# How Physicians Perceive Patients Disclose – Access to Sensitive Psychosocial Information

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# Presenter Disclosures

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No personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months.

# Patient disclosure of psychosocial information is necessary for quality care

- Psychosocial **Information** describes the psychological factors—how an individual thinks and feels—and social factors—an individual's social milieu—that affect self-care behavior (Senteio, 2018)
- In primary care visit, chronic disease patients are the **source** of psychosocial information (e.g., financial strain, level of health literacy)
- Access to psychosocial information is **necessary to help inform** patient specific clinical decisions (i.e. referral to social work and/or chronic disease educational programs)
- Therefore, it is important to understand **circumstances under which patients disclose** psychosocial information
- We describe how primary care physicians (PCPs) **perceive the circumstances** in which chronic disease patients disclose psychosocial information

# PCPs' perceptions of circumstances of patient disclosure

- Specific Aim: describe the receiver's (PCP) **perspective** on circumstances in which sender (patients) shares personal, sensitive information
- Interpret how the **receiver** (PCP) **perceives** how **senders** (patients) disclose sensitive health information (e.g. inability to afford medication or prepare a meal due to caregiver responsibilities)
- Context is **primary care visit** for type 2 diabetes care

# Methods – Qualitative, semi-structured interviews

- Qualitative Study: 17 semi-structured interviews to understand how **physicians perceive** patients disclose psychosocial information
- Purposive sampling to recruit physicians with **experience** treating adult, T2DM patients in the outpatient setting
- Constant comparative method to **analyze** the interview data
- Both descriptive and explanatory categories emerged from the constant comparative method, and **themes** were directly observed in the data

# Sample: 17 PCPs with experience with T2DM in outpatient care setting

- The **physician interview** sample was drawn from five U.S. states. The 17 interviews took place over 11 months in 2015
  - family medicine (n=8), internal medicine (n=8), and endocrinology (n=1)
- Analysis resulted in descriptions for how PCPs **perceive the context** in which patients disclose sensitive psychosocial information in the context of the **patient-doctor** primary care consultation

**Findings**:

1. PCPs attempt to **build** and **maintain rapport** in order to access psychosocial information
2. How PCPs attempt to build, establish, and nurture **patient relationship**

# Finding #1: Build and Maintain Rapport with Patient

- Patients are the source of psychosocial information, and information use is **dependent** upon the ability access it
- Access is heavily dependent upon level of **trust** in the patient-doctor relationship – PCPs believe that trust facilitates disclosure of psychosocial information
    1. Trust is developed over time, through a relationship
    2. Quality of the relationship grants access
    3. Continuity of care is key – a continuous relationship with a patient provides the opportunity to develop a more in-depth relationship leading to disclosure of psychosocial information
    4. Trusted advisor – presence of *longitudinal rapport* provides more insight into the shared information and helps to determine the best course of action

# Finding #2: How Physicians Build, Establish, and Nurture Patient Relationship

- Speaking **techniques** help build trust: 1) (bi)directional conversation, 2) choice of words and/or questions
- Demonstrate **caring**: 1) essential part of developing rapport, 2) helps create connections with patients
- **Safe** environment: 1) establish and maintain the "office" as a safe environment, 2) especially important when meeting new patients, and 3) boundaries with patient and their families
- **Empowering** patients: 1) nurture the relationship to build trust, 2) acknowledge effort in maintaining health, and 3) shared decision making – empower patients' knowledge and understanding (and their effort/work)

# Contribution: Inform the health communication disclosure literature

- Perception of disclosure from the **receiver** (PCP)
- Specific, important context of the patient-doctor relationship – specifically the primary care chronic disease visit – where the relationship is **not characterized by reciprocal** personal information exchange
- Align the disclosure literature with patient centered care, which **necessitates PCP access** psychosocial information

# Theoretical Implications

- We emphasize the Disclosure Decision-Making Model **DD-MM** because of its focus on health, describes *whether or not* discloser (patient) shares health information (Greene, et al., 2006)

1. Social penetration theory (SPT) has been used to link self-disclosure to **interpersonal interactions** in order explain that disclosure creates different levels of intimacy within relationships (Taylor & Altman, 1987)

2. Disclosure Decision Model (DDM) assumes that individuals will actively and strategically manage their disclosure behaviors for **social and personal goals**; the focus is on the initial decision about disclosing information (Omarzu, 2000)

3. Disclosure Process Model (DPM) examines **when** and **why** disclosure of information is **beneficial** for individuals, for an abundance of situations, DPM focuses on how individual identities may share commonalities in the disclosure process (Chaudoir & Fisher, 2010).

# Explore & expand disclosure literature

- Further understand how PCPs perceive **factors** consistent with patients willingness to disclose – if/how aligned with disclosure literature
- Describe **discloser** (patient) perception of clinical environment (patient-doctor relationship) that facilitates disclosure of psychosocial information

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