Patient Perspectives on Relaying Concerns of Sexual and Reproductive Health

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Purpose: The purpose of this study was to report the number of times a patient must express a reproductive health concern to their provider before the concern is investigated. The study also examined whether disparities in patient-provider communication existed by age, sex, race, socioeconomic status, region, and patient-provider demographic concordance.

Methodology: The study included 32 adults recruited from 3 reproductive health clinics and 1 social media post on the South College, Atlanta Physician Assistant Program Instagram page. Participants completed a web-based survey via Qualtrics to assess demographic information and patient-provider concordance of age, sex, and race. Patient-provider communication was measured as the number of times a reproductive health concern was expressed to a provider before the concern was investigated with lab work, imaging, or other tests and the 29-item Interpersonal Processes of Care Survey (IPC-29). The IPC-29 is evaluated with questions answered with a Likert scale of 1 ("Never") to 5 ("Always"). From the IPC-29, the mean of 7 interpersonal process scores was produced: 1) Hurried communication, 2) Elicited concerns, responded, 3) Explained results, medications, 4) Patient-centered decision making, 5) Compassionate, respectful, 6) Discrimination, and 7) Disrespectful office staff. Higher scores indicated a higher frequency of the interpersonal process (e.g., a higher score of "Hurried communication" indicates worse interpersonal processes; however, a higher score of "Elicited concerns, responded" indicates better processes). Fisher's exact tests were used to determine nonrandom associations between the number of times a reproductive health concern was expressed before the concern was investigated and age, race, household income, education, region, and patient-provider demographic concordance. Student's t-tests and ANOVA were used to assess whether differences in IPC-29 scores existed by demographic variables and patient-provider demographic concordance.

Results: Approximately 37.5% (n =12) of participants reported a medical concern 1 time before it was investigated. However, 37.5% (n =12) reported a concern 2 or more times before it was investigated, and 25.0% (n =8) of respondents indicated the concerns they expressed were never investigated. There were no differences by age, household income, education, region, or patient-provider concordance in times a medical concern was reported before the concern was investigated. The association between number of times expressing a medical concern and race was statistically significant (P-value =0.0137). Men had better "Hurried communication" (Men: 2.2; Women: 1.9; P-value =0.0286) and "Elicited concerns, responded" (Men: 4.3; Women: 3.5; P-value =0.0005) scores than women. Additionally, participants who were White had better "Disrespectful office staff" scores than those who were not White (White: 1.7; non-White: 2.5; P-value = 0.0368).

Conclusions: More than half 60% of the participants needed to report a reproductive health concern more than once before it was investigated by their healthcare provider. Additionally, both race and gender disparities were found in patient-provider communication. This study provides valuable insights into how well patients feel they are listened to by their healthcare providers and highlights room for improvement in patient-provider communication. Future studies with larger sample sizes are needed to continue exploring the complexities and possible disparities in patient-provider communication.