

# Patient Activation, Acculturation, and Doctor's Trust: Key Factors in Healthcare Satisfaction for Albanian Immigrants in Germany

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## Research Article

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## Abstract

## Background

This research focuses on the Albanian community in Germany, a notable segment of the immigrant population. These immigrants, having relocated for diverse reasons, face opportunities and health-related challenges in their new milieu. It is essential to identify and address these challenges, which predominantly stem from cultural discrepancies, linguistic barriers, and insufficient patient activation to facilitate their integration.

## Methods

A cross-sectional, quantitative approach was employed over four months, involving 106 participants. Data collection was executed via a structured questionnaire designed to collect information on the following variables: Patient Activation Measure (PAM), patient satisfaction, doctor's trust, acculturation, cultural competency.

## Results

The study reveals that Albanian immigrants frequently struggle with healthcare access in Germany. Significant factors influencing patient satisfaction include the perceived trustworthiness of healthcare providers, patient activation levels, cultural competence, and degree of acculturation. In contrast, economic factors such as personal financial resources did not significantly affect satisfaction outcomes. These insights are vital for healthcare providers and policymakers, highlighting the need for targeted strategies to bolster patient activation among Albanian immigrants.

## Conclusion

The findings underscore the critical importance of enhancing patient activation and fostering a trust-based relationship between doctors and patients. Additionally, improving acculturation processes could significantly augment the healthcare experiences of immigrants. This study contributes to the broader discourse on immigrant health integration, offering evidence-based recommendations for policy and practice adjustments in Germany.

## 1. Introduction

In recent decades, immigration has emerged as a pivotal global phenomenon, influencing societies and economies worldwide [1, 2]. Specifically, the migration of individuals across borders for economic, political, or personal reasons has contributed to demographic diversification in numerous countries. Germany, recognized as a favored destination due to its economic opportunities, social benefits, and relatively inclusive atmosphere, has notably seen an influx of immigrants. As of 2017, approximately 12.17 million residents in Germany were born abroad [1].

Germany's immigrant populace comprises individuals from diverse national backgrounds, enhancing cultural variety and enriching the social framework [1]. These immigrants often encounter numerous challenges as they adapt to new environments, including language barriers, cultural differences, and restricted access to healthcare services. A comprehensive understanding of the experiences and needs of these populations is essential for developing strategies that foster their well-being and facilitate integration into the host society.

Among the various immigrant groups in Germany, the Albanian community is significant, representing a considerable proportion of the immigrant population. Only in 2017 there were 20000 Albanian immigrants residing in Germany [1]. Albanians have migrated to Germany for various reasons [3], including the pursuit of improved economic conditions, political stability, and enhanced quality of life.

Immigration, while presenting opportunities, also introduces health-related challenges [4–7]. Immigrants, including those from Albania, often experience disparities in healthcare access, which affect patient satisfaction and lead to higher incidence rates of health complications compared to the native population [4, 8]. These disparities can be attributed to factors such as cultural differences, language obstacles, and the Patient Activation Measure (PAM) [9].

Patient satisfaction is a critical metric for assessing healthcare quality and effectiveness [10–14]. It is especially important in evaluating the healthcare experiences of immigrants [11, 15, 16]. Factors influencing patient satisfaction include patient activation [9, 17], acculturation [18], trust in healthcare providers [19, 20], cultural competence [21], and demographic characteristics such as age, gender, residence, and accessibility of healthcare services [22–25]. Additionally, migrant generation, education level, and income also play roles [26].

A study conducted in Italy on Albanian immigrants from 1992 to 2000 corroborates the consistency of female Albanian migrants' behaviors with historical migration patterns [27]. Patient Activation Measure (PAM) pertains to an individual's capacity to manage their health effectively, which includes understanding and engaging in the management of their conditions [28–30]. Acculturation involves adapting to new cultural settings, which can manifest in various strategies: integration, assimilation, separation, or marginalization [31, 32].

Furthermore, trust in medical personnel reflects the confidence patients hold in their healthcare providers [19]. In addition, cultural competency is crucial for creating a healthcare environment that respects and understands all patients, thereby improving health outcomes and enhancing patient satisfaction among immigrants [33].

Recognizing the impact of these factors on immigrant patient satisfaction in Germany is vital for healthcare providers and policymakers [34, 35]. By identifying key predictors of patient satisfaction, healthcare systems can tailor interventions to align with the unique preferences and needs of the Albanian immigrant population. This study seeks to explore the determinants of patient satisfaction among Albanian immigrants in Germany, focusing on PAM, acculturation, trust in doctors, demographic variables, and cultural competence, with the goal of advancing effective healthcare strategies within the German healthcare landscape [36, 37].

## 2. Materials and Methods

### 2.1. Study Design

This quantitative cross-sectional study assessed patient satisfaction with the German health care system among Albanian residents in Germany. Cross-sectional studies collect data at a specific time point to explore associations between variables.

### 2.2. Data Collection

Data was collected using Soscisurvey.de and through direct engagement at community centers and via social media, targeting the Albanian community. To overcome language barriers the questionnaires were translated from English to Albanian and providing data protection information on the first page of the survey before beginning the questionnaire, ensuring clarity and support throughout the survey period.

### 2.3. Questionnaire

The questionnaire comprised five sections assessing personal data, patient satisfaction, Patient Activation Measure (PAM), acculturation, trust in doctors, and cultural competence.

### 2.4. Participants

In this study, participants were selected based on specific inclusion and exclusion criteria to ensure the focus remained on the targeted population. The inclusion criteria required participants to identify as Albanian immigrants and reside in Germany. Additionally, participants needed to be willing to complete a structured questionnaire and possess sufficient proficiency in German or Albanian to understand and respond to the questions.

On the other hand, the exclusion criteria disqualified individuals who did not identify as Albanian immigrants, were not residing in Germany, were unable or unwilling to provide informed consent, or did not have sufficient proficiency in German or Albanian to complete the questionnaire. These criteria were established to ensure that the study accurately reflected the experiences and challenges of the Albanian immigrant community in Germany.

### 2.5. Study Variables

**Patient Satisfaction:** For the sake of brevity and to fit the Albanian demographic we used a 10-item scale to assess Patient Satisfaction, FP (translated the items to fit the Albanian population), using a 7-point Likert scale. Example item: "My doctor encourages me to talk about all my health problems." Cronbach's alpha was 0.98 [38].

**Acculturation:** Measured by a 12-item scale on a 5-point Likert scale, assessing cultural adaptation between Albanian and German contexts, FP (translated the items to fit the Albanian population). Cronbach's alpha stood at 0.85 [39].

**Trust in Doctors:** A 5-item scale selected from an original 11-item measure, rated on a 4-point Likert scale EA (selected the items), FP (translated the items to fit the Albanian population). Cronbach's alpha was 0.89 [40].

**Patient Activation Measure (PAM):** Consisting of 13 items rated on a four-point scale, adapted to reflect the cultural nuances of the Albanian population, FP (translated the items to fit the Albanian population). A high score indicates greater patient activation. Cronbach's alpha was  $\geq 0.85$  [9].

**Cultural Competence:** A 6-item measure rated on a 4-point Likert scale, FP (translated the items to fit the Albanian population), with three additional yes/no items examining health system bias. [21].

### 2.6. Data Analysis

Data were analyzed via multiple regression in SPSS (version 29) to explore the influence of socio-demographic variables, PAM, acculturation, trust in doctors, and cultural competence on patient satisfaction. Multiple regression analysis facilitated the assessment of the distinct contributions of each predictor to the outcome variable.

## 3. Results

### 3.1. Demographic Data

The sample selection process spanned approximately four months. The study engaged a stratified random sample of 106 Albanian individuals residing in Germany (Table 1), with an age range from 16 to 52 years (mean = 27, SD = 7). Participants predominantly resided in suburban or rural areas (68.5%), with a smaller proportion from urban environments (31.5%).

The gender composition was slightly skewed towards females, comprising 55.4% of the sample, with males representing 44.6%. This gender and age group was used as a representative cross-section of the target population. 14 individuals did not complete the questionnaire in full. The collected data encapsulate

various demographic and socio-economic aspects. The marital status revealed that 45.7% of the participants were single, 26.1% married, another 26.1% in a partnership, and a minority of 2.2% divorced. A diversity of religious beliefs was noted with 27.2% identifying as Christian, 22.8% as Muslim, followed by lesser proportions of other beliefs. In terms of education, a majority held a high school diploma (53.3%), while 42.4% had completed 8 to 10 years of schooling.

Financial satisfaction levels varied, with a substantial segment expressing dissatisfaction; 16.3% were very dissatisfied, and 44.6% were quite dissatisfied with their financial status. When queried about savings, similar discontent was observed, with 21.7% very dissatisfied and another 44.6% quite dissatisfied. On the other hand, 34.8% reported being fairly satisfied with their financial situation, and a very small portion (4.3%) felt very satisfied. This profile indicates the diverse economic pressures and lifestyle disparities within this demographic, reflecting broader socio-economic patterns likely influencing their living conditions and overall well-being.

**Table 1.** Demographic characteristics of the Albanian immigrants (n=106)

<b>Characteristics</b>	<b>N (%)</b>
<b>Gender</b>	
Male	44.6
Female	55.4
<b>Urbanization</b>	
Big City	31.5
Small Town/Rural area	68.5
<b>Marital Status</b>	
Single	45.7
Married	26.1
Partnership	26.1
Divorced	2.2
<b>Religion</b>	
Christian	27.2
Muslim	22.8
Atheistic	18.5
Agnostic	9.8
Others	5.4
Prefer not to answer	16.3
<b>Schooling</b>	
No Degree	4.3
School-leaving qualification after 8/10 years	42.4
High school diploma	53.3
<b>Children</b>	
0	80.4
1	8.7
2	6.5
3+	4.3
<b>Financial Status</b>	
Very Dissatisfied	16.3
Quite Dissatisfied	44.6
Fairly Satisfied	34.8
Very Satisfied	4.3
<b>Savings</b>	
Very Dissatisfied	21.7
Quite Dissatisfied	44.6

Fairly Satisfied	31.5
Very Satisfied	2.2

Note: The descriptive statistics, intercorrelations, and Cronbach's alpha coefficient of the study variables are summarized in Table 2.

### Patient Satisfaction

The mean (14.9) and standard deviation (2.7) of Patient Satisfaction is with a suggesting moderate variability around the mean with a reliability coefficient of 0.7, indicating acceptable internal consistency. This variable strongly positively correlated with Trust in Doctors (.561) and PAM (.600), very weakly correlated with Acculturation (0.001), almost negligible, and moderately correlated with Cultural Competency (.463).

### Trust in Doctors

The Cronbach's alpha of the Trust in Doctors (0.7) shows acceptable internal consistency. Furthermore, it moderately correlates with PAM (.518) and with Cultural Competency (.450) and weakly correlates with Acculturation (0.124).

### PAM

The mean and standard deviation of the PAM (38.6 and 9.7 respectively) indicate a relatively high variability with a good internal consistency (0.8). this variable has weakly correlated with Acculturation (0.056) and moderately correlates with Cultural Competency (.318).

### Acculturation

The Reliability coefficient of Acculturation (0.8) also, indicates good internal consistency and shows a moderate correlation with Cultural Competency (.476).

### Cultural Competency

The Cultural Competency has a low variability of 2.1 and relatively low reliability at 0.5, suggesting poorer internal consistency compared to the other scales.

**Table 2. Means, Standard deviations, Intercorrelations, and Cronbach's alpha coefficients for the study variables among Albanian immigrants.**

	2	3	4	5	M	SD	Number of items	Chronach's alpha
1.Patient satisfaction	.561**	.600**	.001	.463**	14.9	2.7	5	0.7
2.Doctor's Trust		.518**	.124	.450**	40.7	5.5	13	0.7
3.PAM			.056	.318**	38.6	9.7	10	0.8
4.Acculturation				.476**	30.7	7.0	11	0.8
5.Cultural competency					14.9	2.1	5	0.5

## 3.2. Correlation

The regression analysis, detailed in Table 3, assesses the influence of various predictors on Patient Satisfaction, revealing statistically significant results ( $F = 13.38, p < 0.001$ ). The model explains approximately 49% of the variance in patient satisfaction, as indicated by the coefficient of determination ( $R^2 = 0.49$ ), with an adjusted  $R^2$  of 0.45, which accounts for the number of predictors and the sample size.

The predictors contributing positively to patient satisfaction include Doctor's Trust ( $\beta = 0.235, p = 0.018$ ), Patient Activation Measure (PAM) ( $\beta = 0.381, p < 0.001$ ), and Cultural Competency ( $\beta = 0.296, p = 0.004$ ). These results suggest that higher levels of trust in doctors, patient activation, and cultural competency are associated with increased patient satisfaction. Conversely, Acculturation is negatively associated with patient satisfaction ( $\beta = -0.192, p = 0.034$ ), indicating that greater levels of acculturation correspond to lower patient satisfaction.

The analysis excluded financial and saving predictors due to their nonsignificant impact on patient satisfaction ( $p$ -values of 0.427 and 0.998, respectively).

**Table 3.** Regression Analysis Summary for Health Variables predicting Patient Satisfaction of Albanian immigrants

Predictor Variables	B	Std. Error	$\beta$	t	p
(Constant)	-14.925	7.002		-2.131	0.036
Doctor's trust	0.838	0.347	0.235	2.417	0.018
PAM	0.659	0.159	0.381	4.131	0.000
Acculturation	-0.258	0.120	-0.192	-2.155	0.034
Cultural competency	1.351	0.451	0.296	2.997	0.004

## 4. Discussion

This investigation elucidates the complex dimensions of patient satisfaction within Germany's healthcare system, with a specific focus on the Albanian immigrant community. Our findings reveal a spectrum of determinants that intricately influence patient perceptions and satisfaction, providing nuanced insights into the dynamics of healthcare interaction.

Central to our discoveries is the profound impact of the Patient Activation Measure (PAM). Our analysis confirms that enhanced PAM characterized by improved communication, knowledge, skill, and confidence in managing their own health and healthcare and empowered patient decision-making correlates strongly with elevated patient satisfaction [17, 28, 41–43]. This association underscores the imperative for healthcare practitioners to prioritize patient engagement strategies that are calibrated to bolster patient autonomy and activation, thereby fostering optimal health outcomes.

Interestingly, the study identified a counterintuitive association between increased acculturation and decreased patient satisfaction. This finding suggests that while acculturation typically facilitates a smoother transition into the host culture, it may concurrently introduce challenges within the healthcare environment for Albanian residents. They may refer to the potential difficulties and frustrations that may arise as Albanian residents become more familiar with the healthcare system. Initially, they might be grateful for any medical care they receive in a foreign country. However, over time and with more frequent interactions with the healthcare system, they may become more aware of its shortcomings and inefficiencies, leading to decreased satisfaction. Further studies are warranted to confirm this discrepancy. Other factors such as hospital size, staff, quality and practice specialization may have an influence on these results when compared to patient satisfaction of the native German population [44, 45].

Trust in healthcare providers has also emerged as a pivotal factor influencing patient satisfaction [20, 35, 46–49]. Consistent with existing literature, our results affirm that trust—encompassed by empathy and cultural sensitivity—significantly enhances the healthcare experience, emphasizing the critical role of nurturing trust-based relationships between patients and healthcare providers.

Cultural competence was another significant predictor of satisfaction, confirming our hypothesis and aligning with prior research [33, 36, 50, 51]. Healthcare interactions where patients demonstrate cultural competency are more likely to yield positive experiences. This underscores the importance of empowering patients with the knowledge and skills to navigate and understand different cultural contexts within healthcare settings.

Against our expectations, demographic factors such as age, gender, and socioeconomic status did not exhibit any correlation with patient satisfaction in this cohort. The absence of significant findings of these demographic factors aligns with a similar study that compared patient satisfaction to migration background at a pediatric nephrotic clinic conducted in Germany [35]. This observation reinforces the concept that patient satisfaction is influenced by a complex array of factors beyond simple demographic variables, suggesting a more intricate interplay of elements shaping healthcare experiences [52].

The study's cross-sectional design imposes certain limitations, primarily its ability to capture only snapshot associations rather than longitudinal trends. Additionally, the reliance on self-reported measures introduces potential biases. The study's cross-sectional design imposes certain limitations, primarily its ability to capture only brief associations rather than longitudinal trends. Additionally, the reliance on self-reported measures introduces potential biases. Due to these factors, the study might not be fully representative.

Given the narrow focus on Albanian migrants, expanding future studies to encompass a wider array of immigrant groups could enhance the generalizability of the findings. Investigating additional variables, such as language proficiency and demographic nuances, could provide a more comprehensive understanding of the factors that modulate patient satisfaction.

## 5. Conclusion

Our study highlights several critical lessons and actionable recommendations to improve the healthcare experiences of Albanian immigrants in Germany. Firstly, healthcare providers should prioritize enhancing patient activation by developing tailored educational programs and support systems that empower patients to take an active role in their healthcare. Additionally, fostering a trust-based relationship between doctors and patients is paramount; this can be achieved through cultural competency training for healthcare professionals, ensuring they are equipped to understand and respect the unique cultural backgrounds of their patients.

For clinics and healthcare institutions, implementing patient-centered care practices that prioritize effective communication and cultural sensitivity will significantly improve patient satisfaction and outcomes.

Policymakers should focus on creating policies that support these initiatives, providing the necessary resources and funding to healthcare providers and institutions. This includes investing in language services, such as translators and multilingual health materials, to overcome linguistic barriers. Further studies that investigate the correlation between patient satisfaction and acculturation in the Albanian community in Germany are recommended to confirm our findings or if other variables may have influenced the results.

Overall, by addressing the identified challenges through targeted strategies, we can enhance the healthcare experiences of Albanian immigrants, ultimately contributing to their overall well-being and integration into German society.

## Declarations

## Competing Interests

There are no competing interests.

## Funding

No funding was received for conducting this study. All research activities were self-supported by the authors, with no external financial contributions from any organization or agency.

## Ethics approval, Consent and Data

The study was approved by the institutional ethical committee (Reg.-Nr.: 2022-2856-Bef). Informed consent was obtained through a page of information about the data management and informed consent provided before starting the questionnaire and ensuring participants understood the study's voluntary nature and confidentiality protocols.

## Materials and Authors

The authors contributed through extensive research, data collection, and analysis. Their collective expertise in healthcare, psychology, and cultural studies provided a multidisciplinary approach, ensuring the study's robustness. The collaboration among the authors allowed for a well-rounded exploration of the subject, with each member bringing unique insights and perspectives to the research.

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