

A scoping review of Delphi studies concerning social participation of refugees in health Services

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ABSTRACT

The ability to appropriately attend to refugee health needs in the countries that are receiving them is an enormous institutional challenge. The varying practicalities of administering refugee health services can affect a refugee's mental health outcome during the adjustment period to their new home country. This is a report on a study undertaken to overview Delphi method approaches used to investigate the consensus by experts on the issue of refugees' social participation in health services. The review was conducted from March to December 2018 by two evaluators utilizing a systematic search strategy in presently available electronic databases. Only Delphi studies concerning forced adult refugee's social participation in health services were included, while studies that focused on children, minorities, immigrants, migrants, asylum seekers, etc., as well as studies that did not utilize the Delphi technique, were excluded. Ten peer-reviewed articles were included in the final charting of the data. The results show that Delphi approaches regarding refugee social participation have focused on important factors important for providing quality health care, health care priorities, barriers preventing social participation, and research priorities. The experts make clear that bureaucratic procedures, cross-cultural communication and empowerment, be taken into consideration when creating policies, in practice and in research. The conclusion is that by emphasizing the tacit knowledge of experts, the Delphi method can contribute to a deeper understanding of policy priorities and responsive health services.

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1 Introduction

Consensus methods can be employed to study effective decision-making in health care services. The Delphi technique is employed as such, through a series of sequential questionnaires or "rounds" interspersed with controlled feedback to gain opinions and often the most reliable consensus within a group of experts (Dalkey & Helmer, 1963). Through these rounds of questionnaires—typically three—the process is designed to result in consensus that allows the ability to estimate or forecast an expert's behavior or practice in a matter (Custer et al., 1999). The design is commonly used to examine group opinion or its decision-making process, often from a provider's perspective such as

a health care professional (Hasson, Keeney & Mckenna 2000; Powell, 2003). As such, Delphi studies are one way for a researcher to investigate a provider's perspective on policy priorities (Hasson, Keeney & Mckenna, 2000). The role of the researcher is twofold: the first is that of "planner," and the second, that of "facilitator," as opposed to "instrument" as is the case in more traditional, qualitative designs (Jay, 2016). In this paper, we explore Delphi studies that have been conducted to improve vulnerable migrant (subsequently referred to as "refugees"), refugee-relevant programs, and policy development that systematically incorporate the needs of the refugee into health services that

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are more responsive. This has been particularly challenging in recent times since an unusually large number of people—70.8 million around the world—have been forced from their homes, a result of conflicts and war; nearly 25.4 million of them are refugees (UNHCR, 2019). Refugees regularly experience several stressors that make them vulnerable to different health issues (Bradby et al., 2015, Van den Muijsenbergh et al., 2016). Tinghög et al. (2017) determined that one in three of the newly resettled refugees from Syria had marked symptoms of depression and anxiety. In the same group, 30% displayed symptoms consistent with a PTSD diagnosis and over 60% of newly resettled Syrians indicated that they had poor social support. Pre-migration trauma or, trauma that is experienced during relocation, adds a significant additional dimension to stress that can complicate the resettlement process and impact the individual physically, psychologically and socially, even when resources are available (Tinghög et al., 2017). Lindgren et al. (2012) suggest that changes in the way one socializes, a move from a more sociocentric society (one that is oriented toward or focused on one's own social group) to an egocentric one (where self or the individual is at the centre), can lead to isolation and a decline in mental health. Added to this are the language barriers and processes of adjusting to a new culture and employment. The different stages of the resettlement process therefore, present different stressors that can affect the mental health of a newly arrived refugee in different ways (Okenwa-Emegwa, Saboonchi, & Tinghög, 2017). The ability to respond to these various health issues within the refugee population is a broad institutional challenge for the receiving country. It necessitates tailored strategies in order to adequately respond and support the specific needs of refugees (Van Loenen, 2018; Yang & Hwang, 2016). As such, the very practicalities of refugee health services have an impact on a refugee's health outcome during their adjustment (Grip, 2010; Msengi et al., 2015).

The great number of refugees in the world (UNHCR, 2019) makes the tailoring of health care and social participation of vulnerable groups, with the aim of increasing its use and effectiveness, more important if these barriers are to be overcome. For this reason, social participation concerns are also a challenge requiring further attention from the perspective of the health service provider (Johnson, 2012; Van den Muijsenbergh et al., 2016). However, even if social participation has been recognized as a key component in the health care processes the refugee's participation in their health service has not been widely researched thus far. In this article, definition of social participation of refugee in health service is primarily focused on this individual-to-individual interaction between caregiver and receiver. Key findings using the Delphi technique in the area of health-related aspects concerning refugees can offer interesting

insights into social support in health services. The practicalities of the employees' as stakeholders' in health services is of vital importance concerning refugee's outcome during their success and adjustment in the introduction as well as the emotional and ethical dilemmas in the supporting refugees are interesting aspects that can be addressed with consensus methods such as Delphi techniques. The specific objective of this study is, therefore, to conduct a review based on a systematic search of published Delphi studies that have investigated refugees' social participation in health services.

2 Study Design

We designed a scoping review as described by Arksey and O'Malley (2005). The research processes were divided into five steps: (1) identify the research questions, (2) find the relevant studies, (3) select the studies that are relevant, (4) chart the data, (5) summarize and present the results.

(1) The review was guided by what type of Delphi study was conducted; how statements were created; how consensus was reached; who the experts were; the reported key findings concerning a refugee's health and social participation.

(2) Only peer-reviewed, Delphi studies, published in scientific journals, concerning refugee's social participation in health services were included. Studies with a lay perspective, focused on children, minorities, immigrants, migrants, asylum seekers, domestic minorities or other vulnerable people, as well as studies that did not utilize the Delphi technique, were excluded. To find the relevant studies, available electronic databases with focus on health i.e., CINAHL® Complete and MEDLINE were chosen as well as searches in the freely available Google Scholar and Södertörn Scholar search tools i.e. SöderScholar is the Swedish Red Cross and Södertörn University library's search tool. In CINAHL® Complete the following keywords (CINAHL Headings) were used and combined using Boolean search technique; [("Transients and Migrants") OR ("Immigrants") OR ("Refugees") OR ("Torture Survivors") n=18,636] AND ("Delphi Technique" n=3,861), resulting in 15 articles. In MEDLINE, the following keywords (Medical Subject Headings MeSH) were used; [("Refugees") OR ("Undocumented Immigrants") OR ("Emigrants and Immigrants") OR ("Emigration and Immigration") n=38,660] AND ("Delphi Technique" n=4,054), resulting in 13 articles. A literature search was also conducted with the search tools Google Scholar and Södertörn Scholar and the following combinations of keywords were used; [("Delphi") AND ("Refugees Health" OR "Mental Health")], [("Delphi Method") AND ("Refugees Participation")], [("Delphi Method") AND ("Refugees") AND ("Integration

resulting"]], by title and abstract resulting in 35 articles.

(3) A total of 40 articles remained after duplicates were removed. The low number of selected articles made it possible for two authors (the first and the second author) to conduct a full and independent review of all 40 articles,

rigorously, based on the inclusion criteria and aim. Consensus was reached after discussion between the authors and 10 scientific articles published between 2011-2017 were included in the final charting (see Fig. 1).

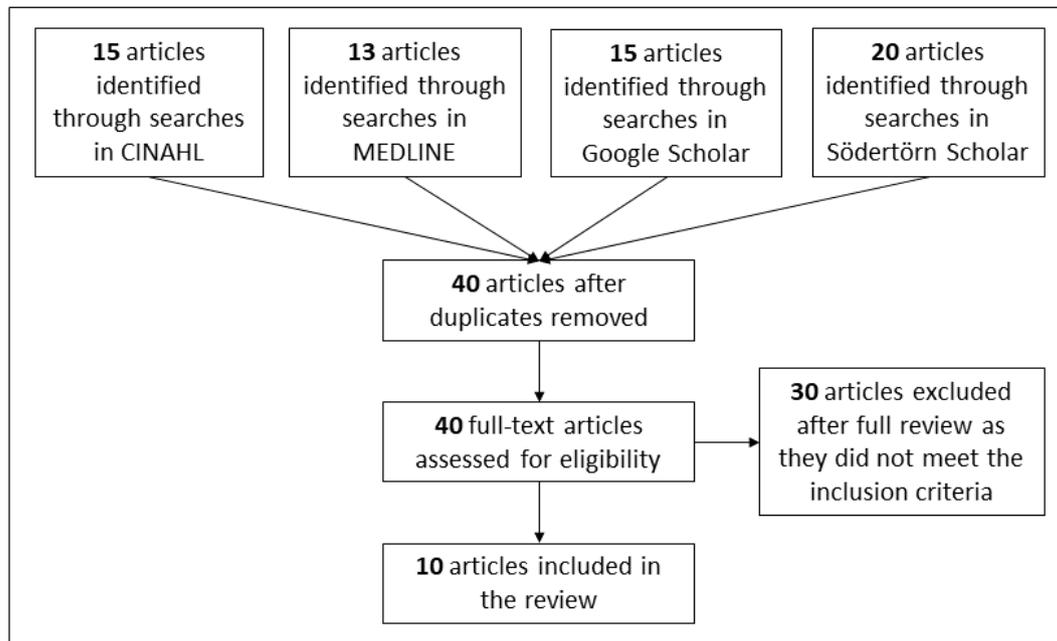


Figure 1.

(4) Firstly, to gain a comprehensive understanding of the material, the first and the second author, keeping an open mind, read through the articles included in the review. After an initial, basic understanding of the data was achieved, the authors took part in focused and reflective discussions. The data was then charted using an Excel program mapping initially, the aim, method and participants.

(5) After this initial charting of the process and with the research questions addressed, the material was summarized according to the major topics raised in the studies, i.e., key findings and identified areas of concern. Our analytical point of departure was primarily focused on descriptions relating to social participation in health services. Reflective discussions about the content and significance in the charted data were conducted between the researchers. In comparing research questions addressed in the included studies four themes: Health care priorities, barriers preventing social participation, and research priorities finally emerged in an inductive process of interpreting the data. This process of sorting the charted data was discussed until consensus was reached on the themes that emerged during the analysis. The findings were then repeatedly discussed in the research group in a reflective process, where their different

perspectives and experiences contributed to the interpretation of the data.

3 Results

The Delphi studies incorporated either a two or three-round technique. The most common number of rounds was three. When a two-round Delphi was selected, an overview of existing knowledge was conducted prior to the first round. The "experts" that were targeted to participate were policymakers, academics and health care professionals from specific countries as well as those with an international approach. The number of participants in the final round ranged from as few as 16 to as many as 138 participants (Table 1). The questionnaire used in the studies conforms to the following principles and the informants were asked to either/or:

- take a stand on statements that should be scored,
- sort challenges/practices/conditions in descending order,
- list challenges/practices/conditions,
- offer suggestions for improvements.

Table 1. Results extracted from the included studies; i.e. aim, conclusions, key-findings and identified areas of concern.

Author, Title, Journal Country of study	Study aim	Conclusions	Key-findings and identified area of concern
Colucci et al (2017) A suicide research agenda for people from immigrant and refugee backgrounds. <i>Death Studies</i> 41(8): 502-511. Australia	The aim of this study was to establish mental health and suicide research priorities for people from immigrant and refugee background in Australia	This study provides suicide research priorities specifically for people from culturally diverse backgrounds, including the need for research to understand barriers to accessing and engaging with services and the impact of cultural values, including religious and spiritual beliefs, on suicidal behaviour. The findings of the current study can be used as a guide by researchers and funders when selecting high priority research in mental health and suicide prevention so that the specific needs of immigrant and refugee communities are not left out in the care.	List of key research priorities to learn more about suicide prevalence among immigrants <i>Research Priorities</i>
Devillé et al (2011) Health care for immigrants in Europe: is there still consensus among country experts about principles of good practice? A Delphi study. <i>BMC Public Health</i> 11: 699-699. 16 member states in EU*	This study assessed the views and values of professionals working in different health care contexts in different European countries as to what constitutes good practice in health care for immigrants	The results of this study underline the current broad consensus among experts in Europe regarding principles of care for immigrants. It may well be time to develop a European Charter on the right to, and the need for accessible, culturally sensitive health care for all citizens in Europe, wherever their origins. Through the Charter governments should commit themselves to creating and supporting all necessary conditions for the development of culturally sensitive healthcare. Although, more research is needed to develop the views of stakeholders on this question, the present consensus list of principles of best practice may be a significant step in this direction.	List of factors for good care of immigrants in Europe <i>Important Factors</i>
Gagnon et al (2014) Development of the Migrant Friendly Maternity Care Questionnaire (MFMCQ) for migrants to Western societies: an international Delphi consensus process. <i>BMC Pregnancy & Childbirth</i> 14(1): 200-200. International**	The aim was to develop a questionnaire measuring migrant-friendly maternity care, which could be used in a range of maternity care settings and countries.	The study resulted in the MFMCQ, a questionnaire assessing key aspects of migrant-sensitive maternity care. The MFMCQ is available for use to examine and compare care and perceptions of care within and across countries, and by key socio-demographic, migration, and obstetrical characteristics of migrant women who have recently given birth.	A migrant-friendly questionnaire for use in maternity care <i>Health Care Priorities</i>
Karamitri et al (2013) The accessibility of vulnerable groups to health services in Greece: a Delphi study on the perceptions of health professionals. <i>International Journal of Health Planning & Management</i> 28(1): 35-47. Greece	The aim of this study was to investigate problems of accessibility into healthcare for vulnerable groups from the perspective of health care professionals and formulate empirically informed suggestions to solve the issue	The study provides a starting point for assessing possible factors of accessibility problems of vulnerable groups to health services. The experts agreed on the need of medical interpreters, cultural mediators and transcultural education. The results also points out general problems of the Health System such as the importance of restructuring primary healthcare, better documenting of the beneficiaries and stronger linkages among medical facilities.	List of barriers that prevent accessibility for vulnerable migrant's healthcare. List of suggestions for improvements to reduce barriers that reduce accessibility. <i>Important Factors</i> <i>Barriers Preventing Social Participation</i>
Mota et al (2015) Rejecting and accepting international migrant patients into primary care practices: a mixed method study. <i>International Journal of Migration, Health & Social Care</i> 11(2): 108-129. Canada	The aim is to explore factors associated with rejecting and accepting migrant patients into Canadian primary care practices.	The findings address factors that influence the acceptance or rejection of migrants into medical practice from the perspective of healthcare providers. The study suggest that several health policy, practice and training strategies may be implemented to improve access to care for this population. The possibility of discrimination and racism towards migrants at the personal and health system levels should be further explored.	List of factors that cause immigrants not to be "received" in primary care, compared with interview questions about the same problem, as well as suggestions for education and policy enhancements. <i>Barriers Preventing Social Participation</i>

Author, Title, Journal Country of study	Study aim	Conclusions	Key-findings and identified area of concern
Pottie et al (2014) Improving delivery of primary care for vulnerable migrants: Delphi consensus to prioritize innovative practice strategies. Canadian Family Physician Medecin De Famille Canadien 60(1): e32-e40. Canada	The aim was to identify and prioritize strategies that potentially could strengthen Canadian primary health care and meet the need of vulnerable migrant populations	The result present strategies to provide guidance for practices and policy makers interested in improving care delivery for migrant populations. As migrants continue to originate from around the globe, and as migrants begin to move to smaller cities and towns, the primary health system must find ways to implement interpretation services, support comprehensive care and continuity of care, provide evidence-based guidelines, develop training for practitioners, and enable new ways to promote inter-sectoral care and community engagement	List of priority strategies that would improve accessibility of primary care for vulnerable immigrants. In addition, a comparative overview of priority strategies for improved health care Canada (this study) -Europa-Australia-USA. <i>Important Factors</i>
Pottie et al (2017) Building Responsive Health Systems to Help Communities Affected by Migration: An International Delphi Consensus. International Journal Of Environmental Research And Public Health 14(2). International	This study aimed to identifying populations affected by migration, challenges in building a responsive health system and policy development and health systems implementation challenges for refugees, other migrants.	The results specifically addressed the processes identified aim to explicitly and systematically incorporate migrant needs into responsive health systems, to avoid crisis and ensure non-discrimination and equal entitlement to health services. Leading policy initiatives that are equipped to help address inequities, racism and discrimination as well as addressing unique clinical needs need to be implemented. Responsive health systems need migrant engagement and migrant relevant program and policy development.	List of barriers that prevent accessibility for vulnerable groups healthcare. List of challenges to create a responsive health care system for vulnerable groups. List of challenges for implementing policies for a responsive healthcare system for vulnerable groups. <i>Barriers Preventing Social Participation</i>
Swinkels et al (2011) Development of guidelines for recently arrived immigrants and refugees to Canada: Delphi consensus on selecting preventable and treatable conditions. CMAJ: Canadian Medical Association Journal = Journal De L'association Medicale Canadienne 183(12): E928-E932. Canada	Guideline development of setting priorities of high priority conditions ranking among/for primary care practitioners	The result present a list of the top priority health issues to address immigrants from 1-20. The result provides a starting point for showing who these practitioners are and some of the knowledge and skills they possess. The practitioner engagement process will improve the practicality of the evidence-based guidelines that will help practitioners who already work in the area target and streamline their efforts, and encourage new practitioners to enter this challenging and interesting discipline.	List of the top priority health issues to address immigrants from 1-20. <i>Health Care Priorities</i>
Uribe Guajardo et al (2016) Important considerations when providing mental health first aid to Iraqi refugees in Australia: a Delphi study. International Journal Of Mental Health Systems 10(1): 54-54. Australia	This study aimed to determine cultural considerations required when providing mental health to Iraqi refugees experiencing mental health problems and crisis.	The result demonstrated the need for first aiders to have specific knowledge in four broad areas; (1) knowledge of the Iraqi culture and community in Australia; (2) how to communicate effectively with individuals from an Iraqi background (3) traditional beliefs about causes and negative attitudes towards mental health problems held by this group; and (4) common barriers to seeking professional help that can be present in resettled Iraqi refugees. These guide-lines represent the first step on the road in order to improve professional help-seeking in Iraqi refugees with mental health problems	Presentation of four areas as first aid mental health professionals should have special knowledge about to be able to sufficient conduct their work. <i>Important factors</i>
Zander et al (2015) Rehabilitation of Women From the Middle East Living With Chronic Pain—Perceptions From Health Care Professionals. Health Care for Women International 36(11): 1194-1207. Sweden	The aim of this study was to determine the perceptions of pain and pain rehabilitation directed to resettled women from Middle East, from a variety of health care professionals.	The result demonstrated a need to support health care professionals in identifying rehabilitation measures aimed at women from the Middle East suffering from chronic pain needs. The result raise the question of whether Swedish health care has sufficient resources to meet uprooted and displaced women suffering from persistent pain from forced resettlement, according to their individual needs.	List of levels of consensus (in %) on claims in five different themes concerning rehabilitation needs of women living with chronic pain coming from the Middle East <i>Health Care Priorities</i>

Notes: *Australia, Belgium, Denmark, England, Finland, France, Germany, Greece, Hungary, Italy, Lithuania, Netherlands, Poland, Portugal, Spain and Sweden. **Australia, Canada, Finland, France, The Netherlands, Sweden and UK.

Table 2. Final consensus. Top two factors, barriers or priorities, as presented in each study.

Study	Final consensus - top two factors, barriers or priorities
Colucci et al. (2017)	<ul style="list-style-type: none"> • What the key protective factors for suicidal behaviors are of people from migrant and refugee backgrounds and people not from migrant and refugee backgrounds (80.23%) • What the key barriers to access and engagement are with suicide prevention services in people from migrant and refugee backgrounds (82.35%)
Devillé et al. (2011)	<ul style="list-style-type: none"> • A health care system that is easy for migrants to access (in first place out of ten top priorities for all countries) • Empowering migrants with regards to health and health determinants (in first place out of top ten for all countries except one)
Gagnon et al. (2014) ¹	<ul style="list-style-type: none"> • Themes identified as important or essential to include in a migrant friendly maternity care questionnaire i.e. Access to care, caregiver awareness and responsiveness, clinical risk and outcomes, migration related, and perceptions of care.
Guajardo et al. (2016)	<ul style="list-style-type: none"> • Cultural awareness (17 statements endorsed by panelist) • Cross-cultural communication (12 statements endorsed by panelist)
Karamitri et al. (2013)	<ul style="list-style-type: none"> • The creation of a support system for housing and documenting vulnerable groups (89.28% agreement) • The reduction of time-consuming bureaucratic procedures (89.28% agreement)
Mota et al. (2015)	<ul style="list-style-type: none"> • Language challenges (ranked no. 1 by panel, 2.06 response average) • Perception of high "hassle" factors (ranked no. 2 by panel, 2.41 response average)
Pottie et al. (2014)	<ul style="list-style-type: none"> • Language interpretation services, just-in-time communication (1.43) • Comprehensive health care (3.35)
Pottie et al. (2017)	<ul style="list-style-type: none"> • Defining the "scope of migrant-related initiatives" (100% expert agreement) • Implementing evidence-informed policies (89.6 % expert agreement)
Swinkels et al. (2011)	<ul style="list-style-type: none"> • Abuse and domestic violence (ranked as highest priority condition by panel) • Anxiety and adjustment disorder (ranked as second highest priority condition by panel)
Zander et al. (2015)	<ul style="list-style-type: none"> • Empowerment: to stimulate ownership and self-sufficiency (100% level of consensus) • Ensure continuity of care (100% level of consensus)

Notes: Nearly all (141/144) suggested questions, based on the identified themes, were reported as important or essential by more than 50% of the participants in the study by Gagnon et al. (2014).

Consensus in the studies was defined as, at the lowest level, 70% agreement, the highest being 90%, among the studies included. This was based on either the percentage level of agreement with statements in a Likert-scale-constructed survey or on the percentage of participants who agreed or did not agree with a specific statement. All the studies except one presented a list of important factors or priorities as a basis for further discussions to improve the policies, practices and research concerning refugees and their accessing of health services, as shown in Table 2, Results extracted from the included studies.

3.1 Reported Key Findings

The studies reviewed offer a picture of the contemporary health challenges faced by refugees with regards to their relationship to health services. As Shown in Table 2, final consensus, factors, barriers or priorities presented in the studies can be sorted and elaborated upon in a thematic structure: important factors, health care priorities, barriers preventing social participation, and research priorities that represent the overall Delphi approaches and findings interpreted by the authors in this study.

Table 3. Demographics of included participants/countries and description of type of Delphi-method used in each study.

Study:	Colucci et al (2017)	Devillé et al (2011)	Gagnon et al (2014)	Karamitri et al (2013)	Mota et al (2015)	Pottie et al (2014)	Pottie et al (2017)	Swinkels et al (2011)	Uribe Guajardo et al (2016)	Zander et al (2015)
No of participants	138	134	89	36	50	41	44	45	16	35
No of rounds	2	3	3	2	3	3	3	3	3	3
First round	Q	OE	Q	OE	Q	Q	Q	Q	Q	OE
Final consensus	Ranking	Ranking	85%	70%	75%	Ranking	Ranking	80%	80-89%	Ranking
Countries	AUS	EU16	INT17	GR	CA	CA	INT12	CA	AUS	SE

Notes: Q=Questionnaire or List of statements, OE=Open-ended questions, AUS=Australia, EU16=experts from 16 countries within EU included, INT17=experts from 17 countries, GR=Greece, INT12=experts from 12 countries, SE=Sweden.

3.2 Important Factors

Devillé et al. (2011) concluded that principles of good practice in health care for the refugee population in Europe

includes a health care system that is easy to access while also empowering them as to health and health determinants that influence their health status. Easy access to health care and

the empowerment of the refugees themselves is essential for the development of culturally sensitive health care. The study points out those existing issues within the health care system, such as poor communication between medical facilities and insufficient opportunities for documentation, overwhelmingly affect vulnerable groups and therefore are some of the most important factors to improve to ensure good mental health care and to boost social participation by refugees.

In similar fashion, Pottie et al. (2014) examined those aspects that offer the greatest amount of improvement in the delivery of primary care. The areas that garnered the greatest level of consensus with respect to improvement were, language interpretation services, just-in-time communication, and comprehensive health care. The primary health care system must find ways to incorporate interpretation services, to support comprehensive care and continuity of care, and to enable new ways of promoting engagement in order to strengthen the overall health care process and increase social participation among refugees. Uribe Guajardo et al. (2016) addressed important factors in providing mental health first aid to Iraqi refugees in Australia and determined that cultural awareness and cross-cultural communication were important. The results demonstrate the need for the appropriate training of mental health first aiders in cultural awareness for them to effectively communicate with individuals from groups. It should consider their traditional belief systems and other possible bases for the attitudes they may harbor towards mental health. Karamitri et al. (2013) addressed the accessibility for refugees to health services pointing out that the reduction of time-consuming bureaucratic procedures and the creation of a support system for housing and documenting vulnerable groups was also an important factor in influencing the outcome of health services.

3.3 Health Care Priorities

Zander et al. (2015) concluded that including empowerment in health services should be made a priority. That means encouraging ownership and self-sufficiency in relation to health issues as well as ensuring continuity of care. As to the use of rehabilitation to reduce chronic pain, Zander's study makes clear that the assessment of a woman's needs must be much broader than simply the biomedical perspective. It should include the concept of empowerment, incorporate psychosocial aspects, both in treatment and long-term rehabilitation, and avoid focusing solely on the medical aspects of chronic pain. Health care services should be provided taking into consideration current knowledge on the unique health conditions and risks inherent in caring for the refugee population. With this in mind, Gagnon et al. (2014) have developed a refugee-friendly questionnaire to be used in maternity care. The terms access to care, caregiver

awareness and responsiveness, clinical risk and outcomes, migration-related, and perceptions of care, were included in this questionnaire. A study by Swinkels et al. (2011) that includes guidelines for the selection of preventable and treatable conditions for newly arrived refugees makes clear that, in order to improve participation in primary care a focus on abuse and domestic violence as well as anxiety and adjustment disorder, should be prioritized. They conclude that there is a need for a general shift in refugee medicinal discourse and assessment, from a focus on infectious diseases to a much broader one that includes mental health concerns and other chronic diseases. The primary health care system must find ways to incorporate interpretation services, to support comprehensive care and continuity of care, and to enable new ways of promoting community engagement in order to strengthen the overall health care processes and increase social participation among refugees.

3.4 Barriers Preventing Social Participation

Karamitri et al. (2013) address accessibility by refugees to health services and the barriers that inhibit participation and underscore that an inability to understand the paperwork can affect utilization by these groups. Further, it was determined that another significant barrier to be a lack of health insurance and price. Mota et al. (2015) examined the rejection of refugee patients by primary care facilities and showed that language challenges and the perception of high "hassle" factors were deemed crucial barriers. They concluded that several health policy strategies could be implemented to improve access to care and social participation. The barriers to health services are related to bureaucratic procedures and cost-related aspects. Pottie et al. (2017) also addressed strategies for a responsive health system to help communities affected by involuntary migration and concluded that defining the "scope of refugee-related initiatives" and implementing evidence-informed policies as important. They concluded that a responsive health system needs to include refugee engagement and room for social participation by involuntary migrant communities, and that this needs to be incorporated into health systems.

3.5 Research Priorities

Of the ten studies included, only one of them (Colucci et al., 2017) addressed which research priorities are most important in order to improve the participation and administration of refugee health-care. Colucci et al. (2017) concluded that an effective suicide research agenda for people from refugee backgrounds needs to address what their key preventative factors for suicidal behaviors are, compared with those without the experience of being a refugee. They specifically point out the need for more research to understand how cultural values and beliefs on

suicidal behavior might inhibit refugees from accessing and utilizing services-yet another obstacle to engagement with this population.

4 Discussion

This scoping review addresses the results of ten Delphi studies conducted on the social participation in health services by refugees. The sheer number of articles included is evidence as to the rigor of the search inclusion and exclusion criteria of the studies, as well as the overall thoroughness of the research process. All authors have long experience both as medical educators and as nurses. This preunderstanding and experience of the context allowed the analysis to be performed in more depth. From another perspective, a plausible bias of a researcher with preunderstanding and experience of a studied context may lead to important aspects remaining unnoticed. However, investigator triangulation applied different professional perspectives and experiences in the analysis that would ensure credibility. Scoping reviews do not always allow a synthesized result or answer to a specific question, but rather allow an overview of the available literature. Even if statements regarding the quality of evidence and formal synthesis are avoided, a scoping review approach is not necessarily easier or faster to perform than a systematic review approach. Scoping reviews take a lot of time to complete due to the wide coverage of the search implicit in the approach. Given the limitations, the studies included show the breadth of designs when the Delphi technique is employed to examine health care services. The process also seems to be highly flexible both in recruiting informants as well as in determining how to conduct the different rounds. As shown in the results, Delphi approaches are a useful tool in the validation of the policies and perceptions of the role of social institutional strategies on the processes of supporting refugees.

Overall, the results affirm that bureaucratic procedures and high "hassle" factors, language barriers and cross-cultural communication issues, plus a lack of empowerment and self-sufficiency among refugees, to be the barriers of greatest concern as addressed in the studies on social participation. From the perspective of the experts, these aspects are raised as important factors to consider when tailoring health care services. We conclude that high "hassle" factors have a negative influence on language barriers and cross-cultural communication that consequently negatively affect social participation. Important factors and priorities that promote social participation include the development of culturally sensitive health care, and organized, structured ways of gathering relevant knowledge on the health and particular risk factors of the refugee population. In order to increase social participation in health

care services by refugees, a priority should be made to strengthen the relationships with this community locally.

Previous studies have described how social participation can have positive effects on health. Social participation, such as being an active member in a social environment and having close relationships, plays a key role in the physical and mental health of an individual and helps to prevent poor psychological health outcomes (Fiorillo, Lavadera & Nappo 2017; Webber & Fendt-Newlin 2017). Social participation is an important way of involving vulnerable groups and increasing their access, use and ultimately, the overall effectiveness of health services. According to the WHO, social participation is based on the promotion of collaboration and empowerment between health services and vulnerable groups (CSDH, 2008). The great number of refugees in the world (UNHCR, 2016) makes the tailoring of health care and social participation by vulnerable groups, with the aim of increasing the use and effectiveness of these services, more important if these barriers are to be overcome. A Van Loenen et al. (2018) study from the recipient's perspective shows similar results. Refugees desire compassionate, culturally sensitive health care workers and more information on procedures and how to improve health. Time pressure, linguistic and cultural differences, as well as a lack of continuity of care, are pointed out as barriers to social participation and access to good quality care (Van Loenen et al., 2018). However, these barriers are not strictly limited to social participation of refugee but deeply entangled with having access to quality care, since the right to be informed, the right to choose, and the right to be heard is central to define good care (Lontin et al., 2010). Further, Yildirim et al. (2020) has stated that hopelessness, motivation loss, and loss of social support are common among Syrian refugees living in Turkey. The hope among Syrian refugees for the future can be increased by improving their social support system. Preventive interventions addressing risk factors that increase hopelessness among newly arrived immigrants and refugees should be performed by health care professionals. The opinion and perspective of the experts and providers on social participation in health services compared to the recipient's perspective is as such, an important topic to address. The Delphi studies can be one way to apply the knowledge and experience of the health care provider to improve refugee programs system-wide, as well as the development of policy, with the goal of incorporating this vital refugee perspective for a more responsive health care system with greater social participation.

5 Conclusion

Delphi approaches are a useful tool in the validation of the policies and perceptions of the role of health services

strategies of supporting refugee's social participation. By emphasizing the tacit knowledge of experts, the Delphi method can contribute to a deeper understanding of policy priorities and responsive health services.

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