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## **The Power of Reflection in Developing Cultural Competency and Compassionate Care for Refugee Patients**

Balint Society Essay Prize 2024 Winner – Student

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## Introduction

This year, the introduction of the mental health block in our medical school curriculum marked a pivotal moment in my understanding of patient care. The block provided a comprehensive exploration of mental health issues, emphasising that clinical practice extends far beyond the application of NICE guidelines. For the first time, I encountered patients from a variety of backgrounds, each presenting unique and complex situations. This experience was particularly eye-opening in understanding the challenges faced by refugee patients.

The mental health block compelled me to recognise the limitations of relying solely on a guidelines-based approach to patient care. While guidelines offer a valuable framework, they often fall short in addressing the realities of individual patients, especially those from marginalised or complex backgrounds. Refugee patients, in particular, present challenges that cannot be neatly categorised by standard protocols. According to the United Nations Refugee Agency, 65.6 million people have been forcibly displaced worldwide (Müller et al., 2018). As doctors, we will inevitably encounter some of these individuals and must be prepared to provide appropriate care for them. These challenges are deeply rooted in the intersection of cultural competency, medical care and empathy.

As a medical student, it became increasingly clear that cultural competency is not merely an academic concept but a crucial component of effective clinical practice. It requires a profound understanding of how cultural factors influence health beliefs, practices, and patient provider interactions. For refugees, this understanding extends to recognising the significant impact of their experiences of displacement, trauma and adaptation to a new and often unfamiliar healthcare system (Khanom et al., 2021). The complexities of their situations, including psychological scars from violence, the challenges of resettlement, and barriers to

accessing healthcare, cannot be fully addressed through standardised guidelines alone.

The refugee crisis exacerbates these challenges, highlighting the need for a more comprehensive approach to care. The scale and urgency of the crisis often stretch the capacities of healthcare systems, leading to significant gaps in services and support. Refugee patients frequently face systemic barriers, such as language difficulties, limited access to culturally competent care, and financial constraints (Kiselev et al., 2020). These factors contribute to increased vulnerability that cannot be addressed by guidelines alone. Providing effective care for refugees requires not only adherence to clinical standards but also cultural sensitivity, trauma-informed approaches and genuine empathy (Stubbe, 2020). The limitations of guidelines become evident when faced with the real-life complexities of refugee patients, where a one-size-fits-all approach is insufficient. Instead, healthcare providers need to adopt a more individualised and contextually aware approach that considers each patient's unique background and experiences.

This realisation has reinforced the importance of integrating cultural competency into medical education and practice. It calls for medical students and professionals to engage in continuous learning about the diverse needs of refugee populations, to advocate for systemic changes that address these needs, and to develop a compassionate approach that transcends mere adherence to protocols. By doing so, we can provide care that is not only technically proficient but also deeply respectful of the patient's cultural and personal context, ultimately leading to more effective and humane healthcare.

## **The Unique Healthcare Challenges for Refugees**

Refugee patients often face a multitude of challenges that compound their medical needs. One of the most significant barriers is trauma. Many refugees have experienced severe psychological stress, including exposure to violence, loss and persecution. Addressing these issues requires not only a robust understanding of trauma-informed care but also the ability to create a safe and supportive environment where patients feel comfortable sharing their experiences.

Language barriers are another critical issue. Effective communication is foundational to medical care, yet many refugees may not speak the dominant language of their host country fluently. This can lead to misunderstandings, reduced adherence to treatment plans and a general sense of disconnection from the healthcare system. Navigating these barriers often requires the use of interpreters, culturally sensitive communication strategies, and an awareness of non-verbal cues that may carry different meanings in various cultures.

Access to services is also a significant concern. Refugees may face logistical challenges, such as navigating a new healthcare system, financial constraints and limited availability of culturally appropriate services. This can result in delays in care, difficulties in managing chronic conditions, and overall disparities in health outcomes. Addressing these issues requires a proactive approach, including advocacy for policy changes and the development of community resources that cater specifically to the needs of refugee populations.

## **Personal Reflection**

As the daughter of immigrants and the first person in my family to pursue a career in medicine, meeting refugee patients felt like more than just a professional

challenge – it was a transformative experience. I was struck by an emotion that is difficult to put into words, a realisation that the difference between me and a refugee is a matter of luck. The differences between us were not the result of personal choice but shaped by circumstances beyond anyone's control. This has strengthened my commitment to addressing their specific needs and providing care that is compassionate, dignified and respectful.

Growing up, I often heard stories about the hardships of moving to a new country and starting life over from scratch. These stories shaped my understanding of the resilience required to survive such a journey but also the emotional toll it takes. It also enhanced my appreciation for the importance of empathy and cultural sensitivity in medical practice. When speaking with refugee patients, I was often reminded of the common threads in their journeys – shared themes of seeking safety, opportunity and a better life. This recognition highlighted the importance of approaching each patient with an open mind and heart. I came to realise that being a good doctor requires more than just medical knowledge; it involves connecting with patients on a human level, acknowledging their individual stories and the unique challenges they face.

Integrating such personal insight into my patient care has reinforced the importance of seeing patients as individuals rather than just a collection of symptoms. It emphasises the need for a holistic approach that considers the broader context of a patient's life, including their cultural background, personal experiences, and emotional wellbeing. This perspective is crucial in delivering care that is not only clinically effective but also emotionally supportive and respectful. Becoming a good doctor involves continuously striving to understand and address the multifaceted needs of patients. For refugee patients, this means integrating cultural competency into care, being sensitive to their trauma and advocating for resources that support their health and wellbeing. My experience working with this patient group has driven me to seek out opportunities for further education and

advocacy in these areas, aiming to bridge gaps in care and contribute to more equitable and compassionate healthcare practices.

### **A Story That Stayed with Me**

One particular patient from this block has stayed with me in my thoughts long after our encounter. I shared her story with my Balint group, vowing to remember her throughout my career. This young woman, having fled her war-torn homeland, had endured unimaginable violence, including torture and sexual abuse, which left her with profound psychological trauma. She had escaped her country with her siblings by boat but, due to adverse weather conditions and darkness, two of her siblings tragically drowned. The loss of her siblings, compounded by the trauma she had endured, led to severe emotional distress. She frequently experienced hallucinations of her lost siblings and was overwhelmed by guilt and a sense of responsibility for their deaths. This intense sorrow manifested in self-harming behaviours as she struggled to cope with her pain. Her initial presentation included symptoms of severe anxiety and depression, which are common among refugees who have experienced such extreme stressors (Mclean Hospital, 2024). Her case highlighted the importance of considering a patient's history and current circumstances sensitively. It became clear that her struggles were not merely symptoms of mental health issues but were deeply rooted in her traumatic experiences and social context.

When it was my turn in the Balint group, I knew this was the case I had to share. The weight of her story had been heavy on me and sharing it with my peers offered a much-needed outlet for my emotions. It was comforting to hear that others had faced similar challenges, and their experiences helped validate my own feelings of concern and compassion. In that shared space, we were able to

collectively reflect on the complexities of working with such a vulnerable population. Listening to my peers recount their encounters made it clear how widespread these issues are. It became evident that the struggles faced by this patient were not isolated but part of a broader pattern affecting many individuals in similar situations. This shared realisation provided valuable perspective.

The discussions within the Balint group emphasised the need for a more comprehensive approach to supporting refugee patients. There is no formal module in medical education that fully equips us to address the challenges of providing trauma-informed care to refugee populations. The emotional and practical challenges we discussed pointed to a clear need for greater awareness, sensitivity, and resourcefulness in addressing the unique needs of refugees. The mental health section of the Migrant Health Guide highlights the importance of investigating such cases with care (Office for Health Improvement and Disparities, 2017). The guide provides resources, including patient information in various languages, to support clinicians in addressing these complex situations. For this patient, understanding the impact of her trauma on her mental health was crucial in providing the right care. Additionally, I learned about the importance of considering factors like dialect, culture and gender when selecting a language interpreter, ensuring that communication is not only effective but also sensitive. Linking patients with support organisations that specialise in aiding refugees and asylum seekers can offer invaluable assistance, providing both practical help and emotional support.

One of the aspects I valued most about participating in the Balint group was the opportunity to share my thoughts with peers who, while undergoing the same training, brought a range of diverse perspectives. This exchange not only enhanced my own learning but also provided insights that could be valuable to them in future practice, particularly when working with refugee patients. Reflecting on these shared experiences, I believe that we will be better equipped to approach such cases

with greater empathy and understanding. While reflective writing is an important part of medical education, the collaborative discussions during Balint offer a unique depth, allowing us to explore and articulate our reflections together, enriching the learning process beyond what written accounts can offer.

The Balint group experience emphasised the need for continued dialogue and education about these issues. It reinforced the importance of maintaining empathy and being proactive in seeking resources and support systems for our patients. As medical professionals, we must advocate for and work to create a more inclusive and responsive healthcare environment for refugees and other marginalised groups.

### **Integrating Compassion into Patient Care**

Compassion is a fundamental element in the care of refugee patients. It involves recognising their vulnerabilities and responding to their needs with sensitivity and respect. Compassionate care goes beyond clinical skills – it requires a willingness to listen, validate patients' experiences, and to advocate for their needs within the healthcare system. In practice, this means taking the time to build trust, understanding that patients may have had negative experiences with healthcare systems in the past, and providing support that acknowledges their trauma and current challenges. It also involves working collaboratively with multidisciplinary teams to ensure that all aspects of a refugee patient's needs are addressed comprehensively.

We can begin working on these goals during medical school through initiatives like Balint groups. These groups provide a safe, non-judgmental space where difficult emotions, complex cases and challenging interactions can be openly discussed. By sharing and reflecting on real patient experiences in a structured

format, participants gain valuable insights into the emotional and psychological aspects of care, while also becoming more aware of their own responses and biases. This reflective practice develops our understanding of the doctor-patient relationship, particularly in the context of refugee care, where trust and empathy are essential. Balint groups also promote a sense of shared responsibility among healthcare professionals, encouraging a collaborative approach to problem solving that can be applied directly in clinical practice.

### **Future Goals**

Looking towards the future, I am committed to advancing my understanding in refugee healthcare and mental health, recognising that becoming a good doctor requires more than just medical knowledge. It involves the ability to connect with patients on a deeper level, addressing both their physical and emotional wellbeing. This includes having a trauma-sensitive approach, advocating for resources that support holistic wellbeing, and actively working towards more inclusive healthcare practices.

Insights from the mental health block and my reflections on refugee care have highlighted the importance of cultural competency and empathy in patient interactions (Stubbe, 2020). This involves the need for continuous self-reflection, ongoing education and skill development to address the diverse needs of patients. Incorporating these lessons into my practice means remaining attentive to the challenges faced by refugee patients and creating a more supportive, inclusive environment for all patients.

One key goal is to continue my involvement with Balint groups, both as a participant and as a future mentor. These groups offer an invaluable space for healthcare professionals to reflect on the emotional and relational aspects of patient

care. By engaging in and leading these discussions, I hope to cultivate a culture of empathy and self-awareness among medical students and fellow practitioners. Reflection is critical to developing compassionate care and improving our ability to respond to complex cases, such as those involving refugees, where the emotional dimensions of care are particularly significant.

In addressing the refugee crisis, I am committed to advocating for systemic changes that improve access to care, especially mental health resources. This includes promoting policies that enhance the availability of culturally competent services and securing funding for mental health initiatives. Building stronger collaborations between healthcare providers, community organisations and policy makers will be essential in creating a more integrated approach to addressing the needs of refugee populations.

To progress towards solutions, we must also focus on education and training for healthcare professionals, ensuring that they are well equipped to work with marginalised groups. This involves incorporating cultural competency and trauma-informed care into medical curriculums as well as providing ongoing professional development opportunities.

## **Conclusion**

Exploring cultural competency, medical care and empathy in the context of refugee healthcare has been a transformative experience. It has developed my understanding of the complexities of providing care to this vulnerable population and highlighted the importance of integrating emotional and cultural awareness into patient care.

The Balint group has been an invaluable space for reflection and support throughout this journey. Sharing my experiences and challenges with my peers in

such a safe and empathetic environment allowed me to process the emotional weight of my cases. The group's feedback, coupled with the shared stories of others facing similar challenges, was both validating and enlightening. This reflection broadened my perspective, reaffirming the widespread nature of these issues and the importance of addressing them thoughtfully.

Balint groups provide a unique opportunity for medical professionals to explore the emotional dimensions of patient care, offering a deeper understanding of how personal experiences and emotions influence our practice. As I move forward in my medical career, these lessons learned – from direct interactions with patients to the reflections shared in the Balint group – will continue to shape my practice. I am committed to not only providing empathetic and culturally sensitive care but also to advocating for systemic changes that support marginalised populations, ensuring their voices are heard and their needs addressed.

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