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Abstract: *Objective: Improve African American patient satisfaction and perceptions of physician cultural competency through the implementation of Ask Me 3™ pamphlet which encourages patients to ask questions of physicians. Methods: Intervention participants received the pamphlet prior to their visit with the physician. Analysis evaluated differences in patient satisfaction and perceptions of physician cultural competency between intervention participants and controls. Results: Intervention participants who saw their regular physician reported higher satisfaction. All found the questions to be helpful and reported knowing more about their medical condition or illness after the visit. Conclusions: The Ask Me 3™ pamphlet is a low cost and logistically feasible tool that could be readily implemented in medical settings to facilitate physician-patient interaction. Improved satisfaction with the visit was found when the pamphlet was implemented during visits with a regular physician. Thus, our research findings suggest implementation of the Ask Me 3™ pamphlet has the potential to improve health care behaviors and health outcomes and may ultimately lead to a reduction in health care disparities.*

Key Words: *Cultural Competency, Physician-Patient Relationship, Communication, Patient-centered Care, Ask Me 3™*

IMPLEMENTING ASK ME 3™ TO IMPROVE AFRICAN AMERICAN PATIENT SATISFACTION AND PERCEPTIONS OF PHYSICIAN CULTURAL COMPETENCY

INTRODUCTION

Differences in cultural values and beliefs between physicians and African American patients account for many misunderstandings in health interactions. Cultural differences affect satisfaction with the medical encounter, influence patient health behaviors and health practices, and ultimately impact decisions of patients to adhere or not to adhere to treatment protocols (Ahmed, 2007; Berger, 1998; Betancourt, Green, Carrillo, & Park, 2005; Cline & McKenzie, 1998;

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Turnbull & Mui, 1995). When cultural differences are not acknowledged, poor health outcomes arise.

Health care studies addressing these health disparities have highlighted the need for culturally sensitive and appropriate care. As a result, the development of cultural competency training initiatives has emerged. Physicians have been assigned the primary responsibility of learning to manage complex differences in communication styles, attitudes, behaviors, and worldviews in their everyday encounters with culturally different patients (Betancourt, Green, Carrillo, & Ananeh-Firemong, 2003; Betancourt et al., 2005; Culhane-Pera, Reif, Egli, Baker, & Kassekert, 1997; Like, 1996; Narayan, 2001).

Recent studies have shown, however, that culturally sensitive care is not only dependent on the "sensitivity" of physicians, it also hinges on the development of congruence between the needs of patients to relate information regarding their illness and the needs of physicians to listen, diagnose the problem, and prescribe appropriate treatment options (Ashton, Haidet,

Paterniti, Collins, Gordon, O'Malley, Petersen, Sharf, Suarez-Almazor, Wray, & Street, 2003; Perloff, Bonder, Ray, Ray, & Siminoff, 2006). The communicative behaviors of patients such as, providing a health narrative, asking questions, expressing concerns, and being assertive, influence the behavior of physicians and the events of the visit (Ashton, et al., 2003; Street, 2001). Patients who ask more questions and express more concerns receive more information from physicians (Ashton et al., 2003; Greenfield, Kaplan, & Ware, 1985; Street, 1992; Street, 1991). Similarly, patients who participate actively in the medical interaction are better able to recall what the physician recommended and what health issues were discussed (Ashton et al., 2003; Carter, Inui, Kukull, & Haigh, 1982; Heszen-Klemens & Lapinska, 1984). Physicians perceive patients who state their concerns and ask questions as better communicators (Ashton et al., 2003; Frederikson & Bull, 1995; Merkel, 1984). When patients are actively engaged in the interaction, physicians can better assess the needs of their patients and the extent to which they are satisfying or meeting those needs, (Ashton et al., 2003; Merkel, 1984).

Ethnic and cultural norms, however, influence the propensity of patients to engage in a congruent communicative style during the medical interaction (Ashton et al., 2003). For example, African American patients ask fewer questions and refrain from making inquiries they think the physician will find objectionable (Perloff et al., 2006). Feeling the line of questions from a physician is a form of interrogation, African Americans also tend to shy away from talking very much about their illness (Perloff et al., 2006).

Examination of patient-physician communication interaction, patient perceptions of cultural competency, and patient satisfaction with the visit has to consider the race of the patient and physician and the consistency of their contact (e.g., regular physician). Although it is clear that patients prefer physicians of their same race or ethnicity if given the opportunity (Flocke, Miller, & Crabtree, 2002), results from a previous study of this research team indicate perceptions of cultural competency do not differ between race concordant and discordant dyads when patients were reporting on their regular physician (Michalopoulou, Falzarano, Arfken, & Rosenberg, 2009). African American patients who have established a relationship with a regular physician rated the visit higher on satisfaction. These findings may be due to feelings of trust and credibility with the physician as tested over time. To have a "regular" physician involves both initial selection and active maintenance of the relationship. Patients who perceive their physicians to have low cultural competency may seek other physicians or stop seeking care (Michalopoulou, et al., 2009).

In this study, the researchers focused on the cultural barriers African American patients experience in communicating with their physicians and attempted to facilitate congruence in the physician-patient interaction by assigning African American patients the responsibility to participate in the visit. The *Ask Me 3™* pamphlet was identified to be used in this research as a tool to facilitate clear communication between patients and

physicians (Graham & Brookey, 2008). The *Ask Me 3™* pamphlet takes a simple patient-centered approach to improve health outcomes, by encouraging patients to understand the answers to three simple but essential questions in every health care interaction: What is my main problem? What do I need to do? Why is it important for me to do this?

A plethora of research has been conducted to test the *Ask Me 3™* pamphlet's efficacy when implemented in clinical practice as a health literacy tool. Existing evidence shows that *Ask Me 3™* questions serve as an activation tool. It encourages patient participation in the health care visit and decision making while establishing good interpersonal relations and facilitating information exchange. Thus, it is an important strategy for reducing health disparities (Dias, Chabner, Lynch, & Penson, 2003; Elder, Jacobson, Zink, & Hasse, 2005; Krisberg, 2004; Rogers, Wallace, & Weiss, 2006; Scudder, 2006; Vastag, 2004). Even long after *Ask Me 3™* is implemented in a practice, many patients continue to ask questions and find them a useful framework for engaging in conversation with their physicians.

This study was designed to promote African American patient involvement in the clinical process by utilizing the *Ask Me 3™* pamphlet. Patient satisfaction with the visit and perceptions of physician cultural competency was examined. It is hypothesized that when African American patients are provided with the *Ask Me 3™* pamphlet, to promote patient involvement in the clinical process, patient satisfaction with the visit would increase and patient perceptions of physician cultural competency would improve.

METHODS

Participants

African-American adult participants (n=64) were recruited from a medical clinic in Detroit, Michigan. The total sample was predominantly female, with low income and low educational attainment. Very few participants had private insurance. Table 1 summarizes the demographic characteristics of the participants.

Measure

The *Perceived Cultural Competency Measure* (Appendix) was utilized to measure the patients' perceptions of the cultural competency of physicians (Lucas, Michalopoulou, Falzarano, Menon, & Cunningham, 2008). This patient report measure was based on the three factor model of cultural competency that includes the unique judgments of cultural knowledge, awareness, and skill of physicians (Sue, Ivey, & Pedersen, 1996; Sue, 2006). A detailed analysis of the psychometric properties of this measure has been described in detail (Lucas et al., 2008).

Procedure

An intervention group (n=32) received the *Ask Me 3™* pamphlet as part of the registration process. A control group (n=32) was obtained and included patients that did not receive the *Ask Me 3™* pamphlet. All research participants were asked to complete the *Perceived Cultural Competency Measure* after the physician consultation. The intervention group was also interviewed regarding

Table 1. Participant Characteristics

	Ask Me 3 N=32	Control N=32
Demographics		
Age, mean and standard deviation	48.65 (10.81)	49.19 (7.03)
Female, %	59.4%	46.9%
Less than High school graduation	65.6%	68.8%
Less than \$20,000 per year	93.8%	87.5%
Private Insurance	9.4%	9.4%
Saw regular doctor	56.2%	40.6%
Specific Physician Encounter		
Gender Concordant	62.5%	53.1%
Race Concordant	9.4%	9.4%
Saw Regular Doctor	56.2%	40.6%

Table 2. Patient Ratings of the Specific Physician Encounter

	Ask Me 3 N=32	Control N=32
Satisfaction (p=.15)	6.70(.68)	6.19(1.42)
Cultural Competency (p=.15)	6.03(.88)	5.61(1.28)
Fair Procedures (p=.29)	6.58(.74)	6.35(.93)
Participation (p=.27)	5.99(1.00)	5.73(1.21)

Table 3. Use of the Pamphlets

Exit interview	Ask Me 3 N=32
Did you find the brochure helpful?	97%
Did you ask the 3 questions?	93%
Did you find the questions helpful?	93%
Do you still have the brochure?	93%
Did you write in the brochure?	70%
Do you feel you know more about your medical condition or illness after the visit?	91%

the use of the pamphlet following their visit with the physician (Table 3).

Statistical Analyses

To test the independence of the cultural competency score to predict the outcome of a highly satisfactory visit a logistic regression model was used. Results are expressed as odds ratios with 95 percent confidence intervals. All analyses were conducted using SPSS ver-

sion 16 (SPSS Institute). The study was approved by the Wayne State University and the Michigan Department of Community Health Institutional Review Boards.

RESULTS

Sixty-four patients completed the survey, 32 controls and 32 intervention group patients who received the *Ask Me 3™* pamphlet. Most participants reported on a physician of the same gender (57.8%) and about ½ of the sample reported seeing their regular physician (48.4%). However, only 9.4% reported seeing a physician of the same race. No statistical differences were found in patient characteristics. The status of regular physician and gender concordance were not associated.

Although the group that received the *Ask Me 3™* pamphlet consistently reported higher scores for the specific physician encounter variables (Table 2), there were no statistically significant differences in satisfaction (the primary outcome), cultural competency, fair procedures, nor participation for use of pamphlet versus not. When controlling for regular physician, however, satisfaction was significantly different between the two groups, fixed (p=.014) regular physician as a random factor (p=.027).

Patients that received the pamphlet reported finding the brochure helpful (97%) (Table 3). Of the patients who reported asking the 3 questions, all found the questions to be helpful. Seventy percent of the patients wrote on the brochure. Ninety one percent reported knowing more about their medical condition or illness after the visit.

DISCUSSION

It was hypothesized that when African American patients are provided with the *Ask Me 3™* pamphlet, to promote patient involvement in the clinical process, patient satisfaction with the visit would increase and patient perceptions of physician cultural competency would improve. A consistent pattern of increased scores on specific physician encounter variables was reported when the pamphlet was used. Ratings of satisfaction and cultural competency as well as fair procedures and

participation were higher with use of the pamphlet, but not significant.

In this study, having a regular physician drove satisfaction "significantly" higher. This finding suggests that having a regular physician has a significant role in satisfaction of patients and is consistent with findings from our previous work wherein perceptions of cultural competency and satisfaction were higher when patients were reporting on their regular physician. To have a regular physician involves both initial selection and active maintenance of the relationship. Hence, establishing good interpersonal relations by facilitating information exchange and patient involvement in decision making are important communication goals for physicians to accomplish during interactions with patients. Utilization of the *Ask Me 3™* pamphlet increases African American patient participation in the delivery of care.

A short interview following the patient-physician encounter indicated the pamphlet was positively received with the majority of patients asking the questions, writing in the brochure, and reporting on its usefulness. Patients also reported knowing more about their condition or illness following the visit. Patient responses from the interview were similar to those previously documented (Mika, Wood, Weiss, & Treviño, 2007). To the question, "Do you feel you know more about your medical condition or illness after the visit?" One respondent said, "Yes, some symptoms I was a bit concerned about may not be as serious as I had believed them to be." Another respondent stated, "Yes, I was more assertive".

This study has limitations that should be considered when interpreting the results. The sample size was small and focused only on low income African Americans from an urban medical clinic thus hindering the generalizability of the findings. The small sample size also limited our ability to fully evaluate whether physician encounter variables such as cultural competency, fair procedures and participation could improve through the use of *Ask Me 3™*. Another limitation to our study is the absence of an independent verification of the patient's report and utilization of the pamphlet. Lastly, participants were not randomly selected from the population, instead were chosen based on interviewer availability and convenience to clinic flow. We attempted to minimize the effect of selection bias by randomizing days of the week the clinic population was sampled, however, selection bias remains a possibility. Future research is needed to fully evaluate the efficacy of this tool and how it can influence improvement in patient's satisfaction and health outcomes.

Despite these limitations, the *Ask Me 3™* pamphlet is an easily implemented, low-cost method to help African American patients increase their participation in the physician-patient interaction. Low-income and minority-group members often lack a sense of self-empowerment in health care settings and cultural norms argue against questioning of authority, but research shows that improving empowerment through a variety of approaches can improve health care and health outcomes (Findley, Irigoyen, Sanchez, Guzman, Mejia, Sajous, Levine, Chimkin, & Chen, 2004; May, Mendelson, & Ferketich, 1995; Mika et al., 2007; Sarkisian, Brusuelas,

Steers, Davidson, Brown, Norris, Anderson, Mangione, 2005; Valdez, Banerjee, Ackerson, & Fernandez, 2002). The AMA has already incorporated the use of the *Ask Me 3™* pamphlet in its Manual for Clinicians (Weiss, 2007). This study found the *Ask Me 3™* pamphlet is a low cost and logistically feasible tool that is readily implemented in medical settings to facilitate physician-patient interaction. Improved satisfaction with the visit was found when the pamphlet was implemented during visits with a regular physician. Thus, our research findings suggest implementation of the *Ask Me 3™* pamphlet has the potential to improve health care behaviors and health outcomes and may ultimately lead to a reduction in health care disparities.

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Appendix. Individual Items of Scales

Cultural Awareness

Do you feel as though your doctor is aware of the views that he or she may have towards specific cultural groups?

Do you feel as though your doctor makes an effort to understand cultural differences?

Does your doctor seem to be aware of cultural differences?

Cultural Knowledge

How knowledgeable do you feel that your doctor is of your culture?

How well do you think your doctor understands your culture's specific characteristics?

How informed does your doctor seem to be about your culture?

Cultural Skill

Do you think that your doctor is well trained to treat patients of your ethnic or cultural background?

Does your doctor possess the skills that are needed to treat a patient from your cultural or ethnic background?

Would you recommend your doctor to someone with your same ethnic or cultural background?

Total Cultural Competency

Mean scores of the subscales Cultural Awareness, Cultural Knowledge and Cultural Skill

Satisfaction

Overall, how would you rate the quality of care that you have received from your doctor?

If you had a choice, how likely is it that you would willingly return to your doctor again for medical treatment?

Would you recommend your doctor to another person?

Patient-physician communication

How many questions does your doctor ask you about your health and illness during a typical visit?

How much time does your doctor spend asking questions?

Does your doctor ask you enough questions during an appointment?

Does your doctor attentively listen to you when you speak?

Is your doctor a good listener?

Do you feel ignored by your doctor when you are speaking to him or her?

Patient participation (7-item Likert scale)

How much control do you feel you have over the decisions that are made about your health?

Do you feel as though you have the final say in the choices your doctor makes about your health?

How much influence do you have over the decisions that are made by your doctor?

Does your doctor hear your concerns before any decisions are made about your health care?

How much of a say does your doctor give you before making decisions about your health?

How often do you feel as though you actively participate in decisions your doctor makes about your health?

Wait time for visit and test results (7-item Likert scale)

Do you ever feel as though you have waited too long in the waiting room to see your doctor?

Does your doctor keep you waiting to see him or her?

How satisfied are you with the usual length of your wait to see your doctor?

Do you feel as though you have to wait too long for test results?

Do you feel as though the delivery of test results is too slow?

How satisfied are you with the length of time that it usually takes to receive test results?

Race concordance

What is your ethnicity?

What would you say is this doctor's ethnicity?

Would you say that this doctor is of the same ethnic background as you?

Regular doctor (This variable was recoded to be dichotomous comparing 'Regular Doctor' versus 'First time today', 'Once or twice before', and 'A few times before'.)

How many times have you seen this doctor before?

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