

Elderly Patient Satisfaction toward the Quality of Nursing Services in the Oncology Unit

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ABSTRACT

Background: Cancer is a disease that is linked to aging, and in Norway, the median age at diagnosis is quite near to 70. A reliable indication of overall satisfaction with the hospital environment is patient satisfaction with nurse care. It's critical to identify the variables that influence patient satisfaction with nursing care in order to assure service improvement at the necessary hospital levels. **Aim:** To assess the satisfaction of geriatric patients toward the quality of nursing services in the oncology unit. **Design:** A descriptive design. **Setting:** This research was established in oncology outpatient clinic in the oncology unit, at Beni-Suef university hospital. **Subjects:** A convenient sample of elderly patients (n=152 elderly patients) selected by from the previously mentioned setting was included and aged from (65 – 75) years of both sex. **Tools:** Interview questionnaire: this tool was developed by the researcher; it was divided into three parts; Part 1: elderly people socio-demographic characteristics, Part 2: assess the patients' satisfaction and Part 3: assess the quality of nursing services presented to elderly patients in the oncology unit. **Results:** revealed that, 63.8% of the studied elderly patients were aged between 65 and 69 years, 57.9% of them were females and 32.9% of the studied elderly patients had breast cancer. Also, there were strong significant statistical positive relation between quality of nursing services and all the sub-dimensions of elderly satisfaction; communication, privacy, mutual confidence, and security. **Conclusion:** the studied elderly patients had high satisfaction and perception regarding quality of nursing care provided to them. **Recommendations:** Enhancing the trust relationship between geriatric patients and oncology nurses.

Keywords: Elderly patient, Oncology, Quality of Nursing Service, Satisfaction.

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INTRODUCTION

Elderly persons frequently have reduced capacity for regeneration and are more prone to illness, disorders, injuries, and cancer than younger adults ⁽¹⁾.

Cancer is a disease that is linked to aging, and in Norway, the median age at diagnosis is quite near to 70 (2). Since 2000, cancer has been the main cause of death in Denmark, and the number of new cases is predicted to rise by 32% by 2030 due solely to an aging population ⁽³⁾.

There are many different ways to treat cancer, including surgery, hormone therapy, radiation therapy, chemotherapy, and transplants. Many different forms of cancer are treated with chemotherapy, either on its own or in conjunction with other therapies. It is a systemic therapy, which implies that cancer-fighting medications circulate in the blood, to manage, treat, and prevent the growth of cancer in a patient. Chemotherapy spreads the medications throughout the body, affecting every system and resulting in a variety of side effects ⁽⁴⁾.

A reliable indication of overall satisfaction with the hospital environment is patient satisfaction with nurse care. It's critical to identify the variables that influence patient satisfaction with nursing care in order to assure service improvement at the necessary hospital levels. It's critical to gauge patient satisfaction with nursing care in order to identify and address patients' needs as well as to evaluate the caliber of care given. A major metric of care quality is patient satisfaction. A pleased patient follows treatment instructions and the advice of the medical staff ⁽⁵⁾.

The term "health care giving process" refers to the systemic approach to health services that ensures both the interpersonal and technical aspects of technical competence. Patient satisfaction is one of the two key determinants of the quality of care, together with respect for, comprehension of, and provision of services in response to, patient needs ⁽⁶⁾. The disparity between expected and perceived quality lends support to it. When the level of perceived service is higher than expected, it is known as better service quality. When the level of perceived service is lower than expected, it is known as better service quality. When the level of perceived service is increased, it is known as general service quality ⁽⁷⁾.

The provision of nursing care is acknowledged as a highly competitive industry in which the patient is viewed as a client and healthcare consumer. Nurses play a

crucial role in every aspect of a patient's care; they continuously tend to patients' needs by assessing them, responding to their inquiries, administering medications and treatments, and performing medical operations. They must act promptly in response to patient needs and have the obligation to explain to patients what they should and shouldn't do during treatment and recovery. They form the foundation of the healthcare team, and their effectiveness actually affects the standard of care (8).

Cancer of geriatrics influences the quality of life, and results in adverse effects on the body, clinical and function outcome so it was pivotal to guide cancers geriatric patients by specialist nurses. Nursing can provide guidance and caring to patients to complete their life. Studies about cancer in elderly people cited that, nurses should be interested in patients satisfaction to enhancing quality of care, and reduce length of stay in hospital for patients (9). Elderly people in the oncology unit need to appropriate care about disease. Patients haven't satisfied due to changes to their body function and body image, so they need to enhance quality of nursing health services (10).

AIM

To investigate elderly patients satisfaction toward the quality of nursing services in the oncology unit through :

1. Assessing patient satisfaction about (safety, security, confidentiality and mutual confidence.
2. Assessing nursing services' quality in the oncology unit.
3. Assessing relationship patient satisfaction and quality of nursing services.

Research question:

1. Are the elderly patients satisfied by the quality of nursing services provided in the oncology unit?
2. Is there a relation between patients' satisfaction and the quality of nursing care?

Participants AND METHODS

According to the four primary designs, the current study's subject and methodology were as follows:

- I. Technical.
- II. Operational.
- III. Administrative.

IV. Statistical.

I) Technical design:

Involves research design, setting, participants and data collection tools.

Research design:

A descriptive design was conducted.

Setting:

In oncology outpatient clinic in the oncology unit, at Beni-Suef university hospital.

Subjects:

A convenient sample of elderly patients 152 elderly patients was included and they aged from (65 – 75) years of both sex, who attended the oncology outpatient clinic in the oncology unit at Beni-Suef university hospital to follow up.

Tools of data collection:

Tool was used to collect data to fulfill the study objective.

Interview questionnaire:

The researcher developed this tool; it included three parts

Part 1: Assessed elderly people socio-demographic characteristics that include: age, gender, educational level, residence, diagnosis, income, jobs ... etc.

Part 2: This part used to assess patient satisfaction that include, communication, privacy, feeling of mutual confidence, security, safety, and confidentiality.

Scoring system:

For elderly patients' satisfaction: the responses were scored on a five point Likert scale (1, 2, 3, 4 and 5 referring to strongly disagree, disagree, neutral, agree and strongly agree, respectively). Summation of all items was done and the overall score ranged (32-160). The level of satisfaction included three categories based on the total score:

- Low level (<80).
- Moderate level (80-120).
- High level (>120).

Part 3: Assessed the quality of nursing services presented to elderly patients in the oncology unit.

Scoring system:

For elderly patients' perception of nursing services' quality: a five point Likert scale was used for scoring the responses (from 1-5 referring to strongly disagree, disagree, neutral, agree and strongly agree, respectively). The total score ranged (33-165). The levels of quality were divided based on the total scores:

- Low level of quality (<83).
- Moderate level of quality (83-124).
- High level of quality (>124).

Content validity and reliability

Content validity (indicates how a scientific test actually evaluate what it is intended to assess) of the proposed tools was done using face and content validity. Validity tested by a panel of experts, from community health nursing department, and nursing administration department, at faculty of nursing, Beni-Suef University To assess the validity of the instrument and necessary modification. The expertise reviewed the tools for relevance, clarity, simplicity, comprehensiveness, and applicability, minor modification was done.

Testing reliability (is the extent to which the same answers can be obtained using the same tools frequently). Reliability of the data collected tools was tested using Cronbachs Alfa Coefficient which was (0.655) for communication, (0.668) for privacy, (0.636) for feeling of mutual confidence,(0.651)for security, safety and confidentiality, (0.876) for total satisfaction, and (0.850) for total quality.

Pilot study:-

The pilot study tested applicability and feasibility of the tools in this research. Simple modifications were done on the tool; therefore, the sample of the pilot study were included in the main study group

Field work:

All patients attended to the clinic for follow up obtaining explanatory information about the study. Patients who agreed to participate in the study were received the Self-administered Questionnaire to collect data. This study began at January (2022)

to the end of May (2022) taking five months. It took 4hours daily 3days per week, at day shifts by the researcher to collect the data. Data collection form included subject's demographic characteristics. Then, the investigator assessed patient satisfaction that include, communication, privacy, feeling of mutual confidence, security, safety, and Confidentiality. Later in, the investigator measured the patients' quality of nursing services presented in the oncology unit. The investigator was taken 15 to 20 mints to complete the questionnaire sheet from the patients.

III-Administrative design:

The dean of faculty of nursing, Beni-Suef University provided the permission on the request of the director of Beni-Suef University hospital to carry out this study. The objective of the study and its procedure was explained to them to obtain their approval and cooperation.

Ethical Consideration

Approval from Ethical Committee in the Faculty of Nursing at Beni-Suef University was obtained before the beginning of the study. The researcher clarified the objectives of the study to the participants before starting the study. During the study, patient safety was guaranteed, and the researcher guaranteed retaining the anonymity and confidentiality of the subject data. Patients were advised that they could decide whether or not to participate in the trial and that they could withdraw at any moment.

IV-Statistical design:

The SPSS 22.0 program was used for data analysis. Descriptive statistics were in the form of numbers and percentages for qualitative data Means and stander deviation were used for continuous data. The correlations between variables were done using Pearson correlation coefficient. Correlation prediction was done through ANOVA and Regression analysis. Chi Square tests were used for correlation qualitative variables.

RESULTS

Table (1): Socio-demographic characteristics of elderly patients in oncology unit (n=152).

Socio-demographic characteristics	N	%
Gender		
– Male.	64	42.1
– Female.	88	57.9
Age:		
– 65 – 69 yrs.	97	63.8
– 70– 75 yrs.	55	36.2
Mean ± SD	67.32±4.67	
Educational status		
– Illiterate.	74	48.7
– Primary.	34	22.4
– Secondary.	30	19.7
– Higher.	14	9.2
Marital status		
– Married	103	67.8
– Widow.	44	28.9
– Divorced.	5	3.3
Residence		
– Urban.	33	21.7
– Rural.	115	75.7
– Slum.	4	2.6
Occupation		
– Government.	12	7.9
– Private.	9	5.9
– Agriculture.	57	37.5
– Other.	74	48.7
Monthly Family Income		
– Less than 1000LE.	81	53.3
– 1000: 3000 LE	64	42.1
– More than 3000 LE	7	4.6

Table (2): Overall mean score of satisfaction dimension of elderly patients in oncology unit (n=152)

Patients' Satisfaction Items	Max	Mean±SD	Mean (%)	Rank
Communication	45	37.17±3.66	82.6	2
Privacy	35	29.32±3.13	83.8	1
Mutual Confidence	35	29.21±3.37	83.5	3
Security, Safety and Confidentiality	45	32.34±3.84	71.9	5
Total	160	128.05±10.83	80.03	4

Figure (1): the elderly patients' levels of satisfaction about nursing services (N=152).

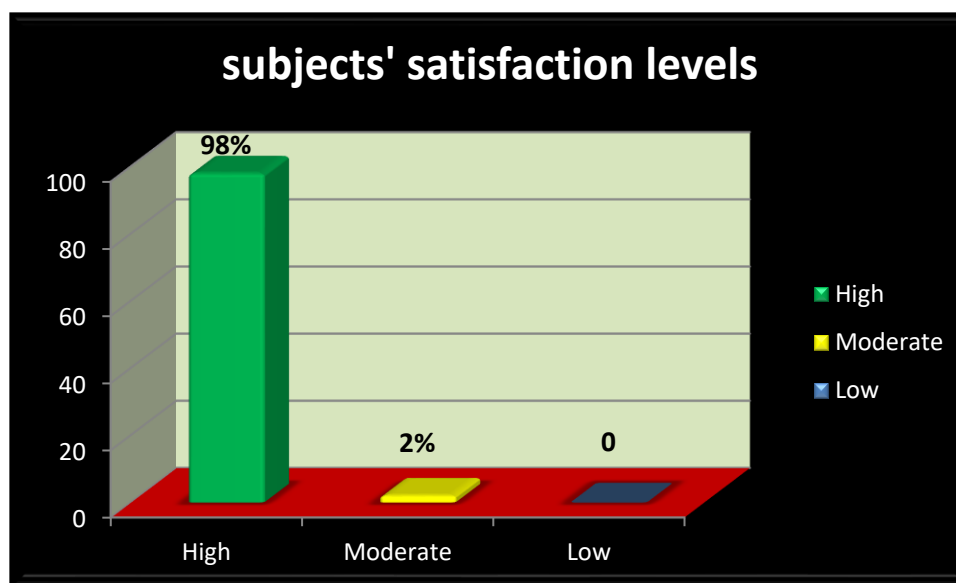


Figure (2): subjects perceptions of the quality level of nursing services (n=152).

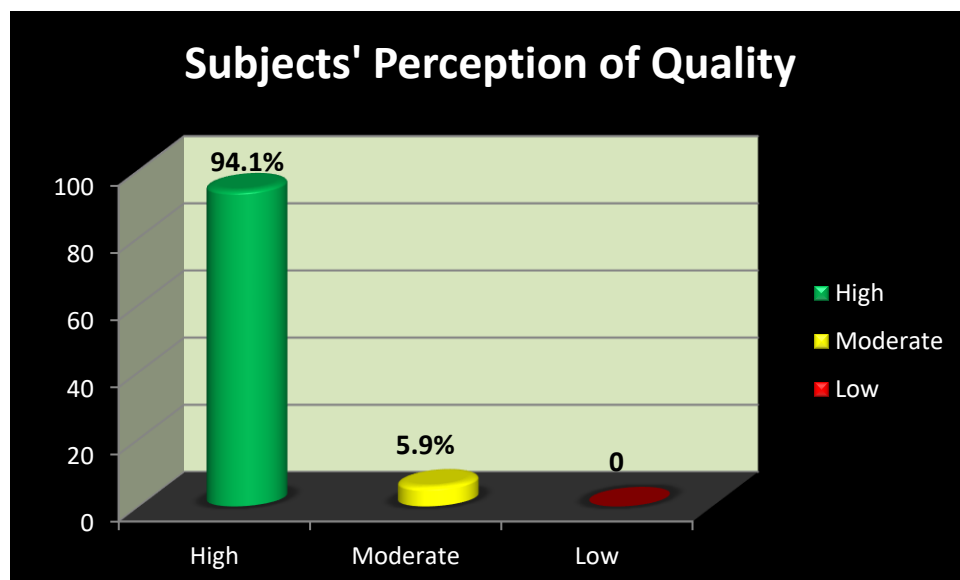


Table (3): correlation matrix between patient satisfaction and quality of nursing services (n=152).

No.		1	2	3	4	5	6	
1	Communication	r	1					
		P						
2	Privacy	r	0.711	1				
		P	0.000**					
3	Confidence	r	0.532	0.691	1			
		P	0.000**	0.000**				
4	Security, Safety and Confidentiality	r	0.607	0.529	0.618	1		
		P	0.000**	0.000**	0.000**			
5	Total Satisfaction	r	0.866	0.854	0.815	0.816	1	
		P	0.000**	0.000**	0.000**			
6	Quality of services	r	0.574	0.651	0.723	0.732	0.793	1
		P	0.000**	0.000**	0.000**	0.000**	0.000**	

**HS (Highly Significant) * P value < 0.01 S (No Significant) P value < 0.05

Table (4): relationship between elderly patients’ demographic characteristics and their satisfaction (n=152).

Item	Categories	Patient Satisfaction				X ²	P-Value
		High		Moderate			
		N	%	N	%		
Gender	– Male.	64	42	0	0.0	2.226	0.136
	– Female.	85	56	3	2		
Age	– 65 – 69 yrs.	94	61.8	3	2	1.753	0.188
	– 70– 75 yrs.	55	36.2	0	0.0		
Education	– Illiterate.	71	46.7	3	2	3.226	0.358
	– Primary.	34	22.4	0	0.0		
	– Secondary.	30	19.7	0	0.0		
	– Higher.	14	9.2	0	0.0		
Marital Status	– Married	103	67.8	0	0.0	7.512	0.023*
	– Widow.	41	27	3	2		
	– Divorced.	5	3.2	0	0.0		
Residence	– Urban.	30	19.7	3	0.0	11.036	0.004**
	– Rural.	115	75.7	0	0.0		
	– Slum.	4	2.6	0	0.0		
Occupation	– Government.	12	7.9	0	0.0	3.226	0.358
	– Private.	9	5.9	0	0.0		
	– Agriculture.	57	37.5	0	0.0		
	– Others	71	46.7	3	2		
Income	– Less than 1000LE.	78	51.3	3	2	2.683	0.262
	– 1000: 3000 LE	64	42.1	0	0.0		
	– More than 3000 LE	7	4.6	0	0.0		

**HS (Highly Significant) * P value < 0.01 S (No Significant) P value < 0.05

Table (5): relationship between elderly patients’ demographic characteristics and their perception of quality of nursing services (n=152).

Item	Categories	Quality				X ²	P-Value
		High		Moderate			
		N	%	N	%		
Gender	– Male.	59	38.8	5	3.3	0.710	0.399
	– Female.	84	55.3	4	2.6		
Age	– 65 – 69 yrs.	93	61.2	4	2.6	1.555	0.212
	– 70– 75 yrs.	50	32.9	5	3.3		
Education	– Illiterate.	70	46	4	2.6	1.813	0.612
	– Primary.	32	21	2	1.3		
	– Secondary.	27	17.8	3	2		
	– Higher.	14	9.2	0	0.0		
Marital Status	– Married	98	64.5	5	3.3	1.319	0.517
	– Widow.	40	26.3	4	2.6		
	– Divorced.	5	3.3	0	0.0		
Residence	– Urban.	30	19.8	3	2	15.779	0.000**
	– Rural.	111	73	4	2.6		
	– Slum.	2	1.3	2	1.3		
Occupation	– Government.	10	6.6	2	1.3	10.461	0.015*
	– Private.	7	4.6	2	1.3		
	– Agriculture.	57	37.5	0	0.0		
	– Others	69	45.4	5	3.3		
Income	– Less than 1000LE.	74	48.7	7	4.6	2.415	0.299
	– 1000: 3000 LE	62	40.8	2	1.3		
	– More than 3000 LE	7	4.6	0	0.0		

**HS (Highly Significant) * P value < 0.01 S (No Significant) P value < 0.05

RESULTS

Table (1) summarized the socio-demographic characteristics of study subjects. (57.9%) were females. Regarding age, (63.8%) were aged between 65 and 69 years. For their education, (48.7%) were illiterate. Concerning marital status, (67.8%) were married. (75.7%) were rural residents. Regarding monthly family income, (53.3%) had lower than 1000 LE and (4.6%) who exceeded 3000LE per month.

Table (2) summarized the mean score of elderly patients’ satisfaction dimensions about nursing services. The mean \pm SD was (37.17 \pm 3.66) for communication, (29.32 \pm 3.13) for privacy, (29.21 \pm 3.37) for feeling of mutual confidence, and (32.34 \pm 3.84) for security, safety and confidentiality. The overall

mean score for all dimensions of satisfaction was (128.05±10.83) which indicated that subjects had high satisfaction scores about nursing care provided to them.

Figure (1) displayed the elderly patients' levels of satisfaction about nursing services. Nearly all subjects had high satisfaction (98%). None of the studied subjects had low satisfaction levels.

Figure (2) displayed the elderly patients' levels of perception about the quality of nursing services. Nearly all had high satisfaction (94.1%). None of the studied subjects had low Perception levels.

Table (3) showed the correlation matrix between elderly satisfaction dimensions and nursing services' quality. There were strong significant statistical positive relation between elderly satisfaction and quality of nursing services ($r=0.793$, $P=0.000$). Also there were strong significant positive relation between nursing services' quality and all the sub-dimensions of elderly satisfaction; communication ($r=0.574$, $P=0.000$), privacy ($r=0.651$, $P=0.000$), mutual confidence ($r=0.723$, $P=0.000$), and security ($r=0.732$, $P=0.000$).

Table (4) summarized the relationship between elderly patients' demographic characteristics and their satisfaction. There were significant statistical relation between elderly satisfaction and their marital status ($X^2 =7.512$, $P=0.023$) and their Residence ($X^2 =11.036$, $P=0.004$) while the relation with other demographics was non-significant.

Table (5) revealed the relationship between demographics of the elderly participants and their perception of quality. A significant relation between elderly perception of quality of nursing services and their place of residence ($X^2 =15.779$, $P=0.000$) was found while the relation with other subjects demographics were non-significant.

DISCUSSION

Based on the opinions and satisfaction of patients and their loved ones, the quality and sufficiency of healthcare services can be evaluated. Total quality management comprises technical proficiency, professional knowledge, and patient impression of the type and quality of treatment they have received. It also includes the use of appropriate technology. Patients with cancer who are happier with their treatment are more likely to adhere to prescribed treatment plans, improving their health ⁽¹¹⁾.

So, the objective of the current study was to evaluate elderly patients' satisfaction toward the quality of nursing service in the oncology unit.

Regarding socio-demographics of the patients (table 1), the current study showed that, more than fifty percent of the patients were females. This study was agreed with ⁽¹²⁾ in their recent titled "Assessment of elderly patient satisfaction about palliative care services for cancer" and represented that over fifty percent of the patients were females. Also, this result was in agreement with ⁽¹³⁾ who carried out a study entitled "Elderly cancer patients satisfaction with quality of nursing care in day care unit at oncology center Mansoura University" and mentioned that most of the patients were females.

The present study reported that, less than two thirds of the patients were aged between 65 and 69 years with mean \pm SD 67.32 \pm 4.67 and less than half of them were illiterate. This result was similar to ⁽¹⁴⁾ in their study titled "Satisfaction with the quality of nursing care among older adults during acute hospitalization in Ghana" and found that two thirds of the respondents' age was 65 to 70 years with mean \pm SD 69.84 \pm 3.29. Also, this study in agreement with ⁽¹⁵⁾ in their study entitled "Satisfaction of patients with cancer at day care units" and demonstrated that more than one third of the participants didn't read and didn't write.

In this research, more than two thirds of the respondents were married and more than three quarters of them were rural residents. Our finding was enhanced by ⁽¹⁶⁾ in their study titled "Patient satisfaction and barriers to nursing care quality in oncology units" and showed that less than two thirds of the participants were married. While, this result was dissimilar to ⁽¹⁷⁾ in their study titled "Patients' perceptions of the quality of nursing services" and mentioned that more than fifty percent of the participants lived in rural areas.

In the current study, more than half of the studied patients had lower than 1000 LE and minority of them who exceeded 3000LE per month. This study on the same line with ⁽¹⁸⁾ who carried out a study entitled "Patient's satisfaction regarding critical care nurses' communication skills at oncology center, Mansoura university" and represented that less than three fifth of the patients had not enough monthly income. While, this study was in disagreement with ⁽¹⁹⁾ in their study titled "Assessing patient satisfaction: using the radiation oncology patient satisfaction [ROPS] questionnaire in a private practice setting" and stated that more than half of the patients had enough monthly income.

Concerning overall mean score of satisfaction dimension of elderly patients in oncology unit (table 2), the current study represented that, the mean \pm SD was (37.17 \pm 3.66) for communication, (29.32 \pm 3.13) for privacy, (29.21 \pm 3.37)

for feeling of mutual confidence, and (32.34 ± 3.84) for security, safety and confidentiality. The overall mean score for all dimensions of satisfaction was (128.05 ± 10.83) which indicated that subjects had high satisfaction scores about nursing care provided to them

This study was similar to ⁽²⁰⁾ in their study titled “Patient satisfaction on the holistic care approach rendered by nurses in the oncology ward” and stated that more than 75% of the patients were satisfied regarding nursing care provide with mean \pm SD 191.47 ± 19.51 . While, this study was supported by ⁽¹³⁾ who carried out a study entitled “Elderly cancer patients satisfaction with quality of nursing care in day care unit at oncology center Mansoura University” and demonstrated that more than two thirds of the respondents were dissatisfied with nursing care.

In relation to the elderly patients’ levels of satisfaction about nursing services (figure 1), the present study reported that, nearly all subjects had high satisfaction and none of the studied subjects had low satisfaction levels, this might be due to good nursing care provided.

This study in agreement with ⁽¹⁵⁾ in their study titled “Satisfaction of patients with cancer at day care units” and represented that less than two thirds of the subjects were satisfied with nursing care. While, this finding was in disagreement with ⁽²¹⁾ those enrolled a study of “Satisfaction with nursing care among cancer patients admitted in oncology wards at a national referral hospital in Kenya” and found one third of subjects had satisfactory level with nursing care.

Regarding total elderly patients’ perception levels regarding nursing services quality (figure 2), the present work reported that, nearly all had high satisfaction and none of the studied subjects had low perception levels. This study is in agreement with ⁽²²⁾ who enrolled a study entitled “Assessment of patient satisfaction with nursing care in selected wards of the Lagos University teaching hospital” and mentioned that over four fifth of the subjects had highly satisfaction level regarding quality of nursing care. While, the current result was disagreed with ⁽²¹⁾ the study of “Satisfaction with nursing care among cancer patients admitted in oncology wards at a national referral hospital in Kenya” and found less than half of subjects had high satisfactation level regarding quality of nursing care.

Concerning correlation matrix between satisfaction and quality of nursing services, this research displayed a strong remarkable positive association between elderly satisfaction and nursing services quality. Also there were strong significant statistical positive relation between quality of services and all the sub-dimensions of elderly satisfaction; communication, privacy, mutual confidence,

and security. This might be related to the degree of quality of nursing care effect positively or negatively on the elderly patients' satisfaction (**table 3**).

This study was supported by ⁽¹⁴⁾ in their study titled "Satisfaction with the quality of nursing care among older adults during acute hospitalization in Ghana" and mentioned a firm positive correlation between quality of care and patients satisfaction. Also, this finding agreed with ⁽²³⁾ who conducted a study of "Influence of service quality and corporate image on the satisfaction of patients with Brazil's national cancer institute" and reported a positive relation between satisfaction with all dimensions and quality of nursing care.

Concerning relationship between elderly patients' demographics and their satisfaction, this work reported a remarkable statistical association between elderly satisfaction and social status and their residence while the relation with other demographics was non-significant (**table 4**).

This result agreed with ⁽¹⁹⁾ in their research entitled "Assessing patient satisfaction: using the radiation oncology patient satisfaction questionnaire in a private practice setting" and mentioned a considerable difference between patients' satisfaction and residence. While, such findings were disagreed with ⁽²⁰⁾ in their study titled "Patient satisfaction on the holistic care approach rendered by nurses in the oncology ward" and mentioned that there was no considerable difference between patients' satisfaction and the social status. Also, this study was in disagreement with ⁽²⁴⁾ who performed a research entitled "Predictors of adult patient satisfaction with nursing care in public hospitals of Amhara region, northwest Ethiopia" and stated a noteworthy correlation between patients' satisfaction and their education and age.

Regarding relationship between elderly patients' characteristics and their perception, this research displayed a marked statistical linking between elderly perception of quality of nursing services and their place of residence while the relation with other demographics items were non-significant (**table 5**).

This was enhanced by ⁽²⁵⁾ who carried out a research entitled "Patient's perception towards quality of nursing care in inpatient department at public hospitals, north west Ethiopia" and reported a marked linking between the studied patients' perception towards quality of nursing care and their residence. While, this outcomes was disagreed with ⁽²⁶⁾ who performed work of "Patients' perception of quality of nursing care; a tertiary center experience from Ethiopia" and stated that there was a statistically remarkable relation between perception of quality and age, gender and educational level of patients.

CONCLUSION

This study revealed that, 63.8% of the elderly patients were aged between 65 and 69 years, 57.9% of them were females and 32.9% of the studied elderly patients had breast cancer. Also, nearly all subjects had high satisfaction 98% and none of the studied subjects had low satisfaction levels. Additionally, nearly all had high perception 94.1% and none of the studied subjects had low Perception levels. There were strong considerable statistical positive relation between elderly satisfaction and nursing services' quality. Also there were strong considerable statistical positive association between quality of services and all the sub-dimensions of elderly satisfaction; communication, privacy, mutual confidence, and security. Finally, concluded that, the studied elderly patients had high satisfaction and perception regarding quality of the received nursing care.

RECOMMENDATIONS

Regarding the study findings, we recommend:

- Evaluating the causes of dissatisfaction of elderly oncology patients with nursing and health services and working to improve them by health institutions.
- The development of a comprehensive and simplified booklet for improving nurses to enhancing nursing care to elderly patients in oncology units.
- Promoting the trust relation between patients and oncology nurses.
- Training programs for oncology nurses to improve their quality of care, communication and relationships with oncology elderly patients.
- Develop a team to be responsible about improving nursing care quality provided for oncology patients and enhancing elderly patients' relationship with oncology nurses.
- Performing similar study on larger size of the sample at varied geographical regions for data generalizability.
- Future researches should target various populations to test

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