

In this article...

- Recent research into communication between health professionals and female patients
- The reasons why women can feel misunderstood, unheard, judged and dismissed
- How health professionals can overcome these barriers and support female patients

Why do women feel unheard and dismissed by health professionals?



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COLLECTION

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Key points

Research has explored why many women feel unheard by health professionals

Common reasons are feeling their concerns are being dismissed and a lack of time, knowledge and shared decision making

Staff members may benefit from training to address a lack of cultural awareness or dementia-specific communication skills

Clearer communication and improved listening can also help health professionals ensure patients feel listened to and understood

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Abstract This NIHR Collection explores the reasons why women can feel unheard by health professionals, as well as recommendations for how to overcome these barriers. Issues include a lack of staff time, cultural awareness and knowledge about conditions, and feeling judged or dismissed. Health professionals can address these issues by improving their communication and listening skills and undertaking specific training.

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The Department of Health and Social Care recently reported that 84% of women had sometimes felt healthcare professionals (HCPs) were not listening to them (DHSC, 2022). We need to understand why this happens and what can be done to improve women's conversations with HCPs.

Meaningful conversations are fundamental to shared decision making and a central part of good NHS care. People should feel listened to; they need information to make a decision, and time and support to understand it. However, we know this does not always happen. HCPs are often unable to spend as long as they would like with each patient; the time they have, therefore, needs to be used well. Research can provide insight into how to have good conversations with patients.

This article brings together messages from research recently published by the National Institute for Health and Care Research (NIHR) (2022). In line with the DHSC's (2022) strategy, it discusses areas of healthcare specific to women, such as pregnancy and some cancers, along with mental and physical health conditions that are more common in women than men. The article highlights why many women

feel unheard and suggests how to improve conversations between them and HCPs.

Why do women feel unheard?

Osteoarthritis, dementia and chronic fatigue syndrome occur more often in women than men. Many people with these conditions feel their concerns are dismissed; for example, research found that some people with osteoarthritis feel HCPs do not fully recognise the impact of their pain. However, it also identified that some HCPs think patients have unrealistic expectations of treatment; the two groups have different concerns and priorities, and neither spends enough time discussing osteoarthritis in consultations.

Another study explored the experiences of people with mild memory problems who are told they do not have dementia but might get it in future. It identified that they can feel alone and uncertain about their future, with few services to help them and HCPs not seeing their situation as a problem.

Self-harming is much more common among young women than young men (McManus et al, 2019). Those who have self-harmed need to feel listened to and validated. However, too often, they feel disapproved of by staff. This can worsen

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their distress, as shown in recent research involving people who presented to the emergency department after self-harming (O'Keeffe et al, 2021), including this experience of a carer:

"[Emergency department practitioners] just think that it's self-inflicted: 'You come here, you're wasting our time, let's get you patched up and we can get on with our business.' [People who self-harm] need to have somebody that's... going to look at them and see them as a person, not as somebody that's taking their time up."

Kidney failure is the last stage of chronic kidney disease, another condition more common in women than men (Kovesdy, 2022). Many people with this condition are distressed, but this is often overlooked or missed altogether, with people feeling staff do not have the time to listen to them.

Pilav et al's (2022) study involving women from minority ethnic groups who were receiving support from perinatal mental health services identified that a lack of cultural awareness among HCPs can also contribute to them feeling unheard or dismissed. They highlighted that patients may present with mental health difficulties in different ways based on their cultural beliefs, including the perceived need to be strong:

"I was worried about how I was going to be perceived... There's always a thing about being a strong Black woman, and sometimes that's not always the case. We're not as strong as society expects us to be."

A lack of knowledge among HCPs can also cause women to feel dismissed. Hidradenitis suppurativa is a long-term, painful skin condition that can be devastating for people's quality of life and affects about three times as many women as men in the West (Ingram, 2020). Howells et al (2021) identified that a lack of HCP knowledge can leave patients feeling misunderstood; this could lead to mistrust and disengagement with services:

"I used to bawl my eyes out... You'd come back after going to the doctors and you cry, because they just don't realise."

How can we improve health professional-patient conversations?

Conversations go well when HCPs actively listen to people, validate their concerns and use clear, non-technical language. Sharing tailored information promotes mutual trust and respect; this helps create a positive relationship and encourages people to

engage with treatment decisions and manage their own condition, research found.

Providing good interpreters and culturally sensitive services can also help some women overcome barriers to accessing healthcare, including breast screening and mental health care during and after pregnancy. Good interpreters mean all health information is passed on; this is not always the case when family members interpret, often due to embarrassment.



Recent research highlighted the importance of explicitly discussing confidentiality with teenagers. Substantially more girls than boys experience sexual assault and common mental health conditions, such as anxiety and depression (Bentivegna and Patalay, 2022). Teenagers who have been sexually assaulted need to feel in control of how their confidentiality is managed, and those with anxiety or depression place a strong emphasis on trust.

HCPs often talk to patients about their risk of developing a disease such as cancer; however, the concept of disease risk can be difficult to understand. A recent study advised HCPs to explore and acknowledge how women judge their risk of breast cancer; identifying how their perception differs from the clinical estimate may lead to a more productive conversation.

Lastly, dementia causes problems with memory, communication and decision making, which can make conversations challenging. Several studies, therefore, have recommended that hospital-based HCPs receive training on communicating with people living with dementia.

O'Brien et al (2020) identified that, when asking people with dementia to perform tasks or to agree to requests, HCPs' phrasing and tone altered the chance of a positive response. They also developed training materials to help HCPs communicate effectively with hospital patients who have dementia. Additionally, further research identified ways to improve hospital cancer care for people with dementia, including communicating about diagnosis and treatment clearly, slowly and without jargon.

The views of people with dementia in hospital are often overlooked, even when they can express them clearly. This would be improved by regular conversations between staff, people with dementia and their families.

Conclusion

To ensure women feel listened to and have their concerns taken seriously, they need to have good-quality conversations with HCPs. However, HCPs' attitudes and lack of time, knowledge and cultural awareness are all barriers to this.

Open questions, careful listening, and clear, non-technical language are the basics of good communication. Training in cultural awareness and dementia-specific communication skills could also help HCPs. Different patient groups may also have particular needs. **NT**

● To view the original research Collection, visit evidence.nihr.ac.uk/collection/womens-health-why-women-feel-unheard

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