

migrant-friendly hospitals

Final Report MFH Project at: Turku University Hospital, Turku, Finland

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Pilot hospitals from 13 member states of the European Union



Supporting partners



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Introduction

For specialist medical treatment, Finland is divided into 20 hospital districts. Each municipality is obliged to belong to a hospital district which is responsible for organization of specialized medical services and coordinating hospital treatment in its own district.

The Hospital district of Southwest Finland is a federation of 28 municipalities. There are 26 health centres and around 453,000 inhabitants in the area. The hospital district provides specialized health care services in the Turku University Hospital (TUH) and four local hospitals, with a total of 1620 beds.

TUH belongs to the Hospital District of Southwest Finland. With its 453,000 inhabitants, it is the second largest of Finland's twenty hospital districts. TUH is one of the five University hospitals in Finland. Founded in 1756 as "Turun lasaretti" by the king of Sweden, our hospital is the oldest hospital in the country. TUH serves its patients in almost 50 medical specialities. It has 828 beds and a staff of about 2200 nurses, 500 doctors and 920 other employees, also some ethnic minority staff is available. Most of the staff is occupied fulltime. The Hospital offers every year practical training for about 1,500 students in medicine and nursing. Being the oldest Nordic hospital in operation without interruption, TUH meets the challenges of the future by building new modern facilities, which started to operate last year.

TUH have e.g. the departments of Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Ophthalmology, Otolaryngology, Dermatology, Neurology, Psychiatry, Oncology, Rehabilitation, Pulmonary Diseases, Dentistry and Intensive Care Units.

Over ninety five per cent of patients have Finnish nationality. Their majority speaks Finnish language, but Swedish is the other official state language, representing about 4 per cent of population. About 70 different nationalities might use our hospital. The patients are not recorded according to the origin for equality reasons, which makes it difficult to follow the statistics of migrants.

Department of Obstetrics:

Maternity wards and delivery unit serve as a tertiary care unit of the south-western part of Finland. We have yearly 3500 -3800 deliveries, including about 250 migrants who have a special preparation group for mothers in English language. The caesarean section rate has been between 13-16 per cent during the last ten years. Sixty-one (1.8%) preterm babies weighing < 1500g were born during 2003. The over-all preterm delivery rate (< 37 weeks) was 5.6 per cent. Perinatal mortality rate varied between 4.1 – 7.4 per 1000 births (stillbirths after 21 gestational weeks or over 500 g and neonatal deaths < 7 days after birth included). Over 80 per cent of parturients want and get some kind of pain relief during delivery, e.g. epidural 56 per cent. The clinic has three wards for pre-and postnatal patients (72 beds) and a delivery room with 12 single rooms, two operation theatres and a maternity outpatient ward with special prenatal diagnostics - ultrasound unit. All together four full-time doctors are working for OB.

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Local Project

Motivation and Expectations

The refugee culture in Finland is very young. Until 1987 only 900 refugees had arrived to this very north located country, but before 2004 their number was already 24'000. The first significant group of refugees arrived from Chile in the 1970's and after them "boat refugees" from Vietnam in the 1980's. In the 1990's refugees came from countries at war, like Somalia and Yugoslavia. A very special large group was Finnish-related Ingrish or Russian speaking Ingrian re-migrants from the former Soviet Union. The migration to Finland from abroad has accelerated during the whole of the 1990's. Development has forced the authorities to create new ways of action. Also maternity welfare faces challenges caused by this internationalization.

Local Project Partners

The Steering Committee of the Migrant-Friendly Hospital Project

Multiprofessional and multicultural steering committee was appointed by Dr. Aki Lindén, manager of Hospital District, on 30th October 2002.

The members are:

Seija Paatero, Chief Executive Officer of Nursing, Turku University Hospital, chairwoman of the steering committee

Pia Ahonen, Nursing Director (30th October, 2002 – 31st April, 2004), Turku University Hospital

Marja-Leena Pulkkinen, Nursing Director, (1st June, 2004 -), Ph.D. Turku University, Hospital

Ulla Ekblad, Dr. Med., Turku University Hospital

Esa Halsinaho, Communication Manager, Turku University Hospital

Minna Pohjola, Midwife, Turku University Hospital

Valentina Oroza, Med. Lic., Turku Primary Care

Irmeli Torittu, Public Health Nurse, Turku City Primary Care

Jaana Sikiö, Social Worker, Home for Refugees, Red Cross, Turku

Mebrant Gbhe-Salassie, Physiotherapist, The Association of Mother and Child Home and Shelter in Turku

External Support

This project was supported by the TUH management by appointing midwives Anneli Skovbjerg and Minna Pohjola as half-time project workers. They reported monthly to this steering committee about the progress of the project. In addition, TUH management has reimbursed other expenses, too.

The representatives of the City Turku, the Finnish Red Cross' home for Refugees, and the Turku Association of Mother and Child Home and Shelter in the steering committee have worked for the project without remuneration.

The Overall Project – Goals and Measurements

The “over-all goal” was to support the migrant mothers and their families during pregnancy and childbirth. No external assessments about the effects of this project have been carried out, because the quality systems of the hospital does not classify the patients according to nationality. All patients are guaranteed the same care. According to the Overall Project Assessment we have succeeded in improving the co-operation with the interpretation service and the immigrant organisations. We have also increased information to the patients communicating through different languages.

Service at wards is now better than before. Patient education and health promotion for migrants has also improved.

We do not have any separate budget for migrants, because according to our strategy everybody is guaranteed to be treated equally. During this project the migrants received more attention than normally in the decision-making of the hospital as well as among the staff. The hospital will continue to further develop their care.

The costs for the project have been very small as compared to the results.

Participation in the “European Subprojects”

Participation in the European Subprojects A and B

The start of the MFH –project occurred at the right time, because the number of refugees was just increasing on our district. We found it important to improve the information for migrants attending maternity clinic in matters concerning pregnancy and childbirth. It was fairly easy for the steering committee to decide on the central areas of development in the A- and B- projects at the very beginning.

In the last few years the number of families with an immigrant background and two cultures has grown. Most of them came to Finland from cultures, which are quite alien. The first problem is usually the lack of common language. English language is often used when nursing, but neither of these parts understand it properly. Furthermore, it should be remembered, that although a foreigner speaks and understands little bit Finnish, the matters and terminology are strange even to the Finnish-speaking population.

Subproject A: Interpreting in Clinical Communication

The main object of the MFH subproject A has been to improve the communication between clients and nursing staff. Interpretation service must be offered during the stay at the hospital to those who are coming from a different culture. The state reimburses the municipalities for interpretation service needed by the refugees as a part of their reception program concerning social or welfare service.

As a result of the project “*Communication between different cultures*” guide has been published. The aim of this brochure is to inform about various aspects in communication between different cultures. The aim is also to inform about factors which affect the acceptance of a new culture.

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Through internalizing these elements, a multicultural nursing can be developed. In this booklet it is furthermore mapped out such type of common things, which easily and often create misunderstanding when nursing. The guide is based on the opinion, that multiculturalism is a richness in nursing.

To the staff of the hospital belongs many persons who speak as their native language something else than Finnish. During the project the so called “*language bank*” has been updated. The list consists of 23 mastered languages. The intention was to use these persons as a temporary interpreter, when no professional person was available.

It is not always possible to get hold of an interpreter. Written instructions for the patients and for the staff has been produced. These help to get nursing started until an interpreter arrives. This type of material has been translated into Arabic, Albanian, Bosnian, Somali and Russian.

Material for patient education:

1. Instruction for diabetics. It contains general information on diabetes, describes its special diet and how to measure the sugar.
2. Instruction on caesarean section. It contains information for mothers attending this operation.
3. Instructions about home care after delivery.

The primary beneficiaries are the immigrants attending hospital. The engagement of interpreters has promoted the association and neutralisation of immigrants with and in the Finnish society. The use of interpreter service has also improved the legal protection of the staff. It is also in the staff's interest and their right, although the client would not want an interpreter.

Subproject B: Migrant-friendly information and training in mother and child care

Practically every woman, especially during her first pregnancy participates in the family training given by the Finnish maternity outpatient clinics and maternity hospitals in their mutual co-operation. When in training for the childbirth, woman, in addition from the training process itself, gets information out of literature, mass media, friends and relatives who have given birth. One can only imagine the confusion in mind of a pregnant woman from a foreign country and with a strange language. She has had to leave her own familiar surroundings, her native country and her relatives in a chaotic situation. A pregnant woman is actually very lonely without her own language and her safety network.

1. Birth training for migrants

It has been possible to get birth training in English at the TUH already earlier than this project was running, in addition to the two domestic languages. During the project –period we have started the training of the migrants taking other languages than these three. It became a permanent feature on the maternity wards. We have organised a system where public-health nurse at the maternity clinic makes an appointment for this extra training. This takes place every second week, when also an interpreter in the corresponding language is engaged. Couples taking part speak Russian, Albanian, Kurdish and Bosnian. We don't know why no families from Somalia have attended the training offered.

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During the project we have translated and recorded two video tapes in the above-mentioned languages. The video tape dealing with the delivery is recorded in 2001 at our hospital. It will be shown e.g. at the birth training for the migrants. The second video tape is about breast feeding. This tape we have got from Bradford hospital. It will be shown at the pre- and postnatal wards. These video tapes might be offered also to other maternity clinics, who have migrants as clients.

2. Patient education material

To give birth to a child is a sensitive and intimate event, where no outsiders are wanted. The migrants often forbid the staff to call interpreters to the delivery and, as far as patient safety is not endangered, we try to respect this wish. Various *"Illustrated booklets of relaxation and pain relief"* have been written to make situations like these easier. The text support the message of the pictures, but things can be explained also through pictures to an illiterate women. The booklet is used as a help in birth training as well as during the delivery. *"Instructions for pregnant women"* have been translated to above mentioned languages and distributed to the maternity clinics.

In a modern society it is considered to be a conscious, deliberate choice to have children. Great expectations and hopes is loaded on this task in our society. The task of maternity care is to secure the best possible health for expecting mother, foetus, new-born and members of the family. One way of creating optimal opportunities for a smoothly running pregnancy, delivery, and puerperium is to give good family training and the enough information on this process.

Training the staff

Instruction on the interpretation service has been arranged for the staff people. This has not been earlier the case. The instruction was considered useful. The use of interpreters has become more efficient. Telephone interpretation has been used especially in situations when rare language is considered.

The staff was educated to meet foreign clients through several lectures. A collection of specialists on different cultures acted as lecturers.

Nurses and other people involved in migration projects were enthusiastic about learning how to meet other cultures and foreign people. Their attitudes on "strangers" became more positive when this project progressed and their own knowledge on the topic increased.

Finally, one can state that all feedback what has been received in this context was positive. This project also received a lot of positive publicity in TV, press and in other media, too. Hopefully, several organisations will benefit of it.

Sustainability: During this project we observed, that our hospital should have a stable organisation (person), which would take care on operations dealing with migrants in form of helping them in several areas: Their communication with the staff, giving them information on their own language and guiding them to Finnish medical culture.

Recommendations for other hospitals

European Union might be interested in organising MFH-hospitals to do further, more detailed teamwork e.g. in teaching methods for migrants (booklets, videos, lectures etc.). General guidance how to use interpretation, language banks etc. might also be useful. A special book on the experiences in different hospitals could be published.



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Other hospitals could benefit if EU would further co-ordinate the field. Our hospital TUH could make for it a summery what we have learned on the bases of this report, by collecting the above information in a condense and developed form.

