

## **Migrant population's opinion on the healthcare team regarding patient care in two local outpatient clinics in Montevideo**

### **Opinión de la población migrante sobre los cuidados del equipo de salud en dos policlínicas municipales de Montevideo**

### **Opinião da população migrante no cuidado da equipe de saúde em duas policlínicas da prefeitura de Montevideo**

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**Abstract:** This research aims to identify the opinion of the migrant population regarding patient care that eases their access to Public Healthcare Services. The target population is international migrants who attend two local outpatient clinics in Montevideo, Uruguay. The research is quantitative, descriptive and cross-sectional. Data collection was carried out through a survey, applied to 38 migrant users who were over 18 years old, with a minimum of three consultations carried out at the selected outpatient clinics. The socio-demographic profile showed a predominance of the age range between 28 and 38 years old (47.4%), the female gender (68.4%), countries from Latin America and the Caribbean (98.4%) and a higher education level (63.8%). Regarding patient care, 92.1% of respondents reported feeling the attention was suitable at the outpatient clinics and 100% stated they desired to continue attending. The most helpful types of patient care regarding access improvements were those related to communication (97.4%) and the quality of advisory services (89.5%). Cultural care - defined as the Healthcare Team's interest in the patient's culture and beliefs- proved to be the least prevalent with 41.2% and 62.5% negative responses, respectively.

**.Keywords:** care; accessibility to health services; migrant; Cross-cultural Nursing

**Resumen:** La presente investigación procura identificar la opinión de la población migrante sobre cuidados que faciliten su accesibilidad a los servicios de salud pública. La población objetivo comprende a migrantes internacionales que se atienden en dos policlínicas municipales de Montevideo, Uruguay. La investigación es de tipo cuantitativo, descriptiva y de corte transversal. La recolección de datos se realizó mediante encuesta, aplicada a 38 usuarios migrantes mayores de 18 años, con un mínimo de tres consultas realizadas en las policlínicas seleccionadas. El perfil socio demográfico demostró un predominio del rango etario

comprendido entre 28 y 38 años (47,4%), de género femenino (68,4%), procedente de países de América Latina y del Caribe (98,4%) y con un nivel de instrucción universitario (63,8%). En cuanto a cuidados, el 92,1% de los encuestados refirió sentir buena recepción en las policlínicas y el 100% manifestó desear seguir con su atención. Los cuidados valorados como más facilitadores en la accesibilidad fueron los relacionados con la comunicación (97,4%) y la calidad del asesoramiento (89,5%). El cuidado cultural - definido por el interés del Equipo de Salud por la cultura y creencias- resultó ser el menos preponderante, con el 41,2% y 62,5% de respuestas negativas respectivamente.

**Palabras claves:** cuidados; accesibilidad a los servicios de salud; migrante; Enfermería Transcultural

**Resumo:** Esta pesquisa procura identificar a opinião da população migrante sobre os cuidados que facilitam sua acessibilidade aos serviços públicos de saúde. A população-alvo inclui migrantes internacionais afiliados e atendidos em duas policlínicas da prefeitura de Montevidéu, Uruguai. A pesquisa é quantitativa, descritiva e transversal. A coleta de dados foi realizada por meio de uma pesquisa, aplicada à 38 usuários migrantes acima de 18 anos, com um mínimo de três consultas realizadas nas policlínicas selecionadas. O perfil sociodemográfico mostrou predominância da faixa etária entre 28 e 38 anos (47,4%), do sexo feminino (68,4%), dos países da América Latina e do Caribe (98,4%) e com nível de ensino universitário (63,8%). Em relação aos cuidados, 92,1% dos entrevistados relataram sentir-se bem recebidos nas policlínicas e 100% afirmaram querer continuar com a atenção. Os cuidados avaliados como os mais facilitadores em acessibilidade foram os relacionados à comunicação (97,4%) e à qualidade do aconselhamento (89,5%). O cuidado cultural – definido pelo interesse da equipe de saúde em cultura e crenças - mostrou-se o menos prevalente, com 41,2% e 62,5% de respostas negativas, respectivamente.

**Palavras-chave:** assistência; acessibilidade aos serviços de saúde; migrante; Enfermagem Intercultural

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## Introduction

More than three million people have moved within and out of Latin America and the Caribbean in the past two decades. There has been an increase and a diversification of the migration flow to Uruguay since 2009, a tendency that was confirmed in 2014 and continues up until today (1). The Ministry of Foreign Affairs' statistics indicate that in 2014, 730 people from countries that are part of the Mercosur or associate members had begun the application to become a resident. In 2018, this number rose to 10861 people. (2) Data from the National Migration Office (DNM, by its Spanish acronym) shows that in 2017, 3667 people born in countries that are not part of the Mercosur or associated members had begun the application to become a resident (3), while in 2019, it was 5788 individuals. (4) The United Nations High Commissioner for Refugees (UNHCR) announced that 6425 people had requested asylum in 2018 and 391 were seeking refuge, taking the number of people under international protection up to 6816. (5)

Among the applicants, the predominant countries are the ones denominated “new Latin American origins”, which include countries from Latin America and the Caribbean (1). Venezuela leads out of the countries that are part of the Mercosur or associate members with 5448 people who have obtained residency in 2018, followed by Brazil (1880) and Argentina (1484). (2) For countries which are not part of the Mercosur, Cuba is to be highlighted: 968 Cubans begun the application to become a resident in 2017 (3), while in 2019, it was 4128 people. (4) No official data from the UNHCR regarding refuge was found to evidence discrimination based on nationality. The Uruguayan Migration Act states that “migrant people and their families shall possess health, work, social security, housing and education rights on equal terms as the country’s nationals” (6). Upon arrival, migrants do not always have the documents necessary to begin the application to become a resident and are met, moreover, with waiting times longer than six months to standardize their situation.

To join a public healthcare system, the applicant must present certain documents and such is exclusionary to access all the services provided by the Primary Care Level (PNA, by its Spanish acronym) (7). As a consequence, people who are unable to join can only access Emergency services or particular consultations with the PNA, making it harder to prevent and treat chronic diseases and other illnesses that should not be treated by Emergency services. Moreover, once the documents that allow patients to attend PNA services have been obtained, another difficulty arises: accessing those services when cultural, linguistics, socioeconomical and management barriers exist.

The two outpatient clinics in Montevideo selected for this investigation belong to the public PNA and have a high international migrant turnout (1) thanks to their location in the city center, where this population usually resides.

In order for people from different cultures and backgrounds to achieve a fast integration to the healthcare system and the PNA network, it is necessary to adapt how the healthcare team interacts with the patients taking into account the public healthcare they need to receive. Therefore, the quality of the dialogue between users and professionals is of the utmost importance. This dialogue allows an easier access to the necessary services, improves the users’ quality of life and helps reduce the number of visits to Emergency services. In this process of mutual understanding, it is essential to be aware of the needs of the target population and their opinion on what types of patient care are the most important.

## Methodology

This research is quantitative, descriptive and cross-sectional. The research sample is comprised of 38 people who attended the two local outpatient clinics in Montevideo between May 21<sup>st</sup> and June 15<sup>th</sup>, 2018, according to a type of convenience sampling. The inclusion criteria were foreign nationality, a minimum of three previous consultations at the two outpatient clinics and being over 18 years old. The exclusion criteria were intellectual disabilities that prevented communication or understanding the research and lack of fluency in the Spanish language. In order to determine the socio-demographic profile of the sample, seven simple variables were studied: age, gender, nationality, predominant language, education level and residence time. In order to define the respondents’ opinion regarding the patient care received, four simple variables (experiences, communication, trust and patient care) and three complex variables (assessment, habits and cultural care) were studied.

The research data was collected through a survey and the instrument was comprised of 18 questions. The simple variables were explored through single questions. This was the case for predominant language (“What is the language you speak and understand best?”) or experiences (“Do you feel welcomed by the members of the healthcare team when you arrive at the outpatient clinic?”), for example. Regarding complex variables, two dimensions were defined and inquired into through different questions. To evaluate ‘assessment’, it was necessary to rate the usefulness of the information given (“Was the information given by the professionals during the consultation useful?”) and the time spent by the professional (“Do you consider the time spent on the consultation was sufficient?”).

The questions were filled out by the respondents after verifying they met the inclusion criteria and signing the consent form. Before data collection, a pilot test was carried out at a third outpatient clinic and the instrument was modified based on the result.

### **Ethical considerations**

Before data collection, the authorization request was sent to the corresponding authorities and the coordinators of the outpatient clinics were notified of the objectives and the research plans. During data collection, a written version of the survey and the consent form were given to the respondents in accordance with the Researches Involving Human Subjects Decree and Personal Data Protection Act.

### **Results**

The main age range was between 29 and 38 years old (47.4%), followed by the range between 18 and 28 years old and 38 and 48 years old with 21.1%. 10.5% of the survey respondents were 48 years old or older. 68.4% self-identified as female and 31.8% as male. The main nationalities were from countries in Latin America and the Caribbean, which reached 94.8%. The dominant country was Venezuela with 36.9%, followed by the Dominican Republic (18.2%), Brazil and Cuba (10.5%), Peru (7.9%) and Bolivia, Ecuador, Honduras and Puerto Rico (2.6%). Origins not from the Americas included Nigeria and Spain.

88.8% of the survey respondents were Spanish native speakers. 10.5% were Portuguese native speakers and 2.6%, English native speakers, whose Spanish level was enough to understand and complete the survey. Most of the respondents (63.2%) were in higher education. 28.9% stated having finished high school, 5.3%, elementary school and 2.6% had a tertiary education outside of university. Regarding residence time, the majority of the respondents (52.8%) has been living in the country for over three years, 19.4% for one to two years and 16% for less than a year.

The vast majority of the respondents (92.1%) stated they had had a positive experience at the outpatient clinics, valued through the quality of the attention given by the healthcare team. 7.9% nuanced this statement (sometimes).

The variable ‘trust’ was studied through the opportunity the respondents had to express their emotions, opinions and feelings during their interactions with the team. 81.6% of the respondents stated they were able to do this at all times, 13.2% said they could do it only at times and 5.2% said they were never able to do it.

97.4% of the respondents confirmed there was a systematic willingness to achieve a good communication regarding diagnoses and care plans, while 2.6% perceived it to be more sporadic.

The healthcare team's assessment was analyzed as a complex variable, taking into account the time dedicated to the consultation and how useful the information given was. 81.6% of the respondents considered the time spent on their consultations was always sufficient, 13.2% considered it was sometimes sufficient and 5.2%, not sufficient. The information given was considered useful by 89.5% of the respondents. 7.9% stated it was sometimes useful, while 6.2% did not consider the information given useful. After combining the two dimensions, the assessment given by the healthcare team was considered as always adequate by 73.6% of the respondents (Table 1).

Table 1 - Assessment

Assessment	Usefulness of the information received				
		Yes	No	Sometimes	Total
Adequate visit time	Yes	<b>28</b> <b>(73.6%)</b>	0 (0%)	3 (7.8%)	31 (81.5%)
	No	1 (2.6%)	<b>1 (2.6%)</b>	0 (0%)	2 (5.2%)
	Sometimes	5 (13.1%)	0 (0%)	<b>0 (0%)</b>	5 (13.1%)
	Total	34 (89.4%)	1 (2.6%)	3 (7.8%)	38 (100%)

Source: Survey to international migrants/ Own compilation (2018)

The variable 'habits' was treated as a complex variable with values in two dimensions: the healthcare team's interest in knowing the respondent's relevant life habits during the Health-Disease Process (PSE, by its Spanish acronym) and their willingness to elaborate consequent care plans. 57.9% of the respondents stated that the healthcare team systematically inquired into their life habits, 15.8% stated they only did it at times and 26.3% stated the team did not ask about it. 55.7% of the professionals attempted to modify the care plan to accommodate those habits at all times, 39.5% never attempted to do it and 5.3% attempted to do it at times. After combining the two dimensions of the variable 'habits', 44.7% of the respondents believed it was systematically considered.

97.4% of the respondents stated the healthcare team was willing to achieve a good communication regarding diagnoses and care plans, as well as to justify them using clear and comprehensive language (Table 2).

Table 2 - Habits

Habits	Interest in knowing the habits				
		Yes	No	Sometimes	Total
Considered the habits for the treatment or patient care plan.	Yes	17 (44.7%)	4 (10.5%)	0 (0%)	21 (55.2%)
	No	5 (13.1%)	6 (17.7%)	4 (10.5%)	15 (39.4%)
	Sometimes	0 (0%)	0 (0%)	2 (5.2%)	2 (5.2%)
	Total	22 (57.8%)	10 (26.3%)	6 (17.7%)	38 (100%)

Source: Survey to international migrants/ Own compilation (2018)

Cultural care was considered as a complex variable, taking into account the team's interest in understanding cultural, religious or spiritual aspects that were relevant during the PSE. The majority of the respondents (65.8%) stated that the healthcare team did not inquire into those aspects, while 31.6% of the team did. The obtained results show a bigger interest in culture than religion, given that the team inquired into it systematically (42.1%) or occasionally (15.8%). Overall, the healthcare team showed systematic interest in both dimensions of the variable 'cultural care' according to 23.6% of the respondents (Table 3).

Table 3 – Cultural care

Cultural care	Interest in knowing the religion or beliefs and their influence in the habits related to health.				
		Yes	No	Sometimes	Total
Interest in knowing the cultural aspects that affect the way to perceive health	Yes	9 (23.6%)	7 (18.4%)	0 (0%)	16 (42.1%)
	No	1 (2.6%)	15 (39.5%)	0 (0%)	16 (42.1%)
	Sometimes	2 (5.2%)	3 (7.8%)	1 (2.6%)	6 (15.8%)
	Total	12 (31,6%)	25 (65,8%)	1 (2,6%)	38 (100%)

Source: Survey to international migrants/Own compilation (2018)

Regarding the variable 'patient care', the vast majority of the respondents (94.7%) regarded their experience at the outpatient clinics as always positive and 5.3% only sometimes positive. In

fact, 100% of the respondents stated they would continue attending the outpatient clinic. According to 30.8% of the respondents, the professionals that showed the biggest interest in establishing a good therapeutic relationship were gynecologists and pediatricians. Followed by nurses and midwives (11.5%) and primary care physician, family doctors, psychologists and vaccinators (3.8%).

### Discussion and Analysis

The socio-demographic profile of the surveyed population matches the statistical tendencies presented by a State research study, which indicate that the majority of migrants are young adults in search of job opportunities. (1) Moreover, it is important to mention that the predominant age range contrasts with the Uruguayan population, comprised of mostly senior citizens who attend care centers.

68.4% of the women surveyed confirm and even pass the tendency given by official sources for the period between 2009 and 2014, which states that 54% of the migrant population is female (1). It matches the general tendency of the population, according to which women mostly attend healthcare services for a consultation for themselves or a member of their household. In fact, the national statistics for 2018 indicate that by the age of 15, the number of female users surpasses the number of male users for every life stage (8).

Regarding their origin, the numbers obtained match those given by the State for “non-traditional Latin American origins”, which include a strong presence of migrants from Venezuela and Caribbean countries (Cuba and the Dominican Republic). (1) These people found a country with open frontiers, which up until today has not applied any deportation measures of any kind and which allows them access to first-rate healthcare services even without national documents. Migrants coming from Venezuela, the Dominican Republic and Cuba also share many cultural characteristics with the population, varying from language and religion to certain musical rhythms and gastronomic traditions. (9)

The low number of people originating from countries outside of the Americas may derive from the inclusion criteria ‘fluency in the Spanish language’ suggested by the investigation, which excludes the majority of African and Middle Eastern users. Regarding the predominance of the Spanish language, it can be considered as a benefit for interrelationship at healthcare services.

The vast majority of the respondents (63.2%) had achieved a higher education level, which matches official statistics. (1) Among social Health Determinants, the level of education includes the environment where individuals and families develop and it influences their lifestyle, habits, access to healthcare services and exposure to high-risk environments. (10) With a higher the education level, the users have a better access to healthcare services and better perceived health throughout their life thanks to their bigger commitment to the PSE. Moreover, the families with a higher education level tend to have fewer children, which increases the parents’ ability to take care and protect their household. (10) Lastly, the mother’s education level determines the health, survival and education level of the children. (12) The vast majority of the respondents who self-identified as female were mothers with a higher education level. This is an indicator of individuals’ -in particular, women and mothers- high participation level in their own and their household’s PSE.

The residence time in the country of the majority of the respondents (52.8%) was more than 3 years, which indicates that a longer time enables and facilitates the access to healthcare services. Moreover, it proves that time is a determining factor for the access of healthcare services,

given that it leads to a better understanding of the healthcare system, their providers, their professionals and their overall functioning.

The variable 'experiences', related to the attention provided by the healthcare team, was very highly rated (91.2%) and is similar to the general satisfaction percentage regarding the quality of the attention received (98.2%). The percentages for the variable 'trust' reveal that 18.4% of the respondents do not always or never express their emotions, opinions and feelings during a consultation. This result highlights the importance of emphasizing the idea that the consultation is a space for exchanging ideas and freedom of speech. For this to happen, the healthcare team must show empathy and work on their cultural competence.

The variable 'habits' -defined as the usual practices of a person or a community- was evaluated through the team's interest in the respondent's customs and their ability to create a treatment or care plan considering the patients' replies. This variable was systematically taken into account by the team for 44.7% of the respondents. This percentage indicates professionals still underestimate the importance of understanding the habits of culturally diverse populations in order to establish a viable and coherent care plan and generate a therapeutic relationship based on commitment.

The relative importance of cultural care within the therapeutic approach of the healthcare team should be highlighted. The majority of the respondents (39.5%) stated that the team did not inquire into their religious beliefs or cultural aspects that may influence their way of perceiving health. However, the respondents clarified that they did not consider this as lack of interest by the professionals regarding their PSE and that it did not affect the quality of the care received. Even then, it is observed that a comprehensive approach centered in the people has yet to be fully incorporated to the therapeutic approach. Even though it does not affect the development of the practical aspects of the healthcare process such as test coordination or treatment plans, it may lead to misunderstandings or stereotypes. Moreover, cultural care becomes essential when treating patients from other cultures, who speak different languages or have different beliefs, which is not the case for this research. In the context of globalization, the healthcare team shall acquire the tools that allow them to treat people and communities that require cultural competence in order to elaborate appropriate care plans.

Regarding the assessment of the care provided by different members of the healthcare team, it is important to highlight the positivity surrounding gynecology and pediatrics, confirming the importance of women's and children's health for a young population of childbearing age.

To sum up, the general opinion regarding the patient care received was very positive and confirmed that the surveyed population desires to continue attending the outpatient clinics. These clinics offer services adapted to users with the studied population's socio-demographic profile: a predominance of the female gender and under forty years of age.

The highest rated types of patient care were the quality of communication and of the assessment and they were also considered as a priority to access healthcare systems. The migrant population needs to be able to rely on the healthcare team to give them relevant information regarding the care process in order to access the services themselves or to guarantee their access, thanks to a good understanding of the information given. For non-Spanish speakers, an intermediary language is therefore an essential tool to allow communication and access to the healthcare process.

## Conclusions

The development of the research made it possible to meet the established objectives: characterize the migrant population of the selected outpatient clinics, define their opinion regarding the patient care received and identify which are considered essential to allow access to healthcare services. Although the reduced sample size could lead to being cautious when extrapolating the results, it presents encouraging prospects for future researches. Moreover, it intends to evidence the interest the professionals and health providers show toward the Health-Disease Process of the migrant population. Their socio-demographic, epidemiological and cultural profile requires the development of specific knowledge from the interdisciplinary healthcare teams in order to improve the quality of the care given and to maintain the population's health. Knowing the opinion of migrant users regarding the patient care received helps to improve the quality of the patient care and continue with the attention and, ensuring the efficiency and effectiveness of the healthcare process. For a society that is increasingly exposed to new cultural contributions, the timely inclusion of migrant population to the national healthcare system is a challenge not only regarding healthcare attention but also regarding social inclusion.

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