



Brief report

The importance of ethnic similarity in the therapist-patient dyad among Surinamese migrants in Dutch mental health care

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Empirical evidence is equivocal on whether ethnic matching in the therapist–patient dyad is preferred by ethnic minority patients and whether it leads to treatment satisfaction. The aim of this study was to establish the importance of ethnic similarity in mental health care among Surinamese migrants in the Netherlands. A convenience sample of Surinamese out-patients in community mental health care ($N = 96$) was interviewed. Data were analysed using logistic multivariate techniques. The majority of the Surinamese out-patients (in particular recently residing participants) rated ethnic matching as relevant; a considerable minority considered compassion and expertise to be more relevant than ethnic background. Most out-patients reported to be satisfied with the services, especially females and respondents treated by an ethnically similar therapist. Ethnic similarity in the patient–therapist dyad is a strong predictor for satisfaction with mental health care services. However, although it is preferred by many, ethnic matching *per se* is no must—empathy, expertise and world view sharing are reported to be of considerable importance as well.

The ethnic similarity hypothesis maintains that ethnic minority patients will have a greater preference for a therapist of the same ethnicity. Ethnically similar therapists are presumably perceived by patients as higher on credibility, attractiveness and

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influence (Atkinson, 1983; Flaskerud, 1986; Gim, Atkinson, & Kim, 1991). Nevertheless, the benefits of an ethnic therapist-patient match are not consistently confirmed by research on treatment outcomes (e.g. Maddux & Desmond, 1996). In addition, various studies show more significance for other characteristics than ethnic similarity, such as the counsellor's expertise (Atkinson, Furlong, & Poston, 1986; Atkinson, Poston, Furlong, & Mercado, 1989). Moreover, ethnic matching research yielded different results for different ethnic groups (e.g. Sue, Fujino, Hu, & Takeuchi, 1991; Sue, Zane, & Young, 1994).

Since the majority of counsellors and therapists in the USA and Europe do not share the language and culture of an ethnic minority patient, the contribution of cultural (in)compatibility in service satisfaction needs to be explored. In this report, the results of an analysis concerning ethnic matching among Surinamese mental health care out-patients in the Netherlands are presented. As relatively recently arrived inhabitants from the former Dutch colony of Surinam, Surinamese people form one of the largest ethnic minority groups in the Netherlands. The Surinamese population itself is heterogeneous: it consists of Creole (with African ancestors), Hindustan (with ancestors from India), Javanese (with ancestors from Indonesia) and various other sub-populations. The following research questions are relevant:

- (1) How do Surinamese out-patients value the availability of a Surinamese therapist?
- (2) Does ethnic matching predict service satisfaction?

Method

Sample

Participants were sampled in three CMHC agencies.¹ About 55% ($N = 96$) of the solicited Surinamese out-patients responded positively to our request to participate. The descriptive statistics for the sample are presented in Table 1.

Procedure

The total population of Surinamese out-patients in care within the participating agencies was invited to participate. In this way, our sample was a convenience sample. Within this population, all people had an equal chance of participating. Adult (18 years and older) persons who were born in Surinam, or had at least one parent born there, were invited to participate in the face-to-face interview.

Interviewers

Two female researchers (one with a Hindustan Surinamese background and one with an Caribbean Antillean background) and one indigenous Dutch male researcher (with a

¹ *The following agencies were included: the out-patient mental health departments of De Meren in Amsterdam Oost and Amsterdam Zuidoost (Centre Koningshoef) as well as the out-patient department of the Academic Medical Centre in Amsterdam.*

Table 1. Descriptive statistics for sociodemographic variables ($N = 96$)

Variable	<i>N</i>	%	<i>M</i>	<i>SD</i>
Ethnicity				
Creole	57	59.4		
Hindustan	33	34.4		
Mixed	6	6.3		
Gender				
Male	25	26.0		
Female	71	74.0		
Age			39.2	11.1
Length of stay			17.6	8.3
Education				
Low	49	51.6		
Middle/high	46	48.4		
Source of Income				
Job	38	39.6		
Benefit	58	60.4		

background in cross-cultural research) administered the semi-structured interview to the Surinamese participants. The interviewers were trained by the research co-ordinator. The interviews were conducted in Dutch, as all Surinamese people speak it.

Instrument

Respondents were asked to identify demographic characteristics and to report their experiences with counselling in regular mental health care. The ethnic preference question was phrased: 'How important is it for you to be treated by a service provider with a Surinamese background?' The following answers could be given: 0 = Not at all important, 1 = Important, and 2 = Very important. Evaluation of the service delivered was assessed with the question: 'Were you satisfied with the help provided?' The answer format was: 1 = Completely dissatisfied, 2 = Moderately satisfied, 3 = Reasonable satisfied, and 4 = Very satisfied. Additional argumentation with regard to all the answers was noted by the interviewer in an open text format.

Analysis

To distinguish independent predictors of ethnic preference and service satisfaction, logistic analyses were conducted. The continuous independent variables age and length of stay in the Netherlands, as well as the ordinal independent variable education, were first transformed by dichotomization (0,1) according to the medians before entering the regression analysis. A direct logistic regression analysis was performed with importance of ethnic matching as the dependent variable, and gender, ethnicity (Creole or

Hindustan), age (< 39 or ≥ 39 yrs), length of stay in the Netherlands (< 20 or ≥ 20 yrs), education (lower professional or vocational/university) and source of income (paid job or social benefit) as independent variables. Another direct logistic regression analysis was conducted with service satisfaction as the dependent variable, and the sociodemographic variables and actual ethnic matching (ethnically similar [1] or dissimilar [0] therapist–patient dyad) as independent variables. Significance of the individual indicators was assessed by the Wald test. The overall goodness of fit was determined using the likelihood ratio χ^2 test. In order to assess the importance of the predictors, odds ratios were calculated.

Results

Importance of ethnic matching

Most Surinamese out-patients ($n = 62$, 64.6%) preferred ethnic matching (predominantly for ‘a better communication and comprehension in the treatment’). A considerable minority ($n = 34$, 35.4%) did not rate ethnic resemblance important—empathy, expertise and ‘world view sharing’ were considered to be of more relevance. Logistic regression analysis yielded length of stay in the Netherlands (< 20 years) as the only variable independently predictive of preference for ethnic resemblance (see Table 2).

Table 2. Summary of direct logistic regression analysis for variables predicting importance of ethnic matching ($N = 96$)

Variable	B	SEB	Wald	OR
Ethnicity	− 0.87	.55	2.56	0.42
Gender	0.90	.60	2.23	2.46
Age	0.58	.56	1.05	1.78
Stay in the Netherlands	− 2.01	.58	11.90*	0.13
Education	0.05	.56	0.01	1.05
Source of Income	− 0.40	.55	0.52	0.67

Note. $R^2 =$ Cox & Snell R^2 , $R^2 = .21$; -2 Log Likelihood = 91.04 ($\chi^2(6) = 21.32$, $p < .05$).

* $p < .05$, ** $p < .01$.

Service satisfaction²

The majority of the outpatients ($n = 52$, 75.4%) were treated by a Surinamese therapist, while 17 out-patients (24.6%) were treated by an indigenous Dutch service provider.

²Data on actual ethnic similarity in therapist–patient interactions were obtained for 69 respondents (the remaining respondents participated in another part of the study and were not specifically asked).

Most out-patients ($n = 61$, 91.0%) reported to be satisfied with the services; six persons were dissatisfied. Logistic regression analysis yielded ethnic matching (ethnic similarity) and gender (female) as the variables independently predictive for service satisfaction (see Table 3).

Table 3. Summary of direct logistic regression analysis for variables predicting service satisfaction ($N = 69$)

Variable	B	SE	Wald	OR
Ethnicity	0.56	1.52	0.14	1.75
Gender	3.12	1.59	3.87*	22.71
Age	1.25	1.34	0.87	3.49
Stay in the Netherlands	1.08	1.35	0.65	2.95
Education	- 1.99	1.44	1.90	0.14
Source of Income	3.47	1.77	3.85	31.92
Ethnic Matching	4.61	2.20	4.40*	100.31

Note. $R^2 =$ Cox & Snell R^2 , $R^2 = .24$; -2 Log Likelihood = 21.72 ($\chi^2(7) = 18.50$, $p < .05$).
 $p < .05$, ** $p < .01$.

Discussion

Results suggest that an ethnically similar therapist–patient relationship creates more satisfaction with the services than an ethnically dissimilar dyad. The ethnic similarity could provide a safe and trustful situation. However, most of the Surinamese respondents were treated by an ethnically similar therapist, which is quite an exception in Dutch mental health care. Maybe the opportunity enhanced the satisfaction. Moreover, treatment satisfaction is not equivalent to treatment effectiveness. A condition that is related to favourable outcomes within an ethnic match is most particularly a *cognitive* match—matches between therapists and patients in how they conceptualize goals for treatment and means for resolving problems (Sue, 1998). This could be a matter of sharing the same world view. Possibly, it is the fear of a clash of world views within ethnically dissimilar counselling dyads that underlies much of the preference for ethnic similarity in counselling and therapy. Consequently, not ethnic background but, more importantly, ‘world view sharing’ could be crucial in treatment (Leong, Wagner, & Tata, 1995). This would be consistent with our findings suggesting the significance of empathy and comprehension. Nevertheless, ethnic similarity in the therapist–patient dyad appears to be a strong predictor for satisfaction with mental health care services among Surinamese out-patients in the Netherlands.

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References

- Atkinson, D. R. (1983). Ethnic similarity in counseling psychology: A review of research. *The Counseling Psychologist*, *11*, 79–92.
- Atkinson, D. R., Furlong, M. J., & Poston, W. C. (1986). Afro-American preferences for counselor characteristics. *Journal of Counseling Psychology*, *33*, 326–330.
- Atkinson, D. R., Poston, W. C., Furlong, M. J., & Mercado, P. (1989). Ethnic group preferences for counselor characteristics. *Journal of Counseling Psychology*, *36*, 68–72.
- Flaskerud, J. H. (1986). The effects of culture-compatible intervention on the utilization of mental health services by minority patients. *Community Mental Health Journal*, *22*, 127–141.
- Gim, R. H., Atkinson, D. R., & Kim, S. J. (1991). Asian-American acculturation, counselor ethnicity and cultural sensitivity, and ratings of counselors. *Journal of Counseling Psychology*, *38*, 57–62.
- Leong, F. T. L., Wagner, N. S., & Tata, S. P. (1995). Racial and ethnic variations in help-seeking attitudes. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 415–438). Thousand Oaks, CA: Sage.
- Maddux, J. E., & Desmond, D. P. (1996). Ethnic matching of caseworker and patient in methadone maintenance. *Journal and Substance Abuse Treatment*, *13*, 233–239.
- Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist*, *53*, 440–448.
- Sue, S., Fujino, D. C., Hu, L., & Takeuchi, D. T. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology*, *59*, 533–540.
- Sue, S., Zane, N., & Young, K. (1994). Research on psychotherapy with culturally diverse populations. In E. A. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behaviour change* (4th ed., pp. 783–817). New York: Wiley.

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