

Background

Patient experience is increasingly recognised as an important measure of quality of care. A number of studies have suggested that patients who report higher levels of satisfaction with care also have better quality-of-life and psychological well-being, and are more likely to cooperate with treatment. In Ireland, this area is under-researched.

Objectives

To assess the care experiences of men diagnosed with prostate cancer - the most common cancer among men in Ireland - and to investigate associations between experiences and (1) utility (as a measure of health-related quality-of-life; HRQoL) and (2) psychological well-being (depression, anxiety and distress).

Methods

3,850 men diagnosed with invasive prostate cancer 5-20 months prior to study commencement (30 September 2012) were identified through the National Cancer Registry Ireland. The patient experience survey was based on the PCQ-P¹. Utility and psychological well-being were assessed using the EQ-5D-5L² descriptive system and Depression and Anxiety Stress Scales (DASS-21)³ respectively. EQ-5D-5L responses were converted into a single index using UK value sets and the “cross-walk”². The questionnaire was administered by post to 2,180 men during Jan-Apr 2013. 1,513 completed surveys were returned. The Kruskal-Wallis test was used to compare characteristics and measures of utility and psychological well-being to overall care experience ratings.

Results

- 1,499 surveys were eligible for inclusion in the analysis (**70.7%** response rate).
- Men rated their overall care very highly, although there were some variations (Table 1). Men who were significantly more likely to report poorer overall care experiences were:
 - further from diagnosis
 - in poorer health
 - younger
 - with third level education, and
 - with private health insurance (Table 1).
- Almost half of men (47.1%) reported maximum utility scores.
- 19.5% of men had depression, 16.8% anxiety and 12.7% distress (Figure 2).
- Higher global care experiences ratings were associated with higher utility scores (p<0.001; Figure 1) and with better psychological well-being (depression: p<0.001; anxiety: p<0.001; stress: p=0.004; Figure 2).

Footnotes

- ¹Baker R, Sinfield P, Agarwal S, et al. The development of the Prostate Care Questionnaires for Patients (PCQ-P) and Carers (PCQ-C). Southampton: NCCSDO; 2008. Adapted for Ireland based on cognitive interviews with 17 men.
- ²Oemar M, Janssen B. EQ-5D-5L User Guide. Rotterdam: EuroQoL Group; 2013.
- ³Lovibond CJ, Lovibond PF. Manual for the depression anxiety stress scales. 2nd ed. Sydney: Psychology Foundation; 1995.
- ⁴14 excluded: 6 did not meet ethical approval requirements; 8 unaware of diagnosis.
- ⁵Men were asked to rate their overall care experience from 0 (I had a very poor experience) to 10 (I had a very good experience).
- ⁶In Ireland, people with means below a particular level are entitled to a medical card which entitles them to receive certain health services free of charge, including free primary health care.
- ⁷AS=Active Surveillance, WW = Watchful Waiting. Grouped together, as men unable to discriminate during pre-testing.

Parameter	Response	Characteristics		Median care experience score (0-10) ⁵	p-value
		n	%		
Age at survey completion	<60 years	309	20.6	9	<0.001
	60-69	711	47.4	10	
	70+	479	32.0	10	
Education level	No formal education	24	1.7	10	0.001
	Primary	432	30.6	10	
	Secondary	637	45.1	10	
	Third level	320	22.6	9	
Medical card ⁶	No	778	54.8	9	0.033
	Yes	641	45.2	10	
Private health insurance	No	539	39.4	10	0.003
	Yes	829	60.6	9	
Time since diagnosis	<1 year	256	17.1	10	0.011
	1-1.5 years	593	39.6	10	
	>1.5 years	650	43.4	9	
Perceived health status	Very good/good	1120	79.6	10	<0.001
	Fair	258	18.3	9	
	Bad/very bad	29	2.0	8/7	
Treatment	Any surgery	538	35.9	9	<0.001
	Any radiotherapy (no surgery)	717	47.8	10	
	Hormone therapy only	29	1.9	9	
	AS / WW ⁷ only	129	8.6	9.5	
	No treatment identified	86	5.7	9	

Figure 1 Utility & overall care experience ratings

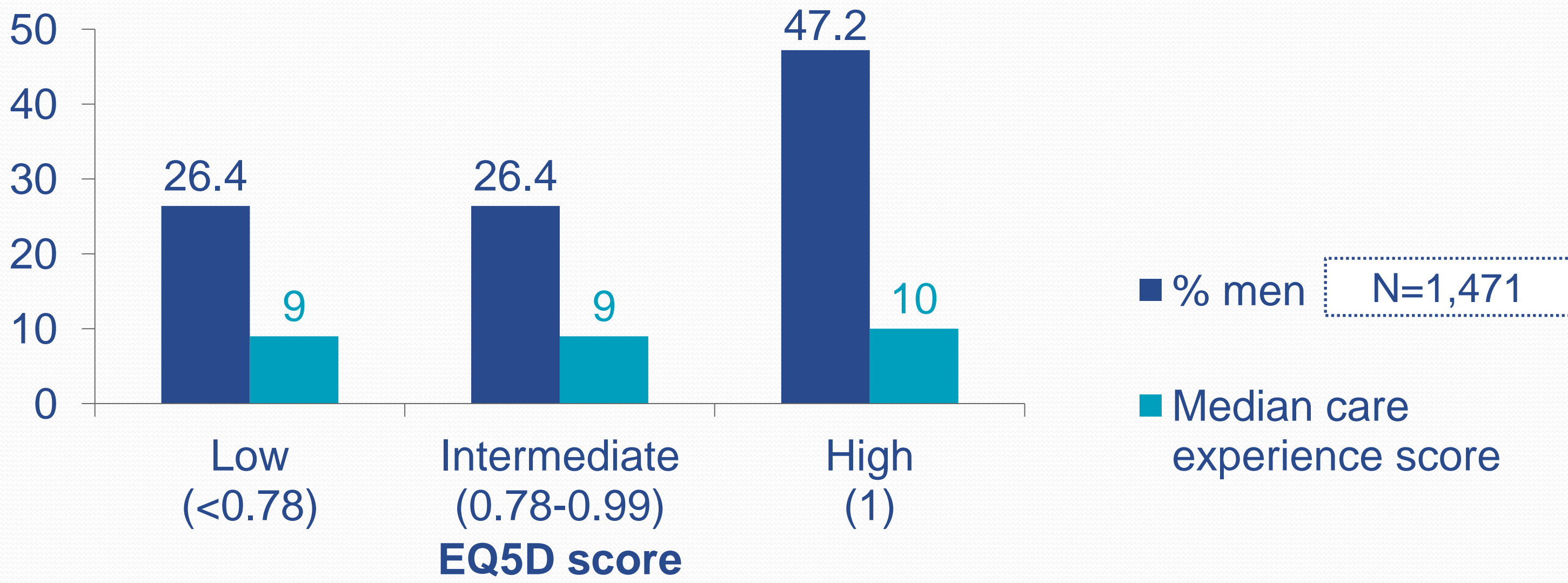
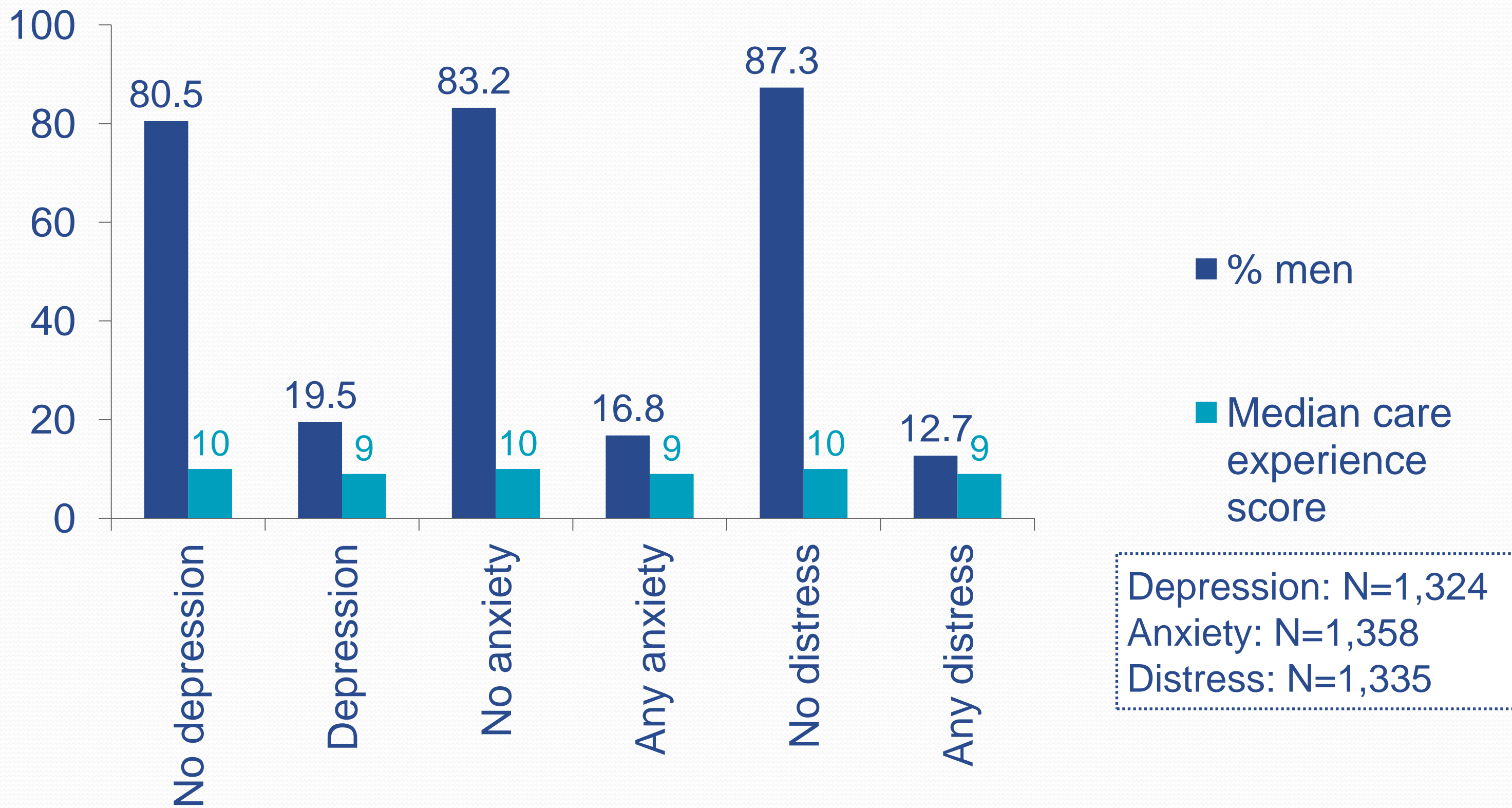


Figure 2 Psychological well-being & overall care experience ratings



Conclusions

This study provides – for the first time in Ireland – important information on men’s experiences of prostate cancer care. While overall men recently diagnosed with prostate cancer rated their care experiences highly, some subgroups reported lower ratings. Moreover, lower experience ratings were significantly associated with lower utility and poorer psychological well-being. These preliminary results, which will be further investigated, provide further rationale for initiatives to improve quality of care.

