Improving the Management of Refugees in Australian Hospitals
A Descriptive Study

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RESEARCH TEAM

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   Head of Rural Clinical School Wagga Wagga,
   GP in Wagga, vast experience working in refugee health

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   GP in Wagga, vast experience working in refugee health

Dr Alexa Seal
   Statistical assistance
BACKGROUND

• 59.5 million forcibly displaced people worldwide

• Syrian crisis – 11.6 million people at risk

• 13,750 accepted in Australia each year

• ~30% resettle in NSW

• Complex health needs, currently not well addressed

• No agreed national model of care

1. UNHCR. 2015
2. Department of Immigration and Border Protection
3. NSW Refugee Health Service. 2015
4. Russell et al. 2013
RATIONALE FOR STUDY

- Very limited information regarding knowledge, attitudes, experiences of hospital healthcare professionals
- Concerns regarding increasing numbers of refugees\(^5\)
- Doctors have limited knowledge of available services\(^6,7\)
- Serious gaps in care exist\(^8\)

5. RANZCOG. 2015
6. Corbett et al. 2015
7. Duncan et al. 2013
8. Yelland et al. 2015
### Local Health District

<table>
<thead>
<tr>
<th>Local Health District</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Coast</td>
<td>27</td>
<td>0.1</td>
</tr>
<tr>
<td>Far West</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Hunter New England</td>
<td>543</td>
<td>2.1</td>
</tr>
<tr>
<td>Illawarra/Shoalhaven</td>
<td>641</td>
<td>2.4</td>
</tr>
<tr>
<td>Mid North Coast</td>
<td>571</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Murrumbidgee</strong></td>
<td><strong>580 (~950 in 2014)</strong></td>
<td><strong>2.2</strong></td>
</tr>
<tr>
<td>Nepean</td>
<td>434</td>
<td>1.7</td>
</tr>
<tr>
<td>Northern Sydney</td>
<td>819</td>
<td>3.1</td>
</tr>
<tr>
<td>Northern NSW</td>
<td>94</td>
<td>0.4</td>
</tr>
<tr>
<td>South Eastern Sydney</td>
<td>706</td>
<td>2.7</td>
</tr>
<tr>
<td>Southern NSW</td>
<td>156</td>
<td>0.6</td>
</tr>
<tr>
<td>South Western Sydney</td>
<td>10,925</td>
<td>41.6</td>
</tr>
<tr>
<td>Sydney</td>
<td>2,335</td>
<td>8.9</td>
</tr>
<tr>
<td><strong>Western Sydney</strong></td>
<td><strong>8,329 (&gt;9000 in 2014)</strong></td>
<td><strong>31.7</strong></td>
</tr>
</tbody>
</table>

3. NSW Refugee Health Service
**Aim**: Explore healthcare provider perceptions of caring for refugees

**Objectives:**
- Determine how frequently refugees are seen in the hospitals surveyed?
- How does caring for refugees impact upon work
- Differences between the experiences of urban and rural staff
- Barriers and suggestions for improvement to care of patients from refugee backgrounds
METHODOLOGY

1. Development of questionnaire based on previous study.
2. Ethics Approval – WSLHD & UNDA
   SSA – MLHD & WSLHD
3. Attended management and staff meetings for engagement
4. Stratified purposeful sampling
   - 150 questionnaire per site
   - Distributed via unit managers
5. Rural – 75 returned (50%)
   Urban – 74 returned (49%)

7. Duncan et al., 2013
DATA ANALYSIS

- SPSS version 22, significance level $\alpha = 0.05$
- Chi-square ($\chi^2$) or Fisher’s exact test (FET) to compare categorical variables between groups
- Student’s t-test to compare continuous variables between groups
- Spearman’s Rho ($r_s$) and Pearson’s r ($r$) for correlations
- NVivo 10 software for analysis of open-ended questions
• Response rates at public hospitals:
  • 50% (rural)
  • 49% (urban)

• Demographics similar between groups and national workforce
  • More urban staff born overseas $p < 0.001$
  • More rural staff had <5 years experience $p = 0.002$
  • More urban staff had worked with refugees for >10 years $p = 0.029$
HOW FREQUENTLY ARE REFUGEES SEEN?

Monthly by ~40% of respondents

Rural:
- 94.1% of midwives
- 22.4% allied health and nursing combined
  \[ p < 0.001 \]

Urban:
- 77.8% midwives
- 40% allied health and nursing combined
  \[ \text{FET } p = 0.082 \]
IMPACT OF WORKING WITH REFUGEES

- Similar proportion (~40%) of respondents found working with refugees disruptive to their practice
  - $p=0.564$
- More rural than urban staff reported that working with refugees enhances their practice
  - $p=0.025$

<table>
<thead>
<tr>
<th>Does working with refugees disrupt your practice?</th>
<th>Overall n/N (%)</th>
<th>Rural n/N (%)</th>
<th>Urban n/N (%)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very disruptive/Disruptive</td>
<td>20/50 (40)</td>
<td>11/25 (44)</td>
<td>9/25 (36)</td>
<td>0.564</td>
</tr>
<tr>
<td>Not disruptive</td>
<td>30/50 (60)</td>
<td>14/25 (56)</td>
<td>16/25 (64)</td>
<td></td>
</tr>
<tr>
<td>Does working with refugees enhance your practice?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considerably enhances/Enhances</td>
<td>37/49 (75.5)</td>
<td>23/26 (88.5)</td>
<td>14/23 (60.9)</td>
<td>0.025</td>
</tr>
<tr>
<td>Does not enhance</td>
<td>12/49 (24.5)</td>
<td>3/26 (11.5)</td>
<td>9/23 (39.1)</td>
<td></td>
</tr>
</tbody>
</table>
CONFIDENCE LEVELS

• Urban staff more confident in general than rural
  • $p=0.001$

• Associated with being born overseas
  • $p=0.029$

• Increasing time worked with refugees was positively correlated with:
  • Confidence in general $r_s=0.418$, $p<0.001$
  • Medical/physical concerns $r_s=0.209$, $p=0.018$
  • Psychological aspects of care $r_s=0.178$, $p=0.044$
CONFIDENCE LEVELS

Confidence levels - staff caring for refugees at least monthly

- Confidence in general
- Confidence - medical/physical
- Confidence - psychological
- Confidence - social

\( p = 0.001 \)
THEMATIC ANALYSIS OF BARRIERS

• Language & cultural barriers
  • “Cultural differences, particularly on domestic violence can be challenging” – Rural midwife
  • “Discussing their social history was difficult” – Rural allied health

• Patient factors
  • “Fear due to previous experiences – use familiar support people” – Rural nurse
  • “Electrotherapy (U/S, electric currents etc.) can be a limitation of treatment due to past history of torture” – Urban physiotherapist
• **Confusion surrounding Medicare eligibility**
  - “Not covered under public health costs” – Rural allied health
  - “Resolve eligibility under Medicare” – Rural allied health

• **Service availability**
  - “Need more written information in different languages” – Rural midwife
  - “I am unaware of what supports are available” – Urban physiotherapist
  - “Difficult to access interpreters after hours” – Rural midwife
  - “Doing this survey made me realise refugees are not accessing psychological support in my service, a free community based counselling service” – Rural psychologist
• **Need for staff education**
  
  • “Training on how to discuss psych and social issues, awareness for staff of what they’ve been through” – Rural allied health
  
  • “Education re psychosocial needs of refugee patients” – Urban nurse
REQUEST FOR ADDITIONAL SUPPORT

<table>
<thead>
<tr>
<th>Rurality</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>% No</td>
<td>42.4</td>
<td>16.7</td>
</tr>
<tr>
<td>% Yes</td>
<td>57.6</td>
<td>83.3</td>
</tr>
</tbody>
</table>

$\text{p}=0.001$
• 40% of the workforce reported at least monthly contact with refugees
  • 94% rural midwives, 77% urban midwives
• >70% requested additional support
• Similar rates of encounter reported at each location
• Rural staff report greater satisfaction when working with refugees
DISCUSSION: RURAL ISSUES

• Psychology service in rural setting
• Interpreter access
• Need for additional education surrounding Medicare eligibility is needed at both sites
• More inexperienced staff, well documented issues with rural staff retention\textsuperscript{9–11}

9. Buykx et al. 2010
10. Francis & Mills. 2011
LIMITATIONS

• Use of a purposeful sample (staff working in June/July 2015)
• Potential for bias from respondents
• Need to further stratify allied healthcare staff
• Do our findings translate into poorer quality of care or poorer patient outcomes?\textsuperscript{4,8}

\textsuperscript{4. Russell et al. 2013}
\textsuperscript{8. Yelland et al. 2015}
1. What was already known about this topic?
   - Vulnerable group with complex health needs
   - Needs often unmet due to barriers

2. What does this study add?

3. What are the implications for practitioners?
SUMMARY

1. What was already known about this topic?
2. What does this study add?
   • Frequent contact in both settings
   • Deeper understanding of current issues
   • Staff desire more support, education and access to services
   • Need to target Australian-born and rural staff
   • Highlighted that services exist that are not being utilised
3. What are the implications for practitioners?
SUMMARY

1. What was already known about this topic?
2. What does this study add?
3. What are the implications for practitioners?

- Significant issue in hospitals
- Services should be targeted to midwifery
- Better incorporation of hospital and community services
- Additional support and education could increase knowledge when caring for refugees to improve patient care
PRACTICAL INFORMATION

- Information sheet with links to available services, multilingual document etc produced
FURTHER RESEARCH

- Investigate from patient perspective
- Differences in confidence levels
- Looking into specific outcome measures e.g. improved use of services
REFERENCES


QUESTIONS

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