



Primary
HealthCare

Cultural Mediators in the Health Services

**WHAT TWO-WAY-INTEGRATION-NEEDS
ARE CULTURAL MEDIATORS RESPONDING TO?**

5th August

What is communication in Healthcare?

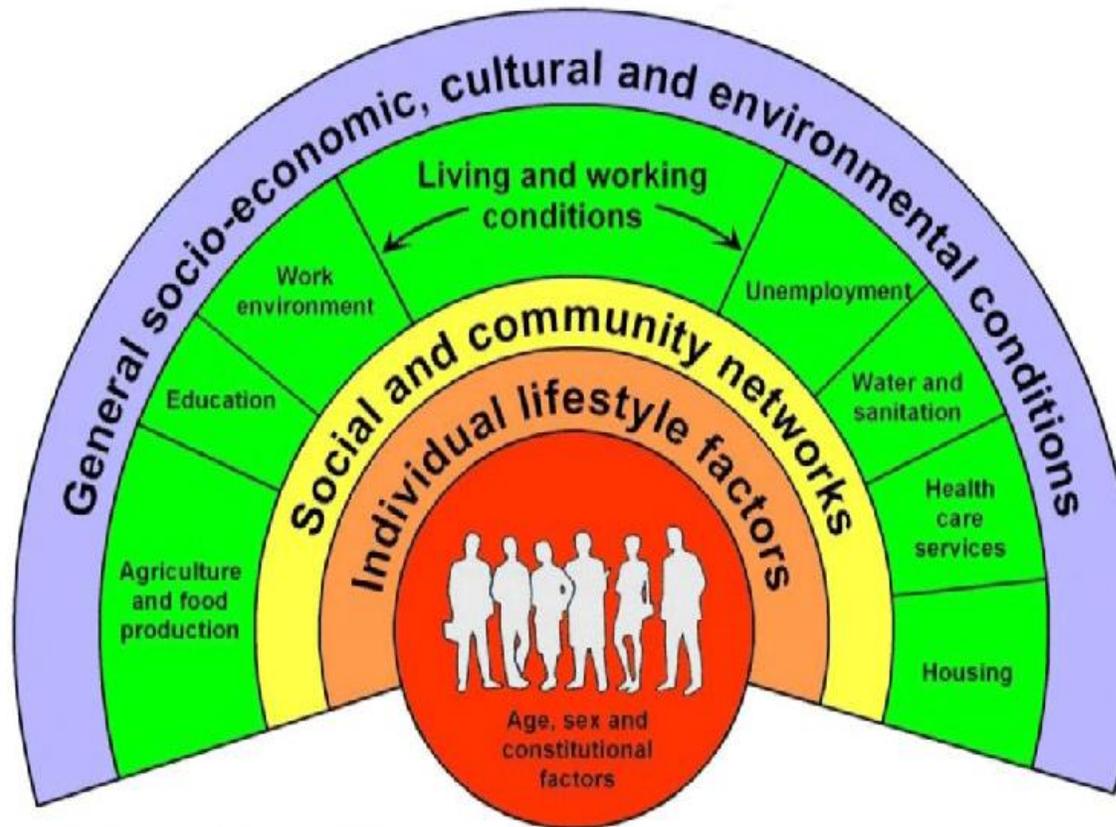


- Active listening
- Assessing body language
- Possessing a non-judgemental attitude

Lack of →

- Inadequate education about medication
- Incomplete follow-up instructions
- No information given to the patient

Effects on migrants



Source: Dahlgren and Whitehead, 1991



Migrants experience language barriers, socio-cultural barriers and the consequences of interethnic tension, racism and discrimination.

Patients who face language barriers are more likely to consume more healthcare services and experience more disparities and unequal treatment

Health providers who face language barriers perceive language barriers to be a source of workplace stress and an impediment to the delivery of high-quality healthcare

Face-to-face Service commenced Primary HealthCare in 2010:

- Contracts have been regularly renewed to date
- Rapid turnovers
- Lack of female cultural mediators in certain languages
- Service has not been adapted by other health entities

Cultural Mediators in Health Care

Duration 20 hours; MCQ test; Certificate of Attendance

Theoretical Part

- Role of the CM
- Involvement within the healthcare services
- Health Conditions: *chronic conditions, SGBV, Maternal Health, Mental Health, infectious diseases*
- Ethics and Boundaries

Cultural Mediators in Health Care

Activities

- Role plays
- Presentations
- Discussions

In-house training for employed cultural mediators is given as necessary:

e.g. COVID 19 training:

Infection control

Donning and doffing of PPEs

Characteristics of a CM



It is not enough to be able to speak the required language/s:

- Maintain **confidentiality**
- Credible
- Impartial
- Advocate

*Health professionals need to be trained on how to work
with cultural mediators*

Ethical Dilemmas and Grey areas...

The patient has paused, just to breathe, but the HP assumed that it is now his own turn to speak, and interrupts the patient

The health professional has been speaking for a very long time, and I cannot remember everything that he said

It can be embarrassing to interpret for a female patient during a gynaecological consultation

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 patients 'you have cancer' directly

The patient has told me something that may be relevant, but has asked me 'not to tell the doctor'.

This is overridden in cases when:

A patient tells the CM not to tell doctor about:

- suicidal ideation
- stopped treatment for TB; HIV

- Expansion of service
- Recognition of role
- Addressing health disparities

*Engaging cultural mediators from minority ethnic communities within the organisation increases **cultural competence** within it*