

# Cost-War Ukrainian refugees as a challenge for multicultural education of Czech health workers

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**Abstract:** As a result of the war conflict in Ukraine, more than 550 000 refugees from Ukraine have arrived in the Czech Republic (CR); according to current estimates, more than 360 000 refugees are currently residing in the CR, making the CR one of the countries with the highest number of Ukrainian refugees per capita. This vulnerable population not only has immediate but will have long-term healthcare needs. The Czech healthcare system thus faces the specific needs of refugees influenced by the living conditions and different healthcare systems in their home country, the circumstances and course of the exodus itself, and the precarious living conditions in the host country. Health professionals are thus exposed to communication and language barriers, cultural differences and increasing workloads, which can generate a number of problems in practice, including negative attitudes and prejudices of health professionals towards refugees. It is, therefore, important to develop intercultural sensitivity within their training system, positively impacting their attitudes. There is no standardised education and training in intercultural competence for health workers in the WHO European Region. Also, intercultural education is not systematically included in the curricula of medical and non-medical health professions in the Czech Republic.

The two research objectives were established:

1. To map the attitudes and expectations of doctors and nurses towards education and care provision in the context of the arrival of Ukrainian war refugees (UR) in the Czech Republic.
2. To identify, from the perspective of intercultural workers accompanying UA within the Czech health care system, the needs of UA that should be considered in educating health professionals and providing health care to this group of patients.

Two methods were used for data collection in the research: 1) in-depth semi-structured interviews with doctors and nurses from GP surgeries and hospitals who had experience in providing care to UA; 2) two focus groups with intercultural workers with experience accompanying UA patients within the Czech health care system. Qualitative data analysis was conducted using thematic coding.

Our research showed that most of the health professionals interviewed (nurses and doctors) faced many problems resulting from the lack of preparedness of the Czech health system for a refugee wave of this magnitude. Health professionals and intercultural workers agreed that in addition to the lack of systemic support, many problems stemmed from the lack of training in intercultural competence. Most health professionals have not encountered intercultural education at the undergraduate or postgraduate level.

Based on practical experience, intercultural workers stressed that intercultural healthcare training should include knowledge of non-discriminatory behaviour and fundamental human rights to health. Refugees working in the health sector (doctors, nurses, translators, intercultural mediators) should be involved in implementing intercultural training for doctors, nurses and other health professionals.

Following the research results, recommendations were also formulated for the key stakeholders who will create and implement the educational programme focused on intercultural education of health professionals.