



migrant-friendly hospitals

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My name is Karoline Kandel, I have been the focal person of the overall project in Vienna Austria and I also was the coordinating person for the subproject C, the topic we are talking about this morning. Analysing the results of the overall needs assessment we identified staff education as one of our target areas for interventions and this was the reason for taking part in this subproject. To give you an idea: the hospital is situated in a working class district, with a migrant population of about 16%, this makes up to about 25 000 people. The majority of them are coming from Turkey or from former Yugoslavia, the rest of them coming from Eastern European countries and more recently also from Africa as homes for asylum seekers have been opened in the district and in the neighbouring districts, because its evident that those homes are not situated in posh resident areas.

So the problems that our staff is encountering in intercultural / transcultural settings have been mentioned, we did not find any differences to these - languages, communication, cultural differences, health literacy, and the lack of knowledge and understanding about how the health system functions in Austrian. Staff members usually feel let a little bit down by the direct superiors and by the management of the hospital, and what they look for is support. They were especially complaining about difficulties in dealing with aggressive patients and this has no relation to where the patient comes from. And they were especially complaining about difficulties in dealing with African patients and this is due to the fact that they are not used to it, certainly less used to it than dealing with Turkish or Yugoslavian patients who have been in the country for many decades now.

What we did was: we selected three target departments. In order to make our lives easier we selected three departments that have been involved in the overall process of the MFH project right from the beginning, because we thought it would be easier to reach people, to communicate, to attract them to come into the course, if we had a person that we were connected to and that would represent the project within the departments. So the three departments selected were: the psychiatric department, the internal medicine department and the admission and emergency ward for internal medicine patients. It was still very difficult to motivate staff to actually take part in the course and it did cost a lot of time and energy and personal effort to get them finally to take part in the course. We tried to stress the fact that -what has already be mentioned - the course was thought to be supportive to them, that it was something designed for them, and only secondly as a result of supporting them, patients as well would benefit.

The trainer developed the course using the suggestions of the concept we got from the LBI and the expert. The trainer also used his personal experiences, he had conducted courses like that before. We had conducted a local needs assessment, distributing questionnaires in the targeted departments. But actually the results came



migrant-friendly hospitals

too late. People were not willing to fill in the questionnaires in time. It was a pity because once we got them we did not have time to react to them actually. We had to change the timeframe suggested by LBI due to organisational reasons – the availability of the trainer. What we found especially difficult was reacting to the staff schedules, the working hours because usually in Austria nursing staff for instance plan their monthly schedules / hours / duties 3 or 4 months in advance. So we had a quite narrow time frame for organising everything.

The contents of the course were models of health and disease, migration process in general, cultural dependence syndromes, development of coping strategies in general, developing of coping strategies with expectations in particular, interpreting of and reacting to unfamiliar behaving patterns including nonverbal signals, raising self-awareness and working on concepts for improving intercultural services in general. The methods used were lectures, group work, discussions and case reports with practical exercises and participants strongly favoured the practical orientated parts of the course. In the future we would have to increase the amount of practically orientated exercises and group works. The feedback was analysed by the LBI using the pre and post questionnaire that have been introduced and we also got personal feedback as some of the people who organised the course also took part in it. And we had a feedback of the trainer, that matched more or less the results of the feedback of LBI and the one we got from the participants.

So this was announced as a story of success, but it is not only a story of success and I think it is important also to analyse the failures – the not so successful interventions, as we maybe learn even more of them as of the successful ones. 10% of our participants denied any impact however in their daily routine, 62% at least stated increased interest in the topic, 33% were only a little satisfied with the quality of the course and 19% were somewhat satisfied. I think a major part of this is due to organisational problems. The trainer was ill once and we left a great part of the participants without a chance to complete the whole course, because we had to reschedule, and due the inflexibility of the working hours it was impossible for all people. We had in total 39 participants and only 19 of them could attend all the modules. We changed the programme/ design of 4 modules to 3 because we already thought 4 was going to be difficult, it was going to be too much, too much to follow through a course consisting of 4 parts, it was very likely that they were not able to attend all the units.

Another thing that was important was that we had decided to mix the departments and I think this was a mistake, because we did not take in account that the trainer had a psychiatric background and more than 50% of the participants were members of the psychiatric department as well. So there was a predominance of psychiatry staff led to a predominance of psychiatric orientated problem discussion and solution and left the other participants quite frustrated and unsatisfied with the course. But we would not do this again, we would target departments and design the courses more to the needs of the individual departments in future. I think we would not run the course like we had run it during the project another time. We would change things. We would target departments. We would give much more time for preparation and we would need about half a year of preparation in advance in order



migrant-friendly hospitals

to be able to attract people. What we did not do, we did not have the trainer sign a contract. I would do this in the future, first of all to be able to make him stick to what we agreed on. I would personally advise you to watch your trainer in action before you choose him, so maybe take part in courses / lectures he gives, whatever to make sure that he is the right person. One of the major things is that you have to get support from your hospital management. What we got was a signed letter by the board of directors. In the Viennese hospitals there is a board of directors, there is a medical, nursing representative, administrative and technical representative. So we got this letter, but the problem not only for the subproject, but also for the overall project was that the medical director is behind the project with her heart, but the others just decided not to be an obstacle and this is not enough. We need active support, we need people to be convinced, we need people to be committed.

So in the future we will try to integrate the topic into our continuous medical education program, but maybe in different formats and with different methods. We will try to schedule lectures on specific topics. We will try to conduct courses, but as I said we will try to design them for the departments and their specific needs. So I think the courses are very important. They can change a lot, but they have to be part of the system. It does not help if you conduct a course and if you do not get your management to support you and if you don't get political support and so on.

Thank you.

