



# migrant-friendly hospitals

## **Needs Assessment - European Cross Analysis**

### Summary of Problem Areas

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## Introduction

This summary provides an overview of problem areas identified in the local needs assessment at 12 pilot hospitals within the mfh project. Results from the remaining hospital will be integrated upon the completion of data collection and local data analysis.

## European Cross Analysis - Method

Problem lists summarising the most important areas of concern with regard to developing migrant-friendly services from the perspectives of migrant patients and staff provided by each hospital were analysed by means of a qualitative approach. In a first step, the material was scanned for common themes – separately for the patient and staff perspectives. Material from different hospitals was grouped according to the emerging problem areas, indicating where the respective problem area had been identified as relevant. Secondly, specific problems mentioned were summarized in more general problem categories. In a next step, European problem tables from the patient and staff perspectives were integrated into one coding scheme. Finally, themes were organised in the logic of the Migrant-Friendliness Quality Questionnaire (MFQQ) – the instrument for overall project evaluation in the mfh project.

The MFQQ provides a comprehensive list of indicators for migrant-friendly hospital services. Indicators were validated in consultation with experts within the MFH project and beyond, as well as by investigating the relevant literature on quality development for diverse populations, on the WHO project “Health Promoting Hospitals”, and on established quality systems such as the EFQM. It therefore provides a useful tool for structuring the needs assessment results as – like the MFQQ criteria – they are to guide the decision-making on needs-based intervention areas in the mfh project.

## Sample Description

**Migrant patients:** The views of patients with a migration or ethnic minority background from 43 countries were obtained in the needs assessment. Patients from the following regions and/or countries of origin participated in the needs assessment at the different pilot sites:

Africa (Angola, Algeria, Egypt, Ghana, Kenya, Libya, Nigeria, Somalia, Sub-Saharan Africa)  
Asia (Bangladesh, China, India, Pakistan, the Philippines, Thailand, Vietnam)  
The Caribbean  
The European Union\* (Italy, Spain)  
Former Yugoslavia (Bosnia, Kosovo, Macedonia)  
Former Soviet Union (Latvia, Russia, Ukraine)  
Eastern and Central Europe (Albania, Bulgaria, Czech Republic, Poland, Romania)  
The Maghreb (Algeria, Morocco, Tunisia)  
Middle East (Iran, Iraq, Lebanon, Palestine)  
South America  
Turkey

The legal and residential situations relevant in the local migrant and/or ethnic minority communities were considered in selecting needs assessment participants. Patients interviewed included members of established ethnic communities, labour migrants, recognised refugees, asylum seekers, as well as undocumented migrants. Religious backgrounds of needs assessment participants included Buddhist, Christian, Hindu, Muslim, as well as no religious confession.

**Staff:** It was recommended to obtain the views of all hospital staff who are relevant contact persons for patients with migrant and ethnic minority backgrounds to ascertain that problems can become identified at all relevant levels. Interviews and group interviews were carried out with medical and nursing staff, other health professionals (midwives, physiotherapists, X-ray technicians), social workers, receptionists, and pastoral caretakers. Members of hospital

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\* Labour migrants recruited as guest workers in the 1950-60s and/or their families. While EU citizens living in other EU countries are not migrants in the strict sense of the term, they may add to the cultural diversity of hospital populations. Considering the differences in the migration situation across European countries, mfh pilot hospitals can define their target group in the project on the basis of where cultural and communication barriers occur.

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management and administration were also consulted. The needs assessment among staff further addressed different levels of hierarchy at the hospital (Heads of Department [medical and nursing], medical and nursing staff at ward level, auxiliary personnel in different areas) – again with the aim to obtain a comprehensive picture of the situation.

Sample sizes cannot be appropriately described at this stage. Numbers of needs assessment participants are currently available for 6 hospitals (AT, DE, FI, EL, ES, FR). At these hospitals, a total of 276 migrant and/or ethnic minority patients and 292 staff members were interviewed. Findings presented in this overview, however, are based on larger samples as they are based on needs assessment results from 12 mfh pilot hospitals. An adequate description of the sample on which needs assessment results are based should become available with the final summary.

## Guide to the Summary of Cross Analysis Results

The summary gives an overview of the problem areas identified across the participating European pilot hospitals which outline the scope for concrete, needs-based interventions in the mfh project. In line with the MFQQ, problem areas are presented with reference to two general fields for action:

- a) problems concerning MF characteristics of services
- b) problems concerning an MF support system

Most problems identified refer to challenges with regard to improving the provision of adequate hospital services for migrants and ethnic minorities. Challenges are listed along the steps of a client pathway at the hospital (accessibility/pre-entry/entry; diagnosis and treatment; discharge) where they become relevant. Areas affecting all aspects of service provision such as communication, information and health promotion, are summarised separately.

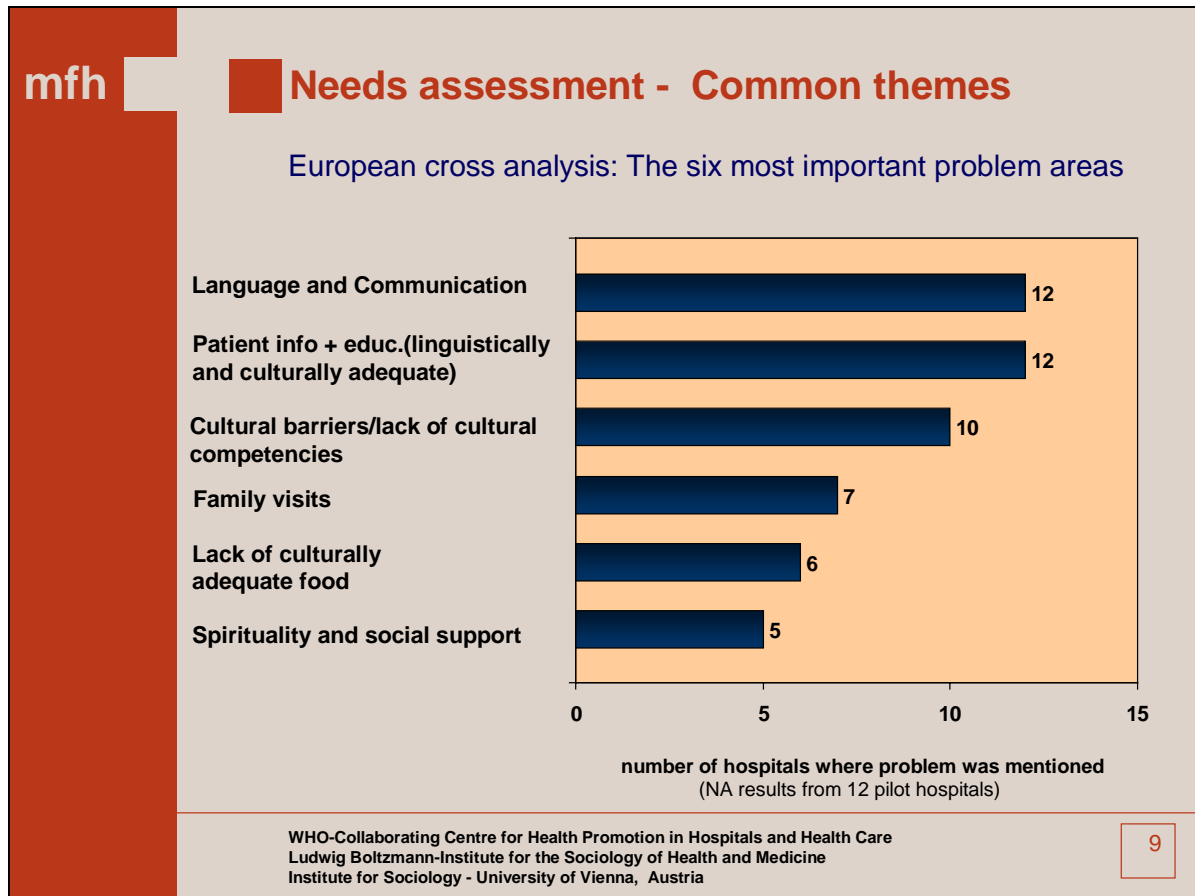
Countries where a problem area was defined as relevant are given for each of the main problem categories. To make the cross analysis results more informative for concrete decision-making, specific problems stated are given for each general problem area. For specific problems stated particularly frequently across the pilot hospitals, countries where the issues were identified as well as their frequencies are also given for these sub-level categories.

For a quick overview, the six most important overall problem areas are listed at the beginning of the summary.

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## Needs Assessment Results – European Cross Analysis

### The six most important problem areas



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## Part A: Problems concerning MF Characteristics of Services

General resources to facilitate communication and information	Countries where mentioned
<b>Language and Communication</b>	AT, DE, DK, EL, ES, FI, FR, IE, IT, NL, SV, UK – <b>12 countries</b>
<b>Interpreting services available at the hospital</b>	AT, DE, ES, FI, FR, IE, IT, SV – <b>8 countries</b>
<ul style="list-style-type: none"> <li>a) Limited availability</li> <li>b) Lack of timely access</li> <li>c) Adequacy of available interpreting services:               <ul style="list-style-type: none"> <li>▪ Ineffective communication when family members or unqualified staff members act as interpreters</li> <li>▪ Organisation needs to be improved</li> </ul> </li> <li>d) Insufficient use of available interpreters</li> <li>e) Insufficient knowledge on how to work with interpreters, especially among non-medical staff</li> </ul>	
<b>General difficulties in client-provider communication</b>	
<ul style="list-style-type: none"> <li>a) Doctors use too much technical language</li> <li>b) Doctors don't speak enough with patients</li> <li>c) Insufficient time per patient for adequate communication</li> <li>d) Insufficient communication on the patients' condition, including diagnosis</li> <li>e) Insufficient communication on the treatment proposed</li> <li>f) Insufficient clarity of communication about clinical paths (use of diagnostic + therapeutic procedures – What? When? Why? Where?)</li> </ul>	
<b>Specific communication difficulties due to language + cultural barriers</b>	
<ul style="list-style-type: none"> <li>a) Communicating pain</li> <li>b) Issue of informed consent (communication barriers, not sufficient time to negotiate an agreement)</li> <li>c) Issues of compliance and co-operation</li> <li>d) Difficulties in developing an effective provider-client relationship</li> <li>e) Different expectations of the provider-client relationship on the part of migrants</li> <li>f) Difficulties in understanding migrants' symptoms, etc.</li> <li>g) Difficulties for migrants in communicating their needs and worries</li> <li>h) Difficulties for migrants in seeking information</li> <li>i) Difficulties for migrants in understanding clinical information (e.g. when they need to consult their records)</li> <li>j) Fear of losing confidentiality when third persons involved in provider client communication</li> </ul>	
<b>Problems related with illiteracy of patients</b>	
<ul style="list-style-type: none"> <li>a) Lack of pictographs</li> <li>b) Signage only in local language</li> </ul>	
<b>Client-provider trust</b>	
<ul style="list-style-type: none"> <li>▪ <u>Fear as a communication barrier</u> <ul style="list-style-type: none"> <li>a) Fear of complaining</li> <li>b) Fear of repercussions</li> <li>c) Fear of losing confidentiality can hamper effectiveness of interpreting</li> <li>d) Withholding intimate info when family members act as interpreters</li> </ul> </li> <li>▪ <u>Fear as a consequence of communication barriers</u> <ul style="list-style-type: none"> <li>a) Fear of hospital routines + treatments (e.g. pain management)</li> </ul> </li> </ul>	
<b>Consequences of communication barriers</b>	

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<ul style="list-style-type: none"> <li>a) Emotional distress</li> <li>b) Loneliness</li> </ul>	
<p><b>Information (written and oral)</b></p>	<p><b>Countries where mentioned:</b> AT, DE,DK, EL, ES, FI, FR, IE, IT, NL, SV, UK – <b>12 countries</b></p>
<ul style="list-style-type: none"> <li>▪ Lack of patient information in relevant community languages</li> <li>▪ Lack of culturally specific patient information</li> </ul>	
<p><b>Improvement of patients' health literacy</b> by (culturally + linguistically adequate) patient information concerning</p>	
<p><u>1. Knowledge+ skills needed for appropriate and timely access and utilisation of health services</u></p> <ul style="list-style-type: none"> <li>a) Services, treatments and routines at the hospital</li> <li>b) Follow-up care after discharge (medicines to be taken, necessary check-ups, home care, etc.)</li> <li>c) Access paths to the hospital</li> <li>d) Discharge procedures</li> <li>e) Extramural health services</li> <li>f) Extramural health promotion services in migrants' own languages</li> <li>g) The Healthcare System</li> </ul>	
<p><u>2. Knowledge + skills needed for successful co-operation with professionals in the management of acute and chronic disease</u></p> <ul style="list-style-type: none"> <li>a) Specific diseases</li> <li>b) Diagnostic + therapeutic procedures</li> <li>c) Services, treatments and routines at the hospital</li> <li>d) Prenatal and postnatal care</li> <li>e) Follow-up care after discharge (medicines to be taken, necessary check-ups, home care, etc.)</li> </ul>	
<p><u>3. Knowledge + skills needed for living a healthy lifestyle</u></p> <ul style="list-style-type: none"> <li>a) Prenatal and postnatal care</li> <li>b) Breastfeeding + childcare</li> </ul>	
<p><b>Orientation at the hospital</b></p>	
<ul style="list-style-type: none"> <li>a) Lack of pictographs</li> <li>b) Signage only in local language</li> </ul>	
<p><b>Accessibility, pre-entry and entry into hospital</b></p>	<p><b>Countries where mentioned</b> AT, ES, FR, FI, IT, UK- <b>6 countries</b></p>
<p><b>Access</b></p> <ul style="list-style-type: none"> <li>a) Transportation problems due to lack of financial resources</li> <li>b) Lack of or insufficient outreach and extramural education in migrant communities</li> </ul>	

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<p><b>Entry</b></p> <ul style="list-style-type: none"> <li>a) Lack of co-ordination between hospital, primary care and community social services</li> <li>b) No information on migrants' clinical background/no previous record available</li> <li>c) Absence of documents make it difficult to register patients' personal data at admission</li> <li>d) First contact with hospital often unpleasant/low quality (e.g. at the reception desk)</li> </ul>	
<p><b>Appropriate utilisation of services</b></p> <ul style="list-style-type: none"> <li>a) Inappropriate use of emergency services</li> <li>b) High utilisation of hospital services rather than GPs</li> <li>c) Treatment is only sought when the illness is acute</li> <li>d) Poverty as a barrier to help-seeking: health isn't a priority</li> <li>e) Excessive attendance of hospital by women at certain times on weekends and after working hours (wait for their husbands to accompany them to the hospital)</li> </ul>	
<p><b>Lack of migrant-specific services</b></p> <ul style="list-style-type: none"> <li>a) Lack of appropriate services for the elderly</li> <li>b) Need for culturally sensitive maternity services</li> </ul>	

<b>Whilst in hospital</b>	
<b>Hotel services</b>	<b>Countries where mentioned</b>
<p><b>Family visits</b></p> <ul style="list-style-type: none"> <li>a) too many visitors</li> <li>b) around the clock</li> <li>c) too noisy</li> <li>d) no respect for hospital rules regarding visiting hours</li> <li>e) lack of understanding for visitors on the part of staff</li> <li>f) inadequate facilities for visitors</li> </ul>	<b>AT, DE, DK, ES, FI, IE, SV – 7 countries</b>
<p><b>(Lack of) culturally adequate food</b></p> <ul style="list-style-type: none"> <li>a) not or not sufficiently on offer</li> <li>b) menus only in local language</li> <li>c) insufficient information on the composition of meals on the menu</li> <li>d) migrant families bring their own food</li> </ul>	<b>AT, DE, DK, ES, FI, FR – 6 countries</b>
<p><b>Convenience of rooms and other facilities</b></p> <ul style="list-style-type: none"> <li>a) phone + TV too expensive</li> <li>b) shared toilets</li> <li>c) toilets unclean</li> </ul>	
<p><b>Spirituality + Social Support</b></p> <ul style="list-style-type: none"> <li>a) Lack of provisions for patients to practise their religion</li> <li>b) Insufficient arrangements for caring for deceased patients and their relatives</li> <li>c) Psychological well-being at the hospital (e.g. loneliness due to communication barriers, fear of hospital routines + treatments due to lack of understanding, lack of social network)</li> <li>d) Lack of support and information for patients' relatives (in cases of mental illness)</li> </ul>	<b>AT, DK, ES, FI, SV – 5 countries</b>

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<b>Medical + nursing services (diagnosis + treatment)</b>	<b>Countries where mentioned</b>
<b>Cultural barriers + differences</b>	AT, DE, DK, ES, FI, FR, IE, IT, NL, SV- <b>10 countries</b>
<ul style="list-style-type: none"> <li>a) Issue of informed consent</li> <li>b) Issue of gender of health care providers</li> <li>c) Issue of compliance and co-operation (migrants have difficulty understanding explanations/instructions by staff)</li> <li>d) Difficulties in taking blood samples/giving blood transfusions</li> <li>e) Difficulties in understanding migrants' symptoms</li> <li>f) Different conceptions of pain and ways to communicate pain</li> <li>g) Interference between religion and treatment (e.g. patients take medication or breastfeed only after dawn during Ramadan)</li> <li>h) Doctor's recommendations can be in conflict with migrants' ideas of health and attractiveness (e.g. obesity as a sign of wealth)</li> <li>i) Problems in decision-making (women do not take decisions without their husbands)</li> <li>j) Lack of female family support around delivery</li> <li>k) Different expectations on hospital treatment (e.g. desire for more attention on the part of hospital staff around childbirth)</li> <li>l) Different expectations on the client-provider relationship on the part of migrants</li> <li>m) Different understandings of health and illness</li> <li>n) Different ideas of intimacy</li> <li>o) Different body awareness</li> <li>p) Difficulties for migrants to understand + respect hospital rules (interpretation of rules as punishment or indication for a hostile climate towards foreigners)</li> <li>q) Family visits: different habits and cultural obligations around visiting ill community members</li> </ul>	
<b>Staff knowledge + attitudes</b>	<b>Countries where mentioned AT, DK, FI, FR, IT, NL, SV, UK – 8 countries</b>
<b>Insufficient cultural awareness and/or competence on the part of staff</b>	<b>Countries where mentioned</b>
a) on specific health problems of migrant patients	DK, FI, FR, IT, NL, SV, UK – <b>7 countries</b>
<b>Negative attitudes among staff</b>	
<ul style="list-style-type: none"> <li>a) Lack of appreciation of culturally shaped habits + behaviours (e.g. regarding personal hygiene) on the part of staff</li> <li>b) Lack of interest in specific health problems of migrants and ethnic minorities</li> </ul>	
<b>Attitudes of other patients</b>	<b>Countries where mentioned DE, FI – 2 countries</b>
a) Negative attitudes on the part of other patients (jealousy and rejection)	
<b>Public attitudes</b>	<b>Country where mentioned NL – 1 country</b>
b) Rising intolerance and/or more negative public attitudes towards migrants and ethnic minorities	

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<b>Discharge</b>	<b>Countries where mentioned</b> AT, ES, IT, SV – 4 countries
<ul style="list-style-type: none"> <li>a) Lack of continuity of care after discharge</li> <li>b) Lack of information about extramural services dealing with health education and/or promotion in the migrants' language</li> <li>c) Insufficient and/or inadequate discharge documentation</li> <li>d) Lack of information about extra-mural services dealing with health education and/or promotion in migrant languages</li> </ul>	

<b>MF patient education / health promotion / empowerment</b>	<b>Countries where mentioned</b> IT, SV – 2 countries
<ul style="list-style-type: none"> <li>a) Need to improve migrants' health literacy</li> <li>b) Need for empowerment measures for patients, their families, and staff</li> <li>c) Need for multilingual patient education on diseases and treatments</li> </ul>	

## Part B: Problems concerning an MF Support System

<b>Written MF policy at the hospital</b>	<b>Country where mentioned</b> NL – 1 country
<ul style="list-style-type: none"> <li>a) Lack of a formulated MF strategic policy document, specifying MF core strategies and policies to reach them</li> <li>b) Hiring policies aimed at actively recruiting staff with a migrant background</li> </ul>	

<b>Monitoring of migrant clientele</b>	<b>Countries where mentioned</b> IT, SV – 2 countries
<ul style="list-style-type: none"> <li>a) Lack of co-ordination of data collection between intra- and extramural services</li> <li>b) Lack of knowledge and information on migrants' health (no health information systems, lack of scientific + epidemiological research)</li> <li>c) Lack of evaluation of specific services for migrants and ethnic minorities, e.g. for diabetes and epilepsy</li> <li>d) Need to improve systems for monitoring patients with regards to ethnicity and religion</li> </ul>	

<b>Partnerships and partner alliances</b>	<b>Countries where mentioned</b> ES, IT, NL, SV – 4 countries
<ul style="list-style-type: none"> <li>a) Lack of co-ordination between hospital, primary care + community social services</li> <li>b) Lack of co-operation with the health care systems at migrants' countries of origin</li> <li>c) Legal and/or administrative advice for migrants should be available at the hospital</li> <li>d) Lack of co-operation with other national and regional health services (especially if patients received treatments in these systems)</li> <li>e) Insufficient co-operation between specialist transcultural services (in and outside hospital) and regular in-patients departments</li> <li>f) Insufficient co-operation with medical/nursing education regarding taking account of cultural diversity in their curricula</li> </ul>	