

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

THERE exists wide variation in practice regarding the use of chaperones for physical examination of the patient in primary care.^{1,2} Guidelines agree that a chaperone should be offered or used whenever a patient is undergoing an intimate examination.^{3,4} 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.⁵⁻⁷ 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%]) ($P < 0.001$).

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Table 1. Response rates, background characteristics of responders, and preference for a chaperone in an intimate examination with different doctors.

	Men	Women	Total
Response rate ^a	190/400 (47.5%)	261/404 (64.6%)	451/804 (56%)
Aged 16–25 years ^b	12 (6%)	41 (16%)	53 (12%)
Aged 26–35 years	35 (18%)	65 (25%)	100 (22%)
Aged 36–45 years	50 (26%)	58 (22%)	108 (24%)
Aged 46–55 years	48 (25%)	56 (21%)	104 (23%)
Aged 56–65 years	45 (24%)	41 (16%)	86 (19%)
Previous intimate examination ^c	112/188 (59%)	237/255 (93%)	348/443 (77%)
Preference for chaperone with:			
Usual doctor ^d	12/190 (6%)	58/258 (22%)	$P < 0.001$
Usual doctor of the opposite sex ^d	7/65 (11%)	37/72 (51%)	$P < 0.001$
Usual doctor of the same sex ^d	3/99 (3%)	17/154 (11%)	$P = 0.03$
Other than usual doctor ^d	24/190 (13%)	143/258 (55%)	$P < 0.001$

^aResponse rate higher for women than men ($P < 0.001$). ^bMale responders were older ($P = 0.002$). ^cWomen more likely to have had previous intimate examination ($P < 0.001$). ^dWomen are more likely than men to prefer a chaperone in an intimate examination.

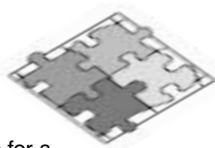
HOW THIS FITS IN

What do we know?

Individual doctors tend to adopt a standard approach to the use of chaperones. Patients vary in their desire for a chaperone, depending on the doctor they consult with. Patients want to be asked if they would like a chaperone present.

What does this paper add?

There are as many patients who resent the presence of a chaperone, as there are those who would always want a chaperone to be present. The patient should therefore be involved in shared decision making. Men hold similar views to women on the use of chaperones but those views are less firmly held.



'I consider my relationship with my doctor to be confidential and would feel inhibited with a third person present.' (F10)

'I feel an examination by a doctor should be a private matter between doctor and patient and a patient may not wish to divulge intimate matters in the presence of a chaperone.' (M466)

'It could be more embarrassing for the patient and client.' (F75)

'Increased embarrassment having to display genitalia to more people; I may not want to discuss very private things with the doctor in front of a chaperone; all this depends upon having trust in a GP.' (M306)

'The doctor may think I do not trust them alone.' (F133)

'I prefer it just doctor-patient.' (M483)

Box 1. Questionnaire comments on the negative aspects of chaperones.

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 ($P = 0.001$).

Attitude of doctor

The focus groups identified the attitude of the doctor as being the most important factor in an intimate examination.

'I think it all just depends on attitude. I don't think it matters whether it's a man or a woman, if they're just pleasant with you and just chat when you go in.' (FFG1).

The presence of a chaperone was thought to be secondary to the attitude of the doctor and did not make up for an uncaring attitude.

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 (39%) 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.⁵⁻⁷ Perception of this diversity may have contributed to the wide variation in the use of chaperones by doctors.^{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 chaperones⁵⁻⁷ and the similar variation in the approach of doctors^{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 con-

sent may itself emerge as an issue in future years.

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