
CONFERENCE ABSTRACT

The Multilingual Encounter in the Danish Healthcare System - An Upcoming PhD Study

22nd International Conference on Integrated Care, Odense, Denmark, 23-25 May 2022

Lisbeth Birkelund¹, Karin Brochstedt Dieperink², Morten Sodemann¹, Johanna Lindell³,
Karina Dahl Steffensen⁴, Dorthe S. Nielsen¹

1: The Migrant Health Clinic, Department of Infectious Diseases, Odense University Hospital, Denmark

2: Department of Oncology, Odense University Hospital

3: Psychology of Language, University of Copenhagen

4: Department of Oncology, Vejle Hospital

Introduction: Inequality in health is a global problem. In Denmark, the problem has been addressed with the government's launch of a healthcare reform that implements the "Patient First" - a vision of ensuring "proximity, coherence, quality, and patient rights" (2019). Meanwhile, international studies show that inequality in health is often connected with limited proficiency in the dominant language(s) as recently stressed with COVID-19. Thus, when it comes to serious illness like cancer, language barriers may not only challenge the fulfillment of the "Patient First", they can have major health consequences for the patient who speaks little or no Danish.

Aim, Theory, And Method: The aim is to provide knowledge that can improve the communication that takes place between ethnic minority patients and healthcare professionals. Narrative and sociolinguistic theory provide the framework of the project that consists of three studies: 1) Participant observations will be used to investigate the communication that takes place between ethnic minority patients and professionals in oncological departments at Odense University Hospital and Vejle Hospital. 2) Diary narratives and qualitative interviews will be used to gain insight into the patients' life stories and experiences of the encounter. 3) Focus group interviews will be used to examine the professionals' experiences.

Results: Though cancer incidence and mortality rates are higher among ethnic minorities, ethnicity and language have scarcely been addressed in oncological research. Furthermore, as this project includes both a patient and healthcare professional perspective on the impact of language on inequality in health, it will provide research-based knowledge into a practically unexplored field within the Danish healthcare system. The results will be used to develop a number of guidelines and recommendations for communication in multilingual healthcare encounters. These can be implemented in clinical practice and in regional, educational contexts in, for example, the Ethnic Patient Coordinator Team and in similar teams at a national level. In this respect, the project is expected to provide knowledge that can help fulfill the vision of the "Patient first".

Conclusions: In qualifying communication processes in encounters with ethnic minority patients with limited Danish proficiency, patient needs and preferences are more likely to be met despite

language barriers. In addition, the project will be hypothesis-generating and it will lay the groundwork for future interventional studies on language-based inequality among ethnic minorities.

Implications: Finally, the knowledge about ethnic minority patients and the significance of their linguistic, cultural, and social human conditions, that the project is expected to provide, can be used in a broader international perspective as a means of fighting social inequality in health."