

## MIGRATION, MINORITIES & REGIONAL IDENTITIES

Türkiye and the Black Sea region are situated within a range of different geographical and political areas: Europe and the Balkans, the former constituents of the Soviet Union, the Caucasus, Central Asia, Iran and the Middle East. This location inevitably has constituted them as a physical bridge and placed them at the crossroads of different historical forces and empires. This was as much a feature in prehistoric as in historic and contemporary times, when cross-boundary migration remains an important domestic and international concern. The interplay between geographical factors, diverse political entities and patterns of migration has been a significant factor in shaping the domestic and social make-up of Türkiye and the Black Sea region. It has played an important role in forming cultural identities, whether at individual, regional, national or supra-national level. Simultaneously, these processes in relation to migrant communities have also influenced neighbouring areas. This strategic research initiative aims to promote research across different academic disciplines that relate to the themes of migration, minorities and regional identities in Türkiye and the Black Sea region.

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## Communication, trust and doctor-patient relationship: the case of immigrant doctors in Turkey

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In the last issue of *Heritage Türkiye* magazine, I introduced my research project, Bridging the Gap between Patients and Migrant Doctors, where I explore the working and living conditions of doctors who have immigrated to Turkey from other countries, as well as the relationship they have with their patients. The project aimed to gauge what kind of barriers there might be between immigrant doctors and their patients in communication, understanding, building trust and finding mutual ground, whilst critically analysing the discrimination that immigrant doctors might be facing as they encounter various forms of bureaucracy, work alongside their colleagues, and go about their days outside of their workplaces.

Since then, I have conducted 15 in-depth interviews with immigrant doctors and their patients, and a survey with responses from 176 people on their views about immigrant doctors. In this article, I will share some of the main findings from the survey. In particular, I will focus on how patients and potential patients of immigrant doctors envision their communication with immigrant doctors, as online data analysis of forum entries on the topic and in-depth interviews with (potential) patients have also pointed to the importance of communication in the doctor-patient relationship.

A basic breakdown of the 176 survey participants shows us that 77% are women and 20% are men, while 3% have not stated their gender. Seventy per cent of the participants have at least an undergraduate degree. This is significant with

regards to the representativeness of the survey, as this percentage is much higher than the percentage of those who have an undergraduate degree in the overall population in Turkey, which was identified as 23.9% by the Turkish Statistical Institute in 2022. A similar difference in demographics can also be seen when it comes to participants' household income: 66% of participants stated that their monthly household income is 20,000 TL or above, whereas the average monthly income in Turkey was 8201 TL in 2022.\* While the average income in 2023 is expected to be higher due to the increase in wages as a result of inflation, it is still possible to say that the findings from this survey are reflective of a sample with predominantly higher socioeconomic status.

### *Communication and the doctor-patient relationship*

One of the most crucial determining factors in the quality of an interaction where the doctor is an immigrant and the patient is not is communication. While immigrant doctors applying for a work permit in Turkey are required to pass a Turkish language exam at the level of B2 within the Common

\* Turkish Statistical Institute, Data Portal for Statistics: 'Ulusal Eğitim İstatistikleri [National Education Statistics], 2022,' 26 May 2023, <https://data.tuik.gov.tr/Bulten/Index?p=Ulusal-Egitim-Istatistikleri-2022-49756>; 'Gelir Dağılımı İstatistikleri [Income Distribution Statistics], 2022' 4 May 2023, <https://data.tuik.gov.tr/Bulten/Index?p=Gelir-Dagilimi-Istatistikleri-2022-49745>.

European Framework of Reference for Languages, having this level of language proficiency may not guarantee smooth communication between the two parties. Furthermore, many potential patients of immigrant doctors are not informed about the requirements to work as an immigrant doctor in Turkey. Hence, it can be expected that patients are apprehensive about being seen by a doctor with whom they may not be able to communicate well. To this end, one of the aims of the survey was to assess how potential patients of these doctors expect their communication to unfold, and how those who have been seen by immigrant doctors characterise their interaction in terms of maintaining a mutually accessible dialogue.

In order to assess how (potential) patients envision their communication with immigrant doctors, participants were asked their level of agreement with the following statement, 'It might be more difficult to communicate with a doctor who is not from Turkey'. Sixty per cent of 157 participants stated that they either agree or strongly agree with this statement, 24% indicated that they either disagree or strongly disagree, and 16% were neutral. In a similar vein, another question that patients or potential patients of immigrant doctors were asked on the survey was whether they thought a doctor from Turkey would understand them better when compared to a 'foreign' doctor. To this, 65% of participants responded with 'I agree' or 'I strongly agree', 24% with 'I disagree' or 'I strongly disagree', and 11% with 'neutral/I can't decide'. These findings suggest that patients may lean towards being seen by a doctor whose mother tongue is Turkish or may worry that they will not have problem-free communication with immigrant doctors. Here, it is important to note that not all patients get to choose which doctor they will see. In both private and public healthcare institutions, patients may see a specific doctor because they are the only one available, or if it is an emergency. Anticipating a language barrier might make patients nervous and worried about their exchange with their doctor, feelings which might already be present simply due to visiting a doctor. Hence, it is important that patients are informed about the language proficiency of doctors and reassured that their communication will not be affected by an anticipated language barrier.

This difference between what is anticipated and what is experienced warrants attention. When we look at the above percentages and compare the responses of those who have seen an immigrant doctor and those who have not, it becomes apparent that the agreement of the former with 'It might be more difficult to communicate with a doctor who is not from Turkey' is higher at 65% than that of the latter at 48%. A similar pattern is seen in regard to the statement, 'A doctor from Turkey would understand me better than a foreign doctor': 69% of those who have never seen an immigrant doctor agree with this statement, whereas the level of agreement among those who have seen an immigrant doctor is 55%. While percentages in both groups for both statements are still quite high, the difference hints at

the importance of informing patients about what seeing an immigrant doctor might look like in the clinic in order to build a better doctor-patient relationship.

Participants were also asked to what extent they agree with the following statement, 'Foreign doctors require translators in order to communicate with their patients'. To this, 44% of participants responded with 'I agree' or 'I strongly agree', 22% with 'I disagree' or 'I strongly disagree', and the remaining 34% with 'I am not sure'. While doctors without sufficient Turkish language proficiency may be accompanied by translators in their clinics in their first year of working in Turkey, the presence of a translator may be uncomfortable for patients who are not willing to discuss the reason for their visit in front of a third party.

It is not only the exchange between doctors and patients during the visit, but also patients' medical records that determine the treatment a patient should receive. Hence, participants were asked their level of agreement with the following statement, 'I worry that a foreign doctor may not understand my medical records'. Fifty-five per cent of respondents agreed or strongly agreed with this statement, 19% were not sure, and 26% disagreed or strongly disagreed. The way one's medical history is recorded and structured may differ from one healthcare system to another. Hence, it is imperative that doctors are familiar with the system in Turkey and that patients are reassured that immigrant doctors are familiarised with it.

While patients' worries about seamless communication with their doctors are not necessarily unwarranted and are sometimes due to mis- or lack of information, it is worth noting that patients do not perceive immigrant doctors equally. Further findings from the survey and the in-depth interviews illustrate a distinction made between doctors emigrating from or trained in overdeveloped countries versus underdeveloped countries. While those from the former are celebrated by (potential) patients, doctors who are from or trained in the latter are often not trusted. The impact of this bias on the doctor-patient relationship will be discussed in more detail in an upcoming publication by incorporating into the discussion doctors' experiences in the clinic as well.

While these findings point at issues of communication between immigrant doctors and their (potential) patients as perceived by the latter, it is significant to underline that the doctor-patient relationship, irrespective of where the doctor is from or where they trained, is imbued with many challenges and conflicts. When participants were asked to what extent they agree with the following statement, 'In Turkey, the doctor-patient relationship is built on trust', 59% remarked that they were either not sure, or that they disagreed with the statement. This percentage highlights problems with the healthcare system in Turkey that are not necessarily related to immigrant doctors. In the event that larger, structural problems in the healthcare system are resolved, this might be expected to have a ripple effect on perceptions of immigrant doctors as well.