

Perspectives in pediatric oncology: Understanding the experiences of two Syrian refugee families at B.C. Children's Hospital

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Abstract

This study focuses on the unique experiences of two Syrian refugee families at the Pediatric Oncology Clinic at B.C. Children's Hospital. Overall, both families expressed that they felt well supported and were happy with their care. We learned that services provided, particularly easily accessible translation and transportation services, are essential to help relieve stress and barriers to care. Additionally, access to emotional support services, such as psychology referrals, may help to further improve refugee care. Engaging with Syrian refugee families allowed for a better understanding of their unique needs and how to support them better in the future.

Introduction

In late 2015, the government of Canada implemented a rapid humanitarian resettlement of 25,000 Syrian refugees.¹ Health settlement of refugees refers to an evidence-based health assessment and integration of refugees into the healthcare system. Prior to arrival in Canada, refugee families will have had a complete medical history and a focused physical exam in accordance with the standard Immigration Medical Examination (Box 1). In preparation, health practitioner networks were developed to support refugees upon arrival. Additionally, refugee-specific resources were developed. These include guidelines from the Canadian Collaboration for Immigrant and Refugee Health and specific pediatric resources from the Canadian Paediatric Society (Box 1).

families have children requiring hospital care, which forces refugee families to suddenly become intensively immersed in their new society's healthcare system. This new healthcare system may feel unfamiliar for patients and their families; healthcare customs may be very different from their home country and language barriers may prevent direct communication with physicians. These dynamics create an additional level of stress for refugee families. Thus, special attention to the mental health needs of refugee families and their children who are receiving care is required.

This study focused on the unique experiences of Syrian refugee families at the Pediatric Oncology Clinic at B.C. Children's Hospital. Areas explored include access and barriers to healthcare services, translation services, and supportive care services. The goal of this study was to better understand the experiences of refugee families in pediatric oncology to provide appropriate support services in the future.

Materials and Methods

This study was approved by U.B.C. Behavioural Research Ethics Board.

Two Syrian refugee families with children who were diagnosed with cancer and patients of the B.C. Children's Hospital Pediatric Oncology Clinic were identified and approached to participate in an interview session about their experiences in Canadian healthcare. Prior to the interview, written consent was obtained.

To understand the families' experiences in pediatric oncology and improve future support, two separate, informal, free-flowing interviews, with the support of a translator, were conducted. Interviews lasted between thirty minutes and one hour. Interviews focused on past experiences in Canadian healthcare, and support services offered and utilized upon relocation to Canada. Although interviews were intended to be free-flowing and unscripted, several guiding questions were asked to learn about the family's current living situation, previous healthcare interventions prior to relocation, and type and length of treatment received at B.C. Children's Hospital. Additionally, questions were asked about the families' support system during relocation, services offered and accessed in the healthcare system, experiences in the pediatric oncology clinic, incorporation of their culture in care plans, and challenges or barriers they have experienced in healthcare. Lastly, interviews included an opportunity to provide feedback and recommendations on how to improve care for Syrian refugee families and their children.

Box 1 | Refugee-specific resources.^{2,4}

- Immigration Medical Examination, Citizenship and Immigration Canada: www.cic.gc.ca/english/resources/publications/dmp-handbook/
- Caring for Kids New to Canada, resources from Canadian Paediatric Society: www.kidsnewtocanada.ca/
- Clinical e-checklist for immigrants from the Canadian Collaboration for Immigrant and Refugee Health: www.ccirhken.ca/ccirh/checklist_website/index.html

Syrian refugee families have unique healthcare and psychosocial needs. Many experience mental health issues and require additional psychosocial support.^{5,6} Post-traumatic stress disorder, depression, and anxiety prompted by violence, displacement, and relocation are commonly experienced by refugee patients.^{1,5} Empathy, reassurance, and advocacy have been demonstrated to be key components of recovery for refugees with mental health issues. Furthermore, facilitating resettlement and optimizing conditions to assure access to safe and adequate housing, employment, and income, as well as promoting family cohesion can have protective health effects.¹ Previous studies have shown that adopting a patient-centered care approach, and incorporating physical and mental health, as well as social situation, into the conversation will improve patient-practitioner communication and support refugee health.⁵

In addition to the many stressors of relocating, some refugee

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Results and Discussion

Two Syrian refugee families were interviewed separately at B.C. Children's Hospital. Both families had recently immigrated within the past twelve months and had children who were patients in the pediatric oncology clinic at B.C. Children's Hospital.

Overall, both families felt well supported at the pediatric oncology clinic. Both families expressed gratitude for their treatment and care and felt their culture was respected and integrated into their care plan throughout their experience. The families were thankful for the support provided by physicians, nurses, and other hospital staff, and appreciated the time spent to help them understand care plans. When asked to provide suggestions to improve care, neither family had suggestions for improvement. However, upon prompting, one family discussed how language barriers were an initial concern. Easy access to in-person translators and phone conversations with Arabic-speaking physicians helped to alleviate these worries. Barriers to care, such as communication difficulties and transportation to the hospital, were overcome with support of hospital services, such as translators and transportation vouchers for taxis. Understanding that language barriers and transportation access are sources of stress for families emphasizes the need to address these barriers to reduce families' anxiety. Additionally, addressing these barriers may help to relieve feelings of isolation and ensure that families do not feel alienated during hospital experiences.

Both families expressed they felt well supported and welcomed in Canada, and felt they had more support than in their previous countries. They "do not feel like immigrants" and are happy in Canada. Support services accessed by the families included Immigration Services Society of B.C. and the Food Share Network. These services helped provide access to healthcare, housing, language and career services. Both families were connected with a social worker and supported by welfare. A common theme was the lack of access to emotional support services provided through these organizations. After having endured the sensitive process of relocation, access to emotional support services would likely be something the families would have benefited from. Access and awareness to emotional services, such as a psychology referral, may be an area to improve upon in future care.

Interviewing refugee families at B.C. Children's Hospital helped

us to understand the challenges and concerns that the families face upon relocation to Canada, particularly in terms of communication barriers and cultural differences. We learned that services provided, particularly easily accessible translation services, are essential to help support families and involve them in care plans. Additionally, access to emotional support services, such as psychology referrals, may help to further improve refugee care. Finally, ensuring that refugee families are aware of all services available and how to access these services is imperative to maximizing usage. Engaging with Syrian refugee families allowed for a better understanding of their past, their values, and how to support them better in the future.

As a medical student, participating in interviews provided practice engaging in difficult conversations, as many emotional topics were discussed regarding families' journeys. This project has served as a reminder that to best meet the needs and understand the values of patients, we, as healthcare providers, must work directly with our patients to develop appropriate and achievable treatment plans.

A challenge to this study included the small sample size. There were only a handful of refugee families in the Pediatric Oncology clinic, and scheduling interview times was difficult. In the future, reaching out to refugee families in different specialty clinics may provide more information as to what services are being accessed, and experiences in different settings.

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