

Learning to Speak Iowan: Foreign-born doctors treat U.S. patients

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The United States is currently suffering from a shortage of physicians, primary care physicians in particular. There are several factors that have led to this, including the high cost of U.S. medical schools and trends favoring higher paying specialties. However, with a growing aging population and healthcare reforms there may be an even greater demand for more doctors in the near future.

One potential solution to the physician shortage is to allow more foreign-born doctors to work in the United States. But stricter immigration policies and increased competition for U.S. residency programs have limited the number of foreign-born doctors allowed to stay and work in the country. Despite the relatively low acceptance of foreign-born applicants in many U.S. residency programs, about one quarter of all medical doctors currently working in the United States are foreign-born.

Over the last couple of decades, this percentage has become significantly higher in rural parts of the country as a result of new incentives. In 1994 the physician visa waiver program was set up to offer foreign-born doctors on J-1 student visas permanent residency in exchange for three years of practicing medicine in an under-served community. This initiative has brought many foreign doctors to small agricultural towns around the country.

For many under-served towns in the United States, such as Claiborne, Tennessee, employing foreign-born doctors may be the only viable solution. Like other rural counties in East Tennessee, Claiborne has faced an ongoing shortage of physicians. Countywide, there are only 20 doctors, fifteen of whom provide primary care (about one doctor for every 2,000 or so residents) (1). The county hospital has three general surgeons, and there is only one ob/gyn and three pediatricians - a slight improvement compared to ten years ago when there was only one pediatrician and no ob/gyn. Today, about half of the physicians living and practicing in Claiborne County originally came from other countries (1).

In addition to changing their immigration status, there are other obvious advantages to moving to rural areas such as the slower pace and lower cost of living. However, lack of diversity and exposure of local residents often makes the initial adjustment period difficult. Many physicians are surprised to find that despite their English proficiency they have difficulty communicating with their patients. In order to break the communication barrier, physicians must make a special effort to familiarize themselves with the local lifestyle, culture, and expressions.

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In many rural parts of the United States, foreign physicians are increasingly encountering these issues. The state of West Virginia, for example, has not been able to attract a sufficient number of doctors even in more populated parts of the state - current statistics indicate that there are only 232 doctors per 100,000 residents in the entire state of West Virginia, while a neighboring state has more than 400 doctors for the same number of residents causing the U.S. Department of Health to designate 51 out of 55 counties in the state as "medically under-served areas"(2). On the other hand, West Virginia has one of smallest immigrant populations in the country - according to U.S. census data, only 1.3% of the entire population in West Virginia is foreign-born, while one-third of the state's doctors are foreigners. Although local residents are learning to adjust to their doctor's foreign accents, physicians are discovering that they must work hard to communicate with their patients. The issue is not their ability to speak and understand English, but rather that they are unfamiliar with the local culture. Many have trained in more urban and ethnically diverse parts of the United States.

The city of Logan in West Virginia (population 1,779) is one-hour drive via the Appalachian Mountains from a major urban center. Many of the foreign-born physicians who work there have experienced difficulty adjusting. "When I first decided to go to West Virginia there was a little bit of an anxiety," says Dr David Afram who was born in Syria and did his residency in Washington, D.C. "I mean this is not New York, New Jersey, or Detroit. It's probably not an area that is used to foreign-born people or accents and even minorities like African-Americans or Hispanics are extremely rare in the state" (2). After a period of adjustment, however, both physicians and residents find that these issues can be overcome.

A recent article in the Wall Street Journal, "*Foreign-born doctors learn to speak lowan*" (4), brings attention to a new program aimed at helping foreign-born doctors better understand the local Iowa culture. Mason City, a northern Iowa town with a population of 30,000, commonly employs physicians from other parts of the world. Although the majority of these doctors are used to working with a diverse patient population, and are fluent in English, they often struggle to understand the Iowa culture.

Two major factors influence Iowa's culture: the state's demographics and the population's reliance on agriculture:

- According to the U.S. census, the majority of Iowa's population is American-born and only 3.3% are foreigners. Native Iowans are mostly of Western European descent [the five largest groups are: German (35.7%), Irish (13.5%), English (9.5%), Native American (6.6%), and Norwegian (5.7%)] (3), while most of the physicians working in Mason City Iowa are from Egypt, India and the Philippines (4). This has created a wide cultural gap.
- Iowa is located in the heart of America's Corn Belt. It is the nation's largest producer of ethanol, corn and soybeans. The livelihood of the majority of the population in Mason City, Iowa is primarily dependent on farming. This has a direct impact on medical practices. Harvesting season, for example, will commonly determine when a patient accepts to undergo a medical treatment such as surgery. Much of the vocabulary and local expressions are related to farming. However, many of the perceptions and societal standards established over generations of Iowan farmers are not easily understood by newcomers.

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In order to overcome this issue, some hospitals have initiated cultural training programs. Mason City's major hospital, Mercy Medical Center, now has several required courses in Iowa culture that foreign-born physicians working there are expected to complete. The focus of these courses is clearly evident from their titles.

"Topics for Small Talk with Iowans" is a course on the Iowa character which teaches foreign-born doctors how to make small talk about farming. For example, the meaning of the common regional expression "knee high by the fourth of July" which refers to a good crop of corn. The course also explains popular local culture such as why Iowans like to talk about the University of Iowa Hawkeyes. Doctors are taught how to recognize and respond when a patient is acting "Iowa nice," or the excessively polite manner used by Iowans. For example, Iowans believe that it is not courteous to initiate a discussion about certain illnesses as it might inconvenience their doctor (4).

Another course which addresses cultural differences between the patients and doctors is entitled *"An Intro to Working Effectively with White Europeans in Iowa."* This course is designed to help eliminate the communication gap between doctors and patients from different backgrounds that often results in misunderstandings. According to the U.S. census, Iowa's population is 91.3% Caucasian, while the majority of the state's physician population is composed of many different ethnicities and races. This brings into play a whole new set of factors (4).

In many countries around the world physicians must complete a requirement in agricultural medicine - after residency doctors are expected to serve in a rural, underserved community for a time. However, both doctors and patients have the same nationality. In the United States, physicians from many different countries are serving rural communities. For the most part, residents are very appreciative of the fact that these doctors are helping improve their healthcare access. They are learning to accept the doctors' accents and their different racial/ethnic backgrounds. With greater awareness training, such as that in Iowa's Mason City hospital, the communication barriers can be overcome. Moreover, while foreign-born doctors are providing improved healthcare access for rural communities in the United States, they are also enriching the lives of local residents by contributing to greater diversity.

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