Migrants' healthcare experience: a meta-ethnography review of the literature.

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European Research Taskforce.

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Background:

- Worldwide migration (WHO 2014,UN 2016).
- Impacts on health care in host countries

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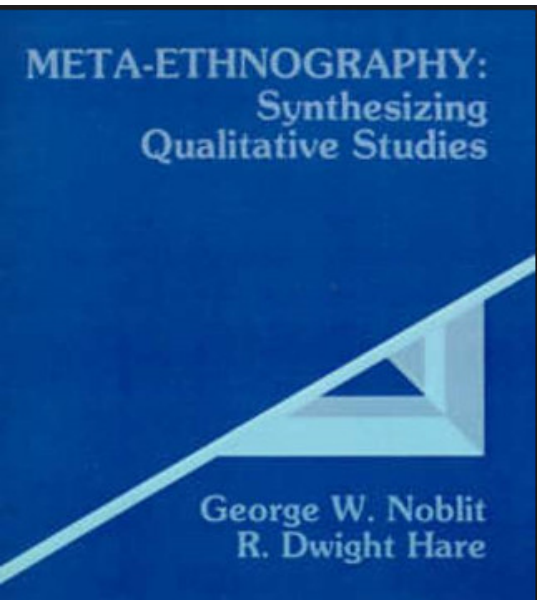
To explore and synthesize literature on the health care experiences of migrants.



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Method

•A meta- ethnography review of qualitative research

•**Search**: Eight databases, January 2006 till June 2016.

•**Search terms**: ‘migrant’, ‘migrant patient’ ‘immigrants’, ‘quality of care’, ‘nursing care’, ‘satisfaction with nursing care’, ‘experiences of care’ and ‘expectations’.

•**Qualitative Assessment** – CASP

•**D*ata* analyses:** Noblit and Hare’s seven step meta ethnography process.

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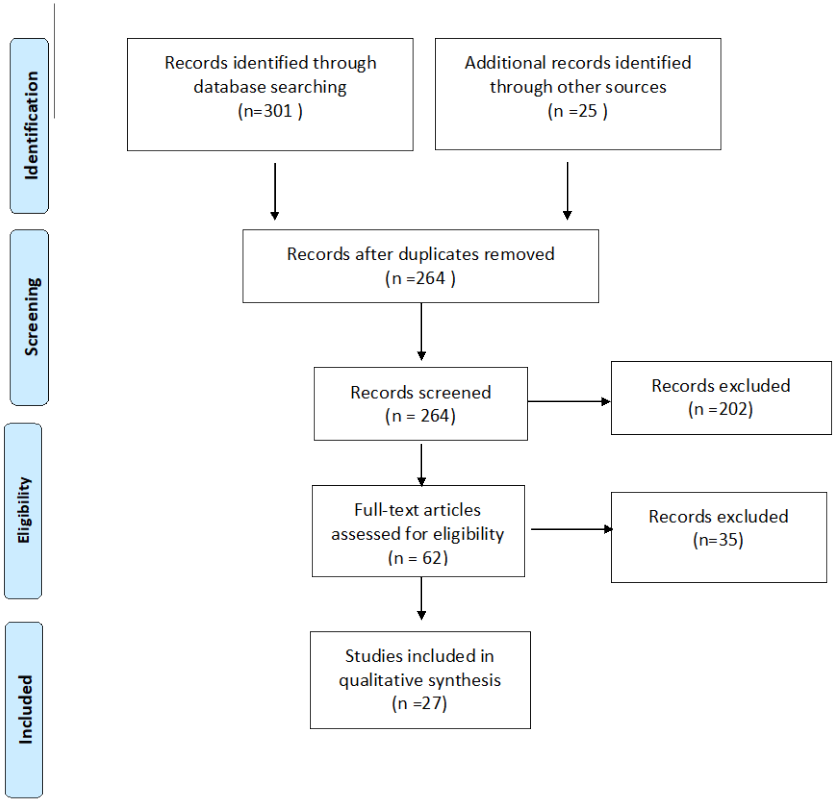
Prisma flowchart diagram



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Results:

27 studies were included.
Five key contextualization dimensions were identified:

- Personal factors;
- The healthcare system;
- Accessing healthcare;
- The encounter
- Healthcare experiences.

These five areas all underline the uniqueness of each individual migrant emphasizing the need to treat a person rather than a population.

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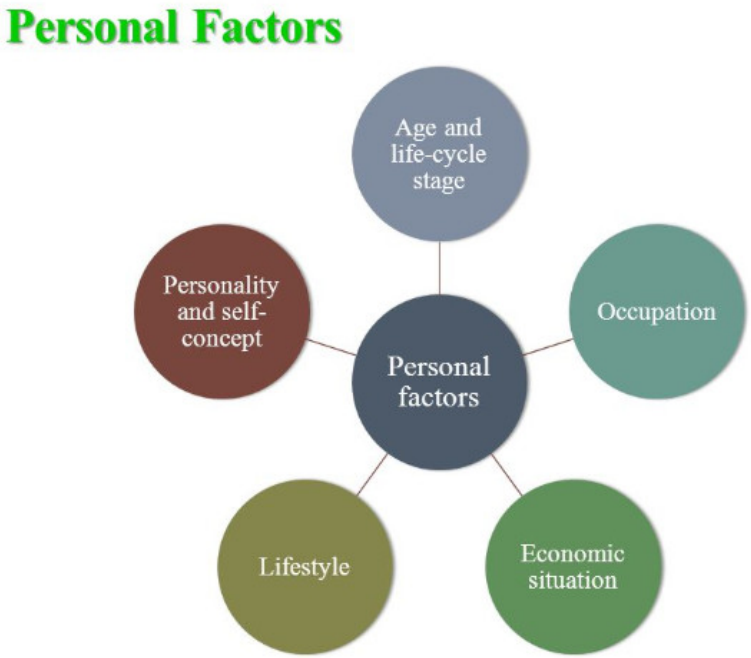
Personal factors:

This dimension comprises a number of constructs that define a migrant patient's personality.

- a person's enculturation or society of origin with its religious or value system, but also life experiences.
- exceptionally traumatic experiences



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Healthcare system:

The healthcare system and legal framework of the host country determines the care provision. 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 of the health care system.

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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.

- Need to know how to go about such access.
- Language difficulties and lack of information
- Service providers can prove to be gatekeepers.

Migrants may use alternative health-seeking strategies.

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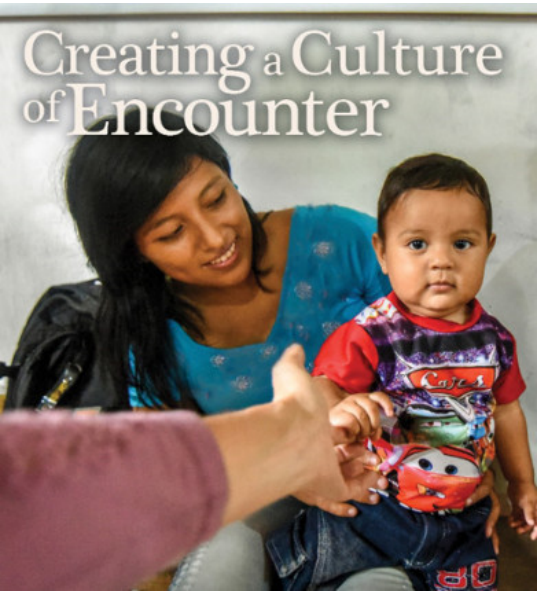
The Encounter:

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.

- Problematic due to language difficulties and a lack of mutual knowledge of how to act in a culturally appropriately way.
- Misunderstandings of what an individual migrant wants from service providers, what they are used to in their own country.

It is therefore important for service providers to treat the individual in an holistic manner, ascertaining their expectations and perceived need.

Within a true person-centred approach, the individual's cultural background is fundamental to effective care.



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The Healthcare experiences:

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, information needs and expectations have been met or not. Migrants use the familiar healthcare system of their home country as a template to compare and evaluate the care they received in the host country.

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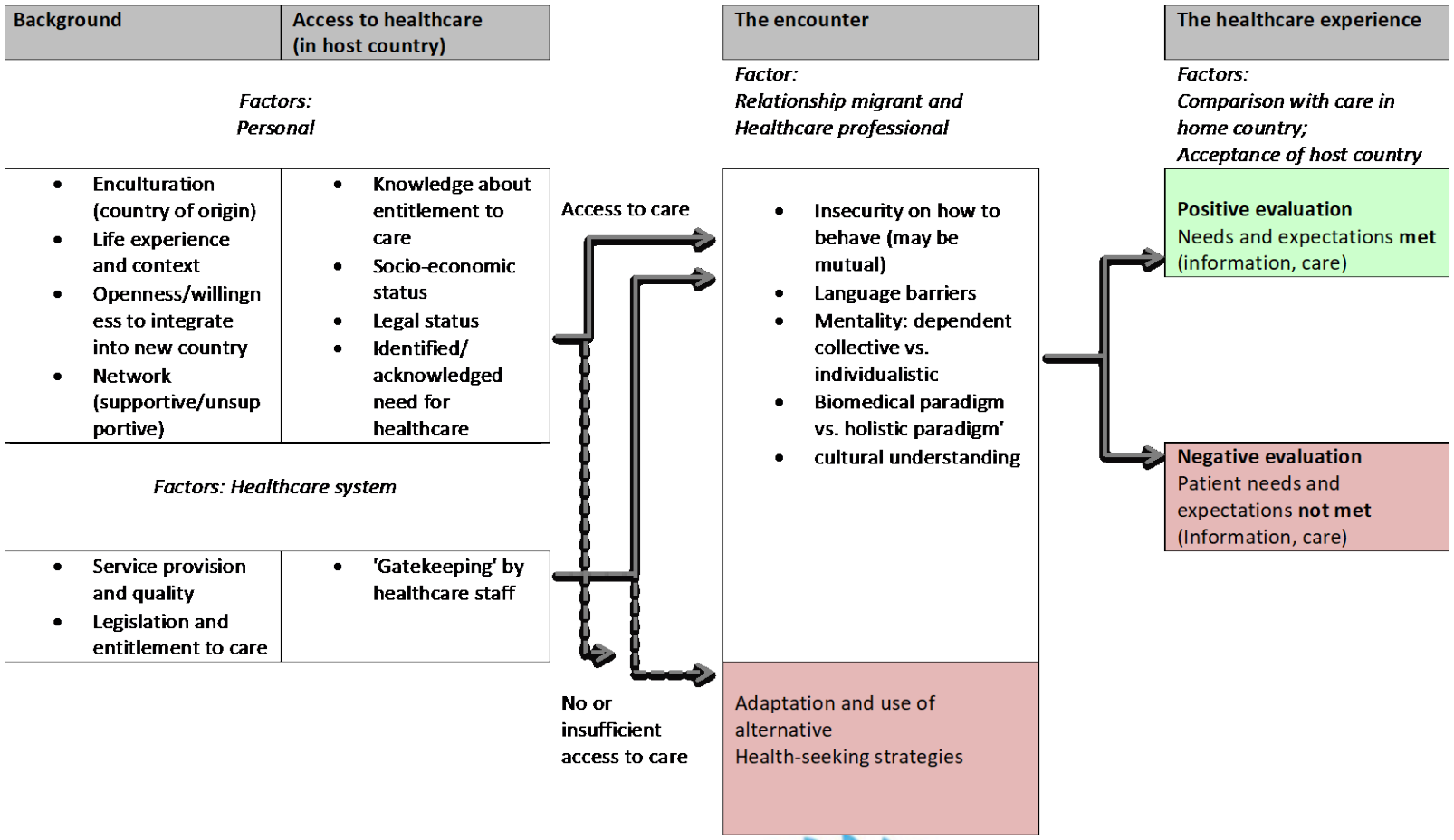
Model:



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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.

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