

Immigrant Experiences of Primary Health-Care

Subjects: Nursing

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Access to primary health care (PHC) services is a right for all individuals and communities. Adequate access to quality care in PHC is crucial to everyone, however, equal and equitable access to healthcare for all individuals in society is still a matter of great concern in many countries across the world. Immigrants in particular face unique challenges in accessibility and usability of basic healthcare services, especially when moving to a more developed nation. These challenges are often driven by factors such as differing culture, language, economy, literacy, social relations, and exposure to a new and unknown healthcare structure. Understanding these social and cultural determinants of health is a necessary foundation for developing an effective and efficient primary healthcare system. This study explores patient experiences in primary care from the perspective of immigrant communities and identifies areas for further research and improvement.

Keywords: Primary Healthcare ; Immigrant Population ; Patient–Provider Relationship ; Healthcare Access ; Canada PHC ; Social determinants ; Healthcare structure

1. Introduction

Patient experience comprises a range of interactions with the healthcare system, including interacting with doctors, nurses, therapists, and other healthcare staff and facilities.^[1] It is one of the fundamental determinants of healthcare quality, patient well-being, and clinical effectiveness.^{[1][2]} A good patient experience broadly encompasses respect, effective communication, shared decision-making, physical comfort, emotional support, and continuity/timely access to care.^[3] Primary Health Care (PHC) is the first point of contact for patients to experience a healthcare system where patients initiate their access to medical care with a general practitioner (GP) or family physician (FP).^[4] Per WHO, the three pillars of PHC—meeting people's lifelong healthcare needs, addressing broader determinants of health, and empowering patients and communities to take charge of their own health—are the foundations as well as major challenges to any healthcare system. Thus, the right to equal and equitable care is the fundamental premise of PHC. Accordingly, access to primary care services is a right for all individuals and communities.

2. Accessing Primary Healthcare among Immigrant Population in Canada

Canada has a publicly funded healthcare system aimed at ensuring equitable care regardless of one's age, gender, socioeconomic standing, or immigration status.^[4] Nevertheless, immigrants face significant barriers to healthcare access in Canada.^{[4][5]} This review presents the broad assessment of the current literature on patient reported experience in accessing and receiving primary healthcare among the immigrant population in Canada. The present review highlighted major themes encompassing these experiences including cultural and linguistic differences, socioeconomic challenges, health system structure factors, and patient–provider relationship in accessing and receiving PHC. Among the four major concerns of immigrant patient experience, cultural and linguistic difference was the most prevalent and challenging aspect that needed to be addressed.

2.1. Overcoming Cultural and Linguistic Differences

As Canada has diverse communities that are ethnically heterogeneous, it is essential to give special consideration to all cultural dimensions. To provide culturally competent healthcare, care providers need to understand in-depth the cultural distinction of their patient and realize the considerable evidence that shows cultural and linguistic barriers are among the major hurdle to proper healthcare access. Canada is not only the country facing this problem, but several European countries and the United States are struggling with similar issues.^{[6][7]} Physician gender (preference of having a female doctor) is one of the highest focused cultural barriers among immigrant population especially South Asian, Chinese, and Muslim women, particularly in regard to reproductive health and physical checkup.^{[8][9][10][11]} This entry also highlighted language barriers as a significant challenge to accessing quality care among the immigrant population,^{[12][13][14][15][16][17][18][19][20][21][9][10][22][11]} which was an equal challenge among primary healthcare providers in delivering quality care to

immigrant patients.^{[23][24]} In one study, immigrants experienced medication errors, frequent hospitalization or emergency care visits, as well as dissatisfaction with care due to cultural and linguistic differences.^[25] In tackling the cultural and linguistic factors, development and implementation of sensitivity and competency training practices should be promoted across all healthcare professions and facilitators, including clinicians, nurses, allied healthcare professionals, and interpreters. Addition of a more diverse healthcare workforce in terms of race and gender will be a much-needed development in tackling these barriers. Further, to nurture more profound and efficient cross-cultural relationships, incorporating effective health communication training for both care providers and recipients will be beneficial.^[26]

2.2. Facing Socioeconomic and Structural Challenges

Similarly, various socioeconomic challenges in adjusting to a new life, environment, and social structure created major barriers to accessing primary healthcare across immigrant populations. Better understanding of social dynamics in the immigrant population and services aimed at facilitating mutual acculturation can help reduce socioeconomic stressors and improve accessibility to quality care. Furthermore, systemic challenges in the healthcare system create multiple barriers to accessing primary healthcare such as longer wait times, geographical inaccessibility, uncoordinated service, poor response times, and deficient provider to patient ratio, which poses an acute and long-term threat to immigrant health. Integrated and coordinated care, proper transportation facilities, having appropriate patient provider ratio in place are some examples of facilitators that might address the barriers in accessing primary care among immigrant patients. Policies and structural changes geared towards meeting the challenges faced by immigrant communities are needed in this regard for efficient utilization of the PHC services available under the universal healthcare system in Canada.

2.3. Improving Patient–Provider Relationship

Development of a positive attitude towards the healthcare system and its providers requires mutual understanding, respect, and acceptance. Forming a respectful and welcoming patient–provider relationship can help overcome the majority of the challenges faced by immigrants, while also prospering the goals of universal healthcare for all. Based on our review, understanding the importance of gender roles specially for female patients and having appropriate staff available; having bilingual service providers and/or interpretation services; paying special attention to new immigrants in understanding their fears and challenges; providing different cultural and language competence training to care providers; most importantly focusing on social and economic contexts of individual patients and approaching those issues early are some important facilitators and strategies to address the significant barriers and to accessing healthcare of immigrants.

3. Conclusions

The health characteristics of the immigrant population is a consequence of environmental, economic, genetic, and social-cultural factors of their home country before they migrate to Canada. Post-immigration factors include, a new environment, employment, education, poverty, accessibility and responsiveness of healthcare practitioners and of the healthcare system of Canada.^[27] An individual patient's background and perceptions may influence their interpretation of health and symptoms, coping strategies, healthcare seeking behaviors, decision-making process, preference, and

acceptance of treatment within the new healthcare system. Canada is a multicultural country with a diverse ethnocultural landscape. As such, these diversities of patients face a variety of challenges related to accessing the PHC service. Four major themes including culture and linguistic, socioeconomic, healthcare structure, and patient–provider relationship was ubiquitous among the diversity of these immigrant populations. Among these, we identified that culture/linguistic competency, for both patient and physician, played a highly prevalent and crucial role in determining accessibility to the Canadian healthcare system. Similarly, other major themes were also equally important in determining one's ability and responsiveness in accessing primary care. Together, these factors comprised a common theme in the immigrant healthcare experience and challenges with the PHC system of Canada. It is therefore pertinent that primary care providers play an active role in bridging these gaps for their immigrant patients with strong support from policy level. Development of a positive attitude towards the healthcare system and its providers requires mutual understanding, respect, and acceptance. As immigrants encounter various challenges in accessing and receiving PHC, these challenges need to be addressed both at a systemic level and through efforts from local health organizations to better respond to the needs of immigrant communities. Thus, understanding and respecting diversity in culture, language, experiences, and systems is crucial in reducing health inequalities and improving access to quality care in a respectful and responsive manner.

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