Case study

EVALUATION OF THE IMPLEMENTATION OF INTERCULTURAL MEDIATON IN PREVENTIVE HEALTH-CARE PROGRAMMES IN SLOVENIA

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ABSTRACT

Introduction: This article presents the evaluation of a pilot implementation of intercultural mediation for Albanian-speaking women in the Slovene city of Celje. An intercultural mediator was introduced with the aim of improving access to and the quality of health care delivered to Albanian-speaking women in Celje and, more specifically, of improving the quality of communication between health-care professionals and Albanian-speaking women.

Methods: This evaluation was carried out between September and December 2015 at the Health Promotion Centre in the Community Health Centre Celje, where the intercultural mediator for Albanian language was involved in health education workshops. At the end of each workshop, participants were asked to complete a questionnaire evaluating the programme.

Results: The results show that service users considered the presence of an intercultural mediator as extremely important in health education workshops and expressed satisfaction with the mediator's work.

Conclusion: Based on our research, intercultural mediation can be regarded as one of the efficient tools for addressing linguistic obstacles faced by the Albanian-speaking community in accessing the Slovene health-care system. In the long run, intercultural mediation may increase the quality of health care and reduce inequalities in access to the Slovene health-care system.

Keywords: ALBANIAN-SPEAKING WOMEN, HEALTH-CARE SYSTEM, INTERCULTURAL MEDIATION, SLOVENIA

INTRODUCTION

People from marginalized groups are generally at a higher risk of health problems and suffer from more health-related issues *(1–4)*, while also facing more difficulties (due to linguistic, cultural, administrative, financial, and other barriers), when visiting health-care facilities compared with the general population *(1, 2)*. Migrants and/or members of different ethnic minorities frequently encounter various barriers when in need of health care *(5)*. Previous research in Slovenia confirmed that these populations often face cultural, linguistic and other types of barriers within the health-care system, resulting in lower quality health-care services and unequal treatment *(6–11)*.

Besides the officially recognized Italian, Hungarian and Roma minorities, members of many other ethnic groups also reside in Slovenia but do not have the status of recognized ethnic minorities. Since the most numerous are from the former Yugoslavia, many Albanians, Croatians, Montenegrins, Serbs and members of ethnic minorities from Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia live in different parts of Slovene territory *(12, 13)*. Even if members of ethnic groups that speak languages similar to Slovene (e.g. Bosnian, Croatian, Macedonian, Serbian) do not encounter noticeable linguistic barriers to accessing health-care facilities, the same is not necessarily true for Albanian-speaking users of the Slovene health-care system who have

migrated from Albania or one of the former Yugoslav Republics *(14–16)*. Qualitative research carried out in 2014 as part of the "Towards Better Health and Reducing Inequalities in Health" project reported serious obstacles in communication between health-care professionals and certain members of the Albanian-speaking community *(17)*. Among other important findings, the results showed that a large Albanian-speaking community living in the city of Celje experiences a variety of problems when accessing health-care services, mostly due to linguistic and cultural barriers, and specifically emphasized the barriers that women from this community face. Therefore, an interdisciplinary team of experts decided to pilot the implementation of intercultural mediation for Albanian-speaking women in a health-care setting to address some of these problems. The term "intercultural mediator" is used to refer to a person who is working in health-care institutions to overcome language and culture barriers and to increase responsiveness to the needs of ethnic minority users *(5)*. Other terms (such as "link worker", "health advocate", "health-care interpreter" and "culture broker") are also used to define similar, but not identical, roles within health-care institutions. These roles vary considerably between different projects, ranging from language interpreting only to culture brokering or providing health education *(5, 18–24)*.

The aim of introducing an intercultural mediator was to improve access to and quality of health care for Albanian-speaking women in Celje and, more specifically, to improve the quality of communication between health-care professionals and Albanian-speaking women. A further aim was to increase the responsiveness of the newly designed preventive programmes to the needs of these women. In this paper, we present the results of a pilot implementation of intercultural mediation for Albanian-speaking women in the city of Celje.

METHODS

A pilot implementation of intercultural mediation was carried out between September and December 2015 at the Health Promotion Centre in the Community Health Centre Celje, in which an Albanian-speaking intercultural mediator was involved in health education workshops. These workshops were aimed at the general population and formed part of the regular national preventive health-care programme.

Basic topics connected with a healthy lifestyle, general fitness, and high blood sugar levels and its risks were chosen for the workshops. Since members of the target group had not been responsive to such programmes in the past, the main role of the intercultural mediator was to raise awareness among potential participants and motivate them to respond to invitations to attend the workshops, which were delivered via Facebook and/or telephone calls. Other tasks of the intercultural mediator included simultaneous translation of the workshop and cooperation in adapting the workshops to the specific needs of the target population. The latter included informing health professionals about the specific socioeconomic and cultural contexts and lifestyle of this community. The first workshop was "Am I fit?"; it covered topics about general fitness and was attended by 28 Albanian-speaking women. The subject of the second workshop was high blood sugar; this was attended by 13 Albanian-speaking women. Both workshops were delivered by three health-care professionals and simultaneously interpreted into Albanian.

Immediately after each workshop, participants were asked to complete a questionnaire in Albanian evaluating the programme: all questions were closed, with only a limited range of answers. The questionnaire evaluating the first workshop contained 11 questions, while the questionnaire evaluating the second workshop contained eight questions.

Demographic data on the age, ethnicity, and education or income level of the participants were not collected due to issues of sensibility and data protection. The focus was on participants' assessment of the organization, content and performance of the workshops. Both questionnaires therefore asked participants to evaluate the organization of the workshops, including the length, the type of group work and the size of the group. In addition, their feelings about taking part in group activities were assessed in both questionnaires using the question: "How did you feel in a group?" We used a five-point scale for responses: 1 = very bad; 2 = bad; 3 = fair; 4 = good; and 5 = very good. Participants were then asked to evaluate the role of the intercultural mediator and to assess how much they agree with the following

statements: "At the workshop, I had the opportunity to ask questions"; "I got answers to my questions"; and "The content was presented in an understandable way". They scored their response from 1 ("I totally disagree") to 5 ("I totally agree"). Both questionnaires also included questions about how understandable and how useful the workshop material was to the participants.

Other, more specific questions addressed particular characteristics of the workshops. For example, the first workshop included individual consultations and took individual measurements. Participants were asked to evaluate how useful these consultations were, whether they thought the workshop would help them to change their lifestyle habits, to what extent the workshop met their expectations and how useful they thought the new knowledge would be in their everyday lives. The latter point was addressed through the question: "To what extent do you think you will be able to use the knowledge and skills you have gained in your daily lives?" Both questionnaires also asked participants if they would recommend the workshop to other people.

Participants of the second workshop on high blood sugar levels were also asked to evaluate the intercultural mediator by responding to the following statement: "The presence of an official translator/female interpreter helped me to understand the content of the workshop." In addition, two questions explicitly asked them to evaluate the mediator's work: "What would your experience today have been without an official translator/female interpreter?" and "How satisfied were you with the presence of an official translator/female interpreter?"

RESULTS

Questionnaires from both workshops were analysed. The response rate was very high: 26 out of 28 female participants (92.9%) completed the questionnaire after the first workshop and all 13 participants (100%) returned the questionnaire after second workshop. A total of 41 women participated, of whom 39 returned the questionnaires (95.1%).

Analysis of the questionnaires showed that the organizational aspect of workshops and the workshop material were positively assessed by all participants. The length of the workshops was perceived as appropriate by all who responded to this question (37 participants). There was a similar positive response to the workshop material: all 38 participants who answered the relevant question found the workshop content very understandable. In addition, one participant answered that she was satisfied while working in a group, while all other participants answered that they were very satisfied (the highest possible rating). Participants were also able to engage actively and ask questions: 75% of respondents completely agreed that they had opportunity to ask questions, 15.6% agreed, and 9.4% neither agreed nor disagreed with this statement. Results were similar when assessing whether participants had received answers to their questions (82.9% completely agreed and 17.1% agreed) and whether the content was presented in an understandable way (90.9% completely agreed and 9.1% agreed).

Workshop content had been adapted to suit the particular lifestyle of the participants. The individual consultations and measurements forming part of the first workshop revealed that all participants who answered the question found the content useful in their everyday lives (25 assessed it as very useful and one as useful) and helpful for changing their everyday lifestyle habits (23 participants). The questionnaire for the first workshop did not directly ask about the intercultural mediator, but the questionnaire for the second workshop asked participants to evaluate the mediator's contribution by responding to two questions and one statement.

TABLE 1. EVALUATION OF THE INTERCULTURAL MEDIATOR

Statement	Response	Respondents (*n*)
The presence of an official translator/female interpreter helped me to understand the content of the workshop	Completely agree	12
	No response	1
What would your experience today have been without an official translator/female interpreter?	More difficult	11
	Easier	1
	No response	1
How satisfied were you with the presence of an official translator/female interpreter?	Very	12
	No response	1

The analysis showed that most participants found the intercultural mediator helpful for understanding the content of the workshops (12 participants) and that most considered their understanding would have been much more limited without the intercultural mediator's help (11 participants). Moreover, all who responded (12 participants) expressed satisfaction that an intercultural mediator was available at the workshop.

DISCUSSION

Despite the limited number of participants, the results show that service users perceived the presence of an intercultural mediator in health education workshops as extremely important and expressed satisfaction with mediator's work. Workshop participants found the mediator helpful for achieving a better understanding of the workshop content, engaging more actively and asking questions. As the content had been adapted to fit their particular lifestyle, participants found the knowledge and skills gained through these workshops very useful in their daily activities. Therefore, we can assume that intercultural mediation can be regarded as one of the efficient tools for addressing linguistic obstacles faced by the Albanian-speaking community in accessing the Slovene health-care system.

Thus, we conclude that intercultural mediation improves communication between users and health-care professionals. Similar findings were made in two studies by Verrept *(5)*, who claimed that:

the most important of all the improvements is the fact that intercultural mediators facilitate the exchange of correct and detailed information between health staff and patients. This is a consequence not only of mediator's presence in itself, but also of the fact that patients are less inhibited about telling their stories in the presence of the intercultural mediator (and/or the absence of an informal interpreter, e.g. child or spouse) *(5)*.

Moreover, similar to our findings, other authors suggest that an intercultural mediator contributes significantly to patient satisfaction and is crucial for providing more culturally sensitive health care *(22, 23)*.

Previous research in Slovenia has shown that patients and health-care professionals are mostly left to their own inventiveness when attempting to address communication obstacles *(17, 25, 26)*. They rely on ad hoc interpreters (untrained persons who are called upon to interpret, such as children, other family members or self-declared bilingual members of the community, as well as bilingual staff members who volunteer to interpret) or on non-verbal methods of communication (for example, writing and drawing) *(24–26)*. Users and health-care professionals expressed a need for implementing new tools and mechanisms to address misunderstandings arising from communication gaps *(17)*.

The evaluation of the role of intercultural mediator in Celje showed that a possible solution to this problem is the introduction of intercultural mediation for different ethnic minorities into health-care institutions. However, specific issues that should be considered before introducing mediation into the health-care system include the provision of training for both mediators and health-care professionals, defining the tasks of all partners included, questions of financing and of mediators' autonomy, and adapting programmes to the needs of specific groups.

We are aware that our research has some important limitations. For example, the sample size is too modest to generalize the findings to the whole target population. Moreover, differences in the content of the two questionnaires influenced the comparison of gathered data. Finally, due to issues of sensibility and data protection, we were unable to collect demographic data that would have allowed a better analysis of the situation of the target population within the Slovene health-care system.

On the other hand, we should emphasize that this was not only the first study of its kind in Slovenia to address the needs of the Albanian-speaking community but also the first evaluation of intercultural mediation within a health-care setting. It therefore provides a basis for future work on this field. The evaluation revealed a high level of satisfaction with the contribution of the intercultural mediator, especially for achieving a better understanding of the content of health education workshops. This is a key condition for including target populations (and marginalized groups, in general) in regular national preventive

health-care programmes and can result in long-term health benefits. For more reliable results, intercultural mediation needs to be implemented at the national level.

CONCLUSION

Preventive health-care programmes provide a good opportunity to implement intercultural mediation because they are integrated in the health-care system but are also predictable and usually non-urgent. Workshop participants found that the intercultural mediator helped in achieving a better understanding of the workshop content and for engaging actively and asking questions. We conclude that intercultural mediation can be regarded as one of the efficient tools for addressing linguistic obstacles faced by the Albanian-speaking community in accessing the Slovene health-care system. We believe that, in the long run, intercultural mediation could increase the quality of health care and lead to greater satisfaction for both users and health-care professionals, as well as reducing inequalities in access to the Slovene health-care system.

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