

What kind of communication skills do Chinese fishermen expect from their family doctors?

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Abstract

Objective: To explore Chinese fishermen's expectations (a group of culturally distinct people) of the communication skills of their family doctors.

Design: A qualitative study of subjects' opinions using semistructured focus group interviews.

Setting: Southern district of Hong Kong Island where many of the residents have a fisherman background.

Participants: Twenty-nine participants took part in eight focus group interviews.

Main results: Chinese fishermen expressed specific expectations of their family doctors' communication behaviors. They wanted their doctors to listen to them, to answer questions and to explain things, to be detailed in both history and physical examination and to show care in all aspects, not just physical problems. These needs were very similar to those reported in western societies.

Conclusions: Similar to Western populations, Chinese fishermen expect their family doctors to possess caring attitudes and good clinical communication.

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Key words: Chinese, communication skills, patient's expectations, primary care

Introduction

The patient-doctor relationship is central to the practice of medicine.¹ It is based on the principles of interaction between the patient and the doctor.² Effective communication is vital in establishing a healthy patient-doctor relationship. This helps promote a therapeutic alliance to enhance the patient's satisfaction and compliance with treatment plans.^{3–5}

Available published reports on patient-doctor communication have mostly emerged from developed countries. Relatively little information on this important aspect of medical practice is available from other nationalities or cultures.^{6,7} The trend of international migration in recent decades means that medical practitioners in developed countries are quite likely to

see patients of different ethnic origins.⁸ Furthermore, patients' expectations are also known to be significantly influenced by their ethnic and cultural background.⁹ It was therefore the aim of this study to investigate the expectations of a group of culturally distinct people, namely the Chinese fishermen, of their family doctors' communication skills. Furthermore, most of the published studies used survey questionnaires which had the disadvantage of collecting superficial or socially acceptable information.¹⁰ Qualitative methods were therefore adopted for data collection for this study.

The southern Chinese fishermen population

For centuries, the fishermen of southern China have been living side by side with the landspeople along the coast of the Guangdong Province.¹¹ They are a culturally distinct group and the origin of these fishermen is the subject of much discussion. Many authorities believe their ancestors moved to live on water because of economic reasons or fear of persecution. Various terms have been employed for these people, for

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example boat people, fishermen and *Tanka* (meaning Egg People). *Tanka* is the term most commonly used by the Cantonese people in Hong Kong; however, this is considered a prejudicial term by the very people to whom the term is applied.¹² These people, to whom water is a safe home and land the strange and hostile environment, call themselves *sui song ian*, meaning 'people on the water' or 'water people'.^{13,14}

When the British Government first established the Colony of Hong Kong in 1841, it was largely inhabited by these 'people on the water' who were then economically and culturally important to Hong Kong. Despite the significant role they played, water people generally felt themselves to be a despised group. They lived as a separate social group and had little social contacts with people who lived ashore. They were forbidden to attend school and were not allowed to intermarry with people ashore. This situation has gradually changed over the past century¹⁵ but fishermen still practise many of their own traditions and keep many of their own customs.¹⁶

In 1961, the Hong Kong Census recorded 135 898 people living on water. However, many of these people and their descendants have since moved ashore because of government policies and worsening catches due to pollution. By 1988, it was estimated that there were still 23 400 active fishermen and their families in Hong Kong, but this figure could be expected to have reduced even further today.

The local health care system

Hong Kong's health care system is structured around general family practice, with specialist support available both privately and through public hospitals. Western-trained private medical practitioners provide 75% of primary care while public doctors provide 15% and the rest is provided by other health care providers, such as Traditional Chinese Medicine (TCM) practitioners. The patients are freely allowed to choose their own health care providers for their illnesses.

The author works in a public primary care clinic which caters mainly for the socially disadvantaged and is heavily subsidized by the government. The patients pay US\$4.50 for each consultation, inclusive of investigations and medications prescribed.

Methods

Participants

Participants were invited verbally to take part in the study by either the author or a research assistant. They were recruited from either a primary care clinic where the author works or a hostel for the elderly, both of which are situated in the southern side of Hong Kong Island. Verbal invitation was used because many of the

fishermen, especially the elderly, are illiterate and a written request may have intimidated them. Purposive sampling was adopted to ensure a range of demographic variables and experiences. One non-fishermen key informant who had spent over 50 years with the fishermen plus two family members of the clinic patients were identified as being able to provide rich information on this topic, were also recruited to participate in the study. Only four refusals were encountered and they were mainly due to nonavailability. The characteristics of the participants are detailed in Table 1.

Study design

This study is part of a research project investigating the effects of land migration on the health of the Hong Kong fishermen and its implications for clinical practice. Their expectations of medications are reported elsewhere.¹⁷

Table 1 Sociodemographic characteristics of study subjects

A	Age	Frequency	%
	30–39	4	14
	40–49	2	7
	50–59	2	7
	60–69	10	34
	70–79	7	24
	80–89	4	14
	Total	29	100
B	Sex	Frequency	%
	Male	11	38
	Female	18	62
	Total	29	100
C	Religion	Frequency	%
	Christianity	5	17
	Traditional	23	79
	Nil	1	3
	Total	29	100
D	Years ashore	Frequency	%
	1–9	2	7
	10–19	11	38
	20–29	7	24
	30–39	6	21
	40–49	2	7
	N/A	1	3
	Total	29	100
E	Identity	Frequency	%
	Water people	28	97
	Non-water people	1	3
	Total	29	100

Eight focus group interviews with 29 participants in total, were conducted between March 1997 and June 1997. Group interviews consisted of up to five participants. A trained research assistant conducted these interviews at either the author's office or the hostel for the elderly, using the local language. The research assistant was presented to the participants as an 'assistant in research' for the author and was well received. The participants were not noted to be more inhibited at either site. Each interview lasted from 1 to 1½ hours. The participants were encouraged to tell their story and express their opinions but a checklist was used to ensure all relevant domains were covered. These included the participants' expectations of their doctors' communication behavior and prescribing, as well as their views on TCM and Western medicine.

This study was approved by the Ethics Committee of the Faculty of Medicine of the University of Hong Kong.

Translation and transcription

The Hong Kong fishermen speak a variant form of Cantonese, which is quite different from the Cantonese spoken by the mainstream landmen. The author became familiar with the local language after serving as a family doctor in the locality for 5 years. He provided training to the research assistant who also became familiar with the dialect. The entire tape-recorded interviews were then simultaneously translated and transcribed verbatim by the research assistant and were checked by the author who listened to the recording while checking the accuracy of the transcripts.

Analysis

Transcripts were analyzed using NUD*IST (QSR, Melbourne, Australia) software and a grounded theory approach.¹⁸ The complete texts of the interviews were entered onto the database and they were then coded into broad themes. The objective of the analysis was to identify provisional inferences from the texts. The software, NUD*IST, with its powerful cross-linking capacities allowed consideration of all relevant texts and easy modification of the broad themes. The consistency and validity of analysis and interpretation was assessed by having five randomly selected interview transcripts independently coded by two experienced qualitative researchers. The results were compared and there were no significant inconsistencies. The interpretation of the data was also discussed with five randomly selected participants who had been interviewed to compare my perspectives with that of the participants. This process again revealed no significant corrections of my interpretation.

Results

Participants expressed rather strong and specific expectations of their consultations with their family doctors. They liked their doctors to demonstrate good attitudes to their patients by showing their readiness to listen to answer questions and to explain things, to be detailed in both history and physical examination and to show care towards patients in all aspects, not just physical problems.

Doctors' communication behaviors

Listening to patients

Despite being considered a despised group of people in the past and their rather relaxed approach to life, Chinese fishermen had no hesitation in expressing their strong desire to have family doctors who would listen to them. They liked their doctors to invite them to express themselves and tell them what they wanted. This desire to have a doctor who is prepared to listen is typified by the following statement by a 67-year-old female patient:

"'What would you like to say? Tell me. What would you like? Tell me.' He listens to us."

Willing to answer questions and to explain things

The fact that Chinese fishermen generally have a poor level of education and, as many of the elderly and middle-aged females are illiterate their available sources of health information are very restricted. They may have more uncertainties in their mind on common health issues and these could generate more anxieties. They therefore look to their family doctors as their most readily available source of health information. By the family doctor answering questions and explaining things to the fishermen patients using appropriate language they gain a lot of trust and confidence. This is well illustrated by the following statement from a 38-year-old female:

"I felt that the doctors here can give me confidence. They explain things to me. Say if I got a fever... In the past, I would be very scared if I had a fever for several days. However, I am not afraid now, because the doctors have told me that it takes a few days for the bacteria to die."

Being detailed in both history and physical examination

The length of the consultation has previously been shown to impact positively on patients satisfaction of the consultation.¹⁹ Longer consultations often result in more history being taken or a more detailed physical examination being carried out, in addition to more time being spent on other things. This particular desire was also expressed by the fishermen as illustrated by the following statement:

"He is very patient and asks very detailed questions. Thus when we phone the clinic for booking, we would try to book him."

A 50-year-old informant also said:

"After all, they think the more checks the doctor does, the better he is... Checking the eyes, the ears, and the nose, knocking here and there. They will think that the doctor cares about them."

Caring towards the patients in all aspects

The lack of formal education for most Chinese fishermen does not appear to dampen their high expectations of their family doctors. The fishermen patients expect their doctors to be caring towards them in all aspects, not just the physical diseases. This is well illustrated by the statements of two men aged 59 (A) and 41 (B):

A: "When we see the doctors, they talk to us. They take care of our psychological conditions also."

B: "They are really good."

Interviewer: "You think this is a good point?"

A: "Right. Not only do they treat our diseases, but they also care about us."

Discussion

The study

This study aimed to explore the expectations of a group of culturally distinct people of their family doctors communication skills. The strengths and limitations of the study were previously discussed.¹⁷

Qualitative methods were used because they allowed an in-depth exploration of the opinions of these people. The data obtained in this study would not have been possible if a questionnaire-survey methodology had been used. The fact that I had practised in the community for 5 years allowed me to recruit participants with diverse demographic backgrounds from a group of people who are often shy and reluctant to make their opinions known to others.

The findings from the study, despite using predominantly qualitative methods, should be, to a significant extent, generalizable to other fishermen in Hong Kong. As pointed out by Morse the contribution the participants can make towards the theory, which is constructed in a qualitative research project, is dependent more on the setting than the relatively small sample that may have been selected purposefully for the project.²⁰

Limitations of the study

Most of the participants in this study were over 60 years of age. This was because this study was part of

a bigger study to investigate the effects of land migration on health of the fishermen in Hong Kong. Although it is possible that a younger sample may have revealed different findings, the comparison of the data from the younger participants did not reveal any significant difference from those of the older participants.

Another issue was the possible influence that I, as the local family doctor, might have had on the participants. It was because of this that a research assistant was recruited to conduct the interviews in order to reduce the bias and anxiety that some of the participants may have had of their personal family doctor in an unfamiliar non-clinical setting. In order to further minimize this particular influence, seven participants living in the same area in a hostel for the elderly, who were unknown to me were recruited to participate in two interviews. An analysis of the data from those who were known and unknown to me again revealed no significant difference.

Implications for clinical practice

Patients are known to have specific expectations when they consult their doctors. Despite a very different cultural background between Chinese fishermen and Western populations, the strong desire to have doctors who listen to their patients is no different.²¹ They like doctors who would communicate with them, and would give them information on diagnosis, treatments and prognosis.²² This high degree of similarities between populations of very different cultural backgrounds is probably not surprising as it would seem logical that most patients would want to be provided with information on their illnesses. It however, also confirms the fact that good communication between the doctors and patients are essential, irrespective of their cultural background.³ Hence, the application of generic communication skills, such as active listening and effective information giving can be considered cross-cultural, with few exceptions.

The fact that the Chinese fishermen also like the doctors to adopt the wholepatient approach, taking care of their biopsychosocial problems is worthy of special attention. This whole person approach is in fact not very different from the conceptual framework of TCM.²³ This is probably also similar to many other traditional therapies in the Asia Pacific region. As psychosocial problems constitute a very significant part of our work, family doctors should therefore consider actively practising their whole person approach in their daily consultations. This should also help to enhance the patient-doctor communication. It would therefore be very interesting to further investigate the level of patient satisfaction in different countries in the Asia Pacific region if the family doctors are actively adopt-

ing the generic communication skills described in this study and using the biopsychosocial approach.

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References

- 1 Kenny NP. Speaking of values: the ethics of communication. *Cancer Prev. Control* 1999; **3**: 31–5.
- 2 Schuffel W. The doctor-patient relationship in the practice of medicine. *Int. J. Psychiatry Med.* 1975; **6**: 183–93.
- 3 Curtis JR, Patrick DL, Caldwell E, Greenlee H, Collier AC. The quality of patient-doctor communication about end-of-life care: a study of patients with advanced AIDS and their primary care clinicians. *AIDS* 1999; **13**: 1123–31.
- 4 Kaplan S. The importance of the therapeutic alliance. *J. Am. Optom. Assoc.* 1998; **69**: 637–42.
- 5 Lam TP. Strengths and weaknesses of traditional Chinese medicine and Western medicine in the eyes of some Hong Kong Chinese. *J. Epidemiol. Community Health* 2001; **55**: 762–5.
- 6 Scott D. Are your patients satisfied? Strategies that may help you avoid a formal complaint. *Postgrad. Med.* 1992; **92**: 169–70, 173–4, 176.
- 7 Virshup BB, Oppenberg AA, Coleman MM. Strategic risk management: reducing malpractice claims through more effect patient-doctor communication. *Am. J. Med. Qual.* 1999; **14**: 153–9.
- 8 Kraut AM. Healers and strangers. Immigrant attitudes toward the physician in America – a relationship in historical perspective. *JAMA* 1990; **263**: 1807–11.
- 9 Foster GM. *Medical Anthropology*. New York: Wiley, 1978.
- 10 Heggenbougou K, Draper A (eds). *Methods. Medical Anthropology and Primary Health Care*. London: EPC Publication no. 22, 1990; 73–93.
- 11 Menard W. The sea Gypsies of China. *National History* 1965; **74**: 12–21.
- 12 Anderson EN. *Essays on South China's Boat People Asian Folklore and social life monographs*. Taipei: The Orient Cultural Service, 1972.
- 13 Ward BE. A Hong Kong fishing village. *J. Oriental Stud.* 1954; **1**: 195–214.
- 14 Ward BE. Sociological self-awareness: Some uses of the conscious models. *Man (New Series)* 1966; **1**: 201–15.
- 15 Ward BE. Chinese fishermen in Hong Kong: Their post-peasant economy. In: Freedman M (ed). *Social Organizations Essays Presented to Raymond Firth*. London: Frank Cass, 1967; 271–88.
- 16 Topley M. Chinese traditional ideas and the treatment of disease: Two examples of Hong Kong. *Man* 1970; **5**: 421–37.
- 17 Lam TP. Chinese fishermen's expectations on medication. *Substance Use and Misuse* 2002; forthcoming.
- 18 Strauss A, Corbin J. *Basics of qualitative research. Grounded Theory Procedures and Techniques*. London: Sage, 1990.
- 19 Howie JG, Heaney DJ, Maxwell M. Measuring quality in general practice. Pilot study of a needs, process and outcome measure. *Occas Papers R. Coll. Gen. Pract.* 1997; **75**: 1–32.
- 20 Morse JM. Qualitative generalizability. *Qual. Health Res.* 1999; **9**: 5–6.
- 21 Stewart M, Brown JB, Boon H, Galajda J, Meredith L, Sangster M. Evidence on patient-doctor Communication. *Cancer Prev. Control* 1999; **3**: 25–30.
- 22 Sanchez-Menegay C, Stalder H. Do physicians take into account patients' expectations? *J. Gen. Intern. Med.* 1994; **9**: 404–6.
- 23 Yu ECL. Essential traditional Chinese medicine, from differences with scientific medicine to understanding. *HK Pract.* 2000; **22**: 185–8.