

Communication and Respect for Patient Value as Significant Factors in Patient-Centered Infertility Care: A Survey of Patients' Experiences in Two Infertility Centers

Achmad Kemal Harzif, Nadia Shafira¹, Ana Mariana², Bara Tracy Lovita², Heidi Dewi Mutia², Mila Maidarti, Gita Pratama, Budi Wiweko

Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, Faculty of Medicine, Universitas Indonesia, Dr. Cipto Mangunkusumo General Hospital, ¹Department of Obstetrics and Gynecology, Faculty of Medicine, Universitas Indonesia, Dr. Cipto Mangunkusumo General Hospital, ²Indonesian Reproductive Medicine Research and Training Center (INA-REPROMED) of Faculty of Medicine, Universitas Indonesia, Dr. Cipto Mangunkusumo General Hospital, Jakarta, Indonesia

ABSTRACT

Context: The patient-centered infertility care (PCIC) approach emphasizes the patient's role in choosing the most appropriate clinical approach in infertility care. The concept can improve the patient satisfaction with care performed as well as the efficacy of the treatment. In addition, this concept can also lead to improve collaboration between patient and care provider, ultimately supporting a more cost-effective health-care scheme. **Aims:** This study was developed in order to determine patients' experience in their PCIC. **Settings and Design:** This is a descriptive study. We conducted the study in two fertility care clinics, Clinic A and Clinic B. **Subjects and Methods:** The Patient-Centeredness Questionnaire-Infertility (PCQ-I) was used, consisting of 7 essential themes. The questionnaire was completed by consenting patients in two infertility clinics. **Statistical Analysis Used:** The questionnaire was analyzed using the Statistical Package for the Social Sciences 21 version statistical software. **Results:** Eighty-eight Clinic A patients who completed the questionnaire responded that the best element of their treatment received was communication (correlation with global score [CGS]: 0.747), whereas the least acceptable aspect was the low accessibility (CGS: 0.211). A total of 20 Clinic B patients responded that the best element of their treatment received was respect for the patient's value (CGS: 0.866), whereas the least acceptable aspect was also the low level of accessibility (CGS: 0.193). **Conclusions:** The PCQ-I can be used to evaluate patients' experience during treatment and may help the health-care provider to improve their performance.

KEYWORDS: Communication, infertility, patient-centered infertility care, patient value

INTRODUCTION

Infertility care is a highly sensitive, comprehensive treatment that requires the health-care professional to provide respect and to put the patient at the center of clinical decision-making. This so-called "patient-centered care" (PCC) has begun to replace illness-based services as the main approach in patient treatment.^[1-5]

In the 1980s, a patient-centered approach started to be adopted in the medical field, where it focused on

patients' role in the decision-making process. This method of care provides a service aimed at respecting the patient's value, responding to individual needs, while ensuring that the patient understands all of the clinical decisions being made.^[6,7] The PCC approach emphasizes the patient's role in choosing the most appropriate clinical approach and is defined as giving

Address for correspondence: Dr. Achmad Kemal Harzif, Pangeran Diponegoro Street No. 71, Kenari, Central of Jakarta, 10430, Indonesia. E-mail: kemal.achmad@gmail.com

Received: 30-06-2019
Accepted: 14-12-2019

Revised: 01-11-2019
Published: 07-04-2020

Access this article online

Quick Response Code:



Website:
www.jhrsonline.org

DOI:
10.4103/jhrs.JHRS_62_19

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Harzif AK, Shafira N, Mariana A, Lovita BT, Mutia HD, Maidarti M, et al. Communication and respect for patient value as significant factors in patient-centered infertility care: A survey of patients' experiences in two infertility centers. J Hum Reprod Sci 2020;13:22-5.

care that is respectful and responsive toward the individual's preferences and needs, making sure that the patient's value supports all clinical decisions. PCC aims specifically to achieve high-quality care that is also safe by avoiding unnecessary risk and injuries to patients.^[1,3,4,8,9]

The concept of PCC is important, as it benefits both the patient and clinician by improving their satisfaction with the care performed, as well as the efficacy of the treatment.^[4,8,9] This concept can also lead to improved collaboration between patients and care providers, which reduces errors, miscommunications, and complaints leading to lawsuits, ultimately supporting a more cost-effective health-care scheme.^[10]

The main reason to implement PCC in infertility services is that the problem of infertility brings major physical and emotional burdens to the couple, with the treatment process playing a major role in the outcome.^[2,3,6] This includes reducing the dropout rate from treatment.^[1,2,5,9] This study was, therefore, developed to determine and evaluate the patient experience in the patient-centered infertility care (PCIC).

SUBJECTS AND METHODS

Questionnaire

The questionnaire used was the Patient-Centeredness Questionnaire-Infertility (PCQ-I),^[1] developed by the reproductive medicine research team from one university in collaboration with one of the medical centers; the questionnaire was translated by the researcher. We conducted a preliminary trial on ten respondents and do interviews after they filled the questionnaire. All ten respondents had no difficulties in filling the questionnaire. This PCQ-I consists of 47 questions, divided into seven themes: accessibility, information, communication, patient involvement, respect for patient values, continuity in treatment, and health-care provider competence and the last question about global clinic satisfaction. Each theme ranged from 0 to 3, 0 indicating a least satisfactory and 3 indicating a higher satisfactory. The global satisfaction score ranged from 0 to 10, 0 indicating the lowest and 10 indicating the highest level of satisfaction.

Subjects

Inclusion criteria include all patients seeking infertility treatment and having age 18–45 years old, whereas exclusion criteria included patient inability to complete the questionnaire or who refuse to be a participant. In this study, we did not control for bias (e.g., demographics and education level of participants). Our study conduct in April and May 2016. We recruited our participants by

using systematic sampling by recruit patients with the odd-queue number. The consenting patients were given complete explanations of the questionnaire in person during the waiting time in the clinic.

The questionnaire was completed by consenting patients of both the clinics. Clinic A provided individualized treatment from different physicians, and a physician of their choice will treat each patient throughout the treatment. Meanwhile, patients in Clinic B received team-based service, which means that a team of practicing clinicians will provide treatment for each patient with standardized protocols.

Statistical analysis

Data from the questionnaire were analyzed using the Statistical Package for the SPSS Statistics for Windows Version 21.0 released 2012 manufactured by IBM in Armonk, New York. The respondent characteristics were analyzed using descriptive univariate analysis and provided with *n* and percentage. The PCQ-I items were analyzed using Cronbach's alpha to measure correlation with global score (CGS) and determine the most satisfactory factor for the patient in each theme. Correlation with global score is correlation between individual themes and overall clinic satisfaction score.^[11] The global or overall clinic satisfaction score is the latest questions and it ranged from 0 to 10, 10 indicating the highest level of satisfaction and 0 indicating the lowest. This analysis is similar to that used by Streisfield *et al.*^[11] The result of GCS will be ranked to look for the best and worst factors contributing to patients' satisfaction of the treatment given by the *in vitro* fertilization (IVF) center.

Ethical approval

The authors have received written informed consent from individuals for this study. This study was approved by the Ethics Committee of the Faculty of Medicine on March 7, 2016 (reference number: 212/UN2.F1/ETIK/III/2016). Written consent for participation was obtained from all study participants.

RESULTS

Participant characteristics

The respondents' characteristics are shown in Table 1. Consenting individuals of the study who participated and completed the questionnaire were 88 patients from the Clinic A, with an age range of 28–42 years, and 20 patients from the Clinic B, with an age range of 27–41 years.

Patient responses to the questionnaire

Patients of each clinic had answered to several questions in the PCQ-I questionnaire. These questions were divided into seven themes, which each theme consisted of 5–10

satisfaction-related queries and the last one question pertaining to global satisfaction score. The answers were then put into categories, inserted to the SPSS table, and analyzed. The mentioned elements analyzed were accessibility, information, communication, patient involvement, respect for patient values, continuity in treatment, and health-care provider competence. Of all seven components, the best and worst dimensions were determined and linked to patient's satisfaction to overall treatment.

The correlation between patients' responses for the seven dimensions is shown in Table 2. The higher CGS values gave a higher significance of each factor to patient's satisfaction. CGS is a correlation with global score which correlates each dimension with global satisfaction score. Clinic A patients responded that the best elements of treatment were communication and competence, with CGS values of 0.747 and 0.743, respectively. Their least preferred component of treatment was accessibility, with a CGS value of 0.211. Clinic B patients responded that the best elements of treatment were information and respect for patient value, with CGS values of 0.810 and 0.866, respectively, whereas their least preferred component was also accessibility, with a CGS value of 0.193. In this study, no patients at each clinic were excluded or declined to be part of the study.

Table 1: Respondents' characteristics

Respondents' characteristics	Clinic A (n=88)	Clinic B (n=20)
Age (years)	28-42 (34.2±2.85)	7-41 (33.9±4.59)
Educational background, n (%)		
Elementary school	19 (21.5)	5 (25)
Middle school	27 (30.68)	5 (25)
University	36 (40.9)	10 (50)
Treatment, n (%)		
No treatment	21 (23.8)	2 (10)
Insemination	18 (20.45)	5 (25)
Ovulation induction	27 (30.68)	3 (15)
IVF/ICSI	12 (13.6)	10 (50)
Others	8 (0.9)	

IVF=*In vitro* fertilization, ICSI=Intra cytoplasmic sperm injection

Table 2: Correlation between questionnaire dimensions

Questionnaire dimensions	Correlation with Global Score*	
	Clinic A	Clinic B
Accessibility	0.211	0.193
Information	0.453	0.810
Communication	0.747	0.668
Involvement	0.605	0.775
Respect	0.341	0.866
Continuity	0.667	0.364
Competence	0.743	0.323

*Analyzed using Cronbach's alpha

DISCUSSION

PCIC is an important practice that must be implemented by the medical caregiver, as it leads to a better outcome in treating patients with infertility problems comprehensively, thus decreasing the dropout rate.^[1,11,12] The success of PCIC depends on both organizational and individual factors. At an organizational level, important factors include the need for the health-care provider to give both general information concerning infertility treatment and personal information to the patient.^[1] This information includes specific information according to the patient's case; the competency of the physician and the staff and the quality of management; the coordination and integration of examination results with financial administration; phone accessibility in case of emergency or professional consultations; and the provision of accommodation offering a private, comfortable environment that is spacious, peaceful, and well maintained. Other important social factors include the positive attitude of staff and their good relationship with the client, good communication with fertility care staff, patient involvement in the decision-making process, and emotional support.^[12]

Patient-centered fertility services cover the needs and priorities identified by patients and design applicable programs to improve care by reducing potential miscommunication between health-care professionals and patients,^[12] which may positively affect patients' emotional health, functional and physiologic issues, and pain control, as well as reducing/resolving symptoms and distress due to illness or treatment.^[11]

A 2011 study by Dancet *et al.* encouraged fertility clinics to improve patient-centeredness by taking into account the detailed description of the questionnaire dimensions.^[1] Our study showed that patients in both the centers ranked accessibility as the least satisfactory, which could indicate that patients prefer more access to infertility information. Considering that age and educational background were similar for patients in the two clinics, different treatments might have different outcomes, potentially affecting how patients felt about the treatment.

The current study revealed that communication was the most valued elements in patients' infertility care in Clinic A, which provides individualized treatment, whereas patients in Clinic B stated that respect for patients' values was the most satisfactory, although the difference of the treatment approach to the patient was not been analyzed thoroughly. This highlights the importance of these aspects for the patient under fertility

care, aspects for which they demand better information and respect. This result is supported by a 2013 study by Huppelschoten *et al.*, which reported that patients that rated the respect for patient's values lower tended to drop out of the treatment program.^[13] An improved capability to provide adequate information and a supportive attitude of the medical staff were the major important areas of improvement reported by patients with infertility.^[2]

CONCLUSION

The PCQ-I questionnaire can be used to evaluate patients' experience during treatment and may help the health-care provider identify factors lacking in PCIC, as well as aspects that may need improvement. This study was a pilot study to evaluate patients' response toward the treatment and aimed to gain a better understanding of the infertility care provider to improve factors least satisfactory to their patients. Our study found that communication and respect to patients' values are important and were ranked satisfactorily in the two IVF centers. Patients identified that accessibility could be improved to enhance patients' satisfaction and quality of infertility care. One of the limitations of our study was that we did not conduct a reliability test due to the limited time and a number of samples in our study. Our inability to perform a reliability test might affect the findings of this study. A larger multicenter study is needed to overcome the heterogeneity of the population.

Acknowledgment

The authors would like to thank all participants and supervisors that contributed to the work in this study.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Dancet EA, van Empel IW, Rober P, Nelen WL, Kremer JA, D'Hooghe TM. Patient-centred infertility care: A qualitative study to listen to the patient's voice. *Hum Reprod* 2011;26:827-33.
2. Schmidt L, Holstein BE, Boivin J, Tjørnhøj-Thomsen T, Blaabjerg J, Hald F, *et al.* High ratings of satisfaction with fertility treatment are common: Findings from the Copenhagen multi-centre psychosocial infertility (COMPI) research programme. *Hum Reprod* 2003;18:2638-46.
3. Silow-Carroll S, Alteras T, Stepnick L. Patient-centered Care for Underserved Populations: Definition and Best Practices. Washington, DC: Economic and Social Research Institute; 2006.
4. Laine C, Davidoff F. Patient-centered medicine. A professional evolution. *JAMA* 1996;275:152-6.
5. Little P, Everitt H, Williamson I, Warner G, Moore M, Gould C, *et al.* Preferences of patients for patient centred approach to consultation in primary care: Observational study. *BMJ* 2001;322:468-72.
6. Boivin J, Takefman J, Braverman A. The fertility quality of life (FertiQoL) tool: Development and general psychometric properties. *Hum Reprod* 2011;26:2084-91.
7. Boivin J, Domar AD, Shapiro DB, Wischmann TH, Fauser BC, Verhaak C. Tackling burden in ART: An integrated approach for medical staff. *Hum Reprod* 2012;27:941-50.
8. Brandes M, van der Steen JO, Bokdam SB, Hamilton CJ, de Bruin JP, Nelen WL, *et al.* When and why do subfertile couples discontinue their fertility care? A longitudinal cohort study in a secondary care subfertility population. *Hum Reprod* 2009;24:3127-35.
9. Custers IM, van Dessel TH, Flierman PA, Steures P, van Wely M, van der Veen F, *et al.* Couples dropping out of a reimbursed intrauterine insemination program: What is their prognostic profile and why do they drop out? *Fertil Steril* 2013;99:1294-8.
10. van Empel IW, Aarts JW, Cohlen BJ, Huppelschoten DA, Laven JS, Nelen WL, *et al.* Measuring patient-centredness, the neglected outcome in fertility care: A random multicentre validation study. *Hum Reprod* 2010;25:2516-26.
11. Streisfield A, Chowdhury N, Cherniak R, Shapiro H. Patient centered infertility care: The health care provider's perspective. *Patient Exp J* 2015;2:93-7.
12. Jafarzadeh-Kenarsari F, Ghahiri A, Zargham-Boroujeni A, Habibi M, Hashemi M. Patient-centered fertility care: From theory to practice. *J Midwifery Reprod Health* 2016;4:712-9.
13. Huppelschoten AG, van Dongen AJ, Philipse IC, Hamilton CJ, Verhaak CM, Nelen WL, *et al.* Predicting dropout in fertility care: A longitudinal study on patient-centredness. *Hum Reprod* 2013;28:2177-86.