Constructing belonging of cancer patients with migrant background

cultural competences in end-of-life care

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Research Questions:
- How do health professionals experience the influence of migration histories in the palliative care context regarding seriously ill patients with migrant background?
- How is the influence of having a migration history experienced by seriously ill and dying people with migrant background?

Introduction:
- Dying is a cultural and social as well as biological event. Where and how we die is influenced by cultural and social factors (1, 2).
- Low use of specialized palliative care services has been evident in ethnic minority groups across western countries since the 1980s (3). Development of professional cultural competence has been initiated (4, 5).
- Initiatives are few and sporadic in the Danish palliative Care context. A need for research to explore the need is pending (6, 7).

Methods:
- 15 narrative interviews with palliative care professionals
- 8 biographical interviews with two men and six women with diverse (western and non-western) migrant background and cancer experience
- 2 narrative interviews with bereaved relatives with migrant background.
- Content analysis

Theory:
- Cultural competence: cultural sensitivity + interpersonal caring + Cultural knowledge + Ability to assess and apply knowledge reflexively in the care context (8, 9)
- Belonging: Social location, Identification and emotional attachment, Politics of belonging (10)
- Transnational migrants often hold double or multiple belonging via the combination of old and new attachments (11).

Conclusion and implications for practice:
- Biographical information is often lost in the care context
- Professionals’ and patients’ different constructions of belonging of the patients result in different constructions of motives and needs in the end-of-life care context.
- Despite awareness of common human implications of illness and reactions to illness PCPs respond to diversity by means of cultural knowledge, thus constructing belonging as a single social location (ethnicity) rather than according to the identification and emotional attachment of the patient.
- Cultural knowledge rather than caring tend to gain primacy in the development of cultural competence. This create a risk of undermining patient centeredness in care for patients with migrant background.
- The patient’s construction of belonging toward end-of-life is essential in realizing the patient’s motives and needs as well as access to informal care resources.

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