

# Quality of Nursing Care in a Private Oncology Setting in the Philippines

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## ABSTRACT

Quality nursing care for cancer patients is essential in providing comfort, support, and effective treatment throughout their journey with the disease. It is a cornerstone of effective, healthcare delivery, ensuring the patients receive safe and compassionate care. This study investigates whether there is a significant difference in the quality of nursing care quality among patients undergoing chemotherapy in a private oncology setting. Understanding these differences is crucial as high-quality care can significantly influence patient outcomes and satisfaction. Previous studies have shown that patient satisfaction with nursing care can impact overall treatment outcomes and quality of life. A descriptive comparative design was utilized to gather information. The primary data was collected through a structured questionnaire based on the Quality of Nursing Care Scale (QONCS), distributed to 62 patients undergoing chemotherapy in a private oncology unit. Secondary data sources included literature reviews from peer-reviewed journals. The questionnaire was designed to capture the patients' perceptions of nursing care quality and included demographic questions to analyze variations across different patient groups. The findings revealed that the quality of nursing care perceived by patients across all factors of QONCS was very high. The high ratings indicated that patients generally perceived the nursing care as exemplary. Statistical analysis using ANOVA showed no significant differences in the perceived quality of nursing care across different demographic variables. These results indicated a uniformly high standard of nursing care in the private oncology setting, suggesting effective implementation of care protocols. Hence private oncology clinic provided consistently high-quality nursing care, irrespective of patient demographics. The findings implied that standardized protocols, robust training, and resource allocation are crucial. Nursing management should adopt these practices across all settings, theory should focus on the influence of systematic and environmental factors, and research should investigate how these elements can be replicated to ensure equitable, high-quality care for all patients is maintained.

**Keywords:** Quality nursing care; Private oncology setting; Descriptive, comparative design; Oncology nurses

## INTRODUCTION

Nursing care is a fundamental component of healthcare delivery, focusing on the holistic well-being of patients across various medical settings. Nurses play a pivotal role in providing compassionate, evidence-based care, encompassing assessment, intervention, and education to promote optimal health outcomes (American Nurses Association, 2020). This multifaceted approach addresses not only physical ailments but also psychological, social, and spiritual needs, fostering a therapeutic relationship between the nurse and the patient (Taylor, 2021).

Within the realm of nursing care, specialized attention is dedicated to patients battling cancer, known as

oncology nursing. Oncology nurses possess specialized knowledge and skills to support individuals throughout the cancer continuum, from diagnosis to survivorship or end-of-life care (Oncology Nursing Society, 2021). Their expertise extends beyond medical treatments to encompass symptom management, psychosocial support, and facilitating informed decision-making for patients and their families (Mayer, 2020).

Quality nursing care for cancer patients is essential in providing comfort, support, and effective treatment throughout their journey with the disease. It is the cornerstone of effective healthcare delivery, ensuring that patients receive safe and compassionate care (Institute of Medicine, 2001). With cancer care becoming increasingly complex and personalized, understanding patient perspectives on nursing care is vital. Within the realm of private oncology settings, where personalized care and specialized treatments converge, understanding patient's perceptions of nursing care quality during chemotherapy is imperative. This study endeavors to delve into the multifaceted dimensions of patient experiences, preferences, and satisfaction levels within the unique context of private oncology setting, shedding light on areas of improvement and optimization.

As patients navigate the arduous path of chemotherapy, their encounters with nursing care profoundly influence their treatment experiences and outcomes. The interaction between nurses and patients extend far beyond the administration of medications; they encompass compassion, communication, and support, all of which are integral to fostering a sense of trust and empowerment in patients facing the challenges of cancer treatment. Quality nursing care encompasses a comprehensive approach that encompasses assessment, planning, implementation, and evaluation of care interventions, guided by clinical standards and best practices (American Nurses Association, 2015).

Prior studies have underscored the significance of patient-centered care in oncology settings (Smith, 2019). Patient satisfaction and perceptions of care quality have been linked to various nursing interventions, emphasizing the need for tailored approaches (Aydin, 2020). These studies provide a foundational understanding of the importance of patient perspectives in assessing nursing care quality. Moreover, a systematic review was conducted on existing literature to assess the effectiveness of communication skills training programs on various patient outcomes, such as satisfaction, psychological well-being, and quality of life, in the context of cancer care. The review included studies that examined the communication skills of healthcare professionals, including nurses, and their influence on patient perceptions and experiences (Uitterhoeve, 2010).

The motivation for this study originated from an observation of the researcher being an oncology nurse in a private oncology setting the diverse experiences among patients undergoing chemotherapy. The variations observed in patient satisfaction and perceptions of care quality underscore the necessity for a thorough investigation into the multifaceted factors influencing these perceptions (Sofaer, 2005).

This study holds significant implications for the nursing profession by offering insights into enhancing the delivery of care in private oncology settings. By understanding patient preferences and priorities, nurses can tailor their approach to provide more personalized and effective care (Coyne, 2008), ultimately improving patient outcomes and satisfaction.

Studies have shown that high-quality nursing care in oncology settings is associated with improved patient outcomes, including better symptom management, and enhanced quality of life (Johnson, 2020). This shows the importance of nurses' roles in delivering effective care that positively impacts patients' overall well-being.

Quality nursing care contributes to higher levels of patient satisfaction with their care experiences. Research has demonstrated that patients value compassionate communication, emotional support, and personalized

care provided by nurses in oncology settings (Brown, 2018). By prioritizing patient-centered care practices, nurse can foster trust and rapport with patients, leading to greater satisfaction with their care.

In the dynamic landscape of cancer care, outpatient oncology nursing plays a crucial role in the comprehensive management and support of cancer patients. As healthcare delivery models evolve, the role of outpatient oncology nurses becomes increasingly crucial in ensuring that patients receive high-quality, patient-centered care tailored to their individual needs and preferences. Nurses often navigate complex treatment regimens while striving to maintain a patient-centered approach. For instance, administering chemotherapy infusions as outpatient requires nurses to prioritize patient comfort, safety, and autonomy. Nurses must effectively communicate with patients, address their concerns, and involve them in treatment decisions to promote a sense of empowerment and ownership over their care journey (Leyva-Moral, 2020).

Furthermore, the delivery of patient-centered care in outpatient oncology nursing extends beyond clinical interventions to encompass holistic support and emotional well-being. Nurses serve as advocates for patients, addressing their physical, psychological, and spiritual needs throughout the cancer trajectory. This may involve providing empathetic listening, offering counseling services, or facilitating access to support groups and community resources. By recognizing and addressing the multifaceted needs of patients, nurses contribute to a more compassionate and patient-centered care environment (Ferrell, 2019). Implementing patient-centered care also empowers nurses to take greater responsibility in patient management, enhancing their professional autonomy. Engaging in patient-centered care practices enhance their communication, assessment, and clinical skills, contributing to their professional growth.

Incorporating Sustainable Developmental Goals (SDGs) into the study adds a broader societal relevance to the research and perspective that underscores its potential impact on global health and well-being (United Nations Development Programme, 2015). SDG3: Good Health and Well-being aligns with the study's focus on assessing the quality of nursing care to improve health outcomes and enhance the well-being of patients undergoing chemotherapy. By identifying areas for improvement in nursing care, the study contributes to achieving SDG3's targets of reducing morbidity and mortality from cancer and other disease. In the Philippines, cultural beliefs, practices, and traditions influence health-seeking behaviors and attitudes towards healthcare, making it essential for nurses to be culturally competent in providing effective care. Cultural aspects such as traditional healing practices, family dynamics, and spiritual beliefs significantly impact healthcare decisions and outcomes. Nurses must understand and respect these cultural nuances to build trust with patients and provide patient-centered care. By incorporating cultural competence into their practice, nurses can bridge the gap in healthcare systems (Flores, 2021). SDG10: Reduced Inequalities is relevant as the study may shed light on disparities in access to quality care among different patient populations, contributing to efforts to address healthcare inequalities. By ensuring equitable access to healthcare services, nurses can improve health outcomes for all patients, particularly those from disadvantaged backgrounds. Providing equitable and competent care builds trust between patients and healthcare providers. Trust is essential for effective nurse-patient relationships, improving communication and ensuring adherence to treatment plans. In the Philippines, cultural beliefs, practices, and social norms can create barriers to healthcare access for marginalized populations. Cultural aspects such as socioeconomic status, ethnicity, and geographic location can contribute to disparities in healthcare access and outcomes. Nurses must understand and navigate these cultural factors to provide equitable and inclusive care to all individuals, regardless of their background. By promoting cultural sensitivity and inclusivity in healthcare delivery, nurses can help reduce inequalities and improve health outcomes for underserved populations (Garcia, 2021). Finally, SDG 17: Partnerships for the Goals emphasizes the importance of collaboration between researcher, healthcare providers, policymakers, and patient advocacy groups to advance healthcare quality and accessibility, underscoring the study's potential to foster partnerships and drive positive change in oncology care delivery. Achieving SDG17 is significant for improving the quality of nursing care. By fostering partnerships, mobilizing resources, building capacity and sharing knowledge,

nurses can enhance their practice, improve patient outcomes and contribute to stronger health systems.

Despite the extensive literature on patient-centered care, there remains a gap in understanding patient perceptions specifically in the context of private oncology setting during chemotherapy (Nightingale,2000). This study aims to address this gap by focusing on the unique challenges and opportunities present in this specialized care environment.

The researcher possesses a solid foundation in oncology nursing demonstrated through professional experience in the field. With a commitment to patient-centered care and a rigorous approach to research, the researcher is well-equipped to conduct this study and contribute meaningful insights to the nursing profession.

## **RESEARCH OBJECTIVES**

The purpose of this study was to determine the perceptions of adult patients undergoing chemotherapy on the quality of nursing care in a private oncology setting in the Philippines for the second quarter of 2024.

The study specifically answered the following queries:

1. What was the personal characteristics of the patients undergoing chemotherapy in terms of

### 1.1 Sociodemographic

1.1.1 gender

1.1.2 age

1.1.3 area of residence

1.1.4 family status

1.1.5 educational level

### 1.2 Oncologic Treatment

1.2.1 type of cancer

1.2.2 days of treatment

1.2.3 treatment history

2. What was the quality of nursing care as perceived by patients in terms of

2.1 Being supported and confirmed;

2.2 Spiritual caring;

2.3 Sense of belonging;

2.4 Being valued; and

2.5 Being respected?

3. Was there a significant difference in the quality of care when grouped according to the respondents personal characteristics?
4. What quality of care enhancement plan was proposed based on the findings of the study?

## REVIEW OF RELATED LITERATURE AND STUDIES

Quality of Nursing Care. According to the American Nurses Association (ANA), nursing care quality referred to the degree to which nursing services met or exceeded the expectations of patients, families, and regulatory bodies (ANA, 2020). This definition emphasized the importance of meeting not only clinical standards but also patient and family.

Numerous factors contributed to the quality of nursing care. A study found that nurse education and experience, organizational culture, and nurse work environment significantly impacted patient outcomes and satisfaction with care (Kutney-Lee, 2019). This underscored the importance of considering both structural and process-related factors in assessing nursing care quality.

Research had consistently shown a strong correlation between nursing care quality and patient outcomes. A systematic review demonstrated that higher levels of nursing care quality were associated with lower rates of adverse events, decreased hospital readmissions, and improved patient satisfaction (Kane, 2018). These findings highlighted the pivotal role of nursing care in achieving positive patient outcomes.

In the Philippines, quality nursing care was influenced by various factors including healthcare policies, nurse education and training, working conditions, and cultural contexts. The country's healthcare system, predominantly composed of public and private sectors, faced challenges such as nurse shortages, underfunding, and disparities in healthcare access which impacted the quality of nursing care.

Nursing education in the Philippines was regulated by the Commission on Higher Education (CHED), ensuring standardization across nursing programs (CHED, 2009). However, there were concerns about the adequacy of training due to varying quality of nursing schools and clinical exposures. There was a study that highlighted the need for continuous professional development and advanced training programs to enhance the competencies of Filipino nurses (Ramos, 2014). The work environment significantly impacted the quality of nursing care. Nurse staffing levels, workloads, and administrative support were crucial in maintaining high standards of care (Aiken, 2012). In the Philippines, many nurses face high patient-to-nurse-ratios, leading to burnout and compromised care quality.

The Philippine Nursing Act of 2022 and subsequent amendments aimed to protect and promote the welfare of nurses, but gaps in implementation affected the quality of care (Lorenzo, 2007). Effective policy enforcement was needed to ensure better working conditions and standards of care. Cultural sensitivity and patient-centered care were essential components of quality nursing care. In the Philippines, nurses often catered to a diverse population with varied cultural backgrounds and healthcare beliefs, necessitating tailored care approaches (Tan, 2018).

Quality of Oncologic Nursing Care. The provision of quality nursing care in oncology settings had been a longstanding concern in healthcare. Historically, advancements in cancer treatment have led to a greater focus on patient-centered care, emphasizing the importance of understanding patients' perspectives and experiences during chemotherapy. Traditional nursing models had evolved to incorporate concepts of patient autonomy, dignity, and holistic care, driving the need for comprehensive assessments of nursing care quality in private oncology settings.

Contemporary debates in oncology nursing revolved around issues such as the role of nursing staff in patient

education, communication, and symptom management during chemotherapy. Questions regarding the effectiveness of nursing interventions in improving patient outcomes and satisfaction levels were also prominent. As healthcare systems strived to enhance patient-centered care practices, there was a growing emphasis on assessing nursing care quality from the patient perspective, particularly in private oncology setting.

In Dr. Sanderson's seminal work, it delved into the concept of patient-centered care and its significance in modern healthcare delivery. She emphasized the importance of shifting the focus of care from a disease-centered approach to one that prioritized the individual needs, preferences, and values of patients. Sanderson argued that patient-centered care fostered collaborative decision-making between healthcare providers and patients, leading to improved health outcomes and enhanced patient satisfaction (Sanderson, 2010).

Drawing on extensive research in healthcare management and patient experience, Dr. Sanderson identified several key principles of patient-centered care. These included respecting and honoring patients' autonomy, engaging patients as active participants in their care, fostering compassionate and empathetic communication, and tailoring care plans to align with patients' unique circumstances and goals.

Dr. Sanderson's concept of person-centered care aligned closely with the provision of quality care for cancer patients. By prioritizing the individual needs, preferences, and values of patients, person-centered care ensured that cancer care was tailored to address not only the physical aspects of the disease but also the emotional, social, and psychological dimensions.

Tom Kitwood's Person-Centered Care Theory that was introduced earlier in 1997 emphasized the same notion that every individual, regardless of their health condition, possessed inherent dignity, worth, and a unique identity. Person-centered care prioritized understanding the individual's subjective experiences, preferences, and needs, and actively involved them in decisions regarding their care. Key components of person-centered care included empathy, respect, validation of emotions, empowerment, and fostering meaningful relationships between caregivers and patients (Kitwood, 1997).

Relating Kitwood's Person-Centered Care Theory to quality care for cancer patients, we can draw several parallels: (1) Recognition of individuality. Cancer patients were recognized as unique persons with distinct experiences, needs, preferences, values, and desires. Person-centered care in oncology acknowledged the importance of tailoring care approaches to meet the specific needs and preferences of each patient. (2) Cancer patients should be actively involved in decisions regarding their treatment, symptom management, and supportive care options. Empowering patients to actively participate in their care enhanced their sense of control, autonomy, and overall well-being. (3) Emphasis on communication and relationship. Person-centered care emphasized the importance of fostering genuine, empathetic, and supportive relationships between caregivers and patients. Effective communication was crucial for understanding patient's concerns, preferences, and goals, particularly in the context of cancer care where emotions and uncertainties may run high. Building trusting relationships with patients enhanced their sense of security, comfort, and satisfaction with their care experiences. (4) Holistic approach to care. Cancer patients should receive holistic care that addressed not only physical needs but also emotional, social, and spiritual dimensions of well-being. Quality care for cancer patients should encompass comprehensive support that addressed the multifaceted aspects of their illness experience, including symptom management, psychosocial support, and end-of-life care if applicable.

In Kenneth Brummel Smith's study, the focus was on patient-centered care in oncology settings, emphasizing the importance of tailoring care approaches to meet the unique needs and preferences of cancer patients. The study explored how patient-centered care practices contributed to enhancing the quality of care provided to cancer patients and improving their overall treatment experiences (Smith, 2019).

Relating Smith's study to quality of care for cancer patients, several key insights emerged: (1) Tailored care approaches. Smith's study underscored the significance of personalized care approaches that took into account the individual needs, preferences, and values of cancer patients. Quality care for cancer patients involved recognizing the diversity among patients and adopting tailored interventions to address their specific circumstances, treatment goals, and psychosocial needs. (2) Enhanced patient engagement. Patient-centered care practices aimed to actively involve patients in decisions regarding their care, treatment options, and supportive services. By engaging patients as partners in their care, healthcare providers empowered them to make informed decisions, participated in shared decision-making processes, and took an active role in managing their illness. This level of engagement fostered a sense of autonomy, control, and empowerment among cancer patients, ultimately contributing to improved treatment adherence and outcomes. (3) Improved communication. Effective communication between healthcare providers and cancer patients was paramount for ensuring quality care delivery. Smith's study highlighted the importance of open, honest, and empathetic communication that promoted trust, understanding, and mutual respect. Quality communication enhanced patients' comprehension of their diagnosis, alleviated anxiety and uncertainty, and facilitated discussion about sensitive topics such as end-of-life care preferences. (4) Holistic support. Quality care for cancer patients extended beyond medical interventions to encompass holistic support that addressed their physical, emotional, social, and spiritual needs. Smith's study emphasized the importance of comprehensive care approaches that integrated symptom management, palliative care, and survivorship care into cancer treatment plans. By adopting a holistic approach to care, healthcare providers optimized patients' quality of life, alleviated suffering, and promoted overall well-being throughout the cancer continuum.

In Uitterhoeve's study, the focus was on the impact of communication skills training among healthcare professionals, including nurses, on patient outcomes in cancer care. The study systematically reviewed existing literature to assess the effectiveness of communication skills training programs on various patient outcomes, such as satisfaction, psychological well-being, and quality of life, in the context of cancer care (Uitterhoeve, 2010).

Relating Uitterhoeve's study to quality of care for cancer patients, several key insights emerged: (1) Enhanced patient satisfaction. Effective communication between healthcare providers, including nurses, and cancer patients was crucial for ensuring high-quality care delivery. The study highlighted the positive correlation between communication skills training among healthcare professionals and improved patient satisfaction levels. Quality communication fostered trust, rapport, and understanding between healthcare providers and patients, ultimately contributing to greater satisfaction with the care received. (2) Improved psychological well-being. Cancer diagnosis and treatment had profound psychological effects on patients, including feelings of anxiety, depression, and distress. Effective communication skills training among healthcare professionals helped alleviate patients' psychological distress by providing empathetic support, validation of emotions, and opportunities for emotional expression. By fostering open and supportive communication, nurses helped patients cope with the emotional challenges associated with cancer diagnosis and treatment, thus improving their overall psychological well-being. (3) Optimized quality of life. Quality communication between healthcare providers and cancer patients was also associated with improvements in patients' quality of life. The study highlighted the positive impact of communication skills training on patients' overall quality of life, as evidenced by greater satisfaction with care experiences, increased feelings of support, and enhanced coping abilities. Effective communication fostered a sense of connectedness and empowerment among patients, enabling them to better navigate the challenges of cancer treatment and maintain a higher quality of life. (4) Patient-centered care practices. Effective communication was a cornerstone of patient-centered care practices, which prioritized understanding patients' perspectives, needs, and preferences. The study underscored the importance of communication skills training in promoting patient-centered care approaches in oncology settings. By equipping healthcare professionals, including nurses, with the necessary communication skills, healthcare organizations enhanced the delivery of patient-

centered care and optimized outcomes for cancer patients.

In Aydin's study, the focus was on exploring the relationships between nursing interventions and patient satisfaction in oncology care. The study investigated the impact of various nursing interventions, such as symptom management, psychosocial support, and patient education, on patient satisfaction levels in the context of cancer treatment (Aydin, 2010).

Relating Aydin's study to quality of care for cancer patients, several key insights emerged: (1) Comprehensive symptom management. Nursing interventions aimed at effectively managing cancer-related symptoms played a crucial role in enhancing patient satisfaction with care experiences. Cancer treatment often involved debilitating symptoms such as pain, nausea, fatigue, and emotional distress, which significantly impacted patients' quality of life and treatment adherence. Nursing interventions focused on symptom management, such as administering medications, providing comfort measures, and teaching coping strategies, contributed to alleviating patients' symptoms and improving their overall well-being, thus leading to greater satisfaction with care received. (2) Psychosocial support. Cancer diagnosis and treatment evoked a range of emotional responses, including anxiety, fear, sadness, and uncertainty. Nursing interventions that provided psychosocial support, such as active listening, empathetic communication, and counseling, was instrumental in addressing patients' emotional needs and promoting psychological well-being. By fostering a supportive and compassionate environment, nurses helped patient cope with the emotional challenges of cancer treatment, strengthen their resilience, and enhanced their overall satisfaction with care. (3) Patient education. Empowering cancer patients with knowledge and information about their diagnosis, treatment options, and self-care practices was essential for promoting patient satisfaction and engagement in their care. Nursing intervention focused on patient education, such as providing clear explanations, answering questions, and offering educational materials, enabled patients to make informed decisions about their treatment, participate in self-management strategies, and advocate for their own needs. Well-informed patients felt more empowered, confident, and satisfied with their care experiences, leading to improved treatment outcomes and quality of life. (4) Holistic care approach. The study underscored the importance of adopting a holistic approach to care that addressed the physical, emotional, social, and spiritual dimensions of patients' experiences with cancer. Nursing interventions that integrated symptom management, psychosocial support, and patient education into comprehensive care plans promoted holistic well-being and enhanced patient satisfaction with care received. By addressing the multifaceted needs of cancer patients, nurses contributed to optimizing patient outcomes, fostering positive care experiences, and improving overall quality of life.

In the Philippines, the quality of oncologic nursing care was shaped by various factors including the healthcare infrastructure, nurse education and training, socio-economic and cultural context, and other specific challenges faced by oncology nurses in a resource-limited setting. Oncology nursing care involved specialized knowledge and skills to provide comprehensive care to cancer patients, which included managing complex treatments, providing psychosocial support, and ensuring palliative care.

Specialized training in oncology nursing was crucial for providing high-quality care. According to Estrella, there was a need for enhanced oncology nursing programs in the Philippines to equip nurses with the necessary skills, knowledge, and competencies (Estrella, 2015). Continuous professional development was essential. Valencia emphasized that ongoing education and training helped nurses stayed updated on the latest practices and technologies and advancements in oncology care enabling them to provide individualized care that aligns with person-centered principles and improved patient outcomes (Valencia, 2019).

The availability of resources significantly impacted the quality of oncologic nursing care. Santos found that many healthcare facilities in the Philippines faced shortages of supplies and equipment, which affected and hindered the ability to provide person-centered care delivery (Santos, 2017). The work environment,



including nurse-to-patient ratios, also played a critical role. High workloads and insufficient staffing led to burnout and reduced quality of care (Garcia, 2014).

Providing comprehensive psychosocial support and palliative care was a key aspect in oncology nursing which aligned with person-centered care by addressing the holistic needs of cancer patients. Marquez discussed the importance of integrating palliative care training into oncology nursing education to ensure comprehensive care for cancer patients through offering emotional and psychological support, thereby enhancing patient dignity and quality of life (Marquez, 2018). Cultural sensitivity was also vital in oncology nursing to address the diverse beliefs and practices of Filipino patients. Tan highlighted that culturally competent care improved patient satisfaction and outcomes (Tan, 2020).

**Quality of Nursing Care Scale (QONCS).** A significant review of literature surrounding the Quality of Nursing Care Scale (QONCS) and its relevance to patients undergoing chemotherapy revealed its importance in assessing and enhancing the quality of nursing care in oncology settings.

One pivotal study introduced the QONCS as a reliable and valid instrument specifically designed to measure the quality of nursing care in oncology settings (Smith, 2018). The scale comprised several domains, including communication, patient safety, emotional support, and holistic care, which were essential components of high-quality nursing care for cancer patients.

Furthermore, a research underscored the significance of the QONCS in improving patient outcomes and experiences in chemotherapy settings. By evaluating the various dimensions of nursing care, such as symptom management, medication administration, and patient education, the QONCS allowed healthcare providers to identify areas for improvement and implement targeted interventions to enhance the quality of care delivery (Johnson, 2020).

In a quantitative study by Brown, cancer patients undergoing chemotherapy highlighted the importance of nursing care quality in their overall treatment experience. Patients emphasized the need for attentive, compassionate nursing care that addressed their physical symptoms, emotional concerns, and informational needs throughout the chemotherapy process. The QONCS served as a valuable tool for assessing the extent to which these patient-centered principles were integrated into nursing practice (Brown, 2019).

Moreover, a systematic review demonstrated a positive association between high scores on the QONCS and improved patient satisfaction and clinical outcomes in oncology setting. Patients who received care from facilities with higher QONCS scores reported greater satisfaction with nursing care, reduced incidence of adverse events, and improved symptom management during chemotherapy treatment (White, 2021).

In the Philippines, research on the QONCS focused on its reliability, validity, and impact in nursing practice in different healthcare settings. The reliability and validity of the QONCS in the Philippine context were examined and it was confirmed that the scale has high internal consistency (Cronbach's  $\alpha > 0.80$ ) and construct validity, making it reliable tool for assessing nursing care quality (Tan, 2017).

**Personal Characteristics of Oncologic Patients.** The global estimates of cancer incidence and mortality highlighted the gender-specific distribution of various cancer types (Sung, 2012). For instance, prostate cancer was the most common cancer in males, while breast cancer ranked highest among females worldwide. In a study by Lin, analyzing data from Taiwan, the study explored gender disparities in colorectal cancer incidence and identified age as a critical factor (Lin, 2012). While overall colorectal cancer incidence rates were higher in males, the gender gap diminished with advancing age. An article that examined the genetic, hormonal, and environmental factors contributing to gender differences in cancer susceptibility (Dorak, 2012), it discussed the role of sex hormones, immune response, and genetic variation in modulating cancer risk between males and females. In the Philippines, studies indicated a balanced

gender distribution among cancer patients, although certain cancer types show gender predilection. For instance, breast cancer is more prevalent among women, while lung cancer has a higher incidence in men (De Guzman, 2015). The study underscored the importance of personalized cancer prevention and treatment approaches tailored to gender-specific factors.

A study that provided updated global cancer incidence and mortality rates stratified by age group highlighted variations in cancer types and incidence rates across different age brackets, emphasizing the importance of age-specific cancer prevention and screening strategies (Bray, 2018). For example, while certain cancers, such as prostate cancer, were more common in older adults, others, like leukemia, were prevalent among children and young adults. Another study about cancer incidence patterns among children and adolescents in Australia (Baade, 2010), analyzed cancer incidence patterns among children and adolescents identified trends in cancer types, incidence rates, and survival outcomes, highlighting the importance of age-specific cancer surveillance. In the Philippines, age was a significant factor in cancer incidence. The majority of the cancer patients were older adults, with the highest incidence rates observed in individuals aged 60 years and above. However, some cancers like leukemia, are more common in children and young adults (Uy, 2016). The findings contributed to a better understanding of childhood and adolescents cancers, in forming targeted prevention and treatment initiatives.

According to a study on urban-rural differences in cancer incidence and trends in the United States (Zahnd, 2018), there was an identified variations in cancer types, incidence rates, and mortality rates between urban and rural areas, highlighting the impact of socioeconomic, environmental, and healthcare access factors. Focusing on colorectal cancer patients, a study investigated access to cancer services in rural areas and identified barriers such as limited healthcare infrastructure, transportation challenges, and lack of specialist providers, affecting timely diagnosis and treatment (Baldwin, 2008). A data from the Surveillance, Epidemiology, and End results (SEER) highlighted higher lung cancer incidence rates and lower survival rates in rural areas compared to urban areas, attributed to differences in smoking prevalence, healthcare access, and environmental exposures (Clegg, 2009). In the Philippines, cancer incidence and access to healthcare services also vary between urban and rural areas. Urban areas reported higher cancer incidence due to better diagnostic facilities and awareness (Santos, 2017). Rural areas face challenges such as limited access to healthcare services and late-stage diagnosis (Cruz, 2018).

A population based study examined the impact of marital status on breast cancer treatment and survival outcomes revealed that married patients were more likely to receive guideline-recommended treatments and experienced better survival compared to unmarried individuals (Aizer, 2013). Prior study was done that found married patients had significantly higher survival rates compared to unmarried patients, even after adjusting for demographic and clinical factors. The study highlighted the potential protective effects of marriage on cancer outcomes, possibly due to increased social support and adherence to treatments regimens among married individuals (Goodwin, 1987). Married patients with colon cancer particularly males and those with advanced stage cancer exhibited improved survival compared to unmarried individuals (Aizer, 2010). Marital status in the Philippines also had been associated with cancer incidence and outcomes. Married individuals often had better prognosis due to emotional and social support, while single or widowed patients experienced higher stress levels and poorer outcomes (Garcia, 2019).

A study conducted by Khera examined the association between educational attainment and cancer incidence in the United States (Khera, 2018). It was found that individuals with higher educational levels had lower overall cancer incidence rates compared to those with lower educational levels. The study highlighted the importance of cancer risk factors, and facilitating timely access to screening and preventive services. In the Philippines, educational attainment influenced health-seeking behavior and access to information about cancer prevention and treatment. Higher educational levels were associated with earlier diagnosis and better treatment adherence (Valencia, 2018). Conversely, patients with lower educational levels often presented with advanced stages of cancer due to lack of awareness and delayed healthcare access.

Oncologic Treatment. Cancer incidence in the Philippines reflected global trends with certain types being more prevalent. According to the Philippine Cancer Society, the most common cancers include breast, lung, colorectal, liver, and cervical cancers. Each type had unique treatment protocols and challenges (Philippine Cancer Society, 2018). Breast cancer was the most common cancer among Filipino women. Treatment often involved a combination of surgery, chemotherapy, radiation, and hormonal therapy (De Guzman, 2017). Lung cancer, prevalent among men, typically involved surgery, chemotherapy, and targeted therapies, with treatment duration varying based on stage and progression (Santos, 2019).

Prior research had examined the impact of the duration of oncologic treatment on patient outcomes and quality of life. For example, a study by Smith found that longer durations of chemotherapy treatment were associated with increased risk of treatment-related adverse events and decreased patient adherence (Smith, 2019). Conversely, shorter treatment durations, such as those achieved through dose-dense chemotherapy regimens, had been shown to maintain efficacy while reducing treatment duration and associated toxicities (Pinto, 2018). Additionally, a study by Johnson demonstrated that extended intervals between treatment cycles improved patient tolerance and reduced treatment-related hospitalizations without compromising treatment efficacy (Johnson, 2021). In the Philippines, the duration of oncologic treatment also varies based on the type of cancer, the specific treatment protocol, and individual patient factors. According to De Guzman, chemotherapy for breast cancer typically involved multiple cycles, with each cycle lasting about one day of drug administration followed by a recovery period of two to three weeks (De Guzman, 2017). A study by Esteban reported that lung cancer patients often received chemotherapy on a one-day basis, with cycles repeated every three weeks (Esteban, 2019). This regimen aimed to balance efficacy and patient tolerance. For colorectal cancer, Valencia found that patients typically undergo chemotherapy that requires one or two days of infusion per cycle. Followed by rest period (Valencia, 2018). Overall, optimizing the duration of oncologic treatment was essential for balancing treatment efficacy with patient safety and quality of life.

Patients who had received treatment from other institutions previously might present unique challenges and considerations for oncologic treatment. For instance, a study by Garcia found that patients with a history of treatment from other institutions might have incomplete medical records, leading to delays in treatment initiation and potential gaps in continuity of care (Garcia, 2020). Additionally, these patients might have developed resistance to previous treatments or experienced treatment-related toxicities, necessitating adjustments to subsequent treatment regimens (Jones, 2017). In contrast, patients undergoing first-time treatment might benefit from comprehensive assessments and treatment planning to optimize treatment efficacy and minimize potential adverse effects. Tailored approaches, such as multi-disciplinary tumor boards and personalized treatment algorithms, enhanced the delivery of high-quality care for patients with diverse treatment histories. In the Philippines, some patients received initial treatment at one institution and then transferred to another for various reasons, such as seeking second opinions, availability of specialized treatments, or geographic relocation. A study by Garcia found that about 30% of patients had treatment histories involving multiple institutions (Garcia, 2018). Transfers between institutions led to challenges such as disruptions in care, difficulties in medical record transfers, and variations in treatment protocols (Santos, 2020). On the other hand, many patients completed their entire treatment course at a single institution, which was associated with better continuity of care and better outcomes (Cruz, 2019).

These studies highlighted the importance of considering factors such as treatment duration and treatment history in oncologic patient care to optimize treatment outcomes and enhance patient experience.

Differences in the Quality of Care across Patients Personal Characteristics. Studies on the differences in the quality of oncology care across patient personal characteristics shed light on disparities within the medical domain. A study on gender disparities in oncology care (Bellinger, 2020) found that women with bladder cancer were less likely to receive curative therapy compared to men, suggesting gender-based disparities in treatment access and quality. Opposite happened in the Philippines where women often received higher

quality care in maternal and reproductive health services (De Guzman, 2016). Men often received less preventive care compared to women, resulting in late-stage diagnosis of chronic conditions (Cruz, 2019).

Soto-Perez-de-Celis conducted a study that highlighted age-related disparities in the quality of cancer care, with older patients often received suboptimal treatment and supportive care compared to younger counterparts (Soto-Perez-de-Celis, 2021). Similarly in the Philippines, a study found significant differences in the quality of care provided to young and older patients. Younger patients often received care and benefited from more specialized attention, whereas older patients sometimes faced inadequate resources and attention, impacting their overall care quality (Reyes, 2017).

There was a regional disparity in oncology care (Martelotto, 2020). Patients in rural or socioeconomically disadvantaged areas had less access to breast cancer care and faced barriers to receiving high-quality treatment. The same happened in the Philippines where urban residents benefited from better healthcare infrastructure, including access to specialized services, advanced medical technologies, and higher density of healthcare providers (Valencia, 2019). While rural areas faced significant challenges including inadequate healthcare facilities, limited availability of specialists, and longer travel distances to access care, all contributing to lower quality of care (Esteban, 2018).

ASEER data suggested that marital status influenced outcomes in breast cancer patients, with married individuals demonstrating better survival rates and access to care compared to unmarried individuals (Hinyard, 2017). With regards to educational level and oncology care, a study was conducted to examine the impact of educational level on cancer control and survival in non-small cell lung cancer patients, indicating that higher educational attainment was associated with better treatment adherence and outcomes (Smith, 2021). Similarly in the Philippines, patients with higher educational attainment generally experienced better healthcare quality due to their ability to understand medical information, seek second opinions, and adhere to treatment plans effectively (Garcia, 2018). Whereas, lower education levels were associated with poorer healthcare outcomes, partly due to limited health literacy and difficulties in communicating with healthcare providers (Manalo, 2017).

These studies underscored the importance of addressing disparities in oncology care across various patient personal characteristics to ensure equitable access to high-quality treatment and improved cancer outcomes.

## RESEARCH METHODOLOGY

**Design.** This quantitative research made use of the descriptive, comparative research design. The descriptive design was used in determining the personal characteristics of the respondents (gender, age, area of residence, marital status, and educational level). The comparative research design was used in assessing significant differences in the quality of nursing care according to the personal characteristics of the respondents.

**Environment.** The research took place at Allegiant Regional Care Hospitals, Inc.

**Respondents.** The adult oncology patients of the hospital served as the respondents of the study. Currently there were 62 active patients.

**Sampling Design.** No sampling design was used in the study. The study employed a complete enumeration where all those who qualify based on the inclusion and exclusion criteria were invited to participate in the study.

**Inclusion and Exclusion Criteria.** Individuals who met the following criteria were considered for participation in the study: (a) they must be of legal age (18 years old and older) regardless of gender, marital

status, religion, income, or educational attainment; (b) they must be an active patient on chemotherapy; (c) they must be able to read and write; and (d) they must be willing to give informed consent. Those individuals who were already on surveillance and treatment schedule of more than 3 months were not included in the study as well as those below 18 years old.

**Instrument.** The study made use of a two-part questionnaire. The first part asked the respondents to describe their personal characteristics. The second part was the Quality of Oncology Nursing Care Scale (QONCS) developed by Dr. Vicki S. Conn and colleagues (2010).

**Data Gathering Procedures.** Drafting of the manuscript took place concurrently with the submission of letters of transmittal to the Dean of the College of Allied Health Sciences, the Chief Academic Officer, and the Chief of Hospital respectively. The beginning of the process of recruiting the first respondent was signaled when the notice to proceed was issued. Each respondent got a questionnaire in response to their participation. Questionnaires were handed to the patients personally during their scheduled treatment day, no distribution or filling out of questionnaire online. Before the questionnaire was given to the respondents, a written consent was signed. After all of the questionnaires were returned, the collected data were submitted to the statistical analysis that was most suited for the data. Before data analysis, the collected data underwent thorough cleaning and preparation to ensure accuracy and consistency.

**Statistical Treatment of Data.** The following statistical treatments were used in the study: Frequency Distribution and Simple Percentage, mean score and standard deviation, t-tests, and ANOVA.

**Ethical Considerations.** During the implementation of the study, the ethical principles were rigorously adhered to in order to protect the respondents' welfare. The study was submitted for ethical approval prior to data gathering

## PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

**Table 1:** Personal Characteristics of the Respondents

Personal characteristics	f	%
<b>Age</b>		
18 to 39 years old*	6	9.70
40 to 50 years old	12	19.40
51 to 69 years old	15	24.20
61 to 79 years old	17	27.40
Above 70 years old	12	19.40
<b>Sex</b>		
Male	13	21.00
Female	49	79.00
<b>Area of Residence</b>		
Urban	47	75.80
Rural	15	24.20
<b>Family Status</b>		
Married	47	75.80
Divorced	6	9.70

Widow	2	3.20
Single	7	11.30
<b>Educational Level</b>		
Primary Level	2	3.20
Secondary Level	9	14.50
University Graduate	39	62.90
Masteral Level	10	16.10
Doctoral Studies	2	3.20
<b>Type of Cancer</b>		
Breast	34	54.8
Prostate	5	8.1
Lung	8	12.9
Head and Neck	4	6.5
Cervical	2	3.2
Others	9	14.5
<b>Days of Treatment</b>		
One	58	93.50
Two	4	6.50
<b>Treatment history</b>		
First time treatment in ARC Hospital	31	50.00
First time treatment not in ARC Hospital (did treatment in other institution previously)	31	50.00

Note:  $n=62$ . \* Two age groups are merged as there was only 1 respondents for the first age group.

The table showed that in terms of age over a quarter were 61 to 79 years old and almost a quarter were belonging to the 51 to 69 years old. There was an equal number of respondents coming from the 40 to 50 years old and above 70 years old at 19.40 percent. Very few were belonging to the 18 to 39 years old.

Over a quarter of the respondents in age 61-79 years old indicates a significant prevalence of cancer among older adults. Given that the risk of cancer generally increased with age, this finding aligned with epidemiological data showing higher cancer rates in elderly. It necessitates targeted healthcare resources, including geriatric oncology services, age-specific treatments protocols, and supportive care tailored to the elderly. Nearly a quarter of the respondents are in 51-69 years old age group who were still within the workforce or approaching retirement. The presence of a substantial proportion of cancer patients in this age bracket suggests a need for workplace support systems for those undergoing treatment. This has implications for workforce policies, disability support, and psychosocial services to help them manage the dual burden of employment and treatment. The equal distribution of respondents in ages 40-50 and above 70 years old pointed to two critical periods. For the 40-50 group, this is often considered early onset, which can have significant implications for family and career. For those above 70, this reinforced the trend of increasing cancer risk with advancing age. Very few respondents belonged to 18-39 age groups. While cancer was less common in younger adults, this finding highlights the importance of awareness and early detection strategies even in populations typically considered at lower risk.

Similarly, Cancer Research UK provided comprehensive data on cancer incidence by age, showing that

cancer predominantly affected older adults. The highest incidence rates were observed in those aged 60-79 years old, which corresponded well with this study findings where over a quarter of respondents were 61-79 years old. The study also showed that fewer cancer cases occur in the 18-39 age groups, reflecting the low number of young respondents in this study (Cancer Research UK, n.d.). In addition, a nationwide cohort study in Denmark also supported these age-related trends. It categorized cancer patients into several age groups and found that cancer diagnoses increased significantly with age, particularly from 50 onwards. This study noted similar age distributions, with a higher prevalence in older age groups and a marked decrease among those under 40, consistent with the data of this study (BMC Cancer, 2022). A similar study in the Philippines supported the findings that the highest cancer incidence is in older adults, particularly those aged 60 and above (Uy, 2016). The findings highlight the importance of age-targeted cancer awareness and prevention campaigns.

In terms of sex, majority were females and almost a quarter were males. This showed that women had a higher incidence of certain types of cancer. This could be due to higher prevalence rates of cancers such as breast, ovarian, and cervical cancers, which were specific to women. It implies a need for substantial healthcare resources directed toward cancers that predominantly affect women. This includes specialized treatment centers, access to gynaecologic oncologists, and robust screening programs for breast, ovarian, and cervical cancers. Women might face different psychosocial and economic challenges related to cancer, such as balancing treatment with family responsibilities or dealing with body image issues following cancer treatment. Support services should address these unique needs through counselling, support groups, and financial aid programs. Almost a quarter of the respondents were male indicates that men have a lower incidence of cancer types in the study. Even though fewer males were in the study, it's crucial to ensure that adequate resources are available for cancers that predominantly affect men, such as prostate and testicular cancers. Awareness and screening programs tailored to men's health need to be emphasized. Increasing awareness and promoting early detection of male-specific cancers are crucial. There might also be a need for programs that address potential stigma and encourage open discussions about men's health. Support services should also consider the specific mental health needs of male cancer patients, including the impact on their work life and masculinity.

Similarly, Cancer Epidemiology, Biomarkers and Prevention published a study that noted higher incidence rates of certain cancers in women compared to men. Specifically, cancers such as breast, and certain types of skin cancers were more prevalent among women, which contributed to a higher number of female cancer patients in general (Anderson, 2020). Another similar study from Journal of the National Cancer Institute provided data indicating that women were often diagnosed with cancer types that had high prevalence rates, such as breast cancer, compared to cancers more common in men, such as lung and prostate cancer. This distribution impacts the overall gender composition of cancer patients, skewing it towards females in certain studies (Siegel, 2021). Additionally, a similar study in the Philippines found that breast cancer is predominantly diagnosed in women, while lung cancer is more common in men (De Guzman, 2015). The study emphasizes the need for gender-specific cancer screening programs.

Majority of the respondents were living in the urban area while almost quarter were living in the rural area. This suggests that cancer diagnosis and treatment are more accessible or prevalent among urban residents. Urban areas typically have more healthcare facilities, specialists, and advanced diagnostic tools, which might contribute to higher detection rates of cancer. The higher concentration of cancer patients in urban areas indicates the need for urban healthcare systems to manage a substantial patient load. This requires well-resourced cancer centers, sufficient healthcare personnel, and infrastructure to provide timely and effective treatment. The greater number of urban respondents suggests that public health campaigns and screening programs in urban areas might be more effective or more readily accessible. Continued efforts to promote regular screenings and preventive measures in urban settings are essential. Urban cancer patients might have better access to support services, including counselling, support groups, and financial assistance.

Ensuring these services are adequately funded and accessible to all urban residents, regardless of socioeconomic status, is crucial. Almost a quarter of the respondents were living in rural areas, the low representation could be due to various factors, including limited access to healthcare services, fewer screening programs, and possibly underreporting or delayed diagnosis in rural regions. It highlights the disparities in healthcare access. Efforts must be made to improve healthcare infrastructure in rural regions, including increasing the number of healthcare facilities, providing mobile health units, and ensuring availability of specialists. The low numbers of rural respondents underscore the need to enhance cancer awareness and screening program in rural areas. Outreach initiatives, education programs, and mobile screening units can help increase early detection rates and improve outcomes for rural populations. Patients in rural areas may face unique challenges, such as travel distances to receive treatment, lack of local support services, and potential financial hardships. Policies and programs that provide transportation assistance, telemedicine services, and financial support can help mitigate these challenges.

Similar study from Indian Cancer Registry Study analyzed 6,565 adult cancer patients and found that urban residents were significantly more likely to be diagnosed with cancer compared to rural residents. The study highlighted several disparities, such as higher diagnostic confirmation and treatment completion rates in urban areas compared to rural (BMC Cancer, 2023). Colorectal Cancer Study also analyzed 463,827 colorectal cancer cases between 2000 and 2019 found that 85.8% of cases were reported in urban areas, compared to 14.2% in rural areas. The study also noted that urban patients had better survival rates and access to healthcare compared to their rural counterparts (Frontiers in Oncology, 2023). Related study from Prostate Cancer Care Experiences Study examined rural-urban disparities among prostate cancer survivors and found that rural patients were less likely to receive definitive treatment. Moreover, rural patients who did not receive treatment reported poorer healthcare access and overall care experience compared to urban patients (Cancers, 2023). In the Philippines, a similar study identified disparities in cancer incidence and healthcare access between urban and rural areas (Santos, 2017). It suggests enhancing rural healthcare infrastructure and cancer screening programs.

Majority of the respondents were married. Few were single and very few were divorced and widowed. This indicates that a significant number of cancer patients have spousal support, which can be crucial for emotional, social, and practical support during cancer treatment and recovery. The high number of married patients highlights the importance of spousal support in the cancer journey. Health care providers should recognize the role of spouses in caregiving and consider involving them in treatment plans and support services. While married patients have spousal support, they might still experience significant stress and anxiety about their illness and its impact on their partner. Counselling services for couples can help both the patient and their spouse manage the emotional burden of cancer. Even though married patients often have a support system, they might still face practical challenges such as balancing treatment with family responsibilities. Providing access to services like childcare, home care assistance, and flexible work options for spouses can alleviate some of these burdens. A smaller proportion of respondents were single. Single patients might face different challenges compared to married patients, such as potentially having less immediate emotional and logistical support. They might need additional support from healthcare providers and community resources. They may benefit navigators, support groups, and social workers who can provide emotional support and help coordinate care as they require more robust psychological support to address feelings of loneliness and anxiety. Access to mental health professionals, peer support networks, and social activities can help mitigate these issues. Single patients may need more assistance with daily tasks and managing their case. Community programs that offer meal delivery, transportation to medical appointments, and financial planning assistance can be beneficial. The smallest groups were those who were divorced or widowed. These patients might face unique emotional and financial challenges, such as dealing with loss or managing treatment without a partner's support. They might experience higher levels of isolation and financial strain. Tailored support services, such as counselling, financial aid programs, and peer support groups, are essential to help them cope with the additional challenges they face. These



individuals might benefit from grief counselling and support groups specifically for those who have lost a partner or are dealing with separation. Providing platforms for them to share their experiences and receive emotional support is crucial. Financial support programs are particularly important for these patients, who may lack the dual income or financial stability that a partner provides. Assistance with medical expenses, housing, and legal aid for financial planning can help address these needs.

Similarly, a study on pancreatic cancer patients using SEER data found that out of 34,555 cases, a significant portion were married (20,761) compared to unmarried (13,794). Married patients showed better overall survival rates compared to their unmarried counterparts, which highlights the prevalence and positive impact of marriage among cancer patients (Shi, 2024). Another study focusing on non-small cell lung cancer (NSCLC) patients found similar trends. Among 58,424 patients, 54.8% were married. The study noted significant differences in survival outcomes, with married patients having better overall survival and cancer-specific survival rates compared to those who were single, separated, divorced, or widowed (Zhu & Lei, 2020). A related study that focused on breast cancer survival reported that 57.3% of the patients were married, 28.5% were single, separated, or divorced, and 14.2% were widowed. This study also found that marital status is a significant factor influencing survival outcomes, with married patients generally having better prognoses (Parker, 2017). Similar study in the Philippines explored the impact of marital status on cancer outcomes, finding that married patients had better support systems and improved prognosis (Garcia, 2019). Filipino patients are always accompanied by members of their family during treatment sessions showing and giving their moral support to the patient on their challenging times.

Majority of the respondents were university graduates. Few had masteral studies and at the secondary level. Very few were at the primary level and had doctoral studies. This indicates a high level of education among cancer patients, which could influence their understanding of the disease, their ability to navigate the healthcare system, and their access to information and resources. This group likely have higher health literacy, enabling them to better understand their diagnosis, treatment options, and the healthcare system. They might also be more proactive in seeking information and second opinions. Healthcare providers can engage these patients in more detailed and technical discussions about their care plans, knowing they are more likely to comprehend complex medical information. These individuals might have better access to resources, such as higher incomes, social networks, and job flexibility, allowing them to manage treatment more effectively. High education levels are often associated with better treatment adherence and outcomes due to better understanding of the importance of following medical advice and the ability to navigate complex healthcare systems. Master's degree holders have advanced education, which might affect their approach to treatment and decision-making processes similar to university graduates. Few respondents had education at the secondary level. This group might have different needs and face distinct challenges compared to those with higher education levels. They might have moderate health literacy and could benefit from clear, straightforward communication from healthcare providers and educational materials designed to enhance their understanding of their condition and treatment options. This group might require more robust support systems, including financial assistance, patient navigation services, and community support programs. Ensuring they have access to transportation, childcare, and other practical support can help alleviate some of the challenges they face during treatment. Lower educational levels might be linked to poorer treatment adherence and outcomes. Healthcare providers should implement tailored interventions to improve adherence, such as frequent follow-ups, personalized care plans, and involvement of family members or caregivers in the treatment process. Very few respondents had primary level education or had completed doctoral studies. This highlights a disparity at both ends of the educational spectrum, with potential implications for health literacy and access to advanced care. Patients with primary level education may have lower health literacy, which could impact their ability to understand their diagnosis, navigate the healthcare system, and adhere to treatment regimens. It is crucial to provide these patients with simple, easy-to-understand information and additional support to ensure they fully grasp their treatment plans. Policies should ensure that educational disparities do not translate into disparities in cancer care. This includes

advocating for health literacy programs, equitable access to cancer care services, and support systems that address the needs of patients across different educational backgrounds.

A similar study analyzing the relationship between educational level and cancer survival found that higher education levels were generally associated with better cancer outcomes. This study noted that a significant proportion of cancer patients had higher education levels, such as university or college degrees, which aligned with the findings of this study that most respondents were university graduates (Survival Study, 2020). Another study on breast cancer patients in Damascus reported similar trends where a majority of the respondents had higher educational levels, such as college or university degrees, while fewer had only secondary or primary education (BMC Women's Health, 2021). This study found that the knowledge of breast self-examination was significantly higher among those with higher educational levels, reinforcing the trend of a higher educated patient demographic. Similarly, a study from the Philippines discussed the correlation between educational attainment and cancer diagnosis stages, indicating that higher education levels contribute to earlier detection and treatment adherence of patients (Valencia, 2018). Patients with high level education tend to ask more about their condition making them understand the seriousness of their illness contributing to their adherence to treatment.

In terms of the type of cancer, majority of the respondents had breast cancer which constituted over half of them. The rest were distributed into the different type of cancer from lung (12.9%), prostate (8.1%), head and neck (6.5%), cervical cancer (3.2%), and other types of cancer (14.5%). Over half of the respondents had breast cancer; this high prevalence highlights the significant impact of breast cancer on the population and may reflect the high incidence and better survival rates due to effective screening and treatment. Given the high prevalence, healthcare systems must allocate more substantial resources to breast cancer care, including screening programs, specialized treatment centers, and survivorship support services. Strengthening mammography screening programs and public awareness campaigns can help with early detection and improving outcomes. Comprehensive support services, including psychological counselling, support groups, and rehabilitation programs, are crucial for long-term survivorship and quality of life. Respondents with lung cancer comprising 12.9% indicate a substantial burden of lung cancer, which is often associated with high mortality rates and significant treatment challenges. The significant proportion of patients necessitates robust diagnostic and treatment facilities, including advanced imaging and targeted therapies. Public health campaigns to reduce smoking and other risk factors are also vital. Early detection through low-dose CT screening for high-risk populations, particularly smokers, can significantly improve prognosis. These patients often need significant palliative care and support services due to high symptom burden and impact on quality of life. Prostate cancer respondents of 8.1% suggest a notable presence of this cancer type, which predominantly affects men and has various treatment options depending on the stage at diagnosis. Resources should be directed towards early detection programs, such as PSA testing, and providing a range of treatment options, including hormonal therapy and others. Promoting awareness about the importance of regular check-ups and early detection can lead to better management and outcomes. Providing support for potential side effects of treatment, such as urinary and sexual dysfunction, is important for maintaining quality of life. Head and neck cancer respondents of 6.5% can be particularly challenging due to their impact on critical functions such as breathing, speaking, and eating. Specialized multidisciplinary teams are essential for managing these cancers, given their complexity. Rehabilitation services for speech and swallowing are also critical. Public health efforts to reduce risk factors like tobacco and alcohol use, along with promoting HPV vaccination, can help decrease incidence rates. Patients with head and neck cancer require extensive rehabilitation services, including speech therapy and nutritional support. The lower percentage of cervical cancer respondents of 3.2% may reflect the effectiveness of HPV vaccination and screening programs in reducing incidence rates. Continued support for HPV vaccination and regular Pap smear screenings can help maintain and further reduce the incidence. Treatment facilities for advanced cases should be well-equipped. Support services should address both the physical and emotional impacts of the disease, including fertility preservation options for younger patients. Other types of cancer

with 14.5% of respondents encompass a wide range of less common cancers, each with its own specific treatment and management challenges. A diversified approach is needed to address the varied requirements of patients with less common cancers, ensuring access to specialized care. Public health initiatives should include awareness and early detection programs tailored to various less common cancers, emphasizing the importance of recognizing early symptoms. A holistic approach to support services that addresses the unique challenges of various less common cancers is necessary for comprehensive care.

Similarly, according to the American Cancer Society, breast cancer is indeed one of the most commonly diagnosed cancers, particularly among women, which supports the findings of this study that it constitutes the majority of cases (American Cancer Society, 2023). The high prevalence of breast cancer can be attributed to its significant incidence rate and extensive screening programs. The distribution of other cancer types in this study aligns reasonably well with general cancer statistics. For example, lung cancer is a major cause of cancer morbidity and mortality worldwide, representing a significant proportion of cancer cases, as highlighted by the American Cancer Society and Cancer Research UK (American Cancer Society, 2023; Cancer Research UK, 2023). Prostate cancer is also common, particularly among men, and is a significant cause of cancer-related deaths in this demographic (Daiichi Sankyo, 2023). Head and neck cancers, while less common, still represent a notable proportion of cancer cases. Data from Cancer Research UK shows that head and neck cancers are a significant concern, particularly in certain demographics and geographical areas (Cancer Research UK, 2023). Similarly, according to the Philippine Cancer Society, the most common cancers include breast, lung, colorectal, liver, and cervical cancers. With breast cancer as most common among Filipino women, a study was conducted about its treatment, highlighting the comprehensive use of multimodal treatments and the common duration of chemotherapy cycles (De Guzman, 2017). A study in the Philippines on lung cancer treatment regimens was also reported, emphasizing the use of targeted therapies and variations in treatment duration based on disease stage (Santos, 2019). Current advancement in technology profoundly help patients with cancer making the disease be treated as a chronic illness rather than an end of ones life.

Majority of the respondents had a single day of days of treatment while very few had two days. The high prevalence of single-day treatments suggests a substantial reliance on outpatient care facilities. Healthcare systems should ensure that these facilities are well-resourced, with adequate staff, equipment, and support services to handle high patient volumes efficiently. This includes ensuring smooth patient flow, minimizing waiting times, and providing comprehensive care within a limited timeframe. Single-day treatments are often more convenient for patients, as they can return home the same day. This can improve adherence to treatment schedules, reduce the burden on patients and their families, and lower overall healthcare costs. It is essential to ensure that patients receive adequate information and support to manage any side effects or complications that may arise after they leave the healthcare facility. Robust follow-up care is crucial for these patients. This can include regular phone check-ins, telemedicine consultations, and easily accessible emergency services to address any complications that arise after the treatment session. Providing patients with clear instructions and support resources can help manage side effects and improve outcomes. There's a need for healthcare systems to optimize outpatient care processes, this includes streamlining appointment scheduling, improving coordination between different departments, and ensuring that all necessary diagnostic and therapeutic procedures can be completed within a single visit. Very few respondents reported undergoing treatment that spanned two days. This could involve more extensive chemotherapy regimens or other more intensive outpatient procedures. Although fewer in number, patients requiring two days of treatment might need more intensive care and monitoring. Facilities should be equipped to manage these more complex cases, potentially involving more comprehensive support services. Patients may require more intensive follow-up that include daily check-ins during the treatment period, access to specialized care coordinators, and comprehensive discharge planning to ensure they receive appropriate care after leaving the healthcare facility.

Similar studies on the frequency and scheduling of cancer treatments indicate that the majority of

chemotherapy regimens are typically administered on a single day per cycle, especially in common cancers like breast cancer. For instance, some chemotherapy protocols involve treatment on a single day, followed by a rest period to allow the patients' body to recover before the next cycle begins. This is designed to minimize side effects and maximize the effectiveness of the treatment (American Cancer Society, n.d.). On the other hand, more intensive regimens might require multiple days of treatment per cycle. For example, some regimens for other types of cancer might involve administering drugs over two consecutive days within a cycle, particularly for more aggressive treatments or where a combination of drugs is used to increase efficacy (Cancer Council NSW, n.d.). These patterns in treatment are aligned with the findings of this study, where the majority of cancer patients had single-day treatments per cycle, and very few had two-day treatment per cycle. This balance aims to optimize therapeutic outcomes while managing the side effects associated with chemotherapy. Similar studies in the Philippines were conducted. Chemotherapy cycles for breast cancer patients often involve one-day drug administration followed by a recovery period. The study emphasizes the importance of cycle management and patient monitoring (De Guzman, 2017). On the other hand, treatment protocols for colorectal cancer often require one to two days of chemotherapy per cycle, followed by a rest period to manage side effects and optimize efficacy (Valencia, 2018). Whether it's a one-day or two-day treatment per cycle, patients can do the treatment sessions as outpatient nowadays since there are advancements in drug preparations where patients can bring an easy pump with them with automatic regulator built-in on the device that will allow them to go home while infusion is ongoing on the pump and just come back once the medicine is consumed after 46 hours (2 days). No admission is needed while therapy is ongoing which is cost effective and convenient to patients as long as they have central lines available with them.

In terms of treatment history there was an equal number of respondents who had their first treatment in current oncology setting and those whose first treatment was from other institution. Half of the respondents received their initial cancer treatment at the current oncology setting indicates a significant number of patients that start their treatment journey at this facility, possibly due to its reputation, the availability of specialized care, or convenience. The fact that many patients choose the current oncology setting for their initial treatment highlights the institutions' strong reputation and the trust patients place in its services. This can be attributed to factors such as perceived quality of care, availability of advanced treatment options, and recommendations from healthcare providers or other patients. For patients starting their treatment at the current oncology setting, the hospital has the opportunity to manage their care from the beginning, allowing for a cohesive treatment plan and continuous monitoring. This can lead to better management of the disease and more personalized care. With patients starting their treatment at the current oncology setting, the hospital needs to maintain sufficient capacity and resources to handle new cases. This includes ensuring enough staff, treatment facilities, and support services to provide comprehensive care from the outset. Patients who start their treatment at the current oncology setting can benefit from comprehensive education and support services provided from the beginning. This includes counselling, patient education programs, and support groups that can help them navigate their cancer journey effectively. Tracking the outcomes and satisfaction of patients who start their treatment at the current oncology setting can provide valuable insights into the hospital's care protocols and areas for improvement. The other half of the respondents initially received treatment from other institutions and then transferred to the current oncology setting for further cancer treatment suggests that patients may seek out for them for advanced care, second opinions, or specific treatments not available at their initial treatment centers. Patients transferring from other institutions to the current oncology setting may indicate that they are seen as a center of excellence for more complex or advanced stages of cancer care. This transfer might be motivated by the need for specialized treatments and second opinions from renowned specialist. The current oncology setting needs to be prepared to accommodate an influx of patients seeking specialized or advanced care. This requires robust referral systems, expanded capacity for advanced treatments, and specialized staff capable of managing complex cases. Understanding the reasons for patient transfers can help the current oncology setting identify potential gaps in care at other institutions and highlight the strengths that attract these patients. This feedback can be used to continuously improve their services and address the specific needs of these patients.

A related study by Wang examining ovarian cancer patients in China found that a significant portion of patients transferred between institutions for their treatment. This study highlighted the reasons for such transfers, including seeking more advanced treatments or better care facilities (Wang, 2022). Patients often transfer to access higher quality care, specialized treatment, or advanced diagnostic facilities not available at their initial treatment centers. Research shows that such transitions can be motivated by the need for better healthcare infrastructure, recommendations from initial treating physicians, or seeking second opinions for complex cases. Additionally, a similar study from the National Cancer Institute emphasizes that treatment journeys for cancer patients often involve multiple healthcare settings, with some patients beginning their treatment at one institution and then transferring to another for specialized care or advanced treatment options (National Cancer Institute, 2023). A similar study was conducted in the Philippines, exploring the impact of continuity of care in single versus multiple institution treatment histories, finding that single institution treatment often resulted in more consistent care and better patient outcomes (Cruz, 2019). Related study by Santos discussed the challenges faced by patients transferring between institutions, noting the importance of standardized protocols and effective communication between healthcare providers (Santos, 2020). Some factors like word of mouth from a family friend or relatives who have a good experience on their treatment journey in a particular institution prompted some patients to transfer from their current institution to the other being referred. This is very common specially to those patients who sought comfort and convenience in order to lessen the burden of what the disease brought them.

**Table 2:** Quality of Nursing Care as Perceived by the Patients

Dimensions	Mean score	SD	Interpretation
<b>Being Supported and Confirmed</b>			
1. Nurse emotionally supportive.	4.95	.216	Strongly agree
2. Nurse strives to establish good communication with patients.	4.98	.127	Strongly agree
3. Nurse communicates well during the care with patients.	4.95	.216	Strongly agree
4. Patient can rely on a nurse.	4.92	.275	Strongly agree
5. Nurse responses promptly to questions and concerns.	4.95	.216	Strongly agree
6. Nurse express a real interest.	4.95	.216	Strongly agree
7. Nurse’s actions gain trust.	4.98	.127	Strongly agree
8. Impression of being in good hands.	4.95	.216	Strongly agree
9. Nurse is competent in relation to equipment and technology.	4.94	.248	Strongly agree
10. The nurse acknowledges the caring needs.	4.95	.216	Strongly agree
11. Nurse is knowledgeable in relation to patient’s condition.	4.95	.216	Strongly agree
12. The nurse provides info in a comprehensive manner.	4.97	.178	Strongly agree
13. The nurse respects the needs and provides information	4.97	.178	Strongly agree
14. Patients received the care of their choice.	4.97	.178	Strongly agree
15. The nurse answers the questions honestly.	4.97	.178	Strongly agree
16. Feeling of asking nurse anything.	4.94	.356	Strongly agree
Factor mean	4.96	.181	Very high quality
<b>Spiritual Caring</b>			
1. Nurse is interested to know patients’ view on life and death.	4.42	.759	Strongly agree

2. Nurse initiates discussion around spiritual issues.	4.15	.786	Agree
3. Nurses availability to discuss/encourage spiritual issues.	4.13	.778	Agree
4. Nurse is interested in clarifying the religious preferences.	4.24	.862	Strongly agree
5. Nurse sensitiveness and respect towards the religious preferences.	4.44	.781	Strongly agree
6. Nurse facilitates the religious rituals while receiving care.	3.89	.770	Agree
Factor mean	4.21	.681	Very high quality
<b>Sense of Belonging</b>			
1. Nurse clarifies the desire of family presence.	4.82	.385	Strongly agree
2. Nurse acknowledges the importance of family's presence.	4.84	.371	Strongly agree
3. Nurse encourage family participate in decision-making.	4.84	.413	Strongly agree
4. Nurse encourages the presence of family during care.	4.89	.367	Strongly agree
5. Nurse involves family in the delivery of the care.	4.81	.438	Strongly agree
Factor mean	4.84	.362	Very high quality
<b>Being Valued</b>			
1. Option to participate in the decision-making regarding the n/c.	4.66	.651	Strongly agree
2. Nurse provides adequate information in order to participate in the d/m.	4.69	.616	Strongly agree
3. The nurse cares with respect.	4.95	.216	Strongly agree
4. Being cared for adequately by the nurses.	4.95	.216	Strongly agree
Factor mean	4.81	.353	Very high quality
<b>Being Respected</b>			
1. Patients receive care that condition calls upon.	4.97	.178	Strongly agree
2. The nurse is caring and understanding.	4.97	.178	Strongly agree
3. The nurse is caring in a compassionate way.	4.92	.417	Strongly agree
Factor mean	4.95	.199	Very high quality
Grand mean	4.75	.283	Very high quality

Note:  $n=62$ .

Legend: 1.00 – 1.80 is very low quality (strongly disagree), 1.81 – 2.60 is low quality (disagree), 2.61 – 3.40 is fair quality (neither agree nor disagree), 3.41 – 4.20 is high quality (agree), and 4.21 – 5.00 is very high quality (strongly agree).

The table showed that in terms of being supported and confirmed, the quality was very high. This was supported by the fact that the respondents believed that the nurses were emotionally supportive, the nurses strived to establish good communication with patients, the nurse communicated well during the care with patients, the patient could rely on a nurse, and the nurse responded promptly to questions and concerns.

Also, they strongly agreed that the nurse expressed a real interest, the nurse's actions gained trust, they had impression of being in good hands, the nurse was competent in relation to equipment and technology, and the nurse acknowledged the caring needs. Further, they strongly agreed that the nurse was knowledgeable in relation to patient's condition, the nurse provided information in a comprehensive manner, and the nurse respected the needs and provided information. Furthermore, the respondents strongly agreed that patients received the care of their choice, the nurse answered the questions honestly, and that they had a feeling of asking nurse anything.

High ratings on the first factor "being supported and confirmed" indicate that the patient feel significantly supported and validated by their oncology nurses. They feel emotionally supported, suggesting that nurses are effectively addressing the psychological and emotional dimensions of cancer care which reduce anxiety, improve patient morale, and enhance overall well-being. High ratings on the first factor also indicate that patients felt that their concerns and experiences were acknowledged and validated by the nursing staffs that include feeling listened to, understood, and respected. Patients' perceptions of being affirmed and validated suggest that nurses are successful in creating a supportive environment where patients feel their experiences and concerns are important which can significantly enhance trust and communication between patients and healthcare providers. Additionally, high ratings highlighted the personal connection the patients feel towards their nurses, which helped them feel more secure and confident in their care. The ability of the nurses to form personal connections with patients indicates a high level of empathy and interpersonal skills. This personal touch is crucial in oncology care, where patients often deal with severe emotional and physical stress. In summary, the study's findings underscore the importance of emotional support and patient validation in oncology nursing care. High-quality care in these areas significantly enhances patient experiences and outcomes. By focusing on emotional support, affirmation, and personal connection, healthcare providers can ensure that oncology patients feel supported and confirmed, ultimately leading to better overall care and patient satisfaction.

A similar study conducted in Ethiopia assessed patient satisfaction across various dimensions of nursing care, including emotional and physical support. The findings indicated that patients' perceptions of nursing care quality were significantly influenced by aspects such as emotional support, patient education, and effective communication between medical staff. High-quality nursing care that included these elements led to better patient satisfaction and more positive perception of care received (Gebreegziabher, 2020). Situation is the same in the Philippines where oncology nurses work closely and established rapport and relationship with patients to ensure that they understand their treatment plan, know what to expect during treatment sessions, and have access to resources and support services like medical social services for financial assistance.

In terms of spiritual caring, the quality was very high. The respondents strongly agreed that the nurse was interested to know patients' view on life and death, the nurse was interested in clarifying the religious preferences and the nurses' sensitiveness and respect towards the religious preferences. However, they only agreed that the nurse initiates discussion around spiritual issues, nurses' availability to discuss/encourage spiritual issues, and the nurse facilitates the religious rituals while receiving care.

High ratings on the second factor "spiritual caring" indicate that patients feel significantly supported in their spiritual needs by their oncology nurses. Patients feel that nurses were attentive to their spiritual needs, offering support and goes beyond physical care to include spiritual and existential dimensions. The high ratings suggest that oncology nurses are adept at recognizing and addressing the spiritual needs of patients which is vital as many patients with cancer seek spiritual comfort and understanding as part of their coping strategy. High ratings on the second factor also highlighted that patients felt comfortable and hopeful due to the spiritual care provided to them that includes the ability to discuss spiritual or religious concerns and receive encouragement. Nurses who provide spiritual care help patients find hope and comfort, which can be

essential for their emotional and psychological well-being that will significantly help reduce feelings of isolation and despair. In summary, the study's findings highlight the significant role of spiritual caring in the quality of oncology nursing care. High ratings in this area suggest that addressing patients' spiritual needs is a crucial component of holistic care. By focusing on spiritual support, comfort, and hope, healthcare providers can greatly enhance the patient experience and outcomes in oncology settings.

Similarly, a study in Ethiopia found that components of emotional and spiritual care significantly influenced patient satisfaction with nursing care. Patients who felt their spiritual needs were acknowledged and addressed by nursing staff reported higher levels of overall satisfaction with the care they received (Gebreegziabher, 2020). In another similar study, patients' perceptions of the quality of nursing services were assessed, highlighting the importance of spiritual care. Patients who felt that their spiritual needs were met, such as having access to clergymen or spiritual support, reported higher satisfaction levels. This indicates that addressing spiritual needs is a crucial component of perceived high-quality nursing care (Farahani, 2020). Additionally, research has shown that nurse's competence in providing spiritual care positively impacts patient outcomes and perceptions of care quality. For instance, patients who receive comprehensive spiritual care from knowledgeable nurses are more likely to rate their care experience positively, underscoring the importance of integrating spiritual care into nursing practice (Ross, 2014). In the Philippines, many Filipino patients draw strength and comfort from their faith and religious beliefs. Oncology Filipino nurses of the same culture are trained to respect and support these beliefs during patient treatment. Nurses often offer prayers, facilitate access to religious services or spiritual counsellors, or simply provide a listening ear for patients to express their spiritual concerns and needs.

In terms of sense of belonging, the quality was very high. In support of this finding, the respondents strongly agreed that the nurses clarified the desire of family presence, acknowledged the importance of family's presence, and encouraged family participate in decision-making. Also, they strongly agreed that the nurse encouraged the presence of family during care and involved family in the delivery of the care.

High ratings on the third factor "sense of belonging" indicate that patients have strong feelings of acceptance and community within the care environment. Patients reported feeling a strong sense of community and connection with both nursing staff and fellow patients. The high ratings suggest that the nursing staff successfully foster a sense of community and connection, which is vital for patients undergoing cancer treatment. Feeling part of a supportive community can significantly enhance emotional well-being and resilience. The study found that patients felt accepted and included, not only as individuals but also as part of the larger patient community. This indicates that nurses are adept at creating an inclusive environment where patients feel valued and integrated. This sense of belonging can alleviate feelings of isolation and loneliness often associated with cancer treatment. In summary, the study's findings underscore the importance of fostering a sense of belonging in oncology nursing care. High ratings in this area indicate that patients feel accepted, included, and connected within their care environment. By prioritizing community building, acceptance, and supportive care practices, healthcare providers can significantly enhance the patient experience. Creating strong sense of belonging not only improves emotional and psychological well-being but also promotes patient engagement and adherence to treatment, ultimately leading to better health outcomes in oncology settings.

Similarly, some studies support the significant impact of sense of belonging on the perceived quality of nursing care. For example, a study in Iran found that patients' perceptions of nursing care quality were positively influenced by feelings of being part of a community within the healthcare environment. This sense of belonging was associated with higher overall satisfaction and perceived quality of care (Farahani, 2020). Similarly, a study in Germany demonstrated that strong nurse-patient relationships and a supportive nursing environment, which foster a sense of belonging, significantly enhance patients' perceptions of care quality (Driller, 2022). Oncology nurses in the Philippines strive to establish sense of belonging to patients



undergoing treatment sessions who often experience feelings of fear, anxiety, and isolation by building rapport with them, actively listening to their concerns, and providing personalized care that addresses their individual needs and preferences. This sense of connection and belonging helps patients feel more comfortable, empowered, and motivated to continue with their treatment.

In terms of being valued, the quality was also very high. Supporting this finding was the fact that respondents strongly agreed that the option to participate in the decision-making regarding the n/c, the nurse provided adequate information in order to participate in the d/m, the nurse cared with respect and that they were being cared for adequately by the nurses.

High ratings on the fourth factor “being valued” indicate that the patients feel appreciated by their oncology nurses. They feel respected and treated with dignity by the nursing staff, which contributed to their sense of being valued. The high ratings suggest that nurses prioritize treating patients with respect and dignity, which is fundamental to fostering trust and rapport in the nurse-patient relationship. Patients felt included in their care decisions and appreciated the collaborative approach taken by nurses leading to their active engagement on their treatment and better adherence to treatment plans which help promote autonomy and empowerment. Nurses’ acknowledgement of patients’ expertise about their own bodies and experiences was noted as a significant factor in feeling valued and validates patients’ contributions to their care, leading to greater sense of them being valued and respected. In summary, the study’s findings highlight the importance of patients feeling valued in oncology nursing care. High ratings in this area indicate that nurses are successful in creating an environment where patients feel heard, respected, and included in their care. By prioritizing respects, inclusion, and acknowledgement of patient expertise, healthcare providers can enhance the patient experience, promote patient engagement, and ultimately improve patient outcomes in oncology settings.

A similar study of Hafskjold found a strong positive correlation between patients feeling valued by nursing staff and their overall satisfaction with the continuity of cancer care (Hafskjold, 2017). This was supported by the findings of Sun, it suggested that patients who perceive themselves as valued by nursing staff reported higher overall satisfaction with the quality of care received (Sun, 2016). Another similar study by MsCorkle identified patients being valued by nursing staff as a significant factor in reducing symptom distress associated with hospitalization in older adults with cancer, indicating the positive impact of feeling valued on the overall quality of nursing care (MsCorkle, 2011). In the Philippines, oncology nurses strive to create a supportive and compassionate environment to patients who often experience physical discomfort, emotional distress, and uncertainty about their health in order to feel valued and cared for. They take time to listen to patients’ concerns, provide clear and honest communication about their treatment plan, and offer emotional support to help alleviate anxiety and fear.

In terms of being respected, the quality was very high. The respondents strongly agreed that the patients received care that condition calls upon, the nurse was caring and understanding, and the nurse was caring in a compassionate way.

High ratings on the fifth factor “being respected” indicate that patients feel respected and dignified by their oncology nurses, contributing to a positive care experience which is crucial for building trust and fostering a positive therapeutic relationship. Patients also felt they were treated equitably, regardless of their background or circumstances. Patients’ perceptions of equitable treatment indicate that nurses are successful in providing non-discriminatory care. High ratings also reflect the professionalism displayed by nurses in their interactions with patients, reinforcing a respectful and dignified care environment. Professional behaviour includes effective communication, empathy, and adherence to ethical standards. In summary, the study’s findings highlight the crucial role of respect and dignity in the quality of oncology nursing care. High ratings in this area indicate that patients feel respected and valued, which is fundamental to their overall care experience. By prioritizing respectful and dignified treatment, healthcare providers can enhance

patient trust, satisfaction, and engagement. Ensuring equitable treatment and maintain high standards of professionalism are essential components of delivering high quality nursing care in oncology settings. These practices not only improve the patient experience but also contribute to better health outcomes and a positive care environment.

Similarly, a study by Radwin found that individualized nursing care which includes respecting patients' unique needs and preferences significantly enhances patients' perceptions of care quality (Radwin, 2002). Patients reported feeling more respected and valued, which positively influenced their overall satisfaction with nursing care. A systematic review by Uitterhoeve found that communication skills training for nurses which emphasizes respect and empathy leads to improved patient outcomes (Uitterhoeve, 2010). Patients who felt respected by their nursing staff reported higher levels of satisfaction and perceived quality of care. In the Philippine setting, Filipino culture places a high value on respect and empathy, which is reflected in patient-nurse interactions. Filipino oncology nurses are often seen as dedicated, kind, and compassionate caregivers who provide not only medical care but emotional support. Patients frequently express appreciation to the emotional and psychological support they receive, which significantly impact their overall experience and perception of respect.

Overall, the quality of care was very high across all factors of the QONCS, indicating a consistently high perception of nursing care quality which suggests that oncology nurses are delivering holistic, patient-centered care that addresses physical, emotional, spiritual, and social needs of patients. It demonstrates that oncology nurses are providing exceptionally high-quality care across multiple dimensions, as perceived by patients. Nurses significantly enhance the patient experience and outcomes. Healthcare providers should continue to support and develop nursing practices that uphold these high standards, ensuring that patients receive the best possible care in oncology settings. A similar study in the Philippines about the impact of QONCS on the nursing practice found out that the use of QONCS has had a positive impact on nursing practice by identifying areas for improvement and guiding professional development programs (Garcia, 2018). The study emphasized the importance of continuous feedback and assessment to maintain high standards of care.

**Table 3:** Significant Difference in the Quality of Care according to Personal Characteristics (T-Test)

	Mean scores	F/t value	p value	Decision	Interpretation
<b>Sex</b>					
Male	4.82	.991	.328	Failed to reject Ho	Not significant
Female	4.73				
<b>Area of Residence</b>					
Urban	4.72	-1.670	.100	Failed to reject Ho	Not significant
Rural	4.86				
<b>Days of Treatment</b>					
One	4.95	1.314	.194	Failed to reject Ho	Not significant
Two	5.00				
<b>Treatment history</b>					
First time treatment in ARC	4.77	.374	.710	Failed to reject Ho	Not significant
First time treatment not in ARC	4.74				

Significant Difference in the Quality of Care according to Personal Characteristics (ANOVA)

	Mean scores	F/t value	p value	Decision	Interpretation
<b>Age</b>					
18 to 39 years old*	4.85	1.035	.397	Failed to reject Ho	Not significant
40 to 50 years old	4.73				
51 to 69 years old	4.64				
61 to 79 years old	4.80				
Above 70 years old	4.81				
<b>Family Status</b>					
Married	4.77	.931	.432	Failed to reject Ho	Not significant
Divorced	4.59				
Widow	4.92				
Single	4.76				
<b>Educational Level</b>					
Primary Level	4.76	.594	.669	Failed to reject Ho	Not significant
Secondary Level	4.84				
University Graduate	4.74				
Masteral Level	4.70				
Doctoral Studies	4.96				
<b>Type of Cancer</b>					
Breast	4.75	.453	.809	Failed to reject Ho	Not significant
Prostate	4.71				
Lung	4.86				
Head and Neck	4.83				
Cervical	4.71				
Others	4.67				

Legend: Significant if  $p$  value is  $\leq .05$ . Note: t-test was used for two groups while ANOVA was used for three or more groups. Post hoc Tukey was not performed since the findings of the ANOVA was not significant.

The table showed that the  $p$  values for the personal characteristics were greater than the significant value of .05. All these values were interpreted as not significant which led to the decision of failing to reject the null hypothesis. Therefore, there was no significant difference in the quality of care according to age, sex, area of residence, family status, educational level, type of cancer, days of treatment, and treatment history. There was no better group according to age, sex, area of residence, family status, educational level, type of cancer, days of treatment, and treatment history in terms of quality of care. The quality of care was just the same for all categories of age, sex, area of residence, family status, educational level, type of cancer, days of treatment, and treatment history.

The findings of the study were in contradictory to the studies conducted in the Philippines. The study of Reyes found disparities in care quality between young and older patients (Reyes, 2017). De Guzman's research indicated gender-based differences in healthcare management, with women receiving better reproductive health care but facing biases in other health conditions (De Guzman, 2016). And a study by Valencia emphasized the geographic disparities, where urban residents generally experienced higher quality

healthcare compared to rural residents (Valencia, 2019).

In contrary to the studies done in the Philippines, this current study found no significant differences in the quality of nursing care perceived by patients which suggest that the quality of nursing care provided is consistent across different patient demographics and clinical characteristics. The absence of significant differences indicates that oncology nurses are delivering a uniformly high standard of care regardless of patients' personal characteristics that shows a robust and equitable nursing care system. The findings support the idea that patient-centered care principles are being effectively implemented, ensuring that individual patient characteristics do not influence the quality of care received. It highlights the success of healthcare providers in delivering equitable care, which means protocols, and policies are effective in promoting non-discriminatory and inclusive care practices.

The study's limitations include its (1) small sample size where the findings were based on a limited number of participants which might not provide a comprehensive view of the overall patient experience, (2) exclusivity in private oncology setting where results might not be applicable to other healthcare environments such as public hospitals or community clinics since private care has unique characteristic including potentially higher resources and different patient demographics, and (3) the need for family perspective since the study focused on patients' perceptions and did not incorporate the viewpoints of family members who often play a crucial role in the care process.

## CONCLUSION AND RECOMMENDATIONS

### Conclusion

In conclusion, the perceived quality of nursing care in a private oncology setting is uniformly high across all factors which demonstrate that patients are satisfied and the nursing care quality to oncology patients was excellent and it supports that nurses are able to provide patient-centered care and affirms the theory. Furthermore, oncology nursing care is being delivered at a constantly high standard, irrespective of the diverse backgrounds and conditions of the patients. This reflects positively on the effectiveness of current nursing practices, training, and protocols in place within the oncology unit.

The lack of significant differences in perceived quality of care across various demographics and clinical characteristics underscores a crucial achievement in healthcare equity. It indicates that all patients receive equally high-quality care. This is a significant accomplishment in the pursuit of equitable healthcare, ensuring that no group of patient is disadvantaged.

The findings of the study affirms Person-centered care (PCC) theory, a holistic approach that emphasizes the importance of considering patients' preferences, values, family situations, social circumstances, and lifestyles in the planning and delivery of care. The study's high ratings of the nursing care quality indicate that patients feel respected and valued, it reflects effective communication and information sharing that is a key component of PCC, it indicates that nurses are actively involving patients in their care plans and supporting their participation and autonomy, and it reflects a strong collaboration practices between nurses and the patients as well as their family. The uniformity across demographics suggests that all patients experience respect that aligns with the PCC principle of treating everyone with dignity. As patients feel well-informed and involved in decision-making, it supports the notion of shared information and transparency in care processes. Equitable quality perceptions suggest that this involvement is consistent across different patient groups, aligning with PCC's inclusive approach.

### Recommendations

Based on the findings of this study, several recommendations can be made to enhance nursing management

in the oncology setting. These recommendations aim to improve the quality of care for patients undergoing chemotherapy, address identified limitations, and ensure a more holistic approach to patient and family experiences. The following are recommended:

**Practice.** A copy of the study will be forwarded to ARC Hospital to serve as a reference; the output will be submitted for approval to the Medical Director of ARC Hospital with the recommendations as per quality care enhancement plan.

**Education:** Continuous Professional Development and Training with a Regular Training Programs- Implementing ongoing training sessions focusing on the latest best practices in nursing care, patient communication, and empathy.

Specialized Workshops- Offering workshops on emerging healthcare technologies, updated clinical guidelines, and new treatment protocols to ensure nurses are well-equipped to handle a variety of clinical scenarios. Also offer specialized training in effective communication techniques, including active listening, empathy, and cultural competence.

**Policy.** Standardized Care Protocols and Development of Comprehensive Care Guidelines- Ensure that all nursing staff follows standardized protocols for patient care, which should be regularly updated based on the latest evidence-based practices.

Checklists and Flowcharts- Use checklists and flowcharts to guide nurses through complex care procedures, ensuring consistency and completeness.

Patient Feedback Mechanism such as Regular Surveys- Conduct regular surveys to gather feedback on nursing care. Ensure these surveys cover all aspects of care and are easy for patients to complete.

Feedback Integration- Create a system to analyze survey data and integrate patient feedback into continuous improvement processes.

Interdisciplinary Collaboration such as Team Meetings- Encourage regular interdisciplinary team meetings to discuss patient care plans, share insights, and collaboratively solve issues.

Case Reviews- Implement routine case reviews where nurses can learn from each other's experiences and improve care strategies.

Performance Monitoring and Improvement with Quality Metrics- Develop and track specific quality metrics related to nursing care, such as response times, patient outcomes, and adherence to care protocols.

Performance Reviews- Conduct regular performance reviews for nursing staff, providing constructive feedback and recognizing exemplary care.

**Research.** As part of research dissemination, the study will be submitted for either oral or poster presentation in any local or international research congress. Also, the paper will be submitted for publication in any refereed local or international journal. Part of dissemination is the posting of the abstract of the study in the bulletin board of the hospital where the study was conducted. The following studies are also suggested:

1. Assessing the Quality of Nursing Care in Oncology: A Multi-Center Study Across Private and Public Healthcare Setting;
2. Comparative Analysis of Nursing Care Quality: Private versus Public Oncology Setting;
3. Exploring Patient and Family Dynamics in Oncology Nursing Care: A Qualitative Study.

## QUALITY CARE ENHANCEMENT PLAN

### Rationale

The study indicates that the perceived quality of nursing care is very high across all factors of the Quality of Oncology Nursing Care Scale, with no significant differences across all different patient demographics and clinical characteristics. While these findings are encouraging, continuous improvement is essential to maintain high standards and address any emerging challenges. This plan aims to further enhance the quality of nursing care in oncology settings by identifying specific concerns and implementing targeted strategies to address them.

### General Objectives

1. To sustain and enhance the high quality of oncology nursing care as perceived by patients.
2. To ensure equitable and consistent nursing care across all patient demographics and clinical characteristics.
3. To promote a culture of continuous improvement in nursing practices.

### Specific Objectives

1. To identify and address potential areas of improvement in nursing care.
2. To implement strategies that enhance patient satisfaction and clinical outcomes.
3. To support nurses through ongoing training and professional development.

Concerns	Specific Objectives	Activities	Persons Responsible	Resources	Time Frame	Success Indicators
<ul style="list-style-type: none"> <li>- Maintaining high standards of care</li> <li>- Addressing emerging patient needs</li> <li>- Supporting continuous professional development</li> </ul>	<ul style="list-style-type: none"> <li>- Ensure that all aspects of nursing care continue to meet or exceed patient expectations.</li> <li>- Identify and address any new or unmet needs of patients undergoing chemotherapy.</li> <li>- Provide ongoing training and development opportunities for nursing staff.</li> </ul>	<p><b>Personally-initiated activities:</b></p> <ul style="list-style-type: none"> <li>- Personal reflection and journaling on patient interactions.</li> <li>- Participating in peer review sessions to provide and receive feedback.</li> <li>- Attending workshops and seminars on the latest in oncology nursing care.</li> <li>- Reading recent research articles on patient-centered care in oncology.</li> <li>- Enrolling in online courses and certification programs relevant to oncology nursing.</li> <li>- Joining professional nursing associations and participating in their activities.</li> </ul>	<p><b>Individual Nurses:</b> for self-assessments and peer reviews, continuous learning and applying new knowledge, and enrolling in courses and participating in professional activities.</p> <p><b>Nursing Quality Coordinator:</b> for conducting audits and managing feedback systems.</p> <p><b>Nursing Educator:</b> for organizing training sessions and managing educational resources.</p>	<ul style="list-style-type: none"> <li>- Self-assessment tools, peer review guidelines, audit checklists, patient feedback forms.</li> <li>- Access to workshops, seminars, and research journals.</li> <li>- Online course subscriptions, funds for certifications, professional association memberships, and training materials.</li> </ul>	<ul style="list-style-type: none"> <li>- Ongoing, with audits and feedback reviews conducted bi-annually.</li> <li>- Continuous, with monthly in-service training sessions and annual evaluations of professional development progress.</li> </ul>	<ul style="list-style-type: none"> <li>- Sustained high patient satisfaction scores.</li> <li>- Positive results from quality assurance audits.</li> <li>- Increased participation in professional development activities.</li> <li>- Enhanced nurse competency and knowledge as evidenced by improved patient outcomes and feedback.</li> </ul>
		<p><b>Hospital-initiated activities:</b></p> <ul style="list-style-type: none"> <li>- Conducting bi-annual quality assurance audits.</li> <li>- Setting up a patient feedback system to gather real-time data on patient satisfaction.</li> <li>- Organizing monthly in-service training sessions on advanced oncology care.</li> <li>- Providing access to educational resources and funding for continuing education.</li> </ul>				

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