

Quality of Life:

A German-Egyptian Comparative Study

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English Summary of Doctoral Dissertation in Medicine

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Summary

For about fifteen years an ever-increasing number of studies about quality of life has been produced in medical contexts. In most cases, patients of Western cultures are asked how they define quality of life for themselves. Two levels of target groups are usually not incorporated: firstly exclusively the patients' definition of quality of life is examined, not the doctors', and secondly usually only Western cultures are considered and non-Western cultures neglected. The here described study starts at exactly these points.

100 German and 50 Egyptian physicians were asked how they define quality of life for themselves and which aspects of life and health are important to them. They were asked also how they think their patients define quality of life. As points of reference journalists and artists were interviewed - 65 journalists and 45 artists on the German side and 10 journalists and 10 artists on the Egyptian side.

The differences discovered can be summarized as follows:

- ◆ The German as well as the Egyptian physicians consider themselves as being rather "responsible", whereas they judge their patients as being more "superficial".
- ◆ In Egypt a combination of religion and the desire for modern technology is

connected with the term quality of life, whereas in Germany social peace and a critical attitude towards modern technology are prominent.

1. Introduction

For about fifteen years now an ever-increasing number of studies about quality of life has been produced in medical contexts. In most cases, patients of Western cultures are asked how they define quality of life for themselves, or standardized instruments are used to examine their subjective assessment of their quality of life (KÜCHLER, 1991). This selective application has a negative side effect: It entices physicians to associate the term quality of life exclusively with their patients and to turn this subject into something narrowly confined and separated, not touching the physicians own existence. But since physicians are at a central position in decision making processes concerning advantages and disadvantages of certain treatments in respect to the quality of their patients' lives, it seems of high importance, to ask the physicians themselves about their personal definitions of quality of life.

The neglect of the physicians personal views on quality of life is, however, not the only shortcoming of quality of life studies, another weak point is the neglect of non-Western views.

1.1. Aim of the Study

The study starts at exactly the two named points and has two comparisons as its aim. At first physicians are asked to put their own definitions of quality of life into relation to their patients' definitions, i.e. they are asked to describe what they believe is their patients' definition of quality of life in comparison with their own. In addition to the pure data collecting aspect of this question it has the positive side effect to involve the physician personally. The term quality of life acquires thus a more personal colouring, something that in turn can benefit the doctor's work with patients. The common human basis that connects physician and patient becomes more apparent.

The second comparison is an intercultural one. The objective is to assist physicians who increasingly have to treat patients from other cultures and who do not know how those people, in who's lives therapy is often massively interfering, actually can or want to live with this interference.

The overriding aim of the study is to advance the consideration of the issue of quality of life within the medical world.

2. Material and Methods

2.1. The Configuration of the Sample

100 German and 50 Egyptian physicians completed a questionnaire partly consisting of open and partly of structured questions. They were asked how they define quality of life for themselves and which aspects of life and health are important to them. They were also asked how they think their patients define quality of life. As points of reference journalists and artists were interviewed: 65 journalists and 45 artists on the German side and 10 journalists and 10 artists on the Egyptian side.

The 100 German and 50 Egyptian physicians are comparable in respect to their demographic data (age, gender, marital status). Significant is, however, the difference regarding religiousness (Chi²-Test: $p < .0001$). In Egypt religion takes up a very important position, only 4% of the interviewed Egyptian physicians consider themselves as being not religious, contrary to 62% of the interviewed German physicians. It is obvious that Islam and Coptic Christianity are much higher valued in Egypt than Christianity in Germany. One third of the interviewed German physicians say that they do not belong to a creed. The majority of the interviews were carried out in Hamburg, a primarily protestant city, therefore the majority of those who do connect themselves with religion are Protestants. Among the Egyptian physicians who were interviewed 30% are Copts. This is a high proportion compared with the average population (10%) and reflects their traditional elite position in society. Regarding professional years and working hours the interviewed Egyptian and German physicians are comparable (7 to 8 years in medical profession, more than 50 hours work a week). In Egypt and in Germany a third of the interviewed physicians is working in the field of internal medicine and almost all are based in a hospital.

2.2. Methods

The questionnaire consists partly of open and partly of structured questions. The latter are drawn from the questionnaire “*FLZ: Fragen zur Lebenszufriedenheit*” by HERSCHBACH and HENRICH (1990) which possesses well-analysed psychometric characteristics and can be considered as validated. This validation is, however, based on data of Western samples. Since the instrument was to be administered also in Egypt, open questions were included to counteract the danger of neglecting special aspects of Egyptian culture.

2.2.1. Open Part of the Questionnaire

These are the open questions:

1. How is your personal definition of quality of life?
2. Would it be possible for you to rate the items you found according to importance by putting a number in front of each item?

3. How does the majority of your patients define quality of life?
4. Would it be possible for you to rate the items you found according to importance by putting a number in front of each item?

2.2.2. Standardized Part of the Questionnaire

These are the standardized questions:

5. What do you think, how satisfied are you at present with your life, all taken together? (a scale from 0 to 10)

The subsequent structured questions are selected from the instrument “*Fragen zur Lebenszufriedenheit*” (questions concerning satisfaction in life) by HERSCHBACH und HENRICH (1990). They claim validity. Test- and item-standards are available. The module “*Allgemeine Lebenszufriedenheit*” (“general satisfaction in life) is standardized for the Federal Republic of Germany. After consultation with the authors and gaining their approval the first part of both their modules was extracted and used selectively, representing the section where the importance of 8 life- and health aspects is thematised:

- How **important** is (are) for you friends; leisure time (etc., see modules further down)
- How **important** is (are) for your patients (in the questionnaire for journalists instead of “your patients” “your readers”, and in the questionnaire for artists “your audience”) friends; leisure time (etc., see modules further down)

(Five categories can be used: not, somewhat, fairly, very, extremely important):

Module “aspects of life”:

1. friends / acquaintances
2. leisure time / hobbies
3. health
4. income / financial security
5. job / work
6. apartment
7. family life / children
8. partnership / sex

Module “aspects of health”:

1. physical fitness
2. ability to relax / equilibrium
3. energy / zest of life
4. mobility (e.g. walking, driving)
5. eyesight and hearing
6. freedom from anxiety
7. freedom from complaints and pain
8. independence from help / nursing

The German version had to be translated into Arabic and English. English, since it is the teaching language at universities in Egypt and an academic therefore expects to be addressed in English, and Arabic, to help making it more understandable. T. BORG, professor at “Al Azhar University”, did the translation. The greatest problem was the fact that the wording “quality of life” does not exist in Arabic and even the concept “quality of

life” itself is unknown. Even for the word “quality” there is no direct translation. Of course situations occur where meanings are expressed which are equivalent to “quality”, e.g. when somebody touches a tissue and says: “This tissue is of good quality.” In Arabic this is expressed as: “This tissue is of good ‘howness’”, or: “This tissue is of good kind.” “Of good kind” in Standard Arabic is *min nawein gayyid*, and *min nawein kuwáyyis* in Egyptian Arabic.

The first translation of “quality of life” which T. BORG thought of spontaneously, was “meaning of life”. During a period of intensive discussions with Germans and an inquiry among ca. 100 Egyptians a more congruous translation was developed and tested. After having tested it by translating it several times from Arabic to German and English and back, the following wording was chosen as translation of “quality of life”:

naweu wa kayfiyyatu l'hayah,
“kind” and “howness” of life

This is a complete new creation of wording in Arabic. The term “quality of life” was thus introduced into Arabic.

2.3. Implementation of the Study

The interviews with the 100 physicians, 65 journalists, and 45 artists in Germany were carried out by LINDNER in 1992. All were personally interviewed, 20 physicians in their private practices, 80 physicians in hospitals. Many of the physicians were willing to answer the questions either immediately or after a short waiting time. Some of them worked through the whole questionnaire within a few minutes, with others long conversations developed. Originally it was planned to interview only 50 physicians. The study met so much interest, however, that the number was increased to 100. Only 10% of the contacted physicians rejected an interview, the most current reason given being lack of time. All contacted German artists agreed to have an interview, whereas some German journalists were very critical and did not want to participate in the study saying that “the term quality of life symbolizes nothing else than our wasteful affluent society.”

In Egypt two medical doctors and one teacher were in charge of the interviewing procedure (also 1992). As the term quality of life was not known in Egypt, it had to be explained. A description of the historic origin of the concept in the Western world was therefore delivered to assist comprehension. All efforts were made to keep the data collection in Germany and Egypt comparable in spite of the different conditions in Germany and Egypt.

The results presented here only describe the part of the study concerning physicians.

3. Results of the Study

3.1. Answers to the Open Questions

As expected the answers to the open questions listed under 2.2.1. were widely diverse. The answers to questions 1. and 3. were analysed and classified into twelve “content-categories” and six “synonym-categories.” Direct counting and interpretation of the answers was used as classification method. Each answer was placed in one of the eighteen categories so that they display frequencies. The categories were reviewed by independent German and Egyptian raters regarding plausibility as regards content. The categories are purely descriptive and listed in table 1:

Synonyms for the Term Quality of Life

- Joie de vivre / zest for life
- Satisfaction
- Happiness
- Well-being
- Intensity of life
- Love (as general condition)

Categories as Regards Content

- Health / freedom of symptoms
- Repose / relaxation / balance
- Money / financial security / status
- Job / carrier / work climate
- Integrity of social environment / contacts / friends / partner / family
- Lodging
- Leisure / culture / urbane life / books / sports / vacation / travel
- Self-realization / goals / hope / autonomy / independence
- Balance between opposites (tension-reduction of tension, work-leisure, etc.)
- Nature / healthy environment
- Individual and political freedom / democracy / equality of chances
- Religion / religion-based social security

Table 1.: List of categories classifying the key words and definitions of quality of life given by the interviewees

The answers to the open questions can be summarized as follows:

Asked to describe their personal definitions of quality of life German and Egyptian interviewees equally consider integrity of their social environment as primordial: family, partner and relations with others. The Egyptians also place religion into this context, whereas the German interviewees do not mention religion at all, but leisure/culture/urbane life/books/ sports/vacation/travel. The next frequently given answers by the German interviewees point at job, self-realization and health, the Egyptian answers at job and individual and political freedom/ democracy/equality of chances. Nature and healthy environment are issues which do not appear in the Egyptian lists of answers, in the German lists at the eighth place of frequency. For the Egyptian interviewees modern Western technology is closely linked to quality of life, whereas the Germans are rather sceptical towards modern Western technology. (An Egyptian asserts: "... more and more production in industry is a good thing for our lives and for the country, we want to have a good modern life." Egyptian physicians say concurringly: "... if healing is not possible for a person with cancer, we have to try by all means [medically] to get a shrinkage of the tumour, beside treating him psychologically.")

Regarding the synonyms for the term quality of life, there is a clear preference for the word satisfaction among the German interviewees, whereas the Egyptian interviewees opt for the words happiness and love.

All interviewed groups give similar answers to question 3. Especially relevant are the answers to medical doctors, because they concern the core of the doctor-patient-relation, see 4.2. and 4.3. In question 3. it is not one's own definition of quality of life which is asked for, but one's assessment of the patients' definitions. The answers show a clear difference between the own definition and the assessment of the patients' definitions: The Egyptian and the German physicians place responsible and ethical thinking at the top when asked to describe their own definition of quality of life, whereas they judge their patients as being more egoistic and materialistic. Patients are described as rather superficial; more interested in status and short-term amusement than in arduous professional and private fulfilment. Germans call this attitude egoism, Egyptians might use the word indifference towards religion.

3.2. Answers to the Structured Questions

In question 5. general life satisfaction was to be depicted on a scale from 1 to 9. The results show as average for the interviewed German physicians 7.36, for the interviewed Egyptian physicians 6.50, demonstrating that the German physicians are more satisfied with their lives than the Egyptians. The difference is significant (ANOVA, including all six groups: $p = .0133$).

Multiple regression shows a negative correlation between general life satisfaction and income for the German physicians ($p = .0111$).

Partnership and sex are most important to the interviewed German physicians according to their answers to the structured questions by HERSCHBACH and HENRICH (eight aspects of life). Health is a little less important to them. Family life/children follow, then friends/acquaintances, job/work, apartment, leisure time/hobbies, and finally income/financial security.

For the patients health is put at the first place of importance, family life/children follow. Already at the third place income/financial security is positioned for the patients. Friends/acquaintances follow, then partnership/sex, leisure time/hobbies, apartment, and at the end job/work.

These assessments correspond to the answers to the open questions: In both cases the patients are described as being rather materialistic and leisure time oriented, valuing professional life and social integration less than the physicians do themselves.

The interviewed Egyptian physicians chose health as primordial aspect of quality of life from HERSCHBACH and HENRICH's list of the eight aspects of life. Partnership/sex follow on place two, then family/children, job/work, friends/acquaintances, income/financial security, apartment, and leisure time/hobbies.

Asked about their patients the Egyptian physicians put income/financial security at the first place. (This might correctly portray the real lack of resources in Egypt and not so much the physicians' bias.) Partnership/sex, and health are named as of second and third importance for the patients, family life/children, apartment, friends/acquaintances, job/work, and leisure time/hobbies follow.

Asked to assess the importance of HERSCHBACH and HENRICH's eight aspects of health, the German physicians put eyesight and hearing at the first place of importance. Energy/zest of life, independence from help/nursing, physical fitness, and ability to relax/equilibrium, mobility, freedom from complaints and pain, and finally freedom from anxiety follow.

Regarding their patients the interviewed German physicians see freedom from complaints and pain on place one. Eyesight and hearing follow, then independence from help/nursing, freedom from anxiety, physical fitness, energy/zest of life, mobility, and at the end ability to relax/equilibrium.

The Egyptian physicians put freedom from anxiety at the first place of importance. Eyesight and hearing follow, then freedom from complaints and pain, energy/zest of life, mobility, physical fitness, ability to relax/equilibrium, and at the very end independence from help/nursing.

For their patients the interviewed Egyptian physicians place freedom from complaints and pain at the first place, followed by physical fitness, freedom from anxiety, eyesight and hearing, energy/zest of life, independence from help/nursing, and finally ability to relax/equilibrium, and mobility.

3.3. Summary of the Main Results

Two main results can be summarized:

1. The difference between the German and Egyptian samples shows the broad spectrum of possible quality of life definitions regarding modern technology, stretching from admiration to critical questioning;
2. The interviewees' assessment of the own quality of life definitions differs considerably from the assessment of the patients' definitions.

4. Discussion of the Results

4.1. Discussion of the First Main Result: Admiration of Modern Technology Versus Scepticism Towards Modern Technology

The general economic situation in Egypt is very difficult. This influences individual life satisfaction (see INKELES 1980). The dependence of the individual existence from overall economic conditions is painfully felt in Egypt. The Egyptian state e.g. is not able to pay physicians in governmental hospitals an adequate salary (they only earn ca. 60 US\$ per month).

Frequently an Egyptian physician has to take one or two other jobs besides his medical work, in order to cover the costs of living. This situation plausibly influences the Egyptian attitude towards modern technology and industrial development. Modern technology is seen as a solution, industrial development as a hope for both country and each individual. Importance of healthy environment and nature are therefore aspects that, contrary to Germany, are not part of Egyptian awareness, neither among physicians, nor among other groups within the population. Whoever has the possibility to get away from the countryside into town, will do it, countryside symbolizing poverty and thereby giving nature a negative connotation. Protection of the environment is secondary in Egypt in the face of the hope to become a more prosperous country through increasing industrial production that in turn would secure the social integrity of society. The integrity of the social web is seen as being secured by religion too, religion having another meaning than in Western contexts where state and church are separated, - in Egypt religion means the functioning of society through Gods support. According to Egyptian views a society is

working smoothly and peacefully, if all members follow God’s rules. Egyptian Muslims and Egyptian Copts share this view.

Table 2. summarizes the opposing attitudes towards modern technology (QL: quality of life).

Range of Quality of Life Definitions

Summary of QL-Definition by the inter-viewed Egyptian Physicians	Summary of QL-Definition by the inter-viewed German Physicians
Quality of Life is: - modern technology - religion as guarantees for the public good	Quality of Life is: - ecological, - and social awareness as guarantees for the public good

Table 2: Range of definitions for the term quality of life

4.2. Discussion of the Second Main Result: Contrast between Own Quality of Life Definition and Assessment of the Patients’ Definition

The Egyptian and the German data show a clear dichotomy, see table 3:

1. In Egypt as well as in Germany the interviewees consider themselves as rather responsible, long-term thinking persons. Many assert that they are not tied to material possessions or status symbols: responsible self-realization, always considering the social and ecological environment, rules their professional and leisure lives. Germans call this attitude responsibility, ethics, or self-realization, whereas Egyptians put the term religion into the same context, see table 3.

2. In opposition to the self-assessment the interviewees describe their patients (readers, audience) quite differently. They are portrayed as being rather egoistic, valuing materialistic possessions and status symbols, and being more interested in short-term amusement than hard-earned satisfaction in professional and private life. Germans call this attitude egoism, whereas Egyptians might call it indifference to religion, see table 3.

**Self-assessment of Quality of Life Definition
Versus Assessment of the Patients' Definition**

	Self-assessment of QL- Definition by Physicians	Assessment of Patients' QL-Definition by Physicians
Egyptian and German Physicians	differentiated approach to the term QL: rather responsible and far-sighted	undifferentiated approach to the term QL: rather materialistic, superficial, and short-sighted

Table 3: The physicians' own quality of life definitions versus the physicians' assessment of their patients' definitions

4.3. Conclusion

Conclusion of 4.1.:

It seems to be important that in an inter-cultural physician-patient-relation, - a special, but increasingly more frequent situation, - open, exploring questions are included, in order to avoid that the physician bases his/her decisions on own cultural dependent interpretations of quality of life (and thereby on own therapy goals).

Conclusion of 4.2.:

Physicians should supplement their assessment of their patients' quality of life with standardized instruments, because they use apparently different weightings for their patients than for themselves.

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