

Interhealth

**Intercultural Competences
of healthcare professionals**



RESULTS OF INTELLECTUAL OUTPUT 1

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Introduction

The recent massive migration wave marks major changes in the society which affect the composition of the population, the labor market, the social perceptions and the cultural mosaic as well as the needs of patients and their relatives with regard to health care services. Those changes created a great need for provision of health care to people with many differences such as differences in culture, values, beliefs and customs.

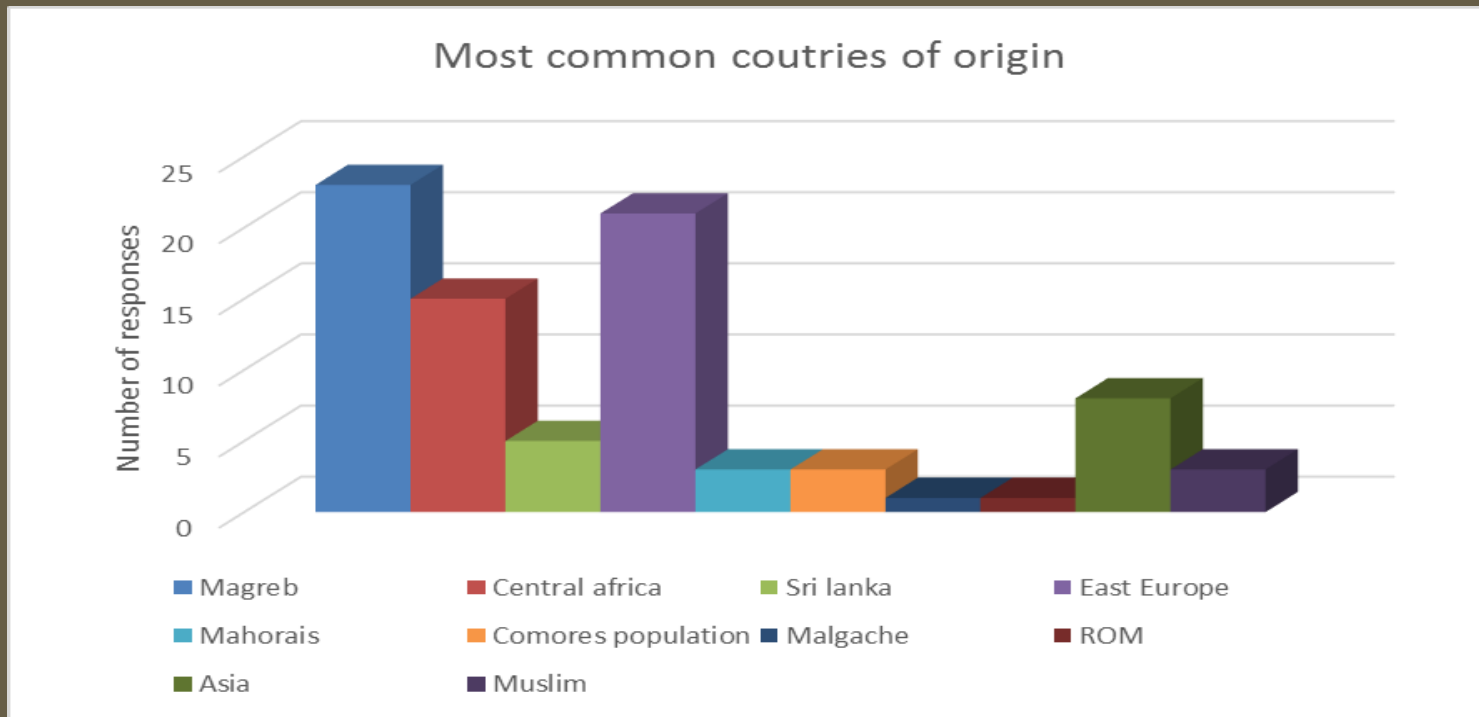
In addition, Greece and Spain have to deal with the economic crisis that is currently taking place and the big wave of immigrants contributes to the already existing problem.

Successive arrivals of migrants have a direct impact on health services. All partner countries even those with a highly developed health system, report a structural lack of frame conditions to offer professional transcultural healthcare and treatment.

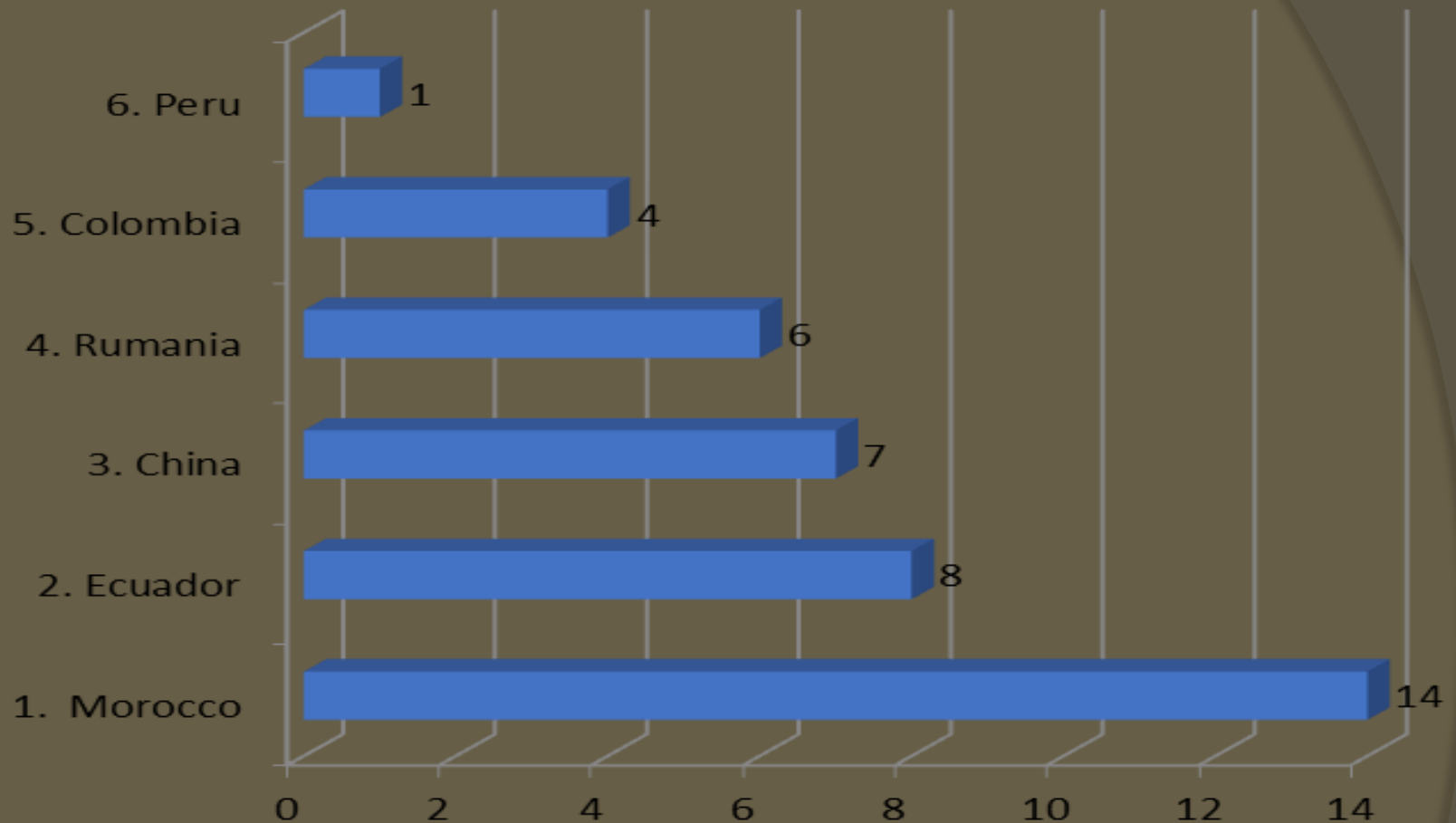
In the **Final State of the Art report** process the information gathered by means of the different **research activities** developed by project's consortium:

- **National desk research:** Carried out in Greece, Austria, Spain and France
- **Survey:** 30 questionnaires in each country, addressed to a sample of healthcare providers who treat or have treated ethnic minorities during the last two years.
- **Interviews:** 10 Semi-structured interviews in each partner country, addressed to healthcare professionals and patients from a culturally different background than the prevailing one in each partner country.

Most common countries of origin of immigrants and refugees between partner countries

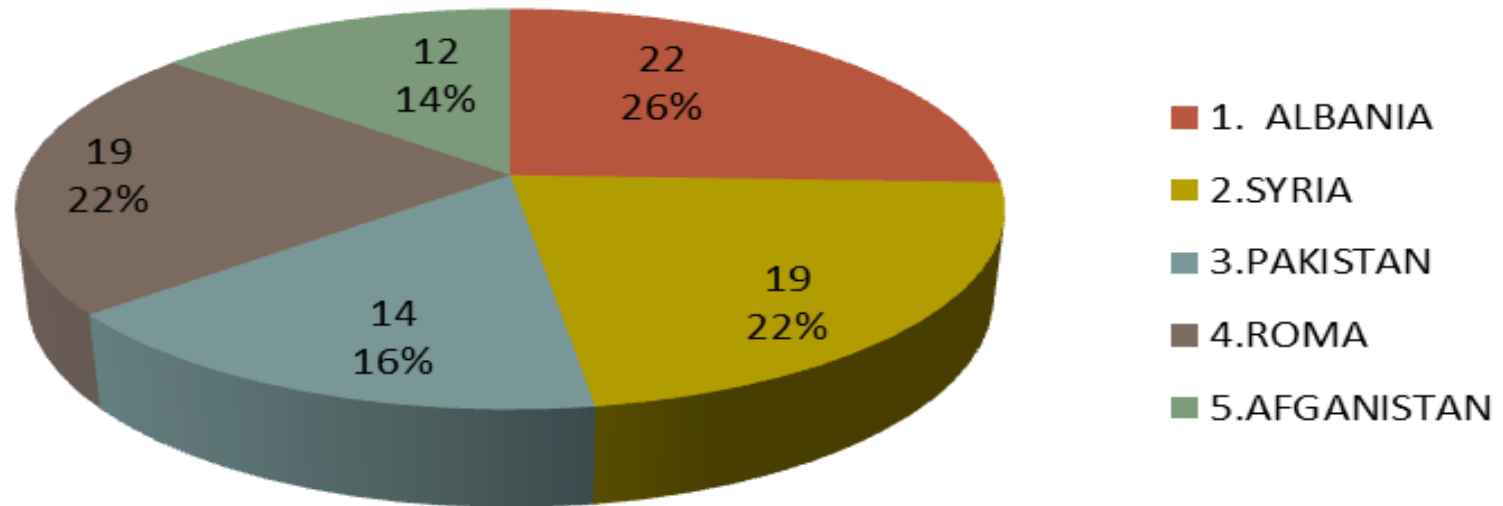


In **France**, the most common groups that health professionals deal with are coming from central Africa, Maghreb, East Europe and Asia.



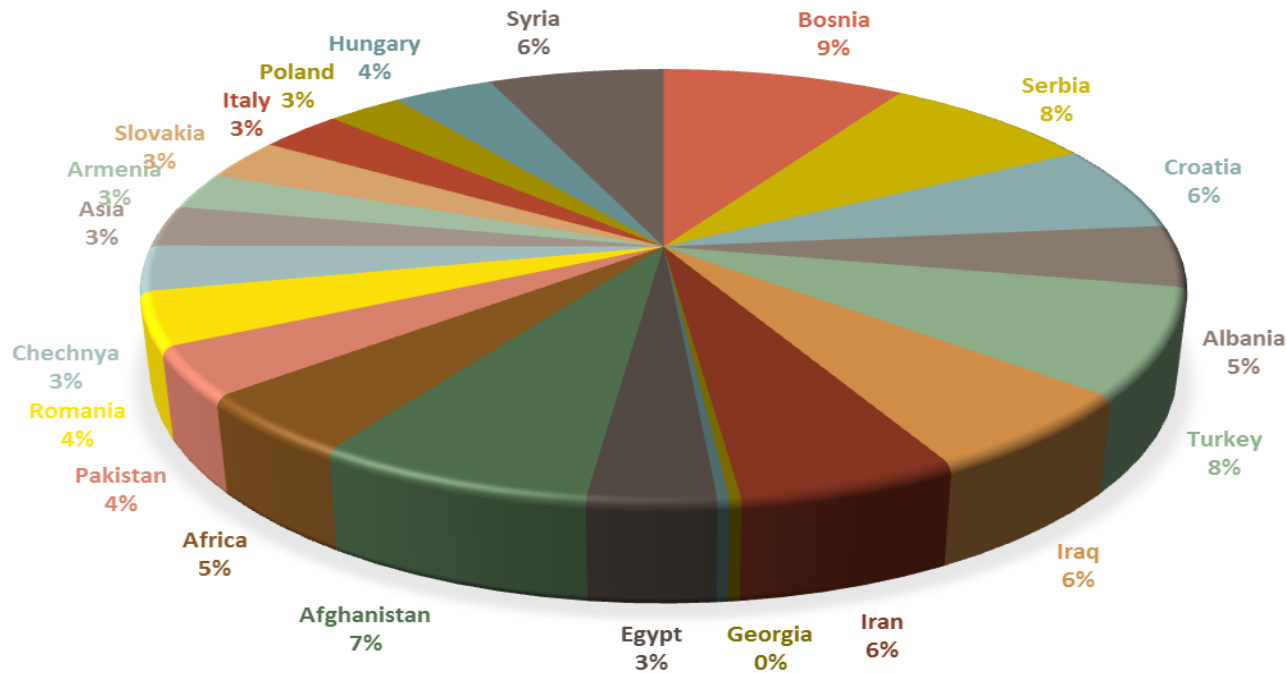
In **Spain**, the most common countries of origin of patients with a culturally diverse background are:
Morocco, Ecuador and China.

Common culturally diverse groups



In Greece, according to the survey, the most common groups they deal with are coming from **Albania** (26%), **Syria** (22%), **Pakistan** (16%), the race of **Roma** (22%) and **Afganistan** (14%) .

1.10 WHICH IS/ARE THE MOST COMMON CULTURALLY DIVERSE GROUPS OF PEOPLE (OR COUNTRIES OF ORIGIN IN CASE THEY ARE DIFFERENT) THAT YOU CARE FOR?



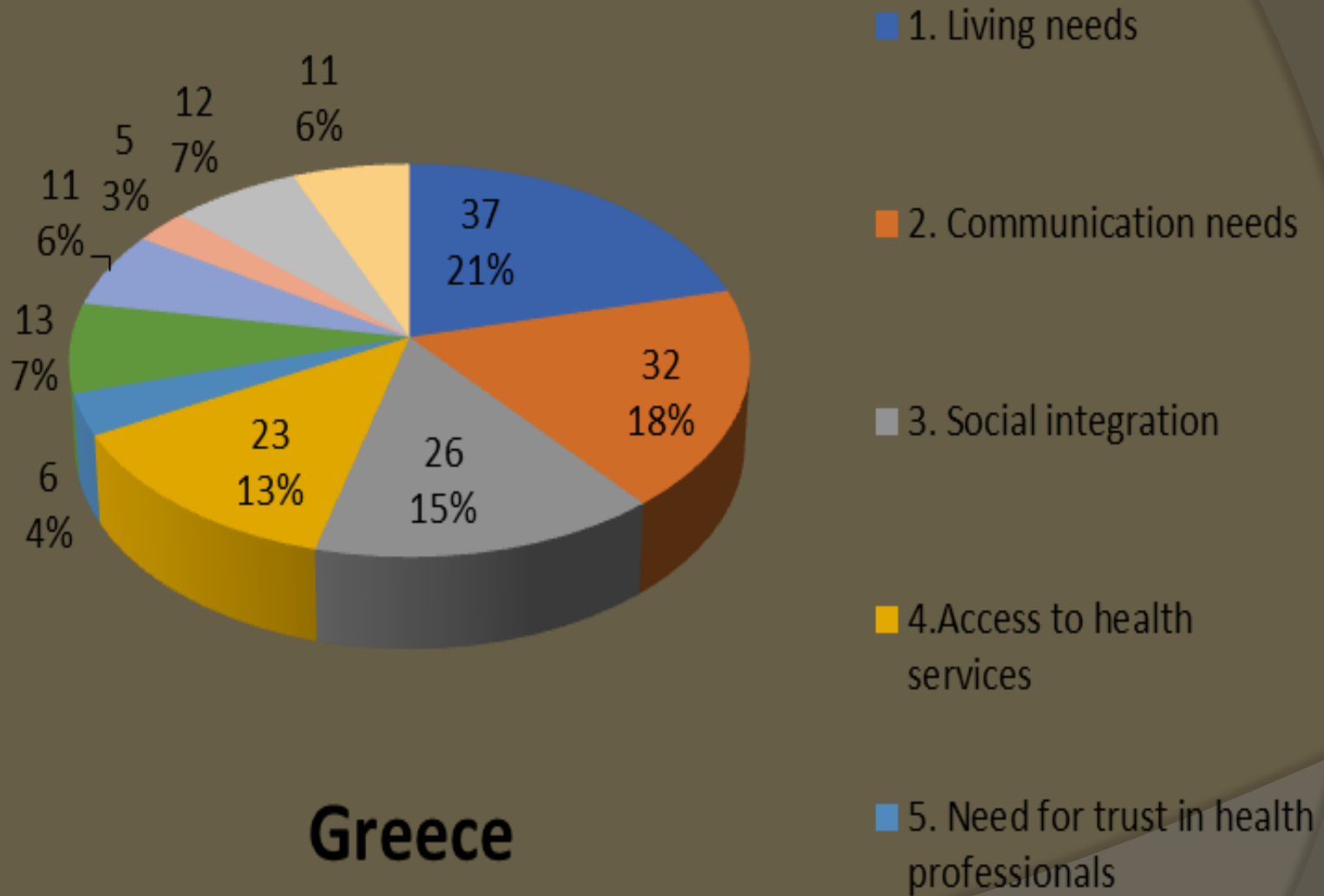
In **Austria**, the highest number: Bosnia, tight followed by Serbia, Turkey, then Afghanistan, Syria, Croatia, and a wide spread variety Iran, Iraq, „Africa“, Hungary, Egypt until Georgia and Tibet.

Conclusion: There is a high degree of diversity in ethnicity groups between the partner countries

Needs of immigrants, refugees and culturally diverse groups

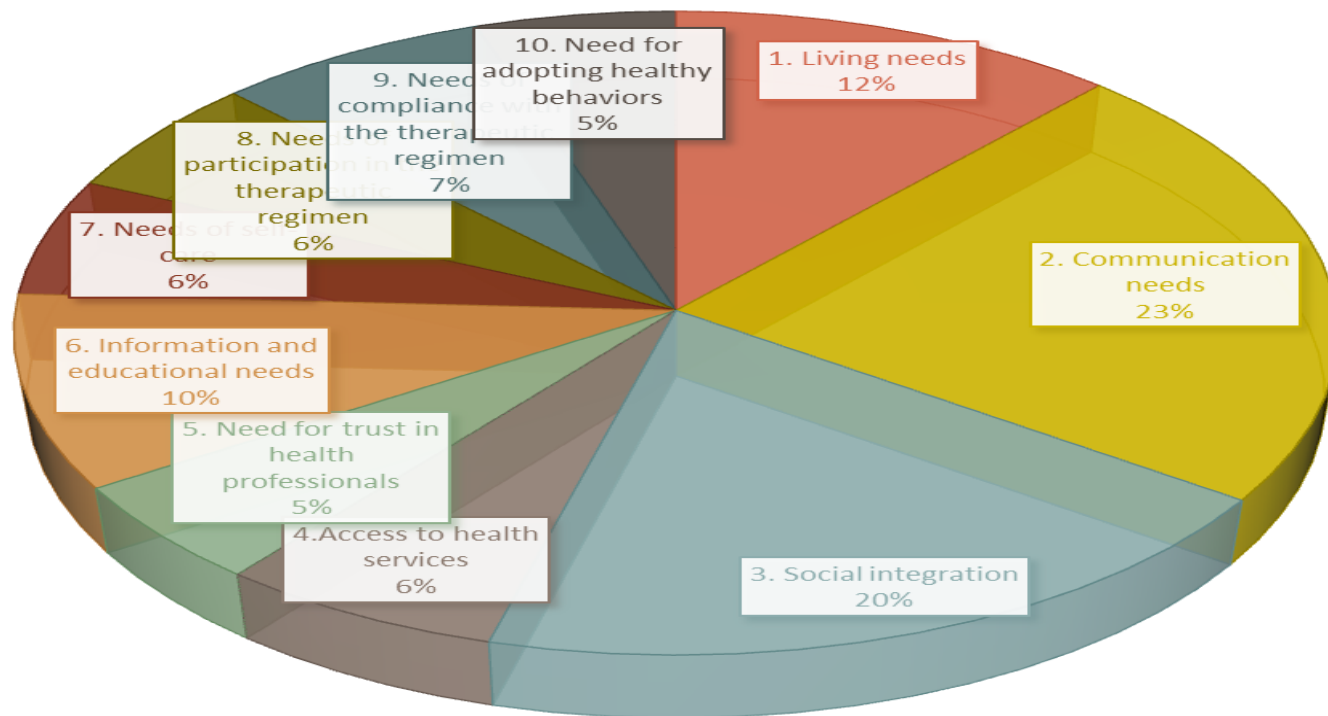
With regard to the needs of immigrants refugees and culturally diverse groups of people in general, the research of Interhealth project showed that **the most important needs** are:

- 🌐 living needs
- 🌐 communication needs,
- 🌐 access to health services and
- 🌐 social integration.



Austria

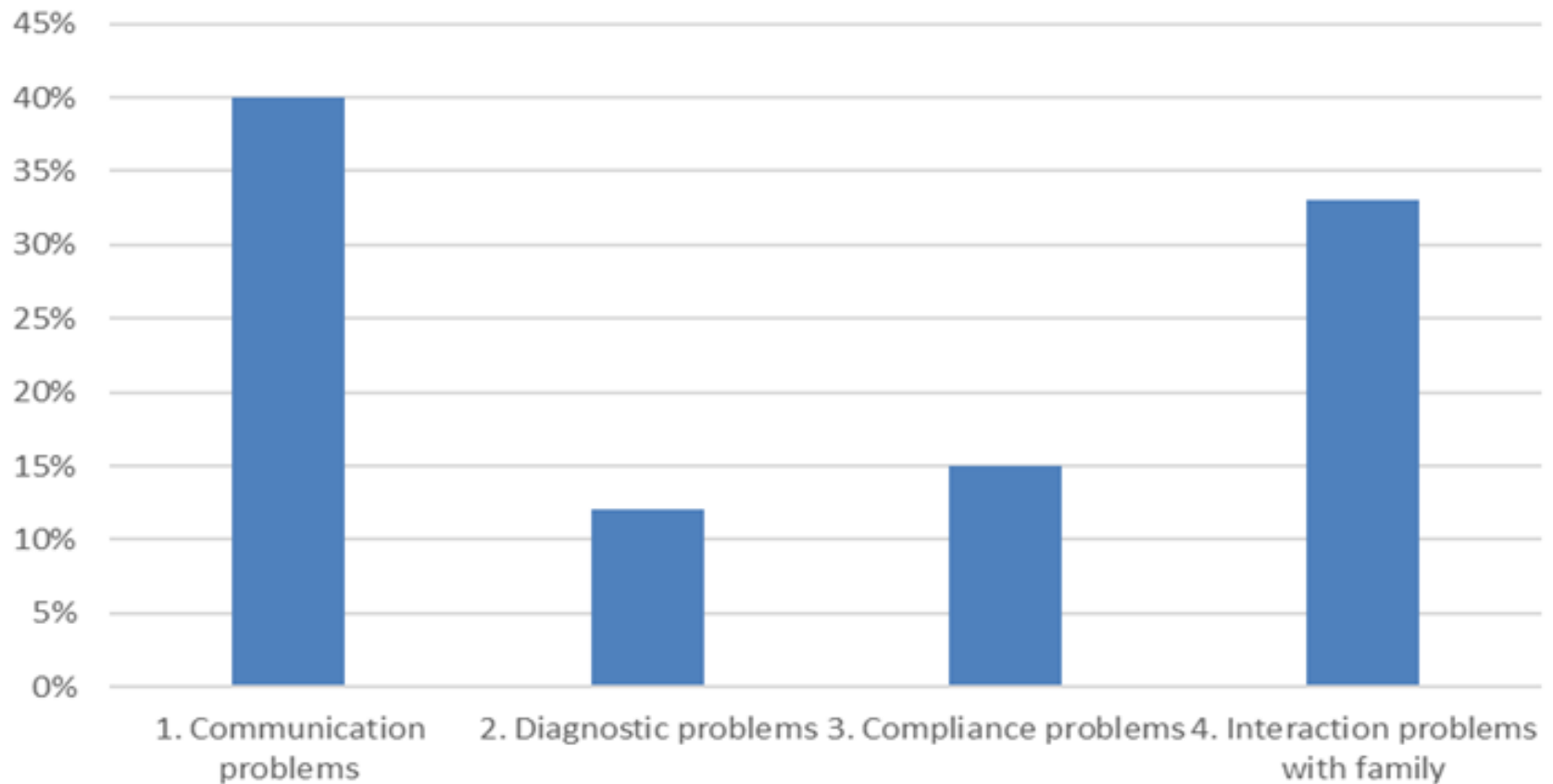
3.1. IN YOUR OPINION WHAT ARE THE MAJOR NEEDS OR DIFFICULTIES THAT CULTURALLY DIVERSE GROUPS DEAL WITH (PLEASE CHOOSE THE THREE MORE IMPORTANT ONES).



Needs of immigrants, refugees and culturally diverse groups

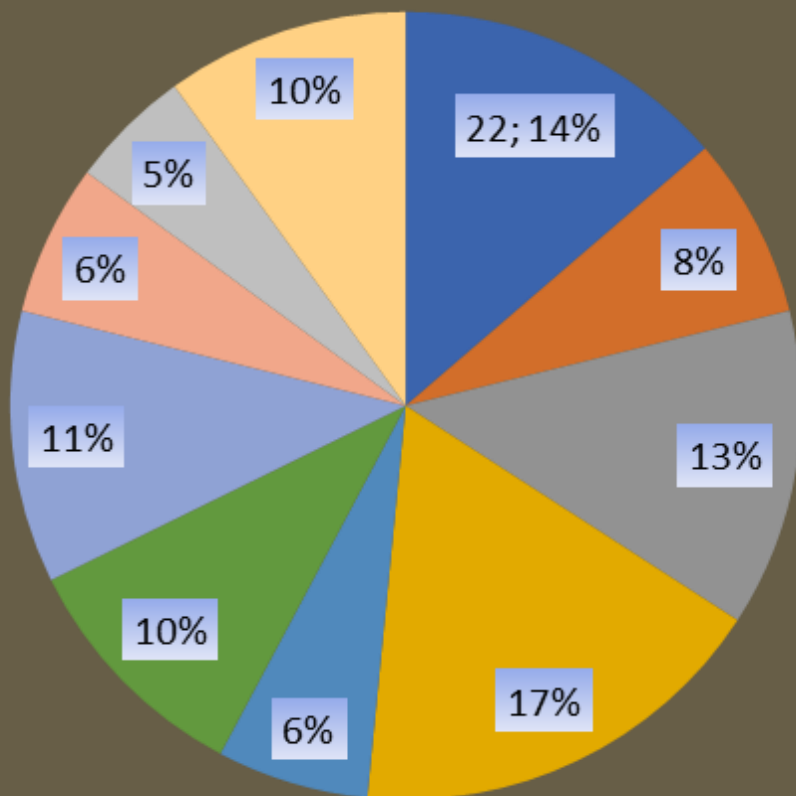
- Other health care needs or difficulties that culturally diverse group experience are:
 - need for trust in health professionals,
 - information and educational needs,
 - needs of self care,
 - needs of participation in the therapeutic regimen,
 - needs of compliance to the therapeutic regimen and
 - needs for adopting healthy behaviours.

Difficulties in daily routine :



France

Spain



- 1. Living needs
- 2. Communication needs
- 3. Social integration
- 4. Access to health services
- 5. Need for trust in health professionals
- 6. Information and educational needs
- 7. Needs of self-care
- 8. Needs of participation in the therapeutic regimen

Difficulties of immigrants, refugees and culturally diverse groups

- ◎ Both quantitative and qualitative research findings indicate that when migrants access *health care* services they confront not only with many administrative issues but also with staff members' behaviour involving sometimes contempt stereotypes and in extreme cases racism.

Many migrants often feel discriminated because their country of origin is different on several aspects such as bureaucracy, social insurance, or different relationships between men and women.

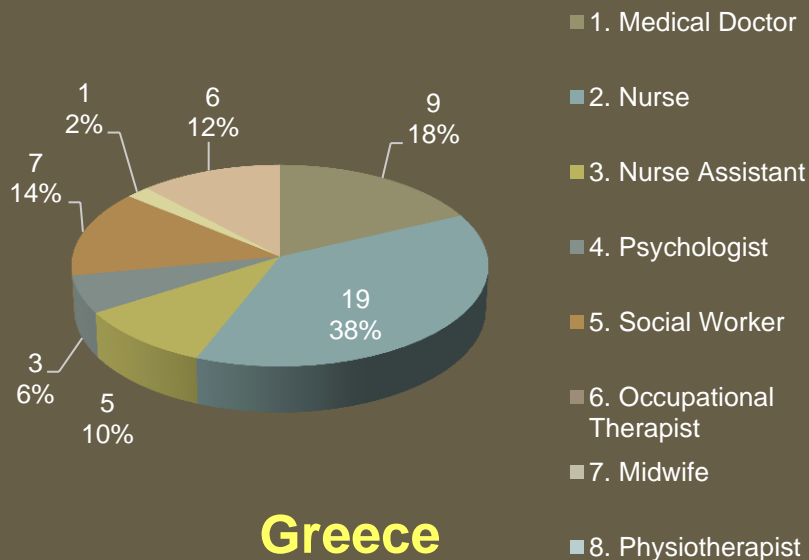
Moreover, misunderstanding issues that frequently emerge on the surface are mainly attributed to health professionals' unawareness of different cultures.

Intercultural educational activities for health care professionals

- 🌍 With regard to the Intercultural educational activities in the partner countries, the research results revealed that 56% of Greek participants, 52% of Austrian participants and 79% of French health professionals **had never participated in any intercultural development program!**

Health care professionals profile in the quantitative research

Speciality of respondents



Out of the 50 Greek participants, 18% of the respondents were medical doctors, 38% were nurses, 10% were nurse assistants, 6% were psychologists, 14% were social workers, 2% was a dentist, and 12% were health visitors.

France

Out of the 33 French respondents,

9 were medical doctors,

17 were nurses,

1 was nurse assistant,

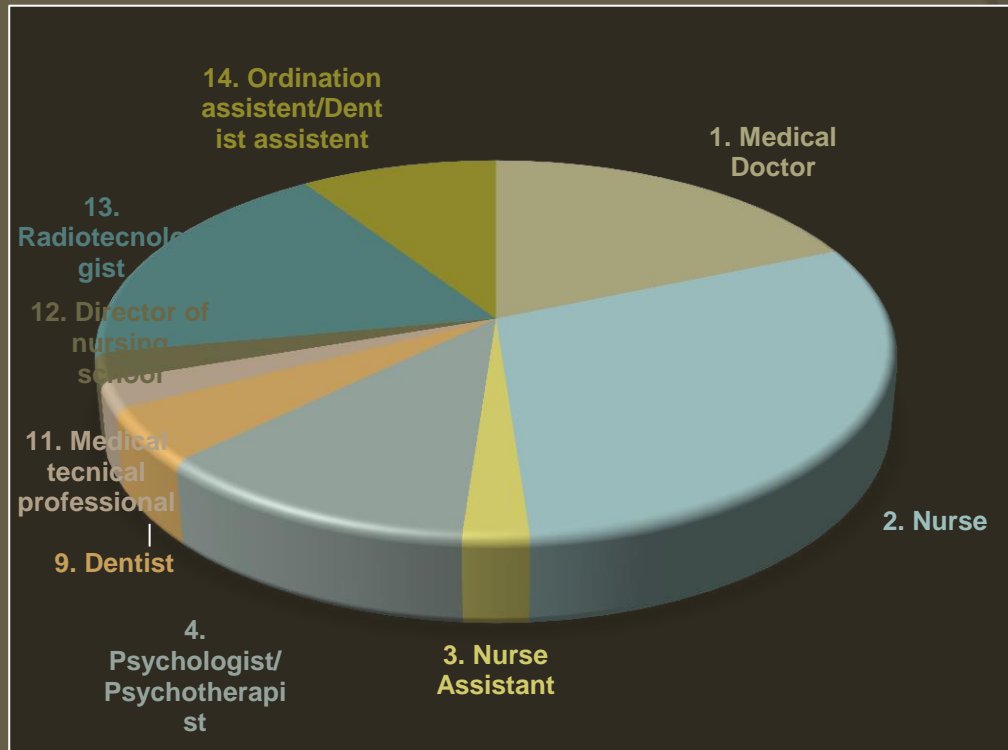
4 were psychologists and

2 were social workers.

Health care professionals profile in the quantitative research

The sample differs between very high educated professionals. Out of the 44 Austrian respondents

8 were doctors,
13 were nurses,
5 were psychotherapists,
2 were dentists,
1 was director of a nursing school and
8 were radiologist and
7 were assistant or auxiliary employees.



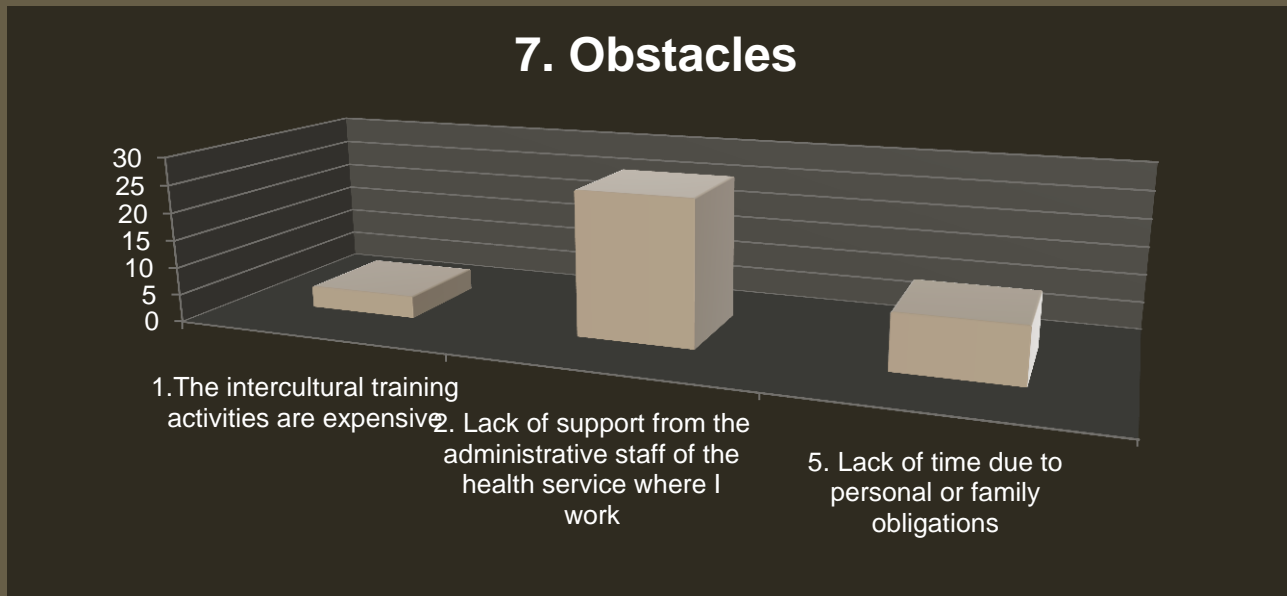
Austria

Intercultural educational activities for health care professionals

- Concerning the participation in intercultural education activities, in all countries the respondents declared that **they would like to participate in more activities** of such kind (90% Spain, 72% French, 56% Austria and 86% Greece).

Their motivation to participate in intercultural education activities derives from their daily needs -especially in public sector and public hospitals-related to basic care services (i.e. blood transfusion, childbirth, pregnancy, childcare, medicines, strong treatments, language issues, etc).

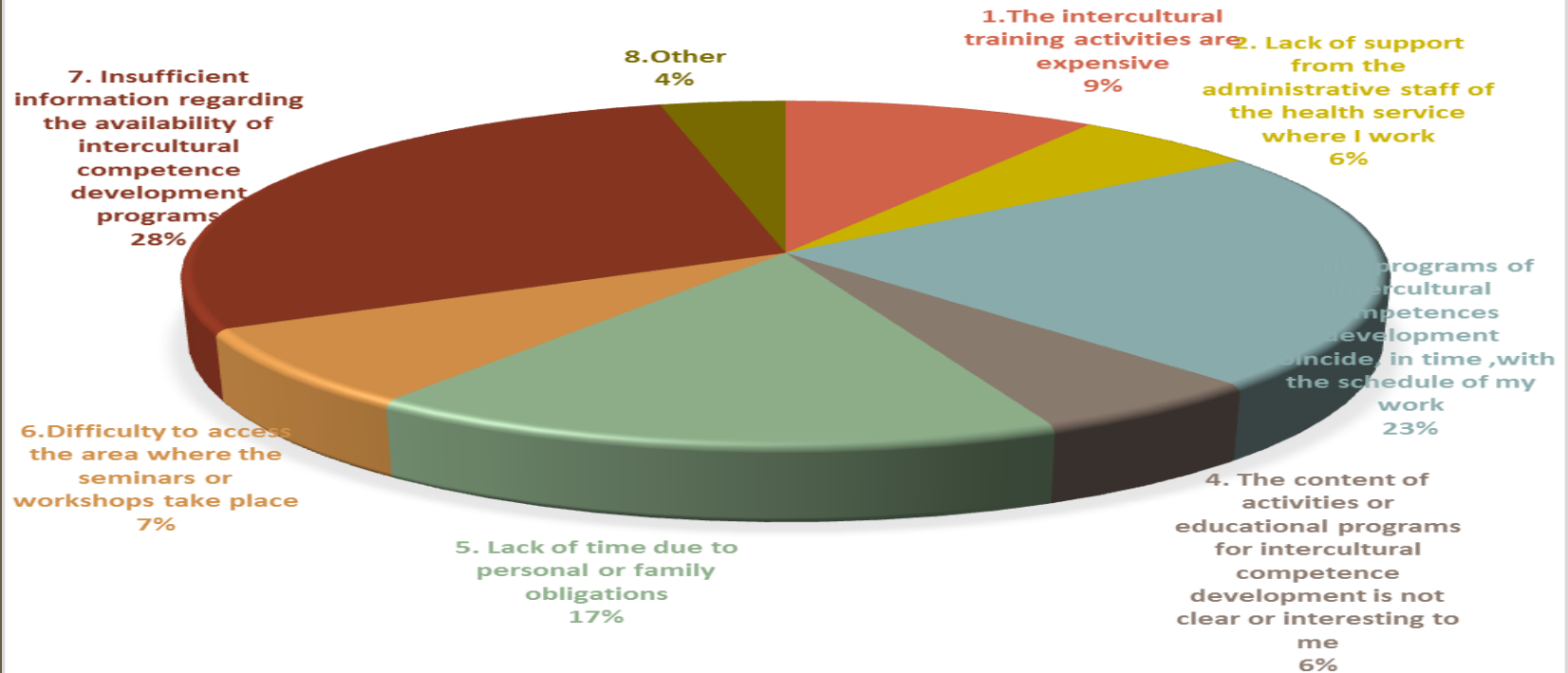
Obstacles for participation in intercultural competences activities



Spain

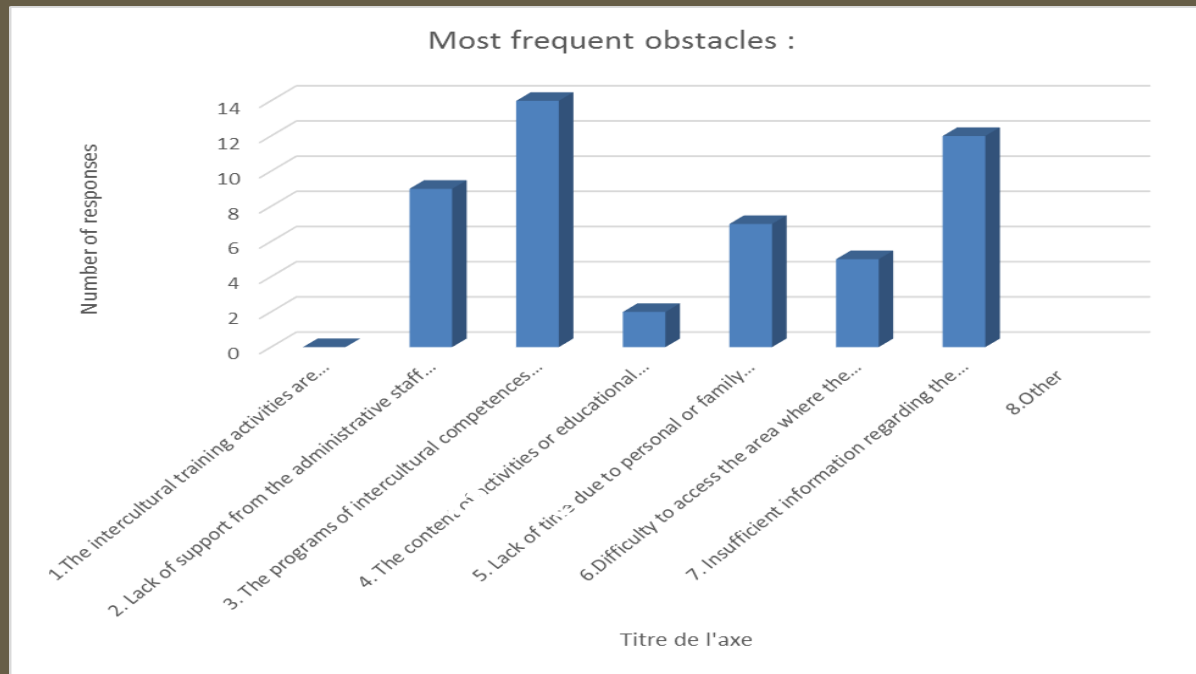
In **Spain**, The most important obstacles for participation in activities of intercultural competences development are : “Lack of support from the administrative staff of the health service where I work” “Lack of time due to personal or family obligations”

2.4. 2.4 IF YOUR PREVIOUS QUESTION WAS YES THEN WHICH DO YOU THINK ARE THE OBSTACLES FOR YOUR PARTICIPATION IN ACTIVITIES OF INTERCULTURAL COMPETENCES DEVELOPMENT?



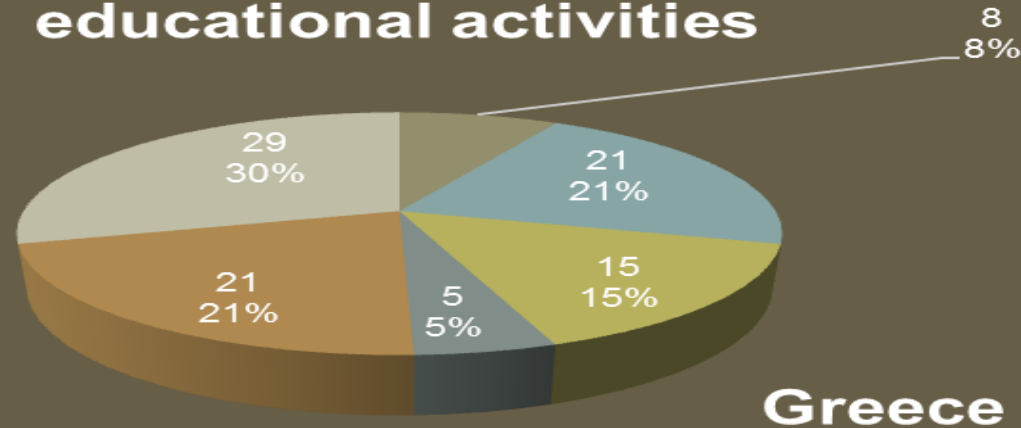
In **Austria** the obstacles are: (28%) a lack of sufficient information regarding the availability of intercultural development programs. (17%) is the lack of time due to work and family obligations.

Obstacles for participation in intercultural competences activities



In **France**, the most frequently reason why health professionals are not attending intercultural competence development activities is the lack of information and a lack of time. 80% of the surveyed declared that if they would have known about seminars or training courses they would have, probably, taken part in them. For some of them, seminars took place during their shift so it was not possible for them to attend.

Obstacles for participation in educational activities



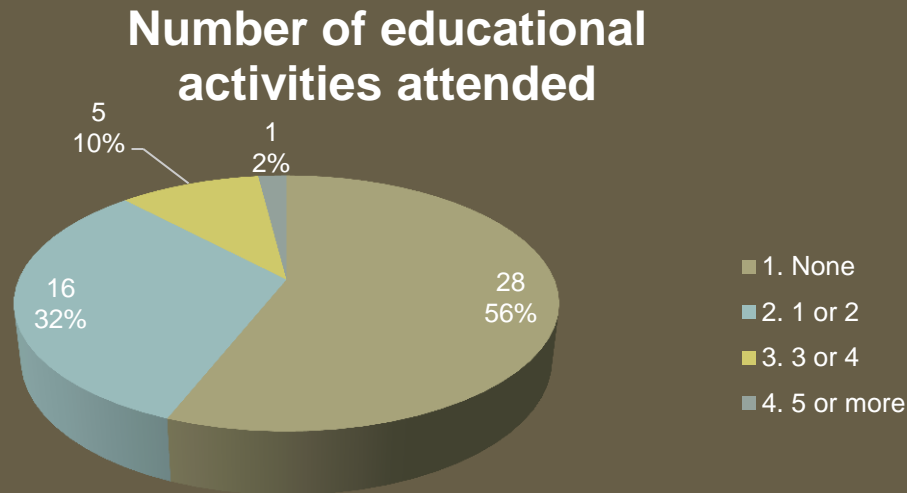
For the Greek participants the most important obstacles are:

- 30% answered that there is insufficient information regarding the availability of intercultural competence development programs .
- 21% answered that there is lack of support from the administrative staff of the health service where they work
- 21% answered that there is a lack of time due to personal or family obligations

Intercultural educational activities for health care professionals

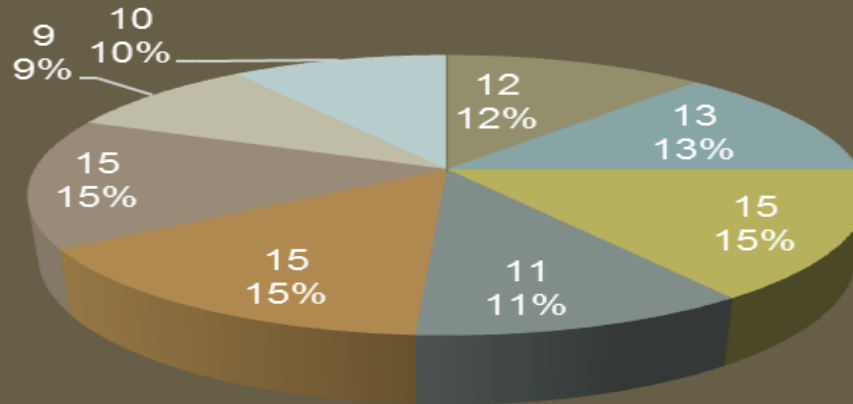
- ❑ The most important activities regarding intercultural education, in most of the countries are:
 - ❑ Seminars, conferences (where professionals present research results and discuss topics regarding intercultural care) and
 - ❑ methods of autonomous learning (personal study, papers, books, e.t.c.) .
- ❑ In general, participants were satisfied from the courses in which they had participated.

Intercultural educational activities for health care professionals: **GREECE**



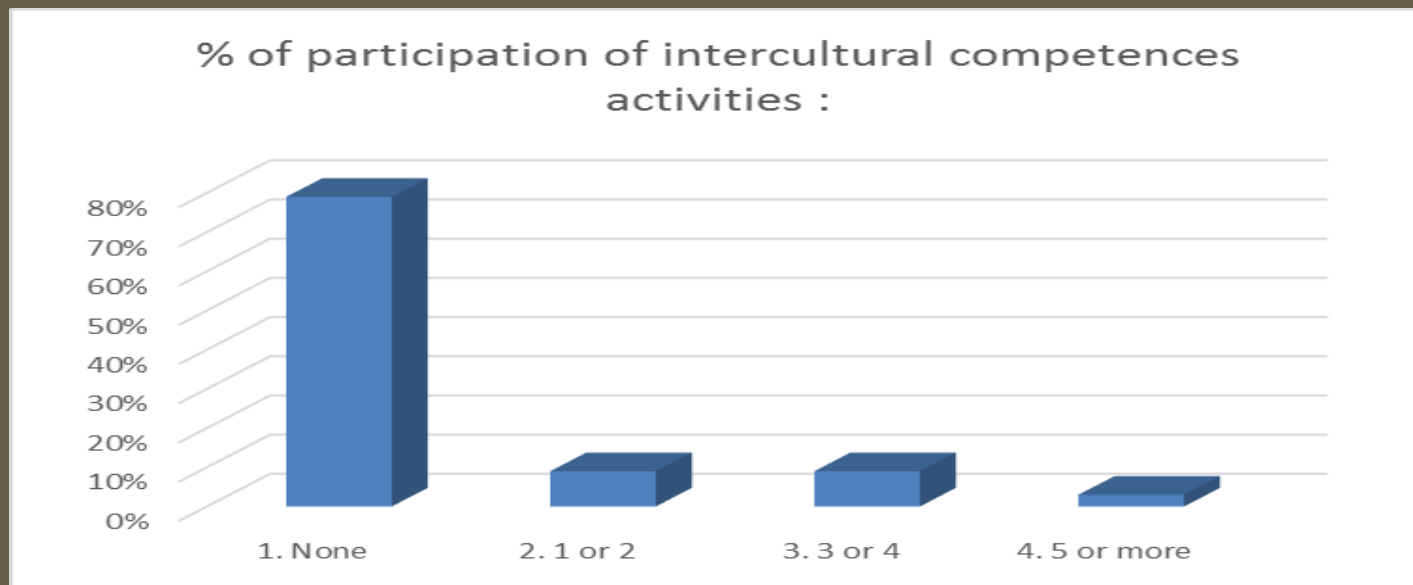
In Greece, 56% of the respondents answered that they did not attend any educational activity of intercultural development, 32% reported that they attended 1-2, and 10% 5 or more.

Nature of educational activities attended



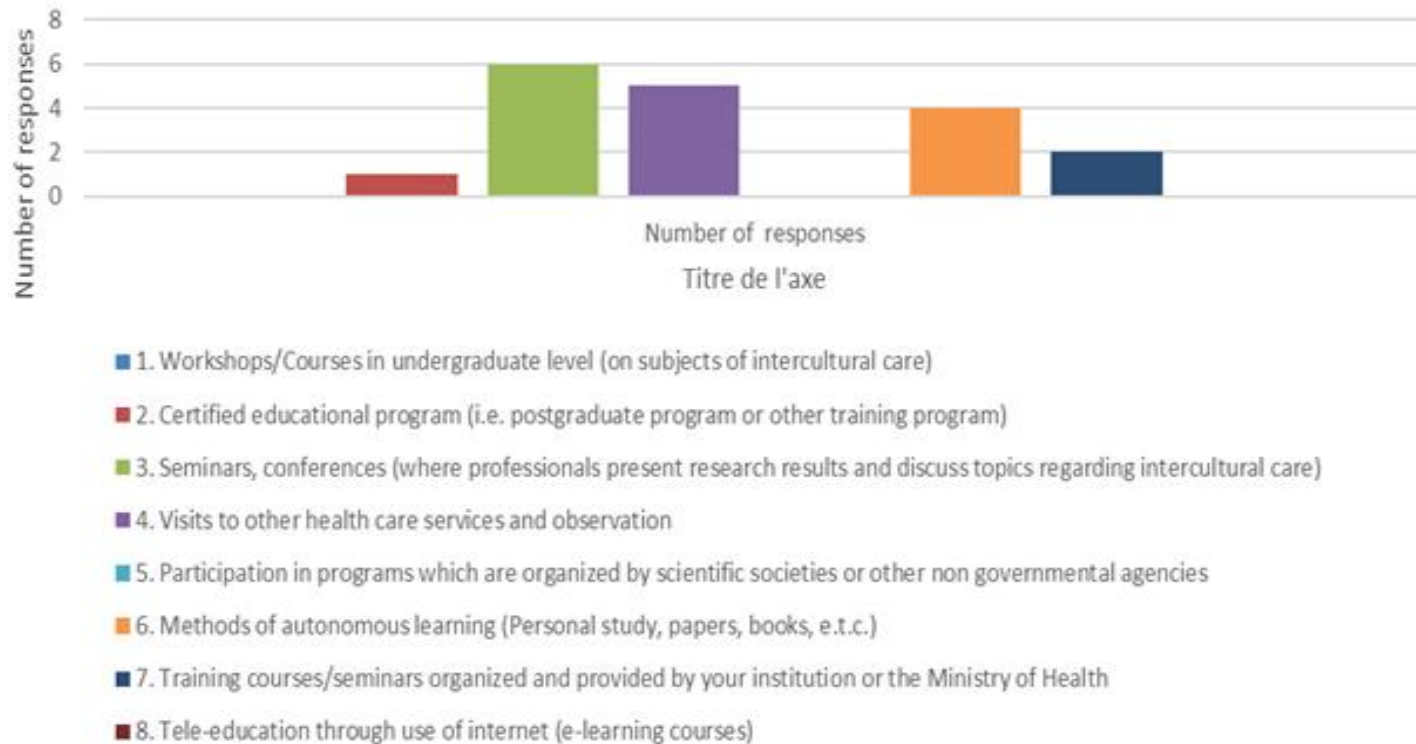
12% of the Greek respondents had attended workshops, 13% had attended Certified educational programs, 15% had attended seminars and conferences, 11% had payed visits to other health services, 15% participated programs which are organized by scientific societies or other non-governmental agencies 15% had used methods of autonomous learning, 9% participated in training courses/seminars organized and provided by your institution or the Ministry of Health, and 10% had attended e-learning courses.

Intercultural educational activities for health care professionals: **FRANCE**



In France, 79 % of the professionals have stated that they have never been involved in any kind of intercultural competences development activities.

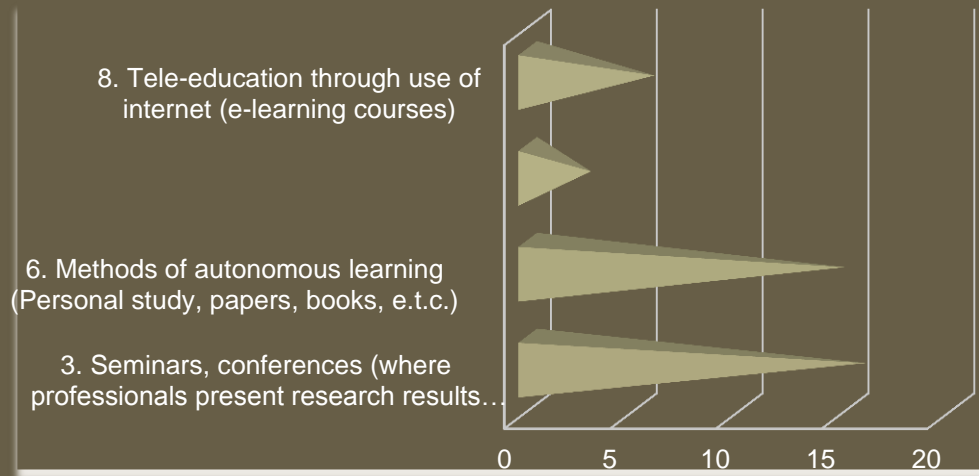
Activities of intercultural education :



21% of the surveyed in France had taken part in different activities such as seminars, visits to care services and observation, autonomous learning methods and training courses provided by institutions or Ministry of Health.

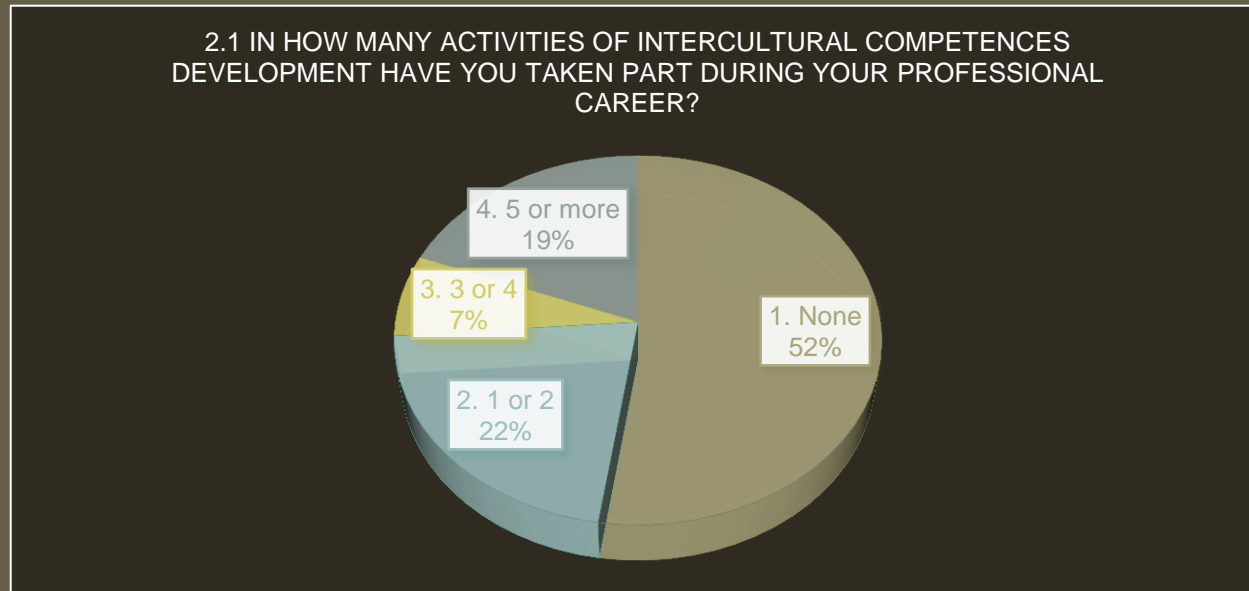
Intercultural educational activities for health care professionals: **SPAIN**

5. Most relevant activities of intercultural Education

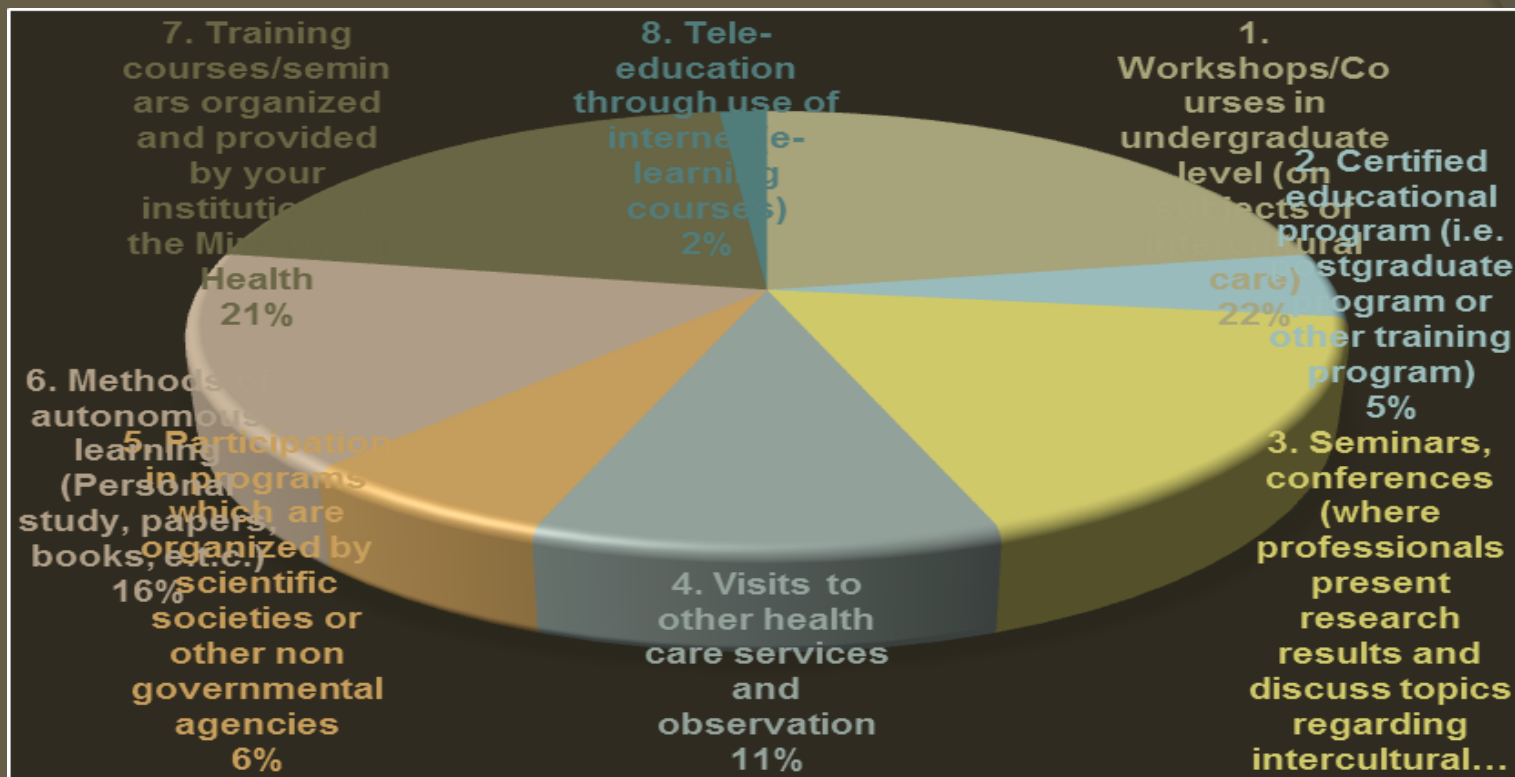


In Spain, seminars, conferences (where professionals present research results and discuss topics regarding intercultural care) and methods of autonomous learning (Personal study, papers, books, e.t.c.) are the most important activities regarding intercultural education

Intercultural educational activities for health care professionals: AUSTRIA



In Austria, more than 50% of the sample declares that have not took part in any intercultural development programs in their whole career



Significant is the correlation between experts who have never taken part in any intercultural training also declare that they are not interested in such education programs.

Higher educated health care workers declare to be more interested in further education concerning intercultural competence and at the same time rate their own intercultural competence by trend lower than health care workers, who never attended an intercultural training.

Intercultural educational activities for health care professionals

- Moreover, the Interhealth research showed that E-learning courses were very rare as an intercultural activity in all partner countries (10% Greece, 2% Austria, 0% France, 5% Spain). As far as mobile technology or use of IT tools is concerned, professionals, report great lack of information regarding training or education through such means.

All national reports of partner countries conclude that ICT/mobile devices can offer wider access to information and training. They could be helpful for both migrants and health professionals easing communicate and understanding each other while making proper diagnosis & treatment and ensuring health services high quality.

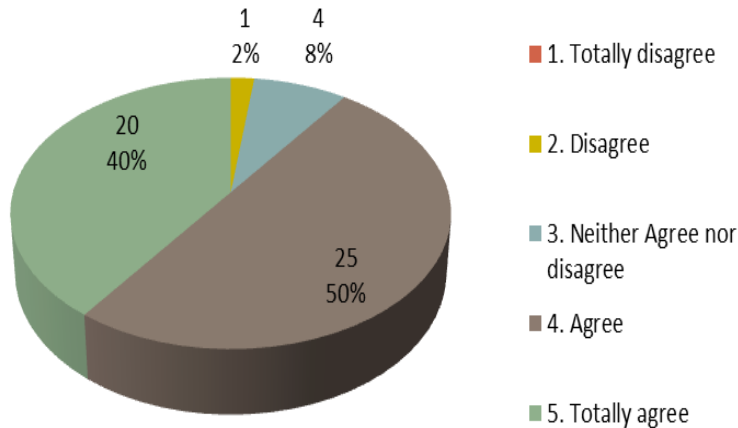
It is also worth noting that only few non-formal teaching methods are used such as music therapy, role play, theatre, discussion, language developing programs and games to learn to listen to others.

Skills of a culturally competent professional

The respondents of the survey commented on which they think are the most important intercultural competences that a health professional should have. This could be the basis for deciding upon the skills that need to be acquired through an educational program and help towards the determination of the objectives of a curriculum in the context of Interhealth project.

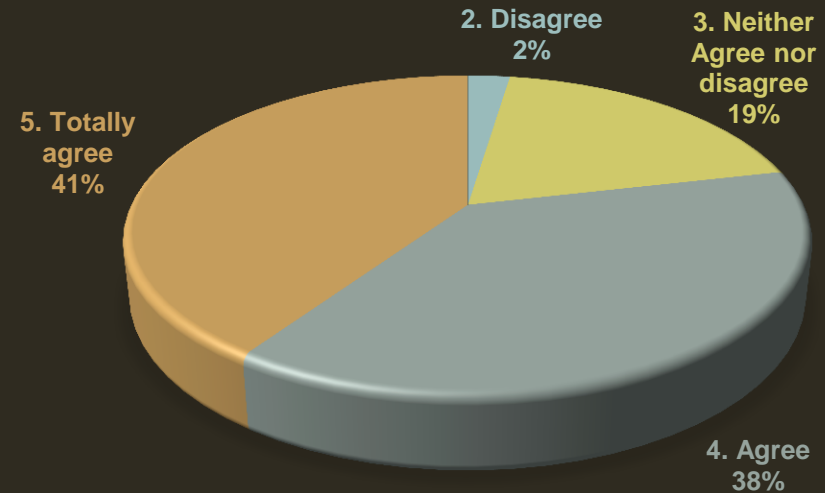
Greece

Self awareness about own identity



Austria

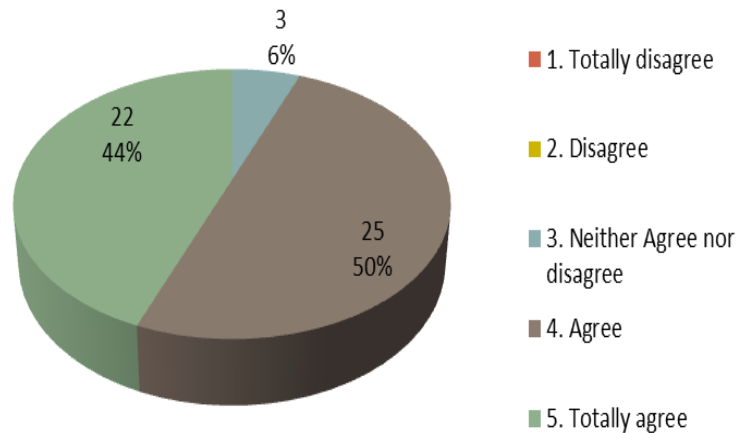
A) BE SELF-AWARE REGARDING THEIR OWN CULTURAL IDENTITY AND ITS EFFECT ON THE PROVIDED CARE



90% of the Greek respondents and 79% of Austrian respondents agree with the suggestion that an interculturally competent health professional should be self-aware regarding his own cultural identity and its effect on the provided care. So this should be an objective of a curriculum designed to develop the intercultural competences of health professionals.

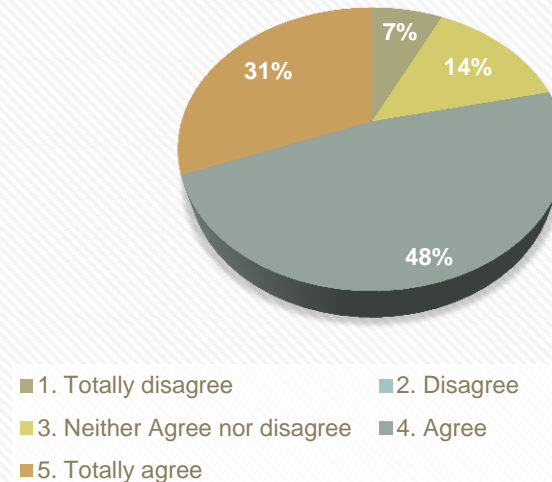
Greece

Awareness of the impact of the cultural background



Austria

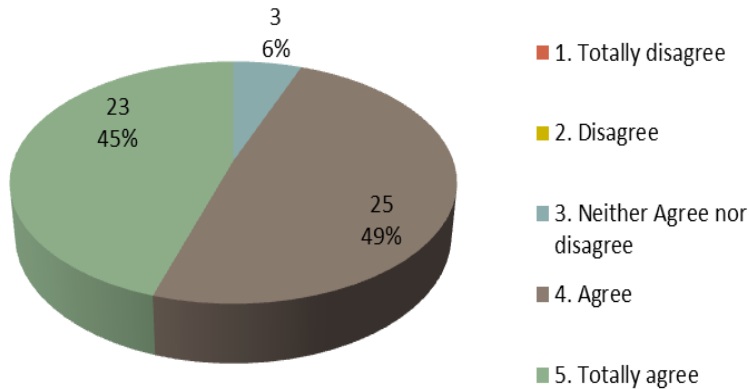
2.6 b) Be aware of the impact of the social and cultural background of the person they care for, on health and decisions regarding health



94% of the Greek respondents and 79% of Austrian respondents agree with the fact that a health professional should be **aware of the impact of the social and cultural background of the person he/she cares for, on health and decisions regarding health**. This high percentage of health professionals who agree shows that awareness of the impact of the cultural background of the person they care for, on health and decisions regarding health, should be a very important skill that a health professional should acquire during an educational program..

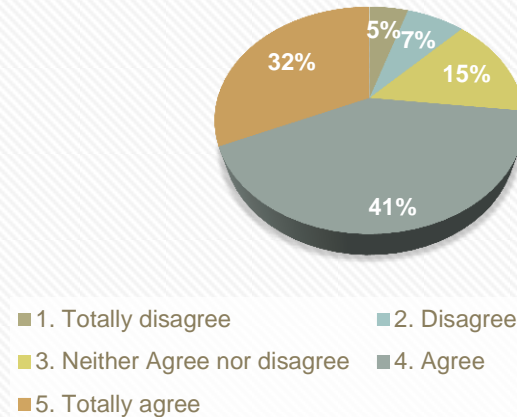
Greece

Ability to evaluate cultural and language needs



Austria

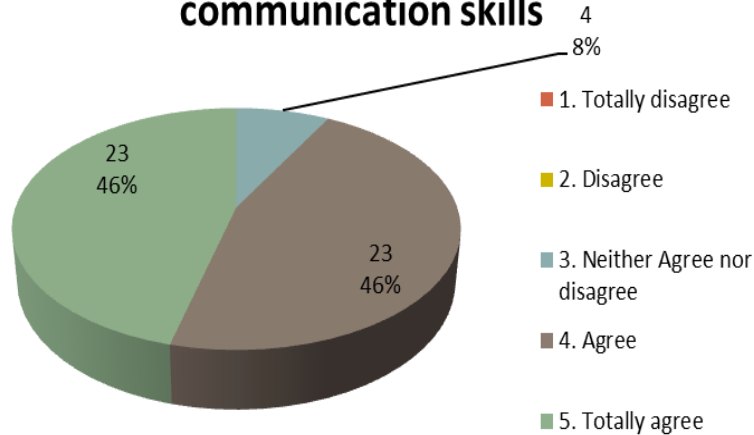
2.6 c) Be able to observe and evaluate the social, cultural and language needs and difficulties of the persons and adjust their care accordingly



94% of the Greek participants and 73% of Austrian participants agree with the fact that a health professional should be **able to observe and evaluate the social, cultural and language needs and difficulties of the persons and adjust their care accordingly**. The large amount of health professionals who agree (94% & 73%) shows that the ability of health professionals to observe and evaluate the social, cultural and language needs and difficulties of the persons and adjust their care accordingly, should be a very important objective of a curriculum.

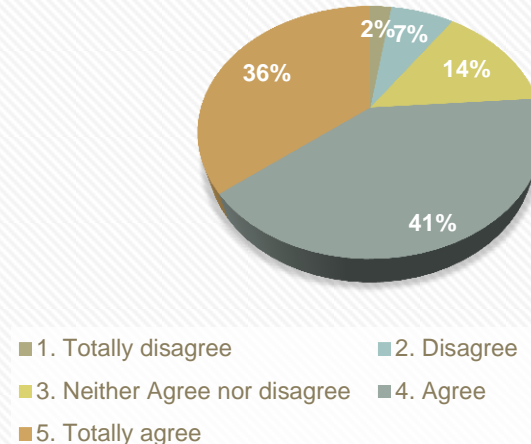
Greece

Interpersonal and communication skills



Austria

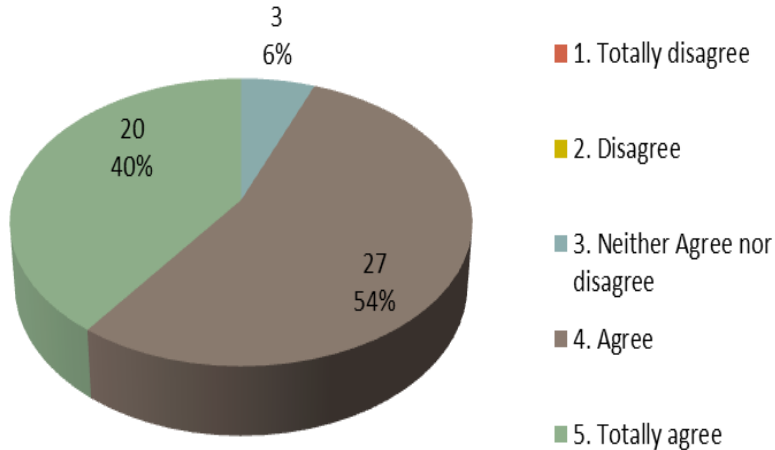
2.6 d) Have interpersonal and communication skills so as to get over possible obstacles in communication



92% of the Greek respondents and 77% of Austrian participants agree with the suggestion that a health professional should have **interpersonal and communication skills so as to get over possible obstacles in communication**. We understand that the high percentage of health professionals who agree (92% % 77%) shows that interpersonal and communication skills, is very important for every health professional so as to get over possible obstacles in communication and it should be included in the main aims of a curriculum..

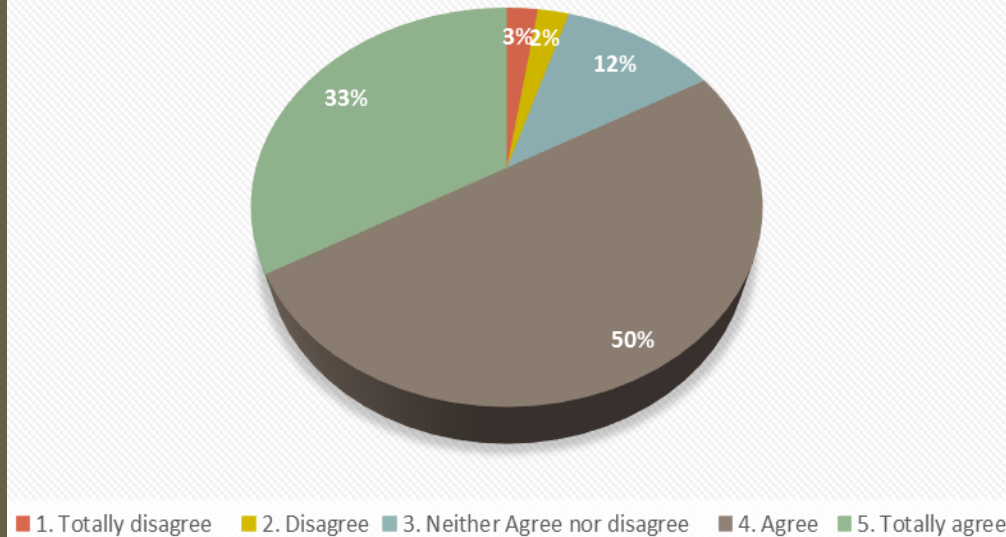
Greece

Effective interaction with family



Austria

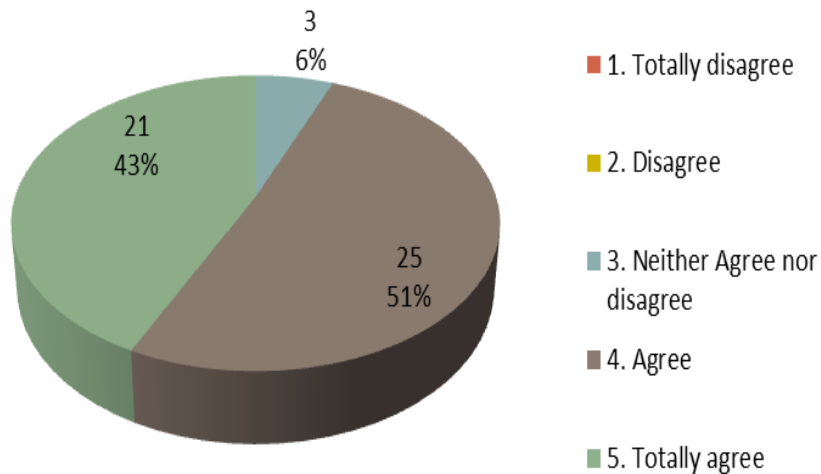
2.6 e) Interact effectively with the family and significant others of the person



94% of the Greek participants and 83% of Austrian answered that they agree with the suggestion that a health professional should be **able to interact effectively with the family and significant others of the person**. We understand that the high percentage of health professionals who agree (94% & 83%) shows that the the ability to interact effectively with the family and significant others of the person should also be an important skill for the curriculum.

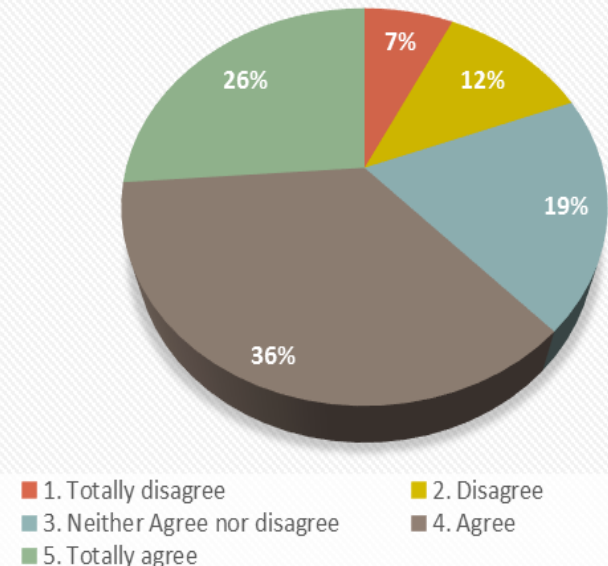
Greece

Ability to draw information regarding beliefs about health and illness



Austria

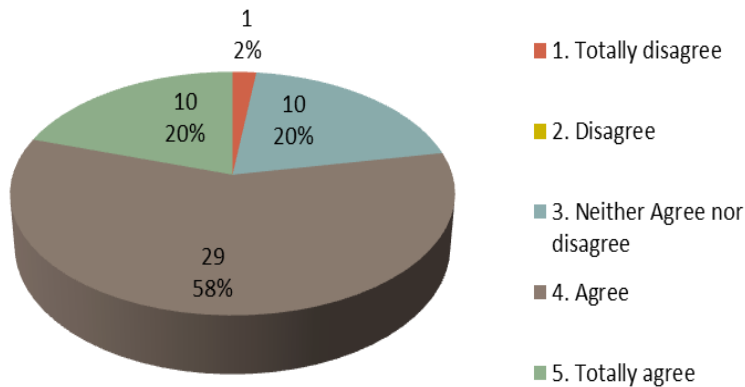
2.6 f) Draw information regarding the beliefs of the person about health and illness, his/her way of living and health practices



94 % of the Greek participants and 66% of Austrian agree with the suggestion that a health professional should be **able to draw information regarding the beliefs of the person about health and illness, his/her way of living and health practices**. We understand that the high percentage of health professionals who agree (94% & 66%) shows that the ability to draw information regarding the beliefs of the person about health and illness, his/her way of living and health practices, should also be a very important skill included in the aims of a curriculum.

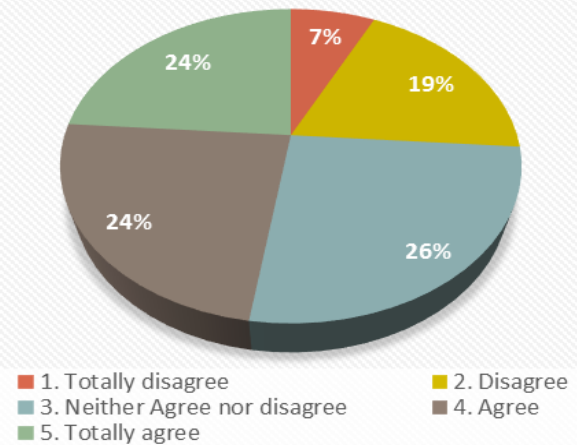
Greece

Ability to explore health practices



Austria

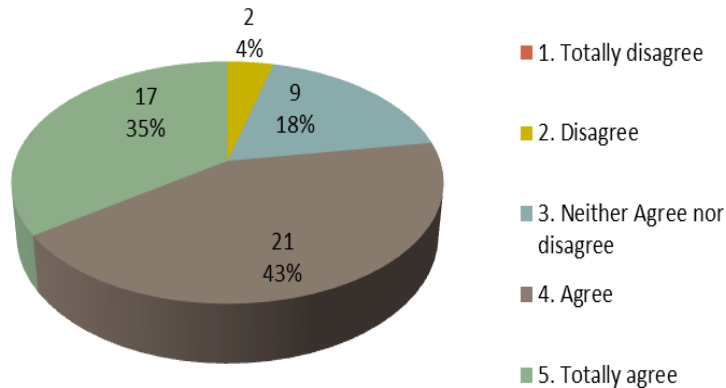
2.6 g) Explore the way of living and health practices (i.e. traditional healing practices)



78% of the Greek participants and 48% of Austrians agree with the suggestion that a health professional should be **able to explore the way of living and health practices (i.e. traditional healing practices) of his patients.**

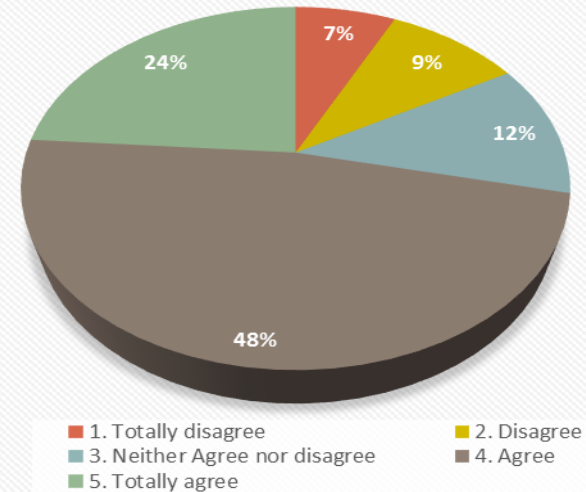
Greece

**Ability to trace the importance
of religion**



Austria

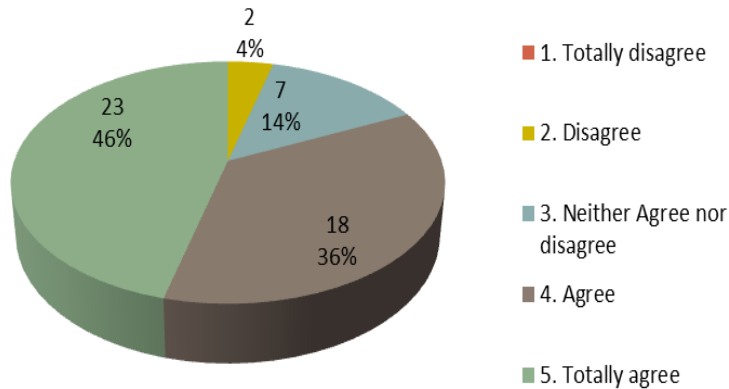
2.6 h) Trace the importance of religion and religious rituals for the person



78% of the Greek participants and 72% of Austrians agree with the suggestion that a health professional should be able to trace the importance of religion and religious rituals for the person.

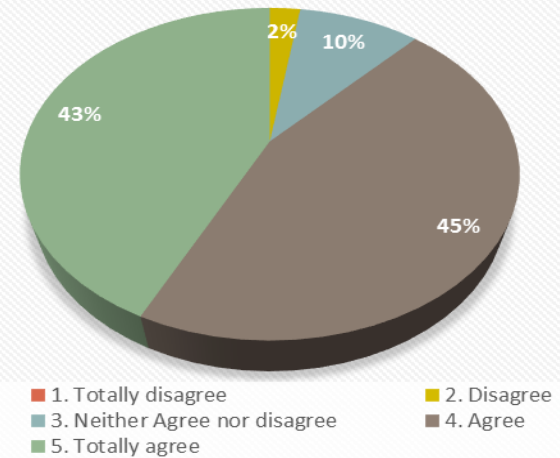
Greece

Ability to develop relationships based on acceptance trust and respect



Austria

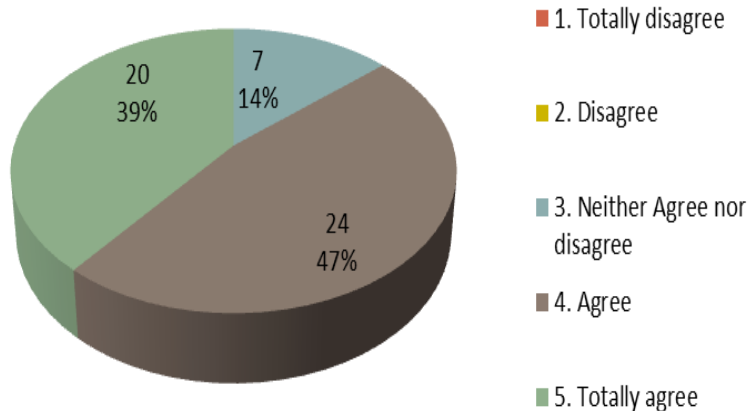
2.6 i) Develop interpersonal relationships which are based on acceptance, trust and respect



82% of the Greek participants and 88% of Austrians agree with the suggestion that a health professional **should develop interpersonal relationships which are based on acceptance, trust and respect.**

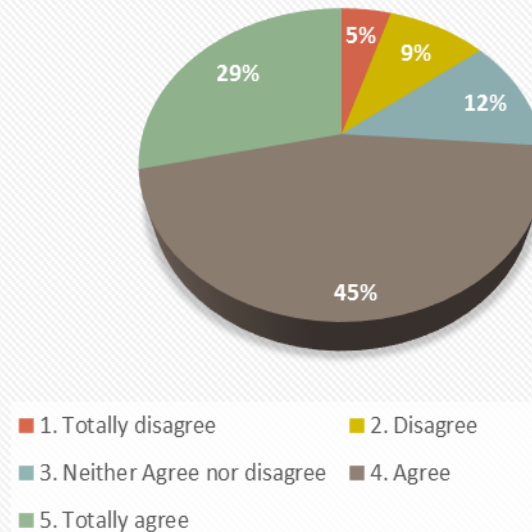
Greece

Assessment, diagnostic and clinical skills



Austria

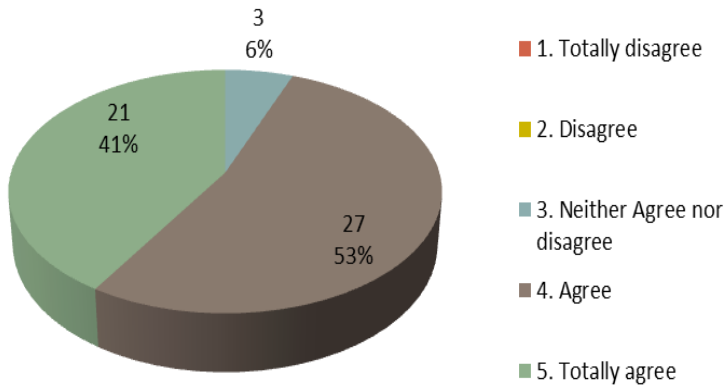
2.6 j) Have assessment and diagnostic skills as well as clinical skills regarding the care of culturally diverse groups



86% of the Greek respondents and 79% of Austrian respondents agree with the suggestion that a health professional should have **assessment and diagnostic skills as well as clinical skills** regarding the care of culturally diverse groups.

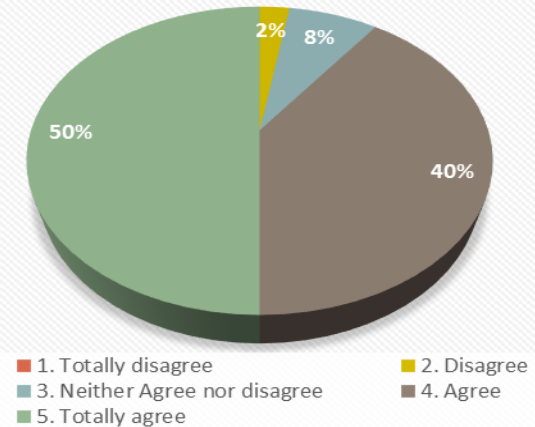
Greece

Empathy and compassion



Austria

2.6 k) Have empathy/compassion (be able to put themselves in the patients' position and try to experience their thoughts, emotions and problems from the patients' cultural perspective)



94% of the Greek participants and 90% of Austrians agree with the suggestion that the health professional should **have empathy/compassion**. The high percentage of professionals who agree (94% & 90%) shows that they regard the ability to draw information regarding the beliefs of the person about health and illness, his/her way of living and health practices, should also be an important skill for every health professional who cares for culturally diverse groups of people and should be included in the curriculum.

Objectives for curriculum according to beliefs of participants about necessary competences

- Self-awareness regarding the professional's own cultural identity and its effect on the provided care
- Awareness of the impact of the social and cultural background of the person he/she cares for, on health and decisions regarding health
- Ability to observe and evaluate the social, cultural and language needs and difficulties of the persons and adjust their care accordingly.
- Interpersonal and communication skills so as to get over possible obstacles in communication

Objectives

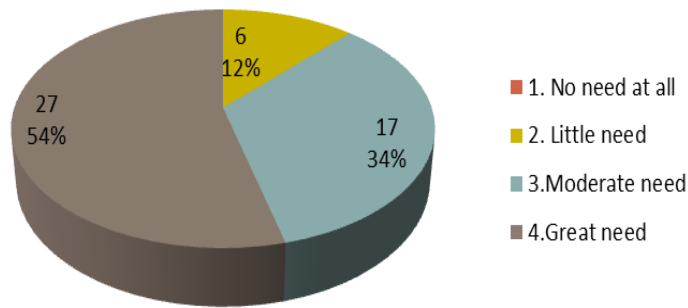
- Ability to interact effectively with the family and significant others of the person
- Ability to draw information regarding the beliefs of the person about health and illness, his/her way of living and health practices
- Ability to explore the way of living and health practices (i.e. traditional healing practices) of his patients.
- ◎ Ability to trace the importance of religion and religious rituals for the person
- ◎ Ability to develop interpersonal relationships which are based on acceptance, trust and respect.
- ◎ Assessment and diagnostic skills as well as clinical skills regarding the care of culturally diverse groups.
- ◎ Acquisition of empathy/compassion

Needs of health professionals

The educational needs that participants declared they have, should be taken into consideration so as to design the courses that a curriculum for the development of intercultural competences should include.

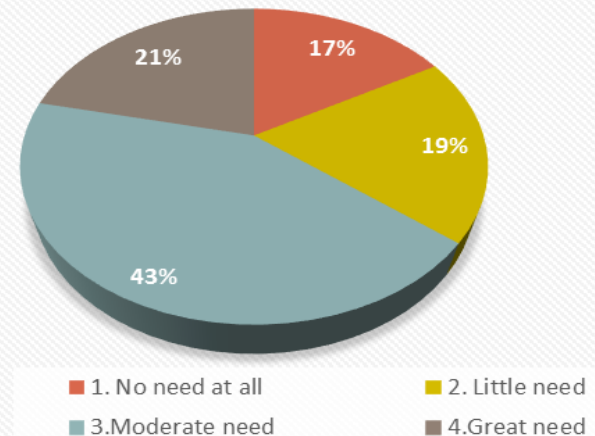
Greece

Need for knowledge of existing stereotypes



Austria

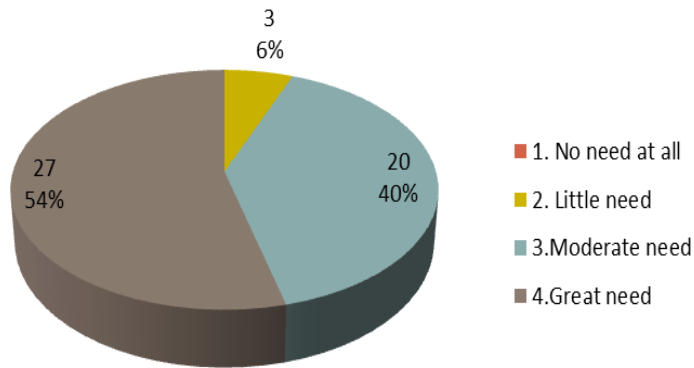
a) Knowledge of existing stereotypes and prejudice regarding other cultures



88% of the Greek and 64% of Austrian participants answered that they have a need for **knowledge of existing stereotypes and prejudice regarding other cultures**.

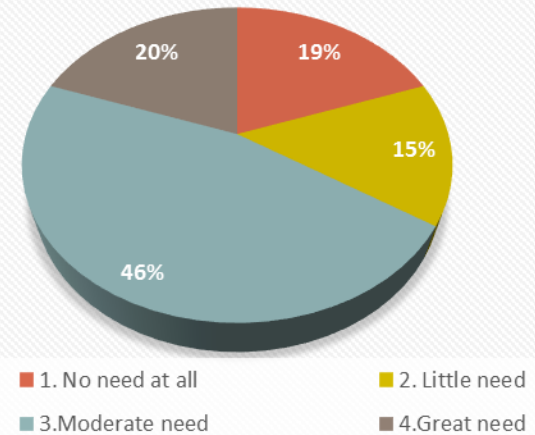
Greece

Need for handling negative feelings



Austria

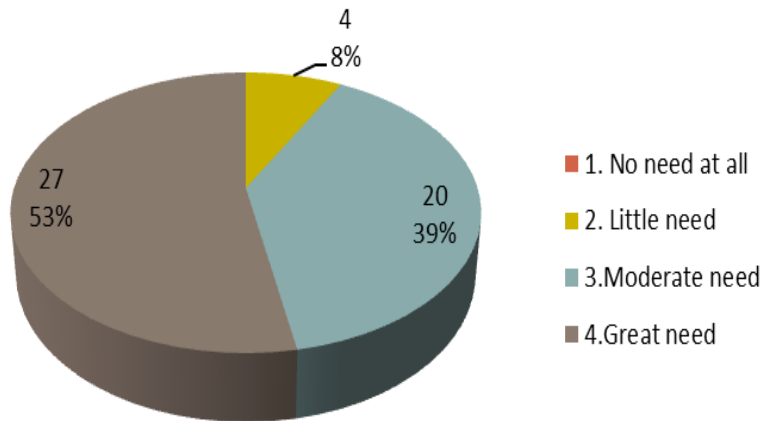
2.7 b) Knowledge of ways of handling negative feelings of mine such as racist thoughts, discrimination of people e.t.c



94% of the Greek participants and 66% of Austrians answered that they had a for **knowledge of ways of handling their own negative feelings such as racist thoughts, discrimination of people etc.** This high percentage of participants who answered that they are in a moderate to great need (94% & 66%) shows that professionals need to handle their own feelings and be trained on how to do that so it should be a main subject of a curriculum..

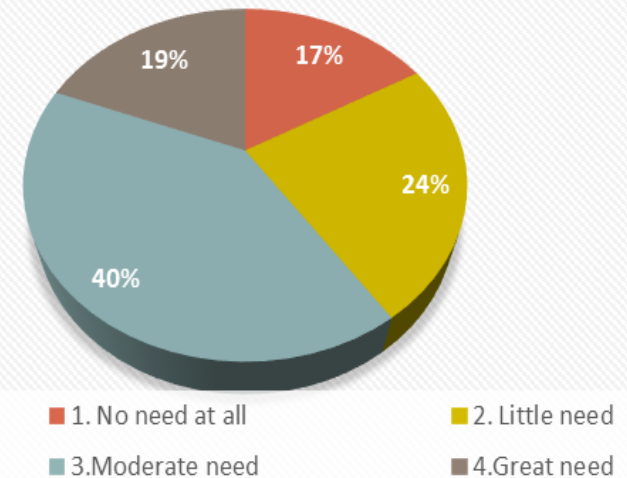
Greece

Need for knowledge of similarities and differences between cultures



Austria

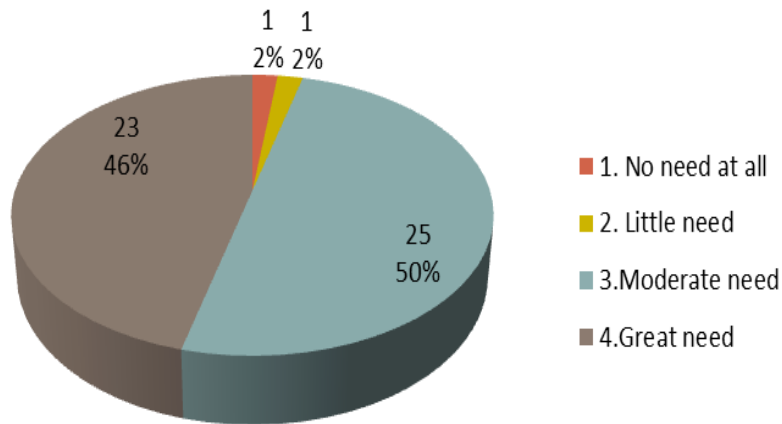
2.7 c) Knowledge of similarities and differences regarding culture, customs and religious beliefs between different cultural groups



88% of the Greek and **59%** of Austrian participants answered that they have a need for knowledge of **similarities and differences regarding culture, customs and religious beliefs between different cultural groups.**

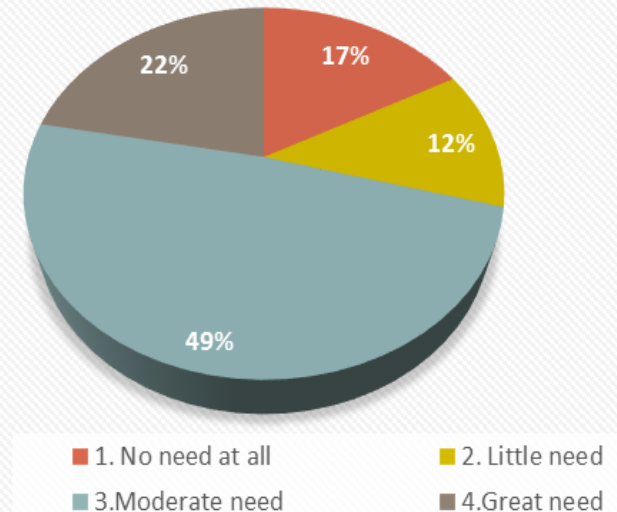
Greece

Need for knowledge of supportive structures



Austria

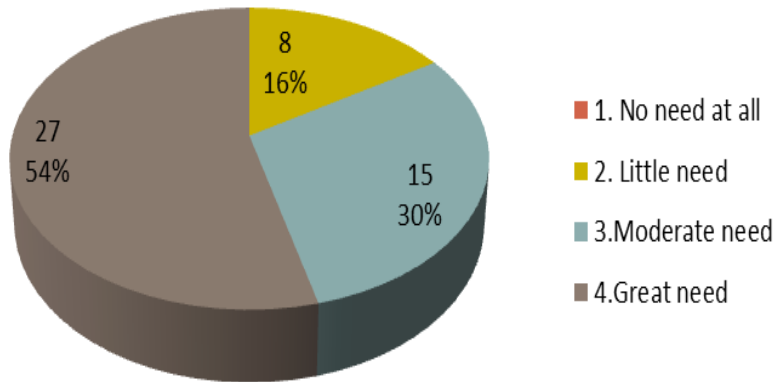
2.7 d) Knowledge of supportive and social structures which promote culturally sensitive care



88% of the Greek and 71% of Austrian participants answered that they have a need for knowledge of **supportive and social structures which promote culturally sensitive care**. The high percentage of participants who answered that they are in a moderate to great need for Knowledge of supportive and social structures which promote culturally sensitive care shows that knowledge for supportive structures is a very important factor for all professionals so as to direct their patients towards those services.

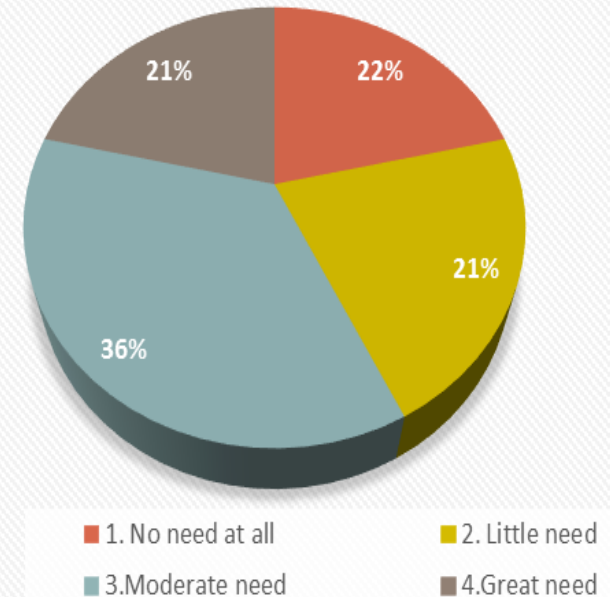
Greece

Need for counselling skills



Austria

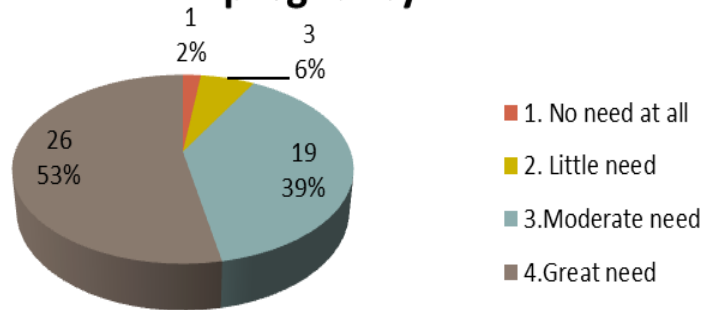
2.7 e) Counselling individuals and culturally diverse groups of people



88% of the Greek and **57%** of Austrian participants answered that they have a need for knowledge of **counselling individuals and culturally diverse group of people**.

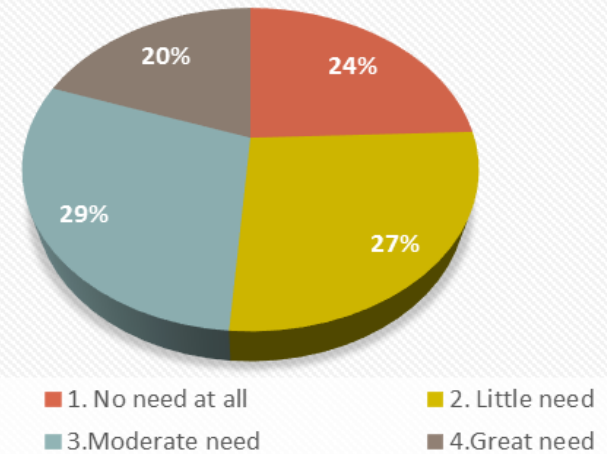
Greece

Need for training for caring and teaching people with a different cultural background during pregnancy



Austria

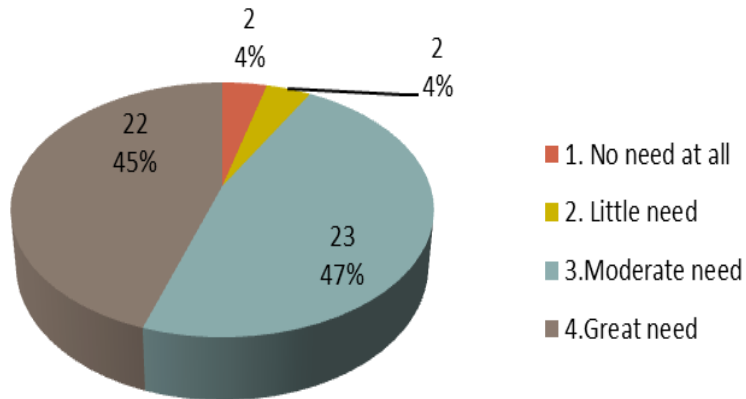
2.7 f) Training for caring and teaching people with a different cultural background during **Pregnancy**



88% of the Greek and **49%** of Austrian participants answered that they have a need for knowledge of training for **caring and teaching people with different cultural background about Pregnancy** .

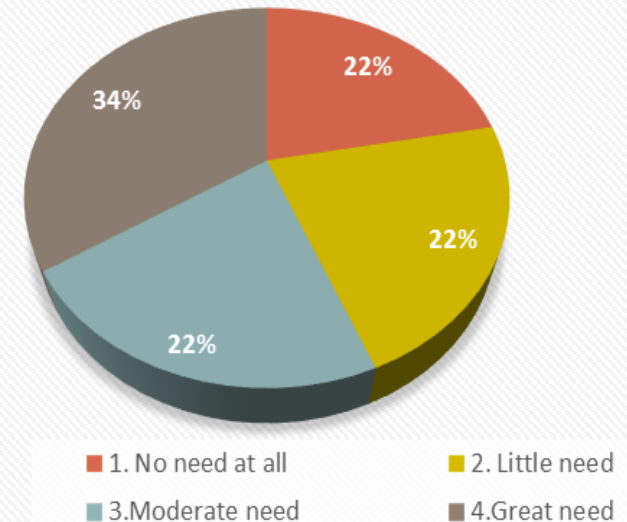
Greece

Need for training for caring and teaching during infancy



Austria

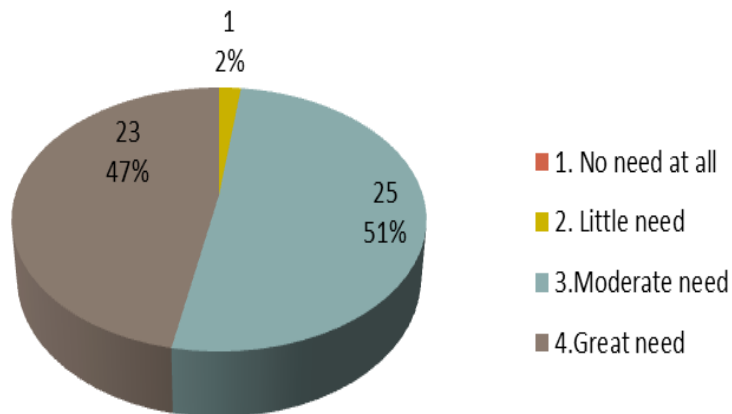
Training for caring and teaching people with a different cultural background during Infancy



88% of the Greek and **56%** of Austrian participants answered that they have a need for knowledge of training for **caring and teaching people with different cultural background about Infancy**

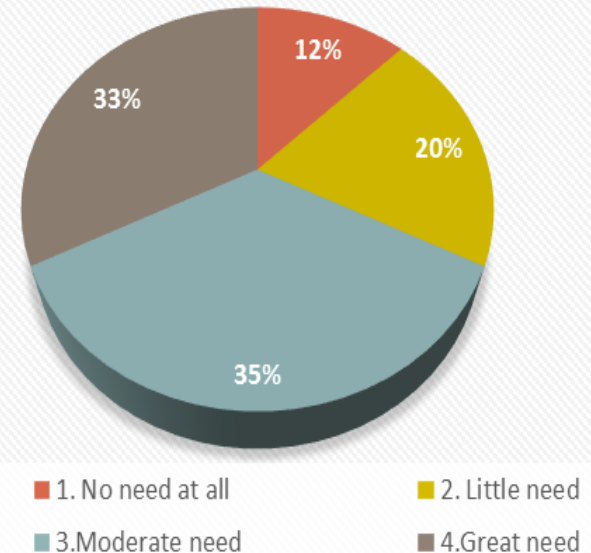
Greece

Need for training for caring and teaching during old age



Austria

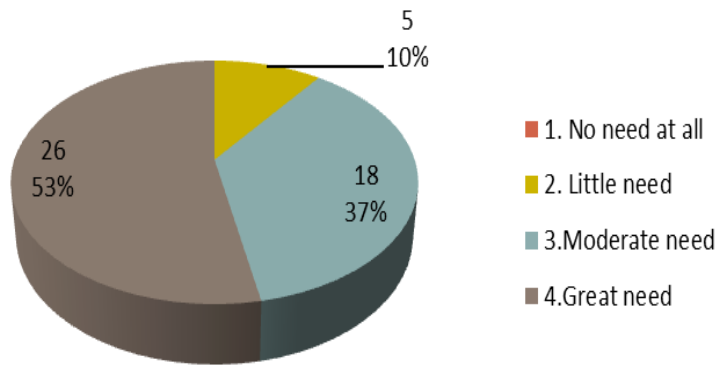
Training for caring and teaching people with a different cultural background during Old Age



88% of the Greek and 68% of Austrian participants answered that they have a need for knowledge of training for caring and teaching people with different cultural background about Old Age.

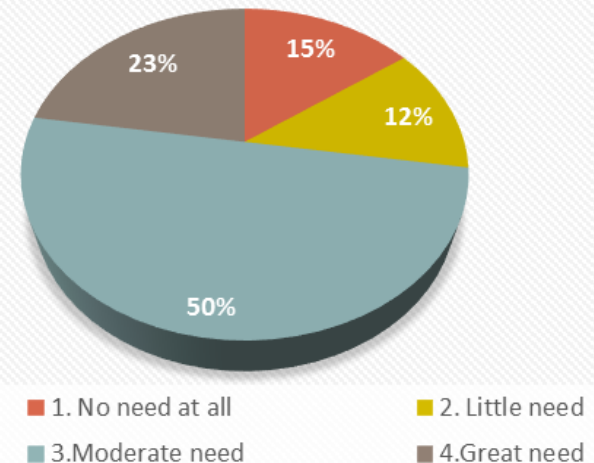
Greece

Need for training for caring and teaching during death and mourning



Austria

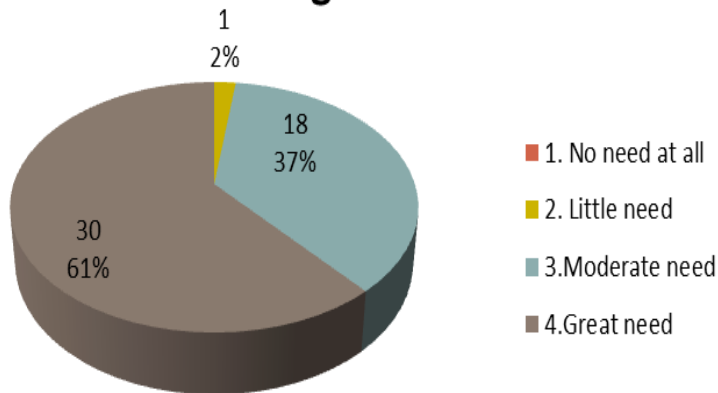
Training for caring and teaching people with a different cultural background during Death and mourning



88% of the Greek and **63%** of Austrian participants answered that they have a need for knowledge of training for **caring and teaching people with different cultural background about Death and Mourning.**

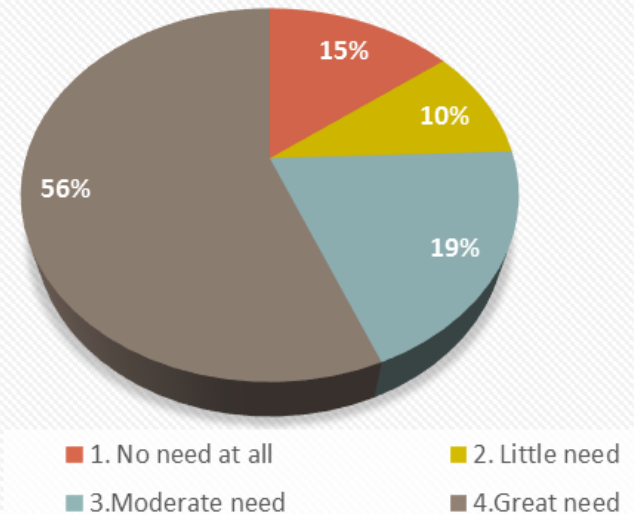
Greece

Need for skills for effective compliance with the therapeutic regimen



Austria

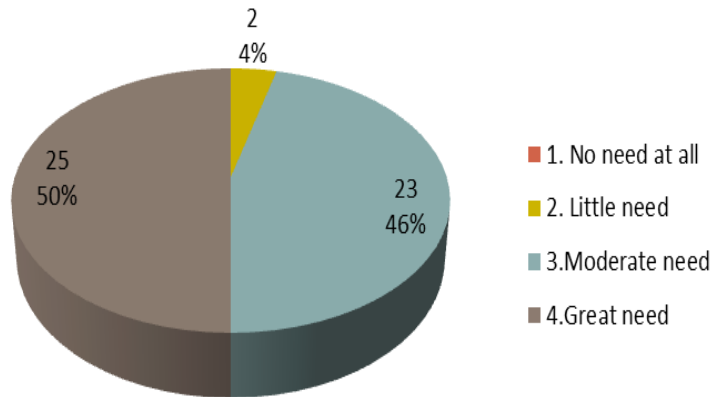
2.7 g) Skills for effective compliance of the person with the therapeutic regimen



88% of the Greek and **75%** of Austrian participants answered that they have a need for skills for **effective compliance of the person with the therapeutic regimen**.

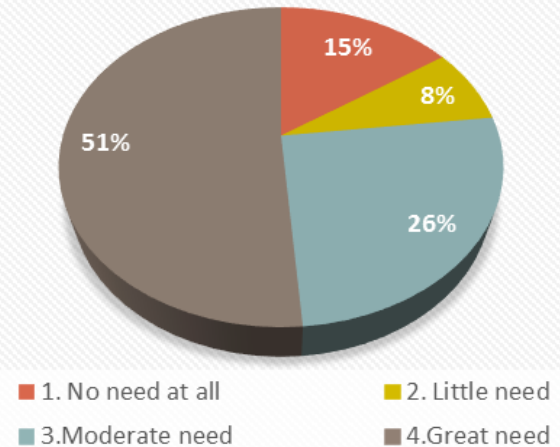
Greece

Need for training about dealing with ethical dilemmas



Austria

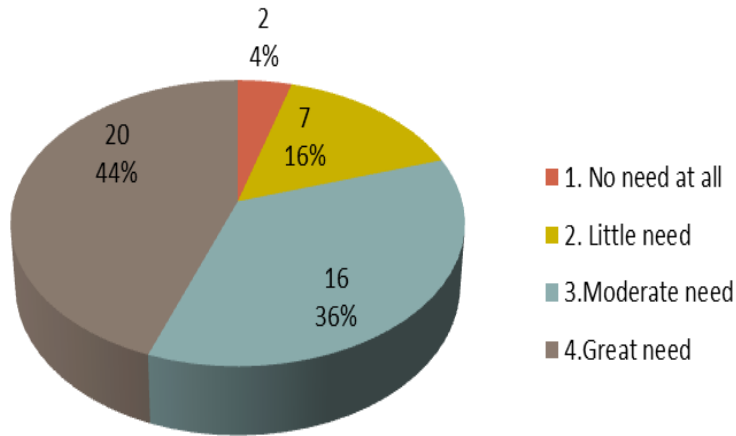
2.7 h) Dealing with ethical dilemmas and problems arising from specific interventions such as blood transfusion, analgesia, diet, fasting e.t.c.



88% of the Greek and **77%** of Austrian participants answered that they have a need for dealing with **ethical dilemmas and problems arising from specific interventions such as blood transfusion, analgesia, diet, fasting, e.t.c.**

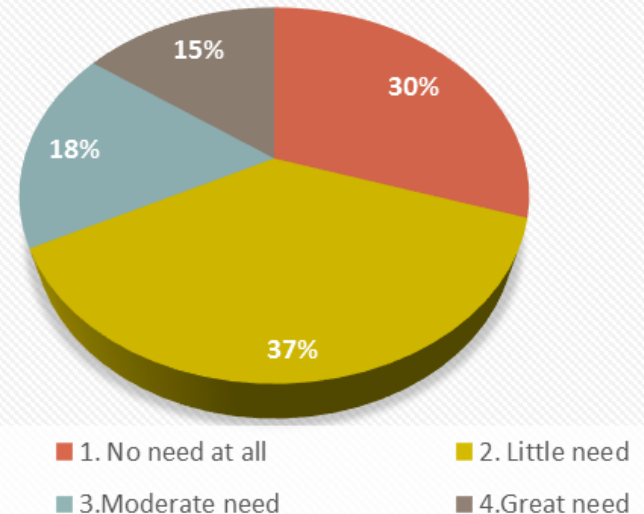
Greece

Need for training on computer skills



Austria

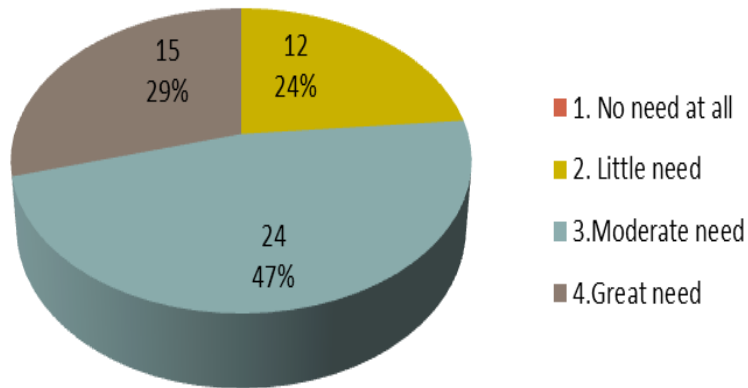
2.7 i) Computer skills which aim at personal training, getting information about other cultures and use of e-learning sources



88% of the Greek and **only 33%** of Austrian participants answered that they have a need for **computer skills which aim at personal training, getting information about other cultures and use of e-learning sources.**

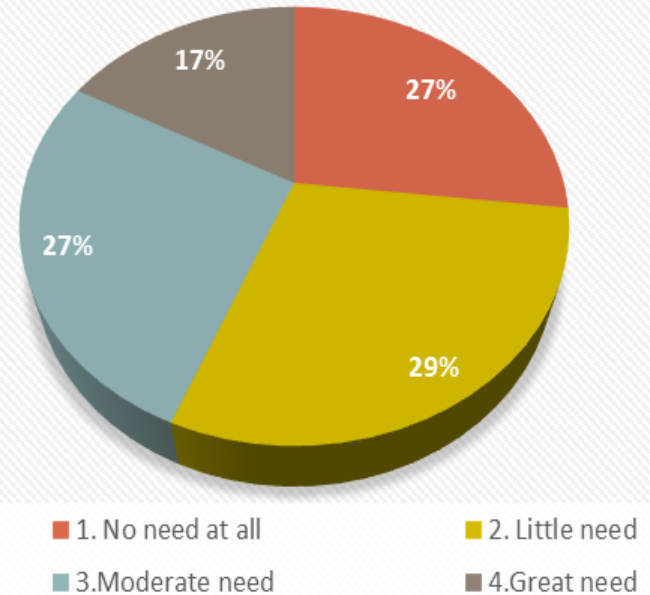
Greece

Need for training on non-formal education techniques



Austria

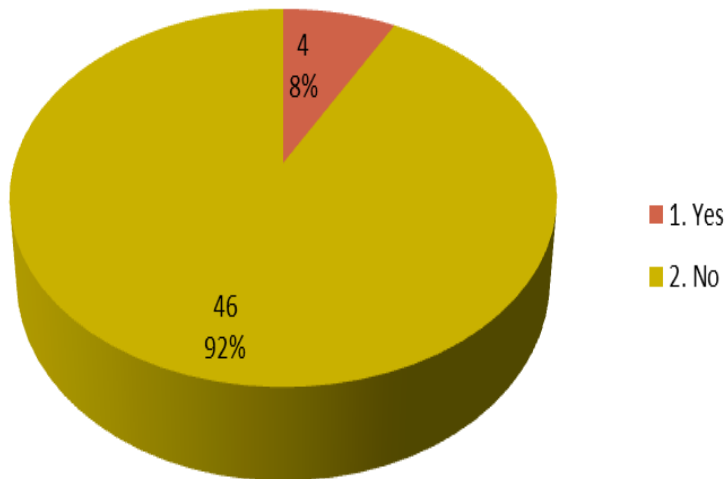
2.7 j) Knowledge of techniques of non formal education



88% of the Greek and **44%** of Austrian participants answered that they have a need for **knowledge of techniques of non formal education**.

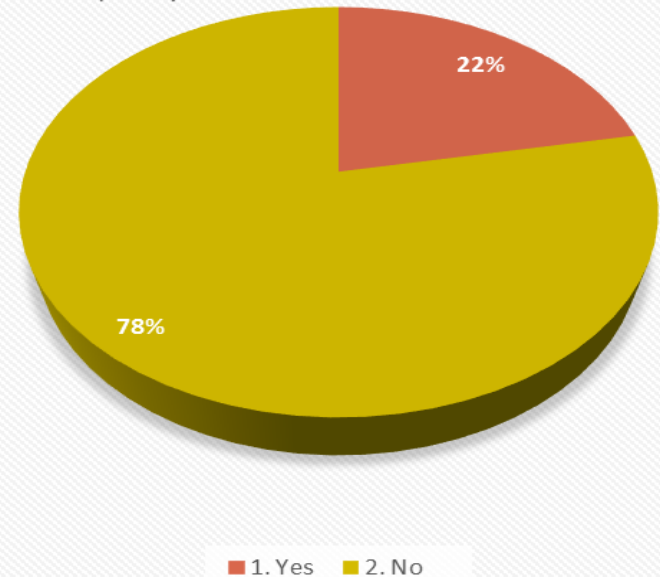
Greece

Non formal education methods used



Austria

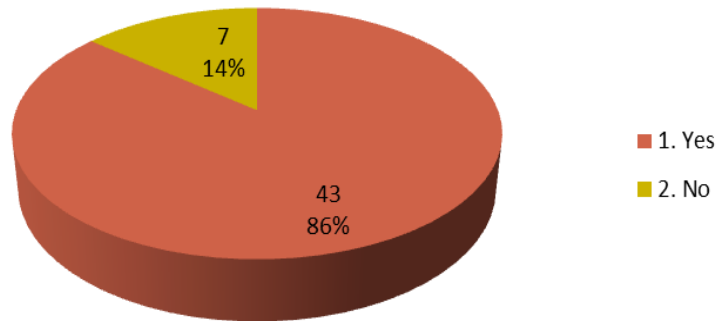
2.8 During your education were other teaching methods used (beyond the ones of the formal course of study) (i.e. educational techniques such as role playing, theater or music methods, e.t.c. which are frequently described as non formal educational methods



88% of the Greek and **78%** of Austrian participants answered that they had never used non formal educational methods. It is a striking result that non formal education techniques are very rarely used in Greek and Austrian education.

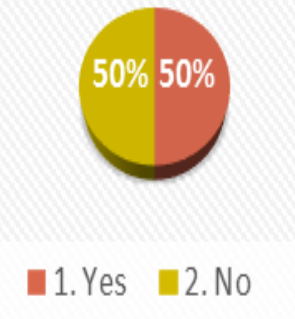
Greece

Wish for non formal education techniques in future training



Austria

2.8 b) If No, would you like such methods to be used in your future training?



88% of the Greek and **50%** of Austrian participants answered that they would like to use non formal educational methods in their future training.

Courses of curriculum according to beliefs of participants about educational needs

- Existing stereotypes and prejudice regarding other cultures.
- Ways of handling their own negative feelings such as racist thoughts, discrimination of people etc.
- Similarities and differences regarding culture, customs and religious beliefs between different cultural groups.
- Supportive and social structures which promote culturally sensitive care .
- Counselling individuals and culturally diverse group of people.
- Care and teaching of people with different cultural background about Pregnancy , Infancy, Old age.

Courses of curriculum

- Death and mourning in different cultures
- Compliance of the person with the therapeutic regimen Ethical dilemmas and problems arousing from specific interventions such as blood transfusion, analgesia, diet, fasting, e.t.c.
- Computer skills which aim at personal training, getting information about other cultures and use of e-learning sources.
- Techniques of non formal education

Good practices in the development of intercultural competences

In the participating countries several good practice initiatives were described for the intercultural development of health professionals and effective provision of intercultural care within health care services.

In most of the countries, good practices in the development of intercultural competences are linked to health mediation schemes and linguistic interpreting.

Good practices also addressed communication barriers in health care between immigrants and health professionals using different resources including dictionaries, images, pictures and pictograms, simultaneous translation tools, etc.

Main results of the research

- All reports from the four partner countries (Spain, France, Austria, Greece) are representing the existent gaps in education and training, in educational methods used for the training of health care professionals on intercultural competences and in the use of mobile technology for the training of healthcare professionals.

The absence of the development of these intercultural competences results in a poor acquisition of communication skills and an ineffective communication between health professionals and persons or groups.

The need for better and integrated education of health care professionals on transcultural issues is more urgent than ever due to the new recomposition of the population.

Main proposals

- The very small percentages in all partner countries of health professionals' participation in intercultural education activities suggest that there should be a focus on the parameter of “migrant-friendly-hospitals” by increasing staff's awareness and /intercultural competences, educating mediators, etc.

On the other hand, the high percentages of health professionals' willingness to participate in intercultural educational activities shows how important it is for them to be competent in the care of culturally divergent groups of people. Therefore the topic of "Transcultural competence" as a cross section topic should flow in every national education program in the health sector.

Main proposals

- Standardized education in the field of transcultural competence for health care workers is required.
- Main topics in the curriculum should be: Health and disease/illness from a cross-cultural perspective, Understanding of health and disease/illness in different countries, Health care in a cultural sensitive manner, Expressing pain in different cultures and the Relationship between health and migration

As research revealed, an efficient communication with an immigrant population requires active listening and empathy so these should be the main aims of an educational curriculum.

Apart from interpersonal and communication skills an effective curriculum should aim at the development of skills for effective compliance of culturally diverse groups as well as diagnostic and counselling skills.

Participants in the Interhealth research stated that they are in a great need to learn how to deal with ethical dilemmas, and how to deal with their own negative feelings such as discrimination or racist feelings, they want to know the existing stereotypes about other cultures and what are the similarities and differences between them.

Main proposals

- The fact that health professionals in the partner countries declared that they would like more non-formal education techniques to be used in their intercultural education shows that it is essential to implement such methods both in formal as well as in non-formal and continuing education programs regarding the development of intercultural competence.

The use of mobile technology for the training of healthcare professionals and the development of an online platform in the context of the current project, is a real challenge.

Mobile technology can help health professionals to transcend the obstacles, participate in educational programs and improve their skills so as to offer quality care sensitive to the needs of culturally diverse groups of people.



InterHealth
Intercultural Competences
for Healthcare Professionals

THANK YOU!

