

Satisfaction of Patients Treated with Chemotherapy in Day Hospital in The University Hospital of Brazzaville

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Abstract

Patients and method: Prospective descriptive study carried out through a questionnaire of 17 ITEMS over a period of 5 months. Variables such as gender, age, diagnosis with histological evidence, ongoing chemotherapy protocol and patient satisfaction were studied.

Results: Fifty-one patients responded to the questionnaire. There were 38 (74.5%) women and 13 (25.5%) men; with a sex ratio of 0.34. The average age was 51 ± 15 , with extremes ranging from 26 to 78. Breast cancer was diagnosed in 50.98% of patients. The overall satisfaction of patients with their hospital stay is good in 54.90% of cases.

Conclusion: The organization of Day Hospital care requires a team that works in close collaboration, with the implementation of diagnostic and therapeutic announcement consultations, a hospitalization programming in DH to receive chemotherapy.

Keywords: Satisfaction; Chemotherapy; Day Hospital; Brazzaville University Hospital

Introduction

Patient satisfaction is an indicator of good medical practice; it is one of the essential dimensions for measuring the quality of care in hospitals around the world [1]. The needs and wishes of the patient have been the subject of special attention by health systems for many years. Informing the patient and considering his needs are priorities for medical oncology [1]. Oncology care units are not only places of treatment but also a setting in which the patient should be at their best [2]. Reception, installation of patients, administration of medications, pain management, knowledge of the treatment side effects by the nursing staff and its management; constitute the different components of the care offered in an oncology department. The tools for measuring patient satisfaction are disparate and the indicators to be measured lack harmonization. These elements make it difficult to interpret results. These components are a prerequisite for any nursing staff in a medical oncology department.

The aim of this study is to improve the satisfaction of patients treated with chemotherapy in day hospitals.

Patients and Methods

This was a descriptive prospective study conducted in the medical oncology department of the Brazzaville University Hospital over a period of 5 months; from May 1st to September 30, 2018. This study was carried out using a questionnaire of 17 ITEMS read to patients by the investigator. The registration of patients was exhaustive; it was done only once throughout the study. Patients should be at least 18 years of age, have cancer with histological evidence, have a WHO performance status between 0-2, receiving chemotherapy in Day Hospital (DH), who have become aware of treatment-related side effects and given their written and informed consent. Patients under 18 years of age, those not on chemotherapy and those who did not give consent were not included in the study. Variables such as gender, age, diagnosis with histological evidence, ongoing chemotherapy protocol and patient satisfaction were studied. The capture and analysis of the data collected was done with the EPI info 7.2.2.6 software in its English version. The averages and frequencies were calculated and then compared with the Chi-two test.

Results: fifty-one patients responded to the questionnaire. There were 38 (74.5%) women for 13 (25.5%) men; for a sex ratio of 0.34. The average age was 51 years \pm 15, with extremes ranging from 26 to 78 years.

Breast cancer was diagnosed in 26 (50.98) patients. Table 1 shows the different sites of diagnosed cancers.

The overall satisfaction of patients with their hospital stay is good in 54.90% of cases, it is represented in Table 2.

Seventeen (33.33%) patients find the information received before admission to hospital poor. The assessment of the information received prior to admission in relation to the conditions of hospitalization is shown in Table 3.

Twenty-eight (54.90%) patients find the reception staff helpful. The responses of patients regarding the attitude of reception staff are grouped in Table 4

Thirty-four (66.67%) patients believe that the quality of medical care was good. The assessment of the quality of medical care by patients is shown in Table 5.

Organ	Frequency	Percentage (%)
Brest	26	50,98
Prostate	5	9,80
Ovary	4	7,84
Lung	3	5,18
Cervix	2	3,92
Stomach	2	3,92
Liver	2	3,92
Soft tissues	2	3,92
Cancer VADS	1	1,96
Colon	1	1,96
Uterine body	1	1,96
The	1	1,96
X	1	1,96
Total	51	100

Table 1: Site of primitive cancer

Overall, I am satisfied with my stay in the hospital	Frequency	Percentage (%)
Excellent	1	1,96
Very good	4	7,84
Good	28	54,90
Medium	15	29,41
Bad	2	3,92
Very bad	0	0,00
Not concern	1	1,96
Total	51	100

Table 2: Overall satisfaction with hospital stay

I was informed about of the conditions of hospitalization prior to my admission	Frequency	Percentage (%)
Excellent	1	1,96
Very good	7	13,73
Good	12	23,53
Medium	9	17,65
Bad	17	33,33
Very bad	4	7,84
Not concerned	1	1,96
Total	51	100

Table 3: Conditions of hospitalization prior to admission

The reception staff is helpful	Frequency	Percentage (%)
Excellent	1	1,96
Very- good	9	17,65
Good	28	54,90
Medium	10	19,61
Bad	2	3,92
Very bad	0	0,00
Not concerned	1	1,96
Total	51	100

Table 4: Quality of reception

What do you think of the quality of medical care?	Frequency	Percentage (%)
Excellent	2	3,92
Very good	7	13,73
Good	34	66,67
Medium	6	11,76
Bad	0	0,00
Very bad	1	1,96
Not concern	1	1,96
Total	51	100

Table 5: Assessment of the quality of medical care by patients

Thirty-three (64.71%) patients believe that the quality of nursing care was good. The assessment of the quality of nursing care is shown in Table 6.

Respect for patient privacy is considered good by 27 (52.94%) patients. Table 7 shows the assessment of the respect of patient's intimacy by medical staff.

The quality of information received by patients was rated as good in 20 (39.22%) cases. The assessment of the quality of the information received by patients on the nature of the care and the laboratory tests requested is shown in Table 8.

The maintenance of the premises was considered good and average by 19 (37.25%) patients respectively. Table 9 shows the assessment of the maintenance of the premises.

Twenty-five (49.02%) patients believe that caregivers have good responsiveness in pain management. The assessment of the responsiveness of nursing staff in the management of pain is shown in Table 10.

Twenty-nine (56,86%) patients found the responsiveness of nurses in response to their needs to be good. The appreciation of the responsiveness of nursing staff in response to the needs of patients is represented in Table 11.

What do you think of the quality of nursing care?	Frequency	Percentage (%)
Excellent	2	3,92
Very good	6	11,76
Good	33	64,71
Medium	6	11,76
Bad	2	3,92
Very bad	2	3,92
Not concern	0	0,00
Total	51	100

Table 6: Appreciation of the quality of nursing care by patients

Do you think your privacy is respected by the medical staff?	Frequency	Percentage (%)
Excellent	3	5,88
Very good	8	15,69
Good	27	52,94
Medium	11	21,57
Bad	1	1,96
Very bad	0	0,00
Not concern	1	1,96
Total	51	100

Table 7: Appreciation of respect for patient privacy by medical staff

What do you think of the quality of the information received on the nature, care and examinations requested?	Frequency	Percentage (%)
Excellent	2	3,92
Very good	3	5,88
Good	20	39,22
Medium	10	19,61
Bad	8	15,69
Very bad	8	15,69
Not concern	0	0,00
Total	51	100

Table 8: Assessment of the quality of information received by patients on the nature of the care and examinations requested

Are the premises well maintained?	Frequency	Percentage (%)
Excellent	1	1,96
Very good	1	1,96
Good	19	37,25
Medium	19	37,25
Bad	5	9,80
Very bad	3	5,88
Not concern	3	5,88
Total	51	100

Table 9: Assessment of the maintenance of premises by patients

What is your assessment of the responsiveness of healthcare staff in pain management?	Frequency	Percentage (%)
Excellent	2	3,92
Very good	3	5,88
Good	25	49,02
Medium	8	15,69
Bad	3	5,88
Very bad	2	3,92
Not concern	8	15,69
Total	51	100

Table 10: Assessment of the responsiveness of health care staff in pain management

What is your assessment of the responsiveness of the nursing staff to your needs?	Frequency	Percentage (%)
Excellent	1	1,96
Very good	11	21,57
Good	29	56,86
Medium	8	15,69
Bad	0	0,00
Very bad	2	3,92
Not-concern	0	0,00
Total	51	100

Table 11: Assessment of the responsiveness of nurses

Sixteen (31.37%) patients felt that information on the nature of their pathology and the quality of their treatment was very well given and 14 (27.45%) found it average. An understanding of the quality of the information received from the attending physician on treatment and pathology is grouped in Table 12.

Twenty-six (50.98%) patients were found to be comfortable in the day hospital room. The assessment of the comfort of the day's hospital room is given in Table 13.

Thirty (58,82%) patients reported that the reception in the care unit was good. The assessment of the quality of the reception in the care unit is shown in Table 14.

Eighteen (35,29%) patients felt that the quality of the information received during their hospitalization was average, and 16 (31,37%) found it good. Table 15 reports the assessment of the quality of the information received by patients during their hospitalization.

Twenty-one (41,18%) patients report that the quality of care when performing laboratory investigations outside the care structure

was good. The assessment of the quality of care when carrying out laboratory investigations outside the care structure is shown in Table 16.

Twenty-eight (54,90%) patients estimated that returning to our premises in case of new hospitalization would be a good idea; 11(21,57%) consider this idea to be very good. Table 17 shows the desire of patients wishing to return to our premises in the event of a new hospitalization.

Thirty-six (70.59%) patients reported never having been embarrassed, annoyed, or ignored by the nursing staff. Patient's feelings about the attitude of caregivers are shown in Table 18.

How do you rate the quality of the information received from the attending physician on pathology and treatment?	Frequency	Percentage (%)
Excellent	3	5,88
Very good	16	31,37
Good	4	7,84
Medium	14	27,45
Bad	9	17,65
Very bad	4	7,84
Not concern	1	1,96
Total	51	100

Table 12: Assessment of the quality of the information received from the attending physician on pathology and treatment

What is your assessment of the comfort of the day's hospital room?	Frequency	Percentage(%)
Excellent	2	3,92
Very good	3	5,88
Good	26	50,98
Medium	17	33,33
Bad	2	3,92
Very bad	1	1,96
Not concern	0	0,00
Total	51	100

Table 13: Assessment of the size of the hospital room of the day

What is your assessment of the quality of the reception in the care unit?	Frequency	Percentage (%)
Excellent	3	5,88
Very good	8	15,69
Good	30	58,82
Medium	9	17,65
Bad	0	0,00
Very bad	1	1,96
Not concern	0	0,00
Total	51	100

Table 14: Assessment of the quality of the reception in the care unit

What is your assessment of the quality of the information received during your hospitalization?	Frequency	Percentage (%)
Excellent	2	3,92
Very good	7	13,72
Good	16	31,37
Medium	18	35,29
Bad	2	3,92
Very bad	4	7,84
Not concern	2	3,92
Total	51	100

Table 15: Assessment of the quality of the information received by patients during their hospitalization

What is your assessment of the quality of external examinations?	Frequency	Percentage (%)
Excellent	2	3,92
Very good	3	5,88
Good	21	41,18
Medium	13	25,49
Bad	7	13,73
Very bad	4	7,84
Not concern	1	1,96
Total	51	100

Table 16: Assessment of the quality of external examinations

In the event of a new hospitalization, would you return to the ward?	Frequency	Percentage (%)
Excellent	2	3,92
Very good	11	21,57
Good	28	54,90
Medium	3	5,88
Bad	2	3,92
Very bad	1	1,96
Not concern	4	7,84
Total	51	100

Table 17: Appreciation of the desire of patients wishing to return to our premises in the event of new hospitalization

Were you embarrassed or annoyed because the nursing staff ignored you?	Frequency	Percentage (%)
Very often	1	1,96
Quite often	2	3,92
Sometimes	5	9,80
Very-rarely	5	9,80
Never	36	70,59
I do not wish to answer that question	2	3,92
Not concern	0	0,00
Total	51	100

Table 18: Assessment of patient's feelings in relation to the attitude of caregivers

Discussion

This work is the first in Congo on the experience and feeling of patients treated with chemotherapy in DH. The medical oncology department of the Brazzaville University Hospital is the first cancer treatment unit in the country but also the largest.

Its attendance and occupancy level depend on the ability of patients to obtain their anti-cancer treatments. On average, the number of patients received in DH varies between 27 and 30 per month.

A first analysis of the results shows us that, the DH is much more frequented by women than by men. The most common cancers are breast cancers (50.98%), followed by prostate cancers (9.38%) and ovarian cancers (7.84%). All gyneco-mammary cancers account for 64.7%. This is explained by the demographic aspect of the Congolese population, which according to the latest World Bank report in 2018 estimated that this population is predominantly female (51% women) [3]. This will explain their attendance rate, higher in consultation and DH. But this high percentage is also explained by the fact that in sub-Saharan Africa, some specificities have been highlighted via cancer registries, which are beginning to give information and make it possible to see that, women are more affected by cancer (60% of new cases), unlike what is observed in Western countries [4].

The average age of patients was 51 years \pm 15 and the age at diagnosis was 50 years. This brings us closer to the results obtained by the temporal survey [5]

In view of all the responses given by patients, 54.90% expressed good overall satisfaction with their stay in the DH. But 3.92% were not satisfied, this was related to the insufficient number of nurses in the medical oncology department. As the nursing staff was not proportional to the number of patients received in our unit, this contributed to lengthening the waiting time of patients; thus, increasing their anxiety. Patients wait on average 4 hours before receiving their treatment, this wait is very random, and its variability was depending on the affluence that there could be in DH.

The same nurses who are at the DH, also provide ward services to hospitalized patients. They carry out the preparation of medicines; since we do not have a pharmacy preparer and these same nurses administer chemotherapy. As a result, some days we can receive two patients and others, receive ten; for a receiving capacity of eight places. This sometimes leads the patient to spend the day in our unit. This takes us away from the results obtained by the temporal survey where the waiting time was one hour in public hospitals [5]. According to this survey, 33.33% of patients report that the information received about hospitalization conditions prior to admission was of poor quality. Because they had not been informed about the cost of the DH chemotherapy session and this information was only transmitted to them once in the unit and very often during the administration of the drugs; they did not always have the necessary funds to pay the DH fees. As a result, they would like this information to be given to them when the chemotherapy prescription is delivered. This aspect of patient care is not addressed in the TemporELLES survey. A survey carried out on the basis of a literature review, showed that the financial aspect is an important element of stress and when it is not part of the equation, the patient is more compliant with the treatment [6]. In our context, this can only be possible through the introduction of universal health insurance.

For 54, 90% of the patients, the reception staff was helpful. This is probably related to the empathy that caregivers feel towards patients and identify with them. But 3.92% of patients find them bad and would like the reception staff not to pass on their stresses, because they are quite anxious, and they need understanding. This is sufficient evidence of the lack of training in oncology by the staff made available to our department.

Our work shows that 66.67% of patients report that medical care is of good quality. But 1.96% remain dissatisfied, because for some, the side effects explained do not reflect the reality of what they feel during the post-chemotherapy period and, they have difficulty understanding that drugs that are supposed to treat them put them in such a state of disability. This brings us back to the

announcement consultation which should allow the patient and his doctor review all the side effects related to the treatment. But for lack of time, it is sometimes difficult to find during consultation the time to address and explain everything. Hence the need, to have in the service, nurses of announcement and clinical psychologists who could ensure the relay of the doctors, to accompany the patients as long as necessary, as recommended by the league against cancer in the device of announcement of the cancer plan in France [7]. Because very often we use a language that most patients do not understand. The absence in the department of a listening cell, which would be composed of former patients, having experienced the same situation does not facilitate things. It would have helped us to ensure the continuity of therapeutic education. This would make it less difficult to manage patients, since better lived and understood information would facilitate better patient adherence to the care proposal and help him to build strategies for adaptation to the disease [7].

Three point ninety-two per cent (3.92%) of patients remain dissatisfied. This subjective magnitude refers to the measurement of patient's expectations, needs, perceptions, experiences, opinions, and attitudes [6]. This could be related to incidents that occurred during the administration of medications. As for example, the search for the venous route that can be very unpleasant, without the use of lidocaine patch to alleviate the pain. This situation is common in patients with defective venous capital, in whom a central catheter or implantable chamber could not be placed due to lack of money; make these moments very unpleasant and increase anxiety.

One point ninety-six percent (1.96%) of patients consider that the conditions necessary for caregivers to respect their privacy were poor. Because in a common room shared between man and woman, whether compartmentalized like ours or not, it is difficult to talk about intimacy. But this moment spent with other patients helps to alleviate the feeling of loneliness that one can feel. Most respondents would like the treatment rooms to be individual, distributed according to gender, with adjoining toilets that are practicable, accessible, and clean. Thirty-nine-point twenty-two percent (39.22%) of patient's report having received the right information during their hospital stay as to the nature of the care and examinations requested. But 15.69% believe that it was very bad, because they did not understand why at this stage of their care, they should still do laboratory exams. This increases the care cost and accentuates their anxiety. Nine-point eighty percent (9.80%) of patients believe that the premises are poorly maintained. The unsanitary state of the toilets, results in offensive odors that bother both patients and caregivers. There are associated with dust and mites frequently encountered in our unit. But these settings do not depend on our service, because the entire hospital requires a deep rehabilitation. This situation is worrying especially in a context such as ours, where patients already weakened by their pathology, find themselves in a state of immunosuppression induced by cytotoxic drugs. It is therefore important to offer them a framework that is non-provider of nosocomial infections related to multi-resistant germs. It is important to remember here that the maintenance of the premises also involves raising awareness, educating and training all users in good hospital hygiene practices, as demonstrated by MAIGA BOULKASSIM in Mali [6]. Forty-nine-point two percent (49.2%) of patients report that pain management was good in DH. 3.92% consider it very bad because they had to wait long minutes before an analgesic was administered to them.

Thirty-one-point thirty-seven percent (31.37%) of these patients felt that the information received from their oncologist about the treatment and their pathology was of good quality. Seven-point eighty-four percent (7.84%) remain dissatisfied and judge it to be very bad because, they report not understanding what cancer means but, they accept the treatment. This may be related to passivity, which is an unconscious psychological defense mechanism, used by patients or low level of education. Nevertheless, they admit that given the cost of treatment, the harm must be serious and therefore potentially fatal. Fifty-point ninety-eight percent (50.98%) of patients received in DH believe that the room is comfortable, quiet, clean and the chairs quite spacious.

Forty-one-point eighteen percent (41.18%) report receiving good care when it was necessary to do examinations outside the care structure. Fifty-four-point ninety percent (54.90%) of patients wish to return to our premises in case of further hospitalization. They believe that they have found in our unit a qualified medical team with which they have been allowed to move forward while hoping for a better quality of life. This is close to Pascoe's conclusions [9]. Twenty-one-point fifty-seven percent (21.57%) believe they can return but express a certain reservation. They believe that returning to our unit, even for surveillance, implies that they are not cured, and this is enough to depress them. This is all the truer because, the diagnosis of cancer triggers in most cases an existential crisis,

the disease and its medical treatment go hand in hand for many people concerned, with multiple factors of physical, psychological and social stress. Hence the need for psychological support at each stage of care [10]. However, 1.96% of respondents, never want to return to the service, they would simply like to erase this chapter of their lives and have the right to be forgotten. Seventy-point fifty-nine percent (70.59%) report never having been annoyed, embarrassed, or ignored by caregivers. Nine-point eighty percent (9.80%) of patient's report having sometimes had this feeling, but this remains a rare and isolated fact for which it is important to verify the information, so as not to be usefully mistaken.

Conclusion

We rarely ask ourselves the question about the satisfaction of patients with the offer of care offered. The satisfaction of patients received in DH was at least good in 64.70%. It could be improved by the training of qualified personnel. Oncology nursing care should be administered by qualified oncology nurses. The organization of DH care requires a team that works in close collaboration, with the implementation of diagnostic and therapeutic announcement consultations, a hospitalization programming in DH in order to receive chemotherapy. This would reduce the waiting time of patients received in this unit.

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