

■ Original Article

Satisfaction analysis of cancer patient, caregiver and nurse

Kanserli hasta, hasta refakatçisi ve hemşire memnuniyeti analizi

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ABSTRACT

Aim: We aimed to determine the factors that impair the quality of life of the patient and his / her attendants/caregivers.

Material and Methods: 250 inpatients in the oncology clinic and their attendants were interviewed by a nurse. For statistical analysis, IBM SPSS (Statistics Program for Social Scientists) 20 (USA) program was used.

Results: In the univariate analysis, conditions affecting patient satisfaction were nausea, insomnia, fatigue and dyspnea (p-value was 0.001 / <0.001 / 0.008 / 0.007, respectively). In the multivariate analysis, conditions that independently affect patient satisfaction were nausea and insomnia (p value 0.024 and 0.003, respectively). The only factor affecting the satisfaction of the patient's attendant was taking patient to the toilet (p: 0.045). There was no relationship between nurse satisfaction and parameters.

Conclusion: Being an attendant of the patient is a condition that affects people negatively as much as being a cancer patient. For inpatients, nausea, insomnia, fatigue, and dyspnea are the factors that may be present. Caring for the cancer patient is very important. Besides nausea and insomnia, fatigue and dyspnea should be eliminated.

Keywords: Cancer patient; caregiver; patient care; factors deteriorating the quality of life

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Öz

Amaç: Hasta ve yakınının yaşam kalitesini bozan faktörleri belirlemek istedik.

Gereç ve Yöntemler: Onkoloji Kliniğinde yatan 250 hasta ve refakatçisine hemşire vasıtasıyla anket yapıldı. İstatistiksel analiz için IBM SPSS (Statistics Programme for Social Scientists) 20 (USA) programı kullanıldı.

Bulgular: Hasta memnuniyetini etkileyen durumlar tek değişkenli analizde bulantı, uykusuzluk, bitkinlik ve nefes darlığı idi (p değeri sırası ile 0,001/<0,001/0,008/0,007). Yapılan çok değişkenli analizde hasta memnuniyetini bağımsız olarak predikte eden durumlar bulantı ve uykusuzluk idi (p değeri sırası ile 0,024 ve 0,003). Refakatçi memnuniyetini etkileyen tek faktör hastayı tuvalete kaldırma idi (p:0,045). Hemşire memnuniyeti ile parametreler arasında ilişki tespit edilmedi.

Sonuç: Kanser tanısı kadar hastanede yatmak veya hastaya refakatçi olmak insanı derinden etkileyen bir durumdur. Yatan hasta için zorlayan faktörler bulantı, uykusuzluk, bitkinlik ve nefes darlığıdır. Refakatçiyi zorlayan tek faktör hastayı tuvalete kaldırmak olmuştur.

Anahtar Kelimeler: Kanserli hasta; refakatçi; hasta bakımı; yaşam kalitesini bozan faktörler

Introduction

In our country, attendant practice is common in inpatients, especially in bedridden and elderly patients. Furthermore, it is indispensable to have an attendant to accompany the patient in public hospitals in order to carry out patient care services. The inadequate number of nurses and nursing service habits entails attendant application.

In our country, the support provided by the relatives of the patients consists of visiting the patient and being an attendant [1].

It was reported that 41-45% of the patients in a university hospital were accompanied by attendants [2].

In some of the hospitals in our country, the accompanying practice is carried out in the form of keeping patient visits free or flexible; in some cases, it is carried out as a permanent stay next to the patient [1].

In some hospitals, regardless of whether the patient needs; each patient is required to have an attendant.

In many hospitals, it is known that attendant practice is carried out by taking into consideration the needs of the services rather than the personal needs of the patients [1-3].

On the other hand, the difficulties faced by the relatives of the patients who provide accompanying services are not known. Although the patient family's concerns about the patient are known, the difficulties in the hospital are not known [4-7].

The nurses stated that the attendant was required to reduce their workload and ensure patient safety. On the other hand, they expressed negative opinions due to problems such as

disruption of work order, having to give them time, increased risk of infection, problems of communication and exposure to violence. In addition, nurses reported that the attendants had insufficient sleep and rest, social needs, adequate and balanced nutrition and hygiene [8].

In order to solve the health problems of the elderly patients, preventive, curative and rehabilitative approaches should be considered and applied together [9].

Material and Methods

In our study, the questionnaires were conducted to evaluate the satisfaction of the patients, their relatives and nurses who were hospitalized in Dışkapı Yıldırım Beyazıt Training and Research Hospital Medical Oncology Clinic between June and September 2018. In the prepared questionnaires, air bed, urinary catheter, colostomy, drain, port, NG, open wound, decubitus, pain, nausea, vomiting, loss of appetite, insomnia, fatigue, walking strain, to be bedridden, shortness of breath, diarrhea, abdominal distension, pretibial edema, bath assisted by attendants, feeding, dressing, cleaning, toileting, dressing, position and accompanying conditions were evaluated (Table 1). Age, gender, diagnosis and comorbidity of the patients were evaluated. Patients older than 18 years of age were included in the study. Patients with known psychiatric disease, those using any antidepressant or antipsychotic drugs, patients under 18 years of age, and those without a diagnosis of malignancy were excluded. Informed consent was obtained from all patients and the principles of the Helsinki Declaration were followed. This study approved by our local ethical committee.



Statistical Analysis

For statistical analysis, IBM SPSS (Statistics Program for Social Scientists) 20 (USA) program was used. Continuous data were given as mean ± standard deviation. Categorical data were given as percentage (%). Student's t-test was used to compare two groups of data between independent groups. Chi-square test was used to compare categorical data, p <0.05 was

considered statistically significant. Factors affecting patient satisfaction were determined by univariate analysis. In the Univariate analysis, statistically significant parameters were determined and multivariate analysis was performed and OR (Odds Ratio) was calculated and independent predictive factors affecting patient satisfaction were determined.

Table 1. Questionnaire

Bed	Stage / Complication	ECOG PS	Complaint	Caregiver/Facilities	Support of Caregiver	Satisfaction
a-standard b-air bed c-Nurse calling system -yes -no	a=I b=II c=III d=IV / Ka-urinary catheter Kb-colostomy Kc-Drainage tube Kd- port-a-cath Ke-NG Kf-open wound Kg-decubitus	a=0 b=1 c=2 d=3 e=4	a=Pain b= Nausea and Vomiting c=Lack of appetite d=Insomina e=Fatigue f=Walking strain g=Bedridden h=Dyspnea i= Diarrhea k= Unable to get to the toilet l=Ascite m=Edema n=Other	Age: Gender: / a=yes b=no c-caregiver relationship to patient (spouse-child-sibling-friend-other) / A=TV yes /no B=Caregiver bed yes /no C=toilet in room yes /no D=bathroom yes /no E=Meal yes /no	a-feeding b- dressing c- cleaning d-get patient to the toilet e-chamber pot f-dressing wound g- changing position h- companion	A=Patient a- satisfied b-dissatisfy B=Caregiver a- satisfied b-dissatisfy C=Nurse a- satisfied b-dissatisfy

Results

Of the 250 patients included in the study, 57.6% (144) were male and 42.4% (106) were female. Most of the study group consisted of patients with acute leukemia, lung and breast malignant neoplasms (17.4%; 15.0%; 13.0%, respectively). The comorbidities of the patients were DM (36.8%), HT (31.6%), CHF (17.6%) and CKD (13.6%), respectively (Table 2).

The patients' symptoms, catheterization, general features, and complaints were shown in Table 3. 86.3% of the patients stated that they had pain.

The caregiver activities were shown in Table 4.

The relationship between patient satisfaction and the conditions stated in the questionnaire form was evaluated. The univariate analysis was shown in Table 5. Conditions affecting patient satisfaction were nausea, insomnia, exhaustion and shortness of breath (p-value was 0.001 / <0.001 / 0.008 / 0.007, respectively).

A multivariate analysis of the patients' satisfaction levels was shown in Table 6. In the analysis, the conditions that independently predicted patient satisfaction were nausea and insomnia (p value 0.024 and 0.003, respectively).

Table 2. Characteristics of Patients

	n:250	%
Gender		
Male	144	57.6
Female	106	42.4
Age, year (sd)	58	±15.94
Malignancy		
Acute Leukemia	43	17.4
Lung	37	15.0
Breast	32	13.0
Gastric	26	10.5
HCC	26	10.5
Prostate	13	5.3
Head and Neck	12	4.9
Pancreas	9	3.6
Testicular	8	3.2
CNS	5	2.0
Uterine	5	2.0
Other	21	8.5
Comorbidities		
DM	92	36.8
HT	79	31.6
CHF	44	17.6
CKD	34	13.6

CNS: Central nervous system, DM: Diabetes Mellitus, HT: Hypertension, CHF: Chronic Heart Failure, CKD: Chronic kidney disease, sd: standart deviation

Table 3. Symptoms of Patients, Catheterization, General Features, and Complaints

	n	%
Urinary catheterisation	43	17.2
Colostomy	28	11.2
Drainage catheterisation	27	10.8
Port	33	13.2
Nasogastric catheter	24	9.6
Wound	39	15.6
Decubitis	30	12.0
Pain	217	86.8
Nausea	176	70.4
Vomiting	119	47.6
Appetite	132	52.8
Insomnia	107	42.8
Fatigue	101	40.4
Walking strain	89	35.6
Bedridden	81	32.4
Dyspnea	75	30.0
Diarrhea	65	26.0
Not able to go to toilet	65	26.0
Ascites	56	22.4
Edema	53	21.2

Table 4. Caregiver Activities

	n:250	%
Television	250	100
Bath	240	96.0
Feeding	210	84.0
Dressing	186	74.4
Cleaning	150	60.0
to take the patient to the toilet	124	49.6
Chamber pot	116	46.4
Wound Dressing	107	42.8
Changing position	104	41.6
Companion	96	38.4

Table 5: Univariate Analysis for the Conditions Affecting Patient Satisfaction

	OR	Confidence interval (CI %95)		p-value
		Lower Limit	Upper Limit	
Nausea	14.4	1.92	108.52	0.001
Insomnia	6.1	2.23	16.87	<0.001
Fatigue	3.0	1.29	7.10	0.008
Dyspnea	2.9	1.30	6.79	0.007

Table 6: Multivariate Analysis for Patient Satisfaction

	OR	Confidence interval (CI %95)		p-value
		Lower Limit	Upper Limit	
Nausea	10.4	1.36	79.4	0.024
Insomnia	4.7	1.68	13.10	0.003
Fatigue	0.97	0.29	3.12	0.955
Dyspnea	1.07	0.37	3.11	0.897

Factors affecting satisfaction of attendants were investigated. All of the factors affecting patient satisfaction were evaluated with univariate analysis for the satisfaction of the attendant. The only factor affecting the patient satisfaction was taking the patient to the toilet ($p: 0.045$). Multivariate analysis was not performed since the patient was the only factor affecting satisfaction.

Factors affecting nurse satisfaction were also investigated. All of the factors affecting patient satisfaction were evaluated with univariate analysis for nurse satisfaction. No correlation was found between nurse satisfaction and the parameters.

Discussion

It is not desirable for people to be admitted to the hospital as a patient and they have many difficulties and risks. In short, hospitalization scares people. The family of patients and their attendants, who know this fear, want to support their patients by staying at the hospital [8].

In the studies, it was reported that attendance of attendants in hospital care was important in terms of facilitating the adaptation of the patient to the hospital and maintaining and strengthening of social relations. It is also stated that relatives of patients are happy to help their patients [1,8,10,11].

We observe that patients are anxious at the Oncology Clinic. At each visit, we try to solve their concerns and try to solve their problems.

We know that most patients want their relatives as an attendant. We observe that the attendants carry similar concerns and are in fear for their patients.

On the other hand, we know that although the attendants alleviate the workload of the nurses, they can create problems and apply violence to nurses especially in the night shifts.

In our study, factors that distort patient satisfaction, nausea, insomnia, fatigue and dyspnea were statistically significant. It is expected that patients suffering from cancer and who have additional diseases in most of them are depressed in the face of these problems. Patients who cannot sleep, cannot eat, have no energy to continue their daily life and have dyspnea, have difficulty in being happy.

In the multivariate analysis of the study, nausea and insomnia were independent factors those disrupted the quality of life. Nausea is an important factor that inhibits eating. Also, nausea is a bad feeling for a patient independent of eating. For this reason, in order to prevent nausea from cancer patients, intensive premedication is performed before chemotherapy and after



the chemotherapy, additional measures and treatments are applied, the patient should not suffer and eat his food [12].

Factors that may be present in patients were considered as factors that could affect the attendant. These include pneumatic bed, urinary catheter, colostomy, drain, port, nasogastric catheter, open wound, decubitus, pain, nausea, vomiting, loss of appetite, insomnia, fatigue, difficult walking, to be bedridden, dyspnea, diarrhea and edema were sorted.

In addition, the absence of television in the patient room, the necessity of taking a bath in the patient, difficulty in feeding ,dressing, positioning and cleaning the patient taking them to the toilet or the necessity to circulate the patient were considered as factors that can force the attendant.

In the univariate analysis, the only factor affecting the attendant was to take the patient to the toilet and this was statistically significant ($p < 0.05$). None of the other factors influenced the satisfaction of the companion. It is thought that some of the factors that may affect the attendant's satisfaction are accepted by the companion and do not cause any problems. After all, it is the duty of the attendant to serve his/her patient.

In one study, it was shown that patient care caused anxiety in the family [7]. In our country, in contrast to this situation, it has been shown that patient care does not cause concern in families [1-3,13]. None of the factors listed above affected the nurses and did not appear to be significant in statistical analysis. Because nurses were professionals in their work, they were not affected by the factors investigated above. Nurses in patient care should be able to resolve their fears by training patients and their relatives [7,13].

In addition to the treatment of cancer patients, hospital care is also important. The caregiver should take full care of the patient by receiving support from physicians and nurses(9). The physician should work with nurses and other branches in order to eliminate the concerns of both the patient and his / her relatives and to provide appropriate care.

Conclusion

Being a caregiver of the patient is a condition that affects people negatively as much as being a cancer patient. For inpatients, nausea, insomnia, fatigue, and dyspnea are the factors that may be present. Especially nausea and insomnia were unacceptable factors for cancer patients. Taking patient to the toilet is the most challenging situation for the caregiver. Caring for the cancer patient is very important. Besides nausea and insomnia, fatigue and dyspnea should be eliminated.

Declaration of conflict of interest

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