University student patients feel rushed during on-campus gynecological healthcare visits, especially those involving complex care.

Background
Patient-provider interaction times have decreased in recent years, possibly due to primary care shortages, electronic health record burdens, and payment/reimbursement structures. Gynecological care, especially for trauma survivors, demands a sensitive provider–patient relationship. College students, vulnerable to STIs and unintended pregnancy, often seek such services for the first time. Using qualitative analysis, we analyzed how time spent by gynecological providers influences students’ perceptions of care quality and their providers at UCLA’s Women’s Health Clinic.

The University of California, Los Angeles (UCLA) is a public university with 32,423 undergraduate and 14,007 professional and graduate students. The Women’s Health Clinic (WHC) provides gynecological health services and is a part of the on-campus Arthur Ashe Student Health and Wellness Center. The WHC served 10,322 students between 2019–2023.

A Research Approach Grounded in Narrative Medicine
“Narrative medicine,” first coined in the early 2000s, is a humanistic approach to care that emphasizes the importance of understanding each patient’s holistic life story and background to best support their health. This study employed narrative medicine by characterizing the care experiences of students with uteruses who accessed care at the WHC between 2020–2022.

19 in-depth interviews and 3 focus group discussions were conducted, comprising 38 participants total. Purposive sampling was used to ensure a diverse array of opinions and experiences were captured in the data collection.

Findings: Perceptions of Visit Time
Theme (1): Participants seeking care for straightforward concerns, such as needing a refill of an existing medication or having a well check, reported neutral or positive emotions about the fast nature of visits.

“For the services when you have a specific need, like I wanted birth control or I wanted to get my pap smear done, it’s not something that I feel like they need a lot of rapport for. So I appreciated that. I like they’re always on time, and it’s kind of like get in, get what they need to here and get out and I can pick up my meds or whatever the same day.” – FGD Participant

Theme (2): Participants seeking care for more complex concerns, such as procedures or hormonal syndromes, reported negative emotions about the fast nature of visits.

“I personally felt like I just had a lot of questions following that appointment that were not answered. I also just felt really overwhelmed with all the information because (...) they just left a folder for me with a lot of papers about PCOS (...) and I’m just like, well, what do I do now? I wish they would have explained this to me instead of just giving me a ton of papers about it. So I personally do wish my appointment was a little longer and that I had more room to ask those questions that I had.” – IDI Participant diagnosed with polycystic ovary syndrome

“I had to get some tests done before they would put the IUD in. And I wasn’t exactly sure how to collect what they were asking for and I was trying to ask her my question and she was just kind of like ‘Okay, please hurry up and move on and go do it’ instead of taking the time to be present with me and answer the questions I have.” – FGD Participant

Findings: Impact of Care Complexity
Theme (1): Patients seeking care for straightforward concerns, such as needing a refill of an existing medication or having a well check, reported neutral or positive emotions about the fast nature of visits.

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Conclusions
Our findings reveal the importance of perceived visit time in shaping care satisfaction among patients at a university gynecologic and reproductive health clinic. We suspect this involves an interplay of both institutional-level staffing/funding constraints as well as provider–patient level communication.

Recommended Policy and Practice Changes
- Stratify visit times based on chief concern complexity
- Reduce patient:provider ratio wherever possible
- Partner with patients to set an agenda up front, including time constraints
- Allow patients to speak uninterrupted in opening statement