



A Descriptive Cross-sectional Study to Assess the Patients Perception of the Quality of Nursing Care Among Cancer Patients Admitted in Oncology Wards at GKNM Hospital, Coimbatore.

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ABSTRACT

Cancer ranks as a leading cause of death and is an important barrier to increasing life expectancy in every country of the world. According to World Health Organization (WHO) report in 2019, cancer is the first major cause of death before the age of 70 years. Cancer has been identified as a deadliest lifestyle disease and is a serious threat to modern medicine. Tumours causes around 90,000 deaths worldwide, with 1,20,000 new cases annually. The mortality due to cancer has increased two fold in women and three fold in men during the last 40 years. The World Health Organization (WHO) predicts that the amount of new cancer diagnosis will increase from 19 million to 21.7 million by 2030 and 24 million by 2035.

Numerous psychosocial and work related stressors with regard to patient and family care, peer relations, work timings, the physical risks involved like radiation, acquiring infectious diseases are common in hospital settings. The presence of chronic psychological stress among health care members, as a result of the above factors, can result in burnout, which is a syndrome identified by the presence of emotional fatigue, depersonalisation and decreased job satisfaction. Oncology units need meticulous attention and nurses in the oncology units provide care to people with diseases which may end in death. Hence they must be able to witness and support grieving process of patients, family, communicate unhappy facts and make decisions in difficult situations inspite of the burnout impacting the quality of care. Ensuring quality nursing care service is essential for maximal patient outcomes. Patients perception of quality of nursing care is the personal feeling or view of the nursing care during hospital stay. Assessing patient's perception could be the best way of assessing quality of nursing care. **Method:** A descriptive cross sectional research method, Structured interview questionnaire to assess the patients perception was adopted for this study. Total 91 Samples were selected using non- probability purposive sampling method. Data were collected by using structured interview questionnaire. **Result:** More than half 57(63%) of the samples

had perceived of the quality of nursing care was fair. About half 52(57%) of the samples, perceived that the level of responsiveness of nurses was fair Majority 64(71%) of the samples had perceived the level of individualization of nursing care as fair. Nearly half 43(47%) of the samples had perceived the level of coordination of nursing care as good. More than half 60 (66%) of the samples had perceived the level of proficiency of nursing care as fair. Mean and standard deviation of level of patients perception was (m=69.2, sd=21.40) responsiveness, (m=28.46, sd=8.61) individualization, (m=8.47, sd=3.17) coordination, (m=12.56, sd=5.08) proficiency. There was a significant association between the level of patients perception with marital status. This should be taken up as an alarming situation in the current health care scenario, where the aim of nursing service is providing the maximum possible quality of service. The findings of the study revealed that the patient's perception of the quality of nursing care is a very crucial aspect to be concentrated upon by the oncology nurses at present and in future.

INTRODUCTION

The National Cancer Registry, 2020, states in its report that cancer burden of India would raise from 1.39 million to 1.57 million by 2025.

Oncology patients may suffer from a wide range of physical, psychological, financial and social problems that impact upon their Quality of Life (QOL). These include chronic side effects occurring due to treatment, physical limitations, functional limitations, lifestyle modifications, affected relationships and arranging for care givers that impacts work or education. These issues place a great burden upon the cancer patients, their families as well as the society by means of loss of productivity and on health care systems as they struggle to meet the needs of the increasing oncology survivors .

The shift towards individualized care depends on assessing the needs of cancer patients. The assessment of needs includes assessing the problems experienced by cancer patients directly and identifying the priority of the need. Research evidences states that assessing and managing the issues of cancer patients may improve health outcomes, QOL and satisfaction with care.

According to Watson's theory, caring can be practiced only interpersonally. The nurse-patient relationship forms the foundation for nursing care. The nursing care should be planned with mutual consent between nurses and patients as what is nurse caring behaviours. Nurses cannot be assured that their behaviour is consistent with patients perceptions of the nursing care. The nurses cannot predict that patients perceive caring efforts as they are perceived by the nurses themselves. To avoid these problems, it is essential that nurses check empirically that the care needs are met.

OBJECTIVES

- To assess the level of perception of the quality of nursing care among cancer patients.
- To associate the level of perception of the quality of nursing care among cancer patients with selected demographic variables.

METHOD

RESEARCH APPROACH

Quantitative research approach

RESEARCH DESIGN

Descriptive cross sectional research design

RESEARCH SETTING

Oncology ward, GKNM Hospital, Coimbatore

POPULATION

Oncology patients above 18

SAMPLE

SAMPLE SIZE

91 Oncology patients

SAMPLE TECHNIQUE

Non probability Purposive sampling technique

INCLUSION CRITERIA

- Age above 18 years.
- Patients admitted in oncology wards at least for 2 days.
- Patients who were willing to participate in the study.
- Patients who can understand and speak in Tamil, English.

EXCLUSION CRITERIA

- Patients who were severely ill and cannot co-operate for the study.
- Patients who were not oriented.
- Patients who were not willing.

SELECTION AND DEVELOPMENT OF RESEARCH TOOL

Oncology Patient's Perception of the Quality of Nursing Care Scale (OPPQNCS) were used to collect data.

DESCRIPTION OF TOOLS

It consists of three sections

Section A: Demographic variables

It consists of demographic variables of subjects such as age, sex, marital status, education, occupation and monthly income.

Section B: Clinical variables

It consists of clinical variables of subjects such as type of cancer, stage of cancer, length of hospital stay, previous history of hospitalization.

Section C: Oncology Patient's Perception of the Quality of Nursing Care Scale

This section consists of a structured Questionnaire consisting of 40 questions. The items were distributed under the following content areas.

Area of perception	Number of questions
Responsiveness	22
Individualization	10
Co-ordination	3
Proficiency	5
Total N.o Questions	40

The maximum score for each question was 6. The total score was 240.

RESULTS AND FINDINGS

The present study has revealed that majority of respondents reveals that, about 3(3%) samples perceived the overall quality of nursing care as excellent, 31(34%) samples perceived nursing care as good and nearly half of the samples 57(63%) perceived the quality of nursing care as fair. About half 52(57%) of the samples, perceived that the level of responsiveness of nurses was fair ($m=69.2, sd=21.40$). More than half 64(71%) of the samples perceived the level of individualization of nursing care as fair ($m=28.46, sd=8.61$). Nearly half 43(47%) of the samples perceived the level of co-ordination of nursing care was good ($m=8.47, sd=3.17$). More than half 60(66%) of the samples perceived the level of proficiency of nurses as fair ($m=12.56, sd=5.08$). Findings of the Chi square value were showing that there was a significant association between the level of perception and marital status.

Table 1- Analysis and interpretation of demographic data

S.No	Demographic variables	Frequency	Percentage
1	Age in years		
	a) <30	2	2
	b) 31-40	10	11
	c) 41-50	22	24
	d) >50	57	63
2	Sex		
	a) Male	24	26
	b) Female	67	74
3	Marital status		
	a) Married	88	97
	b) Unmarried	3	3
	c) Divorcee	-	-
	d)Widow/ Widower	-	-
4	Education		
	a) Illiterate	19	21
	b) School level	45	50
	c) Under graduation	14	15
	d) Post graduation	13	14
5	Occupation		
	a) Unemployed	43	47
	b) Self-employed	30	33
	c)Government employee	7	8
	d) Private employee	11	12
6	Monthly Income (Rs)		
	a) <10,000	36	40
	b) 11,000-30,000	39	43
	c) 31,000-50,000	11	12
	d) >50,000	5	5

Table 2- Analysis and interpretation of clinical data

S.No	Clinical variables	Frequency	Percentage (%)
1	Type of cancer		
	a) Lung	8	9
	b) Head and neck	16	18
	c) Pancreas	4	4
	d) Gynecological	48	53
	e) Others	15	16
2	Stage of cancer		
	a) Primary lesion	69	76
	b) Metastasis	22	24
3	Length of hospital stay		
	a) 2 days	68	75
	b) 3 days	20	22
	c) >3 days	3	3
4	Previous history of hospitalization		
	a) Yes	64	70
	b) No	27	30

Table 3- Overall Level of Patient's Perception of the Quality of Nursing Care

S.No	Level of Perception	Frequency	Percentage (%)
1	Poor	-	-
2	Fair	57	63
3	Good	31	34
4	Excellent	3	3

The table reveals that, about 3(3%) samples perceived the overall quality of nursing care as excellent, 31(34%) samples perceived nursing care as good and nearly half of the samples 57(63%) perceived the quality of nursing care as fair. None of the sample perceived the quality of nursing care as poor.

Table 3.1: Analysis and Interpretation of level of responsiveness in nursing care

S.No	Level of responsiveness	Frequency	Percentage (%)
1	Poor	3	3
2	Fair	52	57
3	Good	24	26
4	Excellent	12	14

The table reveals that 12(14%) samples perceived that there was excellent responsiveness by nurses when providing care, 24(26%) samples perceived there was good responsiveness, more than half of the 52(57%) samples perceived the responsiveness was fair and 3(3%) samples perceived the level of responsiveness of staff nurses as poor.

Table 3.2: Analysis and Interpretation of level of individualization in nursing care

S.No	Level of individualization	Frequency	Percentage (%)
1	Poor	2	2
2	Fair	64	70
3	Good	21	23
4	Excellent	4	5

The table reveals that, 4(5%) samples perceived that there was excellent level of individualized nursing care, 21(23) samples perceived there was good level of individualized nursing care, more than half 64(70%) of the samples perceived the level of individualized nursing care was fair and 2(2%) samples perceived the level of individualized nursing care was poor.

Table 3.3: Analysis and Interpretation of level of co-ordination in nursing care

S.No	Level of co-ordination	Frequency	Percentage (%)
1	Poor	4	5
2	Fair	38	42
3	Good	43	47
4	Excellent	6	6

The table 3.3 reveals that, 6(6%) samples perceived that there was excellent co-ordination among nurses providing care, nearly half of the 43(47%) samples perceived there was good co-ordination, 38(42%) samples perceived that there was fair co-ordination and 4(5%) samples perceived the level of co-ordination among staff nurses was poor.

Table 3.4: Analysis and Interpretation of level of proficiency in nursing care

S.No	Level of proficiency	Frequency	Percentage (%)
1	Poor	11	12
2	Fair	60	66
3	Good	15	16
4	Excellent	5	6

The table 3.4 reveals that, 5(6%) samples perceived that there was excellent proficiency by nurses providing care, 15(16%) samples perceived there was good proficiency, majority 60(66%) of the samples perceived level of proficiency was fair and 11(12%) samples perceived the level of proficiency of staff nurses as poor.

Table 4: Mean and standard deviation of level of patient's perception score

S.No	Patients perception	Mean(M)	Standard deviation(Sd)
1	Responsiveness	69.2	21.40
2	Individualization	28.46	8.61
3	Co-ordination	8.47	3.17
4	Proficiency	12.56	5.08

The mean score of samples in the level of responsiveness was 69.2, whereas standard deviation was 21.40; the mean individualization score was 28.46, whereas the standard deviation was 8.61; the mean score of coordination nurses was 8.47, whereas standard deviation was 3.17 and in proficiency the mean score of sample was 12.56, whereas standard deviation was 5.08.

Table 5: Association of level of patients perception of the quality of nursing care with demographic variables

S.No	Demographic Variables	Patients Perception			Chi-square	Df	Signif. Value
		Fair	Good	Excellent			
1	Age in years						
	a) <50	19	14	1	1.2219	2	.542847
b) >50	38	17	2				
2	Sex						
	a) Male	13	10	1	1.001	2	.606215
b) Female	44	21	2				
3	Marital status						
	a) Married	57	29	2	8.9399	2	.011448 *
b) Single	1	1	1				
4	Education						
	a) Illiterate	11	6	2	3.9371	2	.13966
b) Eductaed	46	25	1				
5	Occupation						
	a) Unemployed	24	16	2	1.2556	2	.533762
b) Employed	33	15	1				
6	Monthly Income						
	a) <30,000	50	27	2	1.1067	2	.57502
b) >30,000	7	4	1				

Level of Significance at $P < 0.05$ (* indicates Significant)

The table revealed that there was a significant association between the level of perception and marital status. There was no significant association between demographic variables like age, sex, education, occupation, monthly income and level of perception.

RECOMMENDATIONS

Training can be provided to the staff nurses on assessment of patient's perception of quality of nursing care.

This study can be conducted to specific units in the oncology wards with large samples.

CONCLUSION

The patient's perception of quality of nursing care is a very crucial aspect of patient satisfaction among oncology inpatients during their medical treatment. This study was taken up to assess the level of patients perception of the quality of nursing care among cancer patients admitted at GKNM hospital, Coimbatore. The Oncology Patient's Perception of the Quality of Nursing Care Scale (OPPQNCS) was used to measure the level of cancer patient's perception. This study concluded that the overall level of quality of nursing care perceived by oncology patients is fair.

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