The relations between Cancer-related Communication Pattern and dyadic adjustment among Patients with Head and Neck Cancer and Their Spousal caregivers: A dyadic analysis

PURPOSE

Head and neck cancer patients suffered from swallowing and speaking difficulties, neck pain and stiffness, and cosmetic disfigurement, resulting in interpersonal relationship troubles and social and emotional adaptation issues. This study investigated the (Cancer-related) communication pattern, effect of disease characteristics on head and neck cancer. We used dyadic analysis to investigate the impact and process of communication pattern on quality of relationship.

MATERIALS & METHODS

This study is a cross-sectional design, and subject were the male patients who completion of cancer treatment more than 3 months and met the requirements with head and neck cancer, included 131 patient-partner dyads. Measures administered patients and their partners Communication Pattern Questionnaire (CPQ) and Dyadic Adjustment Scale (DAS)

PATIENT CHARACTERISTICS

In this cross-sectional study, we include HNC patients were recruited from a medical center in north Taiwan and enrolled into the study. If they meet the following criteria:

1) Being male aged 20 years old or more
2) Having full consciousness without cognitive disorder
3) Able to communicate with researchers by writing or speaking
4) Able to sign informed consent and answer questionnaire
5) Having completed related cancer treatments (surgery, chemotherapy or radiotherapy) for more than 3 months and not in active anticancer therapy.

We include the patients’ partners if they were aged 20 years or more and had a steady relationship with the patients, namely spouse or intimate and significant partners.

RESULTS

Table 2 summarized the correlation between cancer-related communication pattern and dyadic adjustment. For patients, except that there is no significant correlation between consensus and mutual constructive communication, other dyadic adjustment domains are positively correlated with patient perceived mutual constructive communication, with correlation coefficient between 0.22-0.42. For patients, negative communication pattern like demand-withdraw communication (DWC) and mutual avoidance (MA) were negatively correlated with most quality of relationship domains (correlation coefficient between -0.22 to -0.40, except for patients perceived cohesive behavior. For partners, MCC was positively correlated with all domains of quality of relationship (correlation coefficient 0.38 to 0.48) while DMC and MA were negatively correlated with all quality of relationship domains (correlation coefficient between -0.31 to -0.65).

In addition, there was difference between in correlation of dyadic adjustment between patient-demand-partner withdrawal (PaD-PaW) and partner-demand-patient withdrawal (PaD-PW), indicating there is no role difference.

Table 3 shows the mean of communication pattern and dyadic adjustment of patients and partners. Patient and partner perceived demand-withdraw communication (DWC) and Mutual avoidance (MA) communication patterns are significantly different. The mean of partner perceived DWC and MA (DWC: 13.39, MA: 6.05) were higher than that of patient perceived (DWC: 11.78, MA: 4.95) with p<0.01. There was no difference in role in demand-withdraw communication. The patients had higher DAS total score than their partners (139.71 vs. 134.25, p<0.01).

For except cohesive behavior, the patients had higher consensus (73.14 vs. 69.22, p<0.01) and satisfaction (62.61 vs. 40.60, p<0.01) in dyadic adjustment.

The correlation between cancer-related communication pattern and quality of relationship (Table 2) and mean of communication pattern and dyadic adjustment in patients and partners (Table 3) showed that the partner perceived more demand-withdraw communication, especially partner Demand-Patient withdrawal (PaD-PW). This indicated that the patients’ request is not responded by the partners. In addition, the partners also perceived more mutual avoidance communication patterns than the patients. Overall, the adjustment of the patients is better than that of the partners. The patients had higher consensus and satisfaction than the partners but there is no difference in cohesive behavior.

Figure 2 shows APM of cancer-related communication patterns predicting each individual perceived dyadic adjustment. Goodness of fit were within standard limit except slightly higher RMSEA= 0.107 (p>0.08) and SRMR= 0.87 (p>0.05). Patient and partner perceived communication pattern can inversely predict their perceived dyadic adjustment. The worse the communication pattern was, the less mutual constructive communication (MCC), the more total demand-withdraw communication (DWC), and mutual avoidance (MA) and the poorer the perceived dyadic adjustment. For both patients and partners, the perceived communication pattern would affect dyadic adjustment (actor effect).

Conclusion

We found that cancer-related communication and interaction of relationship among couples play an important role in the head and neck adjustment process. Thus, except the medical care, clinicians concern with interaction between patient and partner can be enhance their psychological adjustment and illness, particularly the partner’s perception of communication pattern, which may improve the quality of relationship and life adaptation of both couples when they are dealing with head and neck cancer.

Table 2. Correlation between cancer-related communication pattern and quality of relationship

Table 3. Mean of communication pattern and dyadic adjustment of patients and partners

Table 1. Descriptive information about sample (n=131, 63.45% male)

P-value

Table: 13.683 (2.77) vs 13.173 (2.00), p=0.02

Figure: 2 shows APM of cancer-related communication patterns predicting each individual perceived dyadic adjustment.