

Are patients satisfied with the head and neck skin cancer service? An evaluation of outpatient services with a review of published reports

V. Petrosyan^{a,b,*}, K. Patel^c, P.J. Ameerally^d

^a Oral & Maxillofacial Surgery, Northampton General Hospital

^b Oral & Maxillofacial Surgery, University Hospitals Coventry & Warwickshire

^c Restorative Department, Bristol Dental Hospital, Bristol, BS1 2LY

^d Department of Oral & Maxillofacial Surgery, Northampton General Hospital, Northampton, NN1 5BD

Accepted 19 October 2017

Available online 21 November 2017

Abstract

Scientific publications place much emphasis on postoperative outcomes such as recurrence, but little attention to patients' satisfaction. The purpose of this evaluation was to find out patients' reported outcomes after their initial consultation, treatment, and follow-up appointments for non-melanoma skin cancer of the head and neck. We used an adapted version of the European Organisation for Research and Treatment of Cancer (EORTC) validated questionnaire for patients' satisfaction to collect data prospectively from consenting patients between September and December 2015. A total of 179 questionnaires were completed (initial consultation n = 51, treatment n = 74, and follow up n = 54). Patients were most satisfied with the appointments for treatment (Kruskal–Wallis $p < 0.001$, mean (SD) score 4.86/5 (0.15)), and 87% regarding the service as excellent. Patients were least satisfied with services and organisation of care compared with nurses and doctors (Kruskal–Wallis $p < 0.001$). There seemed to be most satisfaction after the appointment for treatment. A possible explanation could simply be the relief of having finally had their cancer removed. Patients are also likely to show greater satisfaction with the clinical team because of the personal nature of the interaction that they experience during this aspect of their care.

Crown Copyright © 2017 Published by Elsevier Ltd on behalf of The British Association of Oral and Maxillofacial Surgeons. All rights reserved.

Keywords: Non-Melanoma Skin Cancer; Patient Satisfaction

Introduction

The epidemiologist Sir Richard Doll recognised the importance of the patients' perspectives when he stated that “There

is no point in providing a health service that is effective and cheap, if no one wants it”.¹

“Patient satisfaction exists in the population simply awaiting measurement”.² However, first we must know what people mean when they say they are satisfied. Next, we must know why they think what they do and how they arrived at that view.²

The English word ‘satisfaction’ has been attributed to the Latin root ‘satis’ meaning enough. Something that satisfies should therefore adequately fulfill expectations, needs, or desires, thereby making satisfaction a relative concept. Sat-

* Corresponding author at: Department of Oral & Maxillofacial Surgery, Northampton General Hospital, Northampton, NN1 5BD. Fax: +44 1604 545452.

E-mail addresses: vahe.petrosyan@nhs.net (V. Petrosyan), kiren.patel1@nhs.net (K. Patel), phillip.ameerally@ngh.nhs.uk (P.J. Ameerally).

isfaction expressed by a patient is a subjective rather than an objective evaluation, which is cognitively based and emotionally affected.³ Expressed satisfaction may reflect the users' knowledge and expectations, rather than the quality of the service. Difficulties arise when attempting to define these expectations.

Specific outcomes that patients are able to understand and evaluate have also been shown to be related to satisfaction. For example, a recent study⁴ of non-melanoma skin cancer showed that 99% of patients who rated their scar as "very good" or "excellent" also rated the overall service as very good or excellent.

Patients' satisfaction with treatment is important, with about 90 000 complaints being made annually in the NHS, 8000 of which are related to communication.⁵ Evidence has suggested that most complaints are made to protect other consumers from poor service,^{6,7} and a common trigger is the failure of interpersonal relationships⁸ – hence the importance of good communication.

There is now an international body of evidence about approaches to the evaluation of patients' experiences.⁹ However, a normative effect exists, by which patients evaluate their care favourably, even when it has been poor. It is therefore important to use an appropriate instrument designed to capture the full range of evaluations.^{10,11}

We conducted a search of relevant publications using Medline, EMBASE, and PsycInfo and the phrases "head AND neck", "skin AND cancer", and "patients' satisfaction" in various combinations, but were able to find only two studies that explored patients' satisfaction with non-melanoma skin cancer. However, neither of these studies focused specifically on the head and neck.

The purpose of this evaluation was to find out patients' reported outcomes after their initial consultation, treatment, and follow-up for non-melanoma skin cancer of the head and neck.

Our specific aims included: to analyse outcomes reported by patients using a validated, cancer-specific questionnaire; to compare patients' satisfaction scores for their initial consultation, treatment, and follow up appointments, with appropriate statistical analyses; and to compare patients' satisfaction scores for doctors, nurses, and service care and organisation with appropriate statistical analyses. We hypothesised that patients would be most satisfied with the clinical aspect of their care, and the treatment appointment would yield the best feedback.

Patients and methods

Design of the study

The study was designed to define current care and involved only an intervention that was already in use. The choice of treatment was that of the clinician and patient according to guidance or the patient's preference, or both. There was no

randomisation or allocation to an intervention, so the study was exempted from ethics review by our hospital.

Sample studied

The sample studied comprised patients who attended the outpatient department for head and neck skin cancer between September and December 2015, and all patients were invited to complete a questionnaire about the service. Only consenting adults referred for initial consultation, treatment, or follow up for non-melanoma skin cancer were included.

Study variables

There were three primary predictor variables (initial consultation, treatment, and follow up), each of which had its own subset of three secondary predictor variables (doctors, nurses, and service and care organisation). The overall primary outcome variable was therefore the patients' satisfaction with the initial consultation, treatment, and follow up.

There are a number of other variables that may influence patients' reported outcomes, which include (but are not limited to) the following: clinical and personal details of the patients; size and anatomical site of the lesion; duration and extent of any operation; adjuvant radiotherapy or chemotherapy, or both; reconstruction (random pattern flap or skin graft); and timing of follow up. Statistical adjustment for these variables was beyond the scope of this project and therefore not considered.

Collection, management, and analysis of data

The psychometric value of any measuring instrument is increased if its original development and focus are on the specific target population in question.¹¹ To guarantee greater validity, an adapted version of the European Organisation for Research and Treatment of Cancer validated Patient Satisfaction Questionnaire (EORTC-QLQ-SAT32)¹² was used to collect the data. The EORTC-QLQ-SAT32 was developed according to guidelines and procedures recommended by the EORTC QL Group and consists of 32 items relating to three specific aspects of care received from doctors', nurses, and service and care organisation. A rating scale of 1–5 is used to answer each question where: 1 = poor, 2 = fair, 3 = good, 4 = very good, and 5 = excellent.

The raw data were presented as stacked bar charts that indicated each of the three groups of patients – initial consultation, treatment, and follow up, and we hoped that over 90% of patients would rate the service as very good or excellent. If the service was rated fair or poor we made a further evaluation to identify the underlying causes. The data were then analysed using the Kruskal–Wallis test to compare the significance of differences between appointment type (initial consultation, treatment, and follow up) and service (doctors, nurses, and service and care organisation).

Download English Version:

<https://daneshyari.com/en/article/8696847>

Download Persian Version:

<https://daneshyari.com/article/8696847>

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