

# Quality of Life, Quality of Care, and Patient Satisfaction: Perceptions of Patients Undergoing Outpatient Autologous Stem Cell Transplantation

Lisa Schulmeister, RN, MN, CS, OCN®, Kimberly Quiett, RN, MN, AOCN®, and Kelly Mayer, RN, MS, OCN®

**Purpose/Objectives:** To further expand the limited body of knowledge of the perceptions of quality of life (QOL), quality of care, and patient satisfaction among patients who receive high-dose chemotherapy with an autologous stem cell transplant (ASCT) on an outpatient basis.

**Design:** Descriptive longitudinal.

**Setting:** Nine clinical sites associated with a national oncology practice management network in locations across the United States.

**Sample:** 36 patients scheduled to receive high-dose chemotherapy with ASCT selected by nonprobability consecutive sampling.

**Methods:** Subjects completed the Functional Assessment of Cancer Therapy–Bone Marrow Transplant (FACT-BMT) before high-dose chemotherapy, four to six weeks postchemotherapy, and six months postchemotherapy. An independent nurse researcher conducted telephone interviews about the treatment experience, perceptions of quality of care, and satisfaction with care. FACT-BMT data were analyzed using descriptive statistics and multivariate analysis of variance, and qualitative data about perceptions of care were analyzed using Giorgi's methodologic reduction. Bivariate associations were made between overall degree of satisfaction with care and QOL as measured by the FACT-BMT.

**Main Research Variables:** Clinical outcome, QOL, patient satisfaction, and patient perceptions of care quality.

**Findings:** Mean FACT-BMT scores were lower one month post-treatment than at baseline and highest six months post-treatment. Subjects with progressive disease reported lower QOL at one and six months post-treatment, noted more complaints, and ranked their satisfaction with care lower than subjects with no evidence of disease. Subjects offered ASCT program improvement recommendations in the areas of communication, information, nursing care, ancillary needs assistance, ancillary agencies, and survivor support.

**Conclusions:** In this study, the QOL of patients undergoing outpatient high-dose chemotherapy with ASCT decreased post-treatment but increased to levels higher than those found at pretreatment by six months. A good clinical outcome following high-dose chemotherapy and ASCT was associated with higher QOL and greater satisfaction with care.

**Implications for Nursing:** Knowledge of the outpatient ASCT experience and its effect on QOL can be used to further refine the content and timing of educational and supportive interventions for patients undergoing ASCT. Information about patients' satisfaction with treatment and perceptions of quality of care provides insight about their expectations and perceived needs and can be used to redesign outpatient ASCT programs.

The combination of outpatient high-dose chemotherapy and autologous stem cell transplantation (ASCT) is a feasible treatment approach for motivated patients and their caregivers. Treatment-related toxicity and clinical

## Key Points . . .

- ▶ Patient satisfaction is an indicator of quality of care and includes the elements of subjectivity, expectations, perceptions, previous experiences, personal norms for making judgments, and reports about care obtained from others.
- ▶ Researchers debate whether patients can assess the technical quality of their care. Some researchers assert that patients are able to assess only the appearance of competency and not true clinical competency.
- ▶ Cultural beliefs influence a patient's definition of health and illness as well as the perception of effective and ineffective care.
- ▶ Concurrently measuring patients' perceptions of care quality, satisfaction with care, and quality of life (QOL) provides rich information about their treatment experiences as well as the effect of treatment on QOL.

outcome data for outpatient ASCT of patients with non-Hodgkin lymphoma, Hodgkin disease, breast cancer, and multiple myeloma are similar to inpatient data (Dix & Geller, 2000; Kyle, 2001; Schwartzberg et al., 1998; Seropian et al., 1999; Summers, Dawe, & Stewart, 2000). Although several researchers have purported that outpatient ASCT has psychosocial and economic advantages when compared to referral to a transplant center for inpatient treatment (Meisenberg et al., 1998; Weaver, West, Schwartzberg, Birch, & Buckner, 1998), scant research has been conducted in this area. In addition, little is known about patients' perceptions about the quality

*Lisa Schulmeister, RN, MN, CS, OCN®, is an oncology nursing consultant in New Orleans, LA; Kimberly Quiett, RN, MN, AOCN®, was the US Oncology transplant network coordinator in Houston, TX, at the time this article was written and currently is an assistant professor of nursing at the University of Mobile in Alabama; and Kelly Mayer, RN, MS, OCN®, is a transplant coordinator and nurse manager at Arizona Oncology Associates in Tucson, a US Oncology affiliate. This study was funded by US Oncology. (Submitted February 2003. Accepted for publication January 30, 2004.)*

Digital Object Identifier: 10.1188/05.ONF.57-67