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# Barriers to health access among Filipinos in Spain: results from interviews with immigrants

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**Introduction:** Immigrants across the globe face significant healthcare access barriers. Beyond the fundamental right to health, the well-being of immigrant populations directly impacts the overall health of the host country. Despite the presence of over 200,000 Filipino immigrants in Spain, existing literature on their health and well-being remains limited.

**Methods:** A face-to-face, interview-based, qualitative study consisting of 8 individual interviews (7 women and 1 man) and 2 focus groups: women (7) and men (5) were carried out. Participants were recruited through convenience and snowball sampling. Data was analyzed thematically.

**Results:** Barriers to healthcare encountered by immigrants were divided into 3 subthemes: socio-cultural (health-seeking behavior, diet, endures suffering), socio-economic (family dynamics, working conditions, education), and healthcare services related (negative healthcare experiences). Filipino community organizations and faith helped immigrants manage stress.

**Conclusion:** To improve healthcare access, health literacy and integration must be promoted. Before coming to Spain, immigrants must be equipped with cultural and linguistic knowledge to mitigate work stress and facilitate assimilation. Structural changes must be promoted by both countries such as streamlining the immigration processes to reduce economic burden and ensuring a healthy workplace for immigrants.

## KEYWORDS

healthcare, culture, migrant, integration, community

## Background

According to global estimates, the number of international migrants reached approximately 281 million in 2020 (IOM UN Migration, 2020). For many of these individuals, the primary motivation for migration was the pursuit of a higher quality of life and improved socioeconomic conditions for themselves and their families. The Philippines has historically served as a significant source of labor for numerous countries, including Western countries such as Spain, primarily due to limited domestic employment prospects and low wages that often fall short of meeting basic family needs. Consequently, remittances from Overseas Filipino Workers (OFWs) have become a crucial component of the Philippine economy (Nikkei Asia, 2022). According to the Philippine Statistics Authority, the registered OFW population in 2022 was 1.77 million, with women constituting 59.6% and men 40.4%. The predominant age group of

OFWs is 30–39 years old, and the majority are employed in elementary occupations, service sales, or manufacturing roles (Philippine Statistics Authority, 2022).

Migration often has detrimental health consequences, particularly for women. Emotional distress arising from family separation, acclimation to new environments, and financial pressures to support families back home can significantly impact mental health. However, language barriers, and complex healthcare systems can hinder migrant access to necessary care (Pinzon-Perez et al., 2005). Feelings of isolation and frustration stemming from unfamiliarity with the healthcare system may deter individuals from seeking treatment. The absence of a support network exacerbates anxiety, loneliness, and psychological distress among migrants. Moreover, women often juggle multiple demanding roles as workers, breadwinners, and family caregivers, leading to increased stress (Straiton et al., 2017). Globally, immigrant workers experience more hazardous working conditions and greater exposure to occupational risks, resulting in poorer health, more workplace injuries, and higher rates of job-related fatalities (Moyce and Schenker, 2018). Likewise, physical and sexual violence is a prevalent issue among domestic workers (Gustafsson, 2018). Long working hours, coupled with the fear of job loss and deportation, prevent many victims from reporting abuse.

Contrary to the widespread notion that immigrants drain healthcare resources, research indicates that in Spain, immigrants utilize healthcare services less frequently than native-born citizens. Primary and mental health services are among the least sought-after by immigrant populations. Legal hurdles, excessive bureaucracy, discrimination, and negative attitudes within the healthcare sector contribute to this phenomenon (Pérez-Urdiales, 2021).

The well-being of immigrant populations should be a central component of national health plans and policies, as it significantly impacts the health of future generations (De Leon et al., 2013). The present study offers a valuable contribution to achieving this goal. Even though approximately 200,000 Filipinos resided in Spain as of 2022, there remains a dearth of research specifically addressing the health needs of this immigrant community (Masigan, 2018). The objective of this study is to explore the experiences of Filipino immigrants in Spain regarding healthcare access.

## Methods

### Study design

A qualitative approach using semi-structured interviews was used to know the answers to the research questions. Accounts of Filipino immigrants in Spain regarding access to health were documented, with the aim of understanding their experiences and perspectives regarding health access and other related topic that came up in the narratives of the participants.

### Study area

The study was conducted in Tenerife, Canary Islands, Spain. Being a port-city, commercial centers and restaurants are present in this part of the archipelago. Many Filipinos living in Tenerife obtained employment thru manual labor. This site was chosen because of its

proximity to the worksite, places of worship and the Filipino Community Organization offices.

## Data collection

A total of 21 Filipino immigrants was interviewed from October 2022 to March 2023. Since the study population is a minority and difficult to access, the researchers employed convenience and snowball sampling. One male and 7 female informants agreed to take part in the interview. Female focus group included 8 participants while male focus group involved 5 participants.

## Recruitment

This research study encompassed Filipino immigrants in Tenerife, Spain. To be selected, participants must be Filipino immigrants based in Tenerife, aged 18 years old and above and have experienced accessing healthcare services.

The main researcher, who is Filipino, reached out to the leaders of Filipino communities via the Consulate of the Philippines in the Canary Islands. Invitations to participate in the study were shared on the Consulate's Facebook page and in social media chat groups of Filipino Community Organizations. Additionally, face-to-face invitations were extended to encourage participation in the study. Recruitment took place after church services, during social gatherings at places of worship, and at the Filipino Community Organization offices, where both formal meetings and informal gatherings like birthdays, parties, and anniversaries are held. Additionally, business establishments such as nail salons and restaurants where Filipinos work were also approached. Several participants were recruited through recommendations from previous informants. The Filipino community organization leaders introduced the main researcher, who conducted the interviews and focus groups discussions, to the community, clarifying the purpose of her presence. The main researcher then communicated the objectives of the research, emphasizing the voluntary and anonymous nature of the study and answering participants' questions. Interested informants provided their availability for interviews or focus groups. On the interview day, the study's objective and its anonymous nature were reiterated. Permission to record the interview was requested, and informed consent was signed before the interview began. Point of saturation was reached when informants communicated repetitive information, and no new data was emerging.

## Data analysis

The language spoken by the informants is mostly Tagalog (Filipino). The interviews from 8 individuals and 2 focus groups were transcribed and then translated to the English language by the main author. The transcripts were reviewed for familiarization of the data and the audio recording was reviewed when necessary to grasp the full meaning of the transcripts. The data were analyzed using thematic approach (Naeem et al., 2023). Taguette ver. 1.2.0, an open-source, qualitative data analysis tool was used for coding and categorizing. Specifically, after transcription, phrases or quotes were selected that represent the viewpoints of informants. Then, codes

were assigned that capture the meaning of the phrases. This process was repeated for all other transcripts. Phrases with similar meaning were assigned to the same code. The same codes were then grouped into categories.

After which, subthemes or patterns were identified from the categories. These identified subthemes were grouped into themes. The data analysis process assists in understanding the inherent meaning of the data.

To provide a holistic understanding of the research subject and to corroborate the information given by informants, data triangulation was employed by using the information gathered from the individual interviews and the 2 focus groups.

## Ethics approval

This study adhered to the bioethical principle of non-maleficence, ensuring no harm to participants. Confidentiality of data collected is strictly maintained in accordance with the Declaration of Helsinki and the Data Protection Act by Spanish legislation of Organic Law 3/2018, of December 5, on personal data protection and the guarantee of digital rights. All participants provided informed consent freely and without coercion.

Also, the study was reviewed and approved by the Ethics Committee of the Universidad de La Laguna with code CEIBA 2023–3,281.

## Results

### Theme 1: barriers to healthcare access

#### Socio-cultural barriers

##### Health-seeking behavior

In the Philippines, a notable delay in seeking formal healthcare services is practiced by many people, with patients often resorting to traditional or alternative healing practices prior to visiting clinics or hospitals. This behavior is largely attributed to the fact that healthcare expenses are predominantly borne by the patients themselves. This habit maybe brought by immigrant Filipinos when dealing with medical situations in Spain.

*They didn't seek the ambulance immediately because they were not aware of the gravity of the situation. Filipinos don't really go to the health center that much. They only go when they know it's already bad, you know? First, try everything, but if nothing else works, that is the time you seek medical help. Since the start of Covid, the older Filipinos boil some leaves and inhale it, it's like inhaling smoke, the vapor. It's said to open something in the airways...I tried like, well yah...it's something but...that's what they do, sometimes they do it to avoid going to the doctor...they just think the illness will disappear. (Participant 4, female, 23 years old)*

*After all, in the Philippines, aren't we used to not going to the doctor when it doesn't hurt that much? Because there is a fee. That mindset was brought here. (Participant 2, female, 25 years old)*

#### Diet

Despite recommendations about pursuing a healthier nutrition, many Filipinos are reluctant to change their dietary habits, which often include excessive fat, protein, and salt (Angeles-Agdeppa, 2020). Cultural events like celebrations and frequent community gatherings contribute to this resistance, as traditional dishes and alcoholic beverages are commonly served.

*When we have "fiestas" you will not think about your cholesterol level...you will have too much cholesterol. When Filipinos really want to eat something, they will eat it. If you really want it, you will buy it. (Focus group Females)*

*In the Filipino lifestyle, we cannot eliminate rice in the diet. When the nurse told them to reduce rice intake, they immediately said "No". The other one that cannot be changed is alcohol drinking. Many Filipinos are heavy drinkers and we use too much salt in our dishes. (Participant 4, female, 23 years old)*

#### Endures suffering

Based on immigrant's accounts, they often adopted a non-confrontational approach in conflictive situations, fearing job loss and feeling ill-equipped to defend themselves due to language barriers. Rather than directly addressing issues, they may remain silent, hoping the situation will resolve on its own.

*When I was working, my bosses took pity on my situation; I was enduring all the maltreatment on my own before I called the police. I kept everything inside. (Participant 1, female, 70 years old)*

#### Socio-economic barriers

##### Family reunification

Initially, an immigrant travels to Spain alone to work. While establishing themselves in their new workplace, they also actively explore avenues to bring the rest of the family to Spain, often seeking advice from immigration consultants or community organizations. Migrants dedicate significant effort to achieving family reunification in Spain, often working multiple jobs to cover the substantial costs of visa processing and provide for their families in the Philippines. Despite facing challenging working conditions, they persevere in their pursuit of this goal but oftentimes taking for granted their own health due to overwork and malnutrition.

*I would like to bring my husband and children to Spain, but my salary was just 700 euros. It was not enough. I send everything to my family. Sometimes I am left with 5 euros or just coins from my sister. I saved the money. I am happy when I can eat instant noodles. I eat leftover food, even if it is spoiled food. We had little savings, yet we still borrowed money because we will take the children to Spain. It was expensive...we borrowed it from the bank so we can bring all of them. It's also necessary to have your own place if you have your children; you can't live with your siblings anymore, you must have your own place. (Participant 8, female, 43 years old)*

*When I recently arrived from the Philippines and working as domestic helper, I used to wake up earlier than my boss at around 5:00 AM. I have a lot of work and no rest because I had 6 children*

*in the Philippines. The family where I used to work was living on the 3rd floor of the building. I was alone and the pot where I used to cook stew was very big, but I could carry it up until the 3rd floor. Then, I worked at my second job from 8:00 PM to 1:00 AM at the restaurant. My boss said that I might get sick because I am working too much. I don't rest because it was the only way to save for a year or two so that I can bring my children to Spain. (Participant 1, female, 70 years old)*

Parents of small children, especially mothers, encounter different challenges in child-rearing. They reported that it is easier in the Philippines to seek someone who will look after your children while working. On the contrary, they had to do the parenting alone in Spain, without the help of extended family members or house employees.

*It's hard to rear small children here. When you go to work, no one will look after the child. I experienced that. Even if it was raining, my child was inside the stroller, and I must push it. It was a lot of sacrifice indeed. In the Philippines, there are many people with whom you can leave your child if you need to work. Here you can't leave a child at home even if he's already 7 years old. It is not allowed by the government until the child is 10 years old. (Focus Group Females)*

As the children imbibe the host's countries values and attitudes, this presents an ordeal for the Filipino parents, resulting to stress and frustration when their traditional parenting methods are not accepted or are legally restricted, leading to feelings of helplessness and anxiety. Adapting to a new cultural environment with different parenting norms can be challenging, causing a sense of isolation or cultural dissonance.

*With regards to the culture here, I had a hard time with my children. Respect for parents is important to us, right? Here the children have too much freedom. For example, it is forbidden to spank here. When they report that, the police will just pick you up. There is too much freedom here for young people. It is terrible. (Participant 6, female, 48)*

### Working conditions

Some immigrants have reported experiencing injuries due to health hazards present at their workplace. Others have acquired disabilities due to an exorbitant workload where workers do not have time to rest. These conditions contributed to the development of debilitating disease and loss of bodily function in some immigrants. Participants have experienced maltreatment in the workplace, particularly in the form of discrimination and exclusion by coworkers due to being immigrants.

*I got sick due to work. Because of the chemicals present in the products that we use. Imagine I worked there for 5 years. They did not give importance to the ventilation of the place. When you open the product, you will inhale right away the chemicals. Then my back started to hurt. The tumor started at the back, in the spinal column. At first, I thought the pain was due to the wrong posture due to 8 hours of continuous work. At times when we have many clients, I cannot stand or change position because work is non-stop, so*

*you can really take yourself for granted. (Participant 5, male, 46 years old)*

*My hand was damaged from peeling potatoes and onions in my job at the restaurant. I had to peel one sack every day with my assistant. Then, I changed jobs. At that job, I had a stroke from too much stress working there. I had coworkers who mistreated me. They used to say to me "You are not from here. You're coming here to steal jobs". I replied "We're not stealing jobs; we just want to eat and feed our children just like you". (Participant 1, female, 70 years old)*

### Education

Some participants have reported frustration for not receiving just wages due to lack of understanding regarding legal rights of workers. The lack of fluency and comprehension of advanced Spanish translates to lack of capacity to defend themselves in legal situations and inability to advocate for themselves in the workplace as well as the incapacity to correctly communicate their health condition to the healthcare worker.

*My employer's child is a lawyer. For us Filipinos, when they say that the law is like this, we believe it right away. I endured that my salary was only 700 euros. Here, there is double pay in June and December, but I was paid once. When the child of your boss is a lawyer, you will be afraid to ask questions. We are not going to inform the authorities because of lack of knowledge. Even if you have already lived here for many years, you cannot understand everything. (Participant 8, female, 43 years old)*

*The problem is the language. It truly is. When you don't know any attorney or you don't know the language, you have a big problem. I just find out through my daughter who is fluent in Spanish, that the person who hit me with the car said that I was the one who caused the accident. So, the insurance does not want to pay me. I wanted to laugh. I wanted to explain myself, but they cannot understand me. It is so unjust. (Participant 6, female, 48)*

*Most Filipinos here can communicate in Spanish but just the basic things and it's not grammatically correct. But you can understand what they are trying to say. Some cannot explain well their health concern to the medical personnel. Because if they were able to explain their condition, what it is or if it is an emergency they will surely be treated because the medical service is fast. (Participant 4, female, 23 years old)*

### Healthcare services related barriers

#### Delays in medical attention

According to participants, in the public healthcare system of Spain, patients seeking non-urgent medical attention are provided with a date and time for their check-up through an internet-based application which they can access through their mobile phones or computers. The waiting time usually takes months, hence, some chose to acquire private healthcare to seek immediate attention for their health issues.

*"When cancer was detected on a family member, it was already severe because they made him wait for 6 months to see the doctor". (Female Focus Group)*

## Unsatisfactory health service

Some participants mentioned that the waiting time on the day of the doctor's appointment is usually long. Others have mentioned that after waiting for hours at the healthcare facility, they have received unsatisfactory attention because the medical provider was not giving proper attention to their medical concern.

*"Here you must wait for an appointment. You arrive earlier than the scheduled time, then you will wait for 1 hour. When it is your turn, they will just see you for 5 minutes. They will just give you something...they will not look carefully...they will just listen...just like that...nothing more. I was misdiagnosed. Here when your situation is serious, you need to go to a private doctor. If not, you will receive care maybe next year. They just gave me Ibuprofen. They did not investigate the other reasons why my back was hurting. Then after 2 weeks they gave me an appointment again. By that time, I can't walk already. I was using crutches. The doctor cannot see that I am walking with crutches. He gave me ibuprofen again. He sent me for an X-Ray. But it should not be X-Ray, it should be Resonance. The cancer will not be detected with an X-ray". (Participant 5, male, 45 years old)*

*You need a lot of patience because you must wait for a while to be treated by the doctor. When I had Bell's Palsy, we went to the emergency room. Would you believe that we arrive at 10:am the emergency room without eating breakfast and lunch?. They injected something into me at 5:00 pm already. We have to wait that much! In the emergency department, they prioritize those who are going to die or those who are in a grave condition. (Participant 8, female, 43 years old)*

Other immigrants have reported about feelings of not being a priority in the healthcare facility due to being a foreigner and the lack of experience of Spanish medical personnel regarding Filipino illnesses resulting to feelings of frustration and lack of trust to the healthcare system.

*"Here they did not detect my disease. But when I came back to the Philippines, the Filipino specialist was able to detect my disease rapidly. Because here, the cases are not that severe, while in the Philippines, most diseases are severe. In that way, doctors in the Philippines have more knowledge of our illnesses". (Focus Group Male)*

## Theme 2: coping strategies

### Filipino community organizations

As reported by the participants, the Filipino Community Organizations offers a strong sense of belonging to a community and provides a supportive network for immigrants. There are various Filipino Community Organizations in Tenerife. Participating in weekly social events offers a valuable stress reliever, and emotional health for immigrants.

*The organization is a source of fun and cooperation. There is entertainment...you seem excited about the events on Sundays. From Monday to Friday, you are a working machine. Sunday is your*

*day to have fun, to laugh. You're sweating because you laugh so much and dance so much, it's like you are releasing stress from the whole week. The organization maintains our health. (Focus Group Male)*

### Faith

Based on the participants, praying is frequently used as a tool to manage stress and anxiety, offering emotional comfort, a sense of peace and safety and a connection to a higher power. As reported by some participants, praying is the first response when a stressful situation is encountered.

*When I enter the door, I pray first, because I don't know how to speak Spanish, they don't know how to speak English. And the person under my care is mentally challenged. (Participant 8, female, 43 years old)*

*If you experience depression what you do first is pray. To help you with your emotions and when you miss your family. Hoping that you can fulfill all your responsibilities. (Participant A, Focus Group Females)*

*Whenever you are lonely go to the church...pray...anyway, you can pray anywhere (Participant B, Focus Group Females)*

## Discussion

This study aims to understand the experiences of Filipino immigrants in Tenerife, Spain regarding health access and health barriers encountered. Findings indicate that health experiences of this population are influenced by culture, habits learned from their home country and the level of integration in Spain.

Delays in health-seeking behavior among some informants of this study may be attributed to behaviors acquired in their countries of origin. In the Philippines, particularly in rural areas, access to healthcare has historically been limited by geographical barriers and socioeconomic factors (Ang and Fernandez, 2024; Ulep and dela Cruz, 2013). Inadequate transportation infrastructure, coupled with high out-of-pocket medical expenses, has compelled individuals to rely on alternative healing practices and delay medical interventions (Ang and Fernandez, 2024; Ulep and dela Cruz, 2013). While the implementation of the Philippine Health Insurance Corporation (PhilHealth, 2025) has aimed to mitigate financial burdens, the program's limitations and the overall economic climate have continued to impact healthcare utilization. The inaccessibility of healthcare in many areas of the Philippines compelled patients to rely on herbal or alternative modalities of healing which are cheaper ways of solving medical issues. Due to lack of economic resources, it is not uncommon for patients to postpone seeking formal medical treatment, which has been a learned behavior that was brought in countries where they currently live upon immigrating (Straiton et al., 2018).

In other contexts, the same delayed health-seeking behavior is observed among African immigrants to the U.S where medical attention seeking is often postponed until conditions had deteriorated to a point of significant impairment or disability (Omenka et al., 2020).

On the other hand, dietary patterns have also contributed to health disparities among Filipinos. Studies demonstrated the

prevalence of unhealthy dietary habits (Kim et al., 2021) characterized by excessive consumption of fats, proteins, sodium, and inadequate intake of fruits and vegetables. These patterns increase the risk of obesity and cardiometabolic diseases. Moreover, the predominance of affordable, yet nutritionally poor food options in urban areas, reinforces the difficulty of adopting healthier diets. A typical Filipino diet consists of rice, bread, pancit (rice flour noodles), kakanin (native delicacies), snacks like chips and French fries which are mostly carbohydrates (Mirasol and Business World, 2021). Food, as a cultural and social cornerstone in the Philippines, plays a significant role in shaping dietary preferences and behaviors. As food is seen not only as a source of sustenance for Filipinos but also a way of expressing their cultural identity, community and shared experiences, hence, social norms and peer behaviors may reinforce unhealthy eating and binge-drinking. Smoking prevalence among Filipinos is also high (Amul et al., 2023). In research done among Filipino Americans, they were at high risk for cardiovascular disease, hypertension, type 2 diabetes, and metabolic syndrome at lower BMI (Body Mass Index) levels (Abesamis et al., 2016). Consequently, interventions aimed at modifying dietary habits must consider these deeply ingrained modes of nutrition.

When dealing with interpersonal problems, Filipinos are generally non-confrontational and solves issues indirectly. Enduring difficult situations, such as workplace maltreatment, is a common coping strategy among participants. This reflects a combination of cultural values emphasizing resilience and avoidance of conflict to maintain employment. However, prolonged exposure to stressful conditions can have detrimental effects on mental and physical health. There is a need to educate them with other ways of solving obstacles in a direct manner compatible with their values and culture.

Like all other immigrants across the globe, the primary objective of Filipino immigrants in Spain is to improve their families' socioeconomic status and facilitate family reunification. To accomplish this, immigrants prioritize diligent work, as the process of family reunification for Filipino immigrants in Spain often requires substantial financial resources. Beyond the immediate expenses associated with legal and consular procedures, many immigrants allocate a portion of their income to support extended family members in the Philippines, in addition to their nuclear families. To fulfill these financial obligations, immigrants frequently engage in multiple jobs, accept underpaid or exploitative employment, excessive work hours and/or compromise personal needs such as nutrition. A study regarding immigrant health has highlighted the connection between financial strain and health among Asian immigrants emphasizing that it is linked to worse mental health (Tsuchiya et al., 2023). Similarly, in a study among Filipinos working in Macau, it was found out that mental health issues faced by Filipinos were anxiety, depression, Post Traumatic Stress Disorder (PTSD), stress, burnout, and related symptoms such as chronic fatigue and difficulty concentrating. Some resort to addictive behaviors such as gambling to cope with this situation (Chan et al., 2024). In a study among Filipino Americans, it was found out that they also faced with the same experience as job related responsibilities and stress are obstacles for health-seeking behavior in this population (Maneze et al., 2015).

Upon family reunification in Spain, immigrants encounter a novel set of challenges distinct from those experienced in the Philippines. For instance, the child-rearing responsibilities of working mothers are significantly amplified in the Spanish context due to the absence of

extended family support prevalent in their home country. This disparity may be attributed to limited family presence in Spain or a lack of awareness regarding available government support services for mothers. The adaptation to a new cultural environment adds to stress and anxiety experienced by parents (Garcia and de Guzman, 2017). On the other hand, there is a clash between traditional parenting in the Philippines and Spain's norms and legal restrictions. In the Philippines, physical discipline is still accepted while it may lead to legal consequences in Spain. The Filipino parent may feel frustration upon not being able to discipline their children through the way that they know and instead, they must adopt new and unfamiliar approach of the new country. In a study among immigrant in Spain, child rearing is stressful for immigrants to fulfill within the new context, especially for some migrant women who have the responsibility to safeguard the continuity of the culture of origin (González-Falcón et al., 2022).

Additionally, in Philippine culture, women are expected to be both caregivers and providers for their families. This often necessitates balancing multiple roles simultaneously as workers, breadwinners, daughters, wives, and mothers. This interplay of gender roles and family responsibilities significantly influences the health of migrant women (Straiton et al., 2017; Alegría et al., 2017). Among Filipinos in Tenerife, Spain, it was found out that women are more burdened by mental health issues than men (Parcon et al., 2024). Hence, affordable and accessible programs with multilingual support that promotes mental health such as counseling, psycho-social support workshops and migrant women support groups must be organized for migrant Filipino women.

A recent study among Filipino migrants in Tenerife, Spain, found that healthcare insurance affordability was generally high, with the majority possessing public health insurance coverage (Parcon et al., 2024). While insurance accessibility appears to be relatively high, further investigation is necessary to determine the extent and efficiency of healthcare service utilization by this population. Despite the fact that there is universal healthcare coverage in Spain, barriers for health access among immigrants is still present (Vázquez et al., 2016). Delays in medical attention experienced by immigrant Filipinos are influenced by several factors. Systemic delays within healthcare centers and hospitals, a common issue affecting both native-born and immigrant populations. Additionally, language barriers, negative attitudes of some healthcare workers toward migrants, and cultural beliefs among Filipinos regarding seeking medical attention can exacerbate these challenges (Pérez-Urdiales, 2021; Straiton et al., 2018). These combined factors can lead to misdiagnosis, a preference for private care, and a lack of trust in the healthcare system.

Difficulty in communication due to language barrier can also be an important factor for the discontent that immigrants have encountered in the provision of healthcare. According to some participants, although Filipinos in Spain can generally speak and understand the Spanish language, their language skills is not sufficient to fully describe the complexity of a medical condition. Language barrier is prevalent among immigrants whose first language differs from that of their host country (Moyce and Schenker, 2018; Loganathan et al., 2019; Kuan et al., 2020; Hall et al., 2019).

A way of gaining community support and network is through Filipino organizations. Being with fellow Filipinos lessens the homesickness felt by the immigrants. It is a safe and comfortable environment where they can express themselves freely. The weekly

activities offered by the organization can be a respite from daily stressors and foster a sense of belonging. This experience by Filipino migrants in Tenerife agrees with other studies which posit that social networks constitute a vital support system for Filipinos. In instances of emotional distress, individuals commonly seek assistance from family members followed by friends who share similar cultural backgrounds and challenges (Ho et al., 2022; Derr, 2016). Healthcare providers are infrequently utilized as a primary resource. Nevertheless, overreliance on social support within the immigrant community through organizations may limit integration into the host society and access to mainstream resources. In terms of health, integration to the new country is important as immigrants with less integration have more challenges in accessing health services (Uriarte Vega et al., 2022).

Effective healthcare outreach among Filipino communities in Spain necessitates strong collaboration with Filipino community organizations. Leaders of these organizations can serve as vital conduits for disseminating timely information regarding available healthcare services. Furthermore, planning health programs, such as seminars, in conjunction with Filipino organizational leaders ensures optimization of timing, date, and location, thereby maximizing Filipino participation.

To facilitate the effective integration of Filipinos into Spanish society, responsible government entities must collaborate with Filipino community organizations to provide essential resources. These resources should include language classes and seminars on Spanish law, employment rights, financial literacy, among others. Importantly, all activities undertaken should be meticulously aligned with the identified needs and priorities of the migrant groups.

Religion and prayer are deeply ingrained in the Filipino culture. It provides calmness, hope and resilience to immigrants in times of adversities, facilitating mental well-being (Uriarte Vega et al., 2022). For some informants, it is the first thing that they do upon experiencing medical symptoms and when they feel overwhelmed by anxiety and fear. It is reported as one of the most common coping strategy employed by immigrants. Religious activities can also be employed as an avenue for dissemination of health information and promotion of healthy lifestyle (Turnbull et al., 2023).

The two young, Spanish-university-educated Filipino informants (both under 25 years old) exhibited a pronounced understanding of the Spanish healthcare system's advantages, including its efficiency in addressing health concerns compared to older Filipino immigrants. Also, they were more likely to seek medical attention promptly and expressed awareness of potential health risks associated with traditional Filipino dietary habits. The same informants underscored the critical role of timely medical intervention. Since there are few medical personnel of Filipino ethnicity in Tenerife, tapping more acculturated Filipinos with high level Spanish language abilities would tremendously facilitate the communication between health personnel and Filipino immigrants. This intermediary role is particularly valuable given the comfort level and trust that often exists among individuals of the same cultural background which will facilitate effective communication between healthcare professionals and immigrant Filipino patients, thus, increasing the satisfaction for the care received by the patient and avoiding delays in healthcare acquisition and misdiagnosis of diseases. According to the race concordance hypothesis, patients from minority racial and ethnic backgrounds experience improved communication, higher

satisfaction with care, and better overall health outcomes when their healthcare provider shares their racial and ethnic identity (Moore et al., 2023).

Effective healthcare access relies on timely dissemination of information about healthcare protocols, services, and available resources (Martín-Dorta et al., 2025). The effectiveness and prompt delivery of health information hinges on both the method of delivery and the messenger. A study among Filipino migrants in Australia revealed that immigrants preferred receiving health information in Tagalog, even with high self-rated English Language Proficiency (Maneze et al., 2015). To bridge the communication gap in medical consultations, Filipinos with advanced Spanish proficiency could be recruited and trained as language interpreters. Developing clear guidelines for recruitment, specialized training, and effective utilization of interpreters is crucial for the success of this initiative (Pandey et al., 2021). Additionally, print media, such as brochures and pamphlets containing health information, should be available in the Tagalog language.

Migrant populations exhibit diverse cultural, social, and demographic characteristics that significantly influence their health behaviors, attitudes toward healthcare access, and disease prevalence. Consequently, effective healthcare delivery for immigrant populations necessitates a workforce of healthcare professionals with specialized training in public health, social inequalities, cultural competence, and immigrant health (Sequeira-Aymar et al., 2024).

A limitation of this study was the apprehension and reluctance of some participants to openly discuss the difficulties they encountered during their migration journey. Despite assurances of anonymity, fears of potential negative consequences inhibited their willingness to communicate detailed accounts of their negative experiences. Regardless of this limitation, majority of the participants are willing to share details of their experiences. We have observed that these are usually Filipino migrants who are leaders of the community and those with good economic standing.

## Conclusion

The healthcare acquisition experiences of immigrant Filipinos in Spain are shaped by their own culture, habits acquired from the Philippines, working environment and their level of immersion to the Spanish society.

To diminish the health barriers of Filipino immigrants, there is a need to improve health literacy and integration as well as equipping immigrants with cultural and linguistic knowledge about Spain to mitigate work-related stress and facilitate assimilation. There is also a need to streamline the immigration process for both countries, thereby reducing the economic burden on immigrants.

Working conditions of immigrants must be improved. The cumulative impact of overwork, mental health challenges and financial strain can contribute to increased susceptibility to mental health disorders and physical illnesses. Different coping strategies highlights the need for increased awareness and support for immigrants experiencing health and workplace challenges.

Filipinos with high Spanish language proficiency may serve as intermediaries between the healthcare system and new and older immigrants, facilitating health information dissemination and providing translation and support services during medical

appointments to improve communication between healthcare provider and patient.

## Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author/s.

## Ethics statement

The studies involving humans were approved by Ethics Committee of the University of La Laguna with code CEIBA 2023–3,281. The studies were conducted in accordance with the local legislation and institutional requirements. The participants provided their written informed consent to participate in this study.

## Author contributions

MP: Writing – original draft, Writing – review & editing. SD-C: Writing – original draft, Writing – review & editing. CM-G: Writing – original draft, Writing – review & editing.

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## Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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