Understanding the Ideal and Tailored Provider: A Cross-Sectional Survey Study Exploring Patient Preferences in an Obstetrician/Gynecologist

Ann Blair Kennedy, Anna Tarasidis Harb, Chloe Schockling, Lauren Jackson Ray, Jennifer Palomo, Rebecca Russ-Sellers

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Ann Blair Kennedy[1, 2] DrPH; Anna Tarasidis Harb[3] MD; Chloe Schockling[3] MD; Lauren Jackson Ray[3] MD; Jennifer Palomo[3] MD; Rebecca Russ-Sellers[1] PhD

[1]University of South Carolina School of Medicine Greenville Department of Biomedical Sciences Greenville US
[2]Prisma Health Family Medicine Department Greenville US
[3]University of South Carolina School of Medicine Greenville US

Corresponding Author:
Ann Blair Kennedy DrPH
University of South Carolina
School of Medicine Greenville
Department of Biomedical Sciences
701 Grove Road
Health Science Administration Building
Greenville
US

Abstract

Background: The patient-provider relationship in obstetrics and gynecology (OB/GYN) is uniquely complex due to the sensitive nature of exams and topics. Previous studies on desired OB/GYN provider traits lack evaluation of current relationships, barriers to care, and evolving patient preferences.

Objective: To investigate if there are changes in patient preferences, patients' concerns relating to current provider relationships, and prominent barriers to care post the #MeToo movement.

Methods: A mixed-methods cross-sectional survey, utilizing a convergent parallel design, was conducted. OB/GYN patients from the US were recruited through social media from October to December 2019. Participants (n=1039) with experience with an OB/GYN provider, aged 18 and above, were included. Survey content included demographics, current relationships, provider traits, barriers to care, and qualities desired in providers. Quantitative data were analyzed to create descriptive statistics including means, standard deviations, and frequencies. Qualitative data from open-ended survey questions were reviewed for data-transformation and data-validation purposes.

Results: Findings reveal that trust and comfort are paramount to patients, with listening skills ranked highest. The most significant shift in preferences is the increasing importance of provider gender, with 80.7% indicating same-gender preference. Barriers to care include daily commitments (67.5%). Participant demographics show a well-educated cohort (54.7% with higher degrees), with 83% emphasizing trust in provider relationships.

Conclusions: The study highlights evolving patient preferences in OB/GYN provider characteristics, emphasizing gender identity as a significant factor. Trust and communication play pivotal roles in patient-provider relationships. The findings underscore the importance of patient-centered care, provider education, and quality improvement efforts in the OB/GYN setting to enhance patient experiences and outcomes. Further research involving diverse populations is necessary to ensure broad applicability.

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- Ann Blair KENNEDY, DrPH*, Greenville, SC, University of South Carolina School of Medicine Greenville Department of Biomedical Sciences; Prisma Health Department of Family Medicine; and University of South Carolina Patient Engagement Studio
- Anna Tarasidis Harb, MD[1] Greenville, SC, University of South Carolina School of Medicine Greenville
- Chloe Schockling, MD[2] Greenville, SC, University of South Carolina School of Medicine Greenville
- Lauren Jackson Ray, MD[3] Greenville, SC, University of South Carolina School of Medicine Greenville
- Jennifer Palomo, MD[4] Greenville, SC, University of South Carolina School of Medicine Greenville
- Rebecca Russ-Sellers, PhD[5] Greenville, SC, University of South Carolina School of Medicine Greenville Department of Biomedical Sciences

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*Corresponding author: Ann Blair Kennedy, University of South Carolina School of Medicine Greenville, 701 Grove Road, Greenville, SC 29605, phone numbers: 864-923-4456 and 864-766-2028, Kenneda5@greenvillemed.sc.edu

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[1] Dr. Harb's present address: University of Tennessee Medical Center, Knoxville, TX
[2] Dr. Schockling's present address: University of Pittsburgh, Pittsburgh, PA
[3] Dr. Ray's present address: Massachusetts General Hospital, Boston, MA
[4] Dr. Palomo's present address: Prisma Health, Greenville, SC
[5] Dr. Russ-Seller's present address is: Premier Neurology, Greenville, SC

Short Title: The Ideal OBGYN Provider

Abstract

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Conclusion: The study highlights evolving patient preferences in OB/GYN provider characteristics, emphasizing gender identity as a significant factor. Trust and communication play pivotal roles in patient-provider relationships. The findings underscore the importance of patient-centered care, provider education, and quality improvement efforts in the OB/GYN setting to enhance patient experiences and outcomes. Further research involving diverse populations is necessary to ensure broad applicability.

Keywords: Communication, Obstetrics, Gynecology, Trust, Barriers to Care, Patient-provider relationships

Introduction:

Unlike other relationships, that between patient and medical provider is unique, and there are complexities that differ vastly. In obstetrics and gynecology (OB/GYN), there is an additional vulnerability component as sensitive exams and topics are standard of care. Though previous studies have been conducted to explore desired OB/GYN provider characteristics, there are gaps in the evaluation of current provider relationships, barriers to care, and traits desired in a nation of changing societal climates. Historically, desired traits expressed by patients did not show gender preference, but these reports occurred before the #MeToo and other feminist movements were prominent in the United States.[1–4] Therefore, this study aims to investigate if there are changes in patient preferences, patients' concerns relating to current provider relationships, and prominent barriers to care.

Methods:

Study design, sample, and setting

A mixed-methods cross-sectional survey using a convergent parallel design for data-transformation and validation[5] was used to investigate factors impacting patient-OB/GYN provider relationships in the United States (Appendix 1). Participants were OB/GYN patients recruited through social media posts (Facebook, Twitter, Instagram, and LinkedIn) between October and December 2019. For inclusion in the study, participants had to be 18 years old, willing to participate, and have had experience with an OB/GYN provider.

Measures

Previously created surveys relating to OB/GYN patient-physician relationships were reviewed to

direct survey content toward gaps in current research.[1–4] Specifically, survey content included participant and practice demographics, experiences relating to current patient-physician relationships, factors considered when picking OB/GYN providers, barriers to care, and important qualities desired by patients in OB/GYN providers (Appendix 1).

To determine the reliability of the 9 Likert scale items relating to patient-provider relationships, a principal components analysis (PCA) and Cronbach's alpha were performed to measure different, underlying constructs. The correlation matrix showed that all variables had greater than 0.3 on at least one correlation coefficient. The overall Kaiser-Meyer-Olkin (KMO) measure was 0.84 with individual KMO measures all greater than 0.7, classification of 'middling to 'meritorious' according to Kaiser (Kaiser, 1974). The data are likely factorizable based upon Bartlett's test of sphericity being statistically significant ($p < .0005$).

PCA revealed one component that had eigenvalues greater than one and which explained 45.38% of the variance. The scree plot was visually inspected and revealed that one component should be retained.[6] The interpretation of the data was consistent with attributes the questionnaire was designed to measure with strong loadings of the therapeutic alliance items on the component. The scale had a high level of internal consistency, as determined by a Cronbach's alpha value of 0.810.

To enhance the survey's validity, a patient engagement group trained in research methodology and communication with researchers reviewed the survey. This group of individuals is trusted to critically review research projects and act as co-investigators throughout the life of the study. This group included three scientists (experienced in health service research, comparative effectiveness research, and social health research), four physician representatives, a representative from the Patient Experience team, and 8-12 patient partners ("experts"). The patient experts come from diverse

backgrounds and have participated in training on team building, research methods, and communication.[7] Feedback from the group was used to revise our survey to be culturally sensitive and appropriate as well as assist in recruitment materials.

Procedures and statistical analysis

To reduce social desirability bias and elicit truthful responses, an invitation to participate in an anonymous survey was disseminated through social media outlets.[8] Respondents were directed to take an electronic, self-administered questionnaire through REDCap Survey Software.[9] Though anonymity was ensured, the survey offered an opportunity for respondents to receive survey analysis results by providing an email address.

Recruitment on social media for survey participation was initially posted on 22 October 2019 and was re-shared two times (once in each of the following months) until responses were cut off at 11:59PM on 31 December 2019. A total of 1342 responses were counted at the end of this two-month period. Data were filtered and cleaned prior to statistical analysis (Figure 1). Incomplete survey responses, those that did not meet the inclusion criteria, and those that were determined to potentially be an internet response bot (e.g. random letter strings in open ended questions) were removed. The remaining 1039 responses were used for analysis.

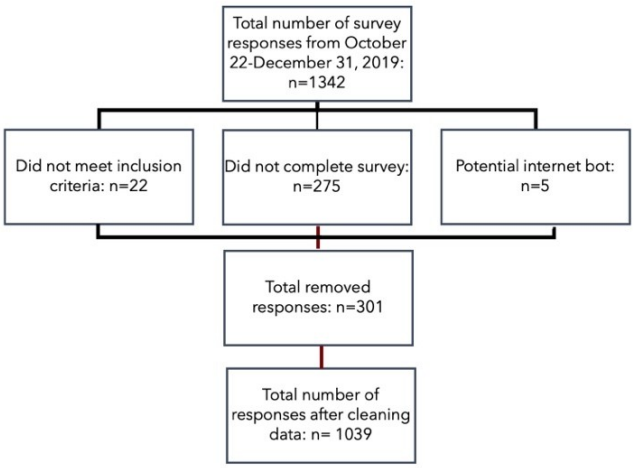


Figure 1. Study inclusion flow diagram including data cleaning of survey participants' responses

Quantitative data were analyzed using IBM SPSS Statistics for Windows, version 26 (IBM Corp., Armonk, N.Y., USA) to create descriptive statistics including means, standard deviations, and frequencies. Qualitative data from open-ended survey questions were reviewed for data-transformation (e.g. provide additional categories or combine responses based upon themes from open-ended "describe other" responses for check all that reply answers) and data-validation (e.g. explore open-ended questions for emergent themes to provide context and explanation of quantitative results) purposes.[5] Responses were reviewed to determine any commonalities that could be pooled into an existing or new category (Appendix 2).

Two new variables were also calculated. To determine if participants faced multiple barriers to care, a new variable was created by summing the total number of responses that were checked including the new response options. To determine if women experienced a pregnancy loss, the categorical variables responses were given a value (0=0, 1=1,…4+=5), then the number of children was subtracted from the number of times pregnant. While the exact number of pregnancy losses could not be determined, any number 1 or greater is assumed to be a pregnancy loss.

Ethical approval

This project was reviewed by the XYZ [blinded] Institutional Review Board (Pro00092199). Informed consent was provided via an "opt-in" question on the first page of the survey. Through this, participants were given a description of the survey, and their willingness to participate was confirmed before continuing.

Results

Participant demographics

The majority of respondents were highly educated (54.7% had higher than a bachelor's degree), had 1 or more children (57.4%), and had a mean age of 36.53 years (sd 12.21) (Table 1). Participants were given the option of selecting multiple responses for their racial/ethnic identity and a majority (83%) of the sample selected white. A small percentage of the sample (n=41, 4.1%) identified as multi-racial (i.e. selecting more than one race/ethnicity). Nearly three in ten (n=290, 26.6%) of the participants experienced a pregnancy loss.

Table 1. Demographics of survey respondents

Variable	n=1039
Age, mean (SD)	36.5 (12.2)
Gender identity, n(%)	
Woman	1034 (99.5)
Non-binary	3 (0.3)
Other	2 (0.2)
Race/Ethnicity*, n (%) (% of cases)	n=1086
American Indian or Alaska Native	8 (0.7%) (0.8%)
Asian	38 (3.5%) (3.7%)
Black or African American	94 (8.7%) (9.0%)
Hispanic or Latino/a	31 (2.9%) (3.0%)
Native Hawaiian or Pacific islander	2 (0.2%) (0.2%)
White	901 (83.0%) (86.7%)
Other	8 (0.7%) (0.8%)
Choose not to answer	4 (0.4%) (0.4%)
Marital Status, n (%)	
Divorced	51 (4.9%)
Married	673 (64.8%)
Separated	6 (.6%)

Single	304 (29.3%)
Widowed	5 (0.5%)
Sexual activity, n (%)	
Abstinent	69 (6.6%)
Asexual	8 (0.8%)
Sex with men	907 (87.3%)
Sex with women	23 (2.2%)
Sex with both men and women	32 (3.1%)
Number of pregnancies, n (%)	
0	394 (37.9%)
1	188 (18.1%)
2	220 (21.2%)
3	129 (12.4)
4+	108 (10.4%)
Number of children, n(%)	
No response	7 (0.7%)
0	435 (41.9%)
1	235 (22.6%)
2	271 (26.1%)
3	73 (7.0%)
4+	18 (1.7%)
Highest level of education	
No formal education	2 0.2%)
High school diploma	52 (5.0%)
Vocational training	32 (3.1%)
Bachelor's degree	385 (37.1%)
Master's degree	243 (23.4%)
Doctoral/Professional degree (JD,MD,PhD,DrPH, etc)	325 (31.3%)

Relationship with provider

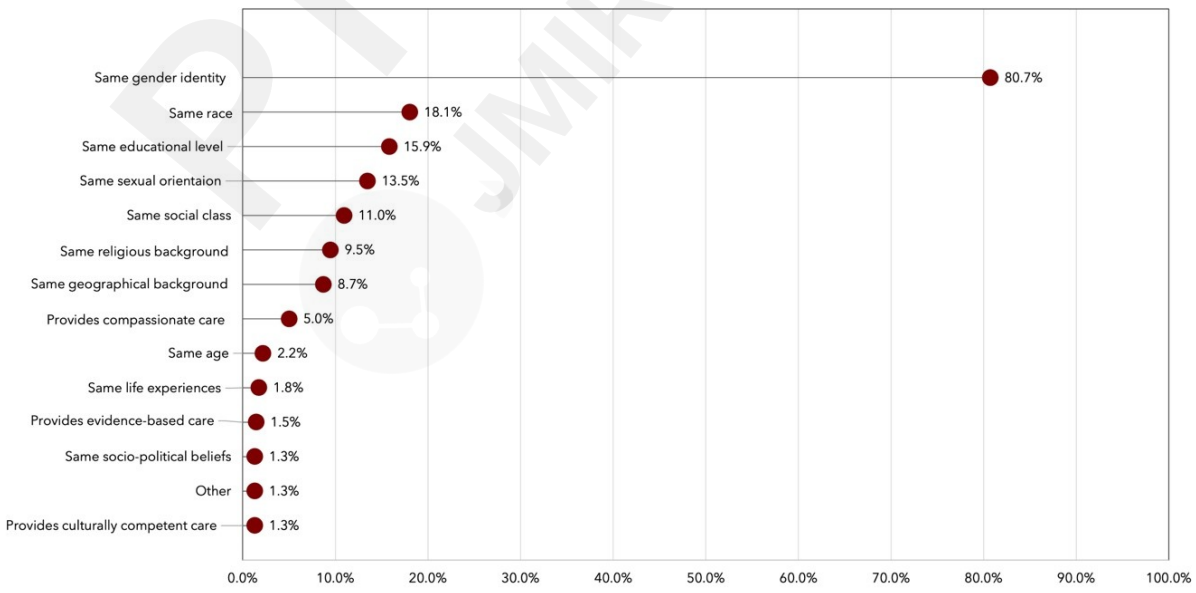
Participants were asked a series of questions about their OB/GYN provider. The respondents report seeing their provider for an average of 6.01 years (s.d. 6.78). 62% (n=648)) have seen their provider at least once per year, while 184 (17.7%) and 207 (19.9%) of participants report seeing their provider less than once per year or more than once per year, respectively. Nearly 90% either see the same provider with each visit (64.7%) or see an OB/GYN within the same practice (24.4%). Approximately 15.4% of the reported providers are underrepresented in medicine (Blacks, Mexican Americans, American Indians, Alaska Natives, and Native Hawaiians). The top three ways participants found their OB/GYN provider were through either friends or family (47.6%), their insurance network (21.8%), or another healthcare provider or practice (15.8%). A majority of the

participants (54.1%) stated that they will wait a few days before reaching out to their provider if they have an OB/GYN-related health concern, and 14.7% will tough it out; yet one in four (25.1%) will reach out immediately. Most participants (59.2%) are not afraid to share personal details with their provider; however, 27.2% do experience fear some of the time when discussing sensitive topics. A total of 863 (83.0%) of the participants always or most of the time have a strong level of trust in their provider, and nearly all (97%) report that their provider remains professional during their appointments.

Characteristics, traits, and relatability

57.4% of the participants indicated that it is very important or necessary that their OB/GYN provider can relate to them, while only 9.2% indicated that it is of little or no importance. A total of 35% found none of the characteristics or traits necessary for relatability; however, the rest of the participants (65%), identified between one and seven different traits or characteristics that could increase relatability. The most often cited characteristics (Figure 2) for a provider to have that would impact relatability were same gender identity (80.7%) followed by same race (18.1%) and same education level (15.9%). These results of the importance of gender identity are supported by several responses in the final open-ended questions. A word count was performed on the question inquiring about internet search terms that could be used to find the ideal OB/GYN provider. The most frequent responses (n=348, 7.95%) had to do with the provider's gender (e.g. woman, female OB/GYN).

Figure 3 provides the levels of importance for each of the factors within the therapeutic alliance scale. Participants indicate that their provider listening to them is the most important part of the alliance while liking their provider is the least important factor.



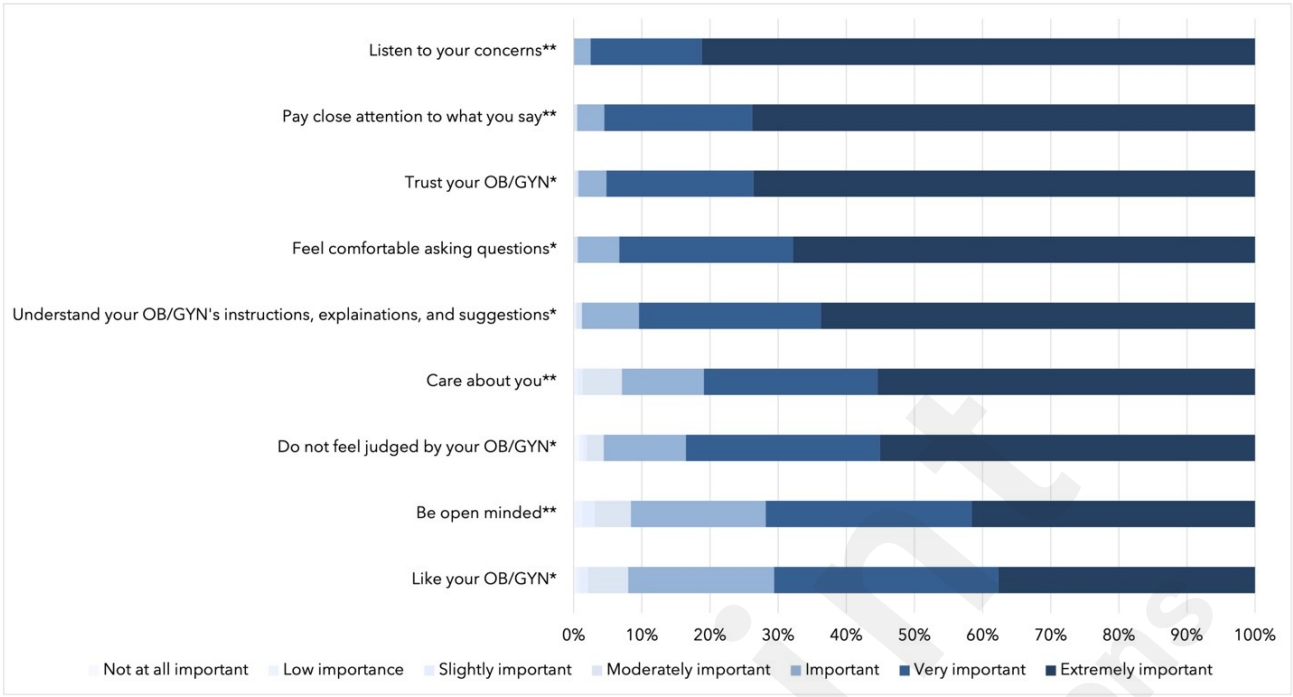


*Figure 3 Levels of importance for factors within a therapeutic alliance between patient and provider. Darker color equals higher level of importance. * = answers to question "how important is it for you to"; ** = answers question "how important is it for your care provider to"*

Barriers to care

While 30.6% of participants report no barriers to seeking care, the rest of the participants report between one to five total barriers to care. Figure 4 indicates the percentage of respondents who cited each type of barrier. The most often cited barrier (67.5%) to seeking care were daily commitments.

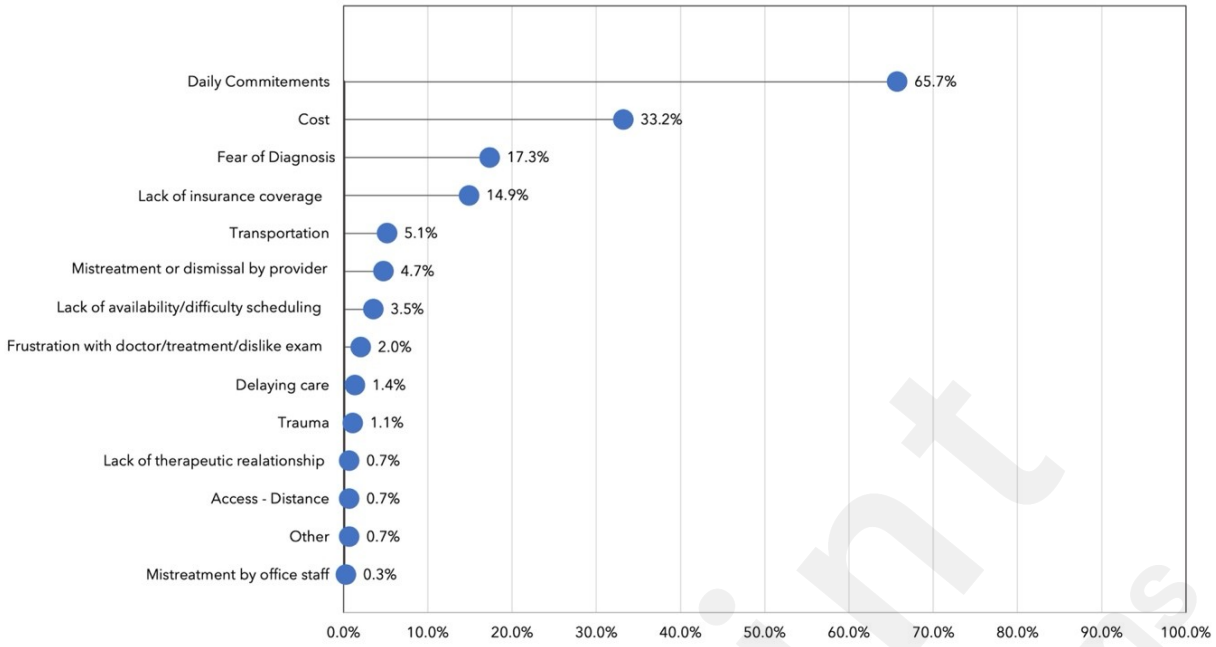


Figure 4 Barriers to seeking care (n=1117)

Discussion

Principal Findings

This cross-sectional survey highlights values and preferences that OB/GYN patients have regarding provider characteristics and traits. This study highlights the importance of relatability within a patient-provider relationship. Survey participants noted the most important characteristics were listening skills, with the ability to listen being top-ranked. This is proposed to be even more important than provider likeability or medical suggestions/instructions. Additionally, an unexpected finding in preferred provider traits is a patient's desire for an OB/GYN with the same gender identity, which 80.7% of patients indicated was their primary concern with checkboxes and open forms. Barriers to seeking care were reported by a majority of participants with daily commitments being the biggest barrier. These findings collectively shed light on the complex dynamics of patient preferences and values in the context of OB/GYN care.

Comparison with Prior Work

Participants of this study represent a commonly analyzed demographic among current literature regarding patient preference in OB/GYN providers. Of the studies analyzed, the majority involved predominantly white, cisgender women unless specifically geared towards a different demographic.[3,10] However, the predominantly well-educated aspect of these participants (Table 1) noted in this study is uncommon and provides a new outlook on OB/GYN patient perspectives.[1,3,10–14]

Existing (vs idealistic) relationships with providers in OB/GYN have not historically been investigated, so it is unclear whether patient concern for trust and feeling comfortable sharing personal details is a new finding. Literature shows a focus that mostly reflects preferred provider characteristics rather than current relationships.[2,4,13] Regardless, it is important for OB/GYN providers to recognize that up to 83% of participants emphasized a relationship of trust as priority. These results are consistent with expectations when considering the intimacy involved in patient visits. It is to be expected that those receiving reproductive and gynecologic care prefer a strong level of trust with their provider who regularly performs sensitive physical exams and participates in emotionally deep conversation. More than 25% of participants in this study reported having a fear of fully disclosing details with their OB/GYN provider. Though this finding also does not have previous literature data for comparison for fear of disclosing information specifically to OB/GYN providers, fear of disclosure and the associated stigma has been addressed in other contexts.[15–17] It is important for providers to note this barrier in patient conversations and should highlight the importance of being intentional in providing non-judgmental care.

Another important finding in desired provider characteristics is prioritization of OB/GYN listening skills. Current data shows the quality of care, professionalism, and courtesy to be the primary characteristics that patients seek in their providers, which differs from the listening skills found most

important in this study.[12,13] Though courtesy and professionalism could include listening skills, participants show a significant shift from prioritizing quality of care. Additionally, though patient preference in gender identity has been well studied, previous reports show no true interest in a same gender provider.[1–4] Thus, this study highlights a changing preference towards female OB/GYN providers.

Barriers to OB/GYN care have been well documented in the scientific literature, including costs, language differences, reluctance to disclose information, inadequate insurance, transportation, discrimination, and lack of access due to geography or other structural barriers.[11,18–24] While the most often discussed barriers in the literature focus on cost and access to care, our results differ indicating the greatest barrier to care is daily commitments. However, barriers of cost and insurance combined to prevent 48.1% of respondents from seeking care. With a greater understanding for patient barriers, it is important to note that results of this study primarily represent the demographic of well-educated women. For this group of patients, it is expected that work or school commitments could pose difficulties in setting aside time for OB/GYN appointments. By understanding a common barrier patients may face, stronger patient-physician interactions will likely be built.

Clinical Implications

The study's findings align with the principles of patient-centered care, suggesting avenues for educational initiatives and quality improvement efforts to enhance patient experiences and outcomes in the OB/GYN setting.

The emphasis on factors like trust, communication, and relatability aligns seamlessly with the tenants of patient-centered care and highlights that patient-provider relationships are pivotal in fostering an environment where patients feel valued and empowered in their healthcare journey. These findings support the scientific literature which emphasizes the significance of trust and communication in

patient-provider relationships which can lead to better patient satisfaction and health outcomes.[25–27] The need for a high level of trust with their provider highlights the importance of strong therapeutic relationships and may be especially important for future male OB/GYN providers. As a majority of participants indicated that gender concordance impacts relatability with their provider, male OB/GYNs will not have the same gender advantage as their female counterparts and instead will need to focus on other desired categories such as communication and enhancing trust.

This study's findings present opportunities for educational initiatives targeting both healthcare providers and patients. Providing education opportunities for OB/GYN providers in effective communication skills, cultural competency, and enhancing trust could enhance their abilities to establish strong patient-provider relationships and reduce barriers to care.[11,22–25,27] Furthermore, providing patient education about the importance of communication, trust, and their own role in healthcare decision-making could encourage more active engagement in their care for patients.[28–30]

Finally, the results of this study can guide quality improvement efforts within OB/GYN practices through provider diversity and reducing barriers. Recognizing the importance of relatability, healthcare institutions can strive to diversify their provider pool to better mirror their patient populations. Additionally, addressing practical barriers to care, as highlighted by the study, can be a quality improvement priority. Offering extended office hours, advanced telehealth options, and streamlining appointment processes can enhance patient access.

Research Implications

It was noted through a literature review that the majority of previous study participants in similar studies to this, investigating provider traits, were white, heterosexual females.[1,3,10,12,13] Our

study, has a similar demographic majority of white females, however, our participants overall had higher education levels than previous studies. This is not representative of the general population; therefore, it may be difficult to generalize patient preferences of OB/GYN providers in a more diverse population. While income and current occupation were not asked, a participant's education level can be used as an indication of socioeconomic status.[22,31] Therefore, it is assumed that these participants have a higher socioeconomic status which may make generalizing these findings to those with lower education levels and socioeconomic status difficult, especially when interpreting results related to barriers.

With this potential lack of generalizability to other populations, it is important to continue these studies and attempt to create a more diverse participant population. This study also suggests a strong preference for patients to have a same-sex OB-GYN provider. This may call for more research into the reasoning behind this response, as well as an investigation into patient-identified traits and suggestions to male providers.

Limitations

As previously mentioned, the lack of diversity in participant demographic is a limitation. Also, this survey was only distributed in English, but a large portion of the patient population best understands other languages and could not respond. Both of these limitations should be considered in choosing when to utilize results in patient interactions.

Conclusions

The relationship between an OB/GYN provider and patients is one of the most intimate within medicine. Whether the interactions involve a physical exam or sensitive topic conversations, medical care in this field requires more trust and comfort than typical patient-physician relationships. The

major findings of this study indicate that listening skills and building trust are valued most by patients. The most significant is this new shift in patient preference for OB/GYN providers who share the same gender identity. As social climates fluctuate, women receiving reproductive healthcare deserve to be listened to and cared for by providers with whom they can build a strong relationship that may be influenced by pieces of one's worn identity.

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Conflicts of Interest
The authors report no conflicts of interest.

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Supplementary Files

Multimedia Appendixes

Survey instrument.
URL: http://asset.jmir.pub/assets/2d03df2a09d92b561e2c2c10fad082b2.pdf

Categorizing of data.
URL: http://asset.jmir.pub/assets/ae99813ded56cf8928647af65a63e564.docx

TOC/Feature image for homepages

Consultation - female provider talking with a pregnant patient.