

Intercultural Sensitivity among Healthcare Professionals Working with Refugees and Migrants in Greece: A Cross-Sectional Study

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ABSTRACT

Background: Healthcare professionals in Greece face new challenges regarding the provision of healthcare services to newly arrived refugees and migrants. One of these challenges is connected to the cultural differences between healthcare professionals and their clients. Intercultural sensitivity is an important aspect and prerequisite for effective communication. The current study aimed to explore the intercultural sensitivity (IS) among healthcare professionals who provide services to migrants and refugees in Greece

Methods: In this descriptive study, a convenience sample of 185 healthcare professionals participated. Personal and work-related characteristics and the Intercultural Sensitivity Scale (ISS) were analyzed.

Results: Results showed high levels of total intercultural sensitivity score. Significant differences were revealed among participants' professional background, length of working experience, age, working experience abroad, familiarity with intercultural health, and frequency of contact with migrants and refugees.

Discussion: Further research in exploring the needs of healthcare professionals and tailoring training interventions is needed. Furthermore, training programs for cultural sensitivity should be continuously available for healthcare professionals.

Keywords: Intercultural Sensitivity Scale; healthcare professionals; refugees; migrants

INTRODUCTION

Greece, in addition to other South European Countries, was called to cope with one of the most challenging, demanding, and complicated humanitarian crises over the last years, regarding the massive and continuous refugees and migrants influx^[1]. Specifically, during the past two decades, Greece has been receiving an increasing number of different population groups, which include people with diverse racial, ethnic, and socio-economic backgrounds^[1,2]. The movement and the gradually increasing settlement of heterogeneous

population groups have created a great need for reformation in healthcare services to cope with the different and complex health needs of the refugees and migrants^[3].

In Greece, the need for cultural competence and training interventions targeting healthcare professionals is documented^[3, 4]. However, studies about the cultural sensitivity of healthcare professionals are limited^[5]. The provision of culturally appropriate healthcare is a necessity and an essential dimension of healthcare provided^[6]. The need for research is imposed by the fact that the role

of healthcare professionals is considered to be the cornerstone to the new reality^[6, 7]. It is necessary to acquire cultural sensitivity, knowledge, and skills in order to respond to the intercultural differences of their clients, to provide culturally appropriate care, and to safeguard their rights^[8,9]. Thus, it is important to investigate whether they have the required Intercultural Sensitivity (IS) to respond successfully to the challenges of the unprecedented multiculturalism.

Chen and Starosta^[10] conceptualized IS as a person's "ability to develop positive emotions towards understanding and appreciating cultural differences that promote appropriate and effective behavior in intercultural communication". They described cultural awareness, IS, and intercultural competence as the cognitive, affective, and behavioral aspects of intercultural communication, respectively, which are closely related, but at the same time, there is a distinction among them. Research regarding IS has been mainly focused in the field of undergraduate training^[11-14], and until nowadays, a few studies have been conducted on social services staff^[15, 16] and nurses^[17-20]. IS, as an affective component and prerequisite of intercultural communication competence, was assessed in this study in a multidisciplinary sample of healthcare professionals, using the tool of Chen and Starosta's model^[21]. To the best of our knowledge, no study has been conducted in a multidisciplinary sample of healthcare professionals.

The purpose of the current study was to explore the levels of IS among healthcare professionals who provide services to migrants and refugees in Greece. The study further aimed to explore the correlations between demographic characteristics (personal and work-related) of the participants with the IS scale.

MATERIALS AND METHODS

Design, Participants

A descriptive cross-sectional design was used to explore the levels of IS among

healthcare professionals working in Greece and the relationship between their demographic characteristics (personal and work-related) to the five dimensions of the Intercultural Sensitivity Scale (ISS). The convenient sample of this survey consisted of 185 healthcare professionals working in refugee camps, refugee shelters, and public hospitals. The inclusion criteria were the following: 1) to be a healthcare professional (doctor, nurse, health visitor, social worker, psychologist, etc.) and 2) to have work experience in a public healthcare service with refugees and migrants. According to the classification of healthcare workers by WHO, social workers and psychologists do not belong to healthcare professionals^[22]. However in our study, they were included as they work in healthcare services for refugees and migrants in Greece.

Data Collection

Data were collected between July-September 2019 through an anonymous online questionnaire, which was sent by email to public healthcare services in Greece, and it was asked to be forwarded to their personnel. A non-probability convenience sampling technique was used

Measures

A demographic questionnaire was designed for the purposes of this survey according to the literature and included 16 personal and work-related items.

Intercultural Sensitivity Scale (ISS) was used to assess participants' IS, which has demonstrated strong reliability and appropriate concurrent validity^[21]. The scale was translated into Greek and then back-translated into English by two persons with excellent knowledge of English and experience in intercultural healthcare. The scale consisted of 24 items (range score from 25 to 120) and 5 factors (Interaction Engagement, Respect for Cultural Differences, Interaction Confidence, Interaction Enjoyment, Interaction Attentiveness). High total scores indicated higher IS.

Ethical Considerations

The study was approved by the Postgraduate Scientific Committee of the University of Athens. The participation was voluntary and anonymous. Participants were informed about the aim and the procedures of the study, while the submitted questionnaire represented participants' voluntary consent.

Statistical analysis

Normal distributed variables are expressed as mean (Standard Deviation); while variables with skewed distribution are expressed as median (interquartile range). Qualitative variables were expressed as absolute and relative frequencies. Spearman correlation coefficients were used to explore the association of two continuous variables. Correlation coefficients between 0.1 and 0.3

were considered low, between 0.31 and 0.5 moderate, and those over 0.5 were considered high. Multiple linear regression analysis were used with dependent the IS subscales. The regression equation included terms for demographic and work-related factors. Adjusted regression coefficients (β) with standard errors (SE) were computed from the results of the linear regression analyses. Log transformations were made for the linear regression analysis. Internal consistency of the questionnaire was evaluated via Cronbach's alpha, which was 0.89 in the present study. All reported p values are two-tailed. Statistical significance was set at $p < 0.05$, and analyses were conducted using SPSS statistical software (version 22.0).

RESULTS

Personal and Work-related Characteristics

Table 1: Study sample main characteristics

	N (%)
Gender	
Males	36 (19.5)
Females	149 (80.5)
Age, mean (SD)	33.5 (7.5)
Educational level	
Post-vocational education	14 (7.6)
University	101 (54.6)
Master	70 (37.8)
Occupation	
Nurse	64 (34.6)
Doctor	11 (5.9)
Health visitor	21 (11.4)
Social worker/ Psychologist	89 (48.1)
Years of working experience in total, median (IQR)	4 (3 - 9)
Years of working experience in sites with refugees or immigrants, median (IQR)	2 (1 - 4)
Workplace	
City	125 (67.6)
Other	60 (32.4)
Work experience abroad	20 (10.8)
Worksite	
Refugee shelters	79 (42.7)
Hospital	60 (32.4)
Hotspot/Refugee camp	46 (24.9)
Familiar with intercultural health care	157 (84.9)
Trained for intercultural health care	142 (76.8)
Hours of training for intercultural health care	
<2 h	58 (31.4)
2 - 5 h	52 (28.1)
5-15 h	37 (20)
> 15h	38 (20.5)
Frequency of being in touch with people from other country and culture	
Never	3 (1.6)
Few times a year	13 (7)
Few times a month	16 (8.6)
Few times a week	19 (10.3)
Almost daily	134 (72.4)
Good foreign language knowledge	174 (94.1)
Use of foreign language in communication with refugees or immigrants	170 (91.9)

The study sample consisted of 185 participants with mean age of 33.5 years (± 7.5). Their characteristics are presented in Table 1. The majority of the participants were women, 149 (80.5%), university alumni 101 (54.6%), social workers, and psychologists 89 (48.1%). Social workers 68 (36.8%) and psychologists 21 (11.4%) were merged in one category, due to small sample sizes, into the different subcategories of occupation. Also, 79 (42.7%) had previous working experience in

refugee shelters, and 157(84.9%) were familiar with intercultural healthcare.

Intercultural Sensitivity Scale

Descriptive analysis of IS subscales is presented in Table 2. Total ISS score ranged from 58 to 119, with a mean of 98.5 (± 11.5). All subscales were significantly positively correlated with the overall score as well as each other, i.e., higher sensitivity in one sector was associated with higher sensitivity in all other sectors as well (Table 3).

Table 2: Descriptive analysis of Intercultural Sensitivity subscales

	Minimum	Maximum	Mean (SD)	Median (IQR)
Subscale of interaction engagement	13.0	35.0	28.9 (4.1)	(26 - 32)
Subscale of respect for cultural difference	16.0	28.0	22.6 (2.8)	(21 - 25)
Subscale of interaction confidence	9.0	25.0	17.9 (3.2)	(16 - 20)
Subscale of interaction enjoyment	5.0	15.0	13.4 (1.7)	(13 - 15)
Subscale of interaction attentiveness	7.0	15.0	12.7 (1.8)	(12 - 14)
Scale of cultural sensitivity	58.0	119.0	98.5 (11.5)	(92 - 108)

Table 3: Spearman correlation coefficients among Intercultural Sensitivity subscales

	Subscale of respect for cultural difference	Subscale of interaction confidence	Subscale of interaction enjoyment	Subscale of interaction attentiveness	Scale of cultural sensitivity
Subscale of interaction engagement	.54***	.44***	.46***	.61***	.86***
Subscale of respect for cultural difference		.22**	.43***	.34***	.67***
Subscale of interaction confidence			.42***	.38***	.69***
Subscale of interaction enjoyment				.44***	.67***
Subscale of interaction attentiveness					.69***

*p<.05; **p<.01; ***p<.001

ISS and personal and work-related characteristics

Table 4: Multiple linear regression results with subscales of interaction engagement, of respect for cultural difference, and of interaction confidence as dependent variables

	Subscale of interaction engagement		Subscale of respect for cultural difference		Subscale of interaction confidence	
	β (SE) [†]	P	β (SE) [†]	P	β (SE) [†]	P
Gender						
Males (reference)						
Females	0.016 (0.013)	.230	0.012 (0.012)	.315	-0.001 (0.017)	.956
Age	-0.001 (0.001)	.365	-0.002 (0.001)	.031	0.001 (0.002)	.402
Educational level						
Post-vocational education (reference)						
University	-0.023 (0.020)	.263	-0.009 (0.018)	.623	-0.015 (0.027)	.563
Master	-0.015 (0.021)	.482	0.001 (0.019)	.954	-0.018 (0.028)	.509
Occupation						
Nurse (reference)						
Doctor	0.044 (0.023)	.058	0.007 (0.021)	.731	-0.004 (0.03)	.887
Health visitor	0.039 (0.017)	.023	0.011 (0.015)	.471	0.026 (0.022)	.232
Social worker/ Psychologist	0.028 (0.013)	.025	0.014 (0.011)	.215	0.025 (0.016)	.137
Years of working experience in total	0.000 (0.002)	.879	0.001 (0.001)	.331	0.001 (0.002)	.679
Years of working experience in sites with refugees or immigrants	0.001 (0.002)	.639	0.000 (0.001)	.909	-0.002 (0.002)	.295
Workplace						
City (reference)						
Other	-0.001 (0.011)	.911	-0.008 (0.009)	.421	0.004 (0.014)	.763
Work experience abroad						
No (reference)						
Yes	0.049 (0.016)	.003	0.022 (0.014)	.133	0.019 (0.021)	.369
Worksite						
Refugee shelters (reference)						
Hospital	-0.025 (0.013)	.055	0.005 (0.011)	.673	-0.018 (0.017)	.277
Hotspot/Refugee camp	-0.018 (0.012)	.152	-0.018 (0.011)	.092	-0.006 (0.016)	.719

Table no.4 continued....

Familiar with intercultural health care						
No (reference)						
Yes	0.032 (0.014)	.025	0.019 (0.013)	.139	0.03 (0.019)	.108
Trained for intercultural health care						
No (reference)						
Yes	0.002 (0.014)	.871	0.017 (0.013)	.188	0.022 (0.019)	.244
Hours of training for intercultural health care	-0.005 (0.005)	.375	-0.004 (0.005)	.347	0.001 (0.007)	.876
Frequency of being in touch with people from other country and culture	0.009 (0.005)	.076	-0.001 (0.004)	.870	0.006 (0.006)	.345
Good foreign language knowledge						
No (reference)						
Yes	0.007 (0.025)	.788	-0.017 (0.022)	.450	-0.014 (0.033)	.672
Use of foreign language in communication with refugees or immigrants						
No (reference)						
Yes	0.013 (0.022)	.571	0.02 (0.02)	.315	-0.014 (0.029)	.625

[†]Regression coefficient (Standard Error); *Note.* Based on logarithmic transformations

Table 5: Multiple linear regression results with subscales of interaction enjoyment, of interaction attentiveness, and total scale as dependent variables

	Subscale of interaction enjoyment		Subscale of interaction attentiveness		Scale of Intercultural sensitivity	
	β (SE) [†]	<i>P</i>	β (SE) [†]	<i>P</i>	β (SE) [†]	<i>P</i>
Gender						
Males (reference)						
Females	0.003 (0.013)	.819	-0.009 (0.013)	.474	0.008 (0.010)	.465
Age	0.002 (0.001)	.160	-0.001 (0.001)	.646	-0.001 (0.001)	.519
Educational level						
Post-vocational education (reference)						
University	-0.035 (0.020)	.087	-0.007 (0.021)	.732	-0.017 (0.016)	.300
Master	-0.031 (0.021)	.145	-0.018 (0.021)	.404	-0.012 (0.017)	.463
Occupation						
Nurse (reference)						
Doctor	0.024 (0.023)	.298	-0.027 (0.023)	.251	0.018 (0.019)	.340
Health visitor	-0.010 (0.017)	.568	0.021 (0.017)	.216	0.020 (0.014)	.133
Social worker/ Psychologist	0.009 (0.013)	.465	0.013 (0.013)	.321	0.021 (0.01)	.035
Years of working experience in total	-0.004 (0.002)	.006	0.000 (0.002)	.925	0.000 (0.001)	.856
Years of working experience in sites with refugees or immigrants	-0.001 (0.002)	.414	0.002 (0.002)	.265	-0.001 (0.001)	.708
Workplace						
City (reference)						
Other	-0.020 (0.011)	.062	-0.018 (0.011)	.090	-0.006 (0.009)	.461
Work experience abroad						
No (reference)						
Yes	0.018 (0.016)	.270	0.055 (0.016)	.001	0.035 (0.013)	.008
Worksite						
Refugee shelters (reference)						
Hospital	0.008 (0.013)	.558	-0.016 (0.013)	.223	-0.011 (0.010)	.267
Hotspot/Refugee camp	-0.002 (0.012)	.880	0.008 (0.012)	.497	-0.012 (0.010)	.216
Familiar with intercultural health care						
No (reference)						
Yes	0.038 (0.014)	.009	0.020 (0.014)	.170	0.029 (0.011)	.012
Trained for intercultural health care						
No (reference)						
Yes	0.018 (0.014)	.201	0.001 (0.014)	.935	0.011 (0.011)	.337
Hours of training for intercultural health care	-0.004 (0.005)	.512	-0.001 (0.005)	.789	-0.003 (0.004)	.440
Frequency of being in touch with people from other country and culture	0.000 (0.005)	.976	0.016 (0.005)	.002	0.006 (0.004)	.119
Good foreign language knowledge						
No (reference)						
Yes	0.025 (0.025)	.327	0.021 (0.025)	.404	-0.005 (0.020)	.789
Use of foreign language in communication with refugees or immigrants						
No (reference)						
Yes	0.004 (0.022)	.847	0.006 (0.022)	.774	0.011 (0.018)	.528

[†]Regression coefficient (Standard Error); *Note.* Based on logarithmic transformations

When multiple linear regression analysis was applied, it was found that occupation, working experience abroad, and familiarity with intercultural healthcare were significantly associated with higher values in the subscale of Interaction Engagement. Specifically, higher sensitivity in this particular subscale was found among health visitors, social workers, psychologists, and marginally significant among doctors compared to nurses. Age was significantly negatively correlated with the subscale of Respect of Cultural Difference, indicating lower sensitivity as age increased, while no personal or work-related characteristic was significantly associated with the subscale of Interaction Confidence (Table 4).

Years of working experience in total were significantly negative associated with the subscale of Interaction Enjoyment, while a positive association was found in participants who were familiar with intercultural healthcare. Working experience abroad and frequent contact with migrants and refugees were significantly positive associated with the subscale of Interaction Attentiveness (Table 5).

Regarding the total score of ISS, social workers/psychologists had higher scores compared to nurses. Moreover, participants with working experience abroad had higher scores compared to their counterparts with no working experience abroad, and finally, participants who stated to be familiar with intercultural healthcare had higher total score compared to those who were not familiar (Table 5).

DISCUSSION

In this descriptive cross-sectional study, IS was explored in a multidisciplinary sample of healthcare professionals. Significant positive correlation between all dimensions of the ISS was observed. Scores in all subscales and overall score were above average, which means higher IS. As has been aforementioned, ISS has been mainly used among undergraduate students and nursing

staff. Therefore, this is the first study performed in a multidisciplinary sample of healthcare professionals, and for homogeneity, it is discussed in association with studies using the same scale.

The overall score and subscales' score were higher compared to moderate levels of IS that were found in studies conducted in nurses [17, 23, 24]. However, the subscale of Respect for Cultural Differences was found to be relatively lower (22.6 ± 2.8) compared to the result of a study in health professions students in India (26.83 ± 2.18) [12]. On the same subscale, age was significantly negative associated, indicating lower sensitivity as age increased. This finding might be connected with differences in the training curriculum in older participants. Low score in this factor means a lower level of cultural orientation and tolerance towards different opinions. Literature supports that respecting and accepting attitudes of healthcare staff towards migrants are essential elements of their perceived cultural understanding, and components of developing appropriate attitudes should be included in the training of healthcare professionals [25].

In the present study, the majority of the sample was psychologists and social workers (48.1%) and nurses (34.6%) compared to health visitors (11.4%) and doctors (5.9%). Social workers and psychologists had a significant higher overall score in ISS compared to nurses. Health visitors, social workers, and psychologists also showed significant higher sensitivity in Interaction Engagement subscale compared to nurses. Doctors' score was marginally significant compared to nurses. Other studies, using ISS, in social workers observed high levels of IS [15, 16].

The majority of the participants (72.4%) reported that they have daily contact during their work with migrants and refugees. The frequency of contact was significantly positive associated with the subscale of Interaction Attentiveness. In another study, nurses who interacted more with people from other cultures had a higher

score in "Respect for cultural differences" than others [26]. In another survey on community health nurses in Taiwan, results showed low levels in all ISS subscales' and overall score, and the authors attributed this finding to the reduced opportunities of their sample to interact with people from different cultural backgrounds [27].

Participants with more years of working experience scored significantly lower at the subscale of Interaction Enjoyment compared to others with fewer years. Lower score means less positive feelings about the involvement in intercultural communication. Other studies have found similar results but in the "Respect for cultural differences" subscale [26] and in the "Interaction Attentiveness" subscale [28]. A possible explanation could be the higher level of idealism of newly graduated nurses compared to professionals with years of experience [28]. Conversely, another study reported no significant difference between the mean scores the participants obtained from the ISS and its subscales in terms of length of service in the profession [17].

However, a promising finding was that participants who stated that they were familiar with the concept of intercultural healthcare had a significantly higher score in the subscales of Interaction Engagement, of Interaction Enjoyment and in the overall score of ISS. This finding is in line with the literature supporting the positive impact of cultural competence interventions to healthcare professionals on improving their knowledge, attitudes, and skills [29, 30].

Working experience abroad was significantly associated with the subscales of Interaction Engagement, Interaction Attentiveness and with the overall score of ISS. In other studies, working experience abroad had significant relation to Interaction confidence subscale [31] and to Respect towards Intercultural Differences subscale [26]. This finding is in accordance with the literature supporting that working experience abroad is a way to raise IS [11,12,31]. Moreover, previous studies have

shown that multicultural experiences in personal life played a significant role in the development of IS [27, 33]. However, in the present study, participants' multicultural experience was assessed only through their working experience.

The generalizability of the results of this research is limited by a number of factors. The data obtained from this study are based on health professionals' self-reported questionnaires, which might hide under or overestimation. Furthermore, the study used a small and convenient sample, and this might mean that the participants were probably more culturally sensitive. However, the characteristics of the study sample are evenly distributed among the healthcare professionals working in refugee camps, refugee shelters, and public hospitals. Moreover, the participants were enrolled from different working settings all over the country and not from certain areas. More active recruitment and the provision of incentives for participation are recommended for future research, in order to achieve a better representation of the healthcare professionals' population.

CONCLUSIONS

To the best of our knowledge, this is the first study using ISS to explore the IS in a multidisciplinary sample of healthcare professionals working with refugees and migrants in Greece. High levels of intercultural sensitivity were observed. However, significant differences were revealed between specialties, length of working experience, age, working experience abroad, familiarity with intercultural health, and frequency of contact with migrants and refugees. Our results support the need for continuous training of healthcare professionals in cultural sensitivity. These findings are important for future research in exploring the needs of healthcare professionals and in the tailoring of future training interventions.

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