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**CONTEMPORARY IMMIGRATION
IN GREECE: A SOURCEBOOK**

Edited by
Theodoros Fouskas / Vassileios Tsevrenis



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Achaïou 16, 106 75 Kolonaki, Athens, Greece

Tel.: 30 210 72 58 801 / Fax: 30 210 72 58 40

64th km Athens-Sounio Ave., GR-19500

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CHAPTER 21

INTERCULTURAL MEDIATORS IN GREEK HOSPITALS: FIRST ASSESSMENT

ELLI IOANNIDI-KAPOLOU* / KATERINA VASSILIKOU**

INTRODUCTION

MIGRATION, ethno-cultural diversity, health and health care are closely linked in various ways. Due to global migration and globalization communities in Europe are becoming increasingly diverse locally. The health status of immigrants and ethnic minorities is more vulnerable due to their lower socio-economic status, and sometimes because of traumatic migration and lack of adequate social support. Minority groups are at risk of not receiving the same level of health care as to diagnosis, treatment and prevention in comparison to the average population, and healthcare services may not respond adequately in many cases due to the cultural particularities of minorities¹.

* PhD, Department of Sociology of Health, National School of Public Health, Greece. Email: ioanel@otenet.gr

** PhD, Research Centre for Greek Society, Academy of Athens, Greece. Email: kvassil@otenet.gr

¹ E. IOANNIDI-KAPOLOU, Health Barriers and Inequities for Migrants, in: Y. APOSTOLOPOULOS / S. SONMEZ, (eds.), *Population Mobility and Infectious Disease* (New York-Springer 2007a) 41-54; Platform for International Cooperation on Undocumented Migrants (PICUM), *Access to Health Care for Undocumented Migrants in Europe* (Brussels-PICUM 2007b); Platform for International Cooperation on Undocumented Mi-

The increasing migration flows² to western countries have become an important issue for health systems. Many of the problems that arise concerning the users of health services must be dealt with by health professionals. The problems relate not only to the language barrier and the cultural peculiarities but to resource shortages in hospitals as well. All this creates new challenges for health care professionals, regarding for example management, quality assurance and improvement of health services - especially for hospitals which play a particularly important role in serving this vulnerable section of the population. Patients who belong to migrant populations or ethnic minorities are often unable to communicate effectively with their doctors and health staff in order to receive full information about their care³. At the same time, the medical staff is often unable to understand the needs of patients or to obtain the necessary information about them. Evaluation results show that language and communication are seen as a major problem in daily

grants (Brussels-PICUM 2007a). *Undocumented Migrants Have Rights! An Overview of the International Human Rights Framework*, available at: http://picum.org/picum.org/uploads/file/_Undocumented_Migrants_Have_Rights_1.pdf, (accessed at: 4/10/2013).

² D. RATHA / S. MOHAPATRA / ANI SILWAL, *Migration and Remittance Trends 2009: World Bank: Migration and Development Brief 11*, (World Bank 2009), available at:

<http://siteresources.worldbank.org/INTPROSPECTS/Resources/334934-1110315015165/MigrationAndDevelopmentBrief11.pdf>, (accessed 4/10/2013).

³ E. JACOBS / N. AGGER-GUPTA / A. HM CHEN / A. PIOTROWSKI / E. HARDT, *Language Barriers in Health Care Settings. An Annotated Bibliography of the Research Literature* (Woodland Hills, CA-The California Endowment 2003), available at: http://www.calendow.org/uploadedFiles/language_barriers_health_care.pdf, (accessed 4/10/2013); R. W. PUTSCH, *Concept Paper: Language Access in Healthcare: Domains, Strategies and Implications for Medical Education* (Washington, DC-US Department of Health and Human Services), available at: https://www.thinkculturalhealth.hhs.gov/pdfs/PhysiciansConceptPaper_Putsch.pdf, (accessed 4/10/2013).

clinical practice in dealing with migrant populations and ethnic minorities⁴.

Intercultural Mediators are experienced in deepening cultural understanding and creating a dialogue between people from different cultures⁵. They constitute the communication channel and the crucial link between migrants and the hospital⁶. Their purpose is to facilitate access to prevention and treatment services, understanding of immigrant cultural particularities and to build trusting relationships with the medical, nursing and administrative staff of hospitals. Their effort is to provide upgraded quality health services to people from different cultural environments and to achieve prompt and effective management of the migrants' problems. They act as a bridge between people of different origins and cultural backgrounds and public officials, thus guaranteeing fundamental human rights⁷.

Within the actual cultural reality, highlighting the special value of intercultural mediation in order to support the integration of third-country nationals in all aspects of daily life is an important and challenging issue. Especially in sensitive areas such as health, economic, cultural, communicative, social and psychological factors are the usual reasons that hinder the access of immigrants to public health services. Through Intercultural Mediation the healthcare sys-

⁴ The "EUGATE" Project, "Best Practice in Health Services for Immigrants in Europe" (see: <http://www.eugate.org.uk>) is a multi-center study funded by the EU DG SANCO (Directorate General for Health and Consumer Affairs) and coordinated by the Unit for Social and Community Psychiatry, Barts and The London School of Medicine, Queen Mary College, University of London, UK.

⁵ J. KAUFERT / R. PUTSCH, Communication Through Interpreters in Healthcare, (1997) 8(1) *The Journal of Clinical Ethics*, 71-93.

⁶ J. KAUFERT / W. KOOLAGE / J. O'NEIL, Cultural Brokerage and Advocacy in Urban Hospitals: The Impact of Native Language Interpreters, (1985) 3(2) *Santé, Culture, Health*, 3-9; J. KAUFERT / W. KOOLAGE, Role Conflict Among 'Culture Brokers': The Experience of Native Canadian Medical Interpreters, (1984) 18(3) *Social Science and Medicine*, 283-286.

⁷ K. VASSILIKOU, Health, Human Rights, and Migrant Family in Greece, in: C. PHELLAS, (ed.), *Sociological Perspectives of Health and Illness* (Cambridge-Cambridge Scholars Publishing 2010), 115-135.

tem understands the diversity of foreign patients and facilitates them, while building bridges of communication with hospital staff for the immediate and effective response to their problems.

Intercultural Mediators, offering different services of interpretation, are identified as suitable professionals who understand the needs of immigrants and ensure equal opportunities and access to services, acting as intermediates. Whether we are talking about immigrant patients, or patients who receive healthcare benefits in their country, the fundamental right to health is a public good⁸. We must respect the right to access, to information, to preventive measures, to consent, free choice, privacy and confidentiality, respect of patients' time, and also the right to quality, safety, innovation, personalized treatment, as well as the right to complain and to compensation⁹.

HISTORY AND EVOLUTION OF THE PROFESSION AND/OR SPECIALIZATION

Intercultural mediation was applied initially in order to facilitate the translation from the migrants' to the host country's language and vice versa and to achieve the normalization of relations between migrant groups and the public sector¹⁰. Within a context of multiculturalism, one should understand intercultural mediation and so-

⁸ AL. LAMANNA / G. MORO / M. ROSS / IL. VANNINI, (eds.), *Patients' Rights in Europe: Civic Information on the Implementation of the European Charter of Patients' Rights*, Final Report (ACN/FONDACA January 2007), available at: <http://www.adexo.pt/internacional/PatientsRightsInEuropeReportfinal.pdf>, (accessed 4/10/2013); M. NORREDAM / A. MYGIND / A. KRASNIK, Access to Health Care for Asylum Seekers in the European Union-A Comparative Study of Country Policies, (2006) 16(3) *European Journal of Public Health*, 286-290.

⁹ AL. LAMANNA / G. MORO / M. ROSS / IL. VANNINI, (eds.), (2007), *ibid.*

¹⁰ H. VERREPT, Intercultural Mediation: An Answer to Health Care Disparities?, in: C. VALERO-GARCÉS / A. MARTIN, (eds.), *Crossing Borders in Community: Interpreting, Definitions and Dilemmas* (Amsterdam Philadelphia: John Benjamins 2008), 187-202.

cial mediation as a function of third-party intervention in order to identify the "others" and the approach between the parties involved, as well as a learning process and a development of coexistence and conflict resolution between those parties.

Mediation applies to various fields, such as education, health and legal and social services. It began in the United States, in the so-called Neighborhood Justice Centers of three big cities during the 1970's as a kind of "cultural brokerage" ("cultural brokers"); in Europe it appeared in its current term in Britain in 1988. In Spain in 1995, the first training school for social mediators was created.

Regarding Greece, it is now commonly believed that the country has changed during the last decades in order to host large numbers of immigrants¹¹. The migration phenomenon, especially for traditional host countries, is a key component of the formation of their social organization. In Greece, for the last two decades, although migrants for permanent settlement compose 1/10 of the total population, immigration policy is lacking. Therefore, the development of an effective immigration policy is imperative and cannot be disconnected from the broader social and economic environment of the country. According to the results of a survey in 2008 purposed to identify indicators of integration policies for third-country nationals in Greek society, the main health problems identified by the migrants are shortage of staff and resources and of the provision of interpreter services.

The implementation of effective policies to ensure equality of access and health promotion, health care and social services for a diverse population, requires action on the part of the health system. The process of intercultural mediation in areas such as health policy assumes and promotes cooperation between different individuals and institutions.

It becomes clear from the above that the provision of health care in a culturally adequate way, is becoming imperative in the 21st

¹¹ C. KASIMIS / C. KASSIMI, *Country Profiles: Greece: A History of Migration* [Washington-Migration Policy Institute (MPI) 2004], available at: <http://www.migrationinformation.org/Feature/display.cfm?ID=228>, (accessed 4/10/2013).

century. No longer valid is the view that health care should be provided to all people on the basis of norms that apply only to the prevailing cultural group without taking into consideration other cultural and structural factors.

ROLE, TASKS AND COMPETENCE OF THE MEDIATOR

The crucial contribution of the Intercultural Mediator is to build trust and better understanding between people with different cultural backgrounds and the hospital staff. They are the communication channel, the link between migrants and the hospital; they are the persons who have the role of assisting both sides in exposing the needs and in finding solutions that both sides will benefit from.

Their main tasks are to interpret, to identify cultural traditions, to prevent potential misunderstandings, to provide practical help to patients, to point out problems experienced by ethnic minority patients, health care providers and the hospital administration and to approach the related problems with sensitivity. Since they are familiar with the culture and language of the particular ethnic group, they assist both migrants and doctors and staff in hospitals and they can greatly facilitate the work of the medical and nursing staff in cases of cultural diversities and language barriers.

A wide and special range of abilities is needed such as: neutrality - the Intercultural Mediator has no interest in the content of the problem and in the outcome of the mediation; impartiality - the mediator does not favor any of the parties; intercultural ability - a deep knowledge of and respect for various logics and patterns of thinking is essential for assisting the interpretation and translation of cultural differences; respect and appreciation - the mediator needs to respect perspectives that deviate from his own; and, finally, trust - the ability to build relations based on the trust of both sides is important.

MEDIATION AND GREEK HEALTH SYSTEM:
INTERCULTURAL MEDIATION PROGRAM

Nowadays the cultural diversity of the country is enriched by the different groups that live here as immigrants. With regard to this new diversity, the health system is required to meet the needs of a wide range of third-country nationals living in Greece from various social, political and economic backgrounds with a wide variety of experiences, attitudes and beliefs about health and illness. For people who come from other countries to live in Greece, access to health services is often a problem both because of ignorance of the language, and of the health system in general¹².

In addition there are many determinants of health and well-being that exist outside the health system, such as housing, employment, education, spirituality and social relationships in community life. As a result, the health and well-being of culturally and linguistically diverse communities depend on a complex balance of social, economic, environmental and individual factors. On the other hand, migrants' access to health services has been shown to play an important role in the integration process. Migrants with health problems or people with disabilities face more difficulties as to their integration in the host country. Integration is also a prerequisite for the effective use of health care, which is often hampered by inadequate access largely due to communication problems (poor knowledge of the language) and the cultural peculiarities in the understanding of disease, symptoms and treatment. For this reason, there is imperative need for the Greek health system to meet the needs of people from different backgrounds and to support the medical,

¹² E. IOANNIDI-KAPOLOU, Greece, in: A. CONSBERG / M. HAOUR-KNIPE / Z. DAFESH / S. FORREST / G. BRORING, (eds.), *Community Needs-Community Responses. Trend Reports on Migration and HIV/AIDS in Europe, AIDS & MOBILITY EUROPE* (Woerden-Netherlands Institute for Health Promotion and Disease Prevention (NIGZ) 2006), 76-85; E. IOANNIDI-KAPOLOU, Migrant Women in Greece: Cultural Diversities and Health Care, (2007b) 3(3) *International Journal of Migration, Health and Social Care*, 42-50.

nursing and administrative staff of hospitals that in recent years are faced with cases from many different parts of the world.

The Intercultural Mediation program was designed to highlight the value of Intercultural Mediation in Healthcare, to facilitate effective communication and contact between immigrants and their doctors, nurses and administration of hospitals, to achieve seamless access to Health services, taking into account the immigrants' ethnic origin and their cultural backgrounds. The target population was third-country nationals along with the medical and administrative staff of Greek hospitals.

The objectives of the program included:

- Awareness of public servants and the wider societal actors involved in the health sector to provide prevention and treatment services to migrants.
- Familiarity with the cultural characteristics of people from different cultural environments, leading to immediate solutions and the successful handling of complex problems that occur under stress and culture shock.
- Qualitative improvement of public health services and increase in use by third-country nationals, thereby ensuring general public health.

The mediators selected to participate in the program followed a 20-hour training course on Perception of Health and Illness, Health Care (within the structures of the National Health System), Intercultural Mediation, Networking and Duties of the Mediator and Ethics.

During the first phase of the program (2011)¹³, 119 people worked as Intercultural Mediators - Supervisors, Coordinators, Me-

¹³ E. IOANNIDI-KAPOLOU, (2011), Scientific Director of the programme: National School of Public Health (NSPH ESDY) Diastasi NGO Asante, *Action 1.6/09-Programme of "Intercultural Mediation" in Selected Hospitals in Regions of Athens and Thessaloniki* (Athens-European Integration Fund/ Hellenic Ministry of Interior European Union National School of Public Health (NSPH ESDY) Diastasi NGO Asante 2011), information about the project: <http://www.kekdiastasi.edu.gr/download/Enimerotiko>.

diators and Call Center Agents. The total number of hospitals that participated were 21 of which 16 in Athens and 5 in Thessaloniki, while during the second phase of the program (2012)¹⁴, a total of 105 immigrants worked as Intercultural Mediators in 25 hospitals in Greece - 9 hospitals in Athens, 3 in Thessaloniki and 13 in other cities. Among the Mediators there were people of 20 nationalities speaking about 28 different languages/dialects. In the first phase, the target was to provide services to 1.000 patients within the two-month period that the program lasted. At the end of this period services were provided to 5.104 patients with immigrant background in 21 hospitals in Athens and Thessaloniki. In the second phase, services were provided to 11.279 patients at 25 hospitals all over Greece - 1.560 in April, 5.047 in May and 4.672 in June.

CONCLUSION

The aim of the Intercultural Mediation program was to improve communication between people with different cultural backgrounds and the hospital staff increasing access and quality of care delivered to ethnic minority patients at the hospitals. There was an evaluation for everyone who took part in this program in both phases and an external evaluation by an independent body. According to the results the project was successful and necessary and everyone in-

pdf, (accessed 4/10/2013), (in Greek). The program is implemented in the framework of the European Fund for the Integration of third-country nationals, 2009 Annual Program and is funded by 75% European and 25% national funds.

¹⁴ E. IOANNIDI-KAPOLOU, (2012), Scientific Director of the programme: National School of Public Health (NSPH/ESDY)/Diastasi/NGO Asante, *Action 1.4/10-Programme of "Intercultural Mediation" in Selected Hospitals of the Country* (Athens-European Integration Fund/Hellenic Ministry of Interior/European Union/National School of Public Health (NSPH/ESDY) /Diastasi/NGO Asante 2012], information about the project: http://www.kekdiastasi.edu.gr/download/cultmed_info_gr.pdf, (accessed 4/10/2013), (in Greek). The program is implemented in the framework of the European Fund for the Integration of third-country nationals, 2010 Annual Program and is funded by 75% European and 25% national funds.

volved asked for its continuation. At the same time, there were several demands from hospital managers addressed to the scientific coordinator of the project requesting the continuation of the project. Moreover, hospitals that were not included in the program requested to be included, if possible, in a later phase, as they considered it very helpful in the provision of services to migrants.

Although the duration of the program was not sufficient, its effectiveness highlighted the fact that Intercultural Mediation may contribute to the elimination of health care disparities. The clear recommendation is to find ways to use the already trained cultural mediators in hospitals which aggregate large numbers of migrants.

This book:

- Offers insights on immigration in Greece and Southern Europe highlighting its growing relevance for the worldwide discussion on migration and immigration policies
- Combines policy, law, and qualitative and quantitative research, with theory
- Develops arguments in relevance to the history and contemporary politics of immigration in Greece
- Provides motivation and guide for future research in the area of immigration
- Consists of interdisciplinary, international authorship

This book examines the immigration phenomenon which constitutes a major concern to modern societies like Greece. It is directly associated with a multitude of parameters affecting the reception societies, their institutions, and immigrants' distinctiveness and particularities. Greece has developed, from a once sending country of immigrants who moved in the first half of the 20th century to overseas countries and during the post-war period to Western European countries after the fall of their respective regimes, to a receiving country of immigrants. For the very first time, Greek society had to deal with immense immigrant flows from the neighbouring Balkan countries, the Republics of the former Soviet Union as well as considerable numbers of immigrants from African, Middle East and Asian countries. The book explores theoretical and empirical approaches, analyses the new policies and presents the latest researches in Greece, interrogating the relationship between immigration and immigration policy, institutional context of immigration and asylum management, work and employment, education, access to health care and social services, coexistence with the native population, formation of community associations and representation and judicial treatment and criminalisation of immigrants. Each of its chapters, written by experts, explores how the conditions in the country, the policies, the politics, the values and attitudes influence the process of immigration and subsequently affect the immigrants, migration, and the nation as well. Contributors argue and suggest tangible solutions to imperative issues, explore current patterns and policies of immigration, while their contributions balance these and other conflicting concerns that require the substantive and expert discourse offered in this book. Focusing on the rational management of legal and illegal/irregular migration flows and the pursuit of justice and maintenance of security, coupled with respect for fundamental human rights, the volume is a practical handbook for researchers and students, government institutions or agencies and those involved in the phenomenon of immigration and immigration policy.

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