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How Acculturative Stress Impacts Vietnamese American (Aged 30-60) Access to Quality Treatment and The Healthcare System in St Mary's County, MD

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ABSTRACT

Vietnamese Americans often face difficulties receiving quality care from the healthcare system due to acculturative barriers. These barriers can include misunderstanding of language, culture, and lack of social connections. These difficulties affect the health quality of Vietnamese Americans compared to other ethnicities in the U.S. Therefore, Vietnamese Americans were examined to see how the process of acculturation affected the Vietnamese community and its impact on access and quality of treatment from the healthcare system. Upon giving 26 Viet participants a survey many of them responded that they were satisfied with their care. However, cultural stigma played a huge role in dissuading them from accessing additional resources and participants cited language as a significant barrier. Overall, my project showed that Vietnamese Americans (ages 30-60) found their care satisfactory. Future work should investigate cultural stigma in order to get more Vietnamese Americans to access the medical care they need.

Introduction

In the United States, many Asian ethnicities experience adversity adapting to American culture and society (Kimura et al., 2014). Acculturation is the process of adapting or assimilating to a different culture, typically the dominant culture in a new environment that a person finds themselves in (Huang et al, 2020). In this case, many immigrant groups who come to the United States undergo this process so that they may start a new life and be successful in their new home country. More specifically, Vietnamese Americans were the focus group for this research study and the goal is to examine how the process of acculturation affects the Vietnamese community from receiving better access and quality of treatment from the healthcare system. My interest in this study stems from my background as being of Vietnamese descent. Being Vietnamese American, it would be great to help and represent my community since we are scarcely discussed in the medical field. Therefore, I have a keen interest in researching how acculturative stress affects the level of healthcare given to Vietnamese Americans. Demographic factors such as income, language proficiency, gender, education level, age, and citizenship status play a major role in these barriers and therefore will be investigated in this research study. Vietnamese Americans who are acculturating to life in the United States are finding it difficult to access healthcare and receive adequate medical care (Ho, 2018). Amin (2021) in their academic thesis examined how health professionals could support the healthcare needs of Asian Americans. More specifically, how healthcare providers could provide culturally responsive care, and better identify and utilize their patients' social support systems. By showing how providers could provide more culturally sensitive care and help patients with low English proficiency to access healthcare services, Amin (2021) showed me what type of barriers existed for Asian Americans and specifically for Vietnamese Americans which helped drive my research question. Tabel (2019) in their academic paper emphasized in their study that future research should be done on separate ethnic Asian communities rather than generalizing Asian Americans as one group. This is so that the separate needs of each ethnic group can be treated appropriately without a broad generalization of results that may not apply to everyone. Thus, the gap in this research field is specific information on Vietnamese Americans' access to local healthcare and the quality of care

given to Vietnamese Americans aged 30-60. The purpose of this paper is to examine that gap and how acculturation makes it difficult for Vietnamese Americans to receive quality medical care and healthcare services. Being able to access healthcare, communicate with healthcare providers, and get adequate treatment plays a huge role in improving their quality of health (Huang et al, 2020). Thus, the value of examining these acculturative barriers to healthcare for Vietnamese Americans is that the quality of health for Vietnamese Americans would improve which would better help them integrate into society. Research on this topic can help address other barriers to healthcare for other minorities and would help make healthcare more accessible and equal for all Americans. To get information on this topic, a mixed-method survey was used to ask Vietnamese American participants how they felt about their experiences with the healthcare system. The driving research question for my research project was how does acculturative stress impact the level of care and access to healthcare for Vietnamese Americans (aged 30-60) in Southern Maryland? This research question fits in the field of sociology and also medicine since it discusses the interactions of a specific ethnic group in society and their experiences with a system that provides medical help. The goal is to explain the effect of acculturative barriers (Language proficiency, cultural ideas, the level of education, age, etc.) and their impact on health disparity in the ability of Vietnamese Americans to access healthcare and receive adequate care and medical services.

Literature Review

Some of the acculturative barriers to Vietnamese Americans to healthcare can be attributed to language proficiency, level of education, age, gender, and differing cultural ideas on health (Thepsombath, 2021). As a result of having a different language and cultural background than their health care providers, Vietnamese Americans are not able to communicate effectively with them which results in a lower quality of care and leads to a disparity in health compared to other ethnicities (Huang et al., 2020). In a study conducted by Rumana et al. (2019) on barriers to Vietnamese Women getting cervical cancer screenings, they found that most participants believed human papillomavirus (HPV) was rare and that it had a low chance of causing cervical cancer. Those who knew that Papanicolaou (PAP) tests could identify cervical cancer early had twice as many PAP tests as those who did not. PAP tests (PAP Smears) are a medical procedure that tests women for cervical cancer. Health literacy is the ability to obtain, read, comprehend, and use healthcare information to make appropriate health decisions and follow-up treatment. In this case, the low rates of health literacy were due to the low levels of English proficiency demonstrated by the participants. Low English proficiency means a lower level of education, which in turn results in lower health literacy (Jang et al., 2020). Ma et al. (2020) conducted a similar study to Rumana et al. (2019) but examined how demographic and acculturation characteristics, healthcare access barriers, and knowledge, attitudes, and beliefs about cervical cancer screening and HPV-specific knowledge influenced the number of Vietnamese Americans ever having had a human papillomavirus (HPV) PAP test. The lead researcher Grace X. Ma had a Ph.D., is the Associate Dean for Health Disparities and is the founding Director of the Center for Asian Health. Ma et al. (2020) gave a 20–30-minute baseline survey provided in Vietnamese and English to Vietnamese American participants that questioned them on their demographics and acculturation, health care access, health behavior, PAP test history, perceptions related to health belief model constructs, knowledge, attitudes, and beliefs of Vietnamese women about cervical cancer, and human papillomavirus (HPV). Findings from this study showed that Vietnamese women who were between the ages of 18–40, had low English proficiency, unemployed, never married or divorced/separated, had below high school education, or lived in the USA for 10 years or less, were less likely to have had a PAP smear test as compared to their peers. It was also found that women who were born in the USA, lived in the USA for more than 20 years, or had some English reading ability had a greater likelihood of having ever received a PAP Test. This showed that age, education, employment, marriage status, English speaking ability, and country of birth influenced prior PAP test behavior. Having a higher education level and English proficiency means that a patient can better communicate with their healthcare providers and comprehend the quality of their medical care (Huang et al., 2020).

Another acculturative barrier for Vietnamese Americans to healthcare is culture. Particularly, the cultural stigma against mental health has led to the underutilization of mental health resources in the healthcare system (Ly,

2019). In a literature review conducted by Naito et al. (2020) they found that in surveys where Vietnamese American participants were asked about their mental health the participants demonstrated a lack of general understanding of their mental illnesses. Most of the participants either did not deem their symptoms severe enough to seek treatment or just didn't understand the concept of mental problems. This lack of understanding was due to stigma for those with mental health illnesses and the lack of knowledge in mental health and other factors. Interestingly, Ly (2019) found that Vietnamese families put great emphasis on family values and pride; thus, having a mental illness may be viewed as shameful, and seeking mental health assistance would devalue the family "face" and the sacrifices made by the older adults in the family. Lee et al. (2021) also found similar results on the cultural stigma against accessing mental health resources. In their study, a survey was given to other ethnic Asian groups, including Vietnamese Americans that asked about their English Proficiency, age of arrival to America, perceived psychiatric problems and needs, if they had ever received treatment, and barriers to seeking mental help. Findings showed that a higher level of English proficiency was associated with greater chances of getting treatment. Asian Americans born in the US reported higher rates of mental health service utilization than their foreign-born counterparts. Because mental health is often ignored and stigmatized in Vietnamese culture they tend to consider formal service utilization as a last resort and delay seeking professional help until the conditions become severe and chronic (Ly, 2019). As a result, they experience a disparity in health quality compared to other ethnic groups. Based on these pieces of evidence my initial hypothesis was that Vietnamese Americans would rate their healthcare experience as unsatisfactory and that acculturation caused a barrier to healthcare due to language communication, cultural misunderstanding, and level of English education.

Method

To answer the question, how does acculturative stress impact the level of care and access to healthcare for Vietnamese Americans (aged 30-60) in Southern Maryland, I used a mixed-method survey to collect information from my participants. The goal was to see if there were any common themes found amongst Vietnamese Americans when having difficulty with their healthcare system. A mixed-method survey was chosen because it allowed me to gather specific number data such as the mean, average, and mode of the chosen population, but at the same time allow me to investigate a more detailed aspect of how Vietnamese Americans are affected by healthcare and how acculturation plays a role. Thus, this method would fall under cross-sectional research which is used to observe an individual or a group of people in response to a phenomenon. The participant criteria for this study were that the participants had to be between 30 to 60 years old, were of Vietnamese descent, and lived in Southern Maryland. The participants were contacted via a group email asking if they would voluntarily participate in the study with a link to a google form survey. Some contact limitations included language and access to technology and knowledge of how to navigate an online survey. However, these limitations were addressed in a meeting with the participants before they took the google form survey. Within that google form survey, there was an informed consent form along with questions that asked participants about their background and experiences with their local health care system.

The first portion of the survey asked participants about their background and demographics. The participants were first questioned on their gender, age, education level, citizenship status, and whether the participants had emigrated to the United States and became citizens or were natural-born citizens. These questions helped determine whether any significant demographic and background factors influenced the quality of health for Vietnamese Americans (Table 1). In the next portion of the survey, I asked the participants to rate their experiences on a scale of 1-10 on their interactions with doctors, their trust in the healthcare system, and the quality of medical care they received. This portion of the survey (refer to table 2) allowed me to collect quantitative data by taking the overall average rating on each question and see if the participants view their experience as more favorable or unfavorable. By doing this, I was able to gauge the participant's level of trust and understanding of the healthcare system.

Survey Questions from Effects Of Acculturation On Vietnamese Americans Receiving Healthcare

Table 1

Demographic and background questions

Question Number	Question	Possible Answers:
1	How old are you?	Answers vary between participants and could be between 30-60 years old.
2	What is your gender?	Male,Female, undefined, Trans, Non-binary, or prefer not to say.
3	Do you have U.S Citizenship?	Yes or No.
4	What is your education level?	High School Education, High School diploma, associate degree, Bachelors, Masters, Doctors, or Doctorate (PHD).
5	What year did you come to the United States? (If you were born in the United States answer "Natural Born Citizen")	A specific date or the participant may respond as a natural born citizen.
6	What is your estimated income?	Answers may vary.

Table 2

Scale 1-10/Multiple choice questions:

Question Number:	Question	Possible Answers
7	On a scale of 1-10, how well is your connection or relation to your healthcare provider?	Answers vary between participants with answers on a scale of 1-10.
8	On a scale of 1-10, what is your level of trust in the local healthcare system?	Answers vary between participants with answers on a scale of 1-10.
9	On a scale of 1-10, how would you rate the performance or capability of your doctor?	Answers vary between participants with answers on a scale of 1-10.
10	On a scale of 1-10, how much confidence do you have in your English Proficiency?	Answers vary between participants with answers on a scale of 1-10.
11	Do you often need a translator, family member, or guardian to help communicate your health problems to your doctor?	Always, very often, often rarely, or never.

Table 3

Qualitative questions

Question Number:	Question	Potential Answers
12	How would you describe your current relationship with your healthcare provider (doctor)?	Answers vary
13	Has your doctor treated you differently or inadequately in the past?	Answers vary
14	Are you often able to get appointments on time and does your doctor understand your medical needs?	Answers vary
15	What would you say are the biggest barriers (or problems) to Vietnamese Americans receiving adequate care and access from the U.S Healthcare system?	Answers vary

The qualitative portion of the survey (questions 12-15) asked participants to go further in-depth about how their background has impacted their ability to receive adequate care from the healthcare system. This portion of the survey (Table 3) allowed me to collect qualitative data by collecting detailed personal accounts of my participants with the healthcare system. This allowed for more in-depth information on how acculturation brings challenges to Vietnamese Americans when it comes to receiving adequate care from the healthcare system.

From my quantitative questions which included data from my 1-10 scale questions, I examined the mean or average of the data which showed overall how Vietnamese Americans felt about their healthcare treatment based on their background. Based on the mean from the data in the survey I can establish a negative or positive correlation with a certain situation or variable. I used thematic analysis in my study which emphasizes identifying, analyzing, and interpreting patterns of meaning within qualitative data. In this case, if the mean is generally lower (about 4 on a scale of 1-10) then it can be inferred that the participants didn't view their experience as favorable. Common feelings or experiences identified in the responses made in the questionnaire or qualitative section of the survey were grouped to explain how participants felt about a certain phenomenon. By doing so I can examine more personal reasons why Vietnamese Americans have trouble with healthcare because of acculturation.

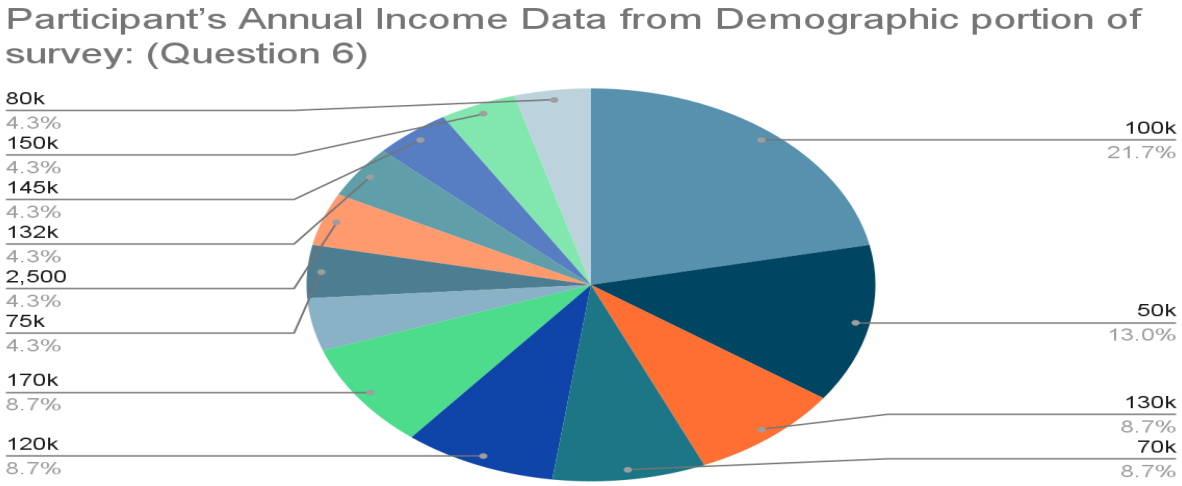
In a study conducted by Lee et al. (2021), the researchers conducted a similar research method by giving their Vietnamese American participants surveys which asked them about their English Proficiency, age of arrival to America, perceived psychiatric problems and needs, if they had ever received treatment, and about barriers to seeking mental help. The point of these questions was to help Lee et al. (2021) identify demographic factors, types of mental health problems, and barriers to mental health treatment for Asian Americans. Ma et al. (2020) also had a similar research method and goal. In their study, the researchers provided a survey in both Vietnamese and English versions to their participants. The survey questioned participants on their demographics and acculturation, health care access, health behavior, Pap test history, perceptions related to health belief model constructs, knowledge, attitudes, and beliefs of Vietnamese women about cervical cancer, and human papillomavirus (HPV). These research objectives by Lee et al. (2021) and Ma et al. (2020) are like my research objectives in examining how acculturation affects healthcare given to Vietnamese Americans by administering a survey. Although the goals of these researchers were different, they both examined demographic factors and conducted surveys that asked participants about their background and how they viewed a certain experience or phenomenon. This proven research approach is what my research method is based on. These researchers show that the mixed methods survey is an effective research method to gather information from participants to answer their research questions and find answers. In addition, due to COVID restrictions, surveys provide a safer and more practical option compared to in-person interviews or other research methods. Thus, this

method is aligned with my research question and other findings in the field that provides data on a specific population dealing with a system.

Demographic Results

Results from the demographic or background portion of my survey showed that most of my participants had attained a high level of education in their background, were male, and had an above-average annual income. When asked about education level about 61.5 percent or 16 out of 26 participants responded that they had received a bachelor's degree. Only 5 people, 19.2%, said they had received a high school diploma or education. Of the total participants about 15 people, 57.7%, said that they were male. For income, there were about 16 out of 25 responses that reported an annual income of $100,000 or higher (refer to figure 1 for income data) and the average annual income among the 24 responses recorded was $118,520.83. This financial demographic data suggests that my participants have a somewhat stable income and financial background. Add on to that, all 26 participants involved in the study responded that they had U.S citizenship. This suggests that in addition to a stable financial situation, they also have a stable legal situation. Out of all the participants between the ages of 30-and 60 who took the survey about 19.2% or 5 of the participants said they were 51 years old, which was the most of any group.

Figure 1



Quantitative Results

The results from the quantitative section (questions 6-10 of the survey) showed that the participants rated their healthcare experiences as satisfactory. The average score rated by the participants in their trust in the healthcare system was 8.03 out of 10 with a mode of 8 with 8 people scoring it as their level of trust in the healthcare system. However, when the participants were asked about their relationship with their healthcare provider, the ratings were more varied. The average score was 8.31 with the mode being a rating of 10 (34.6 percent of participants) (refer to figure 2 for more detailed data). In addition, when asked if the Vietnamese American participants needed translation services to effectively communicate their healthcare needs to their doctor, 76.9% of the participants said they never used or needed translation services to communicate with their doctor. The one exception was a participant who said that they only needed it in 1993 because it was that participant's first time in America. The fact that the majority of the participants didn't need translation services but yet identified language as a barrier (refer to Figure 3 and Table 5) was an interesting finding. In another 1-10 scale quantitative question where the participants answered how much confidence they had in their English Proficiency the average was 8.31 with a mode of 8 (30.8% of participants).

Figure 2
Ratings of Healthcare providers (doctors) by Vietnamese American Participants

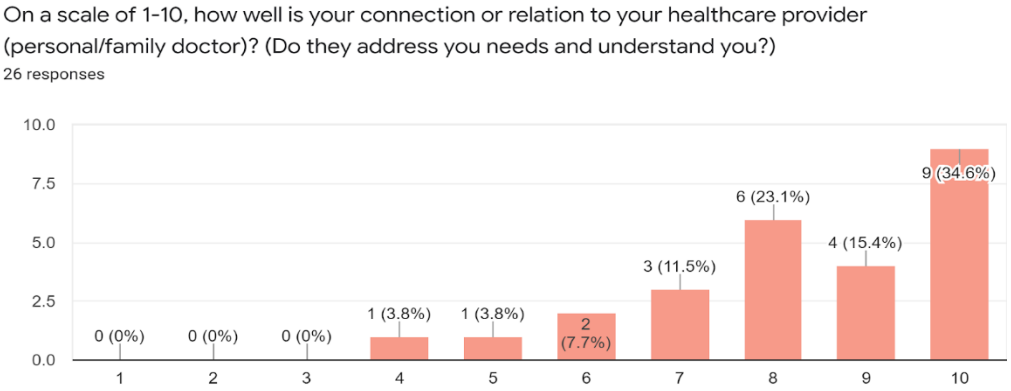
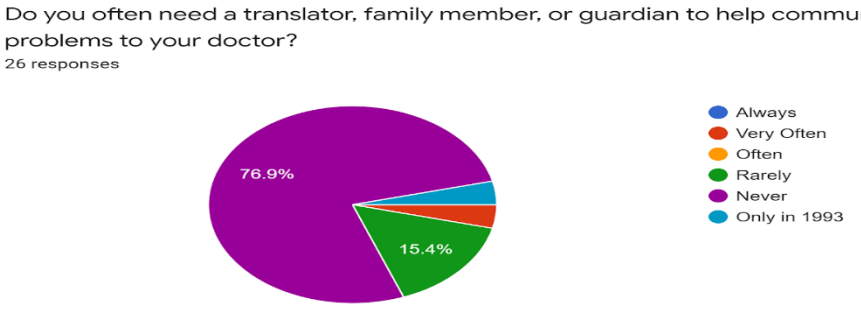


Figure 3
Data on Translation service usage from the Quantitative portion of the survey



Qualitative results (questions 12-15)

The findings from this portion of the survey showed that overall Vietnamese Americans feel a general sense of trust and contentment with the care they receive from the healthcare system. However, the participants still identified certain factors such as language, cultural sensitivity, and education that prevented them from fully trusting the healthcare system and getting quality medical care. For example, in the qualitative portion of the survey on the question (refer to table 5), "What would you say are the biggest barriers (or problems) to Vietnamese Americans receiving adequate care and access from the U.S Healthcare system?" 16 out of 26 participants said an answer involving language barriers. This significant barrier identified by the participants shows that because of acculturation, immigrants such as Vietnamese Americans struggle from adapting to their new environment. In this case, language proves to be a difficulty as Vietnamese American patients might find it hard to communicate to their healthcare providers about their medical problems and needs. In another qualitative question, the participants were asked to describe their relations with their healthcare providers. Many of the participants said they had a good or stable relationship with their healthcare providers where they could get along with them and communicate their health needs (refer to table 4 for more results on this question). However, some of the barriers identified by the participants were that their healthcare provider did not understand their cultural background and language barriers due to difficulty communicating in English or understanding medical terminology. Almost all of the participants except one responded that they were able to schedule appointments on time and get their doctor to understand their medical needs. Finally, when asked to describe if they had any

unpleasant experiences with the healthcare system over 84% or 22 out of 26 participants reported that they had none (refer to table 6). Some of the notable responses expressed complaints such as their healthcare provider not acknowledging their mental health and only attributing it to physical problems, being misdiagnosed, miscommunication with language, and a patient seeing alternative medicine work better than his prescribed medicine which resulted in them improving better than the doctor expected.

Table 4

Descriptions of the participant's relations with their healthcare provider

Question Number:	Question:	Responses:
12	How would you describe your current relationship with your healthcare provider (doctor)? (Are they of the same ethnicity as you, do you share similar cultural beliefs, do they understand your cultural background?)	I just changed to my Vietnamese family doctor. It's easy for me to speak in my language. Some medical words I don't know how to express in English, so I prefer to have my family doctor have the same language as me. I like my doctor.
12	How would you describe your current relationship with your healthcare provider (doctor)? (Are they of the same ethnicity as you, do you share similar cultural beliefs, do they understand your cultural background?)	My healthcare provider is local, 5' drive. They are professionals and they are not the same ethnicity as I am.
12	How would you describe your current relationship with your healthcare provider (doctor)? (Are they of the same ethnicity as you, do you share similar cultural beliefs, do they understand your cultural background?)	I do not have any communication problems with my family doctor because we speak the same language and come from the same country.
12	How would you describe your current relationship with your healthcare provider (doctor)? (Are they of the same ethnicity as you, do you share similar cultural beliefs, do they understand your cultural background?	I have a very good relationship with my doctors. Not every doctor shares the same ethnicity. However, my doctors do allow me to make choices in my treatment regimen. Not all understand my cultural background.
12	How would you describe your current relationship with your healthcare provider (doctor)? (Are they of the same ethnicity as you, do you share similar cultural beliefs, do they understand your cultural background?	I do not have any communication problems with my family doctor because we speak the same language and come from the same country.

Table 5

Results from participants on the biggest barriers (or problems) to Vietnamese Americans from the U.S Healthcare system

Question Number:	Question:	Responses:
15	What would you say are the biggest barriers (or problems) to Vietnamese Americans receiving adequate care and access from the U.S Healthcare system?	Sometimes it's hard for Vietnamese patients to speak to the primary physician or specialist when they need help because their understanding of medical terminology is limited. They are unable to tell the doctor or the specialist their accurate medical issue
15	What would you say are the biggest barriers (or problems) to Vietnamese Americans receiving adequate care and access from the U.S Healthcare system?	Personally no, for community, communication, lack of knowledge about the system and its benefits. For the Dr. they need to have a better understanding of Vietnamese diet, culture before issuing drugs. Don't just base it on a certain benchmark for the general population.
15	What would you say are the biggest barriers (or problems) to Vietnamese Americans receiving adequate care and access from the U.S Healthcare system?	It's probably because Viets are prideful and they would rarely admit they have physical pain or dealing with mental health because it's looked down upon for being a burden or lazy I might say. Just from observations I've seen in family and friends
15	What would you say are the biggest barriers (or problems) to Vietnamese Americans receiving adequate care and access from the U.S Healthcare system?	I think for older generations they almost always need a translator and usually need help getting to and back from the doctor's office. I used to help take and translate for them during my high school years. I once experienced an incident where I took a lady to the eye doctor and they did a surgery to her eye and it was worse than before the surgery. I took her back to the doctor to explain the situation but the doctor kept saying it takes time to heal but it never got better. So I think they definitely were taken advantage of.
15	What would you say are the biggest barriers (or problems) to Vietnamese Americans receiving adequate care and access from the U.S Healthcare system?	Language barriers & lack of translated materials made available to the Vietnamese Americans compared to the Hispanic populations. Some systems don't support Vietnamese language such as Sara Alerts Notifications for COVID-19 being sent in English.

Table 6

Data on specific instances of inadequate treatment:

Question number:	Question:	Responses:
13	Has your doctor treated you differently or inadequately in the past? (If there are any specific instances of inadequate treatment, please describe them).	I don't totally trust Western medicine for not treating the cause of a condition. I often look to alternative and/or Eastern medicine/treatment instead. I had a condition called Moya Moya and was given 6 months to 2 years to live. I went against the recommendation of neurologists and surgeons in 2001 and am still alive now.
13	Has your doctor treated you differently or inadequately in the past? (If there are any specific instances of inadequate treatment, please describe them).	I don't think my doctor treated me differently or inadequately in the past. Doctors always were nice to me. However, language is a gap for my communication. For example, doctor asked me about my life. After I told her she concluded I was in depression, but actually I did not have that symptom.
13	Has your doctor treated you differently or inadequately in the past? (If there are any specific instances of inadequate treatment, please describe them).	Yes
13	Has your doctor treated you differently or inadequately in the past? (If there are any specific instances of inadequate treatment please describe them).	Not necessarily, but sometimes she doesn't take my mental health seriously. I know a lot of my stress is attributed to headaches or back pains, physical symptoms that I can't really explain. So she just resorts to exercising or "try to be happy"

Overall, these results show that the participants generally felt a sense of confidence and contentment with their treatment from the healthcare system. However, certain instances brought up in table 6 showed that some Vietnamese Americans experienced neglect from their healthcare providers. In addition, in table 5 the five most notable responses identified language as a significant barrier to Vietnamese Americans being able to receive quality care. This data helped show how Vietnamese Americans dealing with acculturation felt about accessing healthcare services and the quality of treatment they received.

Discussion of Demographic Results

Based on information gathered from participants on their background it can be assumed that most of the Vietnamese American participants involved in the study attained a high level of education. Since the majority of my participants (61.5%) responded that they had received a bachelor's degree it would make sense that my Vietnamese Americans Participants would be able to at least understand the medical care that they receive from their healthcare provider. Acculturation makes the process of learning a new language or adapting to a new culture harder for Vietnamese Americans, thus, getting higher education would allow Vietnamese Americans to integrate themselves into society and therefore be able to more effectively communicate with healthcare providers. This is further supported by the fact that in the qualitative section when asked about their relationship with their healthcare provider 17 out of 26

participants had a positive answer about their relationship and ability to communicate their health problems. In addition to obtaining a high level of education, the participants also seem to have a stable and high level of income. The participants reported a high level of income at an annual average of $118,000 which suggests a high level of income. According to the United States Census Bureau, the median income per person was $31,133. Hence, my Vietnamese American participants should have enough money to afford the costs of healthcare, which is a common barrier to healthcare in terms of insurance and affording care. What all this data suggests is that the Vietnamese Americans in my study haven't experienced common barriers such as medical costs and poor understanding of medical knowledge when it comes to getting medical care from the healthcare system. These findings somewhat disprove the initial hypothesis that acculturation would cause communication and access barriers to quality healthcare. However, acculturation could still pose cultural barriers to Vietnamese Americans which could affect language communication with their healthcare providers.

Discussion of Quantitative Results

When asked if translation services were needed for the participants to effectively communicate their healthcare needs to their doctor, 76.9% of the participants said they never used or needed translation services to communicate with their doctor. This finding is certainly interesting because most of the participants did not need translation services yet identified language as a barrier. This discrepancy could be because there is a cultural stigma against utilizing additional medical resources such as translators, mental health services, etc. to improve their quality of health. Ly (2019) also investigated how a cultural stigma in Vietnamese American culture led to the underutilization of mental health resources and found similar results. Thus, explaining how Vietnamese Americans feel inadequately treated by the healthcare system even though medical resources are readily available. The average rating of experiences and satisfaction of care from the healthcare system was 8.03 which suggests overall satisfaction with the treatment received from healthcare providers. With a rating this high, it can be assumed that Vietnamese Americans are receiving fair access and quality medical care from the healthcare system. However, when the participants were asked about their relationship with their healthcare provider, the ratings were more varied. The average score was 8.31 with the mode being a rating of 10. Although Vietnamese Americans feel satisfied with their access and treatment from the local healthcare system, experiences may vary due to their healthcare provider. This could be due to several factors such as cultural insensitivity, lack of communication understanding, or a cursory examination of patients. In addition, the average rating for confidence in English proficiency (ability to effectively speak, read, and comprehend English) by the participants was 8.31. This means that the general trend for my participants is that they possess the ability to communicate with their healthcare providers and understand the medical care that they receive. However, as discussed earlier cultural stigma poses a barrier to seeking additional help that causes a disparity in health for Vietnamese Americans in the healthcare system. These problems relate to some of the responses from the qualitative section of the study where several participants identified specific instances of mistreatment.

Discussion of Qualitative Results

The qualitative portion of my results showed more personal and detailed responses of experiences with healthcare providers and the healthcare system from Vietnamese American participants. When identifying significant barriers to Vietnamese Americans receiving quality medical care, 16 out of 26 participants said an answer involving language barriers. This makes sense considering that the process of acculturation is difficult for Vietnamese American immigrants and may result in difficulty adapting to their new environment. In this case, language proves to be a difficulty as Vietnamese American patients might find it hard to communicate to their healthcare providers about their medical problems and needs. However, as identified earlier in the demographic and quantitative discussions, the majority of my participants had attained a high level of education and exhibited a high level of confidence in their English proficiency. Thus, they experience an easier time communicating their healthcare needs to their healthcare providers. Out

of all the participants, only 4 out of 26 mentioned that they had experienced mistreatment from their healthcare providers. In one instance, one participant noted that their doctor simply suggested they exercise or have a positive attitude when explaining that a lot of their stress was attributed to headaches, back pains, and other physical symptoms. In another instance, a patient diagnosed with a condition called Moya was given 6 months to 2 years to live. Instead of using western medicine, they looked at alternative and Eastern medical treatments. As a result of going against the recommendation of neurologists and surgeons in 2001, they were still alive. Misdiagnosing the patient as expected to die without looking into any other possible alternatives based on the patient's background represents neglect of cultural sensitivity. Thus, it can be inferred as an example of the mistreatment of a Vietnamese American in the healthcare system. These specific instances show how further improvements in communication and cultural awareness from healthcare providers can improve the quality of care that Vietnamese Americans receive from the healthcare system. However, since there were only a few reported cases among my Vietnamese American participants it indicates that these instances are rare and do not generalize all experiences of Vietnamese Americans with the healthcare system. Nonetheless, it shows that improvements can be made in allowing better communication and understanding between Vietnamese Americans and their healthcare providers. This would improve the current quality of medical care they receive and help Vietnamese Americans get past acculturative barriers.

Conclusion

In conclusion, acculturative stress impacts the level of communication and understanding Vietnamese Americans have with their Healthcare Providers. It can be inferred from the participants that many Vietnamese Americans feel satisfied with their care and their ability to communicate with their healthcare providers. However, Vietnamese Americans often feel ashamed due to the cultural stigma to ask for additional aid from the healthcare system. Thus, acculturation poses a barrier to Vietnamese Americans in receiving quality medical care. This study implies that there is a better understanding of how acculturation works and an improvement in the ability of healthcare providers to help improve the quality of medical care that Vietnamese Americans receive. Further encouragement of efforts such as expanding awareness of mental health in communities to confront cultural stigma, making translation services more readily available for Vietnamese Americans who have trouble communicating in English, and holding community outreach events for Vietnamese Americans to receive free checkups and information sessions on prevalent medical issues and treatments will help Vietnamese Americans get the medical care they need. These steps will better integrate Vietnamese Americans into local communities and would help them better navigate the healthcare system and access additional aid if needed. By understanding the acculturative barriers that Vietnamese Americans face, healthcare providers will be better able to service and understand them which will lead to a better quality of care and life. Future research should analyze the difference in the quality of education between participants and how that impacts English proficiency to see how it affects the ability to communicate health problems and understand medical care. This study could also be further expanded by comparing different regions with Vietnamese Americans rather than just one region. This would help account for potential regional differences in education, income, and the sense of community. Thus, data can be better generalized to Vietnamese Americans on how to receive better quality healthcare.

Limitations

One potential limitation to my study that could have influenced my data results was the location of my study. In the Southern Maryland area, there is a lack of Vietnamese Americans. Therefore, if the study was conducted in places such as California, Texas, and Virginia where there are larger Vietnamese American populations, then there would be more participants and the data in the study could be better generalized to this population group. In addition, regional differences across the United States could account for differences in education and income. Thus the data from this data cannot be generalized to all Vietnamese Americans across the United States. Another potential limitation could

be communication and level of English proficiency. Some of the participants demonstrated a basic understanding of English and didn't answer what the question asked them to answer.

The miscommunication and lack of understanding from some of my Vietnamese American participants could have resulted in my data being skewed from faulty data or lacking relevant detailed data. However, the option to use translation applications and having a family member with good English proficiency aid the participant in taking the survey was made available which would lessen this limitation.

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