

migrant-friendly hospitals

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My name is Beate Lieske and I was the Subproject C manager in Berlin. We have trained two departments, internal med and surgical ward. We trained a multidisciplinary group, doctors, nurses and physician therapists and in a cross cultural team – Germany, Greece and Finland – composition. It has taken place within 4 month in a total of 10 hours, so we did it in the way LBI suggested. We got nine questions prepared and I decided to do it as a guideline, so I say my question and I also answer. So I don't talk with myself, I want to talk with you.

The migrant and diverse population served in our hospital?

This year we have had patients from more than 25 countries in our hospital, there is a focal point in Turkey and in once time Soviet Union.

What have been some of the challenges you have experienced in caring for these populations?

The biggest problem of all was the communication between patients, members and staff. The information about the aim of the therapy is a complicate. The roles of the hospital are unknown or a mystery for the migrant patient, also we have differences between illness and disease understanding.

What were the barriers and facilitating factors for developing and implementing a cultural competence training in the program?

I agree with Karoline, the official support of the top management was an important advantage of project implementation. Another point has been to count the training time as working hours. The basic staff was very interested to talk about the situation with migrant patient and to chair their problems and expertise. But there were also voices especially from the heads of the departments that there are more other important points to talk about, e.g. in Germany the DRG's. Some of the people who don't want to talk about an intercultural opening process were aggrieved because the understand the own contact to the patients as an optimum, always friendly and equal to everyone.

What topics did you employ?

To recognise the own values and environmental conditioning that effects the awareness of the staff. We have heard about illness – disease – model of Kleinmann . Our trainer introduce us some strategies to deal with intercultural conflict and she gave us practical examples for looking for solutions in the working group. Another important point was the handling with pain in an intercultural context. In the follow up modules 3 and 4 there were special information about Turkish culture and the possibility to talk about experience they have made in the meantime.



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What was the impact?

There arose a high sensibility and they awaited a quick and practical answer. The realisation to be in charge for the migrant patients discomfited the group at first. In the follow up modules the appeared the willingness to think about it and to reach a quality improvement.

What were the lessons learned?

First and important I think, there is no easy and quick way for an intercultural opening of a hospital in the process which demands from the staff to recognise all environmental conditions and values and also prejudices. Migrants are no homogenous group, they are exactly like the group of the staff – different. The aim is to take place in the view of the other group, even if we have too many guests of different countries and it is not possible to give a complete acknowledge in training.

What would we do the same?

The interdisciplinary departure was successful in those departments, so we have other results than in Austria. The different occupation groups have had the possibility to chair their experiences together. The timeframe of 4 month makes sense, the experience and the given impulse of the training could grow up. Choosing a competent trainer with social competence and expertise in migration and health care was also important and the close contact between trainer and subproject manager in the area of preparation, development and evaluation was important too from both sides – I agree with Karoline Kandel.

What would we do different?

I think for the first stop it was the right way, but the training will be modified, multicultural aspects will be integrated in the regular extended vocational training topics, things like patients satisfaction, patients right or better transfer of information. So there will be more intensive training for the middle management as well as a platform for exchange of experience. Multicultural competence will be a quality criteria anyway in our hospital.

The last and important question:

How sustainable to you believe your efforts will be?

The special regard for patients with another cultural background is implemented in our values and it takes place in our targets of the balanced scorecard. The detailed view of the needs in our clinic will be taken of our constant working group and all the members of participations of the training.

Thank you

