Strengthening ''migrant friendly''
institutional culture and practices:
results from a 3-year project

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Geneva University Hospitals

- HUG: public, 1800-bed hospital group serving a diverse population
  - Geneva population: 482'585
  - 41% foreign nationality
  - 6000 asylum seekers + refugees
  - 15'000 undocumented migrants
- Staff: >10,000
  - 52% non-Swiss, 88 nationalities
  - 1653 physicians
  - 5890 other clinical staff
- Patients:
  - 50% non-Swiss, 190 nationalities
  - 40% non-French mother tongue
  - 12% of patients speak no French
  - 75 languages spoken

"Migrant Friendly" services at the HUG

- Specialized medical consultations:
  - Primary care consultations for asylum seekers and undocumented migrants
  - Pediatrics consultation for migrant children
  - Pediatrics ethnopsychiatry consultation
  - Consultation for victims of war and torture
  - Consultation on female genital mutilation
- Hospital-based social workers
- Geneva Red Cross (GRC) Community Interpreter Service
- Cultural consultation support service for staff
- Continuing education courses on intercultural competence

The problem

- Previous research and anecdotal information indicated that health professionals at the HUG:
  - often feel unprepared to deal effectively with the needs of migrant patients
  - are unaware of the resources available to them
  - underuse available resources (especially interpreters)

Interpreter use: room for improvement

- Survey of 910 doctors and nurses:
  - Frequent language barriers
  - 66% said they preferred working with *ad hoc* interpreters
  - During the 6 months preceding the survey: 71% of respondents had used *ad hoc* interpreters at least once, while 51% had used professional interpreters at least once
  - Only 9% had received training in how to work with an interpreter
  - Only 23% said they were encouraged to use professional interpreters
  - Significant variation among hospital departments

Hudelson & Vilpert. Overcoming language barriers with foreign-language speaking
patients: a survey to investigate intra-hospital variation in attitudes and practices.
BMC Health Serv Res. 2009: 15;9:187.

HUG/MFH project objectives

- Strengthen ''migrant friendly'' culture and practices across the institution
  - Improve knowledge and use of existing Migrant Friendly resources at the HUG
  - Reduce difficulties encountered when caring for migrant patients
  - Reduce difficulties related to language barriers
  - Increase the internal and external visibility of our Migrant Friendly hospital activities

Background to the project

- 2002-2006: "National Migration and Public Health Strategy"; focus on health worker training, health promotion, interpreting, research
- 2008-2013: focus on "Migrant Friendly Hospitals"
  - University Hospital Basel
  - Solothurn Spitäler AG / Cantonal Hospital of Aarau
  - Children's Hospital Zurich/ Basel University Children's Hospital/Children's Hospital-Eastern Switzerland (St. Gallen)
  - Lausanne University Hospital (CHUV)
  - University Hospitals of Geneva (HUG)

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The H.U.G. "Health for All network"

- An interdepartmental/interprofessional working group:
  - Representing a network of services focused on the care of migrant/vulnerable patients
  - Working together to provide an institution-wide response aimed at ensuring equity in access to quality care
  - Supported by the Swiss Federal Office of Public Health, and co-funded by the H.U.G.

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Multi-pronged approach

- Nurse case-manager for migrant patients
- Inclusion of patient language data in the electronic patient file
- Promotion of a national telephone interpreting service
- New-staff orientation about MF services
- Development and diffusion of staff brochures; translation of patient brochures
- Articles in the hospital magazine about MFH activities
- Public events to bring attention to the Health for all network and encourage reflection

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Project evaluation

- Aim: assess changes in knowledge, attitudes and reported practices of clinical staff
- Self-administered questionnaire:
  - 2010: paper questionnaire mailed to home addresses
  - 2013: email survey sent to professional email addresses
  - 2 reminders
- Random samples of doctors, nurses, nurse-aides, "other clinical staff", in 11 medical departments
  - N= 2967 in 2010
  - N= 4004 in 2013

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Survey content
(http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0106758#s5)

- Sociodemographic and professional characteristics (6 questions)
- Sources of difficulties encountered when caring for migrant patients (13 Likert-type scales, from "rare cause of difficulty" to "very frequent cause of difficulty")
- Training received/desired on topics related to care of migrant patients: (7 questions)
- General attitude regarding responsibility towards migrant patients (3 questions)
- Knowledge and use of migrant friendly services (8 yes/no questions)
- Workplace encouragement to use professional interpreters (1 multiple choice question)
- Use of different types of interpreters in the last 6 months (6 questions, from "never" to "more than 20 times")
- Preferred type of interpreter (1 multiple choice question)
- Self-assessment of various patient care skills (9 Likert-type scales, from "not at all competent" to "very competent")

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Results

- Response rate:
  - 2010: 51% (N=1460)
  - 2013: 19% (N=761)
- Sample differences:
  - 2013: proportionally more Swiss respondents, more senior staff, more doctors, many fewer nurse aides, more respondents from Community Medicine, Psychiatry, ObGyn, Pediatrics
- Results : presented as odds ratios of giving a more positive response in 2013, adjusted by professional category, professional function, nationality and hospital department

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The situation in 2010: language barriers

- 61.9% : language barriers a frequent source of difficulty
- 57.9% : hospital should systematically provide an interpreter
- 65.9% (78.4% of doctors) : had heard of the CRG interpreter service
- 39% (52% of doctors): had used a GRC interpreter during the previous 6 months (51% of doctors and nurses in 2008)
- 89.3% (94.7% of doctors): had used a family member to translate
- 58.3% (40.9% of doctors): preferred ad hoc interpreters (66% in 2008)
- 11.4% (21.7% of doctors): had received training on how to work with interpreters (14.3% of doctors in 2008)
- 47.3%: considered themselves "very competent" to work with an interpreter

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Statistically significant improvements in 2013

- Increased proportion of respondents who:
  - Had received information about MFH services
  - Had used « migrant friendly services »
  - Had received training on how to work with interpreters
  - Reported that their hierarchy encouraged interpreter use
  - Had used GRC interpreter services
  - Preferred working with a professional interpreter
  - Felt very competent to work with an interpreter
- Decreased proportion of respondents who:
  - Rated language barriers as a frequent source of difficulty
  - Were encouraged by their hierarchy to look for alternative solutions
  - Had used untrained staff as interpreters

  However, no change in the proportion of respondents who:
  - rated lack of time as a frequent source of difficulty
  - used family members as interpreters

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Table 4. Important sources of difficulty working with migrant patients in 2013 as compared to 2010 (at 4 or 5 on a scale from 1 to 5).

Source of difficulty	2010 N (%) à 4-5	2013 N (%) à 4-5	Unadjusted analysis OR (95% CI)	Valeur p	Adjusted analysis* OR (95% CI)	Valeur p
Patient's lack of French	815 (61.9)	403 (55.7)	0.78 (0.64–0.93)	0.007	0.81 (0.67–0.98)	0.029
Patient's lack of knowledge of how hospital functions	564 (43.4)	242 (33.2)	0.65 (0.54–0.79)	<0.001	0.67 (0.55–0.82)	<0.001
Lack of experience with migrant patients	293 (22.4)	119 (16.1)	0.67 (0.53–0.84)	0.001	0.70 (0.55–0.89)	0.004
Lack of access to professional interpreters	388 (29.8)	142 (19.5)	0.57 (0.46–0.71)	<0.001	0.70 (0.55–0.88)	0.002
Lack of written patient information in patients' languages	671 (51.0)	281 (38.8)	0.59 (0.49–0.71)	<0.001	0.68 (0.56–0.83)	<0.001
Lack of knowledge about migrant patients' countries and cultures	454 (34.7)	246 (33.3)	0.94 (0.78–1.14)	0.56	0.94 (0.77–1.15)	0.56
Lack of knowledge about medical and social services available for migrant patients	527 (40.2)	238 (32.8)	0.72 (0.60–0.87)	0.001	0.84 (0.69–1.03)	0.10
Lack of skills in communicating with patient from other languages and cultures	584 (44.5)	286 (39.1)	0.80 (0.67–0.96)	0.020	0.93 (0.76–1.12)	0.44
Patient's unrealistic expectations	392 (30.7)	230 (31.4)	1.03 (0.85–1.26)	0.76	0.94 (0.76–1.15)	0.52
Patient's lack of education	356 (27.5)	184 (24.7)	0.86 (0.70–1.06)	0.17	0.86 (0.69–1.07)	0.17
Lack of time	698 (53.1)	347 (47.7)	0.80 (0.67–0.96)	0.018	0.87 (0.72–1.05)	0.14
Bias or prejudice on the part of hospital staff	215 (16.5)	103 (14.1)	0.83 (0.64–1.07)	0.16	0.81 (0.62–1.05)	0.11
HUG not adapted to needs of migrant patients	199 (15.5)	90 (12.6)	0.79 (0.60–1.03)	0.083	0.81 (0.62–1.08)	0.15

*Adjusted by professional category, hospital department, function (senior doctor or nurse, vs. staff nurse or resident), and Swiss versus other citizenship.
doi:10.1371/journal.pone.0106758.t004

Hudelson et al (2014) A "Migrant Friendly Hospital" Initiative in Geneva, Switzerland: Evaluation of the Effects on Staff Knowledge and Practices. PLoS ONE 9(9): e106758.

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Table 2. Respondents' use of and preference for different types of interpreters in 2013, compared to 2010.

Respondent has used the following at least once in the last 6 months:	2010 N (%)	2013 N (%)	Unadjusted analysis OR (95% CI)	P value	Adjusted analysis* OR (95% CI)	P value
Patient's family member or friend	1172 (88.7)	623 (84.3)	0.7 (0.5–0.9)	0.005	0.8 (0.6–1.0)	0.092
Patient's child (under 18 years of age)	449 (34.7)	257 (35.3)	1.0 (0.8–1.2)	0.81	0.9 (0.8–1.1)	0.49
Myself (I speak a language other than French)	997 (75.9)	586 (80.1)	1.3 (1.0–1.6)	0.033	1.2 (1.0–1.6)	0.081
Bilingual staff member	1076 (81.5)	541 (74.4)	0.7 (0.5–0.8)	<0.001	0.7 (0.6–0.9)	0.009
Red Cross interpreter, face-to-face	526 (39.7)	417 (65.7)	2.0 (1.7–2.4)	<0.001	1.4 (1.2–1.8)	0.001
Red Cross interpreter, over-the-phone	160 (12.1)	194 (26.5)	2.6 (2.1–3.3)	<0.001	2.1 (1.7–2.7)	<0.001
If given the choice, respondent prefers:						
Patient's family member or friend	366 (27.6)	126 (17.0)	0.5 (0.4–0.7)	<0.001	0.7 (0.5–0.9)	0.002
Red Cross interpreter	464 (35.0)	398 (53.6)	2.1 (1.8–2.6)	<0.001	1.6 (1.3–2.0)	<0.001
Bilingual staff member	388 (39.2)	168 (22.6)	0.7 (0.6–0.9)	0.001	0.8 (0.7–1.0)	0.10
Don't know	109 (8.2)	51 (6.9)	0.8 (0.6–1.2)	0.27	0.9 (0.6–1.2)	0.43

*Adjusted by professional category, hospital department, function (senior doctor or nurse, vs. staff nurse or resident), and Swiss versus other citizenship.
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Conclusion

- Our aim: strengthen MF hospital culture
- Some significant improvement seen after 3 years:
  - knowledge of and contact with MFH services; preference for and use of interpreters; encouragement from hierarchy
- However, time constraints and language barriers continue to be the most important sources of difficulty at our hospital → no change in use of family members to translate
- Future challenge: facilitate timely access to interpreters

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Lessons learned

- Key contributing factors:
  - Linking our activities to a national-level initiative helped us to gain leverage and obtain commitment and financing from our institution
  - Creation of an institutional working group, a logo and visible public events helped to raise awareness and make migrant care issues pertinent across hospital departments

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What next?

- Federal support to hospitals will continue through 2017
  - Continued focus on training, health promotion, interpreting and research
  - At the HUG: focus on identifying strategies to reduce interpreting costs without jeopardizing quality of care
- Name change: « Swiss Hospitals for Equity », with logo
- SH4E website to increase visibility, share expertise and experience

Future challenge:
How to sustain our efforts in the face of shrinking budgets, increasing interpreter costs, and growing anti-immigrant sentiment

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