

Needs assessment kit

for assessing the needs
of migrant patients and staff

Beate Schulze
Ursula Trummer
Karl Krajic
Juergen M. Pelikan

February 2003

Ludwig Boltzmann Institute for the
Sociology of Health and Medicine
WHO Collaborating Centre for
Health Promotion in Hospitals and Health Care
Rooseveltplatz 2/4
A-1090 Vienna, Austria
TEL: +43 1 4277 48282
FAX: +43 1 4277 48290
EMAIL: info@mfh-eu.net



migrant-friendly hospitals

Introduction

Functions of needs assessment

Needs assessment serves as:

1. A first intervention in starting the OD¹ process initiated by this project, putting migrant-friendliness on the agenda (or reinforcing its position on the agenda) of hospital management and staff members;
2. A starting point for the process of involving migrant patients and their communities into migrant-friendly (MF) OD of hospital services;
3. A knowledge base that enables the project groups in the hospitals to identify and plan the most relevant intervention areas and target groups;
4. Baseline for overall project evaluation in the local projects and in the European project, providing indicators for benchmarking.

Important stakeholders

In accordance with the project's general stakeholder approach, needs assessment integrates the perspective of important stakeholders:

- Migrant patients
- Hospital staff
- Hospital management (and local health policymakers)
- (Migrant communities)

Design + Methods

The principles of qualitative evaluation research (Patton 2001, Shaw 1999) and needs assessment standards (Witkin, Altschuld 1995) in this project are designed such as to be

exploratory, pragmatic, and based primarily on interviews with the relevant stakeholders. Proposed options for data collection are as follows:

- For migrant patients: Focus groups, in-depth interviews, short discharge interviews;
- For staff: Expert interviews, group interviews (in the framework of staff meetings);
- For hospital management: Hospital management perspectives based on data from existing records and experiences have been covered both in initial interviews with focal persons by the European co-ordinating team (summarised in the hospital profiles) and at the Kick-Off Meeting in Vienna from Nov. 29-30, 2002.

Hospitals should feel free to choose among the proposed options for data collection according to their resources. For example it may be decided to make only short discharge interviews or focus groups or expert interviews to get the patients perspective due to limited resources.

Accordingly, perspectives of staff members can be collected either with single expert interviews or with group interviews.

¹ OD = Organisational development



migrant-friendly hospitals

Collection of information

Collection of information serves for two purposes: for local analysis and planning of mf – interventions and for a comparative summary on European project level.

Data collection for local analysis and planning

Hospitals are encouraged to use the documentation form (see Appendix), which can be filled out in the local language. In this local documentation form the results from the interviews/focus groups/group discussions are filled in at length. It is aimed at helping in local analysis and planning.

Data collection for the European project

Information for the European project is a result of the local analysis.

Hospitals are asked to make one list per selected migrant group, quoting up to 10 most frequently named fields of problems and/or suggested measures (in English) as results from the local data collection.

This “problem list” serves to provide a basis for comparative analysis and benchmarking.



migrant-friendly hospitals

Needs assessment – Migrant patients

Aim: To include the perspectives of relevant migrant groups into planning and decision making concerning interventions for MF development of hospital

Challenge: To take into account the heterogeneity of migrant patients and relevant differences within those groups (language competencies, country of origin, ethnicity/religion, legal status, gender, age, social status, health problems and previous experiences with health services...) in a way that is feasible for your hospital.

Recommended options for collecting information

Please choose **one or a combination** of the proposed options according to your information needs, the resources and skills available in your hospital, and the feasibility of the task in your context. For pragmatic reasons, sample sizes for all options are kept small.

Option 1: 5 in-depth interviews, (approx. 1 hour) with “experienced migrant patients”, collecting in-depth information in the form of narratives on how the system works for them;

Option 2: 50 short interviews at discharge (max. 10 minutes) to get a wider range of experiences/ opinions. Sampling according to dimensions like: department/ unit of the hospital, nationality, ethnicity, religion; gender; age; severity of health problem, social situation (e.g. legal status);

Option 3: three (fairly homogenous) focus groups that provide a protected social space allowing people to speak up;

Option 4: 3 interviews with migrant community contact persons

Recommended selection of migrant patient groups

- Concentrate on migrant groups that you have identified as being most important in your hospital (as identified in the hospital profiles).
- Concentrate on migrant patients in the areas where, based on your initial problem analysis and plans for quality development in your hospital, you will most likely be able to initiate interventions.

Questions to be asked

In general, we suggest that you address the different aspects of hospital work separately, on the one hand the technical and clinical aspects such as the core service of medical treatment, and on the other hand the communicative aspects such as how doctors and nurses listen and speak to migrant patients.



migrant-friendly hospitals

Option 1: In-depth interviews with “experienced migrant patients”

Format

In-depth interviews, (approx. 1 hour) with “experienced migrant patients”

Interviews with experienced migrant patients aim at collecting in-depth information *in the form of narratives, getting much information from few patients.*

Sampling/Sample size

- “experienced migrant patient” = a migrant patient that has been to hospital at least once before.
- 5 Interviews

Setting

Try to get a separate room for conducting the interview. It should provide an informal and open atmosphere. If there is no separate room choose some other informal place (e.g. cafeteria).

Questions

Introductory question:

“What has your experience as a XY migrant/ethnic minority member (to be specified) in this hospital been like?”

“Can you tell me about positive experiences at the hospital?”

“Can you tell me about less positive experiences at the hospital?”

“Did you get what you wanted/needed/expected?”

“What could be improved in this hospital/department from your point of view?”

- Medical services (in clinical and in communicative terms)
- Nursing services (in clinical and in communicative terms)
- Hotel services (in technical and in communicative terms)
- Administrative services, such as admission and discharge (in technical and in communicative terms)
- Others

Procedures for in-depth interviews

Interviewers

Make sure that interviewers make clear that they are not a member of the medical or nursing staff. Avoid clothes that label the interviewer as part of the hospital staff (e.g. white coat).

Selection and training of interviewers

Basically, it is psychosocial and communication skills that are essential for conducting interviews. You can assure this by choosing a person with a professional background where training of these skills is part of the person's professional education, e.g. a social worker. Otherwise you might try to get

migrant-friendly hospitals

students who have learned some interview techniques in the course of their studies and give them specific preparation and coaching for the interviews. To facilitate the establishment of a good rapport, it is helpful when the social distance between interviewer and interviewee is subjectively not large (age/gender/ethnicity, ...)

Guideline for beginning the interview

When asking the patients whether they are willing to do the interview, make the following clear:

- The interview is part of a project that aims at improving the hospital services for migrant patients in a European framework.
- Participation is voluntary.
- The interview serves to identify areas of improvement.
- The interviewee's personal view is an important piece of information in identifying such areas of improvement.
- The interviewer is not part of the medical or nursing staff of the hospital.
- The information given in the interview is treated strictly confidentially and anonymously

Principles for conducting the interview

- Try to use questions as "invitations" for the patients to tell their own story.
- Give the interviewee sufficient time to think about the question.
- Clarify whether the interviewee did understand the questions.
- Avoid questions that are suggestive, e.g. starting with "don't you think..."
- Avoid "closed" questions that can be answered only with yes or no.

Collection of information/documentation for local analysis and planning

Collection of information for local analysis and planning can be done *in local language*

Guideline for documenting and analysing the in-depth interview

For documenting personal characteristics:

- Use the documentation form provided in the Appendix.

Use the documentation form to fill in:

- 1) the department where the migrant patients got services
- 2) patients demographics:
 - Language competencies: low/medium/high
 - Country of origin:.....
 - Ethnicity/religion:.....
 - Legal status: legal/irregular/unknown
 - Gender: male / female
 - Age
 - Health problems: major/ medium/ minor



migrant-friendly hospitals

3) For documenting the content of the interview / the answers given by the interviewee:

- Document the content by tape or by making short notes during the interview.
- In case you use a tape recorder, ask whether this is ok for the interviewee before you start with the questions.
- Take minutes or write a summary on this basis immediately after the interview

Analysis

- Analysis of the result: What can you learn about the experience of being a “migrant patient” in your hospital – and what can you learn about structures and culture of your hospital organisation from this perspective?
- Fill in results concerning problems and possible improvements in your hospitals in the documentation form, expressed briefly with catchwords.
- Analysis of the documentation form: What are the most important results for your local planning?

Collection of information/documentation for European project level

Basic information is needed for comparative analysis and benchmarking for the European project.

For this purpose, list up to 10 most frequently named problem areas and/or suggested measures (in English).



migrant-friendly hospitals

Option 2: Short interviews at discharge

Format

In contrast to the in-depth interview with experienced migrant patients, short interviews at discharge aim to *collect short statements from many people*.

Sampling/Sample Size

- Choose patients who are literate or have good language skills either in the local language or the language that the interviewer speaks.
- Try to get a variety of patients according to the patients demographics listed in the documentation form. (age, gender, legal status, ethnic background, ...)
- Appr. 50 interviews

Setting

- Try to build the interview into the discharge procedure in relevant units - staff member who conducts the discharge can "hand over" the patient to the interviewer.
- The short interview (10 min.) can take place in the same facilities but should not take place when the discharging staff member is present.

Questions

Introductory question:

May I ask you about your experience as a XY migrant/ethnic minority member (to be specified) in this hospital?

"Can you tell me about **one** positive experience at the hospital?"

"Can you tell me about **one** less positive experience at the hospital?"

"Did you get what you wanted/needed/expected?"

"What could be improved in this hospital/department from your point of view?"

- Medical services (in clinical and in communicative terms)
- Nursing services (in clinical and in communicative terms)
- Hotel services (in technical and in communicative terms)
- Administrative services, such as admission and discharge (in technical and in communicative terms)
- other

Procedures for Interviews

Interviewers

Make sure that interviewers make clear that they are not a member of the medical or nursing staff. Avoid clothes that label the interviewer as part of the hospital staff (e.g. white coat).

Selection and training of interviewers

Basically, it is psychosocial and communication skills that are essential for conducting interviews. You can assure this by choosing a person with a



migrant-friendly hospitals

professional background where training of these skills is part of the person's professional education, e.g. a social worker. Otherwise you might try to get students who have learned some interview techniques in the course of their studies and give them specific preparation and coaching for the interviews. To facilitate the establishment of a good rapport, it is helpful when the social distance between interviewer and interviewee is subjectively not large (age/gender/ethnicity, ...)

Guideline for beginning the interview

When asking the patients whether they are willing to do the interview, make the following clear:

- The interview is part of a project that aims at improving the hospital services for migrant patients in a European framework.
- Participation is voluntary.
- The interview serves to identify areas of improvement.
- The interviewee's personal view is an important piece of information in identifying such areas of improvement.
- The interviewer is not part of the medical or nursing staff of the hospital.
- The information given in the interview is treated strictly confidentially and anonymously

Principles for conducting the interview

- Try to use questions as "invitations" for the patients to tell their own story.
- Give the interviewee sufficient time to think about the question.
- Clarify whether the interviewee did understand the questions.
- Avoid questions that are suggestive, e.g. starting with "don't you think..."
- Avoid "closed" questions that can be answered only with yes or no.

Collection of information/documentation for local analysis and planning

Collection of information for local analysis and planning can be done *in local language*

Guideline for documenting and analysing the short interviews at discharge

For documenting personal characteristics:

- Use the documentation form provided in the Appendix.

Use the documentation form to fill in:

3) the department where the migrant patients got services

4) patients demographics:

- Language competencies: low/medium/high
- Country of origin:.....
- Ethnicity/religion:.....
- Legal status: legal/irregular/unknown
- Gender: male / female
- Age
- Health problems: major/ medium/ minor





migrant-friendly hospitals

3) For documenting the content of the interview / the answers given by the interviewee:

- Document the content by writing down catchwords in the documentation form.

Analysis

- What can you learn about the experience of being a “migrant patient” in your hospital – and what can you learn about structures and culture of your hospital organisation from this perspective?
- What are the most important results for your local planning?

Collection of information/documentation for European project level

Basic information is needed for comparative analysis and benchmarking for the European project.

For this purpose, list up to 10 most frequently named problem areas and/or suggested measures (in English).



migrant-friendly hospitals

Option 3: Focus groups

Format

Compared with individual (in-depth and short discharge) interviews, focus groups allow to collect information from a larger number of people at one point in time. The special feature of focus groups is that participants actually discuss with one another under the guidance of a facilitator rather than being questioned on a one-to-one basis. This encourages statements on negative or unpleasant experiences as participants may feel more at ease than in an interview situation. Focus groups can therefore be very useful in exploring needs and problems in the planning phase of a project.

Sampling/Sample Size

- Choose patients who are literate or have good language skills either in the local language or the language that the facilitator speaks.
- Try to get a fairly homogeneous group of patients, taking account of relevant distinctions (age, gender, legal status, ethnic/political background). Carry out individual sessions with the specific groups identified.
- 3 focus groups with 8-10 participants

Setting

- Focus groups should take place in a comfortable, easily accessible setting. A session should not be moderated by staff members who have contact with any group participants in the clinical context.

How to recruit participants?

1. Invite patients to join a group discussion during their stay at the hospital.
2. Ask patients during their hospital stay whether they would be interested in taking part in a discussion on their experiences at the hospital after discharge. Explain about the purpose of the focus groups, ask for contact details, and announce that you will send a written invitation. You may consider to offer small cash incentives [15-20 EUR] which is a common strategy to increase participation rates in focus groups. While this recruitment strategy is more time-consuming, participants may be more open in sharing their views when they are not patients at your hospital at the time of the session.

Questions

Introduction to the session: [example]

We would like to improve our services for patients who have a different [add specific migrant group here] cultural background. We have invited you to speak about your experiences at this hospital and your ideas on what should be done to make your hospital stay as helpful and comfortable as possible. Only with your help we can improve our services to your best benefit.



migrant-friendly hospitals

Introductory question as an "ice-breaker":

- How do you like it here at the hospital or in this hospital department?
[if necessary, ask specifically: What do you find helpful? What should be different?]

[if not mentioned, ask specifically:]

- Medical services (in clinical and in communicative terms)
- Nursing services (in clinical and in communicative terms)
- Hotel services (in technical and in communicative terms)
- Administrative services, such as admission and discharge (in technical and in communicative terms)

Further questions:

- Imagine you were the director of this hospital or head of this department. What would you do to improve services for patients with a migrant or ethnic minority background?

[facilitator: write down suggestions on a flipchart]

- Imagine you have the money to put three of these plans into practice. Which of the suggestions on the flipchart would be the most, the second most, and the third most important one?.

[facilitator: mark importance of suggestions on the flipchart, giving 3 points for the most important one, 2 points for the second important one, and 1 point for the third important one]

- Could you tell me a little bit more about what [service with the most points] would look like in practice?

Ending question: (after summary of group content by facilitator)

- Did I correctly describe what was said here?
- or -
- Is there anything we should have talked about but didn't?

Analysis

Suggested approach for analysing material from focus groups:

- Go through the notes immediately after the focus group session.
- Start with a general description:
 - How many participants?
 - Group composition?
 - Any notable circumstances that influenced the discussion?
- Identify the major points stated during the focus group session on the basis of the question guide





migrant-friendly hospitals

- Go through the guide question by question, discuss what has been said, decide on the most important points for each question, and dictate or note down a summary
- Conclude by deciding what the major themes and most notable points were in this focus group; dictate or note down this information
- After completing all focus groups, gather your de-briefing notes from all sessions with one stakeholder (migrant patients, staff) together and draw out the central areas to be included in the respective problem list.





migrant-friendly hospitals

Option 4: Migrant community contact persons

Format and Setting

Conduct as in-depth interview (see the guideline there)

Sampling/Sample Size

Choose representatives of the most important groups.

Questions

Introductory question:

“What kind of experience do members of your (to be specified) community have as patients/relatives in this hospital?”

“In your experience, are they satisfied with this hospital? ”

“Do they get what they want/need/expect?”

“What could be improved in this hospital or department from your point of view?”

- Medical services (in clinical and in communicative terms)
- Nursing services (in clinical and in communicative terms)
- Hotel services (Technical/communicative)
- Administrative services, such as admission and discharge (in technical and in communicative terms)
- other

Interviewers

Given the "political" character of these interviews, either focal persons or their deputies should conduct the interviews with community contact persons.

Procedures for Interviews

Conduct as in-depth interview (see the guideline there)

Guideline for documentation and analysis

Document and analyse as in-depth interviews (see the guideline there)



migrant-friendly hospitals

Needs assessment - Staff

Aim: include staff perspectives in planning and decision-making about interventions for MF development of hospital

Challenge: To take into account the perspectives of staff members from different positions within the organisation (in terms of department, position in hierarchy, professional background, contact with migrant patients, and their own migration background)

Recommended options for the collection of information

Get perspectives from both "top" and "bottom". This means you should try to make interviews with heads of departments *and* staff members.

- Interviews with heads of departments as decision-makers.
- Interviews with 2 staff members who provide services in daily routine from each department (e.g. medical and nursing).

Option to interviews: Group discussion within the department, e.g. as part of a routine staff meeting – this could also serve as a means of boosting the project's visibility.

Recommendations for the selection of departments

Start with departments that you have identified as most relevant in providing services to migrant patients.

- Focus on departments in the areas where, based on your initial problem analysis and plans for quality development in your hospital, interventions are most likely to be initiated.
- If you want to guarantee that the OD process has an effect upon the whole hospital, we recommend that you contact all relevant hospital units in the needs assessment survey. The final decision regarding which hospital units will take active part in the project should be made on the basis of the needs assessment results.
- If you are already sure that you will have to focus on specific units, then you may find it advisable to limit the survey to these units.

Questions to be asked

- "Do you have contact with migrants in your work? (Specify main groups)"
- "Which difficulties do you and your organisation encounter?"
- "What kind of difficulties do migrants encounter when they come to the hospital and to your unit?"
- "Which MF services and procedures have you set up to deal with these difficulties?"
- "Where do you see potential for MF improvement?"



migrant-friendly hospitals

Format and collection of information

Collection of information serves for two purposes: for local analysis and planning of mf – interventions and for a comparative summary on European project level.

Data collection for local analysis and planning

Hospitals are encouraged to use the documentation form (see Appendix), which can be filled out in the local language. In this local documentation form the results from the interviews/group discussions are filled in at length. It is aimed at helping in local analysis and planning.

Data collection for the European project

Information for the European project is a result of the local analysis.

Hospitals are asked to make one list for views of staff (*in English*) quoting

- up to 10 most frequently named problem areas and/or suggested measures
- existing MF-specific services and procedures

as results from the local data collection.

This serves to provide a basis for comparative analysis and benchmarking.



migrant-friendly hospitals

Option 1: interviews with heads of departments and staff members

Format

Expert interviews, (approx. 0,5 hour)

Sampling/Sample size

- head of chosen departments
- 2 staff members of chosen departments (medical staff, nursing staff)

Setting

Interviews can be done in staff offices/rooms.

Try to avoid interruptions, e.g. agree that phone calls are not picked up during the interview.

Introduce the interview by giving information about the project . You may hand out the project information as given in the European project.

Questions

- “Do you have contact with migrants in your work? (Specify main groups)”
- “Which difficulties do you and/or your organisation encounter?”
- “What kind of difficulties do migrants encounter when they come to the hospital and to your unit?”
- “Which MF services and procedures have you set up to deal with these difficulties?”
- “Where do you see potential for MF improvement?”

Procedures for interviews with heads of department and staff members

Interviewers

Given the marketing and intervention character of the staff needs assessment, interviews with department heads as well as group discussions within departments should be conducted by project focal persons and/or their deputies.

Interviews with single members of relevant departments can be conducted by other members of the project group.

Principles for conducting the interview

- Try to use questions as “invitations” for the interviewee to tell their own opinion
- Give the interviewee sufficient time to think about the question
- Clarify whether the interviewee has really understood the questions
- Avoid questions that are suggestive, e.g. starting with “Don’t you think...”
- Avoid "closed "questions that can be answered only with "yes" or "no".



migrant-friendly hospitals

Collection of information/documentation for local analysis and planning

Collection of information for local analysis and planning can be done *in local language*

Guideline for documenting and analysing the interviews

For documenting personal characteristics:

- Use the documentation form provided in the Appendix.

Use the documentation form to fill in:

- Profession:
- Position in hierarchy:
- Own migrant background:

For documenting the content of the interview / the answers given by the interviewee:

- Document the content by tape or by making short notes during the interview.
- In case you use a tape recorder, ask whether this is ok for the interviewee before you start with the questions.
- Take minutes or write a summary on this basis immediately after the interview

Analysis

- Analysis of the minutes or summary: What can you learn about the views of heads of department and staff members about structures and culture of your hospital organisation from this perspective?
- Fill in results concerning possible improvements in your hospitals in the documentation form, expressed briefly with catchwords.
- Analysis of the documentation form: What are the most important results for your local planning?

Collection of information/documentation for European project level

Basic information is needed for comparative analysis and benchmarking for the European project.

For this purpose, list (*in English*)

- up to 10 most frequently named problem areas and/or suggested measures
- named existing MF-specific services and procedures



migrant-friendly hospitals

Option 2: Group discussion within the department

Format

Group discussion (approx. 1 hour)

Sampling/Sample size

- staff members of chosen departments, including heads of departments and staff members from all relevant professions (medical staff, nursing staff, others if relevant for giving services to migrant patients)

Setting

Interviews can be done in staff offices/rooms.

Try to use regular staff meetings for having the group discussion.

Try to avoid interruptions, e.g. agree that phone calls are not picked up during the interview.

Introduce the group discussion by giving information about the project. You may hand out the project information as given in the European project.

Questions

- “Do you have contact with migrants in your work? (Specify main groups)”
- “Which difficulties do you and/or your organisation encounter?”
- “What kind of difficulties do migrants encounter when they come to the hospital and to your unit?”
- “Which MF services and procedures have you set up to deal with these difficulties?”
- “Where do you see potential for MF improvement?”

Procedures for group discussions within the department

Interviewers

Given the marketing and intervention character of the staff needs assessment, group discussions within departments should be conducted by project focal persons and/or their deputies.

Principles for conducting the group discussion

- Try to get information from all staff members, not only from members that are high in hierarchy and/or belong to a certain profession (e.g. medical staff)
- Try to use questions as “invitations” for the staff members to tell their own opinion
- Give sufficient time to think about the question
- Clarify whether all members of the group have really understood the questions
- Avoid questions that are suggestive, e.g. starting with “Don’t you think...”
- Avoid "closed" questions that can be answered only with "yes" or "no".

Collection of information/documentation for local analysis and planning

Collection of information for local analysis and planning can be done *in local language*

migrant-friendly hospitals

Guideline for documenting and analysing the group discussion

For documenting personal characteristics:

- Use the documentation form provided in the Appendix.

Use the documentation form to fill in information about *each participant* of the group discussion:

- Profession:
- Position in hierarchy:
- Own migrant background:

For documenting the content of the group discussion:

- Use tape recorder or have a second person write minutes.
- In case you use a tape recorder, ask whether this is ok for the group before you start with the questions.
- Take minutes or write a summary on this basis immediately after the interview

Analysis

- Analysis of the minutes or summary: What can you learn about the views expressed in the group discussion by heads of department and staff members about structures and culture of your hospital organisation from this perspective?
- Fill in results concerning possible improvements in your hospitals in the documentation form, expressed briefly with catchwords.
- Analysis of the documentation form: What are the most important results for your local planning?

Collection of information/documentation for European project level

A basis information is needed for comparative analysis and benchmarking for the European project.

For this purpose, list (*in English*)

- up to 10 most frequently named problem areas and/or suggested measures
- named existing MF-specific services and procedures





migrant-friendly hospitals

References

Shaw, I. (Hg.)(1999): Qualitative Evaluation. Corwin Press. (Introducing Qualitative Methods Series)

Patton, M.Q. (2001): Qualitative Research & Evaluation Methods. (3rd Edition) : Sage.

Witkin, B.R., Altschuld, J.W. (1995): Planning and Conducting Needs Assessments: A Practical Guide. Sage.

