INTRODUCTION & BACKGROUND

Several health assessment tools have been developed for use with diverse populations. These tools often do not account for the migration experience and its impact on the health and wellbeing of resettled persons. They are facility-specific with little research about their cultural sensitivity, reliability, validity, and effectiveness in guiding care and treatment decisions with resettled refugee populations (Davidson, Murray, and Schweitzer, 2010).

OBJECTIVES

The purposes of this initial pilot study are to:

1. Develop a resettlement assessment instrument that is grounded in research (Catolico, 2013; Catolico, Linnard-Palmer, & Ghosh, 2013).
2. Initially establish the instrument’s content validity.

Leininger’s Culture Care Diversity and Universality Theory provided the foundation of this study. This theory addresses the context of care, specifically the sociopolitical, economic, and cultural dimensions of care.

REVIEW OF LITERATURE

Few cultural assessment tools account for lingering socio-political and economic factors that haunt persons in resettlement. Certain groups continue to experience poorer health and disparities in care despite years of resettlement in the U.S. (Kong et al., 2010). Women-headed households are particularly vulnerable as they struggle with economic self-sufficiency for their families and lack resources for obtaining care. Refugee groups of diverse ethnicities continue to experience post-resettlement difficulties long after migration to host countries (Gordon, Taylor, & Sankaran, 2010; King, Welch, & Owens, 2010; Mitta & Heimeann, 2011; Anjum, Nordqvist, & Timpek, 2012; Saluman-Hil & Thompson, 2012).

METHODOLOGY

Central questions address the continuum of displacement, transition, and resettlement. Pilot testing of the instrument will be initially undertaken with resettled Cambodian populations. Concurrent validity and a concurrent validity index will be established with an interprofessional expert panel who work closely with resettled refugee populations. The instrument will undergo a process of translation and back-translation to ensure concept equivalence. Additionally, a health history, physical examination, and assessment of functional and self-care abilities will be obtained.

INSTRUMENT DEVELOPMENT

A theoretical model of seeking life balance, a qualitative study of Cambodian refugee women, is the foundation of the post-resettlement assessment instrument.

DISPLACEMENT-TRANSITION

• How much time have you spent living in temporary or transitional spaces (shelter, refugee camp)?
• What major health problems or illnesses did you experience while in transition?
• Were you hospitalized for health problems or illnesses while in transition? Where? For how long?
• Do you still have these problems now?
• Were there any other major concerns you had while in transition?
• Were you able to get help for these concerns?

RESETTLEMENT

• What is your current living situation?
• Would you describe your current living situation as satisfactory or unsatisfactory?
• What is your current work situation?
• Would you describe your current work situation as satisfactory or unsatisfactory?
• Who is the first person you turn to for help when you need assistance?
• Where do you get care for yourself when you experience health problems or illnesses now?
• Would you care seek for yourself as beneficial or unbeneficial?
• Who gives you the care that you need?
• Do you feel as though the people from whom you seek help care about you?
• What happens when you disagree with the care you are receiving?
• How do you get around in the community where you live now?
• How do you obtain what you need for daily living?

TURNING POINT: DISHARMONY-HARMONY

• What has been a deterrent in your life?
• What has kept you from moving forward in your life?
• What has brought dissatisfaction in your life?
• Do you feel disconnected from life?
• What has brought satisfaction in your life?
• Do you feel engaged with life?
• What has helped you thrive in your life?
• What instills hope in your life?
• What helps you rise above the difficulties you have encountered in life?

CONCLUSION

Intended outcomes of this pilot are that the instrument:

1. May provide healthcare professionals with evidence-based information for informed decision-making, culturally sensitive care, and timely referrals; and
2. May help mitigate disparities in care of refugee populations through vital linkages between resettled persons, and needed support and resources for their health, well-being, and self-sufficiency.

REFERENCES

Gordon, R. D., Taylor, R., & Sankaran, G. O. (2010). Practice: Psychosocial support, training, and services: Psychosocial support workshops as a practical tool to facilitate resettlement with Iraqi refugees and anchor relatives. Journal of Mental Health, 6, pp. 82-90. doi:10.1080/0963823060076238
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