What do adolescent girls experience when they visit family practitioners?

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ABSTRACT

OBJECTIVE To describe the experiences of 12- to 17-year-old girls when they visit general or family practitioners and to gain some understanding of how they relate to these caregivers.

DESIGN Qualitative analysis of the oral narratives of eight adolescent girls.

SETTING After-school community drop-in centre for youth in downtown Toronto.

PARTICIPANTS Eight adolescent girls between the ages of 12 and 17 years attending the drop-in centre.

MAIN OUTCOME FINDINGS Five themes emerged: adolescent girls feel more comfortable with female physicians, they feel uncomfortable during physical examinations, they would like doctors to explain medical issues, they would like doctors to be more like friends, and they want to be treated as teenagers by their doctors.

CONCLUSIONS This study was unique in its use of personal interviews with adolescent girls to understand the experiences they have had with family physicians. The themes indicated how family physicians could improve therapeutic relationships between themselves and their female adolescent patients.

RÉSUMÉ

OBJECTIF Décrire l'expérience de jeunes filles âgées de 12 à 17 ans lors de leur visite chez l'omnipraticien ou le médecin de famille et acquérir des connaissances sur leurs relations avec ces dispensateurs de soins.

CONCEPTION Une analyse qualitative des récits oraux de huit adolescentes.

CONTEXTE Une clinique sans rendez-vous après l'école pour les jeunes du centre-ville de Toronto.

PARTICIPANTS Huit adolescentes âgées de 12 à 17 ans qui fréquentent la clinique sans rendez-vous.

PRINCIPAUX RÉSULTATS Cinq thèmes se sont dégagés: les adolescentes se sentent plus à l'aise avec des femmes médecins, elles sont mal à l'aise durant l'examen physique, elles aimeraient que les médecins expliquent les problèmes médicaux, elles aimeraient que les médecins soient davantage comme des amis, et elles veulent être traitées comme des adolescentes par leur médecin.

CONCLUSIONS Cette étude se révèle unique dans son utilisation d'entrevues personnelles avec des adolescentes pour comprendre les expériences qu'elles ont vécues avec leur médecin de famille. Les thèmes font ressortir les façons dont les médecins de famille pourraient améliorer les relations thérapeutiques entre eux et leurs patientes adolescentes.

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RESEARCH

What do adolescent girls experience when they visit family practitioners?

Adolescence is the passage from childhood to adulthood. It is the only time during the life cycle when physical changes are as rapid as they are during infancy.[1] Not only are they changing internally, adolescents are also evolving in how they are perceived by and related to by others. Because of the rapid physical and behavioural changes in this transitional stage, adolescence is fraught with unique difficulties that can seriously affect health.

By many measures, adolescence is one of the healthiest periods of life. Traditional health information, such as death and morbidity data, however, indicates that adolescents are at great risk for certain negative health outcomes.[1] Girls appear to be at particular risk. Information from the Canadian Institute of Child Health indicates that 25% of female adolescents report they have been sexually abused, 43% report feeling depressed at least once a month, and teenage girls are hospitalized twice as often as teenage boys.[2] Adolescent girls face risks related to sexual activity and childbirth that can jeopardize not only their physical health but also their long-term emotional, economic, and social well-being.[3]

Family physicians have an important role in assisting adolescents and might be in a highly advantageous position to help them in dealing with their health concerns. In fact, physicians have been reported to be young people's preferred resource for illness-related problems.[4] Adolescents are extremely anxious about visiting physicians, especially with regard to sensitive issues such as sexual concerns and mental health problems.[5,6] Malus and associates[7] found that more than half the teenagers in their study wanted to talk to their physicians about depressive feelings but rarely had the opportunity. Physicians might be missing opportunities to diagnose mental illness in adolescents through lack of exploration.

In reviewing the literature, we found many studies describing adolescents' use of and opinions of health care services and health care providers. Before the study, we conducted a brief search of the MEDLINE database from 1986 to 1996 using the MeSH words adolescent, family physician, and general practitioner. Most of the studies we found were conducted in countries other than Canada.

Adolescents use health care services less than any other age group.[8] Issues of confidentiality,[9-11] parents' attitudes to using physicians,[12] and lack of money or transport to health service sites[13] contribute to the low rates of use. In addition, studies have found that physicians' personal characteristics, including their cleanliness and demonstrable abilities to control infection,[13] their honesty and caring attitudes toward youth,[13,14] and their nonjudgmental and unhurried manner[7] contribute to the likelihood that adolescents will seek health care. Physicians' knowledge about and skills in adolescent health also can have an effect. Many physicians are uncomfortable with adolescent health issues,[15] perhaps because they do not receive sufficient or appropriate training in adolescent health care.[16]

There is little information on adolescents' experiences with various types of physicians. In particular, no studies specifically differentiated adolescents' experiences with family physicians from those with pediatricians. A couple of studies from New Zealand[17] and England[18] have shown that a high proportion of adolescents have general practitioners with whom they feel comfortable and whom they visit regularly. Information about Canadian adolescents' use of primary health care services and the experiences they have had with primary health care providers is limited.

According to the College of Family Physicians of Canada's *Child Health Report*, "Children are concerned about their health and value their physicians, especially those with whom they have long-term relationships."[19] There is only one medical specialty in Canada, family medicine, that can take advantage of developing long-term therapeutic relationships that begin in childhood and progress through adolescence into adulthood.

This study was developed to gain a better understanding of the experiences adolescent girls have with family physicians. It is unique in that it is a Canadian qualitative study that uses one-on-one interviews. This study is intended to help family physicians understand how adolescent girls relate to them. With this knowledge, we hope physicians can improve the quality of the therapeutic relationships developed with teenage girls so that these girls will return to their family physicians in times of need.

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METHODS

Research that attempts to uncover the nature of a person's experiences naturally lends itself to qualitative analysis.[20] A written survey would provide limited information, particularly about adolescents who could be reluctant to express their feelings in writing. Individual interviews were chosen for collecting data because participants can express their experiences and perceptions openly. Unlike focus groups, interviews are particularly appropriate for adolescents, who often feel self-conscious and can be influenced by peers in the group.

Using grounded theory methods, data were collected and analyzed inductively. Grounded theory uses a systematic set of procedures to develop a theory that can help to explain an area under study.[20] Using the procedures, canons, and evaluative criteria developed by Corbin and Strauss,[21] the study was developed and implemented in the fall of 1996.

In qualitative research, researchers have some understanding of the literature available. It is not necessary, however, to review all the literature.[20] Through analysis of the data, researchers hope to develop new categories or theories that no one else has thought of before. By entering a study without an exhaustive literature review, a researcher can analyze data with an open and unbiased mind. After analysis of the data, we conducted a further literature review in MEDLINE, Cinahl, and Psychlit databases from 1986 to 1997. MeSH headings included adolescent, physician, family physician, pediatrician, health service utilization, and physician-patient relations. The literature found in the second review helped validate the study's findings and determine whether the theories developed were new.

Both this study's investigators are academic family physicians in Toronto and were students in the Graduate Department of Community Health at the University of Toronto. The study was conducted as a component of a graduate course, and, before commencing the research, approval for the research design was obtained from the professor of the course. Ethics approval was obtained from the Ethics Committee at The Toronto Hospital (both investigators are affiliated with this hospital).

Sampling

Adolescent girls (ages 12 to 17) attending an after-school community drop-in centre in downtown Toronto were recruited for this study. The youth drop-in centre was chosen because of its location close to the Department of Family and Community Medicine at The Toronto Hospital (DFCM-TTH) and, during the time of the study, an active relationship was being developed between the drop-in centre and the DFCM-TTH. It was thought that outcomes from this study could help improve interactions between these young people and family physicians at the DFCM-TTH.

A worker at the drop-in centre invited two girls to be subjects on the first day of the interview schedule. We intended to use the snowball technique, whereby each respondent would recruit another person with similar characteristics to act as a subject for the study. We found, however, that the girls were highly unpredictable and could not be relied upon to tell others. We then invited girls to take part in the study.

The girls who participated were in school. All but one subject was white. They were from lower socioeconomic backgrounds, and most were from single-parent households.

Consent

Each potential subject was told that the purpose of this study was to gain a better understanding of the experiences adolescent girls have when they visit general or family practitioners. They were also informed that their participation was completely voluntary and their compliance or lack thereof would not compromise them in any way. Subjects were told that the interviewers were University of Toronto students. We decided not to reveal that we were also doctors for fear of influencing the girls' responses. Finally, we explained the audiotaping process and stressed that the taping was anonymous and confidential.

Interview setting

Eight subjects were interviewed and audiotaped. Recognizing the unique challenges faced by those studying adolescents, we were sensitive to issues surrounding the interview setting. We decided to interview the girls at the drop-in centre behind closed doors because we thought they would feel more comfortable in a familiar setting. They would not have to travel anywhere because the investigators were coming to them so we could count on their attendance. In addition, the drop-in centre workers, whom they trusted, endorsed the interviews, making it easier to obtain consent. Because of space restrictions, two interviews were held at a coffee shop near the drop-in centre.

Table 1. Interview guide

Demographics of the subject
BEFORE THE DOCTOR VISIT
How do you choose a doctor?
Why do you visit doctors?
Does anyone accompany you?
WAITING FOR THE DOCTOR
What's the doctor's office like?
What are you thinking about?
SEEING THE DOCTOR
Describe the doctor.
What is it like talking to the doctor?
BEING EXAMINED BY THE DOCTOR
How do you feel being examined?
Describe your experiences during a pelvic examination.
Describe your experiences during a breast examination.
LEAVING THE DOCTOR'S OFFICE
Would you go back to the doctor again?

Interviewing in this setting presented some challenges for the investigators. Distractions occurred often throughout the interviews. Loud music was heard continually in the background, and telephones rang often. Because the offices where the interviews were held had windows, curious onlookers often tried to distract the interviewees.

Interview guide

We developed an interview guide to provide a consistent framework for each interview (**Table 1**). Based on the literature review, we chose subject headings for the guide that we hoped would elicit in-depth knowledge about the experiences that adolescents have with their family doctors. The interview guide attempted to limit variation in the questions posed by the two interviewers without preventing exploration of information in greater depth.

The guide consisted of an introduction where demographic information was obtained and rapport established. Then five main topic areas were explored using open-ended questions. The questions were designed to uncover the meaning of the experiences adolescent girls have when they visit general or family practitioners. The interviews were audiotaped, and the investigators made field notes.

Analysis

Each investigator conducted an independent analysis following each interview. Meetings were held to develop working hypotheses, and these hypotheses were tested in subsequent interviews. Interviews were conducted until saturation was reached; saturation was reached after eight interviews.

All interviews were transcribed and field notes examined to determine the full context of the information gathered. The narrative was then coded line-by-line with margin notes, highlighting, and underlining to classify general categories, meanings, theoretically relevant statements, links to other narratives, and further questions. Once these categories were identified, the lines of information were cut and pasted to separate sheets of paper. Next the information was reviewed and ordered to form clusters of similar meanings, or themes, that summarized the content of the narratives. Once preliminary dominant themes were identified, we shared the information obtained and compared and contrasted the themes we had identified individually. We met to analyze and reanalyze the categories developed and to determine overall themes found in the interviews.

FINDINGS

Five themes emerged from analysis of the interviews (**Table 2**).

Adolescent girls feel more comfortable with female physicians

The sex of the physician was a substantial concern for these girls. They felt more comfortable with female physicians than they did with male physicians. The greater comfort level seemed to affect most components of the visit. First, female physicians were perceived as having more understanding of these patients. One teen said:

> I prefer a woman. I feel more comfortable with a woman. It's easier because guys, all the guy doctors I've had, think they're superior or something and think that girls don't know a thing and, like, they can't really explain to you how it's going to feel and stuff like that. But girl doctors, just, like, understand what it's like and what the patient's going through if it's a girl.

When asked how she felt when talking to a doctor, another girl replied,

Sometimes I feel, like, scared talking to him... like I asked him about a pregnancy test and I couldn't ask him. So I had to grab him in the corner and say, 'Can I ask a favor?' I felt scared 'cuz he's a guy and I'm a girl. You know, I can't talk to my doctor unless she's a girl.

Many respondents also mentioned feeling more comfortable when a female physician performed the physical examination. There seemed to be a sex preference, however, regardless of and beyond any specific reason.

I don't know. I think I'd be fine talking to him about it, but when it came to him asking me questions... I... I don't know. I think it's not him. I think it's the fact that it's a him, you know. And me... like, I'd feel more comfortable talking to a woman than I would a man and it has nothin' to do with the person itself.

Adolescent girls feel uncomfortable during physical examination

When asked how she felt during the examination, one girl responded, "Shy and embarrassed," and when asked what embarrassed her, she said,

It's, like, I'm still a virgin. I'm staying like that for a while. Nobody's seen what I totally look like and I don't really want anyone to for a while. And like, okay, I have to go to a doctor and totally reveal myself to them. It's like embarrassing.

One of the recurring reasons for being uncomfortable related to the fact that the physician was a stranger. "You don't really know the person and they're supposed to examine you and find out what's wrong. You don't really know them so it's like a stranger saying you have, like, this going on with you and all that." Pelvic examinations were noted to be particularly uncomfortable and "scary," but many reported that if their doctors explained the process it was more tolerable. When asked what bothered her about a physical examination, one girl replied, "When you have to go for Pap smears and stuff, I don't like that stuff. I feel really uncomfortable.... The fact that I don't know and stuff like that—it's just scary. You don't know exactly what they're going to do and stuff." Asked to describe a time when she had an "okay Pap," she said, "My doctor explained everything that was going to happen."

Adolescents would like doctors to explain medical issues

All respondents expressed the desire to have their doctors explain medical diagnoses, procedures, and treatments. When doctors did explain, respondents characterized them positively. When doctors did not explain, they were viewed negatively. "They put everything in complicated terms so I didn't know what they were saying. And my doctor now she explains everything to me so I can understand it. She's nice."

Medical issues are often complicated, and the girls recognized that they should be able to understand what their doctors are saying.

Like, you want to know what is going on. You don't want to have them know and you're left clueless about what you came there to find out. They just leave you hanging;... you might as well buy a dictionary and write every word they say so you can look it up.

Table 2. Themes identified from the study

Adolescent girls feel more comfortable with female physicians
Adolescent girls feel uncomfortable during physical examinations
Adolescent girls would like doctors to explain medical issues
Adolescent girls want to be treated as teenagers by their doctors
Adolescent girls want their doctors to be more like friends

Adolescent girls want to be treated as teenagers by their doctors

All respondents indicated a desire for doctors to treat them as teenagers and not as children or adults. "They should be able to relate with any age of person, like, with a teen they should be able to talk on their terms." Another respondent said, "Most doctors make me feel like a little kid. Either that or really adultish.... They talk to you like an adult or they talk to you like a kid, not a teenager."

Communication was an area that respondents thought doctors needed to adjust to the uniqueness of their age group. In addition to communication, if doctors could make them feel like their opinions mattered, they were highly regarded: "And people my age... we don't get the opportunity a lot where... for all my life I've been told what to do and with him it was, like, he asked me what I wanted and he always respected what I wanted." These teenagers wanted their doctors to talk to them like teenagers and to recognize that their feelings and opinions counted. "I like it when they ask me questions about if you know about a thing... I'd rather they ask me what I know about it rather than you have to do this and this and you have this."

Adolescent girls want their doctors to be more like friends

Most of the teens reported feeling more comfortable when physicians asked them about nonmedical issues. When asked what she thought a doctor should be like, one respondent said,

> Really, like, friendly and doesn't just say "okay, come and sit down"... talks to you before he actually asks you what's wrong so you feel comfortable. So it's not like "okay, why are you here?" It's like "so how's school... what's up?"... like he just doesn't want to know you as a patient but sorta like a friend.

The teens also enjoyed it when physicians talked about themselves.

> I was more able to talk to her than the other doctor... because she would talk about herself... like I already knew her. And she was expecting kids and she'd always come and talk to me like I was her best friend or something so I felt good about it.

DISCUSSION

Family physicians can play a key role in the health care of adolescents. During this study, adolescents revealed that they have had negative experiences when visiting general or family practitioners. Unfortunately, many family physicians remain unaware of the experiences adolescents have when they visit them in the office. The girls' stories can help us understand better what they experienced during their interactions with doctors.

Table 2 presents five distinct but connected themes that emerged from the interviews with the eight adolescent girls. Several of these themes have not been found in previous studies, yet others support themes found in the literature. Our discussion will highlight new findings.

Adolescent girls feel more comfortable with female physicians

The first theme was the preference of all respondents for having female physicians. The doctor's sex was an important factor in feeling comfortable. Studies in the literature show that many teenagers state a preference for being examined by a doctor of their own sex.[7,14] This study, however, was able to shed light on how the sex of the doctor affected them. Female physicians were perceived as having more understanding of adolescent girls. These girls believed that female physicians shared similar experiences with them while they were growing up. Respondents felt it was easier to ask female physicians questions. In addition, many respondents indicated that sex alone was important. It did not matter to them whether a male physician had positive qualities or not. They were also more comfortable having physical examinations by women.

Adolescent girls feel uncomfortable during physical examinations

A physical examination can be a threatening experience for an adolescent. At this stage of development, teenagers are very conscious of body image.[22] Respondents viewed a physical examination as a negative experience. There was a sense of discomfort because the doctors examining them were in many ways strangers to them. Only half of the respondents in this study had had pelvic examinations. Pelvic examinations were noted to be "particularly scary," but the girls reported that if the doctor explained the process it was more tolerable. This finding was supported by a study that showed that women evaluate pelvic examinations negatively when they think they cannot interrupt the examination or when they do not understand what the doctor is doing.[23]

Adolescents would like doctors to explain medical issues

Communication emerged as a dominant concern, and the need for physicians to explain medical issues to adolescents was identified. Respondents often felt excluded and reported difficulty understanding the terminology; they thought physicians were directing explanations to their parents rather than to them. This finding is supported in the literature.[13,14] When they felt included and could understand, these adolescents felt more at ease and comfortable.

Adolescent girls want to be treated as teenagers by their doctors

A unique theme that emerged from this study was that adolescents wanted to be treated like teenagers. This differs from the American study by Ginsberg et al[13] where the adolescents emphasized that they wanted to be treated as adults. The young people in this study indicated that they were neither children nor adults. Their response suggests that doctors need to adjust their approach to adolescents, recognizing the transitional phase through which they are going. Adolescents are in a steady state of change and growth in physical, cognitive, social, and emotional areas; some areas are developing faster than others.[5]

Physicians caring for adolescents need to think in developmental terms, assessing where their patients are along the way to physical and emotional maturity. A study by Cohn et al[24] found that adolescents

misinterpret expressions such as "possibly," "likely," and "probably," attaching less likelihood in outcome than intended. Researchers recommend using more concrete terms when communicating health risks specifically to adolescents.[25] Like all patients, adolescents want to have medical issues explained to them at a level they can understand. A family physician's terminology and style during a visit needs to be tailored and targeted to individual adolescents.

Adolescents want to be respected[13]; and they want their feelings, opinions, and desires recognized. Interactions between physicians and teenagers will always be better when an adolescent's need for time, empathic listening, independence, and participation are taken into account.[26]

Adolescent girls want their doctors to be more like friends

The final theme identified in this study is also unique: the girls wanted to view their doctors as friends. It was important for them to see their doctors as people who could talk to them about nonmedical issues. Having a doctor whom they could visit and with whom they could share their experiences during their turbulent adolescent years seemed to be important, yet adolescents rarely disclose personal problems to family physicians. This lack of disclosure could impede detection of health problems, particularly those involving mental health issues. Mental health issues are common in this age group, yet are rarely diagnosed. In Ontario, 23% of young girls report having had serious suicidal thoughts at some time in their lives.[27] If adolescents think they cannot talk to their doctors about personal problems, they might not be seen during times when they can be helped. Thus, recognizing that adolescent girls need to think of their doctors as friends is important. Physicians must be aware of this factor when they see adolescents and try to build relationships with them.

Building strong doctor-patient relationships with adolescent patients is crucial. The attitudes they develop in youth influence the views they carry through their lives. Negative experiences with their doctors likely will deter adolescents from returning to seek help from physicians in the future. As Levenson et al put it, "Unless health-related services and health education are offered from an orientation that is compatible with the values and attitudes assumed and exhibited by teens, professionals are likely to experience poor reception or underutilization of health care resources."[4] Adolescence provides a unique opportunity for doctors to promote health care–seeking behaviour and prompt future interaction with the health care system.[5]

Future research

Many other areas of study stem from this project. First, similar research is needed to examine more diverse groups of Canadian adolescents, including adolescent boys. This will add to the knowledge base of primary care needs and preferences of heterogeneous and broad populations of youth in Canada. Also, we need to clarify factors underlying adolescents' opinions and to identify more specific ways in which family physicians can be made more sensitive to the needs of young people.

Triangulation could be achieved by studying physicians' experiences and perceptions of their interactions with youth. Examining the training in adolescent health care provided by postgraduate family medicine programs would also be enlightening.

Qualitative approaches are particularly useful for adolescent health research. The methodology enables researchers to broaden their understanding of existing problems. In addition, it allows a closer look at the various factors affecting adolescent health care as perceived by those involved.

Limitations

This study has several limitations. The fact that the investigators are both family physicians might have influenced their interviewing or their interpretation of findings in favour of physicians. Moreover, both investigators have a strong interest in adolescent medicine, are knowledgeable about the area, and have had numerous experiences and encounters with adolescents. These factors might have influenced their perspectives and their ability to conduct and analyze the interviews objectively.

Finally, this study focused on eight adolescent girls recruited from one location in downtown Toronto. The young people who volunteered to participate in this study might have had more unusual experiences than other young people, and if they did, that could have skewed the results. Their responses might not be generalizable to other geographic settings or to adolescents with different cultural or socioeconomic backgrounds.

Conclusion

This study provided information about the experiences eight Canadian adolescent girls have had with family physicians and general practitioners. Results revealed that a family physician's female sex,

Key points

- Adolescent girls felt more comfortable talking to and being examined by women family physicians.
- The girls wanted their care explained in terms they could understand.
- They wanted to be acknowledged and treated as teens—neither children nor adults.
- They wanted their doctors to be more like friends—warm and caring and willing to talk about themselves.

acknowledgment of patient discomfort during physical examinations, and ability to speak to young people at their level contributed to positive experiences for these teens. It was also found that these adolescent girls wanted to be recognized as different from adults and from children; they wanted to be treated as teenagers and wanted their physicians to act more like friends. Understanding the experiences adolescent girls have with their family physicians can help us find and adopt better ways of caring for them. If we can do this, perhaps we can establish lifelong therapeutic relationships with these patients.

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