

Received: 11 November 2022 Accepted: 15 March, 2023

DOI: <https://doi.org/10.33182/rr.v8i4.128>

Patients' Satisfaction Concerning Health Care Services Provided by Professionals of National Cancer Teaching Hospital

Baneen Majid Naeamah¹, Fatima Wanas Khudair²

Abstract

Background: Patient satisfaction is a critical issue for healthcare providers. Patient satisfaction is basically satisfying patients' expectations and understanding their needs. Patients' feedback can affect the overall quality, improve organizational learning and development agenda and provide an opportunity. **Method:** The study was conducted by selecting A non-probability sampling technique (purposive sample) of 250 patients were selected who attended the National Cancer Teaching Hospital based on criteria for treatment, follow-up, or both. **Results:** The study's results showed that significant partial satisfaction with care among patients is consistent with our hypothesis about hospital healthcare services. **Conclusion:** there is a somewhat satisfactory level of services provided in the cancer hospital for the patient, and this is an indicator that reflects the nature of the quality system, which should provide a high level of satisfaction. medical services and public facilities are among the most important things that determine and affect people's satisfaction.

Keywords: patient satisfaction, Health Care Services, cancer

Introduction

Cancer is a major public health problem worldwide, and the diagnosis and treatment of cancer were adversely pandemic. Reduced access to care because of healthcare setting closures and fear resulted in delays in diagnosis and treatment that may lead to a short-term drop in cancer incidence followed by an uptick in advanced-stage disease This causes an increase in the death rate 1. Cancer is now widely recognized as a global problem that, unfortunately, lacks a global solution. The word "CANCER" in the Greek language means a crab, which Hippocrates and Galen thought a tumor resembled, medically known as a malignant neoplasm, a term for a group of different diseases 2. Cancer is a very serious disease that has markedly increased rate . Cancer is a very serious disease that has markedly increased rates of incidence. Cancer is the second leading cause of death after heart disease 3.

Patient satisfaction is a critical issue for healthcare providers. Healthcare organizations are working

¹ M.Sc. Student, Community Health Nursing, Faculty of Nursing, University of Kufa, Iraq.

² Prof. Ph.D. Community Health Nursing, Faculty of Nursing, University of Kufa, Iraq. Email: (fatimahasawy@gmail.com)

Corresponding author: Baneen Majid Naeamah (majidbaneen36@gmail.com)

in a competitive environment. These days hospital needs to enhance their level of satisfaction if they want to remain in competition with other hospitals. Patient satisfaction is basically satisfying patients' expectations and understanding their needs. Patients' feedback can affect the overall quality, improve organizational learning and development agenda and provide an opportunity 4.

Nursing care to patient satisfaction is the degree of convergence between patients' expectations of the care they actually receive and their perception of optimal care. Nurses' legal and ethical duty is to take immediate action to raise patient satisfaction assessment levels 5. Patients' satisfaction with nursing care has become established as the most important predictor of overall satisfaction with hospital care and an important goal of any healthcare organization. Measuring patients' satisfaction with nursing care could effectively improve nursing service quality by facilitating the creation of standards for care while monitoring both results and patients' perceptions of quality 6.

The quality of care has been a topic of debate among the members of the scientific community for many years, as it has been associated with various dimensions of healthcare, such as interpersonal and technical aspects of care, patient outcomes, and the setting of quality standards. Furthermore, patient satisfaction, safety, person-centered care, staff competency, and patient involvement in decision-making are the indicators of high quality of care in clinical settings 7.

Objective of the Study

To measure Patients' satisfaction concerning services provided by the National Cancer teaching hospital

Method

Ethical Considerations and Administrative Agreements

All official permission has been obtained, the approval of the Nursing College of the University of Kufa and the Ethics Committee of the Faculty of Nursing to conduct the study. The approved and authorized official authorities for the commencement of the study. These permissions are the most basic requirements to be adhered to, while the consent for collecting the patient's data was conducted with full privacy and respect for the participant's values and dignity. Furthermore, formal approval from the Ministry of Planning and the Central Council for Statistics is required to approve the study questionnaire and protect the researcher's and participants' rights. Al-Najaf Al-Ashraf Health Directorate and National Cancer Teaching Hospital also consented to conduct interviews with each subject of the study. Finally, the researchers got subject permission from the patients after explaining the study's aim and obtaining informed consent. Participants' confidentiality is preserved, and the patients are informed that their participation is entirely voluntary and they are not compelled to take the survey or answer the interview questionnaire topics.

Design of the Study

A descriptive design survey study was conducted at the National Cancer Teaching Hospital, and the study was conducted on groups of patients in the National Teaching Cancer Hospital. Face-to-face patient interviewing techniques are used in the current work to fill out questionnaires.

Sample of the Study

A non-probability sampling technique (purposive sample) of 250 patients were selected who attended the National Cancer Teaching Hospital based on criteria for treatment, follow-up, or both.

Including Criteria

The study sample was selected using the following criteria for specifying the study subjects who are included in the study.

- 1- All participants are diagnosed with different stages of cancer disease undergoing different treatment stages, such as chemotherapy, radiation, and other types of treatments, with no associated chronic diseases except cancer, and are participating in the study voluntarily.
- 2- All definitive participation diagnoses of cancer are based on the information contained in the medical records, having been diagnosed with cancer for six months or more.
- 3- All participants are over the age of 18 years, and because the study focuses on adult healthcare services' satisfaction and because the investigation needs subjective measures, patients must be alert and free of any changes in consciousness.
- 4- The patient or their family disclosed no history of psychological problems.

Data Collection methods

After estimating the validity and reliability, the data was collected using the adapted and developed questionnaire. The data was gathered by using two techniques structured questionnaire and interview with the subjects who were individually interviewed at the National Teaching Hospital of Cancer and obtained their verbal agreement to participate in the study with the right to refuse or withdraw participation and confidentiality of the information. Arabic version of the questionnaire is used. All subjects included in the study sample are interviewed in the same way. The data collection process has been performed from December 7th to March 4th, 2023. The interview with each patient takes (20-25) minutes to complete the interview

Statistical Analysis

The data of the present study were analyzed using the Statistical Package of Social Sciences (SPSS) version (26). The following statistical data analysis approaches are used in order to analyze and evaluate the results of the study:

Descriptive Statistical Means

This includes measurement of the following:

1. Frequency (F)

2. Percentage: the formula used to compute the percentage is: $\% = \left(\frac{\text{frequency}}{\text{sample size}} \right) \times 100\%$

3. The Mean: is the arithmetic average of the distribution. The formula used to compute the Mean is: (Plichta & Kelvin, 2013).

$$\bar{x} = \frac{\sum x_i}{n}$$

Standard deviation (Sd.)

It was used to compare between the study group with the control group before applying for the interventional program and the study group with the control group after applying for the educational program. It also compared pre with the post of the program for the study and control groups. The basic formula for the sample standard deviation is: (Rentala, 2019).

$$s = \sqrt{\frac{\sum (x - \bar{x})^2}{n - 1}}$$

Inferential Analysis

The purpose of using this type of statistical data analysis was to determine the level of acceptance or rejection of the research hypothesis, and it includes the following:

One-way analysis of variance (ANOVA): is a statistical method used to test the equality of three or more group means. It is used when you have a single categorical independent variable (also known as a factor) and a continuous dependent variable. The null hypothesis for one-way ANOVA is that there is no significant difference between the means of the groups. The alternative hypothesis is that at least one group's mean differs from the others. The formula for one-way ANOVA is:

$$F = (SS_{\text{between}} / (k - 1)) / (SS_{\text{within}} / (n - k))$$

Rating and Scoring

The researcher uses the following manner for rating and scoring the study instrument scales:

To assign scores of patient satisfaction, the researcher used a point system, such as:

Strongly Disagree = 1

Disagree = 2

Uncertain = 3

Agree = 4

Strongly agree =5

The patient satisfaction overall assessment categorized by used three level responses:

Unsatisfied = 1-2.32.

Partially Satisfy = 2.33-3.66.

Satisfy = 3.67-5

Result

Table (4-1) Distribution of Demographical Characteristics for Study Sample

Variables	Responses	Frequency	Percent
Age Group	<= 20	9	3.6
	21 – 28	32	12.8
	29 – 36	30	12
	37 – 44	38	15.2
	45 – 52	52	20.8
	53 – 60	55	22
	61+	34	13.6
	Total	250	100.0
Mean + SD		45.44±13.91	
Gender	Male	107	42.8
	Female	143	57.2
	Total	250	100.0
Residency	Rural	63	25.2
	Urban	187	74.8
	Total	250	100.0
Marital Status	Single	31	12.4
	Married	175	70.0
	Divorced	5	2.0
	Widowed	29	11.6
	Separated	10	4.0
	Total	250	100.0
Level of Education	Unable to read and write	21	8.4
	Read and Write	12	4.8
	Primary School	50	20.0
	Secondary School	38	15.2
	Intermediate School	38	15.2
	Institute	38	15.2
	Collage and Above	53	21.2
	Total	250	100.0
Occupation	Employed	69	27.6
	Free Job	67	26.8
	House Wife	101	40.4

	Retied	13	5.2
	Total	250	100.0
Family Monthly Income	Less than 300000	94	37.6
	301000 – 600000	79	31.6
	601000 – 900000	34	13.6
	901000 – 1200000	13	5.2
	1201000 – 1500000	28	11.2
	1501000 and more	2	0.8
	Total	250	100.0

Table (4-2) Distribution of Clinical Characteristics for Study Sample

Variables	Responses	Frequency	Percent
Family History	Yes	104	41.6
	No	146	58.4
	Total	250	100.0
Type of Treatment	Chemotherapy	234	93.6
	Radiation	16	6.4
	Total	250	100.0
Site of Cancer	Lung	33	13.2
	Breast	85	34.0
	Prostate	19	7.6
	Bowel	17	6.8
	Other Type	96	38.4
	Total	250	100.0
Stage of Tumor	Progressive	31	12.4
	Non-Progressive	219	87.6
	Total	250	100.0
Type of Hospital Room	General Room	125	50.0
	Private Room	125	50.0
	Total	250	100.0
Frequency of Hospitalization	Several Admission	249	99.6
	First time	1	0.4
	Total	250	100.0
Duration of Admission	<= 3	218	87.2
	4 – 6	26	10.4
	7 – 9	6	2.4
Mean + SD		2.41±1.42	

Table (4-3) Total assessment of Patients’ satisfaction

Item	Frequency	Percent	MS	SD	Assess.
Overall Assessment of Patients' Satisfaction	Partially satisfied	171	68.4	3.48	0.3
	Satisfied	79	31.6		
	Total	250	100.0		

Discussion

Discussion of Demographic Data of Patients Sample (Table 4.1)

The results of the demographic characteristics of the study sample of 250 subject.

The present result shows that most of the participants were with age group ranging (53-60) years, constituting (22%) of the sample. According to epidemiological studies, the cancer can interpret this result is common in this age group due to many factors such as low immunity and chronic diseases that participate in the development of cancer. This result agrees with a study conducted by 8 entitled Patient Satisfaction with Health Care Services; An Application of Physician's Behavior as a Moderator; they show age mean (22.4%) and age associated with satisfaction.

Concerning gender, the result of the current study shows that more than half (57.2%) of the patients were female. The interpretation of this result is that breast cancer is the most common cancer in women due to hormonal and environmental reasons. Cancer This result is consistent with the study conducted 9).

Concerning residence, the current study shows that most of the sample lives in urban areas (74.8%). This result is due to the cancer hospital's presence in the city's center. Naturally, it is more visited by urban residents, or perhaps city residents are more susceptible to cancer because of the pollution experienced by cities. This result is consistent with a study conducted by 10 which showed the urban average (68 %) and accommodation is related to satisfaction.

With regard to the educational level and marital status, occupation, and family monthly income, this result showed that about (21.2%) were university graduates and above, and the majority of the sample (70.0%) are married and indicates that more than one- third of the studied sample is most likely housewives (40.4%). Further, more than two-thirds (37.6%) have an income associated with a monthly salary (less than 300 thousand). This result matches to Characteristic of the majority of our community. This finding is consistent with agreement 11,9.

Discussion Distribution of Clinical Characteristics for Study Sample (Table 4.2)

Presents data that provides insight into the medical characteristics of the participants in the study.

Regarding family history, the study results show that more than half had no family history study subjects (58.4%). The reason is that most of the patients were unaware of their sick history before they were diagnosed with cancer. Even some of them did not visit the doctor periodically. This indicates that there is no sick history for them. These results agree with the Satisfaction of Breast Cancer Patients with Nursing Care at Rizgari Teaching Hospital in Erbil City 10, whose results indicated that the majority of the study subjects (68%).

Regarding Type of treatment, Type of Hospital Room, Frequency of hospitalization, and duration of admission, the results show that type of treatment chemotherapy (93.6%) is the highest among cancer patients; The reason is that the tissues that make up the breast are more likely to turn into cancerous cells, and breast cancer is the most common type of cancer due to hormonal and environmental reasons the results show that type of hospital Room General Room and Private Room (50.0%) The proportions were equal, and the results show that the frequency of

hospitalization Several Admission (99.6%) and the percentage of the length of stay in the hospital was more than three days is the highest percentage (87.2%) This result agrees with10.

In terms of site of cancer type and stage of tumor non-progressiveness, the study participants have their cancer progressed to a high level. This uses the study sample comprising patients who developed cancer for 6 months or a year. It shows that sample two -third (38.4%) is breast cancer, and the second third (34.4%) is another type and the stage of non-progressiveness of the tumor (87.6%). These results agree with earlier published results 12.

Results discussion of the overall assessment of patient satisfaction table (4-9)

The study results showed that in Table (4.9) significant partial satisfaction with care among patients is consistent with our hypothesis about hospital healthcare services. This table considered the total outcome to its aspects that were explained previously in Table (4.8). This result is consistent with another study 13 in which the percentage of partially satisfied patients was (3.89). Partial satisfaction was with counseling services at the chosen hospital with regard to physical examination and treatment procedures and lowest towards counseling on condition/symptoms/pain management. Partial satisfaction with the drug services provided in selected hospitals was based on the doctor's knowledge, clarity, and understanding of my state of health, at least towards respecting and helping the doctor. Participants reported partial satisfaction with the personal approach of the caregiving team and less satisfaction with the financial aspects of care. This general distribution was valid regardless of the degree of financial burden; That is, participants with low burden still felt less satisfied with the financial aspects of their care.

The results of some studies 14,15 revealed that there was a low average score for cancer patients in terms of their participation in education and nutrition, and this indicates that patients were not satisfied with those aspects of nursing care by nurses, and in order to increase the development of cancer patients, especially breast cancer, towards care nursing, and that there should be an educational training course for the nursing staff in the oncology wards, and thus it differed with the current study.

Conclusion

The patients' satisfaction with the National Cancer Teaching Hospital. A survey has been distributed to 250 patients, and the data is collected and analyzed. The main highlights of this study can be summarized in the followings:

1- there is a somewhat satisfactory level of services provided in the cancer hospital for the patient, and this is an indicator that reflects the nature of the quality system, which should provide a high level of satisfaction.

1. Medical services and public facilities are among the most important things determining and affecting people's satisfaction.

Recommendations

1- Provide a high level of all medical, nursing, and therapeutic services, in addition to public facilities, because patient satisfaction is an important indicator of the quality of services.

References

- Siegel R L, Miller K D, Fuchs HE, et al. Cancer statistics, 2022. *CA: A Cancer J. for Clin* 2022; 72(1), 7–33. <https://doi.org/10.3322/caac.21708>
- 2-Dileep G, Gianchandani Gyani SG. Artificial intelligence in breast cancer screening and diagnosis. in *cureus* 2022; <https://doi.org/10.7759/cureus.30318>
- 3-Oweed, Fatima MR. Stress and burdens among family caregivers of adult patients with cancer at oncology center in AL-Najaf City. *Int. J. of Sci. & Eng. Res* 2017 ;8(September), 1650–1659.
- Raheem AR, Nawaz A, Fouzia N, et al. Patients' satisfaction and quality health services : An investigation from private hospitals of karachi , pakistan. *Res.J. of Recent Sci* 2014; 3(7), 34–38.
- Onainor ER . *Nurses Unit Turnover ,Work Group Proesses* 2019; 1, 105–112.
- 6-Karaca A, Durna Z. Patient satisfaction with the quality of nursing care. *Nursing Open* (2019; 6(2), 535–545. <https://doi.org/10.1002/nop2.237>
- Stavropoulou A, Rovithis M, Kelesi M, et al. What quality of care means? Exploring clinical nurses' perceptions on the concept of quality care: A qualitative study. *Clinics and Practice* 2022; 12(4), 468–481. <https://doi.org/10.3390/clinpract12040051>
- Manzoor F, Wei L, Hussain A, et al. Patient satisfaction with health care services; an application of physician's behavior as a moderator. *International Journal of Environmental Research and Public Health* 2019; 16(18), 1–16. <https://doi.org/10.3390/ijerph16183318>
- Djordjevic IM, Vasiljevic D. The effect of sociodemographic factors on the patient satisfaction with health care system. *Serbian Journal of Experimental and Clinical Research* 2019; 20(3), 251–255. <https://doi.org/10.1515/SJECR-2017-0042>
- Muaf AK, Bootan HA, Mahvash SA. Satisfaction of breast cancer patients about nursing care in rizgari teaching hospital in erbil City. (2016)
- 11-Al-Tawil N, Mustafa I, Ismahil Z. Inpatients' satisfaction toward nursing services in the medical and surgical wards of Rizgary Teaching Hospital, Erbil, Iraq. *Zanco J. of Med. Sci* 2016; 20(2), 1349–1355. <https://doi.org/10.15218/zjms.2016.0030>
- Alosaimi FD, Alsaleh FS, Alsughayer LY, et al. Psychosocial and clinical predictors of patient satisfaction with cancer care: Patient Satisfaction with Cancer Care. *Saudi Pharmaceutical Journal* 2022; 30(4), 414–420. <https://doi.org/10.1016/j.jsps.2022.01.020>
- Chino F, Peppercorn J, Taylor DH, et al. Self-Reported Financial Burden and Satisfaction With Care Among Patients With Cancer. *The Oncologist* 2014; 19(4), 414–420. <https://doi.org/10.1634/theoncologist.2013-0374>
- Alemu S. Changes in inpatient satisfaction with nursing care and communication at debre markos hospital, amhara region, ethiopia. *American J. of Health Res* 2014; 2(4), 171. <https://doi.org/10.11648/j.ajhr.20140204.21>
- Bamidele AR, Hoque ME, Heever HV. Patient satisfaction with the quality of care in a primary health care setting in Botswana. *South African Family Practice* 2011; 53(2), 170–175. <https://doi.org/10.1080/20786204.2011.10874080>