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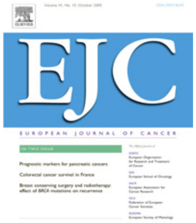

Determinants of patient satisfaction in oncology settings from European and Asian countries: Preliminary results based on the EORTC IN-PATSAT32 questionnaire

A. Brédart[a,], C. Coens[b], N. Aaronson[c], W.-C. Chie[d], F. Efficace[e], T. Conroy[f], J.M. Blazeby[g], E. Hammerlid[h], M. Costantini[i], F. Joly[j], S. Schraub[k], O. Sezer[l], J.I. Arraras[m], C. Rodary[n], A. Costantini[o], M. Mehlitz[p], D. Razavi[q], A. Bottomley[e], on behalf of the EORTC Quality of Life Group and the EORTC Quality of Life Unit*

[a]Institut Curie, Psycho-Oncology Unit, 26, rue d'Ulm, FR 75005 PARIS CEDEX 05, Paris, France
[b]EORTC Data Centre, Brussels, Belgium
[c]Division of Psychosocial Research and Epidemiology, The Netherlands Cancer Institute, Amsterdam, The Netherlands
[d]National Taiwan University, Taipei, Taiwan
[e]EORTC Quality of Life Unit, Brussels, Belgium
[f]Centre Alexis Vautrin, Nancy, France
[g]University of Bristol, Bristol, UK
[h]Sahlgrenska, University Hospital, Goteburg, Sweden
[i]National Cancer Institute, Genoa, Italy
[j]Centre François Baclesse, Caen, France
[k]Centre Paul Strauss, Strasbourg, France
[l]University Hospital Charité, Berlin, Germany
[m]Hospital de Navarra, Pamplona, Spain
[n]Institut Gustave Roussy, Villejuif, France
[o]Sant'Andrea Hospital, University La Sapienza, Roma, Italy
[p]Bruederkrankenhaus, Trier, Germany
[q]Institut Jules Bordet, Brussels, Belgium

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ABSTRACT

The aim of this study was to identify factors associated significantly with hospitalised cancer patients' satisfaction with care.

Patients were recruited from four geographical/cultural groups, including five European countries and Taiwan. They rated their level of satisfaction by completing the EORTC IN-PATSAT32 questionnaire at home. Additionally, data were collected on the sociodemographic and clinical characteristics and the quality of life of the patients, as well as on institutional characteristics.

Of 762 patients recruited, 647 (85%) returned a completed questionnaire. The number of nurses and doctors per bed, institution size, geo-cultural origin, ward setting, teaching/non-teaching setting, treatment toxicity, global health status, participation in clinical trials and education level were all associated significantly at the multivariate level with satisfaction with doctor and nurse interpersonal skills, information provision, availability, and/or overall satisfaction.

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[*] *Corresponding author*: Tel.: +33 144324033; fax: +33 143290203.
E-mail address: anne.bredart@curie.net (A. Brédart).

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A number of patient-, institutional- and culture-related factors are associated with the perceived quality of cancer care. Future studies, with appropriate sampling frames and stratification procedures, are needed to better understand cross-national and cross-cultural differences in cancer patient satisfaction.

1. Introduction

In many countries, the assessment of patient satisfaction has been recognised as a key indicator of health care quality and is now required by accreditation agencies for hospital care quality monitoring and improvement programmes. The collection of patient satisfaction information may be used to compare and benchmark hospitals,[1] for identifying best-performance institutions, and for describing working processes in order to identify areas in need of improvement. Such patient satisfaction assessments may be carried out within or across nations and health care systems as a means of identifying specific health care policies, services organisation or provider behaviours that best respond to patients' expectations or needs.

The assessment of patient satisfaction in the oncology setting is particularly salient. Advances in diagnostics, treatment, supportive care and rehabilitation all necessitate continued monitoring to determine whether patients are satisfied with the increasingly complex and multidisciplinary nature of health care services that they are receiving, and to identify areas in which improvement is needed.

The European Organisation for Research and Treatment of Cancer (EORTC) Quality of Life Group has developed and validated cross-culturally a questionnaire, the EORTC IN-PATSAT32, to assess patients' perceptions of the quality of hospital-based cancer care (the EORTC IN-PATSAT32).[2]

Determining predictors of patient satisfaction can aid in the interpretation of scores, particularly in regional or international comparative studies. Specifically, by identifying background factors (e.g. patients' age, education, cultural origin, or health status) associated significantly with satisfaction levels, it is possible to adjust for such factors when comparing or benchmarking health care services.[3] Identifying these factors may also point to patient groups whose health care experience is particularly problematic and in need of additional attention (e.g. older patients, minorities).[4] By highlighting organisational factors related to patient satisfaction levels, it is possible to identify aspects of the structure and process of care that are in need of improvement (e.g. type or amount of staff, range of services provided, continuity of care, etc.).

The objective of this study was to identify patients' sociodemographic and clinical characteristics, and organisational factors associated significantly with hospitalised patients' satisfaction with doctors' and nurses' interpersonal skills, information provision and availability, and with overall satisfaction with care in an international context. The focus on the more interpersonal aspects of care was chosen because patients' needs for medical information and psychosocial support may be particularly important in the cancer field.[5] The evaluation of this aspect of care is dependent on patient feedback and their care expectations.

2. Patients and methods

The present analyses were performed on data collected for an international study designed to assess the psychometric characteristics of the EORTC IN-PATSAT32.[2] This study opened to patient recruitment in May 2002 and closed in June 2004, was coordinated at the Quality of Life Unit at the EORTC Data Centre in Brussels (Protocol 15012).

2.1. *Patients*

Seven hundred and sixty-two patients meeting the eligibility criteria (cancer diagnosis, age of 18 years or above, hospitalisation for at least 3 days and mental ability to complete a questionnaire) were recruited from collaborating hospitals drawn from European and Asian countries. Of these, 647 (85%) patients completed and returned the questionnaires. Respondents and non-respondents did not differ significantly in terms of age, gender, education level or time since diagnosis. However they differed significantly in types of current treatment, and centres.

Taking into account the number of patients enrolled in each country, four patient groups were constituted based on geographical and cultural origins: France with 348 (54% of all responding patients) patients from five oncology settings; Southern Europe with 53 (8%) patients from two cancer centres in Italy, and 24 (4%) patients from one cancer centre in Spain; Northern Europe with 34 (5%) patients from two cancer centres in Germany and 49 (8%) patients from one cancer centre in Sweden; and Taiwan, with 87 patients (13%) from one cancer centre. From the original sample, patients recruited from Belgium (five patients), England (34 patients) and Poland (13 patients) were not included because of their sample size, missing information or discrepancy with the cultural or health care system characteristics of the defined groups.

2.2. *Study procedures and measures*

As described in a previous paper,[2] patients were contacted for recruitment before their discharge from hospital, and were invited to complete the EORTC IN-PATSAT32 and the EORTC core quality of life questionnaire, the QLQ-C30 (version 3.0)[6] at home within 6 weeks of hospital discharge. Completed questionnaires were mailed back to the participating centre coordinator using a pre-stamped/addressed envelope. Mailed reminders were sent if the questionnaires were not returned, followed when necessary by a telephone reminder.

The EORTC IN-PATSAT32 is a 32-item questionnaire organised into eleven multi-item scales and three single items. Included are measures of: doctors' and nurses' technical skills (e.g. knowledge, experience, assessment of physical symp-