CONFERENCE ABSTRACT

Coproducing healthcare with immigrants

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Introduction: The concept of coproduction holds great promise for meaningful and genuine partnerships between patients and health professionals. Coproduction is especially important for immigrants, who experience limited access and involvement in their healthcare and are at risk of receiving lower quality of care. Insight into how immigrants can use their own experience and expertise to participate in the coproduction of health is scarce.

Aim and method: The aim of this research project was to understand how health professionals and immigrant patients coproduce healthcare services to create health. In a systematic scoping review (Study I), we explored facilitators for coproduction of healthcare service with immigrants. Two qualitative studies based on participant observations (n=25), informal conversations, focus groups (n=2), and interviews (n=13) explored health professionals experiences (Study II) and immigrants experiences (Study III) with coproduction in clinical encounters. Data was collected at an interdisciplinary outpatient clinic for immigrants and refugees with long-lasting, complex, and unexplained symptoms.

Results: The results of Study are that immigrants can be a valuable source of information and powerful coproducers of their own health if the healthcare organization and frontline health professionals prepare for it. Study II showed that leadership-supported flexibility and interdisciplinary support enabled health professionals to find sensible solutions for each patient. Communication tools designed around patient needs guided health professionals in listening and creating a safe space built on trust and empathy. This safe space was essential for shared decisions about care. Relational continuity strengthened coproduction but also bore risks of emotional dependency. Study III, showed that mutual trust and feeling safe encouraged immigrant patients to open up and take a more active role in the coproduction of their health. A strong therapeutic relationship enabled them to become agents of their own health.
Conclusions: Using a coproduction lens, we recognized that creation of a service requires time and that the patient and the health professional to work together. They contribute their resources of lived experience and professional expertise in coproducing healthcare services and thus value for the patient.

Implications: Our findings highlight the need for flexibility in daily practice, for compassion and kindness for diverse patient populations, and for accepting vulnerability arising from the complexity of clinical practice and of life. Future research should investigate the validity of findings in different healthcare settings and study long-term effects of coproduction on patients’ health and well-being. Finally, patients should be invited as co-researchers in these studies.