

PAKISTAN JOURNAL OF HEALTH SCIENCES

https://thejas.com.pk/index.php/pjhs Volume 4, Issue 5 (May 2023)



Original Article

Levels of Satisfaction among Oncology Patients Regarding their Treatment

Sunena Khan', Humaira Saddique', Rubina Jabeen', Syeda Tasneem Kausar' and Kalim-Ullah'

¹Department of Nursing, The Superior University, Lahore, Pakistan

ARTICLE INFO

Key Words:

Patient Satisfaction, Oncology Patient, Treatment Satisfaction

How to Cite:

Khan, S. ., Saddique, H. ., Jabeen, R. ., Kausar, S. T., & Ullah, K. (2023). Levels of Satisfaction among Oncology Patients Regarding their Treatment: Level of Satisfaction among Oncology Patients. Pakistan Journal of Health Sciences, 4(05). https://doi.org/10.54393/pjhs.v4i05.724

*Corresponding Author:

Sunena Khan Department of Nursing, The Superior University, Lahore, Pakistan sunenaasif1402@gmail.com

Received Date: 27th April, 2023 Acceptance Date: 19th May, 2023 Published Date: 31st May, 2023

ABSTRACT

Patient satisfaction is the vital element of the health care system. As it helps to examine the quality of care delivered by the health care providers in accordance to their patient demands. Objective: To assess the level of satisfaction among oncology patient regarding their treatment. Methods: The descriptive cross-sectional study design was used to assess the level of satisfaction by using the adopted and modified "patient satisfaction questionnaire shortform" (PSQ-18). The population was targeted by the purposive sampling technique and 200 population size was used which was deliberated from Slovin's formula. The data were analyzed through (SPSS) version-21. Results: Descriptive statistics were applied, frequency were checked data validity and reliability ensured, percentile test were applied to identify the percentage. The descriptive statistics, and the percentile showed the oncology patients were less satisfied 56(42.1%) patients with average satisfaction were 44(33.1%), and highly satisfied were 33(24.8%) with physician supportive, satisfying behavior and their prescribed treatment. Conclusions: Chronic diseases affects the patients greatly in their regular activities as well as their psychological conditions, which contributed to unsatisfied behavior regarding to their treatment. Therefore, it's important to satisfy the patient completely with counselling and identify the causes which affect patient's satisfaction.

INTRODUCTION

Patient satisfaction is an essential substitute to explore the quality of services providing by the any health care setting [1]. As to measure the patient satisfaction helps the provider to get vision related to the medical services available in their health care set up [2]. Patient satisfaction remains as the most appropriate tool to calculate and feedback of the system to evaluate the quality of care providing to the patients [3]. Cancer is a group of more than 100 diseases that can begin anywhere in the body from the abnormal cell growth, which invade nearby any tissue in the body. The latter process of cancer is called metastasis, which is the primary cause of death from cancer. The most common cancers that lead toward deaths are lung cancer

and the breast cancer including in Pakistan with maximum cases reported [4]. The occurrence of cancer arises with the age, as the person grow older his body build-up the risks for the specific cancers with the aging process. The mechanism to repair cells is become less effective with the growing age. Using of tobacco, alcohol, taking unhealthy diet, physical inactivity, air pollution and other non-communicable diseases are the contributing factors for cancer. Thus, the fact that named cancer is one of the major causes of death around the globe with the 8.8 million deaths in 2015 results that 1 in every 6 deaths with cancer [5]. The people who diagnosed with cancer become concentrate and stressed regarding their disease. Which

has the significant effects on patient's physical, mental, social, emotional and financial consequences. And become the cause of great stress, depression and a level of anxiety in the people with cancer. Studies shows that the patients with this disease has the different perception regarding the treatment of cancer. In 100 only 90% patients accept that they had cancer, 80% properly recognize the tumor type, 70 % knows that they have localized or regional type of tumor, about 50% thought they will be cure completely and near to 40% belief that they receive palliative treatment by the doctor, who work for their cure [6]. Patient satisfaction regarding his or her treatment is playing a significant role in the outcome of the treatment of the disease. Satisfaction of the patient is related to enough information provide to patient about their disease and treatment [7]. Patients think that their treatment may increase their life span, due to inadequate knowledge most of the time they underestimate the seriousness of their condition. Therefore, in this study we assess the level of satisfaction among oncology patients to identify how patient understand and perceive the knowledge about their illness and the treatment they receive, relation with the doctor and other health care provider, are they satisfy with treatment or not. Because all these factors influence the outcome of the patient and have the psychological effect on patient mental status. Due to the inappropriate understanding or perception most of the time patient refuse to take or continue their treatment (chemotherapy, radiotherapy) [8]. Thus, here the responsibility of the health care provider to recognize the concept of the patient and help them to understand that with their disease condition the treatment is curative might be in the early stages or palliative in the late stage [9]. As the patient satisfy with the doctor, with their treatment, their psychological status encourage him to follow the directions given by their doctors which will produce the sound effects on the outcome of the patient treatment as the patient is properly satisfy with their treatment and health care provider and completely aware about the condition of their illness or appropriately corporate with their care provider for the effective outcome. If the patient is not understanding properly the procedure of the treatment and about the status of their illness (early or late stage) or the heath care provider fails to satisfy their patient, it might cause the refusal of the patient for the treatment and leads to severity of the disease [10]. In cancer patient therapeutic relation between the patient and the health care provider is really very important if you have the effective therapeutic relation with your patient you will be able to satisfy your patient in all aspect of their treatment and disease with the significant health condition [11]. The studies recognized that the patient's satisfaction regarding their treatment is one of the major contributors in disease conditions. Because doctors often failed to assess the level satisfaction among their patients, in only one of few cases of patient who received the palliative treatment thought that, it's curative treatment as it prolongs their life [6, 12]. The aim of the study was to assess the level of satisfaction among oncology patient regarding their treatment, as the satisfaction of the patient directly influence the outcome of their health condition. Patient's good understanding leads to sound mental status in the process of their treatment, therapies and complete participation from the patient with the health care provider in the complex situation of the treatment. Because misconception risen the great stress and aggression in the patient especially in cancer patient as they already facing the fatal disease in their lives. The current study we assessed the level of satisfaction of the patient regarding their treatment, how they satisfy with their treatment, the care they received and its outcome for the improvement of their health.

METHODS

Descriptive cross-sectional research study design was used. The study settings were the outpatient department of Jinnah Hospital Lahore. This study takes approximately 9 months. The level of satisfaction assess by using the adopted and modified "patient satisfaction questionnaire short-form" (PSQ-18). The population was targeted by the purposive sampling technique and 200 population size was used which was deliberated from Slovin's formula. The data were analyzed through (SPSS) version 21.0. The study targeted population was the cancer patient of public hospital (Jinnah Hospital Lahore). The cancer patients were included in the study. The patients those were receiving the medical treatment of cancer were included in this study. The patients with chronic illness other than cancer were excluding from the study. The patients with cancer but not attending the outpatient department were not the part of this study.

RESULTS

The table 1 presented that from total number of respondents who answering the study. Those with the age group 15-25 were 32 (24.1%), those with age group 25-35 were 34 (25.6%), those with age group of 35-25 were 22 (16.5%), and those of above 45 were only 45 (33.8%). Males were 55 (41.4%), and females were 78 (58.6%). The married participants were 87 (65.4%), unmarried participants were 36 (27.1%), widow participants were 8 (6.0%), and the divorced participants were 2 (1.5%). The participants with primary education were 57 (42.9%), with matric were 32 (24.1%), with intermediate were 15 (11.3%), with graduation were 29 (21.8%). Those had private jobs were45 (33.8%),

had government jobs were 11(8.3%), had their own business were 70(5.3%), and jobless participants were 70(52.6%). Those monthly income (15000-25000) were 56(42.1%), those monthly income (25000-35000) were 34(25.6%), similarly those monthly income (35000-45000) were 34(25.6%) and those income above 45000 were only (96.8%).

Table 1: Demographic Variables

| Variable | Frequency (%) | |
|----------------|---------------|--|
| Age | | |
| 15-25 | 32(24.1) | |
| 25-35 | 34(25.6) | |
| 35-45 | 22(16.5) | |
| 45above | 45(33.8) | |
| Gender | | |
| Male | 55(41.4)3 | |
| Female | 78(58.6) | |
| Marital Status | | |
| Married | 87(65.4) | |
| Unmarried | 36(27.1) | |
| Widow | 8(6.0) | |
| Divorced | 2(1.5) | |
| Education | | |
| Primary | 57(42.9) | |
| Matric | 32(24.1) | |
| Intermediate | 15(11.3) | |
| Graduation | 29(21.8) | |
| Employment | | |
| Private | 44(33.8) | |
| Government | 11(8.3) | |
| Business | 7(5.3) | |
| Jobless | 70(52.6) | |
| Monthly income | | |
| 15000-25000 | 56(42.1) | |
| 25000-35000 | 34(25.6) | |
| 35000-45000 | 34(25.6) | |
| 45000 above | 9(6.8) | |

The table 2 presented that from the total number of respondents who answering the question "Doctor are good about explaining the reason for medical test", those who strongly agree were5 (3.8%), those who agree were 97 (72.9%), those who uncertain about the guestion were 2 (1.5%), those who disagree were 25 (18.8%), and those who strongly disagree with the given statement were4 (3.0%). Question "The medical care I have been receiving is just about perfect." those who strongly agree were 9 (6.8%), those who agree were 102 (76.7%), those who uncertain about the question were 3 (2.3%), and those who disagree were only 19 (14.3%). Question "When I go for medical care, they are careful to check everything when treating and examining me", those who strongly agree were 6 (4.5%), those who agree were 101 (75.9%), those who uncertain about the question were 1(.8%), those who disagree were 22 (16.5%), and those who strongly disagree with the given statement were 3 (2.3%). Question "I have to pay for more of my medical care than I can afford", those who strongly agree were 3 (2.3%), those who agree were 41 (30.8%), those who uncertain about the question were 7 (5.3%), those who disagree were 66 (49.6%), and those who strongly disagree with the given statement were 16 (12.0%). Question "Doctors act too business-like and impersonal to me", those who strongly agree were 6 (4.5%), those who agree were 104 (78.2%), those who uncertain about the question were 6 (4.5%), those who disagree were 10 (7.5%), and those who strongly disagree with the given statement were 7 (5.3%)

Table 2: Response by the patients those receiving the medical care of cancer

| Questions | Frequency (%) |
|--------------------------------|----------------------------------|
| | ing the reason for medical tests |
| Strongly Agree | 5(3.8) |
| Agree | 97(72.9) |
| Uncertain | 2(1.5) |
| Disagree | 25(18.8) |
| Strongly Disagree | 4(3.0) |
| The medical care I have been | receiving is just about perfect |
| Strongly Agree | 9(6.8) |
| Agree | 102(76.7) |
| Uncertain | 3(2.3) |
| Disagree | 19(14.3) |
| When I go for medical care | e, they are careful to check |
| | ting and examining me |
| Strongly Agree | 6(4.5) |
| Agree | 101(75.9) |
| Uncertain | 1(.8) |
| Disagree | 22(16.5) |
| Strongly Disagree | 3(2.3) |
| I have to pay for more of my i | medical care than I can afford |
| Strongly Agree | 3(2.3) |
| Agree | 41(30.8) |
| Uncertain | 7(5.3) |
| Disagree | 66(49.6) |
| Strongly Disagree | 16(12.0) |
| Doctors act too business lik | e and impersonal toward me |
| Strongly Agree | 6(4.5) |
| Agree | 104(78.2) |
| Uncertain | 6(4.5) |
| Disagree | 10(7.5) |
| Strongly Disagree | 7(5.3) |

The table 3 presented that from the total number of respondents who answering the question "Those who provide my medical care sometimes hurry too much when they treat me", those who agree were 73(54.9%), those who uncertain about the question were 8(6.0%), those who disagree were 46(34.6%), and those who strongly disagree

DOI: https://doi.org/10.54393/pjhs.v4i05.724

with the given statement were 6 (4.5%). Question "Doctors sometimes ignore what I tell them", those who strongly agree were 3(2.3%), those who agree were 46(34.6%), those who uncertain about the question were 2 (1.5%), those who disagree were 76 (57.1%), and those who strongly disagree with the given statement were 6 (4.5%). Question "I find it hard to get an appointment for medical care right away", those who strongly agree were 16 (12.0%), those who agree were 74 (55.6%), those who uncertain about the question were 8 (6.0%), those who disagree were 33 (24.8%), and those who strongly disagree with the given statement were 2 (1.5%). Question "I am dissatisfied with some things about the medical care I receive", those who strongly agree were 11 (8.3%), those who agree were 35 (26.3%), those who uncertain about the question were 5 (3.8%), those who disagree were 81(60.9%), and those who strongly disagree with the given statement were 1(.8%).

Table 3: Response from the patients regarding the physician manners and about the treatment they received for their disease

| Questions | Frequency (%) | |
|---|---------------|--|
| Those who provide my medical care sometimes hurry too much when they treat me | | |
| Agree | 73(54.9) | |
| Uncertain | 8(6.0) | |
| Disagree | 46(34.6) | |
| Strongly Disagree | 6(4.6) | |
| Doctors sometimes ignore what I tell them. | | |
| Strongly Agree | 3(2.3) | |
| Agree | 46(34.6) | |
| Uncertain | 2(1.5) | |
| Disagree | 76(57.1) | |
| Strongly Disagree | 6(4.5) | |
| I am dissatisfied with some things about the medical care I receive | | |
| Strongly Agree | 11(8.3) | |
| Agree | 35(26.3) | |
| Uncertain | 5(3.8) | |
| Disagree | 81(60.9) | |
| Strongly Disagree | 1(.8) | |

Table 4 shows the percentile score of the patient's satisfaction regarding their treatment. Where the patients with low satisfaction were 56 (42.1%) for the reason that they were too late to get appointment by the physician for their check-up and were not satisfied with the hospital services as it is difficult to get the required medicines from the hospital pharmacy, sometime they had to go the outcast laboratories for the expensive and urgent lab reports. The patients with average satisfaction were 44 (33.1%), whereas patients with high satisfaction were 33 (24.8%) as they reported their physician relation with them is friendly, understanding, warmth, supportive and satisfying.

Table 4: Percentile score to particulate the satisfaction level of patients

| Percentile | Frequency (%) |
|----------------------|---------------|
| low satisfaction | 56(42.1) |
| average satisfaction | 44(33.1) |
| high satisfaction | 33(24.8) |

DISCUSSION

The current study assesses the level of satisfaction among oncology patient regarding their treatment. The study results show that from the total number of participants who responded immensely were with age of above 45 (33.8%), in which females were 78 (58.6%) more than males and with earning 15000-25000 were 56 (42.1%). Patient's satisfaction is identical aspect which greatly influence on the health outcomes, ready to get the treatment, and participation of the patient in the treatment processes. According to previous study satisfaction among oncology patients is evaluated by the in-depth interviews [13]. Focus-discussions, consultations, all that things emphasis on healthy interpersonal relation of the patients and their physicians [14]. Comparatively to the current study 101 (75.9%) cancer patients were agree with that, their physician is responsive and courteous for them whereas 76 (57.1%) patients were disagree with the statement that "their physician ignore what they tell them" all these results show that the physician have healthy therapeutic relation with their patients for satisfaction. According to Bourgue and Loiselle concept 60.3% patients are interesting to participate in their treatment choice and effort to get proper information about their disease [15]. As it related to all the procedures done for their treatments, which increase their satisfaction related to the treatment [15, 16]. Conferring the current study 97 (72.9%) patients are agree that their physicians are virtuous to clarifying all the complications related to the disease, their treatments about all the lab procedures, knowledge about all the drugs and their way to administer, as the result 81 (60.9%) patients are disagree with the declaration that they are dissatisfied with care they receive from their physician, which also upgrade the satisfaction level of the patient regarding their treatment. Lilias et al., presented according to the five-point scale "Likert" patient are satisfied with the services of health care staff, with the healthy therapeutic relation between physician and patient [17]. Some elements discussed that affect the satisfaction the patients were waiting a long to get appointment for check up from the physician [18]. According to current study 74 (55.6%) patients are agree with that they hard to get an appointment to check up to the physician, and 73 (54.9%) patients are agree with the reported that sometime medical care provider is in hurry to treat the patient, which can affect the satisfaction of the patient. Cancer

overgrown as the chief cause of death worldwide, as it estimates by WHO in 2019 cancer is the first and second prominent source of death afore the age of 70 years in 112 to 183 countries [19]. Patients with cancer disease were already very stressed, depressed and irritable with the ongoing medical procedures, regular medicines, and routine follow ups [20]. Thus, it's difficult for them to wait too long in the hospital environment, which disturb their mental status therefore sometime they become anguish, or dissatisfy with the hospital services and feel depraved for themselves and losing their hope for treatment to live the healthy life. At this point the management have to upgrade measures especially for the cancer patients those are struggling in this threatening period of their life.

CONCLUSIONS

Patient satisfaction is the significant key feature for the remarkable outcomes of the treatment from the health care unit particularly in cancer patients. The patients especially with this chronic disease (cancer) were already facing so many crises physical as well as financial. Which makes their mind sick and full of worries overall? Therefore, in this critical era for the cancer patients' hospital management should provide a whole, accurate care and exceptional opportunities to provide relief to cancer patients, to limit the time span in the hospital and increase the level of satisfaction.

Authors Contribution

Conceptualization: SK Methodology: SK, HS, KU Formal analysis: KU

Writing-review and editing: SK, HS, RJ, STK

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest The authors declare no conflict of interest.

Source of Funding

The authors received no financial support for the research, authorship and/or publication of this article.

REFERENCES

- Sinyiza FW, Kaseka PU, Chisale MR, Chimbatata CS, Mbakaya BC, Kamudumuli PS, et al. Patient satisfaction with health care at a tertiary hospital in Northern Malawi: results from a triangulated crosssectional study. BMC Health Services Research. 2022 Dec; 22(1): 1-9. doi: 10.1186/s12913-022-08087-y.
- [2] Molla M, Sisay W, Andargie Y, Kefale B, Singh P. Patients' satisfaction with outpatient pharmacy services and associated factors in Debre Tabor comprehensive specialized hospital, Northwest

- Ethiopia: A cross-sectional study. PLoS One. 2022 Jan; 17(1): e0262300. doi: 10.1371/journal.pone. 0262300.
- [3] Theofilou P. Evaluation of Quality Level in Health Sector: Which is the Relation to Demographic and Work Factors in Health Professionals. Journal of Clinical Research and Reports. 2023 Feb; 13(2): 1-8.
- Ali Mohsenpour M, Fallah-Moshkani R, Ghiasvand R, [4] Khosravi-Boroujeni H, Mehdi Ahmadi S, Brauer P, et al. Adherence to Dietary Approaches to Stop Hypertension (DASH)-style diet and the risk of cancer: a systematic review and meta-analysis of cohort studies. Journal of the American College of Nutrition. 2019 Aug; 38(6): 513-25. doi: 10.1080/07315724.2018.1554460.
- Nakamura H. Biosensors: Monitoring human health for the SDGs Sustainable development goals. Biomed Journal of Scientific and Technical Research, 2018 Sep; 9: 6953. doi: 10.26717/BJSTR.2018.09.001761.
- [6] Bergqvist J and Strang P. Breast cancer patients' preferences for truth versus hope are dynamic and change during late lines of palliative chemotherapy. Journal of Pain and Symptom Management. 2019 Apr; 57(4): 746-52. doi: 10.1016/j.jpainsymman. 2018.12.336.
- [7] Handforth C, Clegg A, Young C, Simpkins S, Seymour MT, Selby PJ, et al. The prevalence and outcomes of frailty in older cancer patients: a systematic review. Annals of Oncology. 2015 Jun; 26(6): 1091-1. doi: 10.1093/annonc/mdu540.
- Hinwood M, Ilicic M, Gyawali P, Coupland K, Kluge MG, [8] Smith A, et al. Psychological Stress Management and Stress Reduction Strategies for Stroke Survivors: A Scoping Review. Annals of Behavioral Medicine. 2023 Feb; 57(2): 111-30. doi: 10.1093/abm/kaac002.
- [9] Grassi L, Spiegel D, Riba M. Advancing psychosocial care in cancer patients. F1000Research. 2017 Dec; 6: 2083. doi: 10.12688/f1000research.11902.1.
- [10] Wang YH, Li JQ, Shi JF, Que JY, Liu JJ, Lappin JM, et al. Depression and anxiety in relation to cancer incidence and mortality: a systematic review and meta-analysis of cohort studies. Molecular Psychiatry. 2020 Jul; 25(7): 1487-99. doi: 10.1038/s41380-019-0595-x.
- Pitman A, Suleman S, Hyde N, Hodgkiss A. Depression and anxiety in patients with cancer. Bmj. 2018 Apr; 361: k1415. doi: 10.1136/bmj.k1415.
- [12] Asamrew N, Endris AA, Tadesse M. Level of patient satisfaction with inpatient services and its determinants: a study of a specialized hospital in Ethiopia. Journal of Environmental and Public Health. 2020 Aug; 2020: 1-12. doi:

DOI: https://doi.org/10.54393/pjhs.v4i05.724

- 10.1155/2020/2473469.
- [13] Singh NS, Kovacs RJ, Cassidy R, Kristensen SR, Borghi J, Brown GW. A realist review to assess for whom, under what conditions and how pay for performance programmes work in low-and middle-income countries. Social Science & Medicine. 2021 Feb; 270: 113624. doi: 10.1016/j.socscimed.2020. 113624.
- [14] Lis CG, Rodeghier M, Gupta D. Distribution and determinants of patient satisfaction in oncology: A review of the literature. Patient Preference and Adherence. 2009 Nov; 2009: 287-304. doi: 10.2147/PPA.S6351.
- [15] Bourque MA and Loiselle CG. Patients' cancer care perceptions conceptualized through the Cancer Experience Measurement Framework. BMC Health Services Research. 2022 Dec; 22(1): 1-8. doi: 10.1186/s12913-022-07946-y.
- [16] Loiselle CG. Cancer information-seeking preferences linked to distinct patient experiences and differential satisfaction with cancer care. Patient Education and Counseling. 2019 Jun; 102(6): 1187-93. doi: 10.1016/j.pec.2019.01.009.
- [17] Liljas AE, Brattström F, Burström B, Schön P, Agerholm J. Impact of integrated care on patient-related outcomes among older people–a systematic review. International Journal of Integrated Care. 2019 Jul; 19(3): 6. doi: 10.5334/ijic.4632.
- [18] Pini A, Sarafis P, Malliarou M, Tsounis A, Igoumenidis M, Bamidis P, et al. Assessment of patient satisfaction of the quality of health care provided by outpatient services of an oncology hospital. Global Journal of Health Science. 2014 Sep; 6(5): 196. doi: 10.5539/gjhs.v6n5p196.
- [19] Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, Bray F. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA: A Cancer Journal for Clinicians. 2021 May; 71(3): 209-49. doi: 10.3322/caac.21660.
- [20] Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA: A Cancer Journal for Clinicians. 2018 Nov; 68(6): 394-424. doi: 10.3322/caac.21492.