



Intercultural Mediation at Belgian Hospitals

Hans Verrept

Hans.Verrept@health.fgov.be

Intercultural Mediation Unit

FPS for Public Health

A few data on intercultural mediation

- 1999: hospitals can apply for funding at the FPS for Public Health
- Budget: 1.239.000 €
- 50 hospitals
- 50 intercultural mediators (40 FTE)
- 17 languages
- 62.000 interventions

Aims

- Improve access and quality of care delivered to ethnic minority patients at the hospital
- Improve communication and responsiveness to the socio-cultural & health care needs of ethnic minority patients

Tasks of the intercultural mediators

- Interpreting
- Culture brokerage
- Providing practical help and emotional support
- Ombudsman
- Advocacy
- Patient visits
- Point out problems experienced by ethnic minority patients
- Health education

Evaluation studies

- Qualitative research project
 - Intercultural mediation leads to an important increase in the quality of care
 - Improved communication
 - Contributes to the provision of culturally sensitive care
 - Positive effects on patient satisfaction

- Quantitative & qualitative study:
 - Low number of interventions
 - HP do not rely on the services of the IM
 - Language barrier often not resolved
 - Poor interpreting skills
 - Tasks of the IM unknown to HP
 - Intercultural mediator are made responsible for the resolution of problems of and with ethnic minority patients
- (Verrept, Herscovici & Perissino, 2000)

Quality improvement and assurance program

1. Monitoring of the program

- Registration of the activities of the IM
- Participant observation
- Meetings with IM's & representatives of the hospitals

2. Training & supervision of IM's

- Improve interpreting skills
- Clear definition of the tasks of the IM
- Introduction of interpreting standards
- Culture brokerage
- Analysis of trouble-case examples

3. Training & feed back for health professionals

- Training units:
 - Sensitize health professionals
 - Workshop on the collaboration with the IM
- Feed back sessions

Effectiveness of the program

- Increase in the number of interventions (from 4.6 to 7.7 per day)
- More interpreting (40% → 60%)
- Quality of interpreting has improved
- More triadic interventions
- IM's are more aware of their precise role

Unresolved problems

- Health professionals often do not rely on intercultural mediators
- Training of health professionals: MD's!
- Low number of IM's forces health professionals to rely on informal interpreters
- Intercultural mediation unit lacks the manpower to execute the program

More information

- <http://www.health.fgov.be/vesalius/devnew/FR/prof/thema/intercult/index.htm>
(French)
- <http://www.health.fgov.be/vesalius/devnew/NL/prof/thema/intercult/index.htm> (Dutch)