

SPANISH-SPEAKING PHYSICIANS: SATISFACTION IN THE TRANSACTIONAL RELATIONSHIP WITH PATIENTS

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ABSTRACT

This study examined self-reports of engagement, confirmation, and satisfaction by Spanish-speaking physicians within the context of the relationship with Spanish-speaking patients. Previous research suggests the interaction is transactional and both physician and patient mutually contribute to the relationship. Results demonstrated engagement and confirmation positively influenced relational satisfaction of physicians ($R^2 = .58$, $F(1,14) = 19.38$, $p < .01$; $R^2 = .29$, $F(1,14) = 5.84$, $p = .03$, respectively). Additional results are reported. Implications and directions of future research are discussed within.

I. INTRODUCTION

Over the years there has been a growing emphasis on communication skills held by physicians. Recent research points to the importance of communication in order to achieve positive health results. Buller and Buller (1987) reported patients who felt satisfied with the communication with their physicians also felt satisfied with the care they received. Friedrichsen, Strang, and Carlsson (2002) concluded the character of the physician directly correlated with the patient's ability to cope with certain health situations.

The present study will take past analyses one step further to investigate the role language plays in communication styles of physicians. Communication skills exhibited by Spanish-speaking physicians will be observed. Specifically, the study will examine how much the Spanish-speaking physician's engagement and confirmation influences reported satisfaction with their patients.

II. REVIEW OF LITERATURE

Review of recent studies shows a strong interest in patient-physician communication styles. LeBlanc (2004) found agreement among physicians regarding the importance of communication with their patients. Satisfaction within this relationship is directly related to communication styles. This was the first study to approach the idea of relationship satisfaction by measuring components from within the transactional encounter. Both positive confirmation and willingness to engage in interaction resulted in increased satisfaction within the relationship.

Patients likely will be more satisfied with care if they embrace a strong relationship with their physician. Patients and physicians tend to view the medical interview in different manners but agree on behaviors that signify competent communication from the patient.

Included behaviors are preparedness, focusing on the main medical issues, and information seeking through questioning the physician (Cegala, Gade, Broz, & McClure, 2004). All of these actions act to strengthen the medical relationship. Anderson and Zimmerman (1993) show patients are more satisfied with a partnership style relationship, rather than a physician controlled relationship. Communication clearly plays a significant role in patient satisfaction.

Within in the context of the medical interview is the idea that no two interactions are the same. Charles, Gafni, and Whelan (2000) claim treatment decision-making is most beneficial if both patient and physician participate. This helps patients to take an active role in defining health problems and also commits physicians to an interactive relationship with their patients. According to the authors, both parties report better satisfaction in this case.

While effective communication can result in satisfaction with the medical encounter, lack of communication can result in negative outcomes for both the patient and the physician. Thom, Kravitz, Bell, Krupat, and Azari (2002) studied the correlation of patient trust levels with satisfaction and clinical compliance. Both physicians and patients rated perceived trust levels. Verbal, as well as nonverbal communication was linked to judgments of trust. They claim poor communication results in low levels of patient satisfaction, which in turn results in negative health outcomes.

Few studies have looked at the significance of cultural differences in patient-physician relationships. Akabayashi, Fetters, and Elwyn (1999) discussed different communication styles of different cultures within the context of terminal illness. Much of the study focused on cancer disclosure to Japanese patients; however they also stressed the importance of approaching diverse patients in a culturally appropriate manner. Kim et al. (2000) investigated individual cultural orientations as a determinant of patients' motivation to seek verbal communication with medical professionals. Different concepts of self, stemming from varying cultural backgrounds, are reflected in patients' assertiveness and participation within the physician-patient interaction. They suggested that understanding cultural differences in communication styles might help to explain variances in patient and physician participation and satisfaction.

Cooper-Patrick et al. (1999) added that ethnic differences between patients and physicians commonly are barriers to effective communication and strong partnerships between patients and their physicians, often with negative health outcomes as a result. Saha, Komaromy, Koepsell, and Bindman (1999) report Hispanic patients with Hispanic physicians were more likely than Hispanic patients with non-Hispanic physicians to report satisfaction with their care. They further claim increasing cultural competence may improve the quality of care received by minority populations. Carillo, Green, and Betancourt (1999) suggest that medical schools should utilize a cross-cultural curriculum for physicians in order to help them avoid cultural generalizations. As a result they could improve communication with patients, as well as improve care.

This study will analyze the physician-patient relationship from its transactional perspective. In a previous study, LeBlanc (2004) demonstrated satisfaction within the relationship isn't one sided, as previously thought, but a transactional relationship mutually influenced by both parties. The dual interaction within the interview is responsible for any satisfaction by either party, not just behavior by one member or the other. However, current research has not investigated specific communication competencies in physician-patient relationships within other cultures. This study hopes to investigate the direction and strength of a proposed association between confirmation, engagement, and satisfaction in the patient-physician

relationship primarily from the perspective of the Spanish-speaking physician. Therefore, the following hypotheses are proposed:

- H₁ Spanish-speaking physicians' perceptions of engagement in interaction with their patients influences reported relational satisfaction.
- H₂ Spanish-speaking physicians' feelings of confirmation in their relationship with their patients influences reported relational satisfaction.

III. METHODS

Sample. For this study, physicians who practice in counties that border Mexico within the 956 area code were randomly selected from the publicly available Texas Medical Board database of state licensed physicians. Specifically, these counties were selected due to the high percentage of potential patients who are of Hispanic origin, and speak Spanish. According to the latest U.S. Census estimates publicly available, the Texas border counties of Cameron (85.72%), Hidalgo (89.06%), Starr (97.49%), Webb (94.90%), and Zapata (86.79%), representing a total population estimate for 2004 of 1,322,523, averaged over 89.44% Hispanic. A total sample size of 644 physicians was selected from sixteen south Texas cities within the five counties of interest. Forty-six physicians were eliminated from the selection because the address provided was determined to be inaccurate by the postal service before they were mailed. 598 surveys were mailed. Of that number, 89 were returned for various reasons including addressee no longer at address, forwarding address not available. Of the remaining 509 surveys, 16 were returned.

The sample consisted of 4 females and 12 males. All participants self-selected Latino/Latina as their ethnicity. The majority of participants were primary care physicians ($n = 12$), with one identifying as a surgeon, and three identifying as other specialties. The mean length of practice was 20.63 ($s = 12.01$), with the minimum reported length as two years, and the maximum length reported as 34 years. The mean age of study participants was 52.56 ($s = 11.98$), with the minimum reported age of 31 and the maximum age of 69. Participation was voluntary and anonymous.

Measurement. In a previous study, LeBlanc (2003) developed and tested the Patient Relational Satisfaction Survey. This study demonstrated the relationship between confirmation and engagement to patient satisfaction. In a follow-up study, LeBlanc (2004) developed the Physician-Patient Communication Survey to measure physician perceptions of communication with their patients. As with the previous study of patient perceptions, the physician study confirmed the importance of confirmation and engagement to physician satisfaction. For the current study, the Physician-Patient Communication Survey was translated into Spanish to measure health communication satisfaction, engagement, and confirmation from the perspective of the Spanish-speaking physician. All materials, including a Spanish-language cover letter and consent form, were sent to physicians in the study region. Numerous recipients of the study materials contacted the study supervisor directly to request an English Language survey but were told that the study included only those physicians who actually speak Spanish with their patients. As with the previous studies, the constructs of confirmation, engagement and satisfaction were

measured using 7-item Likert-type scales. A more positive response corresponds with higher numbers.

A factor analysis using principle axis factoring and varimax rotation was conducted to affirm which survey questions measured each of the constructs (see Vogt, 2007). A .40 loading rule was used to determine which items clustered by factor. The range of loading for items on the engagement factor was .46 - .71. The engagement factor accounted for 13.98% of the variance (Eigenvalue = 2.24). Reliability for the engagement factor was measured using Cronbach's alpha with a resulting measure of $\alpha = .75$. The range of loading on the satisfaction factor was .79 - .88, and accounted for 13.94% of the variance (Eigenvalue = 2.23). Reliability for the satisfaction construct was $\alpha = .79$. The range of loading for items on the confirmation factor was .52 - .77, accounting for 10.06% of the variance (Eigenvalue = 1.61). Reliability measure for the confirmation factor was $\alpha = .72$.

Factor analysis also revealed an additional factor that reflected physician reports of satisfaction with the amount of time spent with patients. The range of loading for items on the satisfaction with time spent factor was .58 - .82, and accounted for 8.43% of the variance (Eigenvalue = 1.35), with a resulting reliability of $\alpha = .73$. The first three factors were utilized for testing the two hypotheses, following the method of the previous research by LeBlanc (2004).

IV. RESULTS

Previous studies have examined the nature and direction of association between confirmation, engagement, and relational satisfaction for English-speaking physicians (LeBlanc, 2004) and English-speaking patients (LeBlanc, 2003). The results for the current study supported both hypotheses regarding the influence of engagement and confirmation on satisfaction for Spanish-speaking physicians in their relationships with their Spanish-speaking patients. In particular, transactional engagement moderately influenced satisfaction as reported by physicians ($R^2 = .58$, $R^2_{adj} = .55$, $F(1,14) = 19.38$, $p < .01$). Additionally, felt confirmation and perceptions of reciprocated confirmation moderately influenced physicians' reported relational satisfaction with their patients ($R^2 = .29$, $R^2_{adj} = .24$, $F(1,14) = 5.84$, $p = .03$).

Although not hypothesized, factor analysis revealed a fourth factor (satisfaction with time spent in consultation between physician and patient) computed independently from reported relational satisfaction. Pearson product-moment correlation analysis revealed a moderate to strong association between time and relational satisfaction ($r = .57$, $N = 16$, $p = .020$). Interestingly, no significant association was found between age or years in practice and any of the four computed factors.

V. DISCUSSION AND CONCLUSION

As previously seen, the results demonstrated that physician satisfaction is directly influenced by communication behaviors. Physicians place an importance on engagement and confirmation with their patients (LeBlanc, 2004). This relationship holds true whether physicians are speaking English or Spanish with their patients in Texas. The results suggest

that language and culture play a relatively minor role in the communication between physicians and patients. As was suggested by the LeBlanc's 2004 study of physicians, medical school socialization may play a larger role. For example, LeBlanc found no statistically significant differences between male and female English-speaking physicians, suggesting that gender socialization was trumped by medical school socialization. On the other hand, it could be argued that confirmation and interaction engagement are basic human needs not trumped by any socialization, be it language, culture, gender or medical specialty.

There were several limitations in this study. First, although a region with a very high proportion of Latinos/Latinas was selected for the study, the number of physicians who responded to the study request was low. Two issues drive low response rate. Social scientific studies with physicians typically have low response rates. Techniques were utilized to increase response rates for this study. For example, business reply envelopes with postage paid were utilized. Additionally, care was taken to create a questionnaire that was relatively brief, taking less than ten minutes to complete. The questionnaire was printed on both sides of a single sheet of letter-size paper. However, more problematical was the issue of language. The relatively high number of Spanish-speakers, and/or persons of Hispanic descent, might not translate into a high percentage of physicians who speak Spanish or Speak Spanish with their patients. It is entirely possible that if a Spanish-speaking patient seeks health care, someone other than the physician accomplishes communication with the patient. Without the limitation of resources and time, the sample size could have been increased, further eliminating more possible biases. As seen in the previous study, a low response rate is expected. With a large response rate, more bias could be eliminated.

Another limitation of this study included the direction of the self-report. This study only addressed one side of the transactional relationship between physicians and patients. It would be useful to know if physician communication styles are correlating with patient satisfaction. Indeed, some research suggests that racial concordance between physician and patient may influence relational satisfaction (see Saha, Komaromy, Koepsell, & Bindman, 1999). Future research could be directed towards the satisfaction levels of patients in this Spanish-speaking relationship. Physicians and patients exist in a transactional relationship and obtaining the satisfaction correlations from both sides of the relationship would be very useful.

When comparing the results of this study with previous studies, there appears to be no difference in the relationship between engagement, confirmation, and satisfaction between the English and Spanish languages. However, there may be a difference within subcultures. In particular, although this study was conducted among Spanish-speaking populations, the sample was selected from a region within the United States. Because this study is a within-culture investigation, one could also consider the question of satisfaction between cultures. Administering this same survey to different Spanish-speaking populations may elicit distinctions according to subcultural differences, such as Latin country of origin and length in the United States.

Another interesting perspective may be the choice of specialty by physicians and its relationship to physician communication styles. Perhaps more communicative physicians seek medical specialties that require more patient interaction, such as family practice. Conversely, those physicians who demonstrate poorer communication abilities may chose less interactive specialties, such as surgery.

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