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‘Super-diversity’ and its implications for the delivery of health care:

learning from practitioners, interpreters and migrants

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Project overview

Some findings from previous studies

Key concept & approach

Learning from participants

Ways forward?

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The Project

GRAMNet Project, AHRC and SFC

Cross-institution: University of Glasgow, Glasgow Caledonian University & BEMIS

Interdisciplinary: Education, General Practice & Primary Care, Nursing Education, Psychology, Intercultural communication, Sociology

Aim: to develop a research-based, pedagogical model for effective translation in intercultural health care settings, using drama and role play.

Some findings from Literature review into migration and health care, interpreting and health care and intercultural communication in health care settings:

- Overwhelmingly single perspectives represented
  - health practitioners (e.g. Ferguson & Candib 2002, Tribe and Raval 2003, Regenstein *et al* 2008; Quinn 2010, Bischoff & Huddelson 2010)
  - refugees/migrants patients/service users (e.g. Papadopoulos *et al* 2004, Jacobs *et al* 2004; Green *et al* 2005)
  - translators/interpreters (e.g. Raval 2003, Flores *et al* 2003, Hsieh 2006, 2008, Doherty *et al* 2010, White & Barton Laws 2009).
- Clinical settings dominate (Derose *et al* 2010, Priebe *et al* 2011)
- Language identified as key barrier

Super-diversity (Vertovec 2007)

describes current migratory patterns and effects that are not marked simply by the broader range of countries from which migrants are drawn, but relates to the varying experiences of these groups, shaped by the ***interplay*** of factors such as immigration status and related rights and entitlements, gender and age profiles, linguistic competencies, access to labour markets, spatial locations, transnational ties, and human capital.

Intercultural communication (Roberts 2007)

- Examining the communication and interactions between people of different cultures or subcultures
- 'Culture' not limited to 'ethnicity' or language…
- Highly critical role of context

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Experiential learning in managing communication

"Although there are language problems, or other things related to immigration, you really just draw from your experience with Scottish mums." (Community midwife)

"We know our professional boundaries as nurses, we draw upon that, it has to be the same…"(Health visitor)

"I've been doing this long enough, if I see someone has not understood, I can just tell from how they look... so I always check the them: do you have any questions?, even if they say they have understood." (Interpreter)

"When I arrived I didn't know anything, I was on my own. Now I help other women in my position. I go with them and explain what will happen with an interpreter." (Service user)

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Complexities of social interaction in the non-clinical setting

"When you are in the home setting, you deal with all sorts, not just health... Letters from Benefits, schools. I see that as our job too, if we have time." (Health visitor)

"You are the visitor, it changes everything." (Community midwife)

"Sometimes I've been refused entry by a family member when I've got an interpreter… the dad insists on interpreting." (Community midwife)

"There's more noise, more people, it can be more of a challenge, but I think sometimes the patient prefers it as they are more relaxed." (Interpreter)

"I can ask some more questions, sometimes when you are with the doctor, you feel you don't have time, but when its at home, there is more time, to listen to you, you know." (Service user)

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Intersecting barriers beyond language

" I sometimes do try to find out about where exactly the patient is in the immigration process, because it can affect how they present and what they present with. Like if someone has been trafficked. But we don't usually have that information. And probably trying to elicit that at the start of an appointment, then it might be seen to be you are going to drop somebody in it with the authorities." (Sexual health specialist)

"I have this back problem, I want to live a healthy life… and just tell me how to cope with the situation. .[…] I told the doctor about it and he referred me to physio. She said you are not responding and after 3 session I am going to discharge you. I said why ? I want to do the exercises. When we fled from Pakistan I couldn't bring my record. I told them that I have this problem. First they were not ready to believe I had this problem, they thought I was traumatised and that's why I am feeling pain in the back and neck." (Service user)

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Tension between training and practice

"We didn't get any training on working with interpreters. We got some diversity training but that was it. I am sure you can download guidelines... I think now we've been doing it for so long... It would be helpful for people coming into practice." (Health visitor)

*"If you don't answer the (*personal*) questions maybe they won't feel comfortable opening up in front of the professional and they have to tell their personal things.. and they will feel as if I am an outsider. You can't be rude or off because they don't feel comfortable with you… and they have to feel comfortable enough with you to discuss their personal issues with doctor." (Interpreter)*

In summary…

We need to move away from

- Simplistic understandings of difference
- Too narrow a focus on language
- A single perspective approach to health care interactions

We need to move towards

- More nuanced understandings of diversity
- Greater dialogue between service providers and users
- More practice-evidenced research
- Greater innovation in research methods