

# **\*Interculturalisation: Diagnostic Evaluation with Ethnic minority patients with Low back disabilities\* (IDEAL)**

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<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Muscle disorders
<b>Study type</b>	Observational non invasive

## **Summary**

### **ID**

NL-OMON30507

### **Source**

ToetsingOnline

### **Brief title**

\*IDEAL follow-up study\*

### **Condition**

- Muscle disorders

### **Synonym**

for which no specific physical cause can be identified; (2) low back pain, Low Back Disability: (1) chronic low back complaint

### **Research involving**

Human

### **Sponsors and support**

**Primary sponsor:** JBI - Instituut voor Reumatologie en Revalidatie

**Source(s) of monetary or material Support:** Het onderzoek wordt gefinancierd door

## Intervention

**Keyword:** Dropping out (of the rehabilitation care trajectory), Ethnic minority patients, Rehabilitation medicine, Use of health services

## Outcome measures

### Primary outcome

Primary study parameters

The primary study parameters are the factors that lead to the dropping out of the incomplete rehabilitation care trajectory, because of non-medical reasons.

Factors known up till now are: the complaints of the patient are not to be treated because of the patient's lifestyle; the patient refuses to consult a psychologist; the patient refuses to follow the advised treatment; the patient only wants to be treated with pain reduction; the patient wants to know the medical cause of his/ her complaints; the patient wants to continue the treatment he/ she receives in an other institution; the patient wants to end the rehabilitation treatment (because of inconvenience); motivation problems; the treatment does not fulfil the patients' expectations; language or communication problems; \*No Show\* (reason unknown); supposed \*No Show\* (reason unknown) (Scheppers et al 2005).

Outcome of the study

Based on the results of the study, conditions and recommendations that improve the use of rehabilitation medicine among ethnic minority patients will be formulated. It is expected that these recommendations will concentrate on the

patient, the physician, their interaction and the health care environment. The knowledge generated by this study may also be used to formulate hypothesis and research issues, that would justify further (quantitative) research in the area of the utilization of rehabilitation medicine among patients of non Netherlands origin.

### **Secondary outcome**

Not applicable.

## **Study description**

### **Background summary**

In march 2003, a study was instigated in the \*Jan van Breemen\* institution for Rheumatology and Rehabilitation in Amsterdam with the title: \* Interculturalisation: Diagnostic Evaluation with Ethnic minority patients with Low back disabilities (IDEAL)\*. This research is named the \*IDEAL-project\* in short, and financed by ZonMw, the Netherlands Organisation for Health Research and Development. This project encompasses the next set of studies.

1. A qualitative study regarding culture related factors of the dropping out of the rehabilitation care trajectory around the time of the first consultation (ZonMw project number 1435.0023; METC-Slz registration number 0351);
2. A quantitative study into the amount of people dropping out of the rehabilitation care trajectory during the whole duration of the care trajectory and defining the difference in the dropping out between rehabilitation patients of Netherlands and non-Netherlands origin (ZonMw project number: 1435.0041);
3. A qualitative study regarding culture related factors of the dropping out of the rehabilitation care trajectory during the whole duration of the care trajectory, after the patients have dropped out (ZonMw project number 1435.0041).

This summary concerns the third study of the IDEAL-project, that is indicated as the "IDEAL follow-up study".

Ethnic minority patients of Moroccan and Turkish origin with a chronic low back disability, for which no specific physical cause can be identified, experience barriers in the use of rehabilitation medicine, compared to patients of Netherlands origin. The rehabilitation care trajectory of patients of

non-Netherlands origin often is ended prematurely because of a non-medical reason, even though further rehabilitation treatment is justified (Dekker en Post 2002; Brouwer 2005). This so called \*dropping out\* of the rehabilitation trajectory (dropping out is defined as the ending of the incomplete rehabilitation care trajectory for a non-medical reason) is twice as large among rehabilitation patients of non-Netherlands origin, compared to patients of Netherlands origin (Scheppers et al 2005). The precise reason for this disparity is unclear. These barriers are most likely derived from the differences in the patient\*s and the physician\*s perspective, with respect to their background. The differences in perspective originate out of their different cultural background. Little is known of the characteristics of these backgrounds. This seems to suggest that the recommendation for treatment is inadequately focussed. Because of a lack of knowledge in this area quantitative research cannot take place, that reveals a solution to the problems.

## **Study objective**

The objective of this study is to generate knowledge about factors related to culture, that hinder the use of rehabilitation care. This follow-up study focuses on patients of non-Netherlands origin that are not any more under treatment, as they have ended the incomplete rehabilitation care trajectory because of non-medical reasons. The research question is: \*Which factors that are related to culture can possibly contribute to the premature ending of the rehabilitation care trajectory because of non-medical reasons, among patients of Moroccan and Turkish origin with a chronic low back pain disability for which no specific physical cause can be identified.\*

## **Study design**

This IDEAL follow-up study is done in four rehabilitation institutions in Amsterdam. The four institutions are: the JBI (Jan van Breemen Institution for Rheumatology and Rehabilitation), the RCA (Rehabilitation Centre Amsterdam), the OLVG (Onze Lieve Vrouwe Hospital) and the ZMC (Zaans Medical Centre). The whole duration of the study adds up to 24 months (August 2007 \* August 2009) and that of the data gathering up to 15 months (Oktober 2007 \* January 2009).

The IDEAL follow-up study is a qualitative and explorative study. The core activity of this study is the semi-structured interview. After their dropping out of the incomplete rehabilitation care trajectory is identified, the patients and their physicians are interviewed separately. Patients are being interviewed to reveal the non-medical reasons for their dropping out of the care trajectory. They will be interviewed at their homes. The rehabilitation physicians will be interviewed in their work environments. The interviews last one to one and a half hour, on average. All respondents are interviewed twice and the interviews will be audio recorded, transcribed and analyzed.

In the semi-structured interview, the differences in the patient\*s and the physician\*s backgrounds will be explored. Semi-structured interviews are shaped by their defined set of topics, however also topics are discussed that were not anticipated for, at the start of the follow-up study. \*Semi-structured interviews are conducted on the basis of a loose structure consisting of open ended questions that define the area to be explored, at least initially, and from which the interviewer or interviewee may diverge in order to pursue an idea in more detail\* (Mays and Pope 1995).

In this study, the interview topics were generated from a literature review (Scheppers et al 2006) and test interviews. The topics are: views on non-medical reasons for the dropping out of the incomplete care trajectory, views on rehabilitation, views on the differences in ethnic origin, expectations of the health services and personnel, expectations of the patient of non-Netherlands origin and his/ her family, the flow of the communicative patient-physician interaction, perceptions of the illness problem (health and illness beliefs), views on health care services and institutions, and experiences with the health care environment (waiting lists, questionnaires and treatment contracts). The data will be analyzed from the onset of data collection and consists of the constant comparative analysis procedure, using the software program Atlas-ti (Boeije 2002).

Determination of the dropping out of the rehabilitation care trajectory because of non-medical reasons, is part of the data gathering. This is done based on information recorded in the medical dossiers of the patients. The patient dossiers that are studied are: (a) the dossiers of patients presently dropping-out of the care trajectory. Their listed names are weekly provided to the researcher by the rehabilitation physicians of the four institutions joining the IDEAL follow-up study; (b) the dossiers of patients that formerly have dropped out of the care trajectory and that are determined in a dossier study carried out in the four joining institutions, during a registration period of two years preceding the start of the data gathering of the IDEAL follow-up study.

### **Study burden and risks**

There is no risk involved in joining this study. The data gathering consists of observational research activities: the research population will be interviewed only. They will be visited twice at their homes (rehabilitation patients of non-Netherlands origin) or in their work environments (rehabilitation physicians). They are at any moment free to end their involvement in this study without any consequence for their use of health services (rehabilitation patients) or their practise of the medical profession (rehabilitation physicians).

## Contacts

### Public

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### Scientific

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

Registration period of the dropping out of the rehabilitation care trajectory: Dropping out of the trajectory between 1-10-2005 en 1-1-2009. This is the period in which the dropping out is recorded in the patient dossier: (a) during the duration of the data gathering: 1-10-2007 tot 1-1-2009, or (b) during two years before the data gathering starts: 1-10-2005 tot 1-10-2007.;Origin: Moroccan and Turkish origin. By Moroccan and Turkish origin is meant: (a) everyone born in Morocco or Turkey and of whom at least one parent is born in the same country (first generation); (b) everyone born in the Netherlands and of whom both parents are born in Morocco or Turkey (second generation);;Diagnosis: Chronic aspecific low back disability. Chronic aspecific complaints are defined as complaints for which no specific physical cause can be identified and that last longer then twelve weeks. Low back complaints are defined as complaints of pain, (muscle) tension and stiffness in the region that lies between the lower ribs and the lowest buttock folds, with or without radiation in the

legs.;Reason for the dropping out of the rehabilitation care trajectory: non-medical reason. Dropping out of the rehabilitation care trajectory is defined as ending the incomplete trajectory, because of a non-medical reasons. The reason for the dropping out is determined by information acquired from the patient dossiers. This information is recorded in the report of the rehabilitation physician to the recommending general practitioner or specialist, in the discharge report of the rehabilitation physician, in the notes of the meetings of the rehabilitation team, or in the reports of the rehabilitation care provider.

## Exclusion criteria

Age: patients younger then 18 years of age

Levels of competence: inability to digest information

Written consent: unwilling to authorize the terms of consent

## Study design

### Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Health services research

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 01-10-2007

Enrollment: 35

Type: Actual

## Ethics review

Approved WMO

Application type: First submission

Review commission: METC Slotervaartziekenhuis en Reade (Amsterdam)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
CCMO	NL14982.048.07