

Access of Refugees to Pharmacy Care in the Netherlands:

A Qualitative Study on the Experience and Perceptions of Refugees and Health Care Professionals

ABSTRACT

Background. It is well documented that refugees experience multiple challenges in accessing health care in western countries. Pharmacy services at community level may serve as a first contact for refugees in accessing primary care. Little evidence describes the experiences of refugees and health care professionals in relation to the access of refugees to pharmacy care in western countries; that including the Netherlands where more than 58,000 individuals were waiting for the outcome of their asylum requests by the beginning of 2016.

Objectives. To address the gap in literature in the specific context of the Netherlands and to explore how do recently resettled refugees and pharmacists experience and perceive the access of refugees to pharmacy care.

Methods. The design of this study was of a qualitative nature using focus group methodology and semi-structured interviews. Five focus group discussions were conducted with 31 Eritrean and Syrian refugees and seven semi-structured interviews with 11 healthcare professionals including pharmacists and pharmacy assistants. Written informed consents were obtained and discussions were audiotaped. Thematic analysis was adopted to review the qualitative data content.

Results. The major barrier to a meaningful engagement between pharmacy personnel and refugees, as identified across both groups of participants, was associated to linguistic difficulties. Pharmacy personnel described it as a great obstacle in achieving a comprehensive interaction with refugees, whereas refugees expressed similar perceptions but clearly experienced greater challenges at other levels of the Dutch health system. Throughout the whole study, it was obvious that pharmacy assistants from a non-western background engaged in a more comprehensive interaction with refugees. Other barriers discussed by participants were related to cultural differences, out of pocket expenses and deceptions with the general Dutch health care system. Solutions as suggested by both pharmacy personnel and refugees evolved around language barriers, while refugees undoubtedly stressed the need for reforms primarily at other levels of the Dutch health system.

Conclusions. This study revealed wider experiences of pharmacy personnel and refugees with pharmacy care and the larger context of the Dutch health system. Pharmacy care was clearly undervalued by refugee participants with limited over-the-counter access and less perceived barriers when compared to their access to general practice and specialized care in the Netherlands. Further research and comparison of findings with perceptions from the general Dutch population are recommended. In the interim, clarifying features of the Dutch health system to refugees may help limit stress and confusion among refugees upon resettlement. Involving pharmacy personnel in direct refugee care may help realize better health outcomes in view of the clear sense of commitment of pharmacy staff and the important role played by pharmacy assistants from a non-western background.

Keywords: *Pharmacy; refugees; the Netherlands; barriers; language; general practice*