Purpose:

Worldwide, more than 214 million people have left their country of origin (World Health Organization 2014, United Nations 2016). This unprecedented mass migration impacts on health care in host countries. This paper explores and synthesizes literature on the health care experiences of migrants.

Methods:

Design: A meta-ethnography review of qualitative research regarding migrant health care. Eight databases (MEDLINE, CINAHL, PsychInfo, EMBASE, Web of Science, Migration Observatory (United Kingdom), National Health System Scotland Knowledge Network, and ASSIA) and the Cochrane Library were searched for relevant full text articles in English, published between January 2006 and June 2016. Articles were screened against inclusion criteria for eligibility. Search terms used included ‘migrant’, ‘migrant patient’ ‘immigrants’, ‘quality of care’, ‘nursing care’, ‘satisfaction with nursing care’, ‘experiences of care’ ‘expectations’. Google and Google Scholar were used to identify studies not published in indexed journals. Included articles were assessed for quality using the Critical Appraisal Skills Programme (CASP) Oxford (Critical Appraisal Skills Programme, 2013,Critical Appraisal Skills Programme (Producer) 2017) and analysed using Noblit and Hare’s seven step meta ethnography process.

Results:

27 studies were included in the study. Five key contextualization dimensions were identified: Personal factors; The healthcare system; Accessing healthcare; The encounter and healthcare experiences. These five areas all underlined the uniqueness of each individual migrant emphasizing the need to treat a person rather than a population.

Personal factors

This dimension comprises a number of constructs that define a migrant patient's personality and inform about their health-seeking behaviours, such as a person's enculturation or society of origin with its
religious or value system, but also life experiences. In some cases, exceptionally traumatic experiences such as becoming a refugee because of war and being forced to migrate.

**Healthcare system**

The healthcare system and legal framework of the host country determines the care provision available for natives as well as for migrant patients. Depending on the healthcare model, service provision and the quality of care might differ between a migrants' home country and their host. This can result in a mismatch between the care provided and the individual's expectations from the health care system.

**Access to healthcare**

This dimension addressed the barriers or enablers to healthcare in the host country. When a need for services is identified by migrants, their socio-economic and legal status would appear to affect their access to services. To even access the correct service, the individual migrant and/or their families need to know how to go about such access. Language difficulties and lack of information can serve to adversely affect their rights. An additional issue is that service providers can prove to be gatekeepers to the required services. These issues can have a detrimental effect on the individual migrant's health and they may seek alternative health-seeking strategies.

**The Encounter**

When an individual migrant does access the services, the way they are treated as a person and as a patient is determined by the staff they encounter. This juncture has huge implications for the trajectory of a person's care. Yet the encounter can prove problematic due to language difficulties and a lack of mutual knowledge of how to act in a culturally appropriately way. This also covers the misunderstandings of what an individual migrant wants from service providers, what they are used to in their own countries and what the service provider states that the person with migrant status needs. It is therefore important for service providers to treat the individual in an holistic manner, ascertaining their expectations and perceived need. Such care is at the heart of person-centeredness. Within a true person-centred approach, the individual's cultural background is fundamental to effective care.

**The healthcare experiences**

This dimension comprises the constructs of healthcare needs as being 'met' or 'unmet'. Healthcare needs need to be satisfied in terms of emotional support or information. (Lindemeyer et al 2016) The overall positive or negative evaluation of a healthcare experience depends on whether a migrant patient feels their care and information needs and expectations have been met or not. Migrant patients use the familiar healthcare system of their home country as a template to compare and evaluate the care they received in the host country.

**Conclusion:**

From the findings, a model has been designed using the five dimensions and grounded in a person-centred care approach. This model is in the form of a flow diagram that illustrates the antecedents and succedents of the migrants' healthcare experience. These include lack of linguistic abilities, clashing cultures or social or cultural taboos that may inhibit them from seeking health care and, when found, of making the best use of it. This model may help healthcare providers to identify and address antecedents to poor quality migrant healthcare, identify weak points, improve the organisation and help health care professionals to provide person-centred care to migrant patients. For the nurse in her encounter with a migrant the flow diagram shows the personal factors and healthcare system factors that ante cede and shape the encounter. It also shows the factors of the encounter itself which matter and the factors which determine how the migrant experiences the encounter subsequently. Clinical relevance: The proposed
model facilitates identification of points of weakness in the care for migrant patients. Employing a person-centred care approach, may contribute to improve health outcomes for migrant patients.

Title:
Migrants' Healthcare Experience: A Meta-Ethnography Review of the Literature

Keywords:
Health experiences, Meta-ethnographic analysis and Migrant patient

References:


Abstract Summary:
An exploration of the literature on the health care experiences of migrants. Five key contextualization dimensions were identified: Personal factors; The healthcare system; Accessing healthcare; The encounter and healthcare experiences. A flow diagram/model has been designed using the five dimensions and grounded in a person-centred care approach.

Content Outline:
The presentation will describe the present migrant healthcare situation and the aim of the study to examine the healthcare experiences of migrants in host countries. The literature search and meta-ethnographic analysis will be outlined and discussed.

After the explanation of key contextualization dimensions the resulting 5 dimensions will be gone into and how these come together in a model and flow diagram, which can be used in clinical (nursing) practice. Also, will be discussed how the finding have resulted in further recommendations for a patient centred care approach.

First Primary Presenting Author

*Primary Presenting Author*

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**Professional Experience:** I have received the Research Utilization Award from STTI in 2009 on the topic: “A Dutch screening checklist for delirium by the intensive care nursing staff” In 2010 I received the Frontiers in Critical Care Medicine Critical Care Investigator Award (University of Amsterdam) on the topic of intensive insulin therapy. In 2012 I published my research upon the measurement of professional nursing autonomy on Dutch intensive care units. At present I have two publications (in press and submitted) relating to implementation approaches of nursing innovations. In the last years I am a researcher in Intensive Care nursing (new nursing methods, instruments), nurse practitioner in intensive care medicine, teaching best practice and research methods to nursing students. I am currently finishing my Ph-D at Leiden University in the Netherlands.

**Author Summary:** Luiking has many years of experience presenting papers to national and international audiences within the field of nursing and health care. She is fluent in a number of languages.

Second Author

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**Author Summary:** Birgit is an experienced registered nurse and PhD student in Nursing Science at the University of Maastricht, the Netherlands. As a researcher, Birgit has worked in the fields of ‘Emotional Intelligence’, ‘Person-centred Care’ and ‘Patient/ Visitor Aggression in Healthcare’. She is particularly interested in mastering the art and craft of qualitative research. Birgit has published the results of her work in several international, peer-reviewed journals and presented at international conferences.

Third Author
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Author Summary: Roger Watson is a professor of nursing and Editor-in-Chief of Journal of Advanced Nursing and Editor of Nursing Open. A frequent visitor to the Far East, South East Asia and Australia, he has honorary and visiting positions in China, Hong Kong, and Australia. He is also a member of the UK 2014 Research Excellence Framework sub-panel for Allied Health Professions, Dentistry, Nursing and Pharmacy.

Fourth Author

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Professional Experience: Angela is an associate professor at Edinburgh Napier University. Her main areas of educational and research work are in gerontology and international nurse education. She co-leads an Ageing Research/Practice Network at the university and is working to link this network to international partners. She has had nearly twenty years experience of teaching international groups and has been committed to the undergraduate and post graduate Erasmus programmes over the years.

Author Summary: Angela works as an Associate Professor and her work involves teaching, research and internationalisation. Angela has always had an interest in cultural care in nursing. From 1998 she led a three year Erasmus Intensive Programme.

Fifth Author

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Professional Experience: Parveen is an academic with 20 years (1996 -2016) of vast experience in the field of nursing and health care research. I am a Registered Nurse; Registered Nurse Teacher; Senior Fellow of Higher Education Academy and a Fellow of Royal Society of Arts, Manufactures and Commerce. I have a clinical background in acute care, critical care, care of elderly, nursing education and
at present, I work as a lecturer in School of Nursing and Midwifery, University of Sheffield.

**Author Summary:** Parveen is an academic with a track record of research and an emerging profile in the field of health inequalities and ethnicity with a specific focus on Domestic Violence. I publish my work in academic and scientific journals and serve as an Associate Editor on ‘Contemporary Nurse’. I am a member of NHS Research Ethics Committee, Yorkshire and Humber and Guidelines update Committee The National Institute for Health and Care Excellence

Sixth Author

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**Professional Experience:** Connie Dekker-van Doorn is applied research professor Evidence-Based Care in Nursing at Research Centre Innovations in Care. She is also a researcher at Erasmus University Institute of Health Policy and Management Rotterdam. The research group Evidence-Based Care in Nursing is part of the research programme Evidence based care, projects include Evidence-Based Practice measurement of motivation and competencies, Literacy problems in children, "Clean Hands" Nursing interventions, supporting oral anti-cancer therapy and Standardisation of nursing interventions

**Author Summary:** Connie Dekker teaches several courses at the School of Healthcare of Rotterdam University of Applied Sciences. She is also involved in the minor Healthcare Innovation. Connie supervises the final papers bachelor students, is involved in several PMU projects (Multidisciplinary projects on Urban Issues) where she closely collaborates with the educational program Healthcare Technology of Rotterdam University of Applied Sciences and Erasmus MC.

Seventh Author

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**Professional Experience:** I had spent eighteen years of vast experience in teaching Diploma and Bachelor students in nursing of various reputed health science colleges of India, Sultanate of Oman and Saudi Arabia. I was blessed with the opportunity to work in different educational curriculum which broaden my experience. I also acted as a member of board of studies and external examiner in different universities in India. Clinical expertise focusses on community health nursing, educational leadership, organizational development, community research projects, staff development, quality assessment and evaluation of nursing educational program.

**Author Summary:** Sumana is a qualified community health nurse educator and a professional registered nurse. As a nurse educator, Sumana is adept at co-ordinating and facilitating nursing educational activities. Sumana is versatile, client-centered clinical professional with a passion for conducting research on health care. Sumana has specific interest to learn more about qualitative research methodology Sumana has enriched experience in supervising students in public health research projects in different Universities.

Eighth Author
Professional Experience: Have work experience in the field of cardiology since 1989. Worked as outpatient APN since 2003. I have also worked as a university lecturer and do research in the field of cardiology.

Author Summary: Harshida Patel is a senior lecturer at faculty of Health Care & Science, University of Gothenburg. Patel has more than 30 years of experience from Cardiac Care and number of years experience at presenting research work both to national and international audiences. Patel is fluent in a number of languages. She is also actively engaged in educating to increase awareness of heart failure in clinicians.