Patient History Taking: Social History

What Is Involved in Gathering a Social History During Patient History Taking?

› Patient history taking (PHT) is the systematic and structured questioning by a healthcare provider of a patient, a patient’s family member, or a patient’s close associate (e.g., intimate partner) to gain information to assist in determining a medical diagnosis, developing a nursing care plan, and providing appropriate treatment for the patient

• What: Social history that is gathered during PHT includes a brief description of the patient’s social situation, habits, hobbies, and certain other details, including marital status, number of children, education level, occupation, potential exposure to factors that increase risk for health compromise, current and previous employment, financial status, religious affiliation, and living arrangement. (For more information on other aspects of PHT, see the series of related Nursing Practice & Skills)

• How: Healthcare providers use direct questioning and a combination of verbal communication techniques (e.g., letting the patient speak without interruption, asking closed-ended questions, reiterating the information the patient provided in summary form) to elicit information from the patient about his/her present illness and social history, which is subsequently documented in accordance with facility protocol and medical record format (e.g., manually or electronically)

• Where: PHT is performed in every setting where healthcare is provided, including the inpatient, outpatient, clinic, hospital, and home setting. Maintaining patient privacy is an important component of PHT, and the PHT interview should be conducted in an area where there is no potential for information to be overheard by persons who are not involved in the patient’s care

• Who: Registered nurses, advanced practice nurses, physician assistants, physicians, social workers, and case managers all conduct PHT interviews. Depending on the patient’s wishes, it might be appropriate for family members to be present during PHT

What is the Desired Outcome of Gathering a Social History?

› The desired outcome of gathering a social history during PHT, which is typically performed following gathering information on the patient’s family medical history and prior to the physical assessment, is to enable the clinician to identify areas of stress and risk factors for impaired health. Healthcare providers use information gathered from the social history to identify potential stressors affected by disease or disease management to help guide the management of the patient’s current health condition and to create a comprehensive plan of care for the patient

Why is Gathering a Social History Important?

› PHT is part of establishing a therapeutic relationship between the clinician and patient

› Gathering a social history during PHT allows the healthcare provider to identify information related to the patient’s

• living situation (e.g., living arrangements, living conditions, with whom he/she lives)

• relationships with family and friends

• access to healthcare

• employment information (e.g., currently employed, past or potential occupational exposure to health risk factors)
• overall sense of wellbeing and satisfaction with life
  Gathering a social history during PHT assists the healthcare provider in creating a diagnosis and establishing a realistic and appropriate individualized plan of care by
  • identifying patient signs and symptoms that might be related to his/her social situation (e.g., living arrangements, occupational exposures)
  • identifying potential health risks due to the patient’s social situation and establishing a screening process for early identification of disease
  • providing an area of focus for the physical examination
  • translating current signs and symptoms into a potential diagnosis
  • recognizing what personal support is available and if there are barriers to carrying out medical advice or to access to care
  Information that is gathered about social behaviors and living conditions combined with current signs and symptoms can provide valuable information to the clinician and in some cases can prevent the need for performing costly diagnostic tests and procedures
  Gathering a social history can identify early-stage problems before they intensify to become serious problems with poor outcomes
  The risk for legal complications is decreased by comprehensive and quality PHT

Facts and Figures
  Eighty percent of the information needed to make a clinical diagnosis can be obtained by PHT (Young et al., 2010)
  A correct diagnosis is made 75% of the time based only on information from completion of PHT (Saunders, 2002)
  • A correct diagnosis is made only 12% of the time based only on information from physical examination and only 11% of the time based only on information from laboratory/other diagnostic testing
  Beginning the patient interview by taking the patient’s social history might be advantageous because it can foster the clinician-patient relationship, convey the clinician’s interest in the patient as an individual, and enhance the clinician’s understanding of the context of the patient’s presenting complaint (Wu, 2013)

What You Need to Know Before Gathering a Social History
  The value of the information obtained during PHT is dependent on the reliability of the patient or family member being interviewed
  Questions asked while obtaining a social history can be sensitive or uncomfortable for patients
  • Patients might not understand why it is important to provide social history information and can become frustrated with questioning on sensitive or uncomfortable topics
  – Patients should be educated that gathering a social history helps the healthcare provider identify behaviors and conditions that could affect patient health
  – Clinicians should reinforce that all information is part of the confidential medical record
  – When possible, asking specific questions (e.g., “What is your annual income?”) should be avoided and general questions (e.g., “How do you view your financial condition?”) should be asked
  Patients are more likely to be self-involved in care and open to patient education when the relationship between the patient and clinician is one of trust, empathy, and respect
  • Patients might feel more comfortable sharing information if the healthcare provider shares some of his/her own general personal experience at the start of the interview
  • Taking the time during initial appointments to establish a trusting relationship and being sure patients recognize that the healthcare provider cares about them will lead to increased efficiency in communication during future appointments
  Patients can perceive the healthcare provider to be in a position of power and feel intimidated about openly sharing or expanding upon concerns unless directly asked by the healthcare provider
  • Techniques that empower the patient (e.g., agreeing with or acknowledging the patient’s valid ideas, seeking the patient’s opinion) should be used during PHT
  • Clinicians should state their understanding of how difficult it can be to discuss personal health and social issues and concerns with unfamiliar persons
  Cultural beliefs and traditions can influence the communication, health maintenance, and diet of patients
  • There are cultural differences in the acceptable degree of familiarity between clinician and patient, and differing practices regarding eye contact, physical touch, and interactions between men and women
For detailed information about general beliefs, attitudes, and traditions of patients of various cultures, see the Evidence-Based Care Sheet series and Nursing Practice & Skill series on providing culturally competent care.

Preliminary steps that should be performed before PHT include the following:

- **Review the facility/unit protocol for PHT, if one is available**
  - Typically, a facility protocol will mandate the use of a specific form for PHT. The form is a structured guide that should include the basic components of a patient’s history.
  - In the absence of an approved form, many clinicians use various mnemonics to be sure they have been thorough in recording the patient’s medical history.

- **Review the treating clinician’s order for PHT, if applicable**
  - A specific order for PHT might not be necessary because many facilities require nurses to perform PHT as part of the standard admission procedure.

- **Arrange to conduct the interview in a quiet area that affords the patient privacy and comfort**
  - A comfortable chair or bed in a room with an appropriate temperature.

Gather the following prior to beginning the patient interview:

- Facility-approved method of documentation (e.g., patient history form, electronic medical record).
- Educational or reference materials.

### How to Gather a Social History

- **Identify the patient according to facility protocol**
- **Establish privacy by closing the door to the patient’s room and/or drawing the curtain surrounding the patient’s bed**
- **Introduce yourself to the patient and family member(s), if present, and explain your clinical role; assess for knowledge deficits and anxiety regarding PHT**
  - Determine if the patient/family requires special considerations regarding communication (e.g., due to illiteracy, language barriers, or deafness); make arrangements to meet these needs if they are present.
  - Use professional certified medical interpreters, either in person or via phone, when language barriers exist.

- **Explain the procedure for PHT and its purpose**, including the importance of gathering information on the patient’s social history; provide emotional support and additional information as needed.

- **As appropriate, ask family members and other visitors to leave the patient’s room in order to promote privacy**

- **Convey a caring and nonjudgmental attitude to the patient by maintaining a positive and accepting rapport that is not influenced by preconceptions or personal bias**

- **Begin the interview by obtaining general biographic data**, including the patient’s address, telephone number, sex, age, birthdate, birthplace, cultural background, and emergency contact information.

- **Ask returning patients specific questions about topics that were discussed at prior visits** (e.g., activities in which they are involved or health issues they are concerned about).

- **Be aware of your own body language and facial expressions to avoid being interpreted as hurried, unpleasant, or judgmental**; demonstrate respect, courtesy, and empathy and communicate with cultural sensitivity.

- **Assure the patient that all information collected will be maintained in a confidential and secure manner and available only to clinicians who are responsible for his/her care**

- **Ask the patient questions about his/her social history**, such as “Who lives at home with you?”

- **When appropriate, ask the patient to clarify responses** (e.g., “Are you the primary caretaker for the older adult relatives who live with you?”).

- **Allow the patient to speak without interruption about concerns he/she has regarding his/her social situation**
  - Patients can use this time to discuss their feelings (e.g., fear) about their social situation (e.g., lack of a close support system), which can aid in evaluating their coping ability.
  - Demonstrate empathy for the patient and allow him/her sufficient time to fully express and clearly identify concerns.
  - Recognize and acknowledge the patient’s social situation as normal to prevent the patient from feeling a stigma about their social situation.

- **Allow the patient an opportunity to**
  - ask questions.
  - clarify the information that has been shared.

- **Summarize and repeat the information heard as needed throughout the interview to confirm understanding.**
Document all information gathered during PHT in the patient’s medical record according to facility protocol, including the following:
• Date and time of interview
• The patient’s exact words, when used, in quotation marks
• Complete detailed description of the patient’s social history
• Any cultural information that is relevant to the patient’s care
• Alternative therapies being utilized by the patient or family members in order to identify and avoid potentially dangerous interactions
• All patient/family member education, including topics presented, response to education provided, plan for follow-up education, barriers to communication, and techniques that promoted successful communication

Other Interventions That May be Necessary Before, During, or After Gathering a Social History
› Review the patient’s medical record to identify previous information about social history and social concerns
• Identify topics to address or that require further research during PHT with the patient
› Allow adequate time to document and make notes following each patient interaction to be sure that detailed and accurate information is recorded

What to Expect After Gathering a Social History
› Information gathered during PHT combined with the patient’s current primary health complaint will guide the healthcare provider in performing a focused physical examination, ordering medical tests, and creating an individualized treatment regimen
• Information gathered during PHT combined with physical examination findings and medical test results will be used in diagnosing and treating the patient
• Social issues (e.g., lack of access to medical care, limited transportation) will be taken into account and a reasonable, individualized treatment plan will be created for the patient
› All information disclosed by the patient will be maintained in strictest confidence to maintain patient privacy

Red Flags
› A lack of familiarity with the patient’s cultural beliefs and customs can lead to misunderstanding by the healthcare provider during PHT, resulting in patient discomfort, poor communication, and inadequate patient information. (For more information, see the Evidence-Based Care Sheet series and Nursing Practice & Skill series on providing culturally competent care)
› Failure to identify social and family responsibilities (e.g., caring for older family members, being the only person who is employed in the family) that can affect a patient’s willingness to report health concerns or signs and symptoms can result in inappropriate and poor health management
› Failure to identify the patient’s beliefs regarding illness and response to medical advice can lead to miscommunication and frustration in the management of the patient’s current condition

What Do I Need to Tell the Patient/Patient’s Family?
› Prior to the PHT interview, encourage the patient to
• come prepared to discuss social issues that affect his/her access to health care and compliance with healthcare recommendations and prescribed treatment regimens
• write questions, concerns, and ideas and bring these to the appointment with the clinician
• identify the main concerns at the start of the interview for PHT to be sure there is adequate time to address the most pressing issues
• bring medications that he/she is currently taking to the appointment to be sure medication information is collected accurately
• bring the names and contact information for all healthcare providers from whom he/she is currently receiving care and from whom he/she has received care in the recent past
› Advise the patient that all information collected is recorded in secure medical records so that only healthcare providers responsible for his/her care are allowed access to this information
References