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THE FEELINGS OF ADOLESCENTS CONNECTED WITH MEDICAL VISITS AND THEIR PERCEPTION OF THE PHYSICIANS' BEHAVIOUR

ODCZUCIA NASTOLATKÓW ZWIĄZANE Z WIZYTĄ LEKARSKĄ I POSTRZEGANIE PRZEZ NIE ZACHOWAŃ LEKARZY

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Abstract

Objective: To analyze research results relating the feelings of adolescents connected with their medical visit and their perception of the physician's behaviour in treating them as patients during the visit.

Material and method: The research was conducted on a group of 14-15-year-olds (N=716), students of lower secondary schools located in 5 voivodeships. The research instrument was an anonymous authored questionnaire with questions concerning their last visit at the physician's: its time, purpose, and feelings connected with the visit, as well as reasons for these feelings and the variety of the physician's behaviours conducive to good communication with the adolescent patient.

Results: More than half (56%) of the respondents visited the physician within the previous 3 months, 64% because of illness, complaints or injury. The visit was accompanied by a range of different feelings, in most cases indifference (32%) and relief (21%). However, every seventh teenager showed anxiety and fear. The justification of these feelings varied and related to: the physician as a person, the physician's behaviour, the expectations and beliefs of the teenagers, the behaviour of other patients and the functioning of the healthcare system. Most of the teenagers (70-87%) decided that the physician undertook 8 out of the 11 ways of behaving named in the questionnaire as promoting good communication with the patient. Most physicians provided information about results of the study, used understandable words and actively listened to patients. The behaviours undertaken least often were asking encouraging questions and taking interest in the patient as an individual. Every fifth teenager was not examined in a way that showed respect to his/her privacy.

Conclusions: Most young patients view the physician's behaviour towards them in a positive way. It should be pointed out to physicians how important it is to encourage adolescents to ask questions, treat them as individuals and respect their privacy.

Key words: adolescents, medical visit, feelings, positive behaviour of physicians

Streszczenie

Cel: Analiza wyników badań dotyczących odczuć nastolatków towarzyszących wizycie u lekarza oraz postrzegania przez nie zachowań lekarza wobec nich jako pacjentów.

Materiał i metoda: Badania przeprowadzono w grupie 14-15-latków (N=716), uczniów gimnazjów zlokalizowanych w 5 województwach. Narzędziem badawczym był anonimowy autorski kwestionariusz zawierający pytania dotyczące terminu i powodu ostatniej wizyty u lekarza, odczuć towarzyszących tej wizycie i ich uzasadnienia oraz skalę zachowań lekarza sprzyjających dobrej komunikacji z dorastającym pacjentem.

Wyniki: Ponad połowa (56%) badanych odbyła wizytę u lekarza w ostatnich 3 miesiącach przed badaniem, w 64% przypadków jej powodem było zachorowanie, dolegliwości lub uraz. Wizycie towarzyszyły różne odczucia, najczęściej obojętność (u 32%) i ulga (u 21%). Jednak u co siódmego nastolatka pojawił się niepokój, strach, lęk. Uzasadnienia tych odczuć dotyczyły osoby lekarza, jego zachowań i wykonywanych czynności, oczekiwań i przekonań nastolatków, zachowań innych pacjentów i funkcjonowania systemu ochrony zdrowia. Większość nastolatków (70-87%) oceniła, że w czasie ostatniej wizyty lekarze podejmowali 8 spośród 11 wymienionych w kwestionariuszu zachowań sprzyjających dobremu komunikowaniu się z pacjentem. Najczęściej lekarze przekazywali informacje o wyniku badania, używali zrozumiałych słów i aktywnie słuchali pacjentów. Zachowaniami podejmowanymi najrzadziej było zachęcanie do zadawania pytań, zainteresowanie pacjentem jako człowiekiem oraz uspokajanie i dodawanie otuchy w przypadku zaniepokojenia; co piąty nastolatek nie był badany z poszanowaniem jego prywatności.

Wnioski: Większość młodocianych pacjentów pozytywnie postrzega zachowania lekarzy wobec nich. Należy zwrócić uwagę lekarzy na potrzebę zachęcania nastolatków do zadawania pytań, przejawiania zainteresowania nimi jako ludźmi i poszanowania ich prywatności.

Słowa kluczowe: nastolatki, wizyta u lekarza, odczucia, pozytywne zachowania lekarzy

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INTRODUCTION

Teenagers are young people in the second decade of their lives experiencing many changes connected with the transformation from childhood to adulthood. Two stages are usually identified in this period of human life, with the demarcation point around the age of sixteen (1). The first of them, early adolescence, takes place from the age of 10/12 up to 15; the second one, late adolescence, comprises the period from 16 to 20/23. The first stage is a period of intense somatic and mental changes, while the second one – the time of introducing stability, entering social life and developing mental autonomy (1, 2). Some researchers also identify the sub-period of middle adolescence (14-17) as a third stage of this period. It encompasses the “essence of adolescence”, with maximum risk behaviours, strong peer group influence, conflicts with parents and worries about attractiveness.

The changes which take place during adolescence are accompanied by many conflicts, problems and difficulties. These are experienced both by teenagers and by the people around them. It is important for the functioning and development of adolescents that both they themselves and the grown-ups who have contacts with them, understand the characteristics of the changes in this period of life (5).

Physicians of different specialisations work with these young people, but mostly they are treated by general practitioners and pediatricians. Adolescents are a group of patients that can cause specific problems, be “difficult” and pose challenges for physicians (6). It should be pointed out that teenagers:

- See their physician relatively infrequently (mostly due to acute illness, and also for prophylactic tests, to be examined before going to camp, or when they want to do a specific sport),

- Often report problems that are difficult to solve and require extra time, which adds to the communication problems (7),
- Often do not observe the physician’s advice and limitations connected with their health (8),
- May have problems with getting access to healthcare. Sometimes they do not want to or are not able to communicate with the physician, either because of the lack of initiative on their part, the necessity of travel to the medical clinic, the lack of time after school, shyness, and also the necessity to talk to their parents (often about intimate issues) who are the go-betweens in working with the physician (7).

According to P.D. Sloane, the key tasks in communication with an adolescent patient is to understand the patient’s health problems, in order to both identify the real problem, as well as examine undiagnosed problems and conduct health education (7). One of the pre-conditions to accomplish these tasks is to understand the specifics of the teenagers’ development and to create a good relationship with them (9). Approaching the adolescent patient in an appropriate way is of key importance when providing proper health care for them. The way the physician communicates with these patients should take into account their needs. This is important in order for the treatment to be efficient and for further prevention which would be satisfying for both the physician and the patient; it develops appropriate attitudes to looking after one’s health, being able to make use of medical services and being an active patient.

The way the teenager perceives the physician is a very important factor in the physician-patient relationship (10). Some researchers say that teenagers frequently think these contacts are inadequate. Their opinions about what is most important in looking after their health differ from those of the physician (7), they claim that physicians often

do not notice their 'grown-up' needs and do not discuss such important issues, as e.g. contraception, which are very critical in assessing their health behaviour, do not respect their autonomy and discuss important problems with their parents rather than with them (8). It may be useful to find out how teenagers perceive the physician's behaviour during the medical appointment in order to improve the health care provided for this group of the population.

THE AIM OF THE PAPER

The paper aims to analyse the results of research conducted among 14 and 15-year-olds regarding their feelings when visiting a physician and the way they perceive the behaviour of physicians towards them as patients during the visit. The respondents' last medical appointment was used as a reference point, which was supposed to make it easier for them to remember what went on when providing the answer.

MATERIAL AND METHODS

Data from 716 teenagers (365 girls and 350 boys) aged 14-15 years was analysed. They were students of lower secondary schools located in five voivodeships in Poland (Łódź, Masovian, Pomeranian, Warmian-Masurian, Greater Poland). Two of these were in villages, four in towns with under a hundred thousand inhabitants, one in a city with over five hundred thousand inhabitants. Surveys were filled out by 84.9% of the second year students in the schools where the survey was carried out.

The survey method and the technique of anonymous questionnaires were used in conducting the research. The research tool was an authored questionnaire with questions concerning:

- The date and reason for the last medical appointment:
 - *When did you visit your physician last time? Answer categories: last month; 2-3 months ago; 4-6 months ago; I can't remember,*
 - *What was the reason you went to see the physician? Answer categories: sudden illness, some kind of ailment (e.g. a cold, sore throat, stomach ache) or injury; a check-up (e.g. after treatment, a periodic check-up at your doctor's); another purpose; I can't remember,*
- Feelings connected with the last medical appointment and reasons for them: *Recall what you felt regarding your last medical appointment (list of feelings: indifference; joy; hope; security; relief; embarrassment; anxiety; restlessness; fear; anger; irritation; shame; others, hard to say) and why (because ... – finish the sentence).*
- The physician's behaviour during your last visit. A scale of behaviours conducive to establishing good relations with an adolescent patient was used, developed on the basis of other authors' recommendations (9, 11, 12). It consisted of eleven statements (listed in table IV) describing desirable behaviours of physicians relating to teenage patients during their visit in their clinic. The teenagers surveyed specified if the physician they visited last time behaved in the way described in the

statements using a 5-point scale: *definitely so, quite so, hard to say, rather not, definitely not*. In order to check the psychometric characteristics of the scale, an analysis of its reliability (Cronbach's α coefficient) and the theoretical accuracy (factor analysis) was conducted. Cronbach's α coefficient of the whole scale turned out to be 0.850, which is a satisfactory result allowing to view the scale as reliable. The factor analysis showed that the statements included in the scale refer to two factors and not one, as previously assumed. Thus the factor structure yielded different results than expected, which is worth taking into account and considering in the future work on the tool.

The research was carried out in April and May 2013, after obtaining permission from school head teachers and the students' parents. The anonymous survey was conducted in class by teachers working in the schools taking part in the survey and followed a procedure specified by means of detailed instructions. The research was preceded by a pilot study conducted in February 2013 in two groups of 14-15 year-olds (second year of lower secondary school, N=36).

The statistical analysis was carried out using SPSS v.14.0 software. Statistical significance was measured using the chi-squared tests; it was assumed that statistically significant differences obtain the value of $p < 0.05$.

RESULTS

1. Date and reason for last medical visit

For over half (55.7%) of the surveyed teenagers the last visit in a physician's surgery took place within the last month or 2-3 months prior to filling out the questionnaire. Every fourth person surveyed did not remember when he/she last visited the physician (no significant differences between boys and girls) (table I).

The prevalent reason for their last visit at the physician's was sudden illness (63.7%) or some kind of illness or injury. Every fourth person visited the physician for a check-up. A small number of respondents pointed to other reasons for the visit. Some of these were: having medical tests done (e.g. laboratory tests, radiological examinations, ultrasound, allergy tests, examinations in a sports clinic, prophylactic medical examinations); desensitization; vaccination; getting a medical certificate before a school trip; being referred to a specialist, or to hospital, medical tests, obtaining prescriptions for medication. Slightly over 10% (more boys than girls, $p < 0.01$) did not remember the reason for the visit at the physician's (table I).

2. Feelings connected with the medical visit and reasons for them

The respondents could choose as many feelings from the list in the questionnaire (table II) as they wished; they could also add feelings not included. The young people pointed out from one to five feelings; usually one (57.1%) or two (19.8%). At least one positive feeling (joy; hope; sense of security; relief) was identified by 42.5% of those surveyed, and at least one negative feeling (embarrassment, shame, anxiety, fear) by 29.7% of them.

Table I. Time and purpose of the last medical visit overall and by gender (% of subjects).

Tabela I. Termin i powód ostatniej wizyty u lekarza ogółem i zależnie od płci (% badanych).

	Total Ogółem (N=716)	Girls Dziewczęta (n=365)	Boys Chłopcy (n=350)
Time of the last medical visit (in relation to the examination) Termin ostatniej wizyty u lekarza (w stosunku do badania)			
– within the previous month <i>w ostatnim miesiącu</i>	28.3	30.4	26.0
– within the last 2-3 months <i>2-3 miesiące wcześniej</i>	27.4	28.8	26.0
– within the last 4-6 months <i>4-6 miesięcy wcześniej</i>	12.9	10.1	15.7
– over 6 months before <i>ponad 6 miesięcy wcześniej</i>	10.6	10.4	10.9
– did not remember <i>nie pamiętali</i>	20.8	20.3	21.4
Purpose of the last medical visit Powód ostatniej wizyty u lekarza			
– sudden illness, ailments (a cold, sore throat, stomach ache), injury <i>nagłe zachorowanie, odczuwanie jakichś dolegliwości (np. przeziębienie, ból gardła, brzucha), doznanie urazu</i>	63.7	65.5	61.7
– check-up (e.g. after treatment, periodic check-up) <i>kontrola (np. po leczeniu, kontrola okresowa u lekarza)</i>	19.7	22.1	17.7
– other purpose <i>inny powód</i>	5.6	5.5	5.7
– did not remember <i>nie pamiętali</i>	10.8**	6.9	14.9

**p<0.01

Table II. Feelings connected with the last medical visit (% of subjects).

Tabela II. Odczucia związane z ostatnią wizytą u lekarza (% badanych).

Feelings Odczucia	Total Ogółem	Girls Dziewczęta	Boys Chłopcy
Indifference <i>Obojętność</i>	31.9	32.9	30.9
Relief <i>Ulga</i>	20.6	23.0	18.0
Anxiety, fear, being scared <i>Niepokój, strach, lęk</i>	14.3	17.0*	11.4
Embarrassment, feeling ashamed <i>Skrępowanie, wstyd</i>	12.4	17.5***	7.1
Hope <i>Nadzieja</i>	11.9	11.5	12.3
Joy <i>Radość</i>	10.5	7.9*	13.1
Sense of security <i>Poczucie bezpieczeństwa</i>	10.5	11.0	10.0
Anger, irritation <i>Złość, irytacja</i>	7.8	8.5	7.1
Others <i>Inne</i>	1.7	1.4	2.0
Hard to say <i>Trudno określić</i>	13.6	10.4*	16.9

*p<0.05; ***p<0.001

Nevertheless, exclusively positive feelings were reported only by 27.2% of the respondents and exclusively negative ones by 16.6%. Only 13.6% of the participants (more boys than girls, $p < 0.05$) chose the answer 'hard to say'. Very few (2.2%) left this question unanswered. Also few (1.7%) added feelings that accompanied them while visiting the physician not provided on the list (e.g. calmness, satisfaction, pain, helplessness, the feeling of wasting their time, sadness, feeling nervous, outrage).

The feelings most often pointed out by teenagers were: indifference (31.9%), relief (20.6%), anxiety, fear,

(14.3%) and embarrassment, shame (12.4%). The two latter ones were more often identified by girls than boys ($p < 0.001$).

The vast majority (92.5%) of the respondents explained the reasons for their feelings while visiting the physician. The explanations varied widely, which is why an attempt to categorize them was undertaken (table III). It was not always easy to put the answer into the given category. Some explanations seemed not to have any connection with the feeling that had been chosen by the respondent.

Table III. Most frequent reasons for feelings encountered at the physician's (number of references).

Tabela III. Najczęstsze uzasadnienia odczuć związanych z wizytą u lekarza (liczba wskazań).

Feelings Odczucia	Justification Uzasadnienia	Number of respondents Liczba badanych
Indifference Obojętność	Medical visit as a well-known, routine, obvious situation <i>Wizyta lekarska jako sytuacja znana, rutynowa, oczywista</i>	53
	Lack of fear, feeling of security, positive or neutral attitude to the physician/ <i>Brak lęku, poczucie bezpieczeństwa, pozytywny lub neutralny stosunek do lekarza</i>	37
	Insignificant purpose of visit <i>Błahy powód wizyty</i>	35
	Considering the visit unimportant, lack of interest <i>Nieprzywiązywanie wagi do wizyty, brak zainteresowania</i>	24
	Lack of any kind of emotion <i>Brak jakichkolwiek emocji</i>	6
	Feeling of necessity, being forced to go <i>Poczucie konieczności, przymusu</i>	5
Relief Ulga	Getting a prescription, professional care <i>Przepisanie leków, profesjonalna opieka lekarska</i>	40
	Seeing that "nothing is wrong with me", the illness is not serious, or is in remission and I can function normally (do sports) <i>Stwierdzenie, że „nic mi nie jest”, że choroba jest niegroźna lub ustąpiła i mogę normalnie funkcjonować (uprawiać sport)</i>	36
	Getting a diagnosis and finding out the reasons for the ailment <i>Ustalenie rozpoznania i przyczyny dolegliwości</i>	27
	Being convinced that the condition will subside <i>Przekonanie, że wyzdrowieję, że dolegliwości ustąpią</i>	19
	Getting sick leave from school <i>Otrzymanie zwolnienia z lekcji</i>	6
	Being examined quickly, not having to wait for the visit <i>Szybkie przyjęcie przez lekarza</i>	3
Anxiety, fear, being scared Niepokój, strach, lęk	Fear of being seriously ill, of a relapse <i>Lęk przed poważną chorobą i pogorszeniem stanu zdrowia</i>	32
	Unspecified fear of the physician, encountering strangers and unknown treatment <i>Nieokreślony lęk przed lekarzem, nieznanymi ludźmi i zabiegami</i>	15
	Uncertainty about "what is wrong with me" and what the diagnosis will be <i>Nie wiadomo „co mi jest” i jaka będzie diagnoza</i>	15
	Fear of blood tests, injections, having to stay at hospital <i>Przed pobraniem krwi, zastrzykami, pozostawieniem w szpitalu</i>	15
	The physician will be unpleasant, will inflict pain on me, harm me <i>Lekarz będzie niemiły, sprawi mi ból, zrobi krzywdę</i>	7

Table III. cont.

Tabela III. cd.

Hope Nadzieja	To get better <i>Na wyzdrowienie i poprawę zdrowia</i>	35
	To obtain professional help <i>Na uzyskanie profesjonalnej pomocy</i>	22
	To get sick leave from school <i>Na zwolnienie ze szkoły</i>	7
	To exclude a possible illness <i>Na wykluczenie choroby</i>	5
	To diagnose the illness <i>Rozpoznanie choroby</i>	4
Joy Radość	Getting good information, being calmed down (due to recovery), knowing recovery will take place in the future, getting support <i>Pozytywne informacje, uspokojenie (powrót do zdrowia), nadzieja na wyzdrowienie, poczucie wsparcia</i>	35
	Getting sick leave from school <i>Uzyskanie zwolnienia ze szkoły</i>	23
	Liking the physician <i>Sympatia dla lekarza</i>	8
	Not having to wait for the visit <i>Szybkie przyjęcie</i>	3
Safety, security Poczucie bezpieczeństwa	Perceiving the physician as a professional, a kind person who can be trusted <i>Postrzeganie lekarza jako osoby profesjonalnej, życzliwej, godnej zaufania</i>	44
	Getting the diagnosis, lack of threat ("I know what is wrong with me and it is not serious"), specifying the treatment and finding out what to do <i>Ustalenie rozpoznania i brak zagrożenia („wiem, co mi dolega i wiem, że nie jest to groźne”), ustalenie sposobu postępowania</i>	12
	Being convinced that I will recover <i>Przekonanie, że wyzdrowię</i>	8
Embarrassment, feeling ashamed Skръpowanie, wstydy	Necessity to disrobe <i>Konieczność obnażenia ciała</i>	39
	Meeting a stranger <i>Spotkanie z obcą osobą</i>	8
	Being examined by a physician of the opposite sex <i>Badanie przez lekarza odmiennej płci</i>	7
	Due to the nature of the physical examination, the kind of ailment, and having intimate parts of the body examined <i>Rodzaj dolegliwości i badanie intymnych miejsc</i>	7
	The physician's activities: looking at one's body, touching, asking embarrassing questions <i>Czynności lekarza: oglądanie, dotykanie, zadawanie krępujących pytań</i>	6
	The way one looks (obesity) <i>Własny wygląd (otyłość)</i>	6
	The physician's behaviour: being dry, lack of friendliness <i>Zachowania lekarza: oschłość, brak życzliwości</i>	5
	Being examined in the presence of other people <i>Badanie w obecności innych osób</i>	4

Table III. cont.

Tabela III. cd.

Anger, irritation Złość, irytacja	Queue of patients, having to wait for a long time, not enough physicians <i>Kolejka pacjentów, długi czas oczekiwania, za mało lekarzy</i>	18
	The physicians' behaviour (being unkind, moralising, ignoring the patient, being late)/ <i>Zachowania lekarzy (nieuprzejmość, moralizowanie, ignorowanie, spóźnianie się)</i>	15
	The necessity to see the physician (I don't like this) <i>Konieczność wizyty u lekarza (nie lubię tego)</i>	11
	Lack of diagnosis or ineffective treatment <i>Brak rozpoznania lub nieskuteczne leczenie</i>	3
	Other patients' behaviour <i>Zachowania innych pacjentów</i>	2
	The physician's appearance <i>Wygląd lekarza</i>	1
	Feeling bad <i>Złe samopoczucie</i>	1
Hard to say Trudno mi określić	I can't remember <i>Nie pamiętam</i>	38
	I had no feelings or I could not name them <i>Nie mam żadnych odczuć lub nie umiem ich nazwać</i>	20
	I did not think about it, because the purpose of the visit was unimportant ("just a regular visit") <i>Nie zastanawiałam/-em się, uważając, że powód wizyty nie jest poważny („zwykła wizyta”)</i>	8
	Depends on the kind of examination, kind of ailment and the physician who conducts the examination <i>Zależy to od rodzaju badań, dolegliwości i lekarza, który przyjmuje</i>	5
	Too absorbed with the ailments and the illness <i>Zaabsorbowanie dolegliwościami i chorobą</i>	4

3. Physicians' behaviours conducive to establishing good communication with the teenage patient

Almost all those surveyed (98.2%) answered the question relating to the physician's behaviour during their last visit. This included those who stated that they did not remember when and why they visited a physician last time.

In the case of eight out of eleven physician's behaviours conducive to good communication with the patient specified in the survey, a majority of the respondents (from 70.3% to 87.2%) replied decidedly so or rather so (table IV). A particularly large number stated that the physician:

- After the examination told them the result and gave them advice on what to do, e.g. what medicines to take, what tests to do (87.2%),
- While talking with the patient used words which he/she could understand (81.5%),
- Carefully listened to what the patient was saying to him/her (78.4%).

In the case of other answers the percentage of respondents who chose this answer was a definite minority. This referred to:

- The physician encouraging the patient to ask questions about his/her health or illness and its treatment (28.5%),
- The physician's taking an interest in the patient as an individual (33.0%),
- Calming the patient down, encouragement if the patient was anxious (47.3%).

Boys' and girls' responses were similar, apart from statements referring to encouragement to ask questions and taking interest in the patient as an individual (boys agreed with these statements more frequently, $p < 0.005$).

DISCUSSION

The article presented the feelings of 14-15-year-olds ($N=716$) connected with their last visit to the physician's and their opinions about the doctor's behaviour during the visit.

Table IV. The percentage of teenagers assessing the physician's behaviour towards them during their last visit by gender (% of subjects). The table omitted the „hard to say” category.

Tabela IV. Odsetki nastolatków oceniających zachowania lekarzy wobec nich w czasie ostatniej wizyty według płci (% badanych). W tabeli pominięto kategorię odpowiedzi: „trudno mi powiedzieć”.

Statements Stwierdzenia	Strongly yes or rather yes Zdecydowanie tak lub raczej tak			Rather no or strongly no Raczej nie lub zdecydowanie nie		
	T / O	G / Dz	B / Ch	T / O	G / Dz	B / Ch
The physician examined me with a smile, was friendly, kind <i>Lekarz przyjmował mnie z uśmiechem, był przyjazny, życzliwy</i>	76.4	76.8	75.9	11.2	11.0	11.3
The physician treated me seriously (I did not feel treated like a child) <i>Lekarz traktował mnie poważnie (nie dał mi odczuć, że traktuje mnie jak dziecko)</i>	71.6	68.8	74.4	9.1	10.1	7.9
When asking about my complaints, the physician spoke directly to me and not only to my parent (guardian) <i>Lekarz, pytając o moje dolegliwości, zwracał się bezpośrednio do mnie, a nie tylko do mojego rodzica (opiekuna)</i>	71.3	72.9	69.7	14.1	12.7	15.6
The physician listened carefully to what I said <i>Lekarz uważnie słuchał tego, co do niego mówię</i>	78.4	79.6	77.1	7.6	7.0	8.2
The physician examined me showing respect for my privacy (e.g. I disrobed behind a screen, without other people presence) <i>Lekarz badał mnie z poszanowaniem mojej prywatności (np. rozbierałam/em się za parawanem, nie przy osobach obcych)</i>	70.3	67.2	73.5	19.6	22.4	16.7
After completing the examination, the physician told me about results and what I should do (e.g. what medication I should take, what tests to have) <i>Po zakończeniu badania lekarz powiedział mi o jego wyniku i o tym, co dalej należy robić (np. jakie stosować leki, jakie wykonać badania)</i>	87.2	88.9	85.6	5.4	4.3	6.5
When speaking to me, the physician used language which I could understand <i>Lekarz, rozmawiając ze mną, używał zrozumiałych dla mnie słów</i>	81.5	83.4	79.6	7.2	6.2	8.3
The physician encouraged me to ask questions about my health, or illness, and treatment <i>Lekarz zachęcał mnie do zadawania pytań na temat mojego zdrowia lub choroby i jej leczenia</i>	28.5*	24.9	32.3	43.9	48.4	39.3
The physician showed interest in me as an individual (e.g. asked how I am doing, what I like to do) <i>Lekarz przejawiał zainteresowanie mną jako człowiekiem (np. zapytał mnie, co u mnie słychać, co lubię robić)</i>	33.0**	28.5	37.8	52.2	58.3	45.7
If I was anxious about something the physician calmed me down, boosted my spirits (omit this statement if you were not in such a situation) <i>Jeżeli byłam/em czymś zaniepokojona/y, lekarz uspokoił mnie, dodał mi otuchy (pomiń to stwierdzenie, jeśli nie byłeś/eś w takiej sytuacji); n=479</i>	47.3	47.1	47.5	28.0	28.1	28.0
If I had to have some tests, the physician explained to me what it would be like (omit this statement if you were not in such a situation) <i>Jeżeli trzeba było wykonać u mnie jakieś badanie/zabieg lekarz poinformował mnie, na czym to będzie polegać (pomiń to stwierdzenie, jeśli nie byłeś/eś w takiej sytuacji); n=509</i>	76.4	77.7	75.0	11.8	12.1	11.5

*p<0.05; **p<0.01, T/O: Total/Ogółem, G/Dz: Girls/Dziewczęta, B/Ch: Boys/Chłopcy

In order to introduce the respondents to the context of the situation and encourage them to recall their last visit at the physician's, they were first asked to give the date and reason for their last visit. Most of the teenagers surveyed (68%) visited the physician within the last half year before the survey. The reason for the visit was usually a sudden illness, an ailment or injury.

According to I. Heszen and H. Sęk, for almost all grown-up patients in the waiting area, the prospect of seeing the physician is a source of fear. The visit influences their emotional state (13). The teenagers surveyed had different feelings and referred to different moments of the visit. Some clearly related to what happens before or at the beginning of the visit (e.g. *fear of being diagnosed with a serious illness*), others to what is happening in the course of the visit (e.g. *being embarrassed to undress*), some others to the end of the visit (e.g. *joy that nothing is wrong with me and that I can leave*).

The feelings that accompany teenagers during a medical visit can be divided into three groups: neutral (indifference), positive (joy; hope; sense of security; relief) and negative ones (embarrassment, shame, anxiety, fear, anger, irritation). The respondents more often reported positive than negative feelings. The dominant feeling among the teenagers was indifference with respect to the visit (31.9%). Nearly every third person treated the visit as a situation that is a well-known, routine, obvious one and thought that the reason for it is trivial, did not feel any fear in connection to it, did not consider it important. This can, for example, result from the fact that teenagers usually enjoy good health. In a representative sample of 15-year-olds 76% said that their health was good or excellent (14). Teenagers concentrate on other things than health and that is why they do not consider seeing the physician a particularly important or difficult situation. While adults put health in a high position in their hierarchy of values (15), it takes different places in the hierarchy of young people. Usually in an unstructured conversation they do not enumerate health as an important value; though they do position it highly when it is on a list of values they are presented (16). The little research that was done on this topic on non-representative groups of teenagers shows that adolescents often do not realise that health can be a value for them (17).

The young people who were surveyed gave different, mostly short explanations justifying their feelings at the physician's (e.g. joy connected with being put at peace, hope for recovery and also the hope to get sick leave from school). The justification related e.g. to the physician as a person, his/her behaviour and acting, the expectations and beliefs of the teenagers, the behaviour of other patients, the functioning of the health service. It is worth their while for the physicians looking after teenagers to be aware of the wide variety of feelings experienced by the patients and the reasons for them. This will make it possible to learn about the needs of young patients and then meet them in a better way, and to better define the problem and find the right way to act (18). This, in turn, can influence the way the patient handles the situation in which he is.

Some teenagers, especially boys, find it difficult to specify the feelings connected with their last visit to the physician. It also happened in the surveys that the reason they gave for their feelings was in contradiction with the answer they had chosen. Young people can have problems with identifying their feelings and putting them into words. In such situations it would be good if the physician could help them to identify and express these feelings. This is particularly important if the teenager seems anxious during the interview with the physician and non-verbally expresses some kind of fear (10). It is important for the physician to be skilled in showing empathy and mirroring his/her feelings, as well as understand and react not only to verbal, but also to non-verbal signals.

Over 98% of the respondents evaluated the physicians' behaviour during their last medical visit. This includes those who did not remember when they last visited the physician, what the reason for the visit was and what feelings accompanied them. Perhaps these persons generalised their feelings when assessing the physician's behaviour. In the course of working on the research tool, the decision was taken that it is hard to make a general evaluation of different doctors' behaviour, which is why the respondents were asked to refer to their last medical visit.

The teenage respondents evaluated most of the physicians' behaviour in a positive way. Over 80% said that the physician informed them about the result of the examination and used understandable language; over 70% felt that the physician had been actively listening to them, treated them kindly and smiled, did not treat them like a child, spoke directly to them and honoured their privacy. These results show that most physicians examined the respondents in accordance with the rules of correct communication and the first rule of the way in which the general practitioner should behave in prophylactic health care of students stating that "The physician should observe the student's right to privacy, intimacy and personal dignity and maintain confidentiality, in accordance with the rights of the patient" (19).

The young people gave the least favourable scores to the willingness of the physician to encourage them to ask questions (only 28.5% agreed with this statement). According to I. Heszen and H. Sęk, grown-up patients rarely address questions to the physician. The reason for this can be barriers in physician - patient communication, e.g. socio-cultural differences between them, and above all the widespread practice of using medical jargon by doctors (13). M. Rogiewicz and K. Buczkowski (20) think that patients do not ask the physician any questions, because:

- They feel their fears about the diagnosis will be confirmed and they will not be able to handle this information,
- They expect either no answer or a negation, which could mean the physician is unwilling to talk to them or does not believe the patient is able to understand the answer,
- They are afraid that by asking questions they will create the impression of not trusting the physician,
- They represent a passive model of going through their illness,
- They believe that the physician knows what the patient should know.

According to the cited authors the patient may also withhold questions due to the physician's behaviour. The research presented by I. Heszen and H. Sęk showed that the attitude that physicians have to patients who ask questions can be less favourable than to those that do not (13). A patient should, however, have the possibility to ask questions and obtain answers that he can understand (20). It seems that this is particularly important in the case of teenagers who are only learning the role of an active patient. It would, therefore, be good if physicians encouraged teenage patients to ask questions. In this way the physician can obtain important information on the emotional state of the patient and his/her attitude to the illness and help the teenager understand what is happening to him and what he should do. This is an element of treating the patient as an individual.

Only 1/3 of the respondents said that the physician was interested in them as individuals. In the literature it is pointed out that every patient should feel he/she is treated as a person, and that it is important to show interest not only in the medical problem of the patient but also his/her personality and private life (18, 10, 21). This information may be important to understand the health situation of the patient, can help the physician see the full picture of the human being and facilitate the conversation on non-medical topics during the next visit (18). According to I. Heszen and H. Sęk the physician's concentration exclusively on the medical problem is insufficient, and frequently impossible; the physician-patient relationship includes an exchange of information and emotions, and also attempts to influence the patient's behaviour (13). According to R. Wrate (10), in the case of teenagers, showing interest in them can take the form of asking a few simple questions about their family, school, interests, and plans for the future. Showing interest in the teenage patient as an individual helps to build a climate of trust, and helps the patient to relax. R. Wrate thinks that in order to effectively communicate with teenagers it is important to have knowledge not only of developmental processes connected with puberty and growing up, but also to know something about the interests and problems of modern teenagers and the expectations that parents and school have of them; it is also important to know current trends and customs that are widespread among young people (10).

Less than half of the teenagers surveyed thought that the physician boosted their spirits when they were anxious about something. It is particularly important for the physician to support children and young people. This is conducive to lowering anxiety and builds up the feeling of security. According to A. Jakubowska-Winiecka (8), in addition to information about treatment, the teenager also needs emotional support. This is particularly important in the case of chronically ill adolescents. Support is important when taking decisions of which mostly the teenager bears both mental and other consequences. According to T. Parsons (22), the physician can undertake either instrumental or expressive action. Instrumental action (e.g. injections), connected with treatment, can lead to emotional imbalance, and tension in the socio-emotional sphere. In order for the patient to return to emotional

balance, the physician undertakes expressive work focused on the emotional state of the patient to counteract the negative effect of the instrumental activity. Research shows that patients attach a great importance to the expressive action undertaken by the physician. According to M. Makara-Studzińska (23), it is the physician's duty to the child-patient not only to fulfill the instrumental, medical function, but also to be with him/her, create and atmosphere of warmth, engagement and interest.

Almost every third respondent had a problem with specifying if the physician examined him/her with respect to their privacy or decided that their privacy was not honoured. In contacts with teenagers it is important to respect their growing need for privacy (9). They should be given adequate conditions to undress, e.g. behind a screen, and to be examined when nobody else is present. According to R. Lopez (9), depending on the situation, from the time a child is 13-14 years old, parents should gradually give the child a chance to be alone with the physician. The need for privacy is underlined in documents regulating the patient's rights, including those of the underage patient. (24), as well as in standards of health care provided by the school nurse and the general practitioner (19). The results of research show that these principles are not fully observed.

The young people under investigation were still of the age when they are accompanied by their parents when visiting a physician. It is the parents who are responsible for them and take decisions on their behalf. According to the 2009 law on the rights of the patient and on the Spokesperson of the Patient's Rights (24), it is only when they turn 16 that patients begin to have different rights than those of a child. Every seventh teenage respondent in the research thought that when the physician asked about his/her ailments, the question was addressed not to him/her but to his/her parents (minder). Teenagers have a great need for independence, for displaying a serious ("grown-up") attitude towards them and should be treated as patients who have full rights (9). Health workers, particularly physicians, should speak directly to them and not only to their parent. The need to be treated like an adult was expressed by the respondents' (especially girls') request that instead of using the expression boy/girl in the questionnaire, the term man/woman should be used. The request was granted.

The topic of the physician's communicating with the teen-age patient is relatively rarely mentioned by Polish authors in pediatrics and family medicine handbooks, as well as publications devoted to physician-patient communication. Such topics are only signalled, e.g. in chapters of pediatrics handbooks devoted to the development of children and youth and to examining a child (25, 26, 27). This may result from the fact that traditionally pediatrics dealt with children up to the age of 15 and the period over this age remained in "suspension" between pediatrics and adult medicine (28).

In medical literature in English, including those handbooks that have been translated into Polish, the topic of the communication between the physician and the adolescent patient is given more space (e.g.: 29, 30, 31, 32, 33, 34). There are also separate publications devoted

to adolescent medicine (3, 4, 9). Taking these topics into account is connected with the fact that in some countries (e.g. in the USA), adolescent medicine functions as a separate medical specialisation. There were suggestions that this should also be done in Poland (28, 35), but they were not accepted.

The literature in English includes articles on the preferences of teenagers regarding physicians' behaviour (36), new forms of communication with patients (37), or a comparison between the experiences of children and patients after visiting a physician (38). Due to the differences in the research aim and tool, it is not possible to relate the results obtained in the present work and those of the physicians that were mentioned. No research of a similar nature was found in the Polish literature. The present paper is also limited due to the non-representative group of respondents and to including only one age group. The work presented can only be an inspiration for further research which could be extended by using quantitative methods.

CONCLUSIONS

1. Adolescents' visits at the physician's are connected with different feelings, the most frequent of which are indifference and relief, but also anxiety and fear. Identifying these feelings and the attitude of the teenage patient to the visit can help physicians establish a close rapport with them.

2. Identifying the feelings and attitudes of teenage patients to the medical visit can make it easier for the physician to communicate with them.

3. Most teenagers notice the fact that the physician undertakes different kinds of behaviour conducive to establishing a good rapport with the patient. Encouraging patients, to ask questions, taking interest in them as people and comforting them are by far the least frequent kinds of behaviour. It is important to point out to physicians that such behaviour is vital.

4. In the process of preparing physicians for their jobs and in further professional training it should be pointed out that teenagers have specific needs and the skill to communicate with them should be taught.

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