Patients' Attitudes Regarding Chaperones During Physical Examinations

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Background. This study was undertaken to determine the preference of patients concerning the presence of a chaperone during physical examination of the breasts, genitals, rectum, heart and lungs, or abdomen. The study was designed to quantify preference differences between male and female patients and between teenagers and adults, and to determine whether the sex of the examining physician influenced chaperone preference.
Methods. Preference survey data were obtained from 251 female subjects and 201 male subjects over the age of 13 years who visited a family practice center in a midwestern urban community.
Results. The majority of patients of either sex and all ages did not care if a chaperone was present. However, substantial proportions of adult women (29%) and female teenagers (46%) preferred that a chaperone be present during a breast, pelvic, or rectal examination by a male physician. Thirty-six percent of adult women and 63% of female teenagers wanted a chaperone present during a first examination of these regions. Adults of both sexes felt the nurse would be the best chaperone, whereas teenagers ranked a parent first and the nurse second. Patients indicated that they felt comfortable asking for a chaperone.
Conclusions. Although most patients have no strong preference, female patients, especially female teenagers, should be given the option of having a chaperone present during an examination of the breasts, pelvis, or rectum by a male physician.
Key words. Physician-patient relations; physical examinations; patient advocacy; patient satisfaction.
J Fam Pract 1992; 35:639-643.

In 1989, the State Medical Board of Ohio recommended, and advocated as policy, guidelines regarding physical examinations. One of the recommendations was that a third party should be "readily available at all times during a physical examination" and that "the third party be actually present when the physician performs an examination of the sexual reproductive organs or rectum. It is incumbent upon the physician to inform the patient of the option to have a third party present. This precaution is essential regardless of physician/patient gender."[1]

Reasons to have a chaperone vary among physicians but may include medical-legal issues or the need for an assistant. At the Family Practice Center of Akron City Hospital it is not standard practice to have a chaperone present during physical examinations. This practice is a result of physician attitudes and not patient preference.

The goals of this research were to determine the attitudes of patients toward being offered a chaperone, the preferred person to serve as a chaperone, and the types of examinations during which a chaperone would be preferred. We were especially interested in possible differences in preference between men and women and between teenagers and adults.

Methods

The Family Practice Center of Akron City Hospital is the main teaching facility of the family practice residency program. The center is staffed by residents in their first, second, or third year of postgraduate study and faculty. Patients are assigned either a resident or a faculty member to be their primary physician. Patients come from a variety of backgrounds, representing the urban metropolitan center of Akron, Ohio, and the surrounding suburban communities.

Patients aged 14 years and over who attended the family practice center from January 31 to April 1, 1991, were given a questionnaire about chaperone preferences. Although the plan was that every eligible patient would

Submitted, revised, September 18, 1992.

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 ISSN 0094-3509

complete a questionnaire, an unknown proportion of patients either did not receive a questionnaire or failed to complete one. The patients were attending for appointments for themselves or may have been accompanying other patients. The questionnaire did not address the reason for coming to the office.

The questionnaire elicited information regarding the patient's age, sex, marital status, and chaperone preferences. Patients were asked if they would like to have a chaperone present if the examination were of the breasts, genitals, rectum, heart and lungs, or abdomen. These examinations were presented in the context of a physician of the same sex, a physician of the opposite sex, or a first examination. Patients were also asked who would be the best chaperone (spouse, parent, friend, nurse), who should offer to provide the chaperone (nurse, physician), and whether they would feel uncomfortable requesting a chaperone. Each question was phrased as a statement to which the patient could respond "yes," "no," or "don't care."

For the data analysis and presentation, all data were stratified by sex and age, and the proportion of patients stating a specific preference was calculated. Comparisons between male and female patients or between teenagers and adults were evaluated using the chi-square statistic or Fisher's exact probability test when the number in a cell was less than 5. Ninety-five percent confidence intervals around the proportions were used to indicate the precision of the preference estimates. (Confidence intervals are given in the text only when they are not shown in the tables or figures.)

Results

Questionnaires were filled out by 283 female and 206 male patients. Thirty-seven of these (32 from female and 5 from male patients) were excluded from the data analysis because they were not complete.

The distribution of age and marital status by sex is shown in Table 1. A sample size of 200 persons of each sex had been planned so as to provide sufficiently narrow confidence intervals in the three age groups (≤29 years, 30 to 49 years, and ≥50 years). However, because male teenagers make relatively few office visits and because of refusals to fill out the questionnaire, it was impossible to obtain sufficient data for analysis from the younger male group. While the female subjects were evenly distributed among the three age groups, only 21% of the male subjects were under 30 years of age. Forty-five percent of the women and 67% of the men were married.

Patients were asked if they would like to have a chaperone offered to them during a breast and pelvic examination (female) or genital and rectal examination (male). Thirty-five percent (CI = 0.30 to 0.42) of female subjects and 10% (CI = 0.07 to 0.16) of male subjects would like a chaperone offered ($\chi^2 = 37.8$, $P < .001$). The higher preference of female patients for having a chaperone was consistent in every age group. However, 44% of the female patients and 61% of the male patients said they did not care.

Table 1. Descriptive Characteristics of Study Subjects, by Sex

Characteristics	Male Subjects (n = 201) No. (%)	Female Subjects (n = 251) No. (%)
Age (y)		
14–19	6 (3)	26 (10)
20–29	36 (18)	56 (22)
30–49	71 (35)	88 (35)
≥50	88 (44)	81 (32)
Marital status		
Single	34 (17)	63 (25)
Married	134 (67)	114 (45)
Widowed	19 (9)	35 (14)
Divorced	8 (4)	31 (12)
Living with	6 (3)	8 (3)

Twenty-nine percent (CI = 0.23 to 0.35) of female subjects, compared with 9% (CI = 0.06 to 0.14) of male subjects, preferred to be offered a chaperone by the nurse ($\chi^2 = 25.6$, $P < .001$). Fewer female subjects (16%, CI = 0.12 to 0.22) than male subjects (18%, CI = 0.13 to 0.14) preferred that it be the physician who offered the chaperone. Fifty-five percent of female subjects and 70% of male subjects said they did not care who made the offer of a chaperone. Teenagers of either sex were most likely to want the physician to make the offer of a chaperone (38%, CI = 0.21 to 0.56). The majority of teenagers, however, did not care who offered the chaperone.

Patients generally said that they were comfortable asking for a chaperone. However, 30% (CI = 0.24 to 0.36) of female subjects and 12% (CI = 0.08 to 0.16) of male subjects reported that they would feel uncomfortable making this request. Teenagers as a group (38%, CI = 0.21 to 0.56) were the most likely to report discomfort about this request.

The proportion of patients who expressed a preference for a chaperone during a breast and pelvic examination (female), genital examination (male), and rectal examination (both sexes) depending on the sex of the physician is shown in Figure 1. Although the questionnaire asked about the patient preference for a chaperone during each type of examination (pelvic, rectal, etc) separately, the data have been combined for ease of presentation.

Thirty percent (CI = 0.25 to 0.36) of all female subjects compared with 7% (CI = 0.04 to 0.11) of male

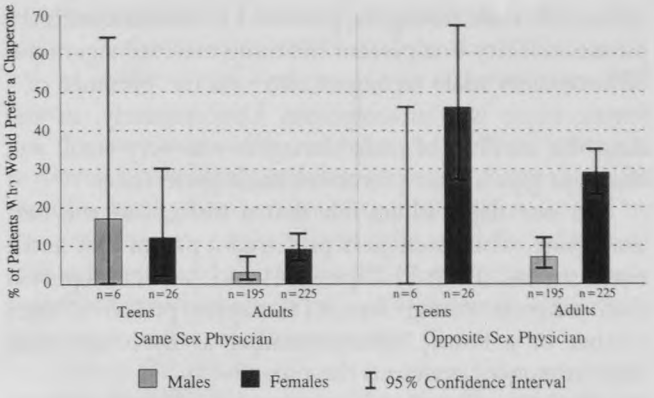

Figure 1. Preference for a chaperone during a breast and pelvic (female), genital (male), and rectal (both sexes) examination, according to patient's age and sex and physician's sex.

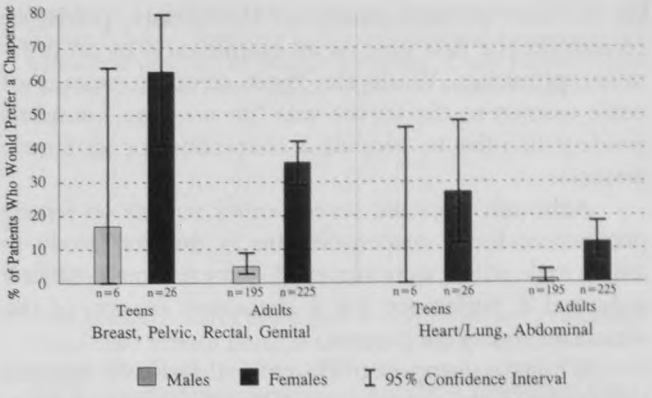

Figure 2. Preference for a chaperone during a first breast, pelvic, genital, and rectal (left) or heart and lung and abdominal examination (right), by patient's sex and age.

subjects preferred to have a chaperone present when the physician was of the opposite sex. ($\chi^2 = 37.9, P < .001$). Thirty-eight percent (CI = 0.21 to 0.56) of all teenagers compared with 19% (CI = 0.15 to 0.23) of adults preferred to have a chaperone present when the physician was of the opposite sex ($\chi^2 = 6.6, P = .01$). This finding is mainly a result of responses made by female teenagers, 46% of whom preferred a chaperone. As stated previously, female teenagers greatly outnumbered male teenagers in the sample. Two of the six male teenagers said they preferred not to have a chaperone present during a genital or rectal examination. The majority of male subjects (68%) and approximately half of the female subjects (48%) said they did not care if there was a chaperone present.

If the physician was of the same sex as the patient, only 9% (CI = 0.06 to 0.13) of female patients and 3% (CI = 0.01 to 0.07) of male patients preferred to have a chaperone present. Sixty percent of female and 70% of male patients said they did not care. Female teenagers did not differ greatly from all female subjects on this preference.

When asked about a heart and lung or abdominal examination, patients did not indicate a preference for a chaperone. When an opposite sex physician was posited, only 6% (CI = 0.04 to 0.08) of adults said "yes" to a chaperone, and 28% (CI = 0.24 to 0.32) said "no," and the remainder had no preference. Among teenagers, 16% (CI = 0.05 to 0.33) said "yes," and 34% (CI = 0.19 to 0.53) said "no." The results were similar when an examination by a physician of the same sex was posited. Although the great majority of patients overall did not prefer a chaperone during these examinations, teenagers preferred a chaperone more than adults (16% vs 6%, Fisher's exact test, $P = .05$) and female patients preferred a chaperone more than male patients (10% vs 2%, $\chi^2 = 14.6, P < .01$).

Patient preferences when the situation was described as "a physician examining me for the first time" are shown in Figure 2. This question did not distinguish between a new physician and a procedure that the patient had never before encountered, nor did it specify the sex of the physician. For an examination of the breasts, pelvis, genitals, or rectum, 53% (CI = 0.35 to 0.71) of teenagers compared with 21% (CI = 0.18 to 0.26) of adults preferred a chaperone ($\chi^2 = 16.5, P < .001$), and 38% (CI = 0.32 to 0.45) of female compared with 5% (CI = 0.03 to 0.10) of male subjects preferred a chaperone ($\chi^2 = 66.2, P < .001$). However, 43% of female subjects and 72% of male subjects said they did not care. Female teenagers were especially likely to prefer that a chaperone be present. For a first heart and lung or abdominal examination, only female teenagers (27%, CI = 0.12 to 0.48) indicated any preference for a chaperone.

When patients were asked which person would be the best chaperone for them, 31% (CI = 0.27 to 0.36) of adults felt that a nurse would be the best chaperone and 24% (CI = 0.20 to 0.28) preferred their spouse. Sixty-six percent (CI = 0.47 to 0.81) of teenagers preferred a parent, whereas 31% (CI = 0.16 to 0.50) of teenagers preferred a nurse.

Discussion

In this survey of the preferences of 452 patients, a substantial proportion of female patients indicated that they would like to have a chaperone present when a male physician performs a breast, pelvic, or rectal examination. Female patients would also prefer a chaperone when they

are to have an examination of the breasts, pelvis, or rectum for the first time or an examination by an unfamiliar physician. While the most common answer of adult women to the survey was "do not care," it seems prudent to offer to provide a chaperone for all female patients.

Although there are several other reports on female preferences for a chaperone, this is the first study in which male adults were surveyed. Very few male subjects indicated a preference for a chaperone in any of the situations that were posited.

While there appear to be national and even regional differences in the overall levels of preference for a chaperone, the sex of the examining physician consistently influences women's chaperone preferences. For example, Patton, Bodtke, and Horner[2] reported a much higher overall preference for a chaperone (63.1%) in their rural North Carolina patient sample than we found in our sample, and they also found that the sex of the physician influenced preferences.

A comparison of the data reported by Jones[3] with the data reported by Broadmore and colleagues[4] may illustrate the importance of physician sex. Jones reported a survey of 200 female patients of a private practice in Great Britain that was staffed by five male physicians. Seventy-five percent of the patients said they would like to be offered a chaperone when having a pelvic examination. Six percent said they would accept the offer if their usual physician was examining them, and 17% would accept the offer if a different physician examined them.[3]

Broadmore and co-workers[4] questioned New Zealand women about the experience of their last vaginal examination. Seventy-one percent of the examining physicians were women, and 89% of the patients did not want a third person present during the examination.

In our data, the preference of female teenagers for having a chaperone present when the physician is male or the physician or examination procedure is unfamiliar is clear. According to Phillips et al,[5] 60% of black inner city female teenagers indicated that being alone with an unfamiliar male physician during a genital examination was not an acceptable option. Furthermore, 30% of these teenagers felt that being alone with a familiar male physician was unacceptable. Buchta,[6] whose study setting was a private practice in an affluent suburb, reported that 64% of female teenagers preferred not to have a chaperone when examined by a familiar male physician, and 79% preferred no chaperone when examined by a familiar female physician. The contrast between the findings of these two studies certainly results from multiple factors, including the familiarity of the physician, characteristics of the patients, and the practice setting.

Phillips et al[5] reported that male teenagers, especially older male teenagers, preferred to be alone with the physician. Sixty-one percent of young male teenagers and 35% of older male teenagers also said the presence of a female nurse was unacceptable. Unfortunately, in our data, the number of male teenagers was very small and does not give a clear picture of their preferences.

In our data, adults felt that a nurse was the best chaperone, while teenagers preferred a parent first and a nurse second. Both Phillips et al[5] and Buchta[6] reported that, whereas young female teenagers preferred their mother or a female family member as the chaperone, older teenagers preferred the nurse.

Patients generally felt comfortable asking for a chaperone, although women and teenagers reported discomfort more often than men. Adult women preferred that the nurse make the offer of a chaperone. Teenagers preferred that the physician make the offer to them.

The findings of our study suggest that it is prudent on the part of physicians to offer patients the choice of a chaperone during the various physical examinations. This is true primarily because of the patient's desires and not because of the State Medical Board's recommendations or potential legal liability.

Physicians should consider the patient's feelings when examining any patient. Sanders and colleagues[7] found that pediatricians with greater self-perceived skill in performing pelvic examinations were less likely to use a chaperone. They indicated that the decision to use a chaperone during the pelvic examination of a female teenager should involve input from the provider and the patient.[7] It would make sense to offer a chaperone at each office visit. Making it a well-known policy that patients are free to make a request for a chaperone may also help some patients feel free to ask for one.

The primary concern about offering chaperones may be lack of staff availability. Jones et al[8] reported the following reasons given by general practitioners for not using chaperones: there was not enough time or it was impractical; the reassuring presence nearby of partners or female staff; the belief that patients did not want a chaperone; and a conviction that the presence of a third party interfered with the consultation, confidentiality, or doctor-patient relationship. In this survey, the most common reason given by physicians who did use chaperones was medicolegal concerns.[8]

Clyman[9] felt that if the use of a chaperone were to become universal, some patients might perceive the chaperone's presence as an action of mistrust by the physician, causing problems with rapport. Clyman also felt that a chaperone might inhibit a shy patient, resulting in lack of communication with the physician.

In our opinion, a nurse chaperone may allow the physician to be more time efficient. Increased efficiency

may balance some of the costs of potential staff requirements. A future study might address the staff time involved in the use of a chaperone in order to assess this issue.

In our study, 24% of adults and 66% of teenagers preferred that a family member serve as a chaperone. The use of a family member as a chaperone, when desired by the patient, may partly alleviate the need for additional staff members and also allow the parent or other family member to participate in patient assessment, education, and development of a management plan.

From the results of our study and the review of previous reports, it is apparent that there is a wide variety of opinions among patients about the desirability of a chaperone during physical examinations. There are also diverse opinions among providers about the reasons for and against the use of a chaperone. Because there is no general consensus, we feel the decision of the State Medical Board of Ohio that requests physicians to offer a chaperone is an appropriate one. It is our opinion that the preference of the patient should be the determining factor in the use of a chaperone.

Acknowledgments

This study was supported by funds from the Department of Family Medicine at the Northeastern Ohio Universities College of Medicine (grant No. D15PE55048-01 from the Department of Health and Human Services). Assistance in data collection and manuscript preparation was provided by Maggie Abernathy, Cinda Nowels, Cyndi Dubbert, Jonathan Penn, and the staff of the Family Practice Center of Akron.

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