CALIFORNIA'S

LATINO PHYSICIAN CRISIS

Latino Physician Shortage in California:

The Patient Perspective

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EXECUTIVE SUMMARY

Approximately 25 million individuals in the U.S. are considered Limited English Proficient (LEP). Almost 28% of this population lives in California. LEP patients face challenges communicating with health care providers, negatively impacting their experiences of care. This policy brief explores how language and ethnic concordance contribute to patient-provider communication between Spanish-speaking Latino patients and their primary care providers (PCPs). Our research shows that the main factors that contribute to positive experiences of care in order of priority are: the provider's ability to speak Spanish, patient-provider trust and ethnic concordance. Study participants also reported that empathy and compassion are desired attributes among health care providers, regardless of ethnicity, or language concordance. Overall, study participants expressed a strong preference to speak with providers directly, and in their own language. Increasing the supply of language capable PCPs could address the shortcomings experienced by LEP patients in health care settings. Teaching medical Spanish to PCPs could improve the interactions of Spanish-speaking LEP patients with their health care providers. Training in the development of interpersonal skills, as well as cultural competence, particularly among non-Latino providers, would improve the patient experience of the Latino LEP population.

INTRODUCTION

The U.S. is home to approximately 25 million Limited English Proficient (LEP) residents, who are defined as speaking English "less than very well," according to the U.S. Census [1]. Almost 28% of these individuals live in California [2]. According to research from the Latino Politics and Policy Initiative, in California nearly 44% of the population speaks a language other than English at home, and Spanish-speaking physicians are the most under-represented in the physician workforce in California with only 62.1 per 100,000 Spanish speakers [3]. Latinos became California's plurality population in 2015. By 2050, Latinos are estimated to represent 44.5% of the state's population[4]. More than 37 million Latinos speak Spanish at home, making it the most widely used non-English language in the U.S. [5]. Exploring the mechanisms of how ethnicity and language contribute to patient-doctor communication could inform interventions to improve quality and experiences of care for the Latino LEP population.

Provider linguistic and cultural competency are key determinants of health inequities in patient experience and quality of care [6]. Previous research shows that racial/ethnic concordance is positively associated with better interpersonal processes of care, access to care and health outcomes [7-12]. Increased mutual respect, trust, communication, and satisfaction improve in concordant patient-doctor relationships [9, 10]. Studies shows that Spanish-speaker LEP patients in California who have a Spanish-speaking Primary Care Provider (PCP), have better glycemic control [13] and report feeling more confident to ask questions, report higher trust in their providers, and perceive lower discrimination from them, compared to patients who lack a Spanish-speaking PCP [14]. Research on ethnic concordance is usually confounded with language [11].

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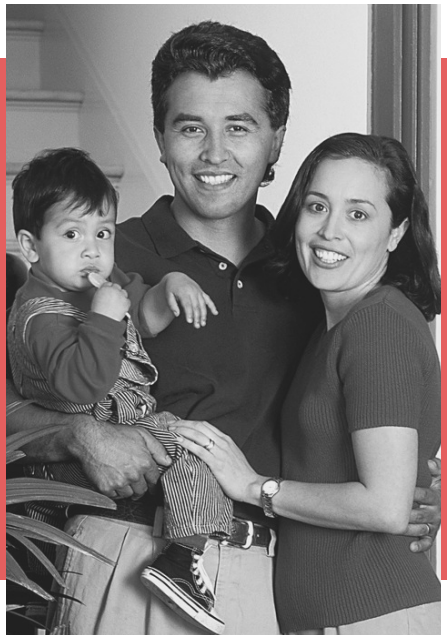
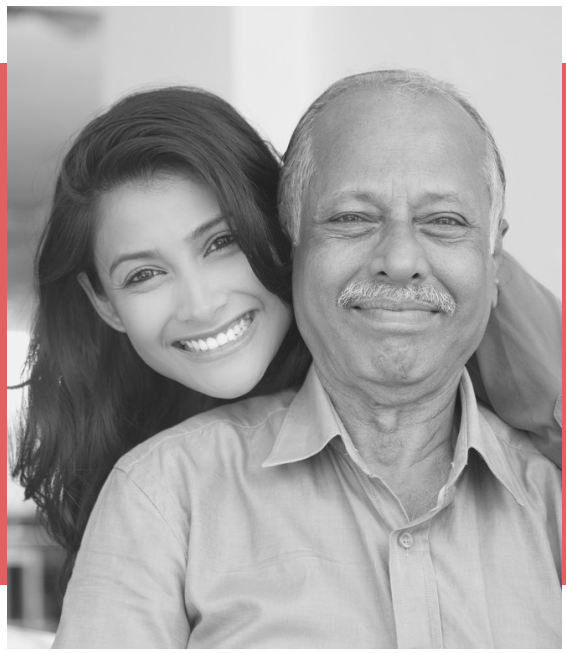




We conduct a study to explore how language and ethnic concordance contribute to patient-provider communication between Spanish-speaking Latino patients and their primary care providers. Specifically, we compare patient interactions with Latino and non-Latino physicians. We specifically explore whether the benefit of Latino patient-doctor concordance is based on shared ethnicity, shared language, or other factors. The main hypothesis of this study is that language and ethnicity contribute to the relationship between Latino patients and their primary care provider (PCP) through different mechanisms, and both factors complement each other.

METHODOLOGY

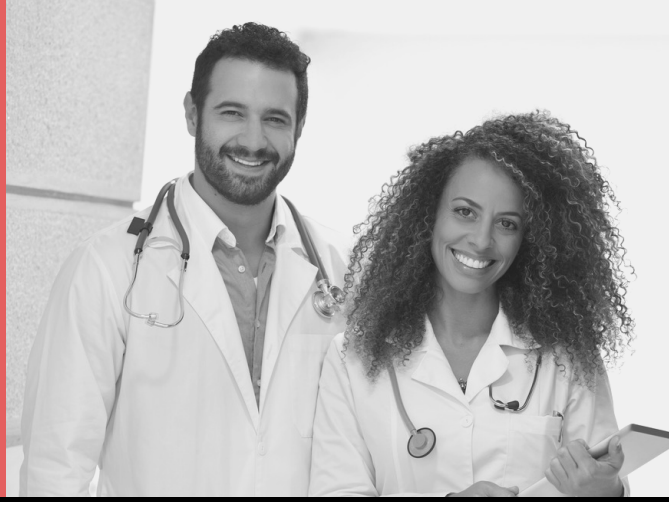
We gathered information about experiences of care from Spanish-speaking Latino patients who received care from a large Southern California Health System. Study participants were recruited face-to-face in clinics and by phone. We conducted focus groups in the winter of 2019 to analyze the views from Spanish-speaking Latino patients who received care from a non-Latino PCP (n=7) and from Spanish-speaking Latino patients who received care from a Latino PCP (n=9). Focus groups lasted approximately 45 minutes and were conducted in Spanish. We used qualitative methods to analyze the data we collected, distinguishing between factors that contribute to positive experiences of care and desired attributes from providers. Table 1 shows the sample characteristics of study participants.

Table 1. Sample Characteristics of Study Participants

Characteristic	Patients with non-Latino provider (n=7)	Patients with Latino provider (n=9)
Female (%)	57	89
Age (mean years)	62	57
Education (%)		
No schooling	0	11
8th grade or less	43	22
Some high school	43	11
High school or more	13	55
Married (%)	71	66
Low English Proficiency (LEP)[1] (%)	87	66
Spanish proficiency (%)	100	100
Language spoken with provider (%)		
Spanish	43	88
English and Spanish	13	11
Spanish with interpreter	43	0
Insurance (%)		
Private	29	0
Medicare	29	11
Medi-Cal	13	55
Dual eligibility[2]	29	33
Time in the U.S. (mean years)	33	26

[1]Low-English Proficiency (LEP) individuals responded, "I do not speak English well" and "I do not speak English". [2]Patients with Medicare and Medi-Cal.

FINDINGS



1 Factors that contribute to patient satisfaction.

We identified the following factors that positively contribute to patient experiences of care by order of priority:

Factor	Patient View
1. Providers' ability to speak Spanish	Patients reported that not being able to speak Spanish in clinical encounters might deter health seeking behavior: ***"It's like having your wings cut out. The first thing I ask is if the doctor will speak Spanish, if they don't, I do not schedule an appointment".*** Interpreters assist with communication between LEP patients and providers who are not fluent in Spanish. Interpretation services are available in-person, over the phone, and through video. Patients reported mixed views about communication through interpreters: ***"It's like a fireman that comes to aid when you need him the most, but it doesn't foster patient-provider communication".*** Having interpreters can result in the perception of receiving incomplete information, and perception of errors that could negatively impact treatment adherence, patient experience and quality of care: ***"I can't tell you if I am fully satisfied with my doctor, I cannot talk to her and she can't understand me, until she asks the computer".***
2. Patient-provider trust	Participants reported that provider trust is crucial to have an effective patient-provider communication. Patients would communicate better, and follow the instructions from providers who they can trust. However, participants that currently lack a Latino PCP mentioned that the inability to express their questions in Spanish, sometimes makes it harder to establish trust, but it could still be possible if the provider shows willingness to build trust: ***"I've never had a Latino doctor, they've all been foreigners and they've always treated me nicely. They give me advice on how to treat my diabetes; they tell me to walk. This makes me trust them".***
3. Ethnic concordance	The benefits of ethnic concordance were important for study participants, but their views were more flexible compared with language concordance, and trust. For patients who currently have a non-Latino provider, shared ethnicity was not as crucial as having a provider who could effectively communicate in Spanish: ***"My doctor is not Latina but she speaks Spanish very well. We understand each other".*** But for patients who currently have a Latino provider, ethnic concordance was more important: ***"Culture is not only the words we speak, we understand each other with a dictionary that goes beyond words, a Latino will understand the culture speaking Spanish brings. Only a Latino will understand what you mean and what to do when you say 'it hurts here'".***

2 Provider attributes that improve patient's experiences of care.

We identified the following attributes of PCPs that were highlighted by patients:

Provider Attribute	Patient View
1. Language Concordance	This is the most important provider characteristic that would contribute to positive experiences of care, regardless of ethnic concordance. Even just the provider's attempt to speak Spanish is perceived as favorable. ***"I've had doctors of different races that do not speak 100% Spanish, but they try to. It made me feel I can trust them and talk to them".*** ***"I want a doctor who speaks Spanish, even if they are not Latino, just one that speaks Spanish".*** ***"I had a question for my doctor and my husband asked me why I hadn't asked it: because first of all, they don't speak Spanish, and second of all, they don't look at me".***
2. Empathy and compassion foster patient-provider communication	Interpersonal skills such as empathy, compassion, kindness and the ability to make patients feel safe and trustworthy, are crucial, regardless of provider's ethnicity or Spanish proficiency. Even minor attempts to show empathy and kindness to patients are appreciated: ***"You want a person who at least shows that they are feeling what the other person is feeling. Not someone who sees people as a consultation. You want someone who at least asks you how long your problem has been going on".*** Some patients perceive discrimination from providers. ***"I don't know if it is forbidden for doctors to touch us. Some doctors don't even want to see where it hurts, much less touch, unless they put gloves on. I don't know if they are racist, to me they are, or they just don't want to touch sick people".*** For many patients, interpersonal skills are those that characterized patient-provider interactions in their home countries: ***"We need more Latino doctors who feel compassion for us, who become doctors because it is a calling. In our countries, we say that we have to teach people to follow a particular profession because it's their calling, if they do it for the money, they are bad professionals".***
3. Provider ethnicity	Provider's ethnicity seemed to be more relevant to patients who currently have a Latino provider: ***"I feel more trust with the Latino doctor I have, I think it's because of the race, I feel something familiar about him. I don't get along very well with doctors of another race".*** But for patients who receive care from non-Latino providers, language concordance and interpersonal skills are more important: ***"I had a doctor who was not Latina but she tried to communicate with me in Spanish and would always ask me how I was doing, where my pain was and encouraged me to take care of myself not only through medication, but through what I ate, exercise. She was very patient with me and didn't feel rushed like other doctors. I liked that".***

We also identified additional factors that contribute to patient experiences and quality of care. Study participants mentioned experiencing high levels of provider rotation, which leads to discontinuity of care and makes it more difficult to build trust. Another relevant topic was the perceived effectiveness of interpretation services. Patients stated a strong preference to communicate directly with their providers. Patients were concerned about the possibility of information asymmetries when interpreters mediated the communication between patients and providers. Our findings show that while language concordance was the top quality that physicians need to have to establish trust and effective communication, interpersonal skills, empathy and compassion were highly valued in physicians, regardless of ethnicity or Spanish fluency.

Future research should examine how interpersonal skills, perceived empathy and compassion contribute to positive experiences of care. Studies should also examine the different pathways that contribute to patient-provider trust. Telemedicine is a new technology that could foster communication between LEP patients with their providers. Research should examine how to improve patient-provider communication, either through interpretation services or promoting access to language capable providers. Research is also needed to identify how acculturated Latinos interact with their PCPs, since some study participants mentioned how they preferred to speak English with some providers and Spanish with others. We also gathered that experiences of care differed when patients received specialty care compared to those experienced with PCPs. These differences, however, should be furthered explored.

CONCLUSION

This pilot study showed that patient's positive experiences of care with their PCP are the outcome of the provider's ability to speak Spanish, the establishment of trust through interpersonal skills such as empathy, patience, compassion, and ethnic concordance. Patients' preferences of provider attributes vary between patients with a Latino PCP and those with a non-Latino PCP, particularly on the value that each group gives to ethnic concordance. Other systemic issues that contribute to patient's experiences of care require further exploration such as high provider rotation, the effectiveness of interpretation services in patient-provider communication, the role of acculturation in patient-provider interaction, and the specific roles of interpersonal skills, empathy and compassion on patient experiences in primary and specialty care.

POLICY RECOMMENDATIONS

Based on our findings, experiences and quality of care for Spanish-speaking LEP patients can improve if governments and health care organizations:

1 Increase the supply of language capable primary care providers

Increase the supply of language capable primary care providers. Health systems should prioritize the teaching of medical Spanish to all providers who interact with the LEP Spanish-speaking population. Encouraging providers to learn Spanish or improving their fluency could be rewarded with economic incentives to offset the opportunity cost of investing in language skills. Latino providers are more likely to be fluent in Spanish. Thus, increasing the supply of language capable Latino providers could translate into better experiences and quality of care. Using new technologies to connect LEP patients with language capable providers, and finding more effective ways of providing interpretation services should be a priority for health care organizations.

2 Train all providers with interpersonal skills

Train all providers with interpersonal skills such as empathy, compassion and patience, as these factors are linked to improved communication and medication adherence [15]. Providers must be empathetic, that is, able to understand the patient's situation, perspectives, and feelings, and communicate that understanding and act on that understanding with the patient [16]. Being empathetic fosters patient provider trust, which is the foundation for effective communication and of better experiences and quality of care.

3 Improve cultural competency among providers

Improve cultural competency among providers who treat Latino LEP patients. PCP providers, particularly non-Latino physicians, need to better understand the worldviews, culture and idiosyncrasies of their Latino LEP patients. Once providers understand these values, beliefs, and experiences of their patients, they would be able to begin building trust, while improving communication and treatment adherence.

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UCLA Latino Policy & Politics Initiative

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