Intercultural willingness to communicate within health services: Investigating anxiety, uncertainty, ethnocentrism and help seeking behaviour

Shanna Logan [a,*], Zachary Steel [b], Caroline Hunt [a]

[a] School of Psychology, University of Sydney, Australia
[b] School of Psychiatry, UNSW (University of New South Wales), Australia

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ABSTRACT

Anxiety Uncertainty Management (AUM) theory (Gudykunst, 2004) suggests that both anxiety and uncertainty are key factors that influence cross-cultural engagement within health services. The current study employed an experimental design to test AUM theory within a health context, specifically the impact of high or low perceived predictability and high or low anxiety on willingness to interact within a health care interaction. Additionally, the study assessed the unique contribution of state and trait anxiety, ethnocentrism and attitudes towards seeking psychological help, on participants' ratings of willingness to interact within a health setting to better understand health help-seeking behaviour. Results indicate that an anxiety provoking situation is a significant predictor of willingness to interact, with high anxiety leading to less willingness to interact, a finding enhanced when perceived predictability of a health professional was also low. This finding supports the application of AUM theory to the health setting. A heightened anxiety provoking situation was also found to have a direct effect on the perceived predictability of an intercultural health interaction partner. Despite previous research indicating the importance of help seeking behaviour and cultural attitudes in negatively influencing engagement with health services, the current study found that state anxiety was a more significant indicator of willingness to interact in a cross-cultural health interaction than these other indicators.

Difficulties with health service access, service utilization and treatment quality for ethnic minority patients, are widely reported within health and mental health literature (Archie et al., 2010; Armstrong & Swartzman, 2001; Bird, Wiles, Okalik, Kilabuk, & Egeland, 2008; Cummings & Druss, 2011; Kirmayer et al., 2007). An increasing global community (Brislin, Cuchner, Cherrie, & Yong, 1986) has resulted in the increased cultural diversity of health service users (van Oudenhoven, Ward, & Masgoret, 2006) and a need for health services to deal competently with cultures other than the culture majority (Teal & Street, 2009). It is therefore important to better understand barriers to effective treatment engagement and health help seeking behaviour.

Anxiety Uncertainty Management (AUM) Theory (Gao & Gudykunst, 1990; Gudykunst & Nishida, 2001) suggests that anxiety and uncertainty are both pivotal factors in predicting the occurrence or effectiveness of cross-cultural interactions. This theory specifies that anxiety and uncertainty must be at an optimal level in order for effective communication to occur, with heightened levels leading to lower willingness to communicate. Anxiety and uncertainty have since been investigated

* Corresponding author at: School of Psychology, Brennan MacCallum Building (A18), University of Sydney, NSW 2006, Australia.
E-mail address: slog6434@uni.sydney.edu.au (S. Logan).

empirically, with findings suggesting that both factors hinder cross-cultural engagement and lead to avoidance (Duronto, Nishida, & Nakayama, 2005). More recently, research has also shown that perceived predictability (as a measure of uncertainty) directly impacts willingness to communicate (Logan, Steel, & Hunt, 2014), and that this effect is more significant when anxiety is high (Samochowiec & Florack, 2010) or the quality of the contact is diminished (Rohmann, Florack, Samochowiec, & Simonett, 2014). Findings also suggest a tiered association between anxiety and perceived predictability in predicting willingness to interact; in that state anxiety, specifically the anxiety in response to a cross-cultural interaction, is a stronger indicator than perceived predictability or trait anxiety (Logan et al., 2014).

To date research into cross-cultural interactions has not applied intercultural communication theory to a health setting; however, the application to this setting would allow for a better understanding of how intercultural factors that impact on willingness to communicate are currently influencing health specific interactions. In this manner, the application of intercultural communication theories may assist us in better understanding health help-seeking behaviours and reduce barriers to treatment. Within a health interaction the communication may differ compared to a day to day interaction with a stranger. For example, as this communication may be more structured or formal, the notions of how the communication is likely to proceed, who communicates when, what information is shared and how much is spoken, are all factors of high importance (Logan & Hunt, 2014). This exploration is of critical importance given the likelihood that patients will present with heightened anxiety due to difficulties with cross-cultural communication (Kim, 2008).

Whereas previous literature has reported on the negative impact that the combined factors of lowered predictability and heightened anxiety have on willingness to interact (Logan et al., 2014; Samochowiec & Florack, 2010), the direct impact that heightened anxiety has on the perception of predictability has not been explored to date. Given that anxiety and perceived predictability are regarded as separate but interrelated constructs (Logan et al., 2014), it is also beneficial to explore the extent to which an anxiety provoking health situation influences the perceived predictability of an interaction with a health professional from another cultural background, to further tease out these relationships. In this manner it is possible to assess both how AUM theory translates to a health setting, and further explore how anxiety and perceived predictability influence one another within an intercultural interaction.

Ethnocentrism, or the degree to which one values their own culture above other cultures (Lin, Rancer, & Trimbitas, 2005), has also been shown to impact willingness or motivation to engage in cross-cultural interactions generally (Arasaratnam & Banerjee, 2007; Lin & Rancer, 2003). Ethnocentrism impacts adversely on intergroup relations (Bozumic, Duckitt, Papadic, Dru, & Krauss, 2009), resulting in lower cultural sensitivity (Hammer, Bennett, & Wiseman, 2003; Lin, Rancer, & Lim, 2003), lower cultural competence (Arasaratnam & Banerjee, 2011), and outgroup negativity (Keles, 2013). Ethnocentrism is also associated with both increased anxiety and uncertainty in intercultural interactions (Awang-Rozaimie, Sahari, & Ali, 2012; Stephan & Stephan, 1992). Logan et al. (2014) found that ethnocentrism, together with state anxiety, is a more influential predictor than trait measures of anxiety, uncertainty and perceived predictability in a general intercultural setting. Given the importance of engagement with health services for the community, it is crucial to explore whether similar relationships are held between these factors within a health setting specifically, and whether the cultural values patients bring with them to a situation are a more important predictor of initial interactions compared to the levels of anxiety or predictability experienced.

Literature does suggest that cultural views on mental health, and associated health stigma, may also reduce the willingness of patients to interact with health clinicians. For example, stigma attached to mental illness by cultural minority patients has been reported to influence willingness to disclose symptoms and engage in treatment within a psychiatric setting (Wagner & Joukhador, 2001). Attitudes toward seeking psychological help may then directly influence willingness to communicate symptoms of anxiety or distress within an intercultural health setting. Consequently, it can be predicted that cultural values, measured via ethnocentrism, or attitudes towards health help seeking may be important predictors of engagement with health services. Whilst previous research has investigated ethnocentrism (Lin et al., 2005; Logan et al., 2014), to date research has not investigated attitudes towards health help seeking alongside intercultural willingness to interact. Based on previous research, it may be predicted that cultural values and attitudes towards help seeking will be stronger indicators of willingness to interact, compared to individual dispositions of trait based anxiety or uncertainty.

In order to better understand barriers to cross-cultural health interactions and to apply the intercultural communication AUM theory to a health setting, the current study seeks to investigate the effect of heightened anxiety and lowered perceived predictability (as a proxy measured for heightened uncertainty) on willingness to interact with a health professional from another cultural background. Comparisons will be drawn with current theoretical models (Gao & Gudykunst, 1990; Gudykunst & Nishida, 2001) and previous empirical research (Logan et al., 2014; Samochowiec & Florack, 2010) by the manipulation of both perceived predictability of an intercultural interaction person and the anxiety surrounding that interaction, to determine the effect on willingness to interact. However, these tasks will be modified to apply directly to a health situation in which an individual interacts with a health professional from another cultural background, to examine the effect of these manipulations within a health context specifically.

Secondly, in order to better understand the key factors that affect willingness to interact in a health situation the study will assess the direct contribution of state and trait anxiety, intolerance of uncertainty, ethnocentrism and attitudes toward health help seeking after controlling for the manipulation of anxiety and perceived predictability. It is predicted that state anxiety will also be a stronger contributor in a health setting, compared to trait measures of anxiety or uncertainty, on willingness to interact, as how been found previously in a general setting. Moreover, in keeping with previous research it is also predicted that cultural values (Lin & Rancer, 2003; St Louis & Roberts, 2013) will also make a significant contribution.