

# Patient Satisfaction among Cancer Patients Receiving Palliative Care Services Provided at Tertiary Care Unit of Uttarakhand

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## ABSTRACT

**Introduction:** Even though there have been significant advances in our understanding of the advantages of early palliative care integration with disease management, many people with chronic life-threatening illnesses either do not receive any palliative care services at all or only receive them in the final stages of their illness. The aim of the present study was to assess patient satisfaction among terminally ill cancer patients for palliative care services provided at the tertiary care unit.

**Materials and methods:** The current study, which involved 100 palliative patients getting care from a palliative clinic, was an observational study with a cross-sectional design. In this study, purposive sampling was employed and an interview schedule was used to acquire the data.

**Result:** The majority of patients (40%) are between the ages of 41 and 50, live in rural areas (36%), and make <20,000 Rs/month (32%). The majority of patients had their cancer diagnosed between 3 and 6 months (40%), were receiving palliative care (66%), had begun taking morphine 3–6 months earlier (41%), and visited the hospital for palliative care every 15 days (65%). Patients who responded to the survey expressed satisfaction (44%) with the palliative care they received, the technical service level (53%) of the palliative center, and the manner in which doctors and other healthcare workers interacted with them (37%). Patients who discussed their experiences with their doctors were unanimous in saying that their medical professionals attended to their financial needs (66%) and gave them enough time during consultations (50%). Most people agree that the center's palliative care services were accessible and practical (52%).

**Conclusion:** In this research, palliative care clinic for treating medical cancer and to provide supportive/palliative care services at tertiary care facilities have expanded more slowly, and patients feel satisfied with the service.

**Keywords:** Advanced cancer, Cancer, Palliative care, Satisfaction, Terminally ill.

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## INTRODUCTION

One of the most used measures of the effectiveness of medical therapy is patient satisfaction.<sup>1</sup> Because it considers patients' needs, patient satisfaction is an active area of research that is increasingly used to direct health care.<sup>2</sup> However, tertiary healthcare organizations still lack reliable and empirically valid patient satisfaction scales.<sup>3</sup> This is particularly alarming given the fact that institution-based palliative care services have become the fastest growing sectors in health care in the United States (US) and India as well.<sup>4,5</sup>

American Society of Clinical Oncology and the National Comprehensive Cancer Network, as well as the Institute of Medicine, support early access to palliative care where oncological and palliative care services are provided concurrently.<sup>6,7</sup> In response, there has been a steady rise in the creation of nonhospice palliative care programs in cancer treatment facilities and regular hospitals across the United States.<sup>8,9</sup>

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) mandated that hospital's monitor patient satisfaction as an outcome index since it has evolved into a guiding principle for health care.<sup>8</sup> Similarly, JCAHO mandated that patient satisfaction and other care outcomes to be tracked in order to get payment.<sup>10</sup> Patient satisfaction surveys are now commonplace in all healthcare organizations.<sup>11</sup>

Both the quality of care and patient satisfaction are crucial. It is even more crucial when the patient has an illness like cancer. A cancer patient experiences significant emotional trauma, agony,

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worry, anxiety, and apprehension in addition to the sickness. There aren't many studies in India asking patients about the standard of cancer patients' care.<sup>2,12</sup> The current study attempts to determine patient satisfaction among those receiving palliative care treatments from Uttarakhand, India's tertiary care unit, in order to discover and enhance patient satisfaction in hospital-based palliative care services.

## MATERIALS AND METHODS

### Study Design

The present study was an observational study with cross-sectional design using a purposive sampling technique.

## Study Setting

Study was carried out on palliative patients who were visiting palliative clinic at All India Institute of Medical Sciences, Rishikesh, Uttarakhand, India. Data collection was done by using an interview schedule.

## Sample Size

Study was conducted on 100 palliative patients who are receiving services from palliative clinic. Structured research tools were used, which were validated from five experts of palliative care ( $r = 0.95$ , excellent reliability). Section I included sociodemographic variables of patients. Section II was modified standardized patient satisfaction scale, which included total of 18 items; two items for general satisfaction, four items for technical quality, two items for interpersonal manner, communication, financial aspects and time spent with doctor, and four items for accessibility and convenience. The modified standardized patient satisfaction scale was a 5-point rating scale. Each participant was interviewed for 15–20 minutes. Patient who was willing to participate on palliative treatment received palliative services for >1 month. Patient who has any cognitive and mental deformities and are unable to understand Hindi language were excluded.

**Table 1:** Sociodemographic variables of patient ( $n = 100$ )

S. N.	Variable	Options	f (%)
1	Age	<30 years	05 (05)
		31–40 years	30 (30)
		41–50 years	40 (40)
		>50 years	25 (25)
2	Residence	Rural	36 (36)
		Semiurban	35 (35)
		Urban	29 (29)
3	Family income (Rs/month)	<20,000	32 (32)
		20,001–30,000	30 (30)
		30,001–40,000	30 (30)
		>40,000	08 (08)
4	Educational status	Primary	08 (08)
		10th class	10 (10)
		12th class	25 (25)
		Graduate and above	57 (57)
5	Diagnosis of cancer	<3 months	25 (25)
		3–6 months	40 (40)
		>6 months	35 (35)
6	Site of cancer	Head and neck cancer	20 (20)
		Hematological malignancy	22 (22)
		GI cancer	30 (30)
		GU cancer	28 (28)
7	Type of treatment	Palliative	66 (66)
		Curative	34 (34)
8	When their morphine started?	<1 month	20 (20)
		1–3 months	39 (39)
		3–6 months	41 (41)
9	After how many days, they are visiting hospitals for palliative services	Weekly	15 (15)
		Every 15 days	65 (65)
		Monthly	20 (20)

## Ethical Approval

Ethical approval was obtained from Institute Ethical Committee. Each participant was given written consent to include in this study and their anonymity and confidentiality were maintained during the whole study.

The entire research was carried out in conformity with the Helsinki Declaration of 1975, as amended in 2000, and the ethical guidelines established by the Institution's Ethics Committee.

## RESULTS

### Sociodemographic Profile

Most of the patients belong to the age-group from 41 to 50 years (40%) and rural areas (36%). Their family income was <20,000 Rs/month (32%) and educated up to graduation level (57%). Most of the patient's diagnosis of cancer was done from 3 to 6 months (40%) and their commonest site of cancer was gastrointestinal (GI) cancer (30%). Majority were receiving palliative treatment (66%) and their pain treatment with morphine was started 3–6 months before (41%), and they were visiting the hospital for palliative service every 15 days (65%) (Table 1).

### Modified Patient's Satisfaction Scale

Most of the patients agreed (44%) that they were satisfied with palliative service they received. Majority of patients agreed (53%) from technical quality of services given by palliative center and mostly agree (50%) and satisfied with interpersonal manner how doctors and other health professional treat them. Majority of patients strongly agreed (37%) from communication with their doctors.

Mostly patients were agreeing (66%) that their financial aspects were taken care of by their treating physicians. The majority of the patients were agreeing (50%) with their doctors given adequate time to them during consultation. Most of patients agree (52%) that they found palliative service accessible and convenient at our center (Table 2).

## DISCUSSION

Palliative care services are becoming more common at cancer centers, although most patients belong to young adult age-group and belongs to rural area, whereas other studies concluded that majority belonged to 60–70 years age-group (39%).<sup>13</sup>

In present study, most patient's diagnosis of cancer was done from 3 to 6 months (40%) and another study from Bhutan also concluded that 42% of patients were diagnosed with advanced cancer and receiving palliative treatment (66%).<sup>14</sup> Another study also concluded that most patients come to hospital very late in the course of their illness.<sup>15</sup> In present study, 41% patients were on morphine treatment since 3–6 months and they were (65%) visiting to our hospital in every 15 days for palliative service. Few studies also stated that over number of years, proper symptom assessment and management is leading factors for patients to increase compliance to palliative care services.<sup>16,17</sup>

In this study, we have found steady growth in the number of new patient referrals to a palliative clinic for both the inpatient and outpatient settings, and that this figure exceeded the growth in new patient referrals of both the medical oncology and the overall cancer center. Additionally, we saw earlier referrals to the service in the patient's cancer trajectory in the outpatient facility,

**Table 2:** Modified patients satisfaction scale ( $n = 100$ )

Groups		Options				
		SA	A	U	D	SD
General satisfaction	3rd item	07	83	03	05	02
	17th item	11	05	01	77	06
	Total (200)	f (%)	f (%)	f (%)	f (%)	f (%)
		18 (09)	88 (44)	04 (02)	82 (41)	08 (04)
Technical quality	2nd item	04	84	03	08	01
	4th item	08	56	33	03	00
	6th item	01	70	22	04	03
	14th item	04	02	01	89	04
	Total (400)	f (%)	f (%)	f (%)	f (%)	f (%)
		17 (04)	212 (53)	59 (14)	104 (26)	08 (02)
Interpersonal manner	10th item	02	17	07	70	04
	11th item	05	84	05	05	01
	Total (200)	f (%)	f (%)	f (%)	f (%)	f (%)
		07 (04)	101 (50)	12 (07)	75 (37)	05 (02)
Communication	1st item	73	32	00	05	03
	13th item	02	19	01	63	02
	Total (200)	f (%)	f (%)	f (%)	f (%)	f (%)
		75 (37)	51 (25)	01 (0.5)	68 (35)	05 (2.5)
Financial aspects	5th item	06	61	04	28	01
	7th item	07	72	09	10	02
	Total (200)	f (%)	f (%)	f (%)	f (%)	f (%)
		13 (06)	133 (66)	13 (06)	38 (19)	03 (01)
Time spent with doctor	12th item	03	83	05	08	01
	15th item	06	17	00	76	01
	Total (200)	f (%)	f (%)	f (%)	f (%)	f (%)
		09 (05)	100 (50)	05 (02)	84 (42)	02 (01)
Accessibility and convenience	8th item	03	17	00	80	00
	9th item	19	77	01	03	00
	16th item	08	80	00	11	01
	18th item	56	33	03	07	01
	Total (400)	f (%)	f (%)	f (%)	f (%)	f (%)
		86 (22)	207 (52)	04 (0.5)	101 (25)	02 (0.5)

as shown by an increase in the referrals of patients with advanced cancer status.

Our current analysis reveals that there were considerable differences in referral patterns amongst providers, indicating that the adoption of palliative care by various cancer clinics was not standard. When compared to other services, such as genitourinary (GU), hematological, and other cancer types, referrals from other oncology services increased the majority of the considerable growth in referrals seen, while referrals from those services decreased significantly. The number of patients referred from GI services increased as compared to previous years, however this did not reach statistically significant levels.<sup>18</sup>

Patients survey said they were happy with the palliative care they received, with palliative center's technical service quality, doctors and other healthcare professionals treated them personally. Patients who spoke with their doctors strongly agreed that their treating physicians took care of their financial needs and doctors gave them enough time during consultations. The majority concur that our center's palliative care services were easy to access and convenient.

The lack of available space and resources is one difficult component of treating more people at earlier stages of their illnesses.<sup>19</sup> Increased growth will have an effect on existing clinic resources like space, staffing, and clinic templates, especially in the outpatient facility.<sup>12</sup> Increased referrals of new patients would make it more difficult to schedule sufficient follow-up appointments for existing patients. Our group's findings indicate that patients who are seen as outpatient consultations need early follow-up visits since many symptoms continue to be uncontrolled after the initial palliative care meeting.

## CONCLUSION

According to our research, our tertiary care institution providing palliative care services to hilly areas. Our data also imply that patients were happy and satisfied with the palliative care they received in an outpatient setting. Both the quality of care and patient satisfaction are crucial. Slower expansion of palliative care clinics for treating medical cancer and providing supportive/palliative care services at tertiary care centers has led to patient satisfaction.

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