



The impact of gynecologic oncology training in the management of cancer patients: is it really necessary? A prospective cohort study



Francesco Plotti, Stella Capriglione*, Andrea Miranda, Giuseppe Scaletta, Alessia Aloisi, Daniela Luvero, Roberto Ricciardi, Corrado Terranova, Carlo De Cicco Nardone, Roberto Angioli

Department of Obstetrics and Gynaecology, Campus Bio Medico University of Rome, Italy

ARTICLE INFO

Article history:

Received 25 September 2014

Received in revised form 3 November 2014

Accepted 11 November 2014

Keywords:

Gynecologic oncology

Quality of life

Training

Subspecialty

ABSTRACT

Objectives: To assess patients' perceptions of physician, nurse, and care organization quality of care and services received during hospitalization with or without a sub-specialized setting in gynaecological oncology.

Study design: Consecutive patients affected by gynaecologic cancer, referred to the Division of Gynaecology of University Campus Bio-Medico of Rome to underwent to surgery (surgical ward) or to chemotherapy (medical ward) from January 2010 to April 2014, were enrolled. Eligible subjects were divided into two groups: Group A: standard unit care, consisting of doctors and nurses without a specific training and Group B: Expert unit care, consisting of doctors and nurses with specific training in gynecologic oncology. Patients were asked to complete the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-Cancer Module (QLQ-C30) and the Patient Satisfaction Questionnaire (IN-PATSAT32).

Results: The sample ($n = 150$) is organized into two groups: 78 patients (Group A) and 72 patients (Group B). Analysing the results of IN-PATSAT32, comparing Group A versus Group B, we find statistically significant difference considering doctors' information provision (items 7–9) ($p = 0.0470$), nurses' technical skills (items 12–14) ($p = 0.0369$) and nurses' information provision (items 18–20) ($p = 0.0089$) and general satisfaction (item 32) ($p = 0.0214$).

Conclusions: This study highlights the potential benefits specialty training for doctors and nurses that work in an oncologic ward (surgical or medical). In fact, the necessity for a separate sub-specialty in gynaecological oncology and a distinct training programme may be the key to achieve the higher satisfaction in this setting of patients.

© 2014 Elsevier Ireland Ltd. All rights reserved.

Introduction

Patient satisfaction's and care quality are based on individual's expectations, experiences and satisfaction in the service that patients received such as interpersonal processes and information [1,2]. In the last decades health care has adopted a more patient-centred approach. There has been increasing interest in patients' evaluation of subjective variables such as quality of life (QoL) and care satisfaction, today these variables are the major endpoints of health care.

Information about patient satisfaction is important to assess the quality of health services, moreover, patients accept and adhere better to care plans if they are satisfied. Patient assessment of care is important especially in oncology because of the intensity of both the illness and its treatments [3]. Patient satisfaction is considered a multidimensional concept that must be evaluated using a variety of multi-item scales [4].

The EORTC has a working group on QoL and one of the main tasks of this group is to develop questionnaires for assessing QoL in clinical trials. These instruments can also be used in clinical practice.

The EORTC recently developed IN-PATSAT32, a questionnaire designed to assess the perception that cancer patients have of the quality of their hospital-based care: the quality of their doctors and nurses care, the quality of the organisation and the one of the services received with the hospital. Few patient satisfaction

* Corresponding author at: Department of Obstetrics and Gynecology, University of Rome "Campus Bio-Medico", Via Álvaro del Portillo, 200, 00128 Rome, Italy. Tel.: +39 3452572851; fax: +39 06 22541456.

E-mail address: s.capriglione@unicampus.it (S. Capriglione).

questionnaires have been developed specifically for cancer patients [5–11].

The aim of this prospective study is to assess the satisfaction of hospitalized patients, affected by malignant gynaecological disease, regarding doctors and nurses care and aspects of care organisation and services received in the Division of Gynaecology of University Campus Bio-Medico of Rome, considering two groups: a standard unit care, consisting of doctors and nurses without a specific training (Group A) and an expert unit care, consisting of doctors and nurses subspecialized in gynaecological oncology (Group B). Patients were asked to complete the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire–Cancer Module (QLQ-C30) and the Patient Satisfaction Questionnaire (IN-PATSAT32).

Materials and methods

Consecutive patients affected by gynaecological cancer, referred to the Division of Gynaecology of University Campus Bio-Medico of Rome from January 2010 to April 2014 to undergo 1st surgery (surgical ward) or to 1st chemotherapy cycle (medical ward), were considered for the study protocol. The institutional internal review board approved the study.

Eligibility criteria included patients who need hospitalization for oncologic surgery or chemotherapy, age above 18 years and below 75 years, ability to provide informed consent and hospital stay of at least one day. This last criterion was defined to be able to select patients with enough experience within the institution in order to let them fill a questionnaire on care satisfaction.

Exclusion criteria included physically or cognitively inability to understand and/or complete the questionnaire and had a life expectancy of less than 3 months ($ECOG \geq 3$).

Eligible subjects were divided into two groups, based on the current availability of beds in the hospital's departments: patients followed by a standard unit care (Group A), consisting of gynaecologists doctors and nurses without a specific training in gynaecologic oncology. As regards doctors, they needed to have previously performed a rotation of 6 months in a gynaecologic oncology department during their residency.

Instead, Group B consisted in a cohort patients followed by an expert unit care, composed by doctors and nurses with specific training in gynecologic oncology. Doctors and nurses with at least 3 consecutive years of experience in departments of surgical oncology and medical oncology were defined as skilled in gynaecologic oncology. Patients were unaware about their type of unit care. However, for all patients surgery was always performed by an expert gynaecologic oncologist as well as the prescription of chemotherapy.

Patients were asked to complete the EORTC Quality of Life Questionnaire–Cancer Module (QLQ-C30) (version 3.0) [12] and the Patient Satisfaction Questionnaire (IN-PATSAT32) (4) at hospital recovery. The EORTC QLQ-C30 contains scales and items addressing functional aspects of QoL and symptoms that commonly occur in patients with cancer. The EORTC QLQ-C30 is a specific questionnaire for assessing general Quality of Life (QoL) of cancer patients. The module consists of thirty items including five functioning domains (Physical, Role, Cognitive, Emotional and Social), three symptom scales (Fatigue, Pain, Nausea and Vomiting), global health and overall QoL scales, several single items that assess additional symptoms commonly reported by cancer patients (Dyspnoea, Insomnia, Appetite loss, Constipation and Diarrhoea) and the perceived financial impact of the disease and treatment.

The EORTC IN-PATSAT32 is composed of thirty-two items assessing cancer patients' perception of the quality of hospital doctors and nurses, as well as selected aspects of the care

organization and hospital environment that are relevant across country settings [13,14].

The EORTC IN-PATSAT32 was conceptualised as containing eleven multi-item and 3 single-item scales. These include the doctors' interpersonal skills, technical skills, information provision, availability scales; the nurses' technical skills, interpersonal skills, information provision, availability scales; the other hospital staff interpersonal skills and information provision scale; the exchange of information single-item scale; the waiting time scale; the hospital access scale; the comfort single-item scale and the general satisfaction single-item scale.

Patients were contacted before their discharge from hospital, informed of the objectives and procedures of the study, and solicited to participate. All questionnaires were distributed in the hospital and those who consent completed the EORTC QLQ-C30 and IN-PATSAT32 validated in Italian language, with the permission from the EORTC QoL group to use the Italian version in this specific study. The interview took place in a private counselling room in the hospital ward. The authors conducted all interview sessions to ensure consistency of participant's response and to reduce inter-rate variability.

All data were recorded, analysed using the scoring manual of the EORTC QoL and transformed to a 0–100 scale (Raw score) \pm standard deviations (SD) [15,16] compare IN-PATSAT32 and EORTC QLQ-C30 items, we performed the analysis in each group using unpaired *T* test. Mean scores were calculated. Statistical significance was set at a *p* value less than 0.05.

Results

From January 2010 to April 2014, 212 patients referred to our Department that meet all eligibility criteria are recruited into the study. Of these 212 patients, 62 (29%) did not complete fully the questionnaires (48.5% in Group A and 51.5% in Group B), so finally 150 patients were considered in this study.

The sample is organized into two groups: 78 patients followed by a standard unit care, consisting of doctors and nurses without a specific training (Group A) and 72 patients followed by an expert unit care, consisting of doctors and nurses skilled in gynaecological oncology (Group B).

The median age of the patients is 57 years, 120 (80%) have more than a compulsory educational level.

No significant differences ($p < 0.001$) have been found between each subgroup for age, education level, work setting, hospital stay, clinical and surgical features (Table 1).

All the results of EORTC QLQ-C30 are summarized in Table 2. About "Global health Status" (items 29,30) in Group A the Raw score \pm Standard deviation is 73.50 ± 25.65 , in Group B Raw score \pm Standard deviation is 75.00 ± 16.67 . Therefore, two groups may be considered homogeneous. All the results of EORTC IN-PATSAT32 are summarized in Table 3.

Analysing the results of IN-PATSAT32, comparing Group A versus Group B we find statistically significant difference considering doctors' information provision (items 7–9) ($p = 0.0470$), nurses' technical skills (items 12–14) ($p = 0.0369$) and nurses' information provision (items 18–20) ($p = 0.0089$) and general satisfaction (item 32) ($p = 0.0214$).

Therefore, a sub-analysis in each group was carried out, in order to identify the difference between surgical and medical wards patients.

Regarding medical hospitalization, 43 (55%) and 39 (54%) patients underwent to chemotherapy, in Group A and in Group B, respectively. Analysing the results of IN-PATSAT32 in this specific setting of patients, we find statistically significant difference considering doctors' information provision (items 7–9) ($p = 0.01$), nurses' technical skills (items 12–14) ($p = 0.02$) and nurses'

Download English Version:

<https://daneshyari.com/en/article/3919765>

Download Persian Version:

<https://daneshyari.com/article/3919765>

[Daneshyari.com](https://daneshyari.com)