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What the GP doesn't know might hurt the patient: Health promotion and primary health screening for newly arrived refugees at the GPs office

Introduction: Municipalities in Norway are tasked with front-line facilitation of primary healthcare needs for their local population via a patient-list system. Increasing numbers of newly arrived refugees in Oslo present a challenge to this system. A key difficulty is getting refugees established in a stable relationship with a GP as soon as possible.

Purpose: This study evaluates a pilot project in Oslo examining a sample of refugees' initial contact with the health care system and its health promoting impact.

Method: Six months after the trial was initiated we conducted 16 semi-structured interviews with key informants.

Results: Our preliminary results show that having decentralized privately employed GPs conduct the initial medical examination only led in isolated cases to a permanent relationship with the patient. We registered further that this approach had only a marginal health promotion impact. Here a key difficulty was refugees' lack of knowledge of the Norwegian healthcare system and role expectations. We identified external governmental partners particular responsible for conveying information to refugees.

Conclusion: To decentralize the first contact with the primary health care system to the family doctor will not enhance health promotion or safeguard newly arrived refugees and their health needs.

Biography

Ursula Småland Goth (MSc. MBA MPH PhD) is Professor of Nursing Science and Migration Health at VID Specialized University. She completed her nursing training at the School of Nursing in Vienna (Austria) and has since been working with vulnerable groups such as migrants and deprived citizens.

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