

Practice and Analysis of “Being Patient-oriented” Cancer Patient Management Model in Oncology Center of One Private Hospital

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Abstract: *Background:* In the current Chinese medical environment, the doctor-patient relationship is not harmonious, patient satisfaction is not optimistic, and there are more problems for cancer patients. Under the circumstances, in order to increase patients' satisfaction, suggest providing a “patient-oriented” services model. Many healthcare organizations have used patient satisfaction survey (PSS) measures such as Net Promoter Score (NPS), Consumer Quality Index (CQI), or Hospital Consumer Assessment of HealthCare Providers and Systems (HCAHPS) to monitor staff performance quality. In this study, the author has used annual aggregated NPS scores and patient interview results to assess changes in quality of oncology service delivery over a two-year period, and by doing so, to infer the success or failure of improvement interventions in response to these NPS and patient interview data. *Methods:* A single-center retrospective review of NPS scores over 2023–24 was conducted in the department of oncology in one private hospital in Beijing. Following receipt of each year's NPS results, specific interventions for service improvements had been implemented. Increases in NPS scores over time were interpreted as indicating the success of such intervention(s), whereas NPS decreases were interpreted as failed interventions. Meanwhile, results of patient interviews increase over time, presenting the success of interventions; the opposite result indicates failed interventions. *Results:* A progressive trend of rising NPS scores was documented. All NPS single questions have increased the satisfaction rate. A progressive trend of rising patient interview results was listed, and questions have increased satisfaction. *Conclusion:* These results strongly suggest the success of improvement interventions in the department based on NPS score results and patient interview results. The study concludes that NPS scores and patient interview results can provide valuable administrative guidance for the introduction of clinical service improvement interventions.

Keywords: Patient satisfaction; Cancer patient; Patient experience; Hospital management

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1. Introduction

1.1. International, domestic, one private hospital oncology center background introduction

1.1.1. Cancer surge and healthcare strains in China

With the deterioration of the living environment and the change of living habits in recent years. The incidence of cancer is increasing year over year. According to statistics, Cancer is a leading cause of death in the world, and is the second leading cause of death in China. The huge cost of tumor treatment will not only cause great economic losses to patients, but also bring great difficulties and suffering to patients and their families, and have a profound impact on the whole society. In China, although the Chinese government has made great efforts to provide more health benefits to its citizens, poor health-care services and inefficiencies in their delivery are still widely criticized. Patient dissatisfaction is on the rise, even resulting in serious violence against doctors in recent years. The policemen need to make regular visits to hospitals to ensure the safety of medical staff.

1.1.2. Comprehensive and compassionate cancer care: A private hospital legacy

The private hospital was established in 1997 as the first private international hospital in China. Oncology center, as one of the satellite clinics, was established in 2010, is committed to being patient-oriented and providing individualized screening, diagnosis, and treatment. Established various clinics such as surgical, medical, radiation oncology, pathology, nutrition, rehabilitation, traditional Chinese medicine, and physiological health services etc. In addition to the pursuit of therapeutic benefits, the patient experience and satisfaction are also very important parts of the consideration. So, a “patient-oriented” cancer patient management model is implemented.

1.2. Challenges and opportunities

Cancer is one of the most important diseases threatening human life. Cancer patients are facing more pressure than patients who are diagnosed with other diseases like diabetes or heart problems. When a patient learns that he has a tumor, he is terrified, leading to persistent bad emotions. Cancer patients need long-term treatment and multiple hospitalizations, making them more anxious and uncooperative. Psychosocial services are essential components of comprehensive cancer care and are provided to patients with cancer and their caregivers throughout the continuum of care; meanwhile, those oncology patients come from all over the world and have different cultural backgrounds. Implement a patient-centered management model for cancer patients, so that patients and medical staff can have more contact, better service delivery, and patients can feel the security and credibility of the medical staff. Improve their medical experience and satisfaction. At the same time, help cancer patients face life changes, reorganize, and calmly face life challenges without distractions and fear. Allowing patients a release from the concept of having a “serious illness”, from the fear and mental pressure of cancer color, and willing them to accept the reality and strive forward, and ultimately returning to their family, to society, and survival with a tumor.

1.3. Objective of this thesis

The objective of this study is to evaluate the impacts of the “patient-oriented” cancer patient management model on patient experience and satisfaction, and propose suggestions for improvement based on this. While alleviating the conflicts between doctors and patients, at the same time, it can also provide guidance and reference for patient-centered cancer management.

2. The literature reviewed for this project

Literature was reviewed from 2010 to 2023, using the Chinese and English languages, searching using Science Direct, PubMed, WELCH Medical Library, and CNKI database. There is are total of 41 resources identified for this paper. 15 English resources and 26 Chinese resources were referred to. Comprehensive findings are extracted and summarized. Those data are from both international and domestic perspectives; they give us a complete concept of cancer patient management. In order to have appropriate data, the author has gone through a search process (**Figure 1**)

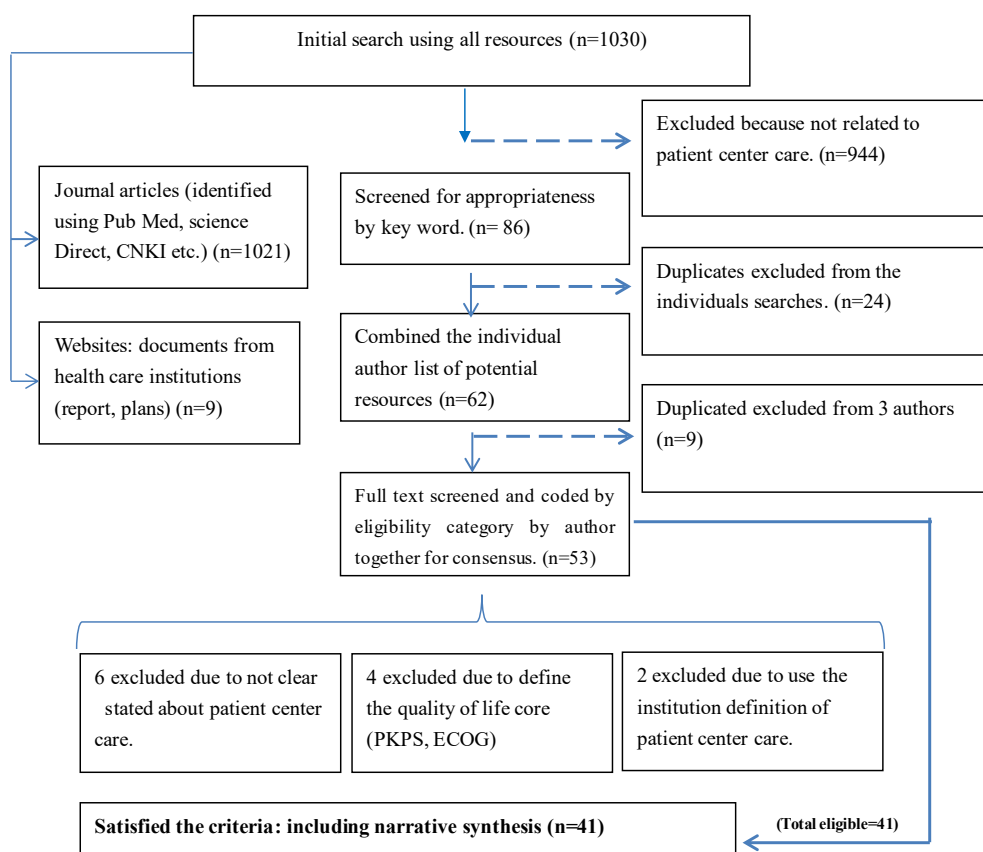


Figure 1. Article searching process

Overall impact of patient-oriented management, benefits associated with the consideration of their needs and preferences in health matters, including improvements in the quality of care provided better outcomes, and increased patient satisfaction.

2.1. Aligned with “being patient-oriented” principles

Nine articles argued that patients’ experience and satisfaction related to the hospital’s “being patient-oriented” principle. One article, “Cancer Treatment Should Be People-Oriented”, said cancers have brought great hazards to people. It is difficult to effectively control cancers and improve the prognosis with the existing treatments. Based on holism, Chinese medicine stresses the people-oriented treatment idea and insists on the integration of multiple treatment modes, including overall regulation, individualized treatment, and comprehensive treatment. It is of great inspiring significance for the development of cancer treatment ideas and methods ^[1].

In 2001, Beijing Cancer Hospital put forward the “people-oriented” concept, patient-centered, with good medical ethics, superb medical skills, beautiful environment, to provide high-quality services for patients, and patient satisfaction. According to the results of the internal survey, more than half (55.4%) believe that the core concept of hospital culture construction is people-oriented^[2]. Patient-centered quality care can improve the clinical efficacy of cancer chemotherapy treatment, improve the quality of life and patient satisfaction, which is worthy of clinical promotion^[3]. In the process of tumor care, medical personnel are not only caregivers, educators, and consultants, but also health managers who provide a full range of patient-centered services^[4]. Another article said through data comparison, “people-oriented” nursing mode is significantly higher than the general nursing mode in terms of doctor-patient communication satisfaction, environmental satisfaction, service satisfaction, and operation satisfaction, which is worth promoting^[5].

Zhu Yeqin from the Air Force Medical Aviation Medical Institute-affiliated hospital said in her research article, “Medicine is the science of studying human health and disease and their mutual transformation. The essence of medicine is human science, and human nature is the core and starting point of medical practice. People-oriented is patient-centered, from the perspective of human characteristics to fully consider the survival of patients, comfort, and emotional needs”^[6].

Health news weekly (December 3, 2018, Edition 005) published an article, “Value medical treatment calls for integrated service”, which said that only by establishing a people-oriented integrated service system can people improve the efficiency of China’s medical and health services as a whole^[41].

2.2. Continuity of care

Several authors argued for the continuity of care. In one article mentioned, paying attention to the improvement of the ward environment can improve the comfort level of patients and eliminate strangeness and resistance to the hospital. Psychological nursing can improve compliance and relieve pain. Strengthen medication guidance, can ensure clinical safety, reduce the incidence of toxic side effects; Continuous nursing is the important content of the new high quality nursing mode, so that patients get out-of-hospital care is conducive to the cultivation of good living habits, and can improve the effectiveness of disease prevention and control, and the current medical requirements^[7]. After more than two years of practice, the Sichuan provincial people’s hospital in combination with the practical situation of tumor specialized subject daytime treatment mode, changing ideas, the original ways to continuously improve and expand health care services, to provide patients with the whole, comprehensive, high quality health care services, to obtain the patient’s identity and satisfied, satisfactory results have been achieved^[8].

Another article from Sichuan Jian yang people’s hospital stated that “whole-process and active service: develop standard procedures for daily nursing service and disease care, especially for the nursing of patients’ toxic and side effects, so as to realize seamless whole-process service; Centered on the health of patients, it provides humanized, personalized and refined services to achieve seamless active services”^[9].

Wang Guo ping and Huo Shijun said “Operation mode positioning: oriented to the medical needs of cancer patients, the “chain” of cancer is “basic research, physical examination, early detection, early prevention, early diagnosis, early treatment, middle and late treatment, hospice care, post-discharge rehabilitation, health intervention”, And gradually the pre-hospital, after the courts, the court of the trinity “of integration, standardization, humanization services” in “Strategic management of modern cancer hospital”^[10].

2.3. Focus on patient satisfaction

Some articles focus on patient satisfaction. The satisfaction of patients is affected by their own quality of life. Through the evaluation of quality of life, body quality, body function score, etc., evaluation and intervention can improve the satisfaction of patients ^[11–12]. One article expressed that the satisfaction degree of patient care service refers to the patient's expectation of hospital medical care based on the requirements of health, disease, quality of life, and other aspects, and the evaluation of the service process. It is the core index to measure the quality of hospital medical service and the sum of theoretical knowledge, technical level, working attitude, and nursing effect of medical staff ^[13].

One article from Sweden argued that patients' satisfaction with care is highly affected by patient-centered handover in the oncology ward ^[14]. Another article from the New England Journal of Medicine focuses on the patient feedback is not credible because patients lack formal medical training, they believe that patient-satisfaction measures actually capture some aspect of "happiness" which is easily influenced by factors unrelated to care ^[15].

2.4. Patient experiences

One author from a viewpoint expressed that patient experience is a unique and vital aspect of hospital quality; HCAHPS is used in Hospital Value-Based Purchasing (HVBP). In 2015, the Patient Experience of Care domain accounted for 30% of the HVBP program's Total Performance Score (TPS), which affects 1.5% of CMS payments to hospitals. This domain is based on 8 equally weighted dimensions: nurse communication; physician communication; staff responsiveness; pain management; communication about medicines; discharge information; cleanliness and quietness of the hospital environment; and overall rating of the hospital ^[16].

Some articles said that in recent decades, patient experiences have gained a prominent place in research on quality of care ^[17–20]. In the search for a simpler and straightforward way of assessing patient experiences and satisfaction in surveys, there is growing interest in including a Net Promoter Score (or NPS) ^[21]. One author said in the McKinsey analysis that the key to satisfying customers is not just measuring what happened but also using the data to drive action throughout the organization.

Another article in a patient experience journal focuses on defining patient experience. The 2009 Health Leaders Media Patient Experience Leadership Survey 3 discovered that when it comes to defining patient experience, there are widely divergent views within the healthcare industry. They found that 35% of respondents agreed that patient experience equals "patient-centered care." 29% agreed it was "an orchestrated set of activities that is meaningfully customized for each patient", and 23% said it involved "providing excellent customer service." The remaining responses reflected patient experience meant "Creating a healing environment", being "consistent with what's measured by HCAHPS", or "other" than the options provided in the survey ^[22].

One article shows that patient experience includes good communication with hospital staff (doctor, nurse, pharmacist, receptionist, cashier, etc.); Convenient and reasonable workflow; Efficient and accessible medical resources; Warm and comfortable environment; Quality of care provided ^[23].

2.5. Other information

Some articles argued that insufficient health-care service causes long waiting time; expensive medical charges; poor staff skills, poor medical service environment; difficulty of access to care, etc., which caused patient dissatisfaction badly ^[1].

3. Methodology

3.1. Implementation of “patient-oriented” cancer patient management model

According to the current domestic medical environment, the patient experience, the pressure of social medical services, the current tense doctor-patient relationship, and the decreased trust between doctors and patients are deeply felt. On the one hand, the oncology professional personnel face great work pressure and high risk. On the other hand, patients' medical experience is not good enough to meet individual needs. In response to the above problems, the hospital integrated resources, advocated and implemented the “patient-oriented” cancer patient management model, and thereby improved patients' experience and satisfaction.

3.1.1. Ambulatory cancer care

The oncology center provides ambulatory cancer care, so the chemo patient is no longer restricted to waiting for a bed and complex hospital formalities. Outpatients are booked in advance, no matter the patient came for consultation or an oncology procedure, this treatment starts in the morning, and on the same day of the treatment, the patient can go home. For each appointment, the study is going to look at the patient's time and find the most convenient and appropriate time for them. Minimize patient waiting time. This gives patients more freedom to arrange their daily lives and makes it easier to maintain their social roles.

3.1.2. A warm and comfortable medical environment

The oncology center is a two-story independent building. From the clinic hall to the waiting area, and then to the consulting room and treatment room, the French windows are used to break the closed space, bringing the outdoor sunshine, green, and natural atmosphere into the room. The indoor environment is pleasing to the eye, giving the patient a bright and comfortable look, allowing the patient to see green vegetation, blue sky, and white clouds during the treatment, strengthening the patient's connection with nature, obtaining healing power from nature, and relaxing body and mind. At the same time, all the staff are gentle, polite, and serve with smiles. This provides a one-stop problem-solving service principle for non-medical issues.

3.1.3. Multidisciplinary team clinic

Individualized treatment plans with an effective multidisciplinary team approach. Time is life for cancer patients, and seizing the best time is conducive to achieving better treatment results. The multidisciplinary diagnosis and treatment model is exactly to solve such concerns of patients, and to focus on multidisciplinary wisdom to provide efficient and complete treatment plans. Avoid misdiagnosis and treatment. The multidisciplinary outpatient service brings together experts in oncology, surgery, radiotherapy, imaging, pathology, and other disciplines to make treatment plans for patients from different perspectives. To maximize the benefit of patients and increase patient experience. People all know the quality of medical care is patients' first basic need, significantly affecting their satisfaction. While bringing convenience to seek medical advice, model innovation also improves the curative effect of medical treatment and reduces costs by reducing duplication and waste. From this point of view, the construction of a people-oriented integrated medical service system can effectively solve the problem of difficult access to medical services.

3.1.4. Case manager role

The oncology center implemented a case management model that provides a clinical focus group (**Figure 2**), aiming to provide the same standard continuity care to patients. A case manager is a nursing staff member with the

knowledge and skills to provide specialized care. The case manager assigns patients to different disease groups. Focus group staff will do this part of patient management as a whole. Meanwhile, the case manager provides whole-process management and coordination for the treatment of tumor patients, coordinates the time of experts, and arranges the consultation. At the end of the consultation, the patient continued to be hospitalized, examined, treated, and followed up to provide efficient and professional assistance.

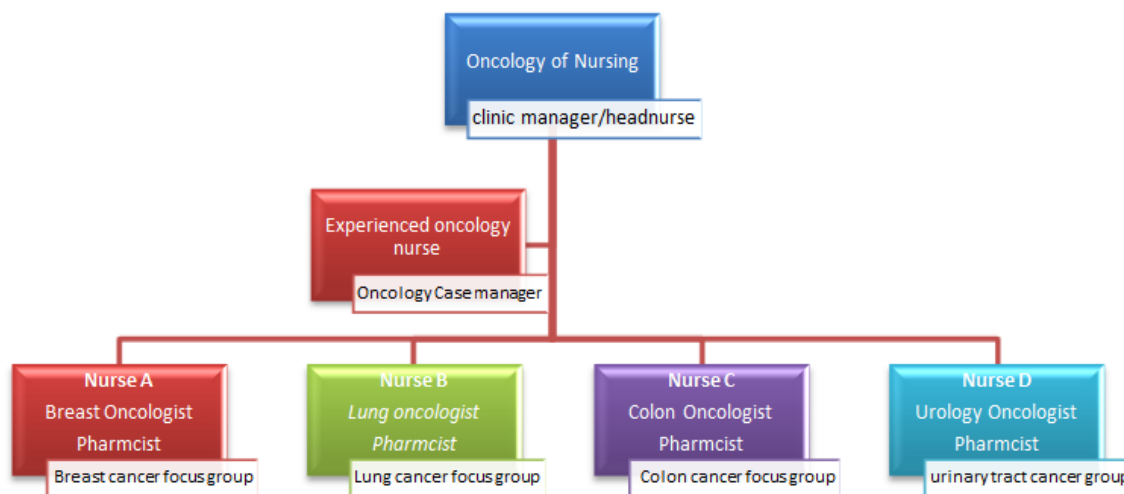


Figure 2. Clinical focus group charter

3.1.5. Oncology after-hours nurse triage hotline

Senior oncology nurses take turns on the 24-hour hotline. Even at the end of treatment, after the patient leaves the oncology center, the patient can feel the protection and care of their nurse by being able to contact them by telephone when needed, solving any issues with side effects and other emergencies in an efficient manner ^[24]. Post chemotherapy on day 3 and day 5, the patients may present the most serious side effects; the oncology nurse will take the initiative to do follow-up calls to the patient, truthfully record side effects in the medical system, and let side effects present a coherent dynamic record, in order to provide targeted and individualized prevention measures. Release the patient's anxiety of not having medical staff around if any complications occurred.

3.1.6. Comprehensive education

Effective communication enables people to understand the status and psychological burden of patients, which is very important for us to provide high-quality health education for patients. Before treatment, the nurse will make an appointment with the patient for health education and provide a comprehensive health education according to the needs of the patient. This includes an introduction to the oncology center environment, treatment patterns, chemotherapy workflow, drug side effects, adjuvant drugs, and diet and lifestyle guidelines. If the chemotherapeutic agent is a vesicant or irritant, the oncologist and nurse will arrange to place a central venous catheter, such as a port catheter or PICC, before treatment, in accordance with the guidelines of the Intravenous Infusion Therapy Committee (IITC). Before, during, and after treatment, the pharmacist will provide comprehensive education on medicine-related issues, not limited to current medication, but also including the drugs for potential therapeutic complications. Assess the patient's acceptance of the health message. Assess the

patient's acceptance in the form of role reversal, with the medical staff asking questions, the patient answering, or retelling.

3.1.7. Patient experience journal mapping project

The patient-oriented cancer management model project methodology has involved patient experience journal mapping, with the aims of decreasing unnecessary workflow, minimizing duplication of tasks, making staff more efficient, and increasing patient satisfaction. To achieve these aims, New Hope Oncology Center has drawn a mapping of a patient's visit journal (**Figure 3**). The study identifies unnecessary processes and bottlenecks and makes corresponding improvements. Meanwhile, encouraged patients to give feedback about what they see and what they feel, encouraging individual communication and positive responses. Interview the patient with 10 questions, analyze the feedback, and start an improvement plan accordingly, then do an evaluation. Form a closed loop to constantly improve the quality of care.



Figure 3. Patient visit journal

3.2. Data/information collection

In this study, data on patient experience and satisfaction were collected from January to December 2024. Data on patient experience and satisfaction from a previous record in 2023 were used for comparison.

3.2.1. Setting

A single-center retrospective review of NPS scores and patient interviews over 2023–24 was conducted in the Oncology Center of one private hospital in Beijing. Following receipt of each year's NPS results and patient interview results. Specific interventions for service improvements had been implemented. Increases in NPS scores and patient interview results over time were interpreted as indicating the success of such intervention(s), whereas NPS or patient interview results decreases were interpreted as failed interventions.

3.2.2. Patients

NPS: Patient with cancer >18 years old, who has a first visit to the Oncology Center, were invited to participate. Cognitively impaired patients and patients with a severely reduced general condition were excluded. Each patient

could only participate once.

Patient interview: Patients with cancer >18 years old, who have completed the first cycle of chemotherapy in New Hope Oncology Center, were invited to participate. Cognitively impaired patients and patients with a severely reduced general condition were excluded; each patient could only participate once.

3.2.3. Data collection

NPS: Patient who fulfilled the criteria received written and oral information about this study from the oncology service coordinator. Patients who were interested in participating in the study received questionnaires and were invited to respond within a week by email. A completed questionnaire was regarded as informed consent for participation.

Patient interview: Patient who fulfilled the criteria received written and oral information about this study from an oncology nurse. Patients who were interested in participating in the study received questionnaires and were invited to respond on the day of their treatment.

3.3. Questionnaires

3.3.1. Net promoter score

Many healthcare organizations have used patient satisfaction survey (PSS) measures such as net promoter score (NPS) to monitor staff performance quality. In the research for a simpler and straightforward way by assessing patient experience and satisfaction in a survey, there is growing interest in including an NPS. The NPS stems from management research and was introduced in 2003 by Fred Reichheld^[25]. The NPS is based on a single question: Is the doctor's explanation easy to understand? Participants can give an answer ranging from 0 (not at all likely) to 10 (extremely likely) (**Figure 4**). The assumption is that individuals scoring a 9 or a 10 will give positive word-of-mouth advertising^[21]; they are called "promoters." Individuals answering 0–6 are likely to be dissatisfied customers and are labelled as "detractors." The net promoter score is then calculated as the percentage of "promoters" minus the percentage of "detractors" as shown below.

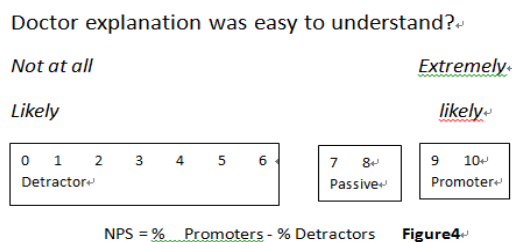


Figure 4. NPS question sample

The NPS questionnaires were designed by the patient service department according to hospital characteristics, approved by the quality & safety department, and the hospital management team.

3.3.2. Patient interview

Patient interview survey questionnaires were referred from the literature and amended by oncology department chair Richard Epstein, who is a professor at the University of New South Wales, Australia. The patient satisfaction survey is based on a single question: "How satisfactory have your telephone communications with New Hope Oncology Center been?" Participants can give poor, not very good, average, very good, and excellent (**Figure 5**).

The data above “average” will be considered a positive response, and if lower than “Average” will be considered not satisfied.

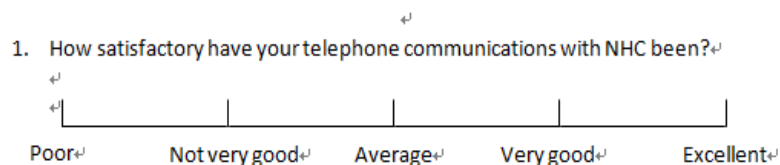


Figure 5. Patient satisfaction survey question sample

3.3. Analysis of data

This study has used annual aggregated NPS scores to assess changes in the quality of Oncology service delivery over a one-year period, and by doing so, to infer the success or failure of improvement interventions in response to these NPS data. Following receipt of each year’s NPS results, specific interventions for service improvements had been implemented. Increases in NPS scores over time were interpreted as indicating the success of such intervention(s), whereas NPS decreases were interpreted as failed interventions.

Patient interview data, if a positive response is gradually more than negative feedback, will reflect that the “patient-oriented” cancer management model is good and could be copied in other institutions.

4. Result

NPS data: There are 680 patients fulfilling the inclusion criteria during the study period, 238 chose to participate in the study, and the NPS overall response rate is 35%. Of the responding patients, the mean age was 53 years in the total sample, ranging from 18–76 years. The patient in the previous study used for comparison was similar in terms of age.

Patient interview data: There are 50 patients fulfilling the inclusion criteria during the study period. 36 actively participated in the study. It was reaching an overall response rate of 72%. The mean age was 49 years in the total sample, ranging from 18–65 years. The patients in the previous study used for comparison were similar in terms of age.

4.1. NPS result

The major outcome of this study was that patient satisfaction significantly improved after New Hope Oncology Center implemented a “patient-oriented” cancer patient management model. It can be clearly understood by comparing the bar chart with the NPS data of different years in 2023 and 2024 (**Figure 6**).

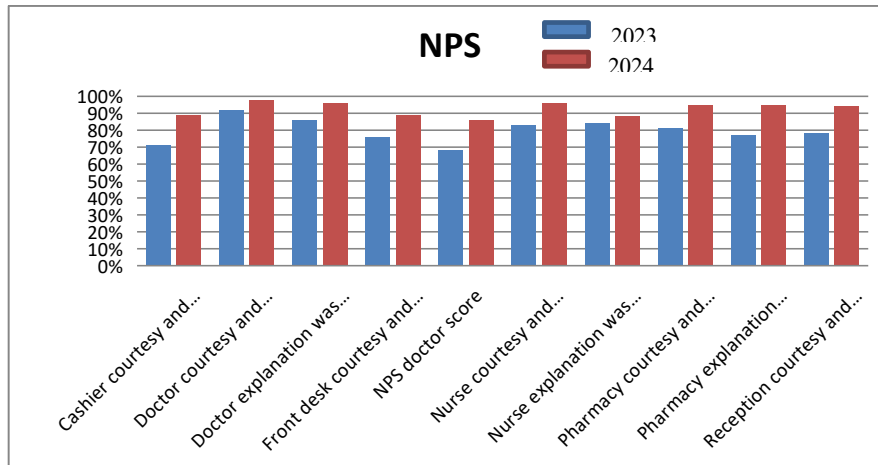


Figure 6. NPS data

4.2. Patient interview result

The comparison data from the patient interviews in 2023 and 2024. It shows the patient's experience improvement in all aspects of a single question (Figure 7).

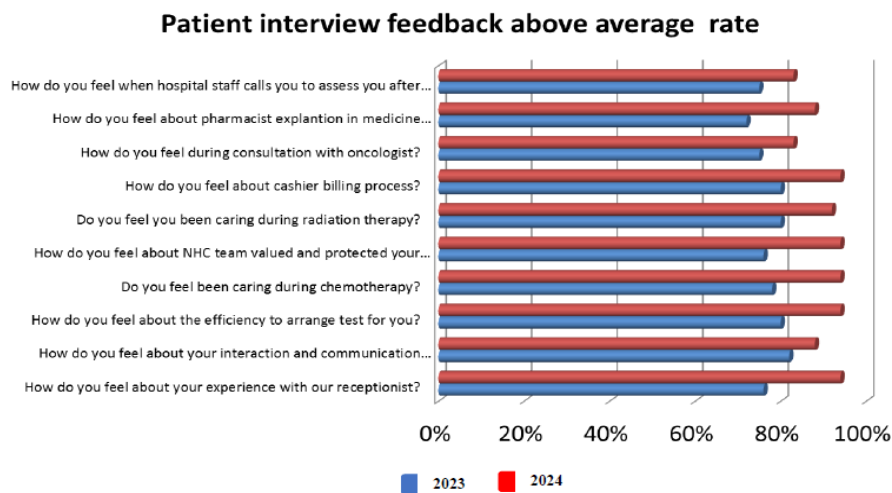


Figure 7. Patient interview data

5. Discussion

In this study, patient experience and satisfaction are investigated two years before and after the new hope oncology center implemented a “patient-oriented” cancer patient management model. There are several key aspects been identified which could affect patient experience and satisfaction.

5.1. Communication

Communication among human beings is complex and often is neither linear nor necessarily accurate. Hence, communication skill is described as the most important required feature for people working in the healthcare

sector. Statistics show that insufficient communication between doctors and patients leads to about 2/3 of the total medical disputes. According to a survey on doctor-patient relationship cognition, 85.3% of doctors believe that the reason for the poor relationship between doctors and patients is too little communication, while 58.5% of patients believe that there is a lack of communication. Medical staff who are working in an oncology center require more patience and care when communicating with patient and their family. As one question lists “how do you feel about your interaction and communication with the NHC nurse?”, this is evaluating the effectiveness of communication. The satisfaction rate is gradually increasing from 82% in 2023 to 88% in 2024. This is all due to the training of medical staff in communication courses.

5.2. Service consciousness

“Patient-oriented” cancer patient management service philosophy is not a slogan. Instead, it is embodied in concrete and practical actions in daily work. Put ourselves in the patient’s shoes and consider the service needs. The hospital set up a case manager role who works as the patient’s advocate or disease manager. Arrange all medical-related work. Maximize the benefit to the patient. The questionnaire “How do you feel about the efficiency of arranging a test for you?” evaluates the efficiency of case management. The growth trend is from 80% to 94%. Another two questionnaires of “Do you feel you have been caring during chemotherapy?” “Do you feel you have been cared for during radiation therapy?” evaluates the patient’s real feelings. It can well reflect the service consciousness of medical staff. The data are 78% (2023)–94% (2024), and 80% (2023)–92% (2024).

5.3. Disease characteristics

Cancer patients are facing more pressure than patients who are diagnosed with other diseases like diabetes or heart problems. By providing a “patient-oriented” management model, the hospital aims to improve patient experience and satisfaction ^[26]. For the high degree of disease malignancy, the patient is under great psychological pressure, a heavy economic burden, and other characteristics. Oncology provides an individualized treatment plan with an effective multidisciplinary team approach. Those treatment plans will be carried out in the outpatient service. This gives patients more freedom to arrange their daily lives and makes it easier to maintain their social roles. On the other hand, it could reduce medical costs. To help patients through value-added hospital services and to help patients manage complications. Like oncology after-hours Nurse Triage hotline; post-treatment calls on day 3 and day 5. This was evaluated through a simple questionnaire of “how do you feel when hospital staff call you to assess you after chemotherapy?” The patient interview data shows that it has significantly affected patient satisfaction from 75% (2023) to 84% (2024).

5.4. Medical quality

Quality of medical care is patients’ first basic need, significantly affecting their satisfaction. The oncology center provides a multidisciplinary team discussion for all cancer patients who need treatment ^[27–28]. This will ensure the quality of medical care. Compared the 5-year survival in stage IV head and neck cancer when treatment was or was not determined in a multidisciplinary team discussion. 5-year survival was significantly improved by the multidisciplinary team discussion ^[29]. In 2012, one article showed reduced relative risk of death in oral cavity cancer patients with versus without therapeutic discussion in multidisciplinary team discussion ^[30]. Multidisciplinary team discussion recently became mandatory, but its interest for the patient and benefit in terms of survival has been demonstrated ^[29]. Patients are not to be treated wherever they go. Instead, patient-oriented,

internal medicine, surgery, radiotherapy, pathology, social psychology, and other related disciplines participate together to make comprehensive treatment decisions according to the specific situation of patients^[19, 31]. This form can break down the barriers between disciplines, reduce the deviation of judgment caused by a doctor's insufficient understanding of the disease, and maximize the benefit of patients.

5.5. Waiting time

The length of waiting time greatly affects the satisfaction of patients^[32]. One article stated patients were not bothered by waiting time, and waiting time was largely considered stressful^[29]. To quantify feedback, interviewed all 2024 new patients using a satisfaction survey comparing experiences with previous data. There is one questionnaire related to waiting time, and the patient satisfaction rate ranges from 50% to 89%. There is a big improvement.

6. Conclusion

The oncology center implemented a “patient-oriented” cancer management model. This integrated service aims to maximize the benefit of patients. Net promoter score (NPS) is one important measurement of patient satisfaction. The survey results offer data from different angles, comparing the data before intervention in 2023 and after intervention in 2024. Meanwhile, in parallel with the rising quality of oncology treatment and nursing care, patient volume in NHC has increased briskly over the past years. These results strongly suggest the success of improvement interventions in the department based on NPS score and patient interview results. The study concludes that NPS scores and patient interview results can provide valuable administrative guidance for the introduction of clinical service improvement interventions. This can bring the value of medical services to patients. First, providing a comprehensive and full-cycle health service system; second, implementing the integration of people-oriented services; third, carrying out a quality and efficient service system.

In patient-oriented care, health care providers play a key role in inviting and encouraging patients to plan an active role in their care and the decisions that affect their health and well-being. This “patient-oriented” cancer management model is a sustainable method to improve patient satisfaction that has a demonstrable impact on important clinical outcomes, and can be spread across different regions and hospitals^[33–34].

7. Recommendations

In the medical oncology work, “people-oriented” care mode better reflects the concept of humanization, fully embodies the patient-centered, this new care mode can not only effectively improve patient satisfaction, but also help medical staff to improve their ability to perform their duties, reflecting the concept of harmonious society^[35]. “People-oriented” mode of nursing work, medical personnel to the interests of the patients in a more prominent position, also providing care and help to patients, respecting patients with respect personal dignity, protecting the rights of patients' needs, providing a good medical environment for patients. Initiate and implement “people-oriented” model of care, is the traditional care concept and mode of innovation and reform, to help medical staff work in further establish taking patients as the center of the service concept, and further improve their role and ability in comprehensive care, further improve the quality of nursing of the patients with, improve the satisfaction of the patient and family, building a good image^[36–37].

Always be people-oriented, pay attention to the importance of the whole in the process of disease, and pay

attention to the overall adjustment. Adhere to individualized and comprehensive treatment while being people-oriented. Reduce the pain of patients, improve the quality of life, and improve satisfaction ^[38–40].

8. Limitations

The author recognizes that this study has a number of limitations. First, this study was conducted in just one of the institutions located in the capital of China, so the patients in the study sample were not selected with a specific probability. Patients who met the study inclusion criteria were included in the study sample. Therefore, the study results cannot be generalized to all patients. Second, a single indicator about general satisfaction is used, and the patient expectation measures are not included in this study. Thus, future research based on more comprehensive instruments for better measurements may provide a more robust and comprehensive study framework.

Disclosure statement

The author declares no conflict of interest.

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