**Migrants Access and Encounters of Healthcare in a Host Country**

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**ABSTRACT** [Please write your abstract here. Abstract should be no more than 750 words in length and does not have to contain bibliographic references]

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| **Background**The aim of this paper is to present part of the findings of a literature search undertaken by an international group of researchers, all members of the Sigma Theta Tau International (STTI) nursing organisation. This part addresses the conference theme of *Urban Displacement: Migration and Refugees*. The group got together to discuss the lack of knowledge about migrants health care experiences. In light of the increasing number of migrants across Europe, the group felt there was a paucity of information relating to migrants, concluding that migrants’ perceptions about the quality of health care must be regarded as a potentially crucial source of information for gathering data to detect significant gaps in the health care delivery services. The researchers from Sweden, the Netherlands, England and Scotland met together over the past two years to explore available literature related to migrants´ experiences of health care and their health care seeking behaviours. The results of this work have been submitted to an STTI conference in November 2017 and the full paper is under review for publication.**Methodology** Eight academics from 8 higher education institutions in the countries involved, undertook a meta-ethnography of qualitative studies during January 2000– June 2016. A literature search using the search engines MEDLINE, CINAHL, PsychInfo, EMBASE, Web of Science, Migration Observatory (UK), NHS Scotland Knowledge Network, ASSIA and the Cochrane Library was performed. Search terms used included ‘migrant’, ‘migrant patient’ ‘immigrants’, ‘quality of care’, ‘nursing care’, ‘satisfaction with nursing care’, ‘experiences of care’ ‘expectations’. Google and Google Scholar were used to identify studies not published in indexed journals. **Findings** Two hundred and sixty four articles were identified and a scan of titles brought this down to 62. A further review of abstracts brought this number to 49 and a full reading of each article reduced the numbers further. Twenty seven qualitative studies were included in the analysis. The majority of these (n= 19) originated from Europe Various migrant groups were included; undocumented migrants or refugees of uncertain legal status (n=2) migrants with legal residency permit who tend to stay in host country for economic or safety reasons (n= 23) and retirees with the choice to stay in the host country or return to their home country (n=2). Thematic analysis revealed five dimensions: personal factors; healthcare system; access to healthcare; the encounter; and healthcare experience. In keeping with the conference theme, this paper reports on the *Access to Healthcare* and *The Encounter* dimensions.*Access to healthcare*This dimension addressed the barriers or enablers to healthcare in the host country. When a need for services is identified by migrants, their socio-economic and legal status would appear to affect their access to services. In order to even access the correct service, the individual migrant and/or their families need to know how to go about such access. Language difficulties and lack of information can serve to adversely affect their rights. An additional issue is that service providers can prove to be gatekeepers to the required services. These issues can have a detrimental effect on the individual migrant’s health and they may seek alternative health-seeking strategies.*The Encounter*When an individual migrant does access the services, the manner in which they are treated as a person and as a patient is determined by the staff they encounter. This juncture has huge implications for the trajectory of a person’s care. Yet the encounter can prove problematic due to language difficulties and a lack of mutual knowledge of how to act in a culturally appropriately way. This also covers the misunderstandings of what an individual migrant wants from service providers, what they are used to in their own countries and what the service provider states that the person with migrant status needs. It is therefore important for service providers to treat the individual in an holistic manner, ascertaining their expectations and perceived need. Such care is at the heart of person-centredness. **Conclusion and Implications**Migrants’ access and encounters with health services should be seriously considered. Rather than being disconnected from society, they need to be able to improve their physical and social status, thus being able to integrate and contribute to their new home country in which they are a valued member. It is therefore essential for service provision to address the needs of migrants. For nursing, the nursing education and research agenda should focus on improvement of the necessary nursing competencies with person centred care at the core of care delivery. Upskilling care staff in cultural care will serve to facilitate the optimal conditions to improve migrants’ access to health care and their care encounter.   |
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**KEYWORDS** [List 3 to 5 keywords]

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| Keyword 1 | Migrant Health |
| Keyword 2 | Access to healthcare |
| Keyword 3 | The healthcare encounter |
| Keyword 4 | Cultural competency |
| Keyword 5 | Person centred Care |

**SUBJECT CATEGORIES** [Select 3 to 5 WoS Subject Categories that the paper covers. Wos Subject Categories can be found in the first column of Table 1]

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