



Roles and effectiveness of intercultural mediators in Belgian health care

Hans Verrept

FPS Health Belgium





The intercultural mediator

A diverse profession surrounded by controversy

Effectiveness?

Effect on:

- accessibility
- quality of care
- outcome
- health literacy
- patient satisfaction
- patients' rights, ...

Needs assessments

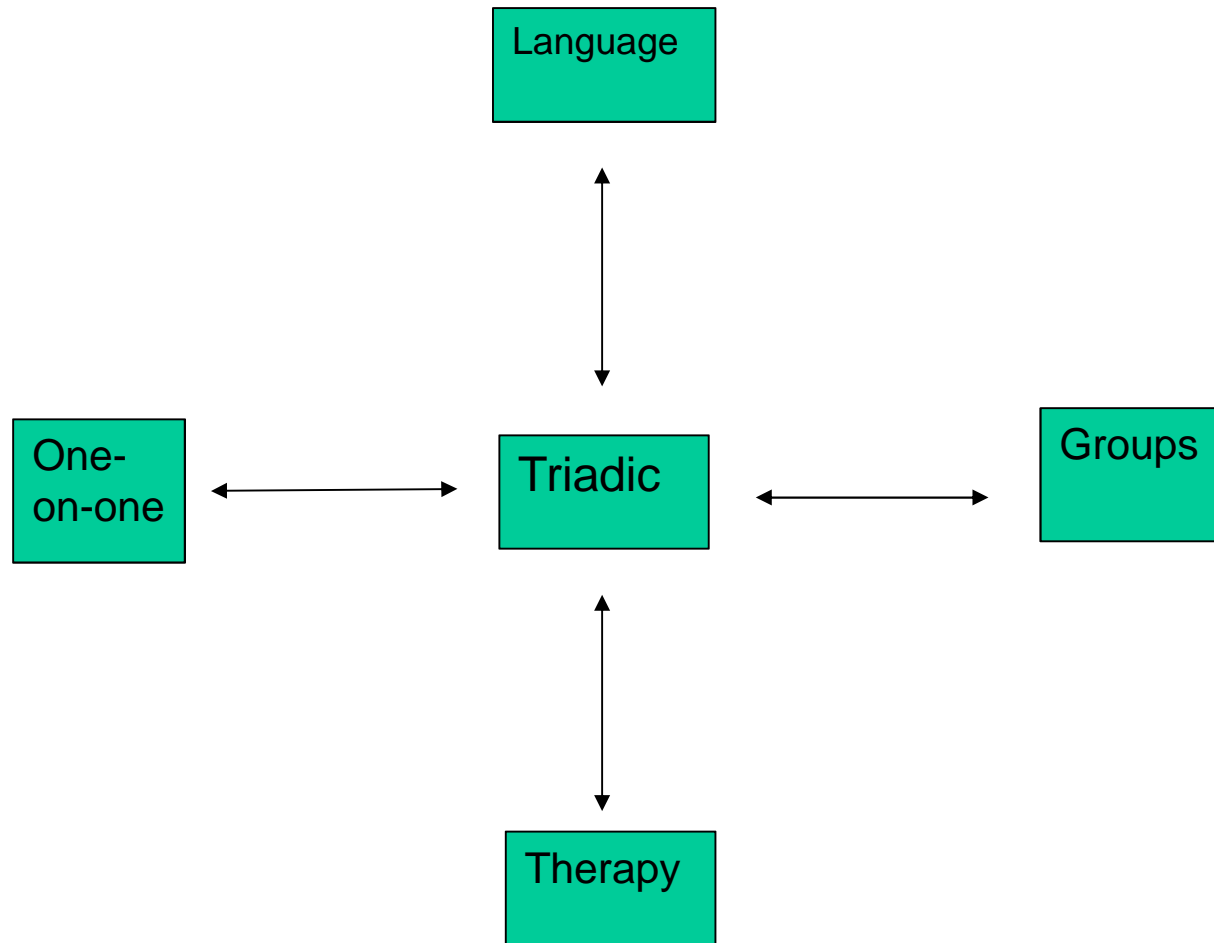
Cost-effectiveness



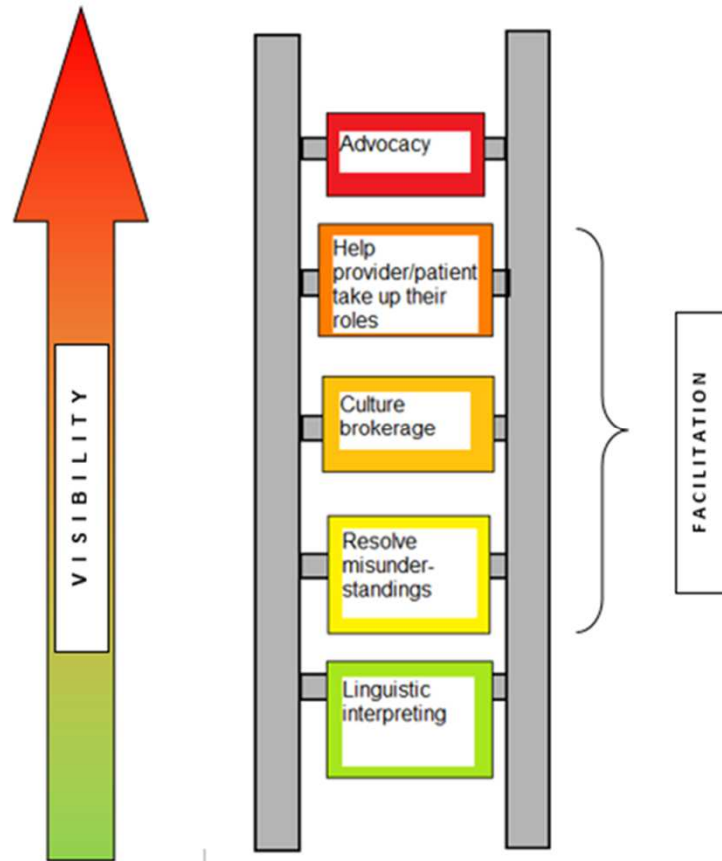
Intercultural mediator:

An intermediary whose mission it is to reduce the interference of linguistic and (socio-)cultural differences and interethnic tensions on the accessibility and quality of care

A typology of IMs

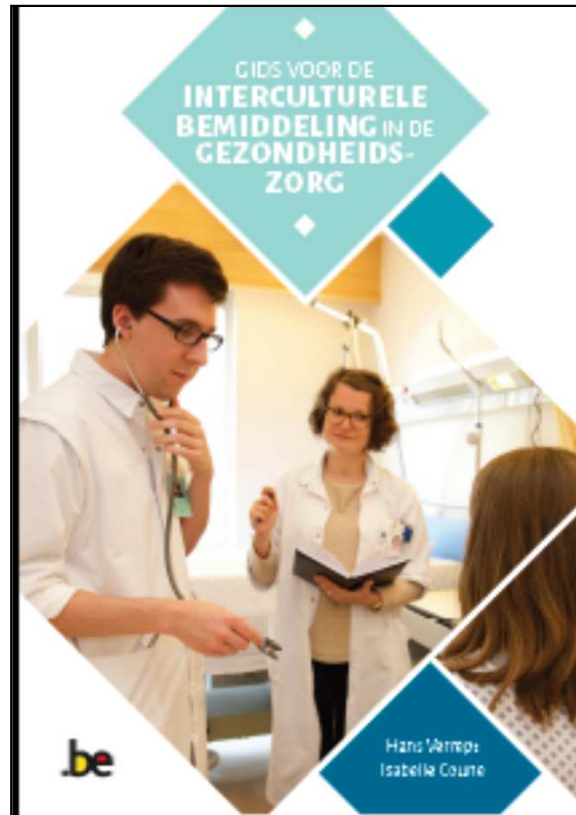


Roles of the intercultural mediators in Belgian health care





Guide for intercultural mediation in health care





Types of services provided

On-site intercultural mediation (hospitals)

Video-remote intercultural mediation (idem, primary care centers, medical services for asylum seekers)

A screenshot of a web browser displaying the 'Afspraak maken' (Make appointment) page on the RIZIV Intercult website. The page is in Dutch and shows a form for selecting a language and a mediator. The browser address bar shows 'https://intercultbe.appspot.com/afspraak-plannen-zoek.html'. The website header includes the RIZIV logo and the text 'federale overheidsdienst VOLKSGEZONDHEID, VEILIGHEID VAN DE VOEDSELKETEN EN LEEFMILIEU'. The user is logged in as 'hans.verrept@intercult.be'. The main content area has a navigation menu with 'Home', 'Afspraak maken', 'Lijst van bemiddelaars', 'Lijst van hulpverleners', 'Mijn fiche', and 'Veelgestelde vragen'. The 'Afspraak maken' section has a progress bar with three steps: 'Taal/bemiddelaar selecteren' (selected), 'Gewenste datum en uur / meer informatie', and 'Resultaten'. Below the progress bar, there is a dropdown menu for 'Kies een taal' with 'Farsi' selected, and a text input field for 'Bemiddelaar'. A 'Volgende' button is at the bottom of the form. The footer of the page says '© RIZIV, alle rechten voorbehouden'.



Effectiveness of intercultural mediators (1995-2018)

Research questions

How does the work of intercultural mediators affect the quality of care?

Video-remote intercultural mediation: is VRIM a valid and acceptable alternative for on-site intercultural mediation?



Methods

Qualitative studies: in-depth interviews, focus-groups, participant observation, material collected during supervision sessions, discussions with managers of intercultural mediators

Data on the type and number of interventions



On-site intercultural mediation: communication, trust

“I don’ think that I am doing my work as thoroughly without the IM. [...] They [the patients] are giving short answers, and I’m using short questions, using simple language. [...] Without the IM, you leave the patients with the uneasy feelings that you haven’t been able to do much for them.”

(Nurse, mother and baby health service)



A first attempt to perform a gastroscopy on a 57 year old Berberian woman had to be aborted because the patient got into a state of panic. I found out that she thought that she was undergoing surgery. The second attempt was successful. I translated the doctor's instructions. He was surprised it was so unproblematic this time, and that the patient cooperated so well. (IM, hospital, story confirmed by MD)



One of my Moroccan patients has very heavy children ... she would certainly not have had the courage to tell me how she is feeding her babies. But she did tell the IM. So now I know. It is important to know that the excessive weight of the babies is simply a question of eating too much, and that I don't have to start looking for a metabolic disorder.

(GP, mother and baby health service)



A patient underwent dialysis and intended to travel to Morocco to a spa and to go on a pilgrimage without telling the health provider anything about her plans. She would not have been dialyzed in Morocco, if she had not told me about her plans. Together with the doctor; I was able to convince her of the necessity of the treatment, also in Morocco.

(IM, hospital)



An elderly lady had always claimed that she was well-cared for and even financially supported by her son, who in reality turned out to be a drug addict and a thief. Following the revelations made to the IM, a meeting with the son was organized. The social worker could arrange for a social security benefit for the son. This intervention considerably reduced the stress associated with the financial problems of the family.

(IM, hospital)



I used to be my wife's interpreter when she went to see the gynecologist [...]. To avoid feelings of shame, I stood a little apart from my wife. It is better now with the IMs. It is better to discuss women's affairs between women. There are things I can not say to my wife, even if I am her husband.

(Moroccan man, hospital)



Patients' views

She can understand, because she knows how things are in our community.

(Moroccan woman, hospital)

The presence of the IM is proof of the fact that they really want to help us here at the hospital.

(Moroccan woman, hospital)

When she [the IM] enters the room, my heart opens up.

(Moroccan woman, hospital)



Positive effects

Aware of misconceptions that exist in their group

More effective in convincing patients to follow up treatment

Reading non-verbal clues

Adapt services to provide culturally sensitive care



Problems / thresholds

Lack of training of care providers to work with IMs

Non-reliance on IMs by care providers

Advocacy



Video-remote intercultural mediation

Why?

Assesment by care providers, IMs

Compliments and complaints of patients



Providers' views

It is the difference between being unable to communicate and communicate very effectively. Suddenly, you can really take care of your patient.

(MD, primary care center)

Better diagnosis, better compliance, less technical exams.

(MD, primary care center)



The new oncologist tells me, ‘what great technology this is, so good that we have this at the hospital’. The patient is understood, that’s of the essence, that he shows up for his appointments, follows his treatment correctly, that we can answer his questions”
(Oncology nurse, hospital)

The IM tells me when she thinks the patient has not understood the message. She asks me: may I check whether he has understood?
(MD primary care center)



There was also an added value when the IM provided some information on the spirits in Turkish culture, it was important for me to know about this.

(MD, primary care center)



Most care providers + IMs prefer on-site mediation

Considered to be an acceptable and valid alternative by care providers, IMs

Acceptable (and sometimes even preferred) in psychiatry/psychotherapy

Technical issues hamper take-up of the service

Many care providers do not use the system

Limited availability of intercultural mediators



Concluding remarks

Positive effects on the quality of communication

Contributes to the establishment of a trustful relationship

Contributes to culturally sensitive care, patient satisfaction

Video remote service is a valid alternative to on site IM



Not relied upon by an important group of care providers

Needs are not covered

Risk of burn-out in IMs