

InterHealth

Intercultural Competences for Healthcare Professionals

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Erasmus+ project, Strategic Partnerships for vocational education and training



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Intellectual Output 1

EXECUTIVE SUMMARY OF

FINAL STATE OF THE ART REPORT:

CONTEXT ANALYSIS, NEEDS AND RECOMMENDATIONS



The recent boom in migration in European countries and the partner countries of Interhealth project in particular, has changed the homogeneity of population and has brought great socioeconomic changes in all of them. 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.

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 followed by communication needs, access to health services and social integration. Migrants and refugees are also facing administrative bureaucracy issues, social-class-barriers and they also struggle with traumatic experiences. They also report poor quality of life and poor overall feeling of vitality and mental well being. Many migrants and refugees perceive themselves as "outsiders" to the health care system thus requiring equality in level of treatment and structural issues. 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.

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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 stereotypes, contempt, 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.

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 the French health professionals had never participated in any intercultural development program. 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 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).



The most important obstacles for the participation of health professionals in activities of intercultural competences activities are: insufficient information regarding the availability of intercultural competence development programs, lack of time due to personal or family obligations and lack of support from the administrative staff of the health service where they work. These problems are common in all countries but in most of the partner countries, participants wished for more intercultural educational activities.

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, in most of the countries. In general, participants were satisfied from the courses in which they had participated..

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.

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.

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

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All the problems that health professionals face while providing care to patients coming from different cultural background than them, make them feel limited in providing care and often experience feelings of inadequacy and rejection. The training on intercultural competences for healthcare professionals are not common and widespread.

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.

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.

In conclusion, the Interhealth project showed that most health care needs of culturally diverse groups of people as well as the educational needs of health professionals are similar in participant European countries which paves the way for future collaborations between countries.

Based on the present research findings of Interhealth project, the main proposals can be summarised as follows:

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, ect. 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.

Standardized education in the field of transcultural competence for health care workers is required. Interview answers suggest that 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 should be topics addressed in a relevant curriculum. As research revealed, *an efficient communication with an immigrant population is 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 declared that they want to know the existing stereotypes about other cultures and what are the similarities and differences between them.

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.

