

Research Article

Assessing Patient Satisfaction and Care Quality for Oncology patients

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Abstract

Introduction: The quality of hospital care is a key element of oncology treatment. To achieve optimal outcomes, it is vital to understand patients' needs and the factors influencing their satisfaction. This study aimed to assess care quality at the Salah Azaiez Institute (ISA) to identify improvement areas and enhance patient experience and treatment effectiveness.

Methods: A cross-sectional descriptive study was conducted at the Salah Azaiz Institute (ISA) with 31 consenting patients. A two-part questionnaire was used: the first collected socio-demographic data, and the second included three validated tools—the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), the Patient Satisfaction Questionnaire-18 (PSQ-18), and the Patient-Reported Outcomes Measurement Information System (PROMIS)—totaling 73 questions.

Results: The patients' ages ranged from 22 to 86 years, and their hospital stays varied from 2 to 25 days. Most patients (90%) reported respectful treatment by staff, and the cleanliness of the hospital environment was positively rated. The overall hospital rating was generally favorable, with a median score of 8/10. About half of the patients would recommend ISA to family and friends. The PSQ-18 score ranged from 43 to 65, averaging 56.7, reflecting moderate satisfaction, while the average PROMIS score was 42, and indicating significant sleep disturbances.

Conclusion: These results highlight the need for targeted actions to improve cancer patients' quality of life, particularly through better communication, easier access to care, and shorter waiting times. Although satisfaction levels were moderate, they indicated room for progress. Addressing frequent sleep disturbances could significantly enhance overall well-being.

Keywords: Quality of care; Patient satisfaction; Oncology; Psychology

Introduction

Cancer is a leading cause of morbidity and mortality globally, making the quality of life for hospitalized patients a key aspect of their care. With advancements in oncology, patients are living longer but facing long-term consequences of their treatment. This study aimed to assess patient satisfaction and sleep quality using three questionnaires at the Salah Azaiz Institute (ISA) in Tunisia, a prominent oncology center in North Africa. Our research offers insights into patient perspectives on hospitalization experiences, satisfaction levels, and sleep quality in a resource-limited setting.

Methods

This cross-sectional descriptive study was conducted at the Salah Azaiz Institute (ISA) in Tunis in March 2023. As Tunisia's national reference center for cancer care, ISA serves the northern region of the country. The study included all hospitalized patients in the radiotherapy and medical oncology departments during the study period. Participants were Tunisian patients aged 18 and over, diagnosed with cancer at any stage. Patients who were not Tunisian or who declined participation were excluded, resulting in a sample of 31 patients.

The questionnaire comprised two parts: the first section collected socio-demographic data, while the second included three validated surveys assessing patients' quality of life through a total of 73 questions. Data were gathered via a Google Form and completed by trained oncology medical residents.

The first survey, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), covered seven areas: "Your care from nurses," "The hospital environment," "When you left the

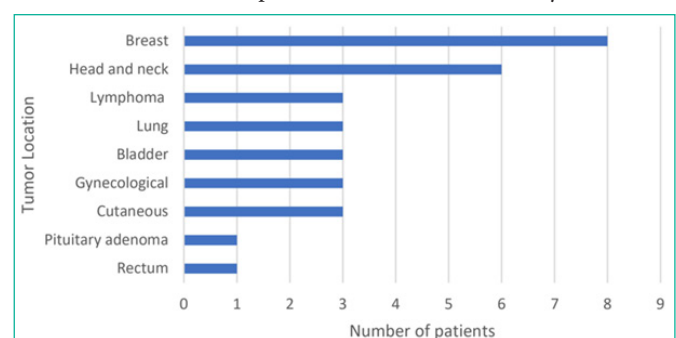


Figure 1: Tumor Location Distribution.

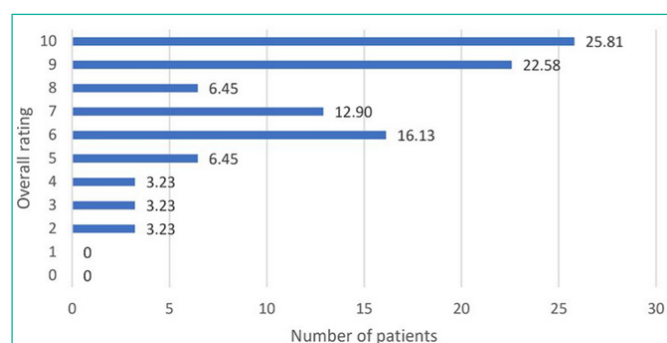


Figure 2: Overall rating of the hospital stays.

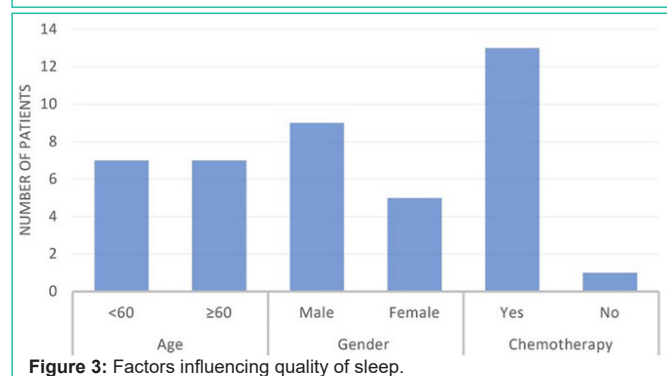


Figure 3: Factors influencing quality of sleep.

hospital," "Overall rating of hospital," "Understanding your care when you left the hospital," and "About you," with 32 questions in total.

The second survey, the Patient Satisfaction Questionnaire-18 (PSQ-18), contained 18 items scored from 1 (strongly disagree) to 5 (strongly agree), with total scores ranging from 18 to 90. Scores of 70 or above indicate high satisfaction, while scores below 70 suggest potential areas for improvement (Annex 2).

For the third questionnaire, we used the Patient-Reported Outcomes Measurement Information System (PROMIS) Item Bank v.1.0, which explored sleep disturbance and was divided into two sections: in the last 7 days » including 24 items and « my sleep quality was ». Each item on the measure is rated on a 5-point scale. The T-score ranges from 0 to 100, with higher scores indicating more severe sleep disturbance. We used a threshold of 50 to identify patients with a sleep problem and 70 to identify patients with a severe disorder. (Annex 3)

Data entry and analysis were conducted using SPSS version 25, and the database is available for sharing upon request. The study received approval from the Reviewer Board of the Faculty of Medicine of Tunis, addressing all ethical considerations. Oral consent was obtained from participants after they were fully informed about the survey's purpose and process. Anonymity and confidentiality were maintained throughout.

Results

The patients' ages ranged from 22 to 86 years old, and the hospital stay duration ranged from 2 to 25 days. Fifteen patients were hospitalized in the Oncology Medicine department and 16 patients in the Radiotherapy department. The population was predominantly female (n=19). The tumor location was dominated by breast cancer, representing 19.4%, followed by lymphoma, lung tumor and pituitary adenoma (Figure 1).

Regarding the HCAHPS score, 28 patients reported being always treated with courtesy and respect by both nurses and doctors. Fourteen patients felt they were always listened to carefully by the nurses, and 18 by the doctors. Twelve patients felt that nurses always explained things clearly, while 13 patients felt the same about doctors. Concerning the hospital environment, 16 patients rated the cleanliness of their room and bathroom as usually clean, and 7 rated it as always clean. At night, 14 patients found the area around their room usually quiet, and 9 reported it was sometimes quiet. Most patients (23) did not need assistance getting to the bathroom, and 10 patients were usually informed about their medication's purpose, with 12 saying that staff sometimes explained treatment side effects. After discharge, 84% of patients went directly home, and only 40% were asked if they needed additional help. The median overall hospital rating was 8/10 (Figure 2).

After their stay, 10 patients strongly agreed, and 10 agreed that they clearly understood the purpose of taking each medicine after leaving the hospital. Most of the patients (48.4%) rated their overall health as good, and only 32.3% rated their mental health as good. The PSQ-18 score ranged between 43 and 65 with an average score of 56.7.

Female patients had a higher average score of 57.9 compared to male patients who had an average score of 55. None of the patients had a score higher than 70, which is considered a high level of satisfaction. Patients rated healthcare professionals highly for treating them with respect and courtesy. However, patients were less satisfied with the financial aspects of care, such as difficulty accessing healthcare professionals and the cost of treatment. Patients with head and neck cancers (larynx, nasopharynx, palate) had the lowest average score of 49. The items with the most negative connotations were: "I am confident that I can get the healthcare I need without any financial setbacks," "I have easy access to the healthcare professionals I need," and "I have found it hard to get an appointment right away for this clinic. Based on our analysis, the average PROMIS score was 42, with 8 patients (25.8%) scoring above the threshold of 60, indicating moderate sleep problems, and 4 patients (12.9%) scoring above the severe sleep disorder threshold of 70.

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Among these patients, 50% were aged over 60 years old. Patients diagnosed with pulmonary, cutaneous, and head and neck cancer, with a sample size of 3 for each group, were found to be more prone to experiencing sleep disturbance compared to those with other types of cancer. Most of the patients who reported poor sleep quality (92%) experienced symptoms such as feeling tense, worried, and having difficulty stopping their thoughts at bedtime. Additionally, all of these patients experienced difficulty staying asleep, and 85.7% reported feeling sad. Notably, poor sleep quality was associated with patients receiving chemotherapy (13 out of 14) (Figure 3).

Discussion

In our era of patient-centered care and considering the psychological burden of cancer, there is increasing focus on cancer patients' satisfaction with the quality of care they receive. While

overall survival and disease-free survival remain primary endpoints in cancer treatment, high-quality care is essential for ensuring patient satisfaction, which in turn fosters compliance and trust in healthcare professionals [1,2]. Studies have demonstrated that dissatisfaction with healthcare is linked to lower therapy adherence and, consequently, poorer outcomes [3,4]. Therefore, it is crucial to assess patient satisfaction regularly to identify areas for improvement and enhance the overall quality of care [5].

Given their currently prolonged survival, cancer patients would have to deal with long-term effects of cancer and its therapy, including osteoporosis, endocrine dysfunction, chronic pain, psychological changes and social impact [1]. This calls for more frequent and extended hospitalizations. Meeting patients' expectations during their stay is essential, which requires first identifying their needs and providing personalized care tailored to those needs.

To ensure a higher level of satisfaction during their hospital stay, it is important to identify the main factors influencing patients' comfort. Common predictors of a satisfying experience during hospitalizations include the doctors' and nurses' availability and communication skills. Studies have shown that the more a patient is informed about their disease, the higher the level of satisfaction. Several surveys have highlighted the patients' need for a better quality of time allocated to discussing their individual situation [5,6]. This includes informing the patients about their diagnosis, their treatment project, their follow-up plans [7].

Consequently, greater patient involvement in treatment decisions positively impacts their satisfaction with care. Studies have shown that shared decision-making leads to higher patient satisfaction, regardless of the decisions or outcomes [8,9]. Most patients prefer receiving comprehensive information rather than just selective or positive updates. Our survey, using the HCAHPS score, highlighted the importance of staff attitude and effective communication between patients and both nurses and doctors.

In our experience, overall patient satisfaction was evaluated through PSQ-18. This questionnaire included 18 items known to influence patients' experience. We can define three categories of factors: The medical aspect of care, the patient's demographic characteristics and last, the financial and logistic aspect of therapy. Primarily, the doctors' technical skill, staff coordination and organization within the department are positively correlated to greater levels of satisfaction [10,11]. While these factors directly determine the quality of care provided by the institution, other variables are known to alter the patient's comfort, independent of the treatment they're receiving. They are known as the psychosocial features of the patient, such as their mental well-being, their coping abilities, their general health and quality of life [11,12]. In some studies, individual demographic characteristics such as age, gender, income, institutional level, and familial support seem to have shown an effect on satisfaction scores [13,14]. But these results were controversial, as this might have been the effect of confounding factors [15,16]. Our patient's average PSQ-18 score was 56.7, below the threshold of 70, indicating a rather low level of satisfaction. But further analysis of the answers showed low levels of satisfaction in questions related to the cost and accessibility of health care.

This corroborates literature reports about the impact of the financial burden on the patient's satisfaction. In fact, the patients' financial stability is disturbed with the expenses of therapy, the extensive and repeated explorations, and the cost of long hospital stays. Lower levels of patients' satisfaction have been noted in relation to medical expenses and lack of the reimbursement of treatment fees [15]. This causes a psychological distress as evidenced by higher levels of anxiety even after completion of treatment, as patients worry about relapse and what it might cost [16]. Hospital logistics, including the size of the hospital, convenience, comfort during the stay, and cleanliness and hygiene, received average ratings in our experience. This could be attributed to the limited resources in this setting. In low- and middle-income environments, these financial and logistical factors significantly impact patient satisfaction. Quality of care should not be solely judged by the effectiveness of anticancer therapy. Even in terminal stages, care should be as compassionate as in curative settings. Both our survey and other studies indicate that whether patients are in curative or palliative phases, receiving treatment with respect and dignity greatly enhances their hospital experience [17,18].

Studies have shown the necessity to assess and address everyone's needs, in a patient-centered care strategy in lowering morbidity and improving the patient's experience during their hospitalization [19,20].

Among the evaluated "care needs," quality of sleep emerged as a crucial indicator of patient comfort during hospitalization. Our survey demonstrated that chemotherapy was correlated with sleep disorders. However, co-occurring diseases, comorbidities, and patients' demographic characteristics and lifestyle hygiene could be confounding factors [21-24]. It is important to highlight the disparity of sleep disturbances in different tumor subtypes. Studies have shown that patients with thoracic cancer and head and neck tumors are more likely to have sleep disorders than others. This is perhaps related to how the specific cancer type alters a patient's comfortable sleep position and respiratory function [25-31].

In order to enhance the standard of care given to cancer patients, several studies have underlined the significance of assessing patients' feedback on their hospitalization experience, satisfaction levels, and sleep quality [19]. Diverse approaches are used to assess patient satisfaction in oncology, including questionnaires at the end of the stay, complaint forms, feedback ratings, and in-depth surveys. And while globally approved cancer patients-specific tools for evaluating satisfaction with care are yet to be established, a wide range of reliable surveys could be conducted. The HCAHPS score is a standardized survey for measuring patients perceived quality of care during their hospital experience.

The Patient Satisfaction Questionnaire is a sub-scaled survey designed to assess satisfaction with health services but is not specifically tailored for oncology patients. Other valid surveys for oncology include the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (QLQ-C30), the Functional Assessment of Cancer Therapy (FACT), and the Short-Form 36 (SF-36). The choice of tool should be aligned with the assessment's objectives, the simplicity of the form, and the patients' general understanding and attention span.

The results of these feedback should underline the aspects of provided health services that require improvement. According to literature, patients reported “unmet” needs like daily activities, psychological care, and spiritual needs [32]. Level of requirement of each need varies depending on tumor location, disease stage, general health. However, when these needs are left unattended, this is perceived as lack of care. It can lead to psychological distress and mistrust in hospital staff, which can contribute to lower adherence to treatment [33,34].

Oncology patients often need more attention to their spiritual needs, as their struggle with illness can challenge their faith and raise questions about their fate and prognosis. Patients have reported lower levels of quality of care when their spiritual needs are not addressed as part of their healthcare [35]. Addressing these needs could be a crucial next step in enhancing care in cancer treatment institutions.

Conclusion

Our study provides valuable insights into the patient perspective on hospitalization, satisfaction levels, and sleep quality among cancer patients in our oncology department. The results indicated moderate satisfaction and a high prevalence of sleep disturbances among participants. These findings underscore the importance of patient-centered care in oncology and highlight the need for targeted interventions to enhance the overall quality of life for cancer patients. This study contributes to the growing body of literature on the experiences of hospitalized cancer patients and lays the groundwork for further research in this area. Future studies could examine how these findings impact the care needs of cancer survivors with chronic conditions, ultimately aiming to improve the quality of life and care for cancer patients and ensure they receive optimal care.

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