Chaperones in Urology Outpatient Clinics: A Survey of Patients' Current Preferences and Perspectives in the United Kingdom

Michael George [1,*], Theodora Stasinou [2], Agapios Gkentzis [1], Ian Pearce [2]

[1] Bolton NHS Foundation Trust (United Kingdom), [2] Manchester University NHS Foundation Trust (United Kingdom), * Presenting author

Introduction

Intimate physical examination represents an integral aspect of patient care within the urological outpatient setting.

With time, these practices soon become a matter of routine for the surgeon; however, this is often not the case for their patients, risking feelings of embarrassment or discomfort.

Chaperones may promote patient privacy, dignity and safeguard against allegations of misconduct.

Study objective

This cross-sectional survey study aimed to explore patient understanding and preference regarding chaperone use in urology outpatient clinics within the United Kingdom.

Methods

Consecutive adult patients attending urology outpatient clinics at Bolton NHS Foundation Trust between 10/05/2024 – 21/06/2024 were invited to participate on arrival in the department.

Broad inclusion-exclusion criteria to engage a representative patient cohort.

The survey was constructed using open, closed and attitudinal scale question types to explore the pertinent themes including basic demographics, previous experience, understanding and preference regarding chaperone use.

The survey underwent a pilot process and peer review prior to study conduction.

The output underwent statistical analysis.

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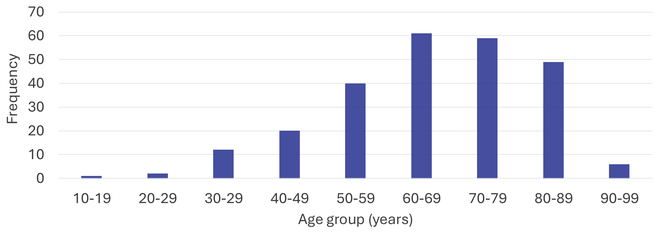
Participant characteristics

A total of 250 participants were included for analysis.

A male predominance was observed across the study population: male 79.6% (n=199), female 20.4% (n=51).

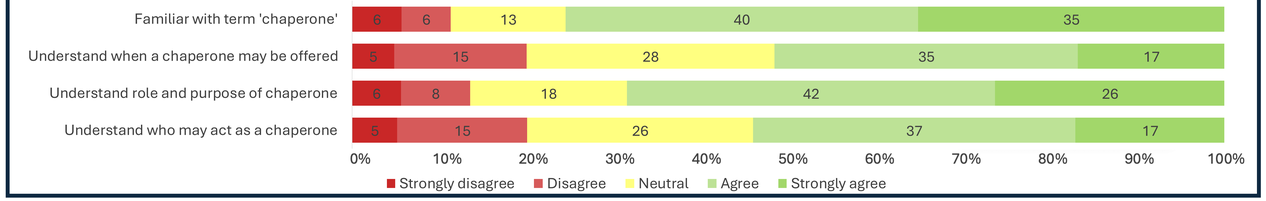
Participants were aged between 18-99 years old; age distribution data has been visualised in the graph (right).

The majority of participants identified as Christian (69.2%, n=173); remaining participants identified as Muslim (4.8%, n=12), non-religious (22.8%, n=57) or declined to answer (3.2%, n=8).



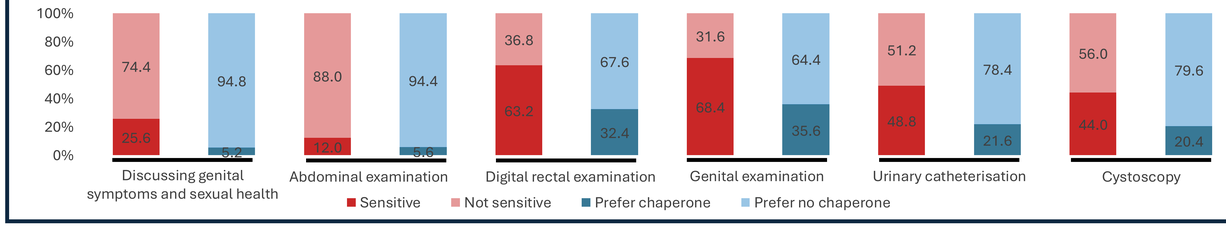
Patient understanding of the role of chaperones (percentage)

Whilst 74.8% of patients were familiar with the term 'chaperone', just 68.8% were aware of their role, 54.4% recognised who may act as a chaperone and 51.6% understood when one may be offered.



Patient perspective: Sensitive examinations and chaperone preference (percentage)

Patients identified genital examination (68.4%), digital rectal examination (63.2%) and urinary catheterization (48.8%) as the most sensitive aspects of care; despite this, only 35.6%, 32.4% and 21.6% reported a preference for a chaperone during these examinations.

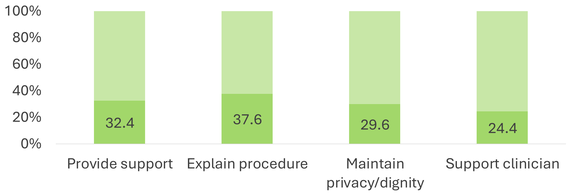


Preference rationale (percentage)

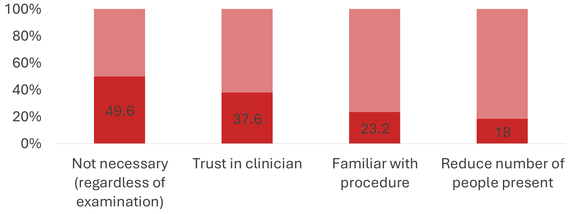
Participants reported a variety of reasons both in favour of and against the presence of a chaperone during their appointment.

The most common reasons for declining the presence of a chaperone included feeling it was unnecessary (51.6%) and trusting the clinician (37.6%).

A. Reasons cited in favour of the presence of a chaperone (percentage of respondents)



B. Reasons cited against the presence of a chaperone (percentage of respondents)



Conclusion

Sensitive and deliberate discussion of the role of chaperones, as well as exploration of patient preference, is central to improving patients' experience when attending urological outpatient clinic appointments and ensuring the delivery of high-quality individualised care.

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