Final Report MFH Project at: Kaiser Franz Josef Spital, Vienna, Austria

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Financially supported by the European Commission

bm:bwk Co-funded by bm:bwk – Federal Ministry for Education, Science and Culture (Austria)

Pilot hospitals from 13 member states of the European Union

Supporting partners

Co-ordinated by LBISHM, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Institute for Sociology, University of Vienna

migrant-friendly hospitals

Introduction

Kaiser Franz Josef Spital is the Austrian representative in a group of 12 European hospitals taking part in the EU project “Migrant-Friendly Hospitals”.

Our secondary care centre is a publicly funded general hospital with 714 beds. Annually more than 27,000 inpatients and around 150,000 outpatients are treated.

The hospital is located in the south of the city, in a working-class district with 160 000 inhabitants, 16% of whom are migrants. Of these around 48% are of Turkish origin and 22% come from countries of the former Yugoslavia. More recently the percentage of Africans living in the district and its surroundings has risen due to the increasing number of homes for asylum seekers. Patients looking for treatment at the hospital clearly reflect the composition of the district population. The amount of non-German speakers and illiterate persons is higher in the Turkish community, especially amongst women. Migrants from Ex-Yugoslavia seem to be much better integrated into Austrian society but nevertheless report having migration-related problems when directly addressed.

Medical, nursing and auxiliary staff has been multicultural for more than three decades. The 1,835 employees of the house represent 36 different nationalities.

Efforts to decrease problems caused by language and/or intercultural differences had already been made before taking part in this European project. The hospital employed a Turkish community interpreter for the Department of Gynaecology & Obstetrics. Several departments cooperate closely with "FEM", a women’s health centre situated in the hospital’s premises that focuses on needs of women migrants. As a result of this cooperation a course called “Different Countries - Different Habits” tackling problems occurring in transcultural care settings has been developed. Voluntary participation has been offered to staff members free of charge and as part of their working hours.

Motivation for participation

The decision to take part in the European project was based on the intention to improve services for (migrant) patients as well as to support staff and increase staff's satisfaction with their working situation. The prospect of developing models of good practice in collaboration with experienced and committed European partners was promising. As a pilot hospital KFJ intended to take on a leading role in the development of a future Migrant-Friendly Hospitals Network in Austria.

Steering Group

One of the first steps within the overall project was to form a steering group. This group was responsible for all decisions taken in regard to project development and activities. Our intention was to create an interdisciplinary and multicultural group. We invited experts on different topics such as quality management, NGO work, and education.

Annemarie Bamesberger	Nurse
Christine Butterfield - Meissl	Head of the Department of Psychiatry
Ophelia Cortez	Nurse

Margit Endler	Medical Director of Hospital
Esra Hashemi – Shirazi	Trainer in Adult Education focussing on Migration-Related Topics
Susanne Heller	Trainee in Gynaecology and Obstetrics Manager Subproject B
Karoline Kandel	Focal person, Specialist in Internal and Tropical Medicine
Ruth Kreuzeder	Internist, Head of Admission and Emergency Ward
Therese Lippitsch	Nurse
Barbara Michel	Assisstant to the Administrative Director, Economist, Quality Manager
Ahmad Nischaburi	Trainee in Internal Medicine
Hilde Wolf	Director of FEM – Health Centre for Women, Parents and Girls, Psychologist

The group met every 6 to 8 weeks during the course of the entire project.

Needs Assessment

The Needs Assessment was an important opportunity to promote the project among hospital staff. The focal person conducted interviews with leading medical and nursing staff as well as with physiotherapists, technical assistants, social workers, religious caretakers and the hospital's occupational physician. The interviewees were asked to hand out questionnaires to their teams and encourage them to fill them in.
To gain information about migrant patients' perspectives, short discharge interviews and some expert interviews were conducted by the Community Interpreter and with the help of bilingual staff from FEM.
The following problem areas could be identified by analysing the NA results:

- Language and communication
- Family visits
- Cultural differences
- Patient information
- Culturally adequate food
- (Health) illiteracy
- Religion
- Lack of tolerance

Overall Project Activities

Collection of ideas and proposals for overall activities started during the preparatory phase of the project. Discussions within the steering group followed. Once the results of the Needs Assessment were available, areas of special interest were identified. Planning was supported by the MF ?? Checklist provided by the LBI.

Staff Education and Training

We decided to continue the previously mentioned course "Different Countries, Different Habits" and to encourage every single staff member to take part in it. Information about trainers and

experts on migration medicine, transcultural nursing and ethno-medicine were collected. Lectures, workshops, discussions and seminars on these topics are to be integrated into local continuing medical education (CME) activities. Members of the steering group collaborated with representatives of different religious groups in order to prepare courses providing information about health and illness in the context of different beliefs. The project was presented to the students of the local Academy of Physiotherapy and at the local School for Nurses. Discussion of transcultural communication problems was integrated into the programme of the "Welcoming Day" for recently appointed junior doctors. The steering group proposed the integration of migration-related health topics into the mandatory curriculum at Vienna's medical university.

Communication and Patient Information

A databank on multilingual staff members who are prepared to help out as "emergency interpreters" is accessible via intranet and will be updated on regular basis. In cooperation with FEM the hospital started preparations for building up a virtual info-centre. This centre should provide patient information in different languages, information about extramural services dealing especially with migration-related problems, and contact addresses in migrant communities. Once established it can be expanded easily. Medical and nursing staff, administrative staff, social workers and all groups of patients could benefit. Leaflets containing information about hepatitis, needle injuries, MRSA and funeral procedures have already been translated and are available for download on the intranet. The translation of the hospital's welcome brochure that is distributed to patients on admission as well as the publication of a new booklet "How does the doctor say….in …?" had to be postponed due to a budget shortage.

Internal and external project promotion

One of the first major steps in promoting the project within the hospital was to conduct personal interviews with leading staff members during Needs Assessment. Later on updates on project activities were presented in meetings of the departments' medical directors and head nurses. Updates were presented on the intranet on regular basis.
The central public relations office of Vienna's public hospitals was contacted and agreed on external promotion activities. Articles about the local project were published in a newspaper distributed by the city to migrants for free and in a doctors' magazine. A documentary was broadcasted in a TV magazine focusing on migration-related topics. The project was presented and discussed in plenaries at the "Professions and Education after School-Leaving Fair". The focal person was invited to introduce the project at a meeting of the local district doctors. It was put on the agenda during the annual visit of local politicians to the hospital.

Sponsoring

Cost for activities within the local overall project and the local subprojects had to be covered by the partner hospitals themselves. As KFJ does not have a budget dedicated to MF issues the steering group contacted potential sponsors. Despite the fact that some of them expressed interest in the topic, none of them was finally prepared to offer material or economic support.

Networking

Searching for information about migration-related (health) topics resulted in a variety of contacts. These contacts continue to facilitate a lively exchange about knowledge and experience. They help to develop plans, find solutions, overcome obstacles and carry on in difficult moments. By talking to them we found even more individuals and institutions working in migration-related areas.

A delegation of five attendants of the International Conference on Migration visited the hospital at a very early stage of the MFH project. The cultural competence trainer of the Irish partner hospital met with a member of our Subproject C organizing group. Representatives of the steering group met with the president of the future Swiss MFH network during his visit to Vienna. A group of ethnology students with special interest in ethno-medicine contacted the steering group. Possible future tasks for ethnologists as mediators in hospital settings were discussed. The pre-existing collaboration with FEM was intensified. A NGO focussing on gender-related and labour-market-related problems is training unemployed educated migrant women to be cultural mediators. Some of them could in future complete part of their practical training at KFJ. A university professor for translation and interpreting would run courses to prepare bilingual staff for the difficult task of interpreting in hospital settings once budget is guaranteed. Exchange with representatives of other Vienna hospitals that run MF activities has already been initiated.

Miscellaneous

The prayer room was supplied with a folding screen in order to guarantee more privacy during prayer or meditation.
Pictographs were bought and installed in inpatient and outpatient areas to improve orientation.
Meals not containing pork were marked clearly in the daily menus. Explanations in different languages as well as a pictograph were used.
The steering group addressed Vienna's central hospital administration with an application to improve ethnic and cultural monitoring of patient data.

Lessons learned

Taking part in a project like MFH helps to analyse problems and look for solutions in a very systematic way. We had already started to work on MF before joining the project. This work plus the activities we started during the course of the project will have to be continued under different conditions.

We did not succeed in integrating community representatives into our steering group. Personal involvement of migrant patients in the project would certainly have increased its impact. This seems all the more important ?? as we learned in Subproject B that verbal propaganda has much more impact on behavioural changes among target groups than written information.

The work of the steering group has been demanding and very time consuming. It had to be performed additionally to the members' main daily occupations. It might be necessary in the future to create a management post for MF issues.

Organisational and structural changes are impossible without budget. We were able to implement only part of our plans due to financial limitations.

Staff in general was interested in the topics covered by the project. Nevertheless it was very difficult to motivate employees to take part in it actively. Due to long hours and reduction of personnel, MF issues were not at the top of staff's priority list. Some of them feared that project activities would lead to an increase in workload. Many of them could only see a benefit for migrant patients but none for themselves. We were surprised to notice that tolerance for migrant patients was also low amongst some staff members with a migrant background. Raising awareness about MF issues must begin at an early stage of professional careers. It is important that migration-related (health) topics are included in the curricula of those training to be nursing and medical staff.

While the distribution of migrants from former Yugoslavia is more or less equal among staff and patients, the percentage of Turkish staff members does not at all correspond to the percentage of Turkish patients. Institutions training nurses, physiotherapists and social workers should think of measures to attract more students of Turkish origin in the future.

Some representatives of management feared a negative economic impact caused by an envisioned loss of private patients. They implied that private patients would prefer other hospitals if KFJ attracted more migrants due to the project activities. In order to overcome interdisciplinary and inter-hierarchical discrepancies it is crucial that representatives of all professional groups in the directorial board collaborate actively in MF issues.

Collecting information about internal and external pre-existing services and resources might seem difficult and costly. But it helps to avoid unnecessary investments and waste of energy in the future and will so save time and money. It is also an important step in networking.
The lack of exact statistical data on migrant patients makes the task of planning and developing strategies and interventions even more difficult. Exhaustive monitoring of patient data regarding language, religion, ethnicity, nationality and so on will have to be approved by political decision makers in the future.

Changes within complex systems need time. Hospitals are complex systems with rules of their own. The project period of a bit more than 2 years was just enough to start initiatives. Many of them will prove to be effective only if we manage to continue and sustain them in the future.

The Future

Representatives of the hospital management and steering group members are convinced of the necessity to continue efforts to make and keep KFJ a migrant-friendly hospital that manages to integrate cultural competence in its agenda. KFJ will participate in the MFH task force within the "Health Promoting Hospitals" network. In order to improve services and to equally distribute responsibilities, collaboration with extramural services and with community doctors will have to be reinforced. KFJ is planning a conference with the aim of discussing and evaluating the impact of migration on hospitals, the health system and medicine. During the meeting, we will present project activities and results. Representatives of other Vienna hospitals will be invited to introduce their experiences. Among the most important target groups of this conference will be local politicians. One of the major issues will be to confront them with the necessity of building up a Vienna-based and also a nationwide MFH network.

Subproject B

Subproject organizing group: Fidan Cinar
Alfred Dilch
Svetap Durakbasa
Nadire Güclü
Susanne Heller
Hilde Wolf

Annually 1260 women per year give birth in the obstetric ward of KFJ hospital. 35-40% of them come from Turkish-speaking families. The majority of them have limited or no access to information about pregnancy, birth, childbed, nursing and the handling of a child during the first year of life. The main reason for this deficit is a language problem. Other causes include poor literacy, family structures and traditions that keep women at home, lack of awareness of the functions and structures of the Austrian health system, and timidity on the part of the women. So, when deciding to take part in Subproject B we selected Turkish-speaking pregnant women as our target group.

We evaluated 35 questionnaires from Turkish-speaking patients and 22 questionnaires from staff members. Thus we gathered information not only about expectations but also about the feasibility of organisational details. We arranged three complete courses consisting of four modules of two hours each. The four modules were to be held on a weekly basis. Women were invited personally during antenatal check-ups. Attendance was voluntary, missed modules could be attended in one of the following courses.

The courses were run in April, May and June 2004 by a Turkish-speaking midwife, a Turkish-speaking female doctor, an Austrian paediatrician and a Turkish interpreter. Handouts in Turkish were provided.

As a result of our local needs assessment we decided to deviate from the concept initially proposed by LBI. The contents of the course not only comprised postpartum themes but also covered the periods of pregnancy, birth, childbed, nursing and the handling of a baby.
Special emphasis was placed on the following issues:

- Nutrition and physical exercise during pregnancy and lactation period
- Sexual life during pregnancy and lactation period as well as contraception after birth
- Fears and postnatal depression
- The first year of the baby.
- Who is the appropriate person to be addressed in case of various problems?

Of 80 invited women 29 attended the courses. Only 5 women attended all four modules, most of the participants only attended once or twice. Some of the women joined the course because of information they received from friends or family members who had already attended the course. Thus verbal propaganda worked more in our favour than personal invitation.

We evaluated participants' opinions on cultural and linguistic adequacy and the self-rated increase of knowledge and self-confidence as a consequence of the courses. We also evaluated staff 's feedback. The fundamental question here was whether staff members had noted behavioural changes and/or improvement in the quality of interactions after the implementation of the course.

Patients were very satisfied with the courses and reported a great degree of empowerment. As it could be expected after a comparatively short period after the beginning of the courses and due to the small numbers of women who attended, staff's reactions were much less enthusiastic.

However, in a few individual cases they noted a change for the better with regard to the patient as well as to themselves.
Considering the short period of implementation it could be proved that there is a need for maternity courses to be held in a culturally and linguistically adequate way. Positive results concerning participants and staff will take some time to be felt in everyday routine.
As a consequence of the low attendance rates we will concentrate on shorter courses (two times two modules) and easier access in the future.

Subproject C

Subproject organizing group: Christine Butterfield-Meissl
Therese Lippitsch
Karoline Kandel
Ruth Kreuzeder
Ahmad Nischaburi

As already mentioned staff education was one of our main target areas. Staff members repeatedly complain about insecurity and uneasiness in cross-cultural encounters due to lack of knowledge. They expect support from their direct superiors and from the hospital management. This was the reason for KFJ's taking part in Subproject C.

The course design was developed in close cooperation with the LBI and international experts. The suggested timeframe had to be modified due to the availability of the trainer and the rigidity of staff's working schedules. Regarding contents and methods used, we tried to stick to the original proposals as close as possible.

In order to guarantee participation we selected three target departments that had previously shown interest in the MFH project: Department for Psychiatry, Admission & Emergency Ward, and 1st Internal Medicine Department. All of them had been represented in the steering group right from the beginning. Nevertheless, motivating staff members to actually take part in the course was a challenging and very time-consuming process. In personal communication we tried to stress the fact that our aim was to offer something for the staff. The training should support and strengthen staff members and by doing so would also improve services for patients.

Once appointed the trainer developed the local course concept using the LBI guidelines, material provided by the international experts and his own experiences gained during prior courses. Results of a local Needs Assessment came late for being taken into account due to the lack of staff's compliance with filling in questionnaires.

Contents of the course were: models of health and disease, migration process, culture-dependent syndromes, development of coping strategies in general, development of coping strategies with expectations in particular, interpreting of and reacting to unfamiliar behaviour patterns including nonverbal signals, raising self-awareness, and working on concepts for improving intercultural services.
Besides lectures the methods used were group work, discussions and case studies with practical exercises. Participants strongly appreciated the practically oriented parts of the training and suggested further emphasizing it in future courses.

The course was conducted twice and consisted of three modules (3 + 4 + 3 hours) held within five weeks' time. 39 staff members participated, and 19 of them were able to attend all three of the modules.

Participants' feedback was analysed by the LBI using Pre-and Post-Training Questionnaires and in personal discussions with members of the subproject organizing group. Results were only partially satisfactory.

10 % of participants denied any impact, but 62 % confirmed increased interest in the topic. 33 % were only "a little" and 19% were only "somewhat" satisfied with the quality of the training. Results more or less matched the trainer's written feedback.

Part of the negative feedback was certainly due to organisational difficulties. The trainer reported ill a few hours before one of the modules. It was very difficult to arrange a new date. Lack of flexibility in staff's working schedules (especially those of nursing staff) did not allow all participants to attend all of the 3 modules.

The decision to conduct mixed courses regarding professions as well as departments led to another problem. Staff of the Psychiatry department made up to more than 50 % of the participants. The trainer had a psychiatric background as well. This setting obviously caused a predominance of psychiatric contents that left the rest of the participants partly frustrated. Analysing the difficulties that occurred while preparing and conducting the course, we recommend to start planning procedures well in advance. Six months seems to be appropriate. Involvement of all levels of hierarchy in the target departments seems essential. Avoidance of mixing departments will raise satisfaction with the training. Special attention should be paid to the selection of the trainer. Personal contact and participation as a guest in workshops or courses conducted by candidates certainly is favourable. A team of trainers including experts from migrant communities would be able to respond to a variety of expectations and demands. A written contract should be established between the hospital and the trainers. Motivating the target group to participate is challenging. It proved helpful to grant extra hours for participation and acknowledge continuing medical education (CME) credits.

Future plans include the permanent integration of cultural competence into CME for all staff members. Besides that we intend to organize lectures, classes and workshops on specific problems. One issue will be to choose different formats and methods in order to react to varied expectations and preferences.

In general we do think that the contents covered by the course should be granted equal importance as other areas of staff education. Courses on Cultural Competence can only have an impact if they are part of a system, meaning that Cultural Competence has to be placed at the top of hospital management's and the organisation's agendas.

Overall Recommendations

- Incorporate MF in all levels of managerial and organisational l structures
- Ensure political support
- Raise MF specific budget
- Collaborate with community representatives
- Start networking as soon as possible
- Reorganise and make use of pre-existing resources
- Monitor data
- Evaluate activities