The art of effective communication between family physicians and their adolescent patients: Challenges

and solutions

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Background

Healthcare delivery and excellent health outcomes for teenagers depend on the establishment of effective communication between family physicians and adolescent patients. However, communicating with adolescents can be challenging due to their stage of development and unique needs. By implementing effective communication strategies and fostering a positive environment, family doctors can build trust, enhance patient participation and ultimately improve health outcomes for their adolescent patients.

Objective

This article explores the value of excellent communication in the healthcare of teenagers, identifies potential barriers that family doctors might encounter and provides solutions to overcome these challenges.

Discussion

Adolescence is a critical developmental stage marked by physical, emotional and social changes, making effective communication particularly challenging. During this phase, adolescents might face various health concerns, including mental health issues, substance use, sexual health and chronic diseases. This emphasises the importance of tailoring communication strategies to connect with the adolescent mind. Active listening, using age-appropriate language, incorporating technology, empathy, promoting autonomy and shared decision making are tools to open communication bridges between healthcare providers and their adolescent patients.

THERE ARE MANY CHALLENGES in communicating with adolescent patients, as detailed below.

Developmental changes and autonomy

Adolescents experience physical, cognitive and emotional changes that influence their decision-making capacities and desire for autonomy. Family physicians must navigate the delicate balance between respecting adolescent patients' autonomy and considering their level of maturity in decision-making processes. 1,2

Communication barriers

Lack of trust, language and literacy barriers, stigma and limited health literacy contribute to ineffective communication. 1,3,4

Time constraints during appointments

Time limitations in busy clinical settings can impede effective communication. Allocating sufficient time for consultations, scheduling dedicated adolescent clinics and using support staff can optimise communication opportunities.³⁻⁵

Language barriers and cultural considerations

Cultural differences can affect communication dynamics. Physicians should be aware of cultural norms, beliefs and practices, respecting and adapting their communication style accordingly to ensure effective and culturally sensitive care. Training programs should address cultural differences and promote cultural sensitivity in healthcare communication. Doctors seeking family physician training should be educated on cultural norms, beliefs and practices to ensure respectful and effective communication with diverse adolescent populations.⁶

Power dynamics and perceived authority gaps

Teenagers often struggle with building trust and rapport with healthcare professionals, which can hinder effective communication. They might perceive doctors as authority figures or feel uncomfortable discussing personal

issues openly. Consequently, doctors might find it difficult to gather accurate information and engage teenage patients in shared decision making.⁷⁻⁹

Limited communication skills

Family physicians might lack specialised training in adolescent medicine and encounter difficulties in communicating effectively with this age group. Adolescents might be less forthcoming in expressing their concerns, leading to incomplete information exchange and missed opportunities for early intervention.¹

Privacy and confidentiality concerns

Adolescents often hesitate to discuss sensitive issues due to fear of breaching privacy, potential judgement or disclosure to parents/guardians. Maintaining confidentiality within legal and ethical boundaries is crucial to building trust and ensuring open communication. ¹⁰⁻¹³

Stigmatisation and judgement

Adolescents might face stigma related to mental health, sexuality, substance use or other sensitive topics. Prejudice or judgemental attitudes from healthcare providers can hinder open communication and discourage adolescents from seeking care. ^{7,8}

Age of family physicians

Age concordance between physicians and adolescent patients can positively influence communication and rapport. Younger family physicians might better understand contemporary adolescent culture, preferences and communication styles.

Family physicians from different generations might have varying communication styles and approaches. Older physicians might use more traditional methods, whereas younger physicians might use newer technologies and modes of communication that resonate better with adolescent patients. Physicians closer in age to adolescent patients might share more life experiences and cultural references, potentially facilitating a sense of relatability and improving communication. However, older family physicians might possess more clinical experience, which can positively impact their ability to diagnose and treat adolescent patients. This experience can

enhance patient trust and contribute to the establishment of rapport.⁶

Gender of family physicians

The gender of family physicians might influence communication dynamics with adolescent patients. Offering choices of healthcare providers to adolescents based on their preferences might enhance comfort and foster open dialogue. Adolescent patients might have personal preferences regarding the gender of their healthcare provider. Some might feel more comfortable discussing sensitive topics with physicians of a specific gender. Patient-centred care involves respecting and accommodating these preferences whenever possible.⁶

Reluctance to seek help

Many teenagers are hesitant to seek medical care due to a variety of reasons, including fear of judgement, concerns about confidentiality and the desire for independence. This reluctance poses a challenge for doctors in family medicine, because it might impede early detection and timely intervention for various health issues. Female family physicians might be perceived as more approachable for addressing gender-specific health concerns or sensitive topics, such as menstrual health or contraception. Sensitivity to these concerns can contribute to effective communication and trust.¹

Emotional and behavioural barriers

Teenagers commonly experience emotional and behavioural barriers that affect their communication with healthcare providers. Mood swings, defiance and experimentation with risky behaviours can complicate the doctor-patient relationship, making it challenging to establish open lines of communication.

Strategies for overcoming communication challenges

Establish rapport and trust

Take time to build a rapport with the adolescent patient. Show genuine interest, respect their perspective and create a safe and non-judgemental environment. Adolescents are more likely to open up and actively participate in their healthcare when they trust their healthcare provider.³⁻⁵

Building trust, ensuring privacy and confidentiality, and providing a safe space for open communication can foster a positive doctor-patient relationship.

Tailor communication techniques

Using age-appropriate language, active listening, validating concerns, avoiding medical jargon, encouraging questions and involving adolescents in shared decision making can enhance communication effectiveness. Create a safe and supportive environment by demonstrating empathy, active listening and non-judgemental attitudes towards adolescent patients. 9,14,15

In addition, using open-ended questions, active listening and empathetic responses can encourage adolescents to share their thoughts and concerns more freely.¹⁶

Incorporating adolescent-specific communication skills in medical education and offering continuing education programs can enhance doctors' communication competencies.

Use technology and digital platforms

Integrating electronic health records, providing online resources and educational materials and offering telemedicine options can improve accessibility and facilitate communication.¹⁷

Allocate sufficient time

Schedule longer appointments for adolescent patients to allow for thorough communication and to build rapport. Establish a safe and supportive environment.

Incorporate privacy and confidentiality guidelines

Ensure adolescents understand their right for a confidential consultation and encourage them to be seen without the parent/carer when they present together (for at least part of the consult), with the consent of the patient, as part of the transition to adulthood. In addition, getting adolescent patients involved in discussions about sharing information with parents/guardians can promote trust and encourage open dialogue. 10,11,13,18

Professional development and training

Continuous medical education programs should include training on adolescent health

and communication skills, addressing the specific challenges faced by family physicians in engaging with this population.

Youth-friendly general practice

Create a welcoming environment by implementing age-appropriate waiting areas, displaying informational materials targeting adolescents and using a diverse healthcare team, all of which can contribute to a youth-friendly atmosphere. 9,14,15

Involve adolescents in decision making

Engaging adolescents in healthcare decisions, including treatment options, goal setting and care planning, empowers them and encourages ownership of their health.¹⁶

Address sensitive topics

Adolescents might have concerns or questions about sensitive topics, such as sexual health, mental health, substance abuse or body image. Create a safe space for these discussions, using open-ended questions to initiate dialogue. Offer non-judgemental support, accurate information and appropriate referrals when necessary. 19,20

Peer support

Including peer support initiatives, such as youth advisory groups or peer educators, can increase participation and give young people the chance to connect with and learn from their peers.

Health education and promotion

Giving adolescents access to health education materials, seminars and preventive programs that are tailored to their needs can give them the power to decide what is best for their health and wellbeing.

Continuous improvement

Monitoring the practice's performance on a regular basis and receiving input from young patients can help pinpoint areas for development and guarantee that the practice performance remains adaptable to the changing requirements of young people.

Follow-up and continuity of care

Schedule regular follow-up appointments to monitor the adolescent patient's progress, address ongoing concerns and maintain a supportive relationship. Continuity of care helps build trust and ensures that the adolescent patient receives consistent and coordinated healthcare.

Involving parents as partners

While respecting patient confidentiality, involving parents or guardians in the conversation can foster trust and provide a holistic approach to care. Collaborating with parents allows doctors to gain valuable insights into the patient's home environment and address any concerns or misconceptions. ^{19,20}

Conclusion

Effective communication is paramount in providing comprehensive healthcare to teenage patients in family medicine. By using active listening, empathy, non-judgemental attitudes and age-appropriate language, physicians can enhance their ability to connect with adolescents.³

Building trust, respecting confidentiality and involving parents or guardians are also crucial aspects of effective communication. During adolescence, individuals undergo various physical, cognitive and emotional changes that can influence their communication patterns. Healthcare providers must be cognisant of these changes, including increased self-consciousness, desire for autonomy and peer influence. Understanding these dynamics can help tailor communication styles to meet the unique needs of adolescent patients.^{4,5}

Overcoming common communication barriers, such as lack of privacy, time constraints and cultural differences, can further optimise communication with teenage patients. By investing in effective communication strategies, family physicians can promote patient engagement, improve health outcomes and foster positive doctorpatient relationships during the critical adolescent years.

It should be remembered that each adolescent is unique, and that building rapport requires adapting to their individual needs and preferences. By implementing the strategies detailed above, healthcare providers can establish a strong rapport with adolescent patients, facilitating effective communication and promoting their overall wellbeing.

Key points

- Building trust through respectful communication, acknowledging their concerns and involving teenagers in decision making can foster effective communication and encourage active participation in their healthcare.
- Family physicians should create a welcoming, non-judgemental and supportive environment for their adolescent patients.
- Adolescents are often comfortable with digital platforms and might prefer alternative methods of communication.
- Generational gaps and cultural differences can create barriers to effective communication between family physicians and teenage patients.
- Family physicians should create a safe and confidential environment, assuring teenagers that their information will be kept private.

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References

- Kipping RR, Campbell RM, MacArthur GJ, Gunnell DJ, Hickman M. Multiple risk behaviour in adolescence. J Public Health (Oxf) 2012;34 Suppl 1:i1-i2. doi: 10.1093/pubmed/fdr122.
- Giedd JN, Blumenthal J, Jeffries NO, et al. Brain development during childhood and adolescence: A longitudinal MRI study. Nat Neurosci 1999;2(10):861–63. doi: 10.1038/13158.
- Svetaz MV, Miller K, Gewirtz O'Brien J, McPherson L. Adolescent health: Communication with adolescent patients. FP Essent 2021;507:11–18.
- Davison G, Kelly MA, Conn R, Thompson A, Dornan T. How do children and adolescents experience healthcare professionals? Scoping review and interpretive synthesis. BMJ Open 2021;11(7):e054368. doi: 10.1136/bmjopen-2021-054368.
- Sacks D, Westwood M. An approach to interviewing adolescents. Paediatr Child Health 2003;8(9):554–56. doi: 10.1093/pch/8.9.554.
- Cauce AM, Domenech-Rodríguez M, Paradise M, et al. Cultural and contextual influences in mental health help seeking: A focus on ethnic minority youth. J Consult Clin Psychol 2002;70(1):44–55. doi: 10.1037/0022-006X.70.1.44.

- Ham P, Allen C. Adolescent health screening and counseling. Am Fam Physician 2012;86(12):1109–16.
- White PH, Cooley WC; Transitions Clinical Report Authoring Group; American Academy of Pediatrics; American Academy of Family Physicians; American College of Physicians. Supporting the health care transition from adolescence to adulthood in the medical home. Pediatrics 2018;142(5):e20182587. doi: 10.1542/peds.2018-2587.
- Ford CA, Bourgeois F, Buckelew SM, et al. Twenty-first Century Cures Act final rule and adolescent health care: Leadership education in adolescent health (LEAH) program experiences. J Adolesc Health 2021;69(6):873–77. doi: 10.1016/j. jadohealth.2021.09.006.
- Society for Adolescent Health and Medicine; American Academy of Pediatrics. Confidentiality protections for adolescents and young adults in the health care billing and insurance claims process. J Adolesc Health 2016;58(3):374–77. doi: 10.1016/j. jadohealth.2015.12.009.
- Carlson J, Goldstein R, Hoover K, Tyson N. NASPAG/SAHM Statement: The 21st Century Cures Act and adolescent confidentiality.
 J Adolesc Health 2021;68(2):426–28. doi: 10.1016/j. jadohealth.2020.10.020.
- English A, Ford CA. The HIPAA privacy rule and adolescents: Legal questions and clinical challenges. Perspect Sex Reprod Health 2004;36(2):80–86. doi: 10.1363/3608004.
- Maslyanskaya S, Alderman EM. Confidentiality and consent in the care of the adolescent patient. Pediatr Rev 2019;40(10):508-16. doi: 10.1542/ pir.2018-0040.
- Stubbing J, Gibson K. What young people want from clinicians: Youth-informed clinical practice in mental health care. Youth 2022;2(4):538–55. doi: 10.3390/youth2040039.
- Turner L, Spencer L, Strugnell J, et al. Young people have their say: What makes a youthfriendly general practice? Aust Fam Physician 2017;46(1):70-74.
- Katz AL, Macauley RC, Mercurio MR, et al. Informed consent in decision-making in pediatric practice. Pediatrics 2016;138(2):e20161484. doi: 10.1542/peds.2016-1484.
- Best P, Manktelow R, Taylor B. Online communication, social media and adolescent wellbeing: A systematic narrative review. Child Youth Serv Rev 2014;41:27–36. doi: 10.1016/j. childyouth.2014.03.001.
- Ford C, English A, Sigman G. Confidential health care for adolescents: Position paper for the society for adolescent medicine. J Adolesc Health 2004;35(2):160–67. doi: 10.1016/S1054-139X(04)00086-2.
- Leung S, Walgrave M, Barroso J, Mennito S. A communication model to bridge adolescent patients, caregivers, and physicians in transitions of care. Qual Health Res 2021;31(1):113–21. doi: 10.1177/1049732320957269.
- Levetown M; American Academy of Pediatrics Committee on Bioethics. Communicating with children and families: From everyday interactions to skill in conveying distressing information. Pediatrics 2008;121(5):e1441-60. doi: 10.1542/ peds.2008-0565.

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