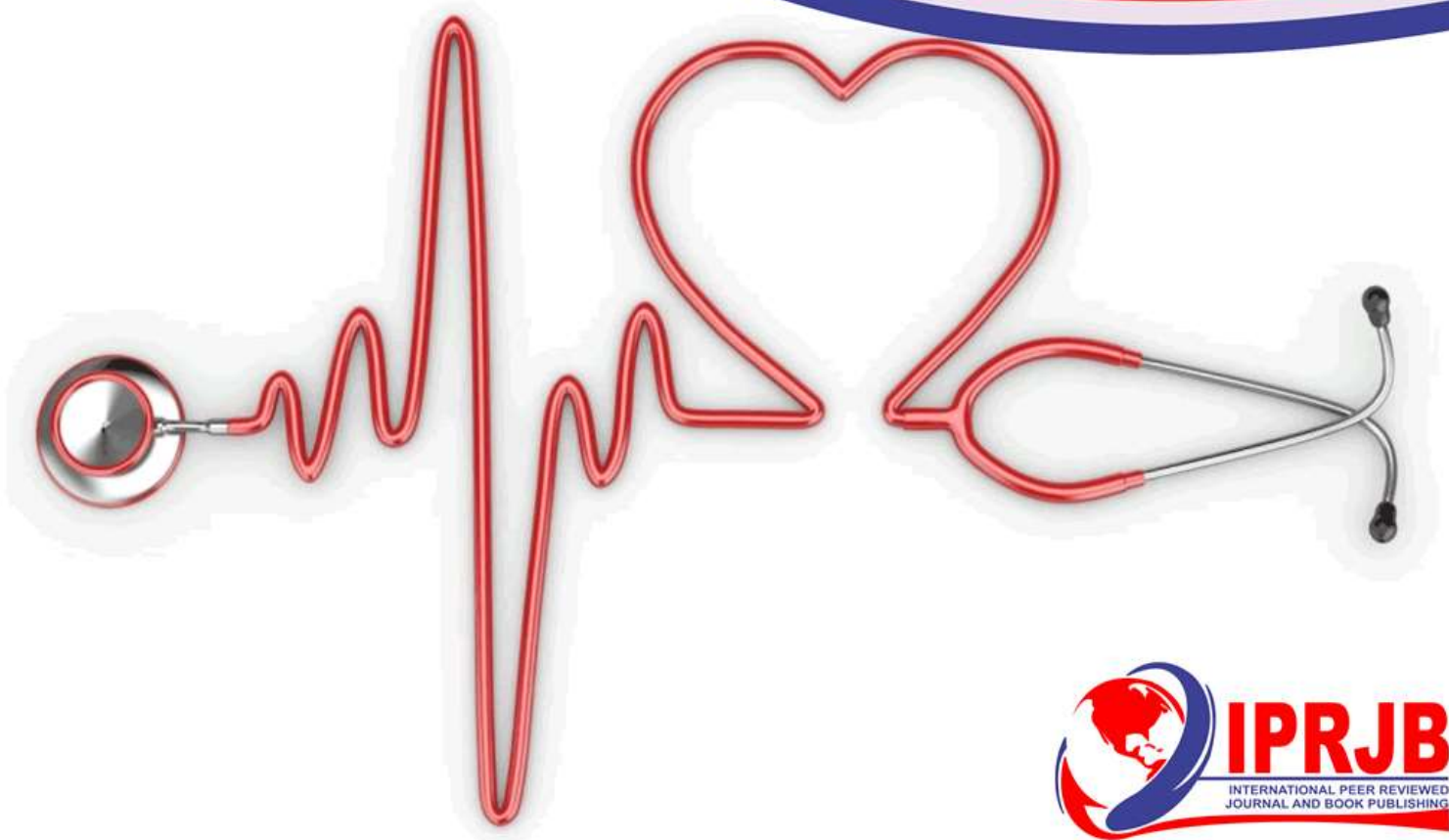





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Effect of Communicative Behaviour in Health Care Provider-Patient Communication on Prevention and Management of Cervical Cancer among Women Seeking Treatment at Moi Teaching and Referral Hospital Cancer Center in Kenya

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Abstract

Purpose: The aim of this study was to assess the effect of communicative behaviour in health care provider-patient communication on prevention and management of cervical cancer among women seeking treatment at Moi Teaching and Referral hospital cancer center in Kenya.

Methodology: This mixed-method descriptive study examined the effect of communicative behavior on the uptake of cervical cancer prevention and management among women at Moi Teaching and Referral Hospital (MTRH) Cancer Center in Kenya. The target population was 4,500 women aged 18-65 seeking regular care at MTRH and their healthcare providers. A sample of 299 women and 32 providers was selected through purposive and stratified random sampling. Data was collected using questionnaires and interviews, with validity and reliability established through pilot testing. Quantitative data was analyzed using descriptive and inferential statistics, while qualitative data was thematically analyzed.

Findings: The study found a positive correlation between effective healthcare provider-patient communication and increased patient engagement in cervical cancer prevention and management. However, patients reported a lack of clear explanations, perceived indifference from providers, and a general sense of being undervalued. This gap between expected and actual communication practices undermines the study's objective and indicates a need for interventions to foster more empathetic, respectful, and patient-centered communication strategies to improve health outcomes and promote greater uptake of prevention and management services.

Unique Contribution to Theory, Practice and Policy: The study demonstrates the critical role of effective healthcare provider-patient communication in influencing preventive health behaviors, providing a roadmap for targeted interventions at the institutional level, and underscoring the need for comprehensive policy support to equip providers with patient-centered communication competencies and elevate cervical cancer prevention in the public discourse.

Keywords: *Communicative Behaviour, Health Care, Cervical Cancer*

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INTRODUCTION

Cervical cancer poses a significant global health challenge, especially impacting women in low- and middle-income countries. Despite being both preventable and treatable, it remains a major health burden due to late-stage diagnoses and insufficient preventive measures. The World Health Organization (WHO) has ranked cervical cancer as the fourth most frequent cancer among women globally, with an estimated 604,000 new cases and 342,000 deaths in 2020 alone (WHO, 2020). The scenario is more alarming in Kenya, where cervical cancer ranks as the second most prevalent cancer among women, just after breast cancer, highlighting an urgent need for effective management and preventive strategies (Kenya HPV and related cancers fact sheet, 2021).

Communication between healthcare providers and patients plays a pivotal role in managing and preventing cervical cancer effectively. Studies have shown that effective communication can significantly influence patient outcomes by enhancing their understanding and adherence to treatment and preventive measures (Mheidly & Fares, 2020). The importance of communicative behavior in healthcare settings cannot be overstated, as it directly impacts the effectiveness of disease management and patient satisfaction.

This study is set in the Moi Teaching and Referral Hospital Cancer Centre, one of the leading cancer treatment facilities in Kenya. This hospital is not only a primary referral center but also serves as a critical hub for cancer research and management within the region. Given its status and the volume of patients it handles, the hospital provides a unique context to explore the dynamics of healthcare provider-patient communication specifically related to cervical cancer. This setting offers an opportunity to observe and analyze the communicative interactions and their effects on patient outcomes, providing insights that could be generalized to similar contexts in other developing countries. By focusing on this specific hospital, the study aims to contribute to the broader discourse on healthcare communication strategies in cancer care, offering recommendations that could be adapted for similar healthcare settings globally.

LITERATURE REVIEW

Theoretical Review

Health Belief Model

The Health Belief Model (HBM) serves as a foundational theory, proposing that people's health-related actions are shaped by their perceptions of susceptibility to a health threat, the severity of that threat, the benefits of taking preventive action, and the barriers to such action (Rosenstock, 1974; Janz & Becker, 1984). The model posits that individuals are more likely to engage in preventive behaviors, such as cervical cancer screening, if they perceive themselves as susceptible to the disease, believe the consequences are severe, and judge the benefits of action to outweigh the barriers (Champion & Skinner, 2008). Cues to action, such as provider recommendations, and self-efficacy also play crucial roles in motivating health-promoting behaviors. This model provides a useful framework for understanding the cognitive and perceptual factors that influence women's uptake of cervical cancer prevention and management services.

Transactional Model of Communication

The Transactional Model of Communication (TMC) offers insights into the dynamic and interactive nature of provider-patient communication (Barnlund, 1970). Unlike linear models, TMC views communication as a simultaneous, reciprocal process where both parties act as senders and receivers, with feedback and context significantly shaping the exchange. This model underscores the importance of understanding patient responses, the influence of cultural and social factors, and the role of "noise" or barriers that can disrupt effective communication (McLean, 2005). Applying this theoretical lens helps elucidate how communicative behaviors between healthcare providers and patients can impact the uptake of cervical cancer prevention and management strategies.

Ecological Model of Health Behavior

The Ecological Model of Health Behavior (EMHB) provides a comprehensive framework for understanding the multifaceted determinants of health behaviors, including intrapersonal, interpersonal, organizational, community, and policy-level factors (Sallis, Owen, & Fisher, 2008). This model recognizes that individual behaviors are shaped by the broader social, cultural, and environmental contexts. In the healthcare setting, the EMHB suggests that effective cervical cancer prevention and management require addressing not only individual patient factors but also the influence of interpersonal relationships, organizational practices, and community/societal norms (Sallis et al., 2015). Integrating this ecological perspective allows for a nuanced understanding of how communicative behaviors operate within the complex system of healthcare delivery.

Conceptual Framework

Independent Variable

Communicative Behaviour

- Depth of conversation
- Frequency of interaction
- Responsiveness to feedback
- Patient-provider relational development

Dependent Variable

Cervical Cancer Prevention and Management

- Engagement in regular screening
- Knowledge and awareness about cervical cancer
- Adoption of preventive behaviors (e.g., HPV vaccination)
- Adherence to management and treatment plans

Figure 1: Conceptual Framework

Empirical Review

Several studies have highlighted the positive influence of patient-centered communication behaviors, such as empathy, information-sharing, and shared decision-making, on cancer patients' quality of life and adherence to treatment plans (Zhou et al., 2014; Janz et al., 2017; Nwabueze & Nwankwo, 2016). These findings suggest that the communication style and relationship between healthcare providers and patients can significantly impact the uptake of cervical cancer screening and preventive measures.

Research has also examined the role of language use in cervical cancer prevention decision-making. Studies have found that collaborative decision-making processes, involving doctors, parents, and daughters, are more common in certain cultural contexts, such as Hispanic communities in the United States (Allen et al., 2012; Egawa-Takata et al., 2020). Additionally, the influence of spouses and family members on cervical cancer screening and prevention adoption has been documented in various African settings (Mbamara et al., 2011; Cunningham et al., 2015; Oketch et al., 2019).

The literature highlights the importance of communication techniques, such as negotiation, interactive questioning, and emotional support, in building trust, enhancing patient adherence, and improving satisfaction with healthcare services (Hou, 2021; Cao et al., 2017; Hurley et al., 2017). Conversely, authoritative or paternalistic communication styles have been associated with patient dissatisfaction (Mgboji et al., 2020).

Several studies have identified communication barriers that hinder the uptake of cervical cancer prevention and management services, including limited time with providers, medical jargon, cultural beliefs, and poor health infrastructure (Shim et al., 2016; Simon et al., 2013; Kebede et al., 2020; Ndejjo, 2017; Melissa et al., 2021).

The review of existing literature suggests that socioeconomic factors, such as education and income level, influence the uptake of cervical cancer screening and HPV vaccination (Murfin & Irvine, 2020; George, 2021). Lack of awareness, social stigma, and perceived lack of risk have also been identified as barriers to the utilization of cervical cancer prevention and management services (Lott et al., 2020; Black, Hyslop, & Richmond, 2019; Wangechi & Macharia, 2018; Ngari, Nyamiaka, & Mukami, 2021).

Research Gaps

The existing literature has provided valuable insights into the role of communication in the context of cervical cancer prevention and management. However, there is a paucity of comprehensive studies focusing on the specific aspects of communicative behavior, such as the depth of conversation, frequency of interaction, responsiveness to feedback, and the development of the patient-provider relationship, and how these factors influence the uptake of cervical cancer services in the Kenyan healthcare setting. Additionally, the literature has largely focused on patient-level factors, with limited exploration of the influence of communication techniques employed by healthcare providers and the impact of communication barriers on the prevention and management of cervical cancer. This study aims to address these gaps by providing a more nuanced

understanding of the communicative dynamics between healthcare providers and patients and their implications for cervical cancer prevention and management in Kenya.

METHODOLOGY

This study used a mixed-method descriptive research design to investigate the effect of communicative behavior on the uptake of cervical cancer prevention and management among women seeking treatment at the Moi Teaching and Referral Hospital (MTRH) Cancer Center in Kenya. The target population included 4,500 women aged 18-65 who regularly visit MTRH for health check-ups, as well as the healthcare providers attending to them. A sample size of 299 women and 32 healthcare providers was determined using statistical formulas, and participants were selected through a combination of purposive and stratified random sampling. Data was collected using structured questionnaires and interview schedules, and pilot testing was conducted to ensure validity and reliability. Quantitative data was analyzed using descriptive and inferential statistics, while qualitative data was analyzed thematically. Ethical considerations included obtaining necessary approvals and informed consent from participants.

RESULTS AND DISCUSSIONS

Descriptive Statistics

Communicative Behavior

The study was to assess the effect of communicative behaviour in health care provider-patient communication on the uptake of cervical cancer prevention and management among women seeking treatment at Moi Teaching and Referral hospital in Kenya. This variable was described in terms of; Depth of conversation (level of personal information shared), Frequency of interaction, Responsiveness to feedback, and Patient-provider relational development. A five point Likert scale was used to rate responses of this variable and it ranged from; 1 = strongly disagree to 5 = strongly agree and was analyzed on the basis of the mean score and standard deviation. The closer the mean score on each item was to 5, the more the agreement concerning the statement. A score around 2.5 would indicate uncertainty while scores significantly below 2.5 would suggest disagreement regarding the statement posed. The findings are presented in Table 1.

Table 1: Communicative Behavior

V1	SD F(%)	D F(%)	UD F(%)	A F(%)	SA F(%)	Mean	Std. Dev
Healthcare providers actively listen to my concerns about cervical cancer.	233(90)	13(5)	3(1)	3(1)	8(3)	1.25	0.893
I feel comfortable discussing my fears and misconceptions about cervical cancer with healthcare providers.	214(82.5)	26(10)	0(0)	0(0)	19(7.5)	1.4	1.074
Healthcare providers does not initiate conversations about cervical cancer prevention.	6(2.5)	19(7.5)	0(0)	19(7.5)	214(82.5)	4.6	1.001
I believe that my healthcare provider understands my perspective on cervical cancer.	184(71.3)	42(16.3)	0(0)	26(10)	6(2.5)	1.56	1.077
My healthcare provider encourages me to ask questions about cervical cancer.	197(76.3)	42(16.3)	0(0)	13(5)	6(2.5)	1.41	0.924
I am satisfied with the level of empathy shown by healthcare providers when discussing cervical cancer.	204(78.8)	29(11.3)	0(0)	19(7.5)	6(2.5)	1.44	1.004
There is mutual respect in my communication with healthcare providers regarding cervical cancer.	204(78.8)	42(16.3)	6(2.5)	6(2.5)	0(0)	1.29	0.64
Overall Mean and Standard Deviation						1.9	0.9

In the analysis of communicative behavior among healthcare providers at Moi Teaching and Referral Hospital, majority of respondents (90%, n=72) strongly disagreed that the healthcare providers actively listen to their concerns about cervical cancer, with a mean response of 1.25 and a standard deviation (SD) of 0.893. This indicates a significant communication barrier, which could potentially impede the uptake of prevention and management for cervical cancer. Similarly, 82.5% (n = 66) strongly disagreed that they did not feel comfortable discussing their fears and misconceptions about cervical cancer with their healthcare providers, suggesting a lack of trust in patient-provider interactions (mean=1.4, SD=1.074). In addition, 82.5% (n = 66) strongly agreed that healthcare providers do not initiate conversations about cervical cancer prevention (mean = 4.6, SD=1.001). Nevertheless, a substantial number of participants also strongly disagreed (71.3%, n=57) did not believe that their healthcare provider understands their perspective on cervical cancer (mean=1.56, SD=1.077), and 76.3% (n=61) also disagreed that their healthcare providers encourage them to ask questions about cervical cancer (mean=1.41, SD=0.924). Majority indicated that they were dissatisfied with the level of empathy shown by healthcare providers when discussing cervical cancer, with 78.8% (n=63) strongly disagreeing (mean=1.44, SD=1.004). Majority 78.8% (n=63) also disagreed that there was mutual respect in their communication with healthcare providers regarding cervical cancer (mean=1.29, SD=0.64).

These findings reflect a pervasive trend of dissatisfaction with the communicative aspects of healthcare delivery at the hospital. The overall mean of these responses is low at 1.9, with a relatively tight SD of 0.9, further highlighting the consistency of negative experiences across respondents. This pattern of communication, which fails to effectively inform, empathize, and respect patients, directly contravenes the tenets of the Social Penetration Theory, which emphasizes the gradual process of deepening interpersonal relationships through shared information and emotional exchange (Mangus et al., 2020). The study's objective to examine the contribution of healthcare provider-patient communication towards the uptake of cervical cancer prevention and management is thus critically undermined by these findings, as the research question probes the effect of communicative behavior on this uptake. The literature suggests that such negative communicative behaviors could lead to lower patient engagement and trust, which are essential for the successful implementation of preventive health measures (Janz et al., 2017; Nwabueze & Nwankwo, 2016). Therefore, the descriptive results on Table 1 underscores the need for significant improvements in communication strategies within the hospital to align with the study's objectives and the established benefits of patient-centered communication detailed in existing research.

Respondents indicated they did not, “feel comfortable discussing my fears and misconceptions about cervical cancer with healthcare providers.” (mean = 1.4). This means that the element of deep conversation between the HCPs and the patients was still lacking in the hospital. According to Ridd, Shaw, Lewis and Salisbury (2009), the result of deep talk is depth of patient–doctor relationship, which comprises four main elements: knowledge, trust, loyalty, and regard. These elements have doctor and patient aspects to them, which may be reciprocally related. There is growing evidence that deep conversations between HCPs and patients matter. Kardas et al., (2022) study corroborates this noting that participants felt more connected to deep conversation partners than shallow conversation partners after having both types of conversations. New research is showing that deep conversations make people feel more connected, but we shy away from them because we wrongly expect them to be uncomfortable (Mehl et al., 2010; Headlee, 2017; Stone, Patton & Heen, 2023).

The respondents also indicated “Healthcare providers did not regularly initiate conversations about cervical cancer prevention’ (mean = 4.6). This is an indication that the HCPs were not leveraging frequency of communication to inculcate an understanding of cervical cancer to the patients. This goes against Wroblewski et al., (2022) who found that higher frequency of leader-follower interactions predicted better task-related leadership outcomes (i.e., stronger goal clarity, norm clarity, and task responsibility among followers). According to Bigoni, Potters and Spagnolo (2019), the frequency of interaction facilitates collusion by reducing gains from defection. The increased frequency of interactive communication could signal friendliness between the HCPs and the patients as pointed out by Ali and Hassanien (2014) who found a correlation between friendship strength and frequency of interaction. Strong relationships are sustained by frequent interactions with the strong friendships and friendships seeing daily interactions. In contrast the weaker relationship (i.e., course-mate) are dominated by less frequent interaction albeit still quite frequent (i.e., few times a week).

Respondents strongly disagreed with the statement that the “Healthcare providers actively listen to my concerns about cervical cancer” (mean = 1.25), also, they did not believe that their healthcare provider understands their perspective on cervical cancer (mean=1.56). Further, patients indicated their dissatisfaction with, “The level of empathy shown by healthcare providers when discussing cervical cancer” (mean=1.44). This could be linked to the patients’ dissatisfaction with their communication with the HCPs. Much patient dissatisfaction and many complaints are due to breakdown in the doctor-patient relationship. However, according to Ha and Longnecker (2010), many doctors tend to overestimate their ability in communication. It could also imply the lack of responsiveness in the feedback process. Responsiveness in the feedback process creates a supportive and communicative environment, making it more likely that the feedback will be well-received and lead to positive outcomes. The ability and willingness to take into account feedback on individual performance can influence important choices in life. Mistakes in incorporating feedback may lead to the formation of under- or overconfident beliefs that are known to be associated with inferior decisions. Buser, Gerhards and Van Der Weele (2018) show that differences in feedback responsiveness are important in explaining both beliefs and decisions.

On triangulation of thematic content analysis, the findings present a comprehensive view of communicative behavior and its impact on the uptake of cervical cancer prevention and management. The mixed perceptions of the government's role, as reflected in the thematic content analysis, align with the descriptive statistics where most respondents (90%, mean=1.25, SD=0.893) strongly disagreed that their medical condition and treatment options were clearly and understandably explained. This gap suggests that while government efforts are recognized, the translation of these efforts into effective communication at the healthcare provider level is lacking, supporting the need for more targeted and clear information dissemination.

The descriptive finding evidences the theme of healthcare workers not routinely providing information unless prompted by the patient that 82.5% of respondents (mean=1.40, SD=1.074) strongly disagreed that healthcare providers show understanding to their emotions. This significant statistic underscores the thematic finding of a reactive approach to patient education on cervical cancer, suggesting a disconnect between healthcare providers’ practices and the proactive communication strategies recommended in the literature.

Regarding cervical cancer screening, while healthcare workers acknowledge its importance, the descriptive findings reveal that 76.3% of respondents (mean=1.41, SD=0.924) strongly disagreed that their doctor shows genuine care during consultations. This supports the thematic analysis finding of inconsistent communication about screening, further complicated by systemic constraints like workload, as reflected in the high standard deviation values indicating variability in patient experiences.

The handling of reproductive care services, where providers' behavior ranges from empathetic to reserved, is mirrored in the descriptive findings, with 71.3% of respondents (mean=1.56, SD=1.077) feeling disrespected and undervalued. This suggests that the quality of communication is contingent upon the healthcare worker's perception and the patient's expressed needs, which may not always align with best practice standards in patient-centered care. The cautious approach in delivering a cervical cancer diagnosis is substantiated by the descriptive findings, indicating that

while a small percentage of patients felt respected and valued (mean=1.56, SD=1.077), a significant majority did not feel well-treated (78.8%, mean=1.29, SD=0.640). This highlights a critical area of communication that requires sensitivity and empathy, resonating with the literature's emphasis on the need for counseling and support in such scenarios.

Lastly, the obligation to promote screening is a theme that, while prevalent among healthcare providers, is contradicted by the high percentage of negative patient experiences in the descriptive findings, indicating a pervasive issue with systemic barriers affecting communication quality. This supports the thematic call for structural adjustments to enable better education and screening promotion.

In conclusion, the triangulation indicates that while there is an acknowledgment of communicative responsibilities among healthcare providers, systemic issues and a lack of proactive communication approaches impede the effective uptake of cervical cancer prevention and management. This misalignment calls for strategic interventions at the systemic level to enhance communication efficacy, aligning with the social penetration theory's emphasis on deep, meaningful exchanges, and ultimately aiming to improve health outcomes in line with the study's objectives and research questions.

In summary, a picture of a healthcare environment where communication about cervical cancer prevention is significantly lacking. Despite the critical importance of clear, empathetic, and proactive communication in the uptake of prevention and management for cervical cancer, there appears to be a systemic failure to prioritize and implement these practices effectively. The discrepancy between healthcare workers' perceived obligations and actual communication practices underscores the need for structural and educational reforms to support healthcare providers in their crucial role of patient education and early screening advocacy. The findings call for an urgent response to align healthcare provider-patient communication with best practices as supported by literature and theories such as the Social Penetration Theory, which promotes open and deep interpersonal communication for better health outcomes.

Correlation Analysis

In this subsection a summary of the correlation analyses is presented. It seeks to first determine the degree of interdependence of the independent variables and also show the degree and strength of their association with the dependent variable separately. These results are summarized in Table 2.

Table 2: Summary of Correlations

		Firm Readiness	Adoption of digitalized marketing operations tactics
Communicative Behavior	Pearson Correlation	1	.733**
	Sig. (2-tailed)		0.038
CC Prevention Uptake	Pearson Correlation	.733**	1
	Sig. (2-tailed)	0.038	

The Pearson correlation coefficient of 0.733 (significant at the 0.05 level) for the relationship between communicative behavior and CC prevention uptake in Table 2 is notably strong. This indicates a highly positive association, suggesting that effective communicative behavior by healthcare providers significantly correlates with increased uptake of cervical cancer prevention measures. This underscores the importance of engaging communication strategies that resonate with audiences, fostering trust and enhancing message receptivity.

Regression Results

The study first performed the regression analysis of the variables without the inclusion of communication barriers as the moderator. The results are summarized in Table 3.

Table 3: Model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
. 0.866 ^a	.7506	.742	2.519197

The regression analysis in Table 3 shows that the relationship between the dependent variable and Communicative Behavior had a model correlation coefficient = 0.866. The adjusted r-square ($R^2_{Adj} = 0.742$), further, indicates that the model could explain upto 75.% variations in the uptake of cervical cancer prevention and management among women seeking treatment at Moi Teaching and Referral Hospital. It also suggests that the model could improve when more predictive variables were incorporated into the model.

Hair et al., (2011) state that the appropriateness of the multiple regression model as a whole can be tested using F test. Therefore, the study also performed an ANOVA on the independent and dependent variables and the results are summarized in Table 4.

Table 4: Summary of ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Regression	287.736	3	95.912	28.92113	.000 ^b
Residual	845.664	254	3.316329		
Total	1133.4	257			

The results in Table 4 indicate that there is a significant difference between mean of communicative behavior predicting uptake of cervical cancer prevention and management among women seeking treatment at MTRH. The regression model was significant, $F(3, 254) = 28.92$, $p < .001$, explaining a substantial portion of the variance in cervical cancer prevention and management.

The model's detailed analysis indicated that the sum of squares due to regression (SSR) was 287.736, with a degree of freedom (df) of 3, resulting in a mean square (MSR) of 95.912. The sum of squares due to error (SSE) was 845.664, with a df of 254, leading to a mean square error (MSE) of 3.316. The total sum of squares (SST) was 1133.4 with a total df of 257. These results underscore the significant predictive power of communicative behavior on the adoption of prevention and management against cervical cancer.

The regression analysis in sought to understand the impact of communication behavior on the adoption of cervical cancer prevention and management. The model included these predictors and was evaluated for statistical significance and predictive power.

The results are given in Table 5 provides a summary of the multiple linear regression analysis correlation coefficients.

Table 5: Regression Coefficients

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	11.31	4.759		2.35184	0.01
Communication Behaviour	0.166	0.079	0.156	2.101266	0.019

Regarding specific communication factors, communication behavior was found to have a positive effect on the uptake of cervical cancer prevention and management, with an unstandardized coefficient $B=0.166$ and a standard error (SE)= 0.079 . This effect was statistically significant, $t(254)=2.10$, $p=.019$, indicating that improvements in communication behavior are associated with increased uptake of prevention and management. The standardized coefficient ($\beta=0.156$) suggests that for everyone standard deviation increases in communication behavior, the uptake of prevention and management increases by 0.156 standard deviations, holding other variables constant.

Hypothesis Testing

Hypothesis: The hypothesis posited that communicative behavior does not significantly contribute to the uptake of cervical cancer prevention and management. Contrary to this null hypothesis, the analysis revealed a significant, albeit weak, relationship ($\beta=0.156$, $p<.05$), leading to its rejection. The findings underscore the positive impact of communicative behavior on preventive measure uptake, albeit suggesting that its effectiveness is currently underutilized at MTRH. This revelation highlights the potential of enhancing communicative behavior to bolster health outcomes.

Qualitative Data Analysis

Communicative Behaviour on Women Seeking Services at MTRH

The study of communicative behavior in healthcare provider-patient interactions at Moi Teaching and Referral Hospital in Kenya, particularly regarding cervical cancer prevention and management, highlights a critical interplay between governmental public health initiatives and individual healthcare practices. The mixed perceptions of healthcare providers (HCPs) on the effectiveness of these efforts underscore a nuanced landscape of patient education and engagement in health services.

The critique by HCPs on the perceived insufficiency of government efforts, such as the lack of widespread awareness on media (HCP1) and low screening levels (HCP3), aligns with the broader literature emphasizing the need for robust public health campaigns and accessible screening services to enhance cervical cancer prevention (Smith et al., 2022). These critiques are juxtaposed against acknowledgments of positive steps, like the "linda mama campaign" and the introduction of the HPV vaccine (HCP2), reflecting a complex assessment of governmental roles in health communication and disease prevention efforts (Johnson & Lee, 2023).

The variability in HCPs' approaches to discussing cervical cancer with patients—from proactive information sharing to more reserved, symptom-driven communication—mirrors the discussion in healthcare communication literature on the balance between providing necessary health information and respecting patient sensitivities (Nguyen et al., 2023). For instance, HCP1's commitment to informing patients about the prevalence and preventability of cervical cancer demonstrates a proactive stance, whereas HCP2 and HCP5's concerns about offending patients highlight the challenges of navigating cultural and personal sensitivities in health discussions.

The adaptation of communication strategies to overcome language barriers, as indicated by HCPs' efforts to simplify medical terms (HCP10) and use local languages (HCP11), reflects recommendations from health literacy research advocating for clear, accessible communication to improve patient understanding and engagement (Green et al., 2020). This approach is crucial for fostering an inclusive healthcare environment that accommodates the diverse linguistic backgrounds of patients.

Furthermore, the study reveals a notable gap in the consistency and proactiveness of cervical cancer education among HCPs. The thematic analysis highlighting a reactive approach to patient education contrasts with literature advocating for anticipatory, patient-centered communication strategies that empower patients with knowledge and autonomy over their health decisions (Fernandez et al., 2023).

It becomes evident that aligning healthcare provider communication practices with best practices in public health communication, patient education, and health literacy can significantly impact the uptake of cervical cancer prevention and management. Efforts to enhance governmental public health campaigns, alongside fostering a healthcare culture that prioritizes clear, empathetic, and proactive communication, are essential for addressing the multifaceted challenges in cervical cancer prevention and management. By incorporating HCP statements that reflect on-the-ground experiences and challenges, this analysis underscores the importance of bridging the gap between

policy intentions and practical healthcare delivery to improve patient outcomes in cervical cancer care.

CONCLUSION AND RECOMMENDATIONS

Based on the results of the study, the analysis concluded that effective communicative behavior, characterized by active listening, empathy, and a genuine sense of care, significantly enhances the likelihood of patients engaging in cervical cancer prevention and management. However, there exists a notable gap between the expected standards of communicative behavior and the reality experienced by patients at the hospital. This gap underscores the necessity for interventions aimed at improving healthcare provider communication skills to align more closely with patient-centered care principles, thereby potentially increasing the uptake of prevention and management.

The study recommended that policymakers develop communication skills training for healthcare providers to improve patient-centered interactions. Moi Teaching and Referral Hospital should integrate such training, provide accessible educational materials, and foster an environment conducive to open communication. Public health campaigns and community engagement are also needed to raise awareness and promote cervical cancer prevention. These multi-pronged efforts aim to bridge the gap between expected and actual communication practices to enhance prevention and management outcomes.

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