

Patient Experience Factors and Health-Related Quality of Life in Hospitalized Individuals

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PURPOSE: To identify a relationship between patient satisfaction with the hospital experience and health-related quality of life (HRQOL), as well as determine predictors of each variable.

PARTICIPANTS & SETTING: 50 patients with cancer in two adult oncology units in an academic health sciences center.

METHODOLOGIC APPROACH: A descriptive, cross-sectional design was used. Patient satisfaction was measured by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and HRQOL was assessed using the Quality of Life Patient/Cancer Survivor (QOL-CS) version.

FINDINGS: Patients who were single, diagnosed for 6–10 years, and diagnosed for 11 years or longer had significantly lower patient satisfaction scores. Patients with public insurance, diagnosed for 6–10 years, and diagnosed for 11 years or longer had lower QOL-CS scores. Physical and social well-being scores were associated with higher HCAHPS scores. There was a positive relationship between patient satisfaction and physical and social functioning. Patient demographics were related to patient satisfaction and HRQOL.

IMPLICATIONS FOR NURSING: Nurses should have measurable goals to provide high-quality care to patients with cancer, including satisfaction during hospitalization and promotion of HRQOL.

KEYWORDS health-related quality of life; cancer; hospitalized individuals; risk factors; satisfaction

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Cancer is a significant problem that influences all aspects of a patient's life (de Moor et al., 2013; Siegel, Miller, & Jemal, 2017). Most patients with a new diagnosis of cancer will partake in aggressive treatment (chemotherapy, hospitalization), regardless of their prognosis (Setoguchi et al., 2008). Cancer treatment is often lengthy and requires numerous visits to healthcare facilities. In addition, a majority of patients with cancer are hospitalized during the last month of life (Dartmouth Atlas of Health Care, 2012; Earle et al., 2003, 2004). Patients with cancer experience significant stress related to cancer treatment and hospitalization (Effendy, Vissers, Tejawinata, Vernooij-Dassen, & Engels, 2015).

Health-related quality of life (HRQOL) is one of the most critical factors in determining cancer prognosis and the survival of a patient with cancer (Dharma-Wardene et al., 2004; Li et al., 2012). For this study, HRQOL is defined as the “subjective perception of the impact of health status, including disease and treatment, on physical, psychological, and social functioning, and well-being” (Leidy, Revicki, & Geneste, 1999, p. 114). HRQOL is a multidimensional construct that addresses the physical, psychological, social, and spiritual aspects of life perceived by individuals (Bush et al., 2010; Ferrell, Dow, & Grant, 1995; Hermann & Looney, 2011). All four of these aspects can be affected in some way by the diagnosis of cancer and its treatment (McNulty & Nail, 2015; Yabroff, Lawrence, Clauser, Davis, & Brown, 2004). Many patients with cancer never return to their pre-illness functional status (Effendy et al., 2015). For example, frequent physical hindrances related to cancer include alterations to mobility, self-care and routine tasks, and fatigue-related limitations. In terms of psychological functioning, patients with cancer may exhibit anxiety, depression, fear of recurrence, and guilt related to their experiences (Hamdan-Mansour,