

Patient Experience of Care and Quality of Life in Ambulatory Cancer Patients

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Acknowledgements: QUT and Griffith University

Disclosure

- Author: Dr Carol Reid, School of Nursing, Midwifery & Paramedicine, University of Sunshine Coast
- Conflict-of-interest: There are no conflicts of interest.
- Funding was received from the Queensland University of Technology, School of Nursing and Griffith University, School of Nursing & Midwifery.

Learning Objectives

- The learning objectives are:
 1. to inform participants of current evidence relating to patient experience and quality of life that supports patient centred care for people undergoing chemotherapy in the outpatient's department
 - &
 2. The relationship between patient experience of care and quality of life for people undergoing chemotherapy in the outpatient's department

Investigators

- **Chief Investigator:**
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- **Co- Investigators:**
 - **Professor Alexandra McCarthy**, University of Auckland, New Zealand
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 - **Ms Lee Jones**, Institute Health & Biomedical Sciences, Queensland University of Technology
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Background

Evidence demonstrates that routinely assessed patient reported outcomes are associated with improved:

- patient-centred care,
- quality of life,
- clinical and health service provision.

Nevertheless, there is limited and conflicting evidence for routine assessment of patient-reported outcomes and patient experience of care to demonstrate improvements in quality of life.

Purpose

The purpose of this study was to explore the relationship between selected demographic variables, patient-reported experience of care as measured by:

- Picker Patient Experience (PPE) instrument,

&

Quality of life as measured by:

- the World Health Organisation Quality of Life – BREF (WHOQOL-BREF).

This study was conducted in a cohort of ambulatory cancer patients who attended cancer services at a tertiary public hospital in Australia.

Population

- Adults >18 years
- attending ambulatory chemotherapy or
- radiotherapy clinics at the tertiary hospital in Brisbane, with a new or recurrent diagnosis of any cancer were recruited.

Data Collection

Data was collected from patients using paper-based questionnaires by project officers during routine ambulatory clinics.

- Potential participants were included if they were:
- >18
- Undergoing the third cycle of chemotherapy onwards, or
- nearing the end of a defined course of radiotherapy.

Sample Size

- A minimum sample size ($n=260$) was needed.
- This was based on a minimum of 10 observations per variable for the largest questionnaire (WHOQOL-BREF; 26 questions).
- 414 participants were recruited over 12 months.

Measures

Patient Experience of Care

The Picker Patient Experience Questionnaire (Jenkinson et al 2002)

- Is a validated ($\alpha = 0.8$) and brief, fifteen item questionnaire, that measures the experiences of health care of hospitalised patients.
- The questionnaire takes approximately 5 minutes to complete.
- Each item was coded for data analysis as a dichotomous 'problem score', which indicated whether there was a problem or not, i.e, the patient identifies a feature of health care that could be improved upon.

Quality of Life

- The World Health Organisation Quality of Life-Brief (WHOQOL-BREF)
- Is a brief (5 minute) validated tool for the measurement of quality of life in well and unwell populations.
- This self-report questionnaire has 26 questions in four health domains (physical, psychological, social relationships and environment).
- The four domain scores range from 4 to 20 and denote an individual's perception of quality of life in each particular domain. Domain scores are measured in a positive direction for example; higher scores signify higher quality of life.
- Cronbach's alpha for this instrument is reported as 0.92 .

Data Analysis

- Continuous variables were described using mean, standard deviation, median, minimum and maximum.
- Pearson correlation was used to describe the relationship between the four domains of WHOQOL and the PPE.
- Spearman's correlation was used for the two individual items of the WHOQOL-BREF.
- General linear models were used to analyse relationships between the four WHOQOL domains and PPE and demographic variables.
- Bivariate models for each domain with 95% confidence intervals were reported for all variables.
- Final multivariable models were developed using backwards selection. Model residuals were used to assess the assumptions of tests including histograms and scatterplots. Bootstrapping was used to provide robust estimates when assumptions were questionable; however, these were not reported as they produced similar results.
- Patterns of missing data across variables were examined using t-test and chi-square.

Results

Demographics

- Of the 414 participants, 335 were included in the analysis.
- On average participants were 56.95 (sd: 14.81) years old.
- Most (65%) were married and
- Were well educated, with 18.2% having a university education and 52.8% having completed technical and further education, trade or certificate.

Patient Experience of Care

- The median PPE score for the sample was 13.33 (range 0-93).
- No relationships were found between the demographic variables and patient experience of care.

WHOQoL-BREF

- No relationships were found between the demographic variables and quality of life.
- Overall, 76% of the participants reported good or very good QOL;
- 19.4 % reported neither good nor poor QOL;
- and 4.2% reported poor QOL.

WHOQoL-BREF and Patient Experience of Care

- In general, as Picker Patient Experience (problem score) increased , WHOQOL-BREF scores decreased ($p = 0.001$) in all QOL domains (Physical, Psychological, Social-relationships, Environment).
- This means that as patient reported experience of care reduced, patients reported poorer quality of life.

Conclusions

- The current study showed that high levels of patient experience of care (fewer problems) were associated with higher levels of quality of life in this ambulatory, adult cancer patient population.
- These results support the routine assessment of patient-reported outcomes, such as patient-reported experience of care in the clinical ambulatory setting.

Recommendations for Practice

- Assessment of patient-reported experience of care could support organisations to identify and manage any shortfalls in patient care both individually and in specific cohorts.
- Timely assessment of patient-reported outcomes in cancer care such as patient-reported experience of care, could offer health care organisations the opportunity to:
 - provide patient-tailored symptom support, and
 - develop novel models of service delivery which might improve quality of life in ambulatory cancer patients.

