

migrant-friendly hospitals

Subproject C:

Staff training towards cultural competence

Fact Sheet

Beate Schulze

Karl Krajcic

Ursula Trummer

Juergen M. Pelikan

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 48258
FAX: +43 1 4277 48290
EMAIL: info@mfh-eu.net

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 48258, FAX: +43 1 4277 48290, EMAIL: info@mfh-eu.net



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The Problem

Communication between health professionals and migrant and ethnic minority patients is not only complicated by language barriers, but also by cultural misunderstandings. (Bischoff 2003). Hospital staff's work is based on implicit cultural assumptions – e.g. with regard to the roles of patients and providers and the way to diagnose and treat illness. These often do not correspond with the expectations of migrant and ethnic minority patients who may have different conceptions of health and illness, values and beliefs, and frequently are unfamiliar with mainstream European health systems. In this way, differences in expectations present an obstacle for the professionals in effectively performing their job.

On the other hand, migrant and ethnic minority patients' needs and expectations may not be understood on the part of health professionals – due to language barriers, but also due to an unawareness of values and beliefs related to the patients' cultural backgrounds. In some instances, explicit expectations of migrant patients, such as the whole family looking after them whilst in the hospital, may not be acceptable for the staff as they cause problems for service routines and the well-being of other patients, and as the context of such expectations (like a religious duty to visit ill family members) are not understood.

Diverging cultural expectations, especially when they are not apparent, can lead to tensions and misunderstandings - with negative consequences both for the professional's work and the patients' well-being and service satisfaction. In addition, if not addressed, cultural differences can lead to deficits in the provision of effective hospital services. (Canales 2000; Randall-David 1997)

Communication problems in intercultural encounters can be addressed from two sides: (1) through empowerment strategies to improve the cultural literacy of migrant patients, and (2) through training and development for hospital staff. This sub-project concentrates on strategies to enhance the cultural competencies of staff.

Why focussing on staff?

- 1) Staff as a target group for interventions to improve cultural competence can be easily reached through their regular presence at the hospital (as opposed to patients who are only temporarily the hospital's clients).
- 2) Raising qualification levels of staff is a central quality assurance strategy for hospitals.
- 3) Staff training programmes as well as their effects are well documented in the literature.
- 4) Cultural competence training can link up with existing continuous education programmes and schedules.
- 5) A training course can be set up and carried out over a relatively short period of time which allows implementation and evaluation in the course of the mfh project



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Options for Solutions

1. Enhancing the competencies of hospital staff

Cultural competencies increasingly become part of the core skills required from health professionals in order to perform effectively in their jobs. However, they are rarely addressed in medical and nursing education, and frequently do not form part of continuous education programmes – which leaves many staff members little prepared for encounters with patients who have a different ethnic and cultural background. Specific training courses to increase cultural awareness, address own prejudices and to acquire and practice relevant skills are a viable option to empower staff for working with a diverse clientele. (Welch 1999; Kai & Spencer 1999).

2. Institutionalising cultural mediation

Communication problems across cultural boundaries can be alleviated using interpreters, and beyond the function of language translation, cultural mediators. Communication between a physician and a patient is inherently cross-cultural, as the “illness-experience” of the patient differs from the “disease process” usually dealt with by the professional (Kreier 1999). Every medical conversation is thus a negotiation process with the goal that both sides (provider and client) find a common ground for understanding – which becomes complicated if further cultural differences beyond the professional and lay perspectives are added to the equation. Especially in conflict situations, intermediaries can help to empower patients and to facilitate co-operation in treatment. Cultural mediators must be familiar with both the programmatic and institutional context of the communication and the cultural and political context of the patient’s community (Verrept & Louckx 1998). Employing staff for cultural mediation or using resources available among hospital staff and the communities in the hospital’s environment is thus an useful personnel development strategy to reduce problems in intercultural communication.

3. Hiring policies: Recruiting and managing staff from diverse backgrounds

Cultural misunderstandings are less likely to occur if staff at the hospital reflects the ethnic communities in the hospital’s catchment area. Active recruitment strategies to increase the diversity of staff are thus an important strategy to add to the cultural competence of a hospital organisation. At the same time, cultural concordance between clients and providers has been shown to enhance to client-provider trust and service utilisation among minority groups (Whittle et al. 1997). A diversity-oriented personnel policy requires a firm commitment of the hospital management and a multi-modal approach, including close ties with local communities, encouraging access of diverse groups to medical or nursing education, training for personnel staff in intercultural interviewing, “buddy systems” to integrate new staff members into the organisation, and training for team leaders in working with diverse staff. (Khan 2003).

The Subproject

Subproject C will provide training and development to hospital staff in order to improve their cultural competence.

Operationally defined for a specific staff training programme,

Cultural competence is understood as a set of congruent behaviours, attitudes, agency that enable professionals to work effectively in cross-cultural situations (cf. Cross et al. 1989).



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Programme Aims

The knowledge, skills, resources of hospital staff are to be developed in the following areas:

Self Assessment:

Assessing information needs, knowledge and attitudes of hospital staff, e.g.

- Which role does culture play in a health professional's life? (own upbringing, health care as a particular culture, previous encounters with other cultures)
- Impressions of other cultures (identifying own resources; addressing own prejudices)
- In which ways do cultural differences affect our work? (what are the problems? and benefits?)
- In which situation did we feel under pressure due the cultural misunderstandings?
- In which areas is knowledge needed?

Cultural sensitivity:

Developing the understanding that cultural differences as well as similarities exist, without assigning values, i.e., better or worse, right or wrong, to those cultural differences

Cultural awareness:

Developing sensitivity and understanding of diverse ethnic groups, e.g.

- Skills in intercultural communication: asking the right questions in the appropriate manner
- Practicing openness and flexibility in interacting with others who have a different cultural background
- Avoiding cultural stereotyping: distinguishing which problems are actually related to cultural differences, which originate from the situation (stress, unfamiliar environment, insecurity) or are related to structural inequalities (access problems), or rest within a patients' personality and would equally happen with mainstream patients in similar situations

Cultural knowledge:

Learning about different cultural practices related to e.g.

- History
- Migration backgrounds (push-factors, migration traditions, possible experiences of violence?)
- Concepts of health and illness
- Help-seeking for health problems: the meaning of Western medicine and of traditional healing practices
- Ways to communicate pain and emotional states
- Role of the family in managing illness
- Values and belief systems
- Religious practice

of the most important client groups with a migrant background at each hospital

Culturally adequate client-provider communication

- What information about the patients' culture is needed in what clinical situation?
- Carrying out a thorough cultural assessment one an individual basis (rather than generalizing about all members of a particular ethnic group)
- How do I ask?
- How do I interpret information given?
- Language gaps: How to work with interpreters?
- How to avoid and handle misunderstandings?



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Programme content and design

Training courses to enhance cultural competence of health professionals have benefited from

- defining culture broadly
- active involve of migrant communities as experts and trainers (facilitating learning between providers and clients)
- collaboration with other agencies
- starting with a reflection of one's own cultural background (at the ethnic, social, professional levels)
- recognising the complexities of language interpretation
- the use of group work and role playing exercises
- the use of audiovisual aids, videos, and site visits
- supervision of actual intercultural clinical encounters (on a one-to-one basis or in small groups)

(HRSA 2001; Khan 2003; Culhane-Pera & Reif 1998; Anand 1999)

Comprehensive strategies – links with the overall project

The sustainability of benefits obtained by improving the cultural competencies of staff can best be ensured if migrant-friendliness is institutionalised in the organisation, i.e. when individual measures are embedded in and supported by hospital policies, routines, and the quality system. In order to improve service quality for migrants and ethnic minorities on a long-term basis, sub-projects should therefore form part of a comprehensive strategy, comprising a diversity of measures towards facilitating culturally competent care for diverse populations.



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Appendix

Effective models to improve cultural competencies of clinical staff

Promoting cultural competence in HIV/AIDS Care

Training programme to gain cultural competence in 4 steps

- self-awareness
- attitude change concerning acceptance + flexibility
- effective cultural assessment on a case-by-case basis (rather than solely at the identity-group level)
- understanding the paradox of respecting people's values + customs while working to change them
- learning to negotiate

(Specific illustrations relating to HIV+ AIDS)

Source: O'Connor 1996

Curriculum on cross-cultural (primary) care

New York Presbyterian Hospital + Cornell Medical School

- Provision of "practical cross cultural skills" to explore individuals
- 5 thematic modules, four 2hour sessions
- List of questions adapted from medical anthropology sources that can be used in medical interviews

Source: Carrillo et al. 1999

A curriculum for multicultural education in family medicine

Multicultural education as part of a physicians' continuous education programme

3 aims: gaining insight into

1. how culture affects a practitioner's personal and professional life
2. how culture might influence patient's perspective
3. how communication skills are to be developed

(use of lectures, case discussions, community presentations, videotapes, role plays with simulated patients+ one-to-one faculty-resident evaluations of residents' clinical encounters)

Source: Culhane-Pera, K. & Reif, C. 1998

Training programme for paediatricians to serve the underserved

Training physicians to be effective advocates for social change: enrich physical, spiritual, intellectual, emotional and material resources for these tasks

Strategies:

1. careful selection of trainees
2. continuity experiences at community health centres in underserved areas
3. population- + community-based curriculum
4. employing the biopsychosocial/family systems model

Source: Ozuah 2001

Cultural Competency in Healthcare: A Guide for Trainers

2nd Edition. By Rohini Anand, PhD, 313 pages, 1999. ISBN 1-885077-61-0

A comprehensive training manual for health care professionals on diversity issues in the workplace. Incorporating NMCI's popular guides for trainers, Teaching Skills and Cultural Competency and Developing Diversity Training for the Workplace, it provides step-by-step guidelines for developing an experiential workshop to meet the specific training needs of health care professionals, including providers and administrators. The manual includes models of cultural competency in health care, barriers to providing culturally competent care, exercises, lecturettes, tips for designing effective needs assessments and case studies, sample training designs, and an extensive bibliography.



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(US) National Multicultural Institute

Resourceful website with online demo of their training module on multicultural issues in health care and an extensive list of useful publications and resource materials, including training manuals that can be ordered through the site (e.g. s. above)

Features a specific web-search function on global diversity issues.

<http://www.nmci.org/>

Cultural Competency Webpage

Gives an overview of definitions of cultural competence and its relation to cultural knowledge, cultural awareness and cultural sensitivity. The site further features relevant publications and an excellent link lists, accessing websites about organizations, general information, training workshops and conferences, policy resources, implementation resources. Also available is a calendar of upcoming cultural competence events.

<http://cecp.air.org/cultural/default.htm>

(hosted by the US Center for Effective Collaboration and Practice)

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