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Patient satisfaction with chemotherapy nursing care: A review of the literature

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Abstract

Background: Health efforts are a series of activities carried out in an integrated, integrated, and sustainable manner to maintain and improve the health status of the community. The quality or quality of health services can be seen from several perspectives, namely the perspective of the health service provider, the perspective of the funder, the perspective of the owner of health care facilities, and the perspective of the patient. Dissatisfaction with chemotherapy services included chemotherapy rooms that had toilets that were not clean and comfortable, nurses putting infusions with several punctures, unfriendly staff, menu display, and food variations that were less attractive.

Purpose: A review of the literature to analyse patient satisfaction with chemotherapy nursing care

Method: This study uses a literature study with the keywords patient satisfaction in the chemotherapy section of the hospital in a database from scientific publications Science Direct, Scopus, ProQuest, Springer Link, Google Scholar, JSTOR, and Emerald Insight with a population of 1180 articles over the last 5 years, then selected into 10 articles according to the inclusion criteria.

Results: From 10 articles that matched the inclusion and exclusion criteria, it was found that several factors had a relationship with patient satisfaction in the chemotherapy department, namely the quality of the reliability dimension, the quality of the responsiveness dimension, the quality of the assurance dimension, the quality of the empathy dimension, and the quality of the tangible dimension.

Conclusion: From a review of the results of most articles, it shows that there is a relationship between the Quality Dimension of Reliability, Quality of Responsiveness Dimension, Quality of Assurance Dimension, Quality of Empathy Dimension, Quality of Tangible Dimension with patient satisfaction in the chemotherapy section of the hospital.

Keywords: Chemotherapy; Patient satisfaction; Health service quality; Nursing care

INTRODUCTION

Health efforts are a series of activities carried out in an integrated, integrated and sustainable manner to maintain and improve the health status of the community in the form of disease prevention, health promotion, disease treatment, and health restoration by the government and the community (Shah, Yan, Tariq, & Ali, 2021).

Hospital is a health service institution that provides complete individual health services that provide inpatient, outpatient, and emergency services. The

basic essence of the hospital is to meet the needs and demands of patients so that health problems can be handled properly. Patients expect services that are ready, fast, responsive and comfortable for patient complaints (Webster, Burke, Ware, Jones, Vattakalam, Tergas, Wright, & Hou, 2018).

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of health care facilities and the perspective of the patient (Samoil, Abdelmutti, Gallagher, Jivraj, Quartey, Tinker, Giuliani, Trang, Ferguson, & Papadakos, 2021). Measuring patient satisfaction has become an integral part of hospital management strategies worldwide. The quality of health services and customer satisfaction are indicators of the success of service delivery in hospitals (Karakaya, Gul, & Çelik, 2022).

Cancer is a public health problem both in the world and in Indonesia. Cancer tends to increase over time. WHO estimates that by 2030 there will be 26 million people suffering from cancer and 17 million of them are expected to die. In Indonesia, the number of new cases of cancer was 348,809 cases with an estimated death of 207,210 people, the prevalence of cancer was recorded at 42.1 per 100,000 population (Ministry of Health of the Republic of Indonesia, 2010; Ministry of Health of the Republic of Indonesia, 2019).

Chemotherapy is cancer therapy using cytostatic drugs that are inserted into the body via intravenous or oral route. Chemotherapy is a form of maintenance therapy that is quite long, it may require a long period of time or a period of intensive therapy (Loiselle, 2019).

Effective interaction between health workers and patients is a supporting factor in improving the quality of life of cancer patients where cancer patients have a longer treatment time than other patients, which means that their interactions with health workers are more frequent so that interpersonal skills from health workers are needed in addition to the emotional factors of patients as well can be accommodated more comprehensively (Clemons, Dranitsaris, Sienkiewicz, Sehdev, Robinson, Mates, Hsu, McGee, Freedman, Kumar, Fergusson, Hutton, Vandermeer, & Hilton, 2020).

Dissatisfaction with chemotherapy services included chemotherapy rooms that had toilets that

were not clean and comfortable, nurses put infusions with several punctures, unfriendly staff, menu display and food variations that were less attractive. Patient satisfaction varies depending on the patient's perception of the service received. Because of the description above, the writing of this literature review aims to analyze patient satisfaction in the chemotherapy section.

RESEARCH METHOD

This research is a literature review. Literature review is a method of reviewing research on a particular topic that emphasizes single questions that have been identified, assessed, selected, and concluded systematically according to predetermined criteria based on high-quality research evidence that is relevant to the research question. The source of this research data comes from literature obtained via the internet in the form of scientific research results from several sources. Data collection was done through internet searching by entering keywords, namely chemotherapy patient satisfaction.

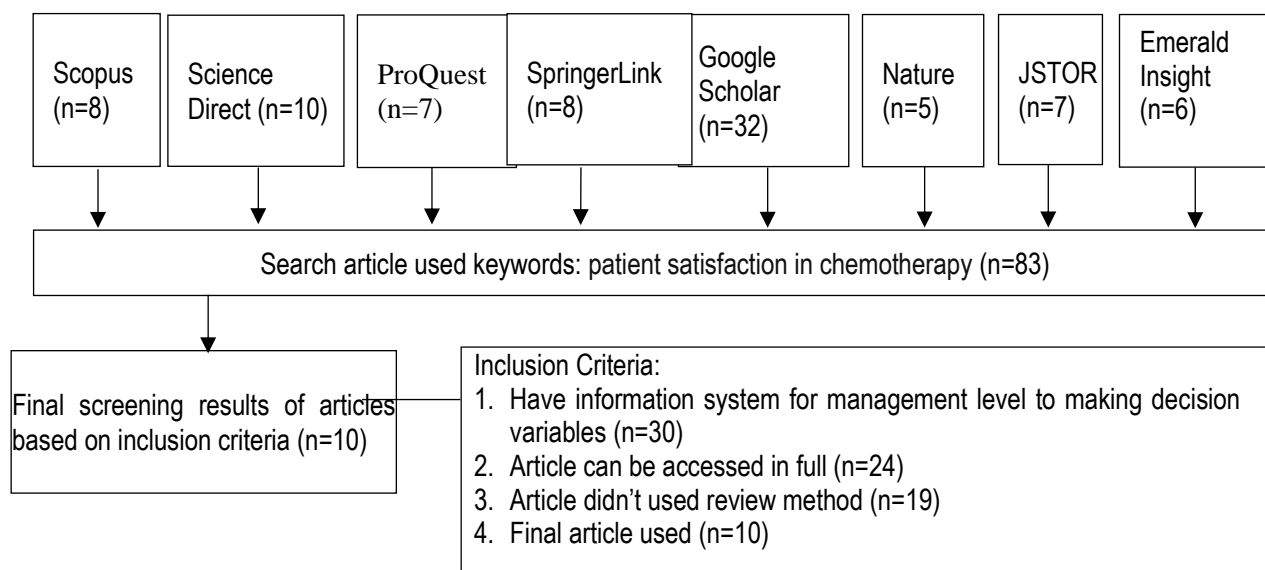
The population in this study is research with a focus on evaluating patient satisfaction in the chemotherapy department from 1999 to 2022. There were 10 research results obtained from scientific publications Science Direct, Scopus, ProQuest, Springer Link, Google Scholar, JSTOR and Emerald Insight. Quantitative data were obtained which were then analyzed systematically in order to obtain discussions and conclusions that represent the contents of the literature review.

After the writer selects and extracts each predetermined article, then the writer describes the article by dividing the categories: main idea, author's name, year, indicators and Similarity of Research Findings. Ten selected articles have research titles related to patient satisfaction in chemotherapy.

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RESEARCH RESULTS**Figure. Flow Chart Screening Article**

Based on synthesized articles. There are 5 main ideas related to this review. The main idea is the speed of service strategy, product completeness strategy, service friendliness strategy, service accuracy strategy, service convenience strategy, and salesperson professionalism strategy. These five things are interrelated to find out related to service and patient satisfaction in the chemotherapy section of the hospital.

Table. Article Synthesis Result

Main Idea	Indicator	Similarities of Research Findings
Quality Dimension Reality (Shah, Yan, Tariq, & Ali, 2021) (Webster, Burke, Ware, Jones, Vattakalam, Tergas, Wright, & Hou, 2018)	Improve the ability of officers to provide solutions or alternatives to customers, maintain gentleness of greeting, always say thank you at the end of the transaction.	Nurses give drugs properly and correctly, Accuracy of chemotherapy implementation according to a set schedule, Officers provide services according to procedures, Nurses provide consistent service according to applicable working hours, Prescription drugs are available at pharmacies.
Quality dimension responsiveness (Samoil, Abdelmutti, Gallagher, Jivraj, Quartey, Tinker, Giuliani, Trang, Ferguson, & Papadakos, 2021) (Karakaya, Gul, & Çelik, 2022)	Maintaining promotion and outreach, maintaining a productive workforce	Nurses are quick to respond in dealing with complaints, Doctors come quickly when needed or when patients call, Nurses come quickly when needed or when patients call Nurses quickly recognize changes in the patient's deteriorating condition and are able to take immediate action, Fast service waiting time.

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Quality assurance dimension (Loiselle, 2019) (Clemons, Dranitsaris, Sienkiewicz, Sehdev, Robinson, Mates, Hsu, McGee, Freedman, Kumar, Fergusson, Hutton, Vandermeer, & Hilton, 2020)	Providing seven-day service for 24 hours non-stop, the officer informs about the number of queues to wait and the estimated time to provide non-concocted drugs to customers.	The nurse identifies the patient before giving chemotherapy (asking for the name, date of birth), the nurse is friendly and polite to the patient, the nurse performs hand hygiene before and after giving action to patients, skilled and competent nurses. At work, nurses use complete Personal Protective Equipment, in the form of masks, gloves and protective clothing when performing chemotherapy services.
Empathy dimension quality (Cutshall, Mahapatra, Hynes, Van Rooy, Looker, Ghosh, Schleck, Bauer, & Wahner-Roedler, 2017) (Sitzia & Wood, 1999)	Recruiting experienced human resources, recruiting competent human resources in the pharmaceutical field.	Nurses in carrying out actions are always careful and attentive, nurses are patient in dealing with patient complaints, nurses are able to provide a sense of security and comfort, nurses always establish good communication with patients, nurses pay attention to the psychological, emotional, spiritual and cultural concerns of patients and family.
Tangible dimension quality (Djambazov, Giammanco, & Gitto, 2019) (Xiao, Chow, Tang, & Chan, 2022)	Maintaining the physical facilities of the pharmacy installation.	Comfortable waiting room, clean and tidy chemotherapy room, adequate bed facilities, clean hand washing facilities and complete soap, tissue, clean patient bathroom/WC and available complete with soap, tissue.

DISCUSSION

Quality Dimension Reality

Reliability is the ability to carry out the promised services consistently and reliably (accurately) (Dahliah, Karsa, Sommeng, Safei, & Magfirah, 2021). Reliability in this study includes the service procedures provided, the accuracy of chemotherapy implementation according to schedule, and the drugs prescribed by doctors are available at pharmacies. The accuracy of chemotherapy implementation according to the specified schedule is the suitability of the time for chemotherapy to be carried out with a predetermined schedule (Nurani, Kaseke, & Mongan, 2021). The aim is to describe the reliability of chemotherapy services and the accuracy of chemotherapy scheduling. Chemotherapy can be given weekly alone or weekly in combination with radiation. Giving can also be given once every three weeks (Fortuné, Ngatali, Litingui, Ferdinand, Kabore, Kisimba, & Engkoua-Mbon, 2021).

Before the patient received the schedule for chemotherapy, the patient had gone through the preparation and planning stages. Patient assessment and chemotherapy administration instructions were written by the oncology specialist concerned at the polyclinic of each cancer case in the initial assessment form for new outpatients or an integrated record form for old outpatients, or inpatient assessments. The choice of regimen is the type of cancer, treatment plan, laboratory assessment of liver function, kidney, heart function, cardiology, echo, type of regimen/therapy protocol, prescription writing, determining the number of cycles, and determining the dose (Arden, Rutka, Ye, & Robertson, 2021).

Quality Dimension Responsiveness

Waiting time for chemotherapy services is the patient's waiting time for services starting from the

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patient's arrival at the patient's reception to receiving doctor services/chemotherapy procedures, where the indicator of hospital waiting time (Outpatient Installation) is less than 60 (sixty) minutes (Rai, Singh, Kushwah, & Dubey, 2017). The length of patient waiting time reflects how the hospital manages service components that are tailored to the patient's situation and expectations. Waiting time is synonymous with boredom, anxiety and long waiting times have the risk of reducing patient satisfaction and service quality. Availability of existing human resources both doctors and nurses play an important role in providing chemotherapy, managing side effects, stabilizing patients during emergencies, documenting important information in patient care progress records, providing counseling to patients and family members, and triaging patient questions and problems (Mackay, Van Rijssen, Andriessen, Suker, Creemers, Eskens, De Hingh, Van de Poll-Franse, Sprangers, Busch, Wilmink, Van Eijck, Besselink, & Van Laarhoven, 2020).

Quality Assurance Dimension

The assurance dimension means that employees/staff are competent, courteous, trustworthy, free from danger and free from risk and doubt (Nguyen, Anota, Brédart, Monnier, Bosset, & Mercier, 2014). This dimension includes several components including communication, credibility, security, competence and courtesy. The assurance indicator used refers to chemotherapy nursing management in the Regulation of the Minister of Health Number 10 of 2015 concerning nursing service standards in special hospitals. Management in the administration of chemotherapy is provided by cancer nurses with special competencies (Samant, Cisa-Paré, Balchin, Renaud, Bunch, Wheatley-Price, McNeil, Murray, & Meng, 2021). Nursing care given to patients undergoing chemotherapy begins in preparation, during administration and after administration (EL Marnissi, Abbass, Charaka, Mouhoute, Tritha, Bouhafa, & Hassouni, 2019).

Every patient basically wants to be treated well by the hospital management. There is a guarantee that patients who come will be served well by the hospital management, will provide a sense of security to

patients, so that the patient's personal stability will increase. Thus, their trust in the hospital will increase (Abetz, Coombs, Keininger, Earle, Wade, Bury-Maynard, Copley-Merriman, & Hsu, 2005). The relationship between the dimensions of assurance and patient satisfaction is that assurance has a positive and significant effect on patient satisfaction. The better the patient's perception of the guarantee, the higher the satisfaction, and if the patient's perception of the guarantee is bad, the lower the satisfaction (Gomez-Cano, Lyrtatzopoulos, & Abel, 2020).

Empathy Dimension Quality

Empathy is that patients get attention from nurses individually. The empathy dimension can be applied in the form of giving special attention to each patient. While assurance means that nurses respond to every complaint and give attention, can answer questions about treatment actions given to patients, are honest in providing information about the situation, always greet and smile when meeting patients, and are thorough and skilled in carrying out nursing actions for patients (Söyleyici, Şenyiğit, Işkan, & Yanık, 2017). Empathy (attention, communication, understanding patient needs) in this study include: Nurses in carrying out actions are always careful and full of attention, being patient in dealing with patient complaints, being able to provide a sense of security and comfort, always establishing good communication with patients, and pay attention to the psychological, emotional, spiritual and cultural concerns of patients and their families (Stylianou, Kalemikerakis, Vastardi, Kavga, Margari, Dokoutsidou, Konstantinidis, & Govina, 2021).

Tangible Dimension Quality

Tangible is a form of physical reality which includes the appearance and completeness of physical facilities such as treatment rooms, comfortable buildings and office spaces, availability of parking spaces, cleanliness, tidiness and comfort of waiting rooms and examination rooms, completeness of communication equipment and appearance (Oosterhof, Sombroek, & Crul, 2019). Tangibles (facilities, equipment) in this study include: a comfortable waiting room, clean and tidy chemotherapy room, adequate bed facilities, clean and fully available hand washing facilities (soap,

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tissue), and clean and fully available patient bathroom/WC (soap and tissue) (Prajoko & Supit, 2020).

CONCLUSION AND RECOMMENDATION

Based on the results of the review of the 10 journals that have been carried out, the researcher's analysis understands that there is compatibility between the results of the review and the theory. Most of the factors related to patient satisfaction are in the chemotherapy department but in theory. This is input for hospital management to be able to maintain excellent service quality in terms of quality assurance and empathy, as well as improve the quality of reliability, responsiveness and concrete evidence for the continuity of general patient health services that are not widely available in hospitals, such as chemotherapy services.

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