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## RESEARCH ARTICLE

### Experience of Inpatients at the Oncology Center of Phu Tho Provincial General Hospital and Some Related Factors

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Short Title: Nguyen Van Son et al/ Experience of inpatients at the Oncology Center of Phu Tho Provincial General Hospital and some related factors

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#### ABSTRACT:

**Background:** The patient experience includes all interactions between the patient and the health care system, including the treatment plan, doctors, nurses, and hospital staff. Patient experience is one of the three important pillars of hospital quality including: patient safety, clinical effectiveness, and patient experience. A positive patient experience is an important goal to be focused on. The aim of this study was to have an overview of the experience and satisfaction of hospital inpatients, thereby offering solutions to improve service quality at the hospital.

**Methods:** A cross-sectional descriptive study on 115 patients being treated at the Oncology Center to evaluate the experience of patients undergoing inpatient treatment at the Oncology Center, Phu Tho Provincial General Hospital in 2021.

**Results:** Research results showed that the rate of good feedback about the treatment experience of the doctor, the care of the Nursing, the response of the medical staff to the patient's request, experience themselves during treatment, experience when receiving drugs, experience of hospital environment and experience when leaving hospital were 95.65%, 97.39%, 87.83%, 100%, 93.91%, 86.96%, 94.78%, respectively. The overall score for the Oncology center was 9.43 points. The study found 3 factors that have a statistically significant relationship: the patient's education level was related to the assessment of the hospital environment (OR=2.955; 95%CI=1.22-7.15; P=0.014), the number of days in the hospital stay of inpatients was related to the experience assessment of the hospital environment (OR=2.43; 95%CI = 1.00 -5.87; P=0.045) and inpatient mental health were related to the overall hospital rating (OR=2.1; 95%CI = 1.00-4.40; P=0.05). **Conclusion:** Satisfaction about the experience of hospital inpatients has given us the key to come up with optimal solutions to contribute to improving service quality at the hospital. Promote the advantages and improve the problems that make patients unsatisfied.

**Keywords:** patient experience, oncology, related factors, Phu Tho Provincial General Hospital

## Introduction

The patient experience is a top priority for healthcare leaders<sup>1</sup>. However, to capture the patient's experience is a big challenge for health policy makers and health facilities<sup>2</sup>. In the past, patient satisfaction surveys were used to provide indications of the patient's experience, but this did not provide an accurate assessment of the patient's experience<sup>3</sup>. Since then, several concepts of patient experience have been proposed<sup>4-6</sup>, for example: "Patient experience includes all interactions between the patient and the health care system (including treatment plans, doctors, nurses, hospital staff, and other infrastructure)"<sup>7</sup>. Currently, the patient experience survey has been used to replace the patient satisfaction survey, because the results of the patient experience survey will provide more information, and the information can be measured. The results of the measurement study will provide useful information in hospital quality management on issues related to the health care system such as delays in receiving and returning test results, errors in information communication, incidents in the process of care affect the process and time of medical examination and treatment<sup>8,9</sup>. On a patient-centered basis, positive patient experience is associated with health care quality, including treatment adherence, treatment process, and clinical outcomes<sup>10,11</sup>.

In Vietnam, the Ministry of Health has issued the "Set of criteria for evaluating hospital quality"<sup>12</sup>, and the health sector is gradually starting to approach the patient experience through the development of a "Criteria for evaluating hospital quality". consultation with inpatients", including a survey of patients' real-life experiences during inpatient treatment at the hospital<sup>13</sup>. Quality of health care will be most effective when patients are treated with the best clinical quality, and receive respect and trust. Measuring patient experience is not only to guide solutions to improve service quality, but this can also be related to clinical treatment outcomes and medical costs. A synthesis of studies at hospitals under the Ho Chi Minh City Department of Health has shown that combining measures to improve patient experience with other methods of quality management will provide an overall picture of health service delivery performance<sup>14</sup>. However, at present, there are not many studies on surveying specific patient experiences in hospitals in Vietnam towards improving hospital quality. Initially, most hospitals

are applying the "Set of criteria for evaluating hospital quality" of the Ministry of Health on hospital quality management<sup>3</sup>. The current set of criteria only mentions the surface of the hospital, but does not really focus on the patient's experience. Inpatient experience is a criterion that Phu Tho Provincial General Hospital has paid special attention to in recent years. The purpose of this study is to evaluate and analyze a number of factors related to the experience of inpatients treated at the Oncology Center - Phu Tho Provincial General Hospital. From there, have an overview of the experience and satisfaction of inpatients and offer solutions to improve service quality at the hospital.

## Methods

**Research subjects:** The patients aged 18 years or older were treated as inpatients at the Oncology Center, Phu Tho Provincial General Hospital from June to September 2021.

**Selection criteria:** Patients were hospitalized for 3 days or more at the Oncology Center, Phu Tho Provincial General Hospital during the study period. Patients who have finished their inpatient treatment, completed discharge procedures, and prepared for the payment process at the hospital's accounting department. Patients voluntarily participate and ensure their health and mental well-being to participate in the study.

**Exclusion criteria:** Patients who were still undergoing treatment or quit inpatient treatment or die at the Oncology Center, Phu Tho Provincial General Hospital during the study period. Patients who did not agree to participate in the study or were not able to participate in the study; were unable to listen, speak, read and write.

**Study design:** cross-sectional description.

**Sample size:**

$$n = Z_{1-\frac{\alpha}{2}}^2 \times \frac{p(1-p)}{(\varepsilon.p)^2}$$

In which: n: Research sample size; Z=1.96;  $\alpha$  (confidence) = 95%; choose  $\varepsilon = 0.05$ ; p= 0.874 is the rate of positive experiences of patients<sup>4</sup>. Substituting the formula to calculate the study sample size was 115 patients. Choose a simple random sample.

**Data collection tools:** The study used the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey toolkit which was translated into Vietnamese by CMS and published on their website<sup>15</sup>. The HCAHPS toolkit includes 38

questions, of which 12 are related to the patient's personal information and 26 are related to hospital care (covering 7 main aspects and 1 aspect that is the overall assessment of the Oncology Center during the treatment period).

**Research variables:** General information of research subjects including: doctor's treatment experience, nursing care experience, medical staff's response to patient's request, personal experience during treatment, experience when receiving medication, experience hospital environment, discharge experience, overall assessment of the treatment session.

**Information collection method:** we directly observed, distributed survey forms and interviewed patients directly to collect data at the study site.

**Data processing and analysis:** Data was entered using Epidata 3.1 software and analyzed using SPSS 16.1 software. The results were presented in tables of appropriate frequencies, ratios, mean values, and standard deviations. Quantitative variables were tested for normal distribution before analysis using the Kolmogorov-Smirnov test. For quantitative variables, normally distributed, use t-test to compare 2 mean values between 2 groups, paired t-test to compare between intervention times.  $\chi^2$ -test was used to compare the difference between ratios. With statistical tests, the difference was considered significant when  $P < 0.05$

## Results

**Table 1.** General characteristics of study subjects (n=115)

General characteristics		Frequency	Percent
Gender	Male	61	53.04
	Female	54	46.96
Age (years)	<18	1	0.87
	18-30	8	6.96
	31-60	64	55.65
	>60	42	36.52
Accommodation	Urban	25	21.74
	Rural	90	78.26
Occupation	Manual labour	38	33.04
	Mental labour	8	6.96
	Business	15	13.04
	Unemployment	54	46.96
Education level	< High school	36	31.3
	≥ High school	79	68.7
Number of days in hospital	≤ 5 days	51	44.35
	> 5 days	64	55.65

Table 1 showed that in 115 study subjects, the proportion of male group (53.04%) was higher than that of female group (46.96%). Regarding the age group distribution, the group <18 years old accounted for the lowest rate

(11.3%), followed by the group from 56-79 years old (43.5%), and the age group > 79 years old was the highest (45.2%). Research subjects mainly lived in rural areas (78.26%) and had education level ≥ high school (68.7%).

**Table 2.** Rate of positive feedback on patient experience (n=115)

Aspects	Positive feedback % (n)	Negative feedback % (n)
Doctor's treatment experience	95.65 (110)	4.35 (5)
Nursing care experience	97.39 (112)	2.61 (3)
Experience of medical staff response to patient requests	87.83 (101)	12.17 (14)
Experience themselves during treatment	100 (115)	0.00 (0)
Experience when receiving medicine	93.91 (108)	6.09 (7)
Experience the hospital environment	86.96 (100)	13.04 (15)
Experience when leaving the hospital	94.78 (109)	5.22 (6)
Patients will refer the Oncology Center to their family and friends	95.65 (110)	4.35 (5)

The rate of positive feedback about the patient's experience was presented in Table 2. Most of the patient experiences have been positive

feedback over 90%. Personal experience in treatment was highest (100%) and experience in hospital environment was lowest (86.96%).

**Table 3.** Relationship between some factors and patient's experience of nursing care

Characteristics		Negative experience		Positive experience		OR (95%CI)	P
		n	%	n	%		
Gender	Male	3	2.6	58	50.4	0.95 (0.89-1.007)	0.09
	Female	0	0	54	47.0		
Education level	< High school	1	0.9	35	30.4	1.10 (0.09-12.54)	0.09
	≥ High school	2	1.7	77	67.0		
Age (years)	≤ 30	0	0	9	7.8	1.03 (0.99-1.06)	0.61
	>30	3	2.6	103	89.6		
Health insurance	Yes	3	2.6	108	93.9	0.97 (9.94-1.00)	0.74
	No	0	0	4	3.5		
Number of days in hospital	≤ 5	2	1.7	53	46.1	2.23 (0.19-25.26)	0.51
	>5	1	0.9	59	51.3		
Mental health	Good	3	2.6	55	47.8	0.95 (0.89-1.00)	0.08
	Not good	0	0	57	49.6		

Table 3 indicated that there was no relationship between the factors (age, gender, education level, number of days in hospital, mental

health of the patient...) and the patient's experience of nursing care. That showed that the rate of patients' positive experiences with nursing

care does not discriminate on gender, age, education level, number of days in hospital or mental health of the patient. The nurses have good care skills and experience, know how to deal with

each patient in a harmonious way, and the nursing improvisation ability in taking good care of patients.

**Table 4.** Relationship between some factors and the experience of inpatients about the doctor's treatment

Characteristics		Negative experience		Positive experience		OR (95%CI)	P
		n	%	n	%		
Gender	Male	3	2.6	58	50.4	1.34 (0.212-8.36)	0.75
	Female	2	1.7	42	45.2		
Education level	< High school	1	0.9	35	30.4	0.53 (0.06-4.97)	0.57
	≥ High school	4	3.5	75	68.7		
Age (years)	≤ 30	0	0	9	7.8	1.05 (1.00-1.09)	0.50 5
	>30	5	4.3	101	87.8		
Health insurance	Yes	5	4.3	106	92.2	0.955 (0.917-0.994)	0.66 4
	No	0	0	4	3.5		
Number of days in hospital	≤ 5	3	2.6	52	45.2	1.67 (0.269-10.408)	0.57 7
	>5	2	1.7	58	50.4		
Mental health	Good	3	2.6	55	47.8	1.5 (0.241-9.33)	0.66 2
	Not good	2	1.7	55	47.8		

The relationship between some factors and the experience of inpatients about the doctor's treatment was presented in Table 4. There was no relationship between the factors experienced by

inpatients about the doctor's care. This was similar to the relationship between the inpatient experience of nursing care.

**Table 5.** Relationship between some factors and inpatient experience of hospital environment

Characteristics		Negative experience		Positive experience		OR (95%CI)	P
		n	%	n	%		
Gender	Male	12	10.4	49	42.6	0.582 (0.25-1.38)	0.214
	Female	16	13.9	38	33.0		
Education level	< High school	14	12.2	22	19.1	2.955 (1.22-7.15)	0.014
	≥ High school	14	12.2	65	56.5		
Age (years)	≤ 30	1	0.9	8	7	0.366 (0.04-3.06)	0.335
	>30	27	23.5	79	68.7		
Health insurance	Yes	28	24.3	83	72.2	0.748 (0.67-0.83)	0.248
	No	0	0	4	3.5		
Number of days in hospital	≤ 5	18	15.7	37	32.2	2.43 (1.00-5.87)	0.045
	>5	10	8.7	50	43.5		
Mental health	Good	17	14.8	41	35.7	1.73 (0.728-4.128)	0.211
	Not good	11	9.6	46	40.00		

Table 5 indicated that patients with less than high school education had a positive experience of the hospital environment 2,955 times higher than patients with a high school education or higher ( $P=0.014$ ;  $95\%CI=1.22-7.15$ ). Patients with a treatment duration of 5 days or less had a positive experience of the hospital environment 2.43 times higher than patients with a stay of more

than 5 days (with  $P=0.045$ ;  $95\%CI=1.00-5.87$ ). The remaining factors such as: gender, age, health insurance card or mental health of inpatients were not related to the hospital environment. Thus, assessing the positive experience of the hospital environment of inpatients without discrimination on gender, age, health insurance card, mental health of the patient.

**Table 6.** Relationship between some factors and inpatient experience of overall hospital assessment

Characteristics		Negative experience		Positive experience		OR (95%CI)	P
		n	%	n	%		
Gender	Male	29	25.2	32	27.8	0.78 (0.37-1.63)	0.51
	Female	29	25.2	25	21.7		
Education level	< High school	21	18.3	15	13.0	1.59 (0.72-3.52)	0.25
	≥ High school	37	32.2	42	36.5		
Age (years)	≤ 30	7	6.1	2	1.7	3.77 (0.749-19.12)	0.08
	>30	51	44.3	55	47.8		
Health insurance	Yes	57	49.6	54	47.0	3.17 (0.32-31.38)	0.30
	No	1	0.9	3	2.6		
Number of days in hospital	≤ 5	31	27.0	24	20.9	1.58 (0.76-3.30)	0.22
	>5	27	23.5	33	28.7		
Mental health	Good	34	29.6	23	20.0	2.10 (1.00-4.40)	0.05
	Not good	24	20.9	34	29.6		

Table 6 showed that inpatients with good mental health had a positive experience of being in the hospital 2.1 times higher than inpatients with poor mental health ( $P=0.05$ ;  $95\%CI=1.00-4.40$ ).

## Discussion

Research on patient experience on 115 patients treated inpatient at the Oncology Center - Phu Tho Provincial General Hospital in 2021. Subjects had a hospital stay of 3 days or more, and all agreed to participate in this study.

Research results have shown that the percentage of patients who will refer the Oncology center to family and friends is high. These were the patients, who had incurable diseases; anxiety, depression, fatigue, pain, sometimes despair. However, with the care and dedication of the doctors, nurses, medical staff and the good hospital environment, these bad moods were dispelled. Patients felt more optimistic and confident during their treatment at the hospital. The rate of positive patient experiences for all aspects was high. The high rate of referrals to the center to relatives and friends was a testament to the increasing quality of the center's medical examination and treatment.

The nurse, who directly takes care of the patient, has the most contact with the patient, is the one who explains, encourages and advises the patient, accompanies the patient from entering to leaving the hospital. A good patient experience requires a great deal of nursing care. Our research results have shown that the nursing experience at the Center has a high positive response rate. This result was higher than the research of Nguyen Thi Huyen Tram <sup>16</sup>, and Phuoc Thao Nguyen Vo <sup>17</sup>; lower than the study of Fadi Hachem and colleagues using the HCAHPS toolkit <sup>18</sup>. Survey of patient experience about the doctor's treatment had a higher rate of positive reviews than some previous studies <sup>16-19</sup>. That showed that the positive response rate of inpatients to doctors was very high. For patients treated at the Cancer Center, they carried an incurable disease; mood and health of many patients deteriorated. The doctor, who gives the patient regimen and treatment plan; understanding, sharing and explaining the patient's illness is very important. This has helped the patient to be more optimistic to overcome their illness. The doctors and nurses at the Center are experienced, highly qualified people who are good at implementing the code of conduct, the Hospital's regulations on treatment processes, and rules when communicating with patients. These things have brought good feelings to patients, contributed to

keeping patients at the Center, reducing patients asking for higher referrals. In addition, previous studies have also shown that patient experience was positively associated with clinical efficacy and patient safety, and support the case that patient experience was one of the most important factors, the main pillar of quality in healthcare. Clinicians should resist dismissing the patient experience as being too subjective or mood-biased <sup>20</sup>.

The hospital environment is an important factor, a factor that often affects patients such as noise, hospital sanitation, landscape, parking space, convenience stores around the hospital... Our research results showed that, the rate of positive feedback about the hospital environment was higher than the research of Phuoc Thao Nguyen Vo <sup>17</sup>, but lower than the research results of Nguyen Thi Huyen Tram <sup>16</sup>. The reason was due to overcrowding at the Oncology Center, the number of hospitalized patients always exceeds the number of beds at the Center. Most of the evaluation results about the experience when leaving the hospital, the experience when the patient receives the drug was highly appreciated by the patient. That showed that doctors, pharmacists and nurses pay great attention to the work of providing and guiding the use of drugs, advising on the time of follow-up visits for patients. The patient was advised by the doctor on which drugs are suitable for the disease situation and economic conditions of each patient, so that the treatment will be stable and effective, avoiding causing an economic burden on the patient's family.

Patients with less than high school education had a positive experience of the hospital environment, 2,955 times higher than patients with a high school education or higher. Patients with higher education qualifications are usually those with professional qualifications, working in state agencies and enterprises; are those with higher economic conditions than the rest, their understanding is also higher, so their expectations about the hospital environment are also higher. This result was in contrast to the study results of Meicen Liu et al., which showed that highly educated patients have better experience evaluation <sup>21</sup>. The patients with less than 5 days of treatment had a positive experience of the hospital environment 2.43 times higher than patients with a stay of 5 days or more. This can be explained by the long hospital stay, associated with a more severe illness, and the need to stay in the hospital for many days, which can easily cause patients to feel depressed and uncomfortable, leading to positive experience about hospital environment is not high. Our results

were similar to those of Waqaar Diwan <sup>22</sup> and Emily S Singer <sup>23</sup>. In addition, long hospital stays lead to expensive costs for patients, causing economic anxiety; the time consuming of relatives taking care of the patient, affecting the work and income of the patient's family. This is an objective factor, not related to medical quality.

Research results showed that inpatients with good mental health had a positive experience in hospital 2.1 times higher than inpatients with poor mental health. This makes sense because healthy patients are often those with milder illnesses or more optimists, so they have a better perception of the hospital experience. That was the patient's subjective feeling, independent of the quality of the hospital. However, it can be adjusted to reduce the above disparity such as: for seriously ill people, poor mental health can be taken care of by family members; doctors should openly discuss the patient's illness with family members; should not use negative words about the illness when communicating with the patient, to avoid confusion and fear in the patient; it is necessary to have policies to support those who are seriously ill, in poor health, and do not have regular family members by their side.

### Conclusion

Satisfaction about the experience of hospital inpatients has given us the key to come up with optimal solutions to contribute to improving service quality at the hospital. Promote the advantages and improve the problems that make patients unsatisfied. It is necessary to improve the infrastructure to avoid overcrowding leading to a lack of hospital beds. Establish policies to support critically ill patients, patients with poor economic conditions. In the future, we will roll out patient experience research in all hospital departments. From there, propose solutions to improve and

develop the hospital, in order to improve the quality of patient service.

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### Statement of Ethics

The study protocol was approved by the Research Ethics and Detailed Protocol Review Board of the Phu Tho Provincial General Hospital, Phu Tho, Vietnam (number of decision councils: No. 2224/QĐ-BV, 2021 November 21). All patients gave their informed consent for the publication of this study.

### Conflict of Interest Statement

The authors have no conflicts of interest to declare.

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### Author Contributions

N.V.S., N.Q.C. designed the study, collected, analyzed the data and prepared the initial manuscript; N.Q.C., P.N.V., collected the data; D.T.T., D.T.H., and N.T.L.H. N.T.H., edited the initial version of the manuscript. All authors approved the final version of the manuscript.

### Data Availability Statement

Data are not publicly available on legal or ethical grounds, but after this paper has been published, these data can be used as a reference.



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