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VÄITÖSLUENTO

Navigating Cultural, Health, and Information Landscapes A User-focused Approach to Immigrant Health in a Nordic Context

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Lecture

As an immigrant who moved to Finland permanently, I have experienced the significant challenges of using the Finnish healthcare system, such as dealing with the dental appointment booking system in Turku, which was accessible only in the local languages, either in Finnish or Swedish.

When I arrived, I had to overcome language barriers, unfamiliar medical practices, and a culture different from my home country. These challenges are common for many immigrants in the Nordic countries, not just me. This experience motivated me to pursue my academic research into how immigrants' access and use health-related information and services in Nordic countries, as well as what barriers they face. Furthermore, I noticed a lack of existing research in this area, which reinforced my commitment to investigating this topic.

Health information refers to a broad spectrum of information, such as details about different available health services, disease prevention methods, and health promotion programmes in a country. Health information is accessible through different mediums.

For immigrants, reliable and comprehensive health information is absolutely necessary—it bridges the gap between an unfamiliar healthcare system and their specific health needs, facilitating informed decisions about their health needs, understanding their medical rights, and navigating the available health-related information and services in a new country.

Immigrants face many barriers when accessing healthcare services and information in a new country. Not only are these barriers logistical and linguistic, but they also have deep roots in the beliefs, perceptions, traditions, cultures, and habits that shape the immigrants' health-seeking behaviours. In many cultures, it is common to receive immediate medications for any minor illness—a practice that contrasts sharply with the Nordic approach, where doctors typically conduct detailed medical examinations before prescribing any medication.

This difference in practice can lead to misunderstandings and feelings among immigrants about receiving inadequate care because they expect immediate remedies and perceive the care as unnecessarily delayed.

Cultural norms and religious beliefs can significantly affect the comfort levels of female immigrants, particularly when receiving care from a male healthcare provider.

This problem is not limited to female patients; it can also affect male patients. Some men feel uncomfortable or unwilling to discuss personal health issues with a healthcare provider of the opposite gender, particularly when it contradicts their cultural norms. This

hesitation can deter many immigrants from seeking necessary medical attention or participating in preventative health screenings.

A significant number of immigrants might prefer traditional herbal medicines or spiritual practices over Western medical treatments. These preferences are often rooted in their beliefs about health and wellness, which have been passed down through generations.

There can be a general mistrust towards the healthcare system, often stemming from past experiences in the country of origin where the medical system might have been ineffective. Such perceptions can lead immigrants to delay seeking care until absolutely necessary, or to avoid it altogether unless symptoms become unbearable.

Moreover, my qualitative study identified common beliefs among immigrants living in three Nordic countries, which significantly influence their health-seeking behaviours and interactions with healthcare systems.

These include a general mistrust among immigrants towards medical professionals in the Nordic countries based on perceived cultural misunderstandings, as well as a frequent reliance on community-endorsed health practices over formal medical advice.

Such insights highlight the complex interaction of cultural background, individual experience, and the healthcare environment, which shapes immigrant health behaviour in unique ways.

These barriers illustrate the complex challenges that immigrants face when accessing healthcare in Nordic countries. They underscore the importance of culturally sensitive approaches that respect and integrate diverse health beliefs and practices into mainstream healthcare provision.

Immigrants often encounter a lack of cultural competence among local healthcare providers. This concept refers to healthcare professionals' ability to understand, appreciate, and effectively interact with patients from diverse cultural backgrounds.

It includes recognising the influence of different cultural norms and beliefs on health behaviours and adapting care strategies accordingly. Without cultural competence, miscommunication and misunderstandings can occur, further complicating the care process and affecting the quality of healthcare received.

Understanding and compassion must guide our approach to immigrant healthcare. This reminds me of the touching poem written by the Persian poet Saadi Shirazi:

> *Human beings are members of a whole,*
> *In creation of one essence and soul.*
> *If one member is afflicted with pain,*

Other members uneasy will remain.
If you have no sympathy for human pain,
The name of human you cannot retain.

These verses highlight how closely our human experiences are linked, showing that in healthcare, just like in life, we are all deeply connected. Our work to meet the health needs of immigrants addresses both a medical and a moral need to respect and care for everyone, no matter where they come from.

Many immigrants reported a general feeling of marginalisation within the healthcare system, which not only affects their mental and emotional well-being but also discourages them from utilising available healthcare services proactively.

Examples include instances where immigrants have encountered language barriers, a lack of culturally relevant information, and dismissive attitudes from healthcare staff.

These experiences can result in feelings of exclusion and alienation, making immigrants hesitating to seek medical help, even when it is urgently needed.

My dissertation combines findings from my extensive empirical research, which includes systematic literature reviews, semi-structured interviews, and comprehensive surveys. It encompasses more than 70 interviews and surveys with over 340 immigrants originated from more than 20 different countries living in Finland, Norway, and Sweden.

This approach aimed to paint a detailed picture of the health-related information needs and behaviours of immigrants in Nordic societies. The mixed-methods approach allowed for a clear understanding of both the subjective experiences and the broader patterns that characterise immigrant interactions with healthcare systems.

My findings reveal that immigrants often face significant challenges in accessing health-related information due to language barriers, a lack of familiarity with digital health resources, and the complexities of navigating Nordic healthcare systems.

These barriers frequently lead to delays in seeking care, poor management of chronic health conditions, and increased health risks among immigrants in the Nordic countries.

Furthermore, my study's empirical findings highlighted the critical influence of factors such as trust, social networks, and education level on immigrants' health-seeking behaviours and service utilisation.

Trust in healthcare professionals, for example, can make immigrants more willing to follow treatment advice and seek care when necessary. Social networks, particularly among immigrant communities, often act as essential support structures, providing advice on healthcare access and sharing experiences.

Education level can affect health literacy and the ability to navigate complex healthcare systems. Examples of trust include relying on a physician's recommendation for treatment and accepting advice on navigating the healthcare system from community leaders. Social networks are evident when family and friends share healthcare information and assist in accessing available services.

These elements are very important as they guide the development of tailored health communication strategies that are sensitive to the diverse backgrounds of immigrants.

In this context, tailored health communication refers to designing health information and interventions that consider the specific cultural, linguistic, and educational needs of diverse immigrant groups. For example, developing multilingual health information pamphlets or training healthcare staff to communicate in ways that consider cultural norms of their patients.

Understanding these aspects can help policymakers and healthcare providers create targeted and effective interventions that are sensitive to cultural and demographic factors.

Examples include community health worker programmes that hire immigrants from the communities they serve, enabling them to act as connectors between healthcare systems and immigrants. Additionally, cultural sensitivity training for healthcare providers can address linguistic barriers, reduce cultural misunderstandings, and ultimately improve care quality.

My research contributes to the discourse on health communication by proposing a new conceptual model. The 'Health Acculturation Model of Enlightened Decision-making' which links culture, health, and information with health outcomes among immigrants. This model explains how cultural competence, health literacy, and health information access collectively influence immigrants' ability to make informed health decisions.

Here, the goal is to enhance health literacy and promote healthier behaviours among immigrants. Health literacy is defined as the ability to find, understand, and apply health information to make informed health decisions.

By improving health literacy, immigrants can better manage chronic diseases, comprehend medical advice, and navigate healthcare systems. Promoting healthier behaviours involves adopting lifestyle changes like quitting smoking, improving quality of diet, and regularly exercising.

It combines aspects of the Health Belief Model to better understand how personal beliefs about health risks and benefits influence immigrants' decision-making processes.

The Health Belief Model considers perceived susceptibility to illness, perceived severity of the disease, perceived benefits of treatment, and perceived barriers to action as key factors that guide health decisions.

For immigrants, their personal beliefs about health risks, often influenced by cultural norms and past experiences, can significantly affect their readiness to adopt healthy behaviours or seek treatment.

My methodological contribution is the innovative integration of mixed methodologies, which provides a more comprehensive analysis of immigrant health information behaviour than would be possible with a single method.

The qualitative interviews allowed for deep, narrative insights into immigrants' personal experiences and perceptions of healthcare, whereas the quantitative surveys provided a broad, generalizable set of data on patterns of health information usage and needs. This dual approach enabled the construction of a detailed and dynamic picture of the immigrant healthcare landscape across the Nordic countries, highlighting both individual and collective experiences.

Based on my research, I recommend the implementation of comprehensive, multilingual health information systems that are easily accessible to immigrants.

In addition to being available in multiple languages, these systems should also cater to the diverse cultural and informational needs of immigrant populations, guaranteeing effective navigation, understanding, and utilisation by all individuals.

It is critical for healthcare providers and policymakers to consider cultural differences and provide training on cultural competence for healthcare professionals, thereby improving the quality of care and information provided to immigrant populations.

Furthermore, it is important to collaborate closely with leaders of immigrant communities and immigrant groups to ensure that health information systems meet the real needs of the communities they serve. This approach will help to bridge the gap between healthcare services and immigrant communities, fostering a truly inclusive and equitable healthcare environment.

My research delves into these issues with the hope of shedding light on how to better serve the immigrant population in the Nordic countries, ensuring that everyone, regardless of background, has access to quality health care. Through this study, I have highlighted specific systemic, linguistic, and cultural challenges that can hinder effective healthcare delivery to immigrants.

By addressing these points and recommending strategic adjustments, we aim to foster an environment where health systems not only recognise but actively incorporate diverse health beliefs and practices into their framework.

This proactive approach will facilitate a more empathetic and effective healthcare system, thereby enhancing the overall health outcomes for immigrants and strengthening the health infrastructure in the Nordic region.

My research offers practical implications for policymakers and healthcare providers, emphasising the need for the development of health information systems that are accessible in multiple languages and tailored to the cultural contexts of different immigrant groups.

These systems should facilitate not only access to information but also interactions with culturally competent healthcare providers. Recommendations from this study have the potential to inform policy adjustments that prioritise comprehensive, culturally appropriate communication strategies, thereby enhancing the effectiveness of healthcare delivery and promoting equitable health outcomes across diverse populations.

In conclusion, my research not only maps out the complex barriers immigrants face but also underscores the profound impact that accessible, culturally competent health communication can have on their health outcomes and societal integration. This dual approach to addressing both linguistic and cultural barriers is essential.

By enhancing access to reliable health information, we empower immigrants to make informed health decisions, significantly improving their quality of life and easing their integration into new societies.

These findings advocate for a proactive adjustment in our healthcare systems towards inclusivity and equity—ensuring that every individual, irrespective of their cultural or linguistic background, can access high-quality healthcare.