Abstract

Background: This study was carried out as a cross-sectional descriptive study at the Specialized Fertility Clinic of Castle Street Hospital for Women, Colombo-08. It is the initial such clinic to be established in Sri Lanka with a qualified Consultant specialized in the field of Subfertility.

Objective: To describe Patient Centred Care and its Associations with Quality of Life and Distress among the Infertile Women attending the Fertility Clinic at Castle Street Hospital for Women.

Methodology: A self-administered Patient Centred Care Questionnaire (PCC-Q) containing 28 overall questions under 6 main domains of PCC was used to collect information from a sample of 425 patients on a 6 point Likert Scale. A Visual Analogue Scale developed by Hyland and Sodergren (UK) in 1996, was used to assess perceived quality of life & Kessler-6 scale was used to analyze distress of the same sample.

Results: With an overall response rate of 92.4%, Sinhalese female patients of 31-35 years of age, educated above GCE O/L and employed, made most of the study population. Many of them were living separately as a couple (49.1%) with an average monthly income of Rs. 30,001- 50,000 (45.5%). Majority (65.6%) were primary subfertile, with 34.4% being secondary subfertile.

Although 13.5% were found to be married for 10 years or more, most of them were married for less than 2 years (38.4%). Many of them were attending the clinic from 30km or far (53.7%) and were on treatment for infertility for 3 to 7 years (40.7%).

Patient Centred Care (PCC) was assessed by giving a scoring between one to six with a score of 6 for full satisfaction and lowest score of 1 for total dissatisfaction. All 6 subscales of PCC showed overall positive patient experience with the highest score of 4.96 obtained for overall staff communication. However, although the 'overall' patient centredness showed positive patient experiences, when considering the 28 items of the PCC-Q separately, satisfaction for waiting time for surgery and referral to other clinics had shown least positive experiences (total mean scores of 3.87 and 3.95 for each item respectfully). Very high patient satisfaction was found with necessary drugs being available at the clinic (5.35), cleanliness of environment (5.16), privacy when discussing problems with doctors (5.12) and listening by health staff (5.06).

Regarding Quality of Life a maximum of 36.6% of the sample had stated their quality of life to be 'Good' with 7.4% of the sample rated between 'Somewhat Bad' to 'Extremely Bad'. With concern to assessment of distress, 35.4% of the sample was more likely to have been suffering from Psychiatric Illness.

A positive correlation (r=0.084) was found between PCC and QOL where as a negative correlation (r = -0.031) was found between PCC and Distress, both of which were found to be insignificant (p=0.095 and p=0.534 respectively).

Conclusions: Patients rated an overall positive experience regarding the patient centredness of care provided by the Specialized Fertility Clinic at Castle Street Hospital for Women. Hence this clinic set-up can be used as a guide when expanding fertility services islandwide. The questionnaire developed in this study can be used as a reliable, valid tool to assess the quality of care provided by other fertility clinics in Sri Lanka, thereby allowing generalization of the results to national level.

There was no correlation found between patients' Quality of Life and Distress with the Patient Centred Care received. Therefore it was considered that these two factors had not made a significant impact when answering the PCC-Questionnaire.

Recommendations.

Implementing a simple tool to periodically assess the psychological well-being of the patients and appointing a specialized psychiatric counselor to this unit was thought to be mandatory. Bringing about an appointment system for consultations and ultra sound scanning,

providing more written information to its patients and increasing theatre facilities

would enhance the quality and productivity of this specialized clinic.

Key words: Patient Centred Care, Infertility, Quality of Life, Distress

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