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Review article

Medical discourse of non-medical staff: analysis of the ideal dialogue between an administrator of a medical call-center in the intercultural aspect

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ABSTRACT

Building effective communication of non-medical personnel of a medical center with a patient or perspective client at the stage of primary contact as a problem of medical ethics and deontology is currently not well understood, but requires close attention not only to study medical discourse as a whole, but also to increase the attractiveness of a medical center for consumers of services. In this study, an approach to assessing communication in the information call-center of a medical organization was considered through an interview with representatives of different cultures: Russian and American.

Research objective: Identification of intercultural differences in the views of Russian and American respondents about the ideal dialogue between the administrators of a medical call center with a potential client who called the call center for information.

Materials and methods. The research was conducted by interviewing Russian and American respondents. The study did not study the correlation with other sampling parameters, except for belonging to a cultural group (Russian or American respondents).

Results: Analyzing respondents' opinions on the welcoming part, both groups note the importance of greeting phrases and the name of the organization. Their opinions differ significantly in terms of the need to indicate the administrator's name in the conversation and use courtesy constructions like "Can I help you?" in the end of the conversation. A similar attitude to the courtesy constructions is demonstrated, analyzing the structure of the end of a conversation: respondents of group A only 12-16% note the necessary expressions, unlike respondents of group B (60-72%). 54% of respondents in group A and 64% in group B noted that the administrator can hang up the phone first.

Analyzing the respondents' opinions to the situation when the administrator cannot answer the caller's question, it is revealed that the respondents of group A demonstrate a more loyal attitude to the incompetence of the administrator: 18% of the respondents of group A (up to 2% of the respondents of group B) consider this situation to be acceptable and only 2% Of these, the reasons for administrator incompetence are of interest (against 28% in Group B) Group B respondents cite clearer characteristics of the administrator's ideal timbre for voice and more stringent requirements for clear vocabulary compared to group A respondents.

Conclusions: The research showed the differences in the respondents' perceptions about the ideal dialogue between the administrator of a medical call center and a caller, which may be related to intercultural characteristics. By indirect evidence, it can be assumed that service behavior in medical centers in Russia is in its infancy and for more effective improvement it is advisable to take into account not only the opinion of Russian consumers of medical services.

Keywords: medical call-center, medical discourse, administrator's dialogue analysis, effective communication, customer-focused service in medicine, theory of intercultural communication

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INTRODUCTION

Currently, providing information to the patient plays an important role in the development system of providing services in medical centers. The development of the Internet information space certainly holds key positions. However, we should not neglect the improvement of the direct communication service with the patient, namely, the work of registry administrators or operators of a medical call-center. Forming a professional team of medical call-center administrators plays a key role in the development of customer-oriented service and in attracting patients to centers [Belostotsky AV, 2016; Korostelev S.A., 2018; Obukhova, 2014; Shakurov, 2014].

Analyzing the work of medical call-centers, the quality of the call center's information service plays an important role in shaping the patient's positive perception. In general it lays the foundation for the patient's subjective assessment of the quality of medical services provided [Dzuba, 2015; Lindh, 2015; Kalinichenko, 2014; Chernomurov, 2014]. In other words, despite the development of digital technologies, communication with the patient remains an extremely important component in the provision of medical care. Communication with the call center administrator is also a zone of primary contact with the patient and the basis for the formation of the first impression about the center. Often the call to the medical centers determines whether the patient will come there to receive medical services.

A significant number of researches are devoted to the analysis of medical discourse from the communication between the patient and the medical staff of the center, medical ethics and deontology are examined, but the problem of building effective communication of non-medical personnel, including call center or referral service administrators, has not been studied well [Barsukova, 2007 ;

Orlova, 2016; Moir, 2015; Paternotte, 2016; Petrov, 2016; Putsch, 1990; Sukchareva, 2014].

Undoubtedly, the basis of effective communication between administrators and patients lies in the standardization of their communication with the staff of the medical center and the level of knowledge of these standards determines the quality of the administrator's work. Using international standards to achieve the goal of building effective communication allows attracting more patients to the center, including contributing to the development of the input stream of medical tourism [Butova, 2014; Pesennikova EV, 2018].

The objective of our research is to identify intercultural differences in the perceptions of Russian and American respondents about the ideal dialogue of the administrator of the medical call center with the potential client who called to the center for information.

Materials and methods. The research was conducted by interview. A printed questionnaire was offered to respondents, during the interview the researcher asked questions, the answers were recorded on a Dictaphone. The interview was conducted in the language of the respondent (Russian or English). The questionnaire consisted of 5 sections: evaluation of respondents' opinions on greeting the caller by the administrator, on the procedure for completing the dialogue, on the administrator's behavior when the caller lacks the necessary information, on the tone and tone of the administrator's voice during the conversation, on the administrator's vocabulary.

The respondents were divided into 2 groups: Group A - 150 Russian-speaking respondents, citizens of the Russian Federation (they have been living in the Russian Federation for more than 10 years); Group B - 150 English-speaking respondents, US citizens (they live in the USA for more than 10 years). Group A consisted of 75 males and 75 females, the average age of the respondents was 33.3 (from 25 to 52 years, median - 38). Group B consisted of 80 males and 70 females, with an average age of 50.7 (from 27 to 70 years, median - 58). The study did not study the correlation with other parameters of the sample, except for belonging to a cultural group (Russian or American respondents).

RESEARCH RESULTS

Analysis of the respondents' opinions about the greeting by the administrator of the medical call-center of the caller showed that the greeting for Group A, respondents is mandatory (90%) and the name of the medical organization (100%). For the welcoming part, the respondents of this group considered the information on the administrator's name (37%) and the location of the medical organization (13%) to be less important. Russian-speaking respondents noted in 77% that the greeting should be informative and long enough, and only 13% noted that the greeting should end with a phrase like "How can I help you?" inviting the caller to further dialogue.

Group B respondents in 70% noted the phrase "How can I help you?" At the end of the greeting part and 30% noted the importance of specifying the location of the medical organization. Also, 83% of English-speaking respondents believe that the welcome part should be as short as possible.

Table 1. The survey results of respondents about the greeting structure by the administrator of the medical call-center (p <0.05).

Questions	Group A, affirmative answers %	Group B, affirmative answers %
"Hello" or "Good afternoon" necessarily? (YES)	135 out of 150 90%	111 out of 150 74%
Is the name of the organization required? (YES)	150 out of 150 100%	132 out of 150 88%
Should the administrator introduce? (YES)	57 out of 150 38%	102 out of 150 68%
Is information about the medical center location required? (YES)	18 out of 150 12%	45 out of 150 30%
Do you think the greeting should be informative, even if it is long? (YES)	114 out of 150 76%	24 out of 150 16%
Do I have to finish the greeting with a phrase like "How can I help you"? (YES)	33 out of 150 22%	105 out of 150 70%

Analysis of respondents' opinions on the correct structure of the termination by the administrator of a conversation with a subscriber showed that for English-speaking respondents (group B), unlike respondents of group A, the constructions of polite speech turns like "Thank you for the call" are important, "You can always call us if you will have new questions", "Can I help you with something else?", etc. Also, 54% of Russian-speaking respondents and 60% of English-speaking respondents answered that the administrator could hang up the phone first.

Table 2. The survey results of respondents about the ending of the conversation by the administrator of the medical call-center (p <0.05).

Questions	Group A, affirmative answers %	Group B, affirmative answers %
Is the phrase "Thank you for the call" obligatory? (YES)	24 out of 150 16%	90 out of 150 60%
The phrase "Please call if you have other questions" is required? (YES)	18 out of 150 12%	108 out of 150 72%
The phrase "Can I help you with anything else" is required? (YES)	24 out of 150 16%	105 out of 150 70%
Can the operator hang up first? (YES)	81 out of 150 54%	96 out of 150 64%

Analysis of the respondents' opinions about the correct behavior of the administrator in the absence of the necessary information for the caller also showed that the forms of politeness in the conversation are more important for the English-speaking group: 80% of respondents (against 22% in

group A) answered that the administrator should apologize and 28% (against 2% in group A) considered it necessary that the administrator explained the reason for the lack of necessary information. Russian-speaking respondents showed high loyalty to this situation, in comparison with the English-speaking group: 18% of Russian-speaking respondents considered the above situation acceptable against 2% of the English-speaking group. Also, the respondents of group B showed great insistence on obtaining the necessary information: 98% (against 66% in group A) believe that the call should be transferred to an employee competent to provide the required information.

Table 3. The survey results of respondents about the behavior of the administrator in the absence of the necessary information (p <0.05).

Questions	Group A, affirmative answers %	Group B, affirmative answers %
If the administrator cannot answer the question, he must transfer the call to the one who can answer (management, specialized unit)	99 out of 150 66%	147 out of 150 98%
The administrator may not have the information required by the caller. This is a valid situation in the work of the call-center.	27 out of 150 18%	3 out of 150 2%
The administrator must apologize if he does not have the caller information.	33 out of 150 22%	120 out of 150 80%
The administrator must explain to the caller the reason why he cannot answer the question.	3 out of 150 2%	42 out of 150 28%

Answering the question about the correct tone of the administrator's voice, 100% of the respondents of both groups noted that the tone of the voice should be courteous and polite. The respondents of the English-speaking group noted that the tone of the administrator's voice should also be friendly (90%), balanced or neutral towards the caller (93%), delicate and enticing (43%), and cheerful or cheerful (20%). None of the respondents of group A considered the vigorous and cheerful tone of the administrator in the conversation to be correct (0%).

Table 4. The survey results of respondents about the correct tone of the voice of the administrator of a medical center when talking on the phone (p <0.05).

Variants of the answering the question: "What should be the tone of the administrator's voice?"	Group A, choice option %	Group B, choice option %
Friendly	57 out of 150 38%	135 out of 150 90%
Neutral	75 out of 150 50%	141 out of 150 94%
Delicate or insinuating	12 out of 150 8%	66 out of 150 44%
Cheerful	0 out of 150 0%	30 out of 150 20%
Polite	50 out of 50 100%	50 out of 50 100%

Survey of respondents about the appropriateness of the use of slang or interjections by the administrator in a conversation with the subscriber showed that respondents in both groups have a negative attitude to the use of slang, while the use of interjections and filling pauses in a conversation like "Uh-uh ... mmm", etc. 63% of group A respondents consider acceptable.

Table 5. The survey results of respondents about the correctness of using slang and interjections by the administrator (p <0.05).

Question	Group A, affirmative answers %	Group B, affirmative answers %
Can the administrator use slang to communicate with the caller?	45 out of 150 30%	57 out of 150 38%
Is it permissible to use interjections in the administrator's conversation to fill in the pauses? (For example, "uh ... mmm" or "well, uh ... uh," etc.)	96 out of 150 64%	45 out of 150 30%

RESULTS AND DISCUSSION

Results show us that the respondents of the English-speaking group demonstrate clearer and more stringent requirements for the administrator's work: concise and informative communication, clarity in providing information about the organization, obligatory use of courtesy constructions, emphasizing respect and interest in speaking with the caller, clean administrator vocabulary (no interjections and slang) and so on. During the interview, it was noted that Group B respondents consider it their inalienable right to receive the necessary information from the administrator, who in the hierarchy of the social ladder as a provider of necessary services is at the same level or at a level lower than the potential client. Requiring a proper level of service is the only correct position according to the respondents of group B.

Group A respondents demonstrate loyalty to the administrator, including, in the case of his incompetence, to provide the necessary information. The requirements of the respondents of the Russian-speaking group are less unambiguous in terms of the obligatory use of polite speech turns, requirements for the administrator's vocabulary and tone of his voice in communication.

Considering that in the US, competition between medical centers is more developed, as well as the practice of improving customer-oriented service through specialized staff training, the American respondents have a clearer idea of the ideal information service in a medical center in comparison with the Russian-speaking group (Tables 1, 2, 3, 4 and 5). The data obtained indirectly indicate that in the Russian Federation a client-oriented service in medical organizations is in its infancy, and consumers of services do not yet have a clear idea of what should be the service behavior in general.

The differences in the opinions of the respondents demonstrated in the study can also be explained in terms of intercultural differences, for example, by analyzing the indicators for the Russian Federation and the United States according to the typology of cultural dimensions Hofstede [Hofstede, 2001].

Figure 1. Cultural measurements indicators according to the Hofstede theory in the Russian Federation and the USA.

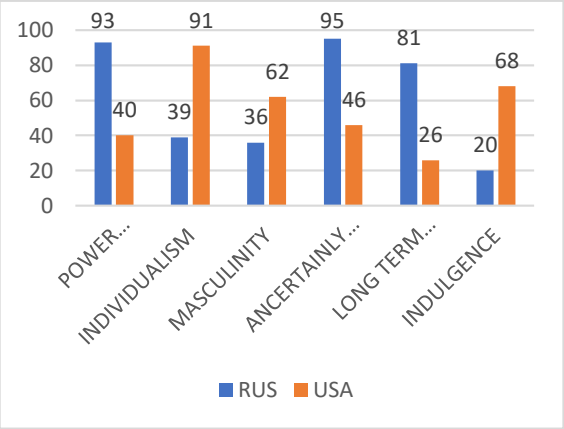

Figure 1 show that the indicators of cultural measurements for the United States and the Russian Federation differ significantly, which confirms the validity of the hypothesis that there are differences in ideas about the ideal dialogue between the administrator and the consumer of the services of the information call-center of a medical organization.

It should be noted that the high value of the distance indicator from power for the Russian Federation (93 out of 100) and the low value of the indicator of individuality (39 out of 100) generally explain the high loyalty to the administrator incompetence or low level of service in the call center (Table 3), since the administrator in this situation is the owner of the power to provide or not to provide the necessary information, and in the process of communicating one-on-one with the administrator, to achieve the goal, a clear manifestation of the features of individualism is necessary, which for the Russian culture is not peculiar. Also, the values of these indicators can explain the tolerance to the lack of forms of politeness in the dialogue (Table 1, 2, 3). The indicator of masculinity for the Russian Federation is also lower than in the United States, which indicates a cultural inclination to show tolerance, care for loved ones, a low tendency to conflict and the protection of one's own interests.

The high value of the index of intolerance to the unknown (95 out of 100) and orientation to the future (81 out of 100) for the Russian Federation can be explained that it is extremely important for the Russian respondents to get as much detailed information as possible about everything, in the dialogue it is even appropriate to clarify or rephrase the question several times for accuracy understanding by the opponent (table 1). Also, Russian citizens are characterized by excessive concern for the future, fear of uncertainty, high dependence on public opinion, and difficulty in obtaining "simple" joys of life. It also lays a certain imprint on the attitude of the Russian respondents to the conversation with the administrator of the medical center.

The results of the study, confirmed by indicators of cultural measurements according to the Hofstede theory, also suggest that improving the quality of medical services based on the opinion of Russian respondents or consumers of medical services will not be progressive and rapid. Since Russian culture is not characterized by a demonstration of one's own opinion (low individualism), humility before power and carriers of power (including information) (high distance from power) is characteristic, high dependence on the opinion of the collective and society, low sense of purpose and the desire to change the present (a high indicator of future orientation, a low index of indulgences), etc.

Thus, in order to improve the quality of information services in medical centers, it is advisable to use, in addition to feedback methods, other methods, for example, analysis of telephone conversations by experts, thematic interviews with employees and training for staff.

CONCLUSION

The fundamentals of intercultural communication theories can be applied to build an effective dialogue in a medical centers between a consumer of medical services (medical service) and employees of a medical centers. Knowledge of cultural characteristics can increase the loyalty of the potential consumer of services to the center.

In general, service behavior in medical organizations in Russia is in its infancy. In order to more effectively develop client-oriented services in medical organizations, increase competitiveness and attract the input flow of medical tourism, it is advisable to take into account the opinion of not only Russian consumers of medical services, as well as conducting surveys on other cultural groups of potential consumers.

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