

ABSTRACT

Cancer patients are increasingly worldwide and major leading cause of morbidity and mortality in Myanmar. Ambulatory care services are becoming major innovations in the delivery of health care. By extending the ambulatory services, reducing the unnecessary hospital stay, costs, bed occupancy, workloads of health care providers, transmission of hospital acquired infections and distress due to hospitalization. In Myanmar, although there are increasing utilization of health care services day by day, ambulatory care services are not well developed. This study was hospital based cross sectional descriptive study using both quantitative and qualitative methods. Data collection was done by face to face interviewed with semi structured questionnaires at Medical Oncology Department in North Okkalapa General and Teaching Hospital with 107 patients who are receiving ambulatory chemotherapy services and key informant interview was done with four health care providers. The perception levels were categorized into good and poor. Out of 107 respondents, more than two third of patients had good perception level regarding infrastructure and amenities of ambulatory chemotherapy services. Moreover, more than 60% of patients had good perception level regarding responsiveness and services of health care providers. To consult with medical oncologist, approximately 65% of patients have to wait more than one and half hour durations. Opinion regarding with different perceptions towards receiving ambulatory services and hospitalization, most of them responded that high transportation cost to receive ambulatory chemotherapy, relaxed feeling because they can stay at home and no need of attendants as they are not hospitalized. In concern with suggestions to improve ambulatory services, most of them suggested that waiting area should be spacious, waiting chairs should be adequate, chemo chairs and patient beds should be enough. The main challenges of health care providers included were ambulatory service area was not wide enough, shortage of manpower, requirement of pharmacist for chemotherapy preparation, insufficient equipment and machines, requirement of training, fragmentation of working areas and no currently using ambulatory care procedures and policies.