

What Challenges and Experiences do Immigrant Turkish Muslim Women Face When Acquiring

Healthcare in America?

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INTRODUCTION

Post 9/11, Muslim Americans have experienced difficulty with health care through barriers to access, language issues and a lack of cultural understanding. Respect and cultural awareness are key issues in the provision of care experienced throughout the United States. This research is being performed to determine American Muslim immigrants' perspectives of the care received in the United States with emphasis on actions to improve cultural acceptance and understanding. Specifically, this study will assess local Turkish women's perspectives in American health care, determine feelings and barriers to care experienced by patients, explore who makes the healthcare decisions within the home and within the hospital and examine individual experiences and feelings of Muslim women openly, through discussion.

Other researchers have undertaken the perceptions of American Muslims upon healthcare experiences. However, many these studies occurred in large cities, especially within the Northeastern United States. Language issues commonly detract from healthcare experiences for those who speak a language other than English, especially regarding personal themes of powerlessness related to language perception, belief structures of the patient, involvement of family members, staff attitudes and actions and organizational issues (Garrett et al., 2008). Reitmanova & Gustafson (as cited in Boerleider et al.) noted that some patients described cultural and religious requirements as unrecognized or disrespected by caregivers leading to the patient's perception of insensitive treatment or prejudice (2013). One study discerned three specific areas which concerned Islamic patients as gender-concordant care, halal food and neutral prayer space (Padela, Gunter & Killawi, 2011). Some Muslim women have reported feeling helpless during times of illness due to body changes and fear which can be alleviated by a competent, caring, culturally sensitive provider (Zeilani & Seymour, 2012). Confidence in trained healthcare providers positively impacts patient feelings about illness and treatment even when discussing personal issues such as family planning (Mirafi & Shaikha, 2013).



OBJECTIVES

The study objectives included conducting primary research to determine feelings and perceptions regarding treatment in the American healthcare system for Turkish Islamic women located in the Lubbock, Texas area. Permission was obtained through the Raindrop Turkish House in Lubbock, Texas. Demographic data was attained to examine the characteristics of the local female, Turkish, Muslim population. Quantitative questions were provided to determine general information regarding healthcare perceptions and allow personal responses for group members. Successively, discussion occurred through focus groups for the participants to share experiences and respond to short, simple qualitative questions regarding personal experiences and perceptions in American healthcare. Specifically, this study:

- Assessed local Turkish women's perspectives in American health care
- Determined possible feelings and/or barriers to care experienced by patients
- Explored who makes the healthcare decisions within the home and within the hospital
- Examined individual experiences and feelings of Muslim women privately, through survey documentation and openly, through discussion



MATERIALS & METHODS

The study was conducted using a simple questionnaire based on available literature for Turkish Islamic women through the Raindrop Turkish House in Lubbock, Texas. Demographic data was attained including age, primary language spoken in the home, marital status, year moved to the U.S., highest level of education and religious affiliation (Islamic denomination). Subsequently, questions were provided using a 7-point Likert scale to determine general information regarding healthcare perceptions. Successively, discussion occurred through semi-directed focus group(s) for the participants to share experiences and respond to short, simple qualitative questions regarding personal experiences and perceptions in American healthcare. Discussion groups were formed from all participants of the survey. There were two focus groups. Group One had three participants and Group Two had two participants. One female translator was chosen based upon bilingualism and willingness to assist with the study. The translator, Sumeyra (Suzan) Hafizoglu is also a member of the Turkish Raindrop House and is a Turkish Muslim woman. Suzan is an expert regarding Turkish-English translation and has experience teaching Turkish to English-speaking persons. All individuals who participated in the study spoke English and/or Turkish dialects translatable by Suzan Hafizoglu.

A modification of Whelan's "Rapid Bilingual Appraisal Model" (Garrett et al., 2008) was used in real-time for information attained via female translator for all participants who not speak English. Focus groups were recorded and their responses subsequently transcribed. The translator spoke English translations to the researcher to enhance the richness of the experiences and intercultural dialog. The translator examined the transcripts for cultural and literal meanings. Each participant was carefully screened and voluntarily signed both an established, Institutional Review Board (IRB)- approved Consent Form and a separate Confidentiality Statement.

IRB approval was attained in advance for this study. Seven women were approached. One prospective participant did not fulfill the study criteria. One other declined due to time constraint issues. Final sample size was five Turkish Muslim Immigrant women (n=5).



RESULTS

Each participant was screened via translator script for established criteria. Only one woman who fulfilled the study criteria declined participation leading to sample size n = 5.



Demographics

(Numbers denote participants)

Age:	18-30 = 4	31-45 = 1	
Marital Status:	Married = 4	Never Married = 1	
Years living in United States:	0-4 years: 3	5-9 years: 2	
Highest Education Level	High School: 2	College: 1	Graduate School: 2

All participants noted Turkish as their primary language spoken and English as their second language spoken. Also, all participants noted their Islamic Denomination as "Sunni" and not Sufi or Shia.

Quantitative Data

(Agreement and disagreement findings are relative for 7-point Likert scale)

Findings Reflecting Positive Perceptions

1. Participants who strongly agreed that they are confident that they will receive fair medical treatment: **40% (2/5)**
2. Participants who believed nurses and doctors **do not** treat them differently due to race or religion: **80% (4/5)**
3. Participants who agreed that they preferred health care workers to ask them what they believe when providing care : **80% (4/5)**
4. Participants all agreed that they would prefer a female health care worker: **100%**. Four of these (**80%**) reported strong feelings regarding this topic.

Findings Reflecting Negative Perceptions

1. Participants who strongly believed nurses and doctors **do** treat them differently due to race or religion: **20% (1/5)**
2. Participants who strongly worried that healthcare workers would retaliate for any complaints: **20% (1/5)**

Further Findings (Quantitative)

The strongest survey responses occurred in response to the question, "It is important to me to eat only halal foods when in the hospital. **60% (3/5) strongly agreed with this statement. 40% (2/5) strongly disagreed.**

Further Findings (Qualitative)

1. Respondents who stated that their husbands know the most about family healthcare needs: **60% (3/5)**
2. Respondents who stated that their husbands make the healthcare decisions: **80% (4/5)**
3. Respondents who denoted that consent for treatments and procedures is discussed and agreed upon between both husband and wife: **100%**
4. Voiced concerns included payment costs and waiting times. However, the most common concern voiced related to children in medical offices. In focus group B, **both** respondents stated that women who are pregnant or have children should have early appointments and not wait as long. In focus group A, one participant stated that the only time she had been uncomfortable in a doctor's office had been related to her child's presence and activity, which she felt angered the provider.

CONCLUSIONS

Overall, the majority of the participants reported feeling comfortable with many aspects of the American healthcare system. In Focus Group A, one participant stated that in Lubbock people are very welcoming and no-one treats her badly. The other group participants smiled and agreed. Another participant stated, "Things are very good here". It is beneficial to recognize the responsive, transcultural care provided by many healthcare workers in the Lubbock, Texas area. Despite these positive findings, it is also imperative to recognize that one respondent reported feelings of discomfort and judgmental treatment. Respect and impartiality are key when assisting patients of different cultures, backgrounds and experiences. Healthcare workers must be aware of patient perceptions to provide more appropriate, helpful, holistic care.

Limitations: With such a small sample size, it is impossible to determine if this is an accurate representation of the local population. Two members of one focus group reported feeling somewhat uncomfortable during the study processes and stated, "This feels like a test". Unfamiliarity with the researcher may have impeded the openness and honesty of some responses.

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