Non-English speakers consulting with the GP in their own language: a cross-sectional survey

George K Freeman, Harbinder Rai, Jeremy J Walker, John G R Howie, David J Heaney and Margaret Maxwell

SUMMARY

The Patient Enablement Instrument (PEI) gives counterintuitive results with patients who normally speak non-English languages at home. The aim of this study was to find out more about why patients speaking languages other than English were more enabled in a shorter time than English-speaking patients. A cross-sectional consultation-based questionnaire survey was conducted of 2052 adult patients speaking languages other than English compared with 23 790 English-speaking patients in four contrasting study areas in the UK. Highest PEI scores in shortest consultation times were associated with South Asian language-speaking patients consulting in their own language. Multiple regression analysis showed that the language factors had an independent effect. We therefore conclude that these patients derive particular benefit from general practice consultations in their own language. Enablement may have a different meaning for patients speaking languages other than English.

Keywords: *consultation; continuity of care; language; Patient Enablement Instrument; quality indicators; general practitioners.*

G K Freeman, MD, FRCGP, professor of general practice; H Rai, BA, MSc, research assistant, Centre for Primary Care and Social Medicine, Faculty of Medicine, Imperial College, London. J J Walker, MA, MSc, research fellow; J G R Howie, MD, PHD, FRCGP, professor of general practice, D J Heaney, MA, research fellow; M Maxwell, MA, research fellow, Department of Community Health Sciences: General Practice, University of Edinburgh.

Address for correspondence

Professor GK Freeman, Centre for Primary Care and Social Medicine, Imperial College, Charing Cross Campus, The Reynolds Building, St Dunstan's Road, London W6 8RP.
E-mail: g.freeman@ic.ac.uk

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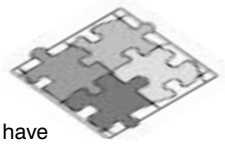
Introduction

THE probability that achievement of 'quality' indicators will become an increasingly important part of general practice contracts brings the reliability of their assessment to the forefront of academic and medico-political debate. Quality has been defined as including access and quality of care once reached; the latter being subdivided into technical and interpersonal care.[1] Interpersonal care is the more difficult to conceptualise and to measure, but is of great importance to patients attending primary care providers. Stewart has recently proposed an international definition of patient-centredness, encompassing the core elements which together equate to interpersonal care.[2] We have argued that the Consultation Quality Index (CQI) which we have recently described may be the best currently available proxy for measuring interpersonal care, combining as it does doctors' scores for 'enablement', consultation length, and continuity of care — all features valued by patients.[3] In our recently reported work on studying quality at consultations,[4] we reported very different patterns of care and perception of care for patients who spoke languages other than English at home. This paper studies the measurement of quality of care in that group of patients.

Method

Patients attending a random sample of 56 practices in West London, Coventry, Oxfordshire, and Lothian during a two-week period in the spring of 1998 completed questionnaires about their needs and wishes for care and their assessment of the care they received before and after their consultations. They were asked which languages they normally spoke at home and which language they expected to use at their consultations. The doctors who took part in the study were also asked what languages they spoke at home. Consultation length was timed by doctors using digital clocks. Data about a variety of issues about the context of the consultations was also collected. Punjabi and Gujerati translations of the questionnaire were made and back-translated. These were prepared as a template and made available to practices in west London and Coventry, nine of which used them. (A small number of patients required help and this was recorded. We compared results from patients where help was recorded with those where no help was recorded. Generally there was no significant difference in Patient Enablement Instrument (PEI) scores. However, in one practice where a relatively large number of patients recorded receiving help, those patients receiving help recorded significantly higher PEI scores than the others. Patients of this practice who received help were therefore excluded from the analyses reported

HOW THIS FITS IN



What do we know?

Non-English-speaking patients may have differing views about their consultations with GPs. They are often assumed to to be more critical than the average.

What does this paper add?

Patients speaking non-English languages at home (in particular South-Asian languages) reported higher PEI (enablement) scores in shorter consultation times than did English-speaking patients.

below. This explains why denominators in this paper differ from those already published using data from the same study.[4]) The methods used have been described more fully elsewhere.[4] Multiple regression analysis had enablement (PEI) as the outcome variable (Figure 1).

Results

Out of a total of 25 842 adult consultations, 2052 (7.9%) involved patients who spoke languages other than English at home. Of these, 993 spoke South Asian languages and for 328 patients their consultation took place in their own language. Fifteen doctors in 11 practices contributed patients to this analysis. These patients recorded the highest mean PEI scores (5.0) in the shortest mean consultation times (5.1 minutes). Comparable figures for South Asian language speakers consulting in English were: mean PEI score = 4.4, mean time = 7.1 minutes; for other non-English speakers: mean PEI = 4.1, mean time = 8.2 minutes; and for English speakers: mean PEI = 3.1 and mean time = 8.0 minutes. These differences did not appear to be accounted for by case-mix.

Multiple regression (Figure 1) showed that higher enablement for patients speaking languages other than English was independently predicted by language status, by consulting in one's own language, and by knowing the doctor better. Having longer consultations and increasing age were also independent predictors but had small 'effects' (parameter estimates). Most 'other-language' consultations took place in small practices in deprived areas. The regression was reworked for patients in practices of fewer than 6000 patients and substantially the same conclusions were reached.

Discussion

This is the first large study of quality of care in a UK population to analyse separately a substantial number of cross-cultural consultations as assessed by the languages spoken

Dependent variable: Patient Enablement Index score

Analysis of variance

Source	DF	Sum of squares	Mean square	*F*-value	Pr>*F*
Model	7	5438.5	776.9	69.5	<0.0001
Error	15 938	178 298	11.19		
Corrected total	15 945	183 737			
Root mean standard error	3.34	*R*-square	0.03		
Dependent mean	3.17	Adjusted *R*-square	0.03		
Coefficient of variance	105.6				

Parameter estimates

Variable	Parameter estimate	Standard error	*P*-value
Patient is OLP (language status)	0.95	0.14	<0.0001
Other (own) language at consultation	0.57	0.28	0.045
Patient is South Asian language speaker	0.20	0.21	NS
Consultation length	0.05	0.006	<0.0001
Knows the doctor very well	0.76	0.06	<0.0001
Age	0.01	0.002	<0.0001
Sex	-0.14	0.06	0.01

Predictor variables (binary unless specified) were:

- Patient's language at home (English = 0, other language = 1)
- Patient's predicted consultation language (English = 0, other language = 1)
- Whether patient spoke one of five specified South Asian languages (no = 0, yes = 1)
- Consultation length (minutes)
- Knows the doctor very well (score 1–4 = 0, score 5 = 1)
- Patient's age (years)
- Sex (male = 0, female = 1).

Figure 1. Multiple regression analysis of patient enablement index score and consultation specific variables. NS = not significant; OLP = other language present.

by the patients at home. These patients reported higher enablement scores than other patients. Although their consultations were shorter than those of English-speaking patients, longer consultations were again associated with greater enablement. The specific subgroup of South Asian patients (the only group with enough patients to study as a single set) recorded the highest enablement scores in the shortest time.

The recent National Study of General Practice Consultations reported that patients from ethnic minority groups were less satisfied than were white patients with their last visit to their doctor.[5] They reported shorter consultations than did white patients and 'consequently' were more likely to criticise the doctor for spending too little time with them. Our findings confirm the brevity of consultations but not disadvantage, at least in terms of enablement. More research is needed to see whether enablement has linguistic or cultural specificity.

As well as raising the possibility that outcome measures may be culture specific, this study confirms the perception that it is advantageous for patients to consult in their own language. This helps patients to feel 'more able to cope with life' and 'to understand their illness'; both of these are desirable outcomes of good consulting practice.

Conclusion

This study of patients who speak languages other than English at home suggests that both process and outcome measures of quality of interpersonal care may be culture specific. Judgements of quality need to be benchmarked accordingly. The study confirms the added benefit to patients from different cultures of being able to consult in their own language.

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