



IMPACT OF THE RELATIONSHIP BETWEEN PATIENT AND DOCTOR ON HEALTH DISPARITIES FOR THE HISPANIC CULTURE: A QUALITATIVE STUDY

Karla Alvarez

ABSTRACT: This paper delves into the healthcare experiences of the Hispanic community in the United States, aiming to understand the impact of health disparities and the level of trust in healthcare professionals. The introduction provides an overview of Hispanic culture and its distinct practices, including reliance on home remedies and dietary supplements. It also highlights the lack of Spanish-speaking healthcare providers and the resultant challenges in communication and trust. The research question explores the relationship between patient-doctor trust and health disparities within the Hispanic community. Employing a phenomenological qualitative approach, the study will gather data through interviews and surveys with Hispanic cancer patients in Washington state. Analysis will focus on themes related to trust, experiences with healthcare, barriers to access, and views on the healthcare system. Ethical considerations ensure participant anonymity and confidentiality. The study's significance lies in addressing the healthcare disparities faced by minorities, particularly Hispanics, and advocating for changes in the healthcare system to improve accessibility, trust, and patient outcomes. Limitations include the study's geographical focus and sample size. Future research directions may explore health disparities in other minority groups and quantitative assessments of the impact of reducing disparities in healthcare. Ultimately, this study contributes to ongoing efforts to create a more equitable and inclusive healthcare system for all individuals, regardless of race or ethnicity.

Introduction and Background

“Do you speak Mexican?” If I had a quarter for how many times I got asked that in my lifetime, I would be a millionaire. I do not speak Mexican, I speak Spanish. No, I am not from Mexico either. My parents are from Honduras which makes me a Honduran American. When asked for my ethnicity, I say that I am Hispanic, and according to the Cambridge Dictionary, the definition of Hispanic is from or connected with Spanish-speaking countries, especially those in Latin America, or having parents or grandparents from these countries (2022). I have noticed that my parents are not just connected with these countries by language, but also by tradition, food,

religion, the way they go about daily activities, home remedies, and their way of living. My parents raised me in a Catholic household, not the traditional way. However, I did not go to a Catholic private school; However, I did go to communion classes and church every Sunday and every holiday, even church events like Lent, Ash Wednesday, etc. What I have noticed is that Hispanic culture is widely different from that of non-Hispanics. Hispanics can be perceived as loud, caring, friendly, hardworking, strict, great cooks, kind, ready for anything, driven by God and prayer, having a variety of and savory food, and more. Some White Americans can be perceived as quiet, not a fan of working, lazy, caring in certain situations, racist, sexist, and



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only using salt and pepper. Most do not go to church or believe in God and eat a lot of finger foods like hamburgers, hotdogs, and pizza.

Though most people get the Flu, COVID, Chickenpox, and other generic illnesses, we see that Hispanics have more frequent stomach problems, but for them, those illnesses are not very long-lasting, only about three to five days (Harvard, 2020). Those of non-Hispanic descent have those illnesses from five to seven days, but that is because “(63%) of Hispanics are higher users of dietary supplements, home remedies, and curanderos” (Najm et al, 2003). Some Hispanic remedies often used are inhaling or rubbing infected areas with Vicks VapoRub (menthol), lots of rest, taking vitamins (C, D, Zinc), drinking herbal tea every four hours for any sickness you have, and eating either chicken noodle soup or just chicken broth. Depending on the illness, spice is added to the soup to clear up sinuses and loosen the phlegm from within. It's believed to work for many sick Hispanic adults and children by working on the body inside out. This tea helps keep the body warm on the inside and helps the immune system fight against sickness, and the soup gives people enough energy to power their body.

The lack of Spanish-speaking or Hispanic doctors in the healthcare system leads to many misunderstandings between the older generation Hispanics and those who know English as a second language. Only 5.8% of doctors in the U.S. identify as Hispanic (AAMC, 2018). This reduces how many times people see their doctor annually because it creates a language barrier between the Hispanic community and their primary doctors and the healthcare system. On average, about one in three Hispanics will be diagnosed with cancer in their lifetime (American Cancer Society, 2021). Due to language barriers, there is a low percentage of Hispanics that do cancer screenings (Gonzalez et al, 2020). With low cancer screenings, many Hispanics do not know that they have cancer and can develop more chronic cancer. There

may be low numbers in screening because many Hispanics do not have the money or enough sick days to set aside time to go to the doctor.

I have not gone to the doctor very often because the last time, I was believed to have acid reflux and was given medication that caused the symptoms to worsen after the first week or two of taking the medication. I had to stop taking it immediately and find a vitamin supplement while changing my diet for my original symptoms to subside. After that day, whenever medication was prescribed to me, I did not take it. I always found other dietary supplements or home remedies to cure my symptoms. This experience caused my trust issues with my doctor because she had gotten the diagnosis wrong, and the internet helped me more accurately. As an experience many other Hispanics can relate to, they believe that dietary supplements and home remedies are more effective, and when paired with prayer, are the best way to heal the body. My parents have ingrained in me that if you are dying or feel like the supplements or remedies are not working, then go to the doctor, but so far, home remedies have saved me and my family from many trips to the doctor.

Trust and confidence are important for a doctor to help their patient to understand why they are prescribed medication or need to be on a diet. “Trust in the primary care physician was strongly associated with patient satisfaction and adherence to treatment within the primary care setting” (Kaiser et al, 2011). Without trust, many will not show up to appointments, and many may not even set up appointments that are meant to be annual (Kaiser et al, 2011). They choose not to go, and we see that when it comes to Hispanic patient-doctor relationships, it's widely believed that trust has declined over the past 40 years in most parts of the US, including healthcare (Armstrong et al, 2007). If we compare skeletons to each other, we are still made of the same number of bones, made of muscle, and have the same human duties;



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however, when it comes to medical problems, not every medication, therapy, or consultation should be the same because each body reacts differently. The pain scale given at doctors' offices is made to work for the non-Hispanic (white) community and is still being used for those who are not part of that community, leading to misdiagnosis, misunderstandings, and negative health experiences. Due to previous negative health care experiences, Hispanics have low trust with healthcare systems (Schwei et al, 2014). When anyone goes to the doctor, they want to be given the right medication if needed or recommended activities. They want a deeper connection with the doctor, and they want doctors who have compassion, are caring, have human interest, and kindness. If those are absent, Hispanics will not feel safe sharing any information (Julliard et al, 2008). Therefore, there needs to be a change in how the healthcare system helps and views pain when it comes to minority groups that are not non-Hispanic.

We do not know why the healthcare system is so uneven, wasting 760 billion to 935 billion dollars to help those of one community more than it helps others (Peterson Foundation, 2023). Not many Hispanics are interviewed or asked questions about their treatment in the healthcare system. There are many articles on minority groups and the disparities between them and the majority groups (non-Hispanic whites). We know that there are fewer Spanish-speaking doctors, and we know that there are many people who have no money to go to the doctor or choose to use home remedies and dietary supplements; we also know they do not trust their doctors. We know that there are not enough translators that work within the healthcare system as well, with the few that are available being spread thin and overburdened by the number of patients who need them. We also know that money plays a big role in whether people go to the doctor because it costs an arm and a leg for some.

No research has shown how Hispanics feel about going through chemotherapy, and we do

not see many Hispanics participating in surveys or interviews. There is no research on how Hispanics feel about going through the system and whether going through the system has impacted them greatly or not. The world cannot start to change if no one speaks up. When it comes to healthcare, through the years, we see that everything is changing, but there are still some institutional problems that have not been touched or tried to save without being knocked down to minimal importance. Making a change in the health system would lead to a more welcoming environment for those minorities, including Hispanics. It would also create a better way for those who do not have access to it to get the help they need to stay up to date with their health and fix patient-doctor relationships. This will create better and more effective healthcare and treat and impact a wider audience without forcing anyone to do what they do not want to do.

Research Question and Hypothesis

In this experiment, we will determine the difference in the impact of health disparities on the Hispanic community and whether they trust their doctor. My main focus of this research project is to make sure that Hispanic voices are heard and that things start to change within the healthcare system to cater to minorities like Hispanics, African Americans, and Native Americans. Due to Hispanics being a minority and not usually in the news or being written about for cancer, not many people know that cancer is one of the leading causes of death among the Hispanic community in the US, accounting for 20% of deaths, the most common being breast, lung colorectal, and prostate cancer (American Cancer Society, 2022). Many of them refuse chemo or don't find out that they have cancer at all because they do not go see a doctor. They may not trust the doctor in their area or their primary care physician since some areas do not have Hispanic doctors or any other people of color as healthcare professionals, which could lead to misdiagnosis because the



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professional will not deeply understand what the other is going through. There are different barriers they have to face, which include: if they have insurance, if they have transportation, if they have the money, or if they have time to get off work to go to an appointment. I want to study the impact of the patient-doctor relationship on the health disparities in the Hispanic community. From the perspective of the Hispanic community to understand more deeply what they have been experiencing, how they got to this point in time, and whether they trust their primary healthcare professionals. I will answer this question by using a qualitative study to understand participants' experiences and thoughts about the healthcare system. I predict that I will discover that those who have had negative experiences within the healthcare system have a low probability of showing up to doctor's appointments.

Design

I will be doing a phenomenological qualitative research study since trust between a patient and a doctor plays an important role in the healthcare system. I want to know the experience that Hispanic patients have with their doctors and if they trust them or the system after those positive or negative experiences. I want to find out whether their low trust in the healthcare system has caused them to have negative experiences with their doctor. I also want to know where there are health disparities at play and what barriers are stopping them from setting up an appointment and/or showing up to the appointment.

Sample population

I will be using convenience sampling at a cancer center because they will have been diagnosed with some type of stage 2 to 3 cancer. The population I will be studying is Hispanics in the state of Washington who have Spanish as a first language, are not from the United States originally, and are older than 20 years old. I will

interview 15- 20 people who meet the criteria. They will be emailed about the study, flyers will be posted within the cancer center to spread the word, and those who want to join can.

Operationalization

As we interview, some questions that may be asked are about the measure of pain they endure daily, how many decided to take prescribed medication, how many showed up to appointments, and what kind of remedies they used for treatment. What does trust mean to the Hispanic people, and what does the label doctor mean to them? How have they experienced the doctors before and how have they changed now? We will observe how they answer the questions, how their views have changed, what the culture is like, and how they treat certain situations. We will also ask how they feel after seeing a doctor, how cancer has affected their lives, and what they do about it.

Data collection

To collect data, I am going to interview each patient. I will ask open-ended questions about how they grew up, what they did when they got sick, if any of their family members had negative experiences with the healthcare system, what some barriers are that stop them from going to the doctor, how they feel about doctors in general, what kind of trust they have in the healthcare system, if their insurance pays, if they have insurance, and thoughts on how providers can improve for a better visit. The interviews will be one-on-one with bilingual researchers. It will be recorded and transcribed, translated into English, and then read over by two bilingual editors to create one universal translated interview. There will also be surveys written in both Spanish and English for those who are comfortable in either language or prefer one or the other.



Analysis

I will use coding and thematics to understand what my data tries to tell me by dividing all the commonly said words or phrases into distinct categories. The categories will be split between those who do trust their doctor and their experiences, those who do not trust their doctor and their experiences, whether they are positive or negative experiences, and whether they go to the doctor or not. I chose this approach because it will help me understand whether their trust is impacted by experiences with health disparities within the healthcare system. I expect to find that many Hispanics have negative experiences with not being understood, not having a welcoming environment, misdiagnosis, and not having the proper money to afford a doctor's visit. I may also find that some have no transportation, are not living around any clinics, or simply not have the time for a routine check-up or annual physical.

Ethical Considerations

I will have written a consent form stating that if they are to participate in my study, they will have their voices heard anonymously. With IRB approval, they will be able to edit any of what they said before the experiment. They will be able to speak up to solve any problems they see in the paper. To ensure confidentiality/anonymity, I will ensure all medical records brought into the study have been de-identified and used to calculate the greater community. When it comes to whether they trust their doctors, I will make sure that I will give them a survey that they can submit anonymously to the study. All interviewees will not be named in the paper. No one in the study should experience any backlash directly, but there is a low chance that the community as a whole may experience some unconsented personal opinions.

Significance

In the older generations, many minorities are not getting cancer screenings or checkups with their primary physicians because they would prefer to use "home remedies, and dietary supplements" (Najm et al, 2003). Others don't go because there is a language barrier, negative healthcare experiences, or a lower socioeconomic status which has caused mistrust between patients and their doctors. In the Hispanic community, one of the big causes of death is cancer, since they do not go to the doctor as much as they should. They only go to the doctor when they are close to dying or have a major health problem that they cannot solve with supplements, home remedies, or "curanderos" (Najm et al, 2003). Due to the low representation of Hispanics or other minorities in the healthcare field, many Spanish-speaking elderly cannot express themselves in English, and therefore, when they try to explain themselves to the doctor, will not get the full picture of what the possible diagnosis could be. This leads to misdiagnosis, giving the higher possibility of the prescribed medication causing additional suffering for the patient and doing more harm than good.

The pain scale given by non-Hispanic white doctors is not universal. The pain scale wasn't made to help minorities, it was meant to help non-minority communities describe their pain to the doctor. So, when a minority has different views on their pain than those of the doctor, there may be a disconnect in understanding, which could lead to a misdiagnosis. Primary care doctors only spend 12.5-15 minutes getting to know their patients, and diagnose them (RelyMD, 2019), which is not enough time to gain a deeper understanding of what the patient is suffering from or where they are coming from, making doctors' appointments ineffective and leaving them with a bill that they have to figure out how to pay. As the world goes through a pandemic over a virus that continues to make new variants that cannot be controlled,



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there needs to be a better relationship between doctor and patient, and the health system needs to create a more effective, affordable, and welcoming environment for everyone. It gives the next generations the foundations to rebuild the relationship between minority groups and the healthcare system by working up a ladder that diminishes each of the health disparities one by one within the system.

Limitations

Some limitations of the study are that I will only be interviewing the Hispanic community that resides within the state of Washington. So, the data will not be reflective of the entire Hispanic community in the United States. I will only have a small sample of participants, and they will have multiple different experiences that could get mixed up within the interview since they will have to remember from memory. Since some of the interviews will be translated from Spanish to English, there may be words that are used that were not said within the interview or survey. To combat this, I will make sure that there will be translators that speak Spanish from the same country, and I will make sure that we have accurate information and only talk about healthcare disparities, trust, and experiences within those areas. If there is a point where the participants go off topic, we will gently bring them back on-topic and write down what is necessary for our research. Since we are only working with a small population of the Hispanic community, I will make sure that I get the participants to go through each response, paying attention to detail. When categorizing, I will make sure that any outliers get put into a group that has been generalized and tries to understand the data from a different perspective.

In the future, studies on the health disparities of another minority group will come up. Many questions on whether the health system is made to help every type of person, whether race, ethnicity, gender, age, or size. Quantitative studies would be done on how many people

are impacted by health disparities, what kind of impact it would make if there were fewer health disparities in the system, how much money would be used to help change the healthcare system for the better, and how long will it take for health disparities to disappear and come back. Many studies that come in the future may lead to the discovery of how health disparities grow and how to counteract them to ensure that the following generation doesn't have to deal with them or deals with them less.

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