

DIVERSITY MANAGEMENT vs. MANAGING DIVERSITY"

"Hospitals in a culturally diverse Europe" Amsterdam, December 9-11, 2004

Grete Brorholt, Dept. of Development and Education 046, Hvidovre Hospital, Denmark
grete.brorholt@hh.hosp.dk

Background and introduction

In 2002 the Corporation of Hospitals in Copenhagen launched the plan "*Ethnic equality for patients and staff*" in order to meet the challenge of culturally heterogenic patient groups and to increase the number of employees with different cultural backgrounds. It proved beneficial simultaneously to focus on recruiting staff with non-Danish background and to improve the existing staff's interactions with migrant patients.

In the following, I describe the efforts to recruit staff with an education from outside Denmark, and the efforts to standardize procedures regarding migrant patients. In the last part of the article I will elaborate on why it is reasonable to link diversity management of employees with managing diversity of patients.

The program

To meet the aims of the plan "*Ethnic equality for patients and staff*", Hvidovre Hospital, Denmark launched a program to recruit health care staff educated abroad and living in Denmark. The main aim of the project was to provide a sound introduction for non-Danish health care professionals to a Danish Hospital, and to make employment possible. However, the project also resulted in improved communication with and recognition of migrant patients vis-à-vis healthcare staff. The program took 6 months and included:

1. Danish Language course
2. Training in cultural competences
3. Introduction to standards, procedures of working at a hospital in Denmark
4. Mentorship
5. Practice and training on the wards
6. Supervision

1 Language course

Participants of the course received language training related to clinical situations. E.g. regarding Danish expressions for specific clinical issues, patient information and notions of culture and religion.

The language course entailed grammar as well as topics regarding specific procedures, standards and customs at Hvidovre Hospital.

2 Cultural competences

The course proved that both Danish staff as well as non-Danish participants of the course needed training in cultural competences. The training resulted in general in more flexibility and understanding of diversity. Course participants experienced fewer problems and were more successfully employed on wards, which had been part of the project and the cultural competence training, than participants who were employed on wards that did not participate in the project.

3 Introduction to standards and procedures at the hospital

The procedures, regulation and practices at a hospital are nationally and locally defined. To work in Denmark such knowledge is required and course participants were introduced to these in class. They had training in subjects such as national regulations, procedures of treatment, writing job applications as well as training job interviews.

4 Mentorship

Each participant of the course was linked to a Danish mentor. The Mentor was a guide, a supporter, a mediator and coach for the mentee. The Mentors received training in cultural competences, intercultural communication, coaching, and diversity management. The mentors formed a network to exchange experiences.

In the beginning of training on the ward, the mentor also had a role as cultural broker and mediator for the course participant, as well as for patients with non-Danish cultural background. After a while, the course participants partly took over this role regarding the patients.

5 Practice and training in the wards.

Participants of the course had 5 months practice and training on a ward. On the ward they observed clinical practices, communicated with colleagues and patients, and worked under supervision. They did never work without supervision by an employed professional.

The practice served as an introduction to the professional culture, the procedures, standards and language in the hospital.

6 Supervision

Participants, mentors and managers in the ward had continuously access to supervision regarding conflicts and problems related to cultural matters. Often problems were related to misunderstandings or misinterpretations, attitudes and accents. A brief supervision would often solve the problems.

Managing diversity

In order to meet the aim of the plan "*Ethnic equality for patients and staff*", Hvidovre Hospital initiated and systematized check a number of activities for migrant patients and staff.

The process of improving the treatment for migrant patients, managing diversity in general and diversity management of staff continues.

As a standard, a number of culturally adjusted services are offered for patients:

- All patients are offered culturally adjusted meals and are informed regarding access to a diversity of spiritual services.
- All non-Danish patients are offered an interpreter as well as written information about the hospital and treatment procedures in the main immigrant languages. Written information is continuously developed for a variety of treatments.
- Hvidovre Hospital is planning a pilot research and development project on culturally adjusted patient schools.

As a standard, a number of culturally adjusted services are offered for employees:

- Individually adjusted introduction to the hospital for staff. New staff that needs special training, e.g. language course is provided such if possible.
- All newly employed staff can get a mentor who will offer supervision and social introductions if needed.
- Hvidovre Hospital is supporting networks between employees with an education from abroad.
- Employees are offered supervision regarding intercultural issues.
- Employees are offered training in cultural competences: e.g. intercultural communication, gender, the notion of culture and religion, culture in the health professions etc.
- Consultants (HRD) participate in training and exchanges of experiences regarding diversity management and ethnic minorities.
- Diversity management is one of 4 foci in regard to policy of personnel and employees.
- Spring 2005, Hvidovre Hospital starts a new program for health care staff educated abroad and living in Denmark.

Diversity management

Experiences from Hvidovre Hospital

It has proved beneficial simultaneously to focus on recruiting staff with non-Danish background and to improve the interactions with migrant patients. Diversity management of staff goes hand in hand with treating patients with respect to cultural diversity.

As suggested, a number of activities and services should be provided in order to meet this challenge. Managing diversity in respect to patients and staff succeed when top managers clearly support diversity management by providing cultural competence training to staff, clinical relevant language courses and a policy for diverse recruitment is created. A hospital needs to adapt to the ever-changing group of patients who are diverse and heterogeneous. As stressed above, the patient – ethnic minority or not, have individual needs which the hospital should be able to meet by individually adjusted services.

Particularly for social and health care staff diverse resources are needed to meet this challenge. Cultural competences of staff, defined as adaptability to different cultures and intercultural communication skills, are needed to improve the goals of the organization. Managing diversity of patients require change management on an organizational level. The organization needs to use a diversity of human resources to meet the goal of giving better services and treatments of patients with different cultural backgrounds.

This challenge requires participation of every employee, and therefore every employee should be trained. Cultural diversity is not an issue regarding people from the minority groups exclusively. It is an issue concerning the entire organization. The complexity of cultures existing side by side is a genuine benefit for the organization, as the general enhancement of flexibility and individual care will be an improvement for all patients and employees. However, to get the full advantage of diversity, this challenge needs management.

Bibliography

Brorholt, Grete.

Fornemmelse for integration. **Information om Indvandrere. Tidsskrift om migration og kulturanalyse.** (red. Janne Bjerre Christensen). 6. årgang. Nr. 4. 2003.

Et mangfoldigt hospital, strategisk kompetenceudvikling. **Vend indsatsen på hovedet, virksomhedstænkning for begyndere.** (red. Peter Morrel). CABI. 2003.

www.sundnet.org/log/

www.personaleweb.dk/Upload/Nyhed.fil/temahaefte-vendindsatsen.pdf

Kompetenceudviklingsforløb for udenlandsk uddannede sygeplejersker, jordemødre, fysioterapeuter og bio-analytikere samt for læger. **Ijob-nu.** Integrationsministeriets nyhedsbrev om beskæftigelse 2003.

Ni med pil opad. **Pulsen.** marts 2003. [www.rigshospitalet.dk/hvidovre.nsf/pics/pulsen0303.pdf/\\$FILE/pulsen0303.pdf](http://www.rigshospitalet.dk/hvidovre.nsf/pics/pulsen0303.pdf/$FILE/pulsen0303.pdf)

Udenlandsk læger vurderes løbende. 30.juli 2003. (debatindlæg) **Morgenavisen Jyllandsposten.**

Beckett, Trine.

Hvidovre Hospital uddanner nydanskere. **Månedsbrevet, oktober 2002.** Foreningen Nydansker. 2002. www.foreningen-nydansker.dk/brevet/2002/oktober/oktart1.html - 9k

Dahl, Inger

Et mangfoldigt hospital. **Pulsen.** Oktober 2002.

Integration af udenlandske læger og sygeplejersker på Hvidovre Hospital. **Pulsen.** Oktober 2002. [www.rigshospitalet.dk/hvidovre.nsf/pics/PulsenOktober2002.pdf/\\$FILE/PulsenOktober2002.pdf](http://www.rigshospitalet.dk/hvidovre.nsf/pics/PulsenOktober2002.pdf/$FILE/PulsenOktober2002.pdf)

Overvældende interesse for udenlandsk uddannede. **Pulsen.** Oktober 2002.

Haller, Jesper.

Vejen lettet for udenlandske læger. **Ugeskrift for Læger.** 2002; 164: 2313-4.

På hovedspring i sygehuskulturen. **Ugeskrift for Læger.** 2003/0306/LS

<http://www.dadlnet.dk/ufl/2003/0306/LS-html/LS41624.htm>

Guldager, Anne

Drømmen om en dansk autorisation. **Fysioterapeuten.** Nr. 1 / januar 2003. 85. årg.

Hansen, Karin Dahl.

Udenlandsk personale ind på hospitalerne. **Kristeligt Dagblad.** 19.sept. 2002. nr. 295., 106 årg.

H:S-direktionen.

Handlingsplan for etnisk ligestilling i H:S, -Se forskelle som en udfordring. København. 2002.

Jahl, Martin Agersted.

Integration virker i Hvidovre. **Sygeplejersken.** blad nr. 32/2003.

Katalyst.

På vej mod et mere mangfoldigt sygehusvæsen. Evalueringsrapport. Hvidovre Hospital. 2003.

Kjeldsen, Susanne Bloch.

Udenlandsk uddannede sygeplejersker i praktik. **Sygeplejersken**. Blad nr. 43/2002

Kjærgaard, Grethe

Etniske kollegaer er tavse og usynlige. **Sygeplejersken**. Blad nr. 48/2003.12.01

Fik mere i løn fordi hun taler arabisk. **Sygeplejersken**. Blad nr. 48/2003.12.01

Meulengracht, Grith, Grete Brorholt, Irene Schach.

Etniske Minoriteter. -Rekruttering, kompetenceudvikling, ansættelse. Hvidovre Hospital 2002.

[www.hvidovre-hospital.dk/hvidovre.nsf/ResponseDokumenter/](http://www.hvidovre-hospital.dk/hvidovre.nsf/ResponseDokumenter/778D1C1946D4E6ABC1256C1500402A4E-11k)

[778D1C1946D4E6ABC1256C1500402A4E - 11k](http://www.hvidovre-hospital.dk/hvidovre.nsf/ResponseDokumenter/778D1C1946D4E6ABC1256C1500402A4E-11k)

Nielsen, Helle.

På Kursus i det danske væsen. **Danske Bioanalytikere**. 2003.

Pedersen, Flemming Steen.

Sproget er den Største barrierer. **Berlingske tidende**. 27. september 2002.

Theisen, Anna Rossmann.

Udlændinge i praktik på Hvidovre Hospital. **Morgenavisen Jyllandsposten**. 2. nov. 2002.

På fremmed hospitalsgrund. **Morgenavisen Jyllandsposten**. 2. nov. 2002.