



“Treat Me Like a Normal Person!” A Meta-Ethnography of Adolescents' Expectations of Their Health Care Providers



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ABSTRACT

Purpose: The purpose of this study was to capture a more holistic view of what adolescents expect, as health care consumers, in their interactions with their primary care providers. Annual preventive health care visits aim to assist adolescents in establishing or maintaining a healthy lifestyle and to assume a more independent role in their health care. Despite national guidelines that support the importance of wellness visits, these visits are utilized at declining rates throughout adolescence.

Method: Noblit and Hare's (1988) meta-ethnographic approach was used to synthesize 12 qualitative studies.

Results: The synthesis revealed five overarching metaphors that described adolescents' expectations of their primary health care providers: Talk with Me–Not at Me, Accept Me, Respect My Privacy and Confidentiality, Show Me You Are a Professional, and A Trusted Relationship.

Conclusions: This study provides a more holistic view of adolescents' expectations of their primary care providers. Strategies are suggested for providers to better meet their expectations and build trusted relationships with adolescents in the primary care setting.

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Less than half of American adolescents receive an annual wellness visit (Caldwell & Berdahl, 2013; Irwin, Adams, Park, & Newacheck, 2009; Tsai, Zhou, Wortley, Shefer, & Stokley, 2014). Fewer adolescents receive all recommended health screenings and anticipatory guidance aimed at identifying risk-taking behaviors and the prevention of injuries that are the leading causes of morbidity and mortality in this population (Centers for Disease Control and Prevention (CDC), 2012; Hagan, Shaw, & Duncan, 2008; Heron, 2016; Miniño, 2010). Many factors contribute to missed wellness visits. Access issues including cost, insurance status, confidentiality concerns, and the availability of services contribute significantly to adolescents not engaging in care and receiving recommended preventive services (Caldwell & Berdahl, 2013; Chung, Lee, Morrison, & Schuster, 2006; DeVoe, Tillotson, & Wallace, 2008; Ford, English, & Sigman, 2004; Lawrence, Gootman, & Sim, 2009; Lehrer, Pantell, Tebb, & Shafer, 2007). The decreased use of wellness visits

during adolescence and into adulthood, make it all the more important to identify factors that may influence the use of health care services (HCS) in this population now and in the future. Adolescents' expectations of their health care providers (providers hereafter) likely influence their willingness to seek and engage in these services. The purpose of this study was to synthesize adolescents' expectations of their primary providers through a meta-ethnography of existing qualitative research studies.

Wellness Visits for Adolescents

National health care guidelines recommend an annual preventive (wellness) visit for all adolescents (American Academy of Pediatrics (AAP), 2008; American Medical Association, 1992; Rosen, Elster, Hedberg, & Paperny, 1997; U.S. Department of Health and Human Services, 2011). This encounter includes a thorough history and physical examination, screening, and anticipatory guidance aimed at both preventing and identifying unhealthy habits and risky behaviors as well as identifying wellness behaviors (Hagan et al., 2008). Despite

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these recommendations, health care services are utilized less often for wellness care by both male and female teens throughout adolescence than during childhood or adulthood (Ma, Wang, & Stafford, 2005; Rand et al., 2007). Only 38% of 12 to 17 year-old adolescents received a preventive visit in the past year (Irwin et al., 2009). Most teens also do not receive all aspects of the recommended preventive health services (Irwin et al., 2009). The rates of anticipatory guidance during these visits is also low, less than 50%, and only 40% of teens spend any time alone (without the presence of a parent or guardian) with a provider (Irwin et al., 2009). Teens from low income families and those who were uninsured in the past year were least likely to have received an annual wellness visit (Irwin et al., 2009).

Time alone with a provider has been identified as a critical opportunity for the teen and provider to discuss health related behaviors, dietary habits, exercise, sleep as well as more private concerns including substance use, mental health, sexuality and risk-taking behaviors (Irwin et al., 2009) that can impact health throughout adolescence and into adulthood. A regular source of health care has been found to increase the likelihood of adolescents receiving comprehensive care that includes health education and counseling and may be even more important than insurance status to the utilization of preventive services by adolescents (DeVoe, Wallace, & Pandhi, 2012; Scudder, Pappa, & Brey, 2007; Starfield & Shi, 2004).

Adolescent-Friendly Health Care Services

HCS that are “adolescent-friendly” remove access barriers and ultimately improve engagement in HCS by teens. These services are designed to provide teens with care that is confidential, accessible, comprehensive, developmentally appropriate, equitable, and evidence-based (Sadler & Daley, 2002; Diaz et al., 2004; Fox, Philliber, McManus, & Yurkiewicz, 2010; Ginsburg, Forke, Cnaan, & Slap, 2002; Ginsburg, Menapace, & Slap, 1997; McIntyre, 2002; Rosen et al., 1997; Tylee, Haller, Graham, Churchill, & Sancu, 2007). An important goal of adolescent-friendly HCS is to assist the teen to assume an active and progressively more independent role in their health care (Daley, 2012; Ginsburg, Forke, et al., 2002; Hofmann, 1992). Adolescent-friendly services support this transition by allowing more time alone with the provider and increased involvement in health care related decision-making. Providing teens with adolescent-friendly HCS that include provider continuity and promote continued engagement in preventive services, also lessen missed opportunities for needed services (Lau, Adams, Irwin, & Ozer, 2013; McIntyre, 2002; O'Malley, 2004; Waibel, Hena, Aller, Vargas, & Vazquez, 2012).

The research literature provides some insight into what adolescents, as consumers of primary HCS, believe is important to their patient experience. These studies include adolescents' reasons for seeking care (Ginsburg et al., 1997), perceived health care needs (Ginsburg, Winn, et al., 2002; Rubin, McKee, Campos, & O'Sullivan, 2010), perceptions of HCS and providers (Ambresin, Bennet, Patton, Sancu, & Sawyer, 2013; Brown & Wissow, 2009; Ginsburg, Forke, et al., 2002; Hudson, Nyamathi, & Sweat, 2008; Klostermann, Slap, Nebbrig, Tivorsak, & Britto, 2005; Rosenfeld et al., 1996, 2000; Rubin et al., 2010), experiences with HCS (Atkins, Bluebond-Langner, Read, Pittsley, & Hart, 2010; Byczkowski, Kollar, & Britto, 2010; Coker et al., 2010; Dienes, Morrissey, & Wilson, 2004; Ginsburg, Forke, et al., 2002), preferences for provider-patient interactions (Schaeuble, Haglund, & Vukovich, 2010), and mechanisms for increasing care utilization (Coker et al., 2010; McKee, O'Sullivan, & Weber, 2006; Rosenfeld et al., 1996). However, a holistic understanding of adolescents' expectations of their primary care providers is missing from the literature. Presently, these studies exist in the research literature independent of each other as “respected little islands of knowledge” (Glaser, 1978, p. 148). This study synthesized the existing qualitative research literature to gain a more complete view of adolescents' expectations of their providers.

Method

Noblit and Hare's (1988) meta-ethnographic approach was chosen to synthesize existing qualitative research through a systematic comparison on a related topic. This method of synthesis

... go[es] beyond single accounts to reveal the analogies between accounts. It reduces accounts while preserving the sense of the account through the selection of key metaphors and organizers. The ‘senses’ of different accounts are then translated into one another. The analogies revealed in these translations are the form of the meta-ethnographic synthesis. (Noblit & Hare, 1988, p. 13)

Meta-ethnography provides the researcher with the opportunity to “see phenomena in terms of others’ interpretations and perspectives” (Noblit & Hare, 1988, p. 29) and ultimately to gain a more holistic interpretation.

Procedure

The inclusion criteria for this meta-ethnography were research papers that focused on the perspectives of adolescents related to primary HCS and used a qualitative research design. The sample was further limited to studies conducted with adolescents from the United States to eliminate potential differences in health care access such as insurance status or age of consent that may differ abroad. A comprehensive literature search, of published and unpublished qualitative studies, was conducted through the use of Cumulative Index to Nursing and Allied Health Literature, PsycINFO, PubMed, Ovid, Google Scholar, and ProQuest Dissertation and Theses Abstracts online databases specific to publication dates 1993 to 2013 to incorporate studies published before and after the increased attention placed on adolescent-friendly health care services by the World Health Organization (McIntyre, 2002). The key words adolescent, teen, attitudes, perspectives, patient-provider relationship, doctor-patient relationship, nurse practitioner-patient relationship, qualitative research, views, grounded theory, phenomenology, and focus group were used in various combinations to identify relevant literature. The reference list of each article was examined to identify any other relevant articles for inclusion in this study (Sandelowski & Barroso, 2007). The review of the literature did not reveal a current metasynthesis of adolescents' expectations of providers in the United States.

Demographic information included in each study was examined to determine the number of adolescents included and mean age of participants. Adolescence includes individuals between the ages 11 and 21 (AAP, 2008). Studies that included individuals who were younger than 11 or older than 21 years old were included if the majority of participants were adolescents or the mean age of the sample fell within the defined age range.

Sample

The sample for this meta-ethnography consisted of 12 studies. No relevant dissertations or master's theses were found. All of the research studies were conducted in the United States and targeted health services in outpatient health care agencies. Research articles were obtained from nursing (4) and medicine (8); seven of the studies consisted of interdisciplinary research teams that included social work, public health, sociology, psychology, and social psychology. With the exception of two studies (Ginsburg et al., 1997; Ginsburg, Forke, et al., 2002), each study had an independent sample of adolescents. The final sample was ethnically, racially and geographically diverse and consisted of 585 adolescents (314 female, 230 male). The genders of the teens ($n = 41$), who participated in one study, were not available (Ginsburg, Winn, et al., 2002). The demographic characteristics of the participants in the individual studies are described in Table 1 and the methodological characteristics of each study are included

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