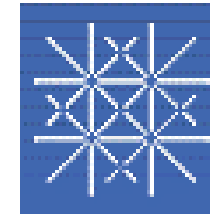
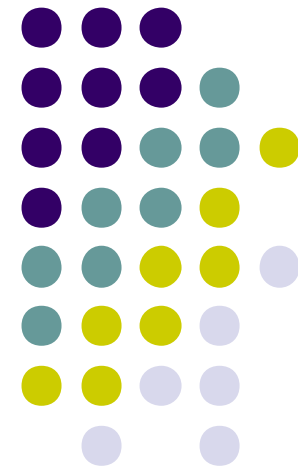


What about gender in health care interpreting?



Alexander Bischoff,
Institute of Nursing Science
University of Basel





About the Setting

- We used the existing data set, containing information on primary care consultations and their respective communication assessments by doctors and by patients (foreign-language and French speakers), collected during an intervention study
- Medical outpatient clinic of the Community Medicine Department of the Geneva University Hospitals, Switzerland.
 - Ambulatory medical care on a first-come first-serve basis to any adult from 8 am to 11 pm (no specialties, pediatrics, gynecology etc.)
 - > 50% of all patients attending the clinic are migrants and foreigners.
 - Interpreter service (*Croix-Rouge genevoise*) provides 60 qualified interpreters translating 43 languages

Bischoff, A., Perneger, T.V., Bovier, P., Stalder, H., & Loutan, L. (2003). Improving communication between physicians and patients who speak a foreign language. *British Journal of General Practice*, 53, 541-546.

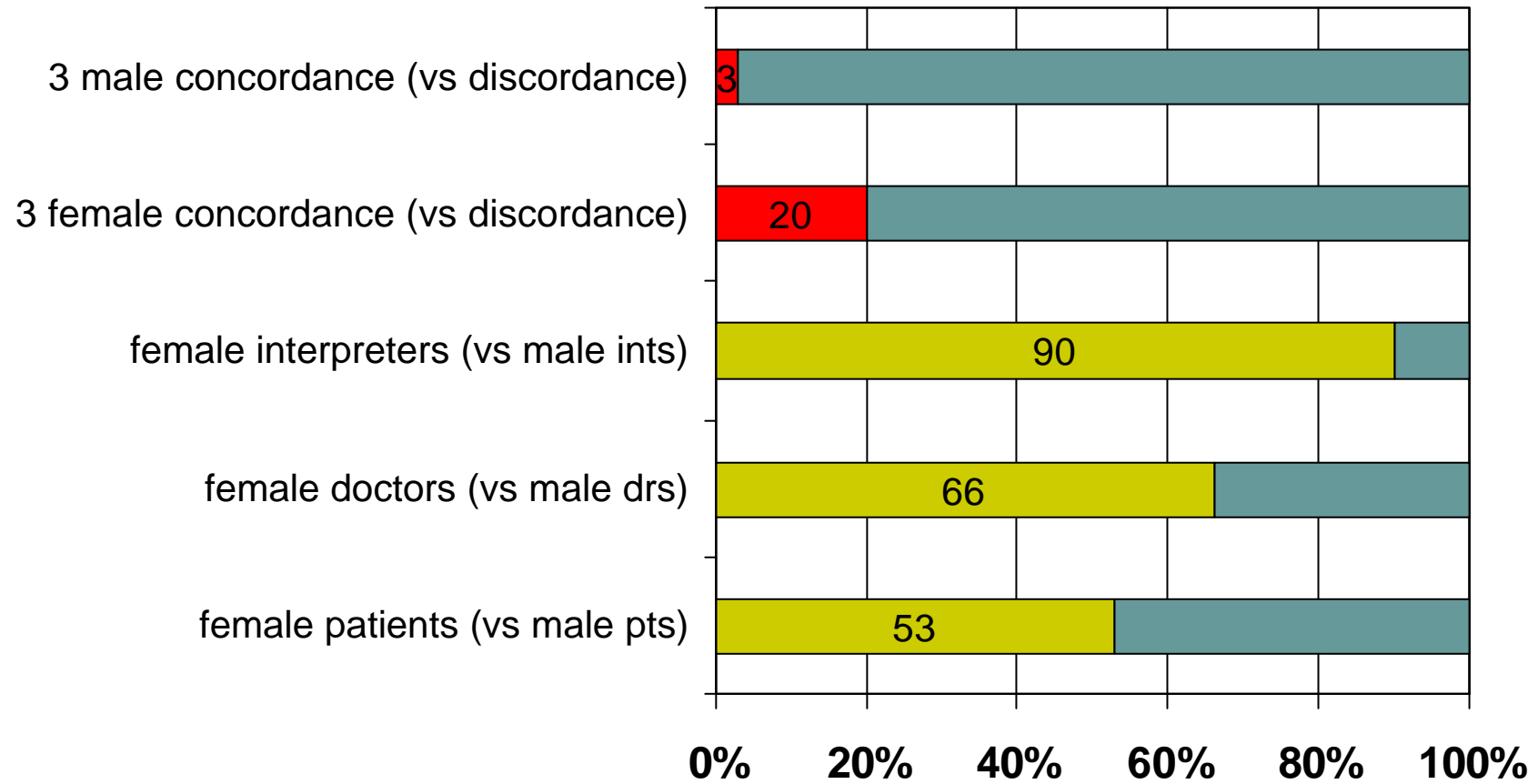


The consultations

- The data subset contains information on 582 consultations. See “*Projet qualité HUG*”, a study consisting of baseline survey, intervention and follow-up survey (1999/2000).
- 40% did not speak French (are allophone) vs. 60% who did.
- Most frequent mother tongues of the allophone patients were
 - Albanian, Bosnian, Serbo-Croatian, Somali, Arabic, Spanish, Portuguese, Farsi
- Among the physicians’ consultations with foreign-language patients, 169 (67%) were mediated by a qualified interpreter and 82 (33%) were not.
- Among the physicians, 12 were women and 10 men. Their respective mother tongues were
 - French (17), Albanian (1), Spanish (1), Farsi (1), Polish (1).



Different frequency distributions





Women patient-rated quality of communication (I)



Mann-Whitney Tests: * = p<0.05 ** = p<0.01	Female doctor & Female patient concordance	Discordance
Dr's Responsiveness	8.8	8.7
Dr's Explanations	8.8	8.8
Dr's Respectfulness	8.9	8.8
Communication	8.8	8.6
Consultation process	8.8 *	8.5
Follow-up information	8.7	8.6



Women patient-rated quality of communication (II)



Mann-Whitney Tests: * = p<0.05 ** = p<0.01	Female interpreter & Female patient Concordance	Discordance
Dr's Responsiveness	8.9	8.7
Dr's Explanations	8.9	8.8
Dr's Respectfulness	9.1	8.9
Communication	9.0 *	8.7
Consultation process	8.9 *	8.6
Follow-up information	9.0 **	8.6



Women patient-rated quality of communication (III)



	Mann-Whitney Tests: * = p<0.05 ** = p<0.01	Female interpreter & Female doctor & Female patient	Discordance
Dr's Responsiveness	9.0 *	8.7	
Dr's Explanations	8.9	8.8	
Dr's Respectfulness	9.1 *	8.8	
Communication	9.0 **	8.6	
Consultation process	9.0 **	8.5	
Follow-up information	9.0 **	8.6	



Cross-tabulations

	interpreter	no interpreter
female doctor	127 (33%)	256 (66%)
male doctor	42 (21%)	154 (79%)
Pearson's Chi-square p=0.003	169 (29%) -----	410 (71%)

	interpreter	no interpreter
female patient	121 (39%)	188 (61%)
male patient	47 (17%)	227 (83%)
Pearson's Chi-square p<0.001	168 (29%) -----	415 (71%)



Study limitations

- Gender of the three actors in the triadic consultations was not consistently available (especially interpreter's gender)
- Patient satisfaction with communication was generally so high that it caused ceiling effect.
- Gender appears to be a topic to be investigated by qualitative methods in depth, and cannot be explored by using solely quantitative methods designed for other research focuses.

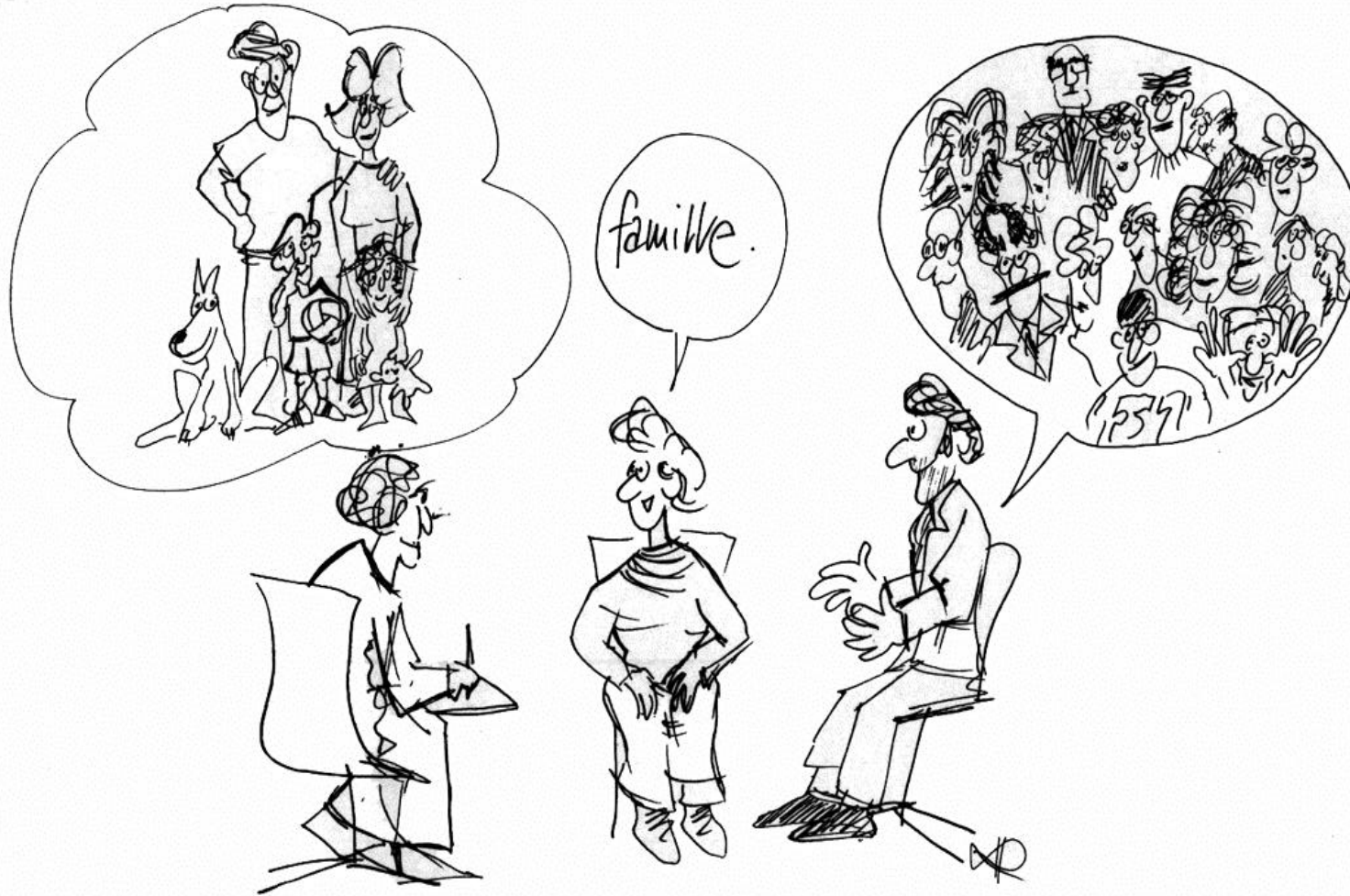
Recommendations

- Include gender variables in the design of the initial study (if it is to be repeated in a similar primary care setting) and increase sample size.
- Run multivariate regression analyses controlling for other variables affecting the quality of communication.
- Complement the study with built-in qualitative study (e.g. interviews with interpreters would be useful).



Main points of the study

- 90% of the interpreters involved in interpreter-mediated consultations were female.
- Female doctors used more often interpreters than male doctors.
- Female gender concordance (in different combinations, involving patients, interpreters, and doctors) was associated with higher patient ratings of the quality of communication,
 - (while there was no association between male gender concordance and patient ratings)
 - (while there was no association between gender concordance and doctor ratings).
- **→ In sum, patient satisfaction with communication tended to be higher in consultations of female gender concordance.**





The BJGP paper

Table 2. Changes in the quality of communication after physicians' training on how to work with interpreters (n=1016, 1999/2000)

	Allophone patients			Francophone patients			Effect of intervention ^b		Adjusted effect of intervention ^d	
	Baseline, mean (SD) ^f	Follow-up, mean (SD)	P-value ^a	Baseline, mean (SD)	Follow-up, mean (SD)	P-value	n = 1016	P-value ^c	n = 1016	P-value ^e
According to the patient										
Doctor's response to the patient's needs	8.7 (1.1)	8.9 (1.0)	0.01	8.6 (1.4)	8.6 (1.3)	0.73	0.14	0.37	0.10	0.54
Doctor's explanations	8.7 (1.1)	8.9 (0.9)	0.01	8.7 (1.1)	8.7 (1.2)	0.30	0.30	0.03	0.28	0.05
Doctor's respectfulness towards the patient	8.8 (1.0)	9.0 (0.7)	0.04	9.0 (0.5)	8.8 (1.1)	0.003	0.41	<0.001	0.40	0.001
Communication between patient and doctor	8.5 (1.3)	8.8 (1.0)	0.03	8.6 (1.2)	8.5 (1.4)	0.27	0.37	0.03	0.32	0.05
Consultation process in general	8.5 (1.4)	8.8 (1.0)	0.02	8.5 (1.4)	8.5 (1.4)	0.40	0.37	0.03	0.35	0.04
Doctor's explanations regarding follow-up afterwards	8.6 (1.3)	8.8 (1.0)	0.02	8.6 (1.2)	8.5 (1.5)	0.28	0.34	0.04	0.33	0.05
According to the doctor										
Ability to respond to the patient's needs	7.1 (1.7)	7.1 (2.1)	0.84	7.8 (1.9)	8.1 (1.8)	0.03	-0.27	0.15	-0.21	0.25
Patient's explanations	7.0 (2.1)	7.3 (2.2)	0.14	8.2 (2.1)	8.2 (1.9)	0.95	0.15	0.50	0.22	0.32
Patient's respectfulness towards the doctor	8.8 (1.2)	8.5 (1.7)	0.47	8.9 (1.3)	8.8 (1.3)	0.27	-0.21	0.08	-0.19	0.12
Communication between patient and doctor	7.4 (1.9)	7.4 (2.2)	0.30	8.2 (1.8)	8.4 (1.6)	0.27	-0.03	0.88	0.03	0.90
Consultation process in general	7.6 (1.7)	7.6 (2.0)	0.59	8.1 (1.8)	8.4 (1.5)	0.11	-0.23	0.20	-0.19	0.30
Patient's understanding of the explanations regarding the follow-up	7.4 (1.7)	7.5 (2.1)	0.20	8.2 (1.8)	8.3 (1.6)	0.55	0.05	0.82	0.13	0.52

^aMann-Whitney test of differences between baseline and follow-up survey. ^bChanges in allophone patients before and after intervention, subtracting differences among French-speaking patients, adjusted for clustering on physicians. ^cSignificance level of the coefficients in the regression model. ^dChanges in allophone patients before and after intervention, subtracting differences in French-speaking patients, adjusted for patient's age, sex, refugee status, type of consultation and clustering on physicians, estimated by GEE linear model. ^eSignificance level of the coefficients in the regression model adjusted for patient's age, sex, refugee status, type of consultation and clustering on physicians. ^fMean scores on the 10-point Likert scales of communication items and standard deviations.

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