



# Qualitative Study - Focus Group and Interviews

Ugarte- Gurrutxaga, MI. PhD  
Melgar- de Corral, G.PhD  
Baquero-Noriega RA. PhD  
Molina Gallego, B. PhD  
Melgar-Sánchez, L. PhD

Universidad de Castilla-La Mancha (UCLM)

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MULTI  
CULTURAL  
CARE

## INTRODUCTION



Escola Superior de  
Enfermagem de Coimbra



UC Leoben  
NOVUM MINDS



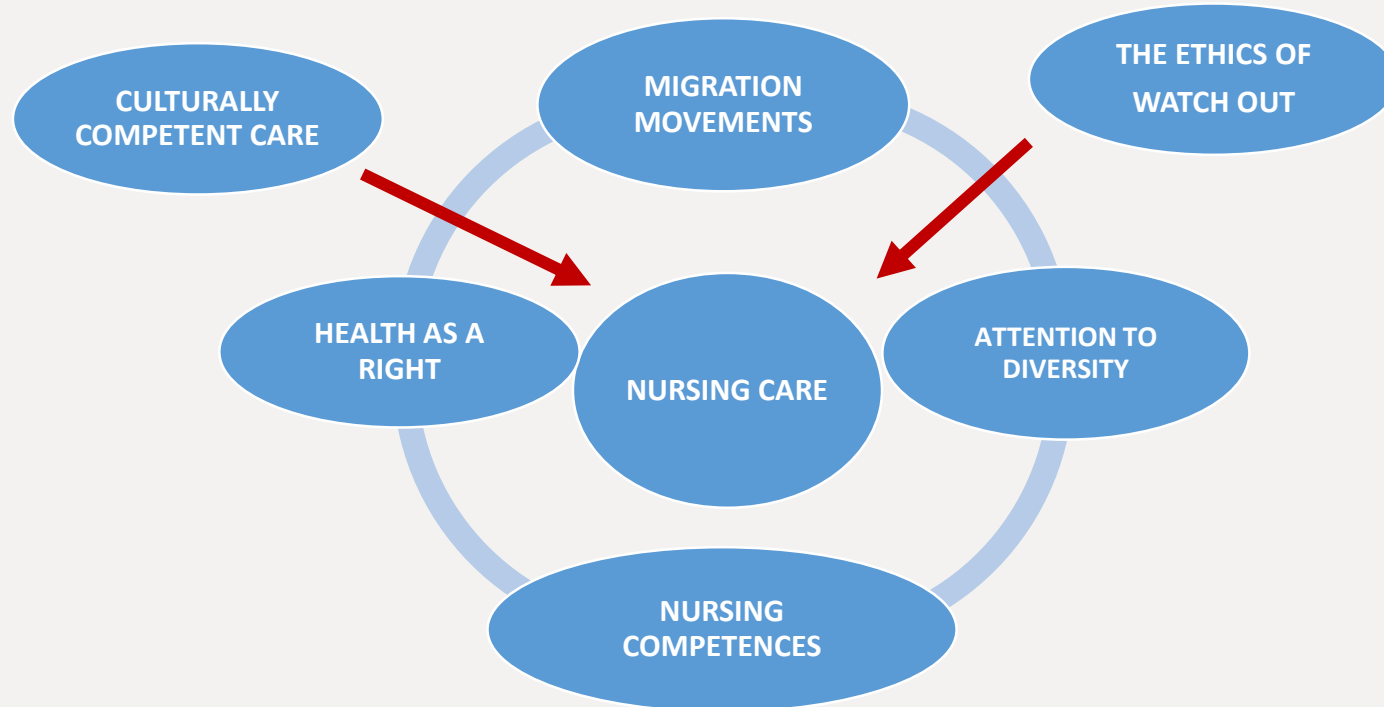
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Co-funded by the  
Erasmus Programme  
of the European Union



## COMPLEX ENVIRONMENTS OF CULTURAL DIVERSITY



## YEAR 2000. GENERAL OBSERVATION OF THE RIGHT TO HEALTH (APPLICATION OF THE COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS OF 1966)

### The right to health implies the following essential elements

#### Availability

Sufficient number of establishments, public goods and services, and health programs.

#### Accessibility

Non-discrimination, physical accessibility, economic accessibility and access to information.

#### Acceptability

Respect for medical ethics, culturally appropriate, sensitive to gender and life cycle requirements.

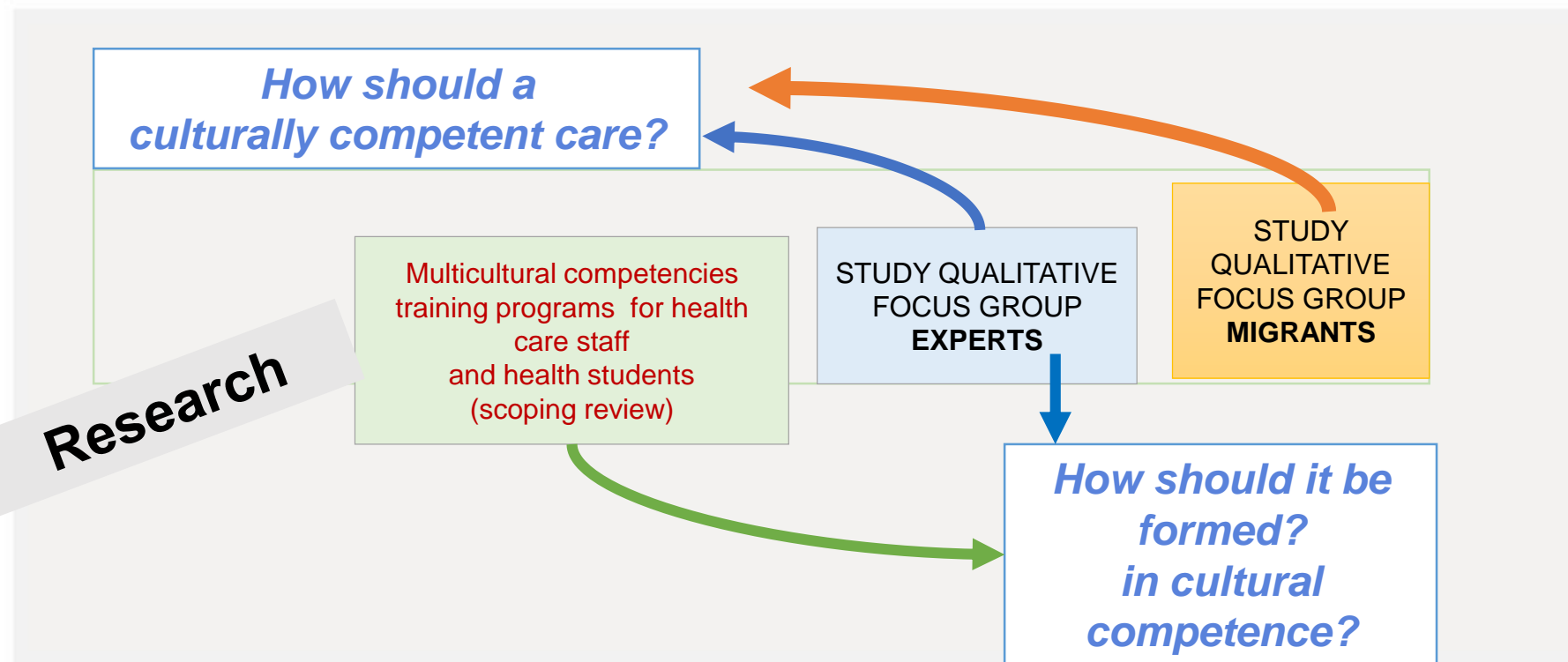
#### Quality

Health services of good quality, scientifically and medically appropriate.





## RESEARCH QUESTIONS



## OBJECTIVES





## OBJECTIVES (MIGRANT PEOPLE)

### **General objective:**

To know the perception of migrants about the health care they receive in the three geographical areas of study.

### **Specific objectives :**

1. Analyze the access and use of the health system by migrants.
2. Know the characteristics of the interpersonal relationship/communication between migrants and health professionals.
3. Know the adequacy of the health system to the needs of people migrants.
4. Identify the competencies that health professionals must have to provide culturally competent care.





## OBJECTIVES (EXPERT-PROFESSIONALS)

### General objective:

To identify the key domains to be included in the training model in the multicultural care competencies of European nurses, from the perspective of international experts.

### Specific objectives :

1. Obtain information on the perception of experts on the experiences of immigrants in European health services.
2. Obtain information about the process of interpersonal communication and the relationship between migrants and nurses.
3. Obtain information on the profile of multicultural competencies / skills of nurses from the perspective of Experts.



## METHODOLOGY





## METHODOLOGY

The work consisted of a descriptive qualitative research carried out in a coordinated manner in three areas of study: in Belgium and Portugal through focus groups and in Spain through semi-structured telephone interviews.





## Geographical context of the investigation

Conteúdo > arial 16 regular





## Participants and Information Collection Techniques

Profile	Techniques	Participants/Country
Migrants	<i>Individual Telephone Interview</i>	<i>Spain (6)</i>
	<i>Focus Group</i>	<i>FG1: Belgium (5) FG2:Portugal (6)</i>
Expert professionals	<i>Focus Group Online</i>	<i>Belgium (2); Spain (1); Portugal (1); EE.UU (1)</i>

**TOTAL PARTICIPANTS: MIGRANTS: 17 - EXPERT PROFESSIONALS: 5**



## Migrant data analysis plan

Analysis of the Belgian focus group transcript followed an inductive methodology in which descriptive concepts and categories emerged during multiple readings of the focus group transcript.

Similarly, in Portugal and Spain, the coding process was initially based on previous categories related to the objectives of the study, in the form of an initial code tree, which was complemented with new codes and emerging categories (using the inductive method).

For the analysis process, the main dimensions around which the discourse is articulated were identified and then the most relevant aspects of each of the topics were differentiated, grouping the data collected around categories related to the specific objectives of the study. . The Atlas-ti 8 and N-Vivo computer programs were used for the analysis.





## Expert data analysis plan

The data was recorded through the automatic recording option of the ZOOM online platform. After the meeting, the research team converted the audio-visual recording file to an audio file and transcripts were made. The data coding process followed an inductive methodology in which descriptive concepts and categories emerged during multiple readings of the focus group transcript by three different people.

For the analysis process, the main dimensions around which the discourse is articulated were identified and then the most relevant aspects of each theme were differentiated, grouping the data collected around categories and subcategories. For data analysis, the 12 N-VIVO computer software was used.



## Results

- ❑ BARRIERS IN HEALTH CARE
- ❑ OVERCOMING BARRIERS IN ACCESSING MEDICAL CARE IN THE HOST COUNTRY



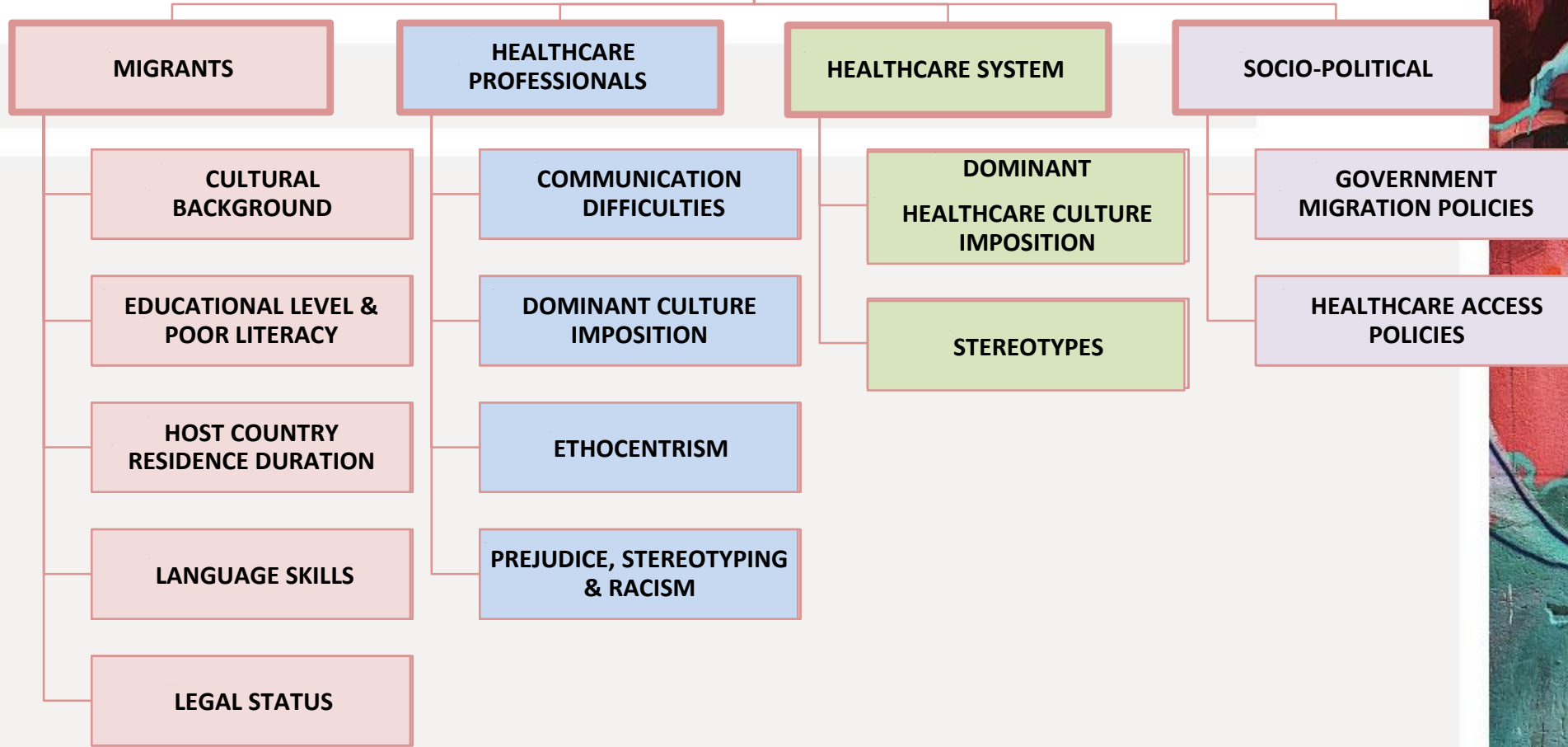


# Results



MULTI  
CULTURAL  
CARE

## BARRIERS TO HEALTHCARE

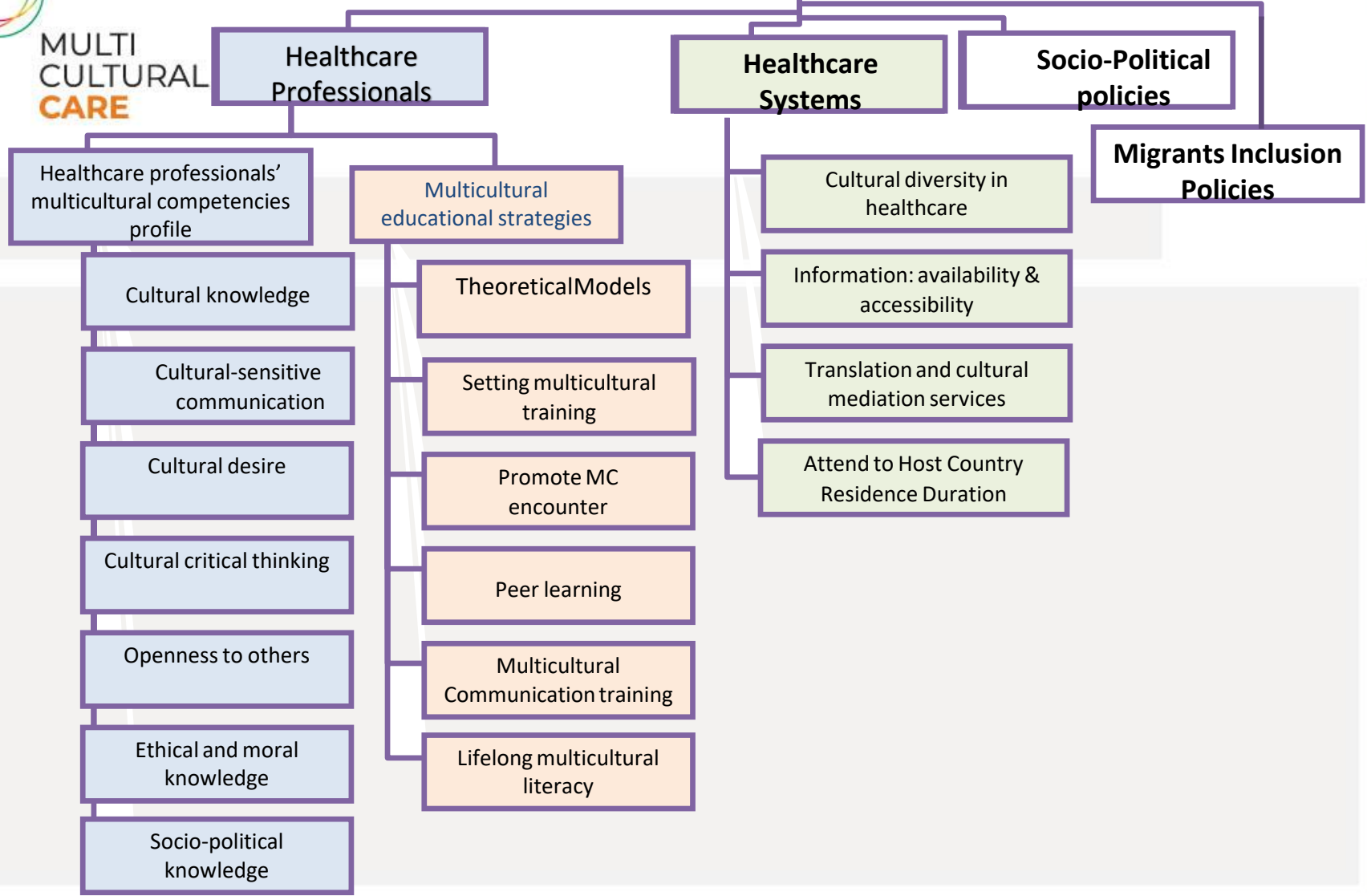


# Results



**MULTI  
CULTURAL  
CARE**

## Overcoming Barriers in Access healthcare in Host Country





## ACTION PROPOSALS

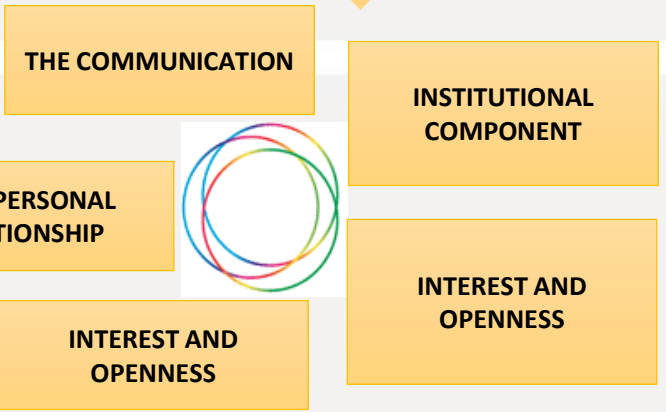


# Proposals



MULTI  
CULTURAL  
CARE

*How should a culturally competent care?*



PROCESO DE INVESTIGACIÓN

Multicultural competencies training programs for health care staff and health students (scoping review)

STUDY QUALITATIVE FOCUS GROUP EXPERTS

STUDY QUALITATIVE FOCUS GROUP MIGRANTS





# Proposals



MULTI  
CULTURAL  
CARE

## CULTURAL COMPETENCES OF NURSING STUDENTS

OPENNESS TO  
OTHERS

CULTURAL  
AWARENESS

CULTURAL  
KNOWLEDGE

CULTURAL  
ENCOUNTER

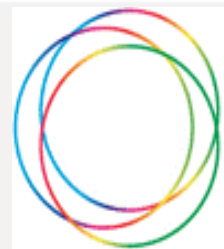
DEALING WITH  
CULTURAL  
AMBIGUITY

INTERCULTURAL  
COMMUNICATION

DIGITAL HEALTH  
SKILLS

SOCIOPOLITICAL  
KNOWLEDGE/SKILLS

SOCIAL  
TRANSFORMATIVE  
LEADERSHIP



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Thank you for  
attention!





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