Vicky's Call: Exploring Women's Experiences of Health Empowerment and Disempowerment in Ireland



A report prepared for 221+ Cervical Check Cancer Support Group

MARCH 2025

INTRODUCTION

This report presents research findings from a study conducted in Ireland that investigates how comfortable women feel when talking about their bodies, particularly their reproductive anatomy, and addressing gynaecological concerns with healthcare professionals, family, and friends.

The research was conducted by an external team of researchers from the University of Limerick and consisted of an online survey targeting women who have lived in Ireland for the past five years and are over 18 years of age. The survey included a mix of closed and open-text questions, focusing on women's comfort in discussing sensitive health issues, their confidence in asking questions within healthcare settings, and their perception of how well they are listened to by healthcare professionals.

While the sample from which the present data has been collected is not representative of the general population, the findings provide preliminary evidence upon which to discuss opportunities to enhance open communication, improve healthcare experiences, and contribute to more gender-sensitive healthcare practices.

CONTEXT AND PURPOSE OF THE RESEARCH

In Ireland, there has been a growing recognition of the need to empower women to engage in conversations about their reproductive health and ensure that healthcare systems support open dialogue (Hunter et al., 2017; Shaw, 2009).

In Ireland, there has been growing recognition of the need to empower women...

The present research aims to explore the extent that women in Ireland feel confident in discussing their reproductive health and whether they experience empowerment or disempowerment in medical interactions.

By understanding these dynamics, the research will contribute to shaping future healthcare policies, improving patient experiences, and ensuring that women feel heard and supported in clinical settings.

RESEARCH DESIGN AND METHODOLOGY

The research employed a quantitative cross-sectional design to examine women's confidence in discussing their bodies, reproductive anatomy, and gynaecological health within healthcare settings. A structured online questionnaire was utilised to gather data from women who have lived in Ireland for the past five years and are over 18 years of age. The survey aimed to capture insights into participants' confidence levels, communication experiences, and perceptions of their interactions with healthcare professionals.

The questionnaire included both closed and open-text questions, focusing on women's comfort in addressing sensitive health issues, their confidence in asking questions, and how effectively they feel healthcare professionals listen to their concerns. The survey was distributed via email and social media channels, receiving 307 fully completed responses.

RESEARCH PARTICIPANTS

To be eligible to take part in the study, participants were required to have lived in Ireland for the past five years and be over 18 years old. Participation was voluntary with no reward offered for participation. Participants were asked to review the participant information sheet and sign an informed consent form if they wished to take part in the research. The University of Limerick Research Ethics Committee conducted a full ethical review of the research project and its materials before granting ethical approval.

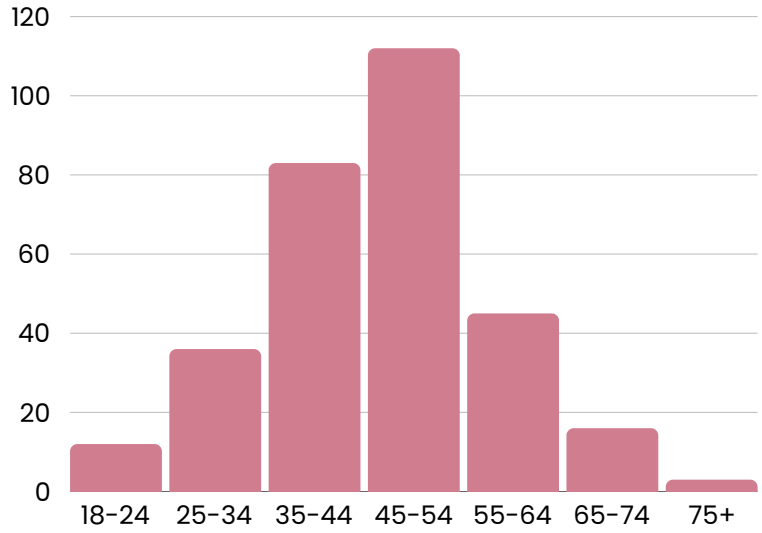
RESEARCH TEAM

The research presented in this report has been conducted by two researchers based at the Department of Psychology, University of Limerick: Associate Professor Elaine L. Kinsella, PhD and Ms Rafia Malik, MSc. This research was commissioned and funded by the 221+ Patient Representative Group in 2024 to understand women's experiences of empowerment and disempowerment in healthcare settings. The research team have no conflict of interest to declare.

RESULTS

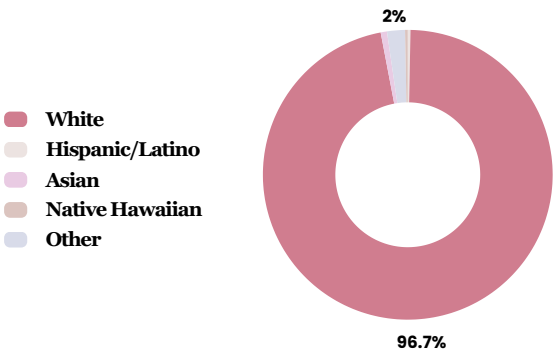
*The survey received 483 responses; however, only **307** were fully completed and included in the analysis. **All participants were female and over 18 years old.** Key demographic characteristics and key reproductive and health-related characteristic are summarised below.*

Age Ranges



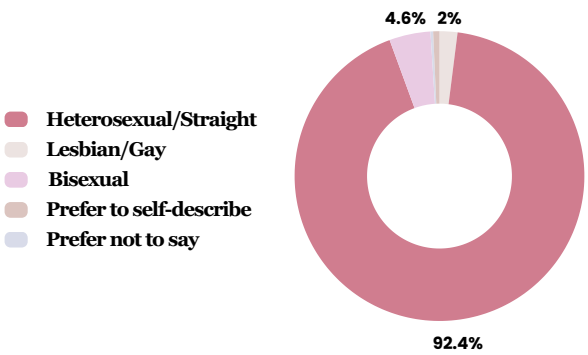
- ***45-54 years (112 participants)*** *– The largest age group, making up a significant portion of the survey.*
- ***75+ years (3 participants)*** *– The smallest group, indicating limited representation of older adults.*
- ***35-64 years (240 participants)*** *– The majority of participants, suggesting a strong middle-aged demographic.*

Ethnicity/Race



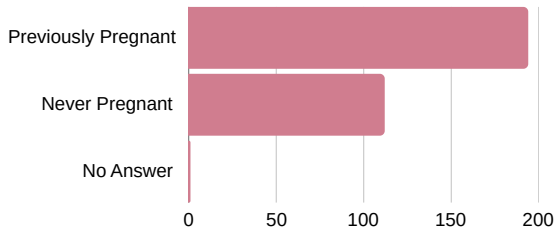
- ***White (297 participants)*** *– Represent the vast majority of responses, highlighting limited ethnic diversity in the survey.*
- ***Other ethnic groups (10 participants)*** *– Only a small percentage of participants identified as Hispanic/Latino, Asian, Native Hawaiian/Other Pacific Islander, or Other.*

Sexual Orientation



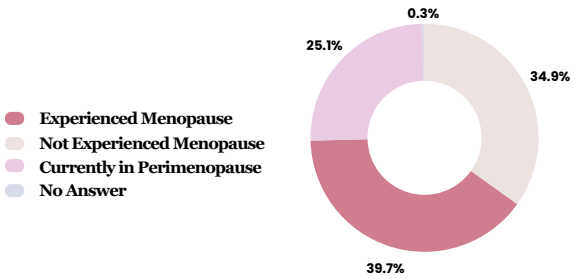
- ***Heterosexual/Straight (284 participants)*** *- The dominant category, making up the vast majority of responses.*
- ***Bisexual (14 participants) and Lesbian/Gay (6 participants)*** *– were notable minority groups, with bisexual participants being the second-largest category.*

Pregnancy History



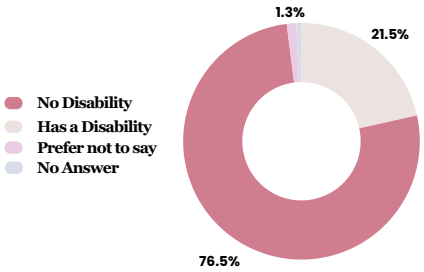
- *The majority **(194 participants) have been previously pregnant,** compared to **112 who have never been.***
- *Only 1 participant skipped this question.*

Menopause Status



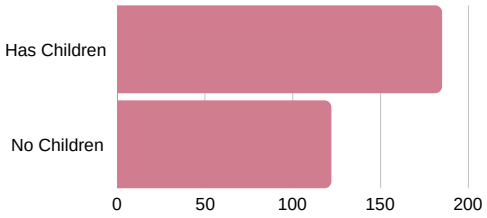
- ***122 participants have experienced menopause,** the largest category.*
- ***77 participants are currently in perimenopause,** highlighting a significant transitional group.*
- ***107 participants have not yet experienced menopause,** showing a fairly even split.*

Disability Status



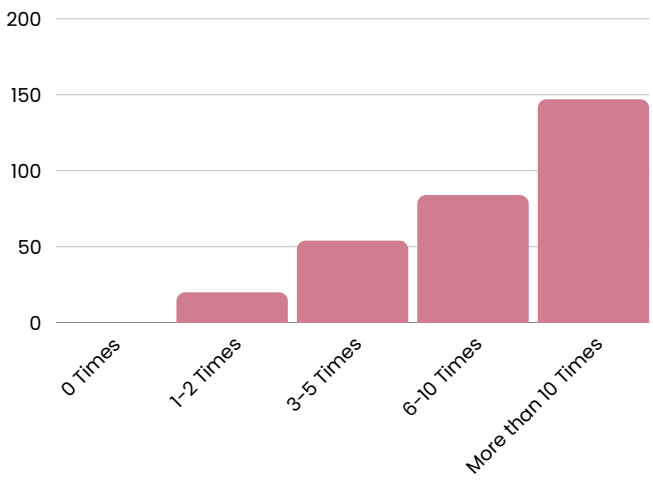
- ***66 participants reported having a disability** that affects their everyday life, while the majority **(235 participants) do not.***
- *4 participants preferred not to disclose their disability status, and 2 skipped the question.*

Parenthood Status



- ***185 participants have children**, while **122 do not**, showing a nearly 60/40 split.*

GP Visits



- ***147 participants visited their GP more than 10 times**, showing a high level of healthcare engagement.*
- *Only **2 participants reported zero visits,** indicating most had some interaction with healthcare services.*

KEY FINDINGS

This section explores women's experiences in healthcare settings, focusing on comfort and discomfort during interactions with healthcare providers, the frequency of concerns being addressed in medical appointments, and confidence in discussing sensitive health issues with healthcare professionals, family, and friends.

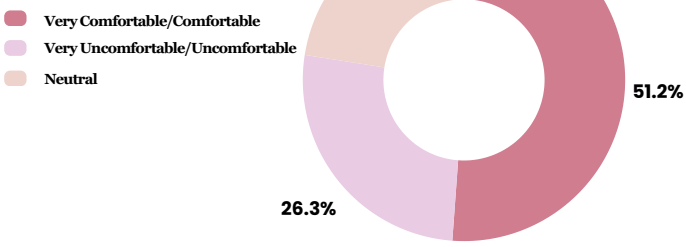


In addition, our deeper analysis of participants' open-ended feedback provides valuable insights into the factors that shaped women's experiences, highlighting both positive interactions and key challenges.

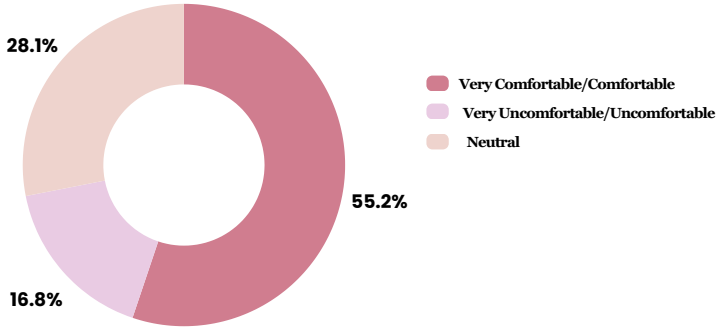
Theme 1: Comfort and Discomfort in Healthcare Experiences

*Women's experiences in healthcare settings varied, with **majority reporting positive interactions.***

Comfort Levels within Healthcare Settings



Comfort Levels during Interactions with Healthcare Providers



To gain a deeper understanding into these responses, participants were given the opportunity to elaborate on their experiences. This open-ended feedback highlighted key factors that contributed to both comfort and discomfort in healthcare settings, shaping their overall perceptions of care.

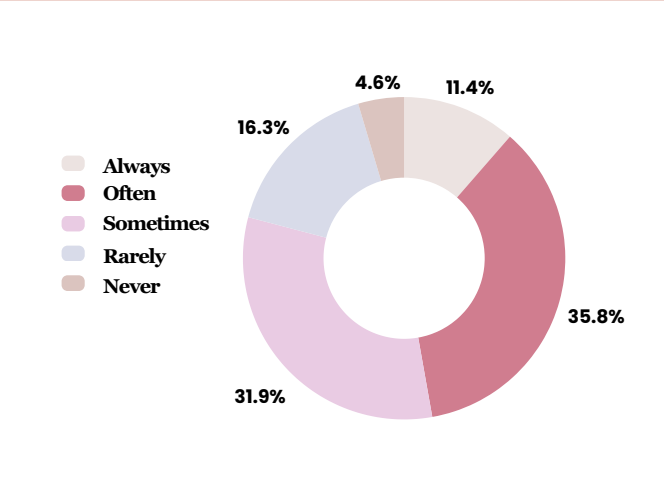
Those who felt **comfortable** often cited factors such as **professionalism and empathy from healthcare providers, clear communication, and a supportive environment.** For instance, one participant shared that their doctor *"listens and explains,"* while another mentioned that healthcare staff were "*friendly, comforting, and empathic."* **Positive past experiences and continuity of care**, such as seeing the same healthcare provider consistently, also contributed to feelings of comfort. These positive interactions were crucial in fostering a sense of trust and ease during medical visits.

On the other hand, those who reported feeling **uncomfortable** highlighted issues such as **privacy concerns, communication barriers, and previous negative experiences.** One participant noted, *"I feel like they don't listen, don't care, too busy,"* reflecting a common sentiment among those who felt their concerns were dismissed and emphasising the lack of attention and care they experienced. In addition, **distrust in medical personnel and unwelcoming physical environments** were significant factors contributing to discomfort.

> ***"...many talk 'above you', want to bamboozle you with medical jargon rather than take the time to listen and explain."***

Theme 2: Frequency of Concerns Addressed during Appointments

Participants reported varying experiences regarding how often their concerns were fully addressed during medical appointments.



These findings highlight a disparity in how patients perceive their voices being heard in medical settings.

Further investigation of the open-ended responses revealed key factors influencing the frequency with which concerns were addressed, providing a deeper understanding of participants' overall healthcare experiences.

Attentiveness, empathy, and clear communication were key factors that contributed to patients feeling their **concerns were fully addressed.** Additionally, **respect and dignity** played a significant role, for instance one participant noted *"I have had good experiences with my healthcare professionals listening to my concerns. They have given me good information and good treatment. They have treated me with respect and dignity."* Participants appreciated when doctors took the time to listen carefully and provide clear and detailed explanations.

> ***"I always go with a list, so I don't forget or get flustered/distracted. I don't leave until all items on my list have been addressed."***

Furthermore, **thoroughness** by addressing multiple issues during consultation was also highlighted as an important factor. Participants felt more satisfied when healthcare providers took the time to discuss all their concerns in one appointment.

Also, **continuity of care** was highly valued, as participants noted the benefits of having a consistent healthcare provider who understands their medical history. These factors contributed to a sense of trust and ease during medical visits, fostering a positive and reassuring experience.

Conversely, participants who felt their concerns were not fully addressed cited several influencing factors. First, they cited l**imited appointment times** and a **strict focus on single issue per visit** as key issues. Rushed consultations left little room for thorough discussion. Others expressed frustration over restrictions on discussing multiple concerns, as one participant noted, *"All the GPs I've been with over the past few years have signs up saying you can only present one or two issues."*

> ***"There's not enough time. I'm used to a 15-minute time slot..."***

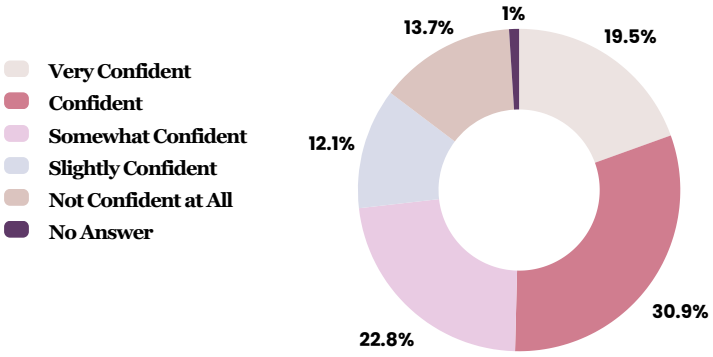
Second, **dismissive attitudes** from healthcare providers were also reported as a significant concern, with some participants feeling dismissed or not taken seriously. For example, one participant recounted, *"Doctors dismiss my worries and don't give me practical advice."*

> ***"There is no follow-up on results. Seems that tests/referral is viewed as dealing with the issue."***

Third, **inadequate and inconsistent follow-ups** was highlighted, with participants pointing out the lack of follow-up as a factor for their concerns not being fully addressed. These negative experiences contributed to feelings of discomfort and dissatisfaction, leading to a lack of concerns being heard.

Theme 3: Discussing Sensitive Health Issues with Healthcare Providers

Women reported varying levels of confidence when discussing reproductive and sexual health concerns with their healthcare providers.



A deeper analysis of participants' feedback highlighted several factors that influenced these varying confidence levels.

Women who reported h**igher levels of confidence** when **discussing reproductive and sexual health concerns with their healthcare providers** often cited several key factors. One significant factor was the **gender and age of the healthcare provider**. Many women felt more at ease speaking to female providers, especially those closer to their age.

> ***"I'm a young woman so it usually helps if I'm speaking to another woman. And I feel more at ease if they are younger."***

Another crucial factor was the **healthcare provider's attitude and communication style.** Women appreciated providers who were attentive, non-judgmental, and empathetic. As one participant noted, *"A kind and attentive bedside manner is also really important for building trust and for providing recognition."* Additionally, **personal knowledge and familiarity with the provider** played a role. Women who had a good understanding of their own bodies and health issues, or who had established a rapport with their healthcare provider, felt more confident to discuss sensitive issues with them.

> ***"I previously had to go to my family doctor around reproductive healthcare and my GP said quite rude, dismissive things so I wouldn't go back."***

Conversely, women who reported **lower levels of confidence** highlighted several barriers. **Previous negative experiences with healthcare providers** were a common theme. Some women felt dismissed or judged in past interactions, which made them hesitant to discuss sensitive issues.

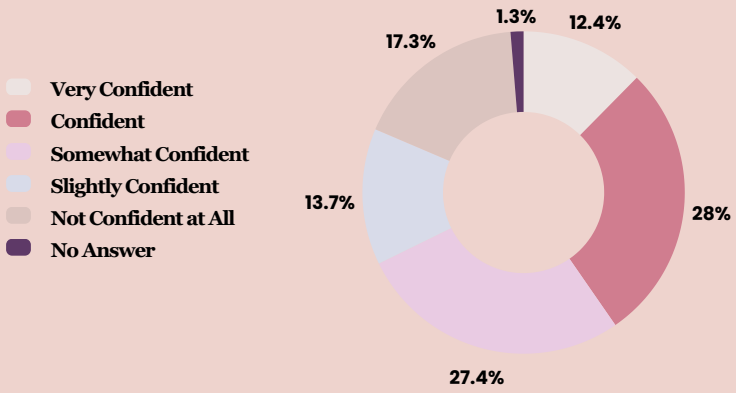
Fear of not being taken seriously was another significant factor. Women worried that their concerns would be minimised or misunderstood, leading to reluctance in discussing them.

Cultural and societal influences also played a role, with some women feeling shame or embarrassment due to societal norms around discussing sexual and reproductive health. One participant mentioned, *"The shame of me as female - what makes me female from culture and society, and lack of confidence."* Lastly, the **gender of the healthcare provider** was also a significant concern, with some women feeling uncomfortable discussing these issues with male providers.

> ***"I am more confident with a female doctor when discussing physical female issues and I am confident with male psychiatrist for discussing mental health issues."***

Theme 4: Discussing Sensitive Health Issues with Friends and Family

Participants expressed varying levels of confidence in discussing reproductive and sexual health concerns with family and friends.



Participants' in-text explanations revealed key factors that shaped their comfort levels in having these conversations with those close to them.

Participants who **felt confident discussing reproductive and sexual health concerns with family and friends** often cited **open communication and supportive relationships** as key factors. Many mentioned that having a close-knit group of friends or family members who were also open about these topics made it easier to share their own experiences. For instance, one participant noted, *"My friends and family regularly discuss health issues, so I wouldn't have any concerns sharing or listening to stories."* Another shared, *"I have a close friend that I would talk to, and I talk to my husband too."*

> ***"I believe it is becoming more common for women to discuss reproductive and sexual health together, although there is certainly still stigma attached."***

Additionally, some participants highlighted the **importance of normalising these conversations** to break down taboos and stigmas. Another factor was **the presence of friends or family members who had similar experiences**, which provided a sense of solidarity and understanding.

> ***There is a lot of shame attached to this subject in Ireland.***

On the other hand, participants who felt **less confident** discussing these topics often pointed to c**ultural and generational barriers**, as well as **fear of judgment**. Many expressed discomforts due to the stigma surrounding reproductive and sexual health, particularly within certain cultural or familial contexts. One participant mentioned, *"My parents are from a generation where private health matters were not openly discussed."*

Additionally, some participants felt that discussing these issues with family or friends could lead to judgment or unwanted advice. Another factor contributing to the lack of confidence was the **fear of making others uncomfortable or being misunderstood.** Additionally, some participants felt that their **lack of knowledge or the use of medical terminology** could hinder conversations.

> ***Judgment whether we like it or not is natural with family and friends, a lot of the time they know you very well and they try to find some sort of solution to the problems you have.***

Overall, the findings highlight a range of experiences in healthcare settings, with many women reporting positive interactions characterised by empathy, clear communication, and attentive care. However, a significant proportion of respondents also noted challenges such as dismissiveness, rushed appointments, and barriers to discussing sensitive health concerns. These experiences underscore the critical role of patient-provider relationships in shaping healthcare outcomes. To continue to foster a supportive and effective healthcare environment, it is essential to identify the factors that contribute to positive interactions while also addressing the systemic and personal barriers that hinder open discussions about health concerns and limit access to quality care for women in Ireland.



The following section will explore these in detail, examining the key features of a strong patient-provider relationship and the obstacles that can prevent women from receiving the care they need:

FACTORS FOR POSITIVE PATIENT-PROVIDER RELATIONSHIP

01. Empathy and Compassion:

- *Respondents valued healthcare providers who show empathy and compassion, understanding the emotional and physical challenges patients face.*
- *A non-judgmental approach and kindness were frequently mentioned as important qualities.*

02. Listening and Communication:

- *Many respondents emphasised the importance of healthcare providers actively listening to their concerns and taking the time to understand their issues.*
- *Clear and open communication, using plain language rather than "medical jargon", was highlighted as crucial for building trust and ensuring patients feel heard and understood.*

03. Time and Attention:

- *The need for healthcare providers to allocate sufficient time for consultations was a common concern. Patients want to feel that their issues are being thoroughly addressed without feeling rushed.*
- *Adequate time for discussing symptoms, asking questions, and receiving explanations was seen as vital for effective care.*

04. Trust and Respect:

- *Trust was a recurring theme, with respondents wanting to feel confident in their healthcare providers' medical knowledge and expertise. They emphasised that trust is built when they believe their providers are well-informed and capable of accurately diagnosing and treating their conditions.*
- *Mutual respect, where both the patient and provider listen to each other and value each other's input, was also deemed essential.*

05. Holistic and Personalised Care:

- *Many respondents expressed the desire for a holistic approach to healthcare, where providers consider the whole person, not just the symptoms. This means understanding the patient's overall physical, emotional, and social well-being, including factors like lifestyle, mental health, personal circumstances, rather than focusing solely on immediate medical concerns.*
- *Personalised care that considers individual medical histories and specific needs was highlighted as important.*

06. Competence and Knowledge:

- *The competence and up-to-date knowledge of healthcare providers were important to respondents. They want to feel assured that their providers are well-informed and capable of addressing their health concerns.*
- *Accurate diagnosis and appropriate treatment plans were emphasised as key aspects of competent care.*

07. Accessibility and Continuity:

- *Access to healthcare services, including convenient locations and appointment availability, along with seeing the same provider consistently, were key to building trust.*
- *Continuity of care, where providers are familiar with the patient's medical history and ongoing issues, was seen as beneficial.*

08. Patient Involvement and Shared Decision-Making:

- *Respondents valued being involved in their healthcare decisions and appreciated when providers took their opinions and research into account.*
- *Shared decision-making, where patients and providers collaborate on treatment plans, was highlighted as a positive aspect of the healthcare relationship.*

BARRIERS TO EMPOWERMENT IN HEALTH MANAGEMENT

01 Financial Barriers:

- ***Cost of Healthcare:*** *Many respondents mentioned the high cost of accessing healthcare services, including GP visits, specialist consultations, medications, and treatments.*
- ***Lack of Health Insurance:*** *The absence of health insurance or inadequate coverage was a significant barrier for some individuals.*

02 Access to Healthcare:

- ***Long Waiting Times:*** *Delays in getting appointments with GPs and specialists, as well as long waiting lists for tests and treatments, were common concerns.*
- ***Geographical Barriers:*** *Living in rural areas with limited access to healthcare facilities and specialists was highlighted.*

03 Healthcare System Issues:

- ***Dismissiveness and Lack of Listening:*** *Respondents felt that healthcare providers often dismissed their concerns, did not listen attentively, or rushed through appointments.*
- ***Fragmented Care:*** *The lack of coordination between different healthcare providers and the need to repeatedly explain medical histories were frustrating for many.*

04 Personal Confidence and Knowledge:

- ***Lack of Confidence:*** *Some individuals lacked confidence in discussing their health issues with healthcare providers or felt intimidated by medical professionals.*
- ***Knowledge Gaps:*** *A lack of understanding about their own health conditions and the healthcare system was a barrier for some respondents.*

05 Cultural and Social Barriers:

- ***Stigma and Shame:*** *Social stigma, particularly around reproductive and sexual health, prevented some individuals from seeking care.*
- ***Cultural Sensitivity:*** *Difficulties in communicating with healthcare providers from different cultural or religious backgrounds were mentioned.*

06 Work and Time Constraints:

- ***Work Commitments:*** *The inability to take time off work for medical appointments was a barrier for many respondents.*
- ***Time Constraints:*** *Busy schedules and the lack of time to engage in health-promoting activities were also noted.*

07 Emotional and Psychological Barriers:

- ***Fear and Anxiety:*** *Fear of not being taken seriously, being judged, or receiving a negative diagnosis prevented some individuals from seeking care.*
- ***Past Negative Experiences:*** *Previous negative interactions with healthcare providers led to anxiety and reluctance to seek care.*

CONCLUSION

The overall aim of this research was to evaluate women's confidence in discussing their reproductive health in Ireland and to assess the factors that contribute to empowerment or disempowerment in healthcare settings. Through an in-depth analysis of survey responses, this study has identified key factors that shape women's healthcare experiences, including the importance of trust, empathy, clear communication, and strong patient-provider relationships. While many participants reported positive interactions with healthcare professionals, a significant number also highlighted challenges such as dismissiveness, rushed appointments, and barriers to discussing sensitive health concerns.

The findings of this analysis provide a preliminary snapshot rather than a fully representative sample of the population. While the data offers valuable initial insights, it should be interpreted with caution, recognising its limitations in capturing broader trends. However, the study serves as an important starting point for further research and deeper exploration into the subject matter.

Understanding these insights is crucial for shaping future healthcare policies and practices that promote open dialogue and patient-centred care. The findings highlight the need for systemic changes to address financial, structural, and cultural barriers to healthcare access, as well as the importance of empowering women to confidently engage in discussions about their reproductive health in Ireland, and beyond.

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