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RESEARCH ARTICLE

EVALUATION OF SATISFACTION WITH CANCER CARE AMONG PATIENTS ATTENDING AN ONCOLOGY CLINIC AT A TERTIARY FACILITY IN WESTERN KENYA: A CROSS-SECTIONAL STUDY

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ARTICLE INFO	ABSTRACT
<i>Article History</i> Received 30 th January, 2025 Received in revised form 17 th February, 2025 Accepted 26 th March, 2025 Published online 30 th April, 2025	Background: Patient satisfaction is a crucial indicator of healthcare quality, particularly in oncology. Understanding the factors influencing satisfaction can enhance service delivery and improve health outcomes. Objectives: This study assessed patient satisfaction with cancer care at Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH), focusing on professional, interpersonal, and organizational aspects while identifying socio-demographic factors influencing satisfaction. Methods: A descriptive cross-sectional study was conducted among 89 oncology patients using the European Organization for Research and Tractment of Cancer In Referrit Sectionary with Care
Keywords:	Questionnaire 32 (EORTC IN-PATSAT32). Descriptive and inferential analyses (t-tests, ANOVA)
Cancer care; patient satisfaction; oncology; EORTC IN-PATSAT32; healthcare quality	examined associations between satisfaction and socio-demographics. Results: Satisfaction was highest for nurses' effectiveness (78.65 \pm 11.65) and doctors' services (77.53 \pm 8.47). Females reported higher satisfaction than males (p < 0.01). Higher tertiary education predicted greater satisfaction with organizational care (p = 0.01). However, organizational care (65.17 \pm 12.28) and overall hospital experience (65.73 \pm 17.02) were rated lower. Younger patients reported higher satisfaction with interpersonal care (p = 0.018). Conclusion: While satisfaction with nurses and
*Corresponding author: Pius Omullo	doctors was high, organizational care and hospital experience scored lower. Addressing service gaps based on socio-demographic variations can enhance oncology patient satisfaction at JOOTRH.

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INTRODUCTION

Patient satisfaction is a crucial determinant of healthcare quality, particularly in oncology, where care is complex and emotionally demanding. Effective cancer management requires a holistic approach, considering patients' perceptions of caregiver competence, communication, and healthcare organisation. High satisfaction correlates with better treatment adherence, improved clinical outcomes, and increased trust in healthcare systems (1-3). Cancer remains a significant global health burden, accounting for nearly 10 million deaths in 2020 (4). The most prevalent cancers include lung, breast, colorectal, prostate, skin, and gastric malignancies (5). In lowand middle-income countries (LMICs), the situation is exacerbated by poverty, inadequate infrastructure, and latestage diagnosis (6). Sub-Saharan Africa is projected to experience a 70% rise in cancer cases due to population growth and ageing (7). Alarmingly, cancer-related mortality in Africa

surpasses that of HIV/AIDS, malaria, and tuberculosis combined (8,9). Kenya faces similar challenges, with cancer ranking as the third leading cause of mortality, following infectious and cardiovascular diseases (10). Between 2012 and 2018, annual cancer cases rose from 37,000 to 47,887, while mortality increased by 16% (11). The five most common cancers in Kenya are breast, cervical, prostate, oesophageal, and colorectal cancer, with cervical cancer being the leading cause of cancer-related deaths (12). Limited oncology infrastructure, a shortage of specialists, and low public awareness are barriers to effective cancer care in Kenva (13). The country struggles with inequitable access to cancer care, especially in regional referral centres like JOOTRH, where limited resources and long waiting times contribute to patient dissatisfaction (14). Despite these challenges, data on patient satisfaction with oncology services in Kenya remain scarce, making this study crucial for identifying service gaps and informing policy improvements.

Problem Statement: Cancer presents a significant public health challenge, particularly in LMICs like Kenya, where late-stage diagnoses, specialist shortages, and infrastructure limitations strain the healthcare system (13). At JOOTRH, long waiting times, inadequate diagnostic services, and resource constraints contribute to patient dissatisfaction. However, limited research exists on patient-reported satisfaction with oncology services in Kenya. This study aims to bridge this gap by assessing satisfaction levels among cancer patients at JOOTRH and providing evidence-based recommendations for service improvement.

Study Justification: Understanding patient satisfaction is essential for improving oncology care in resource-limited settings. This study utilizes the validated EORTC IN-PATSAT32 questionnaire to provide insights into how professional, interpersonal, and organizational factors impact patient experiences at JOOTRH. The findings will guide targeted interventions to enhance patient-centred cancer care.

Research Questions

- What is the level of satisfaction with the professional, interpersonal, and communicative skills of oncologists and oncology nurses at JOOTRH?
- How satisfied are cancer patients attending JOOTRH with the organizational care and services provided?
- What challenges do cancer patients encounter in receiving cancer care at JOOTRH?

Objectives

Broad Objective: To evaluate the level of satisfaction with cancer care among patients attending the oncology clinic at Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH).

Specific Objectives

- To assess the level of satisfaction with the professional, interpersonal, and communicative skills of oncologists and oncology nurses at JOOTRH.
- To determine the level of satisfaction with organizational care and services of cancer patients attending JOOTRH.
- To determine the challenges with cancer care faced by cancer patients attending JOOTRH.

METHODOLOGY

This study was conducted at JOOTRH, a tertiary referral facility in Western Kenya that provides comprehensive oncology services, including chemotherapy and palliative care. The hospital serves as a major referral centre for over 10 counties, catering to a population exceeding 5 million. A descriptive cross-sectional study assessed patient satisfaction levels with oncology care. This design was selected as it provides a snapshot of patient experiences, allowing for an evaluation of satisfaction levels and associated factors within a defined period. The study population comprised adult cancer patients attending the oncology clinic for follow-up care. Purposive sampling was used to recruit 89 patients. The inclusion criteria required participants to be 18 years or older,

to have received at least one oncology service at the facility, and to provide informed consent for participation. Patients who were too ill to respond or unwilling to participate were excluded from the study. Data were collected using the European Organisation for Research and Treatment of Cancer In-Patient Satisfaction with Care Questionnaire 32 (EORTC IN-PATSAT32), a validated tool designed to assess patient satisfaction with doctors, nurses, and hospital services in oncology settings. Ethical approval was obtained from the Maseno University Ethics and Research Committee (MUERC; Approval No. MUSERC/01109/22) and the JOOTRH's Ethics and Research Committee before data collection commenced. Written informed consent was obtained from all participants, and confidentiality and anonymity were maintained throughout the study. Participants were assured of voluntary participation with the option to withdraw at any point without impacting their treatment.

The collected data were analysed using SPSS (Version 20). Descriptive statistics were used to summarise sociodemographic characteristics and overall satisfaction scores. Inferential statistics, including t-tests and ANOVA, assessed associations between socio-demographic factors and patient satisfaction. Results were presented as means and standard deviations, with a significance level of p < 0.05 considered statistically significant. The findings were subsequently used to identify service delivery gaps and propose strategies for improving oncology care at the facility. This study has limitations, including a relatively small sample size that may not generalize to the entire Kenyan oncology patient population. Additionally, self-reported satisfaction scores may introduce recall and response bias. Future studies should employ larger sample sizes and consider qualitative approaches to capture nuanced patient experiences.

RESULTS

of Socio-demographic characteristics the study respondents: A univariate analysis was conducted on the socio-demographic characteristics of the respondents, and the results are presented in Table 4.1. A total of 89 cancer patients participated in the study. The mean age of respondents was 51.75 years (SD = 16.05), with the majority (39.2%) aged over 60 years, followed by those aged 46-59 years (27.0%). Most participants were female (66.3%), and the majority resided in Kisumu County (57.3%), followed by Siaya County (20.2%). Regarding education level, 44.9% of respondents had secondary education, while 41.6% had attained tertiary education. In terms of income, 41.6% reported earning between Ksh. 12,299-23,885, while 33.7% earned below Ksh. 12,298. The mean duration of care among participants was 15.22 months (SD = 12.92), with 55.1% of respondents receiving care for over 10 months (Table 4.1).

Level of satisfaction with professional, interpersonal, and communicative skills of oncologists and oncology nurses at JOOTRH: Table 4.2 describes the scores of the EORTC IN-PARTSAT 32 of the respondents. Satisfaction levels regarding nurses' and doctors' professional and interpersonal skills were high, with all dimensions scoring above 75%. Nurses' effectiveness received the highest rating (mean = 78.65, SD = 11.65), followed closely by doctors' services (mean = 77.53, SD = 8.47).

 Table 4.1. Socio-demographic characteristics of the study respondents

Characteristic	n = 89 n (%)
Age	
Mean (SD)	51.75 (16.05)
19-34 years	14 (15.7%)
35-45 years	17 (19.1%)
46-59 years	24 (27.0%)
> 60 years	34 (39.2%)
Highest education level	
Primary	12 (13.5%)
Secondary	40 (44.9%)
Tertiary	37 (41.6%)
Sex	
Male	30 (33.7%)
Female	59 (66.3%)
County of residence	
Siaya	18 (20.2%)
Kisumu	51 (57.3%)
Homa-bay	10 (11.2%)
Busia	3 (3.4%)
Migori	3 (3.4%)
Others	4 (4.5%)
Average monthly income (Ksh.)	
Up to 12,298	30 (33.7%)
12,299 – 23,885	37 (41.6%)
23,886 - 35,472	19 (21.3%)
35,473 -47,059	3 (3.4%)
Duration of care (months)	
Mean (SD)	15.22 (12.92)
Short (0-5 days)	19 (21.3%)
Medium (6-10 days)	21 (23.6%)
Long (>10 days)	49 (55.1%)

Table 4.2. Description of Nurses' and Doctors' Rating Scores in the EORTC IN-PATSAT 32 of the Study Respondents

Dimensions	n	μ	SD
Nurses			
Effectiveness of nurses	6	78.65	11.65
Nurses' humane quality	5	77.25	8.95
Doctors			
Rating doctors	11	77.53	8.47

The comparison of scale scores of the respondents with average monthly income is presented in Table 4.3. Respondents with tertiary education were more likely to be satisfied by the doctors' service (p = 0.016), with services and care organization (p = 0.01), but not with entire hospital experience (p = 0.031). Respondents with secondary school attainment were more likely to be satisfied with the effectiveness of nurses (p = 0.011). Male respondents were more likely to be satisfied with the entire hospital experience (p = 0.032), whereas females in doctors' services (p = 0.005), the effectiveness of nurses (p < 0.001), nurses' humane quality (p = 0.002) and the services and care organization (p = 0.003). Low-income earners were likely to be satisfied with doctors' services (p = 0.003), the effectiveness of the nurses (0.035), the services and care organisation (p = 0.017), and the entire hospital experience (0.04) (Table 4.4). Younger respondents were likely to be satisfied with the nurses' humane quality (p =0.018) and services and care organisation (p = 0.046) (Table 4.5).

The level of satisfaction with organisational care and services of cancer patients attending JOOTRH: Overall satisfaction with organisational care and the entire hospital experience ranged from good to very good. Service and care organisation had a mean satisfaction score of 65.17 (SD = 12.28), while overall hospital experience scored 65.73 (SD = 17.02).

DISCUSSION

Sociodemographic characteristics of the respondents: The study revealed that most respondents (39.2%) were 60 or older, with a mean age of 51.75 (SD = 16.05). This finding aligns with global trends, where older individuals constitute the majority of cancer patients due to the increased risk of malignancies with age (15). Similar age distributions have been observed in Ghana and Ethiopia, where cancer prevalence is highest among individuals aged 50 years and above (16,17). This study's predominance of female respondents (66.3%) is also consistent with findings in Tharaka Nithi and Isiolo counties, where women are more likely to seek healthcare services and participate in cancerrelated studies (18). Education and income levels influenced patient satisfaction. Most respondents (44.9%) had secondary education. In comparison, 41.6% had tertiary education, a distribution similar to findings in Nigeria, where patients with secondary or higher education formed the majority of those seeking cancer care (19).

Regarding income, 41.6% of respondents earned between Ksh. 12,299 and 23,885, reflecting the lower-middle-income bracket in Kenya. The finding that lower-income patients expressed higher satisfaction with doctors and nurses (p = 0.003 and p = 0.035, respectively) is consistent with global findings, where patients with fewer financial resources tend to have lower expectations and express more significant appreciation for available services (20).

Satisfaction with professional, interpersonal, and communicative aspects of oncology care: The study found high satisfaction with oncology doctors (77.53%) and nurses (78.65%). The importance of interpersonal communication in oncology care cannot be overstated, as it influences treatment adherence, psychological well-being, and trust in healthcare providers (21). A notable gender disparity was observed, with females reporting significantly higher satisfaction across multiple dimensions (p< 0.01). Gomez-Cano et al. (2025) reported similar findings, which showed that women were more satisfied with cancer care due to their emphasis on emotional support and communication (22). Education levels influenced satisfaction with professional and organisational care. Tertiary-educated patients were more satisfied with organisational care (p = 0.01), supporting findings from Kannappan et al.2022, where highly educated patients appreciated structured healthcare systems (23).

Satisfaction with organisational care and services of oncology care: Although professional interactions with doctors and nurses were rated highly, satisfaction with organisational care (65.17%) and overall hospital experience (65.73%) was comparatively lower. This aligns with Lee et al.'s 2019 findings, where patients expressed frustration with long wait times, inadequate facilities, and bureaucratic inefficiencies (24). In this study, low-income respondents were less satisfied with organisational care, similar to findings by Brand et al. (2019), where resource-constrained public hospitals struggled to meet patient demands (14). The most cited concerns in oncology care are staff shortages, long wait times, and inadequate infrastructure (15). A study in Ethiopia highlighted that delays in cancer diagnosis and treatment significantly impacted patient satisfaction (26). Similarly, in Zimbabwe, patients reported dissatisfaction due to limited

Table 4.3. Comparison of Scale Scores of Respondents with Different educational levels and sex in EORTC IN-PATSAT 32

		n = 89					
	Highest educat	ion level			Sex		
Dimensions	Primary	Secondary	Tertiary	p^*	Male	Female	p^*
SATRD	75.00 (0.0)	77.5 (7.60)	79.38 (10.48)	0.016	76.67 (9.13)	77.97 (8.15)	0.005
SATEN	77.08 (12.87)	80.00 (10.13)	77.70 (11.46)	0.011	78.33 (10.85)	78.81 (12.11)	< 0.001
SATNHQ	75.00 (0.00)	80.00 (10.13)	75.00 (8.33)	0.078	76.67 (9.13)	77.54 (8.92)	0.002
SATSCO	62.50 (13.06)	65.00 (12.40)	66.21 (12.10)	0.010	64.17 (12.6)	77.54 (8.95)	0.003
SATEHE	72.92 (16.71)	63.54 (18.02)	65.54 (18.73)	0.031	70.00 (19.03)	63.56 (15.62)	0.032

SATRD, rating doctors; SATEN, effectiveness of nurses; SATNHQ, nurse's humane quality, SATSCO, services and care organization; SATEHE, entire hospital experience

Table 4.4. Comparison of Scale Scores of Respondents with average monthly income in EORTC IN-PATSAT 32

Dimensions	n = 89				
		Average monthly income	(ksh.)		
	< 12,298	12,299-23,885	23,886-35,472	23,886-35,472	p^*
SATRD	77.50 (7.63)	77.70 (7.87)	77.63 (11.47)	75.00 (0.00)	0.003
SATEN	79.17 (11.52)	80.41 (11.98)	75.00 (11.79)	75.00 (0.00)	0.035
SATNHQ	79.17 (9.47)	77.70 (7.87)	75.00 (8.33)	66.67 (14.43)	0.078
SATSCO	63.33 (12.69)	66.89 (11.86)	64.47 (12.68)	66.67 (14.43)	0.017
SATEHE	67.50 (14.90)	66.89 (17.73)	63.16 (19.31)	50.00 (0.00)	0.040

SATRD, rating doctors; SATEN, effectiveness of nurses; SATNHQ, nurses' humane quality, SATSCO, services and care organization; SATEHE, entire hospital experience

Table 4.5. Comparison of Scale Scores of Respondents with Age in EORTC IN-PATSAT 32

Dimensions		n = 89			
	Age (years)				
	19-34 years	35-45 years	46-59 years	> 60 years	p^*
SATRD	80.36 (10.65)	75.00 (8.84)	75.00 (0.00)	79.41 (9.67)	0.078
SATEN	76.79 (11.87)	76.47 (13.89)	79.17 (9.51)	80.15 (11.96)	0.018
SATNHQ	80.36 (10.65)	75.00 (12.50)	77.08 (7.06)	62.50 (12.69)	0.031
SATSCO	67.86 (11.72)	60.29 (17.81)	64.58 (12.59)	65.50 (12.68)	0.046
SATEHE	67.85 (15.28)	60.29 (17.81)	65.63 (16.17)	67.65 (17.97)	0.027
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SATRD, rating doctors; SATEN, effectiveness of nurses; SATNHQ, nurses' humane quality, SATSCO, services and care organization; SATEHE, entire hospital experience

Table 4.2. Description of SCO and EHE dimensions' scores in theEORTIC IN-PATSAT 32 of the study respondents

Dimensions (items)	n	μ	SD
Service and care organization	9	65.17	12.28
Entire hospital experience	1	65.73	17.02

oncology specialists and a lack of essential cancer treatment resources (27). These issues underscore the need for increased investment in oncology infrastructure, staff training, and improved care coordination.

CONCLUSION

This study found high satisfaction with doctors and nurses but lower satisfaction with organizational aspects of care. Addressing administrative inefficiencies, reducing wait times, and increasing staffing can significantly improve patient experiences. Policymakers should prioritize oncology resource allocation to enhance service delivery in tertiary healthcare settings.

RECOMMENDATIONS

To the Ministry of Health and Healthcare Community: Increase investment in oncology care by allocating more resources to cancer screening, early diagnosis, and treatment. Expanding the oncology workforce and upgrading infrastructure will help reduce long waiting times and improve service delivery.

To JOOTRH: Improving hospital efficiency by implementing better scheduling systems, reducing wait times, and enhancing patient-provider communication. Expanding palliative care and psychological support services will improve cancer patients' overall experience and well-being.

To the general population: Improving health-seeking behaviour by discouraging delays in seeking medical attention will help detect cancer early and improve survival rates.

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LIST OF ABBREVIATIONS

EORTC IN-PATSAT32: European Organisation for Research and Treatment of Cancer In-Patient Satisfaction with Care Questionnaire 32

JOOTRH: Jaramogi Oginga Odinga Teaching and Referral Hospital

WHO: World Health Organization

MOH: Ministry of Health

LMICs: Low- and Middle-Income Countries

SPSS: Statistical Package for the Social Sciences

MUERC: Maseno University Ethics and Research Committee

HEPI: Health-Professional Education Partnership Initiative

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