

What Latina Patients Don't Tell Their Doctors: A Qualitative Study

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Patient Disclosure

- Treatment and health affected by what patient chooses to disclose to physician
- Culture and gender play important role in what patients disclose

Published studies: Barriers to communication

- Patients believe that certain information is not important to their providers
- Feelings of anxiety, stigma, and embarrassment
- Physicians do not inquire about specific issue, such as partner abuse

Sankar and Jones study

- Focused on concerns that caused women to deliberate whether to tell a physician something or not
- Participants were women from Pennsylvania – half were white, one third were African American
- Identified extraindividual and intrapersonal concerns – not linked with demographics

Latina patients

- Reasons for Latina's nondisclosure to health care providers have not been directly explored
- Better understanding of communication barriers could improve health care and outcomes
- Knowledge of what is not disclosed could help professionals understand areas of potential risk
- Knowledge of what factors affect disclosure could help professionals adjust their communications to facilitate disclosure

Goal of study

- To better understand factors contributing to nondisclosure of medical information by Latinas to health professionals
- Women's reasons for nondisclosure are thought to be different from those of men
- Including men would have made it more difficult to draw clear conclusions

Methods – Participants

- Hispanic women living in Sunset Park
- Informed consent obtained
- Age 18 years old and older
- Primarily clients using services of Family Support Center (offers various kinds of classes and case management)

Interviews

- In-depth one-on-one interviews
- Trained bilingual interviewers
- All interviewers were women
- Semi-structured interview guide
 - Based on that of Sankar and Jones
- Interviews lasted 30-60 minutes
- \$25.00 payment for participating

Qualitative Data Analysis

- Data = detailed notes from interviews
- Analyzed using a grounded theory approach (theory emerges from data)
- Interviewers and authors read and discussed transcripts of all interviews
- Themes emerged from interview data
- Themes were codified into a coherent list

Results

- 28 interviews: 6 major themes emerged
- Physician-patient relationship
- Language barriers
- Sensitive issues
- Culture differences
- Gender and age differences
- Time constraints

Physician-Patient Relationship

- 26 participants commented on this theme
- Qualities of compassion and caring in their providers were important to almost all participants
- A 26 year-old from Mexico: a doctor needs to “look for the patient’s trust and show that he pays me attention and he will take care of me.”

- Some expected a compassionate relationship to extend beyond the health encounter – for example, attending a funeral or extending condolences

If a physician did not have compassion and respect for the patient, women said they:

- Would not share information
- Had decreased confidence in their doctors
- Might lie about real symptoms
- Wouldn't trust physician with intimate details

- Communication problems, such as being interrupted, could disrupt trust
- A woman from Mexico stopped trying to fully discuss her health issues with her doctor saying, “They never ask you more than your symptoms and when I want to share more, they cut me off.”
- Physicians’ emotional reactions to patients and insensitivity to patients’ feelings could disrupt trust

- Some participants experienced lack of communication as violating trust
- “In my third delivery, the physician didn’t tell me that there will be students watching. I was so embarrassed and angry.”

Language Barriers

- 23 participants commented on this theme
- Women said, if physician didn't speak Spanish, there was less chance that
 - Patient could explain needs
 - Patient could understand instructions

- Language problems sometimes caused nurses and doctors to react negatively, making patient disclosure less likely.
- On some occasions, doctors became frustrated with interviewees: “I couldn’t understand what he told me. He had a really difficult accent, and he got upset because of that.”

Physician didn't speak understandably

- Some had difficulty understanding and responding to information from health professionals who spoke their language
- English-speaking US-born Latina left doctor's office confused about procedure
 - Didn't understand terminology
 - Did not return for clarification, talked to school nurse who she felt could explain things to her more clearly

Use of translators

- Translators were associated with major difficulties in disclosing medical information
- Interviewees felt that confidentiality not protected when translator present, were uncomfortable with any third person in the room.
- Ecuadorian woman distrusted translators so much that if doctor spoke only English, would not attempt to communicate her thoughts and feelings. “I just accept what they will do to me.”

Inappropriate translators

- Family members or other patients were sometimes used as translators
- Disclosure was seriously impaired under these circumstances

Sensitive Issues

- 20 participants mentioned this theme
- Sensitive issues – difficult to disclose even in trusting physician-patient relationships
 - Sex
 - Reproductive issues (fertility, abortions)
 - Sexual orientation
 - Sexually transmitted diseases
 - Genital issues and exams
 - Drug use (afraid of the law)
 - Domestic abuse (afraid of repercussions)

- A woman from Nicaragua in US for 12 years said, “When you need to share about your sexual life...it is difficult...in our culture it is an issue, our parents don’t talk about sex at all.”
- Most women did not link silence around sex with lack of education but with avoiding exposing children to the topic and with discomfort in general.

- Some women used the “friend excuse” as a way to talk about sensitive information without revealing their identity.

Wish to preserve the family

- Affected disclosure of sensitive issues
- Caused women not to disclose that they might have a sexually transmitted disease, even if transmitted through the husband
- Similarly, some participants did not bring up domestic abuse, tending to either avoid such questions or lie.

- “In our society the women try to preserve their marriage until the last consequences. Our women think they will be rejected just because they are divorced...we need to preserve the family.”

Gender and Age Differences

- 15 participants mentioned this theme
- Gender mentioned more often than age
- Won't talk about sex or reproductive issues with male physician
- Don't want to be examined by males

- Easier to discuss genital problems and ask questions regarding feminine and reproductive issues with a woman doctor
- When they had a female physician, felt they were much more likely to not miss their appointments and be compliant with health advice

- Age of the physician mentioned less often
- Sexuality issues - embarrassing
- A 64-year-old Nicaraguan woman said, “I’m an older woman, and [sharing] my sexual life with a young doctor...it is not comfortable. I feel embarrassed.”

Time Constraints

- 7 participants commented on this theme
- Visits are too short
- Hindered development of doctor/patient relationship
- Uncomfortable with their physicians
- Doctors cut them off
- Didn't listen to their needs

➤ A 23-year-old Mexican woman said, “I didn’t feel comfortable with him, the meeting was too short and fast...he didn’t pay attention to what I was saying, he didn’t ask me my name and he didn’t introduce himself. He went directly to check me. It was the most uncomfortable situation.”

Limited time: hide information

- A few women said that patients used lack of time to keep sensitive health information out of the health exam.
- A woman from Nicaragua said that patients “take advantage that the time is short, so they can avoid the topic [sex] and don’t talk too much.”

Culture

- 19 participants mentioned this theme
- Was interwoven with all other themes
- Women identified cultural practices
 - Sex isn't discussed in public
 - Family problems stay in the family
- Doctors' culture
 - Attitudes not conducive to trust
 - Judgmental attitudes: STD's, abortions

Birthplace an indicator

- Independent of birthplace: most women placed a high value on caring social interaction, warmth, compassion
- US-born differed from non-US-born in views of patient-physician relationship and communication preferences
- Differences not absolute – more a matter of emphasis

Born in the US

- Doctor's role more as paid professional
- Placed high value on knowledgeable and proper medical treatment
- Spoke of measuring the doctor's competence and professionalism during medical encounters

Born outside of the US

- Tended to trust doctor's medical training and automatically respect authority
- Most wanted doctor to empathize with and understand them

Born in US

- More interested in being able to express themselves and be heard and respected by their physician
- Wanted to feel free to tell doctor the truth without “being belittled,” as one woman put it

Born outside of US

- More interested in being able to communicate their feelings and emotions to a doctor they felt listened to and cared about them
- “I want the physician to pay me attention when I talk and kindle a connection between us.”

Physician gender

- Born in US: preferred a male physician because female physicians might assume that they knew how to conduct a genital exam in the best way. Because male physicians would not make such assumptions, they might be more careful and more respectful.
- Born outside US: felt less embarrassed being examined by a woman but placed confidence in both female and male physicians.

Discussion: Relationship

- Other studies reinforced that doctors' perceived lack of interest in the patient or in their particular health problem worked against disclosure.
- Cape and McCulloch: half of patients in general practice believed the doctor to not be interested in emotional issues, thus did not disclose them.

- Rodriguez et al: 94% of Latinas who never communicated about intimate partner abuse with physicians reported that physicians did not ask about this issue.
- Many believed their physicians lacked interest in this issue.

Language

- Over 80% of subjects in our study identified problems related to language.
- In contrast, Rodriguez et al found that only slightly more than a third of Latinas identified language barriers as a reason for not communicating important health information.

Other themes

- Sensitive issues overlapped those found by Sankar and Jones
- Importance of gender concordance to disclosure found in our study was borne out in other studies as well
- Other studies emphasized the problems caused by the time constraints found in the present study

Conclusion

- This study identified six factors clearly related to Latinas' nondisclosure of information to their health care providers.
- Latinas' emphasis on providers' compassion and warmth was a new and important finding.

Recommendations

- How to address these factors:
 - Train health providers in simple techniques for building rapport
 - Maintain continuity of care
 - Offer the option of physician age or gender concordance during genital exams
- Such measures could greatly enhance disclosure for many Latina patients.

Thank you!