Cancer Therapy & Oncology
International Journal
ISSN: 2473-554X

Juniper Publishers
key to the Researchers

Review Article
Volume 26 Issue 5 - May 2024
DOI: 10.19080/CTOIJ.2024.25.556200

Cancer Ther Oncol Int J

A Review of the Literature on the Distribution and Determinants of Patient Satisfaction in Oncology

Sami Smerat*, Feras Elyan, Bahaa Bashir and Khaled faqeh

Istishari Arab Hospital, Ramallah, Palestine

Submission: April 22, 2024; **Published:** May 16, 2024

Corresponding author: Sami Smerat, Istishari Arab Hospital, Ramallah, Palestine

Abstract

In the United States, cancer is one of the leading causes of morbidity and mortality. It puts patients under significant mental, physical, and emotional strain and requires them to make significant changes in many areas of their lives. As a result, the demands on health care providers to meet the complex care needs of cancer patients grow exponentially.

Patient satisfaction has recently been recognized as one of the key indicators of health care quality, and it is now being used by health care institutions to monitor health care improvement programs, gain accreditation, and develop marketing strategies. Patient satisfaction data is also used to compare and benchmark hospitals, identify high-performing institutions, and identify areas for improvement. However, due to differences in study designs, questionnaires, study populations, and sample sizes, the existing literature on patient satisfaction with the quality of cancer care they receive is inconsistent and heterogeneous. The goal of this review was to evaluate the available information on the distribution and determinants of patient satisfaction in oncology in a systematic manner. Oncology, key world: patient satisfaction, determinants.

Keywords: Patient satisfaction; Determinants; Oncology; Morbidity; Outpatient clinic

Abbreviations: PASQOC: Patient Satisfaction and Quality in Oncological Care; PSQ: Patient Satisfaction Questionnaire; QoL: Quality of Life

Introduction

In recent years, there has been a greater understanding of how patients perceive the quality of their health care [1-3]. As a result, measuring patient satisfaction has become an important tool for gaining attention and value from both health care consumers and competitors. Systematically measuring patients' perceptions of and satisfaction with their care has become increasingly important for health care professionals [2,3]. Measuring patient satisfaction entails assessing patients' perceptions and determining whether their needs were met. In oncology, patient satisfaction is measured using a variety of methods, including in-depth interviews [2,4], focus groups, panels, voluntary group consultation, and complaint and survey analyses. However, the patient satisfaction survey remains the most widely used method for objectively and systematically determining cancer patients' perceptions of the health care they received [2, 5].

Individuals facing a cancer diagnosis face a slew of physical, psychological, and educational challenges [2]. The patient who has been diagnosed with cancer is more vulnerable to stress as a result of the positive diagnosis, treatment, and possible prognosis [2,6,7]. As a result, cancer patients are predisposed to a wide range of emotional disorders, including anxiety, traumatic stress, and depression [8-10]. Long waiting times, a lack of information, and other factors can exacerbate the patient's stress. In the quest to find the perfect cancer patient questionnaire, many new ones have been developed [11,12]. Before it can be used, the instrument for measuring patient satisfaction (the questionnaire) must pass reliability and validity tests [7,13-15]. There are now valid and reliable instruments for asking cancer patients objective questions about aspects of care that both clinicians and patients believe are of high quality. Newer surveys and reports can provide interpretable results and point to specific areas for quality improvement efforts [7,12,15,16].

The type of cancer under investigation, the availability of resources, including human resources, and the motivations for

data collection all influence the choice of a questionnaire. The results can be reported at the hospital, clinic, department, or physician level [2]. The questionnaire can be filled out directly by the patient, or it can be completed with the assistance of specialized staff [2,7]. There are several questionnaires available to assess patient satisfaction in oncology. The European Organization for Research and Treatment of Cancer in patient satisfaction questionnaire (EORTC QLQ-SAT32) is one of the most commonly used. The EORTC QLQ-SAT32 was created to assess cancer patients' perceptions of the quality of medical and nursing care, as well as the organization of care and services received during their stay in an oncology unit [2,5,7]. The EORTC QLQ-SAT32 consists of 32 questions divided into three subscales evaluating: [1] the medical team; [4,7] the nursing team; [7] care and service organization; and general patient satisfaction [6].

Secondly, the EORTC QLQ-SAT32 includes a response scale with more favorable than unfavorable options for care quality [15-18]. Patient Satisfaction and Quality in Oncological Care is another commonly used questionnaire (PASQOC) [1,7,19]. The validated PASQOC® questionnaire was created in collaboration with the German Cancer Society, the KOK (Conference of Oncology Nurses), and the PICKER Institute Germany between 1998 and 2002. PASQOC® is associated with [20] different aspects of patient satisfaction: physician-patient relationship, [4] communication with physicians, [20] co-management and shared decision making, [6,7] nursing staff and other practice assistants, [7,8] pain and pain treatment, [9] side effect management, [11] involvement of family members and friends, [7,13] exchange with other patients, [14] practice organization, [16] additional information, [7,17] additional support in everyday life, [19] practice management and [20] side-effects. The Long-Form Patient Satisfaction Questionnaire (PSQ-III) is a 50-item questionnaire designed to assess patient satisfaction with medical care. In the Netherlands, the PSQ-III has been validated in oncology patients. It is written in the form of statements of opinion, with five possible responses ranging from strongly agree to strongly disagree. The PSQ-III items are divided into seven multi-item subscales: general satisfaction, technical quality, interpersonal care, communication, financial aspects, time spent with provider, and access, availability, or convenience [2,7,20,21].

The Princess Margaret Hospital Satisfaction with Doctor Questionnaire (PMH-PSQ-MD) was designed and validated specifically for outpatient oncology patients. It contains 41 statements about physicians in the categories of information exchange, interpersonal skills, empathy, and quality of time, and it has been validated for outpatient use with a Cronbach's alpha of 0.97. Patients rate statements from "strongly disagree" to "strongly agree" on a scale of 1 to 4. Scores are reversed for items that elicit negative responses. The score for each patient is the average of 41 equally weighted responses. 14 Several studies have been conducted to examine the distribution and determinants of patient satisfaction in oncology. The type of cancer population, cancer treatment setting, questionnaire, study design, sample size, and outcome measures differ between these studies. As a result, comparing these studies to one another becomes difficult. As a result, we decided to conduct a literature review on patient satisfaction in oncology with the following objectives: summarize the findings of descriptive studies that investigated patient satisfaction with cancer care and services, and identify predictors and determinants of patient satisfaction across different oncology treatment settings.

Studies Investigating Patient Satisfaction with Cancer Care and Services

It is critical to assess the levels of satisfaction in cancer patients in order to evaluate the overall impact of therapy on the patient, his psychological status, and overall quality of life (QoL) [22]. The evaluation of patient satisfaction also provides recommendations for improving care in a specific hospital [3,23]. Several studies on patient satisfaction in cancers such as gastroesophageal, [24] breast, [3,25] colorectal, [26] lung, [27] prostate, [27] and gynecological have been conducted [5].

Groff and colleagues investigated the effects of a newly designed outpatient oncology clinic on patient satisfaction, including physical environment satisfaction, wait times, continuity of care, confidentiality, and trust in providers. Patients with lung disease in the new cancer clinic were significantly more satisfied on three subscales: wait time, continuity of care, and trust in care providers, whereas patients with head and neck and gynecological diseases were significantly more satisfied with wait times. Furthermore, patients with gynecological disease were significantly less satisfied with their care. Over time, the physical environment has changed [7,20]. Kleeberg and colleagues examined outpatient cancer patients to assess their cancer care in private oncology practices and day hospitals, as well as the extent to which staff met their patients' expectations.

Younger, female patients were more dissatisfied. Breast cancer patients were the least satisfied, while prostate cancer patients were the most dissatisfied. Hospital satisfaction varied by cancer type (for patients with breast, colorectal, lung, and prostate cancer), with in-hospital care having a greater impact than out-of-hospital care. Breast, colorectal, and prostate cancers all had significant pair-wise correlations for standardized satisfaction scores, particularly when it came to in-hospital care. The sum of hospital satisfaction scores revealed significant associations across various dimensions of care [7,18,27]. Avery and colleagues conducted another study that looked at how patient satisfaction related to surgical morbidity, treatment type, and QoL outcomes after inpatient treatment for upper gastrointestinal cancer. Patients who received palliative care reported similar levels of satisfaction and QoL to those who received curative care. Patients with major morbidity, on the other hand, reported significantly

How to cite this article: Sami S, Khaled f. A Review of the Literature on the Distribution and Determinants of Patient Satisfaction in Oncology. Canc Therapy & Oncol Int J. 2024; 26(5): 556200. DOI: 10.19080/CTOIJ.2024.25.556200

lower QoL than those without morbidity. Patients with and without complications had the same level of satisfaction. There was no relationship between satisfaction and QoL scores (r 0.34).

The study concluded that patient satisfaction with hospital care is unaffected by morbidity, treatment type, or hospitalization [18,28]. Another study conducted by Bergenmar and colleagues looked at changes in patient satisfaction at an outpatient clinic. Breast cancer patients can visit this clinic. The questionnaire included 12 multiple-choice questions about waiting time, physician and nurse interpersonal skills, continuity of care, length of medical visit, communication, and expectations. Improvements were found to be statistically significant in eight of the twelve items: waiting time, length of medical treatment [18,28].

Visit, information, expectations, and care continuity. Finally, the questionnaire detected positive differences in patient satisfaction between the two measurements. Despite reported improvements, more improvements in continuity of care were still requested. In a prospective cohort of patients with recurrent gynecologic malignancies receiving chemotherapy, von Gruenigen and colleagues looked at the relationship between patient satisfaction with care and symptom severity. 39 patients' data were analyzed. There was no relationship between care quality and satisfaction and symptom severity. According to the findings of the study, patient evaluation of care may be more closely related to interpersonal aspects of the health care provider relationship than to physical symptoms. 6Egan and colleagues assessed patient satisfaction levels on a nurse-led oncology day ward. In general, satisfaction levels were found to be favorable. Over 89% of patients were pleased with the unit's staff, and 79.4% were pleased with the unit itself. In terms of how patients felt they were treated, 86.3% said they were satisfied with the unit in terms of themselves as patients.

However, some patients expressed doubts about the person who was treating them while they were in the unit. 24 Kleeberg and colleagues assessed patient satisfaction with care and quality of life (QoL) among oncological outpatients in Germany and identified the key factors that influence patients' willingness to recommend a medical facility. Breast cancer (22.9%) and intestine cancer (19.8%) were the most common cancer types. This study discovered that, while overall satisfaction was high, there were many areas for improvement, including shared decision-making, doctor-patient communication, and care organization. In many domains, QoL was significantly reduced. Patients' willingness to recommend a facility to a friend or relative is heavily influenced by the patient-provider relationship, facility setting, and information on diagnosis and treatment options [19].

Gesell and colleagues analyzed data from 5,907 cancer outpatients treated at 23 hospitals across the United States to identify the top priorities for service improvement in outpatient cancer treatment facilities. The findings indicate that meeting patients' emotional needs (being sensitive to the upheaval cancer causes in a person's life); providing information to family members and for self-care; reducing waiting times (wait to first visit, wait in registration, and wait in chemotherapy); providing convenience (ease of reaching office staff and ease of the registration process); and coordinating care among physicians and nurses are the highest priorities for quality improvement [7,29], yet another study Kavadas and colleagues conducted research to assess patients' satisfaction with esophageal and gastric cancer treatment and to identify areas that contribute the most to overall satisfaction scores. Following discharge, EORTC QLQ-SAT32 was completed. According to univariable analysis, all dimensions of satisfaction with care contributed significantly to overall satisfaction [18].

However, multivariable analyses revealed that the majority of the variation in overall satisfaction could be attributed to levels of satisfaction with doctors and nurses, as well as hospital comfort and cleanliness [18, 19]. All aspects of care did not have an equal impact on overall satisfaction. When nurses' and doctors' scores, as well as hospital comfort and convenience, were considered, the scores for waiting times, other hospital personnel, information exchange, and access to the hospital, did not explain the variability in the overall satisfaction score, and hospital comfort and cleanliness was included [5,18,24].

Bredart and colleagues investigated the feasibility of conducting an oncology patient satisfaction survey. Using a multidimensional patient satisfaction questionnaire in a hospital setting, researchers discovered that a higher global score for QoL predicted higher satisfaction with all aspects of care, and a longer hospital stay predicted higher satisfaction with the various aspects of medical and nursing care [5,7,30].

Forty-four patients felt all their questions had been answered, the other four thought this was not the case because of time constraints, feeling intimidated by the doctor, and simply that the "doctors do not know the answers". The clinic was reassuring to 46 patients, with only two experiencing anxieties. All patients preferred to see only a hospital doctor (58%) or a hospital doctor and a Macmillan nurse (42%). No patients requested a follow-up appointment with their primary care physician (GP) [5,7,31].

Discussion

Hospitals and other health care facilities use patient satisfaction data to make critical operational and treatment decisions. 58 Patient satisfaction data can also be used by health centers to design and track quality improvement over time, as well as to compare themselves to other health centers. This information is also very useful for accreditations. By conducting their own surveys, health care organizations can identify and resolve potential patient satisfaction issues, allowing them to improve their strategies. [3,7,18,30,32] having satisfaction

How to cite this article: Sami S, Khaled f. A Review of the Literature on the Distribution and Determinants of Patient Satisfaction in Oncology. Canc Therapy & Oncol Int J. 2024; 26(5): 556200. DOI: 10.19080/CTOIJ.2024.25.556200

surveys also helps the health care provider identify the specific needs of the patients [7,33].

Numerous studies have focused on patient satisfaction in oncology patients, but these investigations differ on so many dimensions, particularly the questionnaire used to assess satisfaction, that generalizing from existing findings is somewhat problematic [3,18]. Type of cancer, stage, type of treatment, patient demographics, type of study sample, institutional setting, and location are all potential confounders of satisfaction. Most importantly, a variety of questionnaires have been used to assess satisfaction as a result of a wide range of specific questions. Except for those that used the validated EORTC QLQ-SAT32 and PASQOC instruments, very few studies ask about all aspects of satisfaction [7]. This means that when comparing studies, one must be cautious and concentrate on areas of agreement rather than disagreement.

Two studies used the EORTC QLQ-SAT32 and discovered that key areas of satisfaction were with doctors, nurses, and information exchange [3,18,24,28]. They couldn't agree on where they were unhappy. The PASQOC was used in two studies, and they only agreed in part on areas of dissatisfaction (shared decision making) [3,18,19]. These studies used similar populations, and the two PASQOC studies were conducted by the same researcher [1,18]. Patients express both satisfaction and dissatisfaction with the same aspects of care, treatment, or ancillary services, such as physicians' interpersonal skills or treatment information [1,18].

Some areas are mentioned in a large proportion of the studies, while others are barely mentioned at all. Because the quality of care can vary for a variety of reasons [1,7], The key findings from existing studies are the areas in which patients express more satisfaction or dissatisfaction [1,18]. The majority of studies discovered that satisfaction with medical staff's information about a patient's illness and course of treatment is important [1,7,18]. This is closely followed by the time spent with the physician and the physician's interpersonal skills. Other important factors include appointment wait time, staff empathy for the patient, continuity of care provided, and satisfaction with the nursing staff [1,18,34]. Based on these findings, we can conclude that patients want full and complete information about their disease and its treatment, they want to be treated with respect and empathy, and they want waiting times to be as short as possible. There are additional areas of the management of pain and side effects, as well as the continuity of care, are all mentioned in more than one study [34]. Patients are unlikely to express complete satisfaction with a provider or institution unless they are very satisfied with almost all aspects of their care, but these studies can identify the most important areas [1,18].

Future research should focus on making their findings more comparable to previous research. This is best accomplished by using validated questionnaires or failing that, comprehensive questionnaires that ask about a wide range of care and treatment areas [1,18]. The most important aspect is to use satisfaction questions that have been used in other studies, including exact wording and response options. Otherwise, comparability is difficult to achieve [5,16,18,34]. Studies on which factors influence or predict patient satisfaction have been as diverse as those on the extent and dimensions of patient satisfaction. Because these studies had diverse research designs and varied in many ways, only tentative generalizations are possible. Most importantly, the studies did not agree on which factors should be included in models to predict patient satisfaction. The relationships between patient care and service ratings and patient satisfaction are all positive.

Patient satisfaction rises as ratings rise [13,34]. The effect size for various predictors of patient satisfaction cannot be determined; instead, we can summarize which factors appear most frequently as significant predictors [34,35]. Several studies also controlled for patient condition, such as type of treatment or health status, [7,19,34,36,37], and several included controls for patient demographics, such as age, gender, and education [5,7,30,38,39]. The majority of the factors that are significant predictors of patient satisfaction are related to patient care. They include nurse performance, physician performance, physician attitude toward the patient (e.g., considerate, emotional support) [7,18], and information provided to a patient about her condition and treatment plan [7,18].

Patients are usually unable to reliably judge the validity of a diagnosis or treatment plan, but they can judge whether they have been provided with adequate information and the demeanor and attitudes of their physicians [7,18]. Reassuringly, these latter factors are directly under the control of medical staff, making it possible to improve patient satisfaction with appropriate efforts [7,37]. Patient health status and satisfaction have no consistent relationship. Although one study asked about satisfaction only among patients who had been treated and were in remission, another did not. Other factors, such as being in remission, would boost satisfaction [3,18,38].

However, patient satisfaction must be monitored at all times. The treatment process, particularly for those patients with a poor diagnosis. As a result, neither the outcome of treatment nor its effect on satisfaction have been studied. The influence of demographic factors is inconsistent. For example, in some studies, age is positively related to satisfaction, but in others, it is negatively related. More research will be required to uncover any regularity in the relationship of a specific demographic factor to satisfaction, and any relationship will most likely be conditioned on other factors. An area that has received little attention is how institutional settings, such as hospital type (such as teaching or community), staff ratio, and other factors influence patient outcomes. There are a number of promising areas for future

How to cite this article: Sami S, Khaled f. A Review of the Literature on the Distribution and Determinants of Patient Satisfaction in Oncology. Canc Therapy & Oncol Int J. 2024; 26(5): 556200. DOI: 10.19080/CTOIJ.2024.25.556200

research. Patient demographics, clinical conditions, and treatment programs should all be thoroughly measured in studies so that they can be used as controls in models predicting satisfaction.

Because patient satisfaction is linked to the behavior of physicians and other primary health care providers, learning more about provider behaviors when interacting with patients would be extremely beneficial. This data could help us understand how better providers meet their patients' information needs while also treating them with empathy and respect. With large enough databases, it should be possible to assess differences in predictors of satisfaction by cancer type and treatment type [2,7,34,37]. If there are differences, it may be possible to increase patient satisfaction by focusing efforts on a specific group of patients rather than on all patients. Cross-institutional and cross-national efforts should be encouraged to learn how, if at all, factors unique to a particular institution or location influence patient satisfaction. Longitudinal data, following the same patient over time and recording satisfaction at regular intervals, is ideal [2,5,37]. This will allow for more sophisticated statistical models and, more importantly, the development of causal models that can more robustly determine the direct and indirect influences on patient satisfaction.

References

1. Kleeberg UR, Feyer P, Günther W, Behrens M (2008) Patient satisfaction in outpatient cancer care: a prospective survey using the PASQOC® questionnaire. Support Care in Cancer 16(8): 947-954.
2. Elyan F, Smerat S, Bashir B (2023) Urchal Adenocarcinoma and Immunotherapy Treatment: Case Report from Palestine. Cancer Sci Res 6(1): 1-4.
3. Smerat S, Adwan S, Khatib M, Owenian HF, Alfaqih K (2023) Pulmonary AVM and Stroke: Case Report from Istishari Arab Hospital. Eur J Med Health Sci 5(2): 24-26.
4. Williams B, Coyle J, Healy D (1998) The meaning of patient satisfaction: an explanation of high reported levels. Soc Sci Med 47(9): 1351-1359.
5. Can G, Akin S, Aydiner A, Ozdilli K, Durna Z (2008) Evaluation of the effect of care given by nursing students on oncology patients' satisfaction. Eur J Oncol Nurs 12(4): 387-392.
6. Stiefel F, Razavi D (1994) Common psychiatric disorders in cancer patients: II. Anxiety and acute confusional states. Support Care Cancer 2(4): 233-237.
7. Smerat S, Alarab A, Sada MG, Al Hroush I, Muhsen MA, et al. (2022) Assessment of Deep Vein Thrombosis Using Multidetector Computed Tomography After Arthroplasty: A Retrospective Comparative Study with Doppler Sonography. Eur J Med Health Sci 4(6): 32-38.
8. Stefanek ME, Derogatis LP, Shaw A (1987) Psychological distress among oncology outpatients: prevalence and severity as measured with the Brief Symptom Inventory. Psychosomatics 28(10): 530-539.
9. Von Gruenigen VE, Hutchins JR, Reidy AM, Gibbons HE, Daly BJ, et al. (2006) Gynecologic oncology patients' satisfaction and symptom severity during palliative chemotherapy. Health Qual Life Outcomes 4: 84.
10. Smerat S, Dwaik M (2023) Review of clinical presentations, pathogenesis, and treatment for myocarditis associated with Covid-19. J Clin Med Img Case Rep 3: 1602.
11. Thomas S, Glynne-Jones R, Chait I (1997) Is it worth the wait? A survey of patients' satisfaction with an oncology outpatient clinic. Eur J Cancer Care 6(1): 50-58.
12. Dwaik M, Bsharat M, Sandoka A (2023) Extra cardiac Findings on CT Coronary Angiography. Cardiol Vasc Res 7(2): 1-4.
13. Apolone G, Mosconi P (2005) Satisfaction surveys: do we really need new questionnaires? Int J Qual Health Care 17(6): 463-464.
14. Sitzia J (1999) How valid and reliable are patient satisfaction data? An analysis of 195 studies. Int J Qual Health Care 11(4): 319-328.
15. Mashahreh M, Smerat S, Muhammad H (2019) Assessment of diagnostic ultrasound for abdomen and pelvis service in Palestine towards national diagnostic reference levels for ultrasound reporting.
16. Cleary PD (1999) The increasing importance of patient surveys: Now that sound methods exist, patient surveys can facilitate improvement. Br Med J 319(7212): 720-721.
17. Bredart A, Mignot V, Rousseau A, Dolbeault S, Beauloye N, et al. (2004) Validation of the EORTC QLQ-SAT32 cancer inpatient satisfaction questionnaire by self-versus interview-assessment comparison. Patient Education and Counseling 54(2): 207-212.
18. Smerat S, Samra MA, Sada MG, Alarab A, Al Hroush I, et al. (2020) Correlation of Chest CT and RT-PCR Testing for Coronavirus Disease 2020 (COVID-19) in Palestine: A Report of 200 Cases. Eur Med J Health Sci 3(2).
19. Kleeberg UR, Tews JT, Ruprecht T, Hoing M, Kuhlmann A, Runge C (2005) Patient satisfaction and quality of life in cancer outpatients: results of the PASQOC* study. Support Care in Cancer 13: 303-310.
20. Groff SL, Carlson LE, Tsang K, Potter BJ (2008) Cancer patients' satisfaction with care in traditional and innovative ambulatory oncology clinics. J Nurs Care Qual 23(3): 251-257.
21. Landen CN, Younger NO, Sharp BAC, Underwood PB (2003) Cancer patients' satisfaction with physicians: Princess Margaret Hospital satisfaction with doctor questionnaire results. Am J Obstet Gynecol 188(5): 1177-1179.
22. Feyer P, Kleeberg UR, Steingräber M, Günther W, Behrens M (2008) Frequency of side effects in outpatient cancer care and their influence on patient satisfaction-a prospective survey using the PASQOC® questionnaire. Support Care in Cancer 16(6): 567-575.
23. Skarstein J, Dahl AA, Laading J, Fosså SD (2002) Patient satisfaction'in hospitalized cancer patients. Acta Oncologica 41(7): 639-645.
24. Kavadas V, Barham C, Finch-Jones M, Vickers J, Sanford E (2004) Assessment of satisfaction with care after inpatient treatment for oesophageal and gastric cancer. J Br Surg 91(6): 719-723.
25. Defossez G, Mathoulin-Pelissier S, Ingrand I, Gasquet I, Sifer-Riviere L, et al. (2007) Satisfaction with care among patients with non-metastatic breast cancer: development and first steps of validation of the REPERES-60 questionnaire. BMC Cancer 7: 129.
26. Mathiesen TP, Willaing I, Freil M, Jorgensen T, Andreasen AH, et al. (2007) How do patients with colorectal cancer perceive treatment and care compared with the treating health care professionals? Med Care 45(5): 394-400.
27. Sherlaw-Johnson C, Datta P, Mccarthy M (2008) Hospital differences in patient satisfaction with care for breast, colorectal, lung and prostate cancers. Eur J Cancer 44(11): 1559-1565.

How to cite this article: Sami S, Khaled f. A Review of the Literature on the Distribution and Determinants of Patient Satisfaction in Oncology. Canc Therapy & Oncol Int J. 2024; 26(5): 556200. DOI: 10.19080/CTOIJ.2024.25.556200

28. Avery KN, Metcalfe C, Nicklin J, Barham CP, Alderson D, et al. (2006) Satisfaction with care: an independent outcome measure in surgical oncology. Ann Surg Oncol 13(6): 817-822.

29. Gesell SB, Gregory N (2004) Identifying priority actions for improving patient satisfaction with outpatient cancer care. J Nurs Care Qual 19(3): 226-233.

30. Bergenmar M, Nylén U, Lidbrink E, Bergh J, Brandberg Y (2006) Improvements in patient satisfaction at an outpatient clinic for patients with breast cancer. Acta Oncologica 45(5): 550-558.

31. Vashisht CD, Handscomb K, Smith JR, Bridges JE, (2000) Patient satisfaction with the care provided at a gynaecology oncology clinic. J Obstet Gynaecol 20(2): 183-184.

32. Bolus R, Pitts J (1999) Patient satisfaction: the indispensable outcome. Manag Care 8(4): 24-28.

33. Wiggers JH, Donovan KO, Redman S, Sanson-Fisher RW (1990) Cancer patient satisfaction with care. Cancer 66(3): 610-616.

34. Khatib M, Salman M, Smerat S, Muhsen MA (2021) The Diagnosis of Unilateral Diaphragmatic Paralysis Using M-mode: A Case Report from Palestine. Eur J Med Health Sci 3(6): 1-4.

35. Häggmark C, Bohman L, Ilmoni-Brandt K, Naslund I, Sjödén PO, et al. (2001) Effects of information supply on satisfaction with information and quality of life in cancer patients receiving curative radiation therapy. Patient Educ Counsel 45(3): 173-179.

36. Brédart A, Coens C, Aaronson N, Chie WC, Efficace F, et al. (2007) Determinants of patient satisfaction in oncology settings from European and Asian countries: preliminary results based on the EORTC IN-PATSAT32 questionnaire. Eur J Cancer 43(2): 323-330.

37. Brédart A, Razavi D, Robertson C, Didier F, Scaffidi E, et al. (2001) Assessment of quality of care in an oncology institute using information on patients' satisfaction. Oncology 61(2): 120-128.

38. Walker MS, Ristvedt SL, Haughey BH (2003) Patient care in multidisciplinary cancer clinics: does attention to psychosocial needs predict patient satisfaction? Psychoncology 12(3): 291-300.

39. Jones R, Pearson J, Mcgregor S, Gilmour WH, Atkinson JM, et al. (1999) Cross sectional survey of patients' satisfaction with information about cancer. BMJ 319(7219): 1247-1248.

DOI: 10.19080/CTOIJ.2024.25.556200

How to cite this article: Sami S, Khaled f. A Review of the Literature on the Distribution and Determinants of Patient Satisfaction in Oncology. Canc Therapy & Oncol Int J. 2024; 26(5): 556200. DOI: 10.19080/CTOIJ.2024.25.556200