Improving access to services during labor and delivery for Latina immigrants:

Using qualitative and quantitative methods to create evidence-based clinical professional development strategies

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American Public Health Association Annual Meeting
November 7, 2006
Background:

- Latinas less likely to initiate prenatal care until after 1st trimester

- Misunderstanding by staff and lack of patient-provider communication

- Use of interpreters
  - Improve satisfaction
  - Reduce medical errors

Sources:
3. Flores et al. (2003); Andrulis D et al. (2002); and Morales LS et al. (1999)
Objectives

- Explain barriers to accessing services during labor and delivery (L&D) as experienced by Latina immigrants
- Identify factors that predict inappropriate use of interpreters by clinical staff in L&D
- Describe how qualitative and quantitative methods can identify cultural competency training needs for clinical staff in L&D
Methods

Qualitative:
- Latina immigrants who delivered in area hospitals during last 12 months
- Twelve in-depth semi-structured interviews (n=6)
- Two focus groups (n=7)

Quantitative:
- Labor and delivery clinical staff in 5 hospitals in mid-Atlantic city (n=200)
- Self-administered anonymous survey
Analysis

Qualitative:
- Review transcripts and identify recurrent themes

Quantitative:
- Factor analysis to develop indices
  - Inappropriate use of interpreter
- Linear regression
Qualitative Results:

Patients experienced suboptimal quality of care due to poor communication with clinical staff, resulting in failure to understand analgesia, laboratory tests, and discharge instructions

... yet they were pleased with the quality of care they received
Respeto and confianza:

"... I think that I wouldn't be nice, because they have everything very well prepare. They are well educated. But me, one who doesn't know anything can't give their opinion on something like this"
Qualitative Results:

Familia:

Family members and friends were crucial links to the health care system.
Qualitative Results:

Comparison with country of origin:

"...they had more women on the floor... all the women there crying, the pain. There was no room inside to lay them down or to take care of them."

"...Not like there, because there, one is raised like a little animal. It's not like here, here they take care of the babies, and they take care of the sick."
Provider Characteristics

- Occupation: 46% clinicians; 54% nurses
- Gender: 82% female; 18% male
- Race/ethnicity: 57% White; 2.5% Latino; 23% African American; 11% Asian American
- Language: 6.5% fluent Spanish
- Confident in ability to meet needs of Latinas (47.5%)
- Belief that receiving training is very important/important (88.5%)
Quantitative Results:

Inappropriate use of interpreter

- Latino ethnicity  \( (\beta=8.9; p=0.01) \)
- Importance of credibility of individual introducing new practice guideline  \( (\beta=2.88; p=0.006) \)
- Belief that family members can serve as appropriate interpreters  \( (\beta=1.77; p=0.001) \)
- Use of general mass media channels as source of information regarding medicine  \( (\beta=1.70; p=0.006) \)
- Belief that a patient’s country of origin can predict health behaviors  \( (\beta=1.58; p=0.001) \)
Implications:

Value of obtaining patient voices

- Provides narratives to use as examples and case studies during trainings
- Discordance between experiencing substandard care and patient satisfaction
  - Identified potential interventions for patients
  - Feedback to hospital sites about assessing patient satisfaction
Implications: Professional development strategies

- Importance of cultural and religious beliefs in health-related behaviors
- Discourage stereotyping patients based on country of origin
- Encourage using professional media for information
Final products

- Individualized reports summarizing survey findings

- Tailored professional development strategies
  - Used reports to guide the curriculum for each site
  - Used qualitative findings to give voice to patients
  - Video created for patients used to guide discussions with providers about appropriate use of interpreters
Conclusion

Obtaining the voices of patients through qualitative methods, in combination with the quantitative surveys of providers, allowed for the creation of more comprehensive strategies for ensuring cultural competency for clinical staff in L&D.
Sources Cited


