Measuring patient satisfaction in Moroccan oncology institutions
EORTC IN-Patsat32 and satisfaction in Moroccan patient with cancer

M. Obtel · Y. El Achhab · K. Bendahhou · A. Benider · H. Errihani · A. Zidouh · R. Bekkali · C. Nejjari

Reçu le 12 juillet 2010 ; accepté le 19 janvier 2011
© Springer-Verlag France 2011

Abstract Objective: The aim of this study was the measurement of cancer patient’s satisfaction regarding health care services received during their hospitalizations.
Methods: A cross-sectional study of cancer patients treated at two oncology hospitals (Ibn Rochd in Casablanca and the National Institution of Oncology in Rabat) was assessed. A patient satisfaction questionnaire (EORTC IN-Patsat32) was used. The clinical, demographic and EORTC In-Patsat32 factors were evaluated for predictive significance.
Results: The mean age of the sample was 46.6 years (SD = 14.08, range 16 to 89), with a preponderance of females (66.5%). The majority of patients received chemotherapy (60.1%). The patients’ satisfaction had generally average scores below 52. Patients living in rural areas reported satisfaction more than residents in urban areas towards the comfort of the institution (p < 10^-3). The patients’ satisfaction towards the nurses’ information provision, the waiting time and the comfort of the institution differed significantly by cancer localization. Satisfaction scores differed significantly by status of treatment towards services accessibility and comfort of cancer institutions. The multivariate modeling of different scales in the instrument showed that satisfaction towards the hospital access seem significantly lower in patients’ resident in rural areas, female and not yet received any treatment compared to those of urban, male and already under treatment.
Conclusion: This finding highlight the importance of undertaking further research on developing and measuring satisfaction markers, where such indicators could act as domains, alerting care providers and educators to areas and programmers requiring attention. To cite this journal: J. Afr. Cancer 4 (2012).

Keywords Cancer · EORTC IN-Patsat32 · Health care services · Morocco · Satisfaction

Résumé Objectif : Cette étude avait pour but de mesurer la satisfaction des patients atteints de cancer à l’égard des services et soins médicaux reçus pendant leur hospitalisation.
Méthodes : Nous avons évalué une étude transversale de patients cancéreux traités dans deux hôpitaux de cancérologie (Ibn-Rochd à Casablanca et l’Institut national de cancérologie à Rabat). Un questionnaire de satisfaction des patients (EORTC IN-Patsat32) a été utilisé pour cela. Les facteurs cliniques, démographiques et EORTC IN-Patsat32 ont été évalués sur le plan de la signification prévisionnelle.
Résultats : L’âge moyen des patients était de 46,6 ans (ET = 14,08, limites : 16–89), avec une prépondérance des femmes (66,5 %). La majorité des patients ont reçu une chimiothérapie (60,1 %). Le score moyen de satisfaction des patients était globalement inférieur à 52. Les patients vivant en zone rurale étaient davantage satisfaits du confort de l’institution que les résidents de zones urbaines (p < 0,001). La satisfaction des patients concernant l’information donnée par l’équipe infirmière, le temps d’attente et le confort de l’institution étaient significativement différentes selon la localisation du cancer. Les scores de satisfaction différaient significativement par statut de traitement envers l’accessibilité des services et le confort des instituts anticancéreux. La modélisation multifactorielle de différentes échelles dans
l’instrument a montré que la satisfaction à l’égard de l’accès à l’hôpital semble significativement plus faible chez les patients des zones rurales, des femmes et des patients non traités auparavant, comparés aux patients des zones urbaines, aux hommes et aux patients déjà sous traitement.


Mots clés Cancer · EORTC IN-Patsat32 · Services de santé · Maroc · Satisfaction

Introduction

In recent years, ever since quality management systems have begun to be applied to healthcare processes, patient satisfaction has become an increasingly important parameter in measuring the quality of healthcare [1–3]. 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. Measuring patient satisfaction in an oncology setting is particularly salient. Every unsatisfied patient represents a failure in the system administering the treatment. This failure is not generally related to the technical quality of administered care but rather to a mismatch between overall patient needs and received care [4]. 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. The collection of patient satisfaction information may be used to compare health centres and hospitals, for identifying best-performance institutions, and for describing working processes in order to identify areas in need of improvement [5]. 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 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) [6]. To our knowledge, no satisfaction questionnaire explores patient satisfaction in the different phases of treatment for heterogeneous sample of cancer patients was used in Moroccan community hospital comprehensive cancer centre. The goal 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.

Methods

This cross-sectional study was conducted at two oncology hospitals (Ibn Rochd in Casablanca and the National Institution of Oncology in Rabat) over a period of three months starting in September 2008. Informed consent and local ethical committee approval was obtained.

Patients

Patients had to be diagnosed cancer, aged 16 years or older, hospitalized (Among them those who received a treatment and those who have not received it yet), or arrived to receive a session of chemotherapy or radiotherapy and be mentally fit to complete a questionnaire.

Questionnaire and data collection

Data was collected based on the Moroccan Arabic version of the patient satisfaction questionnaire “EORTC IN-Patsat32” validated [7].

The data were collected by students of the University of Medicine (Rabat, Casablanca) selected and trained to administer the questionnaire. These investigators spent their training course in the oncology hospitals of Rabat or Casablanca.

The EORTC IN-PATSAT32 was conceptualised as containing eleven multi-item and 3 single-item scales. These include the doctors technical skills (items 31–33), interpersonal skills (items 34–36), information provision (items 37–39), availability (items 40, 41) scales, the nurses technical skills (items 42–44), interpersonal skills (item 45–47), information provision (items 48–50), availability (items 51, 52) scales, the other hospital staff interpersonal skills and information provision scale (items 54–56), the exchange of information single-item scale (item 53), the waiting time scale (items 57, 58), the hospital access scale (items 59, 60), the comfort single-item scale (item 61), and the general satisfaction single-item scale (item 62). Items are all rated on a five level Linkert scale with the category labels “poor”, “fair”, “good”, “very good” and “excellent”.

This type of response scale has been shown to have methodological advantages over other types of response scales [8]. Scores for all items are linearly transformed to a 0–100 scale. Higher score indicate a higher level of