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BRIEFING PAPER

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Primary care clinicians' perspectives on interacting with women: why do reports suggest that clinicians are not listening enough?

IN recent years, reports have found that women do not feel listened to by primary care clinicians when discussing their health concerns. In particular, women perceive that they are treated dismissively and that their symptoms are not taken seriously. These concerns are particularly prevalent amongst women who have gynaecological conditions or symptoms suggestive of gynaecological conditions, for whom a perceived lack of support can exacerbate the sense of isolation and stigma that is sometimes associated with these conditions and symptoms. Evidence for this is well-established, but it is less clear whether clinicians' themselves perceive that there are problems with listening to and interacting with patients with gynaecological conditions and symptoms.

In one UK-based survey, 46% of women with symptoms of endometriosis found their primary care doctor unhelpful or very unhelpful, and 58% needed to visit their primary care doctor over ten times before a diagnosis.[1]

In order to understand this phenomenon from the viewpoint of clinicians, we were asked to carry out a review of primary care clinicians' perspectives on listening to and, more broadly, interacting with women patients with gynaecological conditions or symptoms suggestive of gynaecological conditions.

The review was commissioned by the Women's Health team at the Department of Health and Social Care as part of the National Institute of Health Research Policy Research Programme.

The findings highlight:

- ***Twenty-three papers based on 18 unique studies*** of primary care clinicians' perspectives on diagnosis and management of gynaecological conditions and symptoms, and associated challenges of listening to and interacting with patients in consultations.
- ***Primary care clinicians recognize the importance of attentive listening and good communication*** but are hindered from realizing these ideals by several factors.
- ***Challenges of listening and interacting arise at four distinct 'levels':*** (1) the individual clinician, (2) structural and organizational factors, (3) community and external factors and (4) factors specific to the diagnosis and management of gynaecological conditions and symptoms.
- ***Solutions to improve listening and patient-clinician interaction*** are likely to require a multifaceted approach, including training for clinicians on communication and the challenges of diagnosis and management; structural changes to consultation meetings; challenging stigma associated with gynaecological conditions and symptoms; and understanding and challenging patriarchal attitudes within the culture of medicine.

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Why did we do this review?

Whilst the evidence that women do not feel listened to by primary care clinicians is well-established, the reasons why this might be the case are less well known. To the best of our knowledge, there were no existing reviews which investigated primary care clinicians' perspectives on listening to and interacting with women patients, either specifically patients with gynaecological conditions or symptoms, or more broadly. Thus, we sought to identify, critically appraise, and narratively synthesise qualitative evidence which answered the following two research questions:

1. **What evidence is there about primary care clinicians' perspectives on interacting with patients with gynaecological conditions or symptoms suggestive of gynaecological conditions?**
2. **What key themes have been raised about challenges of interacting with patients with gynaecological conditions or symptoms suggestive of gynaecological conditions?**

How did we do this review?

Finding the literature: We searched five bibliographic databases to identify studies. We also checked the reference lists and carried out forward citation searches of relevant studies, and carried out web searches.

Eligibility criteria:

Study participants: Any type of primary care clinician, including (but not limited to) GPs, nurses and community pharmacists.

Phenomenon of interest: Perspectives on interacting with women patients with gynaecological conditions including (but not limited to) endometriosis, menopause, menstrual disorders and polycystic ovary syndrome, or associated symptoms.

Study design: Qualitative research, e.g. interviews, focus groups, thematic analysis.

Study selection, data extraction and quality appraisal: Studies were independently screened by two reviewers. Data-extraction was carried out by one person and checked. We used the Wallace checklist for quality appraisal of studies.[2]

Data analysis: Findings were mapped onto a pre-existing thematic framework identified in one of the included studies.[3] New themes were added as needed. An interpretive analysis of findings sought to map the themes onto the research questions.

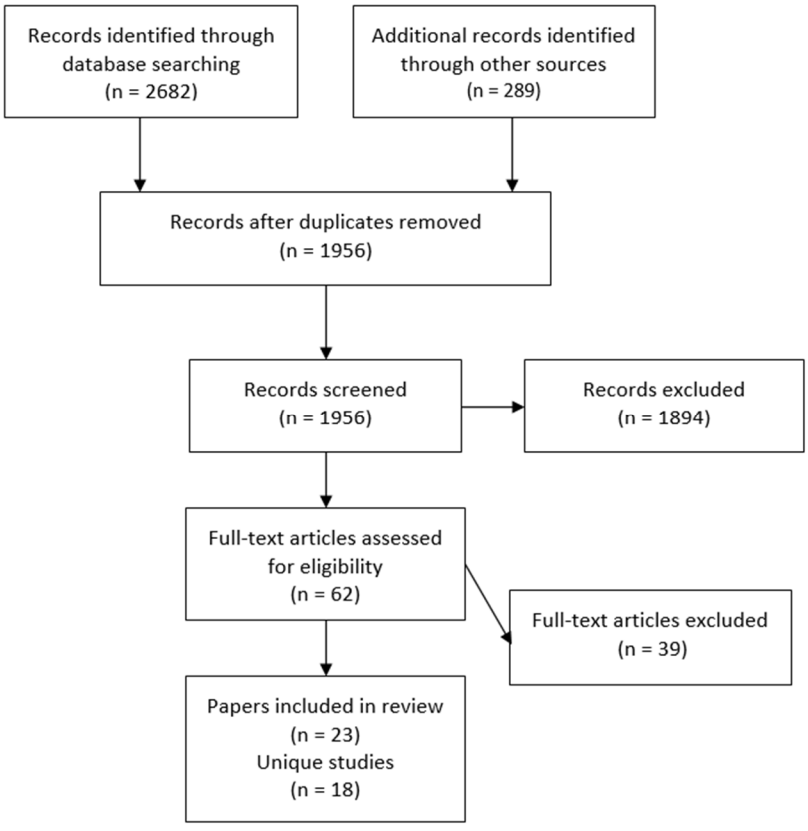

Figure 1: PRISMA flow diagram

Overview of the evidence

Twenty-three papers based on 18 unique studies met the inclusion criteria (see Figure 1 for PRISMA diagram of the study selection process).[4] These discussed endometriosis (n=8), menopause (n=4), menorrhagia (n=3), PCOS (n=3), chronic pelvic pain (n=2), infertility disease (n=1), menstrual disorders (n=1) and PMS (n=1). Twenty papers presented data collected from doctors; fewer papers presented data collected from nurses (n=3), community pharmacists (n=1) or community gynaecologists (n=1).

What did we find?

Themes and subthemes

Factors which influenced clinicians' perspectives on interacting with patients with gyanecological conditions or symptoms were identified at four 'levels': the individual clinician; structural and organisational; community and external; condition specific. Several subthemes were identified underneath these main themes.

1. Individual clinician	Individual clinician level themes describe how the perspectives of primary care clinicians inform decisions about patient care. The focus is on clinicians meeting one to one with patients in consultations and routine appointments. Subthemes showed that clinicians recognised the importance of listening and communication, but lacked training and experience (particularly male clinicians who were less frequently exposed to gynaecological conditions and symptoms due to patient preference to see women clinicians).
2. Structural and organisational factors	Structural and organisational themes describe factors which are largely outside of individual clinicians' control. The focus is on how the design and management of primary care settings affect the care that primary clinicians can provide, and how wider issues in secondary care settings affect primary care. Subthemes showed that short consultation times, lack of continuity of care, and delays to accessing secondary care were barriers to optimal care, and impeded patient-clinician interaction.
3. Community and external factors	Community and external factors themes describe how wider socio-cultural issues and beliefs affect interactions between primary care clinicians and women patients with gynaecological conditions or symptoms. The focus is on how gynaecological conditions and symptoms are conceived in the wider society. Subthemes showed that stigma and embarrassment of gynaecological conditions and symptoms amongst patients and in the wider society adversely affected the timely recognition of gynaecological conditions and symptoms.
4. Factors specific to gynaecological conditions or symptoms	This set of subthemes relate to factors specific to gynaecological conditions or symptoms. Subthemes showed many different challenges of diagnosis and management, including how to recognise symptoms, and how to find solutions for patients who are dissatisfied with care.

Interpretive analysis in summary

Primary care clinicians' perceive that listening and open communication are important when discussing gynaecological conditions or symptoms in consultations. They also consider it important to recognise how women with gynaecological conditions and symptoms may be affected psychologically and socially, and try to take this into account when considering diagnosis and management. However, primary care clinicians are impeded in realising these ideals by several factors. These relate to their own limitations of understanding, the structure and organisation of primary care settings, and the broader socio-cultural context. Studies also found that clinician attitudes were sometimes disempowering for women, for example, that they should comply with rather than question clinician advice.

What are the implications of this review?

The findings in this review go some way to explaining why women patients' negative experiences of interacting with primary care clinicians persist, despite primary care clinicians' recognition that listening and communication are central to good patient care.

Our review did not include evidence on solutions for addressing the issues involved, but below we make some suggestions inferred from our findings.

- **Training and guidance:** We suggest there is a need for clinician training and guidance both on communication with women patients who present with gynaecological conditions and symptoms, and also the challenges of diagnosis and management. Sometimes this will need to encompass managing patient expectations where a referral or diagnosis may not be the best outcome.
- **Structural and organizational change:** Increased length of primary care consultation time and continuity of care would help primary care clinicians to discuss symptoms and management in more depth. Increased use of clinicians other than doctors might share the workload more effectively.
- **Public awareness campaigns:** Policy makers and health care leaders should use high visibility campaigns to challenge the stigma and embarrassment associated with gynaecological conditions and symptoms.
- **Identifying and challenging the disempowerment of women in medical culture:** Policy makers and health care leaders must also lead on research and understanding of the potential for medical culture to be disempowering for women, particularly where patriarchal attitudes towards women persist at the individual and corporate levels.
- **Future research:** Observation of patient-clinician interaction in primary care settings would shed further light on how listening and communication could be improved.

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