

Vertrouwen in de oncoloog.

No registrations found.

Ethical review	Not applicable
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON27889

Source

NTR

Health condition

Breast cancer
Borstkanker

Sponsors and support

Primary sponsor: AMC Medical Research

Source(s) of monetary or material Support: Pink Ribbon

Intervention

Outcome measures

Primary outcome

Patient trust in the observed oncologist, assessed with the Trust in Oncologist Scale.

Secondary outcome

1. Patient satisfaction with the observed consultation;
2. Patient willingness to recommend the oncologist;

3. Patient's wish to stay with the oncologist.

Study description

Background summary

For breast cancer patients, it is of paramount importance to trust their oncologist. Breast cancer is associated with an uncertain prognosis, and treatment having a severe impact on a patient's life. To cope with these adversities, patients are strongly dependent on their oncologist. Trust between patients and their oncologist is therefore crucial for good quality breast cancer care. Indeed, more trust is associated with beneficial outcomes, such as a decrease in patients' fear and better adherence. Currently, however, we have little insight into the strength of breast cancer patients' trust. Moreover, there is limited knowledge of whether and how trust levels differ across patients' ethnic backgrounds.

In order to maximize trust, we need to know how such trust develops. Essential for the establishment of trust is the communication, both verbal and nonverbal, between breast cancer patients and their oncologist. How the oncologist's verbal communication impacts on trust is currently being studied. Preliminary evidence, however, suggests that verbal factors explain only a small part of patients' trust. Nonverbal communication might have a much stronger influence on patients' perception of the conversation. To date, the impact of the oncologist's nonverbal communication on patients' trust has not been investigated. Some evidence suggests that nonverbal behaviors might be perceived differently by patients from different ethnic backgrounds, but this requires further examination. In the proposed study, we will first investigate the levels of breast cancer patients' trust. Next, the impact of the oncologist's nonverbal behavior on breast cancer patients' trust will be studied. Moreover, we will examine whether trust levels and the impact of nonverbal behavior on trust are different for Western patients than for ethnic minority patients.

To this end, we conduct a survey study combined with a quasi-experimental video-vignettes study. Breast cancer patients and healthy participants with Western as well as ethnic minority backgrounds will be recruited in The Netherlands to participate in these studies. In the survey study (Study 1), background characteristics of all participants will be assessed. Moreover, breast cancer patients will fill in the Trust in Oncologist Scale, assessing trust in their treating oncologist. The video-vignettes study (Study 2) will have a 2 x 2 design. We will manipulate two particularly salient elements of nonverbal communication, i.e. (1) the eye-contact the oncologist seeks with the patient and (2) the oncologist's posture, and specifically, his or her tranquility. For both nonverbal behaviors, two different conditions will be created in which the oncologist's amount of eye contact and tranquility will be manipulated. We will investigate the effect of these manipulations on trust. First, for Study 1,

participants will fill in the questionnaire. Then, for Study 2, they will watch the video vignettes while imagining themselves in the position of the patient. Finally, trust in the observed oncologist will be assessed.

This study will provide more insight into the strength of breast cancer patients' trust, and variations therein. Moreover, it will generate knowledge about the relevant factors of oncologist communication on breast cancer patients' trust. This knowledge can be applied in the education of medical students and oncologists (in training), and will thus ultimately improve breast cancer patient care, both during treatment and in follow-up.

Study objective

1. Oncologist non-verbal behavior impacts on breast cancer patients' trust;
2. A high amount of eye contact, a patient-oriented posture and regular smiling induce higher trust than low amounts of eye contact, distant posture and a lack of smiling;
3. Immigrant breast cancer patients report lower trust in the oncologist overall;
4. Non-verbal behaviors, i.e., more eye contact, patient-oriented posture and more smiling, enhance trust more strongly in immigrant patients than in other patients.

Study design

Directly after video observation.

Intervention

Nonverbal behavior of an oncologist observed in a video-recorded consultation:

1. Oncologist amount of eye contact (high vs low);
2. Oncologist bodily posture (patient oriented vs distant);
3. Oncologist facial expression (smiling vs serious).

Contacts

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Eligibility criteria

Inclusion criteria

1. A previous breast cancer diagnosis, not currently in active treatment, or;
2. Healthy woman between 18 and 75 years of age, or;
3. Dutch or Western background, or;
4. Non-Western immigrant background.

Exclusion criteria

1. <18 years;
2. Serious mental disorders.

Study design

Design

Study type:	Interventional
Intervention model:	Factorial
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active

Recruitment

NL
Recruitment status: Pending
Start date (anticipated): 01-11-2013
Enrollment: 300
Type: Anticipated

Ethics review

Not applicable
Application type: Not applicable

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL3748
NTR-old	NTR3934
Other	Pink Ribbon / AMC Medical Research : WO29 / CJ451009;
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results

N/A