



WORKPLACE AND HEALTHCARE DISCRIMINATION EXPERIENCES AND CHOICE OF MEDICAL SERVICE PROVIDERS AMONG BLACK AFRICAN IMMIGRANTS: A STUDY OF A GHANAIAN AMERICAN SAMPLE

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Abstract

Background and Purpose: Black African immigrants, which includes Ghanaian immigrants, experience discrimination in various forms in the United States. While research on African immigrant experiences of discrimination is very scanty, studies on Ghanaian immigrants' experience of discrimination in employment and healthcare in the United States are at the bare minimum. This study is, therefore, important in contributing to filling the gap in the research by exploring the experiences of discrimination and racism in the workplace and the healthcare system among the Black African Immigrant population using the Ghanaian Americans sample. The study also explored the population's trust in the medical system in the United States and the factors that influence the population's preferences in the choice of medical service providers.

Method: The study adopted a qualitative design with a phenomenological approach. The participants were recruited from the Ghanaian American population, a subgroup of Black African immigrants, in New York City using a purposeful, convenient sampling strategy. Seven individuals were interviewed for the study using a semi-structured interview guide developed by the researcher. The data analysis involved a combination of semantic and latent coding and theming. The analysis was predominantly inductive, with the coding and themes guided by the meaning derived from the responses rather than a pre-conceived theory or framework.

Findings: The findings show that accent is the leading immigrant identifier for Black African immigrants. The findings also indicate that while Ghanaian Americans experience discrimination in the workplace and employment, they experience no discrimination in the medical system and have high confidence in the medical system in the United States. This suggests that discrimination experiences can be an issue specific to Ghanaian Americans, and the population can experience discrimination in one aspect of their life while having a completely different experience in other aspects of their life. The findings further show that the doctor's competence is paramount for Ghanaian Americans when choosing doctors. However, they would prefer a competent doctor of the same culture as them to enhance communication and understanding between them and the healthcare provider about their health issues.

Keywords

Black African Immigrants, Ghanaian Americans, Ghanaian Immigrants, Employment Discrimination, Healthcare Discrimination, and Medical Mistrust

Introduction

Black African immigrants are the fastest-growing Black immigrant population in the United States and increased by 52 percent between 2010 and 2018, reaching about 2 million in 2019 (Anderson, 2017; Escheverria-Estrada & Batalova, 2019). Black African Immigrants is a term used to describe all immigrants who self-identify as Black and are from any country on the African continent, regardless of sub-region (Pew Research, 2022). Ghana is a country in West Africa, and the Ghanaian immigrant community is a subgroup of, and shares commonality with, a larger Black African immigrant population in the United States (Okafor, 2009). There are approximately 235,000 Ghanaian immigrants and their children in the United States by 2015, constituting 11.2% of the African immigrant population (Migration Policy Institute, 2016). New York State is the dominant settlement for most Ghanaian

immigrants. As a metropolitan area, New York City has the largest population of Ghanaian immigrants in the United States (Migration Policy Institute, 2016).

Discrimination is a harmful treatment concerning identifiable groups with characteristics such as race/ethnicity, gender, sexual orientation, age, and immigration status (Pew Research Center, 2016; Brown et al., 2018). The Black African immigrant population experiences discrimination in various forms, but the discrimination experiences of the population are understudied and mostly lumped together with the African American population in studies (Whittington et al., 2021). Black African immigrants, including Ghanaian immigrants, have different experiences from African Americans who are not immigrants (Malika et al., 2022; Okonofua, 2013). Research on Black African immigrants' experiences of discrimination is very scanty, and there is no known research on Ghanaian immigrants' experience of discrimination in employment and healthcare in the same study in the United States. With this lack of research, little is known about the discrimination faced by this population and how such experiences affect their access to healthcare. This study is essential in filling the gap in the research.

The study explored the experiences of discrimination and racism in the workplace and the healthcare system among the Black African Immigrant population using the Ghanaian Americans sample. The study also explored population trust in the medical system in the United States and the factors that influence the population's preferences in the choice of medical service providers. The findings can help increase the knowledge about the racism and discrimination experiences and the healthcare access decisions of the Black African Immigrant population. They can guide healthcare service providers, employers, and social workers on how to better serve the Black African immigrant community in general and the Ghanaian immigrant community in particular. This may result in better health and employment outcomes for the Black African immigrant population in the United States.

Research Questions

- a. Do Black African immigrants experience discrimination in the course of employment?
- b. Do Black African immigrants experience discrimination in the medical system?
- c. How has the experience of discrimination impacted Black African immigrants' trust in the medical system?
- d. Would Black African immigrants prefer doctors and medical workers of the same ethnicity and origin?

Theoretical Framework

The study was guided by the symbolic interactionism theory (Blummer, 1964), which explains the participant's perception and interpretation of their experiences. Symbolic interaction theory focuses on the meaning humans attach to verbal and non-verbal interactions and analyzes the subjective meanings that individuals assign to objects, events, and behaviors (Carter & Fuller, 2015). Such meanings are subjective because people's behavior may be based on what they believe and not on what is objectively true. Symbolic Interactionism is appropriate for the study because it explains that the participants' definitions of their immigrant life experiences originated from their interaction with other people in the workplace and the healthcare system and the meaning they make of such definitions, which also determines how they react to their experiences.

Literature Review

Discrimination based on Race/Blackness

Racial minority groups, especially black populations, have historically faced racism and discrimination in the United States (Bleich et al., 2019; Miller & Garran, 2017), and predominantly African immigrants in the United States experience deep-seated discrimination in every aspect of their lives (Akinsulture-Smith, 2017; Showers, 2015; Thomas, 2014). Black African immigrants and African American US-born populations share a biological characteristic of black skin color, and both groups experience discrimination and other negative experiences of racism in the United States (Showers, 2015; Thomas, 2014). Darker-skinned Black people are more likely than lighter-skinned Black people to report high levels of racial discrimination (Klonoff and Landrine, 2000, as cited by Gonlin, 2020). Other studies posit that darker-skinned Black people have a higher likelihood of being subjected to harassment and punishment from the criminal justice system than their lighter-skinned counterparts (Johnson & King, 2017). Blackness has come to be associated with undesirability and the subjection to discrimination. For Black African immigrants, the experience of discrimination assumes an additional layer due to their duo status as black-skinned and as immigrants (Saasa, 2019).

Workplace discrimination based on accent

Speaking English unaccented is linked to a person's level of competence in the language and makes that person more deserving of social mobility and advancement (Angouri & Miglbauer, 2014). For first-generation Black African immigrants, the accent has exacerbated their experience of discrimination, including in the workplace

(Randles & Woodward, 2018; Rosa & Flores, 2017). Black African immigrants are among the highly educated groups in the United States. However, they face discrimination in employment due to their accent, resulting in the devaluation of their skills and competencies as manifested in underemployment and lower wages (Borch & Corra, 2010; Showers, 2015; Thomas, 2014). Iheduru-Anderson (2020) specifically studied the Black African immigrant nurses' perception of the impact of their accent on their career advancement and found that the nurses believed their White bosses and colleagues consider them to be less intelligent, unable to lead and are sidelined for leadership and management positions because of their accent. Loopholes in the language of employment law, such as Title VII, enhance discrimination in employment decisions. Under Title VII, an employer can legitimately make a hiring decision based on an individual's accent if the accent is considered to interfere significantly with job performance, which can be used to discriminate job offers based on accent and perceived English Language proficiency deficit (Lippi-Green, 2011; U.S. EEOC, 2016).

Discrimination based on Immigration

Immigrants have generally faced discrimination and harassment in the United States. In recent years, discrimination against immigrants has been propelled by anti-immigrant sentiments that are pushed by Christian religious fundamentalism and political conservative ideology (Sherkat & Lehman, 2018). Christian nationalism in the United States is the idea that the United States is a nation favored by God and should be guided socially, culturally, and politically by values and ideas vested solely in the Christian religion. Thus, immigrants are seen as a threat to American values and are not welcomed (Stroope et al., 2021). According to Al-Kire et al. (2022), Christian nationalism views are not Christian teaching but political ideology fused with religion, and those who hold Christian nationalist views are more likely to hold anti-immigrant views and oppose immigrants. Immigrant antagonism also emanates from the struggle for political power, with Conservative right-wing and far-right media outlets such as Fox News and Newsmax consistently claiming immigrant voter fraud was responsible for Republican election losses (Dreier & Martin, 2010; Henderson, 2015; Sherman, 2017). Viewers of conservative and far-right networks are more likely to believe immigrant voter fraud is a big problem in the United States and likely to express hostile rhetoric toward immigrants (Benkler et al., 2018; Bisbee et al., 2022; Marwick, 2018). Black African immigrants are subjected to all the discrimination and hostility other immigrants face in the United States.

Discrimination in healthcare and Medical Mistrust

The medical system in the United States has a history of discriminatory and unethical practices of mistreating Black Americans, as seen from the gruesome experiments of forced sterilizations of enslaved Black women and the Tuskegee syphilis study that withheld treatment from hundreds of Black men (Hostetter & Klein, 2021; Williamson, & Bigman, 2018). The negative experiences of racism culminated in minority populations, especially Black Americans, and mistrust of the medical system (Cuevas & O'Brien, 2017; Williamson & Bigman, 2018). Medical mistrust is a lack of trust and confidence that healthcare providers genuinely care for patients' interests and are honest and committed in their practice with the patient (Hostetter & Klein, 2021; Williamson & Bigman, 2018; Cuevas et al., 2016). Benkert et al. (2019) explained medical mistrust as an "adaptive, self-protective" response to historical exploitation and discrimination, even if it is not directly experienced.

Research on medical mistrust among Black African immigrants is sparse. However, the experience of Black African immigrants may be similar to, but not the same as, those of African Americans (Malika et al., 2022). Research has established that racial and cultural minority groups are more likely to mistrust the medical system in the United States, and the mistrust stems from the personal, vicarious, or information about experiences of discrimination and racism by the minority populations (Allen et al., 2022; Benkert et al., 2019; Williamson, & Bigman, 2018). A study by Vina et al. (2015) compared the perception of discrimination in healthcare among African American patients with White patients and found that 56.0% of African American patients, compared with 32.8% of White patients, had high perceptions of discrimination in healthcare. In another study, the rate of discrimination in healthcare experienced by African Americans was 31%. In comparison, the rate for Whites was 4% (Benjamins & Whitman, 2014) and 73% for Blacks compared to Whites (Bazargan et al., 2021). Other studies also posit that race is associated with medical mistrust, with African Americans expressing a higher rate of mistrust about the medical system than Whites (Scheppers et al., 2006; Arnett et al., 2016), and the level of discrimination experienced by African Americans was proportionate to their reported level of medical mistrust (Cuevas et al., 2016).

Besides the discrimination faced by all Blacks, as enumerated earlier, research shows that Black African immigrants face additional discrimination in healthcare stemming from bias and hostility from providers based on their peculiar dress and accent. In studies on African immigrant health, participants believed their dressing style and accent elicited unfavorable attitudes from healthcare providers, which is expressed in ignoring, dismissiveness, and hostile responses to their concerns and other disrespectful and humiliating attitudes from healthcare providers (Adegboyega & Hatcher, 2016; Adekeye et al., 2014; Boise et al., 2013; Vaughn, & Holloway, 2010). Thus,

perceived non-American accents and language proficiency deficit culminates in discrimination from medical service providers.

With mistrust in the medical system, Blacks, including Black African immigrants, are likely to hesitate to access medical services, and this may result in lower health outcomes for Black Americans (Benjamins & Whitman, 2014; Jacobs et al., 2014; Barnes et al., 2008; Williamson, & Bigman, 2018).

Same race/ethnicity provider preference (Race Concordance)

Concordance is the commonality of specific traits to a patient and clinician, such as race, ethnicity, age, and gender (Jetty et al., 2022). Studies on preferred healthcare provider race among African American adults found that personal experiences of racial discrimination are associated with a preference for same-race healthcare providers (Brooks & Hopkins, 2017; Chen et al., 2005; Malat & Hamilton, 2006; Malat & van Ryn, 2005). Moore et al. (2023), in their study of Black patients' preference for a patient-provider same race, found that 83% of the participants reported that it was essential to have a mental health provider of the same race and ethnicity because they feel comfortable sharing their challenges and concerns with such a provider, as they understand and support them. Feagin and Benefield (2014) also found that African Americans prefer healthcare practitioners of their race and ethnicity. While there has been research on patient-provider concordance among African Americans, research is scarce in this area on Black African immigrant populations in the United States. This research is, therefore, fundamental as it touches on race and ethnic concordance in the preference for medical providers for Black African immigrants in general and the Ghanaian American population in particular.

Method

Study Design

The study adopted a phenomenological approach to explore the Ghanaian immigrant's lived experiences of discrimination and its impact on their trust in the medical system in the United States. A phenomenological approach was used because it allowed the description of the experience from the participant's perspective (Creswell, 2013). Inclusion criteria include the participant being a first-generation Ghanaian American (someone born in Ghana and migrated to the United States), at least 18 years old, and clearly understanding and speaking English.

Participant Selection

The participants were recruited from the Ghanaian American population, a subgroup of Black African immigrants, in New York City using a purposeful, convenient sampling strategy. New York City has a large concentration of Ghanaian immigrants, and there are several Ghanaian Ethnic Associations in New York City. Twenty-five individuals who met the criteria were selected for participation. However, as the interviews proceeded and no new information was elicited, the interview ended with the seventh interviewee, as saturation was reached (Creswell, 2013). Through phone calls, I screened for eligibility for inclusion. A total of 7 individuals were interviewed in the study.

Data collection

A semi-structured interview guide developed by the researcher was used for the data collection. A researcher's own-produced data collection instrument is an appropriate tool in a phenomenological study (Chenail, 2011). The semi-structured interview allowed for an in-depth exploration of participants' experiences (Creswell, 2013) of discrimination in their everyday lives and the medical system. The interviews were conducted one-on-one, face-to-face, over Zoom at the participants' convenience. The average duration for each interview was 40 minutes.

Data Analysis

The audio recorded during the interview was transcribed verbatim into text using the Microsoft Word transcription tool. The researcher then listened to the audio recordings of each interview repeatedly while updating the transcript to ensure there were no discrepancies between the audio and the transcript. The researcher read through each transcript over and over, line by line, to attain an overall feeling for the data and then made a list of relevant responses or statements (i.e., horizontalization of data) in the interview and accorded all statements equal weight of significance (Creswell & Poth, 2018; Moustakas, 1994). This deep familiarization with the data enabled the researcher to derive codes and themes from the patterns in the significant statements from respondents (Braun & Clarke, 2019). The analysis involved a combination of semantic and latent coding and theming (Byrne, 2022), which depended on both the surface meaning of the data as presented by the respondents and the use of the researcher's interpretative lenses as guided by his cultural social, and professional positioning (Braun & Clarke, 2019). The analysis was predominantly inductive, with the coding and themes guided by the meaning derived from the responses rather than a pre-conceived theory or framework. This ensured the preservation of the participants' voices in interpreting the data (Creswell & Poth, 2018; Giorgi, 2009). While no software was used, the manual

coding using Microsoft Word Table was meticulous to ensure the rigor and trustworthiness of the analysis. Coding software is not required for qualitative research, and when qualitative data is not very large and is guided by specific questions, a word processing program such as Microsoft Word is often sufficient (Clarke et al., 2021). Steps taken to ensure rigor and trustworthiness of the analysis include, as stated earlier, reading transcripts several times to get a complete sense of the data and allow immersion in the data. Second, an audit trail was created, which provided details of data analysis and the decisions that led to the generation of the codes and themes. Additionally, member checking was used to verify the accuracy of the data interpretation (Creswell & Poth, 2018), where participants were contacted and provided with a summary of preliminary findings, and their views were obtained on the findings.

IRB Approval

IRB approval for the study was obtained from Austin Peay State University, located in Clarksville, Tennessee, where the researcher is a faculty member.

Findings

The analysis of the responses elicited five themes that fairly represent the experiences laid out by the participants. These themes are

- (1) Accent as an immigrant identifier,
- (2) Experiences of discrimination in employment,
- (3) Positive experiences in the medical system
- (4) Competence is paramount in the choice of doctors
- (5) Doctors of the same culture preferred

Accent as an immigrant identifier

As the study was about immigrants' experiences, it was vital to establish an immigrant identity to establish any correlation with the experiences of immigrants. Black African immigrants may have specific identifiers of their immigrant status in mainstream American society. These identifiers include the color of their skin, language/accent, and clothing. All the participants indicated that their accent was the primary identifier of their immigrant status in the community. They explained that while their color (being Black) may identify their race, which can be confused for an African American, it is when they speak that people in the community identify them as immigrants. Thus, while the color of the skin can be misleading about their identity as Black African immigrants, accent is a more reliable identifier of an African immigrant status. Some of the participant's responses are captured as follows:

"I think my accent identifies me most because the color can be confused with African Americans born here in the United States versus those of us who migrated here. So, when I speak, that brings the distinction between the African American born here and we who migrated here" (Participant #1).

"When people see me for the first time. They may likely think that I am an African or an African American. And then, when they hear my language when they hear me speak, it confirms to them that I am an African immigrant because of my accent. I was not born in the United States but migrated to the United States" (Participant #7).

"I would say my speech identifies me as an African. Because the color of my skin is fair in complexion, at times some people see me as a Spanish or Latino, then they try to speak Spanish to me, and when I speak, then they realize I am an African" (Participant #6).

Participant #4 said this: "It is my language, okay. My language, my accent. Yeah, I do not speak like a typical American. Though I am making an effort".

Experiences of discrimination in the workplace

The findings show that most respondents (85%) experience discrimination in their workplace relating to promotions and their relationship with clients in the community. Accent is seen to serve as a significant reason for these discriminations. Many participants observed that due to their accents, they experienced discrimination in employment promotions and their work relationships with clients during their employment. One participant intimated that his employers denied him a higher position he applied for due to his accent. He stated:

“Well. I applied for a higher position, and it was claimed that my accent would not allow people to understand clearly when I was speaking. They claimed that because I have an accent, people find it difficult to understand me when I speak, whereas somebody who has an American accent is clearly understood, so they were given the opportunity to take that position. I was denied the position not because they were smarter than me, but because I have an African accent” (Participant #7).

Another participant expressed a similar sentiment. “I was working at a parking lot, and when there was a time to be promoted, the White guy was promoted over me, although I believe I am more qualified than the White guy” (Participant #5).

Another participant expressed some harassment from a client based on his accent when the client concluded he was an illegal immigrant who should be deported. The participant stated:

“I met a client who, for whatever reason, threatened to call for my deportation without knowing my background. I think by my accent, you know, he concluded that I am an illegal immigrant, and he will call Immigration and Customs Enforcement (ICE) for my deportation. The only thing visible that he can use to conclude that I am not an American is that I am not speaking like an American” (Participant #4).

The discrimination sometimes appears subtle in the form of micro-aggression from clients and colleagues. One participant stated: “Some clients express surprise that I speak English well and would ask me where I learned English.” Such statements indicate the expectation and attitudes of some Americans that African immigrants cannot speak “good” English. The microaggressions also come in the form of devaluing the academic credentials of African immigrants. One participant summed it up this way:

“You know, I have seen that people treat me like they are better than me, or they know better than me, or are wiser than me. Especially my job, my workplace. I ran into several people, Whites and African Americans, who just thought that they were better than me or that they knew better because I am from Africa. I had a colleague at work who knew I had an MBA, who asked me if my MBA was in basket weaving, insinuating that I can only excel in basketweaving” (Participant #1).

It is essential to note an exception: while most participants experienced some form of discrimination, one reported that he had not experienced any form of discrimination.

“In most of my issues and stay in the United States, I have not encountered any discrimination. Everywhere I go, I do not experience anything discriminatory. Yeah, at my workplace, I do not see anything like that. I have been there for years and was nominated as the Union delegate, and none of the management or the managers have stood against it”. (Participant #3)

Positive experiences in the medical system

It needed to be stated that participants reported having limited choice in the selection of their doctors and medical service providers since they are restricted, by financial considerations, to choosing from service providers that are in-network with their health insurance companies. None of the participants reported having an African immigrant doctor. When asked about their experiences with the medical system, especially their doctors, and if they experienced discrimination in the medical system, the responses indicate that participants’ experiences with the medical system have been very positive, and they trust the medical system. All the participants reported receiving perfect treatment from their doctors and hospitals. Below are examples of how participant laid out their experiences with the health system:

“They do not discriminate so far as health is concerned. You fall ill and then go to your doctor, where you will be treated well. In their profession, they have taken an oath that they would treat without any racial, ethnic, or religious discrimination. So, with that at the back of their mind, I believe in doctors who will treat me well” (Participant #2).

“I have not been discriminated against. I believe I have been treated fairly when it comes to my medical issues. Generally, I feel welcomed wherever I go to my doctor's appointment. I think they do whatever they can for me without hesitation or unnecessary questions. I think I am always welcomed by the physician who attends to me. I do not feel bad at all” (Participant #4).

“As far as receiving medical care is concerned, I do not think I have been discriminated against. I have received their best treatment as far as my primary care is concerned. Yes, yes. He gives me better care. He is more patient. He understands my situation. He tries to give me the best available” (Participant #7).

“I have not experienced any form of discrimination. I remember I was referred to a cardiologist due to my heart issue. He was concerned about my heart, and each time I went, he did the necessary tests and even asked other doctors to come in and give their opinions. He took it upon himself and went beyond himself to make me get better” (Participant #6).

Competence is paramount in the choice of doctors.

Participants were asked about the critical factors they would consider in choosing a doctor. All the participants reported that the competence of the medical provider is the primary and paramount consideration in the choice of doctors. This sentiment was captured in the participant's responses, some of which are presented below:

“I will choose any doctor based on the doctor's competence. He could be African American, a Ghanaian, a Nigerian, or any race. Competence is what matters to me”. (Participant #2). “I would not prefer a doctor based on race. I will choose based on competence” (Participant #1). “I will not discriminate in the choice of doctors. I will choose a doctor who will treat me well, or who has a full knowledge of my sickness” (Participant #3). “The basis of my choice will be the experience and competence of the doctor” (Participant #4). “I just need a competent doctor. I do not have a problem whether the doctor is White, Black, or Spanish” (Participant #5).

Doctors of the same culture preferred

As stated earlier, participants reported limitations in selecting their doctors and medical service providers. They had to choose from service providers that are in-network with their health insurance companies. None of the participants reported having an African immigrant doctor. The findings show that while participants consider competence as the most critical driver of their choice of doctors when presented with equally competent African immigrant doctors and White doctors, they would prefer African immigrant doctors because of their shared culture. Participants emphasized that the shared culture would facilitate better communication between them and the doctors and promote understanding of their medical issues. When asked what their preferred choice is between an equally competent African immigrant doctor and a Caucasian doctor, below are some responses.

Some participants said, “I will choose an African doctor who may understand me better than the Caucasian doctor” (Participant #5). “I will choose a Black African immigrant doctor because I am also from Africa and an immigrant. He is from there, and he knows our culture; I will be more comfortable than with a White doctor” (Participant #2).

Others are more elaborate:

“My preferred choice is not really like racism or anything, but I will pick a Ghanaian doctor. That way, maybe I can speak my dialect with him. I can explain my reasons and everything that I came in there for him to understand it better than a white doctor” (Participant #3).

“If I have a competent White doctor and a competent African doctor, frankly speaking, I will prefer someone who can understand me better. For that matter, I will choose an African doctor, where there will be no impediment in communication, and I feel we understand each other” (Participant #4).

“When there are two competent doctors, a Ghanaian doctor and a competent Caucasian doctor, I prefer to be treated by a competent Ghanaian doctor rather than a Caucasian doctor. Not because of racism, but I would prefer it to a considerable extent just because of identical cultural practices. I share the same cultural practices with a Ghanaian doctor who will understand me better” (Participant #7).

Discussion

The study adopted a phenomenological approach to explore Black African immigrant's experiences of discrimination in the workplace and the healthcare system and how the experiences impact their trust in the healthcare system in the United States. Though the sample size was small (N=7), it was sufficient to elicit the necessary information, as saturation was reached as no new information was being received from the interviews (Creswell & Poth, 2018). Participants identified accents as a significant marker of their identity as Black African

immigrants. Accent as an immigrant identifier was also confirmed in a previous study in which African immigrants asserted that accent is the quickest indicator of their status as foreigners (Nkimbeng et al., 2021)—emphasizing accent as the Black African immigrant identity is significant, as it provides an essential medium of distinguishing the Black African immigrants from other Black populations in the United States. Accent, therefore, becomes a crucial, readily noticeable distinguishing element among Black populations and a strong identifier of the immigrant status of Black Africans in the United States.

While accent serves as a distinguishing identity marker for Black African immigrants, it has also become the basis for discrimination against the Black African immigrant population, as indicated by the participants of the study (Zemba & Mehrotra, 2023). A common theme that cut across the participant's responses was that the experience of discrimination was mainly in the course of their employment, and they were denied promotion or harassed in the course of employment due to their accent. This phenomenon of employment discrimination against Black African immigrants based on accent appears to be widespread, as data from other studies found a similar trend. Research has shown that non-white people who are perceived to have non-American accents and considered to have an English language proficiency deficit do have negative experiences with institutions, including the workplace in the United States (Iheduru-Anderson, 2020; Lippi-Green, 2012; Rosa, 2019). In a study by Iheduru-Anderson (2020), Black African immigrant nurses reported that based on their accents, bosses curtailed their career advancement by considering them to be less intelligent, unable to lead, and sidelined for leadership and management positions.

The workplace discrimination reported by the participants of the study also emphasizes the devaluation of the credentials of Black African immigrants by employers and coworkers. An example of a participant being asked by a coworker if his MBA degree was in basketweaving seeks to downplay the academic achievements of the African immigrant by suggesting they could only excel in trades such as basketweaving. Another participant was asked where he learned to speak good English, insinuating a lower expectation of Black African immigrants in English language proficiency, a form of microaggression faced by Black African immigrants. Other studies also found that United States employers devalue the foreign-acquired credentials of immigrants and pay them immigrants less (Arbeit & Warren, 2013; Lancee & Bol, 2017).

The discrimination reported by the participants of the study and other Black African immigrants can also be racially based, as accent is easily linked to race. The non-American accent is associated with race and can be grounds for racial discrimination (Rosa, 2019). Race is a major and significant determinant of both institutional and individual discriminatory actions in the United States, and Black African immigrants and US-born African Americans all face similar discrimination based on the color of their skin (Akinsulure-Smith, 2017; Showers, 2015).

Any form of discrimination experienced by Black African immigrants can also be linked to anti-immigrant sentiments in the United States. Research shows that while the United States is considered a nation of immigrants, discrimination and hostility towards immigrants are pervasive, with groups whose immigrant forebears (early European immigrants) faced discrimination becoming perpetrators of discrimination and hostility towards newer arriving groups (Bozorgmehr et al., 2013). Black African immigrants are among the newer arrivals in the immigration trajectory in the United States (Pew Research, 2022). The discrimination faced by the respondents in the workplace can be seen in the context of larger anti-immigrant sentiments in the United States, characterized by discrimination and hostility towards immigrants. These anti-immigrant sentiments are driven by a variety of factors, including ethnic, religious, and economic, as native-born Americans view immigrants as a threat to their ethnic and religious identities and their job security (Albertson & Gadarian, 2015; Bozorgmehr et al., 2013; Newman et al., 2012).

Discrimination and hostility towards immigrants are also driven by the perceived decrease in political power of Americans born in the United States as the immigrant voting block increases in the United States. Immigrants are considered a significant voting block for the Democratic party in the United States, and Republican politicians and activists have made accusations of immigrants engaging in massive voter fraud, thereby increasing public resentment and hostility towards immigrants (Abrajano & Hajnal, 2015; Albertson & Gadarian, 2015; Fogarty et al., 2015; House & Dennis, 2017). Additionally, some republican politicians have mainly attributed criminal activities such as drug peddling, robberies, rape, and murders to immigrants, though data does not support such claims (Brown, 2016). Thus, besides accent and race, Black African immigrants are caught up in the anti-immigrant sentiments that result in various forms of discrimination against them.

The discussion thus far indicates participants' experiences of discrimination in the workplace and their line of employment. However, there is a significant shift in participants' reported experiences with the medical system. A significant finding of this study centers on participants' experiences with the medical system in the United States. The findings show that all the participants reported very positive experiences with the medical system and that their trust in it is high. This finding of positive experience with the medical system runs contrary to the findings of negative experiences with the healthcare system by immigrants and minorities reported in other studies. In some studies, West African immigrants and families reported that emergency room and doctors' office front desk staff have been rude and arrogant towards them due to their accent and cultural way of dressing, and some doctors'

response to their accent was to show disinterest in listening attentively to attentively them (Adekeye et al., 2014; Vaughn & Holloway, 2010). Other studies also found that African immigrants and Blacks mistrust the healthcare system in the United States because of the discrimination they experience in their personal and public lives, coupled with the negative healthcare provider attitudes (Sellers et al., 2006; Benjamins & Middleton, 2019; Hausmann et al., 2011). This study's findings of positive experiences for the participants with the medical system, on the one hand, and their reported negative experience in their workplace, on the other hand, maybe perplexing but suggest that discrimination experiences can be an issue specific for the Ghanaian immigrants and the population can experience discrimination in one aspect of their life while having a completely different experience in other aspects of their life.

All the participants reported that their doctors were not Black African immigrants, and their doctors were selected for them by the insurance companies, or they made their own choice from the available doctors who are in-network with the insurance companies. While the participants emphasized that the doctor's competence was the paramount consideration in selecting their doctors, they indicated that given the opportunity, they would prefer a competent Black immigrant doctor to facilitate better communication and understanding. The desire for a Black African immigrant doctor is in line with several studies on the impact of a medical provider's race (race concordance) on a patient's satisfaction with service, which found that medical provider-patients same race, ethnicity, and culture have a positive association with patients' overall health care satisfaction, improved healthcare service use and health outcomes, among Blacks and minority groups (Chu, et al., 2021; Jetty et al., 2022; Ku & Vichare, 2023; Ma et al., 2019). For the Black African immigrant, the ability to communicate with the healthcare provider in the language of their country of origin is very essential as they may have limitations in English language vocabulary for describing accurately their medical issues.

Implications for Social Work

The findings of the study have implications for social work practice and policy. To start with, the findings of workplace discrimination experiences of Black African immigrants is a wakeup call for social work practitioners to increase their practice awareness of the peculiar experiences of Black African immigrants and not just lump the population together with the experiences of African Americans, who may not have accent bias and immigrant bias discriminatory experiences. The findings show that participants believed accent was the primary reason they experienced discrimination in the workplace. It is, therefore, important for social workers to be mindful of the anti-immigrant sentiments underlying the discriminatory actions the population encounters and work to mitigate the adverse experiences of the population. Additionally, social workers need to be mindful of their own and others' microaggression attitudes towards Black African immigrants and work to eliminate or reduce such microaggressions. There is a need for social work clinicians, case managers, and policy implementers to assess for discriminatory practices Black African immigrants and other minority populations encounter at the individual and systemic levels and advocate for policies and practice interventions to promote the rights and well-being of these vulnerable populations.

Participants reported they would prefer medical providers from their ethnicity and culture but were limited by choices due to insurance conditionalities. Medical social workers should recognize that though Black African immigrants may be receiving medical services, the services may not be optimum when such services are received from providers of different ethnicities and cultures. As stated earlier, patient-doctor race and ethnicity concordance results in satisfactory health outcomes. (Chu et al., 2021; Jetty et al., 2022; Ku & Vichare). When health service providers have been assigned by insurance companies (in-network), and financial penalties are incurred by seeking service from out-of-network providers, it denies Black African immigrants the opportunity to choose competent and culturally responsive medical service providers to meet their needs. Social workers should communicate with their Black African immigrant clients about their satisfaction with their service providers and assist clients in finding culturally competent service providers to meet their needs.

Limitation

While the study has its strengths in following rigor in methodology, it undoubtedly has limitations, and the findings should be contextualized with the limitations in mind. A significant limitation is that participants for the study originated from Ghana, where the English language is the official medium of communication, and their English proficiency may impact their experiences differently compared to Black African immigrants who originate from countries where English is not the medium of communication. Therefore, while the findings of this study reflect the experiences of Ghanaian immigrants, it may not be a true reflection of the experiences of all Black African immigrants in the United States, especially those originating from French-speaking African countries. Thus, the findings cannot be safely generalized to other Black African immigrant groups without replicating the study in those groups. Despite the limitation, this study expands our understanding of the experiences of Ghanaian Americans in particular and Black African immigrants in general.

Further Research

The study's findings show that participants' experience of discrimination is not across all institutions but is different in the workplace and the medical setting. While the participants reported experiences of discrimination in their workplace, they simultaneously reported they experienced no discrimination in the healthcare system and had complete satisfaction with their doctors. However, such providers were not of the same ethnicity and culture as the participants. Further research is needed to understand better the reasons for the differences in the discrimination experiences of the population in the labor market and the medical system to deepen understanding of the population's experiences. Additionally, while there are similarities among Black African immigrants who originate from different African countries, there are significant differences between them, especially regarding language and English proficiency. Therefore, a future comparative study of the healthcare and labor market experiences of Black African immigrants from the different Sub-Saharan African regions living in the United States is recommended to analyze their discrimination experiences.

Conclusion

This study used the Ghanaian American population as a subgroup of the Black African immigrant population in the United States. It is imperative to clarify that while Black African immigrants in the United States come from Sub-Saharan Africa and share a common identity in terms of skin color (Black) and cultural practices, there exist official language differences for the countries in the sub-region. French and English are the predominant official languages used in sub-Saharan African countries. Black African immigrants from French-speaking countries may have communication challenges in the United States compared to immigrants from English-speaking countries. English is the official language in Ghana, and the experiences of the Ghanaian American sample may not entirely represent the experiences of the entire Black African immigrant population in the United States.

The findings of the study show that Ghanaian American immigrants in the United States experience discrimination in the course of their employment in areas of promotion, degrading attitudes from colleagues, and hostility and microaggression from clients and customers. Surprisingly, the same participants reported they had not experienced discrimination in the medical system but had very positive experiences. The participants have trust in the medical system to serve them well. This suggests that discrimination experiences can be an issue specific to Ghanaian Americans, and the population can experience discrimination in one aspect of their life while having a completely different experience in other aspects of their life.

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