

Patient Satisfaction on the Holistic Care Approach Rendered by Nurses in the Oncology Ward

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ABSTRACT

Background: Holistic health care is a crucial part of nursing care, particularly for oncology patients.

Objectives: This study aimed to assess the satisfaction of oncology patients with the holistic care approach rendered by the oncology nurses at King Abdullah Medical City in Mecca, Saudi Arabia.

Patients and methods: A descriptive quantitative research design was used among 96 oncology patients, who were asked to record their responses through an electronic survey instrument using randomized nonprobability convenient sampling technique.

Results: Based on the results of the study relating to the four aspects of holistic care approach namely, physical, emotional, social and spiritual responses on patients' satisfaction were measured ranging from very satisfied to satisfied which meant that the selected aspects to measure holistic care approach on patients' satisfaction were found to be viable and important in their care and management. When these four aspects on holistic care approach grouped with the demographic variables, specifically the social and spiritual aspects, when grouped with age showed significant differences with a p-value of 0.001, which meant that with age, perceptions with care satisfaction significantly varied in terms of social and spiritual aspects.

Conclusion: The entire study set out to determine cancer patients' satisfaction with the holistic care approach they received from their oncology nurses during their treatment and hospitalization at King Abdullah Medical City. In addition, the study identified the demographic profile of respondents and the effect of these demographic differences on patients' satisfaction levels.

Keywords: Oncology patient, Satisfaction, Physical, Emotional, Spiritual, Holistic care.

INTRODUCTION

A holistic approach to patient care takes into account a patient's physical, emotional, social, economic, and spiritual requirements. Numerous services that address all facets of the human experience are part of the holistic care method ⁽¹⁾. It describes procedures and therapies intended to satisfy a patient's needs on all fronts, physical, mental, emotional, and spiritual requirements ^(2, 3). Medication, surgery, education, communication, and self-care are just a few options for holistic care. To make providing holistic care in practice easier in the future, nursing educators should include it in nursing curriculum ^(4, 5). Providing a comprehensive model of care and improving the situations of patients and nurses are the two main priorities of holistic healthcare. These two factors will drive nursing educators to incorporate holistic care into nursing courses, making its provision in practice easier in the future ^(6,7).

The term "cancer" refers to a wide spectrum of diseases that can affect any part of the body, give people problems, and have an impact on their way of life ⁽⁸⁾. In order for cancer patients to obtain the all-encompassing care they need and to have the quality of life they desire before passing away. This care must be given by healthcare professionals, particularly nurses. In this scenario, the holistic care a cancer patient received from the nurse while they were in the hospital is what is meant by the word "satisfaction", which is usually used to

describe how a person feels about something. In today's highly competitive health care climate, patient happiness as well as patient outcomes are key indicators of care quality ⁽⁹⁾. The impacts of Holistic Needs Assessments (HNAs) for cancer patients have been studied in the past and HNAs can be seen as enablers of communication between patients and clinicians ^(10, 11).

Potential differences in the needs and expectations of cancer survivors for provider communication were identified based on comorbidities and baseline service utilization. These findings demonstrated the need of providing cancer patients and survivors with customised communication strategies that are catered to their specific requirements ^(12, 13). Over the next 20 years, the incidence of cancer is expected to increase due to smoking and sedentary lifestyles. It is essential to provide high-quality care in order to meet the growing demand for healthcare. A narrative synthesis of the body of literature on the subject, both outside of Saudi Arabia and within it, demonstrated the lack of information available regarding the evaluation of patient satisfaction.

The main findings were that patient satisfaction levels were influenced by sociodemographic traits, access to healthcare, and the clinical efficacy of doctors and nurses. It became clear that there were several specific areas where the service might be improved to boost user satisfaction, including doctor-patient interactions, nurse shortages, and language barriers. According to recent

research from this study, the Saudi Arabian cancer healthcare system has to concentrate enhancing patient care and interpersonal ties. In oncology ward settings, it was very evident how cultural considerations impacted patient happiness^(14,15).

The aim of this study was to determine cancer patients' satisfaction with the holistic care approach they received from their oncology nurses with emphasis on Saudi Arabia (King Abdullah Medical City, Makkah). The study also emphasized on the thought that holistic care is important to the care of patients and must be practiced in oncology wards in Saudi Arabia. It further reiterates that patients' satisfaction with holistic care was a good measurement of the quality of care.

PATIENTS AND METHODS

Research design: The study employed a descriptive quantitative research design to assess the satisfaction of patients in the oncology ward with holistic care provided by the nurses at King Abdullah Medical City (KAMC) in Makkah, Saudi Arabia. Quantitative research as a formal, objective, and systematic method for analyzing causes and effects and describing correlations between variables were defined⁽¹⁶⁾. This study obtained information by distributing self-administered questionnaires modified and adopted for patients in the oncology ward at KAMC. The reasons behind the adoption of this design are several. They include the fact that research through surveys can be descriptive, explanatory, or exploratory and that surveys are used for collecting original data that describe a population. There is also the fact that to measure patients' satisfaction truly, patients must be given a platform to voice out their satisfaction or otherwise.

Study participants and sample size

This study was carried out in the oncology units of King Abdullah Medical City. The questionnaire consisted of four major aspects namely, physical aspects, emotional aspects, social aspects and spiritual aspects, and a sample size of 96 individuals was drawn from the total population of adult patients for a period of three months. The proposed sample of oncology patients were selected using non-probability convenient sampling. A pilot study involving six participants was conducted, where the participants were required to answer the questionnaire. However, the respondents to the pilot study were not included in this study.

Inclusion Criteria:

Adult oncology patients who were part of the main study and participated in the survey were included in this study.

Exclusion criteria:

Oncology patients who were not present when the survey was conducted were excluded from the study.

Also, oncology patients who were attended as outpatients, and children were excluded.

Data collection procedure

The researcher submitted the research proposal to KAMC Internal Review Board for review and approval. After receiving the approval, the researcher approached the nurse manager of the hospital's Oncology Unit for permission. Before distributing the questionnaires to the patients, approval was also sought from the Internal Review Board of the KAMC hospital. This was required to officially start the data collection procedure. In addition, the researcher ensured that the inclusion criteria were strictly followed by confirming the respondent's details. Prior to administering the questionnaires, the researcher also obtained consent from the respondents. The sampling technique, inclusion and exclusion criteria were designed to allow a wide demographic range in the responses so as to get a balanced view on the satisfaction levels of the patients.

Outcome measures

The research instrument utilized in this study was self-made and it was subjected to reliability testing. Items in the questionnaire were majorly based on four aspects of patient satisfaction from a holistic care approach, viz, physical, emotional, social and spiritual aspects. The main objective of this study was that how patients were satisfied during their treatment and it was based on the above four aspects. All areas of a person's life that could have been impacted by a disease or their illness should be taken into consideration when providing care. This was crucial in extremely worrying situations like cancer, which was the study's main focus.

Ethical consideration:

Ethical approval for this study was obtained from the Review Boards of Nursing King Saud Bin Abdul-Aziz University. Furthermore, respondents gave their consent before completing the questionnaire. Also, the respondents were assured that there would be no threats or coercion during the course of the study and that they could withdraw their consent to take part in the study at any time they wish or becomes uncomfortable. If respondents felt upset or distressed due to the questions, they could stop and withdraw from the study without giving a reason, as participation was voluntary.

Confidentiality and Anonymity:

Study participants were assured that their data would be kept confidential and anonymous. They were asked not to include their names or other identifying marks on the survey or in their responses, so no names appeared on any of the documentation. In addition, those who responded were assured that no personal information

would be published or released as a result of the study. Everything, including the results, remained strictly confidential. Lastly, the data protection principles ensured that the data was only used for the purposes for which it was collected. Since participation in this study was voluntary, deciding not to participate or withdraw from the study would not affect the patient's course schedule. Concerns about the burden on patients due to anxiety or feeling upset while filling in the questionnaire were noted.

Data Analysis

Primary data were collected using the questionnaire from the participants who were admitted in the hospital during the study period. The collected data were first manually entered into Excel and after data cleaning and preparation it was analyzed using both SPSS (IBM SPSS Statistics, Version 23, Armonk, NY: IBM Corp) and JMP Pro software version 15. Descriptive statistics were used to analyze the demographic variables, then the independent t-test and ANOVA were used to find significant difference between various groups. $P \leq$ was considered significant.

RESULTS

Table (1) showed that participants were over the age of 20, with the majority of them being over 51 years old (about 35.79%), followed by younger participants (28.14%), who were between the ages of 31 and 40, and older participants (20.0%), who were between the ages of 41 and 50. Maximum participation rates were 53.68% for women and 46.32% for men.

In terms of education, the majority of participants (50.53%) were classified as undergrads, followed by 23.16% of those who had finished intermediate or secondary school and 20.0% of those who had finished primary school. And only 4.21% and 2.11%, respectively, of the participants had postgraduate or doctoral degrees in philosophy, while 0% of the participants had educational levels below primary. When looking at the various treatment options, chemotherapy was used in 53.68% of cases, followed by surgery in 15.79% of cases, any other procedure in 11.58% of cases, radiotherapy and chemotherapy in 10.53% of cases, BMT in just 5.26% and radiotherapy in 3.16% of cases (Table 1).

Table (1): Frequency table for Age, treatment modalities, Gender, and education level

Variables	Categories	N (%)
Age	> 51	34 (35.79)
	41-50	19 (20.0)
	31-40	27 (28.42)
Gender	Female	51 (53.68)
	Male	44 (46.32)
Educational level	Philosophy in Doctorate (PhD)	2 (2.11)
	Master's Degree	4 (4.21)
	Bachelor's Degree	48 (50.53)
	Intermediate, Secondary level	22 (23.16)
	Primary level	19 (20.0)
	Below Primary level	0 (0.0)
Treatment modalities	Chemotherapy	51 (53.68)
	Radiotherapy	3 (3.16)
	Surgery	15 (15.79)
	BMT	5 (5.26)
	Radiotherapy & Chemotherapy	10 (10.53)
	Others	11 (11.58)

In terms of physical aspects, the mean for each item was greater than 4, and patients were very satisfied with the nurses' holistic approach and felt very comfortable discussing their physical problems with them and receiving a very satisfied approach from them. Based on this, the patients scored the highest mean value (4.62), while the nurses scored the lowest mean (4.21), but overall the participants were very satisfied. Regarding the emotional component, all the items—aside from how the nurses see how their emotions affect those close to the participants—were well satisfied. The nurses' replies about how their feelings affected their loved ones received a minimum mean of 4.14. Both the nurse listens to my feelings when taking care of me and the nurse shows concern for my feelings received a maximum mean of 4.45. In terms of the social aspect, all of the patients were

only satisfied with the nurses' approach. The item about how the nurses respond to how their condition affects other areas of the patients' lives received the highest mean score of 4.13, and the item about how the nurses support the patients' feelings about their relationships with others received the lowest mean score of 3.99.

Finally, when it comes to the spiritual side of things, the patients were only extremely satisfied with the nurse's approach or concern for the spiritual needs when the patients felt extremely ill and all the items were concluded with satisfactory results. The highest mean value of 4.25 was scored by the same as very satisfied item, and the lowest mean value of 3.97 was scored by the nurses recognition that the patients' spiritual beliefs may help them adapt to new situations in their lives (Table 2).

Table 2. Patients' responses from the four aspects of Holistic Care Approach

Variables	Mean ± SD	Interpretation
Physical Aspect		
1. I am able to discuss my physical problem with the nurse	4.62±0.55	V. satisfied
2. The nurse shares his/her view of my physical condition with me	4.21±0.56	V. satisfied
3. The information given by the nurse about my physical problems helps me to adjust to my condition	4.53±0.58	V. satisfied
4. The nurse understands my condition and this helps me deal with my physical problem	4.58±0.61	V. satisfied
5. The nurse allows time for use to think over my physical problems	4.33±0.74	V. satisfied
Emotional Aspect		
1. The nurse listens to my feelings when taking care of me	4.45±0.73	V. satisfied
2. The nurse shares his/her feelings about my situation to help me to understand my condition	4.37±0.73	V. satisfied
3. The nurse shows concern for my feelings	4.45±0.71	V. satisfied
4. The nurse tells me how he/she sees my feeling affecting others who are close to me	4.14±0.83	Satisfied
5. The nurse reacts to my feelings in a way that helps me to adjust to a new situation	4.39±0.78	V. satisfied
Social Aspect		
1. The nurse gives information about how my condition will affect other areas of my life	4.13±0.93	Satisfied
2. The nurse allows me time to reflect how my condition will affect my family, friends and other	4.07±0.88	Satisfied
3. The nurse helps with my feelings about my relationship with others	3.99±1.03	Satisfied
4. The nurse talks about my condition to family or other people who I go for help	4.05±0.94	Satisfied
5. I find the nurse is interested in knowing what I have done or would like to do during my lifetime	4.09±0.93	Satisfied
Spiritual Aspect		
1. While ill I feel the nurse has shown concern for my spiritual needs	4.25±0.77	V. satisfied
2. The assists me in obtaining religious or spiritual advice to help me deal with health related situation	4.11±0.89	Satisfied
3. The nurse recognizes that my spiritual beliefs may help me to adjust to new situations in my life	3.97±0.94	Satisfied
4. The nurse helps me obtain spiritual guidance when I am dealing with difficult feelings	4.17±0.85	Satisfied
5. The assists me in obtaining religious or spiritual advice to help me deal with health related situation	4.15±0.90	Satisfied

Figure (1) showed the error plot for social aspect with age, which is used to show how age and social aspect variables vary from one another. Figure (2) showed the error plot for the relationship between age and spirituality, and this error plot is used to show how these two variables vary from one another.

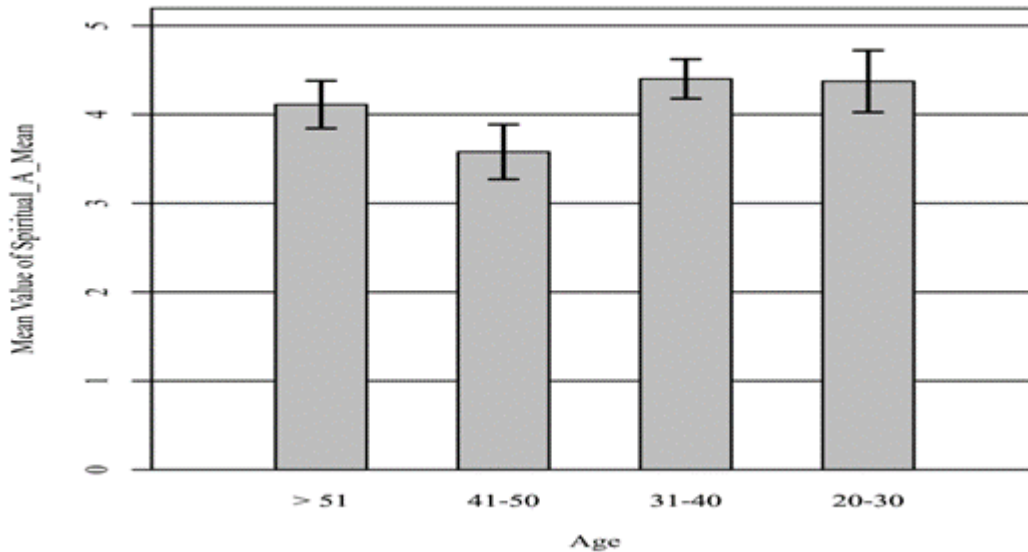


Figure (1): Degree of Significance for Social Aspect with Age

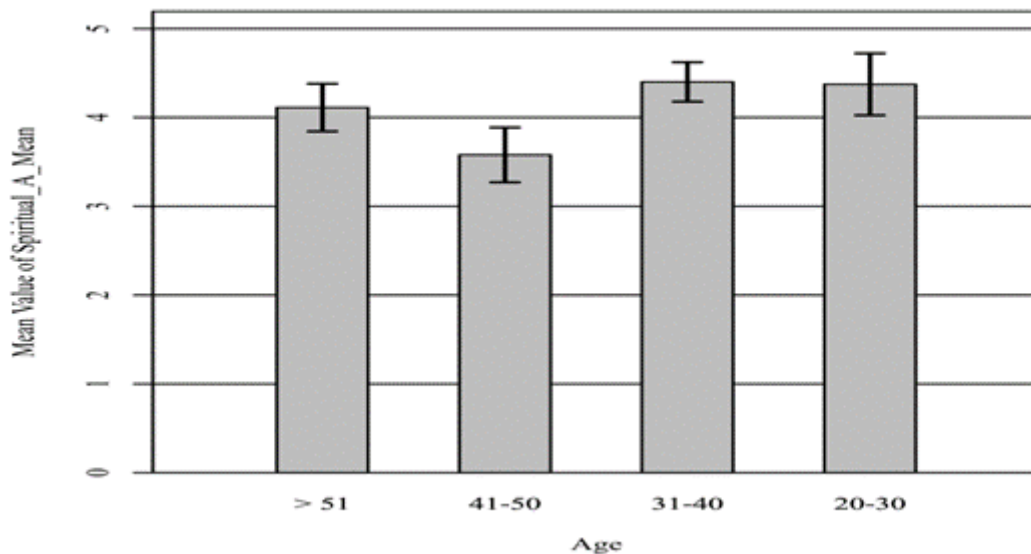


Figure (2): Degree of significance of spiritual aspects with age

The results of the independent samples t-test to determine if there were gender differences in the mean of the physical, emotional, and social components are shown in Table (3). It is concluded that there was no significant difference between each variable and gender because the p-values for all physical aspect ($p\ 0.187 > 0.05$), emotional aspect ($p\ 0.187 > 0.05$), and social aspect ($p\ 0.750 > 0.05$) variables were more than 0.05.

Table (3): Two- tailed independent samples t-test for physical, emotional and social aspects by gender

Variables	Mean \pm SD		T	p
	Female	Male		
Physical aspect	4.38 \pm 0.48	4.5 \pm 0.42	-1.12	0.187
Emotional aspect	4.37 \pm 0.65	4.35 \pm 0.59	-1.11	0.187
Social aspect	4.04 \pm 0.81	4.1 \pm 0.78	-0.32	0.750

DISCUSSION

Caregivers can better understand how to alter their standards of care to improve patient satisfaction by studying patient satisfaction studies. Nursing management has a significant impact on patients' pleasure or dissatisfaction with their hospital stays, and nurses' attitudes toward patients and communication with them are important elements in patient satisfaction. Even if qualified doctors were present at a certain medical facility, it would not be sufficient without proper nursing care. The most important element affecting total patient satisfaction with hospital care is thought to be the patient's happiness with nursing ⁽¹⁷⁾.

The goal of the current study was to ascertain how satisfied oncology patients were with the holistic approach to care used in the hospital's oncology unit. In order to identify which of the four components of the holistic care method had demonstrated significant variations when grouped with demographic data. These conversations examined the significance of the four components physical, emotional, social, and spiritual components. According to the findings of the study, the majority of the participants were females and, according to the first section of the research instrument that dealt with the demographic profile of the participants, they were between the ages of 34 and 51 (n=34, 36%). Most of the respondents had an educational level of bachelors' degree with (n=84, 50%). Based on varied treatment modalities that the patients utilized, the most sought treatment still was chemotherapy (n= 51, 54%) when compared to other treatment modalities in combination and alike. Clinicians can encounter gender disparities in diagnostic and therapeutic responses. These disparities are noted in epidemiology, pathophysiology, clinical manifestations, disease progression, and response to treatment. Sex differences in disease prevalence, manifestation, and response to treatment are rooted in the genetic differences between men and women ⁽¹⁸⁾. With regards to age-related changes of identifying which age group is commonly afflicted with a disease condition like cancer, which would make aging process as a factor to consider as in frailty when one ages as well other factors

related to geoscience condition. From the varied treatment modalities that were utilized to manage oncology patients, results of the study showed that chemotherapy was still the widely used treatment modality, followed by surgical procedure for the affected organ, tumor location while surgery was considered the oldest form of treatment for cancer, then a combination of chemotherapy and radiotherapy at times and some opted for bone marrow transplantation ^(10, 19).

Chemotherapy was occasionally created in conjunction with other options because the bulk of cancer treatment methods available now attest to its efficacy and prior application. The study's results showed that chemotherapy was regularly used by the majority of the individuals from the oncology ward, which is consistent with WHO's ⁽²⁰⁾ who estimate that 9.8 million of the 17 million new cases of cancer in 2018 required chemotherapy. Each of the four facets of the holistic approach to treatment contained five items to explain how the patient responded in terms of how they were able to feel satisfied with the care they were receiving throughout their stay in the hospital and their entire time of having the disease ⁽²¹⁾.

On the physical aspect of the holistic care approach all items were rated as "very satisfied", which meant that in the physical aspect patients perceived, there is a greater need for them to understand fully and accomplish their way of addressing their issues on, physical problems with both the patient and the nurse working hand-in-hand on the management of the identified physical problems. On the emotional aspect, four items were marked as very satisfied. The focus of emotional aspect was also on how significant others or relatives view the patient's condition, which also affected the thought of the patient themselves. The holistic care approach, just as the name suggests, involves a comprehensive care package for patients touching every aspect that affects the human experience. It describes approaches and interventions that are meant to satisfy a patient's physical, mental, emotional, and spiritual needs ⁽²⁾.

On the social aspect all five items were marked as "satisfied" by the participants which meant that they simply see the importance of how the social interaction between the patient and the nurse was of value to the perception of how satisfaction will be achieved by the patients themselves. Studies reveal that nurse-patient communication is of utmost importance for oncology patients. A study noted that effective communication between health professionals and patients was associated with positive health outcomes for patients, such as satisfaction, compliance with treatment recommendations, and accurate diagnosis ⁽²²⁾.

In terms of comparing the rest of the variables such as age, educational level and treatment modalities with the responses of the participants in relation to the physical and emotional aspect using the analysis of variances, it stated that there was no significant difference when compared with these three variables. While in relation to comparing social and spiritual aspects with the variables age, educational level and treatment modalities, there was a significant difference when compared with just the age level. This would mean that age level does affect the way patients perceive or view their satisfaction on how patient care were rendered to them and eventually identify significant differences with age that deals with both the social and spiritual aspects of the holistic care approach. This would be related to which age level would think very satisfied or just satisfied with social ($p = 0.001$) and spiritual ($p = 0.001$) aspects when rendered with holistic care were both having p value below 0.05, which meant that there was a significant difference when age group is compared to these two aspects of the holistic care approach. These findings would relate that different age groups do have other ways and means to interpret their perception of satisfaction depending on their social spiritual orientation.

On the basis of ascertaining whether there is a significant difference on the responses on the four aspects of holistic care approach namely physical, emotional, social and spiritual aspects when compared to the gender of the male and female respondents, statistically showed that there was no significant difference by gender which means that in this study, males or females when they view their illness on the four aspects it does not show any differences but some studies reported differences in how males or females view certain disease process or symptoms. Some studies showed gender differences when showing certain variables. Appropriate screening could help support the integration of psychosocial approaches in daily routines in order to achieve holistic cancer care. Two studies included only men or women, all other studies included both sexes. A broad range of intervention instruments was used and were described by study authors as a screening of health-related quality of life, distress screening, needs assessment, or assessment of biopsychosocial symptoms. There is a need for more uniformity in outcomes and reporting for the use of intervention description guidelines; further improvement methods, and for combining subjective patient-reported outcomes with objective outcomes⁽²³⁾.

The results showed that at stage three of cancer, patients were satisfied with their communication with nurses, compared to those who were more concerned about the impact of the disease on self-care. Cancer stage, time of admission, and psychological concern related to self-care ability are the potential factors affecting the

satisfaction level of nurse-patient communication. There was satisfaction in terms of information provided by the medical staff about a patient's illness and the course of treatment. This is followed by the time spent with the physician and the interpersonal skills of the physician. Also, nurses develop the training program for health care providers about effective documentation guidelines for providers in care for similar patients, and different formal monitoring systems that are used by health care providers or regulators.

The prevalence of cancer is rising in the Kingdom of Saudi Arabia, which is driving up demand for oncology medical treatments. There is a lack of literature in this area in Saudi Arabia, especially in oncology hospital wards, despite the fact that organizations must ensure that they deliver high quality care and patient satisfaction being a key indicator in measuring quality of care. Since ambulatory oncology nurses manage most cancer patients, it's crucial to understand the problems they encounter and the resources they find useful or necessary while working with elderly cancer patients⁽¹⁴⁾.

The interview data revealed three main themes: the doctor-patient interaction, the nurse-patient relationship, and the backdrop of cancer in Saudi Arabia. The results showed that the interpersonal components of care had a substantial impact on patient satisfaction levels. Relationships between patients and their doctors or nurses were seen to be fundamental to patients' experiences, with person-centered interpersonal skills being particularly crucial. The oncology healthcare system in Saudi Arabia needs to prioritize improving patient care and interpersonal relationships, according to new research from this study. The Faculty Hospital in Slovakia conducted an investigation into the level of patient satisfaction with the medical services offered within the inpatient departments of clinical oncology and radiation oncology⁽²⁴⁾. Patients' satisfaction with hospital access and inpatient comfort was low. Women and patients without a life partner expressed less satisfaction with the treatment they received (waiting time, hospital access and comfort). Patients complained about deficiencies in the health system, including worse accessibility to care in terms of transportation and orientation in medical institutions. The environment was not deemed to be of great importance at the same time. These flaws are crucial components that have a big impact on cancer patients' survival rates. The leadership of the healthcare company should pay close attention to this matter and put internal strategies into place to increase patient satisfaction⁽²⁴⁾.

Although there are still obstacles to the efficient use of the role, such as public and patient misunderstandings, it has long been recognized in Canada as a solution to address many current health system issues. Patients who took part in the study recognized the

advantages of NP care and expressed great satisfaction with the holistic and physical assistance they received during their treatment ⁽²⁵⁾. It is crucial to measure patient satisfaction with nursing care since it has a significant impact on how satisfied patients are with the overall quality of treatment in Ethiopia. Patients believed that physical care, education, and home care preparation were of low quality, but that nurse-physician relationships and nursing administration were better. The overall quality measure, however, was neither satisfactory nor unsatisfactory ⁽²⁶⁾.

Iranian patients receive holistic therapy, which places a strong emphasis on the interplay of human existential dimensions and significantly speeds up the healing process. Since nurses interact and converse with patients more frequently than other medical professionals, it was determined how Iranian patients felt about holistic care and overall satisfaction with nursing care ⁽²⁷⁾. The results showed a substantial positive link between patients' perceptions of holistic care and their overall happiness with nursing care, indicating that the more positively patients perceived holistic care, the more satisfied they were with nursing care as a whole. According to the regression model, the kind of hospital, the patient's opinion of comprehensive care, education, prior hospitalization experience, age, and marital status are all independent predictors of overall satisfaction with nursing care ($P < 0.05$). According to the study, nurses should focus on patients' physical, mental, and emotional needs in order to provide higher-quality care and ensure that patients are generally satisfied with their nursing care.

Holistic suffering is a crippling issue for those with cancer. Although numerous remedies have been proposed to lessen it, their efficacy has not been compared. According to the studies, stress-reduction, meaning-centered, and hope-centered therapies were successful. In order to achieve holistic cancer care, appropriate screening could enable the integration of psychological techniques into daily routines ⁽²³⁾. Management scholars have produced an outstanding corpus of study about the causes of customer satisfaction and service quality as they have gained importance. In order to personalize care, increase patient satisfaction, and enhance service quality, health care organizations have developed specific practices to manage complexity and diversity (cultural competence and relational work systems), intangibility (compassion practices), and patient centered care ⁽²⁸⁾.

Individuals with cancer have particular and complex needs as compared to other patients. Oncology nurse care was deemed to be of good quality in terms of three aspects of care: being supported and confirmed,

feeling respected, and experiencing a sense of belonging. More than 66% of Australian cancer patients now have a five-year or longer survival rate thanks to advances in cancer treatment over the previous three decades. Multimodal therapies are associated with numerous challenges for individuals who live with complex and debilitating side effects that can interfere with quality of life and disease-related problems ⁽²⁷⁾.

In Saudi Arabia, over 13,000 people have died from cancer annually, and there were 27,885 new cases diagnosed in 2020. One of the most prevalent cancers is kidney cancer. Breast cancer is the most common cancer in women, accounting for roughly 30.1% of cancer cases, whereas colorectal cancer is the most common cancer in men, occurring in 14.9% of cases ^(28, 29). The demand for oncology healthcare services is thus increasing, but organizations must make sure they deliver high-quality care. Unfortunately, there is a dearth of research in this area, especially in oncology hospital wards, despite the fact that patient satisfaction is one of the most crucial indicators for evaluating the quality of care. It is necessary to carefully examine the many research on patient satisfaction in Saudi Arabia.

It is important to research the variables that influence patient happiness, from their demographics to their religious beliefs. Further research is needed to determine how demographics affect patient satisfaction, how it is measured across the different facets of holistic care, and what interventions might be suggested to improve patient satisfaction while receiving holistic care from their nurses while being housed in oncology units. Oncology wards in Saudi Arabia, however, provide information about the prevalence of cancer and the caliber of treatment given to patients and survivors. According to the study's findings, patient satisfaction levels were significantly impacted by interpersonal components of care. Participants in the survey were in agreement that nurses' jobs must include both psychological and physical facets in order to deliver high-quality care. The care provided by nurses was praised for being compassionate, reassuring, precise, quick, reliable, and understanding ^(30, 31, 32, 33).

Both the positive and negative responses share a recurrent theme: patients either felt happy or dissatisfied with the nurses' interpersonal skills. The patient's spiritual development was manifested in a variety of ways, including peace, joy, hope, patience, forgiveness, improvement and acceptance of the disease as common, gaining trust, diminishing loneliness, and lessening psychological anguish. ^(34, 35). Due to the rising number of cancer cases in Saudi Arabia, it is crucial to assess whether patients and survivors are receiving exemplary, all-encompassing care as judged by their satisfaction. The findings of the study contributed in ensuring that Saudi

Arabia's cancer patients received specialized and comprehensive care. Additionally, all of the evaluated literature contributes to the development of a specific improvement plan and strategy for Saudi Arabia's oncology wards.

CONCLUSION

In conclusion, given that patients have learned to demand it, nurses in Saudi Arabia must make sure they pay close attention to every element of a patient's health. The healing and care of patients can be significantly impacted by nurses, particularly in cases of illnesses like cancer that are frequently traumatizing. When it comes to comprehensive care, Saudi Arabian patients should have sufficient faith in the healthcare system. It would seem that nurses and other medical personnel understand the significance and make every effort to ensure that it is effectively communicated. In order to provide patients with the highest level of pleasure, nurses and medical professionals cannot minimize the importance of the spiritual component of holistic care in any manner.

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