Exploring Patients’ Experiences in Communicating with Physicians: A Cross-Cultural Study in a Francophone City in Canada
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Introduction: Communication difficulties between patients and physicians are well documented, as well as the negative consequences they engender for the patient, in particular, and for the society, in general. Yet, these difficulties remain problematic in medical encounters and this issue is particularly relevant with ethnic minority patients. In order to intervene and to ameliorate care, one must explore and better understand patients’ experiences and perspective. By accessing the meaning of individual’s experiences, qualitative methods provide rich and detailed insights on these communication difficulties and potential avenues to overcome such issues.

Objectives: To explore patients’ experiences of communicating with physicians in Quebec-City, a francophone city in Canada, and to explore potential cultural differences and nuances in these experiences of communication.

Method: A qualitative comparative design was used to achieve these objectives. Individual narrative interviews were conducted with 59 participants belonging to three different cultural groups: French-speaking Quebeckers, French-speaking migrants, and English-speaking migrants. Inductive thematic analyses were conducted on the transcribed interview data to identify emerging themes from participants’ experiences.

Results: All participants recounted both positive and negative experiences of communication, as well as consequences ensuing from these experiences. Participants appreciated competent and empathic physicians who took their time with the patient. Such experiences led to a positive therapeutic relationship, patients feeling reassured, satisfied and motivated to adhere to treatment. On the other hand, participants disliked inhumane and expeditious physicians who were not receptive to patients’ worries and health issues. Consequently, patients reported consulting a second time for the same health problem (thus costing more to the system), never picking up their prescription and feeling mistrust towards physicians. Cultural nuances emerged in ethnic minority patients’ experiences. These include, among others, experiences of discrimination (stemming either from the sociopolitical context of Quebec City, or from physicians’ stereotypes of patients’ culture of origin), difficulty expressing oneself in a second language (whether the patient was proficient in this second language or not), especially concerning mental health issues, and more difficulty linked to broaching taboo or sensitive topics with physicians.

Discussion/Implications: This study addresses an important gap in the field of physician-patient communication: to our knowledge, it is the first qualitative comparative study that gives voice to patients belonging to different cultural groups concerning their experiences of communication with physicians. This research thus allowed for a qualitative comparison between nationals and ethnic minorities and successfully identified particularities relating to the host countries’ context and/or to cultural differences. Moreover, findings provide valuable insight towards patients’ experiences and perspective which need to be acknowledged and considered in the development of interventions aimed at ameliorating communication in healthcare. For instance, results from this study can inform interventions aiming to ameliorate communication training for physicians and medical students, thus rendering this communication better adapted to patients in general, but also better adapted to ethnic minority patients’ needs and desires. In turn, negative consequences ensuing from these communication difficulties between patients and physicians will be reduced.