## PROJECT'S **TARGET GROUPS**



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WHAT HAPPENS WHEN INTERCULTURAL

**COMPETENCES ARE MISSING?** 

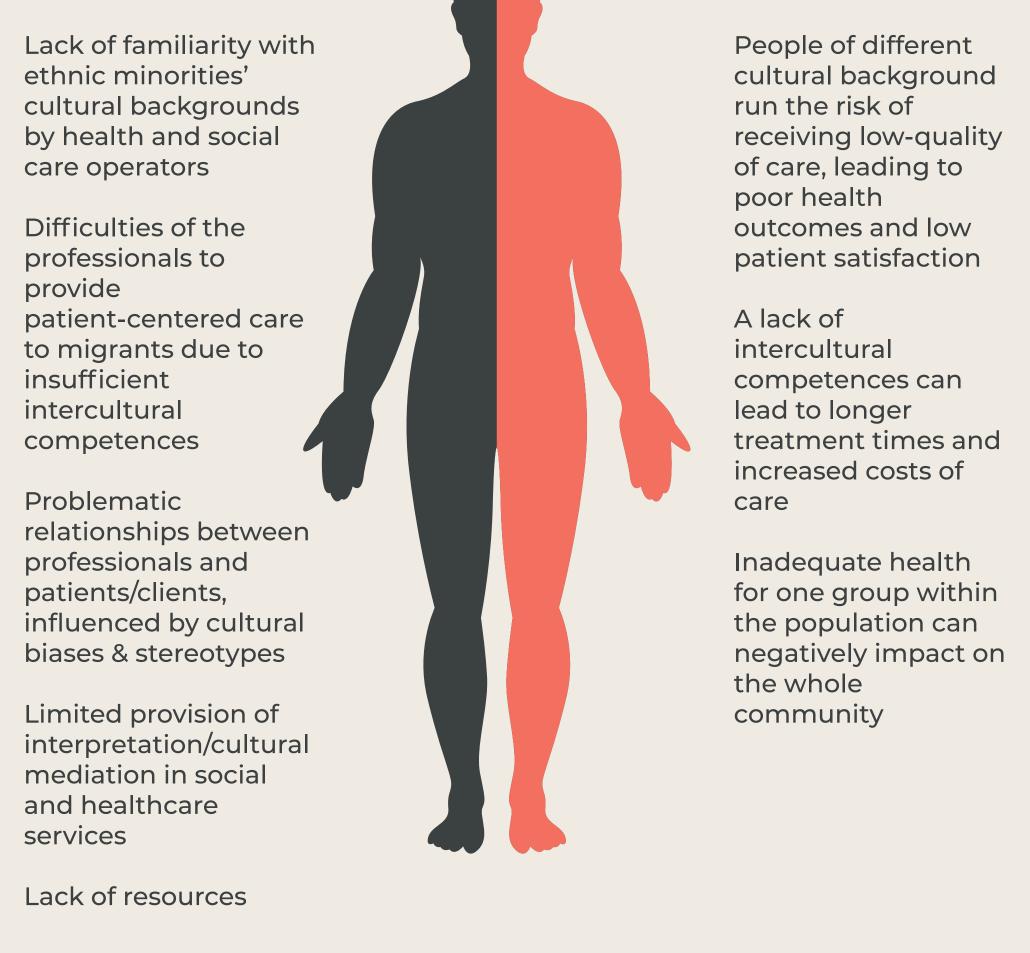
https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Non-national\_population\_by\_group\_of\_citizenship,\_1\_January\_2019.png

Results of the national desk research

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## PROBLEM CONSEQUENCES **AREAS**

\*Data retrieved from Eurostat – update 01/01/2019



## · Better consideration of the social, economic, political and structural factors influencing the social and healthcare system

**HY ARE INTERCUTURAL** 

Attentiveness to the patients' prior experiences

Fewer misunderstandings and communication

long term effectiveness of care

problems, improve both the day to day provision and

anthropology

competences

regarding healthcare in their country of origin and

understanding of their culture based on socio-cultural

**COMPETENCIES SO IMPORTAI** 

health well being and satisfaction Reduction of the disparity in the quality of services Better delivery of services

Patient/client benefits: improved physical and mental

and to lower social spending · Set of common guidelines for training social and healthcare operators in intercultural

More efficient social and healthcare sector

leads to a better use of social resources

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77 interviewees: 57 females and 20 males

Average age:

45 years old

(24 the youngest, 71 the oldest)

**Psychologists** Social pedagogues

NGO's staff members

Training curricula developers

Openness and interest

Self-reflection

and stereotypes

and the perception

of own cultural biases

Medical assistants

Care givers in elder care

University hospital workers

Researchers in health sector education

**PROFESSIONS** 

Social workers

Nursing home directors

Health centre managers

Counsellors in care education

Respect and empathy

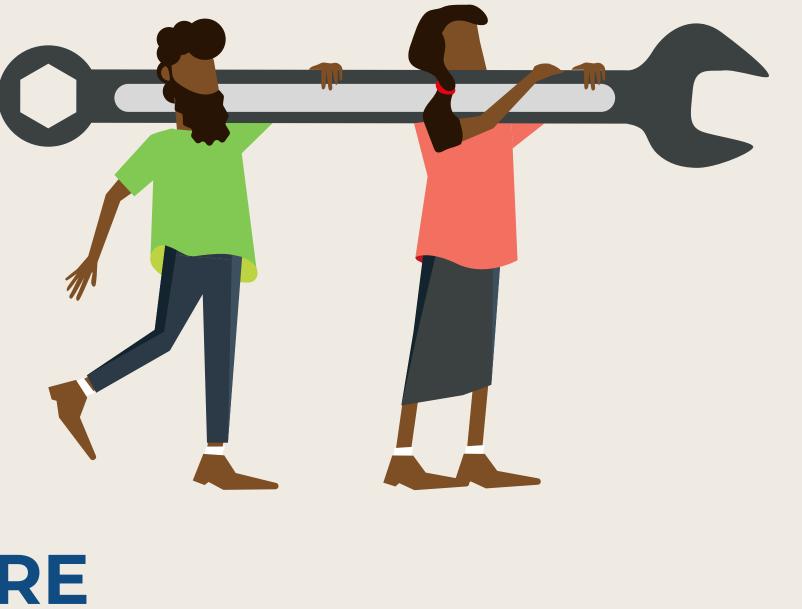
Intercultural communication

including active listening and

non-verbal language







translations, group

discussions, meetings

with local community

training

groups and interactive

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