INTRODUCTION
Cancer, and other life-threatening diseases are the conditions that require highly specialized providers who are experts in detecting and treating these maladies. They are also responsible for communicating with patients and their families about the course of treatment and, at times, the anticipated outcomes. Some, but not all, are equally skillful in communicating with patients and families about these life-threatening diseases, the therapeutic benefits, and the untoward effects, which can be extensive and unpleasant. In recent years, health care providers have begun to focus more on the clinical encounter and its potential for clearer and more culturally and linguistically appropriate health care for all individuals (Al-Mohameed & Sharaf, 2013). Provider-patient communication is central to ensuring a high level of information exchange, shared decision-making, and development of a trusting relationship. However, provider-patient communication has several outcomes that extend beyond the interaction itself; communication also contributes to enhancing the patient’s quality of life and to reducing the patient's suffering (Epstein & Street Jr., 2007). A model of patient-centered communication in cancer care not only describes how the patient and provider communicate effectively but also describes mediating and moderating the link between communication behaviors and health outcomes (Richard L. Street et al., 2009).

The importance of patient-centered communication and provider communication behaviors effects on patients’ health outcomes in cancer care is well studied in Western societies. There are few studies that have been done in these areas in Eastern societies, especially in Saudi Arabia.

OBJECTIVES
The purpose of this study is to examine the relationships among provider communication behaviors, shared decision making, and quality of life for patients with Late-stage cancer in Saudi Arabia.

METHODS
- The design is cross sectional descriptive correlational study
- The researcher will orally administers all three questionnaires, one on each of the following concepts: provider communication behaviors, shared decision-making and patient’s quality of life, along with the demographic data using Qualtric at the hospital where the patients are being treated.
- The demographic data and the data from all three questionnaires will be analyzed using simple linear regression and descriptive statistics

IMPLICATIONS
The results of this study will:
- Add to the empirical knowledge base about provider communication behaviors and shared decision-making.
- Help to advance the body of nursing knowledge related to health care communication in Saudi Arabia.
- Help providers assess and integrate sociocultural aspects into treatment plans.
- Assist in further research to develop decision aids programs to enhance informed shared decision making in cancer care.

Contact:
Aisha Alhofaian
Case Western Reserve University
ama142@case.edu