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THE RELATIONSHIP BETWEEN DOCTOR AND PATIENT. AN INTERCULTURAL COMPARISON (*)

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Abstract

Doctors and patients are driven by the culture they are coming from. As a result the interaction between doctor and patients is highly sensitive to culture and will influence the necessary trust from the side of the patient. Authors describe the interaction doctor-patient by analyzing five dimensions of culture as found by professor Geert Hofstede. Hofstede carried out world- wide research into the dominant values of countries and the way they influence behavior in families, school, work and organizations. He measured the differences between countries and calculated the scores on each dimension in a range from 0-100. Authors found that in countries with a high score on hierarchy the consult is short, the doctor is informing the patient about his conclusions. In countries with a low score on this dimension the doctor tends to listen more to the patient. In highly individualistic countries the doctor comes direct to the point, as in countries with a low score the doctor tries to build up a relationship before starting the consultation. I highly masculine countries the patient expects the doctor to fulfill his role as an effective professional. In strong uncertainty-avoidance countries doctors emphasize their expert profile. In high scoring countries on long term orientation a combination of formal and alternative treatments by the doctor is possible. Authors end up with suggestions for an effective intercultural doctor-patient relationship.

Key words: doctor-patient relationship, culture, power distance, individualism, masculinity, uncertainty avoidance, long term orientation

It is generally assumed that good communication between doctor and patient is essential for the treatment of diseases. A good doctor-patient relationship turns out to be a good predictor of the patient's satisfaction with the care provided,

However, when doctor and patient have a different cultural background, the doctor-patient relationship is sometimes influencing the communication and as a result affecting the necessary trust from the side of the patient

Mutual expectations

The doctor-patient relationship is complex because it can influence the health outcomes of the patient. Unique in this relationship is:

- the doctor-patient relationship is not established on a purely voluntary basis
- the doctor is expected to show both substantive and emotional expertise during the medical consultation

Cultural differences affect patients' attitudes about medical care and their ability to understand what is happening: the meaning of a diagnosis, the consequences of medical

treatment and how to cope with the course of an illness,. Patients and their families bring culture specific ideas and values related to concepts of health and illness, reporting of symptoms, expectations for how health care will be delivered, and beliefs concerning medication and treatments. In addition, culture specific values influence patient roles and expectations, how much information about illness and treatment is desired, how death and dying will be managed, bereavement patterns, gender and family roles, and processes for decision making.

In short: doctors and their patients are driven by the culture they are coming from. As a result the interaction between Doctors, Patients and paramedical professionals is highly sensitive to culture. The interaction is influenced by the dimensions found by Geert Hofstede. We will discuss this in a following chapter.

About culture: the research of Geert Hofstede

We will first delve a little bit deeper in the notion of "culture". As a starting point we take the results of the scientific research by professor Geert Hofstede. Hofstede is widely recognized as the one who did the most fundamental research on cultural differences. He defines culture as *"the collective programming of the mind that distinguishes the members of one group or category of people from others".* Hofstede carried out fundamental research into the dominant values of countries and the way in which they influence behavior in organizations. Original data were based on an extensive database for which 116,000 questionnaires were used in 72 countries and in 20 languages (Hofstede, Hofstede, & Minkov, 2010).

The results of his research were validated against about 40 cross-cultural studies from a variety of disciplines. Analyzing his data, Hofstede found five value clusters (or "dimensions") being the most fundamental in understanding and explaining the differences in answers to the single questions in his questionnaires. He measured the differences and calculated scores for 56 countries on these 5 dimensions. Later research, partly done by others have extended this to about a 150 countries. The combined scores for each country explain variations in behavior of people and organizations. The scores indicate the relative differences between cultures. (**)

Country scores on each dimension are ranked from low to high, i.e. from 0 to 100.

Please note that the score of a country is not meant to imply that everyone in a particular society is programmed in exactly the same way. There are considerable individual differences. But when fundamental values of various societies are compared, 'majority preferences' are found to exist, which occur again and again as a result of the way children are brought up by their parents and the educational system. And when we examine how societies organize themselves, these majority preferences turn out to have a modifying influence at all levels. They have an influence on the ways Doctors and patients are expected to behave. Even ideas of what health means are influenced in this way.

The consequence of cultural dimensions on healthcare in more detail

a. Power distance

Power distance is the extent to which less powerful members of a society accept that power is distributed unequally. In large power-distance cultures everybody has his/her rightful place in society. Old age is respected, and status is important.

In small power-distance cultures people try to look younger and powerful people try to look less powerful. People in countries like the US, Canada, the UK , all Scandinavian countries and the Netherlands score low on the power-distance index and are more likely to accept ideas like empowerment, matrix management and flat organizations. Business schools

around the world tend to base their teachings on low power-distance values. Yet, by far, most countries in the world have a large power-distance index.

In *families* with a low score on power distance, children, their parents and older family members are considered as, in principle, equals. Parents encourage their children to develop their own opinion and invite them to discuss freely. In families with a high score on power distance, *respect* for parents and older family members (also older brothers and sisters) is self-evident. Obedience is demanded of children; they may ask questions, but the parents' answers are not up for discussion.

The level of power distance is also reflected in the relationship between doctors and patients.

In countries with PDI+ cultures consultations take less time and there is less room for unexpected information exchanges. Also in countries with PDI+ cultures doctors more frequently prescribe antibiotics, which are seen as a quick general solution. In these countries antibiotics are also more frequently used in self-medication.

Interaction Doctor- Patient: Implications of Power Distance	
small	large
People themselves go to care institutions	People are reluctant to go to care institutions
Patient is during the consult accepting the dominance of the doctor. The difference in status is however situational	The most powerful person (doctor) dominates the consult
Patients feel free to ask questions about their health and express their feelings	Patients think it's not their position to ask questions about their health and their feelings
Effectiveness of treatment is a function of the amount of two-way communication	Effectiveness of treatment is a function of the excellence of the doctor
Doctor is supposed to listen to the patient	Consult is short. Doctor is informing the patient about his decision
Doctor is prudent in prescribing anti-biotics	Less hesitation in prescribing anti-biotics
Room for exchange of unexpected information	No room for exchange of unexpected information
Doctors considers pre consultation internet research by the patient as stimulating	Doctors considers pre consultation internet research by the patient as personal disloyalty
More blood donors and blood collections per inhabitant	Less blood donors and blood collections per inhabitant

Case 1:

In an egalitarian country like The Netherlands a patient with very serious back complaints was referred by the GP to a specialist for further investigation. This appointment could only take place after five weeks. This specialist wanted to have a scan of the vertebra, waiting for four weeks. Then a new appointment had to be made to hear the results of the

scan: another five weeks. The patient, now immobile, begged for faster information about the doctor's findings. Sorry sir, all patients are equal to us, you are on a waiting list where we ca not give priority to anyone.

Case 2:

After arriving in Ghana A young Dutch Doctor was resting after having been on night duty, He was approached by a messenger from the Hospital. A patient had come in with abdominal pain and he was required to come and see the patient. The complaints did not sound serious so he responded that he would see the patient in one hour. Ten minutes later the messenger came back with another note: he should urgently come to the hospital because the patient was a family member of the Head of a powerful tribe. The Doctor got somewhat irritated. Why make such an exception and give priority for this reason. He sent the messenger back with the same message as before. One half hour later because the situation was making him uncomfortable he decided to go to see the patient. He discovered that his initial diagnosis had been right. He gave the patient a medication and send her home.

Two days later a delegation from the tribal chief was visiting him at home. The Chief had been insulted because he had not listened to an urgent request. The Doctor then understood the cultural mistake he made and formally apologized. He realized that he had to take into account the rules of the society were he was at work. In a large Power distance culture the status is an important issue in deciding about priorities

b. Individualism vs. Collectivism (IDV)

In i**ndividualistic** cultures, like almost all Western countries, people look after themselves and their immediate family only; in **collectivist** cultures like Asia and Africa people belong to "in-groups" who look after them in exchange for loyalty. In individualist cultures, values are in the person, whereas in collectivist cultures, identity is based on the social network to which one belongs. In individualistic cultures there is more explicit verbal communication. In collectivist cultures communication is more implicit. Building a relationship of trust is a prerequisite for effective communication.

Asians/Pacific Islanders are a large ethnic group in the United States. There are several important cultural beliefs among Asians and Pacific Islanders that doctors should be aware of. The extended family has significant influence, and the oldest male in the family is often the decision maker and spokesperson. The interests and honor of the family are more important than those of individual family members. Older family members are respected, and their authority is often unquestioned.

In countries with a high score on individualism, a low context communication is central, an explicit and direct form of communication between doctor and patient, where the message from both sides is more important than the form in which it is delivered. It is expected that both come directly to the point. In collectivist countries a high context communication is central: an implicit and indirect form of communication between doctor and patient, in which the message can be derived more from the context and the person himself. The doctor must be able to deduce from the indirect communication what the patient means (a psychological complaint can be somatically expressed). At the other hand, the patient will have to assess the seriousness of his situation from the implicit statements by the doctor (for example, speaking directly about impending death is taboo).

For the interaction doctor – patient this dimension means

Interaction Doctor- Patient: Implications of Individualism	
Collectivist	Individualist
Formal harmony should be maintained at all times	Confrontation and challenge can be brought into the open
Neither Doctor nor Patient should ever be made to lose face	"Face consciousness" is weak
Doctors expected to give preferential treatment to some, e.g. based on ethnic affiliation or recommendation	Doctors expected to be strictly impartial
Family is primary source of orientation, safety and protection	Individual is main point of orientation
To prevent loss of face, patients will often answer 'yes' to yes/no questions	Patients will, being asked if they have understood the explanation, answer with 'yes' or 'no'
The family supports the process of healing	Patient is autonomous in the process of healing
Care by strangers can be source of gossiping in community	Care by strangers is seen as functional
Doctor tries to build up a relationship before starting the consultation	Doctor comes directly to the point
People with disabilities are the shame on the family and should be kept out of sight	People with disabilities should participate as much as possible in normal life
In case of incurable patient illness, the doctor prepares these patient implicitly for the transition to a different phase of life	In case of an incurable patient's illness, the doctor explicitly prepares these patient for the approaching death

A businessman from NW Europe ended up with a collapsed lung in a regional hospital in the south of Italy. In the morning, the doctor on duty went around all patients and then a nurse brought each patient a bottle of water. That was all for the day. Thereafter, each patient was visited by family members who brought food and drinks and further provided the patient during the day. Except of course the aforementioned businessman. When the families discovered this, they also all lovingly took care of this unknown foreigner the next few days.

c. Femininity vs. Masculinity (MAS)

In masculine cultures like USA, UK, Germany, Japan and Italy the dominant values are achievement and success. The dominant values in **feminine** cultures like the Scandinavian countries and The Netherlands are consensus seeking, caring for others and quality of life. Sympathy is for the unfortunate. People try to avoid situations distinguishing clear winners and losers.

In masculine *families* the roles are distinct between man and women: fathers deal with practical matters and mothers deal with feelings. In feminine cultures men can take on traditional female roles and vice versa. Both fathers and mothers deal with practical matters and feelings.

In general in feminine cultures people appreciate the doctors role as the person who is interested in the background of the illness and tries to think along with the patient. In masculine cultures people expect the doctor to be decisive.

In the interaction doctor – patient this dimension means:

Interaction Doctor- Patient: Implications of MAS	
Feminine	Masculine
During the consultation man and woman are equal	During the consultation the man is dominant
Patient appreciates the doctor as the caring counselor who thinks along with him	Quick fix expected. Patient demands immediate action
Doctor actively involves the patient in the diagnosis: 'what do you think yourself about the cause of your illness? "	The patient expects the doctor to fulfill his role as an expert
Friendliness in doctors is appreciated	Brilliance in doctors is appreciated

d. Uncertainty Avoidance Index (UAI)

Uncertainty avoidance (or uncertainty control) stands for the extent to which people feel threatened by uncertainty and ambiguity. In cultures with a high score on uncertainty avoidance, people have a strong emotional need for rules and formality to structure life. In strong UAI countries like Korea, Germany, Russia, France, Iran and Brasil, the need is to know about what experts in the past and present already said about a certain subject. It is a pre-requisite for "competence." This results in high status of experts, as opposed to weak uncertainty-avoidance cultures, like the UK, the USA and Denmark in which the views of practitioners are more highly respected.

Families in UAI+ cultures have more hesitance toward new products and technologies and have more worries about money and their health. They are seeking more often for health care supplements.

Health care practices vary considerably among countries as any traveler who has consulted a doctor abroad can testify. Theory and practices of medicine are tightly interwoven with cultural traditions, in which uncertainty avoidance plays an important role. A comparative study of doctor-patient relations in ten European countries showed that doctors in uncertainty-tolerant countries on average had more eye contact with the patient and paid more attention to rapport building. They more often send the patient away with a comforting talk, without any prescription. In uncertainty-avoiding cultures doctors usually prescribe several medications pharmacies and the patient expect them to do so.

In the interaction doctor – patient this dimension means:

Interaction Doctor- Patient: Implications of UAI	
Weak	Strong
Visiting general practitioner only if needed	More often visiting the general practitioner and asking for examination
Doctors want your body to cure itself: "have a good night's sleep" without prescription of pharmacies	Doctors are expected to write diverse formal prescriptions to be provided by Pharmacies
Patient relies on the expertise of the general practitioner	Patient wants to be referred to a specialist more often
Patient accepts the doctor's diagnosis and treatment plan	Polypharmacy: patient frequently requests second opinion, if possible in the country of origin
Little need for structure and rules (treatment plans)	Strong need for structure and rules (detailed treatment plans)
Emotions are preferably not shown	Emotions are shown: gestures, tears, screaming in the native language, reference to a higher force
Doctor leaves many tasks to paramedics (many paramedics per doctor)	Doctor is an expert and carries out many tasks himself (few paramedics per doctor)

e. Long Term Orientation (LTO)

The last element of culture is the **Long Term Orientation** which is the extent to which a society exhibits a future-orientated perspective rather than a near term point of view. Low scoring countries like the USA and West European countries are usually those under the influence of monotheistic religious systems, such as the Christian, Islamic or Jewish systems. People in these countries believe there is an absolute and indivisible truth. In high scoring countries such as Hong Kong, Taiwan, China, for example those practicing Buddhism, Shintoism or Hinduism, people believe truth depends on time, context and situation.

In low LTO- cultures *families* expect short term results of their challenges and spend these if possible already today. Growing older is an unhappy phase in your life, which starts as late as possible. LTO+ families focus on perseverance and save their earnings for tomorrow. Growing older is a happy phase in your life, which starts as soon as possible.

Interaction Doctor- Patient: Implications of LTO	
Low	High
Focus on living today	Focus on eternity
Focus of the patient on asking <u>why</u> a certain treatment would be successful	Focus of the doctor on <u>how</u> the treatment will be lead to optimal success

Interaction Doctor- Patient: Implications of LTO	
Patient wants to get the one and only solution to his health care problem	"Many truths". For the doctor a combination of formal and alternative treatments is possible.
Strong emphasis on direct care	Strong emphasis on longevity
Stability rated as the most important *virtue*	Perseverance rated as the most important *virtue*

A few more words on PDI and IDV

About PDI:

Many researchers recommend to reduce the balance of power between doctor and patient by asking inviting questions. As a result, the patient gets more input into the medical consultation and the further course of the treatment. This process is called *shared-decision-making*. A positive effect of this is that the patient feels more involved and will then be more motivated to follow up the medical treatment and to show more medication discipline. Which will ultimately lead to more positive health outcomes for the patient.

In PDI + cultures this requires quite a bit of both doctor and patient. The process of *shared-decision-making* could be a hindrance to the relationship with the patient, who after all is not used to take the initiative to talk about his problems and is accustomed to the doctor taking all the decisions and the patient following them.

About IDV

Dealing with emotions is an important factor in doctor-patient communication. These can have a positive effect on the doctor-patient relationship. In this relationship we can generally distinguish between instrumental and affective communication. Instrumental communication is focused on the rational and cognitive side of communication. Affective communication is more focused on the socio-emotional side of communication. The goal of affective communication is to build a positive relationship between doctor and patient.

Because the physician needs the right information for the treatment of the symptoms of the patient, a good doctor-patient relationship is of great importance. In the case of affective communication behavior, the doctor takes an open attitude. The doctor then puts the patient at ease by, for example, asking questions that relate to the patient's social life. In this way, the doctor tries to win the trust of the patient. In addition, affective communication is a prerequisite for the active participation of the patient. Through affective communication, a good feeling is created by the patient, which makes it more likely to take an active role in the communication process.

Notes

(*)The views expressed in this article are of the authors and do not necessarily represent those of Hofstede Insights.

(**)The scores on each dimension of over 100 countries including an explanation of the dimensions per country can be found on the website of Hofstede Insights. On this website it is also possible to compare the scores of two countries www.hofstede-insights.com/product/compare-countries/.It is also possible to compare the scores of two countries or to compare your personal profile with the score of a country on the app Culture Compass voor Iphone and Android

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