Vol.8 No.6:110

# Providing Healthcare to Underprivileged Immigrants: What are the Challenges for Health Professionals?

#### Xin Zhao\*

Department of Health Service, University of Sheffield, Sheffield, United Kingdom

\*Corresponding author: Department of Health Services, University of Sheffield, Sheffield, United Kingdom, E-mail: Xin.Zhao@sheffield.ac.uk

Received date: December 08, 2021; Accepted date: December 22, 2021; Published date: December 29, 2021

Citation: Zhao X (2021) Providing Healthcare to Underprivileged Immigrants: What Are the Challenges for Health Professionals? Health Sys Policy Res Vol.08 No.6: 110.

## **Abstract**

Challenges and barriers can arise when people from different cultures communicate. Situations complicated when healthcare professionals communicate with patients from immigrant backgrounds, especially those who are unfamiliar with the healthcare system in their host countries. This commentary paper aims to outline the main challenges for healthcare professionals when providing care to immigrant patients. The paper is based on a recently published research article in which a systematic review of the literature was performed on intercultural communication between healthcare professionals and patients from immigrant backgrounds. Language barriers, gender, and privacy concerns have been identified as the main factors that prevent health professionals from effectively communicating with patients. The paper concludes with recommendations for healthcare providers better support patients from underprivileged backgrounds.

**Keywords:** Intercultural communication; Healthcare; Healthcare professionals

### Introduction

Cultural diversity is a great asset that provides multicultural societies with a competitive advantage in our increasingly globalised markets [1,2]. A great many multicultural societies have developed in western countries and attract a large number of immigrants [3]. Therefore, challenges remain with regard to social equality and the inclusion of cultural minorities within these societies, particularly in terms of access to healthcare support. Compared to natives, immigrants, such as refugees and asylum seekers, are generally less privileged in terms of economic and social resources [4]. Research suggests that there are significant disparities in the provision of healthcare for culturally diverse patient populations [5]. This could arguably be due to a lack of shared meaning as well as differences in language and cultural practices between healthcare professionals in the host countries of patients from diverse cultural backgrounds. This commentary is based on a recent research paper that systematically reviewed the relevant literature to identify the main barriers for health professionals when providing healthcare support to patients from immigrant backgrounds [1]. The results indicate that language barriers, gender, and privacy concerns are the main factors that prevent healthcare professionals from effectively communicating with patients.

The language barrier presents a major challenge to intercultural communication between patients and healthcare professionals, especially regarding sensitive health topics. Patients from immigrant backgrounds often lack basic local commands and feel less confident communicating with local doctors and nurses. However, even those who are fluent enough to engage in daily communication can still lack the medical vocabulary necessary to communicate in a healthcare setting. Research also suggests that some health professionals can have a subconscious bias towards patients who are not fluent in the local language and consider them illiterate even if they are fluent in another language [6]. Furthermore, the use of third-party interpretation agencies also presents risks. Research suggests that there is often a lack of interpreters with medical training [6]. When general interpreters are employed, there is a high chance of misinterpretation, resulting in inaccurate diagnoses and prescriptions being given to the patients [7].

Gender segregation could present another barrier to intercultural communication between healthcare professionals and patients from immigrant backgrounds. Patients from cultures in which the genders are typically segregated report feeling uncomfortable when treated by a doctor or nurse of a different gender. In most cases, this occurs in female patients who prefer not to be seen by male medical professionals. This could lead to patients refusing to turn up for scheduled appointments, delay treatments, and waste medical resources [8,9]. Furthermore, male guardianship can also influence the decision-making process of female patients, which raises additional ethical concerns.

Concerns about privacy are another barrier to intercultural communication between healthcare professionals and patients from immigrant backgrounds. The concept of confidentiality may differ from culture to culture. Differing perspectives may significantly impact the communication between patients and healthcare professionals, especially when dealing with sensitive health issues. Healthcare professionals in western societies may see patients as individuals and believe that sharing a patient's

Vol.8 No.6:110

information with his/her family members is a breach of confidentiality [7]. However, research suggests that patients from immigrant backgrounds tend to trust in-group members (e.g., family and relatives) over out-group members (e.g., doctors, nurses, and interpreters in their host countries). As a result, they may willingly trade their privacy for family support by asking family members to act as interpreters during medical appointments.

#### Conclusion

Language barriers, gender segregation, and privacy concerns may negatively impact intercultural communication between healthcare professionals and patients from immigrant backgrounds. Healthcare providers in multicultural societies need to be aware of these barriers and provide timely, effective training on diversity and inclusion to better prepare healthcare professionals to support diverse patients. Furthermore, there should be scrutiny of the qualifications of third-party agencies that provide interpreting services to both patients and doctors.

## References

 Zhao X (2021) Challenges and barriers in intercultural communication between patients with immigration backgrounds and health professionals: A systematic literature review. Health Commun.

- Taylor T (2003) Diversity management in a multi-cultural society: An exploratory study of cultural diversity and team sport in Australia. Ann Leis Res 6: 168-88.
- Colombo E (2015) Multiculturalisms: An overview of multicultural debates in western societies. Curr Sociol 63: 800-824.
- Qvist HPY (2017) Secular and religious volunteering among immigrants and natives in Denmark. Acta Sociologica 61: 202-218.
- Brottman MR, Char DM, Hattori RA, Heeb R, Taff SD (2020) Toward cultural competency in health care: A scoping review of the diversity and inclusion education literature. Academic Medicine 95: 803-13.
- Mengesha ZB, Perz J, Dune T, Ussher J (2018) Talking about sexual and reproductive health through interpreters: The experiences of health care professionals consulting refugee and migrant women. Sexual Reprod Healthc 16: 199-205.
- Degni F, Suominen S, Essén B, El-Ansari W, Julkunen KV (2011)
   Communication and cultural issues in providing reproductive health care to immigrant women: Health care providers' experiences in meeting Somali women living in Finland. J Immigr Minor Health 14: 330-343.
- Shangase P, Egbe CO (2015) Barriers to accessing HIV services for black African communities in cambridgeshire, the United Kingdom. J Community Health 40: 20-26.
- Vahabi M, Lofters A (2016) Muslim immigrant women's views on cervical cancer screening and HPV self-sampling in Ontario, Canada. BMC Public Health 16: 868-880.