Differences in the quality of psychological services provided for cancer from the point of view of specialists

Prof. Khatatbeh, Yahya

**College of Social Sciences, Department of Psychology, Imam Mohammad Ibn Saud Islamic University (IMSIU), Riyadh*

Abstract

Background The provision of psychological services to cancer patients varies based on factors such as healthcare infrastructure, therapist competence, and patient needs. This study explores differences in service delivery, quality, and professionalism. **Objectives** The current study aimed to identify the differences in the quality of psychological services provided to cancer from the point of view of specialists according to a number of basic variables in the efficiency of the psychotherapist, and the communication skills used with psychiatric patients **Method:** The scale of communication skills used with patients, and the measure of the efficiency of the psychotherapist were used on a sample of (329) responders of psychologists **Results:** The results of the study revealed large differences in communication skills with patients according to the gender variable in favor of males compared to females, and with regard to the workplace variable, the differences came after respect and originality in favor of workers in psychiatric clinics, followed by hospital workers , and with regard to the variable of years of experience, the results indicated that they came in favor of those who are less than five years old, and the differences in the educational level variable came in favor of those in the degree of Bachelor's degree compared to other degrees. As for the differences on the variable of the efficiency of the therapist, they came in favor of females compared to males, and years of experience, came in favor of those less than five years, and the results showed that the differences came in the educational level in favor of those who obtained a postgraduate degree compared to other categories and there were no differences according to the workplace variable.

Key words: Qualityof psychological ,services, communication skills with patients, efficiency of psychotherapists psychotherapists

Introduction

Therapists' communication abilities greatly impact patient interactions and the whole therapy experience. Effective communication builds trust and relationships between therapists and patients. Therapists who actively listen, empathise, and communicate clearly are more likely to build good therapeutic relationships. Psychotherapists are also more likely to align with their patients' verbal and nonverbal cues, promoting understanding and engagement during sessions (Zewdneh & Kebede, 2011). The WHO projects that cancer cases would rise from 14.1 million in 2012 to 21.6 million in 2030, and deaths will rise from 8.8 million in 2015 to over 12 million in 2030. It is an extremely stressful event with major psychological and social effects on physical, emotional, spiritual, and personal aspects.(Honda & Goodwin, 2004) General vocational training emphasizes technical therapy, thus many healthcare providers lack the

psychological knowledge and communication skills to diagnose patients' issues. Psychological training programmes (PTP) help healthcare personnel be more aware of patient contact difficulties. (Razavi & Delvaux, 1997) Cancer sufferers desire mental health care from specialized psychologists incorporated into their cancer care, Cancer patients generally endure psychological suffering during or after treatment, however oncology psychiatric therapy is rarely used. One reason could be that the organization of oncological psychiatric care doesn't suit patients; What makes tumours need particular psychiatric care? Patient choices may limit therapeutic use. (Schuit et al., 2021) Patients with psychological distress show significantly greater needs for multidisciplinary health care services than patients without distress. (Schiel et al., 2014). Communication between experts and GPs addressing the psychosocial needs of cancer patients is crucial but is sometimes impeded by differing professional attitudes, Introduction Group psychotherapies have showed potential in enhancing the quality of life of cancer patients and prolonging their lifespan. (Cunningham & Edmonds, 1996). The first step to meeting the patient's needs is to examine the psychosocial dimensions of cancer as a routine practice in clinical care, and Standard application of short clinical tools can be useful in improving the detection of maladjustment, sociological or psychopathy and referring patients found to be in need of psychological assistance to care (Grassi et al., 2007)

Psychotherapists' and patients' relationship greatly affects patient results, Therapists can improve the therapy relationship by using clear language, listening carefully, and responding compassionately. This builds trust, allowing patients to voice their worries, Patients are more willing to engage when they feel understood. Therapeutic, which may help(Prusiński, 2024). Psychological therapies help patients with anxiety, sadness, trauma, and existential worries. It greatly improves their medication adherence and quality of life. The quality of psychological care for cancer patients varies substantially, notably in terms of communication skills and the psychotherapist's expertise. These disparities in professional expertise, institutional support, healthcare infrastructure, and patient demographics affect the efficacy of psychological therapy. Psychologists and therapists must know these differences to enhance psychological care and guarantee all cancer patients get emotional care (Grassi et al., 2017) Research demonstrates that strong communication between therapists and patients enhances emotional health, treatment satisfaction, and psychological resilience. Studies show that therapists who use active listening, empathy, and patient-centered communication have a 78% patient satisfaction rating, whereas those who use a directive or impersonal approach have a 52% rate. Therapists' communication skills vary based on training, experience, and work environment. Oncology psychiatric clinic specialists usually communicate better than general mental health specialists. They are trained

to meet cancer patients' emotional needs (Chaitoff et al., 2017; Fava & Tomba, 2009; Lakioti et al., 2020; Waddimba et al., 2021).

In an international review Mitchell et al. (2011) including 94 interview-based studies, the prevalence of depression by DSM or ICD criteria in oncology and hematology settings (70 studies) was 16.3% (95% CI 13.4–19.5); the prevalence of chronic depression was 2.7% (95% CI 1.7–4.0); the prevalence of adjustment disorder was 19.4% (95% CI 114.5–24.8); the prevalence of anxiety disorders was 10.3% (95% CI 5.1–17.0); and the prevalence of adjustment disorder was 15.4% (95% CI 10.1–21.6); The prevalence of anxiety disorders was 9.8% (95% CI 6.8–13.2) (Mehnert et al., 2012) Psychological assistance is vital for cancer patients' emotional well-being. But the quality of psychological therapy for cancer patients varies greatly, depending on factors like the experience of health care providers, institutional resources, accessibility, and socioeconomic situations (Grassi et al., 2017) Mental health professionals' understanding of these variations is vital to improving services and ensuring equitable psychological care for all cancer patients.

The quality of psychological services for cancer patients has been studied, concentrating on communication skills and psychotherapist competency. A comprehensive review of 17 clinical trials of psychological treatment for cancer patients found that each trial showed improvements in quality of life and adjustment (Chong Guan et al., 2016)The effectiveness of psychological interventions varies based on several factors. A review of randomized controlled trials over a 10-year period found medium to large effect sizes (ranging from 0.43 to 0.89) for psychological rehabilitation in reducing psychological distress, functional impairment, cancer recurrence, and improving sleep quality (Chen & Ahmad, 2018). However, timing is key; one study revealed that psychotherapies were more useful for cancer patients than for those undergoing active treatment, and patients' clinical state greatly decreased the effectiveness of psychotherapies on quality of life. Patients had better experiences when workers are kind, caring, and polite. A scheme formed a university-based clinical psychology PhD curriculum, and a community hospital found that 77.8% of patients received psychosocial help, although only 50.2% attended. (England, 2024)Research shows that 75% of therapists working with cancer patients feel they need additional training in psycho-oncology to enhance communication skills and therapeutic(Truax & Carkhuff, 2007). Countries with structured psycho-oncology training programs report higher patient satisfaction rates (80%) than countries where such programs are limited (55%) (Woods-Jaeger et al., 2024) A study by Razavi and Delvaux (1997) also discovered that psychologists who get continuous education and clinical supervision perform better in addressing the psychological requirements of cancer

patients, confirming the need for continuing professional development and specialized training programmes.

Socioeconomic and demographic factors also contribute to differences in the quality of psychological services, with patients from higher socioeconomic backgrounds more likely to receive comprehensive psychological care, as they have greater access to specialized treatment, specialized cancer treatment centres, and psycho-oncology experts. The quality of psychological services for cancer patients is greatly affected by socioeconomic and demographic characteristics. Income and education affect psychological resilience and treatment results (Yusufov et al., 2020). A 2023 study indicated that higher income improved psychological resilience in cancer patients with pain, with income significantly moderating the association between resilience and anxiety ($\beta = 1.300$, $p = 0.003$).(Wang et al., 2023) Mental health issues in cancer patients are affected by age and gender. Research shows that women are more likely to have anxiety disorders, while people of lower socioeconomic position are more likely to suffer stressful life events, increasing their risk of common mental disorders including anxiety and depression. (Więckiewicz et al., 2024)Socioeconomic status affects the overall psychosocial health of cancer patients. A study testing the hypothesis that cancer patients from lower socioeconomic backgrounds have less ability to cope with cancer confirmed this disparity (Simon & Wardle, 2008)

as A study conducted in 2021 The integration of therapeutic communication techniques into oncology settings led to a 25% increase in patient adherence to treatment plans and a 20% reduction in reported psychological distress (Sharma & Gupta, 2021). In 2023, a randomized controlled trial showed that psychotherapists trained in meaning-based therapy achieved 40% better outcomes in improving the quality of life for advanced Hispanic cancer patients compared to those using traditional methods (Torres-Blasco et al., 2023). as Research conducted in 2023 indicated that oncologists who received specialized craniofacial radiation therapy were 35% more effective in discussing end-of-life care preferences with patients, resulting in a 30% increase in care aligned with patients' wishes. (Torres-Blasco et al., 2023). as A 2024 analytical study found that communication skills training (CST) of oncology teams improved patient satisfaction by 32% and reduced anxiety levels by 28% compared to standard care, and showed Cancer patients who received psychological interventions from trained professionals saw a 65% improvement in global quality of life scores, with effects lasting for up to 24 weeks after the intervention (Bognár et al., 2024)

In conclusion, while psychological services such as patient communication skills and psychotherapist competence are vital in treating cancer patients, their quality varies widely due to differences in therapist-allied communication skills, competence, work environment,

institutional support, and socio-economic factors. A thorough, evidence-based method that focuses on vocational training and patient-centered treatment fills these gaps. Psychological therapies are crucial for treating emotional discomfort, building resilience, and improving overall health since mental and physical health are so linked.

Hypotheses

1. There are statistically significant differences at the level of (0.05) between the average scores of the scale of communication skills with patients according to a number of variables (gender, scientific specialization, place of work, years of experience, academic degree).
2. There are statistically significant differences at the level of (0.05) between the average scores of the scale of psychotherapist competence according to a number of variables (gender, scientific specialization, place of work, years of experience, academic degree).

Methodology

Research design

The current study used the descriptive (comparative) approach to investigate the differences in the quality of psychological treatments offered to cancer patients from the perspective of psychological specialists. Their opinions were surveyed about the quality of psychological services using (the scale of communication skills with patients, and the scale of the efficiency of the psychotherapist), as the aim of the study is to identify the differences in the quality of psychological services provided to cancer patients from the perspective of specialists through the tools referred to from the perspective of psychological specialists according to a number of demographic variables, without the need for long-term follow-up, which may delay the provision of data at the appropriate time.

Participants

The study targeted a number of psychologists working in a number of centres providing psychological services to community members (psychiatric clinics, counseling centres and psychological services, hospitals), where they were randomly selected from specialists and asked to answer the study tool electronically through (Google Form), and the study tools were distributed to the target group, and the number of those who responded to the four study tools reached (381) responding, while the incomplete answers were excluded, and the number of members of the study sample in its final form reached (329) respondents. Who's in the study? 1. Join the study.2. To be a psychological sciences expert and give services at the study centres.3. Read the study's aims and procedures.

Figure 1 shows that 51.1% (168) are the most and 48.9% (161) are male. Psychiatric clinics (39.8%) have the greatest workers, followed by hospitals (32.2%) and health and school jobs (28.0%). 54.1% of our group studied clinical psychology, 22.8% psychological review, and

23.1% psychological painting. 49.8% of our sample had <5 years of experience, 21.0% had 5–10 years, and 29.2% had >10 years. 62.9% of participants had degrees, while 37.1% had science degrees. These statistics consider the sample's multiple disparities and distributions, which helps measure how these attributes affect the quality of social services offered to cancer patients.

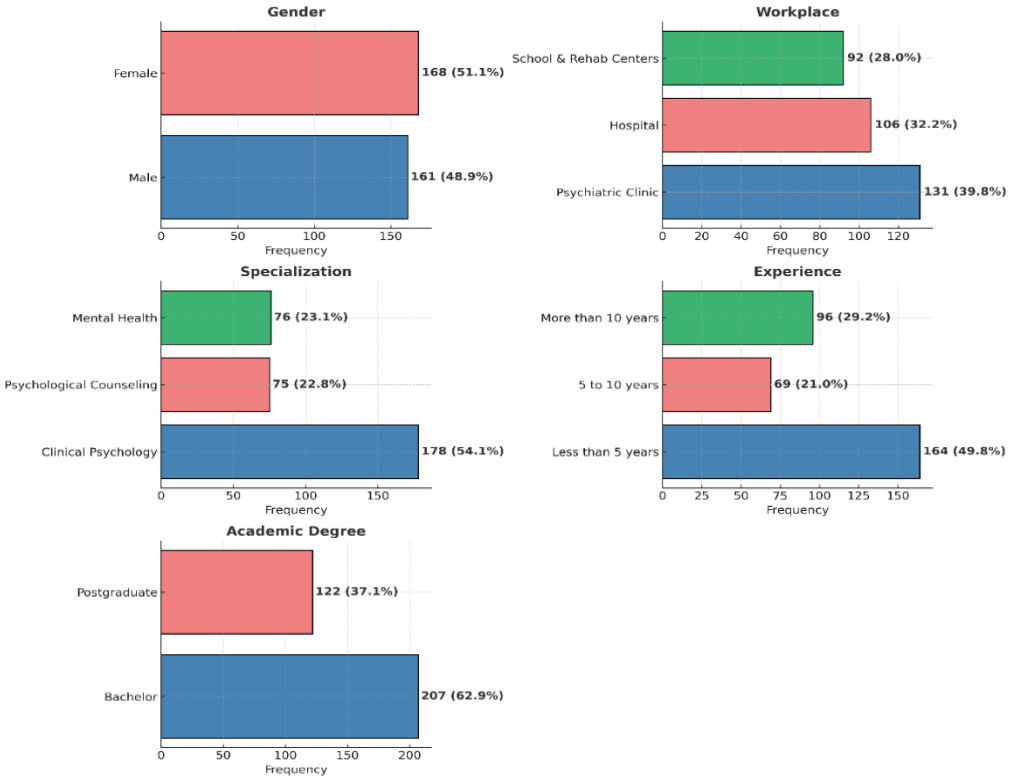

Figure 1 shows the demographic characteristics of the study sample

Data collection &instrument

The basic tools for collecting data in this study were as follows:

1. **Demographic information**: This section collects basic information about the respondent, such as: gender, workplace, specialization, years of experience, degree.
2. **Health Professionals Communication Skills Scale** Prepared by Leal-Costa et al. (2016) It comprises of 42 components, half of which are worded in reverse. The response metre has six options with linguistic frequency factors: 1 = rarely, 2 = sometimes, 3 = often, 4 = generally, 5 = frequently, 6 = many times. The scale has four basic dimensions: a) Media communication, consisting of 12 elements (3, 6, 11, 13, 16, 18, 20, 27, 30, 38, 39 and 42) which reflect the way health professionals obtain and present information in the clinical relationship they create with patients; b) empathy, consisting of 13 items (4, 5, 12, 14, 17, 21, 22, 23, 28, 29, 36, 37 and 41) that reflect the ability of health

professionals to understand patients' feelings and show empathy in the relationship, as well as the behavioral dimension and empathetic attitude, consisting of active listening and empathetic response; c) respect and authenticity, with 5 items (2, 10, 26, 33 and 34) that assessed the respect and authenticity, or conformity, shown by health professionals in the clinical relationship they establish with patients; d) Social skills, with 12 items (1, 7, 8, 9, 15, 19, 24, 25, 31, 32, 35 and 40) reflect the ability of health professionals to be assertive or demonstrate skilled social behaviors in The clinical relationship they establish with patients.

3. **The Therapist Self-Efficacy Scale** (**TSES**) developed by Gori et al. (2022) is a self-report survey that gauges mental health therapists' professional self-efficacy. It has 21 measures across six dimensions: communicative, clinical, psychological, and relational competence, affect control, and diagnostic skills. The total T-SES score is the sum of the item ratings, which are rated on a 5-point Likert scale from 1 (not at all) to 5 (very much).

Data analysis

Data were collected, analysed, and validated through a survey via Google Drive from survey methods, after obtaining formal consent and asking participants to review the instructions for answering the study, after informing them of the voluntary and free participation in the study and its confidentiality. SPSS 27 was used to enter the survey data and analyse and interpret the results. ANOVA and Scheffe tests were employed to find differences.

Results

1. ***Differences in the level of quality of psychological services provided (communication skills) according to the variable of experience, specialization, gender, and degree***

Multiple analysis of variance (five-point without interaction) for the effect of demographic variables on the scale of communication skills with patients

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Mr.
gender	Contact Information	153،611	1	153،611	3،216	،074
	empathy	214،578	1	214،578	7،430	،007
	respect and originality	14،463	1	14،463	4،964	،027
	social skills	،049	1	،049	،004	،948

Workplace	Communication Skills Scale	34،067	1	34،067	،389	،533
	Contact Information	98،324	2	49،162	1،029	،358
	empathy	43،031	2	21،515	،745	،476
	respect and originality	36،707	2	18،353	6،299	،002
	social skills	3،313	2	1،657	،142	،868
Number of years of experience	Communication Skills Scale	459،148	2	229،574	2،624	،074
	Contact Information	129،659	2	64،830	1،357	،259
	empathy	16،444	2	8،222	،285	،752
	respect and originality	18،941	2	9،471	3،251	،040
	social skills	141،771	2	70،885	6،079	،003
Specialization of the specialist	Communication Skills Scale	674،624	2	337،312	3،855	،022
	Contact Information	19،165	2	9،582	،201	،818
	empathy	142،138	2	71،069	2،461	،087
	respect and originality	،198	2	،099	،034	،967
	social skills	6،267	2	3،133	،269	،765
Education level	Communication Skills Scale	117،719	2	58،859	،673	،511
	Contact Information	186،900	1	186،900	3،913	،049
	empathy	1،152	1	1،152	،040	،842
	respect and originality	،066	1	،066	،023	،880
	social skills	20،431	1	20،431	1،752	،187
Error	Communication Skills Scale	284،275	1	284،275	3،249	،072
	Contact Information	15284،643	320	47،765		
	empathy	9241،816	320	28،881		
	respect and originality	932،330	320	2،914		
	social skills	3731،469	320	11،661		
Total	Communication Skills Scale	27996،613	320	87،489		
	Contact Information	760528،000	329			
	empathy	976029،000	329			
	respect and originality	123340،000	329			
	social skills	956939،000	329			
Corrected Total	Communication Skills Scale	10091082،000	329			
	Contact Information	15892،426	328			
	empathy	9632،158	328			
	respect and originality	1010،711	328			
	social skills	3936،419	328			
	Communication Skills Scale	29801،891	328			

e. R Squared = ،061 (Adjusted R Squared = ،037)

There are differences in the impact of gender on the dimension of respect and authenticity (F = 7.430, Sig. = 0.007) and the dimension of empathy (F = 4.964, Sig. = 0.027), indicating a significant difference between male and female participants in these areas in favor of males compared to females, and differences were found for the workplace effect on the dimension of respect and authenticity (F = 6.299, Sig. = 0.002).), indicating diversity in this skill depending on the workplace environment and the differences came in favor of

those who work in a psychiatric clinic followed by those who work in a hospital followed by those who work in psychiatric centers, and differences were found for the significant impact of years of experience on social skills (F = 6.079, Sig. = 0.003), respect and authenticity (F = 3.251, Sig. = 0.040), and the scale of communication skills (F = 3.855, Sig. = 0.022), which indicates that the level of experience plays a role in shaping the communication capabilities of the neighborhood The differences favoured those with less than ten years of experience, then those with five to ten years, and finally, the impact of education level on the informational dimension of communication skills (F = 3.913, Sig. = 0.049) favoured those with bachelor's degrees. This shows the importance of formal education in improving information-sharing skills. Demographic characteristics have little effect on the other aspects.

2. ***Differences in the level of quality of psychological services provided (therapist competence) according to experience, specialization, gender, and degree variable***

Multiple analysis of variance (five-way without interaction) for the effect of demographic variables on the psychotherapist competence scale

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	sig
Sex	relational efficiency	98،861	1	98،861	11،318	<،001
	the networking event	6،937	1	6،937	،614	،434
	internal psychological competence	3،070	1	3،070	،796	،373
	clinical competence	3،282	1	3،282	،644	،423
	the regulation of the effect	2،773	1	2،773	3،147	،077
	diagnostic skills	16،673	1	16،673	3،292	،071
	Psychotherapist Efficiency Scale	71،481	1	71،481	1،858	،174
Workplace	relational efficiency	5،323	2	2،662	،305	،738
	the networking event	30،261	2	15،131	1،339	،264
	internal psychological competence	13،002	2	6،501	1،685	،187
	clinical competence	4،115	2	2،057	،404	،668
	the regulation of the effect	1،403	2	،702	،796	،452
	diagnostic skills	18،746	2	9،373	1،851	،159
	Psychotherapist Efficiency Scale	51،008	2	25،504	،663	،516
Number of years of experience	relational efficiency	141،931	2	70،966	8،125	<،001
	the networking event	53،797	2	26،898	2،380	،094
	internal psychological competence	10،983	2	5،491	1،423	،243
	clinical competence	42،251	2	21،125	4،146	،017
	the regulation of the effect	4،796	2	2،398	2،722	،067
	diagnostic skills	23،915	2	11،958	2،361	،096
	Psychotherapist Efficiency Scale	175،527	2	87،764	2،281	،104
Specialization of the specialist	relational efficiency	60،642	2	30،321	3،471	،032
	the networking event	65،805	2	32،902	2،912	،056
	internal psychological competence	23،750	2	11،875	3،077	،047

	clinical competence	20،945	2	10،473	2،055	،130
	the regulation of the effect	2،326	2	1،163	1،320	،269
	diagnostic skills	15،273	2	7،637	1،508	،223
	Psychotherapist Efficiency Scale	102،961	2	51،481	1،338	،264
Education level	relational efficiency	56،416	1	56،416	6،459	،012
	the networking event	197،666	1	197،666	17،493	<،001
	internal psychological competence	،017	1	،017	،004	،947
	clinical competence	6،107	1	6،107	1،199	،274
	the regulation of the effect	2،867	1	2،867	3،254	،072
	diagnostic skills	15،640	1	15،640	3،088	،080
	Psychotherapist Efficiency Scale	43،910	1	43،910	1،141	،286
Error	relational efficiency	2795،034	320	8،734		
	the networking event	3616،011	320	11،300		
	internal psychological competence	1234،893	320	3،859		
	clinical competence	1630،527	320	5،095		
	the regulation of the effect	281،958	320	،881		
	diagnostic skills	1620،537	320	5،064		
	Psychotherapist Efficiency Scale	12314،209	320	38،482		
Total	relational efficiency	67978،000	329			
	the networking event	90709،000	329			
	internal psychological competence	52724،000	329			
	clinical competence	138712،000	329			
	the regulation of the effect	21096،000	329			
	diagnostic skills	23851،000	329			
	Psychotherapist Efficiency Scale	2083322،000	329			
Corrected Total	relational efficiency	3213،696	328			
	the networking event	4002،979	328			
	internal psychological competence	1280،243	328			
	clinical competence	1697،422	328			
	the regulation of the effect	295،222	328			
	diagnostic skills	1709،356	328			
	Psychotherapist Efficiency Scale	12774،888	328			

There are differences for the effect of sex on the dimension of relational competence (F = 11.318, Sig. < 0.001), in favour of females compared to males, and differences were found for the effect of years of experience (F = 8.125, Sig. < 0.001) and clinical efficiency (F = 4.14 F = 4.146, Sig. = 0.017). In favour of those who are less than five years old, followed by those who are more than five years and less than ten, and with regard to scientific specialization, it came on relational efficiency (F = 3.471, Sig. = 0.032) and internal psychological competence (F = 3.077, Sig. = 0.047), and all these differences came in favour of less than five years compared to other categories, and differences were found for specialization on relational efficiency (F = 3.471, Sig. = 0.032) and internal psychological competence (F = 3.077, Sig. =

0.047), and finally there are differences in educational level on relational competence (F = 6.459, Sig. = 0.012) and communication effectiveness (F = 17.493, Sig. < 0.001), All these differences were in favour of those in the postgraduate degree compared to those in the bachelor's degree, and it is clear that there are no differences in the impact of the workplace on all dimensions of the scale.

Discussion

The study indicated that men therapists communicated better with patients than female therapists, which can be explained by social norms and work experience. In some cultures, male psychologists are seen as more authoritative and outspoken, which may help them earn respect and authenticity in therapy (Hyde, 2014) This may explain why male psychologists get higher scores in respect and authenticity despite empathy being one of the factors that increase self-esteem., and this result differs with the results of many studies (Hyde, 2014; Lewis, 2020; Roter et al., 2017). Which indicated that females are more emotionally inclined than males in their communication skills, especially in the field of treatment and medical rehabilitation.

This shows Men's ability to balance empathy with professional boundaries may explain their higher scores in this dimension, these findings are consistent with recent studies confirming differences in sex communication in clinical settings professional, this underscores the importance of understanding and addressing these differences to enhance the overall quality of services Psychological. It agrees with the results of the study (Toussaint & Webb, 2005) On gender differences in empathy and tolerance indicated that women were more empathetic than men, but there was no gender difference in tolerance.

The psychologist said the posture affected patient communication. Mental clinic personnel were the most innovative and valued, then hospital staff, then psychiatric workers, The psychologist said that years of knowledge altered patients' communication. Those with fewer than 10 years of experience were the most regarded and unique, followed by those with five to ten, the psychologist observed that education degree influences patient communication abilities. Those having a bachelor's were more original and valued.

Psychologists' communication abilities differ owing to their work environment, years of experience, education, and promotion of direct and emotional communication. and true. Hospitals and psychiatric facilities are striving to improve communication by organizing more structured and fast contacts with patients. Early-career psychologists, who are closer to their training, tend to communicate with greater respect and credibility, more experience, who can use Routines Bachelor's degrees often offer greater hands-on work. and the patient's direct involvement, leading to more effective communication than Work environment, experience and educational background in effective psychological communication It matches other historical study outcomes, like: (Roberts et al., 2018; Steinert, 2022; Tamufor, 2024) That showed Clinics' impact on It allows psychologists to build respect and honesty in their interactions by providing more patient-centered care. This aligns with the study's result that

psychotherapists' success is affected by years of experience and cognitive competency, and that psychologists at psychiatric clinics have the best communication abilities. Research shows (Vollmer et al., 2013) About the experience in clinical psychology that clinical knowledge and expertise rose up to the level of trainees but surprisingly declined at the level of experienced therapists ،This supports my claim that less skilled psychologists fare better. Experience. Research has found that cumulative training in fine skills (CMT) affects psychology students' communication skills. Improvements Great for structuring, summarizing and paraphrasing efficiently following training ،this highlights the necessity of current specialized training in developing abilities Contact (Bylund et al., 2022; Fuehrer et al., 2024).

The data demonstrate that a psychotherapist's efficacy is affected by gender, years of experience, specialty, and education; female therapists are more effective due to their emotional intelligence and interpersonal skills. novel therapists excelled due to their use of current, evidence-based methods and receptivity to novel therapy strategies. Postgraduate studies also improve therapist efficacy by providing advanced clinical knowledge and training. Individual efficacy is more significant than the therapist's setting, as shown by the lack of workplace disparities. These results support current studies that stress emotional intelligence, modern training, and advanced education in psychotherapy efficacy, and addressing these traits through ongoing professional growth and gender inclusion. Continuing education, gender-inclusive training, and more professional supervision can improve mental health care. (Arora & Bhatia, 2022; Bognár et al., 2024; Chaitoff et al., 2017; Chen & Ahmad, 2018; Fuehrer et al., 2024; Honda & Goodwin, 2004; Jagemann et al., 2024)

The study says female therapists are more effective than male ones. This finding can be seen two ways: Empathy and communication skills: Women are frequently viewed as more compassionate and better communicators, which are vital in therapy. (Ogrodniczuk et al., 2001)This is in line with traditional gender role expectations and socialization patterns that emphasize female emotional expression. Patient preferences and comfort: Some patients may feel more comfortable opening up to female therapists, which may lead to better treatment outcomes (Jagemann et al., 2024). However, this finding contradicts some previous research. A study by Ogrodniczuk et al. (2001) found that men fared better in interpretive treatment, whereas women did better in supportive therapy. This implies that the therapist's and patient's genders may interact to affect therapy efficacy. The study suggests that less experienced (under 5 years) and advanced degree-holding psychotherapists are more effective. This can be viewed two ways: new training and methods: Newer therapists may know more about the newest research and practices, leading to better interventions. (Arora & Bhatia, 2022)These findings are consistent with the finding that relationship-oriented and task-oriented factors are important for therapy success, regardless of gender. A study by Jagemann et al. (2024) on gender capital in psychotherapy found that some therapists appeared to be better at treating

patients of a particular gender, underscoring the importance of therapist–patient gender dynamics in therapy outcomes. A study by Chukwuka and Uwaoma (2024) explored gender differences in psychotherapy efficacy and found that female therapists tended to demonstrate higher levels of patient engagement and therapeutic alliance than males; the study suggests that this may be due to higher levels of empathy and communication skills among female therapists. A study by Bognár et al. (2024) assessed the efficacy of therapists with varying expertise. Therapists with less than five years of experience were more committed to evidence-based treatments, while those with five to ten years of experience were less effective due to adaption issues. But seasoned therapists regained efficacy through experience and intuition. A study by Khakpour et al. (2025) found that patients of therapists with advanced degrees had better outcomes than those of therapists with merely a bachelor's. This is attributable to the in-depth theoretical understanding and advanced intervention approaches gained at the graduate level.

Conclusion

The provision of psychological services for cancer patients varies based on healthcare infrastructure and therapist expertise. Some patients get extensive psychological therapy that fits their emotional and mental health needs, while others may have restricted access due to resource limits, a lack of specialists, or inconsistent care. These inequalities show that all cancer patients require equitable access to competent psychological care to get the emotional support they need throughout treatment. Healthcare organisations, policymakers, mental health specialists, and psychological services in oncology care must collaborate to close these gaps. Evidence-based therapies can improve service quality; more research on patient opinions and psychological interventions' influence on treatment outcomes is needed.

Difficulties and Limitations

This study struggled with varied analysis, variation between healthcare systems, and getting complete, uniform data. In psychology, therapist training, experience, and speciality led to inconsistencies. Another key weakness was the dependence on self-reported bias data, including patient viewpoints, which are essential to interpreting relatively low predictive variance in some circumstances, Psychological services may also be affected by cultural influences, budgetary restrictions, and institutional support. To capture the nuances and disparities in cancer patients' psychological support, future research should incorporate a larger range of healthcare settings, patient reactions, and longitudinal data.

Informed Consent Statement

Informed consent was obtained from all subjects involved in the study.

Data Availability Statement

The author will make the raw data supporting this article's conclusions available upon request.

Conflicts of Interest: The author declares no conflicts of interest.

Uncategorized References

Arora, S., & Bhatia, S. (2022). Gender differences in factors that facilitate successful therapeutic progress and outcome: A pilot study. *Counselling and Psychotherapy Research*, *22*(4), 1030-1040.

Bognár, S. A., Teutsch, B., Bunduc, S., Veres, D. S., Szabó, B., Fogarasi, B., Zahariev, O. J., Vörhendi, N., Almog, O., & Hadani, Y. (2024). Psychological intervention improves quality of life in patients with early-stage cancer: a systematic review and meta-analysis of randomized clinical trials. *Scientific Reports*, *14*(1), 13233. https://doi.org/doi.org/10.1038/s41598-024-63431-y

Bylund, C. L., Vasquez, T. S., Peterson, E. B., Ansell, M., Bylund, K. C., Ditton-Phare, P., Hines, A., Manna, R., Ospina, N. S., & Wells, R. (2022). Effect of experiential communication skills education on graduate medical education trainees' communication behaviors: a systematic review. *Academic Medicine*, *97*(12), 1854-1866. https://doi.org/10.1097/ACM.0000000000004883

Chaitoff, A., Sun, B., Windover, A., Bokar, D., Featherall, J., Rothberg, M. B., & Misra-Hebert, A. D. (2017). Associations between physician empathy, physician characteristics, and standardized measures of patient experience. *Academic Medicine*, *92*(10), 1464-1471. https://doi.org/10.1097/ACM.0000000000001671

Chen, Y., & Ahmad, M. (2018). Effectiveness of adjunct psychotherapy for cancer treatment: a review. *Future Oncology*, *14*(15), 1487-1496. https://doi.org/doi.org/10.2217/fon-2017-0671

Chong Guan, N., Mohamed, S., Kian Tiah, L., Kar Mun, T., Sulaiman, A. H., & Zainal, N. Z. (2016). Psychotherapy for cancer patients: A systematic review and meta-analysis. *The International Journal of Psychiatry in Medicine*, *51*(5), 414-430. https://doi.org/doi.org/10.1177/0091217416680l9

Chukwuka, N. N., & Uwaoma, N. C. (2024). GENDER AND EDUCATIONAL LEVEL AS PREDICTORS OF INCIDENCE OF BODY DYSMORPHIA AMONG YOUNG ADULTS IN OWERRI. *African Journal of Social and Behavioural Sciences*, *14*(5).

Cunningham, A. J., & Edmonds, C. V. (1996). Group psychological therapy for cancer patients: a point of view, and discussion of the hierarchy of options. *The International Journal of Psychiatry in Medicine*, *26*(1), 51-82. https://doi.org/https://doi.org/10.2190/6PG2-GUN8-GK2W-CXAP

England, N. (2024). Culture of care standards for mental health inpatient services. In.

Fava, G. A., & Tomba, E. (2009). Increasing psychological well-being and resilience by psychotherapeutic methods. *Journal of personality*, *77*(6), 1903-1934. https://doi.org/ https://doi.org/10.1111/j.1467-6494.2009.00604.x

Fuehrer, S., Weil, A., Osterberg, L. G., Zulman, D. M., Meunier, M. R., & Schwartz, R. (2024). Building Authentic Connection in the Patient-Physician Relationship. *Journal of Primary Care & Community Health*, *15*, 21501319231225996.

Gori, A., Topino, E., Brugnera, A., & Compare, A. (2022). Assessment of professional self-efficacy in psychological interventions and psychotherapy sessions: Development of the Therapist Self-Efficacy Scale (T-SES) and its application for eTherapy. *Journal of Clinical Psychology*, *78*(11), 2122-2144. https://doi.org/ https://doi.org/10.1002/jclp.23391

Grassi, L., Biancosino, B., Marmai, L., Rossi, E., & Sabato, S. (2007). Psychological factors affecting oncology conditions. *Psychological Factors Affecting Medical Conditions*, *28*, 57-71. https://doi.org/https://doi.org/10.1159/isbn.978-3-8055-8374-9

Grassi, L., Spiegel, D., & Riba, M. (2017). Advancing psychosocial care in cancer patients. *F1000Research*, *6*. https://doi.org/10.12688/f1000research.11902.1

Honda, K., & Goodwin, R. D. (2004). Cancer and mental disorders in a national community sample: findings from the national comorbidity survey. *Psychotherapy and psychosomatics*, *73*(4), 235-242. https://doi.org/https://doi.org/10.1159/000077742

Hyde, J. S. (2014). Gender similarities and differences. *Annual review of psychology*, *65*(1), 373-398. https://doi.org/doi.org/10.1146/annurev-psych-010213-115057

Jagemann, I., Stegemann, M., von Brachel, R., & Hirschfeld, G. (2024). Gender differences in preferences for mental health apps in the general population–a choice-based conjoint analysis from Germany. *BMC psychiatry*, *24*(1), 682.

Khakpour, Y., Heidarlou, M. M., Shukohi, S., & Akbari, M. (2025). Anaemia and Caesarean Section in Caucasian Race: Assessment of Risk Factors and Management Strategies. *Epidemiology and Society Health Review (ESHR)*, *7*(1), 12-24.

Lakioti, A., Stalikas, A., & Pezirkianidis, C. (2020). The role of personal, professional, and psychological factors in therapists' resilience. *Professional psychology: research and practice*, *51*(6), 560. https://doi.org/https://doi.org/10.1037/pro0000306

Leal-Costa, C., Tirado-González, S., Rodríguez-Marín, J., & vander-Hofstadt-Román, C. J. (2016). Psychometric properties of the health professionals communication skills scale (HP-CSS). *International Journal of Clinical and Health Psychology*, *16*(1), 76-86. https://doi.org/https://doi.org/https://pmc.ncbi.nlm.nih.gov/articles/PMC3939948/

Lewis, L. A. (2020). West Point women's views on leadership: Perceptions from first women graduates through current cadets. *Journal of Women and Gender in Higher Education*, *13*(3), 303-326.

Mehnert, A., Koch, U., Schulz, H., Wegscheider, K., Weis, J., Faller, H., Keller, M., Brähler, E., & Härter, M. (2012). Prevalence of mental disorders, psychosocial distress and need for psychosocial support in cancer patients–study protocol of an epidemiological multi-center study. *BMC psychiatry*, *12*, 1-9. https://doi.org/https://doi.org/10.1186/1471-244X-12-70

Mitchell, A. J., Chan, M., Bhatti, H., Halton, M., Grassi, L., Johansen, C., & Meader, N. (2011). Prevalence of depression, anxiety, and adjustment disorder in oncological, haematological, and palliative-care settings: a meta-analysis of 94 interview-based studies. *The lancet oncology*, *12*(2), 160-174.

Ogrodniczuk, J. S., Piper, W. E., Joyce, A. S., & McCallum, M. (2001). Effect of patient gender on outcome in two forms of short-term individual psychotherapy. *The Journal of psychotherapy practice and research*, *10*(2), 69.

Prusiński, T. (2024). Consensus on alliance quality in the psychotherapeutic dyad and its differentiating effect on treatment outcomes in patients with adjustment disorders. *Journal of Contemporary Psychotherapy*, *54*(1), 1-8.

Razavi, D., & Delvaux, N. (1997). Communication skills and psychological training in oncology. *European Journal of Cancer*, *33*, S15-S21. https://doi.org/https://doi.org/10.1016/S0959-8049(97)00195-0

Roberts, T., Miguel Esponda, G., Krupchanka, D., Shidhaye, R., Patel, V., & Rathod, S. (2018). Factors associated with health service utilisation for common mental disorders: a systematic review. *BMC psychiatry*, *18*, 1-19.

Roter, D., Isenberg, S., & Czaplicki, L. (2017). The roter interaction analysis system: Applicability within the context of cancer and palliative care. *Oxford Textbook of Communication in Oncology and Palliative Care*, 415.

Schiel, R., Brechtel, A., Hartmann, M., Taubert, A., Walther, J., Wiskemann, J., Rötzer, I., Becker, N., Jäger, D., & Herzog, W. (2014). Multidisciplinary health care needs of psychologically distressed cancer patients in a Comprehensive Cancer Center. *Deutsche Medizinische Wochenschrift (1946)*, *139*(12), 587-591.

Schuit, A. S., Holtmaat, K., van Zwieten, V., Aukema, E. J., Gransier, L., Cuijpers, P., & Verdonck-de Leeuw, I. M. (2021). Organizing psycho-oncological care for cancer patients: the patient's perspective. *Frontiers in psychology*, *12*, 625117.

Sharma, N. P., & Gupta, V. (2021). Therapeutic communication.

Simon, A. E., & Wardle, J. (2008). Socioeconomic disparities in psychosocial wellbeing in cancer patients. *European Journal of Cancer*, *44*(4), 572-578. https://doi.org/https://doi.org/10.1016/j.ejca.2007.12.013

Steinert, C. (2022). *Understanding therapeutic interaction in different approaches of psychotherapy* International Psychoanalytic University Berlin].

Tamufor, A. (2024). *The Application of Therapeutic Communication Between Staff and Patients* Walden University].

Torres-Blasco, N., Rosario-Ramos, L., Navedo, M. E., Peña-Vargas, C., Costas-Muñiz, R., & Castro-Figueroa, E. (2023). Importance of communication skills training and meaning centered psychotherapy concepts among patients and caregivers coping with advanced cancer. *International Journal of Environmental Research and Public Health*, *20*(5), 4458. https://doi.org/; https://doi.org/10.3390/ijerph20054458

Toussaint, L., & Webb, J. R. (2005). Gender differences in the relationship between empathy and forgiveness. *The Journal of social psychology*, *145*(6), 673-685. https://doi.org/ 10.3200/SOCP.145.6.673-686

Truax, C. B., & Carkhuff, R. (2007). *Toward effective counseling and psychotherapy: Training and practice*. Transaction Publishers.

Vollmer, S., Spada, H., Caspar, F., & Burri, S. (2013). Expertise in clinical psychology. The effects of university training and practical experience on expertise in clinical psychology. *Frontiers in psychology*, *4*, 141. https://doi.org/ 10.3389/fpsyg.2013.00141

Waddimba, A. C., Bennett, M. M., Fresnedo, M., Ledbetter, T. G., & Warren, A. M. (2021). Resilience, well-being, and empathy among private practice physicians and advanced practice providers in Texas: A structural equation model study. *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*, *5*(5), 928-945. https://doi.org/https://doi.org/10.1016/j.mayocpiqo.2021.08.009

Wang, S., Wang, X., Liu, X., Zhao, C., & Duan, J. (2023). Moderating effects of humanistic care and socioeconomic status on the relationship among pain intensity, psychological factors, and psychological function in adults with cancer pain from a province of China: A cross-sectional study. *Frontiers in Psychiatry*, *14*, 928727. https://doi.org/doi.org/10.3389/fpsyt.2023.928727

Więckiewicz, G., Weber, S., Florczyk, I., & Gorczyca, P. (2024). Socioeconomic Burden of Psychiatric Cancer Patients: A Narrative Review. *Cancers*, *16*(6), 1108. https://doi.org/https://doi.org/10.3390/cancers16061108

Woods-Jaeger, B., Cho, B., & Briggs, E. C. (2024). Training psychologists to address social determinants of mental health. *Training and Education in Professional Psychology*, *18*(1), 31. https://doi.org/ https://doi.org/10.1037/tep0000307

Yusufov, M., Grebstein, L., Rossi, J. S., Redding, C. A., Ferszt, G. G., & Prochaska, J. O. (2020). Development and implementation of a psychological service for patients with cancer. *Cognitive and behavioral practice*, *27*(3), 290-305. https://doi.org/https://doi.org/10.1016/j.cbpra.2020.05.001

Zewdneh, D., & Kebede, S. (2011). Communication skills of physicians during patient interaction in an in-patient setting at Tikur Anbessa Specialized Teaching Hospital (TASH), Addis Ababa, Ethiopia, 2009. *Ethiopian Journal of Health Development*, *25*(1), 3-9.