
Transcultural challenges in psychiatry

A DOCTOR'S LIFE

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Transcultural consultations in psychiatry were perceived as more challenging for Norwegian-born doctors than for their foreign-born colleagues.



Illustration: Journal of the Norwegian Medical Association

Culturally diverse healthcare settings are now the norm rather than the exception. Psychiatry has long been the medical speciality in Norway with the highest proportion of doctors from different countries. In 2024, 24 % of active specialists in psychiatry under the age of 70 were foreign nationals (Anders Taraldset, Chief of Statistics at the Norwegian Medical Association, personal communication).

In a recent study, we investigated the clinical challenges faced by specialty registrars in psychiatry when navigating doctor-patient interactions across different cultural backgrounds [\(1\)](#).

Questionnaires were distributed to speciality registrars in all foundation courses in psychiatry in 2019. A total of 93 % (216 out of 232) responded, of whom 83 % were born in Norway. Seventeen per cent of respondents had taken their medical qualifications abroad and Norwegian was not their first language.

We asked respondents about clinical challenges in working with patients from different cultures. The responses highlighted themes such as assessing psychosis, suicide risk and violence risk, devising treatment plans, whether there was insufficient support, and whether the current psychiatric service is poorly suited to immigrant patients.

Both groups of doctors considered assessing psychosis and the lack of support tools in transcultural consultations the most challenging issues. Our analysis revealed that being a Norwegian-born doctor and experiencing significant conflicts in the work-life balance were predictors of clinical transcultural challenges, independent of other factors.

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The fact that foreign-born doctors experienced fewer clinical challenges may be due to their work experience prior to moving to Norway. They may also have benefited from talking about their own migration experiences in consultations. Doctors with non-Norwegian backgrounds often speak multiple languages and may be accustomed to adapting to new circumstances. Another explanation might be that foreign doctors give more socially acceptable answers than their Norwegian counterparts.

We previously conducted a qualitative study indicating that doctors with a non-Norwegian background felt less need for mentor-based training in these areas than their Norwegian-born colleagues. The Norwegian doctors reported both linguistic and cultural challenges (2).

The new study suggests that doctors working with transcultural issues in psychiatry may need training and better tools. Doctors from different cultural backgrounds could benefit from discussing these challenges with each other. We are therefore planning a mentor-based group intervention, focusing on mutual learning about these topics, involving Norwegian-born and foreign-born doctors (2).

Karin Isaksson Rø at the Norwegian Institute for Studies of the Medical Profession is a co-supervisor in the project.

REFERENCES

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