

InterHealth

Intercultural Competences for Healthcare Professionals

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Erasmus+ project, Strategic Partnerships for vocational education and training

NATIONAL REPORT BFIOOE

Intellectual Output 1:

State of the art report: context analysis, needs and recommendations

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PARTNER COUNTRY



1. NATIONAL REALITY

Austria has got one of the best health care systems in the world. The access to the health care system should be the same for every insured person. But there is still a difference when it comes to migrants and refugees, due to many reasons such as discrimination, language barrier, lack of information concerning the Austrian health system and lack of intercultural competence of health care professionals. In our research we found out, that there is a structural lack of frame conditions to offer professional transcultural healthcare and treatment. There is a lack of structural measures in hospitals and nationwide translator systems.

In Austria there are a few ambitious development measures in order to improve the situation for migrants and refugees, such as “migrant friendly hospitals”, video-translation-systems or special transcultural ambulances. An integration of successful measures in the normal operation of the health care system has still to be carried out.

2. HEALTH CARE NEEDS OF CULTURALLY DIVERSE POPULATIONS

Essential findings of the little studies there are in Austria about health care needs of culturally diverse populations reveal that - in general - migrants from Turkey and Ex-Yugoslavia evaluate their health-related quality of life worse than persons without migration background. Migrants complain more often about severe pain and their overall feeling of vitality and mental wellbeing is not as good as in the group of autochthonous Austrians. Migrants and refugees are facing language barriers, social-class-barriers, lack of health competence, the challenge to deal with different cultural concepts and often they struggle with traumatic experience.

Health competence is an important parameter regarding health and the success of health treatments. Migration status is internationally viewed as a risk factor for the lack of health competence but an up-to-date study from August 2016 revealed that migration status doesn't mean necessarily lack of health competence, it rather depends on the socio-economic status. Migrant groups who are better off and better integrated have got even better health competence than austrian groups. That means good language competences, employment, maybe the austrian citizenship, are elements of a high level of health competence and hence good health condition.

Many studies show the strong association between the experience of discrimination and affected health. Many migrants and refugees feel also in the health care system as outsider and need help and empowerment. Equality in treatment on an individual and structural level is essential.

Health and migration is always also a gender issue. For women with migration background the access to the health system is often more difficult due to social and cultural reasons. Important is here a low-threshold service of information, networking, translator service and the cooperation with the community to build up confidence and provide education about the austrian health system. In the context of the refugee crisis it has to be said, that there



are far too little possibilities of multilingual psychotherapy for traumatized persons that would be required.

3. INTERCULTURAL EDUCATION IN THE COUNTRY

The topic of transcultural competence is insufficiently structurally implemented in the national health care education systems. In medical science studies the topic of transcultural competence is inexistent and there is no legal regulation that this topic has to be integrated. There are no explicitly legal regulations in the curricula of other health care professional trainings, such as physiotherapists or psychotherapists.

Only in the educational trainings for nurses and nursing staff (in particular for nursing staff in residential care home for the elderly) there is a legal basis that transcultural medicine and care has to be part of the education programs. However, there is a variable implementation of the topic in the different Austrian nursing schools. But this is about to change: a new curriculum is being written this year and “Transcultural Medicine” will be standardized part of the new academical nurse education, starting in September 2018. At this point it’s still not clear to what extend “Transcultural Medicine” will be part of the new curriculum.

Apart from the national health care education system, there are already many advanced transcultural training programs, post graduate courses, seminars, workshops and lectures for interested people who are willing to better themselves. The lectures and seminars are mostly organized by health care institutions, are partly obligatory and are offered for free. There is no systematic, central independent quality evaluation of the offered education programs and there are no accredited extensive training programs for “transcultural competence trainer” in Austria. At this point it has to be said, that Germany is much further in the development of this topics.

The post-graduate courses are available on an academic level in the field of human medicine, psychotherapy and health care management, complete with a master-degree and are rather pricey. The participation is by choice, only in Vienna it is obligatory for the management of nursing services to provide evidence of transcultural competence – hence, to successfully complete this post graduate course. This is not the case in Upper Austria, which is due to Austria’s strong federalism politics.

4. GOOD PRACTICES FOR INTERCULTURAL DEVELOPMENT OF HEALTH PROFESSIONALS

MiMi Health Pilots – in this project, which was established 2016 in Vienna and Upper Austria, migrants are trained for free to become “Health Pilots”. The aim of the project is to strengthen the individual responsibility of migrants and refugees and to contribute to health equality in the long run. MiMi is bridging the gap between migrants and the Austrian health system. Target group are on one hand migrants with good language competences who are interested in health topics and have access to a wide community network and on the other



hand migrants who are participating at information events and pass on the information to their network.

Kaiser Franz Josef Spital in Vienna is the Austrian representative in a group of 12 European hospitals taking part in the EU project “Migrant-Friendly Hospitals”. Medical, nursing and auxiliary staff has been multicultural for more than three decades in this hospital. 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 of the Kaiser Franz Josef Spital cooperate closely with "FEM Süd", 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.**

There are a few special walk-in clinics for migrants and refugees in Austria:

- Walk-in clinic for transcultural psychiatry at the AKH Vienna
- Walk-in clinic for transcultural psychiatry and migration-caused psychic dysfunction (Vienna)
- Walk-in clinic for transcultural psychiatry at the Wagner-Jauregg-Spittal Linz (only in-house)
- Marienambulanz in Graz for Migrants and Refugees

Strategy for translation: Video-Translation-System

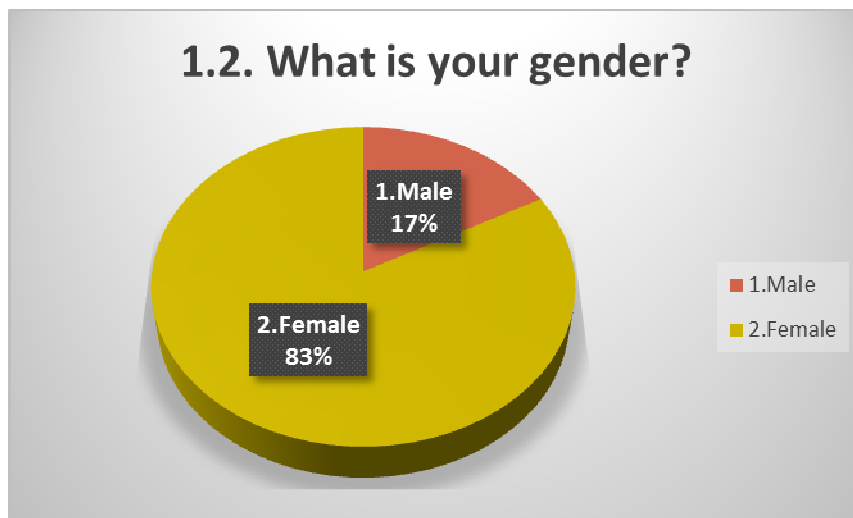
A new project in cooperation with the austrian health ministry, the platform for patient safety, the university of Vienna, the Austrian Health Institution and the fund „healthy Austria“ was established between 2013 and 2014: a wide spread video-translation-system, wich is now managed by a commercial company who offers this highly needed service. At the moment, this service is only available in a few medical practices and in 2 hospitals in Austria – in the St. Anna Childrens Hospital in Vienna and in the AKH Linz. The hospitals of Salzburg and Tirol are thinking about beeing part of the video-translation-network. The more institutions join, the cheaper it gets, but at the moment the price for 15 minutes of translation service is €30,- plus a monthly service charge. There are 500 certified interpreter for the most common 20 languages of migrants.

Patient education before operations by ipad: another helpful tool is the mobile education platform „infoskop®“ wich is used before operations to educate patients about risks and is available in all languages.

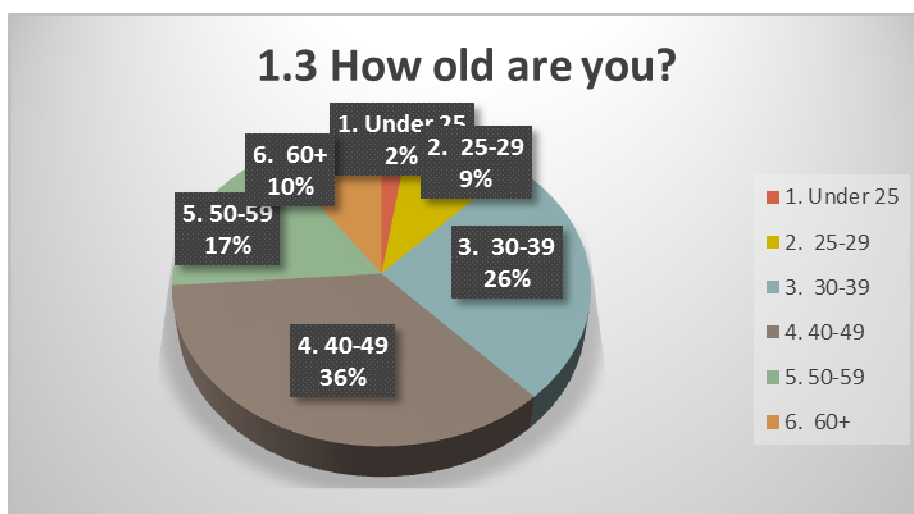


SURVEY-QUESTIONNAIRES

Please cite the results from questionnaires' analysis (excel file). In particular, present the respective 3d pies and a short comment (max. 1 paragraph) regarding each finding.

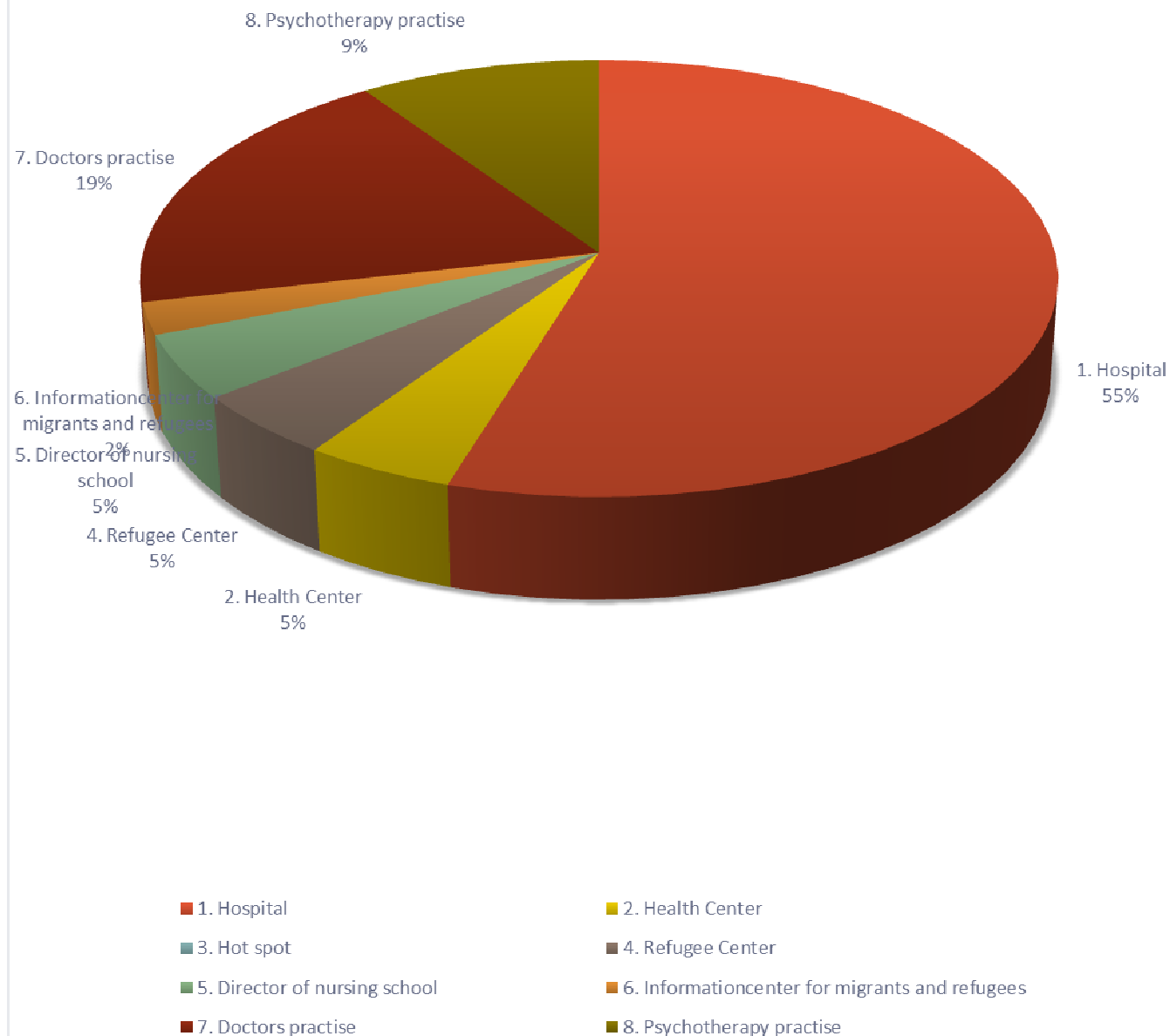


In Austria, the health care sector is female. From 42 questionnaires, 34 were filled in by female professionals and 7 by male.



More than the half of the experts are between 30 and 49 years old – it reflects the main employment age.

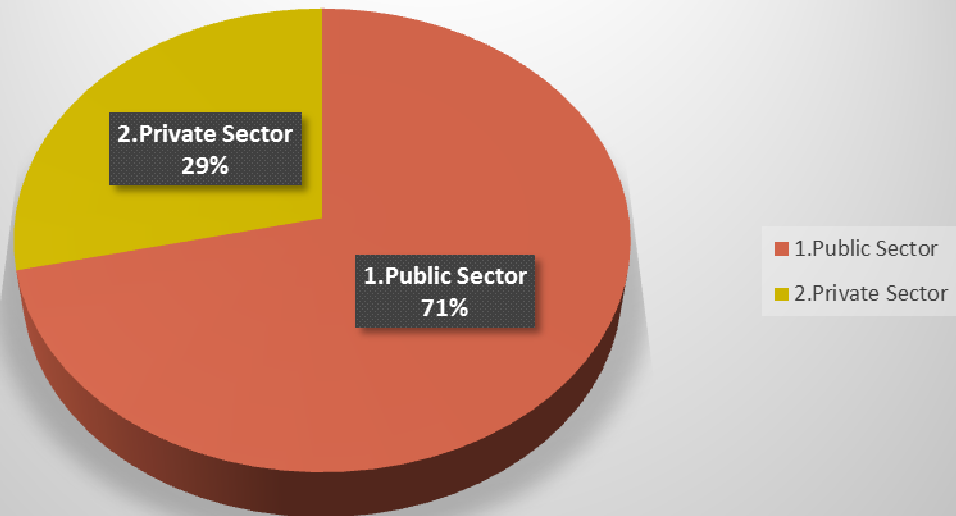
1.4. Are you working in a:



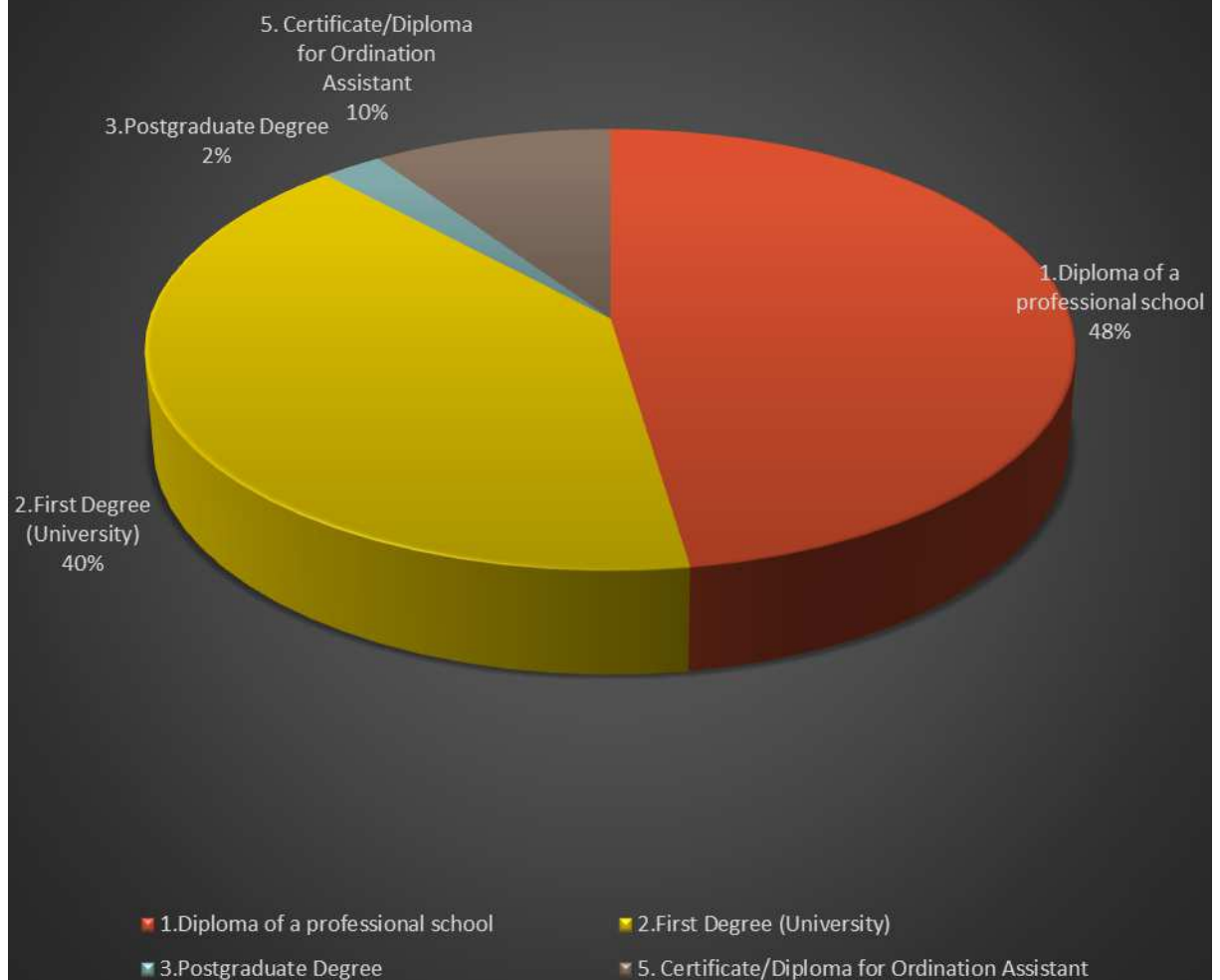
More than the half of the sample (71%) is working in the public sector and in an hospital. Austrian health care workers are well educated: almost 88% have a diploma of a higher school or an university degree. The sample differs between very high educated professionals (8 doctors, 13 nurses, 5 psychotherapists, 2 dentists, 1 director of a nursing school and 8 radiologist) and 7 assistant or auxiliary employees. More than half of the sample has got more than 11 years (most of them more than 15 years) of experience in the health care sector and with culturally diverse groups in their working field.



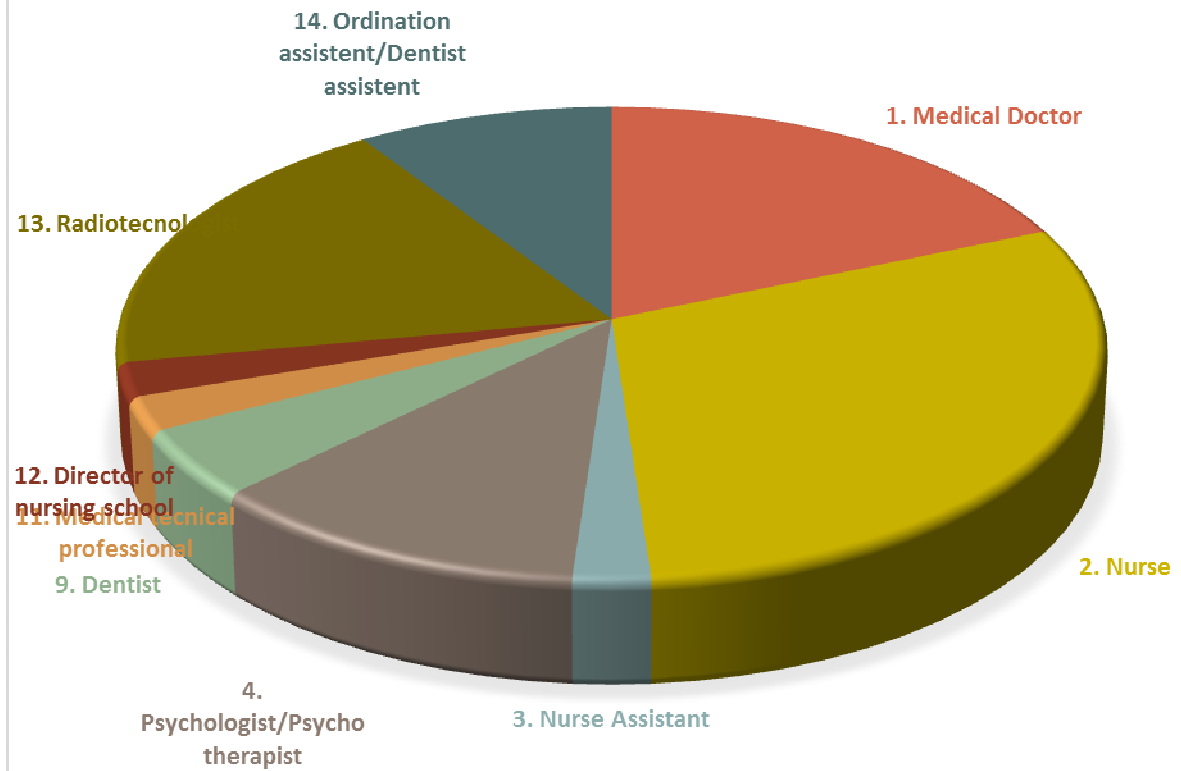
1.5 Are you working in:



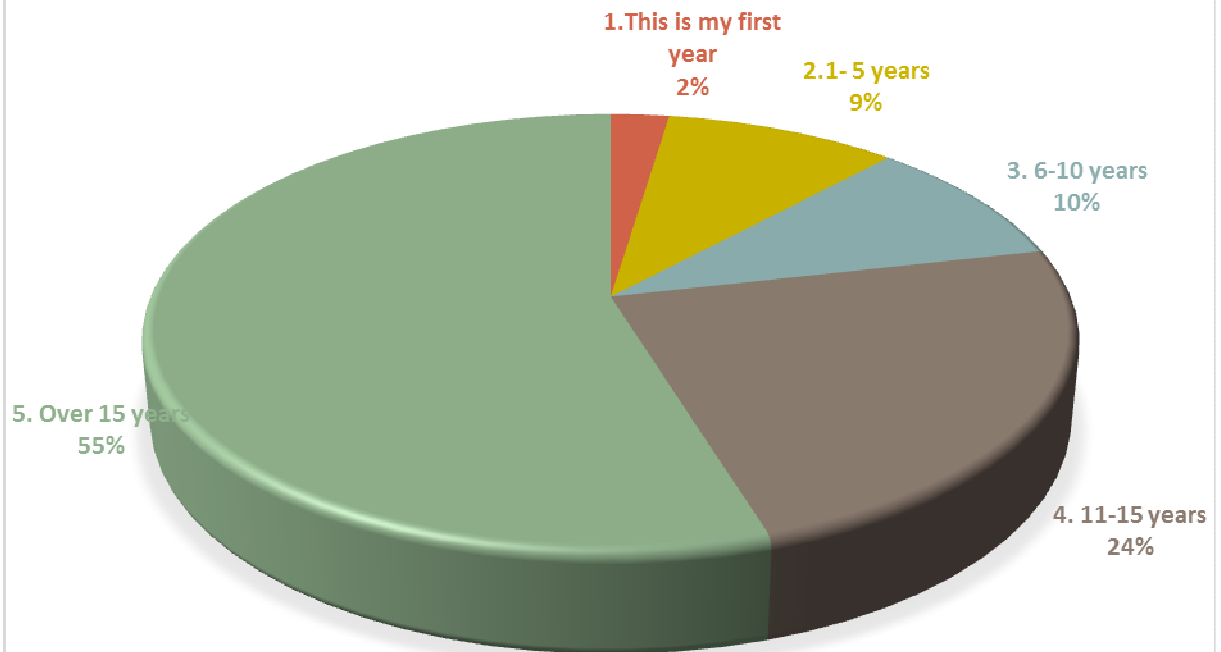
1.6 What is your degree:



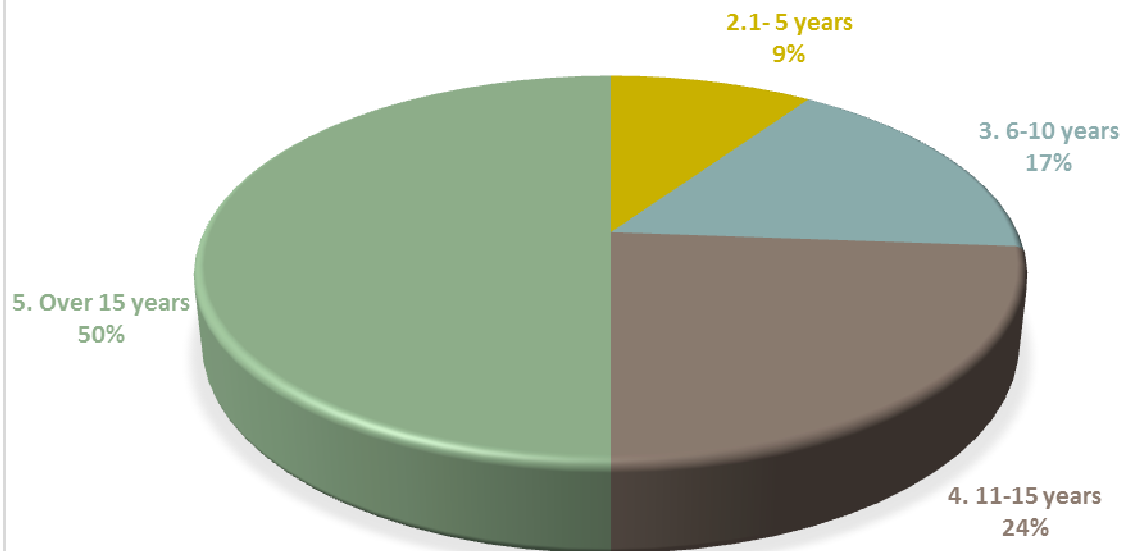
1.7 WHAT IS YOUR SPECIALITY?



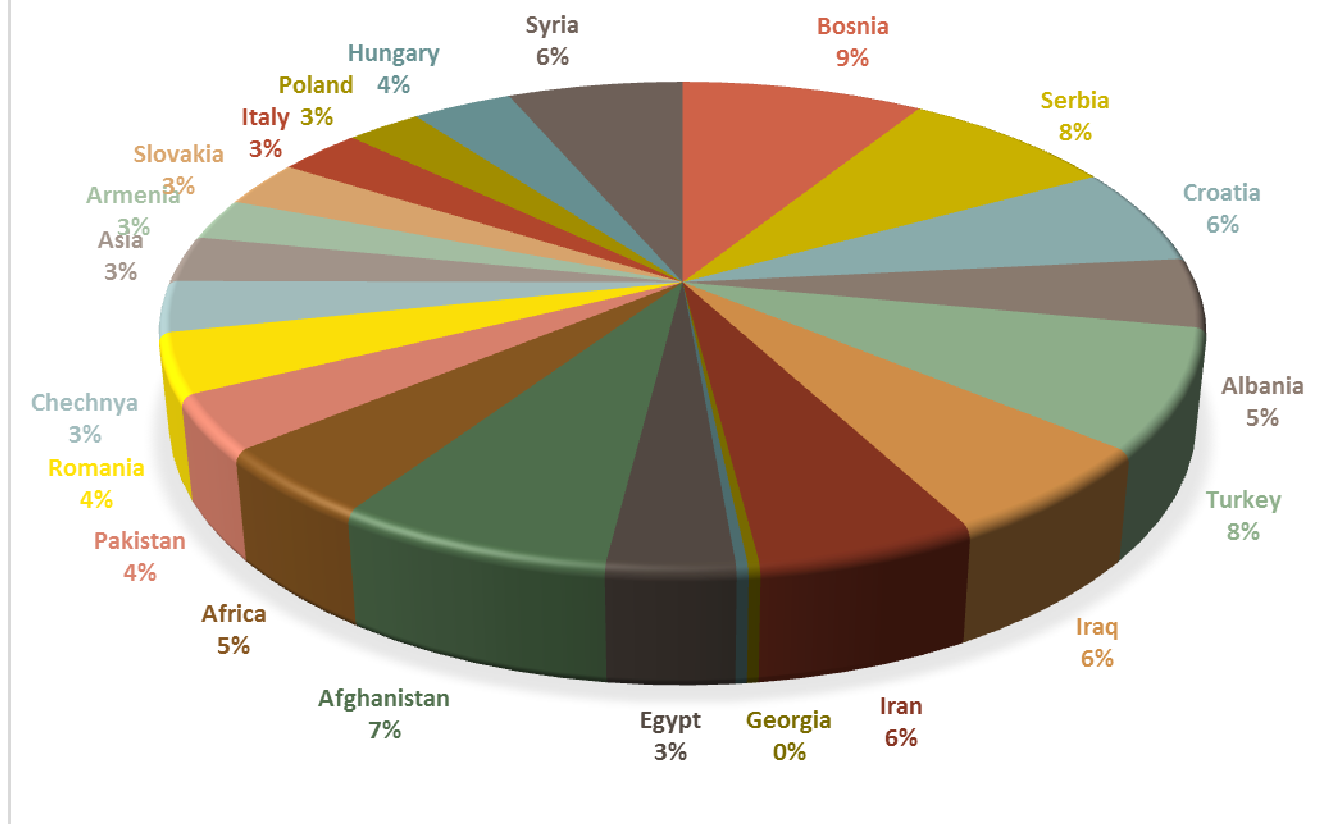
1.8 HOW LONG HAVE YOU BEEN WORKING AS A HEALTHCARE PROFESSIONAL?



1.9 HOW LONG HAVE YOU BEEN CARING FOR CULTURALLY DIVERSE GROUPS OF PEOPLE?



1.10 WHICH IS/ARE THE MOST COMMON CULTURALLY DIVERSE GROUPS OF PEOPLE (OR COUNTRIES OF ORIGIN IN CASE THEY ARE DIFFERENT) THAT YOU CARE FOR?

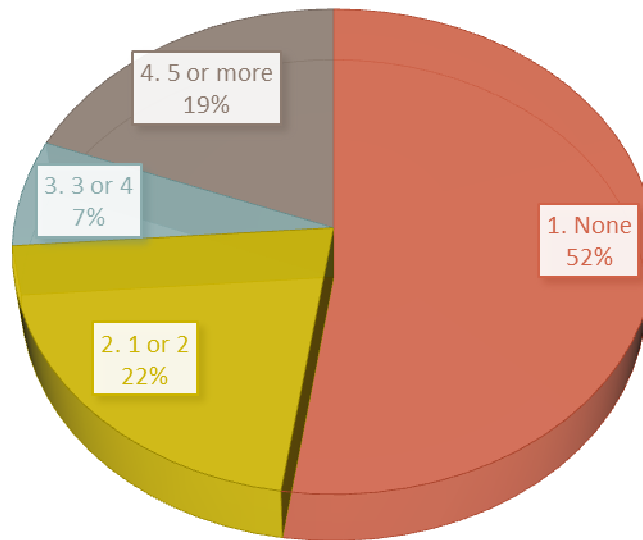


This question obviously has been not so clear to many experts. A sample of the answers: „Muslims“, „All of them“, „Muslims, East-Europeans from the Balkan and Jehovah's Witnesses“, „Africans“ – and so on.

But all in all a clear picture turned out, which also reflects the accurate percentage of migrant population in Austria:

The highest number: Bosnia, tight followed by Serbia, Turkey, then Afghanistan, Syria, Croatia, and a wide spread variety Iran, Iraq, „Africa“, Hungary, Egypt until Georgia and Tibet.

2.1 IN HOW MANY ACTIVITIES OF INTERCULTURAL COMPETENCES DEVELOPMENT
HAVE YOU TAKEN PART DURING YOUR PROFESSIONAL CAREER?



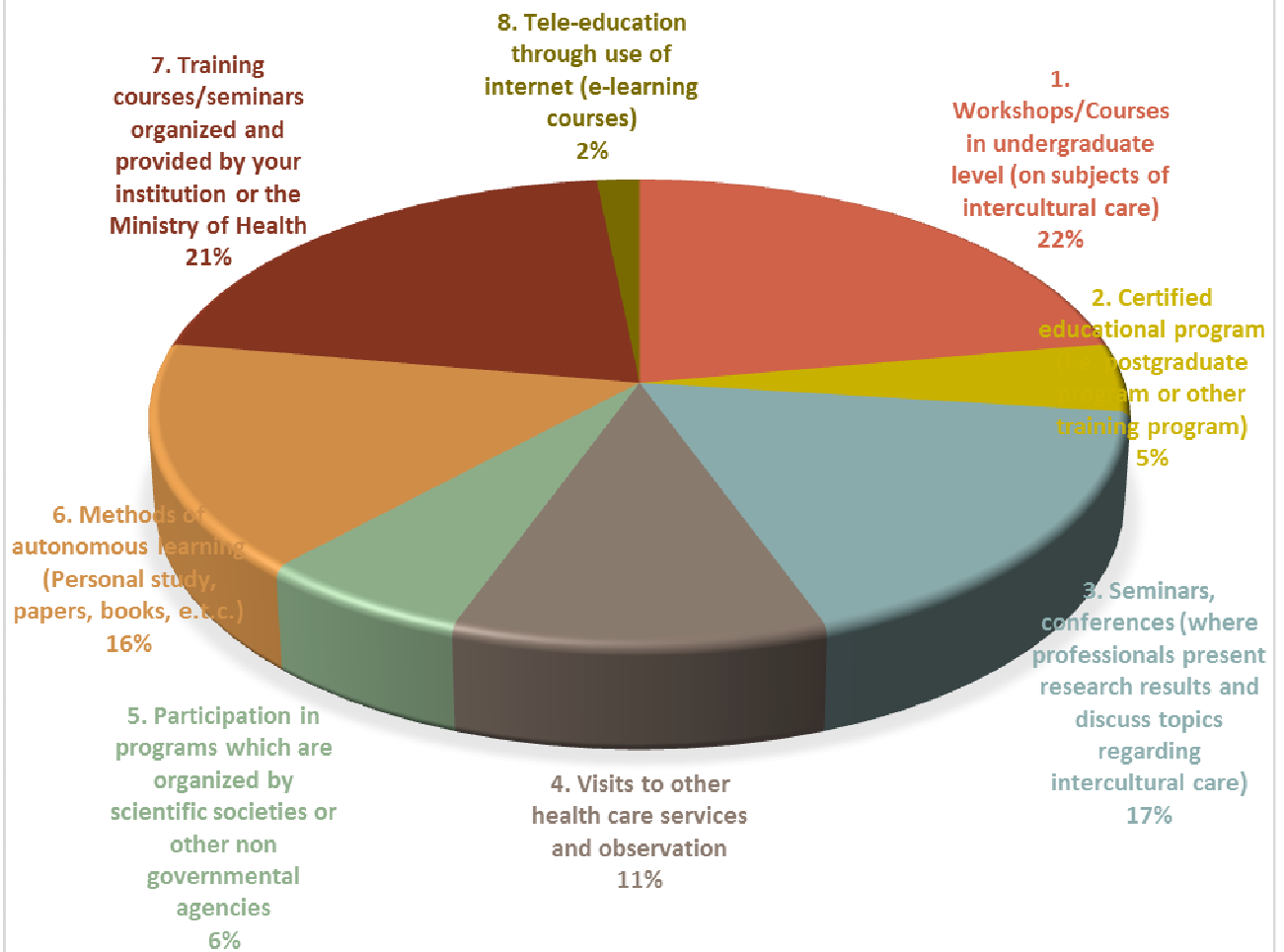
2.) Development of cultural competence and educational needs:

Remarkable outcome is that more than 50% of the sample declares not to have taken part in any intercultural development programs in their whole career.

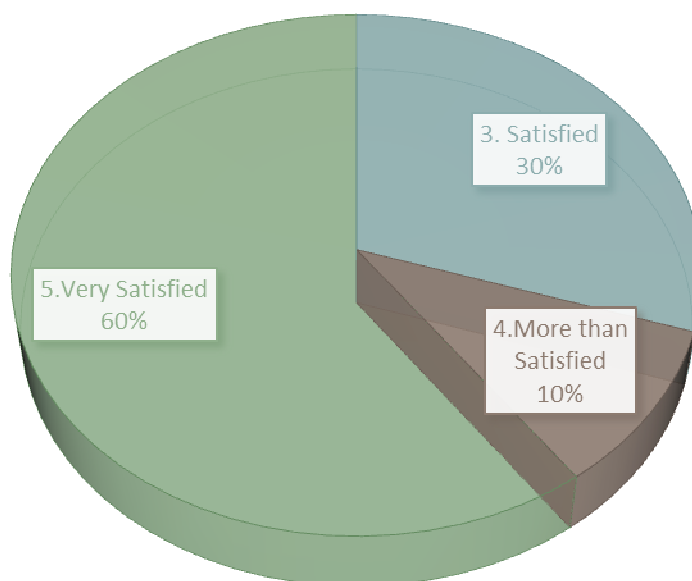
The conclusion is further, that the ones who have taken part voluntarily in further education, they rate the education programs much better. Significant is the correlation between experts who have never taken part in any intercultural training also declare that they are not interested in such education programs.

By trend higher educated health care workers declare to be more interested in further education concerning intercultural competence and at the same time rate their own intercultural competence by trend lower than health care workers, who never attended an intercultural training. The latter seem to have high self esteem in their intercultural competence, see no need in any intercultural education and are not interested in intercultural trainings.

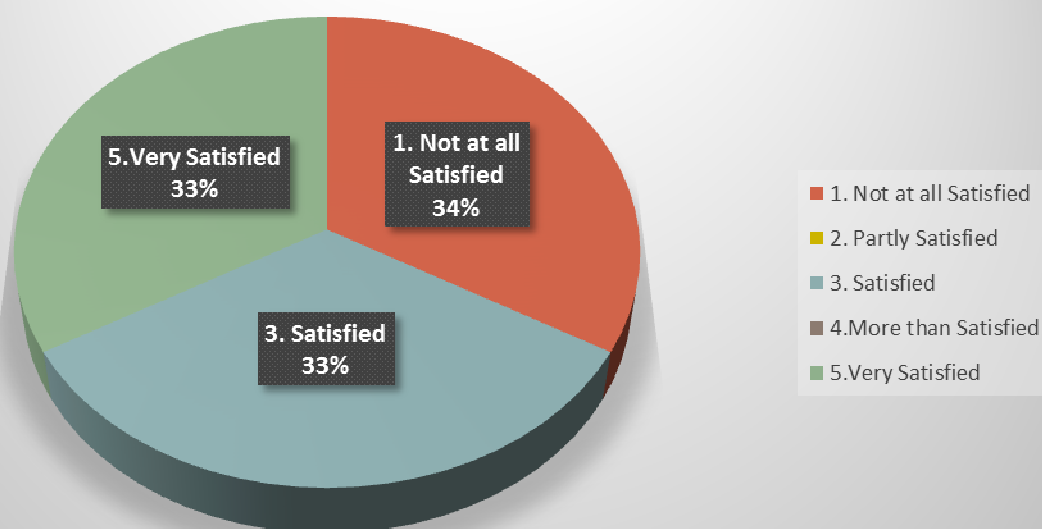
2.2 IF DURING YOUR CAREER YOU HAVE TAKEN PART IN ANY OF THE FOLLOWING ACTIVITIES OF INTERCULTURAL EDUCATION, PLEASE PUT A TICK IN THE CORRESPONDING BOX (PART A)



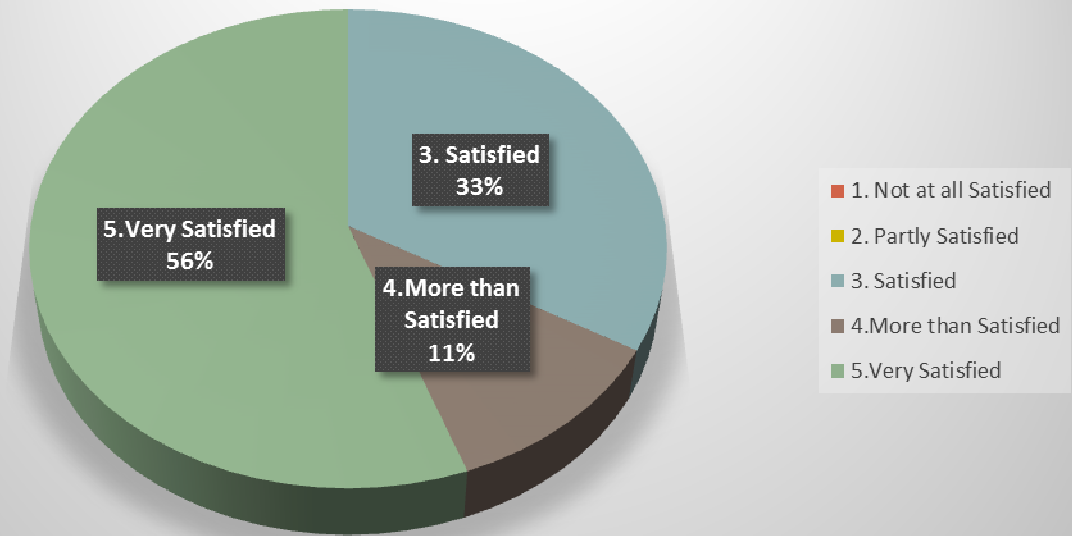
2.2 1) WORKSHOPS/COURSES IN UNDERGRADUATE LEVEL (ON SUBJECTS OF INTERCULTURAL CARE) PART (B)



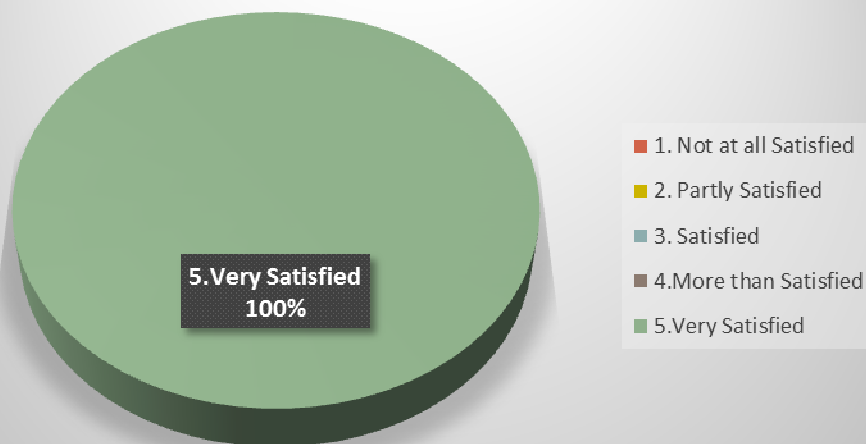
2.2 2) Certified educational program (i.e. postgraduate program or other training program)



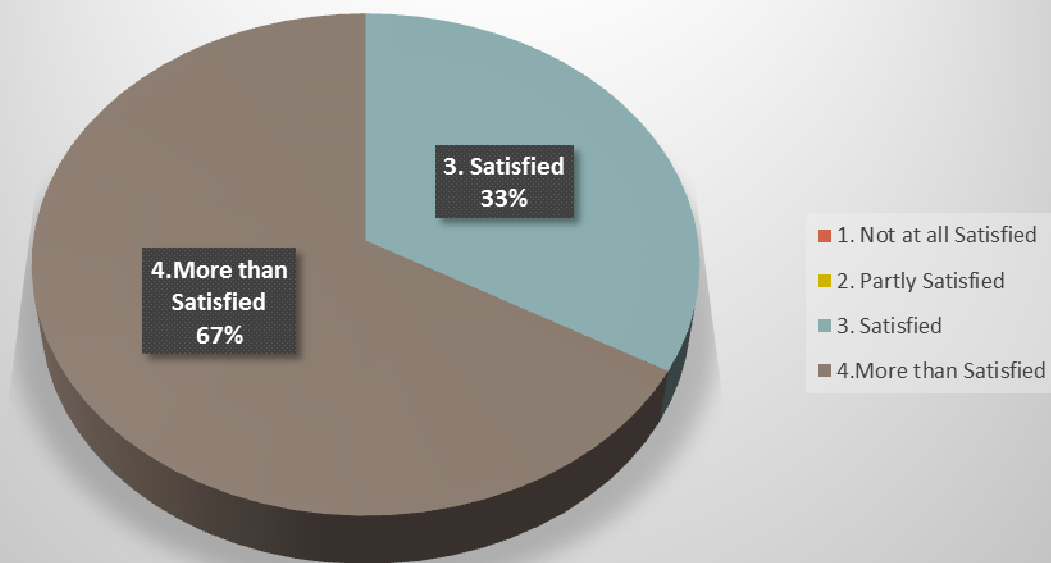
2.2 3) Seminars, conferences (where professionals present research results and discuss topics regarding intercultural care)



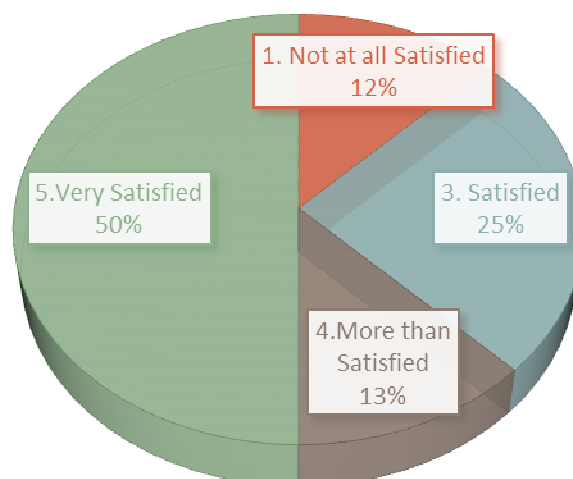
2.2 4) Visits to other health care services and observation



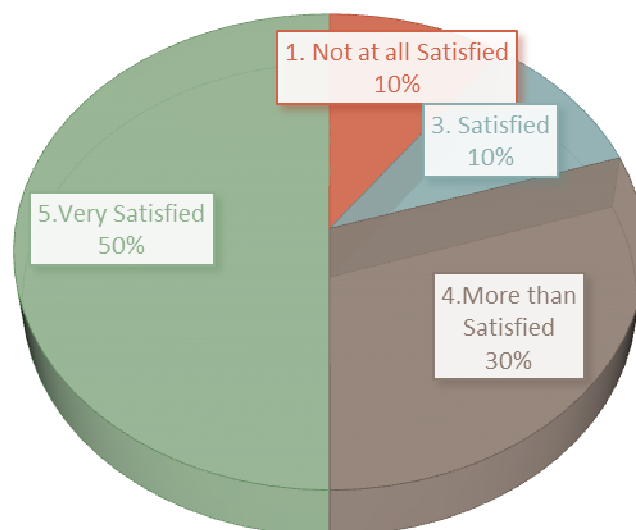
2.2 5) Participation in programs which are organized by scientific societies or other non governmental agencies



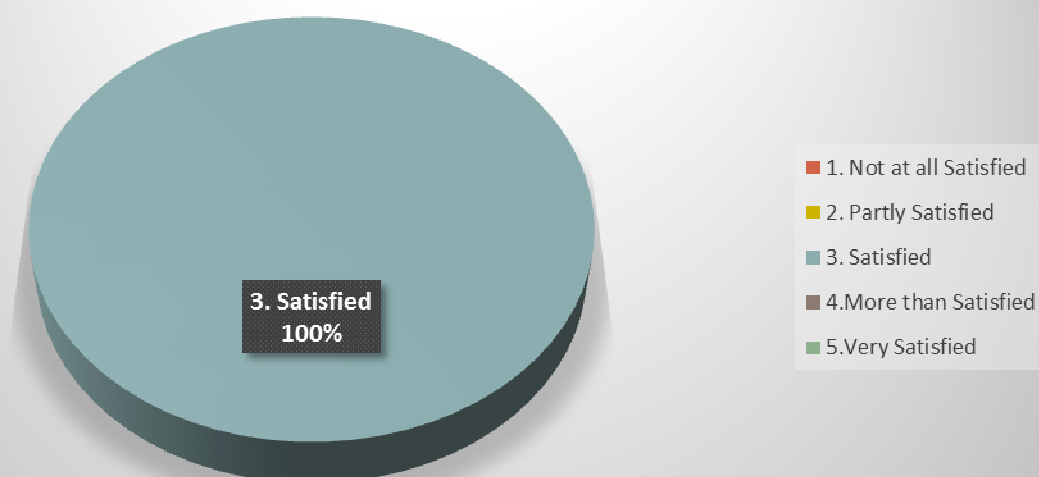
2.2 6) METHODS OF AUTONOMOUS LEARNING (PERSONAL STUDY, PAPERS, BOOKS, E.T.C.)



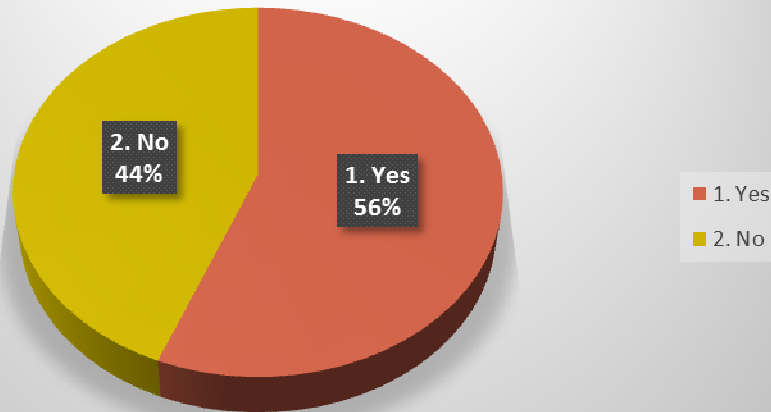
2.2 7) TRAINING COURSES/SEMINARS ORGANIZED AND PROVIDED BY YOUR INSTITUTION OR THE MINISTRY OF HEALTH



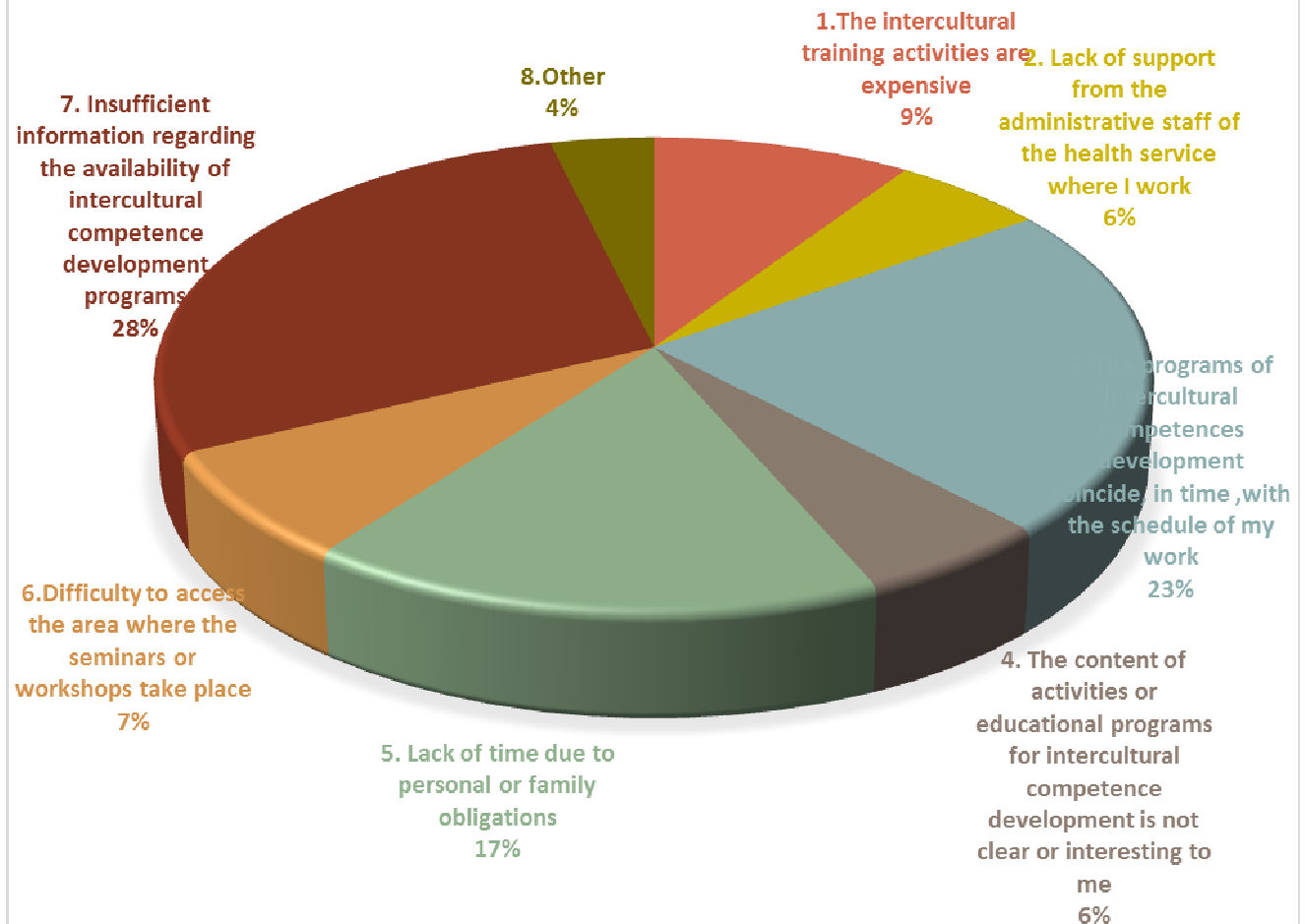
2.2 8) Tele-education through use of internet (e-learning courses)



2.3. Would you like to participate in more activities of intercultural education than you usually take part?

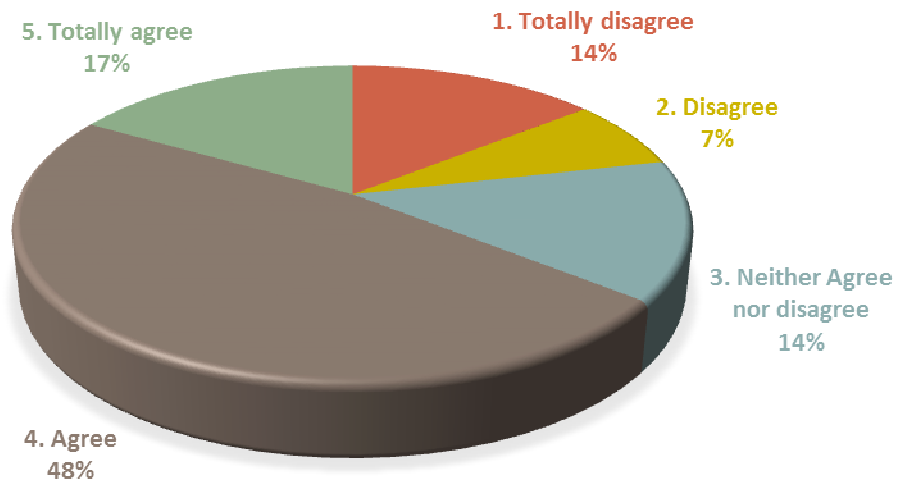


2.4. 2.4 IF YOUR PREVIOUS QUESTION WAS YES THEN WHICH DO YOU THINK ARE THE OBSTACLES FOR YOUR PARTICIPATION IN ACTIVITIES OF INTERCULTURAL COMPETENCES DEVELOPMENT?

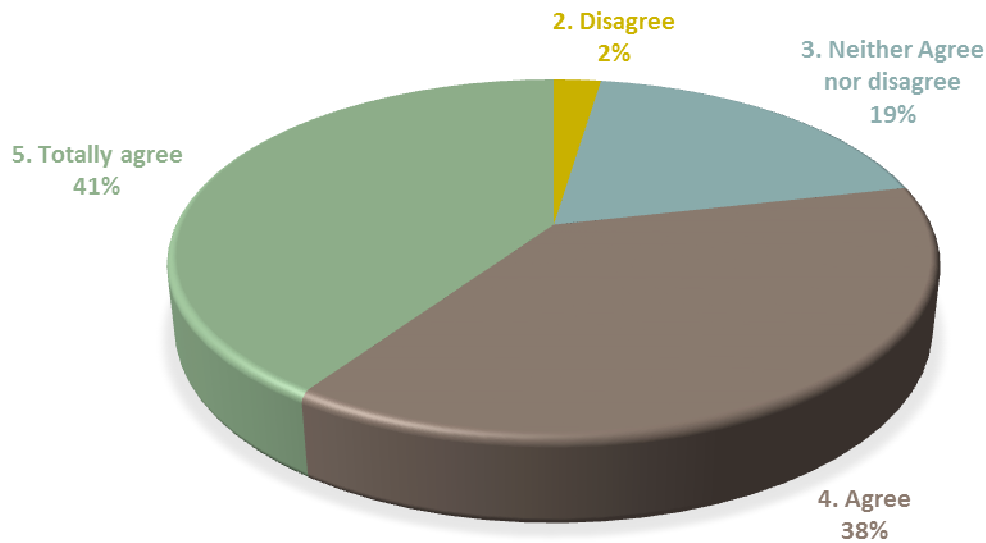


The reasons, why interested health care workers are not attending further intercultural trainings can be pointed out clearly: most of them (28%) declare a lack of sufficient information regarding the availability of intercultural development programs. Second frequent answer (17%) is the lack of time due to work and family obligations.

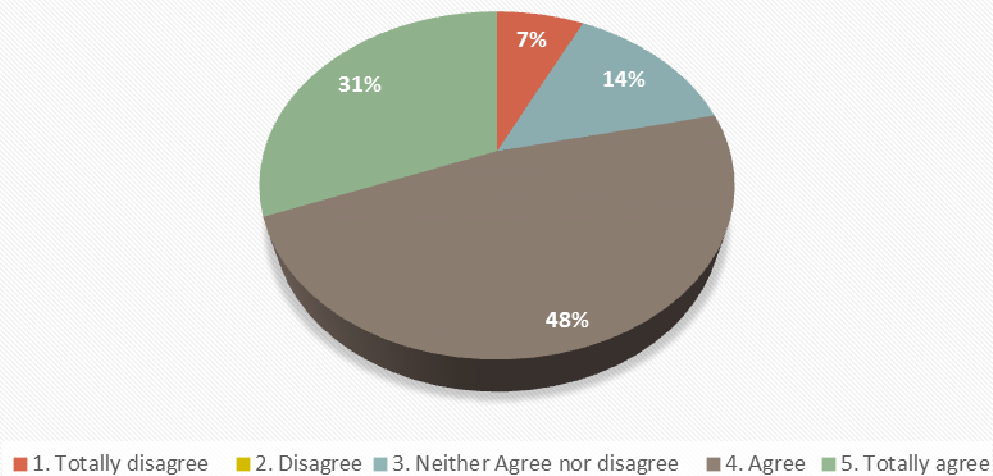
2.5. DO YOU BELIEVE THAT THE EDUCATIONAL SYSTEM IN YOUR COUNTRY SHOULD PROVIDE HEALTH PROFESSIONALS WITH MORE OPPORTUNITIES FOR INTERCULTURAL COMPETENCE DEVELOPMENT PROGRAMS?



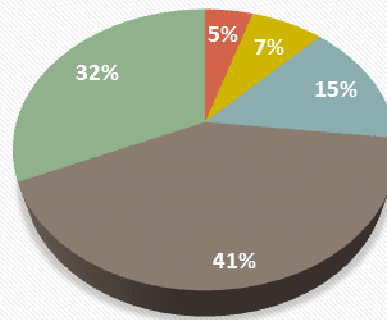
2.6 ACCORDING TO YOUR OPINION WHEN SPEAKING ABOUT INTERCULTURAL COMPETENCES OF HEALTH PROFESSIONALS, WE MEAN THAT THE HEALTH PROFESSIONALS SHOULD : A) BE SELF-AWARE REGARDING THEIR OWN CULTURAL IDENTITY AND ITS EFFECT ON THE PROVIDED CARE



2.6 b) Be aware of the impact of the social and cultural background of the person they care for, on health and decisions regarding health

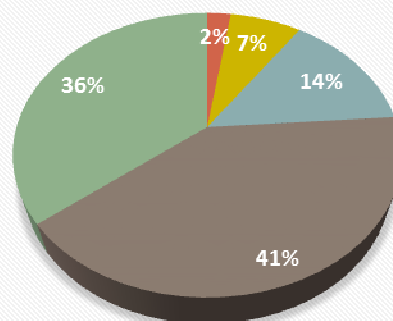


2.6 c) Be able to observe and evaluate the social, cultural and language needs and difficulties of the persons and adjust their care accordingly



1. Totally disagree 2. Disagree
3. Neither Agree nor disagree 4. Agree
5. Totally agree

2.6 d) Have interpersonal and communication skills so as to get over possible obstacles in communication

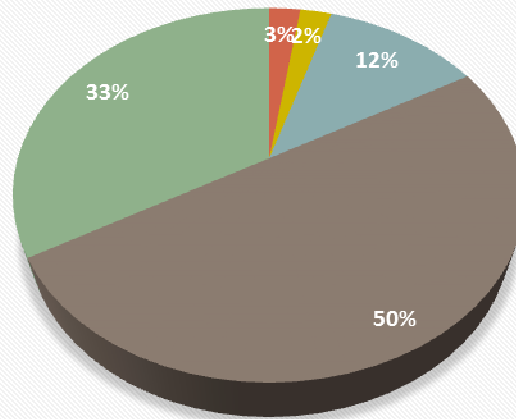


1. Totally disagree 2. Disagree
3. Neither Agree nor disagree 4. Agree
5. Totally agree

A short résumé of the answers regarding the question congeries relating to what represents intercultural competence:

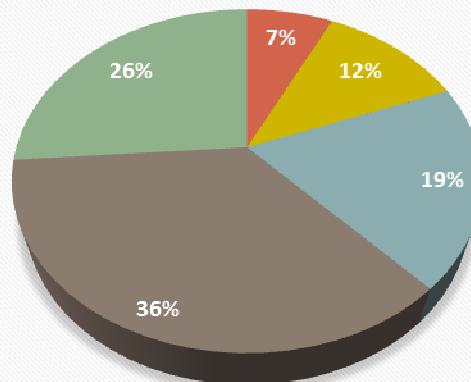
The assumption is, that the more or less 50% of the sample who is generally interested in the topic, values the key indicators of intercultural competence of high or very high importance.

2.6 e) Interact effectively with the family and significant others of the person



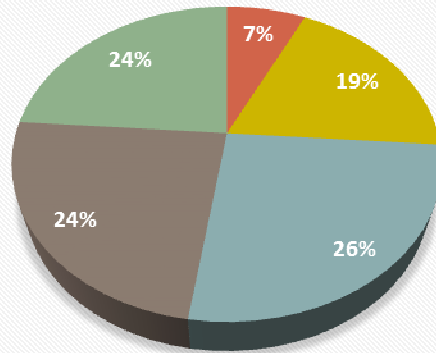
1. Totally disagree 2. Disagree 3. Neither Agree nor disagree 4. Agree 5. Totally agree

2.6 f) Draw information regarding the beliefs of the person about health and illness, his/her way of living and health practices



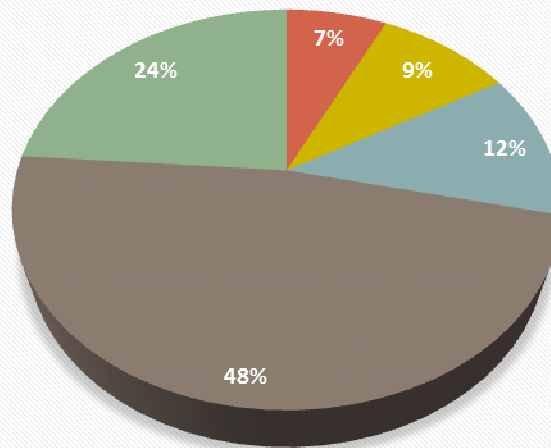
1. Totally disagree 2. Disagree 3. Neither Agree nor disagree 4. Agree 5. Totally agree

2.6 g)) Explore the way of living and health practices (i.e. traditional healing practices)



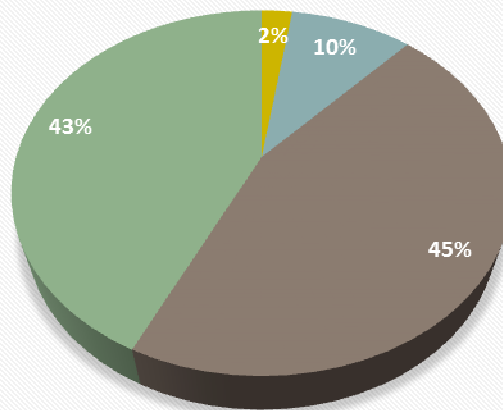
1. Totally disagree 2. Disagree 3. Neither Agree nor disagree 4. Agree 5. Totally agree

2.6 h) Trace the importance of religion and religious rituals for the person



1. Totally disagree 2. Disagree 3. Neither Agree nor disagree 4. Agree 5. Totally agree

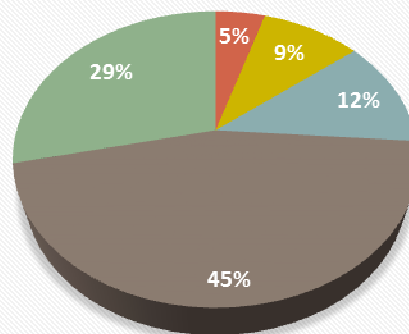
2.6 i) Develop interpersonal relationships which are based on acceptance, trust and respect



1. Totally disagree 2. Disagree 3. Neither Agree nor disagree 4. Agree 5. Totally agree

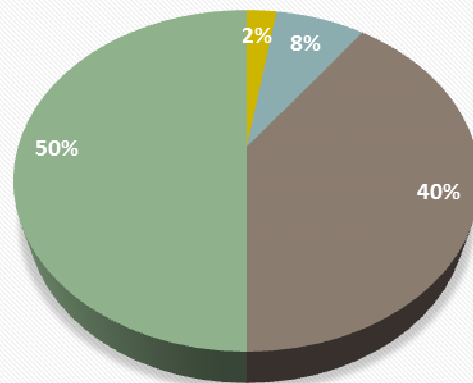
Interesting in this context is the fact, that the two questions which are asking for general human qualities when working in the social field with people, like acceptance, trust, respect and empathy/compassion – there is no single answer, that these qualities would not be important, while at all other categories there are always a few states that this is „of no importance at all“.

2.6 j) Have assessment and diagnostic skills as well as clinical skills regarding the care of culturally diverse groups



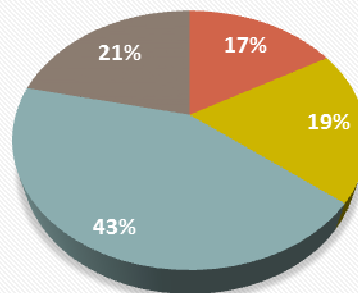
1. Totally disagree 2. Disagree 3. Neither Agree nor disagree 4. Agree 5. Totally agree

2.6 k) Have empathy/compassion (be able to put themselves in the patients' position and try to experience their thoughts, emotions and problems from the patients' cultural perspective)



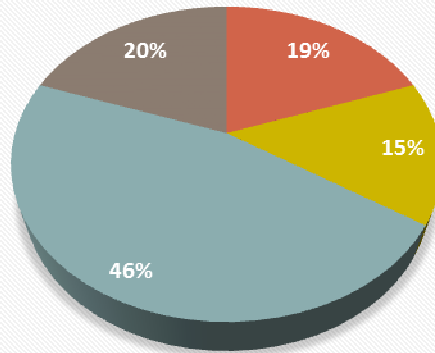
1. Totally disagree 2. Disagree 3. Neither Agree nor disagree 4. Agree 5. Totally agree

2.7 Taking into consideration your needs for intercultural competence development, please note which areas from the list below, are relevant to you or are interesting for you: a) Knowledge of existing stereotypes and prejudice regarding other cultures



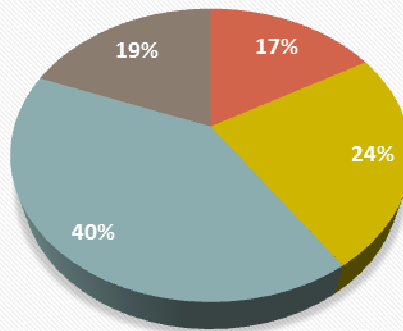
1. No need at all 2. Little need 3. Moderate need 4. Great need

2.7 b) Knowledge of ways of handling negative feelings of mine such as racist thoughts, discrimination of people e.t.c



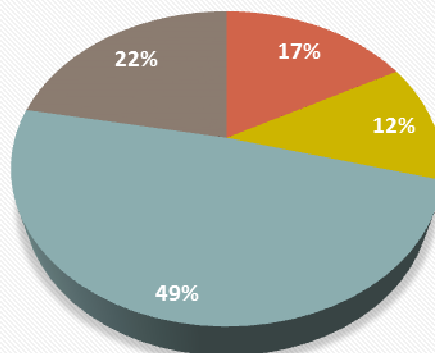
1. No need at all 2. Little need 3. Moderate need 4. Great need

2.7 c) Knowledge of similarities and differences regarding culture, customs and religious beliefs between different cultural groups



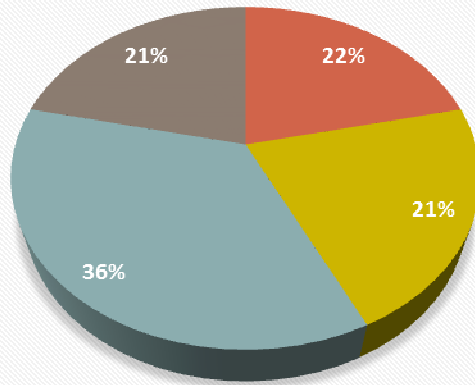
1. No need at all 2. Little need 3. Moderate need 4. Great need

2.7 d) Knowledge of supportive and social structures which promote culturally sensitive care

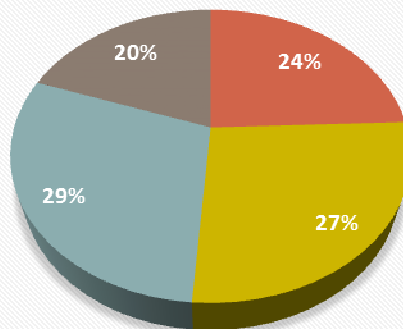


1. No need at all 2. Little need 3. Moderate need 4. Great need

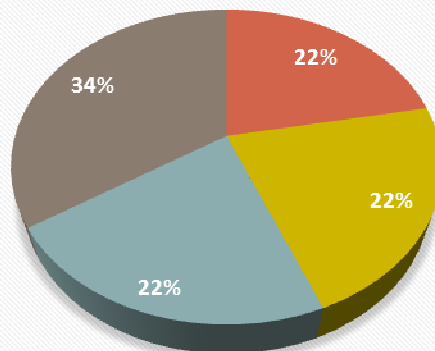
2.7 e) Counselling individuals and culturally diverse groups of people



1. No need at all 2. Little need 3. Moderate need 4. Great need

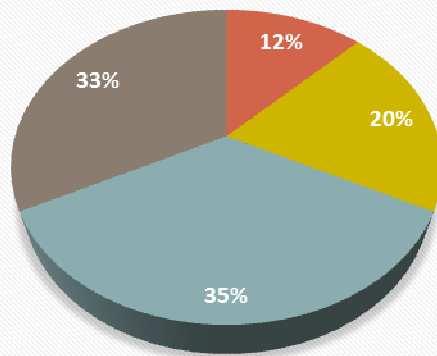
2.7 f) Training for caring and teaching people with a different cultural background during **Pregnancy**

1. No need at all 2. Little need 3. Moderate need 4. Great need

Training for caring and teaching people with a different cultural background during **Infancy**

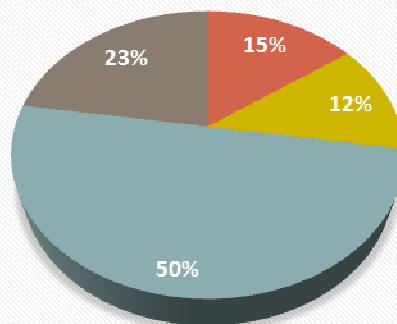
1. No need at all 2. Little need 3. Moderate need 4. Great need

Training for caring and teaching people with a different cultural background during **Old Age**



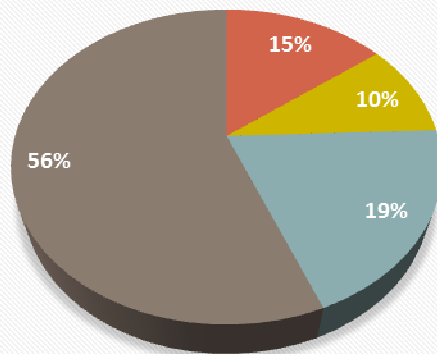
1. No need at all 2. Little need 3. Moderate need 4. Great need

Training for caring and teaching people with a different cultural background during **Death and mourning**



1. No need at all 2. Little need 3. Moderate need 4. Great need

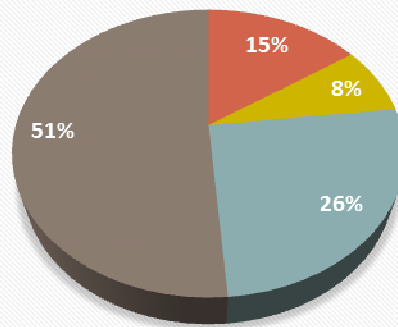
2.7 g) Skills for effective compliance of the person with the therapeutic regimen



1. No need at all 2. Little need 3. Moderate need 4. Great need

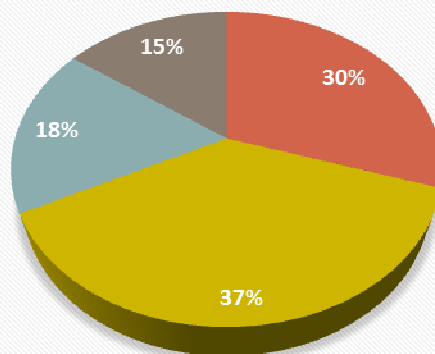
Compliance problems and dealing with ethnical dilemmas problems are rated the most important topics, while more than 50% of the sample does not see computer skills as a necessary tool in education programs.

2.7 h) Dealing with ethical dilemmas and problems arising from specific interventions such as blood transfusion, analgesia, diet, fasting e.t.c.



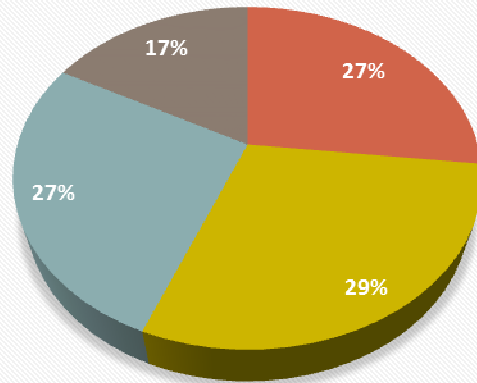
1. No need at all 2. Little need 3. Moderate need 4. Great need

2.7 i) Computer skills which aim at personal training, getting information about other cultures and use of e-learning sources



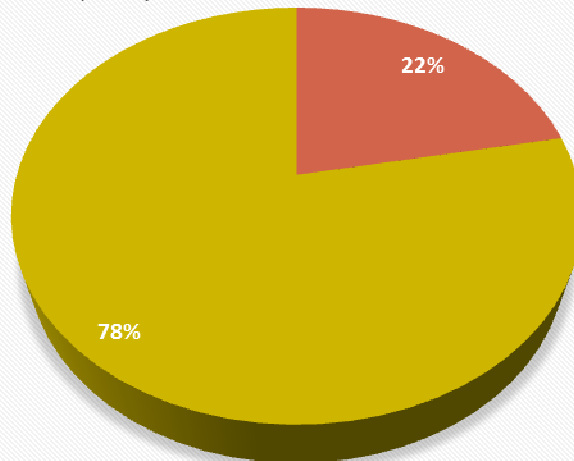
1. No need at all 2. Little need 3. Moderate need 4. Great need

2.7 j) Knowledge of techniques of non formal education



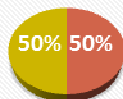
1. No need at all 2. Little need 3. Moderate need 4. Great need

2.8 During your education were other teaching methods used (beyond the ones of the formal course of study) (i.e. educational techniques such as role playing, theater or music methods, e.t.c. which are frequently described as non formal educational methods



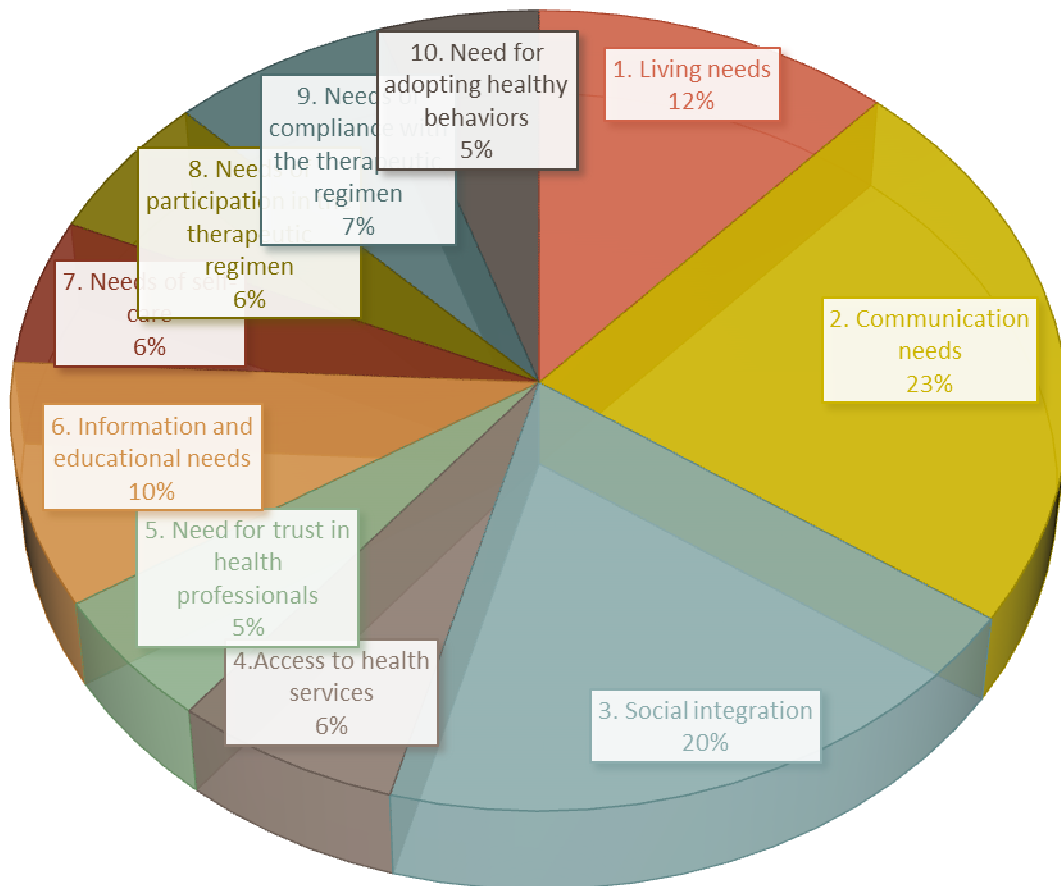
1. Yes 2. No

2.8 b) If No, would you like such methods to be used in your future training?



1. Yes 2. No

3.1. IN YOUR OPINION WHAT ARE THE MAJOR NEEDS OR DIFFICULTIES THAT CULTURALLY DIVERSE GROUPS DEAL WITH (PLEASE CHOOSE THE THREE MORE IMPORTANT ONES).

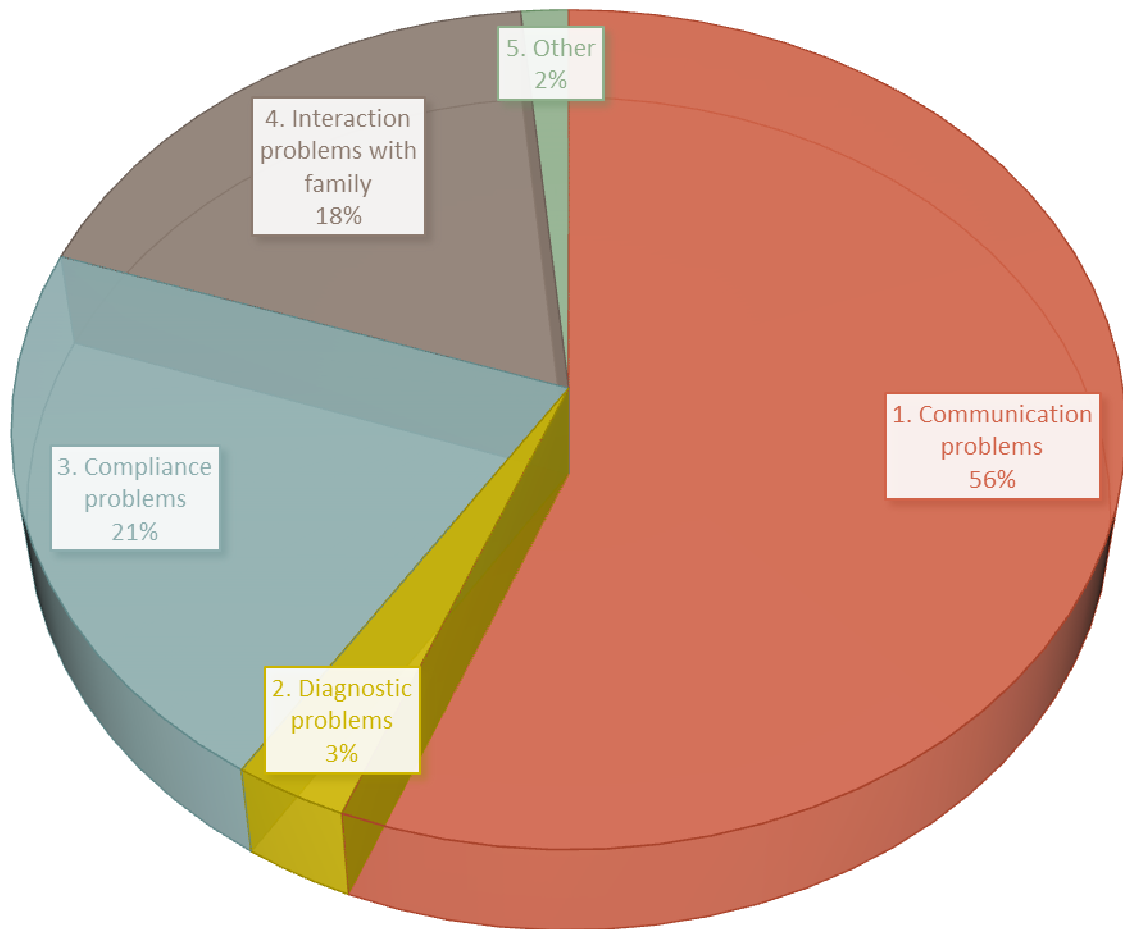


3.) Existing reality in the country and ways to address them:

As major needs of culturally diverse groups are pointed out in the view of austrian health care workers:

- Communication needs (23%)
- Social integration (20%)
- Information and educational needs (10%)
- Needs of compliance with the therapeutic regimen (6%)

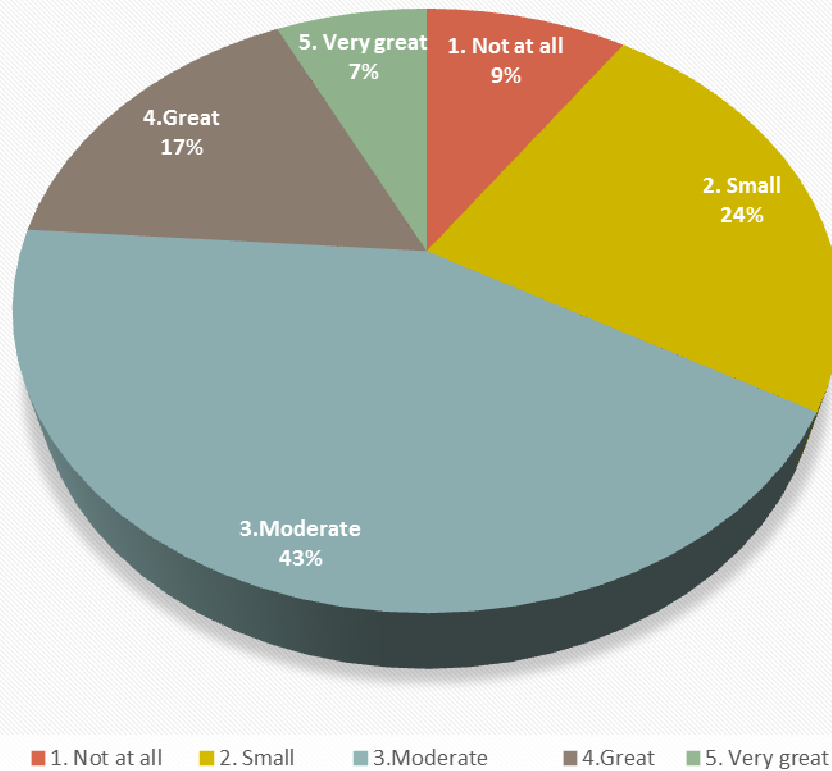
3.1. IN YOUR OPINION WHAT ARE THE MAJOR NEEDS OR DIFFICULTIES THAT CULTURALLY DIVERSE GROUPS DEAL WITH (PLEASE CHOOSE THE THREE MORE IMPORTANT ONES).



Major problems, austrian health care workers are dealing with in their every day work:

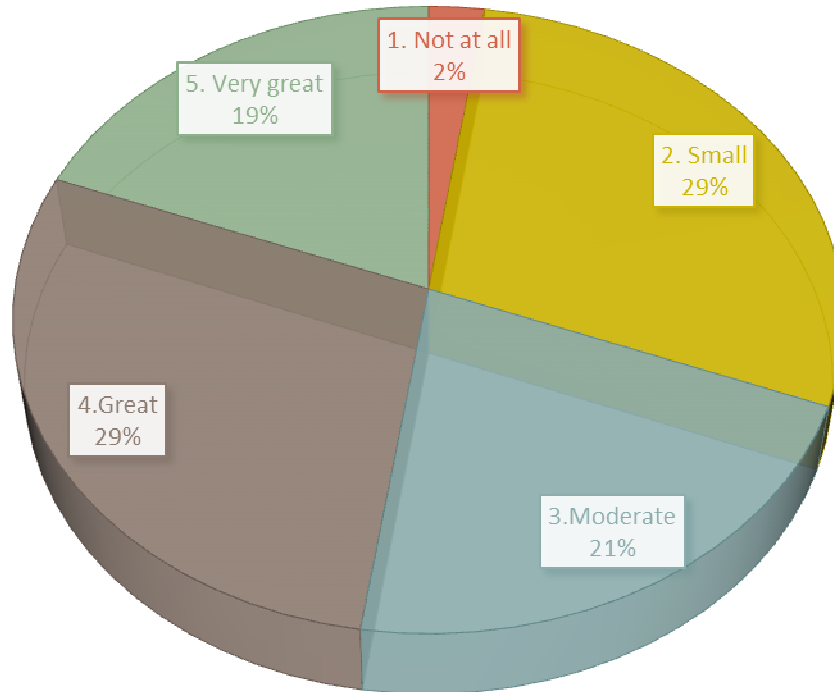
- 56% of the sample declare „communication problems“ with the target group as the main problem. That`s a clear sign, that language barriers are in fact an frequently insuperable obstacle in providing quality health care service.
- Compliance problems (21%) and
- Interaction problems (18%) with family are two more problem fields of high awareness.

3.3. TO WHAT EXTENT YOU FEEL CULTURALLY COMPETENT SO AS TO COVER THOSE PEOPLE NEEDS?

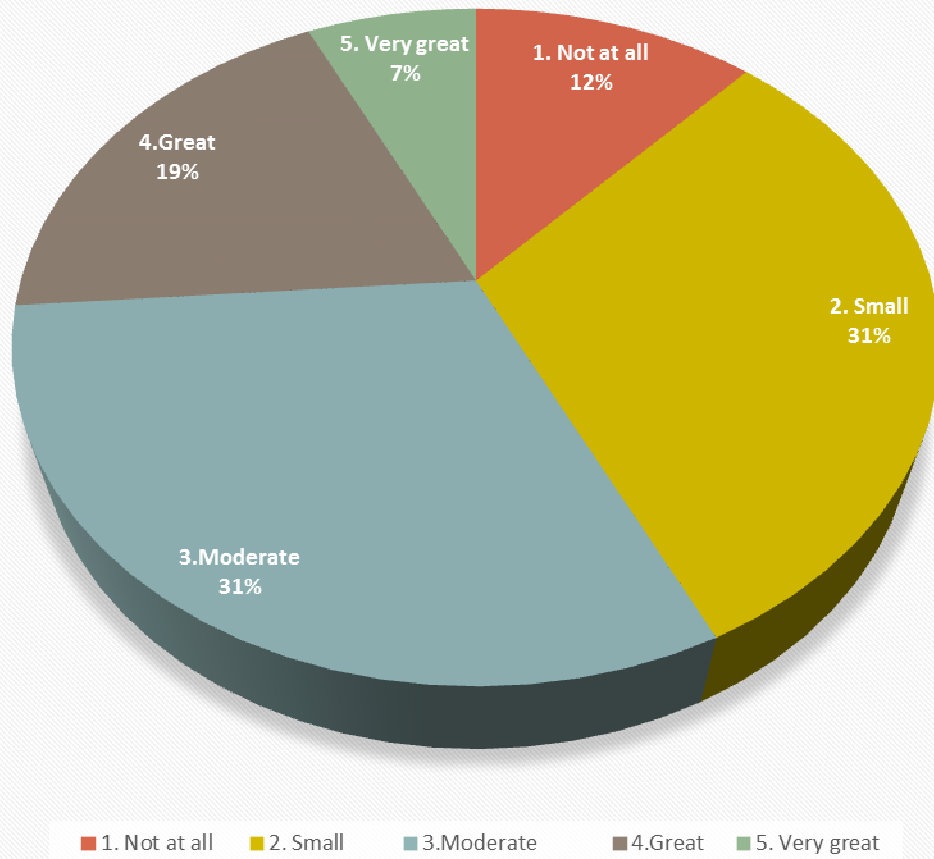


The maximum specificities of questions 3.3 a-e clustered around „moderate“ – which can be interpreted as such, that the questions are not clear or of not much interest or knowledge of the experts or that it might be better to leave out „moderate“ and just offer 4 possibilities for an answer.

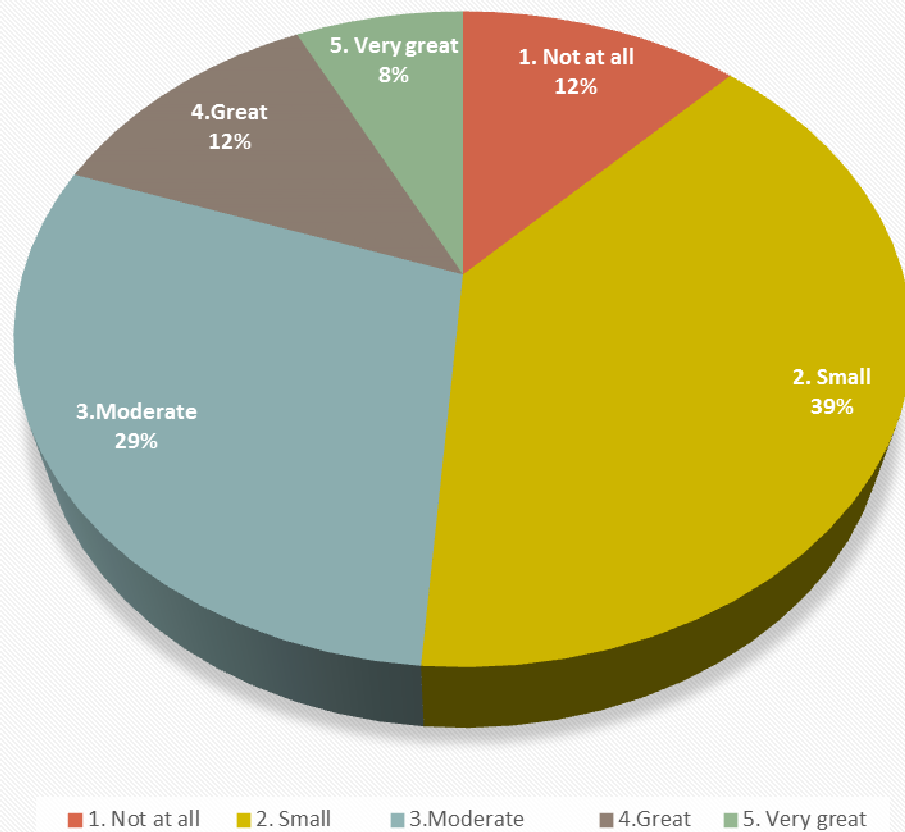
3.4. ACCORDING TO YOUR OPINION TO WHAT EXTENT HEALTH SERVICES ARE INTERCULTURALLY COMPETENT IN THE CARE OF CULTURALLY DIVERSE GROUPS OF PEOPLE IN YOUR COUNTRY WITH REGARD TO: A) AVAILABILITY AND ACCESSIBILITY OF HEALTH SERVICES ORGANIZATIONAL STRUCTURES



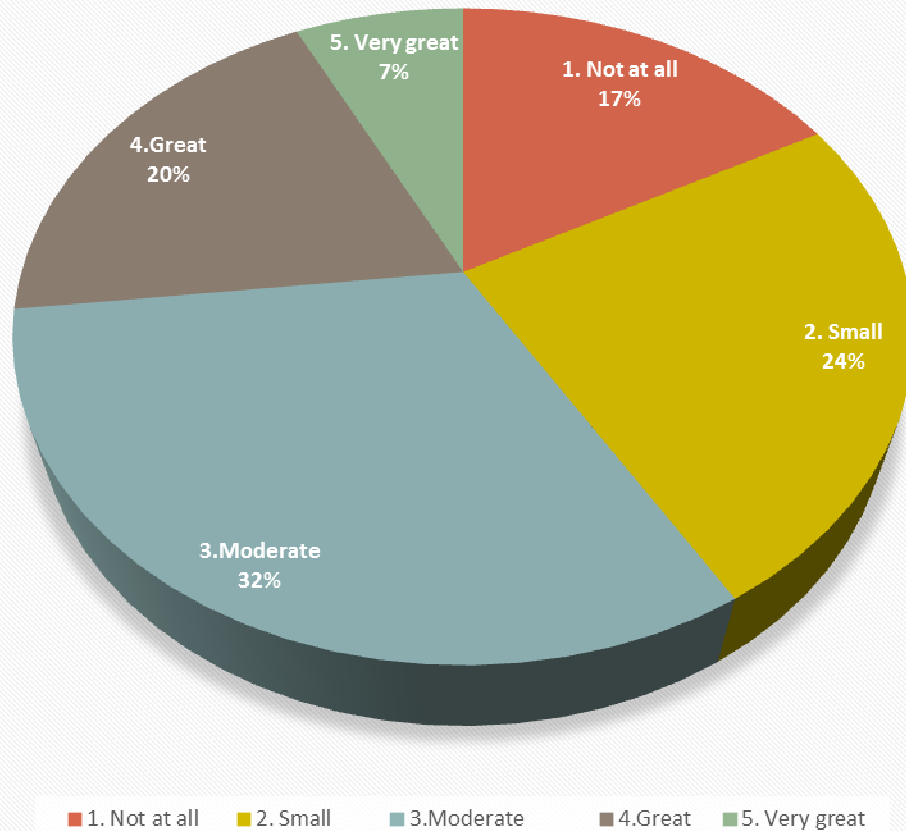
3.4. b) Availability of staff (i.e. intercultural mediator, translators)



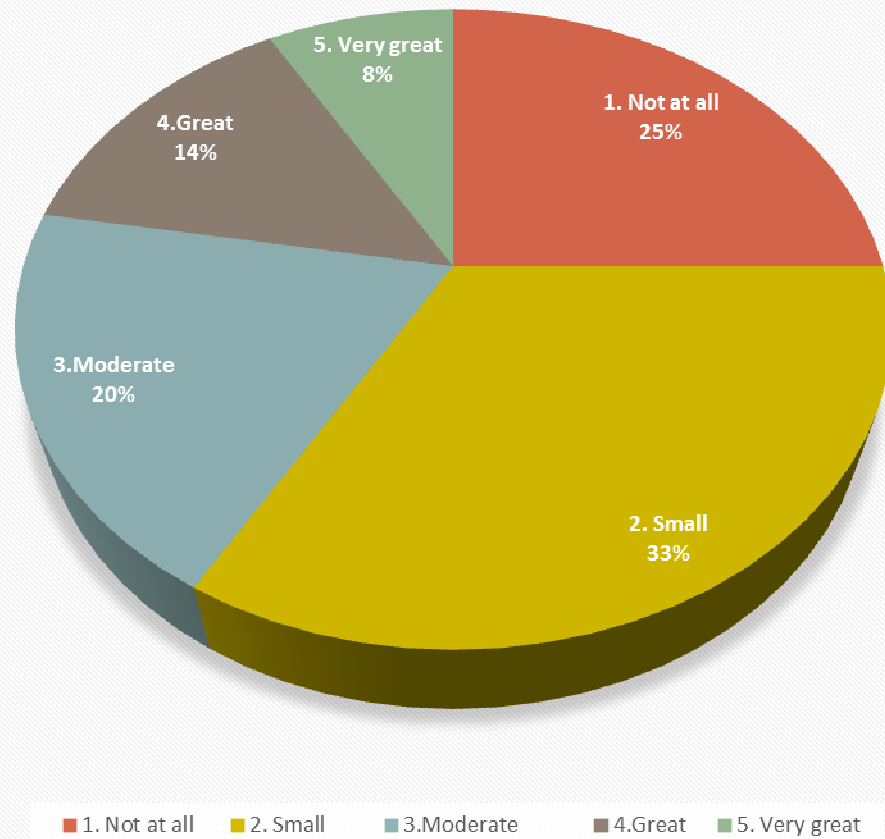
3.4. c) Availability of written educational material



3.4. d) Availability of supportive social networks



3.4. e) Adequate national recording registries of culturally diverse groups



SEMI-STRUCTURED INTERVIEWS

Key findings from interviews.

Please also cite selected fragments from healthcare professionals'/patients' answers that you think important for project objectives. (max 5 quotes).

1. PROFESSIONALS

Selected fragments from healthcare professionals:

"Intercultural Competence Training is needed for healthcare providers and it is increasing by trend. But there are still too little professional providers for transcultural education trainings and seminars as there would be needed. The content of a lot of offers in the field of transcultural competence trainings are not specific enough, although many provider in the social welfare system are offering further education in transcultural competences."

"The qualification of expert staff should be more intense. Additionally, a current contention with intercultural challenges on diverse levels of organisations is required."

"Until now, I was never offered any education in intercultural competence for doctors whatsoever. I'm interested and there is a need of it!" (Austrian female doctor)

„There is the possibility to be part of an educational program in intercultural competence for staff association members in hospitals. Out of this education program we developed a translation service system in our hospital. We made inquiries, who of our staff members speaks which language, made a list and coordinated it with the time schedule of the staff members. The doorman of our hospital coordinates the interpreters and this hours are paid as well. This works well and almost all the required languages are covered." (Austrian nurse with migration background)

„There are also three-days-training-courses in intercultural competence in hospitals, but the participation is voluntarily. But sometimes the education is not so important, more important is the exchange of information and knowledge within the team and the support between colleagues. But still, there is a lot of training necessary for Austrians."

It is necessary to recognise diverse and divergent expectations of patients and to deal with new requirements in the working process, to use resources in a creative way, to develop an attitude that includes interculturality and concrete working



conditions. The qualification of expert staff should be more intense. Additionally a current contention with intercultural challenges on diverse levels of organisations is required.

SEMI-STRUCTURED INTERVIEWS:

Mag.a (FH) Gabriela Maderthaner, manager of the nursing school of BFI OÖ:

In the field of medical and health care, intercultural competence is recognised for quite some time as essential qualification and is legally positioned in the job description. (view §12 Health- and Nursinglaw).

Mrs. Praha, manager of education of the nursing school of BFI OÖ:

Transcultural medicine and gender medicine is going to be a vital part of the new curriculum of the academic education of nursing staff. 6 new colleges of higher education for nurses are being built in Upper Austria, they complete with a bachelor. And there is need of intercultural competence, particularly in the nursing homes for the elderly. We are facing new challenges these days: the generation of „turkish guest worker“ achieved old age and against traditional custom, modern turkish women are employed and give their grandparents in nursing homes for the elderly. Due to many reasons – above all the fact, that Austria is a little late in successful and intelligent integration policy – old turkish women never learned german. This is a challenge for nursing staff and there is definitely need of intercultural competence and innovative methods. Also team development for transcultural working teams is required, as well as intercultural mediation.

Mag. Michael Wall, Federal state government Health- and Social welfare, Upper Austria

In the field of mobile services, there is according to Mr. Wall little need of intercultural competence, because for the migrants is cared at home by their families. It even occurred, that a black health care worker was not allowed to enter the apartment of an old lady, because she was obviously blenched by him.

Mr. Wall admits, that there are increasing problems in the nursing homes for the elderly. He scores, that he's department evaluates the number of migrants wich are cared for.

Dr.in Sigrid Pilz, Manager of Advocacy of Patiens in Vienna

According to dr. Pilz, still in 2017 the point is the health care competence of the migrant population and at the same time to alter the intercultural competence of the health care workers in Austria.

She got a good example how misunderstandings can lead to catastrophal consequences, as a resent case of a patient showed. The man almost died, because his cries of pain were not recognised because of prejustice. The doctors thought, that people from this culture always cry like this. But in this case, it was – unfortunately – anthrax. Dr. Pilz talked to this patient and asserted that he's german language competence was very good, so it can't be the reason for misunderstanding.

Mag. PhDr. Silvia Neumann-Ponesch, MAS

Manager of Academic Course for Health Care Workers and Managers of Care Homes for the elderly, FH OÖ



This academic course is being organized 2017 for the second time, but it was rather difficult to attain all the participants, because it's not subsidized by the public ministry of education and there is no obligation to prove „Intercultural competence training“ to become a manager for a nursing home in Upper Austria. In Vienna that's different again, there it's obligatory. According to Mag. Neumann-Ponesch, there is still a lack of awareness of the need of Intercultural competence in the field of health care.

1. PATIENTS

Many of them didn't know, that there are extramural doctors, called general practitioner and that patients are supposed to make an appointment in the daytime in advance to see a doctor. They tend to see a doctor when it's inevitable and consequently they go to the clinic and many of the walk-in clinics are regularly overstrained, especially by night. In many countries, the extramural system does not exist in this way, there are health center-points, which now in Austria are established as well to provide better and low-threshold area-wide Medicare.

Especially older migrant women often have fear to ring the bell for the nurse, they don't know that they may ring the bell as often as they need it. They are ashamed to speak German, even if they can speak it quite well. The reason is, that they are ashamed, having a sense of inferiority, I'm not good enough, I'm not worth it. Many older Turkish people from the first generation, they grew up on the countryside in families with 10 kids, there was not enough time to establish a self-confidence bonding, this is the problem of the first generation. There are Turkish housewives, who literally never left the house. Everywhere public and dealing with departments and civil services, there is this feeling of inferiority and low self-esteem easily coming up.

There's a difference between Austrians and some migrant groups, like Turkish people for example: Austrians want to have their rest when they are ill and only the closest family members and friends come to visit. But in the Turkish community it's a sign of honor and respect when many people come to visit. People from this culture tend to dramatize and present their sufferings external, which can be really annoying for other patients. The Turkish families sensed that and they are now meeting in the cafeteria. What they would need is a place to meet, a separate and bigger visitors room.



Please also cite selected fragments from healthcare professionals'/patients' answers that you think important for project objectives. (max 5 quotes).

1. "There are still too little professional providers for transcultural education trainings and seminars and the content of a lot of offers in the field of transcultural competence trainings are not specific enough."
2. „Patients who don't speak and understand the German language well, especially Turkish woman from the first generation, need information about the Austrian health care system.“
3. „Sometimes it happens that migrant patients don't get the information, that there are such things like paid patient-centered aftercare, "meals on wheels" (a food supply for those who can't cook anymore, like a cater service), alarm clocks to install at home, a wheelchairs for free and so on. This lack of information is due to some reasons: lack of language skills, lack of support and overworked health care workers with a tight timetable.
4. "Social worker who accompany them through the health care system and communicate with the health care workers, the right to get interpreter service, like video-translation. In many hospitals in Austria there is video-translation-service available, but sometimes it happens, that a doctor is too lazy or hasn't got enough time to get the laptop for the translation service.“
5. „They need that someone is interested and listens to them and tries to figure out, what they need. Health care workers should provide confidence and create an atmosphere of trust, respect and understanding. To create this atmosphere, it's not even necessary to speak the language. Only trough body-language and non-verbal communication like eye contact, facial expression and gesture it's possible to communicate.“

Educational methods used for the training of healthcare professional on intercultural competences, the use of mobile technology for the training and good practices in the field of intercultural education in general.

The use of mobile technology is inexistent, no one knows about it or has ever been part of it – as far as I found out. Educational methods are: theoretical input, interactive exercises, analysis of case studies, moderated discussions. Topics can be for example:

- Health and disease/illness from a cross-cultural perspective
- understanding of health and disease/illness in different countries: Eastern and South-Eastern Europe, Turkey, North Africa, Sub-Saharan Africa, the Middle East, East-Asia (China, Japan, Thailand, India)
- health care in a cultural sensitive manner
- expressing pain in different cultures



- the relationship between health and migration

Training programs are about illness, disease and health from a cross-cultural perspective, involving reflections on the European understanding of health and disease, and providing insights about people's comprehension of health and illness in other cultures. Participants learn how to treat concerned people in health care in a cultural sensitive manner. Targeted insights into culturally differentiated understandings of health and disease issues will enable participants to handle affected people in different countries in a cultural sensitive manner. Participants gain insights into culturally different concepts of health and disease. They increase their culture-specific knowledge of their target groups in their working environment.

2. Non-formal education methodology

Non-formal education is organized educational activity outside the established formal system, as I mentioned before:

There is the possibility to be part of an educational program in intercultural competence for staff association members in hospitals, Training institutions, post-graduate training courses, advanced training in hospitals and so on.

Good practices in education are group works, simulations, roleplays, communication training, media inputs, short lectures, scientific background information, change of perspective, awareness training, behavior guidelines, a combination of cross-cultural-training and culture-specific aspects while avoiding the creation of further stereotypes. Working with CI = Critical Incidents out of the professional praxis of health care workers and based on their experiences is an example of good practices in the educational field. Self-reflection about the values of the own culture is the basic to develop intercultural competence, since the own culture is always the reference point to judge other cultures.

3. Healthcare needs of migrant groups and ethnic minorities

Some doctors laugh at patients when they lack language skills, they don't understand the situation and migrants feel dismissed by them. It helps, when a doctor or a nurse keeps eye contact and has a welcoming body-language. That contributes to the feeling to be understood.

Especially old Turkish men and women are worried: would I get appropriate treatment when I'm ill and infirm and can't help myself? Would they give me pork meat, if I can't control it? And when the language skills are not so good, it's also difficult to describe pain correctly. Stomach ache is not like stomach ache. Is it in the back, or in front, how does the pain feels like, etc. Mostly the family members translate and explain to their fathers and mothers and grandfathers and grandmothers. But sometimes, if there is a very religious and traditional patient



without family, clashing with very uncomprehending health care workers, the situation escalates and if the patient is not severe ill, the hospital let him go earlier. Or often in ward round minutes its written: “refusing personal hygiene”. And then he’s not going to be washed.

Consultation assistants at the reception of general practitioner practice tend to speak very fast and aggressive and some of them are impatient. The stress-level is very high in this working field, they are underpaid and low educated. Not all of them, very good experiences where reported to me as well. One interviewee reported, that she used to work as a radiographer in Turkey and that she doesn’t want to work in Austria as a radiographer because there is such a high stress level in this professional field here in Austria. She told me, that she made good experiences in Austrian hospitals when she gave birth to her three children and when she went to see a doctor. She said, that she would understand the stress level of the health care workers and is always very patient when dealing with them, that helps a lot and makes communication easier.

CONCLUSIONS of the Interviews:

- It needs wide spread interpreter to counterbalance language barriers and extended video-translation-systems in hospitals and medical practices.
- Multilingual healthcare information and education has to be provided in hospitals and medical practices.
- Pictograms (e.g. Hablamos Juntos) are helpful tools.
- Multilingual counseling is required.
- Transcultural competence of health care workers is needed to avoid discrimination.
- There is a need of community interpreters who network with the community in order to build up confidence and to educate migrants about the austrian health care system – e.g. in Austria it’s not common like in many other countries, to go directly into a walk-in clinic, usually a doctor in the extramural field is consulted.
- The parameter of „migrant-friendly-hospitals“ should be implemented wide-spread in the intramural field, e.g. more spacious rooms for the visit of larger families and more tolerance towards them.
- More special walk-in clinics and multilingual counselling institutions should be established, especially for women with migration background.
- The topic of „Transcultural competence“ as a cross section topic should flow in every national education in the health sector.



- Also the culturally diverse population should be educated in transcultural competence.
- Quality confirmation for transcultural education programs has to be implemented.
- Long-term-studies about the effects of the training of transcultural competence is required.
- Standardized education in the field of transcultural competence for health care workers is required.
- Failure modes and effect analysis of transcultural education programs has to be developed and implemented.

KEY CONCLUSIONS OF NATIONAL REPORT

Please develop a short conclusion of the most interesting and worth mentioned results and findings from all research activities. (max.1 page)

In order to develop intercultural opening in the health care sector, political volition is required. Intercultural training on an individual level is not enough, it needs structures on an organizational level, to make culture sensitive health care possible.

In Austria, this topic is coming surprisingly delayed in the field of national education, universities and schools and it seems to be a random subject, that is treated without a clear syllabus. This might change now with the new curriculum for the academic nursing schools, but it should be implemented as well in the human medicine studies.

Continuous advanced transcultural training in all health care sectors, the evaluation of those trainings and the implementation of transcultural know-how as cross section topic based on a law of education is required.

We can see clearly the need of a profound curriculum for intercultural training, which can be flexible adapted to different specific health areas and includes new methods of training.

Multilingual education booklets, special walk-in clinics for migrants and refugees with native speaker who counsel, support and attend the migrant population is area-wide needed.

Development, national funding and the access of area-wide video-translation-systems for all hospitals and doctors practises in Austria would be a big step forward to provide high quality health care service.

It can be noticed, and the results of the questionnaires showed as well, that the mainstream attitude of Austrian health care workers by trend view the obligation of assimilation on the side of the migrants, and not the other way round. Therefore almost 50% of the sample has got a rather skeptical attitude towards intercultural trainings. Additionally the Europe-wide atmosphere – keywords refugee crisis and far-right populism – is projecting all of the fears and frustration of non-reflected people towards the words: „Culture“, „Migrants“ and „Integration“. It needs the capacity to differentiate in complex times.



On the other hand, 50% of the sample is very interested in our topic. The awareness of the benefit for one's own working process by the development of intercultural competence has to be raised. This will happen, when the transfer of the knowledge of an intercultural education training succeeds, is sustainable and does help in the every day working process.

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