

THE ASSOCIATION BETWEEN DEPRESSION, CANCER TYPES, AND TRUST BETWEEN CANCER PATIENTS AND THEIR HEALTHCARE PROVIDERS IN POST-GENOCIDE RWANDA



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Introduction

- A cancer patient's life is greatly impacted by their diagnosis, as they are made aware of the potential fatality and exposed to a physical toll of the disease and its aggressive treatments (1). These high levels of mental distress may lead patients to develop anxiety and depression (2).
- Cancer patients are three times more likely to develop depression compared to the general population. Even a few mild depressive symptoms may put the patient at an increased 25% risk of mortality (2).
- Individuals with less depressive symptoms tend to adhere to regular cancer screenings if they trust healthcare providers (3).
- Although the Government and Non-Government Organizations in Rwanda have demonstrated efforts to increase cancer awareness and screenings (4), there are efforts yet to be focused on understanding the trust that cancer patients have in their medical providers due to depression.
- Understanding and addressing psychological factors, such as depression, is essential for improving trust in healthcare providers, which may influence cancer treatment outcomes and patient satisfaction.

Methodology

- A cross-sectional study of cancer patients seeking treatment at Butaro Cancer Center of Excellent (BCCE) in Rwanda.
- Sample size = 427
- Measurement: Social demographic variables
- Psychometric measurements
 - Trust in Physician Scale (TPS)
 - Patient Satisfaction Questionnaire
 - Beck Depression Inventory (BDI)
 - Spielberger Trait Anxiety Inventory (STAI-T)

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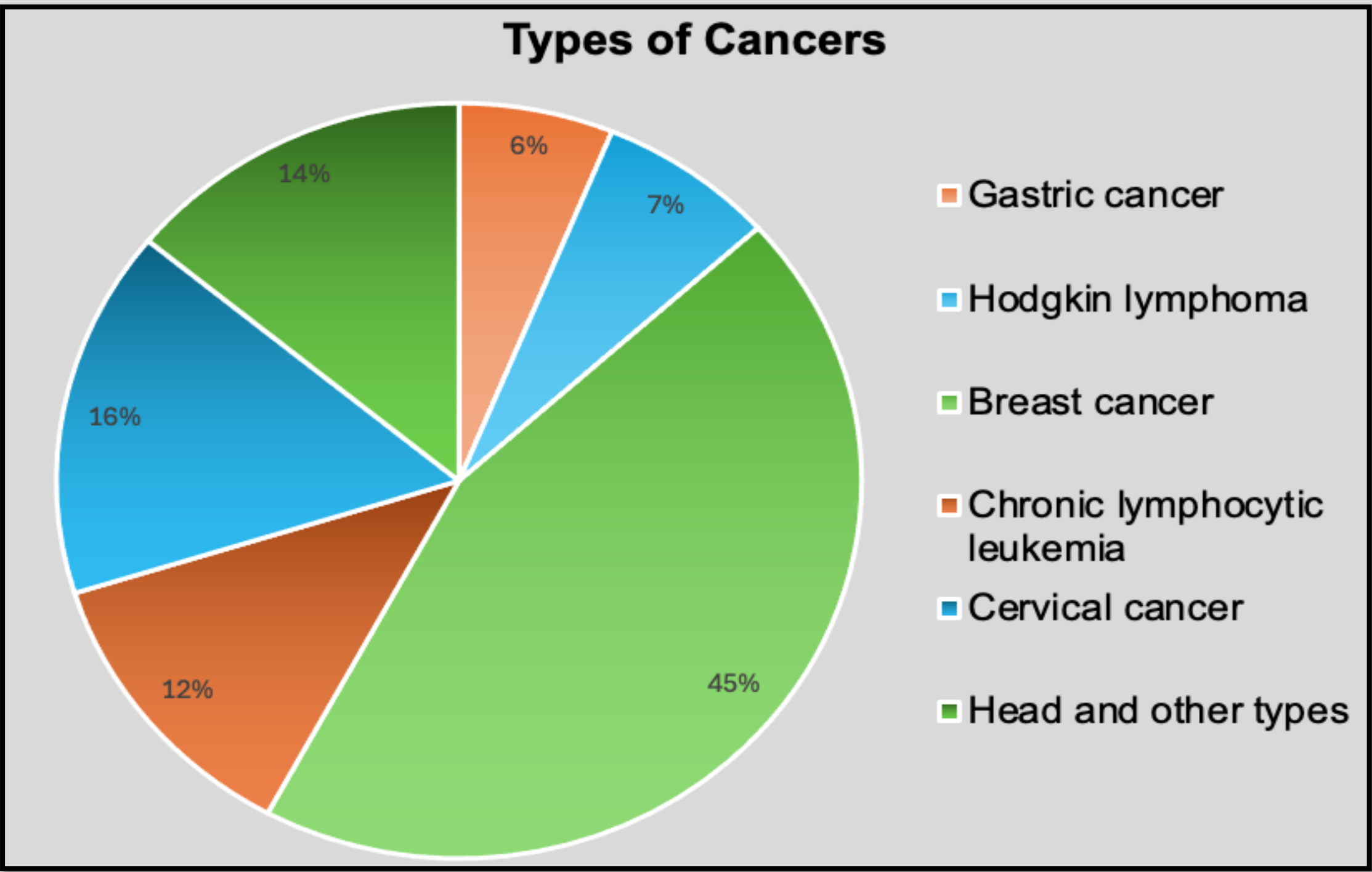


Demographics and Results

Table 1. Demographics

Variables	N (%) or M(SD)	P-Values
Age		0.314
18-29	47(11.0)	
30-39	53(12.4)	
40-49	110(25.8)	
50-59	133(31.1)	
60+ above	84(19.7)	
Gender		0.582
Male	85(19.9)	
Female	342(80.1)	
Residence		0.005
Rural	315(73.8)	
Town	112(26.2)	
Education		0.97
Illiterate	166(38.9)	
Primary	187(43.8)	
Secondary	60(14.1)	
University and other	14(3.2)	
Marital status		0.470
Single	54(12.6)	
Married	261(61.1)	
Separate	33(7.7)	
Widower	79(18.5)	
Social category		0.808
Category 1	97(22.7)	
Category 2	182(42.6)	
Category 3	146(34.2)	
Category 4	2(0.5)	
Employment		0.769
Farmers	381(89.2)	
Self employed	26(6.1)	
Government	12(2.8)	
Students	8(1.9)	
Types of cancer		0.43
Gastric cancer	25(6.1)	
Hodgkin lymphoma	29(7.0)	
Breast cancer	187(43.8)	
Chronic lymphocytic leukemia	50(12.1)	
cervical cancer	64(15.5)	
Head and other types	57(13.8)	
Types of Treatment		0.526
Chemotherapy	78(18.4)	
Chemotherapy + Counselling	141(33.2)	
Chemo + Counselling + Palliative care	78(18.4)	
Other treatment	128(30.1)	
Duration of cancer		0.656
Less one year	137(31.2)	
One to five years	263(61.9)	
More than five years	25(5.9)	
Other chronic Disease		0.001
Yes	343(80.9)	
No	81(19.1)	
Depression (Less = positive)	Mean=15.84 SD=10.05	
Anxiety (Less = positive)	Mean =71.53 SD=24.11	
Patient satisfaction (Higher scores = Greater satisfaction)	Mean 53.99 SD= 6.99	
Trusting health care (Higher scores = Greater trust in the physician)	Mean=26.55 SD=4.00	

Our results indicated that the majority of cancer patients were female, accounting for 80.1%. Additionally, over half (55.9%) of the participants were aged 49 years and above. An interesting finding revealed that 61.9% of the participants had been living with cancer for one to five years. The most common cancer type was breast cancer (45%) and lymphocytic leukemia was the least common (6%). Regarding treatment, the most common approach was a combination of chemotherapy and counseling, reported by 33.2% of participants, while a smaller proportion were receiving chemotherapy alone.



Associations

The Pearson correlation analysis revealed that trust in physicians was significantly and positively associated with trait anxiety ($r = .281, p < .001$), depression symptoms ($r = .114, p = .012$), and patient satisfaction ($r = .116, p = .016$). These findings suggest that higher levels of reported anxiety, depressive symptoms, and satisfaction with care are modestly associated with greater trust in healthcare providers. However, there is no association between patient satisfaction with depression and anxiety symptoms.

Table 2. Correlations

		1	2	3	4
Patients Trust	Person correlation	1	-	-	-
	Sig. (2-tailed)	<.001	-	-	-
Anxiety	Person correlation	.281**	1	-	-
	Sig. (2-tailed)	-	0.018	-	-
Depression	Person correlation	.114*	.119*	1	-
	Sig. (2-tailed)	0.018	-	0.996	-
Patient satisfaction	Person correlation	.116*	0.043	0	1
	Sig. (2-tailed)	0.381	0.996	-	-
**. Correlation is significant at the 0.01 level (2-tailed).					
*. Correlation is significant at the 0.05 level (2-tailed).					

Discussion

- Cancer patients who exhibit symptoms of depression are more likely to trust their healthcare providers. This finding contradicts previous research, which suggested that higher levels of depressive symptoms are associated with lower levels of trust.
- Another important finding revealed that neither cancer type nor treatment type was significantly associated with trust in healthcare providers.

Future Studies

- Despite the limitations of our cross-sectional design, which restricts us to evaluating associations rather than causality, this study offers important findings. Notably, it suggests that even patients experiencing mental health symptoms maintain trust in their healthcare providers.
- Additionally, understanding the mental health status of cancer patients is crucial for improving the quality of care and enhancing their perception of healthcare providers, particularly in low-income countries.

References

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