

2-27-2019

# Language and Culture as Barriers to Healthcare for Chinese Immigrants

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## Recommended Citation

Leung, Edwin, "Language and Culture as Barriers to Healthcare for Chinese Immigrants" (2019). *University Honors Theses*. Paper 657.

<https://doi.org/10.15760/honors.981>

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RUNNING HEAD: Language and Culture as Barriers

Language and Culture as Barriers to Healthcare for Chinese Immigrants

By

Edwin Leung

An undergraduate honors thesis submitted in partial fulfillment of the

requirements for the degree of

Bachelor of Science

In

University Honors

And

Health Studies: Community Health

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2019

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### **Abstract**

Immigrants and their descendants are projected to account for 88 percent of United States population growth through 2065. Currently, immigrants make up for about 13.5 percent of the US population. In addition, 65.5 million Americans speak a language other than English at home. Language and culture are the two most significant barriers faced by immigrants seeking health care. These barriers have a significant impact on immigrants' ability to receive quality care, make them more vulnerable to poor health outcomes. Many resources exist to help immigrants with various needs including health care. However, more effort is needed to strengthen the resources that are aimed to address and alleviate language and cultural barriers in the health care system.

This thesis reviews scholarly literature in order to provide a better understanding of the impact of language and cultural barriers on the health care seeking experiences of older Chinese immigrants, evaluate the efficacy of existing tools and services designed to address these issues, and proposes ways to improve these existing resources in order to build a better experience for all immigrants seeking health care.

*Key Words:* Barriers, Healthcare, Language, Culture, Immigrants

## **Language and Culture as Barriers to Healthcare for Chinese Immigrants**

### **Introduction**

In the field of health care, the term “accessibility” encompasses many factors. As defined by the World Health Organization, “accessibility” is the “availability of good health services within reasonable reach of those who need them and of opening hours, appointment systems and other aspects of service organization and delivery that allow people to obtain the services when they need them” (World Health Organization, 2018). Accessibility is not limited to physical location. Many other factors influence accessibility to health care. These include but are not limited to the affordability of care and the ability to overcome language and cultural barriers.

The Portland area has a rapidly growing immigrant population. According to data from the Department of Homeland Security, more Asian immigrants are receiving green cards and naturalizations than residents from any other part of the world in 2013 (Hernandez, 2015). In particular, there is a significant population of “older” immigrants, immigrants who have been settled in the United States for a longer period of time, but still have a limited ability to adapt. In regard to health care, language and cultural differences are the two most common barriers faced by immigrants. Understanding the impact of language and cultural barriers in the experiences of immigrants in health care is important in order to determine the best ways to improve existing resources to better address disparities related to language and culture.

This review of scholarly literature will provide a better understanding of the impact of language and cultural barriers on the health care seeking experiences of older Chinese immigrants. In addition, this review will also evaluate the efficacy of existing tools and services designed to address these issues and propose ways to improve these existing resources.

## **Background**

### **Current Demographics in the United States**

The United States has a larger, more diverse immigrant population than any other country in the world (López, Bialik, & Radford, 2018). The number of immigrants in the US has more than quadrupled since immigration laws changed in 1965 (López et al., 2018). As of 2016, the foreign-born population of the US has reached a record 43.7 million. Currently, immigrants account for 13.5 percent of the United States population. Foreign-born immigrants and their descendants are projected to account for 88 percent of U.S. population growth through 2065 (López et al., 2018).

Current estimates state that about 76 percent of immigrants in the US are in the country legally – as naturalized citizens, lawful permanent residents, or temporary lawful residents (López et al., 2018). In general, 27 percent of immigrants in the US originated from South and East Asia. This share is equal to that of Mexico. In addition, China and India, and the Philippines are the second, third and fourth of the top five birth countries for US immigrants according to estimates from the Pew Research Center with the top birth country being Mexico (López et al., 2018). According to the U.S. Census Bureau, a record 65.5 million Americans aged 5 years and older spoke a language other than English at home in 2016 (Camarota & Zeigler, 2017). Immigrants are generally identified as a “vulnerable population” in terms of health outcomes. Language and cultural barriers can contribute to outcomes such as missed appointments, misdiagnosis of health conditions, and delayed or wrongly administered treatment, (“Access to Healthcare, 2017). This, in turn, can cause further health issues in patients that were preventable in the first place.

## Definition of Key Terms

**Barriers to Healthcare.** A “barrier” is generally defined as any obstacle that prevents movement or access. One of the primary goals in the field of Public Health is to identify barriers that prevent people from living healthy lives and find ways to break down these barriers. Much like physical barriers such as walls and doors are meant to prevent access to a certain geographical space (i.e., a building), barriers to health care prevent access to resources that help people live healthy lives. According to Healthy People 2020, barriers to health care can include: high cost of care, lack of insurance coverage, lack of availability of resources, and lack of culturally competent care (“Access to Healthcare”, 2017).

Barriers can also come from social factors such as race, age, socioeconomic status, and residential location (“Access to Healthcare”, 2017). These social barriers make immigrants a particularly vulnerable population. While there are resources designed to help alleviate these barriers, they often vary in effectiveness. Thus, because the immigrant population of the United States is continually growing and changing, existing resources must also change in order to adapt effectively.

Lack of access to health services and resources can lead to unmet health care needs, delayed diagnosis and treatment of health conditions, inability to receive preventative care, financial burdens, and the onset of preventable health conditions (“Access to Healthcare”, 2017). This makes populations vulnerable to poor health outcomes. Healthy People 2020 aims to address barriers to health care in order to improve access to quality health care and promote a better quality of life.

**Language.** Language can be defined as any method of human communication, both spoken and written. Proper communication is the most important element of the interaction between patients and health care providers. A language barrier occurs when two or more individuals are unable to communicate properly because they do not speak or read the same language. The ability to communicate properly is vital for the providers to make correct diagnoses and give correct treatments.

Proper communication is also vital for patients to ensure that they receive the correct information and take the correct actions for their health needs. Improper communication, down to a single word, can lead to many unintended consequences both for the provider and the patient. This can worsen already existing health conditions, increase the risk of preventable health conditions, or cause necessary anxiety for patients and their families. This applies to the presentation of both spoken and written information.

In providing health care, providers and other health professionals must constantly ponder the best ways in which to present information to the populations that they are attempting to reach (“Health Literacy”, 2018). Various studies have shown that patients cannot be blamed for misunderstanding information that has not been made clear to them (“Health Literacy”, 2018). In addition, although it may appear that patients understand what has been presented to them, they may be reluctant to ask for clarification or express that they do not understand (“Health Literacy”, 2018). In other words, it is the responsibility of the provider to ensure that the information is presented in a way that the patient will understand. Therefore, it is important for providers to have the ability to find methods of resolving language related barriers to the best of their ability in order to ensure that every patient receives the best care.



**Culture.** Culture is a complex concept. In general, it encompasses the social norms and shared beliefs of a people group. There are many elements to culture, all of which have a profound influence on how a group of people live their lives. Elements can include social customs, ways of communication, religious beliefs, and personal values. A cultural barrier occurs when difference in cultural beliefs prevent two or more individuals from being included in one another's social interactions.

For some people groups, preserving a culture that has thrived for multiples generations is a very crucial element of being a part of that group. Asian culture, for example, holds a high regard for passing down customs, religious beliefs, and personal values from generation to generation as a means of maintaining the close-knit structure of the family. Thus, elders are almost always highly respected in a family regardless of any conflicts within younger generations.

Strong adherence to cultural values can have a significant influence on how a person chooses to live their life. The strongest influence is often tied to the personal views of health care. Many cultures have differing views of modern health care practices, especially anything originating from Western culture. Healthcare providers approaching patients from non-Western cultures must constantly be aware that some foreign culture may be more open than others. "The customer is always right" is a common expression in consumer-based fields. In situations where conflicts with cultural values can occur, providers must keep this phrase in mind and remember that the decision to seek care ultimately falls on the patient. In short, providing quality health care should mean that the provider is able to respect the cultural values of their patients and also be able to find the treatment that will be the most beneficial to them.

## Methods

For this thesis, a review of existing scholarly literature regarding language and cultural barriers in health care was conducted using articles compiled from online databases. Over period of three months, searches were conducted on online databases including the Portland State University library, the PubMed online database, and Google Scholar. The primary search terms used were “language barriers”, “culture”, “healthcare”, “Chinese”, and “immigrants”. Variations of these terms were also used in order to ensure that the search yielded an adequate number of results. A total of 21 research articles from peer-reviewed journals were selected based on five general criteria:

1. The authors come from healthcare-related fields of study (i.e. medicine, social work, etc.)
2. The articles directly reference language and/or culture as barriers to healthcare
3. The research population is primarily immigrants, preferably of Asian origin or health professionals who work with immigrants
4. The study does not yield inconclusive results (but can propose additional research)
5. The article was first published between 2000 and 2018

The following literature review will be divided into three main sections focusing separately on an analysis of language barriers, an analysis of cultural barriers, and an evaluation of existing resources. The review of existing resources will focus on interpretation services, cultural awareness training for providers, and health education for immigrants. The review will conclude with recommendations for improving existing resources and suggestions for additional research.

## Findings

### Language Barriers

It is widely agreed upon that language barriers are a major ongoing concern in health care. As previously mentioned, a significant population of Americans speak a language other than English at home. A variety of research has been conducted to assess the impact that language barriers have on the health care seeking experience.

Some research has indicated that patients are very aware of the potential consequences of language barriers on their health care experience. A 2003 study based in Massachusetts investigated factors that contribute to quality of care for Chinese- and Vietnamese-American immigrants with limited proficiency in English. The study consisted of interviews with subjects in focused group using translated questionnaires. One theme found was that patients had concerns over whether interpreters were communicating their symptoms and questions accurately and preferred that interpreters “translate word-for-word” (Ngo-Metzger et al., 2003). One Chinese patient was quoted as questioning why “the doctor speaks so much” but the interpreter would say “only a few words”. On the other hand, the study also found that patients have a high respect for professional interpreters, expressing that they prefer professionals over family members. These results seem to indicate that while interpreters are a valued asset for both patients and providers, there may be a need to reevaluate training practices in order to ensure that all patients and providers have the same quality of service when working with interpreters.

In another study from 2016 involving Korean immigrants, many patients reported that although they had some proficiency in English, they had difficulty understanding complicated terminology, which made them anxious about seeking care (Jang, 2016). Thus, the patients preferred to see Korean providers (Jang, 2016). Patients also reported having difficulty

describing their symptoms properly. In particular, they stated that they did not know enough English adjectives to accurately describe their pain (Jang, 2016).

The article highlights a specific example of this in a middle-aged employee at a Korean community center. The patient stated that they knew many adjectives in Korean to describe pain and other symptoms, but many Korean words and phrases used to describe pain and other symptoms do not have direct. He later went on to say that he only knew one word – pain – to describe his discomfort in English and has difficulty elaborating for American doctors (Jang, 2016). Therefore, he preferred to either see Korean doctors, who understood his Korean expressions, or return to Korea for medical care. This case shows that language barriers can exist in various levels of difficulty and even those with fairly good proficiency in English can encounter barriers in seeking health care.

There is also research suggesting that language barriers can affect patients' perception of their personal health. A 2016 study based in California examined the association between healthcare communication barriers and self-rated health status. The participants were 725 Chinese Americans aged of 50 to 75. 67 percent of the subject reported that they spoke English poorly or not at all. 37 percent reported that they almost always needed assistance to read health information. The study found that poor spoken English proficiency and low health literacy were significantly associated with low self-ratings of health (Tsoh et al., 2016). The study also stated that communication barriers were directly associated with health status among elderly Chinese immigrants (Tsoh et al., 2016). Overall, this study shows that the impact language barriers stretches beyond the interactions between patients and providers to patients' health status. It also shows the importance of addressing both spoken and written communication barriers in order to provide the best health care for immigrant patients.

In addition, language barriers can have more specific effects in certain areas of health care. For example, A 2014 study based in London reviewed current literature on the improvement of access to mental health care for immigrants. In assessing language barriers, the review found studies of European mental health practitioners indicating that language barriers were a “major hinderance” to their ability to assess symptoms, establish diagnoses, and build relationships with immigrant patients (Giacco, Matanov, & Priebe, 2014). The review also found a study stating that language problems were the most prominent barrier to accessing treatment among Latin-American immigrants in the United States. Patients reported having difficulty expressing their symptoms and needs to English-speaking clinicians and understanding their instructions (Giacco et al., 2014).

Furthermore, the article states that insufficient language skills may also limit accessibility to specific treatments such as psychotherapy. General practitioners in Denmark reported being reluctant to refer immigrant patients to certain treatments due to the lack of bilingual therapists and trained interpreters (Giacco et al., 2014). In general, the article asserts that language barriers create frustrations for both patients and clinicians and have negative effects on therapeutic relationships. The authors make several recommendations for improvement such as better training for staff in cross-cultural interactions, integrating mental health with primary care, and, and more psychoeducational tools with a focus on families.

The impact of language barriers in health care has also been shown to extend beyond just the patient and the provider. A study from the University of Buffalo states that lack of language proficiency can result in role disruptions in Asian American families (Kim & Keefe, 2010). This is due to the fact that children of recent immigrants tend to be more proficient in English than their parents and are often burdened with the task of being the “family translator” when dealing

with family health matters (Kim & Keefe, 2010). Regardless of his or her level of fluency in English, the child's usual, less dominant role in relation to their elders usually takes priority and makes them uncomfortable with facilitating their family members' health decisions. This can be considered an example of how language and cultural barriers can work in combination to create unique challenges in health care interactions.

Finally, a 2012 study explored the impact of language and communication on both patients and their caretakers. The study focused on 50 Chinese and South Asian immigrant parents from six Canadian oncology centers. One major finding of the study was that the shock of finding out the diagnosis of their children coupled with preexisting language barriers significantly influenced parents' ability to properly participate in discussions about their children's care (Gulati et al., 2012). In addition, parents were very concerned about learning complex medical terms and concepts for the sake of being able to understand their child's treatment process. However, they would often have difficulty finding sources that were accurate and "culturally and linguistically appropriate" (Gulati et al., 2012). Yet, this desire to learn and understand their children's health needs proved to increase parents' confidence and lessen their anxiety (Gulati et al., 2012).

Overall, proper communication is a critical element of the healthcare experience that can significantly affect the outcome of the patient's treatments. Therefore, it is imperative that resources designed to address language barriers take into consideration the roles of every entity involved in the experience including patients, families, doctors, and third-party caretakers. This will ensure that patients with language needs can accurately communicate their needs to providers and receive the correct treatment.

## **Cultural Barriers**

As culture encompasses many aspects, culture-related barriers can impact the healthcare experience in many different ways. Different cultures can have varying beliefs about health care which can be difficult for providers to reconcile. One major aspect of culture that commonly creates barriers in the healthcare experience is stigma. In general, stigma can be defined as the negative perception associated with particular circumstances, characteristics, or people. As the definition implies, stigma can often originate from strong societal beliefs that influence a negative perception of someone who has a certain characteristic such as an illness.

One general study found that experiencing stigma can have a significant impact on the quality of life of people suffering from chronic illness (Earnshaw & Quinn, 2012). The participants of the study were primarily White females in their early twenties living with various chronic conditions including diabetes, irritable bowel syndrome and pain disorders (Earnshaw & Quinn, 2012). The study generally found that participants experiencing stigma in healthcare settings were less likely to access care and therefore had a decreased quality of life. In other words, stigma not only impacted their physical health, but their overall quality of life (Earnshaw & Quinn, 2012). The above article does not focus primarily on immigrants as a study population. However, immigrants as a vulnerable population face a significant amount of stigma in their daily lives and this significantly affects their overall health.

In Asian culture, superstitious beliefs about health and how one can change his or her health creates negative stigma around certain types of health issues. In general, because Asian culture holds significant beliefs about one's fortune, having a serious illness is usually seen as a sign of bad luck. One 2014 study found that negative stigma around mental health had an influence on treatment-seeking among Latin-American immigrant patients with conditions such

as depression and PTSD (Giacco et al., 2014). The same study also stated that the family is a significant source of psychological support for Asian and Latin-American immigrants, but this support can also result in reluctance to seek professional treatment outside of their family and friends (Giacco et al., 2014). Both negative stigma and concern about the family reputation can contribute to this reluctance (Giacco et al., 2014).

Immigrants in general can face stigma simply because they are living in a place where their culture is perceived as different. A 2007 study highlights this in their investigation of the factors that affect the vulnerability of immigrants. The article states that this stigma mainly comes from recent changes in political beliefs that promote negative views of immigrants (Derose, Escarce, & Lurie, 2007). This stigmatization and fear of poor treatment can make immigrants hesitant to seek health care (Derose et al., 2007). In general, the study reports that immigrants and those with limited English-proficiency tend to be less satisfied with their care than US-born and other English-speaking groups (Derose et al., 2007). Therefore, stigma can originate both from conflicts within cultural groups and conflicts between cultural groups. Both types have a significant impact on the decisions that immigrants might make in regard to their health care.

Conflicting cultural norms are another element of culture that can cause barriers in the healthcare experience for immigrants. A Maryland-based study specifically highlights attitudes towards preventive care and routine check-ups. Many participants in the study reported that seeing a doctor for routine check-ups on a regular basis is not a normal practice in their country of origin (S. Lee et al., 2010). They also reported that they were used to going to the doctor only when they are seriously ill for curative care instead of preventive care (S. Lee et al., 2010). This practice is indeed common in Asian culture, in which home remedies from friends and families



are more preferred and seeking care from a doctor is more of a “last resort”. Withholding information about one’s symptoms until they become serious is also common due to fear of shame or becoming a burden to the family. The article goes on to highlight the general unawareness of the importance of preventive care often persists even after immigration to the United States, which can contribute to adverse health outcomes for younger generations (S. Lee et al., 2010). Thus, the article shows the need for better education for immigrants around the importance of preventive care

The issue of promoting self-care to immigrants also appears in a California-based study that provides insight on the attitudes of Chinese-American immigrants towards self-care strategies. The study focused on a sample of 25 Chinese-speaking cancer patients who were all first-generation immigrants (Chou et al., 2007). Most of the patients could not read English and had low annual household income (Chou et al., 2007). The general findings were that patients experienced many symptoms during chemotherapy such as lack of energy, hair loss, and difficulty sleeping (Chou et al., 2007). However, few effective self-care strategies were reported, with 20 percent of participants reporting the use of Chinese medicine (Chou et al., 2007). The study concluded that more attention could be given to promoting culturally specific self-care strategies and creating more culturally appropriate education strategies to promote self-care in general (Chou et al., 2007).

Some particular beliefs in traditional Chinese culture have been shown to have a significant influence on patients views of preventive health care. One study in particular assessed the views of Chinese-American women around cancer-screening behavior. The participants ranged in age from 52 to 82 years old (Liang et al., 2004). While the participants in the study held the same beliefs about daily exercise as a beneficial health behavior, their perception of

regular medical checkups and screenings was very different (Liang et al., 2004). Many participants the participants stated that they never felt the need to visit the doctor because they never feel sick (Liang et al., 2004). A sense of fatalism, the belief that they had no power to change their fate, was also a major influence on their attitudes towards preventive care (Liang et al., 2004). One participant, a 79-year-old woman, stated that she never took any pills, drank milk or exercised because she believed that she did not need to worry at that point in her life (Liang et al., 2004). The article quotes her as saying “Whenever God wants to bring me back, I’ll be ready to go” (Liang et al., 2004).

Furthermore, like in other previously mentioned studies, the participants in this study expressed a preference for Chinese medicine over Western medicine due to the effects of the herbs being milder and gentler in contrast to the more harmful side-effects of Western drugs (Liang et al., 2004). Overall, the study concludes that interventions aiming to improve cancer screening for Chinese immigrants should be more specifically tailored to address barriers related to cultural beliefs and language.

Another cultural element that can cause barriers to healthcare for immigrants is discrimination. Asian Americans, like other minority groups, have continually fallen victim to discrimination in various settings such as housing and employment (Clough, Lee, & Chae, 2013). As one study suggests, Asian Americans can also experience additional forms of discrimination in the health care setting (Clough et al., 2013). This discrimination can be based on language proficiency and perceived legal status (Clough et al., 2013).

The study goes on the state that Asian immigrants have been found to be more likely to perceive discrimination in health care than Whites, and this can influence how they seek health care (Clough et al., 2013). Based on their review the study came to the conclusion that

discrimination within the health care system can contribute to vulnerability to poor health outcomes in at least two ways (Clough et al., 2013). One way is that health care providers may be less likely to prescribe clinically indicated treatment if they discriminate against their patients on the basis of race (Clough et al., 2013). In other words, immigrant patients may receive lower-quality care due to discrimination from their provider.

The other way that discrimination can contribute to vulnerability to poor health outcomes is that discrimination may lead to mistrust of the health care system on the part of patients (Clough et al., 2013). The authors note that this hypothesis has not been explicitly studied in Asian populations, but studies of Chinese Americans in mental health care have found an association between negative attitudes towards formal care and a preference for the use of traditional medicine and other informal care (Clough et al., 2013). Overall, mistrust of the system stemming from negative experiences can lead immigrants to avoid formal care, thus making them more vulnerable to poorer health outcomes.

All in all, cultural conflicts between immigrant patients and non-immigrant providers is very much a source of barriers for both parties. Cultural beliefs can have a major influence on a person's health behaviors. Often times it can be difficult to encourage changes in behavior that would benefit a person's health because the behavior holds a cultural significance that he or she may be reluctant to abandon. It is important that health care professionals are willing to learn from their patients and compromise in order to provide appropriate care while also respecting their personal values. Bridging cultural barriers requires that both parties in the conflict are willing to learn about and build a respect towards each other's cultures. When this happens in the healthcare setting, immigrant patients can have a better, more worthwhile experience that will satisfy their health needs.

**Existing Resources**

**Interpretation Services.** Interpreters are the primary resource for health care providers experiencing language barriers in their interactions with patients. Interpreters are a vital resource because they can serve as the voice for both sides of the interaction. They can also be considered as a guide for patients who otherwise do not have any other means of knowing how to seek quality healthcare. There is a variety of research that has assessed the effectiveness of interpreters in health care settings from the perspectives of both patients and providers. These studies, as seen in the following review, have had varying findings.

One study from Stanford University examined the effect of non-English primary language (NEPL) and in-person interpreter use on the length of hospital stays for low-birthweight (LBW) infants. The study examined 2047 infants born between January 2008 and April 2013 at a hospital with a high prevalence of non-English-speaking patients and families (Eneriz-Wimer et al., 2018). When compared to infants of English-speakers, infants of NEPL parents who used interpreters were found to have 49 percent longer lengths of stay. The study further stated that the findings may suggest a bias among providers to use trained in-person interpreters only for more complex cases. The study also cited prior studies which found that providers may use their own foreign-language skills for less complex cases and only use trained interpreters when necessary. The study ultimately concluded that the use of interpreters was not the primary cause of longer lengths of stay, but the vary clinical complexity of individual cases is a major contributor (Eneriz-Wimer et al., 2018). However, the study does highlight an issue regarding inconsistent practices and regulation for the use of interpreters in the health care setting which can contribute to patients' quality of care.

In the eyes of the average person, the job of the interpreter may seem to be simple and straightforward. In reality, however, the job of the interpreter comes with many challenges. These challenges are highlighted in a 2017 Canadian study that examines the views of professional interpreters on their role in the delivery of safe health care. The results of the study were based on interviews with a group of professional medical interpreters. According to the participants, their primary role is enabling communication between individuals who would otherwise be unable to communicate (Wu & Rawal, 2017).

One challenge highlighted by the participants came from their unique role as impartial observers, which allows them to potentially see patient safety concerns that others may miss. The difficulty can come from the decision of when and how to speak up, especially given the protocols requiring the interpreter to remain unbiased and interpret only what is said (Wu & Rawal, 2017). One method of “speaking up” noted by the participants was through asking a question as if they needed to clarify something but using a tone that would discreetly suggest they were saying “are you sure” (Wu & Rawal, 2017). The challenge of breaking away from their strict training in order to ensure patient safety indicates a need to make protocols and regulations more flexible to allow interpreters to better advocate for patient’s safety. This study shows that the role of the interpreter extends beyond simply bridging communication barriers and this extended role needs to be considered in regulations around their use in the healthcare setting.

The increasingly high demand for interpreters can be a challenge in and of itself. Data from the US Census Bureau indicated the population of Americans who spoke a language other than English grew by 15.1 million, an increase of 47 percent between 1990 and 2000 (Flores, 2006). Studies have found that many patients in need of interpreters do not have access to them

(Flores, 2006). One study found that no interpreter was used in 46 percent of emergency room cases involving patients with language needs (Flores, 2006). In addition, only 23 percent of teaching hospitals offer training for clinicians in working with interpreters, most of whom make such training optional (Flores, 2006).

Other studies have found varying levels of competence among interpreters based on interviews with patients. One 2013 study found that patients who needed an interpreter were more likely to leave their clinic appointments with unanswered questions about their care than those who did not need interpreters (Clough et al., 2013). Despite this, the same study later indicated that the use of interpreters is generally beneficial in lessening language barriers in the health care setting (Clough et al., 2013).

Finally, studies have supported the potential benefit of interpreter training for health care providers. A 2018 study examined the impact of interpreter training on medical students' ability to have better relationships with patients and colleagues. The participants were students at the Penn State College of Medicine, and all students who opted to take the medical interpreter exam as part of the training were able to successfully become certified medical interpreters (Vargas Pelaez et al., 2018). Furthermore, participants in the study reported feeling more empathy towards patients with limited English proficiency and felt more inclined to advocate for them (Vargas Pelaez et al., 2018). Therefore, training bilingual medical professionals as interpreters can be very beneficial to the provision of care to non-English speaking patients. Overall, interpreters are a critical resource in healthcare. However, a need exists to improve the overall quality of interpretation services by better regulating training practices for both the interpreters and the professionals for whom they interpret.

**Cultural Awareness Training.** The term “cultural awareness” refers to a person’s understanding of the differences between his or herself and people of other cultural backgrounds. This especially applies to differences in personal beliefs and values. “Cultural awareness” can also be referred to as “cultural sensitivity” or “cultural competency”. In healthcare, building cultural awareness helps to encourage providers to consider their patient interactions from a different perspective that allows them to offer care strategies that best suit the patient’s needs while also showing respect for their personal beliefs and values.

Cultural awareness training aims to help working professionals to develop a better understanding of the variety of cultures that exist and learn ways to resolve cultural differences that may cause conflicts during interactions with customers. In addition to healthcare, this type of training can also be applied to other consumer-interaction-based fields of work. Because immigrants have a high vulnerability to poor health outcomes, cultural awareness training is crucial in ensuring that health providers can build good relationships and provide culturally competent care. Thus, cultural awareness training is an important resource for resolving cultural barriers in health care interactions.

In healthcare, cultural awareness training has been shown to be beneficial to improving interactions between patients and providers and increasing the quality of care for minority patients. One such study was an experimental study involving groups of healthcare providers and patients in Ontario, Canada (Majumdar et al., 2004). The sample group was selected from two home care agencies and one hospital and randomly assigned to either receive cultural sensitivity training or not receive cultural sensitivity training. The study generally found that providers who received training showed improvement in understanding multiculturalism and the ability to communicate with minorities. In addition, the assessment of patients found improvement in the

use of social resources and overall functional capacity (Majumdar et al., 2004). Overall, cultural awareness training was shown to improve both the knowledge and attitudes of providers and the general health outcomes of patients.

Similar findings can be seen in a 2006 study of a group of seven nurses in a rural town in the Midwestern United States. The study assessed the participants' knowledge of "selected Hispanic health beliefs and practices" by providing questionnaires which were completed before and after receiving the intervention (C. Lee, Anderson, & Hill, 2006). All of the participants were White and spoke only English (C. Lee et al., 2006). Only two of the seven participants had previously participated in other multicultural education offerings.

The study found that the intervention was successful in increasing the participants' knowledge of selected Hispanic health beliefs and practices, thus supporting the efficacy of educational interventions (C. Lee et al., 2006). In addition, the intervention was positively received by the participants. Some of the participants reported that they were unaware of Hispanic clients' views of traditional health beliefs and the importance of adhering to them (C. Lee et al., 2006). In general, this study further supports the efficacy of cultural awareness training as a tool for bridging cultural barriers in health care interactions.

While there is clear evidence supporting the benefits of cultural awareness training for health providers, the issue remains that it is not widely available in most institutions. C. Lee et al. states that most of the participants in their study likely did not have any exposure to content related to cultural sensitivity in their basic nursing program curricula. Some content regarding cultural sensitivity has been added in more recent years, but many institutions do not put a strong emphasis on it. Regardless, cultural awareness training is important not only for students studying to become providers, but also for currently practicing providers in order to enable all



health professionals to have the skills necessary to adapt to the continual changes in cultural diversity in the United States (C. Lee et al., 2006).

Portland Community College is an example of a local institution where cultural competency training is offered to students studying for health careers. The promotion for the program stresses the importance of cultural competence in enabling health care professionals' cross-cultural boundaries and ensure that every patient receives equally adequate care for their needs ("Why Every Healthcare...", 2016). Time commitments can be a challenge for programs geared towards medical students and practicing professionals as it can be difficult for them to make the time to receive training without disrupting their work. The PCC program works around this by making the total time of the course six-hours and offering both in-person and online sessions. In general, the program emphasizes that cultural competency is a lifelong learning process and that understanding people of different cultures will have many long-term benefits when it comes to providing successful patient-centered care ("Why Every Healthcare...". 2016).

In short, cultural awareness training programs are a valuable tool for promoting better acceptance and consideration of cultural diversity in the health care setting. They enable health care professionals to be more competent when working in cross-cultural interactions. Most importantly, building cultural awareness among health care providers helps to promote more trusting relationships between patients and providers. Therefore, more effort needs to be made to promote the educational benefits of cultural awareness training programs and make them more accessible to health care professionals.

**Health Education for Immigrants.** It is important for health care providers to learn as much as they can about the beliefs and values of patients representing different cultures. However, it is also important for immigrants to have a means of learning about our own culture. This helps them in their long process of adapting to their new life in the United States. Having programs that are specifically tailored for different ethnic populations can be helpful in giving immigrants a means of learning about healthcare in the United States in a way that is appropriate and understandable to them.

A 2011 study of Asian immigrants in Canada highlighted the positive impact of offering ESL education around Hepatitis B to Asian immigrants. Hepatitis B was chosen as the subject of education for this study because previous research has indicated a high prevalence Hepatitis B virus (HBV) infection among Asian American immigrants (Taylor et al., 2011). Those placed in the experimental group of the study received education in classes taught by certified ESL teachers (Taylor et al., 2011). The curriculum aimed to improve HBV-related knowledge and encourage students to be tested for HBV. The curriculum included information about the importance of HBV testing for Asian immigrants and the high prevalence of infection in Asian communities. Information on the ways HBV can be transmitted and the potential consequences of infection was also presented. The classes incorporated standard ESL teaching methods and commonly used ESL exercises (Taylor et al., 2011).

The results of the study saw improved levels of knowledge about HBV in the experimental group. 11 percent of the students in the experimental groups received testing for HBV in the six months following their class, while only six percent of the students in the control group were tested in the six months following their class (Taylor et al., 2011). Overall, while the study only showed a limited impact on rates of HBV test completion, it showed that Hepatitis B

education within the context of ESL classes can improve HBV-related knowledge in Asian immigrants. Therefore, health education programs for immigrants can be helpful increasing their health knowledge and improving their health behavior.

As with healthcare in general, language and cultural barriers can also affect immigrants' ability to seek and receive health education. This is highlighted in a 2012 article reviewing strategies for health education in North American immigrant populations (Zou & Parry, 2012). The article asserts that strategies for health education among immigrants need to be adjusted based on their region of origin and their unique cultural experiences (Zou & Parry, 2012). In regard to cultural barriers, the article states that because their countries of origin have varying political and social systems, immigrants can have difficulty adapting to the health care systems of North America, which hinges on individual responsibility and self-care. Therefore, they tend to have very low motivation to attend health education and build a habit of self-care. Immigrants can sometimes be resistant to Western medicine practices due to differing cultural beliefs and traditions. For example, Traditional Chinese culture attributes disease to an imbalance of chi, a Chinese concept of energy, and believes in the use of herbs to treat illness. Many cultures can also have stigmas around specific diseases and conditions such as cancer. These conflicts, along with language barriers can deter immigrants from attending health education programs and applying the information given to them. Therefore, while the ultimate goal is to help immigrants adapt to a new culture, the strategies of health education intervention must still be culturally and linguistically appropriate in order to motivate them to effectively accept and apply the information presented to them.

While some health education resources specifically targeted towards immigrant populations do exist, it is currently not a very widespread resource. The Chinese Hospital in San Francisco, California is one example of a resource offering a health education program for immigrants. The Chinese Hospital runs the Chinese Community Health Resource Center, whose primary mission is to promote a healthier lifestyle through bilingual health education programs (“Health Education”, 2014). The program includes cancer education and management, chronic disease management, and palliative care as well as support groups, individual counseling, and a wellness library (“Health Education”, 2014).

A more local resource found in the Portland Metro Area is the Asian Health & Service Center (AHSC). AHSC’s programs are primarily aimed towards older Asian immigrants. AHSC runs weekly groups in which community members participate in various activities including physical exercise and education presentations led by bilingual staff. Presentations center around a variety of health-related topics including the most updated social benefit information and general health knowledge (Community Engagement, 2012). The groups are offered in Chinese, Vietnamese, and Korean and allow immigrants to learn about the resources offered to them in Portland while also keeping in tune with the culture of their homeland (Community Engagement, 2012).

In general, health education is an important resource for promoting a healthy lifestyle in the general community. Health education is especially important in helping immigrants to gain better knowledge of how they can lead a healthy life while still respecting the values of their home countries. All in all, health education can serve to bridge the language and cultural barriers that deter immigrants from seeking and receiving quality healthcare.

### **Final Discussion**

Language barriers and cultural barriers are a major concern in health care. While existing research has typically addressed the two separately, often times language and cultural barriers are encountered in combination with each other. This presents providers with a significant challenge to overcome in treating their patients. Current resources have been shown to be very effective in bridging language and cultural barriers, but there is still a need to improve the implementation of said resources in order to make them the most effective.

For example, research has shown that professional interpreters are a very valued resource for providers and patients experiencing linguistic challenges. However, a need exists to change policies improve training practices to make the quality of service more consistent and allow interpreters to build more empathetic relationships with the patients and providers for whom they are interpreting. This would extend the role of the interpreter beyond just being linguistic bridge and make them a cultural bridge as well. Providing good health care requires being able understand patients needs and present them with treatment options in a way that allows them to understand how the treatment will help them. Part of this means having the ability to engage with patients in a culturally appropriate way. This is where interpreters can be helpful because they can articulate information to patients with the cultural context in mind and help providers to understand where conflicts exist. Current policies tend to limit interpreters' ability to address cultural barriers because they emphasize the need for non-biased service. In short, interpreters are often only seen as a "stand-in voice" for non-English speaking patient when they are actually more than that. Thus, improving training practices to help interpreters better perfect their skill as well as loosening policies to allow them to assist patients and providers in a more empathetic way would strengthen them as a resource for bridging both language and cultural barriers.

It is also important to remember that barriers to health care often work both ways. In other words, barriers to health care affect both patients and providers. For Chinese immigrants, especially older immigrants, remaining in touch with the culture of their homeland is a very strong value. As a result, adapting to a new culture, especially one with drastically different beliefs from their own, can be very difficult for older Chinese immigrants. The same can be said about health providers, who spend multiple years studying concepts and skills deeply rooted in research breakthroughs attributed mostly to people of Western origin. Having to treat a patient who do not believe in being treated the way a medical textbook says they should be treated can be a shocking task to a vigorously trained medical professional. Therefore, education is needed to ensure that interactions between patients and providers of differing cultures are free of conflicts that hinder proper care.

For older Chinese immigrants, culturally sensitive health education would help to provide them with a better understanding of how they can live a healthy life while still respecting their personal values. Education and research around the ways in which traditional health practices can be integrated with Western medical practices would also be advantageous to health care providers in crafting effective and culturally appropriate treatment strategies. There is a need to make health education more readily available to immigrant populations, particularly outside of the normal public-school system. Health education interventions can easily be integrated into the programs provided by the various existing nonprofit organizations aimed to help immigrants. This strategy would serve to give immigrants a chance to learn about health resources and their benefits and overcome the stigma that their culture may place on them. This would give them more confidence in utilizing health care and interacting with providers.

### **Conclusion**

Language and culture are the two most significant barriers that immigrants face when seeking health care. Understanding the experiences of immigrants navigating the health care systems is an important step in identifying and addressing disparities preventing them from receiving quality care. The above review of scholarly literature has shed light on many aspects of the impact of language and cultural barriers on health care. More research aimed at specific ethnic groups is recommended to better understand more culturally specific needs. More specific research on the impact of cultural conflicts in health care is also recommended.

In conclusion, language and cultural barriers have a vast impact on the health care seeking experience of immigrants. This impact applies not only to patients and providers, but other parties involved in the health care process as well. Therefore, more work is needed to strengthen existing resources such as interpretation services, cultural sensitivity training, and health education for the public in order to make them the most effective resources for addressing and eliminating health disparities. This would promote a great improvement in the quality of care and overall health outcomes of all who seek healthcare in the future.

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