MARITIME CENTRE of EXCELLENCE for WOMEN'S HEALTH

Moving Towards Women's Health

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New Brunswick Women's Health Initiative Project*

Within the context of the Women's Health Initiative Project, the Maritime Centre of Excellence for Women's Health funded a research component that sought to formally consult community women and make recommendations on how to enhance the health of a largely rural women's health constituency. This small pilot study consisted of a literature review, three focus groups, and interviews with four key informants. The study's goal was to develop a research question to be refined for future study. The proposed research question was: "What factors contribute to the decision-making process for women to use health care services?" The question was meant to illuminate women's perceived needs and concerns regarding the use of the health care system. This information is meant to contribute to the planning process for future woman-centered programs and services.

What the Literature Said

Women use women's health care services if ... They do not have to wait long for an appointment ... They do not have to wait long in the waiting room ... The location is convenient ... They are assured of professional service ... The provider allows them time for questions and to express their concerns ... The desired information will be provided ... They are assured of confidentiality ... They receive friendly service ... Other women have suggested/recommended it ... There is an emergency (lump, severe pain, etc.) ... It is a specific service for a specific use ... There is a doctor involved in the service. Other factors contributing to women's access to health care services include age, socio-economic status, education, medical history, health beliefs and knowledge, and employment status.

Women's expectations of effective care ... Respect for patients' values, preferences and expressed needs ... Communication and education ... Physical comfort ... Emotional support and alleviation of fears and anxieties ... Involvement of family and friends ... Co-ordination and integration of care ... Continuity of care and transition.

Barriers to accessing health care ... An example of why a woman may choose not to have a mammogram illustrates the "attitude" barrier – she may believe she has no symptoms and therefore no immediate reason to have a screening procedure; she may not believe that she is at risk for breast cancer; she may fear the discomfort of the actual procedure or fear the possibility of actually discovering a lump in her breast. This example may also be used to illustrate organizational barriers as there may be travel costs for a woman who must attend a fixed mammogram screening site, or she may have to take unpaid work time to attend, or she may be unable to leave young children or elderly relatives in her care.

Strategies for overcoming the barriers ... Increasing awareness on women's health ... Providing specially trained nurses to perform some of the service tasks ... Using satellite or mobile clinics to improve proximity ... Increasing dialogue with clients about clients' beliefs and concerns ... Increasing provider's education on women's health issues.

****The Women's Health Initiative Project, a Region 3 Hospital Corporation project between December 1997 and March 1999, explored the dimensions of women's health in women's lived experiences through focus groups, education sessions for hospital staff, networking and partnering with community and provincial agencies committed to and interested in women's health, and a student project to consult with First Nation Women.***

What New Brunswick Women Said

In general, the focus group participants and key informants stated that they thought traditional health care services could be enhanced to meet women's needs. Participants tended to state why they did not utilize current health care services, and also discussed what they liked and did not like about the health care services they received. They identified many issues which have relevance for Canadian health care policy and service delivery, including:

- *Need for health educational information* so informed choices may be made, and self-care and prevention enhanced.

- *Accessible services* that respond to women's lives. Examples included more evening clinics/services; services outside hospital; childcare resources; and mobile clinics and services in rural areas.

- *Feelings of judgement and the lack of time and respect by health care providers*. Women want time during appointments to ask questions and voice concerns. They want to be active participants and in control of their health. They want to be the key decision-maker. Many feel that they are made to feel their health care professionals know their bodies and situations better than they know themselves. The need for assertiveness was discussed when dealing in the health care system.

- *Support* – Women want to support other women and likewise, they want support from women. Some discussed the need for more female doctors, as well as specially trained nurses who could perform a broader role than nurses currently are mandated to do. Many women said that they would feel comfortable seeking nurses for some of their health care needs. Many stated a need for accessible support prior to a crisis, for example, parenting support.

- *Partnerships* – Women feel health care services should be linked with other community-based services, (i.e., the local family resource centre). This would increase knowledge of available services and respond to the determinants of health affecting women's lives. Some women volunteered to support health care to women by participating in programs such as providing breast feeding help to new mothers. Women felt that the health care system should re-examine the important role that women play in the health care system.

- *Poor medical practices* – Women in all the focus groups discussed the problems of over-prescription of medicine; lack of health information for self-care; lack of sensitivity by health care providers; and conflicting information. They also talked about never being taught breast self-examination, having only cursory clinical breast exams by their doctors, or not having a bi-annual exam along with the Pap smear. The women in the focus groups said that a woman has to be assertive and knowledgeable within the current system to receive adequate care.

Conclusion

Knowledge of these issues both allows critical insight in the perceived gaps in care and outlines the potential for a deeper probe in a larger research study. A continuing exploration of the dimensions of women's health will help determine ways in which Canadian health institutions could better deliver women's health services, with a woman-centred philosophy.

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