

Improving Transnational Health-care
Encounters and Outcomes:
The Challenge of Enhanced
Transnational Competence for Migrants
and Health Professionals

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BACKDROP TO 21ST CENTURY MEDICAL ENCOUNTERS

- INCREASES IN
 - People, dislocations, cross-border movement, transnational interactions
- ENCOUNTERS WITH MIGRANT PATIENTS CHARACTERIZED BY NATIONAL, ETHNIC, AND (SUB)CULTURAL DIVERSITY
 - “Ethnoculturally discordant”
- NEWCOMERS & THEIR OFFSPRING KEEPING CERTAIN HOSPITAL UNITS OPEN
- UNIQUE CONTEXT & HEALTH-CARE CHALLENGES OF REFUGEES & OTHER MIGRANTS STILL RARELY ADDRESSED EFFECTIVELY (Weinstein, et al., 2000)

MIGRANT HEALTH CARE & HEALTH PROMOTION: BUILDING BLOCKS

- **PATIENT'S VOICE** (Gerrish, et al., 1996, p. 36)
- **EFFECTIVE THERAPEUTIC ALLIANCES REQUIRE PATIENT PARTICIPATION**
- **TRANSNATIONAL COMPETENCE (TC)**

PRESENTATION OUTLINE

- ***DESCRIBE THE FIVE TC SKILL DOMAINS & THEIR RELEVANCE FOR DIRECT PATIENT/PROVIDER INTERACTIONS***
- **EXAMINE EXPLORATORY RESEARCH FINDINGS (FINLAND FULBRIGHT NCS STUDY)**
- **WAYS TC TRAINING AMONG MIGRANTS AS WELL AS HEALTH PROFESSIONALS CAN ENHANCE PROVIDER/PATIENT HEALTH-CARE INTERACTIONS AND ALLIANCES**
- **CONCLUSIONS**

TRANSNATIONAL COMPETENCE (TC) FRAMEWORK

- **GENERIC TC FRAMEWORK** (KOEHN & ROSENAU, *INTERNATIONAL STUDIES PERSPECTIVES*, MAY 2002)
- **INTERDISCIPLINARY ROOTS**
 - International relations
 - Cross-cultural psychology
 - Intercultural communication
 - International business negotiations
- **FIVE SKILL DOMAINS**
 - Analytic
 - Emotional
 - Creative/innovative
 - Communicative
 - Functional
- **MULTIPLE APPLICATIONS**

TC FRAMEWORK (CONTINUED)

- **HANDOUT: MORE FOCUSED FRAMEWORK ADAPTATED TO DIRECT MEDICAL ENCOUNTERS** (See inaugural issue of *EcoHealth* 1, 1 (2004) for details re. method used & sources consulted)

EXAMPLES OF ANALYTIC SKILLS -- UNDERSTANDING OF

- **CONDITIONS THAT LED MIGRANT PATIENT TO LEAVE**
- **HEALTH-CARE CONDITIONS FACED IN HOST SOCIETY**
- ***CONDITIONS IN SENDING COUNTRY THAT
CONTINUE TO AFFECT MIGRANT'S
MENTAL HEALTH & WELL-BEING***
 - *Transnational identity & ties* (Lipson & Omidian, 1996, 12,14)
- **THE OTHER'S PERSONAL BELIEFS REGARDING CAUSES,
TREATMENT, & PREVENTION OF ILLNESS**
- **CONNECTIONS BETWEEN MIGRATION & POST-
MIGRATION EXPERIENCES & CURRENT/PROSPECTIVE
STATUS & NEEDS**

SOME EMOTIONAL SKILLS – ABILITY TO

- ***EMPATHIZE WITH & VALIDATE THE OTHER'S HEALTH-CARE BELIEFS & PRACTICES***
 - *Biomedical*
 - *Alternative*
 - *Ethnocultural*
- **VALUE & REINFORCE RESILIENCE**
- **DEMONSTRATE INTEREST IN MERITING ACCEPTANCE IN THE OTHER'S CULTURE**

SOME CREATIVE SKILLS – ABILITY TO

- **CONTRIBUTE/ENCOURAGE SPECIFIC
PROBLEM-SOLVING IDEAS**
- ***FORMULATE COMPLEMENTARY
COMBINATIONS OF BIOMEDICAL &
OTHER APPROACHES***
- **RECOMMEND HEALTH-CARE PRACTICES &
STRATEGIES SUITABLE FOR CONDITIONS
CURRENTLY FACED BY PATIENT**

COMMUNICATIVE SKILLS – ABILITY TO

- **USE OTHER'S 1ST LANGUAGE OR MUTUALLY UNDERSTOOD 3RD LANGUAGE**
- **USE INTERPRETERS EFFECTIVELY WHEN NECESSARY**
- **USE CULTURALLY APPROPRIATE NONVERBAL BEHAVIOR**
- ***EXPRESS (ENCOURAGE EXPRESSION OF) HEALTH-CARE QUESTIONS & WORRIES***
- **EXPRESS (ENCOURAGE EXPRESSION OF) DOUBTS & DISAGREEMENTS**

FUNCTIONAL SKILLS – ABILITY TO

- **DEMONSTRATE GENUINE CARING**
- **AVOID TREATING THE OTHER IN AN UPSETTING MANNER**
- **RELATE IN WAY THAT BUILDS OTHER'S TRUST**
- **CONSIDER INFLUENCE OF FAMILY**
- **GIVE/REQUEST ALTERNATIVES & CHOICES**
- ***ACTIVATE HOST-SOCIETY & MIGRANT-COMMUNITY RESOURCES LIKELY TO ENHANCE PATIENT'S HEALTH BY ADDRESSING SOCIAL-CONTEXT INEQUITIES***

OUTLINE

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- ***EXAMINE SOME EXPLORATORY RESEARCH FINDINGS (FINLAND FULBRIGHT NCS STUDY)***
- **SUGGEST WAYS TC TRAINING CAN ADVANCE PROVIDER/PATIENT HEALTH-CARE INTERACTIONS AND ALLIANCES**
- **CONCLUSIONS**

FINLAND NCS RESEARCH PROJECT

(SUMMER 2002)

- **235 INTERVIEWS WITH 93 ADULT PATIENTS**
 - 41 political-asylum applicants (ASY)
 - 52 resident foreign nationals (RFN)
 - Plus their principal attending clinician(s)
 - 71 physicians
 - 71 nurses
- **CONFIDENTIAL INTERSUBJECTIVE ASSESSMENTS USED TO CONSTRUCT AN OVERALL INDEX OF TC**
 - Doctor, nurse assessed patient
 - Doctor, patient assessed nurse
 - Nurse, patient assessed doctor

SELECTED FINDINGS (WORK IN PRESS)

- **COMPARISONS OF PHYSICIAN & MIGRANT TC**
- **RELATIONSHIP OF TC TO SELECTED MIGRANT HEALTH-CARE OUTCOMES**
- **EXPLORE TRAINING IMPLICATIONS FOR BUILDING EFFECTIVE THERAPEUTIC ALLIANCES**

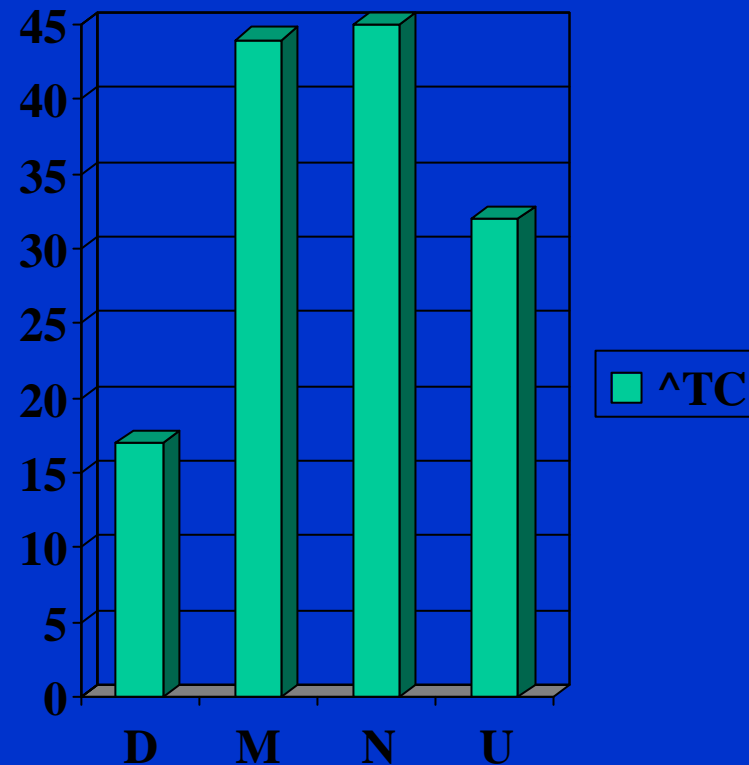
RESEARCH FINDINGS I: TC COMPARISONS

- **MOST PATIENTS (BOTH RFN & ASY) TREATED BY *PHYSICIANS NOT* HIGH OVERALL TC**
- **ATTENDING *NURSES* MORE LIKELY TO BE HIGH TC THAN ATTENDING PHYSICIANS**
- ***PATIENTS* MORE LIKELY TO BE HIGH TC THAN ATTENDING PHYSICIANS**
- **NEXT: CHARTS COMPARING HIGH OVERALL TC & BREAKDOWNS BY EACH SKILL DOMAIN**

HIGH OVERALL TC

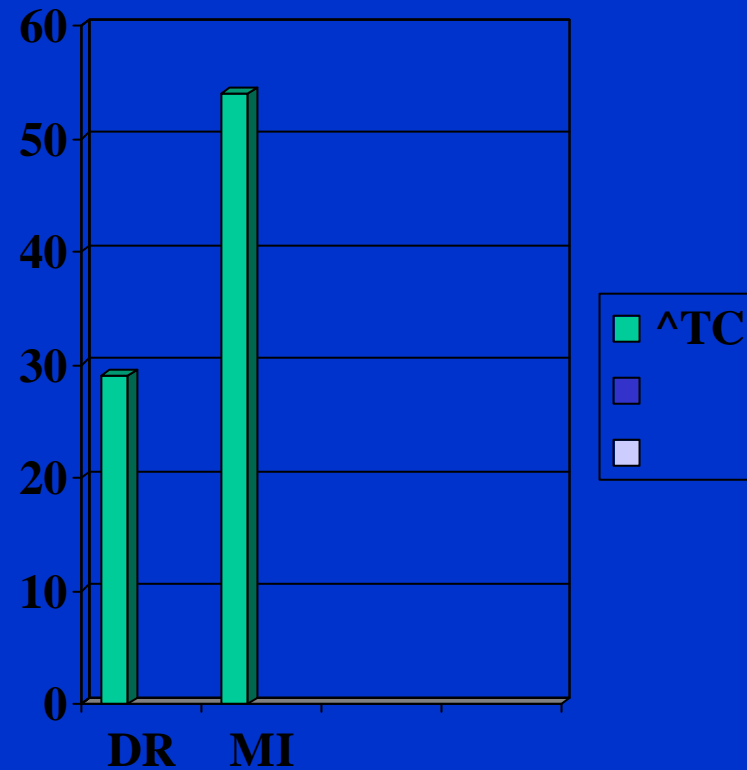
- DR: 19%
- MIG: 44%
- NURSE: 45%
- HC UNIT: 32%

- *ABOUT 1 IN 5 DRs*
- *< 1/2 ALL GROUPS*



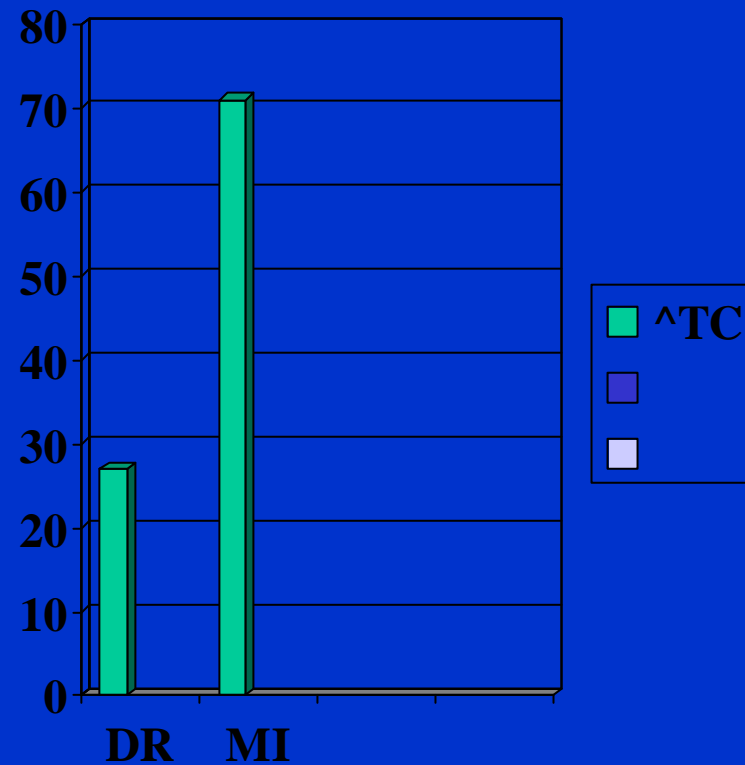
ANALYTIC

- DR 29% HIGH TC
- MI 54% HIGH TC



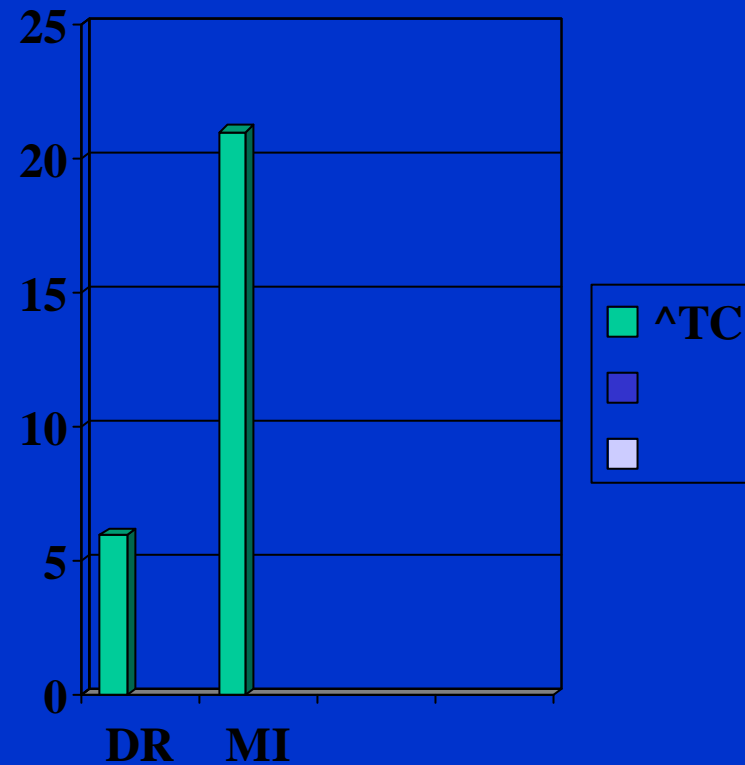
EMOTIONAL

- DR: 27% HIGH TC
- MI: 71% HIGH TC



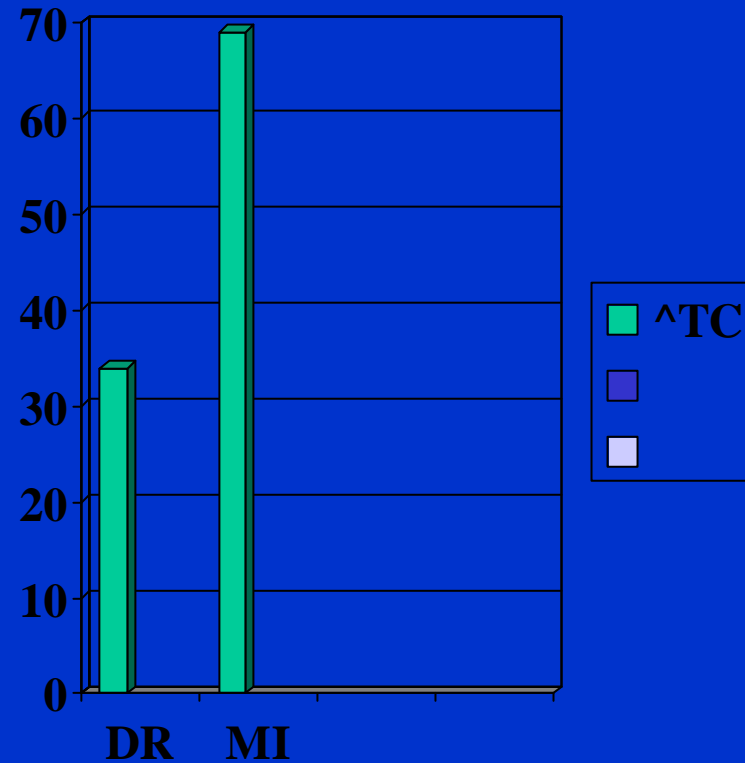
CREATIVE

- DR: 6% HIGH TC
- MI: 21% HIGH TC



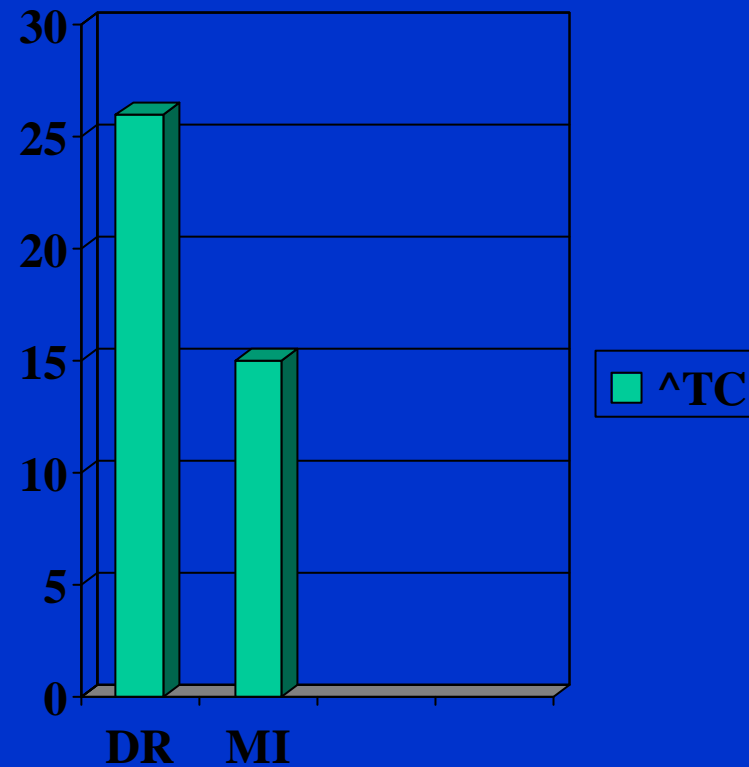
COMMUNICATIVE

- DR: 34% HIGH TC
- MI: 69% HIGH TC



FUNCTIONAL

- DR: 26% HIGH TC
- MI: 15% HIGH TC



CLOSER LOOK AT 4 SPECIFIC FUNCTIONAL SKILL ITEMS WITH LESS THAN 50% PATIENTS RATED EFFECTIVE

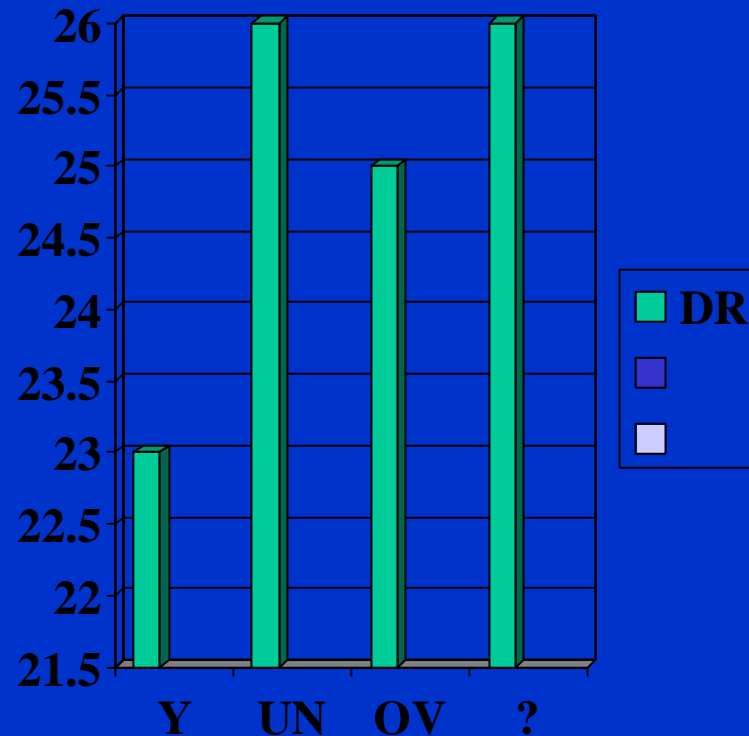
- (1) *SUGGESTS WAYS TO MAKE HEALTH-CARE INSTRUCTIONS EASIER TO CARRY OUT (1% PATIENTS RATED EFFECTIVE)*
- (2) *ASKS DOCTOR TO GIVE CHOICES BEFORE MAKING A FINAL DECISION ON HEALTH-CARE APPROACH (10%; DRs GAVE CHOICES = 14%)*
- (3) *SHOWS CARES ABOUT PROVIDER'S PERSONAL SITUATION(14%;DRs =35% SHOW CARE PATIENTS)*
- (4) *CONSIDERS INFLUENCE FAMILY/COMMUNITY MEMBERS ON ILLNESS/HEALTH (48%; DRs = 28%)*

FINLAND RESEARCH FINDINGS II: SELECTED OUTCOMES

- ***STRUCTURAL CONTEXT* MAKES A DIFFERENCE**
 - ASY much more likely to be *dissatisfied* with care received at reception centres than RFN at commune health centres
- **MOST *PHYSICIANS* DID NOT RECOGNIZE ROLE IN-FINLAND EXPERIENCE IN MIGRANT DEPRESSION**
 - But high-TC *nurses* did
- **HIGH *PATIENT* TC FACILITATED CLINICIAN UNDERSTANDING OF VALUE PLACED ON ETHNOCULTURAL APPROACHES**

**< 1 IN 4 PHYSICIANS ACCURATELY ASSESSED THE
EXTENT TO WHICH THEIR PATIENTS *ENGAGED*
IN ETHNOCULTURAL HEALTH-CARE PRACTICES
IN FINLAND**

- **ACCURAT (Y): 23%**
 - **UNDEREST: 26%**
 - **OVEREST: 25%**
 - **NO IDEA (?): 26%**
-
- ***ACCURATE DRs
MOSTLY HIGH TC***

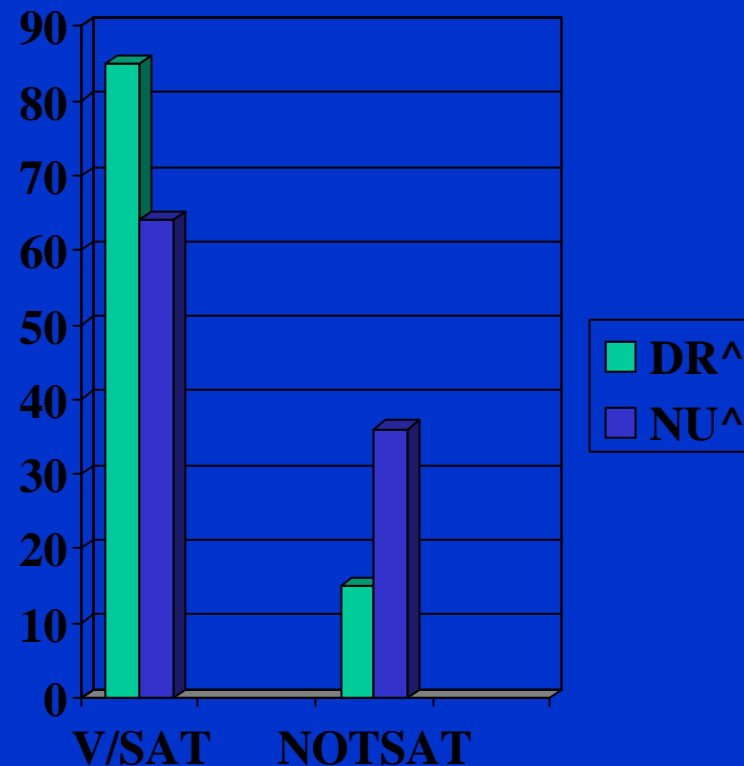


FINLAND RESEARCH FINDINGS II: SELECTED OUTCOMES (CONTINUED)

- **HIGH PHYSICIAN TC IS RELATED TO
PATIENT SATISFACTION WITH HEALTH
CARE**

CLINICIAN OVERALL TC & MIGRANT'S (DIS)SATISFACTION WITH RESULTS OF DOCTOR'S CARE

- 85% *HIGH TC DRs*
- 45% *LESS TC DRs*
- (VERY) SATISFIED PATIENTS
 - 64% *HIGH TC nurse*
 - 50% *LESS TC nurses*
- (VERY) SATISFIED PATIENTS
- *BOTH INTRA- & INTER-PROFESSIONAL COMPARISONS INTERESTING*



FINLAND RESEARCH FINDINGS II: SELECTED OUTCOMES (CONTINUED)

- **1/4 INTERVIEWED PATIENTS (1/5
RFN) HAD *RECEIVED HELPFUL
ADVICE* ABOUT HOW TO INTERACT
WITH HEALTH-CARE PROVIDERS
IN FINLAND**

OUTLINE

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- EXAMINE SOME EXPLORATORY RESEARCH FINDINGS (FINLAND NCS)
- ***SUGGEST WAYS TC TRAINING AMONG MIGRANTS AS WELL AS HEALTH PROFESSIONALS CAN ADVANCE PROVIDER/PATIENT HEALTH-CARE INTERACTIONS AND ALLIANCES***
- CONCLUSIONS

IMPLICATIONS FOR MEDICAL- ENCOUNTER TRAINING

- **EFFECTIVE TC TRAINING LIKELY TO BE VALUABLE IN THE EDUCATION OF PHYSICIANS & NURSES FOR 21ST CENTURY MEDICAL ENCOUNTERS**
- **MOST FRUITFUL INTERACTIONS & MOST POSITIVE HEALTH OUTCOMES WHEN *ENTIRE TEAM (INCLUDING PATIENT)* ARE HIGH TC**

IMPLICATIONS FOR ENCOUNTER TRAINING (cont)

- ***PATIENT TC LEARNING AS ESSENTIAL AS
STUDENT-DOCTOR LEARNING***
 - Patient training results in enhanced doctor/patient interactions
& a variety of improvements in health-care outcomes (Ferguson
& Candib, 2002; Post, 2002, p. 350)
- ***MOST MIGRANT PATIENTS DO NOT WANT TO
BE INCOMPETENT OR HELPLESS IN
TRANSNATIONAL MEDICAL ENCOUNTERS***
- ***SPECIAL ATTENTION TO ADDRESSING
OBSERVED DEFICITS IN TC SKILL DOMAINS***

SUGGESTED ENCOUNTER-TRAINING FOCI: ANALYTIC

- CLINICIANS
- *DISCERN* EFFECTS OF PRE- & POST-MIGRATION EXPERIENCES ON PATIENT'S PHYSICAL/ MENTAL HEALTH STATUS
- *RECOGNIZE* VARIATIONS
 - SOCIOECONOMIC
 - SKILLS
 - HEALTH BELIEFS/BEHAVR^s
- *IDENTIFY* PATIENT'S CAPABILITIES & RESOURCES AMIDST VULNERABILITIES & POWER DEFICITS
- MIGRANTS
- *FAMILIAR WITH* HOST-SOCIETY HEALTH-CARE SYSTEM, LAWS, & RULES
- *FAMILIAR WITH* BASIC BIOMEDICAL PRINCIPLES
- *DISCERN* CONNECTIONS PRE- & POST-MIGRATION EXPERIENCES
- *RECOGNIZE & APPRECIATE* PROVIDER SKILLS

SUGGESTED ENCOUNTER-TRAINING FOCI: EMOTIONAL

- CLINICIANS
- *EMPATHIZE* WITH ETHNOCULTURALLY DISCORDANT PATIENT'S EXPECTATIONS, VULNERABILITY, & RESILIENCE
- *RESPECT* DIFFERENT BELIEFS/PRACTICES (LAY EXPERTISE)
(Popay & Williams, 1996)
- MIGRANTS
- *OPENNESS* TO LEARNING FROM BIOMEDICAL INFO/APPROACHES
- *SHOW CONCERN/COMPASSION* FOR CARE PROVIDER
(FADIMAN, 1997, pp. 213, 252)
 - FAMILY
 - WORKLOAD
 - TREATMENT CHALLENGES

SUGGESTED TRAINING FOCI: CREATIVE/INNOVATIVE

- CLINICIANS
- *ARTICULATE A COMPLEMENTARY BIOMEDICAL, ETHNOCULTURAL, PERSONAL, & STRUCTURAL HEALTH-CARE PLAN*
- *PARTICIPATE IN FORMULATING RECOMMENDATIONS THAT ADDRESS CONTEXTUAL CONSTRAINTS*
- MIGRANTS
- *ENCOURAGE EXPLORATION OF COMPLEMENTARY CARE POSSIBILITIES: BIOMED, HOME REMEDIES/SELF-MGT, TRADITIONAL HEALERS, OCCASIONAL RETURN TO SENDING COUNTRY*
- *PARTICIPATE IN FORMULATING RECMDS THAT ADDRESS CONTEXTUAL CONSTRAINTS*

SUGGESTED ENCOUNTER-TRAINING FOCI: COMMUNICATIVE

- **CLINICIANS**
- ***ENCOURAGE* PATIENTS TO *EXPRESS* HEALTH-RELATED QUESTIONS, CONCERNS, DOUBTS**
- ***TAKE* PATIENT EXPRESSIONS/IDEAS *SERIOUSLY***
- ***CONVEY* HEALTH-CARE *RECOMMENDATIONS* *EFFECTIVELY* ACROSS LANGUAGE & CULTURAL DIVIDES**
- **MIGRANTS**
- ***PROVIDER-LANGUAGE INSTRUCTION***
- ***LESSONS IN CHOICE/USE OF INTERPRETERS***
- ***INFORMATION-SEEKING STRATEGIES***
(Perry, 2001, pp. 48-52)

SUGGESTED ENCOUNTER-TRAINING FOCI: FUNCTIONAL

- CLINICIANS
- *BUILD TRUST BY APPLYING INSIGHTS FROM OTHER TC DOMAINS TO RECOMMENDED APPROACHES*
- *PRESENT INDIVIDUALLY TAILORED OPTIONS*
- *TAKE INTO ACCOUNT INFLUENCE OF FAMILY*
- MIGRANTS
- *WAYS TO SHOW CARE ABOUT PERSONAL SITUATION OF DR/NURSE*
- *PERSONAL/FAMILY PARTICIPATION IN DECISIONS*
- *SUGGEST DESIRED CHANGES IN TREATMENT PLAN –MAKE IT EASIER TO CARRY OUT (Perry, 2001, P. 51)*

SUGGESTED TRAINING FOCI: FUNCTIONAL (continued)

- **CLINICIANS**
- **ADVOCACY SKILLS: PROPOSE & SECURE INSTITUTIONAL & COMMUNITY SUPPORT FOR ENABLING APPROACHES THAT ADDRESS EFFECTS OF SOCIAL CONTEXT & POLICY ON MIGRANT HEALTH**
- **MIGRANTS**
- **ACTIVE INVOLVEMENT IN HEALTH-CARE *SELF-MGT* (MAINSTAY OF THERAPY FOR MANY CHRONIC DISEASES)**
- **SKILLS IN EFFECTIVE *NEGOTIATION WITH REPRESENTATIVES OF RECEIVING SOCIETY INSTITUTIONS***
- ***PROTECT & REINFORCE POSITIVE PRE-ARRIVAL HEALTH PRACTICES* (Barnes, 2004)**

SUGGESTED TRAINING FOCI: STRUCTURAL (*INTERNAL* ENCOUNTERS)

- ***TRANSITION SERVICES FOR MIGRANT PATIENTS (PRE-SELF-RELIANCE)***
 - Medically trained interpreters
 - Physicians spend more time
 - Transportation assistance
 - Family counseling & consultation
 - (Staff &/or lay) advocates (cultural mediators)
- ***TRAINING MIGRANTS FOR DIRECT INTERACTIONS WITH DOCTORS, NURSES, RECEPTIONISTS, INTERPRETERS, & OTHER STAFF (GOAL: ENHANCED SELF-RELIANCE)***
 - Focused TC educational programs
 - Videotapes & written guides
 - Mentors who facilitate TC learning
- ***PROMOTE TC AMONG ALL HOSPITAL PERSONNEL***
 - Staff-development training, hiring practices, incentives & rewards, community assessment, etc

SUGGESTED TRAINING FOCI: STRUCTURAL (RESOURCES FOR *EXTERNAL ENCOUNTERS*)

- **SUPPORT FOR PATIENT'S EXTERNAL CHALLENGES**
 - Access to traditional healers, medicine, nutrition
 - Access to lay (community) health workers
 - Employment
 - Host-country language
 - Further education & credential (re-)certification
 - Maintenance children's healthy practices
 - Legal/policy coalition building & advocacy with host-society institutions
 - Advocacy with community associations

CONCLUSIONS

- **OPPORTUNITY TO REALIZE ONE'S FULL HEALTH POTENTIAL**
 - Human right
 - Global public good
- **EFFECTIVE INTERPERSONAL INTERACTIONS IN MEDICAL ENCOUNTERS ESSENTIAL FOR LAUNCHING “A VIRTUOUS CYCLE OF HEALTH GOVERNANCE” (KICKBUSCH, 2003)**
- **TRANSNATIONAL COMPETENCE TRAINING FOR ALL PARTICIPANTS IN ETHNO-CULTURALLY DISCORDANT MEDICAL ENCOUNTERS WILL ADVANCE HEALTH-CARE ALLIANCES & ENHANCE GLOBAL/LOCAL HEALTH**

NCS MIGRANT-HEALTH CARE RESEARCH PROJECT (SUMMER 2002)

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