

Quality of Care Effect on Cancer Patient's Well-Being and Its Impact on the Private Hospital Reputation

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Received August 14, 2022; Revised September 26, 2022; Accepted October 23, 2022

Cite This Paper in the Following Citation Styles

(a): [1] Indri Joviani Lumentut, Ferdi Antonio, "Quality of Care Effect on Cancer Patient's Well-Being and Its Impact on the Private Hospital Reputation," *Universal Journal of Public Health*, Vol. 10, No. 5, pp. 492 - 504, 2022. DOI: 10.13189/ujph.2022.100507.

(b): Indri Joviani Lumentut, Ferdi Antonio (2022). *Quality of Care Effect on Cancer Patient's Well-Being and Its Impact on the Private Hospital Reputation*. *Universal Journal of Public Health*, 10(5), 492 - 504. DOI: 10.13189/ujph.2022.100507.

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Abstract There is a challenge in treating patients with cancer in the hospital, especially patients with terminal cancer who are concerned about their quality of life. Hospital administration should focus on improving care quality while looking for organizational outcomes. However, there was limited research on how the quality of care for patients with advanced cancer well-being could merit a hospital's reputation. This study aimed to analyze the five key elements of quality of care on patients' well-being and their impact on a hospital's reputation in the inpatients with advanced cancer at the cancer hospital. This study used a quantitative survey method with a cross-sectional data approach to analyzing five key elements of quality of care: effective communication, family-centered care, attentive care, supportive setting, and inter-professional team. The measurement of patient well-being is divided into physical and psychological well-being. One hundred sixty-seven patients completed the questionnaire. Most patients were females, 50–60 years old, with advanced breast cancer. Then, the data were analyzed using the partial least square-structural equation modeling (PLS-SEM). This study found that effective communication, family-centered care, attentive care, and the inter-professional team significantly positively affect patient well-being. Communication shows the strongest influence on patients' well-being. Overall, patients' well-being showed a strong direct influence on the hospital's reputation. In conclusion, patient well-being has been proven important for predicting a hospital's reputation. Hospital managers, clinicians, and nurses

should continuously manage and improve the quality of care concerning communication with cancer patients.

Keywords Quality of Health Care, Cancer, Inpatients, Health Services Administration

1. Introduction

The likelihood of desired health outcomes is increased by the quality of care provided to individuals and populations [1]. It is currently at the top of health management agendas and is one of the most commonly referenced health policy themes. Addressing the issue of healthcare quality through identifying specific healthcare quality problems remains a challenge for the stakeholders [2].

On the other hand, the quality of medical service significantly impacted patient well-being and the hospital's reputation. This organizational outcome may benefit the hospital's pivotal performance, especially for a private hospital. Improving the quality of care and building relationships with patients that require a patient-centered approach is inevitable [3]. Structure, procedure, and results are distinguished in the established Donabedian framework for measuring healthcare quality. The Institute of Medicine in the United States of America (USA) has developed the idea, claiming that efforts to enhance healthcare quality should be focused on six aims: effectiveness, efficiency,

equity, patient-centeredness, safety, and timeliness [4]. That should be taken into account by the hospital administrator.

The treatment of cancer patients is certainly different from ordinary patients in general. Cancer patients require special, long-term, and holistic attention. The treatment and diagnosis of advanced cancer are a source of stress [5]. Every aspect must be affordable to ensure good quality of care, especially in the hospital [6]. Treatment for cancer patients: targeted patients can live the rest of their lives with quality, do not suffer from pain even though their condition is serious, and be given hope that they can continue to undergo therapy as well as possible. In addition to focusing on the patient himself, the treatment of cancer patients must, of course, involve family members. Family members are essential factors in supporting the psychological aspects of the patient. Many patients at the end of their lives must suffer from loneliness due to being abandoned by the family, maybe because the family must go through their own busy lives, and of course, someone must look for money for treatment for these patients.

One factor influencing care in cancer patients is the well-being factor. What is meant by the well-being factor is a condition where the patient can be said to be in a prosperous condition. It has been reported that patient well-being is an important determinant of quality of life. Assessing the outcome of this aspect of well-being is certainly not easy. However, this is the closest thing that is relevant to measure in the health care delivery by the hospital instead of patient satisfaction. The better the well-being condition of a patient, the greater the degree of quality care delivered [7].

Based on the conceptual framework from the previous study, this study attempted to analyze the effect of key elements of quality care on patients' well-being and their impact on the hospital's reputation in the inpatients with advanced cancer at one private cancer hospital in Jakarta, capital of Indonesia. In this study, the independent variables being measured are the elements of quality of care, and the dependent variable is hospital reputation through patients' well-being. This study offers new contributions from the cancer hospital inpatient perspectives that can provide new insights to the hospital administrator.

2. Literature Review

The likelihood of desirable health outcomes is increased by providing individuals and populations with high-quality health services. It is supported by clinical research and founded on specialized knowledge. The healthcare system should consider the quality of care and health services for many diseases, including cancer, as governments commit to achieving "Health for All". Although there are many ways to describe the quality of health care, it is

increasingly understood that it must be efficient, secure, and person-centered [1].

Effective communication is the flow of information between a patient and a doctor that both parties understand [8]. Excellent doctor-patient communication requires the development of successful relationships, information collection, comprehension of the patient's perspective, information delivery, and appropriate decision-making. Good doctor-patient communication benefits increased compliance, expectation adjustment, self-regulation, and coping. Such treatment outcomes as functional status and the rate of return to daily activities are influenced by these variables.

Effective doctor-patient communication is critical when managing chronic diseases, frequently requiring frequent contact with the medical system and complex health care decisions [9]. Multiple comorbidities and serious illnesses are common in patients with chronic conditions, which presents clinical issues for doctors and may cause them to emphasize less on the doctor-patient relationship's social-psychological aspects. The therapeutic relationship greatly values communication between doctors and patients. Communication in the medical field is crucial [10]. Based on this consideration for patients with advanced cancer, the following theories are possible:

H1. Effective communication has a positive effect on patient well-being

"Family-centered care" refers to the process by which families and caregivers are involved in decision-making. Allowing for decision-making and involvement in ongoing care was a component of family-centered care. Holding family meetings, keeping families informed, discussing prognosis, and communicating medication changes were all significant factors in patient satisfaction, and they were all associated with caregivers' feelings of "control" and "trust" in the team [11]. Most research on family requirements, caregiver views, stress, exhaustion, and satisfaction concludes that educating and supporting families with end-of-life issues is crucial.

For instance, family discussions can lessen frequently observed discrepancies between the patient and his relatives regarding the clinical status, disease course, and the patient's critical diagnosis [12]. One of the most popular metrics used to evaluate family-centered care is the measurement of care processes [13]. In the context of patient advanced cancer care, this is also applicable. Thus, the following formulation of the research hypothesis is possible:

H2. Family-centered care has a positive effect on patient well-being

Attentive care is the attitude and disposition of care professionals on the unit. The words "compassionate," "kind," "gentle," and "lovely" were used to characterize this treatment. Patients and caregivers described the care as "engaging," "sometimes humorous," and "genuine" in their

satisfaction. It was evident that a physician was trying to interact with patients and family members rather than "just performing their job" and that there was a strong expectation of "eye-to-eye contact". Establishing relationships should be examined in an empirical investigation of attentiveness in a healthcare context [14]. This interaction can also apply to the context of services at Cancer Hospitals, and a research hypothesis can be formulated:

H3. Attentive care has a positive impact on patient well-being

A supportive setting in the hospital ward is a clean, calm physical environment with a warm, friendly atmosphere that respects the individual's privacy and desire for social interaction. Those categories are primarily mentioned by patients and caregivers in cancer patient treatment. A comfortable environment fosters a sense of calm and quietness that affect the patient emotional state. The patient lounge, where diverse families would assemble, was one of the other locations described by caregivers and patients. People may congregate there, exchange tales, and find solace in one another. In addition, access to an open-air area was believed to have a calming effect and serve as a pleasant gathering place for people [15]. Therefore, in the context of services at Cancer Hospital, the following hypothesis can be formulated:

H4. Supportive setting in the hospital has a positive influence on patient well-being

An inter-professional team is a group of healthcare professionals from various disciplines collaborating to provide seamless care. All stakeholders, including patients, caregivers, and health care providers, emphasized the critical role of an inter-professional team in providing high-quality patient care. This group included health professionals such as doctors, nurses, pharmacists, social workers, occupational hygienists, nutritionists, and spiritual counselors [15]. Thus, the following hypothesis can be formulated:

H5. Inter-professional team has a positive effect on patient well-being

The well-being of patients is significantly impacted by the crucial elements of high-quality care that were previously discussed. Being in a good mood indicates that people think their lives are going well, which is significant both for the individual and many facets of society. Happiness requires adequate living circumstances (such as housing and a job) [16]. Many researchers from numerous disciplines have looked at different aspects of well-being, such as emotional well-being, psychological well-being, life satisfaction, and economic, social, and physical well-being.

Physical well-being is the state of being free from physical limitations, physical pain, and biological health indicators to engage in physical activities and social responsibilities [17]. The Quality of life (QOL)

questionnaire version II uses ten questions to assess physical well-being. It assesses several indicators of physical well-being, including pain, appetite, sleep problems, the need for additional rest, the ability to move around (physically) normally, urinary problems, difficulties passing motion, and satisfaction with a working capacity [18].

The psychological well-being of an individual, a multidimensional construct made up of social, and subjective components, affects both their overall functionality and their ability to contribute to society to the fullest extent possible, encompasses all aspects of health, including physical, economic, social, mental, emotional, cultural, and spiritual components. Individual well-being depends on overcoming the difficulties of daily living and reaching one's full potential as a contributing member of society. The growth of a person's mental, emotional, and spiritual capacities within their families, communities, and themselves results in healthy social interactions, according to the East African Community [19]. Psychological well-being could be assessed using eight questions in the QOL questionnaire version II. These problems include depression, sadness, or depression interfering with daily functioning, comfort attending social functions as usual, having too much time and nothing important to do, fears of functional disability, rejection, and loss of social status or remote from other people. Information about the Quality of Life for 768 cancer patients is offered in frequency and percentage form. Quality of life has many different aspects, including general well-being, physical health, psychological health, familial ties, and sexual and personal ability [19]. From the previous study, Physical well-being and Psychological well-being are measuring dimensions of patient well-being [18].

In general, the way clients, employees, suppliers, and the public perceive an organization determines its building of the organizational reputation. There is a long-standing tradition of assessing hospital reputations through the eyes of professionals. However, there is a shortage of research on hospitals' reputations from the perspective of patients or relatives. Additionally, a hospital's reputation is a deterrent to litigation and may aid in attracting and retaining talented professionals. Decisions typically rely on reputation when there is insufficient information to help patients choose a hospital or healthcare provider [20]. Prior studies have shown that customers regularly consider healthcare provider reputation as one of the most crucial criteria when making healthcare service selections [21]. Patients' or relatives' perceptions of the competence of healthcare professionals and their perception of a successful surgical or medical treatment outcome were directly and favorably related to their perception of the hospital as a safe clinical environment with few instances of clinical error. Therefore, in the context of quality of care for cancer treatment, the following hypothesis can be formulated:

H6. Patient well-being has a positive influence on hospital reputation

3. Materials and Method

3.1. Research Design

To answer the research issues, this study employed a cross-sectional data technique. Observational study designs include cross-sectional study designs. Here, the researcher simultaneously assesses the outcome and the study participants' exposures [22].

In addition, the approach technique used in this research is a quantitative survey approach. A quantitative survey is a technique where a researcher asks a sample of people the same set of questions, usually in written form [23].

3.2. Research Subject

The study population is patients with advanced cancer at a private cancer hospital in Jakarta, Indonesia. This hospital is dedicated to cancer patient treatment and operates with 176 beds. In March 2022, 167 respondents completed structured questionnaires distributed to the patient or the family. Beforehand, informed consent was gathered from the patient according to the study's ethical protocol. This study received ethical clearance from MRCCC Siloam Hospitals (450/SS/Dir/III/2022).

3.3. Data Collection

A set of indicators in a structured questionnaire are used to assess the constructs of the proposed conceptual framework. The questionnaire for this study was altered from one from a previous study and then created specifically for the study's purposes. To ensure that all questions were easily understood, the face validity was done by five experts in the patient survey; two of them are academicians, one from the hospital surveyor, and two experts from the nurse study. Respondents were asked to score their level of agreement with items on a scale ranging from 1 (strongly disagree) to 5 on a Likert scale that ranged from 1 to 5. (Strongly agree).

3.4. Data Analysis

After that, the conceptual framework was empirically tested using inpatient data. The data is analyzed using the help of PLS-SEM. The conceptual framework consists of eight constructs for quality of care, patient well-being, and hospital reputation, with a total of 28 indicators. The five elements of quality of care included effective communication, family-centered care, attentive care, supportive setting, and inter-professional team (Figure 1). Furthermore, this study's elements of patient well-being consisted of physical and psychological well-being.

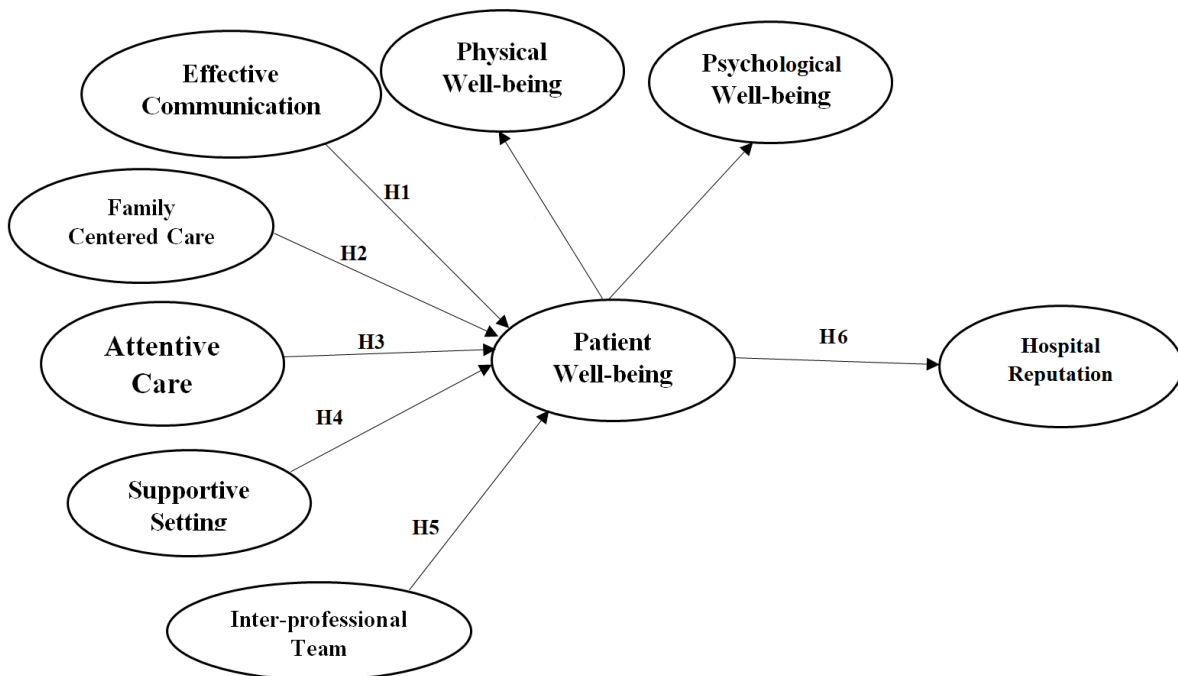


Figure 1. Conceptual Framework

The PLS-SEM approach was employed since it can assess complicated models in exploratory research, and the conceptual framework of this study is thought to be a complex research model. The model's explanatory and predictive capabilities research is ideally suited for PLS-SEM techniques [24]. The PLS-SEM analysis is performed using SmartPLS™ version 3.3, which includes a bootstrapping menu for determining significance. PLS-primary SEM's procedure is based on two types of models: inner and outer models. The outer model establishes a framework for assessing the reliability and validity of indicators and their associated model constructs. The significance of each construct in the research model is assessed using the inner model.

Table 1. Respondents' characteristic

Characteristics	n (%)
Sex	
Male	63 (37.73)
Female	104 (62.27)
Age (years old)	
31–40	16 (9.58)
41–50	41 (24.55)
50–60	66 (39.52)
>60	44 (26.35)
Addresses	
Jabotabek	146 (87.43)
Other than Jabotabek	21 (12.57)
Hospital length of stay (days)	
1–3	78 (46.70)
4–5	55 (32.93)
6–7	20 (11.98)
>7	14 (8.39)
Types of cancer	
Head & neck	8 (4.79)
Lungs	20 (11.98)
Breast	56 (33.53)
GIT	33 (19.76)
Blood	2 (1.20)
Other	48 (28.74)
Cancer stage	
III	39 (23.35)
IV	92 (55.09)
Undefined	(21.56)

4. Results and Discussion

4.1. Data Description

From the data collection process, it is identified that 167 respondents completed the questionnaire. Of the respondents' characteristics, most were female, with cases of breast cancer with stage 4. The respondent profiles and characteristics in this study are shown in Table 1.

4.2. Instrument Test Analysis

4.2.1. Reliability & Validity Test

Reliability & Validity, the first step of PLS-SEM analysis is assessing the reflective model's reliability indicator (outer loading). The instrument's test indicates that all indicators possessed loading values $> 0,708$; thus, no item indicators need to be removed [24].

4.2.2. Heterotrait-Monotrait (HT/MT) Ratio

The Heterotrait-Monotrait (HT/MT) ratio is used as the next step in the analysis of the outer model to determine the discriminant validity. This method was chosen since it is known to have a more accurate value [25,26]. The recommended threshold value for HT/MT ratio is below 0,85 to establish that each construct indicator is conceptually different [27]. Table 3 shows HT/MT values that indicate satisfactory discriminant validity. The four reliability and validity testing criteria for this outer model analysis have all been successfully passed. Therefore, it can be said that every indicator in this research model is accurate and dependable for measuring each construct.

4.3. Inner Model Analysis

The Inner model analysis consisted of two parts. The first part is to evaluate the Quality of the proposed model. Since goodness of fit was not suitable in PLS-SEM, the model's explanatory power must be assessed. This study constructed a cross-redundancy validation value of Q^2 to assess the model's predictive relevance and established a coefficient determinant (R^2) to assess prediction accuracy. The use of the inner Variance Inflation Factor (VIF) test was found to be effective. According to the results, which show that every construct has an inner VIF value below 3 [25]. This model has no multicollinearity problem. The proposed model's out-of-sample predictive value from the blindfolding procedure was used to evaluate the prediction [25,28]. All the Q^2 showed a value between 0,25 -0,5 (Figure 2); thus, it meets the requirement of medium predictive relevance.

Table 2. Reliability Test

Variables	Indicators	Outer Loading	Cronbach's Alpha	Composite Reliability	AVE
Effective Communication (EC)	1. I was given the opportunity to ask if there was an explanation from the doctor that I didn't understand	0.870	0.903	0.932	0.774
	2. The doctor demonstrates empathetic communication, for example, encouraging by tapping the shoulder or shaking hands	0.914			
	3. The doctor listens attentively to my complaints as a patient	0.880			
	4. I get easy-to-understand information from the doctor who treats me	0.855			
Family-Centered Care (FCC)	1. The team of doctors took the time to talk to my family about my disease condition	0.766	0.825	0.897	0.744
	2. I feel that the doctor involves my family in every necessary therapeutic decision	0.926			
	3. I think the hospital staff are very communicative with the family whatsit to know the progress of my condition	0.888			
Attentive Care (AC)	1. Hospital staff (doctors, nurses) show empathy to me during treatment	0.894	0.827	0.898	0.747
	2. Doctors and nurses are very responsive to my complaints	0.948			
	3. The hospital provides clergy to accompany me when needed	0.737			
Supportive Setting (SS)	1. My bed is comfortable	0.718	0.757	0.862	0.677
	2. The condition of my treatment room is quiet, so it's easier to rest	0.837			
	3. My treatment room is cleaned regularly by the staff	0.903			

Table 2. Continued

Inter-professional Team (IPT)	1. In my opinion, doctors and nurses work well together in treating patients.	0.852	0.868	0.919	0.791
	2. I was consulted with another specialist according to my condition.	0.902			
	3. Specialist doctors and nurses always visit every day while I am in the hospital	0.912			
Physical Well-being (PHY)	1. I feel that the medicine given can help with my pain.	0.882	0.906	0.930	0.727
	2. I feel that my pain complaints have decreased since I was hospitalized.	0.824			
	3. I feel no appetite disturbance during treatment.	0.903			
	4. I haven't had any trouble sleeping since the treatment.	0.809			
	5. I can now feed myself without needing help.	0.842			
Psychological Well-being (PSY)	1. I don't feel depressed during my hospitalization	0.884	0.912	0.938	0.792
	2. I feel more optimistic than on the first day of treatment	0.893			
	3. I don't feel lonely while being treated in this hospital.	0.876			
	4. I feel motivated to return to normal activities immediately after undergoing treatment.	0.906			
Hospital Reputation (HR)	1. I feel that this hospital has an excellent reputation in the eyes of patients and their families.	0.903	0.838	0.903	0.756
	2. I feel that this hospital is known for prioritizing patient-centered services.	0.888			
	3. In my opinion, this hospital deserves to be the first choice for cancer patients.	0.815			

Table 3. Discriminant Validity HT/MT Ratio

	EC	FCC	AC	SS	IP	PW	PHY	PSY	HR
Effective Communication									
Family-Centered Care	0.549								
Attentive Care	0.665	0.709							
Supportive Setting	0.696	0.774	0.808						
Inter-professional Team	0.766	0.660	0.710	0.723					
Patient Well-being	0.835	0.735	0.819	0.795	0.772				
Physical Well-being	0.781	0.745	0.808	0.789	0.770	1.026			
Psychological Well-being	0.802	0.636	0.735	0.709	0.684	0.996	0.813		
Hospital Reputation	0.641	0.636	0.713	0.677	0.678	0.785	0.773	0.706	

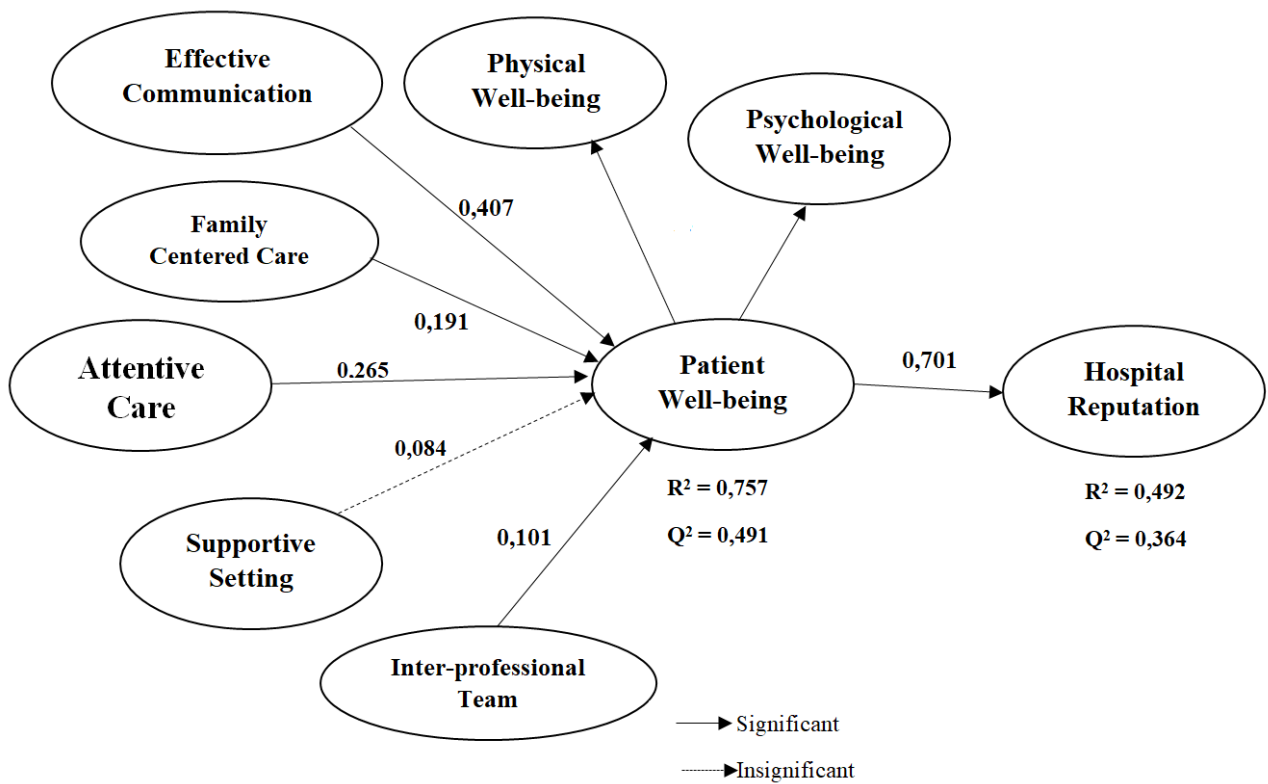


Figure 2. Empirical Model

Table 4. Significant and Coefficient

No	Path	Standardized Coefficient	T-Statistics	P-Values	Result
H1	Effective communication -> Patient Well-being	0.407	7.212	0.000	Hypothesis supported
H2	Family Centered Care -> Patient Well-being	0.191	3.246	0.001	Hypothesis supported
H3	Attentive Care -> Patient Well-being	0.265	4.412	0.000	Hypothesis supported
H4	Supportive setting -> Patient Well-being	0.084	1.387	0.083	Hypothesis not supported
H5	Inter-professional Team -> Patient Well-being	0.101	1.827	0.034	Hypothesis supported
H6	Patient Well-being -> Hospital Reputation	0.701	16.525	0.000	Hypothesis supported

4.4. Hypothesis Test

Bootstrapping procedure for hypothesis testing was conducted to determine the effect of the variables in the model. The bootstrap method is used to determine the significance of the data analysis in PLS-SEM. The hypothesis is significant if the cut-off value of the t-statistic >1.645 (one-tailed with alpha 0,05) was utilized. The findings of the hypothesis test are displayed in Table 4. Table 4 shows that seven of the eight hypotheses are supported by a t-statistic of greater than 1.645 and a p-value of less than 0.05, with the positive direction (coefficient) matching the directional hypotheses. The t-value and p-value of supporting setting to patient well-being were 1.387 and 0.083, respectively, and therefore insignificant. This result may occur when patients perceive the supporting setting as something that should be there, which is more related to the hospital standard. This study revealed that the coefficient of effective communication on patient well-being has the highest value, followed by attentive care. Therefore, effective communication by doctors in cancer hospitals and attentive care could be seen as meaningful predictors of patient well-being. The patient's well-being could be reflected strongly and almost similarly by both physical and psychological well-being, meaning that the patient reported the progress subjectively through the physical condition and from the affective response. Finally, patient well-being has a positive impact on a hospital's reputation. This impact has a large effect with a coefficient of 0,701, which could be said as a substantial effect.

The emergence of health and the prevalence of chronic diseases in developed countries leads to an interest in measuring the function and quality of life and their applications. The increased quality of life of the patients also leads to the accomplishment of patient well-being. The term "patient well-being" describes how the person receiving care feels during and after their treatment. Patients' physical and mental well-being, as well as that of their families and other close relationships, is necessary for

their recovery. It is especially important in hospitals and other healthcare centres, which can often be stressful and uncomfortable. Based on the results of this research, factors that influence the increase in patient well-being are effective communication, family-centered Care, attentive Care, supportive setting, and inter-professional team.

Patients and doctors interact during communication; it is not a short, focused conversation of questions and answers. The patient-clinician conversation includes more than words; it also includes "voice." Communication between two people involves a variety of expressions, including using a soft or loud voice, slow or rapid speech, and verbal and nonverbal cues. The presence of family members and other caregivers, other healthcare professionals, and the clinician's and the patient's own personal and professional experiences are all things that can be discussed in a communication session. Effective communication encompasses a variety of topics, including those related to family, work, emotions, desires and wants, hidden wishes and concerns, the search for life's purpose, health beliefs, and social, religious, and spiritual issues.

In order to build trust with the patient, gather information, address their needs and emotions, and help them make decisions about their care, communication are essential. The health outcomes and psychological distress of patients of doctors who involve them in treatment decisions during office visits are better than those of doctors who do not. By positively impacting patients' emotional well-being, symptom relief, physical functioning, and pain management, effective communication among medical professionals enhances patient health. Effective communication can also have an impact on the health of the clinician. For instance, burnout is more likely to occur in cancer clinicians who feel underprepared to address patients' emotional needs [29].

Besides communication, family-centered care is also part of the factors that can affect the increase in patient well-being, according to the results of this research. Family is the nearest people of the patients. The advice, information, and support from family can give hope to

patients with cancer. This statement is in line with the research conducted by Salvador, Crespo, and Barros (2019) who stated that during the treatment, a family, especially the parents of the patients, experiences greater distress, which can result in difficulties in retaining a great amount of information. This study suggests that professionals might focus many of their efforts on supplying crucial data for properly executing the child's treatment. As a result, information specific to and directly related to the child's health status may not be considered crucial [31]. Professionals may notice a change in the family's priorities from the child's survival to getting their lives "back to normal" when children complete their treatment. Consequently, experts may then reinforce general information practices, such as disseminating information to family members or offering guidance on how to get in touch with parent organizations [32].

Furthermore, attentive care can increase the patient's well-being. Attentive care means the care services provided to the patients. A process of focused environmental observation is paying attention. Although it has various characteristics, it always involves observation, perception, and interpretation. Caretakers must fully understand their patients. All areas of healthcare are becoming more interested in the patient's experience, as evidenced by the rise in "lifeworld studies," the number of healthcare organizations making "patient experience" a strategic goal, the desire of insurance providers to understand the quality of the patient experience in order to base their policies on it, etc. It is increasingly evident in the medical profession-dominated healthcare industry that we must comprehend the diseases themselves and the people who experience them. When the caregivers give more attention to patients with cancer, their well-being of them can increase [33].

Therefore, a supportive setting or design can be maintained to increase the patients' well-being based on the results of this research. The idea that a place's physical surroundings should contribute to the overall therapeutic process is not new; it has existed for a very long time. According to many accounts, the development of therapeutic communities for patients can be linked to the moral treatment movement of the eighteenth and nineteenth centuries, which advocated treating patients as human beings and attempting to treat their illnesses. One can name a few renowned institutions that have helped to

incorporate an emphasis on therapeutic design into a wider range of health care spaces in the modern era, even though this idea has found its strongest support in the treatment of those who are mentally ill [34].

When support has been given to patients with cancer, the other factor is the inter-professional team needed to increase the well-being of the patients. It is because cured cancer needs different treatment, which is accuracy. In addition, they also need different attention for the medicines to reduce the effect caused by cancer. Therefore, some patients are worried relating the treatment they get. However, when the team for the treatment professional, they will feel safe and trust the treatment team. Therefore, the inter-professional team can increase the patients' well-being. This result is in line with research conducted by Viruez-Soto et al. (2021) who stated that inter-professional collaboration could increase the well-being of patients.

Other than that, patients' well-being affects other variables, such as physical and psychological well-being. Physical well-being is the capacity to uphold a safe and healthy way of life that enables us to fully engage in daily activities without experiencing physical strain or exhaustion. It entails caring for our bodies and realizing that our routine behaviors and habits greatly impact our overall health, happiness, and quality of life. When patients increase their well-being, they can increase their physical to suffer from cancer.

In addition, patient well-being can enhance psychological well-being. Societal inequalities resulting from gender, economic, ethnic, or ability disparities may influence these relationships. When the increase in patient well-being is optimized, psychological well-being can be enhanced, making it easier for patients to access psychological support during and after their hospital stay may be extremely beneficial for their postoperative health.

How a company is viewed by its customers, employees, suppliers, and the general public determine its reputation. Hospital reputation is traditionally evaluated from the perspective of industry experts. In addition to serving as a defense in court, a hospital's reputation may also aid in luring and keeping talented employees. Decisions are frequently based on reputation when patients lack pertinent information to help them choose a hospital or healthcare provider [36]. The more patient well-being happened, the more reputation of the hospitals will enhance.

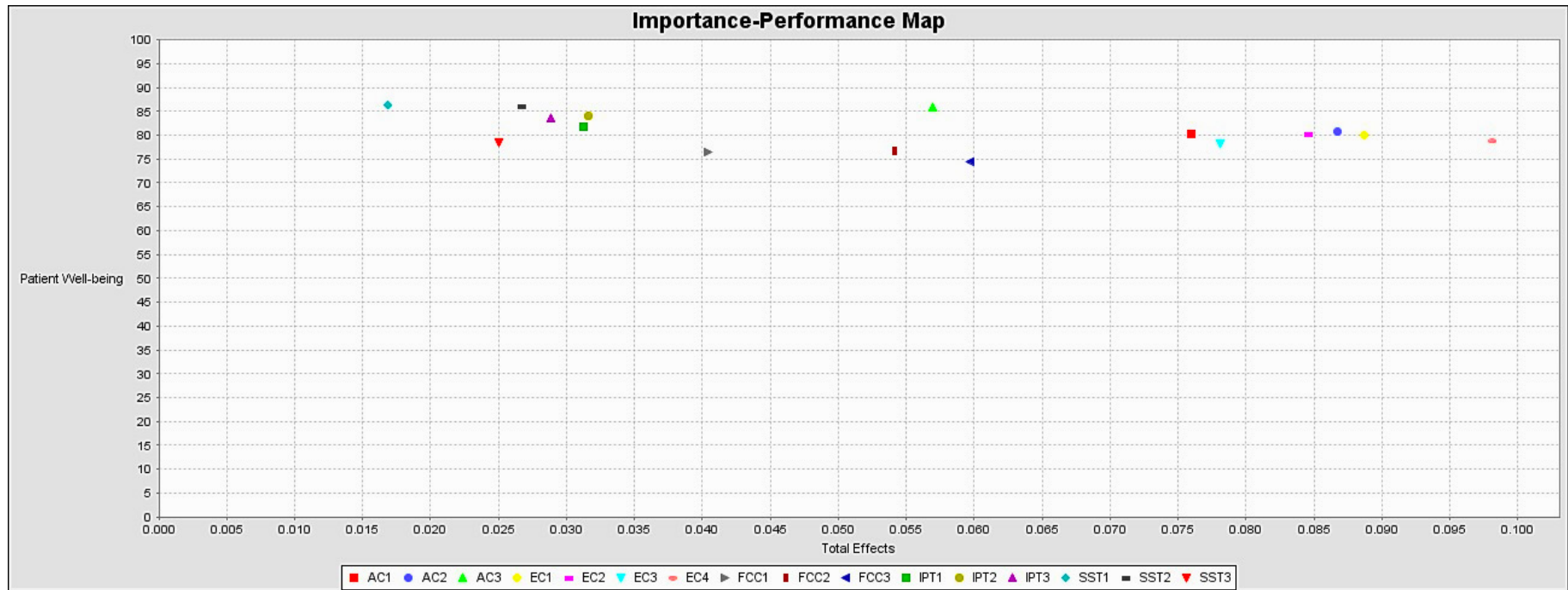


Figure 3. IPMA Indicators Patient Well-being

4.5. IPMA Test Analysis

IPMA makes it possible to prioritize constructs to improve a certain target construct. Finding the most crucial components of particular activities by expanding the research to the indicator level [26]. This method is based on the significance of the total effect and performance based on the mean value. IPMA can be divided into four quadrants, focusing on the quadrant with the most important indicators and performance. At the indicator level from the picture below (Figure 3), it can be seen that one indicator of the effective communication variable is already in the upper right quadrant, namely EC4. This indicator contains the questionnaire item "I get easy-to-understand information from the doctor who treats me." This indicator is considered important and has performed well. Thus, management needs to pay attention to this indicator in increasing patients' well-being, which can affect the hospital's reputation. The respective indicators that need to be maintained or improved are depicted in Figure 3.

This study focuses on the effect of quality care elements provided by Cancer Hospital on patients' well-being and the hospital's reputation. Coordinated interventions to improve the physical and psychological well-being of people with cancer are paramount [7].

Effective communication strongly influences a patient's well-being because of the five key elements of quality care. Effective communication, family-centered care, attentive care, and the inter-professional team significantly affect patient well-being. Furthermore, patients' well-being also strongly influences the hospital's reputation.

The findings of this study's practical applications are as follows. First, hospital administrators, clinicians, nurses, and all staff should continuously manage and improve medical service quality by understanding the priorities for needs and perspectives. It is also important to emphatic communicate using a common term other than medical jargon. Effective patient-clinician communication is a tool to decrease negative vibes and health disparities and promote health equity [37,38].

Improving health care quality across the country for cancer patients is difficult, costly, and time-consuming. The secret, however, is to employ a framework to create a well-balanced organizational overall plan (a hospital) and regularly assess the major components based on patient well-being over time. Implementation and executives can grasp the big picture now, picture a roadmap for patient-centric care, and pay attention to patient feedback are necessary for achieving this. Incorporating patient well-being into hospital goals will need dedication, cautious management, a variety of viewpoints, and the gradual accumulation of knowledge and expertise in palliative care [39]. These paths will lead to a hospital reputation that merits mutual benefit.

5. Conclusions

Effective communication, family-centered care, attentive care, and the inter-professional team significantly affect patient well-being in patients treated in the cancer hospital. Effective communication strongly influences patients' well-being of the five critical elements of quality care being tested. When patients' well-being increases, the hospital's reputation from a patient perspective will also increase and have a long-term impact. Hospital management should lead the health care service programs in hospitals by understanding the important aspect from the patient perspective and establishing care delivery strategies as communication is revealed to influence patient well-being. It is necessary to keep communication effective by understanding the patient's personal needs and condition. This study has several limitations, including the small number of respondents from a single center. The respondent's well-being aspect, such as pain, was not evaluated based on a specific tool such as the visual analog scale (VAS). Future studies could be done with bigger samples in longitudinal studies to capture the difference in well-being status. Further, respondents' data could be gathered from questionnaires and the VAS and quality of life (QOL) test.

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