

# Cultural and migratory issues on socio-professional integration

Cross-cultural approaches, a compass to better navigate

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11<sup>e</sup> formation continue SIM (Swiss Insurance Medecine)  
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# CLINICAL CASE 1 – Samiel 52 years

- Samiel is a former asylum seeker, aged 52. He is originally from Eritrea and has an F permit. He arrived more than 10 years ago and has been working in construction almost since the beginning. He had worked in the countryside in Eritrea since he was very young. He doesn't speak French well, but we can understand him more or less.
- He has been confronted with violence in his country and his migration path has been very difficult, but he doesn't want to talk about it.
- His main problem is disabling back pain, caused by a fall at work. He is unable to return to work, despite clinical and complementary examinations showing no apparent injury. He sleeps poorly, isolates himself during the day and seems to be caught up in thoughts all the time. His general practitioner thinks that he is suffering from a psychological trauma, but he refuses to go to the psychiatrist.
- During a blood test, his doctor found abnormal glucose values, compatible with diabetes. He is told that he will have to monitor his glucose levels and lose weight to prevent the disease from progressing and causing complications. He does not seem to understand what is being explained to him. He doesn't feel sick, but he insists that his back hurts.
- Finally, he adds that his other problem is that he has an F permit. He doesn't feel taken into consideration and feels rejected by Switzerland.

# When culture matters ...

- Why my patient don't follow the treatment ?
- Am I sure that the patient understands the diagnosis and treatment ?
- Why is family so import ... and present and not always as I would like ?
- Am I sure that I understand my patient ?

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## Culture and health

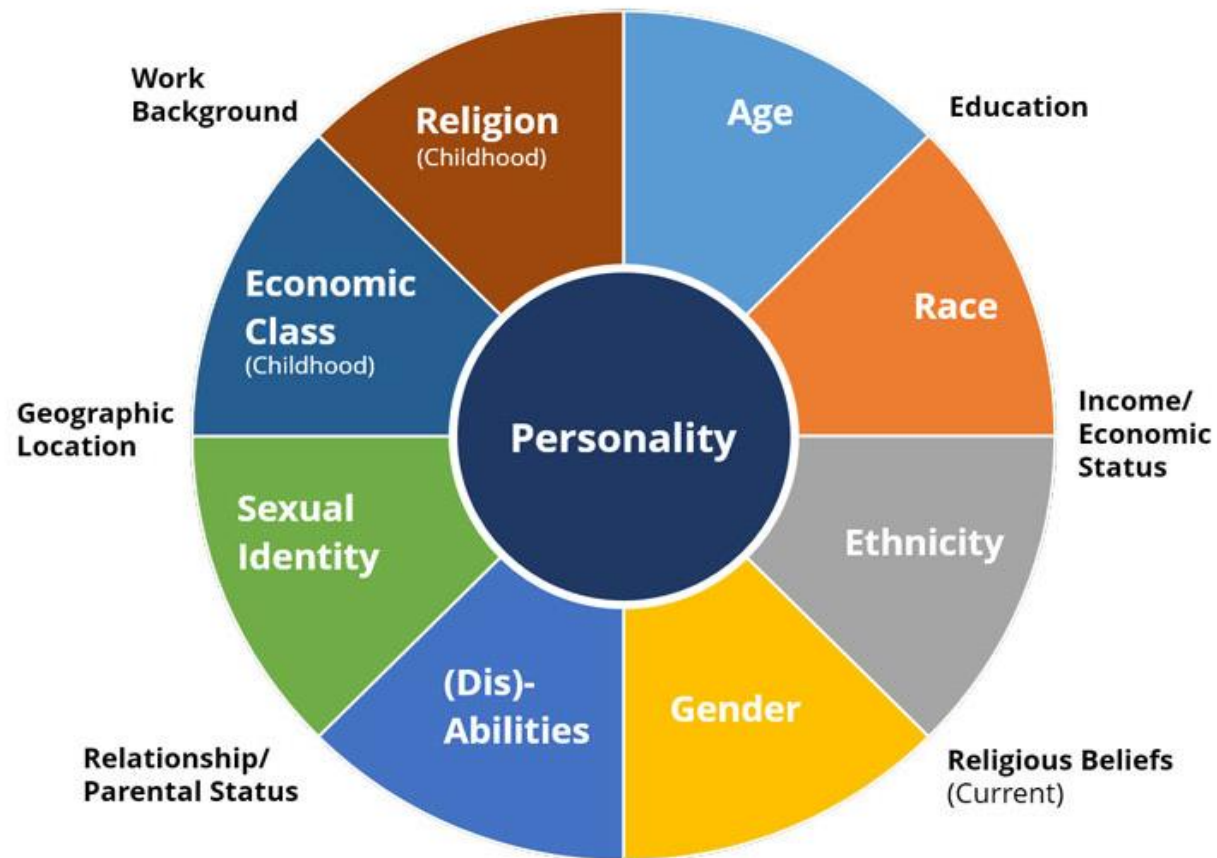
# David Napier: cultivating the role of culture in health

“The neglect of culture in health is the single biggest barrier to advancing the highest attainable standard of health worldwide”.

# Cultural diversity in patients and professionals

## Identifying Individual Culture(s):

Dimensions of Diversity



### WHO ARE YOU?

How Do Your Dimensions of Diversity Influence Your:

Experiences?

Values and Beliefs?

Attitudes and Behaviors?

# Which kind of patients can be concerned ?

- Asylum seekers and refugees
- 1<sup>st</sup> generation migrants
- People who, even speaking the same language, have cultural differences :
  - second generation migrants,
  - from the same country, but with different social background :
    - Farming environment,
    - Prison environment
    - Other social status
    - etc...



# CLINICAL CASE 2 – Marc, 76 years





# CROSS-CULTURAL APPROACH

## A pragmatic model

# Cross-cultural approach

It requires:

- A nuanced and subtle approach of culture
- Exploring patient belief systems and representations
- Exploring the barriers due to language
- The recognition of our stereotypes and unconscious bias as caregivers

## 3 key concepts

- Culture
- Migration / Change of environment
- Language

# THE CULTURE

Another way to inhabit the world

# Definition of culture

“A set of explicit and implicit guidelines which individuals learn as members of a particular society, and which informs them on how to view the world, how to experience it emotionally, and how to behave in it in reaction to other people, to the supernatural and the natural environment. Culture also provides a way to transmit these guidelines to the next generation by the use of symbols, language, art and ritual.”

Helman C.G. 2007. Culture health and illness. 5th edition. London : Hodder

# Characteristics and role of culture

- Family culture precedes us
- It is mobile
- It is simultaneously part of the singular and collective identity
- A framework, a lens, to see and understand everything
- A set of rules
- An envelope for the psyche

# A framework, a lens, to see and understand everything

- Life and death
- Accidents
- The losses
- Pregnancy, births, adolescence
- **Diseases : What means diabetes, cancer, depression ? Which is the origine of the diseases ? How to prevent ? Why to treat if I feel well or not very sick ? Who is able to treat the problem ?**
- Projecting oneself in the short or long term
- Need for control vs tolerance of uncertainty

# A set of rules

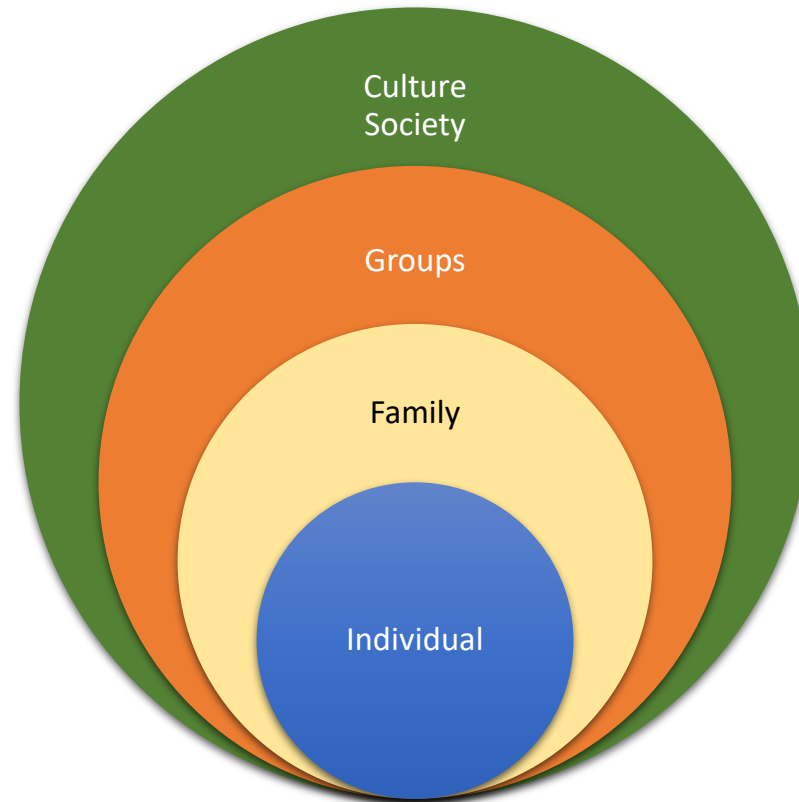
To define and manage

- personal interactions,
- intergenerational links,
- how to search for a partner, to build the couple and the family
- role and place in the family and society
- authority, rules and sanctions
- rituals
- traditions
- insults and taboos...
- **How to announce a bad new to the patient ? Who has to know it first ?**
- **What role has the family in the announce of the diagnosis or during the treatment ?**



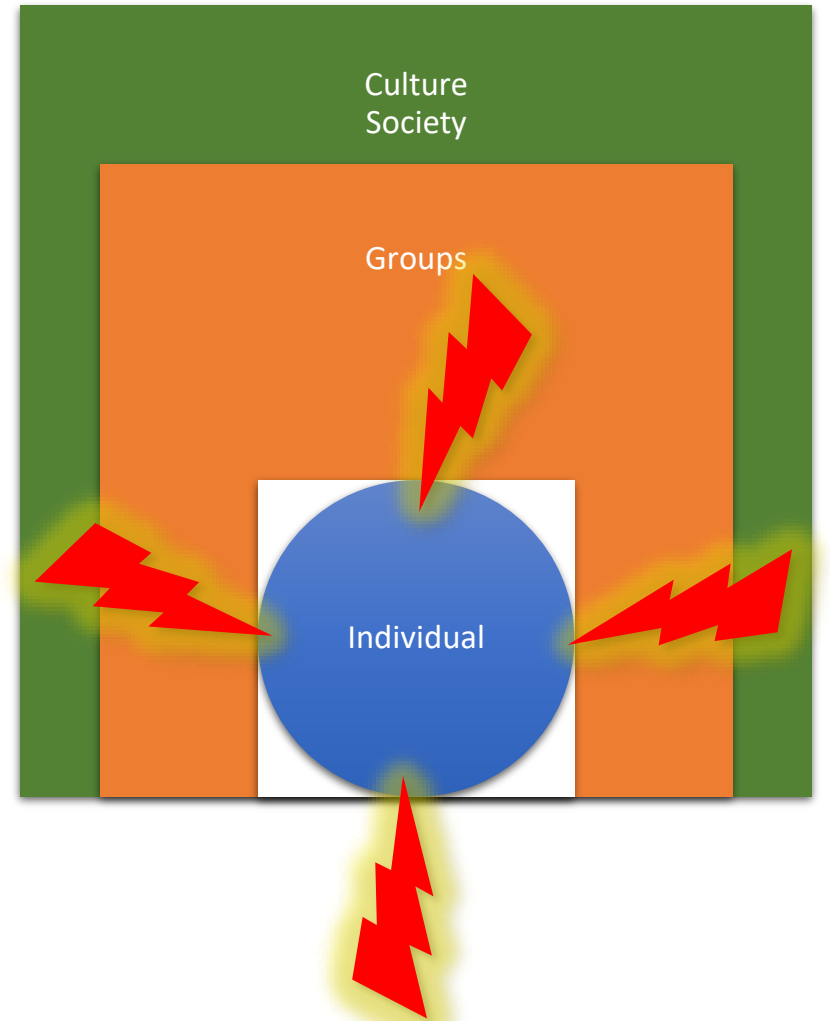
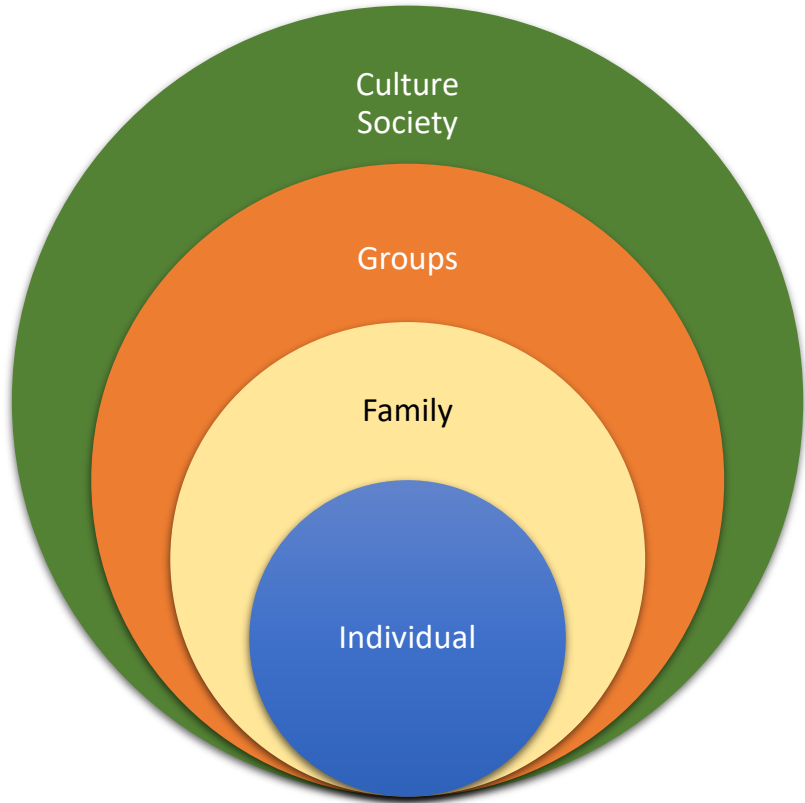
# CULTURE

An envelope for the psyche / mind



# MIGRATION

## Loss of reference points



# The migration process

## Grief – Transforming Relationships and Narcissistic Wounds

Real and symbolic losses: deceased persons, loss of value,...

- **What he/she leaves to the country of origin.**
  - Family, friends, culture, cuisine, music, social status, place in the family ...
- **What he/she didn't find here and expected.**
  - His/her academic title is not recognized, loss of social status, the economic situation is not what was imagined or expected.
- **The difficulty of being autonomous as in the country of origin.**
  - Communication difficulties
  - Difficulty understanding the system.
- **A particularity:** circular mourning, in connection with the highlights of his/her life.

LANGUAGE

# Mother / native language and acquired one

- Language is not only a matter of information... but also emotions and feelings
- Even if the patient seems to understand...may be she/he don't want to disturbs you...
- Don't hesitate to use translators and cultural mediators

# STEREOTYPES AND PREJUDICES ABOUT CULTURAL DIFFERENCES

# Stereotypes and prejudices

## In the clinical practice

- Automatic classification of a patient as a member of a group
  - This phenomenon is accentuated in situations of stress or lack of time.
- Can affect:
  - understanding of symptoms
  - elaboration of diagnosis
  - interactions with patients
  - therapeutic choices
- Health disparities



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- Betancourt J. Not me! Doctors, decisions and disparities in health care. *Cardiovascular reviews and reports*, 2004



# STEREOTYPES...

Do you remember what is “the transalpine syndrome” or “the Mediterranean syndrome” ?



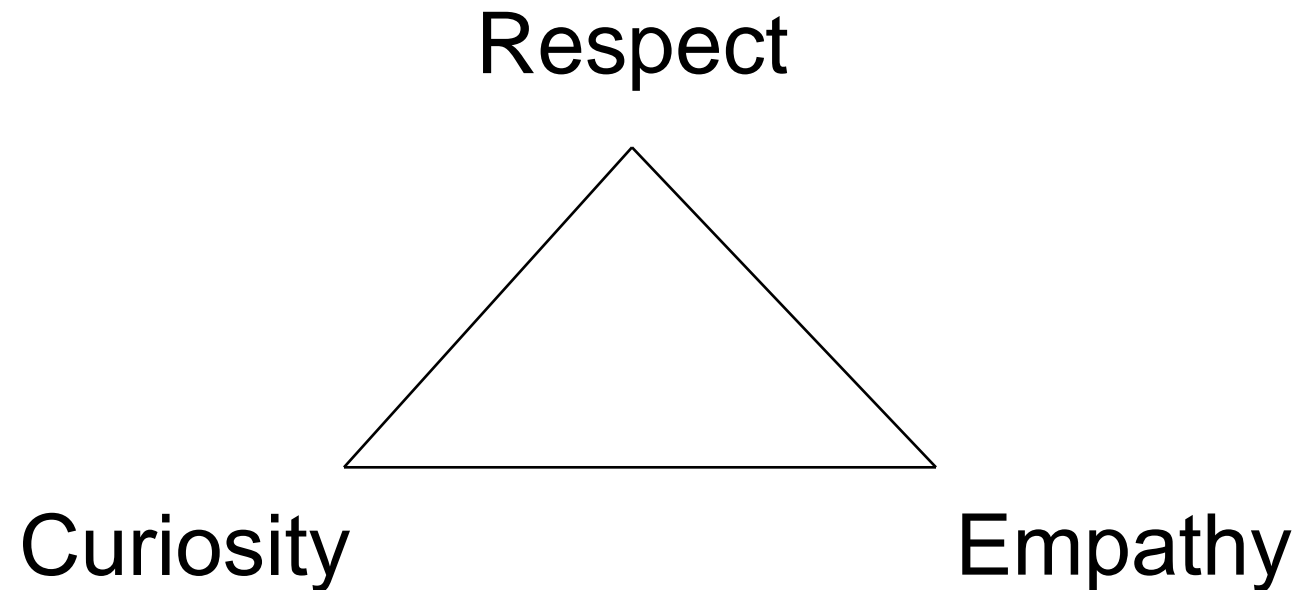
The attitude to fix the issue ?

Be conscious of your stereotypes and anticipate !

# HOW TO ACT ?

## The cross-cultural approaches in practice

# Three fundamental attitudes of cross-cultural care



Alexander R. Green, MD, MPH - Associate Professor of Medicine  
Harvard Medical School - Massachusetts General Hospital

# Empathy, Curiosity and Respect in cross-cultural situations

## Leading questions for the physician and the patient

1. Process of building the therapeutic relationship
2. Diagnostic process
3. Therapeutic proposal

- Sanchis J, et al. Beitrag der transkulturellen Psychiatrie in der medizinischen Grundversorgung -Ein pragmatischer Ansatz für komplexe Begegnungen. SWISS MEDICAL FORUM – SCHWEIZERISCHES MEDIZIN-FORUM 2018;18(15):325–331
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- Kleinman et al. *Ann Intern Med*, 1978. Kleinman. *Patient and healers in the context of culture*. Univ. of Cal. Press, 1980.

# Leading questions for the physician and the patient

## 1. Process of building the relationship :

- What are my areas of discomfort and counterreactions with this patient ?
- What are the representations and expectations of my patient and his family towards the relationship with healthcare professionals ?
- What role does the interpreter play for the physician and patient ?

# Leading questions for the physician and the patient

## 2. Diagnostic process:

- What are the issues related to the use of the native language vs. the newly learnt language when engaging communication?
- What is the explanatory model of my patient - suffering and illness? (psychic, physical, spiritual, magic...)
- How does the suffering manifest itself according to my patient's culture?
- What are my doubts about the diagnosis?

# Leading questions for the physician and the patient

## 3. Therapeutic proposal:

- What is the treatment that my patient and his family think to be adequate?
- What do my patient and his family know about the treatment ?
- With which other professionals should I collaborate?

# Work with an interpreter or cultural mediator

- **Prepare the appointment with the interpreter :**
  - The vocabulary you will use
  - The diagnosis - especially if you have to communicate a bad news – let the interpreter be prepared
  - The treatment and the survey, if it is needed
- **During the appointment, be sure that the communication works :**
  - Speak slowly, clear, and short sentences
  - Metacommunication about the reactions of the patient or about the cultural representations of the problem or the treatment
- **Briefing at the end of the appointment**, especially if you will work with the same interpreter for the next appointments. You will improve the collaboration and the effectiveness.



# CONCLUSIONS

- Work on the trust bound with the patient
- Consider cultural, migratory and linguistic issues
- Do not minimize your own stereotypes
- Take time with and care of the family
- Collaborate with an interpreter/cultural mediator
- Work in an interdisciplinary way

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MERCI !

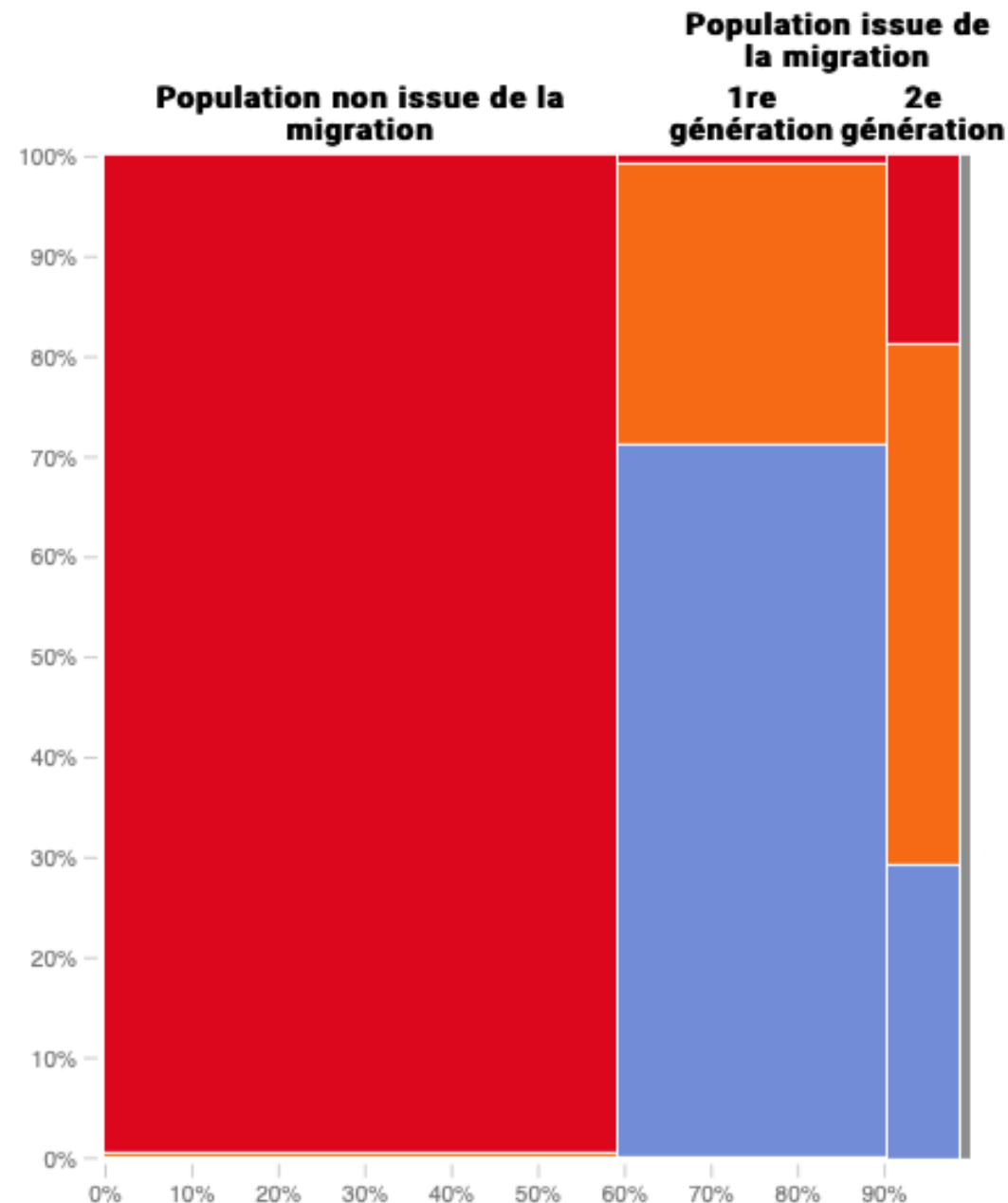
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## Population selon le statut migratoire et la nationalité, en 2021

Population résidante permanente de 15 ans ou plus



- 59'3% ne sont pas des migrants, dont 99'4% sont Suisses de naissance
- 31'1% des migrants de 1<sup>er</sup> génération
  - 71'1% étrangers
  - 27'9% naturalisés
  - 0'9% suisses de naissance
- 18'9% des migrants de 2<sup>e</sup> génération
  - 29'3% étrangers
  - 51'8% naturalisés
  - 18'9% suisses de naissance
- 1'2% le statut migratoire n'a pas été déterminé



**Population résidante permanente étrangère selon la nationalité (à la fin de l'année, en milliers)**

	<b>2019</b>	<b>2020</b>	<b>2021</b>
<b>Total</b>	2 175.4	2 210.8	2 244.2
Pays de l'UE-28/AELE	1 392.6	1 418.4	1 441.2
Allemagne	307.4	309.5	311.3
France	138.9	145.5	151.0
Italie	321.3	325.3	328.3
Autriche	43.7	44.3	44.9
Portugal	260.1	257.7	255.2
Espagne	84.4	86.2	88.4

Autres pays de l'Europe	411.7	413.6	413.8
Kosovo	112.8	113.7	114.8
Macédoine du Nord	67.1	67.7	68.6
Turquie	67.7	68.0	68.8
Afrique	111.6	113.6	116.2
Amérique	81.9	83.6	85.7
Asie	170.9	175.0	180.8
Océanie	4.1	4.2	4.1
Apatride, nationalité inconnue	2.4	2.5	2.4