

A Pilot Qualitative Study on the Supply and Demand for Health Services in Migrant and Refugee Hosting Centers in Greece

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ABSTRACT

Introduction: Migration and mobile populations constitute a main determining factor for change in demand and supply of a host country's healthcare services.

Aim: The purpose of this pilot ethnographic study is to explore the factors affecting health care provided at the infirmary of a Migrant Refugee Hosting Centers in Greece, by elaborating on the views and lived experiences of both camp residents and healthcare workers.

Materials and Methods: A qualitative design was adopted and data was obtained via in-depth face-to-face interviews, using two focus groups namely camp residents and camp medical staff. Interviews were semi-structured with both closed and open questions. The interviews lasted 40-60 minutes but were not recorded. Instead, detailed field notes were taken. Data were analyzed via content analysis and specific extracts were used to illustrate points of interest. Anonymity and data confidentiality was secured.

Results: Data analysis revealed subthemes and particular points of interest, namely, the degree of utilization of the doctors' office; the frequency of referrals to tertiary hospitals; the way that living conditions affect the health of the camp's population; and the degree that the epidemiological profile of the camp population affects the supply and demand of the health services offered in the camp.

Discussion: This pilot study exposed a greater need for primary health services especially those that prevent and treat patients at risk of developing chronic disease as a camp population of different cultures can bring a different set of problems, especially for new arrivals. In this context, not just the medical but all the camp personnel per se need more training to understand and cope with cultural diversity especially as conflict may reside within simple cultural or ethnic differences. Thus, the target of a camp's mission is to establish a high degree of harmony in everyday life despite adverse conditions.

Conclusions: The interviews with the camp's residents have revealed interesting aspects of their living reality further confirmed by the medical staff dealing with their health care needs. More investigations need to take place concerning this dynamic phenomenon as the very people in today's camps are not the same as they were 'yesterday' i.e. when they arrived.

Key words: Migration, Healthcare, Ethnography, Qualitative Design.

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Introduction

Migration and mobile populations in whatever form constitute a main

determining factor for change in demand and supply of a host country's healthcare services. The main circumstances why most

people choose or are forced to emigrate are war conflicts, economic reasons, and political or religious persecution. All of these created an influx of migration into Greece, especially from 2015 onwards, whereby a large volume of refugee populations landed in the country with the aim to further migrate into Europe (Eikemo et al., 2018).

The reasons that lead a person or a social group to change their place of residence differ from society to society and from time to time. In the past, the main causes have been the safeguarding of a job or a better professional future or reunification with family members. It is worth noting, however, that a large wave of migrants who came to Greece in recent years was mainly seeking survival from war and other conflicts, whether political or religious based. In other words, it is basically an effort to escape from conditions that threaten the life and safety of the individual or group who wish to move away mainly from war-zones including civil conflict or authoritarian regimes which violate basic rights and their freedoms (Garcia et al., 2018; Pavli & Maltezos, 2017).

Immigration had been a longstanding but low-key issue in Greece however in recent years it has escalated to become a major concern of the country. As a complex socio-economic and political phenomenon the recent influx has many confronting aspects and dimensions because it involves considerable transformation within Greek society and extensive adaptations for those entering the country (Kondilis et al., 2020; Papadakaki et al., 2017).

Migration can be defined in various ways as follows:

- The first category focuses on whether the movement takes place within or outside the

State and thus is divided into internal or external respectively.

- Then there is the differentiation based on the reason the person or group has to move.
- Whether or not the movement takes place on their own free will, creating voluntary or involuntary migration.
- The next distinction can be made by whether immigration is of a permanent or temporary nature. In other words, if the population is to settle or move for a short period of time, until a domestic crisis is avoided.
- And finally, if migration is individual or group, depending on the number of immigrants.

The term migrant refers to any person who freely moves to another region of his or her country or another state, more often for better socio-economic prospects in this context, migrants are not forced to flee because of a threat but because of the need to improve their lives, creating better working conditions or for educational reasons. In contrast, a refugee is defined as a person who, because of a well-founded fear of persecution on grounds of war, race, religion, nationality, membership of a particular social group or political opinion, is outside his/her country of nationality and is unable or because of this fear, does not want to use that country's protection and is unable or unwilling to return to it (United Nations High Commission for Refugees, 1951).

As is apparent from the above definitions, there is a clear-cut differentiation between the two categories of displaced persons. A refugee is strictly defined in international law as a person escaping persecution or conflict in his/her country of origin. It is important to underline that refugees are entitled to full protection under the Refugee Law, including protection against expulsion

or return to situations of persecution where their lives and freedom are in danger (Rokadiya et al., 2019).

At the same time, it is worth noting that international human rights law protects all individuals, regardless of their situation. As recognized in the New York Protocol of 1967, there may be significant overlaps in the challenges and vulnerabilities faced by people on the same routes, using the same forms of transport, and also exposed to human rights violations, abuse, and xenophobia. Moreover, today, and despite the gradual expansion of refugee protection, many people are forced to leave their homes for reasons that do not fall within the definitions of refugees, such as the negative effects of climate change (United Nations High Commission for Refugees, 2019).

Due to the excessive marked increase of refugees and migrants into Greece, starting from 2015 there was a concerted effort to create accommodation to meet this demand. Thus, in response, a total of 30 campsites offering temporary accommodation were established. The Migrant Refugee Hosting Centers (MRHCs) se consist mainly of large tents, rub-halls, pre-fabricated dwellings (ISO- Box-Houses), or in some cases buildings which were previously not in use e.g. military installations. The camps operate with an 'entry-exit control system' policy in situ (Fotaki, 2019).

Despite the efforts of the Greek authorities, various NGOs, and numerous volunteers, there is strong criticism on the standard of living conditions as some are particularly overcrowded with poor or very limited provision of services, and in certain campsites, there have even been reports of violence 5 and lack of security.[9] Currently, camps are stretched beyond capacity and

most of them accommodate people well in excess of the numbers originally planned (Blitz et al., 2018).

Aim: The main purpose of this pilot ethnographic study is to explore the factors affecting health care services provided at the infirmary of an MRHC in Greece. In this context, the study aims to elaborate on the views and lived experiences of both camp residents and healthcare workers i.e. doctors, in particular, offering their services. Service-related aspects were studied to obtain views on both the demand and supply ends.

Materials and Methods: This qualitative pilot study used in-depth face-to-face interviews to collect information on health service usage and factors influencing their demand and supply. Two focus groups were formed, i.e. one with three camp-residents, four men and two women, aged 22-55 who were randomly selected out of the total visitors to the camps' medical centers on a single day. They had to be Arabic speaking as they were originally contacted via an intercultural mediator who ensured full understanding of the interview questions. The second focus group consisted of three doctors working in MRHCs i.e. one General Practitioner and two Internal Medicine Officers. The two sub-samples were selected from Northern Greek MRHCs to ensure diversity of information, thus there were two focus-group interviews in total, and data were collected during November 2020.

Interviews were semi-structured with both closed and open questions. The interviews were not recorded as this could be perceived as 'threatening' for the interviewees. Instead, detailed field notes were taken and processed shortly after the end of the interview in order to secure accuracy. Interviews lasted between 40-60 minutes

and were concluded once researchers felt that data saturation was achieved. Data were analyzed via content analysis and specific extracts were used to illustrate points of interest. Anonymity and data confidentiality was secured as no mention of names or other related information was recorded.

The rationale behind this particular study design was in line with a more reflexive approach in social and healthcare sciences, whereby authors increasingly report that pilots can be very useful in foreshadowing research areas and questions, highlighting gaps, potential wastage in data collection. Moreover, ethnographic pilots can highlight broader and highly significant issues such as research validity, ethics, representation, and interviewees' circumstances i.e. comfort, safety, and health, (Theofanidis & Fountouki, 2018; Molloy et al., 2017).

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Selected actual quotes with the interviewee's initials are used complemented with the interviewers' reflective personal accounts, in order to illustrate the themes, hereafter.

MRHC's Residents' Focus Group

The doctor's office housed in a sturdy ISO-box, was open daily and residents were served on a first come first serve basis unless

in a case of an emergency. I.I., (male, 45yr) stated that he used to visit the office about twenty times a month for blood pressure monitoring, but he now visits the medical office about once a week since his chronic condition was resolved.

Both B.A. (female, 55yr) and M.M. (male, 55yr) stated that their visits are limited to once or twice a week. B.A. further elaborated that she had to see the doctor due to a dermatological condition affecting both herself and her granddaughter. M.M. (male, 25yr) said that he has been to the doctor's office maybe once or twice a month due to sporadic episodes of tachycardia.

K.I. (male, 48yr) also said that his referrals were primarily for monitoring and regulation of longstanding hypertension and underlying renal condition which was stated clearly on his medical record which he managed to bring with him from his country of origin.

With regards to hospital referrals, K.I. (male, 48yr) was referred five times to a tertiary institution by the camp's physician for his chronic cardiovascular condition, arterial hypertension and tachycardia to be investigated further.

With regards to food and water provision at the camps, the interviewees reported that three meals and drinking water was delivered by the Greek Army personnel. However, I.I. (male, 45yr) said that he does not use this service but buys food for his family separately while M.M. (male, 25yr) supported that he only used the service until the monetary allowance was provided. Dissatisfaction and mistrust of both the overall quality but, most importantly, the content of the food (i.e. fear of contamination with pork products) were the main reasons behind these attitudes.

There were considerable criticisms of living conditions as the overall feeling was that housing was poor and seemingly permanent. Within this context, I.I. (male, 45yr) hated living in a 'plastic container for so long' while M.M. who lived in a tent provided by the U.N. High Commission for refugees commented on the conditions which were particularly adverse during the winter.

With regards to the overall experience of living in temporary accommodation, M.M. (male, 25yr) stressed "I do not like it because conditions become sub-human". H.B. (male, 50yr) added that there are many infants and children in tents with difficult conditions especially due to erratic bad weather in winter, adverse weather phenomena which means we are more exposed to viruses and more illnesses. I.I. (male, 45yr) endorsed this statement by saying: People living in tents are in greater need of medical care because they have more health problems due to a lack of basic hygiene conditions. Finally, they all agreed that in the summer, there are fewer infections but everyone is exposed to insect bites and allergies. It is noteworthy, that those accommodated in prefabricated dwellings certainly have better conditions than the above-mentioned who live in tents so the demand for services from those in better accommodation is less.

MRHC's Medical Staff Focus Group

Medical vacancies in the camps are mainly covered by temporary staff employed by NGO's, and partially by the Greek state. Yet, it is apparent that there has been a marked shortage of medical staff in general and a slow response to the provision of adequate health services. When medical staff was asked how many patients they saw on an average shift, it was generally agreed that the number was around fifty. I.B., (47yrs)

pointed out that patients were equally divided between men and women. There was however a large number of minors which indicates an urgent need for more pediatricians to be employed.

The doctors' views on why the patients visited their office differed somewhat from the residents; accounts as P.L. (55 yrs) said the main reasons for the visits were skin problems such as scabies and insect bites highlighting a prompt need for dermatologists. M.A., (30 yrs) also mentioned that beyond skin diseases, infections of various systems (upper and lower respiratory, digestive, eye) musculoskeletal injuries, cardiovascular and endocrinological disorders were common. In his opinion the diversity of the symptoms and conditions calls for more specializations to be brought in to help with this broad case-mix of medical and cultural clientele.

In the last two categories, he points out that there are acute and chronic incidents.

In addition, I.B. (47yrs) emphasized the prevalence of allergies, chronic diseases such as diabetes mellitus and arterial hypertension, wounds, headaches, urinary tract infections, and dental diseases in addition to the ones reported by his colleagues. He also stated that "At the time of Ramadan, the fasting that Muslim believers hold once a year, the turnout is clearly lower. As was the lower demand during the COVID-19 pandemic, when they used medical services only for emergency situations."

In answer to the question "How many patients approximately are referred to tertiary institutions of the Greek National Health System?" I.B. (47yrs) claimed she made at least three referrals each day whereas M.A. (30yrs) declared his referrals

were closer to fifteen a month. Finally, P.L. (55yrs) reported that it depended on whether patients needed laboratory tests (which were not available in situ). Furthermore, it was generally agreed that at least one case per week required ambulance transport for an acute emergency.

When challenged if “The current provision of food and water affected the demand for health Services”, all doctors interviewed gave an affirmative response. M.A. stated in particular “There is no diversity in the food provided. Hence there are poor intakes of vitamins and proteins with an overprovision of highly refined carbohydrate. There are many incidents of inadequate calories consumed and relative dehydration.” H.B. commented that “During Ramadan, because of the strict adherence to fasting, the health of the residents is affected beyond the reduction of food and water intake.”

Finally, all the medical staff when asked the question “Does working in a tent or ISO-Box Office affect the provision of health services?” all agreed that although it is acceptable to house a medical center in a tent or a rubble-hall short-term in order to meet urgent needs it is not acceptable for long-term as conditions within these facilities tend to gradually deteriorate over time and they needed some solid infrastructure so that they could practice medicine not just in a humane but, also, in a more professional way.

Discussion: Since the EU-Turkey deals in March 2016, migrants and refugees previously in transit through the Greek islands have been trapped in accommodation, originally designed for far smaller numbers residing for shorter periods. Yet, the influx of massive numbers of refugees and migrants coupled with a lack of political will of all parties involved at the

local and European level led to overcrowded, relatively unsafe, and poor hygienic conditions for the thousands ‘trapped’ there. This coupled with their dim legal status and uncertainty of ‘the next step’ towards resolving their situation, results in swings of frustration and despair and often acts of extreme anger (Braun Lewensohn et al., 2019).

The camp where interviews were obtained is for temporary-type accommodation on the outskirts of a major Greek city. It was previously a military camp and converted into a migrant camp with an initial capacity of 1,000 people. The MRHC has been gradually converted from a tent camp into a prefab camp, but in Mid 2018 more tents and rubble-halls were set up to host incoming island transfers. Subsequently, residents report insufficient toilets and showers particularly for these new arrivals while the overall complaints tend to focus on the living conditions in tents and rubble halls, especially as the latter deprive people of their privacy and place a particular risk on the more vulnerable ones. This highlights how important appropriate shelter is for this long-suffering group facing prolonged uncertainty and a sense of entrapment (Theofanidis et al., 2020).

Furthermore, the infrastructure is also criticized by the Greek medical staff, who thinks that the medical facilities should be of a more acceptable inclusive standard including for example blood testing or radiology facilities along with more on-site medical specialties.

The aim of this pilot study was to explore factors affecting the lived experience of both residents and medical personnel at an MRHC. The residents spontaneously commented on inadequate living conditions as verified in

similar studies in Greece. Yet, respondents' accounts have also exposed a not unreasonable complaint to have more privacy provided which would impart securing a degree of dignity. Similarly, the medical responses were along the same lines, as "practicing medicine in a tent" has its limitations (Kaitelidou et al., 2020; Souliotis et al., 2019; Kousoulis et al., 2016).

This pilot study also exposed a greater need for primary health services especially those that prevent and treat patients at risk of developing chronic disease.

Finally, it is worth being aware that camp population of different cultures can bring a different set of problems, especially for new arrivals. In this context, not just the medical but all the camp personnel per se need more training to understand and cope with cultural diversity especially as conflict may reside within simple cultural or ethnic differences. Thus, the target of a camp's mission is to establish a high degree of harmony in everyday life despite adverse conditions.

Conclusions: This pilot has exposed the need for more research to investigate factors and to provide more suggestions which would create a greater degree of living harmony within the camps until their situations are resolved. Yet, the current COVID-19 pandemic perplexes matters further making this task more difficult yet more essential.

The interviews with the camp's residents have revealed interesting aspects of their living reality further confirmed by the medical staff dealing with their health care needs.

More investigations need to take place concerning this dynamic phenomenon as the very people in today's camps are not the

same as they were 'yesterday' i.e. when they arrived!

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