

Don't get lost in translation: nursing children as medical tourists

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Abstract

Medical tourism is a growing trend in health care as families seek more affordable options in medical care and treatment for their children. Children who require care outside their home country present special challenges, dilemmas and issues for nurses who must provide that care. Culture, language and social support must all be considered in a family-centred care approach. This paper explores the emergence of medical tourism as a health care phenomenon, and explores the essential skills of an experienced paediatric medical tourism nurse in Israel.

Keywords: medical tourism, culture, family, family-centred care.

What is known about this topic?

- Little nursing literature exists which explores the nurses' role in medical tourism.
- Other health literature explains that medical tourism is a growing phenomenon in many countries.

What this paper adds

- Nurses are pivotal in the delivery of health care to children who are medical tourists.
- Highly specialised nursing care is needed to provide culturally safe care to medical tourist children and their families.
- Nursing roles in Israel are being set up to provide this type of care.
- Core to the role is highly specialised knowledge about family-centred care, management, cultural safety, a range of language skills and excellent communication ability.

Declarations

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Introduction

This article explores the impact of the growing trend of medical tourism on children and their nursing care. A fundamental issue related to medical tourism is the generally accepted requirement of all nurses to provide culturally safe care to all individuals. Cultural safety has frequently been associated with immigrants, refugees or others who intend to reside in a country other than their homeland for an extended time, if not permanently, and thus may be willing to adapt to and adopt customs that may be unfamiliar, but are accepted norms in their new homes. Medical tourists, on the other hand, arrive for a period of time to receive health care

and are unlikely to adopt different practices. Consequently, nursing staff need to be aware of the differing circumstances of such children and their families and find ways to provide a high level of care without compromising the family's cultural and social requirements. This paper explores some of the problems, issues and potential approaches to nursing children as medical tourists.

Medical tourism

Medical tourism, a US\$60 billion a year business, is travel outside one's homeland for the purpose of receiving health care^{1,2}, which has grown by 20% per year due to escalating treatment costs and access issues such as lengthy waiting times for many procedures. The fundamental rationale for seeking treatment outside one's home country is that treatment is as good, if not better and affordable³ as that available at home. Furthermore, in some instances, a client may require anonymity that may not be feasible in a home country⁴.

While there are historical precedents for medical tourism, the acceleration in patient numbers began in the 1980s as consumers sought affordable options for health problems⁵. Widespread internet access enables potential patients to explore many possible locations for treatment and health care has become a marketable commodity in a global economy. The typical medical tourist is 50 years of age³; however, a number of children have also become medical tourists. Therefore, children do not fit the profile of the typical medical tourist and require different approaches than the average adult patient.

Marketing medical tourism

Many countries actively advertise their services and companies have developed that specialise in arranging overseas care, marketing packages that combine hospital care and tourist activities. The rationale for some countries is economic improvement, as overseas patients pay cash for procedures while their companions spend money on tourist pursuits. In light of the current global economic crisis, it is probable that the search for affordable medical care will increase the number of patients who become medical tourists. While it must be acknowledged that medical tourism provides lifesaving care in many instances, it is fundamentally a business enterprise and, as such, raises ethical and legal issues concerning the commoditisation of health care.

Numerous countries actively market medical tourism, prominently, Thailand, India, Singapore, Argentina, Belgium, Israel, the United States and South Africa. Israel has become a centre for medical tourism for several reasons. Firstly, the country is easily accessible, with direct flights from Europe, North America, Asia and Africa. Secondly, health care standards are generally high, with high-level academic and clinical preparation of Israeli health care professionals. Reciprocal visits with centres known for their excellence in other countries are common and many Israelis are involved in internationally significant research. Thirdly, Israel has a

large immigrant population with many multilingual, well-educated citizens who can assist arriving patients with their initial culture shock. Finally, medical tourism is viewed within Israel as a non-political path to promote peace; specifically, when patients arrive for treatment from Muslim countries, including Jordan, Iraq, Kuwait, Dubai, Gaza and the Palestinian Authority (West Bank)⁶.

Medical tourism in Israel

Approximately 15,000 medical tourists arrived in Israel in 2006 and 27,000 in 2009^{7,8}.

Half of all patients arrive from Eastern Europe, with others primarily from Jordan, Cyprus and the Palestinian Authority or other neighbouring countries, Western Europe and the US⁷. In light of Israel's development as a centre for medical tourism, it follows that it provides a basis to begin to explore nursing issues related to the care of children as medical tourists and has relevance to nurses in much of the world.

A number of Israeli hospitals are engaged in paediatric medical tourism⁷ including Dana Children's Hospital, which was opened in 1991 as part of the general complex of Tel Aviv Sourasky Medical Center⁸, a tertiary 1100-bed facility established in 1899 in the heart of Tel Aviv. Out-patient clinics and a child development unit are part of the hospital services which include neurosurgery, general surgery, oncology-haematology, cardiac and many other tertiary-level specialised services for sick children. It has 120 beds, with 8564 admissions in 2010⁹. Many of the nurses have advanced qualifications in paediatrics; nursing unit managers often hold master's degrees and, in general, only registered nurses are employed on wards. The Dana Children's Hospital has a medical tourism department with a nurse coordinator with 12 years' experience in her role; thereby providing a relevant environment to explore the significance of the paediatric medical tourism business, the role of the nurse coordinator, the impact on the nurses and the nursing care of this population of children.

Many of the children who arrive as medical tourists at Dana are from the Former Soviet Union (FSU), Gaza, Cyprus, Greece and the Balkan countries and have had previous treatment in another country which has not been successful, while others arrive because the necessary treatment is not available in their home country.

Issues in care provision

Paediatric medical tourists arrive through several means, but pre-planning the admission is crucial in anticipating particular needs and organisation of appropriate support. Children who arrive with their families via a broker appear to have the smoothest transition to hospitalisation. Brokers ensure that all documentation has been prepared, including previous medical records and visas; that the hospital is informed of the arrival time and the flight met by trained staff if necessary. A small hotel is adjacent to the hospital and the broker may reserve a room for the parents or lease

an apartment and assist the family in the bewildering but essential daily tasks in a foreign country, such as supermarket shopping. Working through a broker may be ideal, but not all children arrive with such meticulous preparation.

A number of children have relatives or family friends in Israel, often from the FSU or Gaza and treatment and support is arranged by these contacts. Others have no family members, friends or support system; these families face a number of difficulties and pose special challenges for the nurses. However, far more difficult are the children who arrive with no family or support; they are alone in a strange country.

Nursing issues

The issues and complexities surrounding the hospitalisation of children as medical tourists are primarily related to cultural safety and communication. While many issues may be similar for any child or family of foreign origin, a large majority of the children who arrive at Dana have already experienced hospitalisation and the decision to seek care at Dana is a last effort for seriously ill children. Undoubtedly, this stress, travel and financial strain compounds cultural issues involved in seeking treatment outside their home country.

A high percentage of the Israeli population are immigrants who speak languages other than Hebrew outside the work environment and are familiar with culturally grounded behaviours. It is generally believed in Israel that families with children who are medical tourists will have their needs anticipated and addressed and nursing staff will be particularly attentive to their requirements. However, unlike new immigrants who choose to integrate into Israeli society, medical tourists have no reason to adapt to local cultural practices, nor learn the language and, therefore, the issues that arise within any country that relate to cultural differences of medical tourists may apply.

Family-centred care^{10,11} is the underlying approach for all children and families; however, the children who arrive as medical tourists pose particular challenges that require patience, understanding and considerably extra time investment to ensure the highest quality of care is delivered. Bearing in the mind the critical importance of initial contact, rapport and trust, policy at Dana dictates an initial meeting with the medical tourism nurse as early as feasible. The major issues identified in general by the nurse coordinator are cultural safety and social problems. These include language, food support groups and systems, and political issues.

Language and support systems

The Dana nursing staff includes many nurses who are immigrants from the FSU and consequently fluent in Russian; while many staff are fluent in Arabic. The nurse coordinator is fluent in English as are many of the nurses on the wards, but if no ward staff member is fluent in the child's native language, a professional hospital interpreter is provided. This is critical as nurses are committed to involving the child and family in the care plan.

Patient and family education is fundamental, especially as many of the children require complex procedures, are likely to be discharged for a period of time and return for ongoing care. Parents must be assisted to understand procedures, the effects of anaesthesia on their child if surgery is required and what to expect postoperatively. It is crucial to involve parents and children at the level that they wish to be involved in decision making and care provision, and all this must be done in a range of languages.

Food

Changes in diet and familiar food availability pose problems. While staff attempt to provide meals that are acceptable to all children and a small food court is attached to the hospital, often, it is the support systems outside hospital that provide the most appropriate assistance. Family members are often unfamiliar with local foods and bewildered in supermarkets with products labelled in Hebrew. One solution for children from Gaza and the Palestinian Authority is an Arab volunteer group from Jaffa that works with staff to provide meals that are familiar, nutritionally acceptable and culturally suitable for children and parents. These volunteers serve a second significant purpose as a social support network. This is critically important as some children from Gaza arrive without parents, who remain at home to care for other children.

Religious observance

Additional considerations for nursing staff are prayer and religious holidays of any denomination. Every effort is made to accommodate all religions and whatever level of religious observance is considered significant by the child and family. This not only includes the variations in level of observance for the Jewish population, but also Christians and Muslims. Parents are assisted to locate appropriate churches or mosques; prayers rugs are offered for Muslims and a rabbi is in attendance to support any child and family, irrespective of religious background.

Political issues

Political differences are never allowed to influence the care of any child or family at Dana, but their impact must be acknowledged. The nurse coordinator often needs special skills to identify and deal with any unspoken fears on the part of the child or family. An early meeting with the nurse coordinator to establish rapport and build trust are important foundations that enable the nurse, child and family to work together and an important part of this is to identify cultural needs that relate to language, food, social support and any political issues that may be of concern to the parent or child. While local variations may exist, it is likely that such issues may arise with any child and family who travel for the purpose of receiving medical care and nurses should be aware of their existence, assess the level of intervention required and provide solutions that are appropriate to the family.

The nurse in children's medical tourism

Minimal nursing literature has described or analysed the

relatively new role of nurses in medical tourism⁴. Many hospitals appoint a nurse coordinator, but, ultimately, staff nurses provide the ongoing care of any patient. Nevertheless, the resolution of issues that arise in the care of the child and family are the direct responsibility of the medical tourist nurse coordinator who must liaise with staff, work with the family and child, and utilise appropriate support services. Consequently, such a nurse must have excellent liaison and communication skills. Nurses who work in children's medical tourism at Dana are required to have extensive experience in paediatrics and family nursing. Management experience is desirable and second and third language skills are essential. The role is challenging and patience and compassion for the children and parents is vital.

A medical tourism nurse serves as a conduit between children and families and the health service system; they answer questions and address issues and fears, which are not always articulated. The pervading philosophy is that the institution and staff must adapt to the children and their families in order to meet their needs. While planning and anticipating is crucial, flexibility is also necessary. The medical tourism nurse meets each family for at least an hour on admission and spends time on a daily basis with them, both during hospitalisation and the discharge period. Parents, children and staff can phone the nurse at any time and the nurse is effectively on call throughout the entire experience.

Each family is different and a nurse in medical tourism must be accommodating to individual circumstances and needs. Every child must be seen as special and never a routine procedure or admission. Therefore, the nurse cannot estimate the length of time for each meeting with a family, which depends on the specific needs of both child and family. Essentially, the family dictates the amount of time that they need support, that is to say, it is the parent and child as a family and their character that may dictate their needs, not the child's illness.

One of the most challenging aspects of the role is preparing the child and family for major surgery. The nurse explains in detail what to expect pre- and postoperatively. At this point, it is common for parents to question their decision. No parent chooses for their child to become critically ill and it is important that the nurse reinforces that parents have done their best for their child. It is crucial that the trusting relationship is well established and the nurse appreciates that phone calls at all hours may require a return to the hospital to resolve an issue, assist parents in difficulty, or provide further support for the child. Parents and children are never completely alone; they have the full support of their nurse throughout the experience.

Conclusion

In light of the growing global trend in medical tourism, paediatric nurses in many countries may be involved in the care of medical tourists. Therefore, it is crucial to consider the context, planning and issues that invariably arise with children and families under such circumstances.

Furthermore, while similar issues and problems may arise with any hospitalised child, the additional stress of overseas travel, financial strain and a foreign culture create additional stressors for the child and family. Unlike other families of foreign origin, for whom cultural safety issues may arise, children who are medical tourists are likely to present issues related to cultural and social expectations. Admission can be planned with this presumption in mind while still maintaining flexibility. Considering the predictions that medical tourism will continue to increase, there is a gap in current research and a need to examine the commoditising of children's health care, the recent increase in paediatric medical tourism, and its impact in providing nursing care, and this gap should be addressed.

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Appendix (i)

Trigger questions for staff focus groups:

- What did the pathway change if anything in your practice?
- How did you find the assessment and screening tools?
- Has use of this clinical pathway changed your knowledge and skills when working with families?