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ORIGINAL ARTICLE

Perception and satisfaction with the information received during the medical care process in patients with prostate cancer☆

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Abstract

Objectives: To assess the perception and degree of satisfaction of Spanish patients with prostate cancer (PC) concerning the information received during the medical care process.
Materials and methods: We analyzed information on the perception of the medical care process of 591 patients with PC who attended a consultation. We also studied their degree of participation in decision making and the association between perceived satisfaction and the demographic and clinical variables, both of patients and specialists.
Results: Some 90.2% of the patients stated that they had received, mainly from the urologist, an appropriate amount of information about the disease. More than 80% of the patients were satisfied with the information received at the time of diagnosis. Some 70.3% of the patients stated that they better accepted the disease thanks to the information provided, and 60.5% believed that they had a better ability to resolve problems. Some 90.4% of the patients considered that the time provided by the specialist was appropriate. Some 62.5% of the patients participated in making decisions about their disease and treatment. Age (both of the patient and specialist), the extent of the disease, the time dedicated by the specialist and the type of center were factors that had a significant association ($p < .05$) with the satisfaction achieved.
Conclusions: The perception and degree of satisfaction that Spanish patients with PC have of the information received during the medical care process is good and is paralleled by a high degree of active participation in the therapeutic decision making process.

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PALABRAS CLAVE
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Percepción y satisfacción respecto a la información recibida en el proceso de atención médica en pacientes con cáncer de próstata

Resumen

Objetivos: Evaluar la percepción y grado de satisfacción de los pacientes españoles con cáncer de próstata (CaP) respecto a la información recibida durante el proceso de atención.
Materiales y métodos: Analizamos la información referente a la percepción sobre su proceso de atención en 591 pacientes con CaP que acudieron a consulta. Además, se estudió su grado de participación en la toma de decisiones, así como la asociación entre la satisfacción percibida con las variables sociodemográficas y clínicas, tanto de pacientes como de especialistas.
Resultados: El 90,2% de los pacientes afirmó obtener, principalmente del urólogo, una apropiada cantidad de información sobre la enfermedad. Más del 80% se mostró satisfecho con la información recibida en el momento del diagnóstico. El 70,3% afirmó aceptar mejor la enfermedad gracias a la información recibida, y el 60,5% consideró tener mejor capacidad de resolución de problemas. El 90,4% consideró que el tiempo dedicado por el especialista fue el adecuado. El 62,5% participó en la toma de decisiones sobre su enfermedad y tratamiento. La edad (tanto del paciente como del especialista), el grado de extensión de la enfermedad, el tiempo dedicado por el especialista y el tipo de centro fueron los factores que presentaron una asociación significativa ($p < 0,05$) con la satisfacción obtenida.
Conclusiones: La percepción y grado de satisfacción que los pacientes españoles con CaP tienen de la información recibida en el proceso de atención es buena, y es paralela a un alto grado de participación activa en la toma de decisiones terapéuticas.

Introduction

Prostate cancer (PCa) is currently one of the major clinical problems affecting the male population, causing in Europe 12.1% of new cancer diagnoses and 9.5% of specific mortality.[1–3] The standardized incidence rate in Spain is 82.3 cases per 100,000 men.[4] PCa is usually a disease of slow evolution, generally asymptomatic in its early stages.[5,6] Surgery, radiotherapy, hormonal therapy, or chemotherapy are the treatment options indicated according to tumor stage and individual patient conditions, especially life expectancy and comorbidities.[7–10] The availability of different therapeutic options adapted to each patient's characteristics makes it ideal for shared decision-making. In fact, when they were surveyed, most patients showed their preference for an active role in the therapeutic process and receiving more personalized information.[11,12]

In Spain, patients have gone from being passive recipients of health care to be a key part of the health system, being the health professionals more and more aware of this situation.[13] The development of the Internet and other technologies has helped patients to be better informed.[14] However, there are no national studies that analyzed the perception and expectations of patients regarding the information received at the time of diagnosis of PCa. Therefore, the objective of this study was to evaluate the perception and satisfaction of Spanish patients diagnosed with PCa compared to the information received during the medical care process. As secondary objectives, participation of patients in decision making and the relationship between the degree of satisfaction perceived and the sociodemographic and clinical variables, both of patients and of specialists were evaluated.

Material and methods

An epidemiologic, observational, multicenter study nationwide was designed in which each investigator included, consecutively, 3 patients diagnosed with PCa between 2010 and 2012, who had received or were receiving treatment for PCa and with the informed consent given. A total of 198 urologists distributed throughout Spain took part in order to achieve geographical representation. 591 patients were included, of whom 37 (6.3%) were excluded: because the TNM did not confirm the diagnosis of PCa, one for lack of clinical information, and 17 did not have the questionnaire of patients. We excluded patients with problems of understanding or reading that incapacitated them to answer the questionnaire of the study, or those who had participated in a clinical trial in the previous 6 months.

In the only visit of study, the sociodemographic information of the patient was collected: age, ethnicity, environment, education level, and marital status. Clinical information included: histopathological confirmation date, type of center, serum level of the prostate-specific antigen (PSA), Gleason score, and TNM stage at diagnosis, treatment received, and clinical comorbidities. The classification of patients into risk groups was carried out according to the clinical guideline of prostate cancer of the European Association of Urology.[15,16] In addition, patients completed a questionnaire with information related to the time of diagnosis (quantity, quality and satisfaction degree) and treatment information (decisions to make, expectations). After the visit, the researcher gave the patient the questionnaire to complete it in a quiet place and return it to the researcher. Information regarding the specialists was collected through a survey to be completed by physicians: age,