Ensuring Dignity & Professionalism in the Care of Migrants - A shared Nursing Experience between Ireland and Malta

International Council of Nurses Conference

Malta
May 2011

Patrick J. Boyle (Ireland) & Marika Podda Connor (Malta)
Presentation (Irish experience)

♦ Acknowledgements
♦ Migration - A more culturally diverse Ireland
♦ Globalisation & the impact on Nursing in Ireland
♦ Defining Dignity & Professionalism - Why?
♦ Nursing Obligations
♦ Nurses as agents for change – Social / Political
♦ References / Further Information
Acknowledgments

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♦ All those people & faces behind the stories who continue to teach and
  challenge me professionally and personally……
♦ Go raibh míle maith agaibh - (A thousand times - Thank you)
Times of Change in Ireland….
Migration in Ireland

April 2009 – April 2010
Total Pop: 4.4 m
Emigration: 65,300
No. Immigrants 57,300 / 30,800

Asylum Applications:
Year 1993 (91) - Year 2003 (11,634)
Year 2004 (4,766) Year 2007 (3,985) 2009 (2,689)
Year 2010 (1,939) 2011 to date (385)

Main Countries:
Nigeria, Pakistan, Afghanistan, Iraq, Zimbabwe, DRC, China

Accommodation: Direct Provision (6,000) Plus
Medical Service: As per Irish Citizens (Plus Health Screening)
Migration & Cultural Diversity in the Irish Context

- Not a new phenomena
- 1990’s increase in ‘Multiculturalism’
- Over 160 Ethnic Groups
- Tendency to focus on one particular ‘group’
- All groups not ‘homogenous’
- Some groups used as ‘scapegoats’
- Some more Vulnerable than others
- Ethnocentrism
Some simple facts: Ireland

♦ Changing demographics
♦ Most rapidly expanding population in EU
♦ 2004 Citizenship Referendum
♦ 2006 Census - 10% - 12% non-Irish Nationals
♦ 4% increase in total population since 2002
♦ 66% as result of inward migration
♦ Enlarged E.U - 27 members
♦ Economic Boom ‘Celtic Tiger’ - ‘Boom to Burst’
♦ Categories of migrants - ‘Push / Pull Theory’
♦ Increasing ethnic diversity / ethnocentrism / racism
♦ Global Nurse Migration
♦ International Council of Nursing / MRDPs.
♦ Nursing / Healthcare models of Transcultural Care / C.C.
Time for Re-Defining Culture?

“Culture is as much about inventing as it is about preserving; about discontinuity as about continuity; about novelty as about transcendence of norm; about the unique as much as about the regular; about change as much as about monotony or reproduction; about the unexpected as much as about the predictable”

(Zygmunt Bauman)
Globalisation - who’s leading on social, political and cultural issues in Modern Ireland?

Do these issues affect the health of the ‘nation’?
Who are the leaders in addressing these issues?
How can Nursing contribute to the social / political discussion & agenda?
What experiences and learning can we share….?
Make room for Nursing…….let’s start the talking!
Times of change for Nursing & Healthcare…

♦ Professional Standards
♦ Education & Training
♦ Regulation
♦ Ethical
♦ Cultural
♦ Quality Assurance
♦ Accountability
♦ Public Confidence
Effects on Health & Social Care - Why?

In a changing Ireland (World) it’s time to revisit our definitions and understandings of Health & Nursing and explore how we & others construct our health beliefs and practices…

• Experiences, understandings and definitions of ‘health’ / healthcare
• Expectations of health care and health professions (Nursing)
• Strategic Planning / Social Inclusion / Equality
• Healthcare Economics - Healthcare Politics

“Growing realization that our understanding of health and illness has to be considered not only in terms of biological factors but also in terms of social and cultural determinants too….”

Papadopoulos 2006
WHY?

Obligations in the delivery of Healthcare:

• Professional

• Statutory & Legislative

• Moral & Ethical
ICN encourages nurses to examine the extent of the problem in their countries and undertake co-operative action to provide adequate health services for Migrants, Refugees & Displaced Peoples (MRDPs) via:

- Public Awareness, Identifying specific health needs, lobbying governments, drafting & adopting of strategies, policies & legislation,

- Educational programmes for nurses addressing factors – human rights violations, Social justice issues, trans-cultural healthcare migration trends, etc.
“The language of Human Rights frequently conjures up images of repressive regimes and political prisoners......human rights also refer to basic everyday rights such as dignity, fairness, freedom and equality – these are the essence of Transcultural care and particularly relevant to nursing and healthcare in contemporary Europe”

“The failure to provide culturally appropriate services is not always deliberate but is underpinned by ethnocentricity which assumes people of other cultures find mainstream provision acceptable and effective”

Tilki 2006
Globalisation has resulted in a shift in thinking from ‘traditional nurse mode’

- The UN, EU and other international laws & Instruments offer an important theoretical & legal framework for the protection of all people. However, national immigration law is often the arena where human rights and national self interests clash and the principle of promoting the best interests of vulnerable groups can be overlooked –

- Where are Nurses in this debate?
Understanding Migration & the Nursing Response

♦ ‘Push & Pull’ Factors
♦ Socio-Political Factors
♦ Experiences prior to arrival, en route, current – regardless of migrant status
♦ Cultural adaptation
♦ Physical /Psychological
♦ Biological Variations
♦ At risk sub-groups
♦ Loss & Bereavement
♦ Trauma / Torture
♦ Security / Safety / Trust
♦ Access to services
♦ Effects of asylum process
♦ Future Prospects
Do we as nurses have a professional role in maintaining human dignity?

♦ Dignity:
‘Quality of being worthy of respect’
‘self-importance’ ‘pride’ ‘self-esteem’ self-respect’
PTT Model for Developing Cultural Competence - Underpinning Values – used in Migrant Health

- Human Rights
- Socio-Political Systems
- Intercultural Relations
- Human Ethics
- Human Caring

“Cultural Competence as a process and an output resulting from the synthesis of knowledge and skills acquired during our personal & professional lives to which we are constantly adding”

Papadopoulos 2006
The Papadopoulou, Tilki and Taylor Model for Developing Transcultural Nursing Competence

**Cultural Awareness**
- Self awareness
- Cultural identity
- Heritage adherence
- Ethnocentricity
- Stereotyping

**Cultural Competence**
- Assessment skills
- Diagnostic skills
- Clinical skills
- Challenging and addressing prejudice, discrimination and inequalities

**Cultural Knowledge**
- Health beliefs and behaviours
- Ethnohistory / Anthropological understanding
- Sociological / Political understanding
- Psychological and Biological understanding
- Similarities and variations

**Cultural Sensitivity**
- Empathy
- Interpersonal / communication skills
- Trust
- Acceptance
- Appropriateness
- Respect

Migrant Health: Nursing informing the Irish Health Agenda…some tips!

Tips:

♦ Be Political - Look beyond ‘nursing’ - ‘the bigger picture’
♦ Be Confident - your wealth of knowledge and Skill - ‘Knowing their story’ …what is happening at grass roots level?
♦ The ‘Hearts & Minds Reality – The Pain and Gain of Nursing - EMPATHY.
♦ Developing interagency partnerships (voluntary / NGO / Government professional groups / health care systems / organisations)
♦ Share the work - (TEAM) – Advocacy, inform & liaison with colleagues, communities.
♦ Know your responsibilities & Acknowledge your Boundaries / Limitations.
♦ Expect disappointments and rejection - Colleagues / service users / policy makers.
♦ Maintain your sanity!! Have Switch Off Outlets - Essential!! Work /life balance

Examples:

♦ HSE Intercultural Health Strategy Implementation Group
♦ Department of Justice / Department of Health / HPSC Scientific Advisory Groups
♦ University Lecturing / Develop Module Co-Ordinator (Nursing Schools)
♦ Facilitate & Encourage Clinical Placements for Nursing students (undergrad / Post)
♦ Establishing TNN – Irish Transcultural Nurses Network
♦ Researching & Networking (local, national, international exchange)
Example: Migrant Children - Silent Voices....advocacy

Children’s Facilities in Refugee Accommodation:

♦ Observation / Have a ‘hunch’!
♦ Paediatric Nursing Background - UNCRC
♦ Inform yourself - Frame rights and needs (literature, experiences, policy, law)
♦ Gain support / expertise & write proposal - convince others
♦ Now a Best Practice model within Direct Provision - Pre-School / Play therapy
♦ Interdisciplinary – PHN, psychology, GP, schools
Another Example….

♦ Men’s Group
♦ Specific gender associated problems- cultural integration / adaptation, medical, psycho-social problems, domestic issues,
♦ Multidisciplinary approach (nursing, psychology, social work)
♦ Facilitated Peer Support Group - closed / structured
♦ Voluntary Community NGO Partnership Model
♦ Culturally Competent Staff
♦ Possible to do with very limited resources
Cultural Competence it’s about working together…..

“I’m better off than when I started…I gained confidence…found my confidence here…I’m very happy…I am grateful..”
Personal Reflection:
(The following is a poem written (in English) by a Kosovar Albanian Refugee who attended our clinic in 2001)

Angels Two

I never dreamed that I’ll write,
   For two sweeties with
   bleeding heart despite,
It came in moment after mid-night,
   When from pain and sorrow,
   I have to write for you two.
A moment painful, a moment of fears,
   Split of moment fulfilled with tears,
   I was never poet – I guess,
This refrain keeps bruising my heart,
   And this heart sins only for you two,
   And I feel I’m getting old,
I don’t know did you went to heaven,
   But I think am in hell,
   Maybe you are missing me,
   But be sure daddy misses you too.

E.A
Follow the three R’s:
- Respect for Self,
- Respect for Others and
- Responsibility for all your Actions.
Go raibh míle maith agaibh!

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Bibliography


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Welcome to Malta & Gozo
The Immigration phenomenon in Malta

Migrant arrivals over the last few years:
2007: 1,702
2008: 2,775
2009: 1,397
2010: 27
2011: 1082

= 300 (Malta) = 50,000 (Spain)
Procedures for New Arrivals

- Migrants are brought ashore by the Armed Forces of MALTA (AFM)
- Seen by the Port Health Doctor
- Taken to Detention Centres (3)-maximum 18 months until application of asylum has been processed
- Screening for Tuberculosis in detention and again before release
- GP/Nursing Service in Detention-5 mornings a wk
- On release from detention migrants are transferred to Open Centres (10)
- Access Mainstream services
Challenges faced by New Arrivals

Main challenges

- Housing
- Education
- Unemployment
- Health
Migrant Health Unit
Department of Primary Health, Malta

- Administrative role
- Teaching role to migrants-Health Education
- The set up of a cultural mediation/interpreter service + training programme
- Teaching role to health professionals
- Outreach service
Overcoming barriers in Health Care

- Access – information
- Language – learning how to work with a cultural mediator
- Understanding the health risk factors
- Understanding screening
- Information to health professional-socio-economic status of migrants, working with interpreters, attitudes and behaviours of migrants
- Learning to work out the differences between the migrant patient’s perceptions and the bio-medical model
Cultural Mediator: an essential team member
Role of the Cultural Mediator

- Confidentiality
- Credibility
- Impartiality
- Conveys the culture of the patient to the health professionals and vice versa
- Must not omit, change or add information
- Full collaboration with the health professional
# Training Programme for Cultural Mediators in Health Care

**Sahha Primarja**

## Programme Leader:

Marika Podda Connor  
Migrant Health Unit Coordinator  
Primary Health Department-Malta

| Session 1 |  
| --- | --- |  
|  
| Introduction to cultural mediation |

| Session 2 |  
| --- | --- |  
|  
| Health and social services in Malta  
[Malta National Health Care](https://www.healthy.gov.mt)  
[Medical Centre](https://www.medicalexpress.com)  
[Pharmacy](https://www.pharmacy.com) |

| Session 3 |  
| --- | --- |  
|  
| Communication skills |

| Session 4 |  
| --- | --- |  
|  
| Health issues and chronic conditions of the western world |

| Session 5 |  
| --- | --- |  
|  
| Self-care |

| Session 6 |  
| --- | --- |  
|  
| Basic concepts of Community Based Health Education |

| Session 7 |  
| --- | --- |  
|  
| Basic first-aid |

| Session 8 |  
| --- | --- |  
|  
| Ethical dilemmas & evaluation of training Programme |

Certificate giving Ceremony
Cultural Mediators in Primary Health

Cultural Mediators Service at Floriana HC:
- Mon to Sat: 0800-1400
- A total of 7 languages
- Assisted over 2000 patients since April 2010

STOP THE SPREAD OF GERMS
- Cover your mouth and nose when you cough, sneeze or blow your nose.
- Put used tissue in the garbage
- Wash hands with soap and water
- Always Cover Your Cough
  - Covering your cough or sneeze can stop the spread of germs
  - Always use a tissue; no handkerchiefs or cloth
  - Keep your distance when coughing or sneezing

JOOJI FAADFFIDA JEERMISKA
- Waxaad dabooshaa afkaaga iyo sankaaga marka aad qofacaaysid, hindhisaysid ama aad diiifsaneysid
- Safaleetiga xaashida ah ee aad isticmaashid waxaad ku dartaa
- Waxaad gacmahaaga ku nadiifi saa saabuun

Marwalba Qofacaaga Dabool
- Qofacaaga ama hindhisayaada oo aad dabooshid waxaa ay joogiinaysaa in uu jeermiska faato
- Ka fagow dadka qofacaaga ama hindhisaya (in ka badan hal mitir/seddex cagood)
In-Service Studies

Overcoming Language Barriers at Mater Dei Hospital: a needs assessment

Marika Poddia Connor
Migrant Health Unit
Department of Primary Health - Malta

October 2009

One Year On:
Tradicie Communication in Primary Health

Narita Poddia Connor
March 2010

THE BENEFITS
OF CHILD SPACING

Capacity build
Focus groups with

Malta Health Care
Migrant Health Unit
Department of Primary Health, Malta

October 2009
Health Education Activities
Networks and Projects

- Outreach services - migrants living in open centres

- Involvement in EU projects:
  - COSTHOME Network
  - AMAC
  - ETNA
  - GRUNDVIGT-Cultural Mediation
  - MARENOSTRUM

- Collaboration with other agencies - AWAS, MSF, IOM, Mater Dei Hospital, MJHA, etc.
Learn to see the PERSON in the migrant

- Socio economic status of the migrant
- Overcoming language barriers – Cultural Mediators
- Education to Health professionals-starting at the undergraduate level
- Cultural Competence self-assessment
Questions

• Should migrants access mainstream services or should there be a one-stop shop?
• How can we improve and uphold the dignity of the migrant and act professionally in view of such a nationwide issue of migration?
• As nurses are we concerned about the health of migrants? Are we knowledgeable and skilful enough in this area?
• How can we collaborate on the issue of migration in these times of global economical and political turmoil?
Thank you

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