



THE INTERCOMSALUD PROJECT: MIGRANT WOMEN CARE IN THE HEALTHCARE CONTEXT

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INTRODUCTION

- **Migrants' access to public services is often hindered by factors such as**
 - **linguistic proficiency**
 - **cultural differences**
 - **unfamiliarity with a foreign healthcare system**
 - **power differentials** between them and providers
(Corsellis, 2010; Valero-Garcés & Wahl-Keiser, 2014).
- **Female migrants are at higher risk of poverty and social exclusion, thus**
 - they are more likely to postpone seeking out treatment
 - their needs are not met even when receiving treatment
(Kawar, 2004; Dias, 2010; Ugarte & Ulla, 2019; Martínez Herreros et al., 2022)



COMMUNICATION AND CULTURE IN HEALTHCARE

CULTURE

influences how patients perceive information and comply with instructions

INTERCULTURAL COMPETENCE

is the ability to communicate and understand their own and other culture's beliefs and behaviours and recognise their influence on health outcomes - key ability for providers or interpreters/mediators (Leung, Ang, Tan, 2014).


Intercultural competence has proved to provide more equitable health services in countries where it is included as part of healthcare training (Patternote et al, 2017)

INTERPRETING IN SPANISH HEALTHCARE

- In legislation: right to access healthcare in the same conditions as Spanish citizens, including communication and linguistic rights.
- In reality:
 - non-professional interpreters, often friends or even children
 - common use of Google Translate and similar technologies
 - use of lingua franca
 - lack of communication

(Del Pozo, 2013; Angelleli, 2015; Pena Díaz, 2016)

REAL DECRETO LEY 7/2018 DE SANIDAD UNIVERSAL

 Reconoce el derecho a atención sanitaria y protección a la salud en mismas condiciones a españoles o extranjeros residentes en España

NORMATIVA SANITARIA

Ley 41/2002

básica reguladora de la autonomía del paciente y de derechos y obligaciones en materia de información y documentación clínica

4/2003

las profesiones sanitarias



INTERCOMSALUD PROJECT

- Identify the barriers caused cultural differences in medical appointments
- Measure healthcare provider's intercultural competence
- Introduce professional interpreting services in public healthcare
- Design specific training on intercultural competence for healthcare providers

through



**APPOINTMENT
RECORDINGS**



**SURVEYS AND
INTERVIEWS**



QUANTITATIVE RESULTS

DEPARTMENTS

- Obstetrics
- Psychology
- Nutrition
- Dermatology
- Pediatrics
- Genetics
- Traumatology
- Oncology
- Social work

LANGUAGES

- Arabic (13)
 - Chinese (4)
 - Ukranian (5)
 - English (6)
 - Russian (4)
 - Others: Rumanian, Urdu, Portuguese
 - Spanish control group
- +40 recordings

■ QUALITATIVE RESULTS

NON-PROFESSIONAL INTERPRETING

- Management of turn taking isn't always effective, especially when there is more than one provider/user in the room.

Non-professional interpreters, or interpreters not trained in the public service setting, compromise the information that patients receive



N, an Oncology patient, had many doubts about the side effects of her treatment. She asked her provider, via her interpreter, but was not satisfied with the response. She tried to ask a couple more times whilst recollecting her symptoms, but the provider would interrupt, and the interpreter could not redirect the conversation to her doubts.

■ QUALITATIVE RESULTS

NON-PROFESSIONAL INTERPRETING

Non-professional interpreters, or interpreters not trained in the public service setting, compromise the information that patients receive

- Parallel conversations are often not translated.



G, an Obstetrics patient, came with her partner, who spoke Spanish. When he asked some questions about her treatment directly to the healthcare provider, the conversation was not interpreted into her language by the available interpreter.



During her appointment in Oncology, D's provider called a colleague to discuss therapeutic options for her. She made no attempt to inform D of the conversation, and the interpreter did not interpret or inquire to the provider either. In the end, D had to ask about the contents of the conversation.

QUALITATIVE RESULTS

INTERCULTURAL COMPETENCE

Patients voice their
comfort when they feel
heard and understood
within their own culture

➤ Z, a Psychology patient, in conversation with E, her therapist:

E: "I've always had doubts that, since I am a man, that I may cause you to be uncomfortable."

Z: "No, because you are a very kind and friendly person, and I feel you understand what I tell you, that you understand my words, that you feel what I feel."

E: "Thank you, that's good. It's true that in some cultures, talking about feelings if you are a woman with a man is harder. That's why I want to make sure about this from the start. In case it's uncomfortable for you."

■ QUALITATIVE RESULTS

CONSULTATIONS TO BE AVOIDED

When interpreters are not available, information is often not conveyed accurately, or transmitted at all



L, a high-risk Obstetrics patient, after an appointment without an interpreter that had left her scared and worried, contacts an interpreter for her second appointment. They have to repeat the entire conversation, and she realises she had understood everything backwards and her baby's life was not in danger.



M had been referred to the Genetics Department from her health centre because of history of a particular genetic disease in her family. In the Genetics appointment, with an interpreter available, they realise the risk comes from her husband's family. However, he had already been cleared from the disease, so there was no such risk.

■ QUALITATIVE RESULTS

DISREGARD FROM HEALTHCARE PROVIDERS

Healthcare providers tend to consider the patients' more linguistically proficient than they really are



H had been accompanying her son in the hospital for a few days. Social Services had tried to communicate with them, fruitlessly, since H did not speak any Spanish and her son was not fluent. Finally, the social workers contacted an interpreter and informed the healthcare providers of the interpreting services. They reply:

“The son does speak Spanish, so we’ve been able to talk to them alright”

■ QUALITATIVE RESULTS

IMPACT OF INTERPRETERS AND MEDIATORS


The presence of a multicultural mediator reassures patients and plays a crucial role in their health outcomes



L, a high-risk Obstetrics patient, had been encouraged by her doctor to get a tubal ligation due to a high risk of mortality in the event of a fifth pregnancy. She refused until an interpreter from her own culture mediated the conversation between her and the healthcare provider.



O, in a Pediatrics appointment, refused to vaccinate her son due to a stem cell transplant rejection he had suffered at the same time as his previous vaccination. With the aid of the interpreter, the provider was able to explain the correlation between her son's illness, vaccination and possible complications accurately. Eventually, she accepted to vaccinate him.



CONCLUSION

- Patients' linguistic needs are disregarded by healthcare providers, which may impact their health outcomes negatively
- Providers that show intercultural competence skills foster trust with their patients, which is linked to higher rates of adherence to treatment
- Interpreters are not linguistic facilitators: their presence plays a major role in patients' decisions and health outcomes.
- Resources spent on repeated consultations or incorrect referrals, instead of interpreting resources



THANK YOU!

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