Challenges faced by physicians and patients to provide adequate healthcare to patients, particularly the migrant population

Mohammed Abdul Haseeb
Tabinda Bashir

Specialist Family Medicine, PHCC, Qatar

Corresponding author:
Dr Mohammed Abdul Haseeb,
Specialist Family Medicine, PHCC,
Qatar
Email: drhaseeb786@googlemail.com

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Abstract

Most of the countries we live in today have transformed into multicultural and multilingual societies due to economic needs and the forced mass migration from wars. 2.4 million immigrants entered the EU-27 from non-EU-27 countries in 2018. 21.8 million people (4.9 %) of the 446.8 million people living in the EU-27 on 1 January 2019 were non-EU-27 citizens.

Migrants and refugees often face difficulty in accessing healthcare, housing, and education or employment. Communication barriers compound these problems and provide real challenges not only for the migrants to establish themselves, but also for the healthcare professionals to address the health needs of this population group.

Large number of doctors currently working in hospitals and primary care in the Middle East have migrated from Asian and European countries and may not be adept at speaking the native Arabic language. Similarly, a significant number of doctors working in Europe were born outside Europe and in the first few years of life in Europe, might findght communication with the native population challenging [1].

Migrant and refugee populations are more likely to have untreated chronic diseases like hypertension, diabetes mellitus, and asthma due to them not being able to access effective healthcare prior and after migration [2]. They also have higher incidence of mental health problems like depression, anxiety and posttraumatic stress disorder. Due to communication barriers and unfamiliarity with healthcare systems, they are less likely to seek help and access healthcare [3].

During the current Covid 19 pandemic, a lot of health care providers throughout the world have resorted to virtual consultations to minimise the risk of spreading Covid 19 infection [4]. Most of the virtual consultations conducted are telephonic consultations with some of the centres now being able to provide video consultations to patients.

Virtual consultations throw up challenges of their own and a lot of health care providers have had to learn and adapt themselves to the changed landscape due to the Covid 19 pandemic [5].

For the migrant population, the lack of access to direct healthcare and having to rely on virtual consultation has made it even more difficult to seek medical treatment. Even if these patients get access to telephonic consultation, it would be very challenging for the clinicians to address their health needs. The migrant population would not be able to express their health needs due to language barrier and even if they spoke English, the clinician would have to rely on verbal communication and miss out on the nonverbal component of the basic communication.

It is anticipated that going forward, a lot of healthcare providers would continue to provide virtual consultations to patients even after the Covid 19 pandemic is hopefully resolved. Hence there should be discussion about how virtual consultations can be made robust and safe for healthcare seekers.

In Primary Health Care Corporation (PHCC), Qatar, doctors and patients face similar communication difficulties particularly in the first few years of their arrival to Qatar. We would like to discuss the strategy PHCC employs to overcome this problem and how other nations need to develop their own strategies as well.

Introduction

Effective communication with patients forms a very important part of patient care and studies have shown that poor communication is a leading cause of preventable patient deaths in hospital and primary care settings. One study conducted in the late 1990s found that poor communication was responsible for causing between 44,000 and 98,000 patient deaths annually in American hospitals alone.

Poor communication also results in decreased adherence to treatment, patient dissatisfaction and inefficient use of resources.

Verbal and nonverbal communication forms two essential components of patient communication [7]. Verbal communication involves the use of words to share information with patients and it can include both spoken and written forms. Nonverbal communication involves actions distinct from speech and can involve facial expressions, hand and arm gestures, postures, positions and various movements of the body or the leg and feet.

Albert Mehrabian, a pioneer researcher of communication, reports that the total impact of a message is about 7% (words only) and 38% vocal (including tone of voice, inflection and other sounds) and 55% nonverbal [7]. Another well-known researcher Birdwhistell estimates that 65% of all communication is nonverbal [8].

Dealing with language barriers in Qatar

Qatar has a diverse population with native Qataris accounting for only 10% of the population. The rest of the population is made up of expat population from Egypt, Jordan, India, Pakistan, Bangladesh, Nepal, Philippines and other European countries. Arabic, Hindi, Urdu, Nepali and English are the commonest languages spoken.

The PHCC has a robust mechanism to help doctors to deal with communication problems in Qatar. The majority of doctors working in Qatar come from the United Kingdom, Australia, Canada and USA. Only a few doctors tend to be recruited from Middle Eastern countries. Most of the doctors when they first arrive in Qatar do not speak Arabic which is widely spoken in these parts.

Induction into PHCC/Basic Arabic training

When doctors first join PHCC, they have a three-month induction period to help them adjust to a new health care system. During this period, they sit with doctors who have had plenty of experience working in the PHCC. During this time, they do not consult the patients but observe and learn consultation techniques in native Arabic language. They focus on understanding the different cultural issues and local guidelines and pathways.

During these three months of induction, the PHCC arranges one week of Arabic tutorials for doctors by experienced Arabic teachers. These tutorials focus on general communication in Arabic with special emphasis on medical terminology.

This lengthy induction process helps the doctors to understand not only the common local health problems, but also the local customs and traditions which are very important to be able to deliver effective patient care. Most clinicians are able to understand and communicate in basic Arabic language during this time. This strategy helps to minimise patient harm and improve patient safety.

Use of efficient translation services

The PHCC employs doctors, nurses and allied health staff from many countries who speak different languages. Recognising the importance of good communication, PHCC maintains a list of staff with expertise in different languages in each consultation room. Doctors and nurses are easily able to avail the services of these language experts in case they are not able to communicate with the patients in their native language.

Although there are no studies to compare if using medical staff as translators is better than using professional translators who may not have medical background, it is the experience of the health care staff in Qatar that translators with medical background are able to pick up subtle signs which can help in delivering efficient healthcare to the patient.

Good translation service providers can help to achieve better understanding of patient needs, reduce unnecessary investigations and hospital referrals and prevent patient harm.

Challenges of using translation services in other healthcare settings

Many clinics and health centres may not have multilingual staff. Hence it may not be possible to avail in house translation services like in PHCC. Most clinicians find it difficult to arrange translator services as well particularly if the patient has not pre-arranged an appointment with the doctor and communicated with them of his language difficulties. According to a study in Switzerland, two thirds of physicians with language barriers never get access to a professional interpreter [9].

In reality, a lot of translation for the patient is done by a family member or a minor who might give their own version of understanding and skew the whole diagnosis. The patient might also not wish to involve the family member to become aware of his or her issues and hence the doctor may not become aware of the patient's problems [10].

In the European Union (EU), different rules govern the use of translator services. In Sweden, patients have the right to access translation services in their own language but in the United Kingdom, there are no clear guidelines on this subject. Hence use of professional translators is variable across the EU [11].

Importance of improving the health of all sections of the society

The Covid 19 pandemic has affected those with chronic diseases like diabetes mellitus, hypertension, chronic obstructive airway disease, cardiovascular disease and obesity the hardest [12]. By effectively treating these conditions, the risk of morbidity and mortality could be minimised. Effective communication will form an important part of treating high risk patients with chronic disease as it is known that doctors when faced with communication barriers do not focus on health promotion and such patients tend to receive inadequate health care.

In the last few years, the expenditure on health care has been perceived as spiralling out of control and hence pressure to reduce budget and services. Healthcare is seen as a drag on the economy and the nation. The Covid 19 pandemic has exposed the fragilities of the global health systems and shown that countries with robust healthcare systems have managed to effectively deal with the Covid 19 pandemic with less harm to their economy.

The Covid 19 pandemic has laid bare the fact that the health of any sections of the society cannot be ignored and only by investing in the health of all sections of the society, we can build resilience against future epidemics. This approach should eventually lead to a more productive work force and stronger national economies throughout the world [13].

The health service providers should make it easier for all residents and citizens in their respective countries to access health care and invest in improving professional medical translation services as a matter of urgency.

More emphasis should be placed on improving communication skills of doctors during training in medical school and hospitals. Governments throughout the World should learn lessons from the Covid 19 pandemic and innovation in healthcare will be needed to build stronger nations in the future.

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