

Intercultural Mediation and Communication in Hospitals in Brussels



**RITA TEMMERMAN
LOTTE CLIJSTERS
ERASMUSHOGESCHOOL BRUSSEL
DEPARTMENT OF APPLIED LINGUISTICS**

Intercultural mediation and communication in hospitals in Brussels

1. Intercultural mediator
2. Why intercultural mediation?
3. History intercultural mediation in Belgium
4. Intercultural mediation in Brussels
5. Training intercultural mediators
6. Research in three hospitals

Intercultural mediation and communication in hospitals in Brussels

7. Brugmann Hospital
8. UZ Brussel
9. Sint-Pieters Hospital
10. Patient's own interpreter
11. Turkish women and pregnancy consultation
12. Conclusion

1. Intercultural mediator



- Acts as interpreter and mediator between health professional and patient
- More than interpreting: providing both parties with cultural information, translates to the frame of reference of professional or patient, informing patients about health care,

Intercultural mediator vs. Social interpreter

Intercultural mediator

- Mission: to facilitate communication and solve communication problems by dissolving the causes for miscommunication: linguistic, cultural,...
- Partly interpreting
- Other activities: offering (emotional) support to patients, reporting problems, reporting racism/discrimination,...

Social interpreter

- Mission: to transfer messages as complete and accurate as possible
- Cannot add or omit info
- On site interpreting and telephonic interpreting

Intercultural mediating in practice



- More than guiding in a foreign language
- Creating trust between medical practitioner and patient
- Interpreting language and 'culture'
- Solving conflicts between staff and patient
- Providing info on culture patient and staff

Intercultural mediating in practice



- Bringing cultures together: not choosing one of the cultures, but from a third perspective
- Defending the patient's rights
- Helping patients find their way in the hospital and further
- Emotional support patients: linguistic barriers may lead to social isolation
- Proactive: searches for patients and communication difficulties
- Reporting and discussing problems with coordinator

2. Why intercultural mediation?



Patient's rights:

- **The law stipulates that medical practitioners should inform their patients in a clear and intelligible language**

Why intercultural mediation?



Importance of communication in health care:

- Patients only understand 36% of terms commonly used by health professionals.
- At the other extreme, some healthcare professionals resort to using patronizing language, almost 'baby talk', when interacting with patients, particularly older adults, adolescents and some ethnic groups.

Hadlow and Pitts (1996)

Why intercultural mediation?



Importance of communication in health care:

- Top three categories for what most influences a patient's choice of good doctor:
 - How well the doctor communicates with patients and shows a caring attitude
 - Explaining medical or technical procedures in an easy-to-understand way
 - Listening and taking the time to ask questions

Why intercultural mediation?



- **Aspects most highly rated by doctors:**
 - Number of years of practice
 - Whether the doctor had attended a well known medical school

Why intercultural mediation?



Importance of communication in health care:

- **The quality of doctor-patient communication has a significant influence on patient health outcomes:**
 - emotional health
 - symptom resolution
 - function
 - pain control
 - physiological measures (e.g. decreased blood pressure and blood sugar)

Steward (1995)

Why intercultural mediation?



- Ethnicity and culture may affect providers' and patients' communicative behaviour in at least three ways:
 - People from different ethnic backgrounds often speak different **languages** or dialects (culture-specific usages)
 - Preferred **styles of communication** may vary across different cultural groups
 - People from different ethnic backgrounds often have different explanatory or personal **models of health and illness**

Street (2003)

Why intercultural mediation?



- **Different communicative styles**
 - Individualistic cultures: European and Anglo-American: communication is more direct, assertive, expressive
 - Collectivist cultures: some Asian cultures: communication indirect, respect for authority and accommodation to others
 - Family centered cultures: e.g. Greek, Italian, Hispanic: withholding bad news is defended culturally as protecting the patient

Kim et al (1999)

Why intercultural mediation?



- Questionnaire among intercultural mediators: migrant clients understand only one third of the information provided during health care encounters
- Accessibility of Belgian health services and their quality is lower for Turks, Moroccans and Italians than for Belgians

Nierkens (2001)

Why intercultural mediation?



Brussels:

- Officially bilingual: French and Dutch
- About 28% does not have the Belgian nationality
- Over 50% of the population has their descent in another country

Deboosere et al. (2008)

3. History Intercultural mediation



- **First project 1991 – 1996**
- **Flemish government**
- **Training and job placement of 50 Turkish and Moroccan immigrants**
- **Intercultural mediators in hospitals in Flanders**

History Intercultural mediation



- Positive results => other target groups (gypsies, refugees, other languages, ...)
- Institutionalise job position in hospitals in Belgium
- Federal government: subsidies for intercultural mediators in health care

4. Intercultural mediation in Brussels



Organisations that take initiatives in intercultural communication:

- Foyer
- Ciré: Coordination and initiatives for refugees and foreigners
- VMC: Flemish Minority Centre

4.1. Foyer



- Integration of immigrants
- Health prevention
- Equal rights, opportunities, personal and professional development, etc.
- Involved in training of intercultural mediators in Brussels

4.2. Ciré = Coordination and Initiatives for Refugees and Foreigners

- **Coordination et Initiatives pour Réfugiés et Etrangers**
- **Focus groups: people without legal documents, refugees and asylum seekers**
- **Administration**
- **Social interpreting:**
 - facilitate communication between focus groups and social sector in Brussels
 - Written translation, telephonic interpreting, on site interpreting, ...
 - 48 languages

4.3. VMC = Vlaams Minderhedencentrum

- Flemish Minority Centre
- Research centre
- Advises Flemish government on immigrants and minority policy
- Organises training for employees working in integration, social sector, etc.
- Develops scenarios, manuals, etc.

5. Training Intercultural Mediators



- Centre for Languages and Technique Limburg
- Interactie-Academie VZW (Antwerp)
- Foyer

5.1. Centre for Languages and Technique Limburg

- 3 years
- **Courses:**
 - communication techniques in Dutch and the mother tongue
 - intercultural communication
 - social skills
 - Social studies
 - Healthcare
 - socio-cultural work
 - On-the-job training

5.2. Interactie-Academie VZW (Antwerp)

- One-day training
- long-term training (2 to 4 years)
- Ten-day training
 - intercultural mediation for professionals working in the medical and other sectors
 - theory and practice

5.3. Foyer



- **Three-year training**
- **One day per week: courses**
- **Other days: on-the-job training**
- **Courses: intercultural communication, anthropology, immigrants in Western societies, visions on healthcare, organisation and methodology of healthcare, communication techniques and social skills**
- **Prerequisites:**
 - good knowledge of French or Dutch
 - mother tongue speaker of e.g. Turkish, Moroccan, Rumanian,...

6. Research in three hospitals



- Observations at reception desks
- interviews, conversations, ... with staff members and intercultural mediators
- Questionnaire for patients

Research in three hospitals



- **Hospitals situated in Brussels**
 - Brugmann Hospital (2005)
 - UZ Brussel
 - Sint-Pieters Hospital

7. Brugmann Hospital



- 2005
- Intercultural communication:
 - Patient's own interpreter
 - Contacting a colleague
 - List of languages spoken by staff
 - ✦ Not available for/known by all staff members
 - Ciré or other interpreting service => no budget
 - No intercultural mediators
- ⇒ No standard procedures
- ⇒ Still dealing with communication problems successfully
- ⇒ Now: intercultural mediator

8. UZ Brussels



- Observations at reception desk and interview with intercultural mediator
- Questionnaire: 45 different nationalities/origins within one week at one reception desk

UZ Brussels



Intercultural communication:

- Own interpreter: friend, relative, neighbour,....
- Own interpreter through mobile phone
- List of languages spoken by staff with work and *private* telephone number available through the internal computer network

UZ Brussels



Intercultural mediator:

- Turkish and Kurdish
- Proactive: checks list of new patients daily and talks to them => prevention problems
- Offers emotional support and guidance
- Together with VUB: workshops and classes for medical staff

UZ Brussels



Examples intercultural mediation:

- Ramadan : patient may refuse to eat even after operation
- Family members visiting

9. Sint-Pieters Hospital



- Located in a multicultural area of Brussels:
 - More than 120 different nationalities
 - 56 languages spoken by staff
- 5 intercultural mediators and one coordinator

Sint-Pieters Hospital



- **Languages spoken by mediators:**
 - Albanian, Bulgarian, Croatian, Macedonian, Serbian and Turkish
 - Polish
 - Rumanian
 - Russian, Byelorussian and Ukrainian
 - Arabic
- **Arabic, Russian and Polish most needed**
- **Arabic: many employees speak Arabic**

Intercultural mediating in Sint-Pieters



1. Appointment with Intercultural mediator made in advance
2. Without appointment
3. Database with languages spoken by staff
4. Social interpreting service
5. Embassy
6. Nurses
7. Patient's own interpreter

9.1. Appointment in advance



- Usually doctors, more than nurses
- Intercultural mediator present during consultation

9.2. Immediate intervention



- Mediator intervenes when available
- Duration varies
- By telephone or in person

9.3. Database



- Languages spoken by staff, when new staff member is hired
- Especially nurses and reception desk staff rely on this database
- About five staff members per language
- Dutch as a foreign language

9.4. Social interpreting service



- E.g. Ciré
- When no interpreter or mediator is available
- Telephonic or in person
- Also contacted in advance when intercultural mediator is particularly busy

9.5. Embassy



- When no staff is available
- E.g. when language is not offered by social interpreting service
- Staff member embassy comes to hospital to interpret
- May also help patient with administration

9.6. Nurses



- Try to solve communication problems themselves first: only ask for help when absolutely necessary
- Rely on a colleague who speaks the language
- Frequently make use of the language database
- Make less use of intercultural mediators, not always aware of existence of this service
- May rely on sign language

9.7. Patient's own interpreter



- Child, relative, friend,...
- Usually migrants who have been in Belgium for a relatively long period of time
- May be problematic

10. Patient's own interpreter



1. Patient shy or inhibited to share personal issues with interpreter => communication limited
2. Interpreter shy or unwilling to interpret what patient has said, e.g. issues related to body, sexuality,... => inaccurate translation
3. Interpreter may not have sufficient knowledge about the particular issue at hand e.g. pregnancy => inaccurate translation

Patient's own interpreter



- **Family member acting as an interpreter**
 - May be too embarrassed
 - Too protective
 - Too defensive
 - Uncomfortable disclosing to the patient what the doctor wished to know
 - May be reluctant to convey bad news

Baylav (1996)

11. Research Turkish women and pregnancy consultation

- **Method:**
 - discussion groups consisting of immigrated Turkish women
 - In Turkish, then translated
 - Guided in-depth discussion on how Turkish women perceive pregnancy consultation in Belgium

Timmerman et al. (1998)

Turkish women and pregnancy consultation



- Large need for information
- Often husband who functions as interpreter
- Majority prefers professional interpreter or intercultural mediator when visiting doctor
=> value intercultural mediator: understands other culture e.g. shyness, more than translating literally, ...
- Confirmed by similar study in France

12. Conclusion



- **Best practices in intercultural communication in health care:**
 - Intercultural mediator
 - Social interpreter
 - List of languages spoken by employees
 - Patient brings an interpreter
 - other: embassy, contacting colleagues, ...

References



- De Muynck, A., Timmerman, C. and Straetemans, H. (eds.) (1998). *Interculturele Communicatie in de Gezondheidszorg*. Leuven: Uitgeverij Acco
- Timmerman, C., Straetemans, H. and Liefoghe, R. (1998). “Turkse Vrouwen en Zwangerschapsbegeleiding: enkele bedenkingen”, in: De Muynck, A., Timmerman, C. and Straetemans, H. (eds.) (1998). *Interculturele Communicatie in de Gezondheidszorg*. Leuven: Uitgeverij Acco
- Collins, J. and Slembrouck, S. (2006). “You don’t know what they translate’: Language Contact, Institutional Procedure, and Literacy Practice in Neighborhood Health Clinics in Urban Flanders”, in: *Journal of Linguistic Anthropology, Vol. 16, Issue 2, pp. 249–268*
- Berry, D. (2007). *Health Communication. Theory and Practice*. New York: Open University Press.
- Nierkens, V. et al (2002). “The Future of Intercultural Mediation in Belgium”, in: *Patient Education and Counseling Vol. 46, pp. 253-259*
- Es Safi L. (2001). “Comment rétablir la communication entre les patients d'origine étrangère et le personnel soignant ?” *Pensée plurielle, 2001/1 (no 3)*. Pp 27-34
- Deboosere, P. et al. (2008). “Staten-Generaal van Brussel. De Brusselse bevolking: een demografische doorlichting”, *Brussels Studies, Synthesenota nr. 3*
- Corijn, E. et al. (2009). “Staten-Generaal van Brussel. Brussel, internationale stad”, *Brussels Studies, Synthesenota nr. 13*
- Hadlow, J. and Pitts, M. (1991). “The Understanding of Common Health Terms by Doctors, Nurses and Patients”, in: *Social Science & Medicine, 32, 193-6*

References



- Steward, M.A. (1995). “Effective physician-patient communication and health outcomes: a review”, in: *Canadian Medical Association Journal*, 152, 1423-33
- Street, R.L. (2003). “Communication in medical encounters: an ecological perspective”, in: T.L. Thompson, A.M. Dorsey, K.I. Miller and R. Parrot (eds), *Handbook of Health Communication*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Kim, P. et al. (1999). “Published criteria for evaluating health related web sites: review”, in: *British Medical Journal*, 318, 647-9.
- Baylav, A. (1996). “Overcoming culture and language barriers”, in: *Practitioner*, 250, 403-6.
- Wiliquet, E. (2010). *Onderzoek naar Meertaligheid en Interculturaliteit in de Gezondheidszorg in Brussel, meer specifiek in het UZ Brussel, door middel van observatie*. Bachelorproef in de Toegepaste Taalkunde, Erasmushogeschool Brussel
- Marckx, V. (2010). *Interculturele en multilinguale communicatie en bemiddeling in het Brusselse Sint-Pieters ziekenhuis: onderzoek door observatie*. Masterproef in de Toegepast Taalkunde, Erasmushogeschool Brussel