Attitudes of patients towards the use of chaperones in primary care

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SUMMARY
There exists wide variation in practice regarding the use of chaperones for physical examination of the patient in primary care. Guidelines agree that a chaperone should be offered or used whenever a patient is undergoing an intimate examination. This paper aims to gauge patient views on the use of chaperones in primary care.

Focus groups were used to identify themes surrounding the use of chaperones in primary care. Questionnaires were then mailed to 404 women and 400 men aged 16 years to 65 years identified from the lists of three research practices in the Northern and Yorkshire Region. The most important factor for the patient in an intimate examination is the attitude of the doctor; the patient views the offer of a chaperone as a sign of respect by the doctor. The development of shared decision-making within a consultation involving an intimate examination should be seen as more important than a rigid approach towards using a chaperone.

Keywords: chaperones; patient attitudes.

Introduction
Here exists wide variation in practice regarding the use of chaperones for physical examination of the patient in primary care. Guidelines agree that a chaperone should be offered or used whenever a patient is undergoing an intimate examination. Several studies indicate that female patients want the opportunity to choose whether a chaperone is present and are more likely to want a chaperone with a male doctor. However, there has been little attention paid to male patients’ views on chaperones. The expansion of the female general practitioner (GP) workforce from 20% in 1984 to 33% in 1998 is likely to make these views more important.

This study incorporates qualitative methodology in examining and comparing the preferences and attitudes of both male and female patients towards chaperones in primary care.

Method
Eighteen women and 13 men participated in four focus groups to identify themes surrounding the use of chaperones in primary care. Several themes developed during the analysis of the interviews and these themes were used in the construction of a questionnaire. The questionnaire was designed to elicit more general attitudes held in the community.

The questionnaires were mailed to 404 women and 400 men aged 16 years to 65 years, randomly sampled from three research practices in the Northern and Yorkshire Region. None of the doctors in the practices routinely offered a chaperone.

One reminder was sent to non-responders. Data was analysed using descriptive statistics. Differences between male and female responders and other characteristics of the responders were examined using chi-squared tests.

Results
Response rates and background characteristics of questionnaire responders are shown in Table 1.

Preference for a chaperone
The focus groups all expressed a desire for chaperones in some settings.

‘Well, I’ve recently been to the doctors for an internal examination and I must admit even if it has to be a female doctor or a male doctor I would prefer that there be a nurse present.’ (Female Focus Group 1 [FFG1].)

Women are more likely than men to prefer a chaperone to be present (Table 1). Patients are less likely to prefer a chaperone to be present with their usual doctor (70 out of 414 [17%]) than with another doctor (167 out of 404 [41%]) (P<0.001).
Negative attitudes towards chaperones

The focus groups revealed that some patients found the presence of a third person in the consultation intrusive or embarrassing.

'I wouldn’t like anyone else there. It is embarrassing enough' (Male Focus Group 1[MFG1]).

Two-hundred and sixty-two out of 445 (59%) responders to the questionnaire stated that they would feel uncomfortable if a chaperone were present when one had not been asked for. Sixty-five responders (15%) felt that the presence of a chaperone could have negative effects on the consultation (comments in Box 1).

Offer of a chaperone

The focus groups felt they should be asked if they wanted a chaperone present.

'Well I think they could say to you “Would you like someone present?” or if there wasn’t anyone they could say, “Would you like to come back tomorrow?”' (FFG1).

Women (225 out of 250 [90%]) were more likely than men (146 out of 186 [78%]) to think that they should be asked if they would like a chaperone present for an intimate examination ($P=0.001$).

Identity of the chaperone

Two-hundred and five out of 261 (90%) female responders would prefer a nurse to act as the chaperone, compared with only 53 out of 190 (28%) male responders ($P<0.001$). No-one expressed a preference for receptionists to act as chaperones and 74% of all responders stated that receptionists were not acceptable as chaperones.

Discussion

This study shows that those patients always wanting a chaperone present (15%) are equivalent in number to those with strong views on the negative impact of having a chaperone present (15%). This difference in views between patients has
not been identified previously.\textsuperscript{5-7} Perception of this diversity may have contributed to the wide variation in the use of chaperones by doctors.\textsuperscript{1,2} Nevertheless, the adoption of a rigid approach by doctors of always or never using a chaperone will not address the needs of patients. Patients undergoing an intimate examination wish to be treated with respect and it seems clear that most patients regard the offer of a chaperone as a sign of respect. Failure to offer a chaperone removes choice from the patient, reinforces the perceived paternalism in the doctor–patient relationship and fails to give the respect to the patient that they deserve.

It is clear from this study that men hold similar views to women on the use of chaperones, but these views are less firmly held. The increase in numbers of female doctors and practice nurses has increased choice for patients and is likely to reduce chaperoning needs for female patients. However, this may create problems in the future for the group of men who would like a chaperone present with a female doctor. There is no obvious choice of a male chaperone. Receptionists are unacceptable as chaperones to patients of both sexes and female nurses are not acceptable as chaperones to many men.

The wide variation in the views of patients towards chaperones\textsuperscript{5-7} and the similar variation in the approach of doctors\textsuperscript{1,2} suggests that there is room for greater shared decision-making in this area. Showing respect for patients in this way will improve communication with patients and may reduce the number of complaints against doctors each year. Indeed, the imposition of a chaperone without patient consent may itself emerge as an issue in future years.

Acknowledgements
This study was funded by the BUPA Foundation. Northern and Yorkshire Regional Health Authority fund the authors' practice and the three practices involved as research practices under the auspices of NoReN. We would like to thank Ann Crosland for advice, and Sharon Lamont and Simon Holloway for the running and analysis of focus groups. We would also like to thank patients, staff, and doctors in the three practices involved: Collingwood Surgery, North Shields; Teams Surgery, Gateshead; and Wallsend Road Surgery, North Shields.

References