Barriers in Patient-Provider Communication in Cancer Care: A Scoping Review

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INTRODUCTION

- Effective communication between patients and healthcare providers is the cornerstone of high-quality cancer care.
- Despite ongoing efforts, challenges in patient-provider communication continue to contribute to poorer patient outcomes, such as reduced patient engagement, delayed decision-making, and lower satisfaction with care.

OBJECTIVES

Primary objective: This study aims to identify key elements of provider-patient communication that contribute to patient understanding, trust, and emotional comfort.

METHODS

Data Source: Conducted using PubMed, Web of Science, and CINAHL to identify studies (2014–2024) from U.S. or Canadian

Inclusion/Exclusion: Articles examining barriers in patient-provider communication across cancer stages. Cancers included: Breast, colorectal, prostate, lung, and general

Data analysis: Articles were screened and analyzed using Covidence with a double-blinded review by independent reviewers. Eligible studies were coded for cancer type, stage, and patient demographics. Reported barriers to communication were synthesized using thematic analysis and grouped into major categories

DISCLOSURES

Sydney Lampkin, PharmD, selampkin@archbold.org and all listed authors - Nothing to Disclose

RESULTS

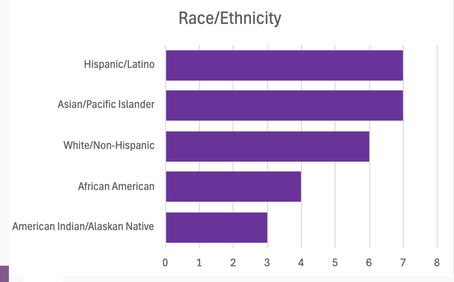

Figure 1. Race/Ethnicity
The bar chart displays patient demographics across 18 studies. The largest groups represented were Hispanic/Latino and Asian/Pacific Islander, each with 7 studies (38.9%). White/Non-Hispanic patients were reported in 6 studies (33.3%), while African American patients were included in 4 studies (22.2%). American Indian/Alaskan Native patients were the least represented, appearing in 3 studies (16.7%)

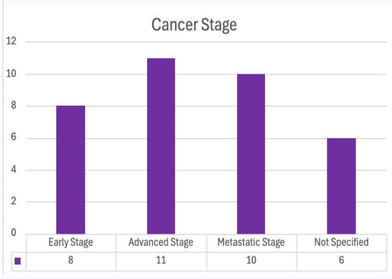

Figure 2. Cancer Stage
The bar chart illustrates the distribution of patients by cancer stage. Among the 18 total articles, 11 (61.1%) were reported at the advanced stage, representing the largest group. This is followed by 10 cases (55.5%) at the metastatic stage, 8 cases (44.4%) at the early stage, and 6 cases (33.3%) where the stage was not specified. Overall, majority of cases were in advanced or metastatic stages.

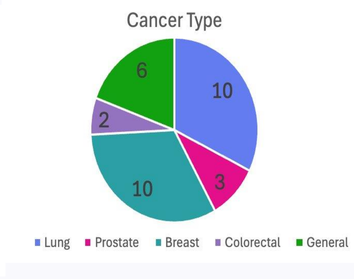

Figure 3. Cancer Type
The pie chart presents the distribution of cancer types among the study group. Lung cancer and breast cancer were the most common, each accounting for 10 studies (28.6%). General cancer cases, not specified by type, represented by 6 studies (17.1%). Prostate cancer accounted for 3 studies (8.6%), and colorectal cancer was the least common with 2 studies (5.7%)

Barriers to Communication

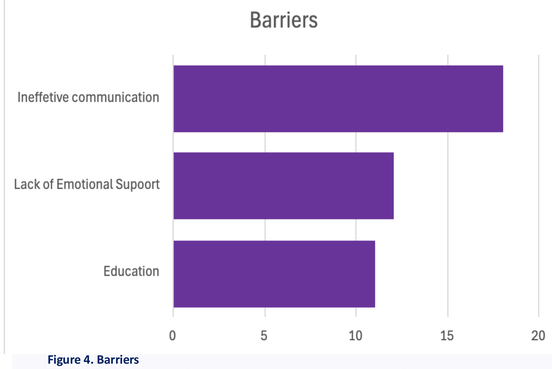

Figure 4. Barriers
The bar chart summarizes barriers to patient–provider communication identified across 18 studies. Ineffective communication was the most frequently reported barrier, noted in 18 studies (100%). Lack of emotional support was identified in 12 studies (66.7%), while communication gaps in patient education was reported in 11 studies (61.1%). These findings highlight that while multiple barriers exist, ineffective communication remains the most prevalent challenge in cancer care.

Ineffective Communication

- Immigrant and minority patients reported unmet needs due to cultural misunderstandings, language gaps, or lack of interpreters
- Participants noted poor multidisciplinary communication between healthcare providers, many described the need for better collaboration across clinics and care teams to provide comprehensive and coordinated care.

Lack of Emotional Support

- Patients reported that providers often focused on medical details while overlooking emotional needs, which created gaps in communication. Limited expressions of empathy, active listening, and reassurance led many patients to feel unsupported.

Limited Patient-Centered Education

- Patients described challenges when providers used medical jargon, offered insufficient explanations, or assumed prior knowledge. These communication barriers limited patient understanding of their diagnosis and treatment, leaving patients uncertain and less engaged in their care.

DISCUSSION

Key Findings

•This scoping review confirms that despite ongoing awareness, critical barriers in patient-provider communication persist across common cancer types.

•The predominance of qualitative studies and patient-reported experiences illustrates the deeply personal nature of communication in cancer care.

•Notably, the focus on lung and breast cancers may reflect both prevalence and the complex care decisions required in these cases.

•The three recurring themes: ineffective communication, patient education, and lack of emotional support reveal core areas where communication strategies often fall short.

•These gaps contribute to confusion, emotional distress, and reduced participation in care planning. Addressing them is essential for improving shared decision-making and overall care satisfaction.

Future Research

Our findings support the need for targeted, patient-centered interventions that empower providers to engage more effectively with patients. Future work should investigate how these themes can be integrated into clinical practice and adapted for diverse patient populations across the cancer care continuum. Research should evaluate interprofessional collaboration models that incorporate pharmacists as active members of oncology care teams to strengthen patient-provider communication and improve outcomes.

CONCLUSION

This review highlights various barriers in patient–provider communication across cancer care, including insufficient effective communication, lack of emotional support, and improper patient education. These challenges were identified across diverse cancer types and stages, underscoring their widespread impact. Improving communication strategies, providing consistent emotional support, and enhancing patient education are essential for building trust, improving understanding, and ultimately strengthening patient outcomes.

ADDITIONAL MATERIALS

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