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Assessment of Elderly Patient Satisfaction about Palliative Care Services for Cancer

Asmaa Kamel Mahmoud Kamel [(1)], Hoda A. El- Guindy [(2)], Amel Abd Elaziem Mohamed [(3)], Asmaa Salah Eldin Mohamed Saleh [(4)].

[(1)]Head nurse , Ambulatory care center, Doha , Qatar
[(2)] Assistant Professor of Nursing Administration, Vice dean of education and students 'affairs ,Beni-Suef University , Egypt
[(3)]Assistant Professors of Community Health Nursing, Beni-Suef University , Egypt
[(4)]Lecturer of Community Health Nursing Faculty of Nursing, Beni-Suef University, Egypt

ABSTRACT

Palliative care improves the quality of life of patients and their families who are facing challenges associated with life-threatening illness, whether physical, psychological, social or spiritual. **Aim:** the study aimed to assess elderly patient satisfaction about palliative care services for cancer. **Research design:** a descriptive correlational design was used. **Setting:** this study conducted in pain management outpatient clinic at the national oncology institute, at Cairo governorate. **Subjects:** This study was descriptive; A convenient sample was conducted among **283** patients. **Tools:** data were collected by using A structured interview questionnaire sheet was used to assess elderly patient satisfaction about palliative care services for cancer. This tool consists of four parts as the following; the first part concerned with socio-demographic characteristics for elderly patients with cancer. The second part consisted of medical history for elderly patients with cancer. The third part contain Servqual multidimensional tool. While, the fourth part collect data about level of satisfaction of the patients. **Results**: shows that more than two fifth (42%) of elderly patients were neutral regarding the quality of palliative care characteristics and also less than half (47.3%) were neutral satisfied regarding health care providers. moreover, less than one quarter of elderly patients had satisfactory level regarding total patient satisfaction. **Conclusion:** there was statistically significant relation between gender, educational level, and residence place with the total patient's satisfactory, there was a significant statistical difference in elderly patient satisfaction about the service between the different residence places, the highest was in rural areas. **Recommendations: q**uality and accessible palliative care system needs to be integrated into primary health care, community and home-based care, supporting care providers such as family and community volunteers.

Keywords: Elderly patient, Patient satisfaction, Palliative care, Cancer

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INTRODUCTION

Older adults aged 65 years expected to be double in the next 2 decades worldwide it was predicted that around 20 million Egyptians will be categorized as elderly by 2050; with the rapid increase in the number of older adults the global cancer burden rapidly increased. In 2012, there were 14.1 million new cancer cases. by 2035 it's estimated to increase the cancer cases to 24 million. In male older adult it represents from 3.9 to 8.5 million (118% increase) while in female older adult represent from 2.8 to 5.7 million (104% increase) 1. Cancer is a major cause of morbidity worldwide, with growing of the population it's estimated that cancer cases will increase from 14.1 million in 2012 to 21.6 million by 2030. It is the second leading cause of death worldwide after heart and vascular disease. During the period 2015 there were 17.5 million patients with cancer worldwide and 8.7 million deaths **2**

The incidence of cancer in Egypt estimates that, cancer cases expected to increase from 2013-2050 due to change in population growth and change in population structure. The estimated of cancer incidence was 114, 985 in 2013, projection to 2050 estimates the incidence of cancer in Egypt to be 333,169 **3**

In Egypt the most common types of cancer in males are liver (18.7%), bladder (12.7%), non-Hodgkin's lymphoma (11.0%) and trachea, bronchus, and lung (8.2%), these represent 50.6% of all cancer in males. The commonest sites in females are breast (38.8%), non-Hodgkin's lymphoma (8.5%), liver (4.6%), and ovary (4.5%); all together represent 56.4% of cancer in females. The commonest sites for both genders are liver (23.8%), breast (15.4%), and bladder (6.9%) **3**

Diagnosis of cancer and its treatment can have highly destructive impact on the quality of life for the patients, their families, as well as the other caregivers. Patients and their families need to access to the required specialized support from the time that cancer suspected through all the stages of treatment, recovery, to death and into bereavement that to ensure that their physical, psychological, social and spiritual needs are met effectively and to enable them to live and die in the place their choice **4**). According to WHO 40% of Cancer should be avoidable, 40% could be cured if detected early and the rest should be managed by palliative care **5**

Patients with advanced cancer, the only realistic treatment option for them are pain relief and palliative care **6**. with inadequate pain control and lack of access to pain relief make living and dying with cancer in Egypt very different experience for the patients and their families **7**

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life threatening illness, through the prevention and relief of suffering by means of early identification, comprehensive assessment, treatment of

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pain, and other problems (Faull, et al., 2012). In Egypt palliative care in early stage of development very few services available and there are so many barriers to be faced such as limited opioid accessibility and availability **8**

Palliative care is a treatment for physical, emotional and psychological symptoms that can occur during a serious illness. In modern palliative care, geriatric nurses focus not only for curing or extending life, but also optimizing everyday life; palliative nursing care focuses on minimizing the life draining symptoms of cancer, the physical pain and the nausea and fatigue often caused by cancer and treatments like chemotherapy. Having an illness like cancer can also lead to depression and anxiety. In some cases, palliative caregivers may help senior to decide not to have chemotherapy because of all the side effect. For some seniors, it is better to live a shorter, and more-full life, than a longer life in pain and discomfort **9**

Significance of the study

Cancer cause significant burden and affect the quality of life for the patients and their families, so they need supportive and palliative care services. and there are many barriers and challenges to access these services **10**. These Challenges of elderly people with cancer represented in increasing numbers of patients being waited for cure, by considering their age-related metabolic changes, co morbidities, the lack of guidelines and efforts achieved to solve this huge problem, and above of all increasing the incidence of malignancies after the age of 65 years 11-fold compared to younger adults **11**

Patient satisfaction is a basic indicator used to assess the quality of care provided to the patient and further planning for the care **11**. So that the current study aimed to assess elderly patient satisfaction about palliative care services for cancer.

The findings of this study will provide the knowledge that lead to understand and identify the drivers to patient satisfaction and to identify the challenges facing the elderly cancer patient to access to the palliative care services, Assessing patient satisfaction can bring new changes or modification of the services provided and determine the key factors that influence the patient satisfaction with palliative care services.

Aim of the study

This study aims to assess elderly patient satisfaction about palliative care services for cancer.

Research questions:

1- Are palliative care services available and accessible for elderly cancer patient?
2- Do elderly patients' have equitable access to palliative care services in rural and urban areas?
3- Do elderly cancer patients satisfied with palliative care services provided to them?

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Subjects and method

Research design: -
A descriptive correlational research design will used to fulfill the aim of the study.

Setting: -

The current study was conducted in pain management outpatient clinic at the National Oncology Institute, at Cairo Governorate.

Subjects:

Sample type:

A convenient sample was used.

Sample size:

The total patients (5664 yearly) at age stage from 65 years and above, who conducted in the pain management unit at National Oncology Institute. 5% of the total population (283 patients) included as a study sample. The study sample includes both genders males and females and their ages ranged from 65 years and above who can actively participate in the study.

Tools for data collection

A structured interview questionnaire sheet was used to assess elderly patient satisfaction about palliative care services for cancer. This tool consists of four parts as the following;

Part I: to assess Socio-demographic characteristics with regards their age, gender, education, marital status, residence, income, working status.

Part II: to assess medical history; present and past medical history; diagnosis, complains, treatment, plan of care

Part III: to assess palliative care services provided in the outpatient unit using The Servqual multidimensional tool to measure service quality by eliciting respondents' expectations and perceptions of five dimensions of service quality. These cover service tangibility, reliability, responsiveness, assurance and capture empathy.

Part IV: Patients satisfaction; it aimed to collect data about level of satisfaction of the patients.

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Scoring system:

Disagree take score one, uncertain take score two, and agree take score three. Total mean percentage considered low satisfaction (<60%), moderate satisfaction (60-80%), and high satisfaction (>80%).

Tools Validity:

Face and content validity of the study tools was assessed by jury group consisted of three experts in community health nursing from faculty of nursing. Jury group members judge tools for comprehensiveness, accuracy and clarity in language. Based on their recommendation's correction, addition and / or omission of some items was done.

Tools Reliability:

The study tool was tested for its internal consistency by Cronbach's Alpha. The test result was 0.88 which indicates accepted level of internal consistency of the tool.

Ethical Consideration

For ethical consideration, an official permission was taken from the authoritative personnel in National Oncology Institute, at Cairo Governorate and written or oral consent was obtained from the study subjects, the purpose and the nature of the study was explained to them before conducting the study. The investigators emphasis that the participation in the study is entirely voluntary; and will be informed the rights to refuse or withdraw at any time, anonymity and confidentiality were assured through coding the data.

II- Operational Design:

The operational design for this study included three phases namely; preparatory phase, pilot study, and field work.

Preparatory phase:

This phase started with a review of current and past, national and international related literature concerning the subjects of the study, using textbooks, articles, journals, and websites. This review was helpful to the researcher in reviewing and developing the data collection tools, then the researcher tested the validity of the tool through jury of expertise to test the content, knowledge, accuracy, and relevance of questions for tools.

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Pilot study:

Pilot study was carried out on 10% of the total study sample (28 patients) to evaluate the applicability, efficiency, clarity of tools, assessment of feasibility of field work, beside to detect any possible obstacles that might face the investigator and interfere with data collection. Necessary modifications were done based on the pilot study findings such as (omission of some questions from tool) in order to strengthen their contents or for more simplicity and clarity. The pilot sample was excluded from the main study sample.

Field work:

After securing official permission to conduct the study. The researcher attended at pain management outpatient clinic at the National Oncology Institute, at Cairo Governorate. The investigator introduced himself to the eligible elderly patients, briefly explained the purpose of the study to each participant and formally invited him/her to participate, oral consent was taken, the interview was conducted individually and the participant s privacy was ensured. The researcher helped some participants who couldn't read and write in writing their answers, The interview was done through three days (Sunday, Tuesday, Thursday) per week from 8am to 12pm, Data collection of the study was started at the beginning of June 2021 and completed by the end of August 2021.

III- Administrative Design

An official letter requesting permission to conduct the study was directed from the dean of the faculty of nursing Beni-Suef University to director of pain management outpatient's clinic at the National Oncology Institute, at Cairo Governorate, to obtain their approval to carry out this study. This letter included aim of the study and photocopy from data collection tools in order to get their permission and help for collection of data.

IV- Statistical Design:

Data entry was done using SPSS v25 computer software package. Frequency distribution was used to describe the study variables. Mean and standard deviation was used to describe the quantitative variables. Pearson's' correlation was used to assess the relationship between the study variables. Both one-way ANOVA test and independent t-test were used to assess the relation between the study variables and participants' demographic data.

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Results:

Table (1): Frequency distribution of elderly patients' personal data (n=283).

Personal data	Number	Percent
Gender		
Male	120	42.4
Female	163	57.6
Age		
65-< 75 years	243	85.9
75-< 85 years	34	12
≥ 85 years	6	2.1
Mean ± S.D. ± median	73.6 ± 5.069	
Marital status		
Married	140	49.5
Single	46	16.3
Divorced//or widowed	97	34.3
Educational level		
Postgraduate.	11	3.9
University graduate	85	30
Secondary level	52	18.4
Read & write	73	25.8
Illiterate	62	21.9
Occupational status		
Retired	110	38.9
Housewife	155	54.8
Worked in his own work	18	6.4
Residence place		
Rural	75	26.5
Urban	190	67.1
Slum area	18	6.4
Income		
Adequate	122	43.1
Inadequate	161	56.9
Source of income		
Retirement pension	193	68.2
Sons	73	25.8
Relatives	11	3.9
Building tenancy	6	2.1

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Table (1) shows that 57.6% of elderly patients were females, 85.9% of elderly patients were 65-< 75 years old, 49.5% were married. (30%) of the patients were university graduated, while 21.9% were illiterate, 54.8% were housewives followed by retired 38.9%., 67.1% of them were living in the urban areas followed by rural 26.5%. ,56.9% of the patients had inadequate income, 68.2%. had income from retirement pension.

Table (2): medical and surgical history distribution of elderly patients with cancer **(n=283).**

Medical data	No.	%
Present Medical history		
Prostate Cancer	65	23
Breast cancer	70	24.7
Colon Cancer	69	24.4
Stomach cancer	59	20.8
Lung Cancer	20	7.1
Duration since cancer discovered		
< 1 year	113	40
1< 3 year	102	36
3-5 year	68	24
Mean ± S.D.	1.60±1.24	
presence of chronic illness		
Yes	228	80.6
No	55	19.4
If yes; what is		
Diabetes	119	42
Hypertension	200	70.7
Cardiovascular	22	7.8
Renal problems	11	3.9
GIT problems	34	12
Respiratory problems	53	18.7
Arthritis	16	5.7
Neurologic problems	6	2.1
Have previous surgery		
Yes	73	25.8
No	210	74.2
Have disabilities or impairments		
Yes	62	21.9
No	221	78.1
Type of disability		
Vision	26	9.1
Hearing	31	11
Equilibrium	5	1.8

Table(2) shows that (24.7%) had breast cancer and (24.4%) had colon cancer respectively. (40 %) of elderly patients had cancer since less than one year. (80.6%) had chronic illness, (70.7%) had hypertension, (74.2%) of the patients had not previous surgery (78.1%) of the patients don't have disabilities or impairment and (11%) had hearing disability.

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Part IV: Elderly patient satisfaction regarding caregivers of palliative care services

Table (3): Elderly patient satisfaction regarding caregivers of palliative care services
Frequency distribution of elderly patients' satisfaction regarding palliative care team (n=283).

	Disagree		Uncertain		Agree	
	No.	%	No.	%	No.	%
1.Nurses communication						
1.1 The nurse treats me with kindness and respect	188	66.4	56	19.8	39	13.8
1.2 The nurse listens to me with interest	70	24.7	174	61.5	39	13.8
1.3. When I talk to the nurse, I will be given enough time to discuss my health problems	95	33.8	70	24.7	118	41.7
1.4. The nurse explains the procedures conceptually	35	12.4	176	62.2	72	25.4
Mean±S.D, P value	**5.60±1.12, P= 0.05**					
2.Physician communication						
2.1 The physician treats me gently and respectfully	111	39.2	123	43.5	49	17.3
2.2 The physician listens to me with interest	51	18	155	54.8	77	27.2
2.3 When I talk to physician, I have enough time to discuss my health status	59	20.8	111	39.2	113	39.9
2.4 The physician explains the procedures conceptually	34	12	180	63.6	69	24.4
Mean±S.D, P value	**6.98±1.06, P= 0.03**					
3.Pharmaceutical						
3.1 The medical team explains the purpose and importance of the medicine	105	37.1	128	45.2	50	17.7
3.2 The medical team explains the side effects of the drug	47	16.6	183	64.7	53	18.7
Mean±S.D, P value	**2.08±0.31, P= 0.01**					
Total Mean±S.D, P value	**14.66±2.49, P= 0.03**					

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Table (3) illustrates that (66.4%) of elderly patients dissatisfied that the nurse treats them with kindness and respect, and (61.5%) were uncertain that the nurse listens to them with interest. And (41.7%) of them were satisfied that when they talk to the nurse, they will be given enough time to discuss their health problems while, and (62.2%) were uncertain that the nurse explains the procedures conceptually. And (39.2%) of elderly patients dissatisfied that the physician treats them gently and respectfully, and (39.9%) of them were satisfied that they will be given enough time to discuss their health problems. And (37.1%) dissatisfied that the medical team explains the purpose and importance of the medicine, while (18.7%) were satisfied that the medical team explains the side effects of the drug.

Table (4) total quality of palliative care services in the outpatient clinic (n=283)

Palliative care Characteristics in outpatient department dimensions	**Satisfactory**		**Neutral**		**Unsatisfactory**	
	No.	**%**	**No.**	**%**	**No.**	**%**
1. Tangible things	93	33.0	123	43.6	67	23.5
2. Reliability	94	33.2	124	43.8	65	23.0
3. Responsiveness	56	19.8	120	42.4	107	37.8
4. Assurance	81	28.6	110	38.9	92	32.5
5. Empathy	66	23.3	153	54.1	64	22.6
6- availability of service	78	27.6	132	46.7	73	25.7
7- accessibility to service	87	30.7	134	47.3	62	21.9
Palliative care Characteristics in outpatient department	**81**	**28.6**	**119**	**42.0**	**83**	**29.3**
Mean±S.D=	**15.34±3.15**					

Table (4) illustrates that (28.6%) were satisfied about the quality care services in the outpatient's clinic and (42%) of elderly patients were neutral about the quality of palliative care services in the outpatient clinic

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Table (5): Relation between the total patient's satisfaction and demographic data.

Personal data	Satisfactory		Neutral		Unsatisfactory		Total	X^2 P value
	No.	%	No.	%	No.	%		
Gender								
Male	45	65.2	52	41.3	23	26.1	120	12.6 0.003*
Female	24	34.8	74	58.7	65	73.9	163	
Age								
65-< 75 years	40	58.0	116	92.1	87	98.9	243	2.01
75-< 85 years	23	33.3	10	7.9	1	1.1	34	0.331
≥ 85 years	6	8.7	0	0.0	0	0.0	6	Not significant
Marital status								
Married	45	65.2	52	41.3	43	48.9	140	3.98
Single	15	21.7	22	17.5	9	10.2	46	0.107
Divorced//or widowed	9	13.0	52	41.3	36	40.9	97	Not Significant
Educational level								
Postgraduate.	0	0.0	1	0.8	10	11.4	11	14.98 0.003*
University graduate	6	8.7	52	41.3	27	30.7	85	
Secondary level	8	11.6	32	25.4	12	13.6	52	
Read & write	15	21.7	30	23.8	28	31.8	73	
Illiterate	40	58.0	11	8.7	11	12.5	62	
Occupational status								
Retired	42	60.9	32	25.4	36	40.9	110	2.85 0.74 Not Significant
House wife	24	34.8	82	65.1	49	55.7	155	
Worked in his own work	3	4.3	12	9.5	3	3.4	18	
Residence place								
Rural	53	76.8	16	12.7	6	6.8	75	21.3 0.001*
Urban	10	14.5	105	83.3	75	85.2	190	
Slum area	6	8.7	5	4.0	7	8.0	18	

Table (5) shows relation between the total patient's satisfaction and demographic data. There was statistically significant relation between gender, educational level, and residence place with the total patient's satisfactory ($P < 0.05$), while there was no statistically significant relation regarding to age, marital status, and occupation status ($P > 0.05$).

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Table (6):Distribution of elderly patient's satisfaction about each dimension of the satisfaction items.

	Satisfactory		Neutral		Unsatisfactory	
	No.	%	No.	%	No.	%
I. Palliative care Characteristics	**81**	**28.6**	**119**	**42.0**	**83**	**29.3**
1. Tangible things	93	33.0	123	43.6	67	23.5
2. Reliability	94	33.2	124	43.8	65	23.0
3. Responsiveness	56	19.8	120	42.4	107	37.8
4. Assurance	81	28.6	110	38.9	92	32.5
5. Empathy	66	23.3	153	54.1	64	22.6
6- availability of service	78	27.6	132	46.7	73	25.7
7- accessibility to service	87	30.7	134	47.3	62	21.9
II. Health Care Providers	**57**	**20.1**	**134**	**47.3**	**92**	**32.5**
1. Nurses communication	67	23.7	119	42.0	97	34.3
2. Physician communication	77	27.2	142	50.2	64	22.6
3. Hospital Environment	37	13.1	104	37.1	142	50.2
4. Pain Control	52	18.4	149	52.7	82	29.0
5. Pharmaceutical	51	18.0	156	55.1	76	26.9
Total patient's satisfactory	**69**	**24.4**	**126**	**44.5**	**88**	**31.1**

Table (6) shows that (42%) of elderly patients were neutral satisfied regarding palliative care characteristics and also (47.3%) were neutral satisfied regarding health care providers.

medical follow up record, (74.6%) of elderly patients dissatisfied that care provided by palliative care team was consistent with the patient's health care needs.

Discussion:

Palliative care improves outcomes for patients with advanced cancer, including improved quality of life, reduced symptom burden, reduced health care resource use, and potentially lengthened survival. Oncologists and palliative medicine clinicians are increasingly collaborating on palliative care delivery to patients with cancer. To sustain these efforts and demonstrate value, the nature of palliative care interventions and processes delivered should be promoted, and impact measured **13** Therefore, the present study aimed to assess elderly patient satisfaction about palliative care services for cancer. Regarding Socio-demographic data of elderly patients with cancer, the current study presented that more than half of participants were females, the majority of the elderly their age between 65-< 75 years old. Near to half of patients were married. Near one third of

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the were university graduated, more than half of the patients were housewife followed by retired level. More than two thirds of these elderly patients were residing in urban and more than quarter of them from rural areas. While more than two thirds had income from retirement pension, table (1).

These results could be due to changes in the perception of pain in the elderly are often a result of the aging process that alters cell function, tissues, organs and systems and the effect of age on the prevalence of pain in the elderly seems variable. In fact, pain, is known to increase with aging, tends to be more common in adulthood, especially up to the age of and then gradually decrease in successive decades.

This result agrees with ***14*** who studied prevalence of chronic cancer and no-cancer pain in elderly hospitalized patients: elements for the early assessment of palliative care needs and found that the majority of their participant female, their age between 65-< 75 years old and had income from retirement.

While, disagreeing with ***15*** who studied integrating palliative care into the trajectory of cancer care found that sample were the majority of male compared to female and their age more than 75years old.

Regarding medical history of elderly patients with cancer, the current study revealed that there was around quarter of elderly patients had breast cancer & cancer colon respectively. Two fifths of elderly patients were discovered cancer since less than one year. The majority of patients had chronic illness, near three quarters of them had hypertension, around three quarters of the patients had not previous surgery and the majority don't have disabilities or impairment (table: 2).

Might be due to majority of sample under palliative therapy female that revealed higher susceptibility to breast cancer and patients were discovered cancer since less than one year because awareness program of ministry of health to discover chronic diseases such as hypertension, diabetes mellitus and breast cancer early detection are very important for early treatment

On the same line, the result of ***16*** who studied integration of early specialist palliative care in cancer care and patient related outcomes and found that was majority of elderly patients had breast cancer and had chronic illness, also consistent with those result of ***17*** who conducted a study entitled impact of early palliative care on caregivers of patients with advanced cancer, and found that the majority of study sample had chronic illness .

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conducted a study entitled factors influencing the satisfaction of palliative care utilization among the older population with active cancers and found that the majority of study sample take regular treatment.

Regarding frequency distribution of elderly patients' satisfaction regarding palliative care team (Nurses communication), the result of the current study revealed that more than two thirds of elderly patients dissatisfied that the nurse treats them with kindness and respect, and less than two thirds were uncertain that the nurse listens to them with interest. (table:3).

This finding may be attributed to the nurse deal with large numbers of patient daily and had significant shortage of nurse in the hospital.

On the same line with a study conducted by ***19*** to assess nursing in palliative care in elderly oncological patients in the hospital environment found that around half of study sample uncertain about the nurse listens to them with interest.

Conversely, the study carried out by ***14*** who studied prevalence of chronic cancer and no-cancer pain in elderly hospitalized patients: elements for the early assessment of palliative care needs and found that the majority of their participant satisfied that when they talk to the nurse, they will be given enough time to discuss their health problems.

Regarding frequency distribution of elderly patients' satisfaction regarding palliative care team (physician communication), the finding of the current study revealed that more than half were uncertain that the physician listens to them with interest (table:3). From researcher point of view physician mainly handles the patients complain regularly and advise them but due to the workload they don't have enough time for more clarification. most of the time the physician gives clear instructions, some patients misunderstand or don't understand the instruction given by the physicians.

These results were agreed with ***20*** who conducted study entitled assessing healthcare service quality: a comparative study of patient treatment types. Also, these results was agreed with ***21*** who assessing patients' perceptions of palliative care quality in hospice inpatient care, hospice day care, palliative units in nursing homes, and home care found that majority of participants uncertain about the physician listens to them with interest.

Regarding frequency distribution of elderly patients' satisfaction regarding palliative care team (pharmaceutical), the finding of the current study revealed that more than one

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third of elderly patients dissatisfied that the medical team explains the purpose and importance of the medicine, while only one tenth of them were satisfied that the medical team explains the side effects of the drug (table 3).
from researcher point of view, mainly health education related medication administration get to relatives because elderly mainly suffered from dementia this mainly causes of elderly dissatisfaction.

On the same line, ***18*** who studied economic impact of early inpatient palliative care intervention in a community hospital setting found majority of elderly were uncertain about medical team explains the side effects of the drug.

On the disagreement, study conducted by ***21*** *who* assessing healthcare service quality: a comparative study of patient treatment types and found that the majority of their participant had satisfied with medical team explains the purpose and importance of the medicine.

Regarding Frequency distribution of elderly patients' satisfaction regarding palliative care availability, the finding of the current study revealed that about half of elderly patients dissatisfied that care provided by palliative care team was consistent with the patient's health care needs. Moreover, more than one third were satisfied that they will be given enough time to discuss their health problems with nurses (table:12). From researcher point of view, palliative care team need more training to satisfy patient needs and recruit capabilities able to meet these needs and improve the quality of care.

This finding is supported by ***22*** in a study entitled "Palliative care of terminal versus advanced cancer". also, these results are congruent with ***23*** in a study entitled "patients' satisfaction of health service quality in public hospitals" who found that elderly patients dissatisfied that care provided by palliative care team was consistent with the patient's health care needs.

Conversely, the study carried out by ***16*** *found* that the majority of studied sample are satisfied about availability of modern technological medical devices.

Regarding distribution of elderly patient's satisfaction about each dimension of the satisfaction items. The result of the current study revealed that more than two fifths of elderly patients were neutral satisfied regarding palliative care characteristics and also less than half were neutral satisfied regarding health care providers (table:4).

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This finding may be attributed to the imperative for healthcare organizations to understand what consumers need or want so they can meet or exceed their care service expectations. Accordingly, health- care organizations can provide a positive patient experience and satisfaction by doing things right for quality care service and interactions with both patient and staff.

These results were agreed with ***20*** who assessing healthcare service quality: a comparative study of patient treatment types and found that the majority of their participants of elderly patients were neutral regarding palliative care.

Conversely, the study carried out by ***13.*** Palliative care for elderly patients with advanced cancer: a long-term intervention for end-of-life care. and found that the more than two third of their participants of elderly patients were satisfied regarding palliative care.

Regarding the relation between the total patient's satisfaction and demographic data, there was a statistically significant relation between gender, educational level, and residence place with the total patient's satisfaction ($P < 0.05$), while there was no statistically significant relation regarding to age, marital status, and occupation status ($P > 0.05$) (table:5).

From researcher point of view the level of satisfaction affected by a variety of factors, including patient characteristics such as age, gender, level of education, marital status, residence place.

These results were agreed with ***21*** who assessing patients' perceptions of palliative care quality in hospice inpatient care, hospice day care, palliative units in nursing homes, and home care. Also, this finding is congruent with ***24*** in a study entitled quality of life among cancer patients in Indian" which found that more than half of patients were females and most of them were married. and found that statistically significant relation between gender, educational level, and residence place with the total patient's satisfaction.

Conclusion and Recommendations

The study findings concluded that there more than one third of elderly patients were neutral regarding palliative care characteristics and more than one third were neutral regarding health care providers. There was relation between the total patient's satisfactory

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and demographic data. There was statistically significant relation between gender, educational level, and residence place with the total patient's satisfaction .

The study recommends

Encourage the establishment of more palliative care centers in areas where there is little or no access to palliative care.

Ensuring that the elderly patient have equitable access to palliative care services .

Ensuring that Outpatient clinics are quiet, clean and comfortable.

Providing the sufficient health education for patient about pain management.

Enhancing the trust relationship between elderly patients and outpatient clinic staff.

Quality and accessible palliative care system needs to be integrated into primary health care, community and home-based care, supporting care providers such as family and community volunteers.

Training courses for health care providers .

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