The impact of networking in Transcultural Care

The OYO project

Marika Podda Connor
COST-ETNA Meeting
London June 17th & 18th 2010
Greetings from Malta
The population group who created conditions for Primary Health Care to take up a challenge

In 2009 Malta had the highest asylum applicant rate: 5800 applicants per million inhabitants
Malta has no significant ethnic minorities and in 2001 there were 472 immigrants and 73 emigrants (NSO, 2002). By the end of 2002 it is believed that in Malta there are around 1000 refugees.

### Age and skills of the 1475 migrants who arrived in 17 boats in 2009

<table>
<thead>
<tr>
<th>Languages (24 in all)</th>
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<tbody>
<tr>
<td>Somali</td>
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<tr>
<td>Arabic</td>
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<tr>
<td>French</td>
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**268 speak English**

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<tr>
<td>Married</td>
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<tr>
<td>Couples</td>
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<tr>
<td>Women</td>
<td>219</td>
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<tr>
<td>Children</td>
<td>101</td>
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<tr>
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**920 single**

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<td>Some form of protection</td>
<td>980</td>
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**21 Teachers**

**4 Journalists**

**6 Nurses**

**19 were given refugee status**

Refugee Commissioner’s Office, 2009
Outline of presentation

• The Migrant Health Unit

• Developing a CM service in PHC and Secondary Care

• Development of a Training programme for CMs

• OYO (One Year On) Project – a short evaluation study with health professionals
The Migrant Health Unit

- Proposal to PHC Dept in 2007
- Set up in August 2008 (highest influx of migrant arrivals)
- Health Education in open & closed centres
- Training of Cultural mediators
- Training initiatives with health professionals & students
- Translation of health education material for migrants
- Involvement in projects with other stakeholders
- A bottom-up approach
Experiences of migrants on accessing health care services

- Detained migrants were humiliated when accompanied by soldiers to attend health care appointments
- Language problems
- Attitudes and clashes in cultural issues
- Prejudices regarding skin colour
- Paracetamol – standard Rx
- Trust

Podda Connor, 2007
Perceptions & behaviours of HP

- Some HPs who take an interest in migrants, are automatically allocated to migrants whenever there is an admission of a coloured pt
- Some HPs ask others ‘Are you for them (migrants) or against them?’
- No anti-racism policy in the health care, however the code of conduct states clearly health professionals should ‘Respect patients regardless of their lifestyle, culture, beliefs, race, colour, gender, sexuality, disability, age, social or economic status’
- Some HPs take it in their hands to decide what migrants are entitled for
- Mixed reactions regarding the setting up of the MHU
Challenges

- HP’s sudden exposure to migrants
- Dealing with ‘Fear’
- Migrants accompanied by soldiers while in detention (looked down at by local citizens)
- Frustration in the delivery of care – language barriers
- Lack of information about Entitlement to treatment
- Lack of cultural knowledge, skills and sensitivity
- Migration is a very hot issue - highly debated issue on a political level, negative light by the media
Training initiatives, workshops, lectures (over the last 12 months)

**Seminars:**
- Primary Health Care
- Open centres for staff
- Main Acute Hospital

**What is cultural mediation**
- It is a communication style where the world of one individual is bridged on to the world of another
- It is an ongoing learning process

**Lectures: UOM**
- MSc Nursing
- Degree Plus
- MSc Bio-Ethics
- BA Social Policy
- BSc Community Nursing
- CPD sessions with Maternity staff
Capacity building with migrants

Female Genital Mutilation

Capacity building & knowledge sharing:
Focus groups with Migrant women in Malta

Group leader/Coordinator: Marka Pupus Covan (Migrant Health Unit - Department of Primary Health)
Coordinators in open centres: Charles Zammitt & Jossef Attard (AWAS)
Assistant: Sara Bergholdt (Medicina Sans Frontieres)
Cultural Mediators: Hamida Mekhenneth Holmoud & Ayman Al Asaf - MSF for Senegalese women; Feven Meksin (MSF) for Eritrean women

October 2009
Getting there.....

**Project 1A – Cultural Mediation service in PHC**

- Submission of Proposal to the Director of PHC
- Publications, advice, support and encouragement from **COST, ETNA & AMAC members** (Julie Peubla Frontier, Hans Verrept, Rena Papadopoulos, Alexander Bischoff, Nasir Warfa, Ela Czapka, .....)
- Setting up of a training programme for CM to identified / interested English speaking migrants
- Approval from Director of PHC & Director General
- Applications and interviews
- Recruitment
The Cultural Mediators Role - Highlighted objectives in the proposal

- Provide a translation service for migrants with limited English/Maltese proficiency
- Facilitate clinical encounters by overcoming communication barriers & maintaining confidentiality
- Accompanies migrants with limited English/Maltese proficiency to local health services
- Avoid misunderstandings when explaining diagnosis and prescribed treatments
- Promote mutual respect and good relations between health providers and migrants
- Translate health education materials for migrants
Almost there......

- **Project 2** (not yet finalised) - CM service in Mater Dei Hospital
- **Working group** with CEO of Mater Dei Hospital – working group consisting of (Hospital Director, HR manager, Purchaser, Nursing managers, and staff from the Maternity department)
- Awaiting green light!
# Training Programme for Cultural Mediators in Health Care

**Appendix 1 - Training programme for Cultural Mediators**

## Session 1
- Introduction to cultural mediation
  - What is the role of a cultural mediator
  - Why cultural mediation is significant in health care
  - Who is the cultural mediator
  - Defining boundaries

## Session 2
- Health and social services in Malta
  - Health services in Malta
  - Social services

## Session 3
- Communication skills
  - Who you are & who you are not
  - Introducing yourself and your role in health care
  - Ethical issues in Health care - Confidentiality
  - Interaction with doctors and other health care providers
  - Asking questions when you are not sure what the health provider means
  - Offering advice on cultural issues of dominant culture
  - Acting as cultural brokers
  - Cultural issues on both sides

## Session 4
- Understand the concepts of health education
  - What is prevention?
  - Who is it for?
  - Where and when?
  - How?

## Session 5
- Health issues and chronic conditions of the western world
  - Diabetes
  - CHD
  - Stroke
  - Cancer

## Session 6
- Self-care
  - Distinguishing between work and personal life
  - Compassion fatigue
  - Health life style

## Session 7
- Basic First-aid
  - Understanding when and where to go for emergency services
  - How to give information about sick people
  - The ABCs of first-aid, minor cuts, burns and bites, fractures

## Session 8
- Discussion, Question and evaluation of training programme
  - How do you define your role now?
  - What does not work?
  - Roles and boundaries
  - What difficulties do you come across?
  - What is positive about your work?
  - What would you like to change?
  - Health professionals perception of CM Conflict/Problems during clinical encounters

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Certificate giving Ceremony 16th March 2010
Boardroom - Primary Health Department-Malta
Certificate & Evaluation of Programme

Most participants:
• Happy with the duration of the course
• Preferred topics:
  Ethical dilemmas
  Chronic conditions & medical terminology
  Self-care
  First-aid
• Acknowledged grey areas within the role
Health Education booklets in the waiting room

Baraarujin c/maad
Oo ku haboon saogalootiga

Health Guidelines for Migrants

Guriga ha u qaadan!

Do not remove!
Database & Cultural Assessment tool
COST meeting-Utrecht 2009

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<th>Preferred Language</th>
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<th>Socioeconomic status:</th>
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Database – bio-psychosocial data

Care-plan
Expected outcomes:
- Health needs
- Information needs
- Utilization of services & which
- Barriers to services

Challenges:
- Permission
- Data protection
- Standardisation of database
- Time consuming
- Cultural mediators
The OYO Project
Attendance of migrant patients at HC during the first 7 months of the Cultural mediation Service

Attendance of Migrants at FHC - Jan to July 2009

- GP
- Rx Room
OYO Project
Perceptions of health Professional re. cultural mediators
during clinical encounters in Primary Health Care

Response – very low \((n=8)\); out of approx 45 health professionals in
a mainstream health centre

Objectives of OYO Project:

- To evaluate the cultural mediation service at the Health Centre
  over the past 12 months
- To explore the impact of the cultural mediator’s role during the
  clinical encounter
- To enquire about the health provider’s perception of cultural
  mediators
- To explore whether active collaboration between the two parties
  exists
- To examine the integration of cultural mediators with staff
  members
HPs’ perceptions of migrants

- Migrants dictate their own diagnosis – ‘I have Malaria’
- Migrants think we want to get rid of them when we refer them to a consultant
- Migrants are obsessed with antibiotics
- Migrants tear up prescriptions
- It is not safe to do home visits in open and closed centres where migrants are accommodated
Conflicts within a triadic communication context

- HPs tend to **coerce** rather than **negotiate** care, ‘*you have to ...., you should...., you must...*’
- Speak loudly to patients who do not speak English
- Cultural mediators are expected to be all over the place at the same time
- Collaboration of HPs and CMs can be improved
- HPs are not aware of cultural issues involved which create discomfort to the cultural mediator e.g. telling a pt he has a terminal disease
- HPs are not aware of the grey areas within a triadic communication
- HPs not trained to work with cultural mediators
**Question 1:** How often do you see patients who are accompanied by a cultural mediator?

- 1-3 times
- 4-10 times
- 11-16 times
- 20+
Question 2: In your opinion a cultural mediator is:

- An interpreter
- A Cultural broker
- A learning resource
Question 3: Do you regard the service of a cultural mediator necessary to your work?
Question 4: Do you think that this service has a high level outcome of care for migrant patients?
Question 5: Do you think that migrant patients are satisfied with this service?
Question 6: Does this service increase your ability towards:
A. Diagnosing certain conditions
B. Pain management
C. Management of chronic conditions
D. Taking a detailed history

Participants’ comments:
E. Other: 1. Arrange for follow-ups
2. The understanding of recommendations
Question 7: Do you see migrants as being more compliance when advice is given in the presence of cultural mediator?
Question 9: Do migrants discuss mental health problems or the need for psychological support in the presence of cultural mediators?
Question 10: Do cultural mediators advocate for ‘their’ patients to help them receive a quality health service?
Question 11: Are there any communication style problem in this triadic context?

Participants’ comments: 1. Cultural mediators do not always understand what is asked and they are not always available
2. Some amount of detail is lost in translation
Question 12: How do you rate the quality of interpretation by cultural mediators?
Question 13: Do you consider cultural mediators to be an integral part of the team of health professionals at your health centre?

A Participant’s comments: Yes I have good relations and know them by name.
Question 14: Do the staff engage in normal everyday conversations with cultural mediators during coffee breaks?
Question 8: Do cultural mediators encourage migrant patients to ask questions during the clinical encounter?
Question 15: Do you think that training for health professionals on how to cooperate with a cultural mediator during a clinical encounter is necessary?
The dynamics involved

- Power relations of **health professionals**
- Attitude of **patient** as a result of the 4 minute consultation
- Initiatives from **Cultural Mediators** – not forthcoming due to respect to high authority
- Grey areas experienced by **Cultural Mediators**
Grey areas...

- The patient has told me something that may be relevant, but has asked me ‘not to tell the doctor’.
- The patient wants to tell his long story but the doctor interrupts (time consuming session) and the migrant pt feels that he is not being fully listened to.
- Some male patients do not think that I am interpreting their problems properly just because I am a female CM.
- It is very uncomfortable to tell our patient ‘you have a terminal disease’ directly.
- Pts call me in the middle of the night asking for advice.
- It can be embarrassing to interpret for a female patient during a Gynae consultation (male CM) both for the patient and myself.
- The health professional speaks too fast sometimes.
- Pts call me in the middle of the night asking for advice.
The Triadic model of communication in Health care

Triadic Model of Communication in Primary Health Care

Successful outcome depends on eliciting, probing, trust collaboration with Cultural Mediator

Health Provider

Beliefs and values, sheltered from war conflict, torture and violence, expert in the health field and how the health system functions + Unfamiliar with cultural issues of migrants

Patient

Beliefs, Values, asylum seeking experience, possible trauma, torture and violence, his/her own interpretation of disease, illness and health.

Language problems and looking for coping strategies to adapt to the new culture: housing, employment, education, etc.

Cultural Mediator

Successful outcome depends on confidentiality, impartiality, credibility & collaboration with Health Provider

Efficiency depends on confidentiality, impartiality, credibility & collaboration with Health Provider

Educated, bilingual, knowledge of both cultures and trained

(Podda Connor, 2010)
Key messages about effective clinical outcomes for migrant patients

1. Information about services
2. Employing cultural mediators from minority ethnic communities within the organisation increases cultural competence within it
3. Health professionals need to be meaningfully involved in the communication process
4. Effective processes require action at the institutional as well as individual level
Join Nursing Campaign

www.mumn.org

touch a life ... join nursing

Tel: 7714 1260  E-mail: mumn@maltanet.net
Transcultural Nursing is . . . . . .

- Seeing ‘the person’ in the migrant
- Taking into consideration the migrant’s social context
- Doing away with ethnocentricity
- Transcultural care - as a core module in the curricula
- Reference to the Nursing Code of Conduct
- Placements of nursing students in migrants’ centres
- Emphasising Humanity & Empathy
- Research studies
HPs unaware of the social context of migrants
The good about Networking

- Makes ideas become tangible activities
- Contacts to help you out where bureaucracies may create obstacles
- You always find someone ready to help
- Academic people and people with hands-on experience
- Possibility of developing other networks
- Research areas – too many topics on my mind!!!
- Help comes about not only through formal meetings but also over lunch & coffee breaks
Submitted proposals with COST members - 2010

- **2010 – LDV**: partnership project with Institutions in Brussels, Florence, Barcelona & Malta ‘Bridges Cultures through Mediation’

- **GRUNDTVIG**: multilateral projects with institutions in Vienna, UK, Italy & Malta ‘Integration of Migrant nurses: Sharing experiences for an innovative learning approach

- **Mare Nostrum project** - Joint Proposal Italy and Malta
Commonwealth Association for Public and Administration Management Awards

CAPAM Awards 2010
Migrant Health Unit

semi-finalist