ABSTRACT

The e-health era has propelled rapid rolling out of health information and accessibility to patients, transforming healthcare communication from paternalistic to patient centered care model, hence promoting patients to equal partners in healthcare.

This explorative study sought to find out health information technologies (HITs) accessible to cancer patients, type of information sought and rationale for information seeking; to determine the use of e-health information acquired and analyse its role on Health Care Provider-Patient Communication (HCP-PC) in oncology. Qualitative data collected at two purposively selected cancer facilities in Nairobi County using semi-structured interview guidelines to hold focus group discussions, in-depth individual interviews with patients and key informants' interviews with health care providers, was thematically analysed, and interpreted.

E-health information, was seen to promote coherence and concordance, self-efficacy and planned behaviour hence improved compliance and adherence outcomes. The study recommended patient education and counseling on healthy Internet practices; health information, web and app developers to design patient friendly messages and platforms and researchers to consider patients’ disparities and dynamic nature as they develop patient interventions.

INTRODUCTION

The Internet, by the virtue of its dynamically interactive resources and converging platforms, has revolutionized the design and medium of information access hence supporting the growth of different industries by transforming the consumer, into a sophisticated entity endowed with massive knowledge.

In health care, the Internet of Things (IoT) has brought about a huge turnaround in information access, training of Health Care Providers (HCP’s), facility management, policing, diagnostics, and disease management.

The increasingly high prevalence of chronic illnesses and Non-Communicable Diseases (NCDs) such as cancer, has implications on healthcare practice such as breeding information seeking behaviours that have empowered the patients’ to take on active decision-making roles.

STATEMENT OF THE PROBLEM

In spite of the rapid growth of the use of E-Health, its impact on HCP-PC is not well documented in Kenya resulting to knowledge and awareness gap among users, especially in chronically ill patients.

Concerns include whether:

- Information gained is used to improve the patients’ health
- The variable quality of the information will have an inimical effect
- Trust in HCP-PC is upheld
- The HCP-patient will be improved as patients become more of an equal partner or
- Be damaged if physicians have difficulty adjusting to the patients’ new role.

OBJECTIVES

i. To find out the Health Information Technologies (HITs) accessible to cancer patients in Nairobi.

ii. To find out the type of e-Health information sought and the rationale for Information seeking among cancer patients.

iii. To determine how e-Health information acquired by cancer patients is used during consultations with HCP’s.

iv. To analyse the role of e-health information on HCP-PC during consultations in cancer care.

CONCEPTUAL FRAMEWORK

We examined how Patients and HCPs access and use of e-health information and the intervening variables in a consultation environment contribute to coherence (harmony) and concordance (shared decision-making) in HCP-PC during consultations to determine compliance and adherence behaviors to treatment and management recommendations in cancer care.

METHODOLOGY

Data was collected at two cancer facilities in Nairobi County (HCG-CCK Cancer Centre and Faraja Cancer Support Trust).

We used semi-structured interview guidelines to hold 15 individual interviews and 5 Focus Group Discussions with cancer patients and 10 Key Informant interviews with HCPs.

Data was thematically analyzed and emerging themes interpreted inline with the study’s theories and objectives.

FINDINGS

- HITs accessible to patients were mobile phones, TV, radio, Newspapers and personal computers used to browse the Internet and receive information through WhatsApp, emails, websites, Facebook, and books.

- Reasons for information seeking were to quench anxiety; clarify fears; emotional/psychological comfort and to find cost effective resources.

- Patients sought information on symptoms; diagnosis; pharmacological/alternative treatment; cheaper options; and self-care information on diet, lifestyle and therapies.

- This was used in the clinical consultation as follows:

<table>
<thead>
<tr>
<th>Stage of Treatment</th>
<th>Reason</th>
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<tbody>
<tr>
<td>During diagnosis</td>
<td>To question and clarify meaning of symptoms To understand tests and what illnesses they diagnose To confirm that the doctor is doing the right tests Suggest and propose further tests</td>
</tr>
<tr>
<td>After diagnosis</td>
<td>To confirm the diagnosis by revisiting symptoms To compare and contrast diagnosis information To seek second opinions</td>
</tr>
<tr>
<td>Before treatment</td>
<td>To find HCPs and hospitals To find understanding and reassurance on survival, treatment, cost and lifestyle adjustments To find psychological help</td>
</tr>
<tr>
<td>During treatment</td>
<td>For reassurance on side effects To seek help relieving pain and understanding side effects and treatment complications To compare treatment modality options and clarity on alternative and complementary treatment</td>
</tr>
<tr>
<td>During remission</td>
<td>For reassurance about other symptoms and doubts For clarification and alternative therapies Seek HCPs for cancer related complications</td>
</tr>
</tbody>
</table>

CONCLUSION

- E-health information empowers the patient to feel confident, capable and motivated to make decisions and see them through hence promotes concordance in HCP-PC.

- Information sharing in HCP-PC creates mutual respect and understanding leading to coherence in clinical consultations.

- Coherence and concordance in HCP-PC significantly increases a sense of self-efficacy to patients hence they are more likely to adhere and comply to recommendations.

- This form of HPC-PC is however better achieved with HCPs who adopt a PCC model, have good communication skills, an understanding of the Internet and practice patients’ education and guidance as well as informed patient.

RECOMMENDATIONS

We recommend for:

- Patient education and counseling on healthy Internet practices

- Health Information, web and app developers to design patient friendly messages and platforms

- Health researchers and communicators to consider patients’ disparities and dynamic nature as they develop patient interventions.

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The study was funded by the researchers for the award of MA Degree at the University of Nairobi.