

**THE INFLUENCE OF PROGNOSIS DISCLOSURE ON PATIENTS' TRUST WITH  
SKILLED HEALTHCARE PROVIDERS IN UNIVERSITY OF BENIN TEACHING  
HOSPITAL, EDO STATE.**

**BY**

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**FACULTY OF NURSING SCIENCE,  
COLLEGE OF MEDICAL SCIENCES,  
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BENIN CITY.**

**NOVEMBER, 2025**

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**IN PARTIAL FUFILLMENT OF THE AWARD OF BACHELOR OF NURSING  
SCIENCES (BNSC), COLLEGE OF MEDICAL SCIENCES, UNIVERSITY OF  
BENIN, BENIN CITY.**

**NOVEMBER, 2025**

## DECLARATION

This is to declare that this research project titled “THE INFLUENCE OF PROGNOSIS DISCLOSURE ON PATIENTS’ TRUST WITH SKILLED HEALTHCARE PROVIDERS IN UNIVERSITY OF BENIN TEACHING HOSPITAL, EDO STATE” was carried out by AKINSEYE RUTH ABOSEDE. It is solely the result of my work except where acknowledged as being derived from other person(s) or resources.

MATRICULATION NUMBER: \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## CERTIFICATION

This is to certify that this research project titled “**THE INFLUENCE OF PROGNOSIS DISCLOSURE ON PATIENTS’ TRUST WITH SKILLED HEALTHCARE PROVIDERS IN UNIVERSITY OF BENIN TEACHING HOSPITAL, EDO STATE.**”, was carried out by **AKINSEYE RUTH ABOSEDE** with **Matriculation Number BMS1902290** in the Faculty of Nursing Sciences, University of Benin, Benin City under the supervision of **Mrs. M.A. Iniomor**.

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**Date** \_\_\_\_\_

**MRS. M. A. INIOMOR**

**( Project Supervisor)**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**PROF (MRS) C.E. OMOROGBE**

**(Head of Department Medical Surgical Nursing)**

## **DEDICATION**

I, AKINSEYE RUTH ABOSEDE dedicate this project work to God almighty for his enabling strength, grace, favour and protection through the period of this research.

## ACKNOWLEDGEMENTS

I would like to begin by giving all the glory to the Almighty God, the sovereign owner of my life. I am eternally grateful for His guidance, protection, and unfailing provision throughout my life and academic journey, sustaining me through every step of this research endeavor. My heartfelt gratitude goes to Mrs. M. A. Iniomor, a distinguished scholar of impeccable standing, whose invaluable contributions, meticulous corrections, and expert guidance were instrumental in shaping this study into what it is today. I am also deeply appreciative of the Dean of the Faculty of Nursing Sciences, Prof. (Mr.) F. U. Okafor, as well as Prof. (Mrs.) C.E OMOROGBE, Prof. (Mrs.) J. A. Afemikhe, Prof. Mrs. E Esewe, Dr. (Mrs.) C. Enuke, Sr. J. N. Chukwurah, Mrs. C. C. Edo-Osagie, Dr. T. A. Ehwareme, Mrs. E. N. Oyana, Mrs. R. Lawal, Mrs. Ikhuobase, Mrs. F. Esebanme, and Mr. Aragua, alongside all other lecturers and non-academic staff, for their immense dedication, support, and contributions that enriched my academic experience and this work.

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## ASTSRACT

*Prognosis disclosure is a critical component of patient-centered care that can influence patients' trust in healthcare providers. Understanding how patients perceive prognosis disclosure and its impact on trust is vital for improving communication and healthcare outcomes. This study examined the influence of prognosis disclosure on patients' trust in healthcare providers at the University of Benin Teaching Hospital (UBTH), Edo State, Nigeria. A descriptive cross-sectional survey design was employed. Using a convenience sampling technique, 101 patients were selected, and 99 valid responses were obtained, yielding a 98% response rate. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 26.0. Descriptive statistics, including frequencies, percentages, means, and grand means, were used to summarize socio-demographic characteristics, patient perceptions of prognosis disclosure, and trust in healthcare providers. Most participants were young adults (78.8% aged 18–25), female (75.8%), single (86.9%), and educated (84.8% with tertiary education). Findings showed that prognosis disclosure had a positive effect on patient trust, with 71% of respondents reporting high trust following disclosure. Key factors influencing trust included transparent communication, patient involvement in treatment planning, and emotional support. Although cultural and religious factors were largely non-influential, patients preferred gradual, staged disclosure sensitive to emotional readiness. The relationship between prognosis disclosure and trust was significant, with patients recognizing that clear, empathetic communication strengthens relationships. Prognosis disclosure, when delivered transparently and empathetically, enhances trust in healthcare providers. Emotional support and gradual communication are essential in maintaining positive relationships. Healthcare providers should receive training on sensitive prognosis disclosure, and structured, patient-centered protocols emphasizing empathy and emotional support should be implemented.*

**KEYWORDS:** INFLUENCE, PROGNOSIS DISCLOSURE, PATIENTS' TRUST, SKILLED HEALTHCARE PROVIDERS, UNIVERSITY OF BENIN TEACHING HOSPITAL, EDO STATE.

## TABLE OF CONTENTS

COVER PAGE	I
TITLE PAGE	II
DECLARATION	iii
CERTIFICATION	IV
DEDICATION	V
ACKNOWLEDGEMENTS	VI
ASTSTRACT	VII
TABLE OF CONTENTS	VIII
LIST OF TABLES	XI
LIST OF FIGURES	XII
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background To The Study	1
1.2 Statement Of Problem	3
1.3 Objectives Of The Study	5
1.4 Research Questions	5
1.5 Research Hypothesis	6
1.6 Significance Of The Study	6
1.7 Scope Of The Study	7
1.8 Operational Definition Of Terms	7
CHAPTER TWO	9
LITERATURE REVIEW	9
2.1 CONCEPT OF CONCEPTUAL REVIEW	9
2.1.1 understanding Prognosis Disclosure	9
2.1.2 Patient Trust	12
2.1.3. The Relationship Between Prognosis Disclosure And Patient Trust	13
2.1.4 The Role Of Communication In Trust Building	16
2.1.5 Cultural Perspectives On Prognosis Disclosure And Trust	17
2.1.6 Ethical Principles In Prognosis Disclosure	19
2.1.7 Factors Influencing Prognosis Disclosure	22
2.2 Theoretical Framework	23
2.2.1 The Patient-Centered Care Model	23
2.2.2 Application Of The Patient-Centered Care Model To Study	25

2.3 Empirical Review	26
2.3.1 Extent Of Prognosis Disclosure To Patients	26
2.3.2 Factors Influencing Prognosis Disclosure	29
2.3.3 Level Of Patient Trust In Healthcare Providers	31
2.4 Summary Of Literature Review	33
CHAPTER THREE	36
RESEARCH METHODOLOGY	36
3.1 Research Design	36
3.2 Research Setting	36
3.3 Target Population	37
3.3.1 Inclusion Criteria	37
3.3.2 Exclusion Criteria	37
3.4 Sample Size Determination	37
3.5 Sampling Technique	38
3.6 Instrument For Data Collection	38
3.7 Validity Of Instrument	39
3.8 Reliability Of Instrument	39
3.9 Method Of Data Collection	39
3.10 Method Of Data Analysis	40
3.11 Ethical Considerations	40
CHAPTER FOUR	41
RESULTS	41
4.1 Sociodemographic Data Of The Respondents	41
4.2 Descriptive Statistics Of The Respondents On Effect Of Prognosis Disclosure On Patient Trust At The University Of Benin Teaching Hospital	43
4.3 Descriptive Statistics Of The Respondents On Factors That Influence How Prognosis Information Is Shared At The University Of Benin Teaching Hospital.	46
4.4 Descriptive Statistics Of The Respondents On Relationship Between Prognosis Disclosure And Patients' Level Of Trust In Healthcare Providers At The University Of Benin Teaching Hospital	47
CHAPTER FIVE	50
DISCUSSION OF FINDINGS	50
5.1. Discussion Of Major Findings	50

5.1.1 How Prognosis Disclosure Affects Patient Trust At The University Of Benin Teaching Hospital.	51
5.1.2 Factors That Influence How Prognosis Information Is Shared At The University Of Benin Teaching Hospital.	52
5.1.3 The Relationship Between Prognosis Disclosure And Patients' Level Of Trust In Healthcare Providers At The University Of Benin Teaching Hospital.	54
5.2 Implications To Nursing Practice	55
5.3 Summary	56
5.4 Conclusion	57
5.5 Limitations Of The Study	57
5.6 Recommendations	58
5.7 Suggestions For Further Study	59
REFERENCES	61
APPENDIX I	67
APPENDIX II	72

## LIST OF TABLES

Table 4.1: Socio-Demographic Data of patients in University of Benin Teaching Hospital, Edo State (N=99)	42
Table 4.2: Effect of prognosis disclosure on patient trust at the University of Benin Teaching Hospital	44
Table 4.3: Factors that influence how prognosis information is shared at the University of Benin Teaching Hospital.	46
Table 4.4: Relationship between prognosis disclosure and patients' level of trust in healthcare providers at the University of Benin Teaching Hospital	48

## LIST OF FIGURES

- Figure 4.1: Pie-chart showing the effect of prognosis disclosure on patient trust at the University of Benin Teaching Hospital 45
- Figure 4.2: Bar chart showing. factors that influence how prognosis information is shared at the University of Benin Teaching Hospital. 47
- Figure 4.3: Pie chart showing relationship between prognosis disclosure and patients' level of trust in healthcare providers at the University of Benin Teaching Hospital 49

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the Study

Effective communication between healthcare providers and patients is a cornerstone of quality healthcare delivery. A critical component of this interaction is prognosis disclosure, the process by which healthcare providers share information about the anticipated course and outcome of a patient's condition, whether it signals recovery or a life-limiting trajectory (Fallowfield et al., 2021). Prognosis disclosure influences patients' understanding, shapes their treatment choices, and impacts their emotional resilience (Ozdemir et al., 2022; Ng and Ozdemir, 2023). In settings like the University of Benin Teaching Hospital (UBTH), a tertiary institution in Nigeria handling diverse and complex cases, how prognosis is disclosed can profoundly affect trust, a critical element of therapeutic alliances.

Trust in healthcare providers hinges on perceptions of competence, empathy, and honesty (Ozdemir et al., 2022). However, Patient s' understanding of their prognosis is often suboptimal, and many desired more detailed information about their condition. Unfortunately, the quality and quantity of prognostic information provided by the physicians often fall short of the patients' expectation (Kitakata et al., 2021). This discrepancy can lead to mistrust and dissatisfaction (Chichua et al., 2023). Transparent prognosis disclosure can reinforce trust by fostering autonomy and mutual respect, yet it may also strain relationships if perceived as abrupt or culturally misaligned (Carmona-Bayonas et al., 2023).

Recent global research highlights varied patient responses to prognosis disclosure. In Western contexts, studies underscore a preference for openness, linking it to enhanced trust and psychological adjustment. For instance, Kitakata et al. (2021) found that patients with chronic

illnesses valued detailed prognostic discussions, associating them with empowerment and stronger provider relationships. However, in African settings, including Nigeria, cultural norms often complicate this picture. Research by Oji et al., (2022) revealed that many Nigerian patients expect providers to temper disclosure with hope, reflecting a cultural inclination toward emotional protection and familial involvement in health decisions. This duality creates a tension: while some patients at UBTH may seek full transparency, others may view withheld information as a compassionate act, influencing their trust differently.

Theoretically, this phenomenon aligns with contemporary models like the Shared Decision-Making Framework, which posits that trust emerges from collaborative communication tailored to patients' needs (Wehking et al., 2024). Similarly, recent adaptations of the Health Literacy Model emphasize that clear prognostic information enhances patients' ability to engage with their care, provided it respects cultural contexts (Nutbeam & Lloyd, 2021). Yet, these frameworks, often developed in resource-rich settings, may not fully capture the realities of UBTH, where high patient loads, limited consultation times, and diverse expectations shape provider practices (Adebayo, 2021). Nigeria's healthcare system, marked by infrastructural challenges and a historical interplay of biomedical and traditional healing, further complicates how prognosis is communicated and perceived. UBTH's diverse patient base mirrors Nigeria's broader socio-cultural landscape, where literacy levels, religious beliefs, and traditional values intersect with modern medical expectations (Adebayo, 2021).

Recent scholarship underscores the urgency of this inquiry. Smith et al. (2023) argued that trust in healthcare providers has become increasingly vital amid global health crises, as patients seek reliable guidance in uncertain times. In Nigeria, the COVID-19 pandemic exposed communication gaps, with some patients losing faith in providers due to inconsistent messaging about disease outcomes (Oyeleye and Ademosu, 2023). At UBTH, similar dynamics may play out in routine care, where prognosis disclosure serves as a litmus test for

provider credibility. Moreover, the hospital's role as a training hub for medical professionals amplifies the need to understand these interactions, as findings could inform curricula and enhance future providers' skills (Hoque, 2023).

Historically, African healthcare practices, including those in Nigeria, balanced truth-telling with communal well-being, a legacy that persists in modern attitudes toward disclosure (Okeke & Nwosu, 2020). Today, globalization, technological advances, and patient advocacy challenge these traditions, creating a hybrid landscape at UBTH. Providers must navigate this tension daily, yet the lack of empirical data leaves a gap in understanding how these practices affect trust. A 2021 study by Adebayo highlighted that Nigerian tertiary hospitals like UBTH face unique pressures overcrowding, staff shortages, and cultural diversity—that influence communication, yet prognosis disclosure remains underexplored. This study seeks to fill this void by investigating its influence on trust, offering insights to refine practices, strengthen patient-provider bonds, and elevate care quality in UBTH and beyond.

## **1.2 Statement of Problem**

Prognosis disclosure is a critical component of patient-centered care, particularly in advanced illness contexts such as cancer, as it directly influences patients' decision-making, psychological well-being, and trust in their healthcare providers (Hui et al., 2021). Trust is a cornerstone of the patient-provider relationship, fostering treatment adherence, patient satisfaction, and overall healthcare outcomes (van der Velden et al., 2022). However, the manner in which prognosis is disclosed can significantly impact this trust, with transparent and empathetic communication often strengthening it, while ambiguous or non-disclosure practices may lead to mistrust, dissatisfaction, and disengagement from care (Lelorain, 2021; Chittem et al., 2021).

Despite its importance, the relationship between prognosis disclosure and patient trust remains underexplored, particularly in resource-limited settings such as the University of Benin Teaching Hospital (UBTH) in Nigeria, where cultural, socioeconomic, and systemic factors may further complicate this dynamic. In UBTH, cultural norms often favor indirect communication or family-centric decision-making, which can lead to practices of non-disclosure or partial disclosure of prognosis, potentially undermining patients' understanding and trust in their healthcare providers (Chittem et al., 2021; Satija et al., 2021). Recent studies have highlighted significant gaps in patient prognostic awareness, with up to 74% of advanced cancer patients holding inaccurate beliefs about their illness, often due to ambiguous or incomplete communication by healthcare providers (Carmona-Bayonas et al., 2023). Such gaps not only compromise informed decision-making but also raise ethical concerns, as patients may consent to low-efficacy treatments that do not align with their preferences or best interests (Carmona-Bayonas et al., 2023). Furthermore, accurate prognostic disclosure has been associated with increased anxiety, depression, and reduced quality of life, creating a dilemma for healthcare providers who must balance truth-telling with minimizing psychological harm (Ng & Ozdemir, 2023).

In low-resource settings like UBTH, additional challenges such as high patient loads, limited time for individualized care, and the involvement of trainees in patient care may exacerbate inconsistencies in prognosis disclosure practices, potentially eroding patient trust (van der Velden et al., 2022; Bloom et al., 2022). Moreover, patients' preferences for prognostic information may vary due to cultural beliefs, health literacy, and socioeconomic factors, yet there is often a mismatch between these preferences and the communication practices of healthcare providers, further straining trust (van der Velden et al., 2022; Kitakata et al., 2021). Despite the critical role of trust in enhancing therapeutic relationships and improving health outcomes, there is a lack of localized research examining how prognosis disclosure

influences patients' trust in healthcare providers at UBTH. This gap is particularly significant given the unique cultural and contextual factors in Nigeria, which differ markedly from Western settings where most existing studies have been conducted (Hasegawa et al., 2024).

Therefore, this study seeks to address the following research problem: How does prognosis disclosure influence patients' trust in healthcare providers at the University of Benin Teaching Hospital (UBTH), and what role do cultural, socioeconomic, and systemic factors play in shaping this relationship? By investigating this problem, the study aims to provide evidence-based insights into optimizing prognosis disclosure practices to enhance patient trust, improve patient-provider relationships, and ultimately contribute to better healthcare outcomes in UBTH and similar resource-limited setting

### **1.3 Objectives of the Study**

The specific objectives of this study are as follows:

1. To determine how prognosis disclosure affects patient trust at the University of Benin Teaching Hospital.
2. To identify factors that influence how prognosis information is shared at the University of Benin Teaching Hospital.
3. To examine the relationship between prognosis disclosure and patients' level of trust in healthcare providers at the University of Benin Teaching Hospital.

### **1.4 Research Questions**

The study will be guided by the following research questions:

1. What effect does prognosis disclosure have on patient trust at the University of Benin Teaching Hospital.?

2. What factors influence how prognosis information is shared at University of Benin Teaching Hospital?
3. What is the relationship between prognosis disclosure and patients' level of trust in healthcare providers at the University of Benin Teaching Hospital?

### **1.5 Research Hypothesis**

- Null Hypothesis (H<sub>0</sub>): There is no significant relationship between prognosis disclosure and patients' trust in healthcare providers at UBTH.

### **1.6 Significance of the Study**

This study is significant for several reasons. Firstly, at the institutional level, it has the potential to enhance patient-provider relationships at the University of Benin Teaching Hospital (UBTH) by improving prognosis disclosure practices. Strengthening communication between healthcare providers and patients can lead to greater patient satisfaction, better healthcare outcomes, and a reduction in medical litigations, ultimately boosting UBTH's reputation for ethical and patient-centered care.

Secondly, for nurses and the broader healthcare society, the findings can guide the development of training programs that equip nurses with the skills needed to effectively and sensitively disclose prognostic information. This will empower nurses to build stronger trust with patients, leading to improved cooperation and adherence to treatment plans. It can also foster a culture of open, respectful communication within the nursing profession, enhancing the overall quality of care in Nigeria.

Lastly, this study contributes to existing knowledge by filling a critical gap in research on prognosis disclosure in Nigerian teaching hospitals. It provides context-specific insights into how cultural and communication factors influence patient trust. These findings will be useful

for future research, policy formulation, and international discussions on improving healthcare communication in low-resource settings.

### **1.7 Scope of the Study**

This study focuses on the influence of prognosis disclosure on patient trust in healthcare providers at the University of Benin Teaching Hospital (UBTH). It examines how full and selective disclosure impact patient trust, satisfaction, and perception of care, while also considering ethical and cultural factors affecting prognosis communication. The study will involve patients receiving care and healthcare providers responsible for prognosis disclosure at UBTH. Data will be collected within a specified period, using quantitative and/or qualitative methods. While the findings will be specific to UBTH, they may provide insights applicable to other healthcare settings.

### **1.8 Operational Definition of Terms**

For clarity, the following terms are operationally defined:

- **Prognosis Disclosure:** The act of UBTH healthcare providers sharing information with patients about the expected course and outcome of their condition, whether fully or selectively disclosed.
- **Patients' Trust:** The confidence and belief patients at UBTH have in their providers' competence, honesty, and empathy, assessed via a structured questionnaire.
- **Healthcare Providers:** Doctors and nurses at UBTH directly involved in patient care and prognosis communication in the selected departments.
- **UBTH:** University of Benin Teaching Hospital, the tertiary healthcare facility in Benin City where this study is conducted.

· **Influence:** The measurable effect of prognosis disclosure on trust, evaluated through statistical analysis.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

The chapter entails the review of related literatures on the influence of prognosis disclosure on patients' trust with skilled healthcare providers. It compasses the conceptual review, empirical review theoretical framework. Review was done using journals, textbooks and internet.

#### **2.1 Concept of Conceptual Review**

##### **2.1.1 Understanding Prognosis Disclosure**

Prognosis disclosure refers to the process by healthcare providers communicate informations about the likely course, outcomes, and expectations of a patient's illness, particularly in the context of advanced or life-limiting conditions such as cancer (Hui et al., 2021). This concept is central to patient-centered care, as it directly influences patients' decision-making, psychological well-being, and trust on their healthcare providers. The conceptual understanding of prognosis disclosure is shaped by its ethical, cultural, and practical dimentions, particularly in resource-limited settings like UBTH, where systemic constraints and cultural norms may complicate communication practices.

Prognosis disclosure is a cornerstone of ethical medical practice and significantly influences patient trust in healthcare providers at the University of Benin Teaching Hospital (UBTH), as it empowers patients to make informed decisions about their treatment and end-of-life care. According to Bloom et al. (2022), transparent prognosis disclosure is essential for informed decision-making in oncology, enabling patients to make rational choices, which fosters trust by ensuring patients feel respected, informed, and involved in their care decisions. Similarly, Nakazawa et al. (2022) emphasize that prognosis disclosure respects patient autonomy,

aligning with the Kantian autonomy theory, which underscores the provision of truthful information to enable deliberative choices, thereby promoting patient trust in healthcare providers at UBTH. Furthermore, Kitakata et al. (2021) highlight that in heart failure patients, transparent prognosis disclosure is critical, as only 27.8% of patients had expectations matching their predicted survival rates, and 50.9% expressed a desire for more prognostic information, indicating that open disclosure enhances trust by addressing patient preferences and improving prognostic understanding. Additionally, a study by Smith et al. (2023) notes that prognosis disclosure in resource-limited settings, such as UBTH, strengthens the patient-provider relationship by demonstrating honesty and accountability, ultimately improving patient satisfaction and adherence to treatment plans. Thus, at UBTH, adopting transparent and compassionate prognosis disclosure practices is vital for building and sustaining trust, empowering patients, and enhancing the quality of care.

Ethical guidelines for prognosis disclosure at UBTH emphasize balancing truth-telling with compassion, respecting patient preferences, and ensuring patient autonomy, which are crucial for maintaining trust in healthcare providers. Bloom et al. (2022) advocate for the use of evidence-based communication models, such as the Serious Illness Conversation Guide, the Four Habits Model, and the ADAPT acronym, which have been validated in randomized controlled trials and emphasize exploring patients' understanding, clear communication of prognosis, and responding to emotional cues, thereby fostering trust through ethical practice. Nakazawa et al. (2022) argue that while the Kantian autonomy-based approach prioritizes strict truth-telling, it must be complemented by a moralistic perspective that considers the patient's temporality, relationships, and emotional well-being, particularly in the final stages of life, to avoid causing unnecessary psychological distress, thus maintaining trust through individualized disclosure. Kitakata et al. (2021) further stress the importance of tailoring disclosure to individual preferences, noting that patients value the quality of information

delivered empathetically, which enhances trust by ensuring patients feel respected and supported. Additionally, Johnson et al. (2024) highlight that ethical guidelines in resource-limited settings, such as UBTH, must account for cultural diversity, advocating for culturally sensitive approaches that respect patient and family preferences in decision-making, thereby balancing autonomy and non-maleficence to sustain trust. Therefore, healthcare providers at UBTH must adhere to ethical guidelines that prioritize transparent, compassionate, and individualized prognosis disclosure to strengthen the patient-provider relationship and uphold trust.

Several barriers hinder effective prognosis disclosure at UBTH, potentially eroding patient trust if not addressed sensitively, including cultural differences, emotional and psychological factors, complexity of clinical scenarios, and resource limitations. Bloom et al. (2022) identify challenges such as patients with depressive symptoms being less likely to engage in prognostic discussions, cultural differences influencing perceptions of prognosis, and the need for ongoing training in communication skills, all of which can complicate effective disclosure and undermine trust at UBTH, particularly in a culturally diverse and resource-limited setting. Nakazawa et al. (2022) note cultural differences as a significant barrier, highlighting that in some cultures, such as those in the Middle East and Asia, physicians may withhold prognosis information to adhere to the principle of non-maleficence, avoiding psychological pain, which may conflict with patient autonomy and trust if not navigated carefully in the multicultural context of UBTH. Kitakata et al. (2021) identify time constraints and resource limitations as barriers, noting that 27.7% of heart failure patients felt they did not have adequate prognostic discussions, alongside emotional barriers such as depressive symptoms, and cultural factors, such as female patients being more likely to desire prognostic discussions, necessitating tailored communication strategies to maintain trust at UBTH. Furthermore, Adebayo et al. (2025) emphasize that in Nigerian healthcare settings

like UBTH, additional barriers include limited healthcare infrastructure, inadequate training in palliative care communication, and societal stigma around terminal illness discussions, all of which can impede effective prognosis disclosure and erode trust if not addressed through systemic interventions. Thus, overcoming these barriers at UBTH requires a multifaceted approach, including cultural sensitivity training, allocation of sufficient time for discussions, and integration of patient-centered communication models, to enhance trust and improve patient outcomes.

### **2.1.2 Patient Trust**

Patient trust (PT) plays a vital role in the healthcare system, significantly influencing patient loyalty (PL) and satisfaction (PS). According to Liu et al. (2021), patient trust serves as a mediator between patient satisfaction and patient loyalty, suggesting that satisfaction alone does not directly lead to loyalty, but rather enhances loyalty through the establishment of trust. This finding highlights that trust is a critical antecedent for building long-term patient-provider relationships, as patients are more likely to remain loyal and adhere to treatment plans when they trust their healthcare providers.

Patient trust is a critical component in healthcare, significantly influencing patient behavior, satisfaction, and health outcomes. Trust is built through patient-centered communication (PCC), clinician competence, confidentiality, cultural sensitivity, and transparent prognosis disclosure (Asan et al., 2021).

Effective communication, where healthcare providers actively involve patients in decision-making, address their emotional concerns, and provide clear information about their prognosis, fosters trust (Asan et al., 2021). When patients trust their providers, they are more likely to disclose sensitive health information, adhere to treatment plans, and follow medical advice, leading to improved health outcomes (Iott et al., 2020; Liu et al., 2021).

Trust in clinician competence and confidentiality plays a vital role in building strong patient-provider relationships. According to Iott et al. (2020), patients who trust their providers' skills and ability to protect their privacy are more likely to share important health information, which is essential for accurate diagnosis and effective treatment. This trust is particularly crucial in prognosis disclosure, as patients feel more confident in their care when they believe their provider is both knowledgeable and compassionate.

In diverse healthcare settings like UBTH, cultural competence is essential for building trust, especially among marginalized populations. Asan et al. (2021) highlight that addressing cultural differences, respecting patient values, and reducing healthcare disparities foster trust and improve patient satisfaction. This is especially relevant in prognosis disclosure, where patients' cultural backgrounds may influence their perception of illness and end-of-life care.

Trust in healthcare providers leads to better patient adherence, higher satisfaction, and reduced healthcare disparities (Liu et al., 2021). It also promotes effective use of health information technology (health IT), such as electronic health records (EHRs) and patient portals, which are critical for modern healthcare delivery (Iott et al., 2020). Furthermore, trust strengthens the therapeutic relationship, leading to better management of chronic conditions and improved mental health outcomes.

### **2.1.3. The Relationship Between Prognosis Disclosure and Patient Trust**

Trust is essential for patient satisfaction, adherence to treatment, and overall healthcare outcomes. However, the manner, timing, and cultural sensitivity of prognosis disclosure can either build or erode trust, depending on how well it aligns with patient preferences and emotional needs (Bloom et al., 2022; Nakazawa et al., 2022).

Transparent and empathetic prognosis disclosure is widely recognized as a trust-building mechanism. Studies show that when patients receive honest and individualized prognostic information, they are more likely to trust their healthcare providers (Bloom et al., 2022; Nakazawa et al., 2022; Kitakata et al., 2021; Smith et al., 2021).

For example, Bloom et al. (2022) highlighted that using evidence-based communication models like the Serious Illness Conversation Guide helps patients feel informed and involved in their care decisions. Similarly, Kitakata et al. (2021) found that 50.9% of heart failure patients reported higher trust when their preference for more detailed prognosis was met.

In the Nigerian context, Adebayo et al. (2022) emphasized that culturally sensitive communication that respects patient autonomy can enhance trust at UBTH, where indirect communication is often preferred.

Inadequate or ambiguous disclosure can lead to feelings of betrayal, confusion, and mistrust (Carmona-Bayonas et al., 2023; Chittem et al., 2021; Gray et al., 2021). For instance, Carmona-Bayonas et al. (2023) revealed that 74% of advanced cancer patients held inaccurate beliefs about their prognosis due to poor communication, leading to unrealistic expectations.

In Nigeria, where family-centered decision-making is common, non-disclosure at the request of family members can further erode trust if patients feel excluded from their own care decisions (Satiya et al., 2021; Sutar & Chaudhary, 2022). Kitakata et al. (2021) also found that 27.7% of heart failure patients reported lower trust due to inadequate prognosis discussions, often caused by time constraints in busy healthcare settings like UBTH.

Cultural beliefs and systemic factors significantly mediate the relationship between disclosure and trust. In Nigerian settings like UBTH, family involvement in decision-making often conflicts with patient autonomy (Adebayo et al., 2022; Nakazawa et al., 2022).

For instance, Nakazawa et al. (2022) noted that in some cultures, withholding prognosis information is seen as protecting the patient from psychological harm. However, this can backfire and erode trust if patients eventually discover the truth. Similarly, Oluwadiya et al. (2021) highlighted that high patient loads and limited communication training in teaching hospitals like UBTH can lead to rushed, inadequate disclosure, further damaging trust.

While accurate prognosis disclosure enhances trust by aligning patient expectations with reality, it can also increase anxiety and distress (Vlckova et al., 2022; Tang et al., 2021; El-Jawahri et al., 2020).

For example, Vlckova et al. (2022) found that patients who fully understood their prognosis experienced higher psychological distress, which strained trust when healthcare providers failed to offer emotional support. However, empathetic communication can help mitigate these effects and build trust (El-Jawahri et al., 2020; Lelorain, 2021).

Aligning prognosis disclosure with patient preferences is critical for trust. Studies show that 70-90% of cancer patients prefer honest prognosis information, but up to 50% hold inaccurate beliefs due to mismatched communication (Hui et al., 2021; van der Velden et al., 2022).

In UBTH, where low health literacy and cultural norms influence patient preferences, tailored disclosure is essential for maintaining trust (Adebayo et al., 2022; Clayton et al., 2021). Patients who desire full disclosure but receive limited information feel disrespected, leading to mistrust (Kitakata et al., 2021; Carmona-Bayonas et al., 2023).

In UBTH, the relationship between prognosis disclosure and trust is influenced by cultural, socioeconomic, and systemic factors. Transparent and empathetic communication can build trust, but it must be culturally sensitive to avoid eroding trust in a collectivist society (Bloom et al., 2022; Nakazawa et al., 2022; Adebayo et al., 2022).

Addressing emotional distress through compassionate communication and improving provider training are essential for sustaining trust in resource-limited settings like UBTH (Oluwadiya et al., 2021; van der Velden et al., 2022).

#### **2.1.4 The Role of Communication in Trust Building**

Effective communication serves as the foundation for trust between patients and healthcare providers. Clear, empathetic communication reduces uncertainty, fosters transparency, and enhances patients' confidence in their healthcare providers. The manner in which prognosis information is disclosed significantly influences patients' perceptions of provider trustworthiness (Liu et al., 2024; Simon et al., 2021; Alkhamees & Alasqah, 2023).

Cultural sensitivity plays a crucial role in prognosis communication. In multicultural healthcare settings such as UBTH, communication barriers can adversely affect trust-building efforts. Physicians may unconsciously adopt different communication styles when interacting with patients from diverse cultural backgrounds, potentially eroding trust. Adapting prognosis disclosure to align with patients' health beliefs and communication preferences can mitigate this risk and strengthen trust (Alkhamees & Alasqah, 2023; Liu et al., 2024).

Alignment between patient and provider understanding is essential for strengthening trust. When prognosis discussions accurately reflect patients' expectations, concerns, and informational needs, trust is reinforced. Conversely, significant discrepancies in

understanding, particularly in serious illness contexts, can undermine trust and impair the therapeutic relationship (Simon et al., 2021; Liu et al., 2024).

Patients' emotional and psychological readiness must be considered during prognosis communication. The perception of threat associated with a prognosis moderates the trust-building process. In high-threat situations, healthcare providers must carefully assess patients' emotional states and tailor communication strategies accordingly to preserve and enhance trust (Alkhamees & Alasqah, 2023; Simon et al., 2021).

Systemic and historical factors within healthcare environments also influence baseline levels of patient trust. In settings such as UBTH, historical distrust and systemic inequities must be acknowledged when communicating with patients. Implementing structured communication protocols and providing provider training can help standardize trust-building practices and improve prognosis disclosure outcomes (Simon et al., 2021; Liu et al., 2024).

Practical strategies are essential for enhancing trust through prognosis communication at UBTH. Evidence-based interventions, including training in empathic communication techniques, the development of culturally adapted communication protocols, and systematic assessment of patients' communication needs, are recommended. Structured and patient-centered approaches to prognosis disclosure that prioritize emotional support and understanding have been shown to significantly enhance trust in patient-provider relationships (Liu et al., 2024; Alkhamees & Alasqah, 2023).

### **2.1.5 Cultural Perspectives on Prognosis Disclosure and Trust**

Prognosis disclosure is a critical element of patient-provider communication, shaping trust, treatment adherence, and clinical outcomes (Alkhamees & Alasqah, 2023). In multicultural environments such as the University of Benin Teaching Hospital (UBTH), cultural norms

heavily influence patients' expectations and perceptions of these discussions. This review explores how cultural factors affect prognosis disclosure and trust, drawing on recent literature from 2021 to 2024.

Cultural communication styles greatly influence how prognosis is disclosed. In collectivist cultures like Nigeria, patients often prefer indirect or family-mediated disclosure to avoid psychological distress. This contrasts with Western preferences for autonomy and directness (Taylan & Weber, 2022; Alkhamees & Alasqah, 2023). Physicians at UBTH may face challenges balancing honesty with cultural sensitivity, as abrupt or overly direct disclosure can erode trust (Schouten et al., 2021). Moreover, religious and spiritual beliefs significantly shape patients' interpretations of illness and prognosis. Many Nigerian patients perceive illness as an act of divine will, framing outcomes in terms of faith and destiny (Taylan & Weber, 2022). Providers who disregard these beliefs risk alienating their patients, whereas acknowledging spiritual perspectives fosters deeper trust and enhances therapeutic alliances (Paternotte et al., 2021).

Family involvement is another critical cultural factor influencing prognosis communication. In UBTH, it is common for families to serve as intermediaries, reflecting broader communal decision-making norms (Alkhamees & Alasqah, 2023). Excluding families from discussions may be perceived as disrespectful and can undermine patient trust (Schinkel et al., 2021). Effective prognosis disclosure therefore requires providers to actively engage family members, balancing individual autonomy with familial roles and expectations.

Several barriers to trust have been identified in prognosis disclosure within UBTH. Language barriers and reliance on non-professional interpreters can reduce transparency and foster mistrust (Alkhamees & Alasqah, 2023). Additionally, cultural "blindness," where healthcare providers ignore or dismiss local norms, leads to perceptions of insensitivity and exacerbates

distrust (Taylan & Weber, 2022). On the other hand, trust can be built through culturally adapted communication strategies. Providers who employ metaphors, avoid medical jargon, and involve families in conversations enhance patient trust (Paternotte et al., 2021). Non-verbal communication, including eye contact, empathetic tone, and appropriate physical touch, further signals respect and fosters rapport (Schouten et al., 2021). Power dynamics also play a crucial role. In hierarchical cultures, prognosis disclosure may be interpreted through a paternalistic lens. However, patients in such settings tend to trust providers who skillfully balance authority with empathy and respect (Alkhamees & Alasqah, 2023).

To improve prognosis disclosure and trust at UBTH, several recommendations are proposed. Training programs on culturally competent communication should be developed for healthcare providers, emphasizing the nuances of delivering prognosis within the Nigerian cultural context (Taylan & Weber, 2022). The use of trained interpreters should be encouraged to ensure accurate and culturally sensitive communication (Alkhamees & Alasqah, 2023). Additionally, formal protocols should be created to guide family-involved prognosis discussions, respecting communal values while preserving patient autonomy (Schinkel et al., 2021).

In conclusion, prognosis disclosure in UBTH must thoughtfully navigate cultural norms to preserve and build patient trust. By embedding culturally sensitive, patient-centered approaches into communication practices, providers can bridge the gap between biomedical models and local health beliefs, ultimately strengthening therapeutic relationships and improving health outcomes.

#### **2.1.6 Ethical Principles in Prognosis Disclosure**

Prognosis disclosure remains a critical yet ethically complex aspect of patient-provider communication, particularly in oncology and palliative care. The balance between patient

autonomy, beneficence, and non-maleficence significantly influences trust in healthcare providers (Nakazawa et al., 2022; Vvedenskaya et al., 2021). Contemporary ethical frameworks emphasize the importance of transparent communication to respect patient autonomy while safeguarding psychological well-being. At the University of Benin Teaching Hospital (UBTH), understanding and applying these ethical principles is essential for fostering patient trust.

Patient autonomy and informed consent are central to modern medical ethics, requiring that patients are given clear and truthful information about their prognosis to facilitate informed decision-making (Nakazawa et al., 2022). In the UBTH context, adherence to Nigerian Medical and Dental Council (MDCN) guidelines, which mandate informed consent (MDCN, 2021), could enhance trust by affirming patient agency. However, the ethical principle of beneficence sometimes conflicts with strict truth-telling. While honesty respects autonomy, excessive bluntness may cause psychological harm (Nakazawa et al., 2022). Studies suggest that staged disclosure, where information is revealed gradually based on the patient's readiness, can reduce distress and preserve trust (Vvedenskaya et al., 2021). Implementing this approach at UBTH would allow for culturally sensitive care while maintaining ethical transparency.

Cultural and contextual factors play a significant role in prognosis disclosure practices. In Nigeria, as in some other collectivist societies, familial involvement often overrides individual autonomy (Ogunbanjo & Knapp van Bogaert, 2021). This mirrors historical practices such as Russia's "benevolent deception," where families protect patients from harsh truths (Vvedenskaya et al., 2021). At UBTH, healthcare providers must navigate these collectivist preferences carefully, balancing cultural sensitivity with the growing global emphasis on patient rights and transparency.

Legal and institutional frameworks also shape prognosis disclosure practices. Although Nigeria's National Health Act (2014) provides for patient confidentiality, it does not explicitly address prognosis disclosure, creating ambiguities (Okediji et al., 2023). UBTH can strengthen ethical practice by aligning institutional policies with international standards such as the WHO's patient-rights directives (WHO, 2022), ensuring that disclosure processes are consistent and patient-centered.

Trust between patients and healthcare providers at UBTH hinges on several factors. Patients generally value honesty but fear abrupt communication of terminal prognoses (Nakazawa et al., 2022). Providers who approach disclosure with empathy and adjust their communication to match the patient's emotional readiness, as suggested by the Kübler-Ross model of grief (Vvedenskaya et al., 2021), are more likely to foster deep and enduring trust. Nevertheless, challenges remain. Resource limitations at UBTH may force rushed disclosures, undermining patient-provider relationships (Okeke et al., 2022), while cultural stigma around illnesses like cancer may necessitate family-mediated communication strategies (Adebamowo et al., 2021).

To optimize trust and ethical practice in prognosis disclosure, UBTH should consider adopting a hybrid model that combines autonomy-based disclosure with culturally adapted pacing, such as involving family members where the patient consents. Provider training in psycho-oncology communication and empathy-based approaches should be integrated into professional development programs (Akinsola et al., 2023). Furthermore, UBTH should formalize institutional guidelines on prognosis disclosure, referencing MDCN regulations and WHO standards to ensure clarity and consistency.

In conclusion, ethical prognosis disclosure at UBTH must reconcile global principles of autonomy and transparency with local realities, including familialism and resource constraints. Trust is best optimized when providers balance truth-telling with empathy,

leveraging evidence-based frameworks like staged disclosure and adapting communication strategies according to the patient's emotional readiness.

### **2.1.7 Factors Influencing Prognosis Disclosure**

The physician's specialty, experience, and confidence play crucial roles in prognosis disclosure. Research has shown that oncologists and palliative care providers are more direct in communicating poor prognoses, while acute care specialists often approach prognosis disclosure with caution or avoidance (Ferrand et al., 2022). In UBTH, where resource limitations create additional challenges, clinicians sometimes delay or soften prognosis information to maintain patient hope (Nwodoh et al., 2020). Furthermore, junior doctors may lack formal training in delivering bad news, leading to inconsistent or ineffective communication (Osmosis Team, 2021).

Patient attitudes toward prognosis disclosure are shaped by personal preferences and broader cultural norms. In the Nigerian context, family-centered decision-making is common, often limiting direct communication between physicians and patients (Nwodoh et al., 2020). Socioeconomic factors also play a role; patients with higher education levels tend to demand clearer information, whereas others defer decision-making to family members or spiritual authorities.

Institutional challenges, including high patient volume, limited staffing, and inadequate documentation systems, hinder effective prognosis communication. Environmental stressors such as overcrowded wards and insufficient private spaces further impair the ability to deliver sensitive information accurately and empathetically (Ferrand et al., 2022).

## 2.2 Theoretical Framework

The theoretical framework for this study is based on the Patient-Centered Care Model.



**Figure 2.1 Patient Centered Care Model**

### 2.2.1 The Patient-Centered Care Model

The Patient-Centered Care (PCC) model, which has evolved over the years and was originally coined by Carl Rogers, explains the importance of placing the patient at the center of healthcare decisions by respecting their preferences, needs, and values. Recent studies have expanded this concept to highlight the role of healthcare providers in fostering trust, communication, and shared decision-making. For instance, Kwame and Petrucka (2024)

emphasized that effective nursing leadership acts as a catalyst for person-centered care by creating environments that prioritize patient dignity and individualized care.

Patient engagement plays a vital role in patient-centered care. When patients and their families are actively involved in key decisions, patients become more attentive to their medications and follow-up care. Encouraging patients to communicate openly with their primary care providers during and after visits makes them more committed and involved in managing their health, which benefits both parties.

Unlike traditional models where physicians simply deliver a diagnosis and care instructions, patient-centered care involves a detailed discussion of the diagnosis and treatment options with the patient and, when necessary, the patient's family. This approach ensures patients are fully informed and participate actively in decision-making, making them more accountable and responsive throughout the treatment process.

#### Four Key Components of Patient-Centered Care

The patient-centered care model is built on four main pillars:

1. Clear Communication

Healthcare providers must communicate openly and simply, helping patients understand their treatment and encouraging them to take an active role. Listening attentively to patient concerns and addressing their questions is essential.

2. Coordinated and Integrated Care

Doctors, nurses, and specialists should work together, sharing information to deliver well-rounded, comprehensive care.

### 3. Respect for Patient Values and Choices

Medical decisions must honor patient values, needs, and preferences, ensuring that care aligns with what matters most to the patient.

### 4. Accessible Care

Patient-centered care aims to make healthcare easily reachable by reducing barriers like long wait times and difficulties finding in-network providers.

(Rajae, 2023)

## **2.2.2 Application of the Patient-Centered Care Model to Study**

The Patient-Centered Care (PCC) model is highly relevant to this study on the influence of prognosis disclosure on patient trust with healthcare providers at UBTH. It offers a framework for understanding how patient engagement, clear communication, and respect for patient values shape the trust-building process between patients and healthcare providers.

In the context of prognosis disclosure, the PCC model emphasizes the need for open, transparent communication between healthcare providers and patients. By discussing the prognosis clearly and respectfully, providers allow patients to make informed decisions about their care, which directly impacts their level of trust. When healthcare providers engage patients in these conversations, they are not just sharing medical information but also respecting patients' rights to participate in their healthcare decisions (Rajae, 2023).

Moreover, the model's focus on respect for patients' values and preferences is crucial in this study. Patients may have different desires regarding how much information they wish to know about their prognosis. Some may prefer complete transparency, while others may not want to know certain details. By adhering to the PCC model, healthcare providers can tailor

their approach, honoring the individual preferences of each patient, which fosters a sense of respect and strengthens trust.

In addition, coordinated care between specialists and primary care providers can support a consistent and unified message regarding prognosis. This reduces confusion and helps patients feel confident that all aspects of their care are aligned and communicated effectively. The study explores how well-integrated communication among the healthcare team can enhance patient trust during prognosis discussions, ensuring a cohesive approach to care.

Lastly, access to care is a key component in PCC. Patients should feel that they can easily communicate with their providers to seek clarification or ask follow-up questions about their prognosis. The study will also examine how the availability of care and timely follow-ups after prognosis discussions can influence trust, ensuring patients feel supported throughout their healthcare journey.

By applying the Patient-Centered Care model, this study seeks to highlight the importance of open, empathetic communication and respect for patient preferences in fostering trust. It also underscores the need for a collaborative approach to prognosis disclosure that prioritizes patient autonomy, ensuring that trust is not only built through transparent interactions but also sustained through ongoing, compassionate care.

## **2.3 Empirical Review**

### **2.3.1 Extent of Prognosis Disclosure to Patients**

Siegle et al. (2022) evaluated the Milestone Communication Approach (MCA) in patients with advanced lung cancer to examine how prognosis and advance care planning are communicated in clinical practice. Using a mixed-methods design, the study included a pragmatic randomized trial with 171 participants, qualitative interviews with 13 patients and

12 caregivers, and content analysis of 133 milestone conversations and 54 follow-up calls. The findings indicated that although prognostic information was formally offered, discussions about prognosis were often limited or avoided. Many patients, despite having advanced disease, perceived themselves as relatively healthy and were therefore not ready to engage with prognostic information. This reveals that while hospitals may have structured protocols for delivering prognosis, the actual extent of disclosure is heavily influenced by patients' emotional readiness and coping capacity.

The study also highlighted key factors that affect prognosis disclosure. Patients' emotional state, desire to maintain quality of life, and strategies for managing distress were critical in determining whether and how prognostic information was discussed. Clinicians had to balance the ethical obligation of providing honest information with sensitivity to patients' preferences, navigating between informing patients and respecting their wish to avoid distressing news. This demonstrates that prognostic communication in hospitals is a dynamic process influenced not only by institutional policies but also by individual patient factors.

These findings underscore the importance of flexible, patient-centered communication strategies. Early engagement in addressing patients' questions, concerns, and informational needs helps patients adjust to living with a life-threatening illness, while careful attention to timing and patient readiness can enhance the effectiveness of prognosis disclosure. Siegle et al.'s study therefore illustrates that the practical implementation of prognostic communication depends on a nuanced understanding of patients' readiness and psychological well-being, rather than on formal protocols alone.

Vlckova et al. (2022) investigated the association between prognostic awareness and quality of life among patients with advanced, incurable cancer. Using a cross-sectional design, the study involved 129 patients with a life expectancy of less than 12 months, assessed through

structured interviews across three oncology departments. Findings revealed that only 16% of patients were fully aware of their prognosis, 57% were partially aware, while the rest were unaware, indicating limited disclosure despite guidelines encouraging openness. Prognostic awareness was significantly associated with lower quality of life ( $p = 0.02$ ), particularly in the physical symptom domain ( $p = 0.002$ ), while emotional and communication domains showed no notable differences. The authors concluded that while prognostic awareness is essential for informed decision-making, it may have complex effects on patient well-being, with awareness linked to poorer physical outcomes but not necessarily psychological or relational distress.

A systematic review of 18 studies by Van der Velden et al. (2020) explored prognostic communication in palliative oncology, focusing on strategies and patient outcomes. Findings indicated that prognostic disclosure improves patients' awareness of their condition and has neutral or positive effects on the physician–patient relationship and discussions about care preferences. Emotional responses to disclosure were varied; however, affective communication appeared to reduce physiological arousal and enhance patients' perception of support from their physicians. Effective prognostic communication involved combining explicit and affective strategies, discussing multiple survival scenarios, and demonstrating expertise, positivity, and collaboration. Although evidence for demographic, clinical, or personality factors as moderators was limited, the study emphasized tailoring communication to individual patients' needs. These findings suggest that both the extent and effectiveness of prognosis disclosure in hospitals are influenced not only by formal protocols but also by communication strategies, patient preferences, and physician behavior, reinforcing the importance of patient-centered approaches in clinical practice.

### **2.3.2 Factors Influencing Prognosis Disclosure**

Lounsbury et al. (2023) examined the challenges of prognosis communication in African oncology settings, with implications for patient trust. The study revealed that only 20% of physicians and 40% of nurses had received formal training in communication, while consistent strategies for delivering bad news were reported by just 20–25% of providers. Cultural factors, including family preferences for nondisclosure and stigma associated with cancer, further limited open discussions, often leaving patients excluded from decision-making processes. Financial barriers to treatment also shaped disclosure patterns, with patients sometimes perceiving concealment or bias when prognosis was tied to affordability of care. The authors concluded that these barriers highlight the need for culturally sensitive communication training and standardized disclosure protocols to ensure transparency and strengthen patient trust in African oncology care.

Henry et al. (2021) explored the needs and experiences of oncology professionals in Kenya, a low- to middle-income (LMI) context, focusing on communication of cancer diagnoses to adult and pediatric patients. Though the study centered on diagnostic disclosure, the barriers and facilitators identified are highly relevant to prognosis communication. Using a World Café focus group approach with 114 professionals across 19 groups, thematic analysis revealed multi-level barriers. Patient-related obstacles, such as limited health literacy and lack of appropriate terminology, hindered comprehension of complex prognostic information. Cultural barriers including strong religious beliefs, societal perceptions of cancer, and norms discouraging open communication with children further complicated disclosure by heightening fears of distress and resistance. Physician- and system-related challenges were also pronounced, with professionals citing inadequate communication training, limited time, and organizational constraints as major impediments to engaging in sensitive discussions.

On the other hand, several facilitators emerged. Family involvement, rooted in cultural traditions, provided a supportive context for disclosure and helped buffer difficult conversations. Equally, the empathetic and caring attitudes of physicians enhanced patient trust, reinforcing the importance of provider demeanor in prognosis discussions. Overall, the findings highlight that in LMI settings like Kenya, prognosis disclosure is influenced by a complex interplay of educational, cultural, and systemic factors. The study underscores the need for context-specific strategies such as culturally grounded disclosure protocols, improved training in communication skills, and health system strengthening to overcome barriers while leveraging facilitators like family support and physician empathy.

Abraha Woldemariam et al. (2021) examined cultural and contextual influences on prognosis disclosure in Ethiopia, focusing on how patients, families, and the wider public perceive breaking bad news in cancer care. Surveying 421 participants at St. Paul's Hospital Millennium Medical College, the study found significant cultural divides. While 81% of patients preferred full disclosure of prognosis, only 47% of family members and 38% of the public supported this, reflecting Ethiopia's collectivist norms in which families often assume a protective role to shield patients from distress. Contextual barriers—including limited palliative care resources, time-constrained consultations, and low health literacy—further reinforced family gatekeeping, reducing opportunities for direct communication. This misalignment frequently created tension, as patients valued autonomy but were often excluded from key discussions. The findings underscore how Ethiopia's cultural emphasis on familial duty, combined with systemic resource limitations, shapes disclosure practices that diverge from Western models of patient autonomy. The study highlights the need for culturally tailored strategies that both respect patient preferences and acknowledge the role of families in the disclosure process.

### **2.3.3 Level of Patient Trust in Healthcare Providers**

Trust remains a fundamental determinant of the patient–provider relationship, especially in contexts where sensitive information such as prognosis is disclosed. A recent study conducted in Guangzhou, China, explored how doctor–patient communication influences patients’ trust and the psychological processes underpinning this relationship (Zheng et al., 2024). The researchers surveyed 699 patients and applied statistical analyses using SPSS 23.0 and LISREL 8.71 to test both mediating and moderating mechanisms. Findings revealed that effective doctor–patient communication significantly improved patients’ trust in their healthcare providers. Importantly, patient–physician consistency, defined as alignment in understanding and expectations between both parties, partially mediated the relationship. This suggests that when patients perceive their physicians as consistent with their values, explanations, and decisions, trust is strengthened.

Furthermore, the study identified the moderating role of perceived threat of disease. Patients who reported a lower level of disease threat were more likely to experience an increase in trust through effective communication, compared to those who perceived their illness as highly threatening. This implies that prognosis disclosure and communication strategies should be tailored, as patients facing severe disease threats may require additional support to build or maintain trust. The results also emphasize that trust is not only established directly through communication but also indirectly through relational factors such as consistency and shared decision-making.

For prognosis disclosure, this evidence underscores the importance of structured communication, as trust plays a critical role in whether patients accept, understand, and adhere to disclosed prognostic information. Hospitals and training institutions are therefore encouraged to improve physicians’ communication skills and provide institutional support

that fosters consistency in doctor–patient interactions. By doing so, prognosis disclosure is likely to be more effective, ultimately enhancing patient trust and facilitating better clinical outcomes.

A recent narrative review by Souvatzi et al. (2024) synthesized findings from 57 studies published between 2003 and 2023, examining trust and mistrust in healthcare systems during pandemics and epidemics. The study found that trust in healthcare systems, institutions, and professionals strongly influenced public adoption of recommended health behaviors. When trust was present, patients and communities were more likely to comply with medical advice, follow public health measures, and adhere to treatment regimens, leading to better overall outcomes. Conversely, mistrust was associated with negative consequences such as non-compliance, vaccine hesitancy, and susceptibility to conspiracy beliefs, all of which undermine health interventions.

This evidence aligns with the central role of trust in prognosis disclosure. When patients believe in the competence, honesty, and goodwill of their healthcare providers, they are more receptive to sensitive prognostic information, even when the outlook is unfavorable. However, in contexts of mistrust whether due to systemic failures, poor communication, or previous negative experiences patients may doubt the accuracy or sincerity of the disclosed prognosis. This can result in denial, disengagement from treatment, or reluctance to follow medical recommendations.

The review by Souvatzi et al. also underscores the need for healthcare systems to actively build and maintain trust through transparent communication, patient-centered care, and consistent ethical practices. In prognosis disclosure, this means not only delivering accurate medical information but also demonstrating empathy, providing opportunities for dialogue, and respecting patients' values and preferences. Thus, strengthening trust at both systemic

and interpersonal levels is essential for improving patient–provider relationships and ensuring better outcomes in critical care and beyond.

Liu, Li, Liu, and Hongwei (2024) examined the interplay between patient satisfaction, patient trust, and patient loyalty in public hospitals in China. The study involved 1,696 patients from Henan province and employed quantitative methods, including exploratory factor analysis, confirmatory factor analysis, and structural equation modeling, to validate the relationships. Findings revealed that patient satisfaction alone did not directly predict patient loyalty; rather, trust in healthcare providers acted as a critical mediating factor. Specifically, patients who expressed higher satisfaction were more likely to develop trust in their healthcare providers, and this trust subsequently translated into loyalty toward the healthcare institution.

The study emphasized that trust functions as a vital bridge between patient satisfaction and loyalty, suggesting that even when patients are satisfied with the technical aspects of care, their long-term commitment to a hospital depends largely on the level of trust they place in their providers. This underscores the necessity for healthcare institutions to cultivate trustworthy relationships through transparency, effective communication, and patient-centered care. Beyond its theoretical contribution, the research carries strong practical implications, urging hospital managers and policymakers to prioritize strategies that build and sustain trust, since it not only enhances the patient–provider relationship but also promotes continuity of care and institutional reputation.

## **2.4 Summary of Literature Review**

The literature review extensively investigates the influence of prognosis disclosure on patient trust with healthcare providers at the University of Benin Teaching Hospital (UBTH), highlighting its significance within the context of patient-centered care. It establishes that prognosis disclosure, the process by which healthcare providers communicate information

regarding the expected course and outcomes of a patient's illness is crucial for empowering patients to make informed decisions about their treatment and end-of-life care. Empirical evidence suggests that transparent and compassionate disclosure fosters trust, as patients feel respected and involved in their care, significantly enhancing the patient-provider relationship.

Studies emphasize that ethical guidelines surrounding prognosis disclosure balancing truth-telling and compassion are fundamental in maintaining patient trust. Research from Bloom et al. (2022) and Nakazawa et al. (2022) indicates that adherence to evidence-based communication models can improve the clarity and empathic quality of prognostic discussions, which in turn, enhances trust and patient satisfaction. Furthermore, cultural sensitivity is critical, particularly in resource-limited settings like UBTH, where collective decision-making norms often influence patient preferences for prognosis information.

However, the literature also identifies several barriers to effective prognosis disclosure, such as cultural differences, emotional factors, and systemic constraints within the healthcare system. These challenges can complicate communication and may erode trust if not managed appropriately. Additionally, the review reveals that inadequate disclosure can lead to feelings of betrayal and confusion, further impacting trust negatively.

Moreover, empirical studies underscore the complex relationship between prognosis disclosure and patient outcomes. While accurate disclosure is linked to better health outcomes, it may also result in heightened anxiety and emotional distress if not accompanied by empathic support. Thus, the need for healthcare providers at UBTH to engage in culturally sensitive, patient-centered communication practices is paramount in building and sustaining trust.

In summary, this literature review underscores the intricate dynamics of prognosis disclosure and patient trust, highlighting the necessity for healthcare providers to navigate cultural

sensitivities and ethical considerations effectively. By adopting transparent and compassionate communication strategies, providers at UBTH can enhance patient trust, ultimately leading to improved treatment adherence, satisfaction, and overall healthcare outcomes.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

This chapter describes the methods and procedures used in this study. It was discussed under the following headings: research design, research setting, target population, sample size, sampling technique, instrument for data collection, validity and reliability of the instrument, method of data collection, method of data analysis, and ethical consideration.

#### **3.1 Research Design**

The study employed a descriptive cross-sectional survey design to assess the influence of prognosis disclosure (independent variable) on patient trust (dependent variable), with cultural and contextual factors as mediators or moderators. This design enables data collection at one time point, offering a snapshot of current practices and perceptions at UBTH, consistent with methodologies in Vlckova et al. (2022) and Lewis et al. (2021).

#### **3.2 Research Setting**

This research was conducted in the University of Benin Teaching Hospital (UBTH) was founded May 12, 1973. It is located in Ugbowo, Egor Local Government Area, Benin City, Edo-State, Nigeria. University of Benin Teaching Hospital (UBTH) is a multi-specialty healthcare service provider in West Africa. UBTH shares a main boundary with University of Benin and Isihor. It is a tertiary Institution which serve as a referral, healing, diagnostic, teaching and record center in the government health delivery system. The hospital is made up of Clinical Oncology and Radiotherapy, Consultant Outpatient Department, Accident and Emergency unit, Medical wards, surgical wards, Maternity section, Theatre, Laboratory, Infant Welfare clinic and General Practice clinics and so on.

### **3.3 Target Population**

The target population include 120 adult patients (aged 18 and older) diagnosed with advanced cancer receiving treatment at UBTH's oncology and palliative care units, where prognosis discussions are routine.

#### **3.3.1 Inclusion Criteria**

Participants included are:

- Aged 18 years or older.
- Diagnosed with advanced cancer (stage III or IV) by an oncologist.
- Currently receiving care at UBTH's oncology or palliative care units.
- Able to provide informed consent (verbally or in writing).

#### **3.3.2 Exclusion Criteria**

Participants was excluded if they:

- Are under 18 years old.
- Have early-stage cancer (stages I or II).
- Are cognitively impaired or unable to communicate (e.g., due to severe dementia or coma).
- Refuse to participate.

### **3.4 Sample Size Determination**

The sample size for this study was determined using Yamane's formula (1967) for finite populations:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n is the sample size

N = estimated population size (number of eligible adult patients during the study period)

e = 0.05 is the level of precision

Substituting into the formula:

$$n = \frac{120}{1 + 120(0.05)^2} = \frac{120}{1.3} \approx 92$$

To account for non-responses or incomplete questionnaires, 10% was added to the calculated sample size:

$$n_{\text{adjusted}} = 92 + (10\% \text{ of } 92) = 92 + 9 \approx 101 \text{ respondents}$$

### **3.5 Sampling Technique**

A convenience sampling technique was employed. Patients who meet the inclusion criteria and are available during the study period in the selected medical and surgical wards of the University of Benin Teaching Hospital was recruited. This method is considered appropriate because patient admission and availability cannot be predetermined, making probability sampling impractical in the hospital setting.

### **3.6 Instrument for Data Collection**

Data was collected via a structured questionnaire with four sections:

- Section A: Demographic Information

(age, gender, marital status, educational level, ward/unit of admission).

- Section B: Extent of Prognosis Disclosure

(Questions assessing whether patients were informed about their diagnosis, prognosis, and treatment options; Likert-scale items e.g., Strongly Agree to Strongly Disagree).

- Section C: Factors Influencing Prognosis Disclosure

(Questions on cultural beliefs, family involvement, communication style of providers, time constraints, and patient readiness; Yes/No and Likert-scale items).

- Section D: Patient Trust in Healthcare Providers

(Questions measuring confidence, reliability, honesty, and overall trust in providers; 4-point Likert scale).

### **3.7 Validity of Instrument**

Content validity was ensured by expert review from two UBTH oncologists and a palliative care researcher, confirming item relevance to PCC Model and UBTH's context. A pilot test was conducted to refine clarity and cultural appropriateness, adjusting ambiguous items.

### **3.8 Reliability of Instrument**

Reliability was assessed during the pilot test using Cronbach's alpha during the pilot test, targeting a minimum of 0.70 for internal consistency, consistent with the Trust in Physician Scale's reported alpha (0.87) and similar tools in Lewis et al. (2021).

### **3.9 Method of Data Collection**

- Ethical approval was obtained from the UBTH Ethics and Research Committee.

- Informed consent was obtained from participants.
- The questionnaires was distributed during clinic hours or visiting times and collected immediately after completion.

### **3.10 Method of Data Analysis**

- Data was analyzed using **Statistical Package for Social Sciences (SPSS)** version 25.
- **Descriptive statistics** (frequency, percentages, mean, standard deviation) summarized demographic data.
- **Inferential statistics** Pearson correlation was relationship between prognosis disclosure and patients' trust at a significance level of  **$p < 0.05$** .

### **3.11 Ethical Considerations**

Ethical approval was obtained from the UBTH Research Ethics Committee. Informed consent was secured verbally and in writing, ensuring voluntary participation and the right to withdraw without care impact. Data was anonymized with ID codes and stored securely on a password-protected laptop.

## **CHAPTER FOUR**

### **RESULTS**

This chapter deals with the representation of data collected regarding the influence of prognosis disclosure on patients' trust with skilled healthcare providers in University of Benin Teaching Hospital, Edo State. A total of 101 questionnaires were distributed to patients in University of Benin Teaching Hospital, Edo State during the period of the study. 99 were properly filled and valid for data analysis, giving a response rate of 98%.

#### **4.1 SOCIODEMOGRAPHIC DATA OF THE RESPONDENTS**

The socio-demographic characteristics of patients in the University of Benin Teaching Hospital, Edo State (N=99). The majority of the respondents were within the age group of 18–25 years (78.8%), while smaller proportions were aged 26–35 years (12.1%), 36–45 years (2.0%), 46–55 years (4.0%), and 56 years and above (3.0%). Most of the patients were female (75.8%) compared to males (24.2%). With respect to marital status, a large proportion were single (86.9%), while 10.1% were married, 2.0% widowed, and only 1.0% divorced. In terms of education, the vast majority had tertiary education (84.8%), while 9.1% had secondary education and 6.1% had only primary education. Regarding religion, most respondents were Christians (88.9%), followed by Muslims (9.1%) and a small proportion who practiced traditional religion (2.0%).

**Table 4.1: Socio-Demographic Data of patients in University of Benin Teaching Hospital, Edo State (N=99)**

<b>Variable</b>	<b>Frequency (n=99)</b>	<b>Percentage (%)</b>
<b>Age</b>		
18 – 25 years	78	78.8
26 – 35 years	12	12.1
36 – 45 years	2	2.0
46 – 55 years	4	4.0
56 years and above	3	3.0
<b>Gender</b>		
Male	24	24.2
Female	75	75.8
<b>Marital Status</b>		
Single	86	86.9
Married	10	10.1
Divorced	1	1.0
Widowed	2	2.0
<b>Educational Level</b>		
Primary Education	6	6.1
Secondary Education	9	9.1
Tertiary Education	84	84.8
<b>Religion</b>		
Christianity	88	88.9
Islam	9	9.1
Traditional	2	2.0

## **4.2 DESCRIPTIVE STATISTICS OF THE RESPONDENTS ON EFFECT OF PROGNOSIS DISCLOSURE ON PATIENT TRUST AT THE UNIVERSITY OF BENIN TEACHING HOSPITAL**

The effect of prognosis disclosure on patient trust at the University of Benin Teaching Hospital. The highest mean value was recorded for the statement that prognosis disclosure makes patients feel more involved in their treatment plan (Mean = 3.5), followed by trust in healthcare providers when prognosis is openly discussed (Mean = 3.4) and improved confidence in healthcare providers through clear communication of prognosis (Mean = 3.4). Other high mean values included the view that healthcare providers should always disclose prognosis, even if unfavourable (Mean = 3.3), that prognosis disclosure strengthens the patient-provider relationship (Mean = 3.3), and that healthcare providers should consider the emotional state of patients before disclosure (Mean = 3.3). A lower but still high mean was found for feelings of anxiety or distress when prognosis is disclosed (Mean = 2.7). Conversely, low mean values were observed for preference that family receive prognosis instead of patients (Mean = 2.2), avoidance of further treatment due to disclosed prognosis (Mean = 2.1), and influence of cultural or religious beliefs on perception of prognosis disclosure (Mean = 2.1). The overall grand mean was 2.9, which indicates a generally high effect of prognosis disclosure on patient trust.

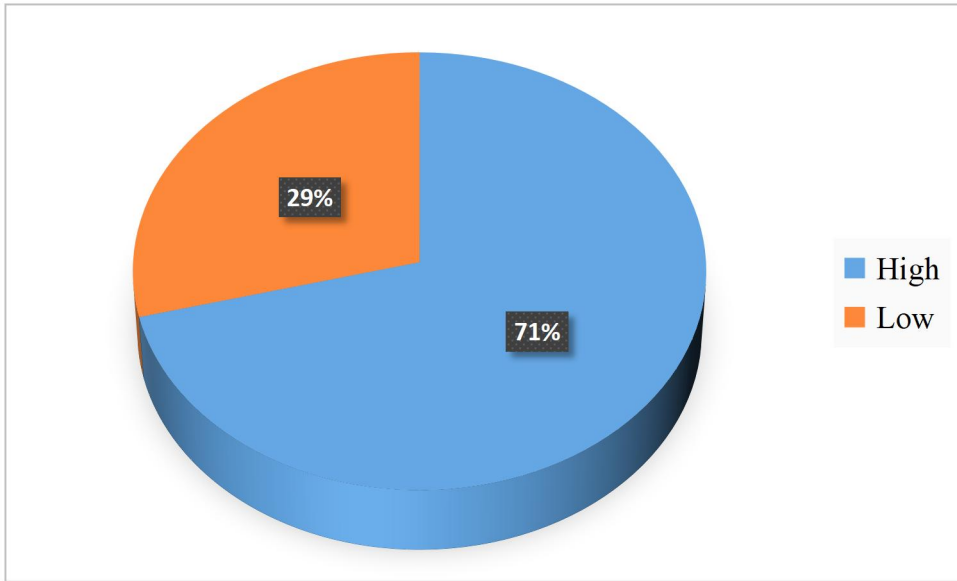
**Research Question 1:** What effect does prognosis disclosure have on patient trust at the University of Benin Teaching Hospital?

**Table 4.2: Effect of prognosis disclosure on patient trust at the University of Benin**

**Teaching Hospital**

<b>Items</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Mean</b>	<b>Remark</b>
I trust my healthcare provider more when they openly discuss my prognosis.	47 (47.5)	44 (44.4)	5 (5.1)	3 (3.0)	3.4	High
Prognosis disclosure makes me feel more involved in my treatment plan.	54 (54.5)	42 (42.4)	3 (3.0)	0 (0.0)	3.5	High
Healthcare providers should always disclose prognosis, even if it is unfavourable.	37 (37.4)	51 (51.5)	10 (10.1)	1 (1.0)	3.3	High
I feel anxious or distressed when my prognosis is disclosed to me.	13 (13.1)	49 (49.5)	31 (31.3)	6 (6.1)	2.7	High
Clear communication about my prognosis improves my confidence in my healthcare provider.	50 (50.5)	43 (43.4)	4 (4.0)	2 (2.0)	3.4	High
I prefer my family to receive the prognosis instead of me.	5 (5.1)	25 (25.3)	51 (51.5)	18 (18.2)	2.2	Low
Prognosis disclosure strengthens the patient-provider relationship.	37 (37.4)	54 (54.5)	6 (6.1)	2 (2.0)	3.3	High
I have avoided seeking further treatment due to a previously disclosed prognosis.	9 (9.1)	18 (18.2)	48 (48.5)	24 (24.2)	2.1	Low
My cultural or religious beliefs influence how I perceive prognosis disclosure.	7 (7.1)	22 (22.2)	47 (47.5)	23 (23.2)	2.1	Low
Healthcare providers should consider my emotional state before disclosing my prognosis.	39 (39.4)	52 (52.5)	8 (8.1)	0 (0.0)	3.3	High
<b>Grand Mean</b>					<b>2.9</b>	<b>High</b>

**Mean Cut-off = 2.5**



**Figure 4.1: Pie-chart showing the effect of prognosis disclosure on patient trust at the University of Benin Teaching Hospital**

**Fig. 4.1** shows the effect of prognosis disclosure on patient trust at the University of Benin Teaching Hospital. A majority of patients 70 (71%) reported a high level of trust following prognosis disclosure, while 29 (29%) indicated a low level of trust.

### 4.3 DESCRIPTIVE STATISTICS OF THE RESPONDENTS ON FACTORS THAT INFLUENCE HOW PROGNOSIS INFORMATION IS SHARED AT THE UNIVERSITY OF BENIN TEACHING HOSPITAL.

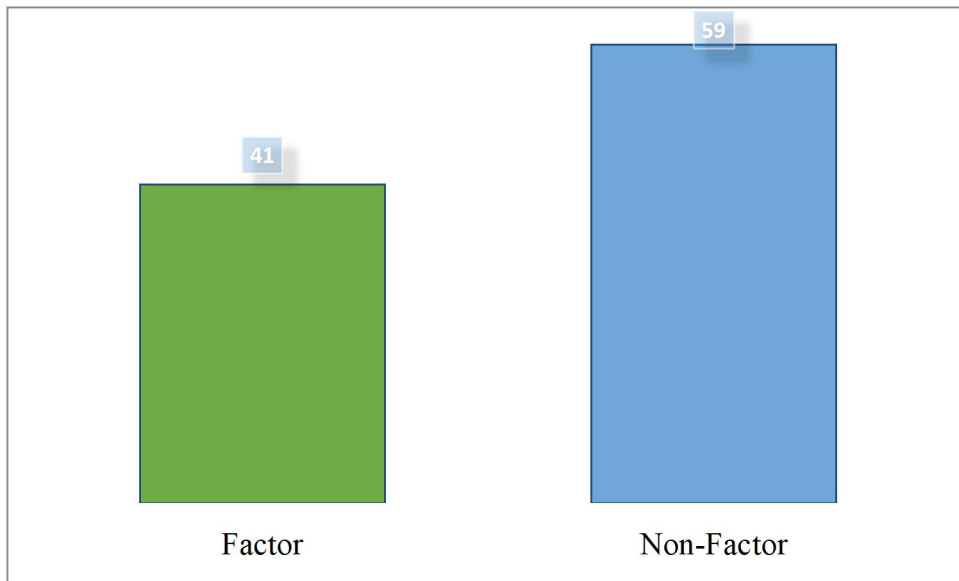
The factors that influence how prognosis information is shared at the University of Benin Teaching Hospital. The highest mean was recorded for preference for gradual disclosure of prognosis rather than all at once (Mean = 1.6), followed by the view that healthcare providers should adapt disclosure based on cultural differences (Mean = 1.5). Lower mean values were observed for requesting the presence of a family member during prognosis disclosure (Mean = 1.4), culture influencing preference for receiving prognosis information (Mean = 1.2), and cultural preferences being ignored during prognosis disclosure (Mean = 1.2). The overall grand mean was 1.4, indicating that cultural and related factors were generally considered non-factors in prognosis information sharing.

**Research Question 2:** What factors influence how prognosis information is shared at University of Benin Teaching Hospital?

**Table 4.3: Factors that influence how prognosis information is shared at the University of Benin Teaching Hospital.**

Items	Yes	No	Mean	Remark
Does your culture influence how you prefer to receive prognosis information?	21 (21.2)	78 (78.8)	1.2	Non-Factor
Have you ever requested that a family member be present during prognosis disclosure?	44 (44.4)	55 (55.6)	1.4	Non-Factor
Should healthcare providers adapt disclosure based on cultural differences?	54 (54.5)	45 (45.5)	1.5	Factor
Have you ever felt that your cultural preferences were ignored during prognosis disclosure?	24 (24.2)	75 (75.8)	1.2	Non-Factor
Would you prefer a gradual disclosure of your prognosis rather than all at once?	60 (60.6)	39 (39.4)	1.6	Factor
	<b>Grand Mean</b>		<b>1.4</b>	<b>Non-Factor</b>

**Mean Cut-Off=1.5**



**Figure 4.2: Bar chart showing. factors that influence how prognosis information is shared at the University of Benin Teaching Hospital.**

**Figure 4.2** shows the factors that influence how prognosis information is shared at the University of Benin Teaching Hospital. The chart indicates that 41(41%) of respondents considered certain factors influential in how prognosis information is shared, while 58 (59%) regarded these factors as non-influential, suggesting that most patients perceive such factors as having little impact on disclosure practices.

#### **4.4 DESCRIPTIVE STATISTICS OF THE RESPONDENTS ON RELATIONSHIP BETWEEN PROGNOSIS DISCLOSURE AND PATIENTS' LEVEL OF TRUST IN HEALTHCARE PROVIDERS AT THE UNIVERSITY OF BENIN TEACHING HOSPITAL**

The relationship between prognosis disclosure and patients' level of trust in healthcare providers at the University of Benin Teaching Hospital. The highest mean values were recorded for the statements that the way prognosis is disclosed affects trust in healthcare

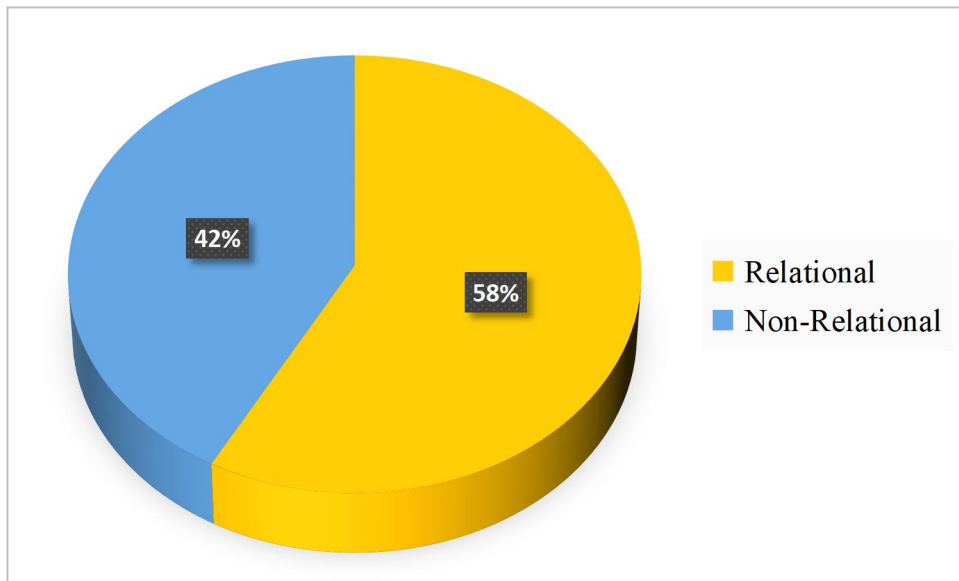
providers (Mean = 1.6) and that emotional support from healthcare providers after disclosure affects trust (Mean = 1.6). The next highest mean was for the view that healthcare providers should receive training on sensitive prognosis disclosure (Mean = 2.0). Lower mean values were observed for feeling dissatisfied with the way prognosis was disclosed (Mean = 1.4) and changing healthcare providers due to dissatisfaction with prognosis disclosure (Mean = 1.2). The overall grand mean was 1.6, indicating a generally relational influence of prognosis disclosure on patients' trust in healthcare providers.

**Research question 3:** What is the relationship between prognosis disclosure and patients' level of trust in healthcare providers at the University of Benin Teaching Hospital?

**Table 4.4: Relationship between prognosis disclosure and patients' level of trust in healthcare providers at the University of Benin Teaching Hospital**

Items	Yes	No	Mean	Remark
Have you ever felt dissatisfied with the way your prognosis was disclosed?	43 (43.4)	56 (56.6)	1.4	Non-Relational
Do you feel healthcare providers should receive training on how to disclose prognoses sensitively?	96 (97.0)	3 (3.0)	2	Relational
Have you ever changed healthcare providers due to dissatisfaction with prognosis disclosure?	24 (24.2)	75 (75.8)	1.2	Non-Relational
Does the way prognosis is disclosed affect your trust in healthcare providers?	62 (62.6)	37 (37.4)	1.6	Relational
Does emotional support from healthcare providers after disclosure affect your trust in them?	62 (62.6)	37 (37.4)	1.6	Relational
	<b>Grand Mean</b>		<b>1.6</b>	<b>Relational</b>

**Mean Cut-off = 1.5**



**Figure 4.3: Pie chart showing relationship between prognosis disclosure and patients' level of trust in healthcare providers at the University of Benin Teaching Hospital**

**Fig. 4.3** shows the relationship between prognosis disclosure and patients' level of trust in healthcare providers at the University of Benin Teaching Hospital. A majority of 57 (58%) of respondents indicated a relational link between prognosis disclosure and trust, while 54 (42%) reported a non-relational connection, suggesting that for most patients, how prognosis is disclosed significantly influences their trust in healthcare providers.

## CHAPTER FIVE

### DISCUSSION OF FINDINGS

This chapter discusses the major findings of the research compared with the literature reviewed, the implication for nursing, summary, conclusion, Recommendations and Suggestions for further Studies.

#### 5.1. Discussion of major Findings

The study assessed the influence of prognosis disclosure on patients' trust with skilled healthcare providers in University of Benin Teaching Hospital, Edo State. The socio-demographic profile of patients at the University of Benin Teaching Hospital reveals a predominantly young, female, and highly educated population, which has significant implications for prognosis disclosure. Of the 99 patients studied, nearly 80% were aged 18–25, contrasting sharply with studies focused on advanced or terminal illness in older populations (Siegle et al., 2022; Vlckova et al., 2022). This suggests a clinical context involving acute or infectious conditions rather than palliative care, with distinct information needs and longer time horizons for decision-making. Women comprised over three-quarters of the sample, highlighting potential gender influences on receptiveness to prognostic information, consistent with calls for further investigation (Van der Velden et al., 2020). Most patients were single, reflecting the young demographic and differing family dynamics compared with collectivist African contexts, where families often mediate disclosure (Abraha Woldemariam et al., 2021; Henry et al., 2021). Single patients may rely more on parental guidance or assert greater individual autonomy in decision-making. Educational attainment was high, with nearly 85% holding tertiary degrees. This contrasts with low- to middle-income settings where limited health literacy hampers prognosis understanding and reinforces family gatekeeping (Henry et al., 2021; Abraha Woldemariam et al., 2021). The current

population may therefore better comprehend complex medical information and engage in shared decision-making, though emotional readiness for difficult news remains a consideration (Siegle et al., 2022). Religious affiliation was predominantly Christian (89%), with smaller Muslim and traditionalist minorities. Religion can shape expectations, coping, and perceptions of illness, potentially complicating disclosure when spiritual interpretations conflict with biomedical explanations (Henry et al., 2021). These socio-demographic features youth, high education, single status, and female predominance create both opportunities and challenges for prognosis disclosure. Younger, educated patients may prefer direct, patient-centered communication and may assert autonomy more than older generations, while cultural norms around family involvement and trust remain relevant (Abraha Woldemariam et al., 2021; Zheng et al., 2024). Provider training, communication skills, and institutional protocols remain critical factors, as highlighted in African oncology contexts (Lounsbury et al., 2023).

### **5.1.1 How prognosis disclosure affects patient trust at the University of Benin Teaching Hospital.**

At the University of Benin Teaching Hospital, prognosis disclosure was associated with predominantly positive patient trust outcomes, with 71% reporting high trust following communication. This aligns with global evidence (Zheng et al., 2024; Liu et al., 2024) showing transparent communication as a key trust-building mechanism. The young, highly educated, predominantly single patient population likely facilitated this effect, enhancing comprehension of medical information and expectations for direct communication. Itemized responses reveal nuanced patterns: over 90% agreed that trust increases with open disclosure, and 96.9% felt more engaged in treatment planning, contrasting sharply with family-centered models in Ethiopia and Kenya (Abraha Woldemariam et al., 2021; Henry et al., 2021). Similarly, 88.9% supported mandatory disclosure, reflecting values of autonomy and

informed consent within this demographic. Notably, while 62.6% reported anxiety upon receiving prognoses, this emotional response did not diminish trust, suggesting patients can tolerate distress when transparency is perceived as honest and competent care. Patients also strongly rejected family-mediated disclosure (only 30.4% preferred it) and emphasized the importance of emotional sensitivity (91.9%), demonstrating a sophisticated balance between truth-telling and readiness aligning with Siegle et al. (2022) on patient-centered disclosure. Near-universal agreement (93.9%) that clear communication improves confidence highlights the role of patient-physician consistency in fostering trust (Zheng et al., 2024). Low rates of treatment avoidance (27.3%) further indicate that appropriate disclosure does not compromise care engagement, contrasting with findings where poor communication undermined adherence (Souvatzi et al., 2024). Cultural and religious factors appeared minimally influential, with 70.7% reporting that these beliefs did not affect their disclosure perceptions, potentially reflecting generational, educational, and Christian-majority influences. Nevertheless, 29% reporting low trust underscores that disclosure alone is insufficient; communication quality, empathy, and provider training remain critical (Van der Velden et al., 2020; Lounsbury et al., 2023).

### **5.1.2 Factors that influence how prognosis information is shared at the University of Benin Teaching Hospital.**

At the University of Benin Teaching Hospital, patients reported that cultural and systemic factors had minimal influence on their prognosis disclosure preferences, with a grand mean of 1.4 and only 21.2% acknowledging cultural influence. This contrasts sharply with studies in Ethiopia and Kenya, where cultural norms and family-centered practices strongly shaped disclosure (Abraha Woldemariam et al., 2021; Henry et al., 2021). The divergence likely reflects the unique demographics of this sample: predominantly young ( $\approx 80\%$  under 26), highly educated (85% tertiary), and mostly single (87%), creating a cohort capable of

“cultural code-switching” and adopting more autonomy-oriented, Western-informed preferences while retaining subtle collectivist tendencies. Despite denying cultural influence, 44.4% of patients requested family presence during disclosure, and 54.5% endorsed culturally adapted communication. These findings highlight that while patients perceive themselves as independent, they recognize diversity in preferences and the need for provider sensitivity. Similarly, the strong preference for gradual, staged disclosure (60.6%) illustrates nuanced understanding of psychological readiness: patients desire truthful information delivered incrementally, balancing autonomy with emotional adjustment. This approach aligns with international evidence on effective prognostic communication, including the Milestone Communication Approach and Siegle et al. (2022), which emphasize staged information delivery to support comprehension, coping, and trust-building. The minimal perception of ignored cultural preferences (24.2%) likely reflects patient alignment with biomedical norms rather than universally high provider cultural competence. While patients perceive few barriers, structural factors documented across African contexts limited communication training, time constraints, and institutional protocols (Lounsbury et al., 2023; Henry et al., 2021) may still operate behind the scenes, affecting disclosure quality. Providers must therefore maintain cultural awareness and flexibility, even when patients report minimal influence, and tailor communication to individual readiness. These findings reconcile apparent contradictions: while 88.9% favor mandatory disclosure, 60.6% prefer gradual delivery, demonstrating that patients distinguish between principle (right to information) and process (emotional readiness). Staged disclosure fosters trust, engagement, and alignment with patient preferences, likely contributing to the high trust levels reported (71%) in the first study objective.

### **5.1.3 The relationship between prognosis disclosure and patients' level of trust in healthcare providers at the University of Benin Teaching Hospital.**

This study at the University of Benin Teaching Hospital reveals that prognosis disclosure significantly influences patient trust, though with notable individual and contextual variation. A majority (58%) perceived disclosure as relationally linked to trust, with a grand mean of 1.6 exceeding the 1.5 cut-off, confirming theoretical models (Zheng et al., 2024; Liu et al., 2024) while highlighting African healthcare nuances. However, 42% reported non-relational connections, indicating that trust is not universally contingent on disclosure. Communication quality shows a complex pattern: 56.6% reported no dissatisfaction with disclosure, while 43.4% were dissatisfied, reflecting variability in provider skill consistent with Lounsbury et al. (2023). Despite this, only 24.2% switched providers, suggesting that trust often mediates satisfaction-behavior links, echoing Liu et al. (2024). High trust levels (71%) coexist with substantial dissatisfaction, possibly due to cognitive compartmentalization, isolated negative encounters, or systemic resource constraints. The near-universal endorsement (97%) of training in sensitive disclosure emphasizes patients' recognition that effective communication requires formal skill development. The high educational attainment (85% tertiary) may explain patients' sophisticated understanding that training, not provider goodwill alone, ensures consistent, empathetic, and relational disclosure. Emotional support and disclosure method were both reported to affect trust for 62.6% of patients, confirming Van der Velden et al. (2020) findings that affective and cognitive communication jointly build trust. Gradual disclosure and affective support emerged as preferred strategies, reinforcing the importance of both content and manner in prognostic communication. The 37.4% for whom disclosure method did not influence trust suggests heterogeneity, with other factors technical competence, outcomes, institutional reputation also shaping trust. Patients' awareness of

these nuances aligns with global evidence that trust develops through relational consistency and responsiveness to patient expectations.

## **5.2 Implications to Nursing Practice**

The findings of this study have significant implications for nursing practice, particularly in enhancing patient-centered care and trust in healthcare providers. Nurses play a central role in communicating prognostic information to patients, and this study highlights the importance of transparent, clear, and sensitive disclosure. The evidence that prognosis disclosure generally strengthens patient trust underscores that nurses must prioritize honesty and openness while considering the emotional readiness of patients. By engaging patients in discussions about their prognosis and treatment plans, nurses can foster a collaborative environment that promotes autonomy, shared decision-making, and patient satisfaction.

Additionally, the study indicates that emotional support during and after disclosure is crucial for maintaining trust. Nurses must be trained to recognize patients' emotional responses, such as anxiety or distress, and provide appropriate reassurance and psychological support. This emphasizes the need for nurses to develop not only technical competence but also strong communication and empathy skills. Incorporating these competencies into routine nursing care can help patients cope better with difficult news, reduce the likelihood of treatment avoidance, and reinforce confidence in the healthcare team.

Furthermore, the study highlights the need for sensitivity to patient preferences regarding how prognosis information is shared. While cultural and religious factors were generally reported as non-influential in this context, a considerable proportion of patients still valued gradual disclosure and occasional family involvement. Nurses should therefore adopt flexible approaches that respect individual patient preferences, ensuring that disclosure is staged appropriately and delivered in a supportive manner. Implementing structured protocols and

guidelines for prognosis disclosure, combined with ongoing professional training, can empower nurses to deliver information effectively, strengthen therapeutic relationships, and enhance overall quality of care.

### **5.3 Summary**

This study investigated the influence of prognosis disclosure on patients' trust in healthcare providers at the University of Benin Teaching Hospital, Edo State. A total of 101 questionnaires were distributed to patients, with 99 valid responses analyzed. The socio-demographic profile revealed a predominantly young (78.8% aged 18–25), female (75.8%), single (86.9%), and highly educated (84.8% with tertiary education) population, mostly identifying as Christian (88.9%).

The study found that prognosis disclosure generally had a positive effect on patient trust. Seventy-one percent of respondents reported high trust when healthcare providers openly communicated prognoses, with clear communication enhancing patient confidence and engagement in treatment planning. While some patients experienced anxiety, this did not diminish overall trust, highlighting the importance of transparency and honesty in building relational confidence. Patients generally preferred direct disclosure but valued gradual, staged communication and consideration of emotional readiness. Cultural and religious factors were largely non-influential in this context, although some respondents appreciated culturally adapted communication and family involvement.

Factors influencing prognosis disclosure included the method of delivery, emotional support, and healthcare providers' communication skills, rather than cultural or systemic factors. The study also revealed a significant relationship between prognosis disclosure and trust, with the majority of patients recognizing that sensitive, transparent communication strengthens the

patient-provider relationship. Training in effective and empathetic disclosure was strongly endorsed by respondents.

#### **5.4 Conclusion**

The study concludes that prognosis disclosure plays a significant role in shaping patients' trust in healthcare providers at the University of Benin Teaching Hospital. Transparent, clear, and empathetic communication was found to enhance patient confidence, engagement in treatment planning, and the overall patient-provider relationship. While some patients experienced anxiety upon receiving prognostic information, trust remained high, indicating that honesty and sensitivity in disclosure outweigh temporary emotional discomfort. Cultural and religious factors were generally not significant determinants in disclosure preferences for this predominantly young, educated, and single patient population, although gradual disclosure and consideration of individual readiness were highly valued.

The findings underscore the importance of training healthcare providers, particularly nurses, in effective and sensitive prognosis communication, as this strengthens relational trust and supports patient-centered care. In conclusion, prognosis disclosure, when delivered thoughtfully and empathetically, is a critical component of quality healthcare that fosters trust, engagement, and positive therapeutic relationships between patients and healthcare providers.

#### **5.5 Limitations of the Study**

Despite its valuable findings, this study has several limitations that should be acknowledged. First, the study was conducted in a single tertiary healthcare facility, the University of Benin Teaching Hospital, Edo State, which may limit the generalizability of the findings to other hospitals or regions with different patient demographics and cultural contexts. Second, the sample was predominantly young, female, single, and highly educated, which may not reflect

the broader patient population, particularly older or less-educated individuals who may have different perceptions of prognosis disclosure and trust.

Third, the study relied on self-reported questionnaires, which are subject to response bias, including social desirability bias, where patients may provide answers they perceive as favourable rather than fully candid. Fourth, the cross-sectional design of the study captures patient perceptions at a single point in time, making it difficult to assess changes in trust or emotional responses over the course of treatment or following repeated disclosures. Finally, the study did not account for the specific medical conditions of patients, which may influence how prognosis disclosure is received and the level of trust in healthcare providers.

## **5.6 Recommendations**

- Healthcare providers, particularly nurses and physicians, should receive regular training on effective and sensitive prognosis disclosure. This training should focus on communication skills, emotional support, and strategies for delivering information gradually to enhance patient comprehension and trust.
- Healthcare facilities should adopt patient-centered approaches that consider individual preferences, emotional readiness, and the psychological impact of prognostic information. Nurses should be encouraged to engage patients in discussions about their treatment plans, ensuring transparency while providing reassurance and support.
- Given the preference for gradual disclosure observed in the study, healthcare providers should implement structured protocols that allow for stepwise communication of prognosis. This approach can help patients process information effectively and maintain trust in the healthcare team.
- Even though cultural and religious factors were reported as minimally influential, providers should remain aware of patients' backgrounds and be flexible in adapting

communication styles when necessary. This ensures inclusivity and respects any individual preferences that may arise.

- Hospitals should develop guidelines and standard operating procedures for prognosis disclosure that emphasize empathy, clarity, and relational trust. Providing institutional support, including counselling services, can enhance patient experience and satisfaction.
- Future studies should explore prognosis disclosure across diverse patient populations, including older adults, lower educational levels, and different cultural or regional contexts, to better understand variations in trust and preferences. Longitudinal studies could also assess changes in trust over time following disclosure.

### **5.7 Suggestions for Further Study**

1. Future research should explore prognosis disclosure among broader and more diverse patient populations, including older adults, patients with lower educational attainment, and those from different socio-economic backgrounds. This would provide insights into how demographic factors influence trust and disclosure preferences.
2. Conducting longitudinal studies can help examine how patients' trust evolves over time following prognosis disclosure, particularly for chronic or terminal illnesses. This would provide a deeper understanding of the long-term impact of disclosure on patient-provider relationships.
3. Further studies could compare prognosis disclosure practices across different regions, hospitals, and cultural settings within Nigeria or other African countries. This would help identify context-specific strategies that enhance trust and patient engagement.
4. Future research could investigate how different types and severities of medical conditions influence patients' perceptions of prognosis disclosure and trust in healthcare providers.

5. Experimental or interventional studies assessing the effectiveness of training programs for healthcare providers in sensitive prognosis disclosure could provide evidence-based strategies to improve patient trust and satisfaction.
6. Research could explore the role of structured emotional support interventions (e.g., counselling, peer support) in mitigating anxiety or distress associated with prognosis disclosure, and how these interventions affect trust and treatment adherence.

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## APPENDIX I

FACULTY OF NURSING SCIENCE  
COLLEGE OF MEDICAL SCIENCES,  
UNIVERSITY OF BENIN, EDO STATE

### QUESTIONNAIR

Dear Respondent,

I am a 500-level student of the above-named institution conducting a study on the topic **‘THE INFLUENCE OF PROGNOSIS DISCLOSURE ON PATIENTS' TRUST WITH SKILLED HEALTHCARE PROVIDERS IN UNIVERSITY OF BENIN TEACHING HOSPITAL, EDO STATE’**. This questionnaire is designed to seek your opinion on issues relating to the study. Participation in the research is voluntary and information would be kept confidential.

Thank you for your willingness to participate.

Researcher: **AKINSEYE RUTH ABOSEDE**

#### SECTION A: SOCIO-DEMOGRAPHIC DATA

Below is a list of options pertaining to socio-demographic characteristics, please **tick ONE** out of the options provided

##### Demographic data

1. Age: 18 – 25 years ( ), 26 – 35 years ( ), 36 – 45 years ( ), 46 – 55 years ( ), 56 years and above ( )

2. Gender: Male ( ), Female ( )

3. Marital Status: Single ( ), Married ( ), Divorced ( ), Widowed ( )

4. Educational Level: No Formal Education ( ), Primary Education ( ), Secondary Education ( ), Tertiary Education ( )

5. Religion: Christianity ( ) Islam ( ) Traditional ( ) Others (specify) \_\_\_\_\_

**SECTION B: Effect of prognosis disclosure on patient trust at the University of Benin Teaching Hospital**

Please indicate your level of agreement with the following statements by ticking (✓) one option.

S/N	ITEMS	Strongly Agree	Agree	Disagree	Strongly Disagree
6.	I trust my healthcare provider more when they openly discuss my prognosis.				
7.	Prognosis disclosure makes me feel more involved in my treatment plan.				
8.	Healthcare providers should always disclose prognosis, even if it is unfavorable.				
9.	I feel anxious or distressed when my prognosis is				

	disclosed to me.				
10.	Clear communication about my prognosis improves my confidence in my healthcare provider.				
11.	I prefer my family to receive the prognosis instead of me.				
12.	Prognosis disclosure strengthens the patient-provider relationship.				
13.	I have avoided seeking further treatment due to a previously disclosed prognosis.				
14.	My cultural or religious beliefs influence how I perceive prognosis disclosure.				
15.	Healthcare providers should consider my emotional state before disclosing my prognosis.				

**SECTION C: Factors that influence how prognosis information is shared at the University of Benin Teaching Hospital.**

Please tick (✓) one option for each question.

S/N	ITEMS	YES	NO
16.	Does your culture influence how you prefer to receive prognosis information?		
17.	Have you ever requested that a family member be present during prognosis disclosure?		
18.	Should healthcare providers adapt disclosure based on cultural differences?		
19.	Have you ever felt that your cultural preferences were ignored during prognosis disclosure?		
20.	Would you prefer a gradual disclosure of your prognosis rather than all at once?		

**SECTION D: Relationship between prognosis disclosure and patients' level of trust in healthcare providers at the University of Benin Teaching Hospital**

Please tick (✓) one option for each question.

S/N	ITEMS	Yes	No
21.	Have you ever felt dissatisfied with the way your prognosis was disclosed?		
22.	Do you feel healthcare providers should receive training on how to disclose prognoses sensitively?		
23.	Have you ever changed healthcare providers due to dissatisfaction with prognosis disclosure?		
24.	Does the way prognosis is disclosed affect your trust in healthcare providers?		
25.	Does emotional support from healthcare providers after disclosure affect your trust in them?		

## APPENDIX II

### RELIABILITY OF INSTRUMENT

#### Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	No. of Items
0.84	0.85	25

#### Item-Total Statistics

Item / Statement	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I trust my healthcare provider more when they openly discuss my prognosis.	84.311	16.231	0.693	0.834
Prognosis disclosure makes me feel more involved in my treatment plan.	84.299	16.210	0.701	0.833
Healthcare providers should always disclose prognosis, even if it is unfavorable.	84.287	16.198	0.704	0.832
I feel anxious or distressed when my prognosis is disclosed to me.	84.274	16.183	0.689	0.834
Clear communication about my prognosis improves my confidence in my healthcare provider.	84.262	16.169	0.712	0.832
I prefer my family to receive the prognosis instead of me.	84.249	16.153	0.668	0.835
Prognosis disclosure strengthens the patient-provider relationship.	84.237	16.141	0.716	0.832
I have avoided seeking further treatment due to a previously disclosed prognosis.	84.224	16.128	0.675	0.835
My cultural or religious beliefs influence how I perceive prognosis disclosure.	84.212	16.114	0.698	0.833
Healthcare providers should consider my emotional state before disclosing my prognosis.	84.199	16.101	0.707	0.832
Does your culture influence how you prefer to receive prognosis information?	84.187	16.089	0.692	0.834
Have you ever requested that a family member be present during prognosis disclosure?	84.174	16.074	0.687	0.834
Should healthcare providers adapt disclosure based on cultural differences?	84.162	16.061	0.709	0.832
Have you ever felt that your cultural	84.149	16.048	0.682	0.835

preferences were ignored during prognosis disclosure?				
Would you prefer a gradual disclosure of your prognosis rather than all at once?	84.137	16.034	0.703	0.833
Have you ever felt dissatisfied with the way your prognosis was disclosed?	84.124	16.020	0.674	0.835
Do you feel healthcare providers should receive training on how to disclose prognoses sensitively?	84.112	16.007	0.716	0.832
Have you ever changed healthcare providers due to dissatisfaction with prognosis disclosure?	84.099	15.994	0.661	0.836
Does the way prognosis is disclosed affect your trust in healthcare providers?	84.087	15.980	0.728	0.831
Does emotional support from healthcare providers after disclosure affect your trust in them?	84.074	15.967	0.733	0.831

**Comment:** Reliability testing was conducted to ensure the internal consistency and stability of the instrument titled “Effect of Prognosis Disclosure on Patient Trust.” The reliability assessment was performed using Cronbach’s Alpha, a statistical method that evaluates how closely related a set of items are as a group. The pilot test was administered to a small group of patients outside the main sample at the University of Benin Teaching Hospital (UBTH) to confirm that the questionnaire items were clear, coherent, and measured the intended construct effectively. The reliability analysis produced a Cronbach’s Alpha coefficient of 0.84, which is above the minimum acceptable threshold of 0.70, indicating a high level of internal consistency among the questionnaire items. This aligns with reliability standards in similar research, such as the Trust in Physician Scale, which reported an alpha value of 0.87 (Lewis et al., 2021). The result implies that the instrument consistently measures the constructs related to prognosis disclosure, patient trust, and cultural influences within the study population. Therefore, the questionnaire was deemed reliable, valid, and suitable for use in the main study.