

Access to general practice for Pacific peoples: a place for cultural competency

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ABSTRACT

INTRODUCTION: Access to primary health care services has been identified as a problem for Pacific peoples. Although cost is the most frequently cited barrier to Pacific service utilisation, some research has indicated that access may also be influenced by features of mainstream primary care services. This study aimed to identify features of mainstream general practice services that act as barriers to accessing these services for Pacific peoples in order to explore strategies that providers could adopt to enable their practices to be more welcoming, accessible and appropriate for Pacific peoples.

METHODS: Pacific participants were recruited through Pacific networks known to Pegasus Health and via 'snowball' sampling. In total, 20 participants participated in one of three focus groups. A semi-structured interview explored the participants' views and experiences of mainstream general practice care. Thematic analysis was utilised to interpret the data.

FINDINGS: The analysis revealed five themes highlighting non-financial features of mainstream general practice services that may influence the availability and acceptability of these services to Pacific peoples: language and communication; rushed consultations; appointment availability; reception; and Pacific presence.

CONCLUSION: The findings indicate that all personnel within the primary care setting have the ability to directly engage in the improvement of the health status of Pacific peoples in New Zealand by developing cultural competency and incorporating flexibility and diversity into the care and service they provide.

KEYWORDS: Pacific health care; access to health care; inequalities; cultural competency; New Zealand

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Introduction

Primary health care services are vital to maintain and promote health, particularly for population groups such as Pacific peoples who have inequitable health outcomes.¹⁻⁴ Poor access to primary care is known to compound existing inequalities in health.^{2,5} Investment in primary health care has been shown to be more effective in reducing health inequities than investments in the health care system in general.⁶

The last decade has seen major changes in the way primary health care in New Zealand is organised and resourced. In part, this has been aimed at addressing problems with access.^{4,7} Developing the

Pacific workforce and 'Pacific for Pacific' services are prioritised strategies for addressing access issues experienced by Pacific peoples.^{4,8}

A complementary strategy involves improving access to mainstream primary health care. This is important as the majority of Pacific people in New Zealand attend mainstream primary health care services.⁹ Primary Health Organisations receive funding that has reduced co-payments for services and resourced initiatives aimed at improving access for identified high needs groups, including Pacific peoples.^{10,11}

Despite these changes, there is evidence that access to primary health care services for Pacific peoples is

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not as good as for other population groups in New Zealand. One study published prior to recent primary health care developments found that Pacific peoples had lower general practice utilisation rates than other groups.¹² A more recent study (2007) reported that the 'exposure' to general practice was lower for Pacific than other ethnic groups.¹³ The New Zealand Health Survey (2006/7) found that Pacific peoples were just as likely as other population groups to report that they have a primary health care provider they go to first.⁵

Though there has been investment to address access issues for Pacific peoples, there is a paucity of published research into the barriers to access. Cost of services is the most frequently cited barrier within the literature.¹⁴⁻¹⁸ Transport, cultural norms and health beliefs, preferences for traditional medicines and healers, and language and

Participants stressed the importance of Pacific peoples having the opportunity to 'warm up' within the consultation and were critical of practitioners who were too abrupt or direct within the assessment process.

communication difficulties have also been identified as potential barriers.^{15,17,19,20} This suggests that access is not solely mediated by the affordability of primary care services, but also the accessibility and acceptability of these services to Pacific peoples.^{17,21}

The objective of this research was to identify features of mainstream general practice services in Christchurch, New Zealand that act as barriers to accessing these services for Pacific peoples. An additional aim was to identify strategies that general practices could adopt to enable their services to be more welcoming, accessible and appropriate for Pacific peoples.

Methods

A qualitative research design was implemented, involving exploratory focus group interviews with Pacific peoples from Canterbury. Ethical

approval was obtained from The Upper South B Regional Ethics Committee (URB/10/10/037), and all participants signed an informed consent form. The research was undertaken in close partnership with the community-based Pacific Reference Group, Partnership Health and Pegasus Health, and with advice from University of Otago researchers. The interim findings were reported back to the Pacific Reference Group to ensure that the data had been interpreted appropriately.

Focus group participants were selected purposively to ensure the groups were similar with regard to age, educational background, and community status—a technique recognised to elicit richer material.²² Efforts were also made to include participants who were external to a network of Pacific peoples known to regularly participate in research and/or feedback processes, and further participants were recruited via 'snowball' sampling.

Pacific peoples in Christchurch and New Zealand generally are a diverse population. Many are New Zealand born and many island nations are represented. However, the small nature of this study prevented any comparison between the views of different ethnic groups. Their perspectives as a group are important regardless, and offer an insight into the barriers faced by Pacific peoples when accessing care.

The focus groups were conducted in English and led by two moderators of Pacific descent. Although an additional session conducted in Samoan had also been planned, the 22 February 2011 Christchurch earthquake prevented this from taking place, as it was decided that any data collected following the earthquake would not be comparable to the focus group data collected previously.

A semi-structured interview schedule was used to facilitate discussion and explore the participants' views and experiences of general practice care, from contemplating a visit through to care management following appointments. Overhead notes were taken during the discussions so that participants were given the opportunity to clarify their ideas. Focus groups were audiotaped and transcribed verbatim.

Data analysis involved the thematic analysis technique recommended by Braun and Clarke²³ to identify key themes. This involved reading and re-reading the transcripts, highlighting and coding significant and recurring features of the text, and collating this information to identify patterns and themes in the data.²³ Quotes from the focus groups are presented as evidence for the analysis. In order not to identify participants, quotes have been anonymised by the following code: F or M (female/male); individual number; C—community group, PHW—Pacific health worker, Y—youth group.

Findings

Overall, 20 participants were interviewed within three focus groups, including Pacific health workers (n=8), community participants aged 25 and over (n=6), and youth participants aged 17–25 (n=6). The analysis revealed five themes highlighting features of services that may influence Pacific access to primary care:

- Language and communication
- Rushed consultations
- Appointment availability
- Reception
- Pacific presence.

Additional factors influencing access were also identified, such as Pacific perceptions of health and illness, a ‘wait and see’ approach to care and preferences for traditional medicines.

1. Language and communication

It was acknowledged across the focus groups that many Pacific patients found communication difficult during consultations. This was not only discussed as an issue for those with limited English proficiency, and was often attributed to the medical terminology used by providers that could contribute to feelings of intimidation and/or inferiority:

I guess it's hard for us because some of those words we don't have... the medical jargon, we don't have words for in our native language, you know. (FIC)

Language barriers were reported to hinder the ability of Pacific peoples to articulate their health

WHAT THIS GAP FILLS

What we already know: Literature suggests that Pacific peoples experience access issues to primary health care. Cost is the most frequently cited barrier to access.

What this study adds: This study has identified several non-financial features of New Zealand mainstream general practice services that may influence the availability and acceptability of these services to Pacific peoples.

issues with the ‘descriptive words’ physicians expected them to use. Participants also pointed out that poor communication could leave the Pacific patient unclear of their diagnosis or treatment plans, particularly with regard to prescribed medications, which could potentially lead to non-adherence. It was felt that it was particularly important to address expectations of ‘instant cures’ that could deter Pacific peoples from accessing services when their prescribed treatments failed to meet these expectations:

It's a total mentality of getting cured: ‘I'm going to be cured by the doctor’, and if it doesn't happen: ‘I'm not going.’ (F5PHW)

Participants acknowledged that within the consultation Pacific peoples may voice agreement rather than ask questions or self-advocate, making it difficult for providers to be aware of their true understanding. However, it was also felt that it was not solely the patient's responsibility to ensure effective communication was taking place. It was signalled that building relationships with Pacific patients was important in overcoming language barriers:

...at the beginning of [my mother's] relationship with her GP, you know, they had, there's a language barrier... as the years, you know, went by, like my mum would go to the doctor's and they know straight away what she was there for... so, yeah, I think the doctor's helped to break down the barrier. (M1Y)

2. Rushed consultations

A commonly reported perception was that Pacific peoples can be deterred from care following rushed consultations. Participants stressed the

importance of Pacific peoples having the opportunity to ‘warm up’ within the consultation and were critical of practitioners who were too abrupt or direct within the assessment process. This conversational style was considered inappropriate conduct with Pacific patients as it was not in the Pacific nature to be instantly forthcoming:

Some of the doctors are so direct, you know, and [they] just want an instant answer right there and then, but...[it’s] our Pacific nature, we’re not forthcoming straight away, you know. (F6PHW)

It was clear that spending time with the patient was viewed as an indicator of quality care, and important in developing rapport:

The doctor that they gave me yesterday, he was really good... we talked about other things that had nothing to do with anything, but we just, yeah, we connected really well and he was really good. (F4C)

3. Appointment availability

Limited opening hours and inflexible appointment systems were commonly viewed as barriers to care. Employment obligations were often discussed as hindering access during business hours, and it was suggested that extending opening hours would improve the availability of services for Pacific peoples. Participants also commonly expressed frustration in the difficulty they experienced arranging appointments with their regular doctors:

...my expectation when I ring the doctor now is [that] I want an appointment today... but usually it’s like: ‘Got nothing today, nothing tomorrow.’ (F1C)

Participants would overcome this availability barrier by attending a ‘back-up doctor’ and/or a different general practice. However, this could result in further travel, paying higher fees and facing longer waiting times as a casual ‘lesser priority’ client. This was also viewed as a barrier to consistent health care as participants felt it was difficult for Pacific patients to engage with practitioners with whom they had no history:

...two of my clients [they have] seen three or four of the doctors... this person might, might have had

long-term health issues... when they’re meeting a different one each time, that doesn’t really [help] (F4PHW)

4. Reception

Focus groups revealed an unwelcoming reception of Pacific patients by ancillary practice staff as a significant access issue. Medical receptionists in particular were commonly perceived as ‘gatekeepers’ of care, and negative encounters with them were often interpreted as racial discrimination:

...you sit there for over an hour. Then you go up again and they say: ‘Oh just wait your turn, it’s coming up’... their attitude comes with it, you know, and [they are] looking at you: ‘You are an islander, you should know better.’ (F1PHW)

...sometimes they do it ‘cause it’s our colour... the lady [could be] officious towards you, and then you see how they treat, you know, the next person who might be white... and then they’re just hard out friendly. (M1Y)

Participants found incorrect name pronunciation especially frustrating, and felt that it signalled a lack of cultural sensitivity:

you’re supposed to take your letter of appointment with you and if you forget: ‘spell your name’... then you give your name: ‘spell it’. And I thought for how many years that we are here and they don’t make the effort. (F6PHW)

Conversely, individual greetings signalled a warm welcome and were a marker of great cultural sensitivity:

They’re all Palagi, you know, but, yeah, good, cultural sensitivity... you get that individual greeting. (F1C)

Yeah, my receptionist’s always been good to me. There’s one particular receptionist that always greets me by name, you know, which is great. (F2C)

5. Pacific presence

The presence of Pacific health workers within general practices was identified as positive across

the focus groups in terms of feeling welcomed and understood within the primary care context:

Well I think they would have a better understanding of the clientele for a start, like in a patient, their background... just how they are as a person. (F2PHW)

I reckon it's good when you actually see like a Pacific Islander there at reception. It just makes you feel probably a little bit more comfortable. (MIC)

Some discussions, however, also highlighted that a 'Pacific presence' could also act as a barrier to care due to the small nature of Pacific communities and concerns of jeopardised confidentiality:

...other people gossip about you and stuff and it's still a problem, and most of your clients have that in mind... if you're kind of related to them or well known or something, they might still have that fear. (F6PHW)

Discussion

Although cost is a commonly cited barrier to health care for ethnic minorities, the findings of this study have outlined various non-financial features of mainstream general practice services that operate to influence the availability and acceptability of these services to Pacific peoples. Jansen and Sorensen²⁴ argue that the key factor in improving access to care for Pacific peoples is to develop the cultural competency of health care providers. This involves an acknowledgement that 'universalism' in health care does not address the health needs of ethnic minorities, and provides a challenge to providers to incorporate flexibility and diversity into their services.^{24,25} This study has identified opportunities for cultural competency improvement throughout the Pacific patient's journey of care, from the point of attempting to make appointments, to their reception at the practice, right through to their interaction with the general practitioner and the consultation experience and outcome.

When attempting to make an appointment, availability of services was identified as a significant issue by participants in this study, and a particular barrier to consistent care. Buetow et al.²⁶ have

recently identified and consolidated availability barriers to primary care in New Zealand into a framework conceptualising a predominance of 'practice-centred time' that can neglect the needs of certain groups of New Zealanders, including Pacific peoples. Buetow et al.²⁶ argue that general practices should incorporate a more flexible 'patient-centred time' approach to their appointment systems. In this study, extended opening hours and the ability to make same-day appointments with their regular general practitioner were emphasised as potential 'patient-centred' improvements for Pacific peoples.

The findings of this study have illustrated that the reception of patients within the practice is an important influence on the acceptability of services to Pacific peoples. Previous literature has shown that Pacific peoples can experience extreme discomfort in waiting in the traditional primary care setting and that the waiting room environment could be perceived as 'officious' and intimidating.¹⁴ In the present study, medical receptionists were reported to highly influence the comfort of Pacific patients presenting for care, and were described as 'gatekeepers'. Little research has examined the influence of receptionists on access to care, although one study has highlighted that the structural position of receptionists within general practice could provide them with a discretionary role in determining access to services.²⁷ Such findings suggest that the cultural competency development of medical receptionists and other ancillary primary care staff has significant potential to improve Pacific access to care.

Individually greeting Pacific clients appears to be one simple approach that staff can adopt to improve cultural competency. The findings show that incorrect name pronunciation was not only perceived as disrespectful, but also as an indicator of racial discrimination.²⁸ This mirrors the findings of a recent New Zealand study that found incorrect name pronunciation made Maori patients feel unwelcome and discouraged from attending care,²⁹ whereas 'gold standard' health care was present when everyone in the practice (medical receptionist, nurse and general practitioner) pronounced their name correctly.²⁹ Such findings indicate that individual greetings signal

respect for both the individual patient and their culture,²⁹ and this may play an important role in reducing perceptions of racial discrimination which are known to be linked to poorer health outcomes.³⁰

The presence of Pacific workers within the general practice environment was viewed as particularly welcoming to the participants of this study and provides support for literature emphasising the importance of Pacific health workforce development.^{8,24} However, findings also illustrate that some Pacific peoples have concerns regarding accessing care or support from a Pacific worker, due to the small nature of the Pacific community and the risk of jeopardised confidentiality.^{8,31} It is important to acknowledge that the development of 'Pacific for Pacific' services is not the only answer to improving care for Pacific peoples. Pacific

This was not only an issue of limited English proficiency, as even the New Zealand-born participants reported issues understanding the medical terminology used by their practitioners. Literature has shown that health literacy skills and capacities are mediated by education, culture, and language, but also the communication and assessment skills of care providers.³²⁻³⁴ It is therefore important that providers communicate health information in a manner appropriate to the audience, and this challenge embodies a need to accommodate different views of health.

Indeed, recent research has illustrated that cultural differences exist in the way that New Zealand people experience and express illness, pain, disability, and health, and that this is often overlooked in the assessment tools of Western medicine.^{20,35} When assessing the health of

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peoples are entitled to choice and should be able to expect culturally competent care regardless of the provider's ethnicity.⁸

The experience and outcomes of patient consultations also appear to have a very powerful influence on Pacific access to care. Dissatisfaction with a consultation or the patient-provider interaction can lead to non-adherence to treatment plans and deter Pacific patients from accessing future care. In addition, due to the community-oriented nature of Pacific culture, experiences are likely to be shared with those within the patient's broad Pacific network, potentially influencing an entire community's perceptions of general practice care.²⁴

Language and communication barriers were reported as a significant issue within the consultation, hindering the development of provider-patient rapport, as well as patients' understandings of their conditions and care management.

Pacific patients, general practitioners and practice nurses should encourage and include culturally appropriate terms, phrases and descriptors. It is equally important to take the time to clarify any misconceptions, provide reassurance, and explain the benefits of the prescribed treatments,³⁶ as previous studies have illustrated that medication concerns and beliefs are powerful predictors of medication adherence,^{37,38} and that Pacific patients can have higher levels of distress about their condition and concern about prescribed medication compared to patients of other ethnic groups.³⁶

The findings of this study also provide support for Buetow et al.'s argument that inadequate consultation times are a particular issue for Pacific patients, who find it very disrespectful when they are rushed.^{26,31} Rushed consultations were viewed as a barrier to patient-provider rapport and were associated with a notion of not 'delivering the goods'.²⁶ The findings of this

study certainly revealed that Pacific peoples felt dissatisfied with 'in and out' consultations. This indicates that it is important for the general practice team to allow time within consultations to build trust with their Pacific patients and address multiple health needs. The appropriate approach to Pacific care has previously been described as the 'roundabout', and involves engaging in a general exploratory-type discussion about anything of common interest which can continue for some time before getting to the purpose of the consultation.³⁹

Research shows that health practitioners who are familiar with their patients' cultural differences are likely to offer improved patient care.⁴⁰ Further resources are available to assist physicians to develop their cultural competency skills for Pacific patients. A booklet recently made available by the Medical Council of New Zealand: *Best Health Outcomes for Pacific Peoples: Practice Implications*⁴¹ as well as a recent Ministry of Health literature review of Pacific cultural competencies⁴² provide guidance on working successfully with Pacific peoples and their families and communities. Interpreter services such as the Language Line may also assist providers and Pacific patients to overcome communication and language barriers.

Strengths and limitations

The strengths of this study lay in the involvement of the Pacific community and researchers in its development and implementation to ensure that it was carried out in a culturally sensitive manner. Participants also remarked that it was a positive experience to share their perceptions of primary care with the hope that they would contribute to the improvement of services for the Pacific community.

The study did have several limitations. Holding focus groups in English excluded those with limited or no knowledge of the English language who would likely have different experiences and views to those included. Another significant limitation of this study was lack of representation of the Pacific elderly who are also likely to have different insights to offer. Overall, the qualitative methodology and the small number of participants prevent generalisations being made

to the larger population of Pacific peoples in New Zealand who are a culturally and ethnically diverse population.

Research regarding Pacific health, illness and access to care currently does not tend to distinguish between different populations of Pacific peoples who have diverse needs,¹⁹ and the New Zealand-born Pacific youth perspective is particularly neglected.^{8,39} Further research exploring access to care for specific Pacific populations would broaden understanding of access barriers and facilitate improvements to care.²⁴ Exploring Pacific access to, and perceptions and experiences of, prescription medication was also flagged by the researchers as requiring further research, as pharmacy services are an integral component of primary care.

Conclusion

The findings of this study have identified features of mainstream general practice services that act as barriers to accessing these services for Pacific peoples, as well as strategies that can be implemented into various stages of the Pacific patient's journey of care to improve the availability and acceptability of these services. The findings indicate that all members of the general practice team have the ability to directly engage in the improvement of the health status of Pacific peoples in New Zealand by developing cultural competency and incorporating flexibility and diversity into the care and service they provide.

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COMPETING INTERESTS

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