The voice of the adolescent: perceptions of general practice and accessing other health care services

Alison Hutton*
Associate Professor, Flinders University, Adelaide, SA, Australia
Email: alison.hutton@flinders.edu.au

Nicola Jackson
Student, Flinders University, Adelaide, SA, Australia
*Corresponding author

Abstract

Objective To review literature from Australia, New Zealand, Canada and the United Kingdom to: gain insight into the adolescent perception of the general practice environment; identify areas of concern that prevent adolescents accessing health care services; and to establish which factors have a negative effect on their general practice experience.

Method A thematic analysis was the method selected for this literature review. The articles were read and similar concepts combined to form 18 common themes. These 18 themes were then condensed down to three focal themes: personal, organisational, and external factors.

Results Principal areas of concern for adolescents accessing health services and the general practice were confidentiality, privacy and trust. These concerning factors were voiced by adolescents of all ages, both genders and across studies from all four countries.

Conclusion A review of the literature has revealed that not all adolescents face problems when using general practice facilities, or have concerns regarding accessing services, but for those that do confidentiality, privacy and trust are the main areas of concern.

What is known about this topic
- Adolescents are often reluctant to utilise health services and visit general practitioners.
- Mental and social issues are a large component of adolescence and may be inadequately managed within a biomedical framework.
- Adolescents have specific health needs and concerns that differ from those of children and adults.

What this paper adds
- This paper adds an adolescent perspective to the existing research and pinpoints factors that negatively impact the adolescent’s experience within the general practice environment.
- Adolescents often have preconceived negative perceptions and opinions regarding the current health care model.
- The current health care system needs to find ways to accommodate the needs of the adolescent.

Introduction
The adolescent patient is often inadequately provided for within current health care systems as they are generally considered to be a healthy population group. Studies report that they are often infrequent users of primary health care services such as general practitioners (GPs). In order to improve health care for this group, adolescent perspectives of health care services should be considered and reviewed. This thematic literature review examines 15 articles to identify adolescents’ perceptions of accessing general practice and other health care services. The aim of this literature review is to identify areas of concern that prevent adolescents accessing health care services and to establish which factors have a negative effect on their general practice experience.

Health of adolescents
In Australia there are nearly 3.5 million young people aged between 12 and 24 years and the adolescent age group accounts for around 18% of the total population. It is established that adolescents have many specific health needs and concerns that differ from those of children and adults. Studies suggest that these health needs may not be being met effectively.

The core health issues for adolescents are: sexual and reproductive health issues, drug and alcohol problems, mental health issues, social issues, stress and pressure, diet and body image, respiratory problems, and acne. Sexually transmissible diseases, risk-taking behaviour, obesity, and mental health problems all contribute to acute and chronic health conditions.
health conditions that are also prevalent in this age group\(^9\). Mental health issues account for around 50% of the disease burden in Australian adolescents aged 12–24 years, with almost 20% of adolescents having a mental health disorder at any one time\(^8\). Furthermore, the Australian Institute of Health and Welfare reports that the adolescent population has concerning levels of drug and alcohol problems, rising rates of sexually transmissible diseases (especially Chlamydia), and that there are rising rates of type II diabetes mellitus within this age group\(^3\). When surveyed, approximately one-third of young Australians aged 11–19 years indicated that drug and alcohol issues were a concern, and almost 25% of 20- to 24-year-olds consider mental health as an important issue\(^5\). Preliminary evidence suggests that even though they may have many health concerns, adolescents are still poorly serviced by current models of health care and are underrepresented by Medicare data\(^10\).

It is know that adolescents largely view health in a holistic way and perceive good health as a necessity for the lifestyle they desire\(^11\). The current biomedical model of care evidenced in many general practice settings often neglects the important additional factors of emotional and mental wellbeing and purely focuses on the absence of disease.

**Methods**

The articles for this literature review were sourced by searching the databases Proquest, Medline (OVID), OVID Nursing, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Informit. Key search terms included combinations of the following words: adolescent, teenager, health services, access, general practice, and perceptions. The search was limited to primary research articles written in English. In addition to the electronic search, a hand search of reference lists of relevant studies was conducted to find related articles.

Articles were included on the basis that they contained an adolescent perspective and that the research was Australasian, British or Canadian. The latter was due to the similarities within these countries’ health care systems and health concerns of its adolescent population. American articles were returned in the search but were not included in this literature review. The American health care system includes variables not applicable or relevant to the Australian adolescent population, such as health insurance coverage and a higher rate of HIV-related concerns. Following screening, only 15 articles remained and were included in the final analysis.

Articles were excluded due to any of the following criteria:

- published more than 15 years ago
- absence of an adolescent perspective (participants aged 12–24 years)
- no discussion of the general practice setting and/or access to health services.

**Critical appraisal**

The selected 15 articles were critically appraised using an appropriate evaluation tool. The evaluation tool was created using questions developed by using the University of Salford Critical Appraisal Evaluation Tools for quantitative, qualitative, and mixed methods study designs and the Schneider, Elliot, LoBiondo-Wood and Haber critical review guidelines for quantitative and qualitative studies\(^12-13\).

With a maximum possible score of 16 for the eight included appraisal questions, articles were excluded if they returned a score lower than eight. All articles returned a score above eight and were therefore included in the review. Some studies were stronger than others and all presented relevant information to the topic review, even if it was not the primary topic of the study paper.

**Thematic analysis**

Thematic analysis was the method selected for this literature review. The articles were read and similar concepts combined and condensed to form 18 common themes\(^14\). These 18 themes were then condensed down to three focal themes pertinent to the majority of articles: personal, organisational, and external factors.

The theme ‘personal factors’ denotes the issues directly relating to the individual or how the individual feels; emotional responses were also grouped into this category. ‘Organisational factors’ consists of the adolescents’ views and opinions of the actual general practice setting and staff. ‘External factors’ reflects the external influences such as structural issues, educational factors and knowledge regarding the health system.

**Discussion**

1.1 Personal factors

A total of 14 of the 15 studies in this review informed the theme of personal factors. The principal areas of concern were confidentiality, privacy and trust and these were voiced by adolescents of all ages, both genders and across studies from all four countries. These predominant concerns were evidenced by adolescents’ reports of their experiences of general practice and can be considered barriers in accessing health care services and seeking advice. The degree of concern adolescents have about these confidentiality, privacy and trust issues may prevent them from accessing services in the first instance, or discourage them from further visits if they feel that these aspects have been breached. Two Australian qualitative studies particularly highlighted adolescents’ concerns with confidentiality, privacy and trust — not only with fears that their information may be disclosed to parents, but that they may be seen in the waiting room by others\(^6,15\). Many adolescents also reported concerns about being seen within the vicinity of certain health care facilities\(^6,13,16,25\). These confidentiality, privacy and trust concerns were universal across socio-demographic groups.

Australians experience a wide range of emotions including fear, embarrassment and shame\(^7,8,15\). When asked about visiting a GP, young people described feeling self-conscious, embarrassed and vulnerable — all emotions that made them uncomfortable\(^6,13,16\). In addition, the male adolescents often reported feeling ashamed that they needed help...
in the first instance and were subsequently reluctant to access services — this was particularly evident in rural Australian adolescents22. When asked the reasons for feeling uncomfortable with their GP, many adolescents reported feeling scared, stupid, nervous and shy. These emotions were particularly highlighted by females9,14. These undesirable emotions could prevent some adolescents from accessing health services. In the eight studies that returned the theme of ‘emotional responses’, adolescents of all ages and both genders reported feelings of embarrassment within the general practice setting. A large UK study of 15- to 16-year-olds by Donovan et al. found that females in particular stated that embarrassment may prevent them talking to their GP, especially regarding gynaecological concerns16. This finding is further supported by Churchill et al., whose large survey of 13- to 15-year-olds revealed similar results19. A study by Haller et al. suggests that embarrassment may also hinder the adolescent from disclosing mental health concerns at consultations5.

Adolescents of all ages and both genders reported a difficulty in disclosing personal health information. In addition, Booth et al. report that both urban and rural adolescents often find it difficult to talk about their personal problems with their GP. Focus groups in a UK study by Leavely et al. suggest that an additional factor in young people’s willingness to disclose personal information to their GPs relates to the type of relationship they share20. In some cases, the difficulty in disclosing health concerns became a barrier to some adolescents accessing health services entirely6.

Quine et al. identify that males, in particular, faced difficulty in communicating their health concerns to health professionals.5. Booth et al. suggest that males aged between 13 and 16 years old are the least likely to access health care services when they might benefit from it15. Furthermore, Wilson et al. add that this is particularly pertinent for mental health issues21. Booth et al. also asked 81 focus groups of adolescents aged 12–17 years about who they most frequently sought help from when they had a health concern. Approximately one-half of all young people, particularly males, did not seek help from anyone and when asked about barriers to accessing health care, many males reported that it was not manly to seek help15. Booth et al. also noted that an underlying attitude of remaining tough and stoic in front of peers is evident among this group and is especially evident in rural populations15. Quine et al. also conducted focus groups among rural and urban adolescents and found that gender differences appear ‘exaggerated’ by this tough, stoic male image in rural areas5.

Wilson, Deane, Marshall and Dally’s quantitative study found that before a classroom intervention about reducing perceived barriers to treatment, many adolescents believed that young people should handle their problems on their own21. A New Zealand study by Batten and Dutton further supports this view. When asked where they go for help with health-related concerns, 11% of surveyed adolescents aged 16–24 years reported that “I don’t ask anyone”22.

These findings show that there are a myriad of personal factors that influence the adolescent’s decision to visit a GP. Concerns regarding confidentiality are paramount in preventing the adolescent from accessing services. Strong social structures of peers, family and educators influence where they seek advice for health-related concerns. Stoicism among males, in particular, made them even less likely to attend general practice and seek advice for mental health issues.

Embarrassment is a factor for both genders and females, in particular, find disclosing personal information to a GP uncomfortable. A lack of trust in the GP and a poor patient–provider relationship can also hinder future encounters. General practice is often a first point of call for the adolescent and a negative experience may deter the individual from future help-seeking from that source. Adolescents often already have a negative perception of general practice and other health care services, even if they have not had a negative experience themselves. This indicates that peer opinions and experiences may influence the adolescent perception.

1.2 Organisational factors

A total of 12 of the 15 studies informed the theme organisational factors. The gender of the GP is of utmost importance for many adolescents when visiting general practice and/or planning to access other health services. Females particularly expressed concerns in regard to the sex of the GP. A large UK study by Burack of 1045 adolescents aged 13–16 years found that 98% of females and 73% of males would prefer to see a GP of the same sex for consultations where sexual health and contraception issues are discussed25. This finding is supported by Klein and Cave who found that females have a strong preference to see a GP of the same sex24. This finding, however, is contraindicated by Jacobson et al.’s large UK study of 5152 teenagers that found consultation with a male doctor was reported as a concern for only 1% of females22. Klein and Cave also added that male adolescents did not express the same concerns as females regarding the sex of the health practitioner they are visiting and often had no preference for a same-sex GP24.

When asked about barriers to accessing health services, the general lack of female GPs available in rural practice was a concern for many Australian adolescent females15. This is supported by Quine et al., whose 15 rural focus groups revealed that a limited choice of health professionals was a perceived barrier to accessing services7. The study showed that female and/or younger GPs were preferred by most girls in both rural and urban locations, and there was invariably a lengthy waiting period due to demand. Consequences of this shortage are extended waiting lists of 2–3 weeks and a reluctance for females to visit a practice for fear of “wasting the GP’s precious time”9,15. This is supported by Bernard et al. who found that a lack of female health providers was of moderate concern for adolescents aged 12–17 years old9.

Discomfort in the waiting room and/or reception area is a concerning factor reported by adolescents from the UK, Australia and Canada11,17,19,24. Churchill et al. found that when asked about the privacy of the reception area 60% (n=404) of adolescents reported that it was not private enough to talk to
the receptionist, resulting in them being reluctant to disclose information\textsuperscript{19}. A mixed method study by Jacobson \textit{et al.} asked 2265 teenage patients "how relaxed and at ease do you feel when you visit the GP?" and 25\% reported feeling "not relaxed". Further focus group discussion revealed that the adolescents often had a perception that other patients would stare at them and regard them as "objects of interest"\textsuperscript{17}. Klein and Cave's qualitative study found that a general feeling of discomfort is experienced by adolescents if waiting times are prolonged and the visit delays them from pursuing other important activities\textsuperscript{20}. In addition, a small study by Kefford and Willcock found that having to "sit amongst the sick" is seen by some adolescents as a perceived barrier to visiting general practice\textsuperscript{11}.

The adolescent's perception of the GP can often be a negative factor. Qualitative discussion among Australian adolescents revealed that many often have the view that health professionals are unable to deal with their health concerns because they simply will not understand them, take them seriously, or will not treat them with respect\textsuperscript{15}. Approximately 33–36\% of surveyed adolescents in Burack's UK study believed that their GP or local health services would not have the time or the skills to deal with their problems\textsuperscript{21}. This is further supported by both Jacobson \textit{et al.} and Wilson \textit{et al.}, whose studies found that some adolescents expressed a belief that their GPs do not have time to listen to their problems and generally perceived a lack of information and care from the GP\textsuperscript{12,20}. How the health professional interacts with the adolescent patient is paramount for building a trusting relationship. Jacobson \textit{et al.} found during focus group discussion with 33 adolescents that many reported a lack of respect between them and their GP\textsuperscript{17}. Donovan \textit{et al.} surveyed a large number (n=4481) of adolescents aged 15–16 years old and when asked about difficulties with GP appointments, 32\% of females and 20.5\% of males reported that the GP was unsympathetic to their health care needs\textsuperscript{16}. In addition, a small number reported feelings of being patronised, made to feel stupid and treated like a child. When discussing health service needs with 40 young people aged 14–24 years, many expressed that their GP had come across as judgemental during consultation\textsuperscript{11}. Bernard \textit{et al.} also found that when discussing barriers to accessing health services, young people often feel that they will be judged negatively by providers. These authors add that this is especially true for the homeless adolescent and adolescents accessing services for mental health issues\textsuperscript{8}. This negative interaction and perceived lack of care and understanding from the GP can damage the adolescent's perception of health care providers and deter them from accessing services in the future. Klein \textit{et al.}'s findings show the importance of adolescents having a doctor they know. Focus group discussion with 17 adolescents revealed that they felt more comfortable if doctors tried to build relationships with them\textsuperscript{24}. Similarly, Bernard \textit{et al.} found that some young people stated that if they knew a health care provider and had a trusting relationship with them they would be far more willing to access services\textsuperscript{8}.

Other staff interactions and behaviours in the general practice environment can also have an effect on the adolescent health care user, in particular the practice reception staff. In a large quantitative study of UK adolescents aged 15–16 years old, Donovan \textit{et al.} found that when discussing the adolescents' views on the general practice consultation, 57\% of males and 57\% of females reported that a friendly receptionist would make it easier for them to see their GP\textsuperscript{16}. Jacobson \textit{et al.} found that interacting with the receptionist was a dominant issue when discussing visiting the surgery. There is a perception among adolescents that the receptionist often views them as troublemakers and members of a stereotypical youth group. This adolescent–receptionist relationship may influence the adolescent's interaction with health service providers. There is a belief that the receptionist may hold preconceived ideas regarding the adolescent aged group and is, therefore, less likely to listen to their concerns\textsuperscript{17}. A study by Leavey \textit{et al.} revealed that during discussions regarding the general practice environment many adolescents expressed negative comments about the practice receptionists. Most complained that the receptionists were intrusive and impolite. Furthermore, there is a feeling among adolescents that receptionists should not ask the adolescent their reason for visiting the GP. Adolescents report that this can be seen as intrusive and prying, and can set a negative atmosphere for the waiting room\textsuperscript{20}.

In many studies, adolescents have expressed that multiple organisational factors can be potential barriers preventing access to health care services. The GP, in particular, is of great importance to many, especially females. An inability to consult with health professionals may lead to an increase in adolescents not visiting their general practice and thus sexual health issues such as pregnancy, contraception and sexually transmissible diseases may go without being discussed. It is a common belief that the GP is often unable to deal with the adolescent patient and has a lack of care towards them; this may lead to undisclosed issues, in particular, mental health concerns.

1.3 External factors

Eleven articles informed themes that had an external source. A lack of knowledge of health care services can be a major barrier to accessing health services for adolescents of all ages. Studies from the UK and Australia found that many young people simply do not know what primary health care services exist or what those services are able to provide for them\textsuperscript{8,15,17}. Haller \textit{et al.} suggest that adolescents do not seek out some health services because they are unaware of the treatment options available to them. This is particularly pertinent for mental health issues. Haller \textit{et al.} interviewed 450 adolescents aged 16–24 years in general practice settings and found that 25\% of adolescents perceived that they had a mental illness, but only 10\% were visiting the GP for that reason\textsuperscript{1}. In addition, Leavey \textit{et al.} found that 30\% (n=89) of those surveyed rated the GP as an important source of help, although nine out of 10 young people indicated that they would be unlikely to seek help from their GP for mental health issues such as depression or anxiety. The younger adolescent often has separate issues to consider\textsuperscript{20}. For example, Booth \textit{et al.} found that younger adolescents (aged 12–13 years) had a general lack of knowledge regarding the health care system and often still relied on their parents for access to health care.
Furthermore, the younger adolescent is often misinformed about their rights and ability to access some health services without a parent\textsuperscript{15}. Burack, Leavey et al. found that many younger adolescents believe that they must be accompanied to appointments until they are 16 or 18 years of age, and that they believe that the GP can disclose information to their parents. This is to be expected considering the developmental stage of the adolescent\textsuperscript{20,23}.

Burack and Leavey et al. identify that uncertainty about attending an appointment unaccompanied by an adult is a particular concern for the younger adolescent when discussing sexual health issues and obtaining contraception\textsuperscript{20,23}. Klein and Cave found that some adolescents worry about the legitimacy in making an appointment for themselves\textsuperscript{24}. This is further supported by Leavey et al. who reported that during qualitative focus group discussion with 48 adolescents, most of the participants were unsure about their right to consult their GP in the absence of a parent or guardian\textsuperscript{20}. Quine et al. add that a lack of knowledge regarding what to expect in the general practice setting can be a barrier for young people\textsuperscript{7}.

An Australian study by Kefford and Willcock reported that adolescents often lack information regarding the Australian Medicare system and this can present as a barrier to accessing services\textsuperscript{11}.

The waiting time for an appointment and/or time spent in the waiting room were identified as a barrier to accessing services in five studies from Canada, UK and Australia\textsuperscript{7,11,19,24}. Churchill et al. found that when surveyed 38% (n=253) of adolescents agreed with the statement "If I go to the surgery I will always have to wait a long time". Young people often prefer the quicker consultation process offered to them at drop-in centres, with extended waiting times making them feel frustrated\textsuperscript{19,24}. Quine et al. report that many rural adolescents experience particularly lengthy waiting times to see a GP due to a lack of rural health professionals. This was reported as being due to few practising GPs, coupled with a high demand for services\textsuperscript{7}.

Transport, travel and access issues are a concern for a number of adolescents when discussing access to primary health care services\textsuperscript{6,11,15}. In addition, Quine et al. report that the rural Australian adolescent, in particular, often has to travel long distances to access services and those living out of town face difficulties with distance and infrequent public transport\textsuperscript{7}.

Qualitative discussion with Australian adolescents in three studies revealed that the cost of services and/or treatment is a frequently expressed concern for many and can be considered a perceived barrier to accessing health care services\textsuperscript{6,11,15}. Furthermore, Kefford and Willcock found that “bulk billing” is important to the adolescent when visiting a health practitioner as they often cannot afford health care services\textsuperscript{11}. Quine et al. add that in some rural areas the absence of bulk billing makes the possibility of visiting the GP especially cost-prohibitive for some adolescents\textsuperscript{7}.

Donovan et al. surveyed 4481 adolescents regarding their views on the general practice consultation and 44% (n=640) of females stated that there was difficulty in getting a quick appointment with a GP\textsuperscript{16}. Jacobson et al. found that there was apprehension among many adolescents about making appointments with health professionals due to a lack of perceived respect from staff, reluctance to approach staff, and a perception of being stereotyped\textsuperscript{17}. Klein and Cave discussed the appointment-making process with 17 adolescents and found that many did not know how to make an appointment by themselves and had previously always relied on a parental figure for this task — when faced with the task of doing this alone, many lack the knowledge and confidence to do so\textsuperscript{24}.

There are numerous external factors that affect and influence the adolescent in regard to accessing and using health care services. A general lack of knowledge was perceived across studies from all four countries. Many Australian adolescents are unaware of the Medicare system and bulk billing process, which can prevent some from accessing vital primary health care services. If young people are not informed of their rights regarding GP consultations then health and wellness concerns will go untreated and may escalate into serious problems for the individual. Rural adolescents, in particular, may have to face additional barriers to access services and may have increased reluctance to do so. Preconceptions and views regarding general practice consultation may be formed during adolescence. These views and preconceived opinions may last into adulthood and greatly influence future decisions to access health care services.

**Implications for practice**

Adolescents are more willing to seek health care and disclose sensitive information when confidentiality is assured and they consider confidentiality an indicator of quality care\textsuperscript{25}. A large number of adolescents report that they are satisfied with the level of help and advice they receive during general practice consultations, but there are many individuals that do not access services at all\textsuperscript{25}. The research has shown that young people lack faith in the confidentiality of health services, are afraid that they will see someone they know at the practice, and fear that personal information will be disclosed to their parents. Privacy and trust are of upmost importance to this age group and are linked closely with confidentiality.

Young people in Australia face many health-related concerns. Coping with stress, body image issues, and depression are concerns that all rank highly among today’s adolescent population\textsuperscript{27}. It is estimated that up to 20% of adolescents suffer from a mental disorder at any given time\textsuperscript{28,29}. If young people do not connect with the health system on some level then these issues may develop into lifelong disabilities, or even result in suicide. Adolescents are often using the internet as a source of advice and support for mental health issues such as depression and self-harm\textsuperscript{27}. Not all information online is regulated and this choice of help-seeking behaviour avoids personal contact with a health professional. It is critical to target these issues as mental health and behavioural disorders account for more than half the disease burden among adolescents in Australia\textsuperscript{28,29}.

As well as mental health issues, the sexual health of Australian adolescents remains an area of concern. Sexually transmitted infection (STI) notifications for chlamydia and gonococcal infections have been increasing since the early 1990s and the rate of hepatitis C infections has trebled in the 18- to 24-year-old age group over the last three years\textsuperscript{28,29}. The rising problems
of STIs and unwanted pregnancy among adolescents demand that access to health care services become a mainstream priority. Teenage pregnancy carries significant medical and social risks for both the young mother and her child. The decline in teenage birth rates is encouraging, but it is clear that birth rates in groups such as Aboriginal young women, those living in the country, and those from disadvantaged areas are still very high. This review confirms that adolescent females often perceive a male GP as a barrier to disclosing information and accessing services for sexual health issues. Female GPs may be an underused resource in adolescent health. This review suggests that the majority of female adolescents would prefer to consult with a female GP yet this connection is often not possible.

Conclusion

The adolescent patient experiences a wide range of health and social concerns. Responding to these concerns needs the input of health professionals from varying sectors and requires that the adolescent feels safe and confident to access health services. In order for the adolescent to feel comfortable and safe within the health system environment improvements still need to be made.

A review of the literature has revealed that not all adolescents face problems when using general practice facilities, or have concerns regarding accessing services, but for those that do confidentiality, privacy and trust are the main areas of concern. Adolescents prefer non-clinical settings and need to feel empowered in order to make informed decisions regarding their health care. One of the key recommendations that has arisen from this literature review is the need for further research from an adolescent perspective. The perspectives of the homeless adolescent and migrant populations in particular are underrepresented. Further studies could explore the factors that would make services more user-friendly for the adolescent and these findings could enhance the development of services for this group.

References