

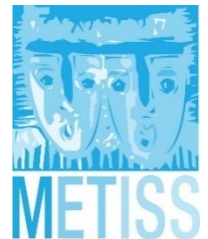
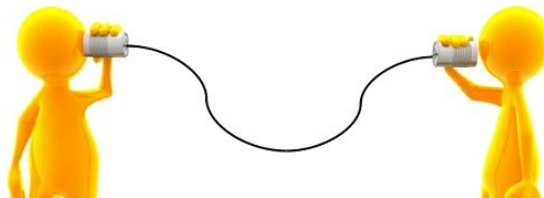
“To bring something that sounded frankly political into a healthcare context, I thought it was offensive”

Exploring English-speaking Minorities’ Experiences in Accessing and Receiving Care in Quebec-City

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Linguistic Minorities & Health

- Report poorer perceived health (Bouchard & Desmeules, 2013)
- Why ? (e.g. Bowen, 2001)
 - Linguistic minority status may account for this
 - Difficulty accessing care in one's first language
 - May hinder one's use of services
 - May lead to misunderstandings

Communication in Healthcare

- **Central element to care** (Ong et al. 1995; Swenson et al., 2005)
 - **Therapeutic alliance, adherence...**
- **Communication difficulties** (Li et al., 2008)
 - **More with cultural and linguistic minorities**
(Schouten & Meeuwesen, 2006)
- **Serious consequences** (Dahm, 2011 ; Gany et al., 2007)
 - **Mistrust**
 - **Misdiagnosis**
 - **Overuse of resources (\$\$\$)**



Previous solutions suggested

- Training health professionals to practice in both official languages (Bloom et al., 2006; Drouin & Rivet, 2003)
- Interpreters (*ad hoc* and professionals) (Leanza et al., 2013)
- Designated resources for linguistic minorities

→ To tailor interventions to linguistic minority patients, one should first give voice to these patients to explore their perspective and needs (Ali et al., 2006; Wheatley et al., 2008)

Linguistic Context: Quebec City

- Only 2% report English as first language
- 57% of Anglophones find it difficult to access services in English (Bouchard & Desmeules, 2013)
- Only 15% report being able to speak English with their family physician (Bouchard & Desmeules, 2013)

Research Questions



How do English-speaking minority patients experience...

1. Accessing care in Quebec City ?
2. Communication with health professionals in Quebec City ?

What are English-speaking minority patients'...

1. Expectations towards care ?
2. Recommendations to facilitate experiences of access to care and communication ?

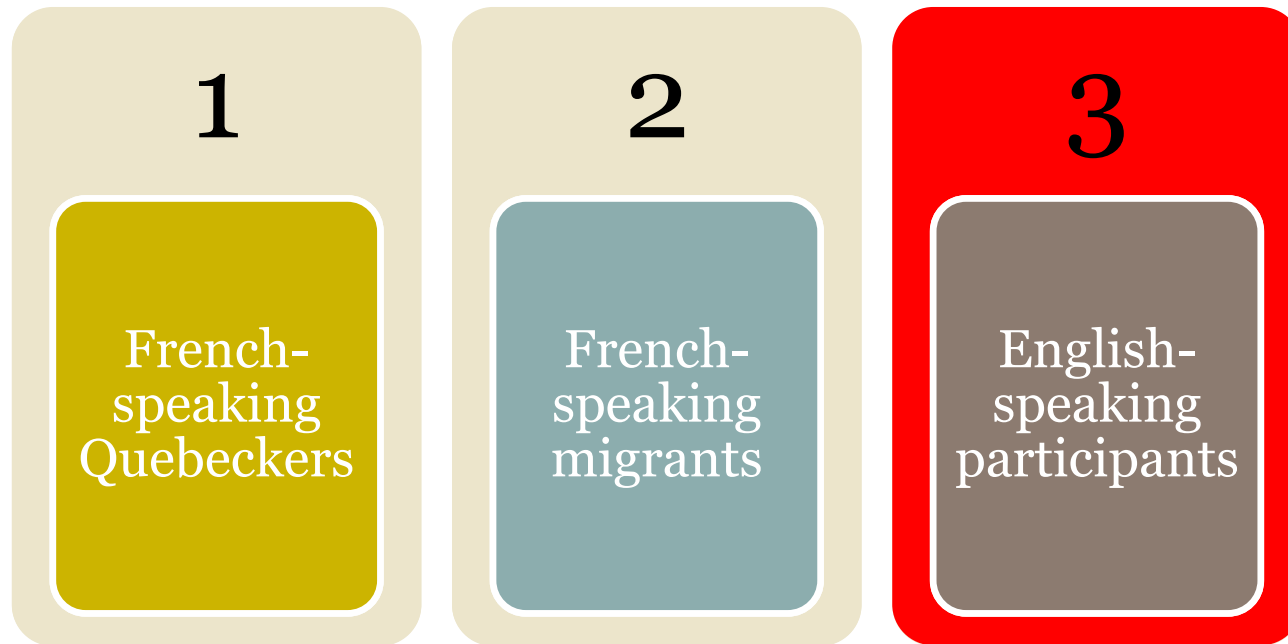
Participants

1. Self identify as an English-speaker;
2. 18 years of age or older;
3. Have had at least one experience of consultation with a doctor in Quebec City in the past 12 months.



Method: Research Design

- Qualitative cross-cultural approach



Participants

	French-speaking Quebeckers (n = 20)	French-speaking migrants (n = 19)	English-speaking migrants (n = 21)	All participants (n = 60)
Age (M, SD)	42,85 (15,92)	34,79 (9,72)	47,5 (14,12)	41,75 (14,56)
Gender				
Female	10	11	12	33
Male	10	8	9	27
Education				
University	12	12	16	40
< University	8	7	5	20

Participants

	N (%)
Country of Origin	
Canada	14 (66,7 %)
Outside of Canada	7 (33,3 %)
Fluency in French	
Yes	12 (57 %)
No	9 (43 %)

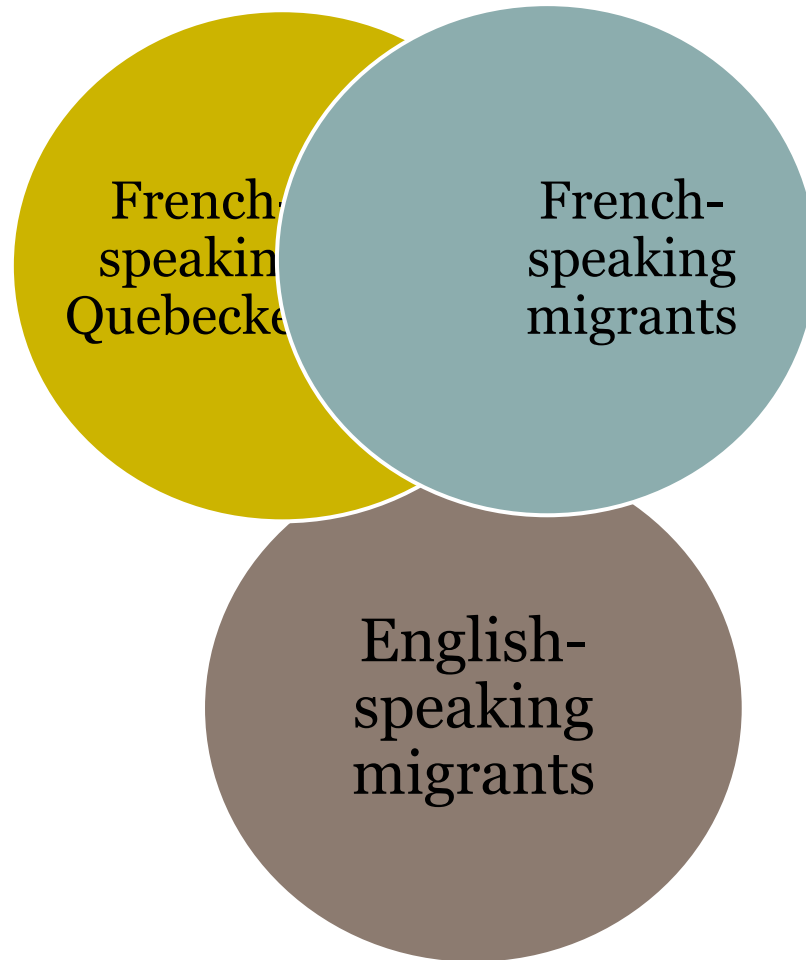
Although fluent now, majority also discussed experiences of accessing care when they did not yet speak French

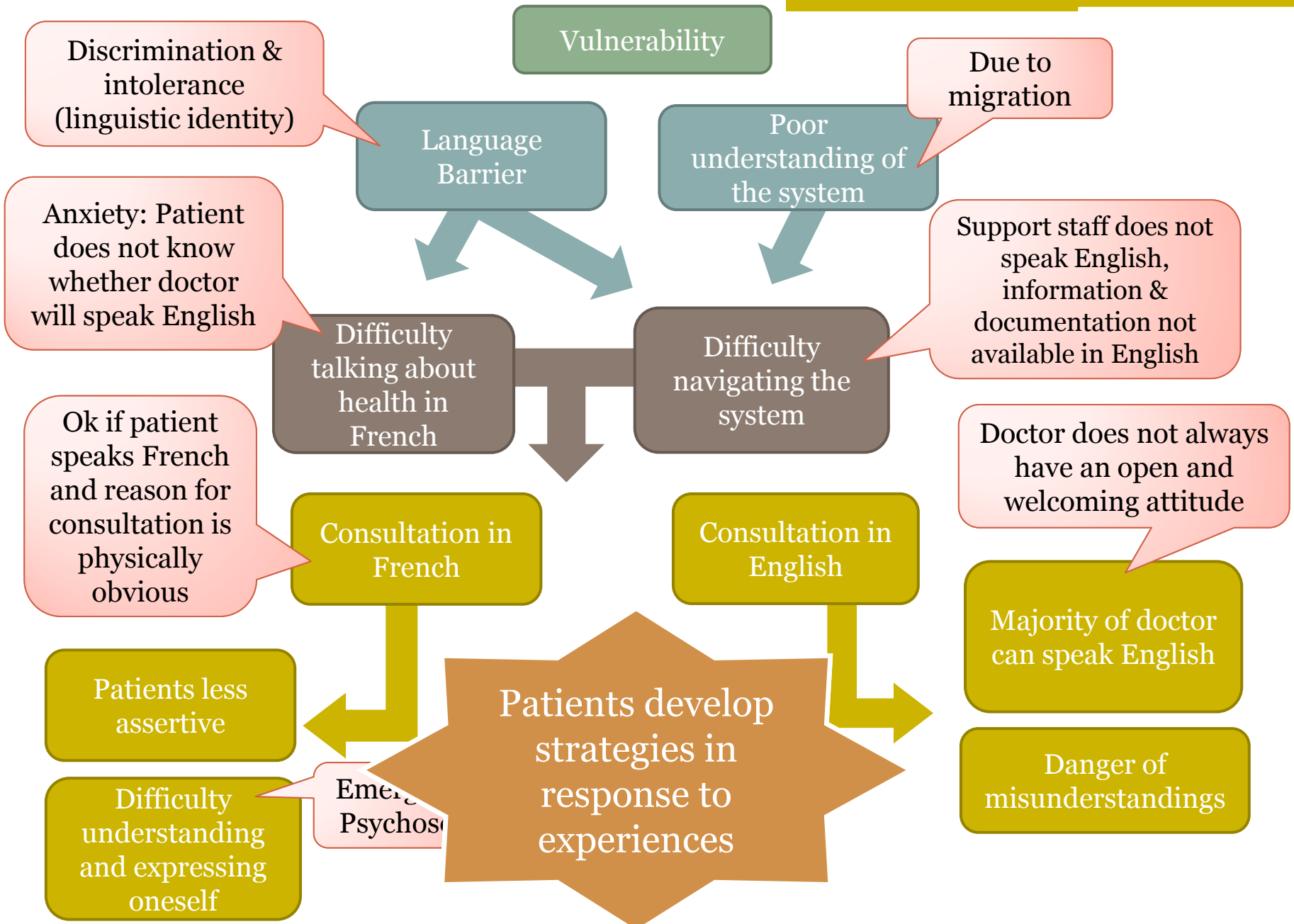
Procedure

- Individual narrative interviews
 - Allows for rich and detailed accounts of experiences
 - « Please, take a short moment to remember a consultation... When you have an experience in mind, can you describe it to me? »
- Thematic analyses
 - Nvivo 10 Software



Results: The Key Nuance is Language



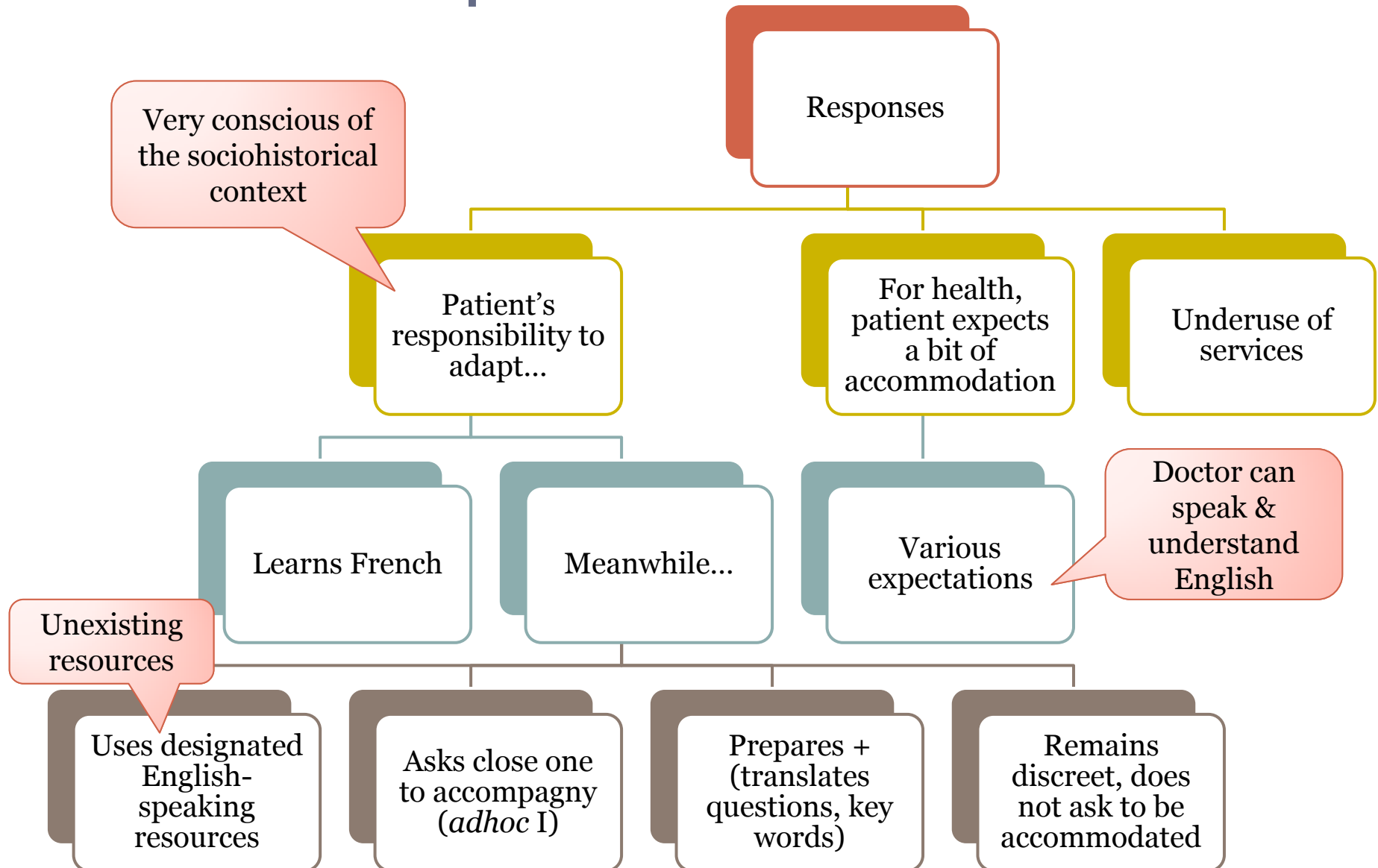


Patients' Perspective

“She asked me a question in French, which, **I don't know if it's a language thing**, but **when people ask me questions in French, I tend to just say yes**. Even if I don't understand the question, **it's just I don't want to be problematic**, so I just sort of almost pretend I understand, which is terrible, because it's just scary and stressful not to understand, and **it's mostly because health is such an important thing**.” Canadian Female, 34 y.o.

“I was talking about **depression and psychological problems**, and I feel that there I really want to be able to express things well, the francophone doctor was great, but **I felt lost for my words when I was trying to explain things in French**.” Canadian Male, 63 y.o.

Patient Responses



Appreciation of the Context

“I do my best in French first and foremost, I do feel like you know, I am living in Quebec and I have to make the effort to speak French, I don't call in and you know, I don't call and the first thing I say, I don't say the first thing 'do you speak English?’” Canadian Female, 31 y.o.

“I asked in French like if they knew how to speak in English cause we just arrived. And she basically told us uh, “I'm going to speak in French for your benefit” um and she said that in French so I was like ok and I literally was knowing next to no French and she just started telling us everything we had to do in French.” American Male, 38 y.o.

Patients' Expectations

“I really go the extra mile to, to fit in with the health system. I would never expect the nurse to say a word to me in English or to understand a word from me in English, I will only expect a doctor to have some technical vocabulary. That’s all I ever anticipate or ask for. I, I mean, I’m lucky that I’m able to do that. I know this.” Canadian Female, 52 y.o.

“So generally, language seems to be the biggest barrier. But then, of course we didn’t necessarily come to Quebec expecting everyone to speak English, but like it was more sometimes I was just surprised, I feel there’s like an expectation of instant French here. It’s a very different approach, in some places, it’s more like “we appreciate your efforts” whereas here (in Quebec) it’s like “why aren’t you better?” But it’s a different context here, there’s historical things there.” Australian Male, 35 y.o.

What do patients want?

Sensitivity
Openness
Patience
Empathy

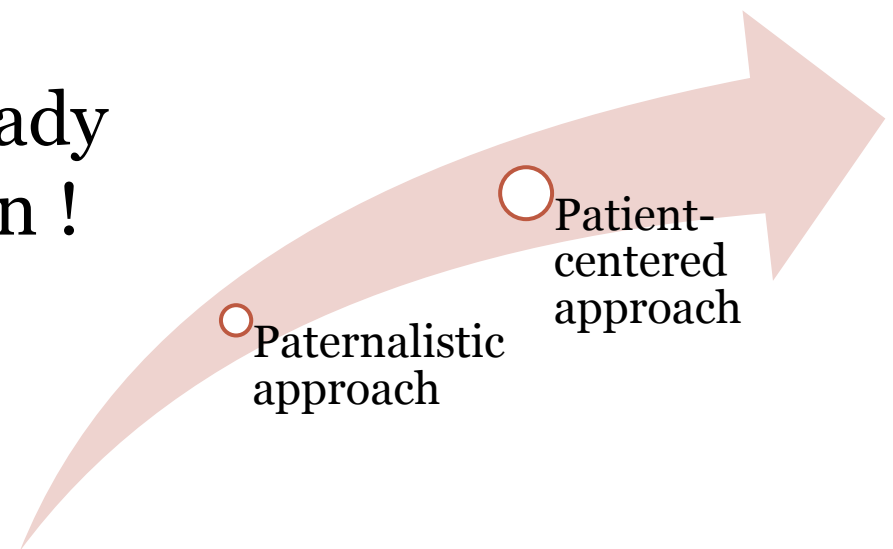
- « Most important I think is, **patience** and **empathy**. They honestly **don't need English they need patience and empathy**. You can get by if you **feel like someone is on your side** and they want to help you even without any common language. »
(English-speaking migrant, M, 42 years old)

Discussion

- Linguistic aspects are key !
- Importance of sociohistorical context
 - Pervasive discrimination attributed to linguistic ID
 - Patients recognize and appreciate linguistic context; and feel responsible for adapting
 - Patients do not ask for a lot of accommodation
- Historical tensions between Anglophones & Francophones come to life in healthcare context
 - Health professionals should be more mindful

Discussion: Patient's Role

- Shift from a paternalistic approach to a patient-partner approach, however...
 - Patient interiorized active role
 - Patient over-burdened
 - State/system claims less responsibility
- ...But patients are already in a vulnerable position !



Thank you for your attention...

- Questions?
- Comments?

