

Satisfaction With Communication in Primary Care for Spanish-Speaking and English-Speaking Parents



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ABSTRACT

BACKGROUND AND OBJECTIVE: Effective communication with primary care physicians is important yet incompletely understood for Spanish-speaking parents. We predicted lower satisfaction among Spanish-speaking compared to English-speaking Latino and non-Latino parents.

METHODS: Cross-sectional analysis at 2-month well visits within the Greenlight study at 4 pediatric resident clinics. Parents reported satisfaction with 14 physician communication items using the validated Communication Assessment Tool (CAT). High satisfaction was defined as “excellent” on each CAT item. Mean estimations compared satisfaction for communication items among Spanish- and English-speaking Latinos and non-Latinos. We used generalized linear regression modeling, adjusted for parent age, education, income, and clinic site. Among Spanish-speaking parents, we compared visits conducted in Spanish with and without an interpreter, and in English.

RESULTS: Compared to English-speaking Latino ($n = 127$) and non-Latino parents ($n = 432$), fewer Spanish-speaking parents ($n = 303$) reported satisfaction with 14 communication items. No significant differences were found between English-

speaking Latinos and non-Latinos. Greatest differences were found in the use of a greeting that made the parent comfortable (59.4% of Spanish-speaking Latinos endorsing “excellent” vs 77.5% English-speaking Latinos, $P < .01$) and discussing follow-up (62.5% of Spanish-speaking Latinos vs 79.8% English-speaking Latinos, $P < .01$). After adjusting for parent age, education, income, and study site, Spanish-speaking Latinos were still less likely to report high satisfaction with these communication items. Satisfaction was not different among Spanish-speaking parents when the physician spoke Spanish versus used an interpreter.

CONCLUSIONS: Satisfaction with physician communication was associated with language but not ethnicity. Spanish-speaking parents less frequently report satisfaction with communication, and innovative solutions to enhance communication quality are needed.

KEYWORDS: parent satisfaction; physician communication; Spanish speaking

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WHAT'S NEW

Spanish-speaking Latino parents experience lower satisfaction with primary care physician communication compared to both English-speaking Latino and non-Latino parents. Parents' satisfaction with communication was not significantly different between language-concordant care and care using an interpreter.

IN PRIMARY CARE, Latino children constitute a growing demographic group and comprise 24.4% of the US child population.¹ High-quality primary care is especially important for Latino children because one-third live in

poverty,¹ and Latino families experience barriers to health care^{2,3} and disparities in health outcomes.^{4,5} To deliver high-quality pediatric primary care to diverse populations, effective communication between children's parents and the medical team is essential, as outlined in the Department of Health and Human Services National Standards for Culturally and Linguistically Appropriate Services⁶ and emphasized in Healthy People 2020 objectives on physician communication skills.⁷ For Spanish-speaking patients, language barriers may lead to decreased understanding of instructions,^{3,8} less family-centered care,⁴ and less frequent resolution of medical problems compared to patients who speak English.⁹

Detailed investigation of Latino and Spanish-speaking parents' satisfaction with physician communication has rarely been conducted in pediatric primary care settings. Yet effective physician communication with parents has multiple beneficial effects, including greater parent satisfaction and improved health outcomes.¹⁰ Qualitative studies have demonstrated room for improvement in satisfaction with communication; Spanish-speaking mothers have described lack of language services and effective communication as factors influencing their experience of care¹¹ and many expressed frustration.¹² Ratings of communication with healthcare providers were low among Spanish-speaking parents in one large state study,¹³ and a national study found similar dissatisfaction amongst non-English-speaking parents, although specific languages were not examined, nor was the impact of use of interpreters.¹⁴

We sought to understand satisfaction with communication with physicians among Spanish- and English-speaking parents whose children receive primary care at 4 university-affiliated clinics in different states. We examined satisfaction with communication at the 2-month well visit, which was selected because of the high attendance rate and likelihood that it would occur with the child's regular physician; additionally, the larger study involved data collection at 2 months. We hypothesized that the percentage of parents who perceived physician communication as excellent would be highest among English-speaking non-Latino parents compared to Spanish-speaking and English-speaking Latino parents. Further, we hypothesized that among Spanish-speaking parents, satisfaction with communication would be highest when language-concordant care was provided by a physician conducting the visit in Spanish compared to when an interpreter was used.

METHODS

We conducted a cross-sectional analysis examining parent perception of physician communication. The sample consists of parents who attended academic medical center clinics (New York, Tennessee, North Carolina, and Florida) and were recruited for the Greenlight study. The parent study, which randomized sites to obesity prevention or active placebo (injury prevention counseling), has been described in detail previously.¹⁵ At 2-month well visits, which were enrollment visits for the trial, baseline measures used in this analysis were collected. Visits were conducted by resident physicians in pediatrics. The study received institutional board review approval at all 4 institutions.

The trial was registered at [ClinicalTrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT01040897) (NCT01040897).

DEPENDENT VARIABLES

Of 1805 parent-child dyads assessed for eligibility for the Greenlight study, 632 were excluded due to parent age under 18, language other than Spanish or English, or

plans to relocate; 308 parents declined participation. All parent-child dyads with a 2-month well visit ($N = 862$) were included in the current analysis. Dependent variables were measured by the Communication Assessment Tool (CAT),¹⁶ which was administered in the parent's preferred language by a bilingual research assistant after the 2-month well visit. The CAT was translated into Spanish, then back-translated into English. The CAT described parent satisfaction with 14 physician communication items and 1 staff communication item. For each CAT item, distributions and descriptive statistics were examined. Satisfaction was defined as "excellent," versus all other responses ("very good," "good," "fair," and "poor"). This cut point for dichotomization was chosen as recommended¹⁶ and used in similar studies.^{17,18} Additionally, after examining distributions in this sample and observing skewing toward positive responses, it was necessary to combine all other responses to allow a large enough sample for comparison with "excellent."

INDEPENDENT VARIABLES

Parents self-reported their ethnicity and language. Latino parents were those who identified as Hispanic/Latino ($n = 430$). Spanish speaking ($n = 303$) was defined as answering "only Spanish" or "more Spanish than English" in response to the question, "In general, what language(s) do you read and speak?" English speaking ($n = 127$) was defined by responding "both equally," "more English than Spanish," or "English only" in response to this question. This cut point for defining Spanish speaking was chosen in order to identify parents with greater proficiency in Spanish compared to English, similar to previous studies using self-reported proficiency measures.^{19,20}

Additional independent variables were language of visit and interpreter use. Language of visit (English, Spanish, or both) was determined from a separate postvisit, physician-completed questionnaire that was available for only 689 parents due to lack of questionnaire completion by physicians. Interpreter use was reported by resident physicians on the same questionnaire. We used data as reported by physicians at the 4-month visit for 74 patients who were missing this report at 2 months, assuming relative stability in preferred language, and to maximize the sample size. No other 4 month data is included here. All clinic sites had in-person interpreters, and all sites used a language proficiency evaluation process for resident physicians.

COVARIATES

Additional measures examined as potential covariates included the following: nativity (birth in vs outside United States), country of origin, mother's age (categorized as 18–20, 21–25, 26–30, 31–35, ≥ 36 years), whether the enrolled child was firstborn (yes/no), receipt of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits (for mother, infant, or both), parent education (less than high school, high school graduate, some college, college degree), annual household income ($< \$10,000$, $\$10,000$ – $\$19,000$, $\$20,000$ – $\$39,000$,

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