

How We Want To Be Treated!
What Clark County African American Patients Want Their Health Providers To Know
Real Words, Real Feelings Expressed By African American Community Members
Of Clark County, Nevada
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Research continues to validate the fact that cultural values and beliefs play a major role in determining the extent to which an individual will engage in healthy behaviors, adhere to medical regimen, and seek care when necessary. A 2000 survey of 950 members of predominately African American churches in Clark County, Nevada (a county which comprises Las Vegas) conducted by the University of Nevada Cooperative Extension found members preferred healthcare providers as a source of information on health-related matters. Yet, research shows that for a variety of reasons, many African Americans do not regularly see a health care professional, and often do not comply with prescribed regimens.

In 2001, the University of Nevada, Reno, College of Cooperative Extension, received a grant award REACH 2010, (Racial and Ethnic Approaches To Community Health) an initiative of the Centers For Disease Control and Prevention to eliminate the disparity in cardiovascular health among African Americans in Las Vegas. This health promotion and disease prevention effort “The Healthy Hearts Project” is delivered through predominately African American churches in two zip codes in the cities of Las Vegas and North Las Vegas. The University collaborated with a community coalition, “Community Partners for Better Health” in developing the project. Churches who are members of the Coalition and not located within the target area also participate in programming.

One of the objectives of this project is to enhance the relationship between health providers and community members. Researchers conducted four focus groups with African American residents of Clark County (which includes North Las Vegas and Las Vegas Counties) to obtain their feelings about factors and experiences with health care providers.

Focus group participants discussed experiences which foster a successful relationship, and experiences which contributed to negative relationships with health providers. Highlighted below are the major findings in each of these areas.

Method

Focus group questions were developed with guidance and input from a ten member Cultural Sensitivity Advisory Board representing the larger African American community residing in Clark County. Advisory Board members reviewed literature (professional journal articles and popular magazines) on the subject of African American culture and health, doctor patient relationships and health status, and reviewed Clark Country health data in bi-weekly meetings designed to develop the focus group guide. Institutional Review Board approval was granted from the University of Nevada, Reno in January 2004. Employing a snowball recruiting technique, project community health workers, advisory board members, members of the Community Partners For Better Health and pastors of local churches recruited community members to participate in the focus groups. Participants told their friends and family members about upcoming group sessions. The settings for the discussion groups ranged from churches, recreation centers, cultural and arts centers, and a municipal pool.

The researcher developed and followed the approved protocol for the conduct of each focus group. Each group of focus group participants responded to the same set of questions which comprised the 5-item focus group guide with probes and the icebreaker activity. Table 1 outlines the questions asked in all focus groups. An analysis of themes and trends in each focus group and across all four focus groups was conducted.

Table 1

Question
What sentiments are true for you or your patients about “seeing” a healthcare provider?
Keys To A Good Relationship With Health Providers?
Perceptions of Barriers To A Good Relationship?
Training Suggestions For Health Providers?
Training Suggestions For Community Members Desiring Strategies To Enhance Their Relationship With Providers?

Table 2 highlights the questions asked and sentiments and responses that were expressed by two or more respondents in two or more participants, thus establishing a pattern of thoughts and sentiments.

Table 2

Question	Community Dialogue
What sentiments are true for you or your patients about “seeing” a healthcare provider?	I go only when I have to If you keep going, they are going to find something What you don’t know wont hurt you I dislike pills and I don’t like shots
Keys To A Good Relationship With Health Providers?	Listening Providers Not Feeling Rushed Letting Patients Know You Really Care Looking The Patient In The Eye
Perceptions of Barriers To A Good Relationship?	Not Paying Attention To Patient Needs Time Sensitivity Rushing the Patient Not Encouraging Patient Questions
Training Suggestions For Health Providers?	Enhanced Communication Skills For All Providers How to Give Clear Expectations Given To Patients Respect For The Time Of Patients
Training Suggestions For Community Members Desiring Strategies To Enhance Their Relationship With Providers?	Patient Assertiveness Training 101 Clear Information On What To Expect When You Visit A Provider Patient Assertiveness Training 101 How To Follow-up With Your Provider

Findings

Sentiments About “Seeing” A Provider

This question, doubling as an icebreaker activity, required focus group participants to review a list of sentiments/feelings African American community members may have about “seeing” a healthcare provider question. Repeated responses across groups evidenced the sentiment that participants had a strong dislike for pills and shots. All groups expressed the sentiment that community members go to healthcare providers “only when they have to”.

Factors Which Foster A Successful Relationship Between Patient and Provider

When queried about what makes a successful relationship, focus group participants were clear that rapport building and creating a trusting atmosphere are key components of a good relationship between health providers and community members. Themes echoed by community members across focus group show that the extent to which the provider listens and demonstrates a caring attitude dictates whether or not the relationship will be a good one. Some examples of the need for listening providers are: (1) creating an atmosphere where the patient does not feel rushed, (2) letting patients know the provider really cares,

and (3) looking the patient in the eye. These feelings are demonstrated in the following transcript text excerpted of focus group participants:

(1) Listening Providers

“I appreciate it when my doctor spends time with me. Not just running in and out. I can tell when they are really listening to me”

“Pay attention to me. That’s important. If I tell you I am having a problem with my breathing, I would like you to check up on that. Spending a lot of time talking about my knee isn’t going to help me because today, my problem is not my knee, it is my breathing. When the doctor or nurse hears what I am saying and actually checks that area for me, I am pleased.”

(2) Let Me Know You Care

“My last experience with my doctor was very good. She is good and she listens. She doesn’t come in the room and rush you. I had one doctor who would come in, and as soon as he came in he would start writing. This doctor will sit down, ask me if I have any concerns and if everything is ok. She goes through all that I wrote down on the form. She asks if I am taking my medication, and when it is over, she puts her pen down, looks at me and asks if I have questions. She is really good. She will also ask me how is my grandbaby—and then we are done. She also ends it by telling me stay on my diet.”

(3) Look At Me Eye-To-Eye

“To me, you can’t do anything for me if you can’t look me in the eye and talk to me.”

Factors Which Lead To A Negative Relationship Between Patient and Provider

Participants across groups were equally specific about the things that providers and their staff do which create barriers to a good relationship. Chief among the barriers were issues related to time sensitivity. Trends in responses show that the Clark County African American patient believes that in a good relationship the provider does not “look at his/her watch” and rush the patient through. Respondents frequently echoed the theme that the provider takes “time” with the patient and listens to all of their concerns.

Time sensitivity was also explored as a barrier to a successful relationship when patients are not seen in what they perceive as a timely fashion. Having to wait to be seen by the provider (varying lengths of time tested the patience of community members) was viewed as a major barrier. Examples of responses that highlight the need for time sensitivity are:

(1) Time Sensitivity

“I just hate it when you go to the doctors and they make you wait. My time is just as important and valuable as theirs. I had an appointment at 3:00 and I sat there until 4:00. I went to the back and asked when I would be seen. By the time he saw me it was two hours later, and he saw me for 10 minutes. That is just not right!”

Lack of attentiveness on the part of the provider and his/her staff was a concern voiced repeatedly in each of the focus groups. The Clark County African American population desires a relationship with a provider that is predicated on a true and demonstrated concern for the patient. Often times barriers in this area manifested as a result of

poor provider/patient rapport as evidenced in the following text from focus group participants:

(2) Lack of Attentiveness

“It is my experience that some doctors come into the room with the clipboard. They barely ask your name. They look at what you have told the nurse or what is on the chart and then they start to check your glands. I didn’t come in here for my glands. I came in for my stomach. What does my glands have to do with my stomach? And if they are connected, then let me know.”

“I had been going to the doctor six months for a pain in my back. I kept telling them that most of the time women who have a problem in their back, have a problem with their heart. They eventually found it. I had to stay in the hospital a couple of weeks with something they could have taken just a few days to fix.”

Recommendations For Provider Training Workshops

Focus group members were given the opportunity to help shape future training workshops for providers. While few participants chose to focus on the structure (interactive, group, didactic, etc) all provided input on the required content including training to: 1) Enhance Communication Skills For All Providers, 2) How to Give Clear Expectations In Terms Of Time Required To Patients, and; 3) Respect Training For All Health Professionals.

Focus group participants focused particularly on the issue of provider/patient communication skills and suggested the following:

(1) Enhanced Communication Skills For All Providers

“Doctors should ask questions of the patient that helps them to tell him what is going on. Sometimes the patient doesn’t know how to say what’s hurting. Sometimes they are scared to talk to the doctor. The doctor should then be helpful and lead the patient to ask questions.”

“Better the scheduling process. Making the appointment is horrible. I sat on the phone for twenty minutes. They put me on hold. I heard all of their jingles. When you are not feeling good, you don’t want to hear all of that. Then they want to give you an appointment that is long away. You got the toothache on this day and they want to give you the appointment months away. That’s when I get upset. When I am hurting, throbbing, why give me an appointment for three weeks away. We need to make sure they [providers] know about stuff like this because other people feel the same way I do.”

The issue of timeliness and the demand that providers have respect for the time constraints of patients was echoed across focus groups. The following two examples demonstrate the extent of the passion behind the training requirement for providers.

(2) How To Give Clear Time Expectations To Community Members

“I was sitting in the office, waiting for my appointment. In the meantime, the nurses and the front office staff were talking loud and sharing all of their business. I don’t know what the holiday was, but they were having food - collard greens and chicken. The place was full. They were talking about sex, etc. They were so worried about this party, they could not help me out”

We went to one of the Quick Cares – early in the morning. There was hardly anyone there, and yet we sat for one hour and a half. I finally went back there into their offices and asked where is the doctor? He was right back there. There is no reason for us to just sit out there, and there was no one else in [the waiting room] and the doctor was in. Why do we have to be shot, almost dead, before they would see us.”

Finally, focus group respondents indicated in each group that a training should not be limited to just the “doctor”. In each session, participants noted the importance of including all staff, with an emphasis on the first line of contact – the scheduler and the receptionist. Examples of these sentiments for inclusiveness are found in the following statements made by focus group participants:

(3) Respect Training For All Health Professionals.

“You need to teach the receptionist how to communicate with the public. I have been to the eye, ear, and regular doctor a lot this year. Most of the receptionists I talk to are very good. But the time lag is a problem. I work, and it is hard to have my schedule conform to when he is available.”

“Have the receptionist at the training. They should be hearing the same things that the doctor, nurse and staff is hearing. It should be like a team where everyone has learned the same thing.”

“They (receptionist) set the tone. If your experience is not good from the get go, its going to go down hill from there.”

Recommendations For Community Member Training Workshops

Finally, focus group members turned their attention to the question of training workshops for community members and the key components of a training that would enhance their relationship with providers. The

themes that evolved from each of these groups are (1) patients desire a session in which they can enhance their own communication skills (2) patients need to increase skills that allow them to ask and understand time requirements and (3) patients need to know how to follow-up with providers when service is unsatisfactory. Referred to in this paper with the same terminology used by participants – Assertiveness Training – participants across groups described the need to communicate more effectively with providers in the following way:

Enhanced Communication Skills

“I think we need to be more assertive. If you have been sitting in the front for over 20 minutes, we should go and ask why. Not just sit there and get angry.”

“When we are assertive/polite, it can be misconstrued. We need to know the difference. You all know some of our people can be loud. Loud and wrong.”

Participants require clear and concise information on what to expect when visiting a health provider. This training mandate is echoed in the following statements:

Increase Skills That Enable Patients To Ask And Understand Time Requirements

“A lot of times when we have to wait, we need to understand it is not the fault of the doctors. It is the people who are handling the appointments. They cause a lot of these problems. We be mad at the doctors and it is not him. It is the appointment person. They, the providers and the receptionists need to do a better job at explaining this to us.”

“We need to understand this in a training or a workshop. Let us know what goes into scheduling and what to expect when we get to the doctors office.”

“People in our community have to know what is going to happen when they go [to the provider]. Perhaps they need to know if they can expect to get a shot on this visit. How long is the wait? Is there a lot of paperwork”

“I think you need to know the right questions to ask. I have gone in and come out and through I still have some questions. I know you should know some main things, like what is wrong with me, what medication do I need now, are there more tests. We should all be asking these questions.”

“Maybe we should all be told to bring a paper and pencil. I take notes like you said in that game [icebreaker], but I don’t know if everyone does. Also, in that game, it asked if I came with a list of

questions and concerns. People need to be told that this is a good idea."

"Our people need to learn that it is important to bring someone with them to the appointment. Just like I was there for my friend, and when she was sick, I could go back and find out why they were not taking care of her. It is important to bring someone with you."

Finally, focus group participants identified the need to learn how to follow-up after an appointment with a provider. For some, the information needs in this area focused on how to write a letter or place a phone call to share an experience and for others it was how to express dissatisfaction in a socially appropriate manner. The following comments elucidate this point.

How To Have A Constructive Follow-Up With Providers

"My personality is the type to let the doctor and the healthplan know I had a bad experience. Not all of us know how to do that. Sometimes you can write a letter or make a phone call that will change things for the better."

"The key is not to get loud when things don't go your way. I ask to see the person in charge and continue to do so in a strong, confident, but professional manner until I am assisted."

Discussion

Cultural beliefs and experiences, when properly understood, can be used to promote and enhance the provider/patient relationship (Braithwaite 1992). The response of many focus group respondents to the ice breaker activity choosing the statement "I go only when I have to" when referencing "seeing" a provider mirrors much of what research tells us about health seeking behaviors of African Americans in general. While many respondents indicated they will "see" a provider for their annual checkups, other interactions are limited to only when he/she is in extreme pain or discomfort and felt they had no other option. This finding compliments other research findings, which suggest that people of color and/or low socio-economic status utilize emergency rooms and healthcare providers at a higher rate than other groups. Health providers must be cognizant of this practice among its African American population and to understand that there are social and cultural norms which support it. According to research, going to the doctor can be seen as a sign of weakness (Thomas, J 2001), (AARP Bulletin, 2004). In other aspects of the culture, to talk about a disease or pain is to give life to it, or to "talk it up".

Finally, many of African Americans are classified as poor or lower socio-economic status (Pamuk, 1998). Time spent away from the job (regardless of the reason) in a working class society can severely impact the income or wages. Thus patients may be less inclined to seek preventative or early care when it impedes the work schedule.

A highly verbal culture, African Americans value relationships in which a high level of communication is evidenced. Thus, a relationship with a provider which results in verbal show of concern, evidence that the provider has reviewed the history of the patient and is actively listening to the current concerns appears to be vital to a positive provider/patient relationship. Increasing demands and time constraints which may limit provider/patient interaction, providers must be aware of the impact of decisions limit time with their African American patients and the potential challenge to building a positive relationship.

Training needs must be addressed in a style and format that is comfortable to Clark County African American community members. Recognition that African American cultural norms dictate food should be shared during group meetings because the sharing act of breaking bread promotes trust and commonality. Additionally, because much of the African American culture is based on an oral history using stories idioms and parables to teach important life lessons, workshops must include a strong interactive component to enhance the likelihood of a success training workshop in the community.

Future Research

As Clark County continues to grow, so will the needs of its increasingly diverse population. Likewise the health care industry in Nevada is growing at record rates and providers will need to understand how to access and care for community members. Finding solutions to the barriers to establishing a good relationship voiced by African American focus group respondents must be a priority. Ascertaining if similar belief and practices are exhibited in the other major cultural and ethnic groups in Clark County provides fodder for future research.

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