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Socio-economic Status Differences in Patients' Desire For and Capacity to Obtain Information in the Clinical Encounter

M.C. Shapiro and J.M. Najman¹

As individual long-term doctor/patient relationships are increasingly replaced by more transient specialist and group practice contacts, there are likely to be growing doubts about the quality of overall care and communication. One aspect in particular of the quality of medical care involves the communication of information to patients (Donabedian 1980). Previous studies have pointed to a significant level of discontent with the amount and quality of information received by patients from their doctors (Cartright 1979; Boreham & Gibson 1978; Pendleton and Bochner 1980; Reid and McIlwaine 1980; Graham and Oakley 1981).

While several previous studies raise questions about the adequacy of the communication process, these fail to address a number of important issues. Thus, it is possible that little information is provided because most patients prefer to know little, leaving technical questions entirely to their doctor. Alternatively, patients might desire information but their clinicians may simply be unaware of this desire, or they might believe that such information should be withheld for clinical reasons or perhaps because the time required to provide the information is unavailable. Further, previous research also fails to examine the possibility that some types of patients may be less successful in obtaining the information they want (e.g. those of lower social class or who receive public care). Finally, it is, of course, possible that the information is provided but that it is not clearly understood or recalled by the patient.

Thus, both the clinician and his or her patient should be studied if one is to understand why information provision may contribute to patient discontent. This paper examines the extent to which pregnant women, when questioned early in pregnancy, express a desire to be better informed about their pregnancies. Obstetricians treating these women were also asked about the information they believed their patients wanted about the pregnancy. Shortly before the birth pregnant women were questioned again and asked to report the information they had obtained and still wanted. The paper compares the patients' initial desire for information with that reported by obstetricians and with the extent to which the desired information was obtained. While the findings from this study should not be generalized beyond the specific sample and are limited by the modest number of women who were studied, the general concern which emerges is likely to be applicable to a range of other clinical situations.

Preliminary Observations

The study began with a three month period of observation in the antenatal clinic of a large Australian teaching hospital. Results from the initial investigation formed the basis of the questionnaire. Preliminary observations and interviews suggested the hypothesis that women wanted a great deal of information in addition to the medical treatment they sought. Observations suggested that women regarded antenatal care, in part at least, as an opportunity to obtain instructions about diet, exercise, preparation for labour and general advice concerning pregnancy. Women appeared to want reassurance and to learn more about their pregnancy when visiting their doctor.

¹ For further information about the research reported here contact the authors, Departments of Anthropology and Sociology and Social and Preventive Medicine, University of Queensland, St. Lucia, Queensland 4067.

Interestingly though, when confronted by the doctor, these women failed to express their desire for this type of service. It appeared that control of the obstetrical encounter was relinquished to the obstetrician who initiated most of the discussions which took place. To test and quantify these hypotheses, a survey of pregnant women was initiated.

The Sample

The sample consisted of a stratified random sample of 110 women in the first trimester of their first pregnancy; these comprised 54 public patients and 56 private patients. Selection of the sample involved choosing an arbitrary starting date and taking all consecutive women of less than 16 weeks' gestation having their first baby either as a public patient of a large hospital or as a patient of a private obstetrician at the same hospital. There were no refusals. Fourteen obstetricians were also asked to participate in the study. In most cases these were the same obstetricians attending the sample of women. All were male. There were no refusals.

Women were given a questionnaire at their first obstetrical visit and a subsequent questionnaire approximately 20 weeks later. In the first questionnaire women were asked to indicate which of a list of topics they would like to obtain information about from their doctors. In the second questionnaire they were asked to indicate whether each topic had been discussed with the doctor and whether further discussion was still desired. A number of demographic items were also recorded. Obstetricians treating the women were given a list of some of the major topics and asked whether they believed patients wanted to discuss these issues with them.

Results

Table 1 examines the extent to which women wanted information about a range of matters pertinent to the outcome of their pregnancy. Three quarters of the sample or more reported they wanted information on all the topics except for alcohol consumption (44 per cent wanted information) and smoking (34 per cent). The sample appear to particularly want information from their doctors on when to come to hospital, labour and breast feeding. When questioned late in pregnancy the women reported that, in general, only a minority had discussed the topics with their obstetricians. Thus while almost all women, early in pregnancy, indicated they wanted to ask their doctor when they should come to hospital, slightly less than half the sample report that such discussions took place.

Table 1
Percent of Women Early in Pregnancy Wanting to Discuss Specified Topics with their Doctors and Late in Pregnancy Reporting that Such Discussion Took Place

	A. Percent of women who state, early in pregnancy, they would like to discuss the following topics with doctor (n = 96)	B. Percent of women who state, late in pregnancy, that they have discussed the following topics with their doctor (n = 96)	P Value for A-B*
<i>Substance Use in Pregnancy</i>			
Dangerous drugs	78	37	<.001
Medication	87	49	<.001
Alcohol Consumption	44	24	<.01
Smoking	34	20	.02
<i>General Advice</i>			
Travel during pregnancy	75	17	<.001
Books to read	70	26	<.001
Sexual relations	83	34	<.001
When to come to hospital	94	48	<.001
<i>Giving Birth</i>			
Labour	96	41	<.001
Caesarean section	90	25	<.001
Gentle birth/Leboyer	84	27	<.001
<i>After Birth</i>			
Breast feeding	90	53	<.001
Bottle feeding	64	16	<.001

* McNemar's test for correlated samples — see Guilford, J.P. (1965), *Fundamental Statistics in Psychology and Education*, McGraw-Hill, New York, p. 243.

By contrast obstetricians in the sample believe there is a considerably lesser desire for information than that reported by their patients. While the vast majority of women wanted information on almost every topic, only three topics are perceived to be of interest to 50 percent or more of pregnant women. It would appear that obstetricians greatly underestimate the extent to which their patients would like to obtain information from them.

Table 2
Percentage of Doctors who Report that Over Half Their Patients Want to Discuss These Topics

	<i>Per cent</i> <i>(n = 14)</i>
Dangerous drugs	28
Medication	43
Alcohol consumption	21
Smoking	28
Travel during pregnancy	*
Books to read	14
Sexual relations	29
When to come to hospital	71
Labour	57
Caesarean section	14
Gentle birth/Leboyer	*
Breast feeding	64
Bottle feeding	*

* Not asked of doctors

Interestingly women in their first trimester of pregnancy with less education, and those who are public patients tend to report a greater desire to discuss the listed topics with their obstetricians than do their counterparts. (These results not shown.) Although many women state, late in their pregnancies, that they would still like to obtain information on the listed topics from their obstetricians, it seems that women with less formal education and those who are public patients (Table 3) are generally more likely to report they want information from their obstetricians, early as well as late in pregnancy.

Table 3
Education and Type of Patient by Percent of Women in the Third Trimester of Pregnancy who State They Want More Information from their Doctors on the Following Topics

	Education			Type of Patient		
	Less educ.	More educ.	P value*	Public	Private	P value*
<i>Substance Use in Pregnancy</i>						
Dangerous drugs	52	34	.17	53	38	.21
Medication	45	28	.16	49	30	.09
Alcohol consumption	28	6	.03	29	13	.10
Smoking	19	6	.18	22	6	.05
<i>General Advice</i>						
Travel during pregnancy	31	12	.08	35	15	.05
Books to read	39	22	.15	41	26	.17
Sexual relations	52	25	.02	49	36	.29
When to come to hospital	50	31	.13	53	34	.09
<i>Giving Birth</i>						
Labour	56	47	.52	65	40	.03
Caesarean section	50	25	.03	55	28	.01
Gentle birth/Leboyer	44	38	.71	61	21	.001
<i>After Birth</i>						
Breast feeding	52	47	.83	63	36	.01
Bottle feeding	36	22	.24	45	17	.01

n = 96

* Tau b

Discussion

A large majority of pregnant women in our sample report they want to obtain information about a range of factors relevant to their pregnancy. In some ways this could be seen as a simple desire to learn more about the problems and procedures they may encounter. Knowledge may help to reduce uncertainty and allow more confidence and control of the environment. Obstetricians, on the other hand, appear to have a different expectation of their patients' needs. These expectations may be oriented to the potentially cataclysmic and life threatening events and consequently underestimate the patient's desire for counselling and information.

Even though participants in the obstetrical encounter may have the same general goal in mind, more specific objectives may influence the interaction greatly. For instance Freidson (1970) argues that to a large degree the doctors' viewpoint involves a detached professional orientation. Doctors are believed to perceive a situation in terms of a rational

process of elimination involving precise scientific conceptualization. The patient, however, views the same situation in a substantially personal way. Patients are believed to be more concerned with the possible discomfort, both social and economic, that will arise from their condition. For pregnant women giving birth may be seen as a major life event, a rite of passage before a substantial change in role and lifestyle.

Of particular interest in this study is the way each socio-economic group perceives the situation. Patients with less formal education report a greater desire for information from the doctor. This may be a consequence of the poorer knowledge base that less

educated patients possess. The greater degree of information sought by less educated women may reflect their lesser use of written literature. Other data, both qualitative and quantitative suggested that libraries may be less accessible to lower status persons and scientific explanations more difficult to comprehend. Lower status women seem to depend upon the medical practitioner for information while middle-upper status women more often use written literature to supplement the information they obtain. Hence, for less educated women the doctor may be seen as the source of most information to do with illness or pregnancy. The possibility that less educated women are more dependent upon their doctors is intriguing and should be tested in future research.

The other main finding of the study was that the obstetricians' perspective more accurately appeared to predict the outcome of the encounter and this suggests that he (all the obstetricians in this study were males) appears to be in control of the interaction process. Many women apparently find it difficult to raise topics which are of concern to them. It seems that women are the 'junior partners' in the consultation. Women seem reluctant to initiate the sort of inquiry that would obtain the information they desire. This would appear to be a characteristic of the 'fee for service' health system where women are public rather than private patients.

Conclusion

This study has examined the information desired and obtained by pregnant women in the course of their obstetrical visits. Reports from the sample of pregnant women suggest that relatively few obtain the information they want. Data derived from interviews with obstetricians imply that they believe relatively little information is sought by their patients. The amount of information that women seem to obtain corresponds more closely to the perceptions doctors have of appropriate information than to the patients' stated desires. It seems any change in this situation will need to be at the initiative of doctors as the majority of patients do not appear to be assertive. While this study is restricted to a sample of pregnant women in Australia there are likely to be other clinical situations which similarly leave the patient uninformed. Further research should establish the combination of patient and doctor characteristics — gender, age, social class background — which may differentially contribute to the

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