

A Study on Patient Satisfaction towards Cancer Hospital

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INTRODUCTION:

A cancer diagnosis places considerable stress on patients and their families. They find themselves discomfort with the strange health system; making serious decisions with long term consequences; living with uncertainty about the nature, cause and indefinite progress of the disease; living with a disrupted family, work, social life and facing the possibility of becoming increasingly dependent on others.

Pharmaceutical care is initiated in the oncology department of our hospital to create a better experience for cancer patients by delivering patient centered care. In 1990, Helper and Strand introduced the concept of pharmaceutical care. They understand pharmaceutical care as a responsible provision of drug therapy for the purpose of achieving definite outcomes that improves the patient's quality of life. Further pharmaceutical care is considered as a patient centred, outcome oriented pharmacy practice that requires the qualified pharmacist to work in concert with the patient and other health care provider. Patient satisfaction is a subjective, evaluative assessment that is derived from expectations, needs, past experiences, opinions and attitudes.

REVIEW OF LITERATURE

A survey was done in Germany by Liekweg et al to measure patient satisfaction with information in cancer treatment and to support the development of pharmaceutical care strategies for cancer patients by detecting and compensating information deficiencies. The Canadian PS-CaTE was translated into German. They have distributed the questionnaires to two groups, the pre-test group and main test group. The pre-test group was intended to check the reliability of instrument and main test group to find out the satisfactory levels on a 5 point Likert scale. Out of 47 completed questionnaires, the pre-test established a good reliability of the instrument. From their main survey, 232 questionnaires showed a median score of 3.5, where 5 represented the highest degree of satisfaction. Their findings could motivate pharmacists to actively provide information for cancer patients. The assessment of patient satisfaction can contribute to the outcome evaluation of pharmaceutical care¹⁴.

Lorenzo et al., conducted a study in Italy in order to find out how Italian cancer patients rate the information they are

given and whether the use of booklets and videotapes can improve their quality of life. Cancer patients between the age of 18-80 were included in the study at their first cycle of chemotherapy and randomized to fill in questionnaire on perceived quality of information, level of psychological distress, perceived severity and curability of disease and Quality of Life (QoL). In a total of 328 patients from 21 cancer centres, 86-93% considered the booklets are either "very useful" or "useful". The videotape was regarded "quite" or "much" complete than the booklet (87%). 81% of patients reported the information given to them had improved their knowledge about disease / chemotherapy.

An observational study was conducted by Mckee et al., on patient satisfaction with pharmacy services at CTRC, Texas to assess the role of the patient-pharmacist relationship and enhance patient satisfaction with care. They have developed a survey tool of 20 item, 2 page and administered to oncology patients in the time period of December 2009 to February 2010. They have also measured time spent with pharmacists, knowledge of medication therapy and willingness to pay for clinical pharmacy services. From this cross sectional study, 86% stated that it is important for patients to discuss their treatment with a pharmacist and 76% requested pharmacy follow-up at future visits. Their study also says that the patients were willing to pay for pharmacy counselling services¹⁶.

Bremberg ER et al., conducted a study to establish the importance of a pharmacist in the health care team to improve drug use in an oncology ward in a Swedish hospital. They identified DRPs and used a questionnaire to evaluate pharmacist contribution in oncology ward. 114 DRPs were identified in 58 patients. Pharmacist gave solutions for each drug related problem. 78 suggestions (59.6%) out of 114 were implemented by physician. Two were partly followed, whereas 32 suggestions were not clear if any changes were made. 12 suggestions were not followed. Completed questionnaires were collected from 58% of physicians and 55% from which it was concluded that a pharmacist can improve drug use and optimize the therapy in the oncology ward as a member of healthcare team²³

Odedina FT et al., conducted a cross sectional study to explore the role of pharmacists in Florida as health

educators and risk communicators in the prevention of prostate cancer. They have also assessed the knowledge of pharmacist about prostate cancer by using TOPCaBS. Their results showed 55% of participants scored 80% on the knowledge scale, whereas 15% scored less than 60%. 95% of pharmacists in their study would like to have additional training on prostate cancer which may be beneficial to patients. Thus, this study concluded that pharmacists were willing to take responsibility of health education and risk communication in prevention and detection of prostate cancer.

METHODOLOGY

A prospective interventional study on assessment of patient satisfaction upon establishment of pharmaceutical care was conducted in Kovai Medical Centre and Hospital, Coimbatore..

Objective:

Primary Objective – Assessment of patient satisfaction upon the establishment of pharmaceutical care.

Secondary Objective - Establishment of Pharmaceutical care and improvement in patients’ quality of life.

Study Site:

We received Ethics Clearances from “KMCH ETHICS COMMITTEE” in order to conduct the study in Kovai Medical Center and Hospital, Coimbatore.

Study Period:

The study was carried over a period from the month of May 2013 to February 2014.

Study Population:

Inclusion Criteria:

- Patients diagnosed with cancer and admitted for chemotherapy.
- Patient selection determined by physician.
- Patients from whom oral consent is received.

Exclusion Criteria:

- No special exclusion criteria.

TOOLS:

- ANOVA
- MANOVA

TABLE1. CHARACTERISTICS OF THE TOTAL STUDY POPULATION

	Control (n=60)	Intervention (n=59)
Average Age	52.64±3.56	52.67±3.31
Gender		
Male	35	36
Female	25	24
Education		
Educated	26	21
Not educated	34	38
Type of Cancer		
Breast Cancer	19	16
Lung Cancer	9	8
Rectal Cancer	6	4
Colon Cancer	3	3
Oesophageal Cancer	3	3
Prostate Cancer	2	2
Ovarian Cancer	1	3
Others	15	18

TABLE 2: AGE-WISE DISTRIBUTION IN CONTROL AND INTERVENTION GROUP

Age	Control (n=60)	Intervention (n=59)
Below 20	0	0
20-39	8	9
40-59	37	30
Above 59	15	20

TABLE 3: GENDER-WISE DISTRIBUTION IN STUDY POPULATION

Gender	Control (n=60)	Intervention (n=59)	Total
Male	35	36	70
Female	25	24	49

SUBSET AND OVERALL ANALYSIS OF SATISFACTION IN CONTROL AND INTERVENTION GROUP

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Cancer Treatment	Between Groups	1.923	1	1.923	7.214	.008
	Within Groups	31.186	117	.267		
	Total	33.109	118			
Side Effects	Between Groups	84.605	1	84.605	190.549	.000
	Within Groups	51.949	117	.444		
	Total	136.555	118			
Complementary Treatment	Between Groups	40.765	1	40.765	40.279	.000
	Within Groups	118.411	117	1.012		
	Total	159.176	118			
Information Presented	Between Groups	1.262	1	1.262	5.431	.021
	Within Groups	27.175	117	.232		
	Total	28.437	118			
Overall	Between Groups	34.504	1	34.504	64.783	.000
	Within Groups	62.315	117	.533		
	Total	96.819	118			

ASSESSMENT OF AGE AND EDUCATION WISE SATISFACTION IN BOTH GROUPS

A. Between subject Factors

	Value Label	N
Group	1 Control	60
	2 Intervention	59
Age	1 Young adults	13
	2 Middle-aged adults	54
	3 Older adults	52
Education	1 Not educated	72
	2 Educated	47

B. Multivariate Analysis

Source	Dependent Variable	Type III sum of Squares	df	Mean Square	F	Sig.
Group * Age	Cancer treatment	.932	2	.466	1.813	.168
	Side effects	4.385	2	2.192	5.239	.007
	Complementary	1.651	2	.826	.845	.432
	Information presented	.027	2	.014	.057	.945
	Overall	4.285	2	2.143	4.088	.019
Group * Education	Cancer treatment	.584	1	.584	2.269	.135
	Side effects	2.307	1	2.307	5.513	.021
	Complementary	.486	1	.486	.497	.482
	Information presented	.078	1	.078	.323	.571
	Overall	1.619	1	1.619	3.089	.082

FINDINGS:

Cancers are mainly occurring in the age group of 40-60 years, showing 67 patients in this age group followed by 35 patients in the age group of 60-70 years. These results obtained in our study was similar to the results obtained by the study conducted by Ganjewala D (2009) in Madhya Pradesh during April,2005, in which 51% patients fell in the *5435H6 age group of 50-75%, followed by 41% in age group of 25-50 years and 8% in 0-25 years.

In a study conducted by Matsuyama RK, et al., showed, out of 138 patients, 36 patients were diagnosed with lung cancer,

33 diagnosed as gastro intestinal and the follower by 32 patients with breast cancer. Whereas in our study out of 119 patients, 35 patients were diagnosed with breast cancer followed by 22 with gastro intestinal and 17 with lung cancer.

CONCLUSION:

In conclusion, our results suggest that patients seem to show good response with satisfaction towards patient counselling upon pharmaceutical care in oncology. Patient satisfaction is beneficial to improve patients' quality of life, thereby leading

to achieve positive clinical outcome. Currently, patients are well satisfied about cancer treatment information with the general set up. But the introduction of pharmaceutical care could still improve the level of satisfaction to maximize the clinical benefits. The counseling on complementary treatments is yet to be improved as most of the patients are somehow satisfied with the information given about that. Different age groups and education levels show difference in satisfaction level and our way of approach should be set in that way to bring considerable improvement for all of them. A need based information education is always preferable to satisfy all kind of patients. We found significant progress with higher satisfaction upon knowledge on side effects and its management by the establishment of pharmaceutical care. This knowledge will improve patient compliance and enables then to cope up with further treatment modalities.

SUGGESTION:

In a study conducted by Matsuyama RK, et al., showed, out of 138 patients, 36 patients were diagnosed with lung cancer, 33 diagnosed as gastro intestinal and the follower by 32 patients with breast cancer. Whereas in our study out of 119 patients, 35 patients were diagnosed with breast cancer followed by 22 with gastro intestinal and 17 with lung cancer³⁸.

Level of education plays a role in the understanding of information given while counseling. Those with comparatively low level of education showed a higher demand for information on chemotherapy. Among 119 patients of the study, 53 % had completed a school level of

education, 39 % completed college level education and only 8% were found to be illiterate. These results are similar to the study conducted by Matsuyama RK et al.(2011). Over half the sample had completed education above high school while 25% had attained only a high school diploma or General Education Diploma (GED). 23% had less than high school³⁸.

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