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Transcultural change: a challenge for the public health system

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The experiences migrants have with the health-care system prove over and over again that health care is still rarely designed for patients with a migrant background. Migrants are often misinformed or not informed at all about their diagnosis and the treatment they are required to undergo. Their view of their illness and their suffering cannot be taken into account in the treatment procedure. So migrants are often misdiagnosed and given the wrong treatment. Health professional staff members always mention the language barrier as the reason for the interaction problem. But this is just one part of the issue. Prejudice, cultural stereotypes, racism, and discrimination are also often reasons for unsuccessful communication or understanding.

But what conditions are required to make interaction with migrants successful? One of the main requirements would be the improvement of transcultural skills of the medical, nursing and other health professional staff members. Transcultural skills are the ability to realize, to comprehend individual circumstances according to the specific situation in various contexts, and to develop appropriate treatments from this understanding. Transculturally well skilled health professional staff members question therefore their own values, way of thinking and their prejudices. They have the ability to understand other people's way of reflecting and to interpret it. They avoid cultural stereotypes about certain target groups, and in particular they do not reduce social problems to so-called cultural characteristics. And they adopt a respectful, non-discriminatory attitude towards migrants (Domenig, 2001a, 200 and Domenig, 2001b).

Training alone is not enough, however, to create a migrant-friendly hospital. Training may help to change the *behaviour* of individual staff members. But if the necessary structures do not exist – and by that I mean a sometimes deep-rooted modification in the *conditions* within the health-care institutions – then only minor improvements will be achieved within the treatment given to migrants. Health professional staff members that have received transcultural training and mostly return to work highly motivated, often face resistance when applying their newly learnt skills, such as:

- Within their team they often face a lack of understanding of transcultural issues.
- Racist or discriminatory remarks from colleagues about migrants are rarely sanctioned.
- Background knowledge about migration issues clashes with prejudice and stereotypes of migrant groups.
- Professional interpreters or information brochures are rarely available in the migrants' languages.

- ➔ In practice it is difficult to take the additional time for a good consultation which is necessary as it also involves migration-specific aspects.
- ➔ Structures and organizational procedures are not adapted to migration-specific realities.
- ➔ And there is rarely any professional recognition for well developed transcultural skills.

The management is responsible for ensuring that migrant patients are also offered equal opportunities, the right to health, the right to good, appropriate treatment, information and the right to a say in a matter of health. Making staff aware of transcultural and migration-specific issues is therefore the prerequisite for a transcultural organizational development. But what measures does the management need to take to come one step closer to achieving the goal of a migrant-friendly hospital?

A transcultural change must come through a comprehensive situation analysis that includes all sectors and professions. This calls for a differentiated approach that takes all the various different types of real situations within the institution into account. For example in the case of an emergency the conditions are different from those in an in-patient medical department. On the basis of the situation analysis, priorities and appropriate measures are drawn up in a joint, participative process. I believe that it is important that practical initiatives or a so called kick-off, such as a conference or in-house training, should make the beginning of the transcultural transformation visible for everyone.

In the implementation stage it is crucial to set up a migration section or to appoint a staff member in charge of migrant issues who has sufficient decision-making competences and resources. A transcultural change cannot be implemented by a working group that meets at irregular intervals, has few decision-making competences and in general only few available resources, or if the task is undertaken by a single person at the operational level. Although the first steps towards creating a migrant-friendly hospital are currently being taken in some hospitals. In most cases these are only isolated initiatives by nursing staff. Even if sometimes these are supported by the management, most of the time they are only provided with limited additional resources for the transcultural work.

To support a transcultural change at institutional and structural levels, models, guidelines, concepts and other central documents of an institution must be checked to ensure they take migration issues into account and adopt them accordingly. It is not until an institution recognizes itself in its goals to be a migrant-friendly hospital that it can be committed to its own mission. Taking on health professional staff with a migrant background is a further major contribution to a transcultural change. But the measures to apply transcultural organizational development do not only involve taking on migrants but also recognizing that they have transcultural skills and, by doing so, that they are of key significance in the treatment of migrants. To ensure that patients with a migrant background are better informed, a professional network of interpreters must be developed. And information brochures in the main migrant languages also need to be available. Last but not least a training of transcultural skills is needed for all health professional staff members at all levels.

Applying transcultural skills is a transversal task. However this currently appears to be the stumbling block. There are only few examples in which the management can be convinced of the importance of these measures. Unfortunately, there is still too little recognition of the fact that providing an adapted treatment for the migrants' situation (which is consequently also more successful) is not only more humane for the concerned person but also saves money, even if this cannot yet be proved with hard statistics. Misdiagnoses and mistreatments, unnecessary operations, emergencies caused by inappropriate diagnoses, wrongly prescribed or wrongly taken drugs, a lack of information that is crucial for the treatment, organizational gaps, and finally also discriminatory and inhumane treatments give lead to unnecessary costs. But staff satisfaction, which currently does not only come up against transcultural barriers but also suffers from institutional and structural limitations to the treatment of migrants, can also be increased by introducing a comprehensive transcultural change. However, more important efforts may be necessary at the management level, as well as at regional, national and even international levels. In the same time concrete and financially attractive systems are needed to encourage health-care institutions to open their services to transcultural changes. Only from then on migrants will have better access to service delivery and will be received and treated accordingly to their needs.

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