Attitudes of Asian patients in Birmingham to general practitioner services

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SUMMARY. Attitudes of Asian patients to the delivery of primary health care in two Birmingham general practices were investigated by questionnaires administered by an Asian ethnic minorities worker who spoke dialects appropriate to the population under investigation. One practice was staffed by Asian doctors the other by British doctors. The responses to the questionnaires were analysed with reference to religion — Sikh, Hindu and Muslim and to the two practices. Choice of doctor appears to be determined more by the proximity of the patient's home to the practice premises than by ethnic considerations. Reported failures to meet the special needs of Asian patients were those inherent in the difficulties of British general practice and were not peculiar to Asian patients. The need for help from an interpreter did not seem to be important.

Introduction

ALTHOUGH there has been a considerable amount of research into issues related to the health care needs of patients belonging to ethnic minorities in Britain, little work has so far been published on the relationship between these patients and their general practitioner.

The majority of Asian patients using the National Health Service come from rural backgrounds in India, Pakistan and Bangladesh, where traditional medicine is practised by the *hakims* and village doctors; the practice of allopathic or Western medicine is largely confined to the towns and cities. Different cultural, social and religious values, together with language difficulties, are likely to make it difficult for Asian patients to understand British family doctors. This may result in Asian immigrants failing to understand the instructions given to them by their doctors and therefore failing to comply with the recommended treatment.[1] It seems likely that Asian patients find many aspects of British medicine puzzling and unsatisfactory according to their own standards of care.

It was felt that British general practitioners might fail their Asian patients because they are unaware of the cultural, social and religious values of these patients. It was considered worthwhile to try to discover the attitudes of Asian patients towards British doctors so that a service could be provided which would meet their needs.

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Alternative medicine has become a prominent topic recently in Britain and the presence of *hakims* and healers in Bradford, Southall, Leicester and Birmingham has suggested that Asian patients could be resorting to them because of the failure of British doctors to provide acceptable services.

The aim of this study was to answer the following questions:
1. Why do Asian patients choose to attend British rather than Asian doctors?
2. In what ways do practices fail to meet the needs of Asian patients?
3. How many patients resort to *hakims* and healers?
4. Would patients benefit from having a non-medical friend or counsellor to whom they could go for advice regarding stress or emotional problems and who could explain their needs to the doctor?

Method

The study was conducted from two surgeries:
Location 1 — Birchfield Medical Centre, comprising three full-time British general practitioners plus one trainee general practitioner who was a British graduate of mixed Asian/British parentage.
Location 2 — Beaudesert Surgery, comprising two full-time Hindu Asian general practitioners.

The surgeries are located near each other in the inner-city area of Birmingham, where there are mixed populations of Hindu, Sikh and Muslim people as well as other ethnic groups.

In the vicinity of the Birchfield Medical Centre (location 1) there are several surgeries which have Asian doctors, but some Asian patients seem to prefer to consult British doctors at the medical centre.

A questionnaire, based on the four aims of the study, was prepared for the survey and was used at location 1. At location 2 the same questionnaire was used, but the form of the first question was altered to ask why Asian patients chose to attend Asian doctors.

Four different survey methods were used: (1) an interview with patients when they came to the surgery to see the doctor; (2) an interview with patients at home in their own Asian language, the interviewer processing the questionnaires in English; (3) a questionnaire delivered by hand and returned by the patient in a stamped addressed envelope; (4) a postal survey of the remaining patients who were not covered by any of the other three methods. At location 1 all four methods were used to maximize the response from Asian patients; at location 2 only methods 2 and 3 were used.

Results

Numerical and religious characteristics

At location 1 there were 208 Asian adults registered with the practice; 175 still lived at their registered address and of these 89 completed the questionnaire (51% response): 39 were Sikh, 24 Hindu and 26 Muslim; 41 were male and 48 female. At location 2 there were 272 Asian adults registered; 125 lived at their registered address and of these 92 completed the question-

Table 1. Practice characteristics and the numbers of Asian patients involved in the study.

	Birchfield medical centre Location 1	Beaudesert surgery Location 2
Number of practising GPs	4 Male (British)	1 Female (Asian) 1 Male (Asian)
Number of receptionists	5	2
Total number of patients registered	7500	2800
Total number of Asian patients	500	Not known
Total number of adult Asians	208	272
Total number of adult Asians still living at the address noted in the doctor's records	175	125
Number of adult Asians who responded	89	92

naire (74% response): 35 were Sikh, 34 Hindu and 23 Muslim; 48 were male and 44 female.

Table 1 gives the characteristics of the two practices and the proportion of patients who were Asian.

Provision of counsellor facilities

At location 1, 19 out of 70 patients responded positively when asked if they would welcome the provision of a non-medical worker or counsellor at consultations to assist with communication and care. At location 2 no one expressed such a wish.

Consultation with private doctors, hakims *and healers*

When asked whether *hakims,* healers or private doctors had been consulted in addition to the practice staff a very small number of Asian patients from both locations said that they had consulted an alternative private doctor. In location 2 only one patient had resorted to a *hakim* and this same patient, a Muslim, had also consulted a healer. No one from location 1 had consulted a *hakim* or healer.

Suitability of the services provided

Table 2 shows the patients' responses to questions about the suitability of the services provided at the surgery. At both locations the majority of Asian patients felt that the services provided met their needs.

Table 2. Responses from different groups of Asian patients to the question 'Do the services provided meet your needs?'

	Number (%) of responses	
	Yes	No
Location 1		
Sikhs ($n=39$)	37 *(95)*	2 *(5)*
Hindus ($n=24$)	22 *(92)*	2 *(8)*
Muslims ($n=26$)	23 *(88)*	3 *(12)*
Location 2		
Sikhs ($n=35$)	30 *(86)*	5 *(14)*
Hindus ($n=34$)	32 *(94)*	2 *(6)*
Muslims ($n=23$)	20 *(87)*	3 *(13)*

Reasons for choosing the practice

When the reason for choosing the particular practice was analysed the geographical location of the surgery was the most commonly stated reason at both locations: 45% of respondents at location 1; 31% at location 2.

At location 1 personal recommendation and the fact that the doctor was the family's doctor came next in importance (23% for each statement) whereas the nationality of the doctor was rarely mentioned. At location 2 the nationality of the doctor was the second most important reason given (29% of respondents) and was nearly as important as the surgery location. That the doctor was the family doctor (25%) and personal recommendation (14%) were other important reasons.

At both locations referrals from the Family Practitioner Committee were unusual reasons.

At location 1 only 17 out of 89 respondents expressed a positive preference for a British doctor, whereas at location 2 49 out of 92 respondents expressed a positive preference for an Asian doctor. There were some differences when the religion of the respondents was taken into account, since only one-quarter of the Hindus expressed a positive preference at either location.

Communication

Ease of communication is often given as a reason for Asian patients choosing Asian doctors, though when the number of Asian languages and their dialects are considered it is chance that determines whether an Asian doctor will speak the language of an Asian patient. In response to the question 'Do you have any problem in getting the doctor to understand you?' few patients (eight out of 89 at location 1, none out of 92 at location 2) had a problem. Similarly, few felt the need for an interpreter.

Table 3. Responses from different groups of Asian patients to the question 'Have you thought of leaving your present doctor?'

	Number (%) of responses	
	Yes	No
Location 1		
Sikhs ($n=39$)	4 *(10)*	35 *(90)*
Hindus ($n=24$)	0	24 *(100)*
Muslims ($n=26$)	6 *(23)*	20 *(77)*
Location 2		
Sikhs ($n=35$)	4 *(12)*	31 *(89)*
Hindus ($n=34$)	0	34 *(100)*
Muslims ($n=23$)	1 *(4)*	22 *(96)*

Satisfaction with the services provided

Table 3 shows the patients' responses to the question 'Have you thought of leaving your present doctor?' Analysis of the responses showed that the Hindus appeared to be satisfied with the service provided whether by an Asian doctor or a British doctor. However, a few patients from each location (10 from location 1 and five from location 2) had thought of leaving their present doctor.

Suggestions for changes in the services

A large proportion of the Asian patients felt that there was a need to improve the appointment system at location 1 because they have to wait two to three days to see the doctor, but at location 2 where there is no appointment system, some complained that they sometimes have to wait between one and one and a

half hours in the waiting room. At location 1 all the general practitioners are male but few patients suggested the need for a female doctor. Few patients at location 1 suggested the need for an interpreter although all four doctors were British. At location 1 the need for an Asian receptionist was not felt necessary, but at location 2 many suggested that there ought to be at least one Asian receptionist.

Discussion

It is accepted that some of the responses may be relevant only to the two practices chosen for this study. Full and willing cooperation was given at both locations, and some of the results were surprising.

As expected, members of the three main religious and cultural groups differed in their responses although a general pattern common to two groups and sometimes to three was occasionally apparent. The majority of the Sikhs and Muslims have lived in England for several years. They come from rural backgrounds in India and Pakistan, and most speak Punjabi, those from India speaking a rural dialect of the Punjab, and those from Pakistan generally speaking a dialect of Mirpur or Kamalpur. Punjabi-speaking people from India may be educated in the basics of their native language, reading and possibly writing Gurmukhi, the Punjabi script, but not English. These Sikhs and Muslims are likely to be set in their traditional way of life, preferring an Asian doctor of their own origin. However, they may choose a British doctor if he or she is kind, understanding and sympathetic. Hindus and Sikhs from the towns and cities of India and East Africa are more likely to be articulate in English and consequently may choose a British doctor.

This study, though limited, shows that the location and presumably convenience of the surgery are important factors in the choice of a doctor. Many Asian patients judge the doctor by the treatment they receive; they consider the doctor's nationality to be a secondary issue. Others appear to prefer an Asian doctor.

The need for an interpreter, a non-medical health worker or a counsellor to assist at consultations with the doctor was less apparent than had been expected. Similarly, it was not expected that so few Asian patients would have felt the need to go to a private doctor, *hakim* or healer. This was one of the most surprising findings of the study. However, it is possible that they may resort to *hakims* and healers more frequently than they would admit to a health professional. During interviews with Asian patients it was noted that they would admit that their friends and relatives resorted to *hakims,* but they would not admit this about themselves. Asian patients who consult a private doctor may do so not because they are dissatisfied with the services provided by their general practitioner but simply to jump the queue or obtain an alternative opinion. This is an area which merits further study in the population as a whole.

An interpreter may break the barriers between an English-speaking general practitioner and his non-English-speaking Asian patient. However, it would appear that Asian patients do not like to have a third person present when confidential problems are being discussed. If an Asian general practitioner is experienced, kind and sympathetic, he may be more acceptable to Asian patients than a British general practitioner simply because he understands their language, and social and cultural background. With a British general practitioner, an Asian patient may prefer to have a member of the family or a friend acting as an interpreter when personal problems are discussed. However, it is widely accepted that the use of children, a spouse or other members of the family tends to give the doctor a biased view of the patient. A study of an interpreter service in Australia by Richter dismissed relatives as being of little use.[2] There are few trained interpreters in the National Health Service and Cox, writing on psychiatric care, pointed out the inadequacies of untrained interpreters.[3]

Is the availablity of a female doctor important when considering services for Asian patients? It is usually stated that Asian women prefer to be examined by a woman doctor, but there is little evidence for this either in the literature or from our study.

Possibly the most important impression to be drawn from this study is the need for positive help for Asian patients in order to teach them how to use the National Health Service effectively. On the whole, the difficulties encountered by Asian patients are those which are inherent in the National Health Service system of primary care and which are experienced by the population in general.

References

1. Davis SS, Aslam M. Eastern treatment for eastern health. *J Community Nurs* 1979; May: 16.
2. Richter R, Daly S, Clarke J. Overcoming language difficulties with migrant patients. *Med J Aust* 1979; **1:** 275-276.
3. Cox JL. Aspects of transcultural psychiatry. *Br J Psychiatry* 1977; **130:** 211-221.

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