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The difficulties meet by primary healthcare professionals providing care to patients from culturally diverse communities. Perceptions of healthcare professionals and basis for improvement strategies

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Abstract

We want to know the difficulties meet by healthcare professionals providing care to patients from culturally diverse communities at Primary healthcare centers in Barcelona city. Through the perceptions of professionals we will propose improvement strategies. We design a Qualitative study of social constructivism approach. Centers participate according to their percentage of immigrant population and their cultural profile: Pakistani, Filipino, Chinese, Latin American and Maghreb. A theoretical sampling of professionals is selected. Profile variables are profession, gender, age and professional seniority. Data is obtained through focus groups which are video-recorded and transcribed on a text body. We realize a thematic content analysis. Through the different Emergent categories and their relationships we will elaborate an explanatory framework.

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1. Introduction: Background and Bibliography

Few studies provide relevant information about the difficulties of healthcare professionals attending patients from culturally diverse communities in Primary Health Care (García, González & Buil, 2006), (Esteva, Cabrera, & Martínez, 2006).

Healthcare professionals share the opinion that language and cultural barriers are one of the most difficult aspects in the relationship between professional and patient which make it difficult to achieve a diagnosis with signs and symptoms poorly defined. Some healthcare professionals find this whole situation as an additional stress factor which may induce dissatisfaction and discomfort. On the other hand, immigrant patients may suffer stress factors due to improper health attention; aspect to add to the chain of difficulties already faced by immigrants. Under this circumstances, many healthcare professionals have encountered a situation in which they don't feel prepared because nobody had foreseen the necessary mechanisms to increase the number of professionals or to improve their specific training or its transcultural competence. Not even, the expected need for mediators or health agents and, consequently, they have been found a completely new situation with new arrivals of patients sometimes with similar problems than users who have not migrated but also with perceptions, scales and values about illness and health completely different (Checa, Arjona & Checa, 2010). Differentiating factors are: language, lifestyles, cultural and religious characteristics, interpretation of health and disease, food and environment (among others) which could generate inequalities using health services (Alameda & García, 2004).

Health prevention should take into account patient's culture as to approach patient's lifestyles (Santágota, Terrassa, 2002).

A Health care policy should be based on three principles: equality, citizenship and multiculturalism (Plan estratégico sobre Ciudadanía y Integración 2011-2014).

Patient's culture determines the perception about illness of the patient which influences in the health care required. This fact implies that healthcare professionals should be trained in anthropology from other cultures as to become acquainted with the patient's values and beliefs. (Santágota, Terrassa, 2002).

2. Objective

To know the difficulties meet by healthcare professionals providing care to patients from culturally diverse communities at Primary healthcare centers in Barcelona city. Through the perceptions, beliefs and values of healthcare professionals we will design improvement strategies.

2.1. Research questions:

Do we understand patients from culturally diverse communities?

Do we comprehend how they express their sufferings and problems?

How do we interpretate the symptoms they show us?

Do we understand the meaning of the symptoms displayed at medical consultation?

Do we give adequate response to their symptoms?

Are we medicating symptoms that aren't manifestations of illness, disease or disorder?

The possibility to miss a diagnosis by not fully understanding the patient leads us to medicalise?

Table 1 Framed objective

6 W	Framed objective of the research project
What	Identify the problems of healthcare professionals attending patients from culturally diverse communities.
Who	Primary Health care professionals.
When	From May 2012 until we get speech saturation.
Where	Primary health care centers with high percentage of immigrant population and specific cultural profile: Pakistani, Filipino, Chinese, Latin American and Maghreb.
Why	We have the perception of unrest, uncertainty and insecurity regarding patients care.

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