

Short Communication

Multicultural healthcare providers in hospitals in the Gulf region

Aref Ibrahim Alabed*

CEO & Founder for the International Medical Training Academy, London

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***Correspondence:**

Dr. Aref Ibrahim Alabed,

E-mail: arefalabed@gmail.com

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ABSTRACT

In Gulf areas, most of the population more than 50% comprises of people from the other nationalities and hence the doctors in Gulf area also belong from the different nationalities. The patient–physician relationship is inherently unequal given the status differences between clinicians and help-seekers. The multiculturalism / or due to different nationalities raises a lot of problems for doctors as well as the patients and this affects the satisfaction level of the patients. The absence of physician trust on behalf of this issue is considered to be a key mechanism underlying health care disparities. This study has been conducted to Gulf area is from different countries & this may lead to different ways of results in dealing with the patients at the same hospital which affects the patients' satisfaction level. The study has found out that patients' satisfaction level is highly dependent upon the nationality of doctors and similarity of the nationality. This issue can be overcome by training the healthcare professionals in leadership, communication, emotional intelligence and other skills in the hospital to have a higher patient satisfaction and to overcome the barriers that are aroused due to the different nationalities of the doctors. Descriptive research design is selected for this study because of its significance to the studies that will be directed in future and it is utilized to depict the specifications of the population under study.

Keywords: Trust, Healthcare, Medical services, Management, Conflict, Communication, Medical, Training, Academy, Positioning, World, Culture, National, Multinational, Multi culture

INTRODUCTION

In Gulf areas, most of the population more than 50% comprises of people from the other nationalities and hence the doctors in Gulf area also belong from the different nationalities. The patient–physician relationship is inherently unequal given the status differences between clinicians and help-seekers.¹ The multiculturalism / or due to different nationalities raises a lot of problems for doctors as well as the patients and this affects the satisfaction level of the patients. The absence of physician trust on behalf of this issue is considered to be a key mechanism underlying health care disparities.²

High levels of trust, moreover, have been linked to better self-rated health and more positive functional health across the life course. Inequalities in trusting medical actors by race and ethnicity, then, may partly contribute to ethno-racial inequalities in morbidity, mortality, and health care service use.³ Lack of trust in physicians and health care matters in a broader sense because trust in medical actors is considered a contributing factor to help-seeking behavior when one becomes ill and to compliance behavior as one navigates the medical institution.⁴

Multiculturalism has turned into the standard in the healthcare sector workforce of a few created nations

because of migration. Inside of health care institutes setting where great correspondence is fundamental, the vicinity of medical attendants and specialists from numerous societies and distinctive preparing foundations could represent a noteworthy test.⁵

In this relationship of trust, authors Ahern and Hendryx, Schnittker, Levinson et al, Stepanikova et al, Patel and Chernew, have studied the trust level of black patients upon the white doctors and have observed that they are less likely to trust upon the doctors of other nationalities.⁶⁻¹⁰ On the other hand, studies employing multi-dimensional scales of trusting personal physicians do not show evidence of less trusting affect toward medical doctors among different nationalities.¹¹⁻¹³

A lot of authors have concentrated upon the different aspects of the patient – doctor relationship and effects of differences in between the patient and doctors upon this relationship. However, none of them have focused on the Gulf area where most of the population belongs to the diverse nationalities. Therefore this research focus of the doctors in the Gulf area are from different countries & this may lead to different ways of results in dealing with the patients at the same hospital.

Trust is an essential ingredient of social interactions characterized by high levels of uncertainty and vulnerability, such as those within the medical institution.^{14,15} Race/ Nationalities, in particular, influences the relationships people form with others and hence the results of that relationship. Racism creates dissimilarities in the life opportunities, lived experiences, and collective interests of individuals marked indelibly by phenotype. Moreover, racial stratification intensifies power imbalances already present in the interactions between patients and physicians.¹⁶ Racial stratification fosters racially distinct attitudinal profiles toward institutional gatekeepers of the goods and services of society, including toward the medical and scientific enterprise.¹⁷

At the point when societies can't adjust to one another on the grounds that they don't see one another, clash follows. This study has highlighted the issues that emerge in the working theater inferable from troubles in comprehension between those from the overwhelming society and those from multicultural foundations.¹⁸ With globalization and the changing demographic example in a few western nations, it is progressively important to have the capacity to comprehend and correspond adequately with individuals from socially and phonetically various foundations.¹⁹

Social pluralism can be accomplished in a few courses, for example, preparing and introduction of nearby staff to better comprehend the handiness of a multicultural group, introduction of new globally taught staff, dialect preparing, tutoring software engineers and associations supported get-togethers. Respondents in this study

proposed the requirement for more get-togethers with globally taught staff and their families to separate a percentage of the social hindrances. Also, correspondence was a considerable measure less demanding for those medical caretakers who had past introduction to multicultural situations. This is likewise suggested by Brereton who watched that correspondence and interpersonal aptitudes were produced over quite a while as opposed to amid nursing training.²⁰ In any case, what this study highlights is that get-togethers could encourage better mix and assemble kinships among staff of the working theatre. This discovering seems to agree with the idea that connections should be constructed for ideal correspondence between two individuals. What this concentrate likewise includes is that building connections to see one another better gets to be indispensable when planning to enhance correspondence inside of a multicultural therapeutic group.

The utilization of non-expert translators has negative results which ought to be considered. The absence of interpretation interrupts the patient's rule of self-rule as they can't comprehend the data about their circumstance and subsequently can't join in the choice making process.²¹ The new multicultural reality requires the vicinity of experts having the important instruments to defeat the expanding dialect hindrances.²²

The high assorted qualities in the neighbourhood and migrant populace affects essential parts of social insurance, which incorporate arrangements, examination of manifestations, patients' portrayal of the issue, medicinal services suppliers' learning of patients' family and individual circumstance and in addition conveying and understanding the conclusion or taking after the treatment.²³ Writers, for example, Bischoff call attention to the negative outcomes that dialect hindrances between medicinal services suppliers and patients might have for the finding, post-luminary, affirmation, readmissions, adherence to treatment, patients' fulfilment, and so on. Correspondence between patient/clients and social insurance suppliers is fundamental to ensure an effective relationship in broad daylight restorative settings.²⁴

This study examinations the connection between medicinal services suppliers and outside patients from the patients' perspective. The subjects participating in the study were outside patients whose native language was not Spanish.^{25,26} All the more definitely, this examination bunch chose African settlers since their nations of cause are near Spain and they speak to a high rate of the migrant populace in the range where the study was directed in connection to the aggregate number of nonnatives.²⁷

METHODS

Descriptive research design is selected for this study because of its significance to the studies that will be directed in future and it is utilized to depict the

specifications of the population under study Lisle. Both primary and secondary research sources were used for this purpose that enabled the researcher to gather information from various sources and take an adaptable and multipurpose way to extract the accurate conclusion from the findings.²⁸ Additionally, quantitative research method is used under the primary research method because it provides with more objective and inclusive data upon the issue under research. The data was gathered more conveniently and analysis was easy in this way.²⁹

Moreover, different authentic studies on the different ways of doctors dealing with the patients and other studies relevant to the subject matter of the study were taken into account for the purpose of secondary research. For the purpose of quantitative research, questionnaires were distributed. In questionnaires, close-ended questions were encompassed because these are in potted form, more convenient and less time consuming for respondents to response such questions Miller et al. Therefore, such questions were proved to be beneficial to develop the interest of study participants.

The study participants for the questionnaires were selected on the basis of stratified random sampling technique. In this technique, the whole population was divided into three sub-groups (strata) that are doctors, patients and other health care specialists. In this regard, the total number of strata were three i.e. N1, N2 and N3 and population will be divided into $N1+N2+N3=N$ (whole population).³⁰ 100 participants from patients were selected randomly, 50 from doctors and 50 from other health care specialists. In this way, 200 questionnaires were circulated. The data gathered was analysed through the excel format that helped to analyse data by converting it in charts and graphs. In this way, data was analysed without problems and certainly.³¹

RESULTS

The data collected from questionnaires distributed among the doctors, patients and other health specialists of the same hospital in Gulf areas provided with some precise results about the satisfaction of patients regarding doctors of different nationalities and perception of doctors in this regard. The results portrayed that almost 69% of the patients were unsatisfied with different nationality doctors because they face problems due to different doctors with different nationalities. The problems they face are communication gap between the patients and doctors and emotional intelligence and understanding of doctor for the patient. As doctor-patient relationship comprises of mutual insights and feelings concerning with the type of problem, objectives of treatment and psychosocial sustenance that's why elementary communication skills in segregation are unsatisfactory to generate and tolerate an up-and-coming doctor-patient relationship. It showed that the doctors were lacking in communication skills and proper management skills that developed communication gap between doctors and

patients and led to dissatisfaction of patients. The patients who said that they are satisfied were almost 31%. Moreover, the doctors also said that they have to face some problem while dealing with patients of different nationalities. On the other hand, 75% of the doctors believed that their communication was satisfactory while only 31% of patients were satisfied. The 37% of the doctors were unsatisfied while 63% of the doctors were satisfied that depicted that to develop a successful doctor-patient relationship and to attain satisfaction of both doctor and patient centred methods must be integrated. The survey depicted discontent of many patients while doctors considered their behaviour and communication very good and even excellent.

DISCUSSION

The results of the study propose that a major factor that obstructs the smooth running of the doctor patient relationship is the communication gap between them. It is a common concept that human beings are suspicious of difference between communication styles. The study has emphasized the problems that arises between doctors and patients in Gulf areas because of having different nationalities. Kono has also argued that the communication gap is the main reason of conflicts among people.³² Moreover, when doctors and nurses do not feel supported because of misconception and miscommunication, it unfavorably affects their job contentment.³³ It also results in the loss of professional doctors and nurses from the workforce.³⁴ In several Gulf areas, the changing configuration and globalization has made it necessary to be capable to comprehend and communicate effectually.³⁵ As the hospitals have team of doctors, nurses and health care specialists that's why it is commanding for the team to attain and progress in upright interactive associations, communicate commendably, depict tolerance and satisfactory behavior towards their patients. Therefore, the good communication skills, behavioral norms, changes in practice, emotional intelligence and leadership skills need to be developed because they have great influence in success and effective communication. For this purpose, encouragement among immigrant doctors and health care specialists might be reinvigorated to imply advanced ideas and innovative knowledge.

These issues due to multinational doctors can be resolved by training and coordination of the doctors, nurses and other health care specialists in order to understand the usefulness and importance of doctor patient relationships. For this purpose, novel globally educated staff can be hired, language training can be provided to the immigrants, programs for mentoring can be conducted and sponsored societal happenings can be organized. Moreover, the respondents of the study suggested that the organization of social events can improve the communication skills and social barriers can be omitted. It is also suggested that the doctors and nurses who had more acquaintance to social events and training sessions

have improved their communication skills. However, the communication and interpersonal skills take a lot of time to develop but proper training sessions and language training programs can enhance the emotional intelligence, leadership and communication skills among the staff. Additionally, on the part of study participants and patients, they expressed that the communication skills must be improved and satisfactory behavior needs to be incorporated. The results have described that the relationships can only be built upon the proper communication and it is necessary for the patients to understand and communicate with the immigrant doctors. It also becomes more vigorous when the aim is to enhance the communication capability inside a medical team.

CONCLUSION

Finally, it is concluded from the research that must have a doctors must have training in leadership, communication, emotional intelligence and other skills in the hospital to have a higher patient satisfaction and to overcome the barriers that are aroused due to the different nationalities of the doctors. The relationships can only be built upon the proper communication and it is necessary for the patients to understand and communicate with the immigrant doctors. It also becomes more vigorous when the aim is to enhance the communication capability inside a medical team. For this purpose, encouragement among immigrant doctors and health care specialists might be reinvigorated to imply advanced ideas and innovative knowledge.

Furthermore, this research has future implications that it has opened new ways of research for the future researchers who want to study more this topic of need of training in leadership, communication, emotional intelligence and other skills in the hospital to have a higher patient satisfaction and to overcome the barriers that are aroused due to the different nationalities of the doctors.

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REFERENCES

- Gilson, Lucy. Trust and the development of health care as a social institution. *Soc Sci Med.* 2003;56:1453-68.
- Smedley, Brian D, Stith, Adrienne Y, Nelson, Alan R. *Unequal Treatment: Confronting Racial Disparities in Health Care.* National Academy Press, Washington, DC. 2003.
- Smedley, Brian D, Stith, Adrienne Y, Nelson, Alan R. *Unequal Treatment: Confronting Racial Disparities in Health Care.* National Academy Press, Washington, DC. 2003.
- Whetten, Kathryn, Leserman, Jane, Whetten, Rachel, et al. Exploring lack of trust in care providers and the government as a barrier to health service use. *Am J Public Health.* 2006; 96:716-21.
- Clayton J, Isaacs AN, Ellender I. Perioperative nurses' experiences of communication in a multicultural operating theatre: A qualitative study. *International Journal of Nursing Studies.* *Int J Nurs Stud.* 2016;54:7-15.
- Ahern, Melissa M, Hendryx, Michael S, Social capital and trust in providers. *Soc Sci Med.* 2003;57:1195-203.
- Schnittker, Jason, Social distance in the clinical encounter: interactional and sociodemographic foundations for mistrust in physicians. *Soc Psychol Quart.* 2004;67:217-35.
- Levinson, Wendy, Kao, Audiey, Kuby, Alma M., Thisted, Ronald A. The effect of physician disclosure of financial incentives on trust. *Arch. Intern Med.* 2005;165:625-30.
- Stepanikova, Irena, Mollborn, Stefanie, Cook, Karen S, et al. Patients' race, ethnicity, language, and trust in a physician. *J Health Soc Behav.* 2006;47:390-405.
- Patel, Mitesh S, Chernew, Michael E. The impact of the adoption of gag laws on trust in the patient-physician relationship. *J Health Polit Policy Law.* 2007;32:819-42.
- Guffey, Thomas, Yang, Philip Q. Are African Americans Less Likely to Trust their Doctors than Whites?, *SAGE Open.* 2012;2. <http://dx.doi.org/10.1177/2158244012466092>.
- Musick, Mark A, Worthen, Meridith G. 2008. The social underpinnings of trust. *Res Sociol Health Care.* 2008;25:97-123.
- Tai-Seale, Ming, Pescosolido, Bernice A. The public's opinions of physicians: do perceived choice and exercised choice matter? *Am J Manage Care.* 2003;9:631-8.
- Smith, Sandra S. Race and trust. *Annu Rev Sociol.* 2010;36:453-75.
- Cook, Karen S, Kramer, Roderick M, Thom, David H, et al. Trust and distrust in patient-physician relationships: perceived determinants of high- and low-trust relationships in managed-care settings. In: Kramer, Roderick M., Cook, Karen S. (Eds.), *Trust and Distrust in Organizations: Dilemmas and Approaches.* Russell Sage Foundation, New York. 2004;65-98.
- Benjamin, Ruha. *People's Science: Bodies and Rights on the Stem Cell Frontier.* Stanford University Press, Stanford, CA. 2013
- Sewell AA. Disaggregating ethno-racial disparities in physician trust. *Social Science Research.* 2015;54:1-20.
- Eckermann AK. 1988. Culture vacuum or cultural vitality. *Aust Aborigin Stud.* 1988;1:31-9.
- Xu Y, Davidhizar R. Intercultural communication in nursing education: when Asian students and

- American faculty converge. *J Nurse Educ.* 2005;44(5):209-15.
20. Benjamins, Maureen R. Religious influences on trust in physicians and the health care system. *Int J Psychiatry Med.* 2006;36:69-83.
 21. LaVeist, Thomas A, Nickerson, Kim J, Bowie, Janice V. Attitudes about racism, medical mistrust, and satisfaction with care among African American and white cardiac patients. *Med Care Res. Rev.* 2000;57:146-61.
 22. Cooper-Patrick, Lisa, Gallo, Joseph J, Gonzales, Junius J, et al. Race, gender, and partnership in the patient-physician relationship. *JAMA.* 1999;282:583-9.
 23. Figueroa-Saavedra M. Estrategias para superar las barreras idiomáticas entre el personal de salud-usuario de servicios de salud pública en España, Estados Unidos y México. *Comun. Soc.* 2009;12:149-175.
 24. Bischoff A. Caring for migrant and minority patients in European hospitals. A review of effective Interventions. Neuchâtel: Swiss Forum for Migration and Population Studies. <http://www.mfh-eu.net>. 2003.
 25. Pino FPD, Veiga M. Communication with African Patients. The Reality in the Hospitals of Southern Spain. *Social and Behavioral Sciences: 6th International Conference on Intercultural Education "Education and Health: From a transcultural perspective.* 2014;132:454-60.
 26. Schnittker, Jason, Social distance in the clinical encounter: interactional and sociodemographic foundations for mistrust in physicians. *Soc Psychol Quart.* 2004;67:217-35.
 27. Pino FPD, Veiga M. Communication with African Patients. The Reality in the Hospitals of Southern Spain. *Social and Behavioral Sciences: 6th International Conference on Intercultural Education "Education and Health: From a transcultural perspective"*. 2014;132:454-60.
 28. Lisle JD. The benefits and challenges of mixing methods and methodologies. *Caribbean Curriculum.* 2011;18:87-120.
 29. Walker W. The strengths and weaknesses of research designs involving quantitative measures. *Journal of Research in Nursing.* 2011;10(5):571-82.
 30. Johnson B, Christensen L. *Educational Research: Quantitative, Qualitative, and Mixed Approaches.* California: SAGE Publishing. 2010.
 31. Kothari CR. *Research Methodology: Methods and Techniques.* s.l. New Age International. 2004.
 32. Kono R. Support for overseas qualified nurses in adjusting to Australian nursing practice: a systematic review. *Int J Evid Based Healthcare.* 2006;4:83-100.
 33. Cortese CG, Colombo L, Ghislieri C, Determinants of nurses' job satisfaction: the role of work-family conflict, job demand, emotional charge and social support. *J Nurs Manag.* 2010;18(1):35-43.
 34. Xu Y, Kim S. Adaptation and transformation through (un) learning: lived experiences of immigrant Chinese nurses in US healthcare environment. *Adv Nurs Sci.* 2008;31(2):33-47.
 35. Xu Y, Davidhizar R. Intercultural communication in nursing education: when Asian students and American faculty converge. *J Nurse Educ.* 2005;44(5):209-15.

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