Health care in Switzerland Reports from migrant women suffering chronic conditions



"Only those who migrate can understand what being an immigrant in Switzerland really means"

BACKGROUND

The increasing prevalence of chronic illness poses new challenges for the Swiss health care system. Previous data show that certain population groups, among others migrant women, have an increased probability of higher burden of chronic conditions and are less likely to receive appropriate care.



The MIWOCA research studies patients' needs and resources and their experiences with the Swiss health care system.

HOW WE APPROACH THE ISSUE

We focus on the capabilities of women. We explore how the women achieve appropriate care considering their agency in the given structural conditions.

What prevents or enables to access health care?



THE METHODS WE USE

We conducted in-depth interviews with women of different nationalities in Bern and Geneva.

German (n=12) Turkish (n=12)

Portuguese (n=12) Swiss (n=12)

Participants' age ranged from 23 to 85 years.

Most participants had multiple and long-lasting chronic conditions, which led them to acquire extensive experience with health care services.

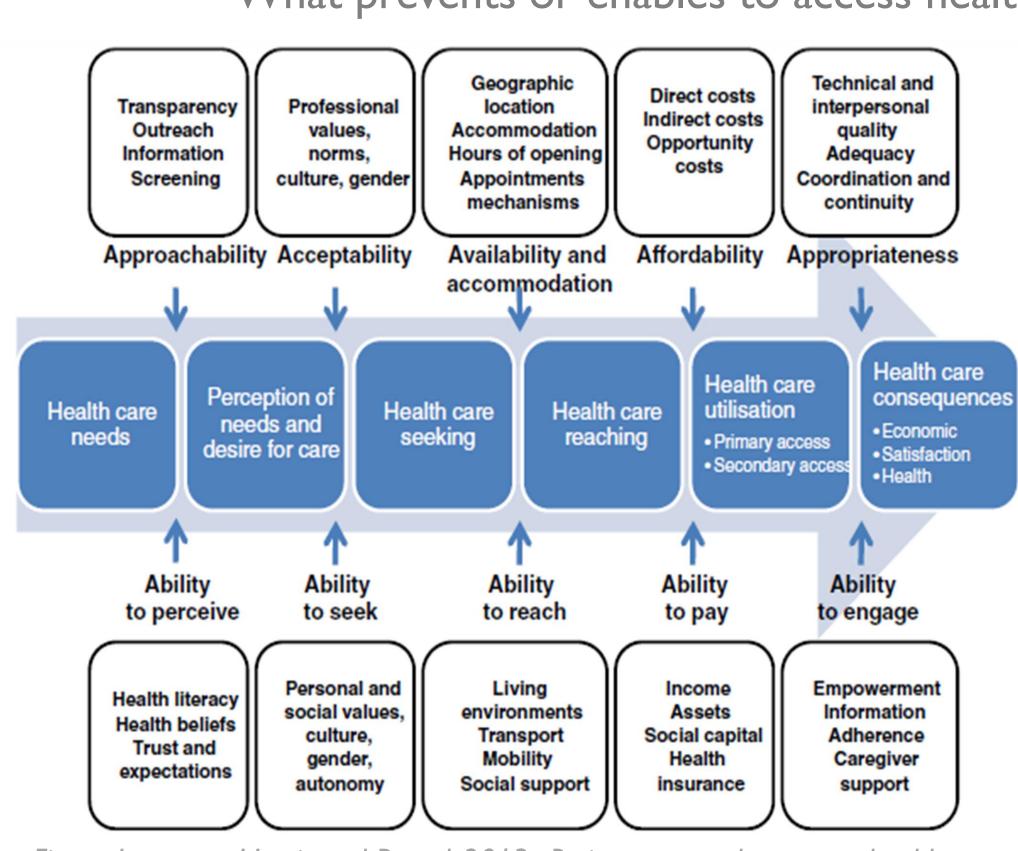


Figure: Levesque, Harris and Russel. 2013. Patient-centered access to health care. A conceptual framework of access to health care



WOMEN'S MATERIAL CONDITIONS

Living conditions Financial situation

Health coverage Quality of services Referral system

- Satisfaction with the general quality of services but not with specific services
- Difficulties to understand how the health care system works
- Health care costs were too high for many research participants

WOMEN'S NON-MATERIAL CONDITIONS

Social networks and support Language

- Friends, family support constitute an important topic
- Language as facilitator / barrier in accessing care
- Multi-layer stigmatizing: immigrant, chronic patient, overuse

WOMEN'S DOINGS



- Women are searching for additional information about their diseases
- Women try biomedical and alternative practices
- Women try different providers: general practitioners, specialists
- Women develop their individual approaches toward use of medicine over time.
- Learning to use the Swiss health care system and services
- Learning to deal with and to make sense of one's illness
- Learning by doing: (1) Trial and error or (2) Learning from breach
- Health care providers also learn from their patients

WOMEN'S LEARNINGS

ACCESSING HEALTH CARE

The long-term nature of chronic diseases reveals time and routinization as complex components affecting women's capabilities of using health care services, particularly when coupled with migration experiences.