Improvement of intercultural communication in GP consultations: from duel to duet?

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Content

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• Theoretical models

• Methods of RICIM study
  – Data collection
  – Development of measures
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      – Patient Cultural background scale (PCB)
    • Outcome measures
      – Mutual understanding (MU)
      – Perceived quality of care (PQC)

• Results
  – Outcome measures (MU / PQC) and Background characteristic (e.g. Cultural views: PCB)
  – Relation between outcome measures (MU / PQC) and background characteristics
  – Relation between MU and PCB
  – Effect of intervention

• Conclusion
Rationale

Pilot 1 (1996)
There are differences in communication between patient and physician in consultations with Western and non-Western patients.

Pilot 2 (1998)
In consultations with non-Western patients there is less mutual understanding (MU) than in consultations with Western patients.

Non-Western patients are more often non-compliant to therapy, mainly because there is less MU between patient and the GP.


Theory on implications for Quality (Kleinman)

- Culture
  - Clinical reality
  - Explanatory model

- Concordance in clinical reality
  - Mutual understanding (not concordance)

- Communication

- Compliance
  - Perceived quality

- Intervention
Methods RICIM-study

**Control group**
19 GPs

Baseline measurement

1 month: measurement

6 months: measurement

**Intervention group**
19 GPs

Baseline measurement

Training GPs

Intervention patient (video)

1 month: measurement

Intervention patient (video)

6 months: measurement
Development of measures

- Mutual understanding (MUS) : outcome
- Perceived quality of care (Quote-mi) : outcome
- Patient’s cultural background (PCB: cultural views) : characteristic
Measurements

GPs questionnaire: immediately after consultation
• Questions about consultation

Mutual understanding

Patients’ home-interview: 4-8 days
• Questions about consultation
• Questions about physician - patient interaction
  (Perceived quality of care through the patient’s eye-migrant)
• Patient characteristics (PCB & others: e.g. language proficiency, education)
Mutual Understanding Scale

• Understanding between physician and patient
  – Understands the physician the patient?
  – Understands the patient the physician?

• The need to understand and to be understood (Roter)!

• Kleinman: explanatory models

Development MUS

MUS: mutual understanding scale
Comparing answers of physician and patient

1. Nature & duration health complaint
2. Cause of health complaint
3. Diagnosis according (phys.-pat.)
4. Anamnesis & physical examination
5. Plan
   (supplementary examination / therapy)

Total score of mutual understanding in consultation

Expert panel (NGT)
Perceived quality of care

Quote – Mi (Nivel)
(quality of care through the patient’s eye-migrant)

validated scale for patients view on the quality of the patient-physician relationship
Patient Cultural Background scale

- Individualism – collectivism
- Masculinity – femininity
- Sexuality & other modern views
- Religiosity – secularity

Results data collection
RICIM study

38 GPs
2407 patients invited for participation

986 (42%) interviewed

44% non-Dutch & 56% Dutch
or
62% Western- & 38 % non-Western background
Patient characteristics of influence on quality of care (MU / perceived quality of care)

- language proficiency
- ethnicity
- age
- education
- cultural background (scale: traditional.-modern)

- no influence:
  - income
  - gender
Mutual understanding & Perceived quality by ethnicity

GOOD (+1)

POOR (-1)

Mutual understanding

GOOD (10) Perceived quality

western non-western western non-western

P<0.000

0,05

0,1

0,15

0,2

P<0.000
Education

Mutual understanding

Perceived quality

POOR (-1) to GOOD (+1)

POOR (1) to GOOD (10)

low middle high

non-western
western
Cultural background

Mutual understanding

Perceived quality

GOOD (+1)

POOR (-1)

GOOD (10)

non-western

western

traditional

partly traditional

modern

Cultural background

GOOD (+1)

POOR (-1)

Mutual understanding

Perceived quality

GOOD (10)

non-western

western

traditional

partly traditional

modern
Relation MUS en PCB

MUS

(good)

(poor)

(traditional) ↔ PCB ↔ (modern)

non-Western

Western
Language proficiency

Mutual understanding

Perceived quality

POOR (-1)

Mutual understanding

Perceived quality

GOOD (+1)

POOR (1)

GOOD (10)
### Relative importance

#### Mutual understanding
- Education \( p = 0.0002 \)
- Language proficiency \( p = 0.0069 \)
- Ethnicity (cultural views) \( p = 0.0497 \)

#### Perceived quality
- Age \( p = 0.0155 \)
- Language proficiency \( p < 0.0001 \)
- Cultural views \( p = 0.0260 \)
Intervention

training for GP’s (2.5 day) video instruction for patients (10min.)
Methods RICIM-study

Control group
19 GPs

Baseline measurement

1 month: measurement

6 months: measurement

Intervention group
19 GPs

Baseline measurement

Training GPs

Intervention patient (video)

1 month: measurement

Intervention patient (video)

6 months: measurement
Effect of the intervention

effect of the intervention is given as the percentage difference in Mutual understanding (MUS) between intervention- and control group compared with baseline
Effect of intervention mutual understanding

Percentage difference in Mutual understanding (MUS) between intervention- and control group compared with baseline

Improvement MUS relation PCB

(good)

MUS

(poor)

(traditional) ↔ PCB ↔ (modern)
Conclusion

Ethnicity & Culture are also important patient characteristics which should be paid attention to with regard to quality of care (MU / PQC)
Mutual understanding (MUS)

Ethnicity

- Cape Verde
- Turkey
- Morocco
- Dutch Antilles/Aruba
- Suriname
- Netherlands

General understanding: Poor to Good

- Poor: Cape Verde, Turkey, Morocco
- Good: Suriname, Netherlands
Perceived quality of care

Quote – Mi (Nivel)

(quality of care through the patient’s eye-migrant)

validated scale for patients view on the quality of the patient-physician relationship
Result pilot-study

Pilot study (1998) 87 consultations

• 33% of consultations with Non-Western patients: poor mutual understanding/ (13% Western patients)

• Mutual understanding best predictor for compliance
METHODS

GP-Consultations

Patients interview
- CBS-questions
- Mutual understanding
- Background characteristics
- Compliance
- Satisfaction (GP and consultation)

GP questionnaire
- Mutual understanding
KNOWN CULTURAL DIMENSIONS

- Individualism-Collectivism
- Femininity-Masculinity
- Hierarchy
- Uncertainty avoidance
- Longterm thinking
- Religiosity-secularity
Is it possible:
• to construct a ‘Patient Cultural Background scale’?
• to validate the scale?

What is the influence of the CBS-score on the consultation?
  – quality of consultation
  – mutual understanding between GP and patient
METHODS

scale validity

Content validity
• comparing found dimensions with known dimensions from theories

Criterion validity
• expectations from culture homeland
• influence on modernity:
  • Age
  • Education
  • Socio-economic status
  • Religiosity
METHODS

Construction of Patient Cultural Background scale

Questions about cultural defined views:
- Questions from earlier research 25
- Self developed questions 11
- Removing non-loading & non-contributing questions 16

Remaining 20 questions

PCB (traditional-modern) scale
Patient characteristics/ PCB scale

- language proficiency
- ethnicity
- age
- gender
- education
- income
- cultural background (scale: traditional.-modern)