

The characteristics, effects and predictors of self-disclosure during contraceptive counseling

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Executive Summary

One aspect of counseling that has received little attention is provider self-disclosure - defined as providers making statements regarding personal information to patients - which in other clinical contexts occurs in 15-34% of office visits. The purpose of this study is to describe self-disclosure during contraception counseling and to investigate how it impacts patient satisfaction with their visit.

We used a mixed methods approach to describe the content and context of self-disclosure. We included quantitative data, such as percentage of encounters containing self-disclosure, timing of self-disclosure during the visit, and how much time is spent on the self-disclosure, and qualitative data examining the content of self-disclosure and the reactions of the patients during the encounter. Using NVIVO software, we explored the data using modified grounded theory. Each incident of self-disclosure was coded using themes emerging from the data, as well as using predefined themes. Five transcripts were coded by two of the investigators, who then met to discuss the coding structure. The remaining transcripts were then coded by one investigator. Coding continued until we reached saturation.

We found that patients perceived self-disclosure to happen in 13% of contraceptive counseling encounters. The majority of this self-disclosure was related to the discussion at hand. Providers discussed a wide range of personal experience with contraception, including side effects, experiences with IUD insertions, and forgetting to use condoms. Providers were more likely to disclose about IUD use than other methods.

In most instances, the self-disclosure appeared to be clinically useful – either building rapport with the patient through shared experience or illustrating a clinical recommendation with a personal story. Most self-disclosure consisted of short statements, and in no instance did the provider neglect to return to the original concern of the patient. When asked whether the self-disclosure was appropriate, all women thought that it was appropriate, with 87% reporting that it was completely appropriate and 13% reporting that it was somewhat appropriate.

Selective use of self-disclosure appears to be a useful tool in the contraceptive counseling encounter, although the impact of self-disclosure on a patient's selection and long term use of contraception remains unknown.