



Communication Challenges Faced by Adult Immigrant Cancer Pa- tients in Western Countries

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Immigrant Cancer Patients in Western Coun-
tries**

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Effective communication is considered to be the most essential component in cancer care as it affects a cancer patient's disease outcome. Globally, it has been reported that challenges in communication is considered to be a great contributing factor for causing health disparities between immigrants and non-immigrants.

The purpose of this bachelor's thesis was to identify how communication challenges can affect the outcome in adult immigrant cancer patients. Hence, the aim was to explore the effects of communication challenges faced by adult immigrant cancer patients living in western countries and to determine areas to target for intervention and improvement to help increase positive outcome during cancer care.

A literature review was used to conduct this thesis. Totally, 5 articles were found to be relevant to this topic and were obtained from CINAHL (Ebscohost), Sage premier, ScienceDirect and PubMed databases. CASP tool was used to conduct critical data appraisal on all the chosen articles prior to analyzing the data using inductive content analysis method.

The findings from this literature review established immigrant cancer patients with communication challenges face a variety of problems that greatly compromises the positive outcome of their condition. These include inability to acquire knowledge and information regarding the cancer disease and its process, inadequate interpretation, hindered relationship with healthcare professionals, lack of social support as well as difficulties in navigating the healthcare system.

The authors recommend further research to be conducted to establish the effects of cultural influences on immigrant patients who are receiving cancer treatment in Finland. Additionally, to help bridge the existing gap of communication barrier between healthcare professionals and immigrant patients, extensive research is required to determine how culturally competent interpreters are well versed in the complicated medical terms used in cancer care.

Keywords: Adult cancer patient, Immigrant and human migration, Communication in healthcare, Communication challenges in cancer care

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1 Introduction

Globally, Cancer is the second leading cause of death and it accounts for approximately 9.6 million deaths per year, meaning 1 in 6 deaths (Global health observatory report 2018). Cancer mortality in EU is reported to be 1.9 million with 3.7 million new cases getting diagnosed each year (WHO n.d.). In Finland 34,122 new cases of cancer were diagnosed in the year 2016. Out of which, 17,614 were men while women amounted to 16,508 cases. Over 270,000 people are living cancer patients by the end of 2016. (Suomen Syöpärekisteri 2018.) However, literature on cancer burden and race (ethnicity) in Finland is still scanty.

Cancer as a demanding illness in itself, is also associated with other challenges such as emotional, financial, social and physical ramifications that affects both the individual suffering and their loved ones. Challenges regarding communication with professionals, finding access to and getting the right information, fear of recurrence, new cancer and emotional drains are reported commonly by cancer patients. (Hansen 2012.) To further compound these challenges, immigrants are reported to have cultural and linguistic barriers, as well as health illiteracy as an added challenge (Moen et al 2018; Stevens, Masgoret & Ward 2007).

Rapid growth of ethnic diverse and foreign-born population has been experienced by many countries, thereby bringing cultural and linguistic differences to medical encounters thus complicating the health care delivery. Globally, health disparities between majority and minority populations have been widely reported. Several international organizations have been calling for more research on health disparities and a key to identify the service issues that help guide accessibility of these services to all patients regardless of their race or ethnic background. (Sze et al 2015.) In Finland, a comparison study done by the National Institute of Health and Welfare revealed that, to bridge the gap of health disparities between the majority and minority groups, it is essential to activate migrants' participation to health promotion (THL 2008).

Currently, cancer and migration are the subjects receiving close review in western countries because of the health disparities still witnessed, even after socio-demographic factors such as poverty and education have been controlled (Chu, Miller & Springfield 2007). To understand and explore this further, the authors chose to aim at exploring the effects of communication challenges that are faced by immigrant cancer patients and determine areas that need intervention and scope for improvement in order to help improve positive outcome in these patients. The purpose of this thesis being to identify how communication challenges can affect the outcome in adult immigrant cancer patients.

2 Theoretical Framework and Key Concepts

Healthy immigrant effect is a phenomenon that is being experienced in the developed countries and it simply means that immigrants are on average healthier than the native-born population after initial migration. This phenomenon is supported with explanations such as possibilities for health screenings in the host countries, their healthier lifestyles prior to migration and adapting to unhealthier behaviors according to the host country. (Gushalak 2007; Kennedy, Mc Donald & Biddle 2006.) Change in lifestyle increases the risk in immigrants developing chronic illnesses such as cancer and their cancer incidence after a while starts to compare to that of the host country (Blackadar 2016; Hemminki et al 2014; Qureshi, Kumar & Ursin 2014). Immigrants when compared to nonimmigrants experience poorer outcomes during their cancer treatment care, reasons being language and cultural barrier, misinterpretation of information and difficulties in understanding the new healthcare systems and reducing this disparity has been a constant global challenge (Liu et al 2018).

The term “Western countries” in this thesis was specifically used to refer to countries in Europe, Australia and North America.

The key concepts used in this thesis include Adult cancer patient, Immigrant and human migration, communication in health care and communication challenges in cancer care. These concepts will be defined in the following chapters of this thesis.

2.1 Adult Cancer Patient

Collins English Dictionary (2019) defines “cancer patient” as a person who is receiving medical treatment for malignant growth or tumor. Cancer can affect anyone, and its effects are witnessed well beyond age, gender and cultural background (Cancer society of Finland n.d.). This thesis focuses on adult patients of 18-65 years of age suffering from cancer as Erik Erikson categorized adulthood into two stages, young adulthood 18-40 yrs. and middle adulthood 40-65 years (Erik Erikson 1963, cited in McLeod 2018).

2.1.1 Cancer and its Prevention

Cancer is a generic term used for large group of diseases that are characterized by abnormal cell growth beyond its usual boundaries. It gradually starts invading to the adjoining parts of the body or organs and can affect almost any part of the body. Cancer has many anatomic and molecular subtypes and each of this type requires specific strategies to manage. (WHO 2018.) Latter process of cancer also known as metastases is the major cause of death from cancer (Chaffer & Weinberg 201; Mizejewski 2018). Malignant tumors and neoplasms are the other common terms that are used to refer to cancer (WHO 2018). According to National cancer institute (n.d.), there are two ways in which cancer is classified. Histologically, meaning by the type of tissue from where cancer has originated, or by the organ where the cancer has

first originated. Hundreds of cancers are grouped histologically into six major categories and these are, Carcinoma, Sarcoma, Myeloma, Leukemia, Lymphoma and mixed types.

Most common types of cancer in men include- prostate, stomach, lung, colorectal and liver cancer. Whereas breast, cervix, lung, colorectal and thyroid are the most common types of cancer seen in women (Bray et al 2018). About 30-50% of cancers can be prevented by early detection and management by the implementation of evidence-based prevention strategies such as living a healthy lifestyle, avoiding smoking and exposure to tobacco smoke, excessive use of alcohol, adequate exercise, and weight maintenance. Occupational cancers can be prevented by occupational health and safety measures such as avoiding exposure to environmental radon radiation. Certain cancers, such as cervical and liver cancers, can be effectively prevented by vaccination and, for example, gastric cancer infection medication. In addition, cancer mortality can be prevented by early detection of cancers and cancer screening. (THL 2018; WHO 2018.)

Despite early screening having high probability in preventing cancer as mentioned above, studies such as Idehen et al (2017) and Moen et al (2018) and many others have reported low participation of cancer screening among immigrants. Reasons for this included, poor knowledge of cancer, language barrier, fear of pain, stigma towards cancer and screening being perceived as unnecessary (Moen et al 2018). Lack of knowledge regarding the navigation of health care systems was also noted as a barrier to accessing healthcare services among immigrants (Straiton & Myhre 2017). As a result, Immigrants usually present with late stage cancer diagnosis and are reported to have worse psychological and health related quality of life outcomes when compared to non-immigrants as well as low survival rates and higher rates of side effects (Grassi & Riba 2012, 13; Cho et al 2011).

2.1.2 Causes and Risk Factors of Cancer

Cancer is caused by normal cells transferring into tumorous cells through a multistage process, usually progressing from precancerous lesions to malignant tumor. This could be a result of the interaction between person's own genetic factors and physical carcinogens such as UV and ionizing radiations. Chemical carcinogens such as asbestos, arsenic (a drinking water contaminant), aflatoxin (food contaminant), components of tobacco smoke and biological carcinogens such as bacterial, viral or parasitic infections are also causes of cancer. Ageing, because of slow cellular repair mechanisms, can also contribute to the development of some specific cancers. (WHO 2018.)

While it is impossible to know why exactly a person gets cancer, research has it that certain risk factors may increase this possibility. Some risk factors can be controlled while others such as family history and age cannot be. (National Cancer Institute 2015.) According to

Global Health Observatory Report (2018), cancer is caused due to 5 leading behavioral and dietary risks. These are high body mass index, low fruit and vegetable intake, lack of physical activity, tobacco use as well as excessive alcohol use. The use of tobacco is considered to be the most important risk factor causing cancer, and accounts for highest amount of deaths from cancers such as lung, oral cavity, pancreas and kidney. Other risk factors for cancer also include some chronic infections. In the year 2012, about 15% of cancers diagnosed were attributed to carcinogenic infections. These included HPV (Human papillomavirus), Hepatitis B and C virus, Helicobacter pylori and Epstein-Barr virus. HPV virus types B and C increase the risk for liver, stomach and cervical cancer. (Cokkinides et al 2017.) HIV also substantially increases the risk for cervical cancer (Chirenje 2005).

2.1.3 Symptoms, Diagnosis and Treatment of Cancer

In most cases, cancer in its early stages is asymptomatic and not does cause pain. It is however advisable to seek immediate medical help if you experience symptoms that are similar to those of cancer. Some of these symptoms include changes in skin, breast, bowel movements, blood in urine, abdominal pain, unexplained weight loss, eating problems, unusual bleeding, lump under the skin and feeling tired among many others. Since these symptoms can also occur due to reasons other than cancer, it is important to have them evaluated early, so that early diagnosis and correct treatment can be started. (WHO 2018; THL 2018.)

Cancer can be diagnosed in many ways and with the use of various techniques. Personal and family history will be recorded before any tests are ordered. Tests include lab test, imaging procedures such as MRI, ultrasound, X-rays, CT scan and PET scan. Doctors also in most cases do a biopsy which is a procedure done by removing a tissue sample for testing to confirm cancer. (National cancer institute 2015.)

Cancer therapy has evolved over time, partly because of its ineffectiveness and numerous side effects, but also because of the hopes of finding a cure or complete remission (Arruebo et al 2011). Successful and effective cancer treatment depends on a correct diagnosis of the cancer type. This is also important because every cancer type calls for a specific treatment regime that can include either radiotherapy, chemotherapy, immunotherapy and surgery, or in some cases a combination of two or all of these. (Arruebo et al 2011.) When detected early and treated according to best treatment regime, common cancers such as breast, cervical, oral and colorectal cancers can have high cure rates. If appropriately treated, other types of cancers that have higher cure rates despite cancerous cells metastasizing are leukemia and lymphomas in children and testicular seminoma in adults. In the events that cancer is very bad and there is little that can be done, then palliative care is given as a treatment option. (WHO 2018.)

2.2 Immigrant and Human Migration

An immigrant or migrant is defined as a person that has moved from place of origin to a foreign place regardless of legal status, voluntary or involuntary reasons or the length they intend to stay (IOM 2019). Human migration is the movement of people from one place to another for different reasons. These include internal migration meaning migration within a country or state, external migration which is moving to a different country and return migration that is moving back to home country. Two major human migration factors are the push and the pull factors. Push factors mean that people are forced to move due to environmental calamities such as floods, earthquakes and man-made calamities such as war displacements. Pull factors means that the individual is attracted to a place and moves for better life and work opportunities or better climate. (National geographic n.d.)

Around 3% of the world's population, precisely 258 million people were reported as living outside their country of birth in 2017 (United Nations 2017). Of these international migrants, 100 million lived in the more developed parts of the world with 9 million in Northern EU, 22 million in western EU and 38 million in USA. Proportionally 9, 12 and 13 percent of the population from these countries respectively, are of immigrant background. (Hochschild & Mollenkopf 2008.) In Europe, 2% of the population growth is directly attributed to the inflow of net migration (United Nations 2017).

Until the end of the 1980s, most of the immigrants coming to Finland were return migrants of Finnish descents. This was the trend until 1990's whereby more than half of the immigrants has been persons of foreign origin. The number of foreign citizens residing in Finland in 1980 was about 13,000, but this number increased to 87,500 by 1999 which increased the number of foreign-born persons from 39,000 to about 130,000. These numbers comprise of refugees, asylum seekers, and immigrants as well as return migrants with children of foreign citizenship. (Migration institute 2003.) By the end of 2011, the number of immigrants in Finland were 183,000 accounting for almost 5% of the population, and it is predicted that this rising trend will continue at the same rate in the coming decades (THL 2012).

Immigrant that resettle in a new country across the world borders face the same challenges regardless of where in the world they move to. These common challenges, which mostly include language barriers, racism and discrimination, unemployment and underemployment, anxiety because of separation from family members, financial difficulties, mental health problems due to traumas experienced and survival guilt, can in some cases have a great impact on the immigrant's health and wellbeing (Roads to refuge 2015; Stevens, Masgoret & Ward 2007). Furthermore, Immigrants that have been subjected to historical or personal experiences of discrimination, violence or institutionalized racism in general, have low trust

factor on health care professionals and institutions, which in result, can have detrimental impact to their health and wellbeing (Grassi & Riba 2012,13.)

2.3 Communication in Health care

Communication is defined as the act of transmitting information from one place or person to another. Communication is a three-way dimensional act that involves at least a sender, a message and a recipient. This message can be transmitted by writing or in a mixture of verbal or nonverbal ways. The sender of the message encodes it while the receiver decodes it. Many things can affect the transmission of message from the sender to the recipient and these include location, emotions involved, the medium used and cultural influences. (Skills you need 2015.)

In a health care setting, communication is the most important component as there is constant transformation of information between health care professionals, patients and other members who are involved in the patients' care. To help ease this process of communication, there are varied available communication channels that can be used effectively. Face to face communication gives the advantage of getting the full conversation through both hearing and seeing facial expression and body movements, while written communication is essential in documentation, referrals and discharge letters (Vermeir et al 2015). Failure of communicating the information in the right way can lead to unwanted or unintended results that might affect the patients' outcome and satisfaction (Dodge 2018.) The two common types of communication are verbal and nonverbal, and these can be viewed in the illustration below (Figure 1).

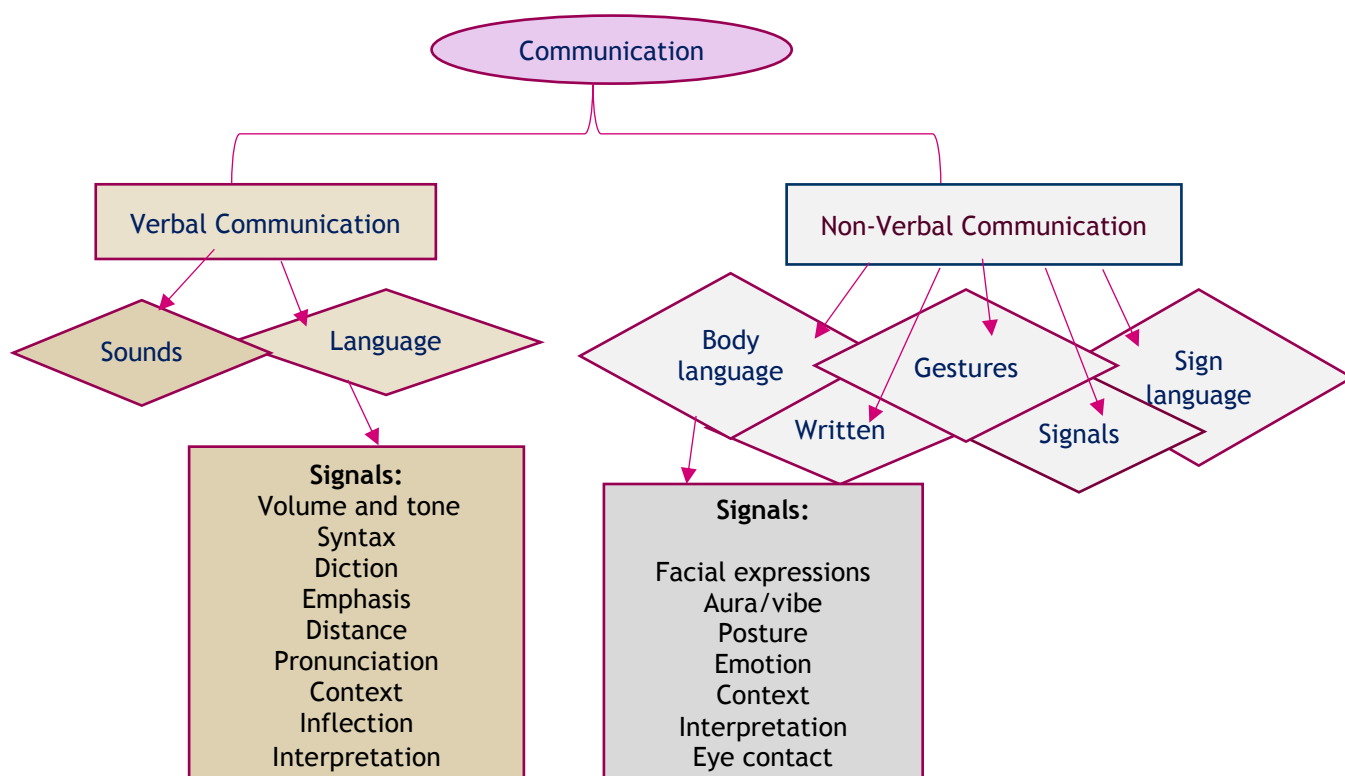


Figure1: Types of communication (examrace.com n.d)

2.3.1 Verbal Communication

Verbal communication is the use of words to convey a message to others. This can be relayed in the forms of spoken sounds and languages, meaning oral communication or in a written form. This form of communication is very important in healthcare settings and challenges of verbal communication in this instance, might be, when dealing with hearing or physically impaired patients and patients that do not share common language with healthcare professionals (McCabe & Timmins 2006.)

2.3.2 Non-verbal Communication

Non-verbal communication is a mode of communication that makes use of cues instead of spoken words. It includes facial expressions, body language and any message that is transmitted without speaking. A lot of people rely on nonverbal communication to interpret meanings behind the message, but in some cases, it can be very difficult to understand, and it depends mostly on the tone and individual involved (Mandal 2014.)

It is very important to pay close attention to the way non-verbal communication is used because of the emotions attached to it. As it is a more a complicated form of communication when compared to other forms, the way it is used can have a huge impact when communicating with others (Raymond 2016). It is easy to send mixed messages when close attention is not paid to using it. When signals of verbal communication match with those of non-verbal, this can increase trust and clarity, whereas when they don't match, mistrust and confusion arise. When healthcare professionals have the ability to understand and implement correct non-verbal communication, this can impact the patient in a positive way and help reinforce mutual respect and understanding (Segal et al 2018.)

2.4 Communication challenges in cancer care

Communication is considered to be the most essential component in health care. In a complex multidisciplinary treatment regime such as cancer, effective communication is of significance, as it affects a cancer patient's outcome, particularly in understanding, satisfaction and psychological morbidity, even though the evidence regarding the impact on health outcome is sparse (Luigi & Michelle 2012,11; Kee et al 2018.) However, communicating to patients and their relatives the bad news concerning the initial cancer diagnosis is a challenging task, because, if bad cancer news is wrongly communicated, it has the potential to cause confusion, resentment and distress in patients (Konstantis & Exiara 2015; Bain, Liam & Thon 2014).

Communication is important during all stages of cancer care, but even more so during big decision-making moments such as, during first diagnosis, discussion on new treatment options

and treatment outcome. Change in care direction and when the patient wants to make wishes such as a living will are also considered as important decisions in cancer care. (National cancer institution 2015.) Moreover, balancing when and how to disclose information is also a challenge as some patients prefer some aspects of the information and not all other information, e.g. some people want only partial disclosure of bad news or prefer not to be told when treatment fails while others want to know everything (Zekri & Karim 2016).

Studies has it that, effective communication between cancer patients and healthcare professionals' results in many positive outcomes. Patients are usually reported to be more satisfied, feel in control and are more informed about their care. They are also more likely to go through with the treatment, partake in clinical trials which is important for the development of new efficacious treatment and transition from active treatment to palliative care is smoother. (National cancer institution 2015; Stewart 1995; Fallowfield & Jenkins 1999.)

Global migration has seen increase in immigrant patients with communication problems in healthcare settings. While communicating with a cancer patient is in itself a challenge, it is likely to be even more challenging when there is a communication barrier between the healthcare professionals and the patients. The need for removal of this barrier is essential when it comes to promoting patients' psychological and physical wellbeing. As mentioned earlier, ineffective communication between healthcare professionals and patients can lead to compromised care and thus, leading to poor outcomes (Straiton & Myhre 2017; Luigi & Michelle 2012; Karliner et al 2010; Hornberger, Itakura & Wilson 1997).

Another prominent communication challenge seen in healthcare is the use of medical jargon by the health care professionals. This might bring confusion to the patients, which can result to important information being lost (Oliver 2018). Although the use of Interpreters plays a key role in easing the communication challenges between patient and healthcare professional, "accuracy of translation, understanding patient's medical condition and treatment process, metaphoric meanings and protocols" remains a challenge while interpreting in medical consultations (Grassi & Ribba 2012, 19).

3 Purpose aim and research question

The purpose of this thesis is to identify how communication challenges can affect the outcome in adult immigrant cancer patients in western countries.

The aim of this thesis is to explore the effects of communication challenges faced by adult immigrant cancer patients in living western countries and to determine areas to target for intervention and improvement to help increase positive outcome during cancer care.

Research question: How can communication challenges affect the outcome of adult immigrant cancer patients in western countries?

4 Methodology

Literature review was used to conduct the research in this thesis work. This method was found to be reliable and functional because it is an interpretation and study of literature that includes both past and current knowledge that is available on a certain topic in journal articles and academic books. It also helps to identify and track down all the available literature on the chosen topic, by following a clear and comprehensive methodology. This can be a great tool as it facilitates the analysis and synthesis of information and research on the chosen topic. It also helps the reader by providing summarized overview of the topic and all the relevant information and will eliminate the need to go through all the available information from all individual researchers. (University of Guelph n.d.)

The aim of this literature review was to explore the effects of communication challenges faced by adult immigrant cancer patients living in western countries and to determine areas to target for intervention and improvement to help increase positive outcome during cancer care. This chosen methodology helps us authors to identify current state of research on this chosen topic as well as different available sources that were previously used by other researchers. It also helps in reviewing data to identify possible knowledge gap and integrate these main findings into this thesis. Additionally, it helps to critically evaluate research on this chosen topic and identify key questions that might need further research. (UNF library n.d.)

Once the data was retrieved, qualitative content analysis method was used to gather and draw analysis from the information. Content analysis has three main aspects such as collection of data, understanding the data and selection of which data to use. Two different branches of qualitative content analysis include Inductive and Deductive (Elo & Kyngäs 2008.) Inductive content analysis approach was used in this thesis. This method includes three different stages such as Reduction of material, Clustering and Abstraction of material.

4.1 Inclusion and exclusion criteria

Before any data retrieval was undertaken, the authors begun by focusing on establishing a research question in order to help and guide the stages of data collection. Aveyard (2010) stated that, in order to avert any potential misinterpretation, it is very important to formulate a research question that affirms the purpose of conducting the literature review. For this reason, the authors first started by forming a clear and concise research question that was in line with both the aim as well as the purpose of the thesis work.

An inclusion and exclusion criteria were also established so as to help in the actual data retrieval process with the purpose of obtaining articles of high quality that also mainly focused on our literature review topic. Peer reviewed articles were used as they are deemed to be of higher quality because of the rigorous process they are put through in order to meet this criterion (Lloyd Sealy Library 2017). Selected data was also limited to articles that were published within the last ten years to obtain latest data, so as to ensure current information on the research topic is produced. Precise demonstration of the inclusion and exclusion criteria can be viewed in the table below.

Inclusion criteria	Exclusion criteria
Articles that have full texts	Articles that were not free
Articles published from 2010-2018	Magazine, bachelor & master thesis, none scientific material online
Articles written in English language	Articles written in any language other than English
Articles that address challenges in adults (18-65 yrs.).	Articles that specifically talk about children or elderly or about cancer survivors or communication challenges faced only by interpreters, Communication challenges faced by patients only during cancer screening
Articles that are addressing the communication challenges in the adult cancer patients	Articles that address communication challenges in pediatric and geriatric cancer patients
Articles that are based on empirical studies	Literature reviewed articles
Articles with any of these keywords: communication challenges, adult cancer patients, challenges in immigrant cancer patients, challenges in western countries, comparative studies in native and immigrant cancer patients	Articles with any of these words: Challenges, child cancer patients, cancer in older patients

Table 1: Inclusion and exclusion criteria

4.2 Literature search

Data was mainly searched and retrieved from Laurea electronic database, Laurea Finna. The search was conducted using a combination of different search and keywords related to the research question utilizing the inclusion and exclusion criteria discussed previously in this work. Electronic database used included CINAHL (EBSCOhost), Science direct, Sage premier, PubMed as well as google scholar. Regarding google scholar, most of the data was either duplicates from other search engines, or they lacked free access and for these reasons none were chosen for this thesis work. A visual illustration of the literature searching process is illustrated in the table below.

Database	CINAHL (EBSCO)	Science direct	PubMed	SAGE premier
Search words	Communication challenges or barriers or difficulties AND cancer patients AND immigrants	Communication challenges immigrant cancer	Communication challenges AND cancer AND immigrant patients	Communication challenges or barriers or difficulties AND cancer patients AND immigrants
Search results	58	342	8	9
Number of articles chosen based on the title	6	6	2	1
Number of articles chosen based on the abstract	4	2	1	1
Number of articles chosen based on the full text	3	2	1	1

Total number of articles chosen:	2	1	1	1
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Table 2: Process of Data collection

4.3 Critical data appraisal

Critical data appraisal is the process of thoroughly examining the data with the intention of ascertaining its relevance, value as well as trustworthiness in a given context (Burls 2009). As research work entails collecting and analyzing data to produce relevant findings, it is especially critical that produced information is relevant, high in quality as well as unbiased.

After the data collection process, all the selected articles were put under proper scrutiny to establish their credibility in relation to answering the research question “Can communication challenges affect the outcome of adult immigrant cancer patients living in western countries”.

The authors chose to use CASP (Critical appraisal skills program) tool to critically review the articles and ascertain their relevance by answering 3 questions that are: “Is the study valid?” “What are the results?” and “Will the result help locally?” This chosen CASP tool contains a checklist of 10 questions that are designed to help the researcher to think logically and results are recorded as “yes”, “no” or “can't tell”. (CASP 2007.) In this thesis, the “yes” results were recorded using a numerical scale of 1-10 and they were marked as e.g. 9/10 depending on the score received.

Chosen articles to Review	Authors /year	Sample size	Data collection method	Data analysis method	Findings	CASP
Cultural and linguistic isolation: The breast cancer experience of Chinese-Australian women	Kwok, C. & White, K. (2011)	23	Interview	Content analysis	Culturally specific values, beliefs and language barriers laid a significant role in shaping the women's breast cancer experiences and response to diagnosis.	9/10
Information and communication need of Chinese American breast cancer patients: Perspective on survivorship care planning	Wen, K-Y., Hu, A., Ma, G-X., Fang, C-Y., Daly, M-B. (2014)	16	Telephone interview	Inductive content analysis	The need for evidence based and cultural and linguistic appropriate health information, role of language or communication barriers and culture in accessing care and communicating with providers.	9/10
Communication challenges experienced by migrants with cancer: A comparison of migrant and English-speaking Australian-born cancer patients	Hyatt, A., Smith-L., Schofield, P., Gough, K., Sze, M., Aldridge, L., Goldstein, D., Jefford, M., Bell, M-L., Butow, P. (2017)	1441	Survey	Statistical analysis	Significant differences were found between migrant groups in demographic characteristics, communication and health care experiences, information and care preferences.	7/10

Having cancer in a foreign country	Aelbrecht, K., Pype, P., Vos, J., Deveugele, M. (2016)	30	Semi-structured face to face interview	Constant comparison	Immigrant patients experience specific obstacles when dealing with cancer of which the language barrier is the most important making certain patients more vulnerable.	9/10
Identifying the informational and psychosocial needs of Chinese immigrant cancer patients: A focus group study	Leng, J., Lee, T., Sarpel, U., Lau, J., Li, Y., Cheng, C., Chang, M-d., Gany, F (2012)	28	Focus group	Inductive	Need for accurate information on cancer care and treatment options, role of language barrier in accessing cancer care, role of food and Chinese medicine in cancer treatment.	8/10

Table 3: Data appraisal matrix

4.4 Inductive Content Analysis

Qualitative content analysis method was used to draw analysis and gather all the information using the research question as a tool. Content analysis has three main aspects that are collection of data, understanding the data and selection of which data to use. Two different branches of qualitative content analysis include Inductive and Deductive. Inductive content analysis simply means that the concepts are extracted from the data where by deductive means that concepts are based on previous knowledge (Elo & Kyngäs 2008.) This thesis utilized the Inductive content analysis approach. This method consists of three different stages which includes Reduction of material, Clustering and Abstraction of material. This is shown below, in figure 2.

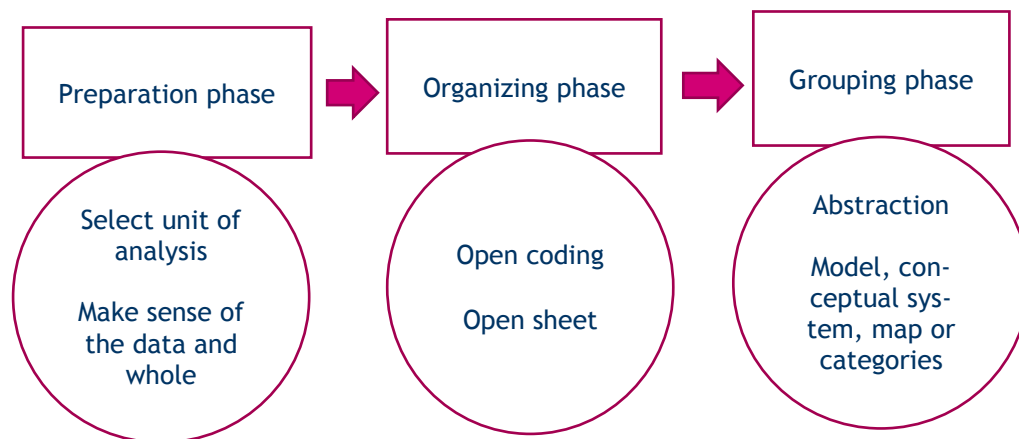


Figure 2: Process of content analysis (Elo & kyngäs 2008).

During the reduction phase of the material, the authors first started reading and skimming through the chosen articles and trying to interpret the meaning from the data. The authors then proceeded by re-reading the articles thoroughly a second time. The purpose this time was trying to highlight any relevant information that were directly related to the purpose and the research question, which acted as a string that guided this process. Only the information that met the criteria of answering the research question was considered.

In the clustering stage, the data was read again, this time trying to find any recurring themes and different types of categories were formed accordingly. This stage was dealt with thoroughly to ensure that all relevant information could be identified. This was done by each author going through the material individually again and highlighting all relevant information. After this, comparison and contrasting happened so as to ascertain relevant matching information. Finally, the authors were able to form sub-and main themes that made meaning to the information found from the articles as shown in the figure below.

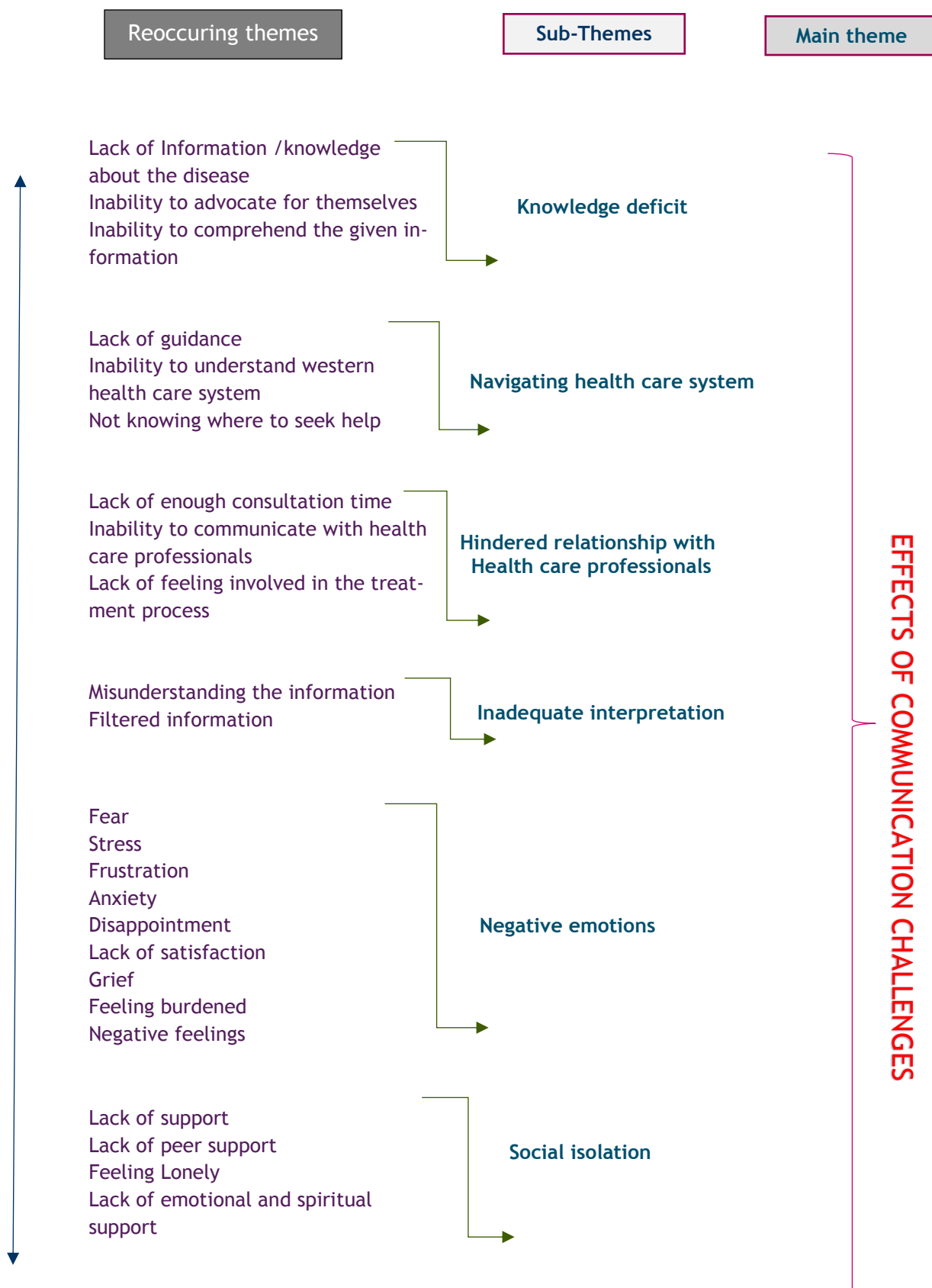


Figure 3: Clustering of Data

5 Findings

Findings of this thesis are based on using the analysis of 5 articles. After analyzing the data, the following main and six sub themes were extracted by the authors. These sub themes identified included knowledge deficit, hindered relationship with healthcare professionals, navigating the healthcare system, inadequate interpretation, negative emotions and social isolation. All these sub themes together were classified into one main theme as “Effects of communication challenges”.

5.1 Knowledge deficit

When dealing with cancer, Immigrant patients were reported to experience specific problems of which challenges in communication was most significant. As a result, they experienced increased mortality, morbidity as well as psychological distress (Hyatt et al 2016; Aelbrecht et al 2016). Deficiency in knowledge pertaining to cancer and its treatment process was profoundly discussed across all the articles. It is important to provide these cancer patients with information as this will assist them in dealing with the disease, its process and treatment outcomes. This way they will be able to overcome knowledge deficiency and also learn how to deal with unexpected outcome. (Kwok & White 2011.)

Communication challenges experienced by the patients was reported to correlate to lower comprehension of important medical information (Hyatt et al 2016; Wen et al 2014). This consequently led to poor participation in the treatment process. Lack of relevant information during the treatment of cancer will lead to health illiteracy which is greatly associated with poor adherence to treatment, thus may also greatly compromise the positive health and disease outcome of an immigrant cancer patient (Leng et al 2012; Aelbrecht et al 2016).

Patients were aware of their need for information and lack of knowledge in cancer and wanted to learn more and even took initiatives to become proactive in the treatment process, but lack of ability to communicate and seek knowledge greatly hindered this process for them as expressed by one patient:

“I know nothing about cancer treatment, particularly chemotherapy. I expected the doctor could give me information and advice. Unfortunately, I was not able to communicate with him. I felt terrible”. (Kwok & White 2011.)

5.2 Hindered relationship with professionals

Not understanding healthcare professionals greatly hinders therapeutic relationship to develop and patients feel less involved with treatment process. Difficulty in communicating with healthcare professionals was a phenomenon that was discussed across all the analyzed articles. Aelbrecht et al (2016) reported that communication challenges crippled patient interactions with healthcare professionals and this obstacle was witnessed in every stage of the cancer disease process. Immigrant patients are described as being quiet and less interactive when dealing with healthcare professionals and doctors reciprocated this with the same and concerned themselves with being task oriented rather than being receptive.

Although some patients had some knowledge of the spoken language, the use of medical jargon also prevented them from understanding the health care professionals, making the conversation difficult and complicated to comprehend. Some patients made up for the shortage of communication by relying on nonverbal cues to interpret what was going on. Like one patient happily stated, *“until now I have in my head only an image of a laughing doctor, and that’s such a nice experience no?”* meaning the patient understood to mean there was nothing to worry about. Non-verbal communication alone cannot be relied on as it has the potential to send mix messages if not used effectively. It is especially more detrimental when the sender and receiver come from different cultural background all together. (Aelbrecht et al 2016.)

5.3 Navigating the health care system

Difficulty in navigating the healthcare system was discussed in 4 out of 5 articles. Due to challenges in communication, Patients did not know what to expect, where to find help and how to communicate with the different health care providers associated with their care. Immigrant patients described a need to understand the healthcare systems and the way they functioned. In most cases they didn’t know whom to contact to resolve a medical issue they had (Aelbrecht et al 2016; Wen et al 2012). Access to healthcare was also interrupted by communication barrier as reported by Wen et al (2012). As one patient expressed:

“I did not know where to seek help” (Kwok & White 2011).

5.4 Inadequate interpretation

Almost all the articles analyzed reported that, patients used family members and sometimes professional interpreters to overcome knowledge deficiency resulting from language barrier. Although some of the patients had family members acting as interpreters, they still felt that this did not provide adequate information. Information was filtered on purpose, thereby leading them to experience unmet informational needs (Wen et al 2014).

“During the consultation, I would like to have an interpreter present. Not my wife or someone else. An interpreter that is always present and translates everything immediately...But my wife does not translate this information (about negative prognosis) immediately”. (Aelbrecht et al 2016.)

Despite having an interpreter, other patients still reported a feeling of being under informed. Because interpretation entails that everything is repeated twice, hence this mode of communication shortened the length of doctor/patient consultation time and thereby limiting reception of in-depth information. (Butow et al 2011.)

5.5 Negative emotions

Most of the articles discussed that knowledge deficiency due to challenges in communication resulted in patients experiencing frustration, fear, stress, negative feelings, grief, anxiety as well as disappointment and lack of satisfaction. Almost all the patients related that, a great deal of frustration was experienced from not being able to communicate and understand information. Inadequate and inappropriate information can result in psychological distress (Kwok & White 2011; Wen et al 2014).

Frustration was also experienced because the patients did not know what to expect, how to prepare for surgery procedure and also from not knowing whom to contact and seek help which all resulted from communication barrier. Patients reported feeling totally out of control of their own lives because of physical dependency imposed by communication challenges. (Kwok & White 2011.)

5.6 Social isolation

Due to communication challenges, patients experienced difficulties in reaching social workers as well as finding people with cancer for peer and social support. This resulted in patients being socially isolated. (Leng et al 2012.) Some of them were forced to seek social support and information on social media platforms and other unreliable sources because they could not get this information from nurses and doctors due to restrictions imposed by communication challenges (Wen et al 2014).

Lack of social support also led to a feeling of being burden to their families due to lack of support programs or activities, especially in the female patients. Some of them felt that they needed to find social support outside the family in order to relieve the strain on families as well as get a chance to meet and interact with other people suffering from Cancer. To further emphasize this point, one of the patients said that,

“Like the foreigners, everybody who gets cancer gets to meet up together to talk about their experiences. Because they (those without cancer) cannot sympathize if they haven't been through it”.

While others expressed a need to be with other patients for help to cope up with fears related to the illness. (Leng et al 2012.)

6 Discussions

Increase in global migration means that people not speaking the dominant language is also increasing. This combined with cancer being a universal experience regardless of origin, there is a need for implementing strategies to overcome health disparities (Aelbretch et al 2016). Effective communication between patients and healthcare professionals has the potential to increase patients following through with medical recommendations, self-manage their conditions and implement preventive health behaviours (Institute for healthcare communication 2011). In a complex multidisciplinary treatment regime such as cancer, effective communication is of even higher significance (Grassi & Riba 2012, 13).

The purpose of this thesis was to identify how communication challenges can affect the outcome in adult immigrant cancer patients living in western countries. After analyzing the data, one main and six sub themes were extracted by the authors that answered the posed research question, “Can communication challenges affect the outcome of adult immigrant cancer patients in western countries?”

It is evident from our findings that communication challenges in immigrant cancer patients leads to health illiteracy. Immigrant cancer patients have reported lack of understanding cancer, difficulty in navigating healthcare systems, anxiety and psychological distress, social isolation as well as relying on others to fill informational gaps they experienced. This comes as no surprise because previous studies have indicated this to be the case if there is a barrier in effective communication between patient and healthcare professionals (Grassi & Riba 2012, 13). To overcome these obstacles, it is imperative that communication challenges between patients and healthcare professionals are removed.

Immigrant cancer patients commonly used family members as interpreters, also reported that they felt information was filtered on purpose. This is a trait well known when using informal interpreters. They tend to change and omit important information and are well known to sometimes impose personal interests during consultation (Aranguri, Davidson & Ramirez, 2006; Aelbrecht et al 2016). The study of Butow et al (2011) discussed that interpretation entailed double speaking, which greatly shortened consultation time and for this reason, immigrant cancer patients still felt under informed. An ideal solution here will be using professional interpreters instead of nonprofessional ones because they are trained, and this way

consultation time can be best maximized. As evidence has it, the use of professional interpreters improves communication between patient and healthcare professionals, increases adherence to treatment and results in fewer medication errors, which in turn increases patient satisfactions (Flores 2005). However, availability of professional interpreters has always been a challenge in healthcare settings due to scarcity and budget limitations (County health rankings and roadmaps 2017). Furthermore, National institute for health and welfare advised that, when using an interpreter as a tool, the consultation time should be increased and made longer to accommodate time used for interpretation (THL 2019).

Integrated cancer peer support programs specifically targeted at these minority group, will greatly improve their sense of belongingness to a community they can relate to. This is in line with the study done by Usher et al (2005) which indicated that peer support groups are considered to facilitate beneficial relationships with families and friends, because they help in relieving the sense of burden experienced by them. These programs also help in increasing patient's empowerment, thereby improving their overall wellbeing. One possible solution could be to open a branch catering to the immigrants at the already established Cancer Association of Finland and train immigrant volunteers to help run the peer support program.

Surprisingly, despite the fact that immigrant cancer patients reported being psychologically distressed, they were not inclined to self-harm or suicidal thoughts, perhaps cultural or religious background was the reason behind this. This thesis did not study cultural or religious influences on immigrant cancer patients; these are just the authors' assumptions.

This thesis was able to establish the fact that communication challenges greatly affected an immigrant cancer patients' positive outcome and puts them at a vulnerable position when compared to patients without this problem. However, the authors have also discovered by doing this thesis, that communication challenge is just one facet that influenced the negative outcome and that other factors also contributed to the overall health disparities that have been witnessed. Things such as cultural background and level of education, were discovered to impact immigrant's cancer care as well, even if challenge in communication is eradicated (Wen et al 2014; Hyatt et al 2016; Kwok & White 2011.)

Cultural diversity within the immigrant cancer patients should be considered. For example, in the studies of Kwok & White (2011) & Wen et al (2014), immigrant patients from some cultures valued and looked highly upon doctors, so challenging or questioning a doctor was considered a form of disrespect. As a result, patient doctor communication was hindered leading to unmet informational needs, even if communication barrier was non-existent.

Educational background is also another factor that plays a great role when it comes to health literacy as it aids in acquisition of information as well as understanding of given information.

High education was found to correlate to health literacy, while low education was linked to health illiteracy (Heide et al 2013). Some patients could communicate with the professionals, but because they came from low educational background, this prevented them from properly comprehending given information. Also, because these patients mostly perceive themselves as not needing help in communication, they are considered to be the most vulnerable. These were the cases where most miscommunication arose, resulting to a patient with poor information (Albrecht et al 2015). Healthcare professionals should be especially on the lookout for these types of patients, who are also known as “in between” patients.

The findings of this thesis are consistent with the research done previously by Sze et al (2015), hence reinforcing the fact that immigrant cancer patients that are faced with communication challenges have worse disease outcomes compared to non-immigrant cancer patients. Providing migrants assistance in navigating the healthcare system, providing translated information to the migrants, providing training on cultural competency to health care professionals and finally, integrating them to peer support programs, would improve the quality of care rendered to them, thus improving their overall quality of life and health outcomes.

Services of professional interpreters should be made readily and easily accessible to immigrant cancer patients that need it. These interpreters should possess skills such as ability to accurately translate information, having adequate understanding of patient's' condition and treatment process as well as competency to interpret metaphorical meanings and protocols, especially those that are related to cancer. Also, professional interpreters are considered as cultural ambassadors and can be useful when it comes to interpreting cultural norms and this way they can also be patient advocates. This was identified by the authors as one concrete way to help improve the disease outcome of these immigrant patients.

Since diversity and multiculturalism in the field of healthcare is becoming the norm in Finland THL (2012), the suggestions obtained from this thesis can be applicable not only to cancer patients but to Immigrants with communication barriers that suffer from other chronic illnesses as well.

6.1 Trustworthiness

Trustworthiness is a factor that should be placed in high consideration when conducting a literature review. In a qualitative research, trustworthiness means that the research is dependable, transferable, credible as well as confirmable (Statistic solutions 2007).

Trustworthiness was ensured by the authors of this thesis by using a variety of high-quality scholarly articles from different databases ensuring the credibility and reliability of the research work. Accordingly, trustworthiness was sought by using the Critical appraisal skill tool

(CASP) for data appraisal to ensure the relevancy of the chosen articles. All the chosen articles complied to the ethical guideline set in research. Consent was sought beforehand and participants were assured of anonymity of identity. All limitations were reported, and authors reported having no conflict of interest that could interfere with the research work.

This research process was conducted by two students who could relate well to this topic as they belong to an immigrant background, which was an added advantage to this thesis.

Both the authors shared equal responsibilities and consulted with each other throughout the thesis process increasing the validity of this study. A detailed method of analyzing the process to ensure transparency and trustworthiness of the results was implemented in every stage. Authors received continuous guidance from attending thesis seminars, workshops, thesis presentations and from designated thesis supervisors along with Laurea staff i.e., Librarian throughout the thesis process and necessary corrections were made accordingly to ensure that any possible errors were omitted. Authors also consulted supervisors and sometimes fellow colleagues and were open to constructive criticism in regard to any necessary corrections to ensure useful contributions were made to the field of health care.

Lastly, plagiarism and falsification were a matter that was given high priority because of the legal offence and ethical violations attached to them. This was avoided by avoiding manipulation of results, paraphrasing, using synonyms and citations according to Laurea guidelines for referencing.

6.2 Limitations

This literature review was conducted with the use of 5 articles that the authors searched from different databases that could be accessed free from the Laurea Finna database. Although the authors came across some articles that were a great match based on the titles and abstracts, they however could not use this information due to lack of free access. This possibly omitted some information that could have been of potential benefit to this literature review. As such, it is important to state that this literature review has not extensively researched all the available materials on the topic at hand. However, this literature review was conducted using articles that were found to be most relevant to the topic.

Due to the scarce availability of literature on the topic of communication challenges and immigrant cancer patient, the authors found it very difficult to find enough relevant articles. Most articles found focused on language and cultural challenges as one entity, thus analysis was found very difficult to thoroughly execute. However, this can be considered as a strength of this thesis, because of the new knowledge generated in this area.

Although the authors tried to sought objectivity when conducting the study, the fact that the authors themselves come from an immigrant background, bias cannot be completely excluded. This can, however, be viewed as a positive thing as the authors could recognize the characteristics of different migrant groups, which aided in the discussion and recommendation parts.

Other limitations were the generalizations made on this report based on the target age group we chose to conduct research being only on adults ages (18-65). The inexperience of the authors in the field of research in general, especially the analysis and critical appraisal part and lack of time due to long clinical placement, might also influence the quality of this literature review.

7 Conclusions and Further Recommendations

The results from this literature review established immigrant cancer patients with communication challenges face a variety of problems that greatly compromises the positive outcome of their condition. From conducting this thesis, the authors also found out that other factors such as cultural effects and level of education also affected the positive outcome of immigrant cancer patients. This means that, to correctly care for immigrant cancer patient, a multidimensional or intersectionality approach is needed. The set purpose and aim of this thesis was successfully achieved and the authors identified the recommendations below.

Due to the gradual drift of population dynamics from a homogeneous to heterogeneous mix witnessed across the globe, especially in Europe, health disparities between majority and minority populations have been widely reported, thus complicating the healthcare services. To bridge this gap, both local and international organizations have called upon the need for more research for the purpose of identifying service accessibility gaps as well as activating migrant's approach to participate in health promotion (Sze et al 2015; THL 2008.)

Echoing these concerns, the authors recommend that further research should be conducted on the different groups of immigrants in Finland and their cultural effects on cancer treatment. Furthermore, research on how the burden of cancer cuts across different ethnic groups in Finland is highly recommended. To bridge the gap of communication between healthcare professionals and immigrant cancer patients, the authors also recommend that an extensive research to be conducted to study how culturally competent interpreters are well versed in the complicated medical terms used in cancer care.

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