Too Long to Wait: South Asian Migrants' Experiences of Accessing Health Services in Australia

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Abstract

Background: Migrants settling in a new country experience multiple complexity to navigate health systems and ways of living. In South Asia, migrating to developed countries for better life opportunities has been the ongoing trend and migration to Australia has significantly increased in recent years. The lower utilisation services and higher risks of chronic diseases among South Asian migrants has been an ongoing challenge for the health system to tackle and little is known why these groups of population do not access services. This study aimed to explore the factors influencing experiences of accessing health services by South Asian migrants in Australia.

Methods: Using mixed method design, 62 online surveys and 14 in-depth interviews were conducted with participants from four countries of South Asia - Nepal, India, Bhutan, and Sri Lanka. Participants were recruited using a purposive snowball sampling approach following the standard ethical process. Survey data were analysed descriptively in SPSS to derive relationships between variables. Interview data were recorded, transcribed, and analysed thematically.

Results: South Asian migrants experienced various complexities while accessing health services in Australia. Experiences of accessing health services highlighted a number of factors; long waiting periods to access public health services, expensive nature of private health services and communication problems due to socio-cultural differences. While these migrants have comparatively better experiences about the services in Australia than in their home country, they have expectations for affordable, timely, respectful, and culturally friendly services. South Asian migrants shared the possibility of making services accessible to them by investing more resources in the health sectors, so they can receive the expected quality of care in public settings.

Conclusions: Limited evidence is available to understand the factors leading to lower utilisation of services and higher risks of chronic diseases among South Asian migrants. So, this study highlighted numbers of social, cultural, financial, and institutional factors that are critical to design appropriate health service strategies. This study recommended incorporating a collaborative and culturally competent model of care to increase access to services which can further help to reduce existing disparities in health outcomes among migrant populations.

Background

Disparities in health outcomes among migrants has been a growing concern in developed countries, including Australia, Canada, USA, and New Zealand, where most migration from other countries occurs for various reasons (1–4). Lower access to healthcare is a major challenge to address disparities in health outcomes globally (1, 3, 5, 6). Australia reported lower utilization of services and higher risks of chronic diseases among the migrant populations (7–10). The similar trend is reported in Canada (2, 3), USA (3), and New Zealand (4). What has been known so far is that the reasons for lower utilisation of

services among migrants in Australia is related to their inability to navigate available health services due to various reasons (11–13).

The Australian population represents diverse culture, ethnicity, language, and nationalities with people coming from over 200 countries through migration and humanitarian processes, where 29.7% are overseas born population (14). According to the Australian government, the South Asian population is categorised under the CALD (culturally and linguistically diverse) community category (1). In the last five years, the South Asian population has increased rapidly in Australia comprising over 14.2% of the total overseas-born population reported in census (15). The South Asia region represents countries under the South Asian Association of Regional Cooperation (SAARC) - Afghanistan, Bangladesh, Bhutan, India, Maldives, Pakistan, Nepal, and Sri Lanka (16). While most of the South Asians come as migrants to seek better life opportunities in Australia, their settlement experiences in the new environment are impacted by multiple factors (7, 17, 18).

In many cultures, health is a socially constructed concept, and the way that people view health impacts their decisions around the use of services (8, 19–21). On one hand, there has been growing concerns around ensuring the access to culturally safe health services to meet needs of diverse groups of populations (8, 17, 22, 23). On the other hand, the migrant populations are struggling to navigate the health systems to access information and services (24, 25). As a result, the health service utilization among the migrant population remains a challenge for the health system (9, 10, 25–27).

Despite the targeted programs designed to address different linguistic, cultural, financial, and social barriers that cross-cultural communities experience while accessing services, the success to enhance the health outcomes has been insignificant (13, 28). Evidence suggests that the Asian migrants reported high levels of anxiety and confusions to understand how the health services operate in Australia, and this has discouraged them to access the services (13, 17). It is encouraging that there has been ongoing advocacy to take the socio-cultural context of migrant population into account to enable access to services (29). Given the limited evidence available to understand the health practice of the South Asian migrants living in Australia (17, 30), the influence of their underpinning socio-cultural environment is critical to determine health and wellbeing outcomes (7, 17). Arguments are made for the health system to play a significant role to enable access to and utilisation of services to migrant populations, so the existing health inequalities can be addressed effectively (19, 31–33).

Consideration of a sense of safety among migrant populations has been critical to health. Migrants population develop feeling of insecurities and fear of losing independence, have privacy concerns and confidentiality issues while accessing health care in new countries (20, 34). Other reported barriers include communication, complexity of navigating the health system, cost of health care, cultural differences, and different nature of health services (5, 11, 13, 20, 22, 23). Consequently, their health care needs are left unmet (35–38). Some argue that these experiences of barriers could be addressed effectively by generating positive interactions between healthcare providers and consumers in a culturally

safe, socially appropriate, and respectful environment (8, 36, 38). In addition, services must consider socio-cultural needs to ensure access to migrant populations (28, 37).

There is limited evidence available to understand the factors that influence the access to health services by the South Asian migrants (39–44). Thus, lower utilisation of services and relative higher risks of chronic diseases among these population groups has been a consistent challenge. To gain a deeper understanding of the factors influence access to services among migrant populations, this paper focuses on the experiences of accessing health services among South Asian migrants in Australia.

Methods

Study design

This study used a mixed method approach to generate in-depth insights from participants (45, 46). This method was suited to gain trust from participants to share their experiences with researchers (47, 48). Data were collected using online surveys and in-depth interviews.

Ethics and consent

This study was approved by the Human Research Ethics Committee of Central Queensland University (Approval number 020–20). Participants were provided with electronic information about the research in English, explaining the voluntary nature of participation prior to consenting the start of the online survey. Interview participants were provided with an electronic copy of the information sheet to arrange interview time, and consents were audio recorded detailing the process before commencing the interview. Participants' decisions, privacy, preference, choice, and confidentiality of information was maintained throughout the research process.

Participants

A total of 62 participants aged between 18 to 64 years were involved in this study and among those, 14 participated in the in-depth interviews. These participants were migrated from four South Asian countries - Nepal, Bhutan, India, and Sri Lanka and have been living in the Melbourne metropolitan area for at least one year or longer. We recruited participants using purposive snowball sampling because of the nature of study (49). Due to the imposed restrictions and stay home orders during COVID – 19 pandemics, a call for participation was made via social media channels. An expression of interest process was sought with survey participants wanting to attend the interviews.

Data collection

Online survey included both closed and open-ended questions to explore the experiences of accessing health services in Australia. The average survey completion time ranged from 10 to 20 minutes. Interviews provided participants an opportunity to talk about the factors that impacted their experiences and enabled researchers to gain deeper understanding about the barriers of accessing health services by

these groups of populations. An interview guide was developed to facilitate conversation with broad questions. Interviews were scheduled at convenient time chosen by the participants and were audio recorded, de-identified and transcribed verbatim by the researchers. Interviews were held using telephone or video call options. Both surveys and interviews were conducted in English.

Data analysis

Survey data was extracted in SPSS and analysed for statistical patterns, relationships, and distributions of various characteristics of closed ended responses. Content analysis was undertaken manually to extract key themes from open ended responses. A thematic analysis approach was used for interview data following the six steps process (50) - familiarizing with the data, generating initial codes, searching for themes, reviewing the themes, defining and naming themes and producing the report.

Results

Characteristics of participants

Participants involved in this study represented Nepal (30.6%), India (30.6%), Sri Lanka (25.8) and Bhutan (12.9%). Among those, 60% were male and 40% were female and their ages ranged from 21 to 58 years with nearly 68% aged between 21 to 30 years. Over 93% participants have no reported chronic conditions and remaining 7% reported having either diabetes or high cholesterol.

All participants speak their native language at home and their migration time to Melbourne ranged from 12 months to 11 years. In terms of education, 29.0% had completed postgraduate, 40.3% had completed Bachelor, 22.6% had completed Diploma and 3.2% had completed certificate level of education. Most participants came to Australia for further education to begin with and settled gradually.

Participants' experiences gathered explored multiple barriers of accessing health services by South Asian migrants in Australia. Out of 62 participants, 27 reported the experience of communication, financial, social, and cultural barriers while accessing services in Australia. While analysing data, following key themes emerged; too long to wait: experience of accessing public health services; expensive but reliable: experience of accessing private health services; better than home: comparative experiences of using health services; and could be done better: expectations for future.

Too long to wait experience of accessing public health services

Participants shared their experiences of long waiting to access public services in Australia. The waiting experience resulted either delaying in seeking services or considering private options available. One participant shared her experiences of attending emergency services.

“I had to go to a public hospital because of an emergency condition. After several hours of waiting, I was finally able to meet the doctor. Once the doctor saw me, he told me that my problem does not require emergency treatment. They asked me to take Panadol and send me home. I wanted treatment, that is why I went there but I was not able to get it. Instead, they gave me big bills. It was disappointing. It felt like slapping my own face. This was completely unfair. The next day, I made an appointment with one of the Bupa clinics for treatment.” Participant 1, Sri Lanka

Participants’ experiences of long waiting became more complex when they had to pay for the services. This also confirms that not being able to receive expected treatment after a long wait created disappointment to participants. Their experience of disappointment led to the decision of looking for other options to seek services.

Another participant shared similar experiences of waiting to receive specialist appointment for treatment.

“I was referred by my GP to see a specialist at Alfred Hospital. First, it took several months to get an appointment. Second, it took another few month to organise treatment needed for my condition. It was frustrating to wait for too long. Anything could have happened during those waiting times; the problems could get serious. The waiting has been a difficult experience for me.” Participant 11, Bhutan

Participants found hard to manage long waiting, poor quality care and expensive services. When they were not able to afford private service options to minimise the waiting period, their experiences became more complicated. One participant commented how this scenario impacted the experiences.

“I have been in a situation of about a year-long waiting to get an appointment from a public hospital. Even after that long wait, I was not able to receive the treatment I needed from the public hospital. Everything was very slow. I know now why people go to private hospitals, but I cannot afford it. Public services should have better quality of care, so people don’t need to go private.” Participant 9, Sri Lanka

On top of frustrations created by long waiting to receive services, these experiences raise a serious question about the reliability and quality of services delivered by public hospitals which failed to meet the service expectations.

Expensive but reliable: experience of accessing private health services

Some participants who were able to afford private health services to minimise delay of getting appointment for the care they needed shared their experiences. Using private services was not their first preference but the long waiting in the public health system forced them to seek options for on-time treatment of their health conditions.

“As I was not able to receive care from the public health system, I had to make an appointment with Bupa [private clinic]. It was not my first choice, but I had no other options. I was happy with my decision, as the staff at Bupa explained the problems well. I was convinced with their explanations to organise required

treatment. Their communication was good, and I felt comfortable and respected. Though I had to pay more money, I had a very good experience. This is how I like the health services to treat people." Participant 1, Sri Lanka

Another participant highlighted the issue of high fee while accessing private health options.

My sister-in-law needed surgery. The public system mentioned about 12 months waiting, so we decided to use private. She had stone and it might have grown bigger and become serious if we did not make the decision to take out immediately. So, the surgery was done, and the stone was removed but we had to pay lots of money. It was hard financially as we needed to manage everything with a casual job and low income. But still it felt good to get treatment on time instead of waiting too long to be treated with extreme stress." Participant 7, India

For some participants, the preference for using private services was based on the promptness of care.

"If we go private, any small or big procedure can be done quickly without needing to wait. It is expensive but there are no other options or choices to make. I started going to private clinics and getting treatment on time." Participant 9, Sri Lanka

These experiences confirm that using private services was the only option rather than the choice to receive timely treatment for these participants. They had to make significant adjustments to their financial status to afford private care to manage health conditions. This raises another critical question about the limited access to care for those who are economically vulnerable.

Better than home: comparative experiences of using health services

Although participants raised serious complexity around managing long waiting time to receive the quality of care, their comparative experiences of using services in Australia compared to home country was better. It could be because most public hospitals in the South Asia region still struggle to manage the resources required to offer quality health care to their communities. A few participants made that comparison and were happy with the services. The survey demonstrated the following information about participants satisfaction of services received in Australia (Fig. 1).

In addition to the highly positive experiences that participants rated about the use of services and information, interviews revealed the experiences of communication barriers while accessing services. One interview participant compared the differences in communication among health professionals.

"In our country [Sri Lanka], we think that doctors are like a god. Whatever they [doctors] decide to do, we do not question, and we just follow them. Our doctors there [back home] do not explain to us what they are doing. I found this does not happen here [Australia]. We can ask questions to the doctors and they explained things clearly to us anyway. I like the services we get in Australia – it is much better." Participant 12, Sri Lanka

Another participant made a similar comparison about the process.

“I like the system here in Australia. They [health professionals] ask for consent before commencing any treatment, so I know what is happening and I ask for clarity. I have options to say no if I do not want to go through the procedure – this is good. Also, we do not have to pay for most services. I did not see the system working like this in our hospital back home. Our doctors there [Nepal] make decisions and perform treatment. We have to pay for every single service we get.” Participant 4, Nepal

Better experiences in Australia were evident when participants compared the structure and way the services are made available to the community.

“In India, there are different kinds of hospitals and doctors. Some hospitals are known for special services, located in the main cities and are expensive. Same with the doctors – the better doctors are based in the cities and charge more. But in Australia, I did not see that difference. All doctors are good and treat their patients equally. Regardless whether you live in the cities or rural areas, there [Australia] is a better access to doctors or services.” Participant 13, India

It is not surprising to hear the positive experiences of the participants because of the socio-economic background and how health services operate in South Asian countries. Within these comparative experiences, participants shared the differences that could have been addressed to make services better for all.

Could be done better: expectations for future

Most health services are yet not able to meet the socio-cultural needs of communities. Participants shared expectations to address the barriers they experienced while accessing services in Australia. Most participants consistently stated their preference for more timely and affordable health services, having bilingual health professionals from the same culture, and respectful health service environment.

One participant shared the expectations for not having to wait a long time and affordable services.

“I really hope that we don’t have to wait too long to receive services. The government should provide additional resources to the hospitals, so we can get treatment when needed. They should provide more nurses, more doctors, and more beds. The waiting problem we currently experiencing while receiving care must be addressed by the government. Services should be affordable to everyone. For a developed country like Australia, they can do better to provide access to services.” Participant 9, Sri Lanka

In addition to affordability and less waiting time, participants wished for having access to the health professionals who speak the same language and understand their cultural background.

“I would like to see health professionals and interpreters from my own cultural background. They will understand me well if they share the same background and I can share my problems openly. This will make a big difference to my experience. Health services can match the professionals with my

background by asking questions when confirming appointments. They [health services] can make this work." Participant 11, Bhutan

Some participants experienced discriminations while seeking health care because of language and cultural differences. They believe that they should not be experiencing any form of discriminations or unequal treatment in the health service environment.

"Health professionals [doctors, nurses] should provide clear information and make sure that we understand what they are saying. I noticed that even in the reception, they do not provide enough information to us. I have seen them engaging in conversation with people who speak English well but that does not happen to us, as we cannot speak English well. They also do not pay much attention to us. I felt discriminated against and I think it should not happen. They should respect everyone and treat others equally." Participant 2, Nepal

The experiences of discriminations that participants shared in this study raise a serious human rights issue that health services should take into the account seriously. No one should be discriminated against in receiving care on grounds of their socio-cultural background and health service is a critical place and must put concerted effort to make everyone feel safe, valued, treated equally and respected.

Discussion

Although the health services in Australia have wider coverage and comparatively better quality of care, the longer waiting to access public services have been an ongoing issue (51, 52). The South Asian migrants' experiences of accessing health services in Australia involve a complex interplay of factors, resulting in the mistrust to the quality of services that mostly originated from the system levels. Consistent with the experiences of multiple barriers reported in other studies (9, 10, 13, 20, 52–56). Participants shared their disappointment about the long waiting period to receive treatment, experiences of poor quality of care, financial burden to cover the cost of services and discriminatory behaviour of the health professionals while accessing health services in Australia.

Similar to the findings reported in previous studies (57–59), this study confirms the negative experiences of using public services which has been influential to make decisions around accessing the private services. Even though the experience of using private services was comparatively positive, the cost of care has still been a significant burden for these migrants who come from South Asian countries. However, compared to the experiences of seeking health services in home countries; participants found health services in Australia are more systematic, well designed, and advanced to meet the care needs of different age groups and populations. While most South Asian migrants come from socio-economically vulnerable communities to settle in Australia; it is not surprising that they develop positive impressions about the services and health care systems (39, 60, 61).

Amidst positive experiences of receiving health services, participants reported the experiences of discriminations based on their language and cultural differences that resulted in mistrust to health

professionals and the health care system. While previous studies reported similar consequences of discriminatory service experiences (62, 63), this study revealed the experiences of cultural differences in communication that raises a serious question about their rights to be treated equally in the health care setting and other studies suggested to make services responsive, culturally appropriate and respectful to migrant communities who share diverse cultural backgrounds (3, 53, 64).

Drawing the voices of South Asian migrants settling in the metropolitan region of Melbourne, Australia provided insights to address the consistent financial, social, institutional, systemic, and cultural barriers of accessing quality health services. As participants constantly noted the cost of services being problematic to them, they suggested that services should be made affordable to everyone. Given the evidence around the association between the income and likelihood of being at risk of chronic diseases is prevalent among the South Asian migrants (65–67), it is important to make health services accessible to these groups of population. Consistent to the arguments made in other studies (13, 20, 52, 56, 68, 69), participants in this study strongly highlight the urgency of getting on time care to manage health conditions and share an optimism for minimising the waiting time to access care.

Communication plays a critical role in ensuring positive service experiences and the quality of care (11, 20, 23, 34, 56). This study highlighted that the experiences of different treatment and communication in health care settings must be addressed effectively to enable better access to care so the community feels safe, valued, and respected to utilise services available to them. Having services culturally safe, appropriate, and respectful to meet the need of communities contributes to increased service utilisation and helps to address the existing health inequalities among the migrant populations (63, 70, 71). Participants offered some solutions to increase service utilisation by investing more resources for service improvement, enabling access to the health professionals and interpreters from the same cultural and linguistic backgrounds and creating non-judgemental and respectful service environment. These are critical components of health care (72) and can be incorporated into a culturally competent model of care where clients, families, and services providers work together to enhance the quality of experiences while receiving or providing care.

Conclusion

Most migrants experience multiple barriers while settling in a new country because of the socio-cultural differences and struggle to navigate the new health system. Australia has increased migration from South Asian countries in recent years and these groups of population come with their unique culture and social system, which sometimes can be challenging. Considering the context of South Asian migrants, we explored various social, cultural, institutional, and financial factors that are influential to make decisions about utilisation of services. Constant experiences of long waiting time, higher cost of services, and differences in communication by service provides not only limited access to services but also discouraged to use services when needed.

Although the experiences of receiving services in Australia is better compared to the home country, South Asian migrants shared expectations for timely and affordable services, access to health professionals and interpreters from the same cultural and linguistic backgrounds and culturally appropriate and respectful environment across the public health system in Australia. We recommend the implementation of a collaborative and culturally competent model of care which allows the involvement of clients, families, and services providers together to enhance the positive experiences at both service recipient and provider levels. This study argues that incorporating collaborative models of care will contribute to improve utilisation of services and address the existing disparities in health outcomes among the migrant populations.

Abbreviations

USA
United Stated of America
SPSS
Statistical Package for Social Sciences
CALD
Culturally and Linguistically Diverse Community
SAARC
South Asian Association of Regional Cooperation

Declarations

Ethics approval and consent to participate

This study is approved by the Human Research Ethics Committee of Central Queensland University granted approval to conduct this research. The granted approval number for this research is 2020–020. Survey participants provided electronic consent and interview participants provided audio recorded verbal consent following the standard ethical procedure.

Consent for publication

Consent to participate in this research includes consent for publication. All participants provided consent for publication of research outcomes as a part of standard consent process.

Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

All authors have read and approved the manuscript.

MA prepared initial draft of the paper.

SK reviewed all analysis, interpretations of data and finalised the paper.

MA, YD, SD, SS, MK, ST and RS contributed to collection, analysis and interpretations of research data.

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Authors' information (optional)

All authors contributed to this article are from South Asian backgrounds with diverse range of knowledge and experiences.

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Figures

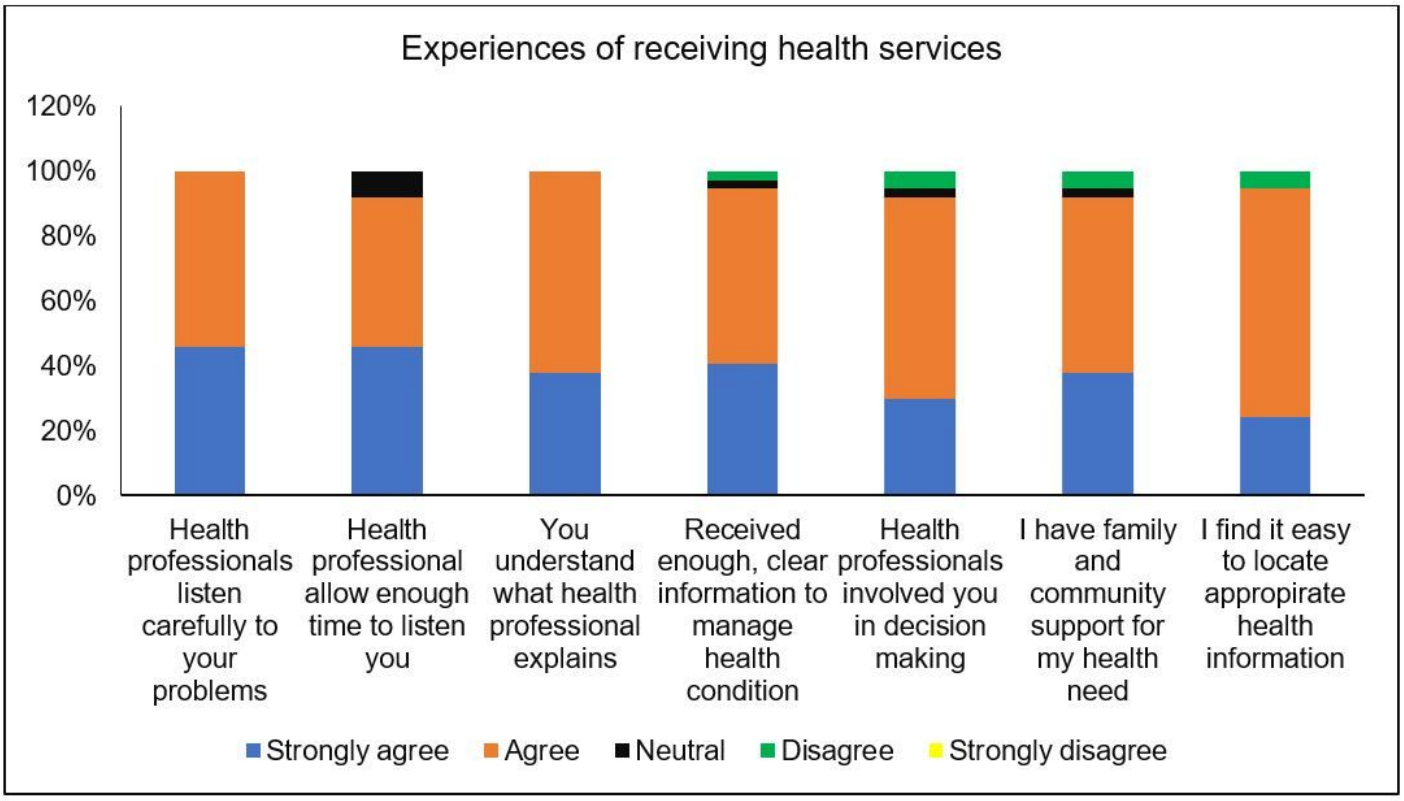

Figure 1

Experiences of receiving health services