

Contents lists available at [ScienceDirect](http://www.sciencedirect.com)

Middle East Fertility Society Journal

journal homepage: www.sciencedirect.com

Review

Patient-centered infertility care from an Arab perspective: A review study

Hana Hasan Webair*, Tengku Alina Tengku Ismail, Shaiful Bahari Ismail

School of Medical Sciences, Universiti Sains Malaysia, Malaysia

ARTICLE INFO

Article history:

Received 27 September 2017

Accepted 11 October 2017

Available online xxxxx

Keywords:

Patient-centered care

Satisfaction

Infertility

Arab

ABSTRACT

Background: Patient-centeredness was listed as the sixth quality element by the Institute of Medicine in 2001. Cultural differences should be acknowledged when defining patient-centeredness. Although there are numerous sources of literature that studied patient-centered infertility care, few include members of the Arab population.

Objectives: This review aims to answer two questions: What do Arab patients prefer, value, and expect from infertility medical care? How was patient-centered infertility care studied in Arab patients?

Search strategy: A systematic search was conducted on seven electronic databases published up until March 2017.

Selection criteria: Studies evaluated the infertile patients' preferences and expectations concerning infertility care. Participants were Arab patients who sought care for infertility. The outcome was patient-centered infertility care.

Data collection and analysis: The reviewers carried out data extraction of specific outcomes and evaluated each study using the Mixed Methods Appraisal Tool.

Main results: A total of 629 citations were identified. However, only 6 were eligible for analysis. All studies were monocentric. All but one of them were quantitative. The patient-centered care outcome measures in most of the studies were respect for patients' preferences and/or physical comfort concerning a specified diagnostic or therapeutic intervention. Only one study explored patients' experiences and found that emotional support, information, communication, education, and coordination and integration of care were appreciated dimensions.

Conclusions: We found that no study comprehensively described what infertile Arab couples prefer, need, and value. A contributing factor to this conclusion may be in the methodologies used. Further studies are needed to adequately answer the research questions.

© 2017 Middle East Fertility Society. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Contents

1. Introduction	00
2. Methods	00
2.1. Literature search	00
2.2. Inclusion criteria	00
2.2.1. Types of studies and study population	00
2.2.2. Outcomes	00
2.3. Exclusion criteria	00
2.3.1. Quality assessment	00
2.3.2. Management of the literature	00
3. Results and discussion	00
3.1. Study characteristics	00

Peer review under responsibility of Middle East Fertility Society.

* Corresponding author.

E-mail address: hhwebair@gmail.com (H.H. Webair).<https://doi.org/10.1016/j.mefs.2017.10.003>

1110-5690/© 2017 Middle East Fertility Society. Production and hosting by Elsevier B.V.

This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).Please cite this article in press as: H.H. Webair et al., Patient-centered infertility care from an Arab perspective: A review study, Middle East Fertil Soc J (2017), <https://doi.org/10.1016/j.mefs.2017.10.003>

3.1.1.	Study population	00
3.1.2.	Methodology	00
3.1.3.	The type of infertility care evaluated and/or received	00
3.2.	PCC outcomes	00
4.	Conclusion	00
	Contribution to authorship	00
	Funding	00
	Details of ethics approval	00
	Conflict of interest	00
	References	00

1. Introduction

The World Health Organization (WHO) estimated that 25% of couples in developing countries have been affected by infertility during their lifetime [1]. In 190 countries, the overall prevalence of infertility among women has remained the same from 1990 through 2010 [1]. Infertility has been defined as a “disease” that results in disabilities [2]. Evidence from literature indicates that infertility in women significantly affects their quality of life [3]. Unfortunately, infertile couples have unmet needs, especially in settings with limited resources, because global community health efforts often neglect infertility care [2,4].

Implementation of Patient-Centered Care (PCC) in fertility management was found to be directly associated with the couples' wellbeing [5]. PCC for infertility starts by identifying the couples' needs and preferences and considering the sociocultural characteristics of the community [6].

The cultural and religious features of Arab populations, along with the patriarchal nature of these societies, greatly influence the beliefs, preferences, and health-seeking behavior of infertility sufferers [7–9]. Thus, healthcare providers should handle infertility issues carefully and respectfully, keeping in mind that certain elements in the Western biomedical system may be not acceptable (and possibly prohibited) in other cultures or religious groups [7,8,10–17]. Specifically, the religious concerns of Arab–Muslim patients are known to significantly affect clinical care, and they raise the need for culturally competent healthcare practitioners [18].

Picker Institute specified 8 general PCC dimensions: “(1) Respect for patients' values, preferences and expressed needs, (2) Coordination and integration of care, (3) Information, communication, and education, (4) Physical comfort, (5) Emotional support and alleviation of fear and anxiety, (6) Involvement of family and friends, (7) Transition and continuity, and (8) Access to care” [19].

A systematic review conducted in 2009 regarding the patients' perspective on infertility care revealed significant methodological limitations. This indicated the need for the development and validation of a tool measuring patient-centeredness in fertility care [20].

In 2010, Dancet et al. provided a detailed description of patient-centered infertility care (PCIC) for European patients [21]. The PCIC model is the first patient-centered care model created from the patients' perspective, and it is validated internationally across Europe [22]. Later, van Empel et al. developed the Patient-centeredness Questionnaire–Infertility (PCQ–Infertility), a valid and reliable instrument for measuring patient-centeredness in fertility care [23]. However, this tool represents the European perspective, and it has not been validated in Arab populations.

An overview of literature studying patient-centeredness in fertility care revealed many studies and systematic reviews conducted on the topic. Unfortunately, most of the studies were not conducted on Arab populations. Patient-centeredness is sensitive to individual cultures. Values of infertile European couples may

not be the same in Arab populations, especially because of religious and cultural differences.

Therefore, we embarked upon this review to systematically gather, evaluate, and determine what infertile Arab patients prefer, value, and expect from infertility medical care. This overview also aimed to examine the methods and qualities of studies concerning patient-centered infertility care for Arab patients. It should reveal gaps in the field, and stimulate further studies.

2. Methods

2.1. Literature search

We identified relevant studies from the following databases: MEDLINE, ScienceDirect, PsycINFO, CINAHL, SocINDEX, Cochrane Database of Systematic Review, and Arab World Research Source (last searched March 15th, 2017). The terms used are given below:

Patient-center, person-center, personalized, client-center, satisfaction, needs, preference, expect, perspective, infertility, in vitro fertilization, assisted reproduction, embryo transfer, artificial insemination, ovulation induction, intracytoplasmic injection, Middle East, Arab, Mauritania, Djibouti, Iraq, Syria, Saudi, Somalia, Comoro, Palestine, Lebanon, Kuwait, Muslim, Islam, Gulf, Jordan, Yemen, Egypt, Emirate, Qatar, Bahrain, Oman, Sudan, Tunisia, Morocco, Libya, Algeria, Israel.

Boolean operators “and” and “or” were used to combine terms appropriately. Asterisks were used at the end of terms to broaden the search by including various expressions of the same word. No restrictions were applied concerning language or years of publication.

2.2. Inclusion criteria

2.2.1. Types of studies and study population

All published primary studies conducted among infertile Arab patients who sought medical care were included regardless of their design. The Arab World covers the 22 countries of the Arab League: Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, the United Arab Emirates, Yemen, Somalia, Djibouti, Mauritania, Comoros, and the State of Palestine [24]. There were no restrictions based on the participants' gender, the characteristics of infertility, or other participant features.

2.2.2. Outcomes

“Patient-centered infertility care” is defined as infertility care that participants prefer, need, value, and expect [25].

2.3. Exclusion criteria

We excluded studies restricted to non-Arab minorities living in the Arab world, including Jewish minorities. Non-Arab minorities

Download English Version:

<https://daneshyari.com/en/article/8783204>

Download Persian Version:

<https://daneshyari.com/article/8783204>

[Daneshyari.com](https://daneshyari.com)