

# Cancer Patients' Experiences of the Overall Treatment Process - a Danish National Survey

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## **Objective:**

To evaluate Danish cancer patients' experiences of the overall treatment process in the health care system, including a comparison of experiences between the five Danish regions and nine different diagnoses.

## **Methods:**

Since 2000 The Unit of Patient-Perceived Quality has conducted recurring national postal surveys on "Patient' experiences in Danish hospitals". In 2008, for the first time, a similar survey was conducted based only on the experiences of cancer patients. The survey was initiated by the Ministry of Health and Prevention.

The development of the questionnaire was based on five user-panels consisting of patients with relevant cancer diagnoses. The purpose of the user-panels was to identify the most important factors in a treatment process. In addition, knowledge from professional environments and the existing national surveys were included. The questionnaire was validated through 18 cognitive interviews with cancer patients.

The survey was based on a representative sample of both inpatients and outpatients with one of the following diagnoses: lung-, breast-, prostate-, head-/neck-, colon-, rectum-, ovary-, uterus-, or collum cancer. All patients had been in contact with a public or private hospital in Denmark during the period January to June 2008. The response rate was 68 percent, and the data material consisted of 12,716 patients. The statistical analyses used were descriptive frequencies, cross tabs and weighted frequencies. Comparisons were carried out using ordinal logistic regressions adjusted by age and gender and the regions and diagnoses were ranked as above, below or on average.

## **Results:**

96 percent of the patients have a positive view of the overall treatment process. 95-99 percent also rate the following areas positively; respectful communication by the hospital staff; staff showing understanding and attentiveness to the patients' needs; confidence in the professional skills of the hospital staff; and confidence in receiving the best possible treatment (medical treatment/chemotherapy, radiation therapy and surgery).

40-61 percent of the patients were not offered psychotherapy, physical rehabilitation or working life counselling even though they found it relevant. 22-29 percent give a negative rating of the offers received. 16-19 percent give a negative rating of the collaboration between the hospital and the local home care/home nursing; the quality of the local home care/home nursing; and the level of information given to the general practitioner by the hospital. 31 percent did not receive sufficient information on late consequences, and 22 percent experienced waiting time at the hospital. Efforts and professional skills are rated much more negatively for general practitioners and specialists outside the hospital than for hospital staff.

Patients with breast- and uterus cancer have the most positive experiences, whereas patients with head/neck-, lung- and collum cancer have the most negative experiences. Three of the five regions have no results above the average and the two remaining regions have no results below the average.

## **Conclusions:**

Danish cancer patients generally have positive experiences, but the survey also points out areas for improvement. The areas with the best results concern the behaviour and the professional skills of the hospital staff and confidence in the three kinds of treatment. The primary target areas on the other hand are rehabilitation, inter-sectorial cooperation, information, waiting time, and efforts and skills of general practitioners and of specialists outside the hospital.

Comparisons between regions and diagnoses respectively indicate that three of the five Danish regions face the challenge of improving quality levels at their hospitals. Likewise, the effort within certain diagnoses should be the target of quality improvements.