The patient’s perception of care is an important indicator of healthcare quality, according to expert panels of the American Academy of Nursing (Mitchell, Heinrich, Moritz, & Hinshaw, 1997) and the Institute of Medicine (IOM) (Committee on Quality of Health Care in America, IOM, 2001), as well as the Agency for Healthcare Research and Quality (IOM) (President’s Cancer Panel, 1999) and healthcare advisory groups (President’s Cancer Panel, 1999). Thus, the development of valid and reliable measures of patients’ perceptions of care is vital to investigations related to the quality of care and variables such as patient outcomes, healthcare system characteristics, and patient characteristics. The purpose of this study was to develop and test an instrument that measures the quality of cancer nursing care from the patient’s perspective.

### Purpose/Objectives

To develop and test the Oncology Patients’ Perceptions of the Quality of Nursing Care Scale (OPPQNCS).

### Study Design

Development and psychometric testing of a scale to measure perceptions of patients with cancer of quality of nursing care.

### Setting and Sample

Hematology-oncology service of a comprehensive center in a New England tertiary medical center. The sample consisted of 436 patients in active treatment for cancer; two-thirds were female, and the mean age was 54.8 years.

### Methods

Eight subscales and 112 initial items were developed from concepts and data from a grounded theory study of patients’ perspectives of the quality of their cancer nursing care. Fifty-nine items resulted from an expert panel’s review for content validity. Construct validity was tested using exploratory factor analysis. Principal components analyses (PCA) with promax (oblique) rotation were conducted. Criteria for item retention were a factor loading of greater than or equal to 0.4 and unambiguous loading on one factor. Internal consistency reliability was determined using coefficient alpha.

### Findings

The initial PCA yielded four factors that explained 81% of the variance. Three forced four-factor solutions using PCA and promax rotation were required for all items to meet criteria. The final scale included 40 items (alpha = 0.99) in four subscales: responsiveness (22 items, alpha = 0.99), individualization (10, 0.97), coordination (3, 0.87), and proficiency (5, 0.95). A short form (18 items, alpha = 0.97) was created using stepwise regression.

### Conclusions

Psychometric properties indicated that both OPPQNCS forms adequately measure cancer nursing care quality from the patient’s perspective.

### Implications for Nursing

The OPPQNCS holds promise for nurses who wish to monitor and improve the quality of patient-centered cancer nursing care and those who wish to investigate relations among care quality and healthcare system characteristics, patient characteristics, and nurse sensitive patient outcomes.

### Background

Patients’ perceptions of nursing care have been measured using patient satisfaction scales, scales based on conceptualizations of care quality from professional nurses’ perspectives, and scales developed with some patient input. Although patient satisfaction frequently has served as a proxy for the quality of nursing care (McDaniel & Nash, 1990), this construct may be too narrow to fully reflect the quality of nursing care (Dozier, Kitzman, Ingersoll, Holmberg, & Schultz, 2001; Lin, 1996). For example, after developing the Care/Satisfaction Questionnaire (CARE/SAT) for patients with cancer, Larson and Ferketich (1993) questioned whether patient satisfaction and patients’ perceptions of nurse caring were conceptually equivalent. Similarly, nurse and health services researchers, among others, have proposed that the “patient’s perception of being..."