

Spanish-Speaking Immigrants and Health Providers: A Case Study on Cultural Competence

Monica Yost, Dr. Alessia Zanin-Yost, Dr. Gisela Dieter

Slippery Rock University



Introduction

Individuals enter the doctor's office with different levels of anxiety, not only to hear about their health but also for the exchange of information between them and the health providers.

The level of stress may be higher in individuals who are immigrants and have a different perception of health care, compared to their native country. In an increasingly multicultural society, it is essential to understand how individual cultural perspectives can influence the acceptance of health care.

Objective: The aim of this research was to explore how the experiences of Spanish-speaking individuals living in the U.S affect their healthcare, looking at the values of *familismo*, *fatalismo*, *respeto*, and *personalismo* to determine how the participants perceived cultural competency.

How does intercultural communication influence the acceptance, or not, of health care from Latino patients?

Familismo	Fatalismo
<ul style="list-style-type: none"> Closeness to family members Place family members over self 	<ul style="list-style-type: none"> One's life is out of their hands Destiny is predetermined by a higher power
Respeto	Personalismo
<ul style="list-style-type: none"> Level of courtesy in relation to people's ages, gender, social status 	<ul style="list-style-type: none"> Friendliness caring for others Verbal & non-verbal communication

Methodology

Participants: A purposive snowball sampling was used, and participants were selected based on three qualifying factors: (1) are an immigrant from a Spanish-speaking country (2) lived in their native country until they were 18 years old (3) are fluent in both Spanish and English.

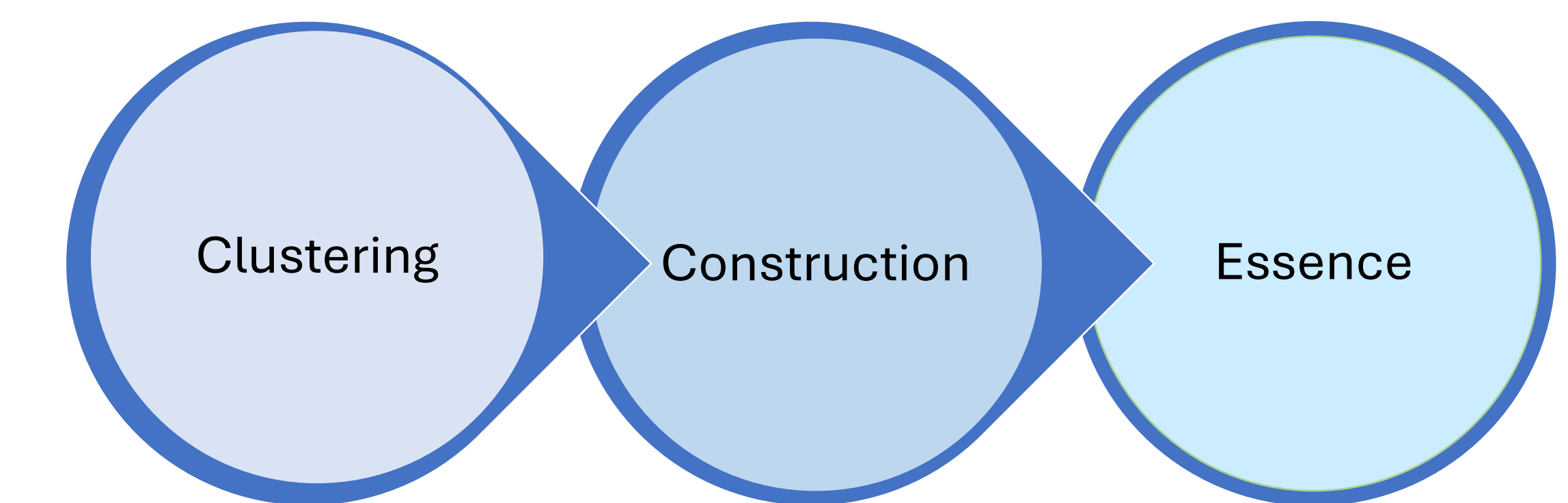
	Identity	Age	Years lived in the US	Age when moved to US
Valeria	Latina	51+	21-25	30
Mariana	Hispana	46-51	11-15	36
Teresa	Mexicana	35-40	11-15	21
Carmen	Venezolana - Argentina	46-51	25+	23
Paola	Hispana	51+	25+	27

Instruments: The instruments used were an online survey and interview. The survey was conducted in Spanish and included three sections: one where participants were asked about their ethnicity, one where participants rated the importance of four main traditional Latin cultural values, and a final section where they rated their interactions with their physicians.

The interview was conducted over Zoom and used semi-constructed questions based on the objective of the study and the information provided during the surveys.

Design

Moustakas's transcendental phenomenological frame was used to describe the common phenomenon that all the participants have and continue to experience.



Overlapping and repetitive statements were removed and then divided into two groups: **what** the participants experienced and **how** they experienced the phenomenon.

Clusters are divided into individual and group experiences. Pulled quotes that are indicative of the experience.

Individual and group experiences are combined into one larger narrative with individual quotes from the interviews.

Results

These domains are seen as irrelevant in establishing a relationship with a physician

Familismo

This value was not important to these participants in making decisions about their health. This could be because the participants moved to the US in their 20s and do not have, except for Teresa, an extended family living with them. Overall, the participants noted that while they discuss health issues with their immediate family, they make their own decisions about treatments or medications.

Fatalismo

While participants noted the generally religious nature of Hispanic countries and their own upbringing, all but one reported that *fatalismo* is not important to them in the areas of health. The overall low value of *fatalismo* for this group supports the literature stating that a high level of education is correlated to a low level of fatalism as all participants had received at least a Bachelor's degree.

These domains are seen as relevant in establishing a relationship with a physician

Respeto

Participants noted common negative experiences where they felt that physicians were unwilling to make an effort at proper communication and instead had to rely on nursing staff for answers. This was especially common when participants first immigrated to the US and may not have been as fluent in English because translation services were not always offered or there was an assumed lack of understanding of health care.

Personalismo

This value was seen as the most influential and was a factor for many participants in choosing the physicians that they have now or their decision to not see a physician unless necessary. They reported a lack of empathy and hurriedness that translated to physicians ordering more tests and medications rather than getting to know the participants and the nature of their illness.

Conclusion

While it may seem trivial and unimportant, getting to know patients on a personal level, small chats, and asking about use of alternative medicines are a huge part of health in Hispanic culture and essential in establishing trust. When physicians do not take the time to develop a relationship with their patients, patients are less likely to return or listen to the medical advice given. As the immigrant population in the US continues to grow, providing health care to people from diverse cultural backgrounds will become more necessary. While education for cultural competency is currently available, and in some places enforced, for nursing staff, there is little that physicians are taught in terms of treating a culturally diverse population.

An important limitation to take into consideration is that, while five participants are enough to extract the essence of a phenomenon this limited number may not be reflective of a larger population. This study is worth conducting on a larger scale with more diversity amongst participants to find this reflection.

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References

