



EDITED BY
EMER MCGOWAN,
DJENANA JALOVICIC
AND SARAH QUINN



**INTERPROFESSIONAL
APPROACH TO
REFUGEE HEALTH**

**A PRACTICAL GUIDE FOR
INTERDISCIPLINARY
HEALTH AND SOCIAL
CARE TEAMS**



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©2025 Emer McGowan, Djenana Jalovcic and Sarah Quinn

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9. Ethical Practice and Personal Conduct in Refugee Health

Sandra Schiller

This chapter explores the principles and values that underpin ethical practice and personal conduct in interprofessional health and social care, particularly in relation to refugee health. The importance of a shared ethical framework for effective interprofessional collaboration is emphasized and the ethical dimensions of refugee health are discussed by looking at the social determinants of health, the role of critical awareness, and a human-rights-based approach. This chapter addresses the healthcare needs of persons with refugee experience and the problems they face within the scope of an ethical framework. It also discusses a capabilities approach to refugee health from an ethical perspective and explores ethical principles relevant in research involving persons with refugee experience. The final section considers how individual behaviour and professionalism contribute to effective teamwork and overall ethical practice in refugee health.

Values and Ethics in Interprofessional Health and Social Care

In a pluralistic society, recognizing different perspectives and values when working with people and considering these in therapeutic decisions is crucial. When patients and health and social care professionals come from diverse backgrounds and might not agree on a common set of values (Black & Wells 2007), the challenge is to engage in a collaborative development process. This requires an attitude of recognizing both

differences and similarities between healthcare professional and patient. Respect for diversity particularly involves: being sensitive to one's own knowledge gaps and avoiding assumptions based on one's own personal attitudes and behaviour; being willing to explore the other person's perspective first; and being capable of recognizing and resolving value conflicts collaboratively (Schiller 2018).

While adherence to ethical standards has traditionally been viewed as a characteristic of individual health and social care professions, the rise of team-based approaches in 21st-century healthcare delivery necessitates interprofessional discussions on values and ethics among the diverse professions that have many different roles and responsibilities in this field (Thistlethwaite 2012). This involves paying attention to and understanding the values of both patients and colleagues, which stem from their individual professional identity, cultural background, and/or personal experiences, in order to minimize the likelihood of miscommunication. In the context of refugee health, professionals from diverse cultural backgrounds can facilitate culturally sensitive care (Thistlethwaite 2012). However, it remains essential for professionals and institutions to be mindful of not stereotyping individuals. McAuliffe (2022: 22) warns of the dangers of ethically illiterate teams or team members jeopardizing the provision of quality care to vulnerable people: "If a group of people working together do not understand client rights, informed consent, implications of privacy and confidentiality, how to treat people with respect and encourage self-determination and autonomy, or if there are unclear boundaries around professional relationships, harm can be caused".

The assertion of health and social care professionals as a moral community is based on the notion that they have a joint obligation to work collaboratively, aiming to reach a shared understanding of how to collectively maximize health outcomes for their patients. Efforts to establish a collaborative value structure as a foundation for cohesive healthcare teams rely on the following key approaches to interprofessional healthcare ethics: virtues shared by different professions, cooperation to uphold healthcare as a right, and relationships rooted in values (Corr 2019). In this context, the impact of organisational structures and culture on professional relationships also needs to be taken into consideration. Values-based health and social care practice, which attempts to take into account the perspectives of all involved parties, has been developed as

a complementary approach to evidence-based practice (discussed in Chapter 7)—taken together, both approaches lead to learning about the values and facts relevant to a situation (Seedhouse 2005). Using the principles of values and values-based practice in interprofessional education has been considered a useful way to contribute to person centred collaborative care (Merriman et al. 2020).

The concepts of human rights and social justice have gained increasing attention in health and social care in recent decades, providing a specific focus for interprofessional ethics—particularly in refugee health. Human-rights-based approaches focus on the rights of the individual and/or group in healthcare, which means that professionals need to know what these rights entail and need to be willing to support people fighting for them (McAuliffe 2022). The Human Rights Act 1998 that came into force in October 2000 incorporates most of the rights protected under the European Convention on Human Rights (ECHR). According to Curtice & Exworthy (2010), the development of “a bottom-up human rights-based approach” available to organisations and the professionals working within them to support their everyday practice, was seen as a useful way of addressing the widespread lack of knowledge and understanding of the relevance of this legislation among patient and carer groups, health professionals, and health management. In essence, the idea is to protect human rights in clinical and organisational practice by adhering to the underlying core values of fairness, respect, equality, dignity, and autonomy (FREDA) as the basics of good clinical care already provided by clinicians on a daily basis.

Self-reflection exercise:

Watch the following video by the Health Information and Quality Authority of the Republic of Ireland as an introduction to FREDA: HIQA: Human Rights in Health and Social Care Services. Available at: <https://www.youtube.com/watch?v=9noiJnloIKc>

1. Which factors in your own workplace allow you to adhere to these human-rights-based core values? Which factors make this difficult?
2. Is this a bigger challenge when you work with persons with refugee experience?

Working Towards Health Equity and Social Justice: An Ethical Framework for Refugee Health

To emphasize the pursuit of health equity and social justice, an ethical framework for refugee health must be grounded in a comprehensive understanding of the social determinants of health and their impact on individual well-being and illness. This framework necessitates recognizing the design and accessibility of health services for persons with refugee experiences as an imperative of social justice. It also requires healthcare professionals to cultivate critical consciousness and develop the ability to implement a human-rights-based approach in their practice. Additionally, it demands awareness of the unique vulnerabilities faced by persons with refugee experience living in precarious conditions, thereby calling for a tailored ethical framework for healthcare services aimed at this population. Moreover, the potential applicability of a capabilities approach to refugee health should be considered, along with rigorous ethical considerations specific to research in refugee health contexts.

Social Determinants of Health in Migrants and Persons with Refugee Experience

The World Health Organization (2022) emphasizes that persons with refugee experience have a diverse range of physical and mental health needs, originating from experiences in their country of origin, their migration journey, their host country's entry and integration policies, as well as their current living and working conditions. For example, a scoping literature review using the social ecological model (SEM), which considers the individual, interpersonal, organizational, and community levels, showed that refugee women are particularly vulnerable to violence during forced migration leading to a high incidence of post-traumatic stress disorder (Hawkins et al. 2021). It also highlighted concerns about secondary victimization by providers post-resettlement. Social support, often contingent on language skills and difficult to sustain, was identified as crucial in reducing isolation, improving access to healthcare, and enhancing mental health outcomes.

Persons with refugee experience are faced with enormous stressors related to social determinants of health, as they are widely excluded from access to fundamental human rights in a number of essential domains,

such as healthcare, housing, education, employment and freedom of movement (WHO 2019). Additionally, migrants and refugees are increasingly exposed to violence and prejudice. In fact, discrimination has been identified as a major stressor and influence on the health of migrants in general and persons with refugee experience in particular. Healthcare systems, institutions, and professionals are strongly influenced by historical, sociopolitical, economic, and legal contexts that facilitate the occurrence of discrimination and racism towards diverse groups of migrants and refugees. International research studies that address the question of how refugees and asylum seekers experience health services have reflected this. For example, respondents expressed the hope of not being disadvantaged because of their background and to be treated equally (Hahn et al. 2020). They emphasized the importance of a friendly and respectful attitude on the part of health professionals, as trust cannot develop without a sense of acceptance (Van Loenen et al. 2018). In particular the fear of stigma makes people with refugee experience afraid to accept medical care (Bahita & Wallace 2007; van Loenen 2018). This is illustrated, for example, by the following quote from the research by Bahtia and Wallace (2007): “Being an asylum seeker... you feel people look at you as if you’re not a human being [but] you’re something different.” It is clear that there is an urgent need for a change in attitude, not only in the health system, but in society as a whole, towards the situation of people with refugee experience.

Key resources:

Professor Melissa Siegel, head of Migration Studies and head of the Migration and Development research section at UNU-MERIT & Maastricht University, has created a refresher overview on the effects of migration on healthcare access and outcomes in destination countries with a particular focus on the migrant themselves: <https://www.youtube.com/watch?v=bNY2zGhJ2mQ>

To enhance familiarity with the social determinants of health, the video ‘What Makes Us Healthy? Understanding the Social Determinants of Health’ provides a basic introduction to the topic: <https://www.youtube.com/watch?v=8PH4JYf4Ns>

Health Services for Persons with Refugee Experience as a Matter of Social Justice

Culturally responsive interprofessional practice in Refugee Health needs to be seen as a contribution to social justice. The complex circumstances of persons with refugee experience in particular place high demands on professional conduct and necessitate the ability to critically reflect. Critical consciousness and critical reflexivity have become a fundamental ethical guiding principle and a cornerstone of professionalism in health and social care (Campesino 2008; Kinsella & Durocher 2016). Kumagai and Lypson (2009) promote the development of critical consciousness as a framework that situates the health professions in a specific social, cultural, and historical context and thus can help to achieve the provision of high quality, diversity-sensitive health services based on the recognition of the dignity and autonomy of all members of society. Their description of critical consciousness does not only demonstrate the move away from outdated understandings of ‘cultural competency’ in healthcare, but also illustrates the role of ethics in this context:

Critical consciousness plays an essential role in these areas of medical education. From a pedagogic perspective, development of true fluency (and not just “competence”) in these areas requires critical self-reflection and discourse and anchors a reflective self with others in social and societal interactions. By ‘critical self-reflection’, we do not mean a singular focus on the self, but a stepping back to understand one’s own assumptions, biases, and values, and a shifting of one’s gaze from self to others and conditions of injustice in the world. This process, coupled with resultant action, is at the core of the idea of critical consciousness (Kumagai & Lypson 2009).

A (self-)critical, diversity-sensitive professional attitude develops when cultural and diversity dimensions are acknowledged in relation to the lifeworld and habitus of both patients and professionals. Following Freire’s (2017) critical education theory as a framework for developing a critical social justice agenda, reflection on action and critical thinking are key aspects of authentic praxis. Critically reflective ethical reasoning, as a contribution to a transformative agenda in refugee health, involves reflecting on how everyday professional actions and interactions maintain or change existing social structures and power relations (e.g., structural

racism), and the professional responsibilities that arise from this. Research in higher education pedagogy that develops methodologies to foster such critical attitudes in health and social care professionals is highly relevant to the field of refugee health. The research by Norton and Sliep (2018; 2020), for example, has explored how working reflexively with life stories enhances critical thinking, identity, belonging, and agency. Adopting this approach in refugee health education could facilitate exchanges between students with and without personal experience of forced displacement through iterative processes of deconstructing power in the collective, mapping values and identity, negotiating agency, and rendering accountable performance (Norton & Sliep 2018).

Self-reflection exercise:

1. How has critical consciousness played a role in your own education and professional work?

Human-Rights-Based Approach: A Self-Assessment Tool

Social justice means that everyone's human rights are respected, protected, and promoted. Rights-based care in particular means recognizing the human rights of persons with refugee experience, promoting their dignity, and advocating for their health and wellbeing. The ability for health professionals to work across disciplines is seen as a critical step in promoting health equity based on the principles of diversity and inclusion (Worabo et al. 2022). Collaborating across professions can help to identify and address systemic barriers to care that may be impacting refugees' health and wellbeing, and advocate for policies and programs that support their needs.

The 'Human-Rights-Based Approach: A Self-Assessment Tool' developed by the Scottish Human Rights Commission in 2018 serves as a pioneering guide for organisations seeking to integrate human rights principles into their work. This tool is based on the PANEL principles—participation, accountability, non-discrimination, empowerment, and legality—which together underpin a human-rights-based approach. The primary objective of the tool is to help organisations assess their practices and identify areas for improvement in order to more effectively embed a human-rights-based framework.

A noteworthy aspect of this tool is its diagnostic capability. Organisations are likely to find that some of their practices are already aligned closely with these principles, building on existing strengths. However, the tool also helps to identify gaps, enabling organisations to set priorities and take targeted action. As a dynamic reference point, it allows for continuous monitoring of improvements across different dimensions of the organisation's work. It is essential to recognize that implementing a human-rights-based approach is an ongoing process. The ultimate goal is to achieve full compliance with all the PANEL principles, although it is acknowledged that this is a gradual process. It is available at: www.scottishhumanrights.com

Self-reflection exercise:

1. What does a human-rights-based approach mean for how healthcare institutions are organized and how health professionals need to act in their professional practice?
2. Thinking about the institution where you work or have worked, what actions would be urgently needed to address people with refugee experience?
3. If you work for an institution that is concerned with providing health services to persons with refugee experience, use this tool to check where a human-rights-based approach has already been implemented. How can you embed it more vigorously?

An Ethics Framework for Healthcare Services Provided to Refugees

The health needs of persons with refugee experience and the challenges they encounter with healthcare services need to be addressed within an ethical framework. An example of this is provided by Özding (2022). Persons with refugee experience are entitled to the rights and freedoms enshrined in international human rights instruments. At the same time, health professionals need to be aware of the fact that the legal rights and opportunities of people who flee across borders are not the same as those of the citizens of a country. They therefore have an ethical obligation to consider carefully the precarious legal status of these individuals. The situation of displaced persons is often characterized by unequal power relations, as they are dependent on the government, humanitarian

donors, and/or service providers for their survival and/or legal status. This extreme dependency can affect their access to healthcare. A number of international ethical frameworks define the assistance provided to persons with refugee experience and guide its implementation. Özding (2022) discusses the philosophical foundations of refugee healthcare, including the concepts of rights and human rights, as well as the ethical rules for health aid as defined by the Sphere Project (CHS Alliance et al. 2024), The People in Aid Code of Good Practice (2003), the International Federation of Red Cross and Red Crescent Societies code of conduct (1994), the Core Humanitarian Standard on Quality and Accountability (CHS), and the principles of biomedical ethics (Beauchamp & Childress 2019). The ethical framework that emerges from these foundations leads to the conclusion that when resources are limited, “ethical evaluation should be in reference to health service utilization, regardless of the characteristics of the recipient” (Özding 2022: 15). In addition, the principle of justice should be at the forefront of this assessment in order to make ethically justifiable decisions.

Self-reflection exercise:

1. How familiar were you already with the main foundations of an ethical framework for healthcare services provided to refugees? How well do they relate to your own professional ethical framework?
2. Which ethical tensions (e.g., regarding resource allocation) does the article outline?
3. How would you develop an ethical position to substantiate your own professional praxis with the help of this framework?

A Capabilities Approach to Refugee Health

The “capabilities approach” was developed in the 1980s and 1990s by economist Amartya Sen and philosopher Martha Nussbaum, and initially refers to a general theory of social justice. Sen defines the core of the approach as “the possibilities or comprehensive capabilities of people to live a life that they can choose for good reasons and that does not challenge the foundations of their self-respect” (Sen 2000). It is therefore primarily a matter of determining what people need in terms of real freedoms, material, and cultural resources in order to be able

to develop an autonomous life plan in a well-founded way and to be empowered to implement this life plan in practice.

Applying this approach to refugee health involves paying attention to the skills and freedoms refugees have or can develop to lead a healthy and dignified life. Professor of Family and Community Medicine, Julie M. Aultman (2019), outlines how the capabilities framework can serve as an ethical basis for understanding and evaluating how the multiple, often interrelated social determinants of health—such as living conditions, education, work status, and social support—affect persons with refugee experience.

Self-reflection exercise:

1. In her commentary on the case narrative, Julie Aultman looks at the general health conditions of resettled refugees and how this is influenced by the social determinants of health they experience. She also considers the recognition or violation of the refugees' rights (pp. 225–226). Can you transfer this analysis to a case of your own and to the healthcare system you work in?
2. According to Aultman (2019): “Part of a social justice analysis also includes identifying avoidable social determinants of health (SDH) that create unfortunate constraints on human capabilities.” How is this illustrated in the commentary (pp. 227–228)? Can you apply this to your own case/your own healthcare system?
3. “To contribute to the change that is needed to promote human capabilities and overall patient health, healthcare professionals and organizations need to be advocates for their refugee patients by identifying barriers to care that compromise capabilities such as lack of transportation, health illiteracy, the inability to take time off work, and the high costs of quality care [...]” (Aultman 2019: 228). Can you link this statement to a call for interprofessional collaboration in refugee health?
4. Aultman (2019) sees a general ethical obligation of healthcare professionals and institutions to the community and to society at large and quotes the relevant ethical principles of her own professional association, the American Medical Association (AMA). How do the ethical guidelines of your own profession address this issue?

Research Ethics in Refugee Health

The underlying concern in ethical discourse regarding research in refugee health revolves around the inherent power imbalance that invariably exists between researchers and refugees. This power disparity emerges from the vulnerable position of refugees juxtaposed with the privileged position of researchers. For refugee research participants, this vulnerability often stems from a combination of factors, including restricted mobility, diminished autonomy as they are reliant upon non-governmental organizations, linguistic barriers, uncertain legal status both in the present and future (which increasingly involves potential criminalization), as well as the enduring impact of past and ongoing traumatic experiences. As a consequence, the researcher's approach in terms of planning, preparation, and practical implementation should be shaped in recognition of this power asymmetry and in an attempt to minimize its effects (Deps et al. 2022). Excluding persons with refugee experience from research or public health investigations based on their (perceived) vulnerability is not an option, as it contravenes principles of justice and fairness (Seagle et al. 2020). Research that elevates the voices of persons with refugee experience, rather than excluding them, is urgently needed to inform targeted interventions, validate models of health service delivery, and ultimately contribute to the well-being of individuals affected by displacement (Seagle et al. 2020).

For researchers who participate in European research collaborations in refugee health, it is important to know that there are guidelines available to them. The European Commission published a Guidance Note: Research on Refugees, Asylum Seekers and Migrants in 2021. This document is available at: https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/guidance/guidance-note-research-on-refugees-asylum-seekers-migrants_he_en.pdf

Furthermore, there exist frameworks that offer researchers guidance for designing and conducting studies involving persons with refugee experience in a manner that is both respectful and sensitive to the unique challenges these participants often face. For example, the Valuing All Voices Framework, as proposed by Roche et al. (2020), is “a trauma-informed, intersectional and critically reflexive approach to patient and public involvement in health research”. It aims to provide a social justice and health equity lens so that research teams can engage patients in

health research in a way that enhances safety and inclusivity. The key components of this framework are trust, self-awareness, empathy, and relationship building.

In his critical self-reflexive account of privileged researchers working in refugee camps, social work ethics researcher Neil Bilotta (2021) emphasizes that researchers in forced migration contexts must go beyond procedural research ethics to include relational ethics. While research ethics boards may formally approve research conducted in refugee camps, this alone is insufficient and fails to prepare researchers for the complexities of situational and relational ethics. Furthermore, definitions of 'respect' and 'reciprocity' should be collaboratively determined by researchers and research participants. Following Probst (2015) that reflexivity primarily focuses on the researcher, Bilotta (2021) emphasizes that reflexivity offers limited insight into how research participants perceive power and privilege in a refugee camp. Future empirical research should therefore investigate how respect and reciprocity are understood and implemented from the perspectives of participants with refugee experience. Similarly, Clark-Kazak (2023) highlights the importance of radical care ethics for forced migration research: a radical ethics of care emphasizes reciprocal relationships and requires researchers to critically consider their positionality within power asymmetries. Researchers should shift focus from their own careers to caring *with others* by "amplifying, uplifting and working in solidarity" (Clark-Kazak 2023: 1153), recognizing the interdependence of relationships even in unequal power dynamics. Radical care ethics adopts a "proactive approach to preventing harm" (Clark-Kazak 2023: 1153) by intentionally dismantling harmful power structures within research design, contrasting with the dominant procedural ethics that merely seek to minimize harm. This approach includes integrating (self-) care mechanisms and addressing the differential impacts of research on various participants, such as peer researchers, interpreters, and contract researchers, who often lack secure employment and/or health insurance. Radical care ethics rejects any positivist notion of objectivity and instead values the productive work of emotions performed by all participants in the research process, including gatekeepers, translators/interpreters, and research assistants.

The Importance of Personal Conduct in Interprofessional Refugee Health

The concept of personal conduct—namely, the ethical responsibilities and behaviours of individual health professionals—has its roots in healthcare ethics, serving as a framework and guideline for navigating complex ethical issues by engaging in a process of ethical reasoning and decision-making. Personal conduct influences this process, as health professionals with a strong ethical foundation are more likely to consider the values and rights of patients, respect diversity, and adhere to professional codes of conduct when facing difficult choices (Louw 2016). Consequently, personal conduct is regarded as playing a crucial role in establishing and maintaining patient-provider relationships that are based on prioritizing the patients' needs and dignity. This involves capabilities such as effective communication, active listening, mutual respect, and empathy. Ethical behaviour—including honesty, integrity, and accountability—contributes to building and sustaining trust between health professionals and patients, as well as among members of the interprofessional health and social care team, which has a positive effect on the dynamics of teamwork and the delivery of high-quality care (McAuliffe 2022). Personal conduct and ethically reflected professional practice can also have a positive effect on the behaviour and attitudes of others: Professionals who demonstrate ethical conduct set positive examples can inspire others (students, colleagues, and other health professionals) to uphold high standards of ethics in their professional practice. This is particularly important in the area of refugee health, which requires a professional, empathetic way of dealing with complex situations that can easily lead to the experience of moral distress (Jawed et al. 2021).

Personal conduct is one of the five domains highlighted in the WHO's *Global Competency Standards for Health Workers in Relation to Refugee and Migrant Health* (WHO 2021). This domain encompasses two competency standards: Firstly, it pertains to the individual health professional's commitment to lifelong learning and reflective practice aimed at promoting the health of persons with refugee experience. Secondly, it addresses the responsibility of both organizations and the individual health professionals within them to foster a culture of self-care and mutual support in the context of refugee health (WHO 2021).

Regarding the first competence —commitment to lifelong learning and reflective practice—personal conduct is an essential aspect of culturally sensitive refugee health. Health professionals must recognize their own implicit biases, beliefs, and values, and understand how these may influence healthcare services. They should maintain confidentiality, strive to approach patients with cultural humility and respect, and engage in effective communication to understand patients' experiences and perspectives (Nowak & Hornberg 2023). Health professionals can only contribute to equal healthcare, as advocated by the WHO's call for "health for all", if they adequately recognize patients' needs. Reflective practice is, therefore, a central element of personal conduct.

According to the WHO's (2021: 11) competency standards, such reflective practice includes addressing "the impact of own culture, beliefs, values and biases as well as institutional discrimination on interactions in health-care settings, including by continually adapting practice to respond to the needs of relevant communities". Health professionals are thus encouraged to "contribute to introducing or improving cultural sensitivity in existing practices by modelling appropriate behaviour and avoiding culturally insensitive practices". This necessitates a power-critical and discrimination-sensitive perspective on one's own actions. Professionals must be aware of the power dynamics and the resulting disadvantages and experiences of discrimination for others. The WHO (2021: 11) emphasizes the importance of health professionals demonstrating "awareness of institutional discrimination experienced by refugees and migrants, in particular its impacts on health status". This requires a critical understanding of the "intersections of systems, structures and patterns of power that determine a person's position of disadvantage and impact their access to, and experience of, healthcare" (WHO 2021: 11). To actively counteract discrimination, it is essential to reflect on and, if necessary, consciously unlearn one's own values and beliefs. Health professionals must recognize how they are influenced by their environment, including societal beliefs, institutional practices within the healthcare system or workplace, and beliefs embedded in professional thinking. At the same time, it is important to understand how the patients are shaped by their individual lifeworlds, as this is the basis for a safe relationship and shared decision-making.

However, if the structures of the healthcare system are not adequately established, ethically appropriate and culturally sensitive patient care depends on isolated individual measures. This situation makes it difficult, or even impossible, for health professionals to effectively apply their skills (Peters et al. 2014). Given the increasing prejudices and hostility towards persons with refugee experience across European countries that are fanned and exploited by right-wing and far-right parties and groups, institutional structures should include anti-racist measures. These measures should include mandatory, funded, implicit-bias training for health professionals and the establishment of mandatory reporting channels for experienced or witnessed discrimination, and policies to ensure that perpetrators are held accountable (Stevens et al. 2024).

Personal conduct, as a reflection of the professionalism and integrity of health professionals and the institutions they represent, is particularly important when collaborating with refugee organisations. These organisations are more willing to engage in joint initiatives to address the healthcare needs of persons with refugee experience if they feel confident that health professionals are committed to learning from their expertise.

For the WHO (2021), the domain of “personal conduct” also includes another area of competency: the responsibility of organizations and individual professionals to contribute to a culture of self-care and mutual support in the context of refugee health. Health professionals providing care to persons with refugee experience may be confronted with second-hand exposure to stressful and potentially traumatic events, such as the uncertainty of residence, bureaucratic hurdles, restrictive regulations, and traumatic experiences. Added to this is the great responsibility in this area of work, the high caseload, and the making do with limited resources. As an important competency in personal conduct, health and social care professionals need to be able to recognize and reflect on their own feelings, as working with traumatized people can also lead to the (re)emergence of private issues that need to be addressed separately or situationally (e.g., in supervision, counselling, therapy) (BAfF 2020: 47). Just like trauma workers, health and social care professionals in general who work with persons with refugee experience are susceptible to secondary or vicarious traumatisation and should be attentive to potential signs of stress, which may manifest as feelings of helplessness and hopelessness, changes in beliefs, and distrust of the world as a safe

place, but which may also manifest somatically, e.g., as nausea and numbness (Cohen & Collens 2013).

Self-care describes being loving, appreciative, attentive, and compassionate to oneself and taking one's needs seriously (Reddemann 2005). Five primary domains of self-care practice are recognized in the literature: physical, psychological, emotional, spiritual, and professional self-care (Saakvitne & Pearlman 1996). Furthermore, to avoid burnout or secondary traumatisation, health and social care professionals need to consider not only personal factors, i.e., their own ability to cope with stress, but also environmental factors. This means insisting on supportive structural conditions that allow them to do their work as well as possible and to expose and criticize insufficient working environments (BAFF 2020). At the organizational level, the ability to "contribute to a safe and supportive team environment where the emotional and social aspects of providing healthcare to refugees and migrants can be discussed among colleagues" is crucial (WHO 2021: 27). Furthermore, the WHO (2021: 26) points out the potential positive effect that experiences of "professional or personal development and growth can also occur as a result of working with survivors of torture and other traumatic events. Health workers may feel empowered and personally motivated from working alongside refugees and migrants, drawing lessons from their perseverance and determination."

Self-reflection exercise:

1. What are essential elements of personal conduct in your own profession? How did you learn about them?
2. Can you give examples of shared understandings of good personal conduct in specific team settings? How was this understanding reached or how was it communicated to new team members?
3. Which elements of personal conduct required in the area of refugee health do you still need to develop because they have not (yet) received sufficient attention in your own profession?

Conclusion

The realisation that individuals with refugee experience are fundamentally like any other human being, yet have undergone experiences significantly different from those who have not encountered forced migration, underscores an inherent tension. It necessitates a professional approach that counters tendencies of 'othering' in healthcare while remaining compassionate and attentive to the specific needs of persons with refugee backgrounds. This highlights the critical importance of ethical practice and personal conduct in the field of refugee health. Furthermore, interprofessional teams in refugee health often comprise professionals from diverse healthcare backgrounds, including medicine, nursing, social work, allied health, and psychology. In this context, interprofessional values and ethics provide common ground and help to integrate diverse professional perspectives respectfully and collaboratively, promoting holistic and person-centred care for individuals with refugee experience.

Ethical practice and personal conduct should reflect an awareness of the social determinants of health that disproportionately affect persons with refugee experience, who often face complex health and social challenges, including trauma, legal issues, discrimination, lack of participation, and unstable living conditions. It involves striving for equity in access to services and advocating for the rights and needs of persons with refugee experience within healthcare systems. Ultimately, ethical practice and personal conduct in refugee health, focused on human rights and social justice, require continuous education and reflection to foster an environment where individuals with refugee experience feel safe, respected, and supported as they navigate healthcare systems that they often experience as alien and hostile.

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