

Chapter 11

Ethnography and Phenomenology: Examining Hospital Cultures and Patient Experiences With Healthcare Professionals

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ABSTRACT

Adding to the growing body of research on healthcare inequities and systematic differences, this research illuminates how patients empowered themselves to achieve their healthcare goals during encounters with healthcare professionals at various hospitals. This exploratory ethnographic and phenomenological study examined hospital cultures, primarily emergency rooms, and the lived experiences of patients. The salient themes emerging from the thematic analysis of narratives conveyed by a woman living with asthma in conjunction with the experiences articulated by five other patients being treated for stomach pain/pregnancy, arthritis/joint pain, leg injury, depression, etc., were: 1) Long wait times, 2) Poor and Unprofessional Attitude, 3) Neglect, 4) Feeling Rushed, 5) Having to Ask for Care, 6) Discrimination, and 7) Support from Hospital Patient Advocates and Other Patients. While the patients endured marginalization, the issues depicted as problematic were overcome with assistance from patient advocates or other patients. This chapter has implications for patient-centered care.

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INTRODUCTION

COVID-19 has placed immense stress on healthcare facilities, magnifying their existing problems. One salient challenge that emerged as a problem was prioritizing the demands for medical attention as people responded differently to COVID-19 based on preexisting conditions such as asthma or emphysema (Gupta et al, 2021). Healthcare professionals were forced to determine how, with limited resources, to meet the demands of a society facing a health crisis. These circumstances resulted in some people not getting the care they wanted and deserved. When time and other resources were limited, healthcare professionals made tough business decisions, choices that typically placed some non-dominant racial groups at a disadvantage (Funk, 2022; Nix, 2023).

One group that historically has endured compromised healthcare was African Americans/Blacks (Duncan et al., 2022; Funk, 2022). “Black patients have experienced centuries of mistreatment and violence at the hands of the medical system, which has made the medical system untrustworthy” (Guimond et al., 2022, p. 520). Nix (2023) substantiated this claim as well. Funk (2022) also echoed the sentiment that African Americans/Blacks were subjected to marginalization in healthcare systems.

Less access to quality medical care is the top reason Black Americans see contributing to generally worse health outcomes for Black people in the U.S. Large shares also see other factors as playing a role, including environmental quality problems in Black communities and hospitals and medical centers giving lower priority to the well-being of Black people (Funk, 2022).

Research by Funk (2022) revealed that African American/Black women more frequently than other groups had negative experiences with healthcare professionals. Studies revealed that African American women: 1) Had to speak up to get help, 2) Believed pain was not taken seriously, 3) Felt rushed by healthcare professionals, 4) Felt like they were treated with less respect than other patients, 5) Felt that their quality of care was less than what other patients received, 6) Were judged due to weight, and 7) Found that health concerns were not taken seriously. However, research indicated that quality of care for African Americans was better when African American healthcare professionals treated them (Snyder et al, 2023). Unfortunately, many healthcare facilities did not have much diversity, resulting in patients relying on cross-cultural communication for care.

The Centers for Disease Control and Prevention (2023) also suggested that African Americans/Blacks, as well as other traditionally disenfranchised groups, had experiences with healthcare systems that were less than stellar, suggesting that a more profound examination into the ways in which healthcare professionals have

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