ABSTRACT

This ethnographic study qualitatively investigated communication barriers and cultural differences among healthcare providers and immigrant farm workers that exacerbate healthcare disparities within the Latino immigrant farm working community. Specifically, this research aimed to assist in understanding the healthcare provider’s role in this inequity. Previous literature points to the idea that language barriers bring about communication disparities, along with cultural differences which lead to decreased rates of available healthcare service utilization. Semi-structured interviews were administered to healthcare providers in Western and Central New York (n=7). Interviews were fully transcribed, coded and quantitatively analyzed. Results showed that healthcare providers acknowledge communication and cultural barriers but often have trouble accommodating to these differences. Further research can analyze direct relationships between these variables and how to create community programs to reduce the disparities im/migrant patients face when utilizing healthcare.

INTRODUCTION

Immigrant farm workers comprise 78% of those employed within the U.S. Agricultural Industry, yet face disparities in accessing and utilizing healthcare (CDC 2017). While working in the U.S., migrant and immigrant farm workers face harsh labor conditions and often sustain work-related injuries such as chronic injury, pesticide exposure, and dermatological conditions as a result (Bail et al. 2012). Despite the frequency of injury to these immigrant farmworkers and their residence in the U.S. while working, they still do not utilize necessary services. This disproportionate amount of care received by immigrants has been linked to the structural barriers that this population faces. Although healthcare providers have a central role in care administration, there is a limited amount of literature involving their perspective. The literature reviewed points to three prominent factors that may contribute to patient-provider relationships and these inequalities: language barriers, communication difficulties, and cultural misunderstandings. Previous research also found that, “cultural misunderstandings’ can be influenced by the barrier ‘language and communication,’ or that differences in communication styles can be the result of HCPs’ [Healthcare providers] implicit biases” (Drewniack, 2016).

Cultural differences among the patient and provider can have implications for treatment and diagnostic explanations. If unable to communicate through the patient's own cultural lens, providers may not be able to explain the value of specific treatments or services. This can include turning down screenings for cancer and STDs due to lack of knowledge, but further it can include individuals not seeking healthcare because of gender roles in society. This current study examines these barriers through interviewing healthcare providers and their opinions on the language and cultural barriers immigrant workers face in Central and Western, NY. Based on the literature reviewed, we anticipated that language and communication barriers would increase the occurrence of cultural barriers and thus lead to decreased utilization of healthcare by immigrant Latinos.

METHODS

Sampling & Recruitment

The sample consisted of healthcare providers working in establishments within Central and Western New York (n=7). This includes, clinicians, interpreters, nurses and healthcare administrators. Participants were recruited by phone, email, and word of mouth after a brief explanation of the study and interview timeframe.

Data Collection and Analysis

Interviews were conducted with healthcare providers from a range of institutions in the Central and Western, NY area. Demographic and Spanish language speaking proficiency surveys were administered to providers before an audio recorder was turned on for the semi-structured interview portion. Audio-recorded interviews were then transcribed using InqScribe and coded with Atlas.ti. Codes were created based on the several themes found in the literature reviewed.

RESULTS

Three Main Findings:

1. Language Barriers

Without direct translation services via phone, translator, or a Spanish-speaking provider, migrant patients face a large initial language barrier to accessing any available health services.

• “Everyone that I’ve ever spoken in Spanish with, they were so thankful to be able to speak Spanish with someone. Which is why to me having an interpreter was...huge” (Physician)

2. Communication Difficulties

Ensuring that a patient and provider both match in spoken language as well as communication style is shown to ameliorate the language and communication misunderstandings that may arise in the initial visit to a medical doctor.

• “We have... struggled in the past finding bilingual staff and finding enough interpreters so we really have gone the route of hiring staff right from the beginning that speak the language” (Migrant Program Administrator).

3. Cultural Misunderstandings

Mutual cultural misunderstandings fortify the patient-provider relationship and assists in improving the healthcare treatment process.

• “For a patient many times it’s not so much if you speak Spanish or not... but it’s even if they have the same culture” (Physician).

DISCUSSION

Although immigrant and migrant farmworkers are a foundational part of the United States agricultural system, they are still largely unable to access healthcare in the country. With the low availability of upward mobility within the farm work jobs that migrants are pulled into through the economic system, they are left increasingly vulnerable to disease and injury yet rarely receive proper treatment. Specifically, misunderstandings among culture, language, and perceptions lend to communication breakdown that can lead to severe implications for patient satisfaction, safety, and treatment. Accessibility to interpreters and patient navigators that are knowledgeable about various languages and cultures could decrease these discrepancies between the patient and provider and help to improve healthcare utilization. However, even as these social resources facilitate healthcare access to this population, the vast majority still does not fully utilize these services.

Future research can investigate language barriers quantitatively to assess direct causation of decreased access to healthcare. Further, the impact of implicit bias training and doctor-patient relationships should be researched to promote healthcare utilization. This is important as implicit biases about the migrant population may affect the treatment plans/outcomes and diagnoses provided by clinicians. Due to the nature of this study, we were unable to collect data on stereotyping, prejudice, and discrimination as it pertains to implicit bias. More research can be conducted to see if the results of this study have validity in other ethnic groups and other countries.

REFERENCES


Migrant and Ethnic Minority Groups? An Integrative Literature Review.”

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