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An ethnographic study of communication challenges in maternity care for immigrant women in rural Alberta

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ABSTRACT

Background: many immigrant and ethno-cultural groups in Canada face substantial barriers to accessing health care including language barriers. The negative consequences of miscommunication in health care settings are well documented although there has been little research on communication barriers facing immigrant women seeking maternity care in Canada. This study identified the nature of communication difficulties in maternity services from the perspectives of immigrant women, health care providers and social service providers in a small city in southern Alberta, Canada.

Methods: a focused ethnography was undertaken incorporating interviews with 31 participants recruited using purposive and snowball sampling. A community liaison and several gatekeepers within the community assisted with recruitment and interpretation where needed ($n=1$). All interviews were recorded and audio files were transcribed verbatim by a professional transcriptionist. The data was analysed drawing upon principles expounded by Roper and Shapira (2000) for the analysis of ethnographic data, because of (1) the relevance to ethnographic data, (2) the clarity and transparency of the approach, (3) the systematic approach to analysis, and (4) the compatibility of the approach with computer-assisted qualitative analysis software programs such as Atlas.ti (ATLAS.ti Scientific Software Development GmbH, Germany). This process included (1) coding for descriptive labels, (2) sorting for patterns, (3) identification of outliers, (4) generation of themes, (5) generalising to generate constructs and theories, and (6) memoing including researcher reflections.

Findings: four main themes were identified including verbal communication, unshared meaning, non-verbal communication to build relationships, and trauma, culture and open communication. Communication difficulties extended beyond matters of language competency to those encompassing non-verbal communication and its relation to shared meaning as well as the interplay of underlying pre-migration history and cultural factors which affect open communication, accessible health care and perhaps also maternal outcomes.

Conclusion: this study provided insights regarding maternity health care communication. Communication challenges may be experienced by all parties, yet the onus remains for health care providers and for

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those within health care management and professional bodies to ensure that providers are equipped with the skills necessary to facilitate culturally appropriate care.

Background

Multiculturalism is viewed as one of the hallmarks of Canadian identity. By 1976, immigration policies no longer excluded non-Europeans (Smick, 2006) and since then successive governments across the political spectrum have actively encouraged immigration and naturalization (Beach et al., 2003; Kymlicka, 2003). Almost 20% of Canada's 33,476 million people are foreign born and women and men contribute equally in a steady growth of this demographic (Statistics Canada, 2012). From 2001 to 2006, Canada's population of immigrant women grew by 14% (840,000); this growth rate was four times faster than that for Canadian-born women. Canada's female population grew by 840,000 from 2001 to 2006, and during that period about 579,800 women immigrated to Canada, accounting for 69% of the growth of the female population (Statistics Canada, 2011). In multicultural societies, people learn to interact with other cultures while preserving their own norms and values (Masini, 2011). Language and all other forms of communication are inherent in human interaction. One of Canada's two official languages of English and French are the first language for 18.8 and 7.05 million residents, respectively (Statistics Canada, 2012). Despite this, almost 600,000 people in Canada have no knowledge of either official language (inability to conduct a conversation) and likely many more have limited or insufficient ability to communicate in either language well enough to seek and maintain employment or understand complex concepts. Having limited language skills may not only limit one's interaction and integration into Canadian society, but can potentially influence one's health and well-being through challenges in navigation of and access to health services.

Many immigrant and ethno-cultural groups in Canada face substantial barriers to accessing health care (Newbold, 2005) and the reluctance for some to access health services has been attributed largely to language barriers (Bischoff et al., 2003) and negative experiences within the health care system (Truman and Reutter, 2002; Bischoff et al., 2003; Reitmanova and Gustafson, 2007). In the maternity domain, miscommunication or insufficient communication while providing maternity care may lead to lack of maternal satisfaction with her maternity experience or even life-threatening maternal or fetal/newborn incidents, given the often immediate need for appropriate communication between a woman and her maternity-care provider (Diamond and Jacobs, 2010; Essen et al., 2011; Higginbottom et al., 2013a, 2013c, 2013d, 2013e).

Health communication beyond low English fluency

In this paper we present findings from our study with a focus on communication while drawing upon relevant perspectives from communication theory. Communication has long been recognised as the governing force of all interactions in the hospital environment (Raimbault et al., 1975; Garrett et al., 2008, Plaza del Pino et al., 2013). In fact, communication failures in hospitals have been implicated in 70–80% of reported preventable adverse events and related poor patient safety outcomes (Galvana et al., 2005; Johnstone and Kanitsaki, 2006; Divi et al., 2007). Although language is one of its main elements, human communication is a complex multidimensional process and refers to all aspects of verbal and non-verbal interactions between people (Northouse and Northouse, 1998; Wright and Moore, 2008). Effective therapeutic encounters between health care providers and clients may be compromised if the patient has limited language proficiently creating a fracture or interruption in fluency and comprehension of meaning (Diamond and Jacobs, 2010). Our non-verbal communication is more powerful than our spoken word and when dissonance exists between the spoken and non-spoken word, generally the message recipient places more value on non-verbal communication (Gabbott and Hogg, 2000). Non-verbal communication is often more obvious and therefore of particular importance in those situations where shared language does not exist.

In health care settings, effective interaction between health care providers and their patients is essential to enable shared understanding of the feelings and symptoms experienced by the patient as well as the goals and care of the provider (Higginbottom et al., 2013b). Shared language can reduce the possibility of misunderstandings; however shared meaning may be more important in patient–provider communication (Binder et al., 2012). A lack of shared meaning, or conceptual understanding, because of cultural, socio-economic, and gender differences may lead to misunderstandings of health-related perceptions. The negative consequences of miscommunication in health care settings are well investigated by academic scholars (Diamond and Jacobs, 2010; Kale and Syed, 2010) although to date little research was found examining communication barriers of immigrant women during their maternity care in Canada.

Communication barriers and interpretation issues

To overcome communication barriers, some patients with limited language skills communicate with providers using relatives, bilingual individuals of similar heritage, or trained professional interpreter services either in-person or through telephone. In small towns and cities, the most available form of interpreting service is through telephone lines which are often available 24 hours a day and provide services for many (often >100) languages. Using interpreters can reduce the communication barriers to some extent in the health care setting but may not provide sophisticated and nuanced understandings (Gerrish, 2001; Diamond et al., 2009). Further, interpreters may violate privacy needed to fully disclose one's health concerns to their providers as the use of interpreters is often associated with issues regarding trustworthiness, time consumption and breach of confidentiality (Kale and Syed, 2010). Moreover, the reliance on someone of an unsuitable age and/or gender may limit the appropriateness and effectiveness of the interpretation. As language and communication barriers were thought to be of primary importance for immigrant women in our setting when accessing health care services during maternity, in this study we attempted to identify the nature of communication difficulties in maternity services as perceived by cohorts of immigrant women (IW), health care providers (HCP) and social service providers (SSP).

Method

The study was approved by the relevant institutional ethics board (University of Alberta, Edmonton, Canada) and full informed consent was provided by all participants with the assistance of interpreters where requested.

Setting and design

In this paper, we present findings from a larger, mixed-methodological study which explored ways to reduce disparities