Adapting To Diversity
Organizational Change at The Scarborough Hospital

YASMIN VALI
The Scarborough Hospital, Toronto, Canada

Abstract

Over the years the population changes in Scarborough, particularly with the broader diversity of ethnic and racial groups, have challenged The Scarborough Hospital to provide services that are culturally, racially and linguistically sensitive to a diverse community. The Hospital is well recognized for its responsiveness to community needs, changing its programs and services to meet those needs. The five major factors influencing the need for multicultural organizational change, were identified as: 1) The changing community, 2) Public policy on multiculturalism, 3) Barriers to health care, 4) Quality improvement focus, and 5) Diversity in the workplace.

Our Community Recommended: 1) Leadership - to champion and facilitate change, 2) Community Participation and Support - to link with a valuable resource network, 3) Education - to enhance knowledge and understanding of cultural values and differences and provide assessment tools, 4) Programs and Services - Interpreter and Translation Services - to provide immediate benefits to our patients. The department of Ethno-Racial Patient Services was established at the General Division in October 1994 and meets the diverse needs of our community including the multicultural and multilingual needs of our patient population. In the year 2002, the department partnered with the Canadian Hearing Society, to develop the ACCESS Program to meet the needs of the deaf, deafened, and hard of hearing patients, and in the year 2003, coordinated the development of the first Annual Accessibility Plan under the Ontarians Disabilities Act, 2001

This paper will share more information about Ethno-Racial Patient Services including 1) challenges of establishing appropriate community links, 2) providing education to staff (to provide culturally sensitive patient care), 3) establishing a Volunteer Interpreter Service, and 4) the establishment of tools and guidelines for staff

Résumé

S'adapter à la diversité : Le changement d'organisation à l'hôpital de Scarborough

Au fil des ans, les changements relatifs à la population de Scarborough, surtout la plus grande diversité de groupes ethniques et raciaux, ont stimulé l'intérêt de l'hôpital de Scarborough à donner des services adaptés à une communauté diverse en fonction de sa culture ainsi que de son appartenance raciale et

linguistique. L'hôpital est bien connu pour son aptitude à réagir aux besoins de la collectivité, à modifier ses programmes et ses services en vue de satisfaire les besoins en question. Les cinq facteurs importants justifiant le recours à un changement multiculturel de nature organisationnelle ont été identifiés comme étant les suivants : 1) La communauté changeante, 2) La politique publique sur le multiculturalisme, 3) Les obstacles liés à la dispensation des soins de santé, 4) L'accent sur l'amélioration de la qualité. 5) La diversité dans le milieu de travail

Notre communauté a recommandé : 1) Leadership – pour se faire le champion du changement et faciliter celui-ci, 2) Participation et soutien communautaire – pour se lier à un réseau de précieuses ressources, 3) Éducation – pour favoriser la connaissance et la compréhension des valeurs culturelles ainsi que des différences culturelles et fournir des outils d'évaluation, 4) Programmes et services – services de traduction et d'interprétation – pour fournir des avantages immédiats à nos patients Le Département des services aux patients des communautés ethniques a été établi à la Division générale en octobre 1994; il répond aux divers besoins de notre communauté, y compris les besoins multiculturels et multilinguistiques de nos patients. Au cours de l'année 2002, le Service s'est associé à la Société canadienne de l'ouïe, pour mettre le Programme ACCESS au point afin de satisfaire les besoins des patients malentendants ou devenus sourds; en 2003, le même organisme a coordonné l'élaboration du premier plan annuel pour l'accessibilité dans le cadre de la Loi pour les Ontariens souffrant d'incapacités (*Ontarians Disabilities Act*) de 2001.

Ce document fera part de plus de renseignements au sujet des services aux patients des communautés ethniques, y compris 1) les défis relatifs à l'établissement de liens communautaires appropriés, 2) la formation du personnel (en vue de fournir des soins culturellement adaptés aux patients), 3) l'établissement d'un service d'interprétation bénévole, 4) la mise au point d'outils et de directives à l'intention du personnel

Executive Summary

The Scarborough Hospital (merged Scarborough General Hospital and the Salvation Army Scarborough Grace Hospital) is a major provider of hospital services in Scarborough serving an ethnically diverse population

The 1996 census information[1] showed that immigration to Canada increased by 15 per cent in the five years leading up to 1996. This was three times higher than the growth of the Canadian-born population! During the 1980s and 1990s more Asians and Middle Easterners than Europeans came to Canada as immigrants.

Most immigrants settled in large urban areas. In 1996, 42 per cent of Toronto's population were immigrants. They came from Asia and the Middle East, Central and South America, the Caribbean and Africa. In 1996, about a third of people who lived in Vancouver were immigrants. The majority of immigrants in Vancouver and the rest of British Columbia are Asian. Montreal also has a large number of Asian immigrants. As well, it has a larger number of people from French speaking countries such as Haiti, than do other Canadian cities.

While most immigrants come to the larger centres, many of them subsequently move to other cities and towns. Gradually, the trends related to cultural diversity affect those smaller areas Ethnic origin and visible minorities: In 1996, visible minorities represented 11.2 per cent (3.2 million) of the Canadian population. This was up from 6.3 per cent, 10 years earlier. Chinese and South Asians were among the most prevalent visible minorities. Many had just arrived in Canada. Aboriginals are another visible minority. In 1996, 1.1 million people (about three per cent) of the population reported having aboriginal

ancestry (i.e., Indian, Métis or Inuit).[2] Ontario, British Columbia and Manitoba had the highest numbers of Aboriginal people. However, the highest concentration was in the north where Aboriginal people make up 62 per cent of the population of the North West Territories (including Nunavut) and 20 per cent of the Yukon Territories. About one quarter lived in major urban centres.

In 1996, 71% of recent immigrants to Canada (arrived in the previous 5 years) lived in the City of Toronto. For the City of Toronto, for the period 1991-1996, the Top 10 Immigrant Reception areas included: Scarborough (Census Tract 331.02) and Milliken (Census Tract 377.05 and 378.15).

Total immigrants to Canada 1991-96	1,038,990
Total immigrants to Ontario 1991-1996	563,000
Total immigrants to Scarborough 1991-1996	88,710

Of all immigrants arriving in Canada between 1992-1995, almost 35% chose to live in Metropolitan Toronto. Approximately 13% of those newcomers to Canada came to reside in Scarborough[3].

The demographics of Scarborough change continually. Our community and providers recognized the need for health services that are more sensitive and responsive to the cultural, racial, religious and spiritual differences of a very diverse community.

Together with its community and community agencies serving immigrants, the hospital recognized the need to better serve the diverse community and enhance its ability to effectively serve a diverse community and to manage a diverse workforce.

Keeping in mind the factors influencing the need change viz. ***the changing community, barriers to care, quality improvement, and increasing diversity***, the hospital reviewed needs and consulted our community.

Our Community Recommended:

1. Leadership - to champion and facilitate change
2. Community Participation and Support
3. Education - to enhance knowledge and understanding of cultural values and differences
4. Programs and Services - Interpreter and Translation Services

The department of **Ethno-Racial Patient Services** was established at the General Division in October 1994 and meets the diverse needs of our community including the multicultural and multilingual needs of our patient population. In the year 2002, the department further enhanced its support to diversity and partnered with the Canadian Hearing Society to develop an ACCESS Program to meet the needs of the deaf, deafened, and hard of hearing patients, and in 2003, coordinated the development of the 1st Annual Accessibility Plan under the Ontarians Disabilities Act, 2001. Thus, the department continually challenges and educates the staff to meet the needs of a very diverse patient population.

Over the years, the department has encountered many challenges including:

1. Establishment of appropriate community links,
2. Providing education to staff (to provide culturally sensitive patient care)
3. Establishing a Volunteer Interpreter Service, and
4. The establishment of tools and guidelines for staff

This paper will focus on the implementation components, and share the successes and challenges of this unique program.

The Scarborough Hospital (TSH):

The Scarborough Hospital is a multi-site, award winning, urban community health and wellness system. TSH is a regional treatment centre for Dialysis and MRI and is renowned for its sexual assault care centre and mental health programs. Affiliated with the University of Toronto, TSH is also a referral centre for vascular surgery, pacemakers and corneal implants. TSH was created in 1999 after a voluntary amalgamation of the Scarborough General Hospital and the Salvation Army Scarborough Grace Hospital.

TSH is Toronto's largest urban community hospital with 3,714 staff, 700 physicians and 1,100 volunteers. With a 650-bed capacity and an annual budget of $236 million, we provide a full range of services to a diverse and fast growing population.

In 2001/2002 The Scarborough Hospital hosted 218,560 patient days and 371,192 outpatient visits, including: Over 100,000 emergency visits; 5,251 births; Approximately 40,000 surgical visits.

The Scarborough Hospital also features:

- Unique family-centered birthing care, recognized across North America.
- **Unique programs to meet our diverse community's language and cultural needs**

Scarborough:

Eighty percent of new Canadians settle in major urban centres[4] The Greater Toronto Area (GTA) is the first port of call for 43% of them, and Scarborough, a suburb with a population over 500,000, accommodates the majority[5]. Approximately 80% of TSH patients are residents of Scarborough. The remainder 20% are from neighbouring suburbs. Our hospital has a long tradition of serving its community with high quality care and with respect and compassion. The Hospital is well recognized for its responsiveness to community needs, changing its programs and services to meet those needs. Over the years the population changes in Scarborough, particularly with the broader diversity of ethnic and racial groups, have challenged the hospital to provide services that are culturally, racially and linguistically sensitive to our diverse community

Multiculturalism:

The term "multicultural" refers to the diverse racial and multicultural composition of a group/community and is inclusive of populations of all cultures and races, including the mainstream white population. Our goal was to provide services that are more sensitive and responsive to diversity.

<u>Major Factors Influencing Multicultural Organizational Change:</u>

The five major factors influencing the need for multicultural organizational change were identified as the changing community, public policy on multiculturalism, barriers to health care, quality improvement focus, and diversity in the workplace.

A Multicultural Issues Task Force met from December 1993 to April 1994 to discuss issues and challenges relating to Multiculturalism. The task force divided into several groups with diverse tasks: literature review, review of what other hospitals do to meet diverse needs of the community, etc. The Task Force recommended and planned a Multicultural Issues Forum.

Each factor was discussed at a Multicultural Issues Forum in May of 1994. Participants at the Forum included hospital personnel and community representatives from agencies serving newcomers to Canada.

Forum participants proposed four of the six key components for organizational change.

The four priorities included: leadership, community participation and support, education, and programs and services to care for our diverse community.

Following the Forum, a Multicultural Advisory Committee was formed. This committee discussed the four priorities and submitted an Organizational Change Proposal to the hospital's corporate team.

Recommendations:

The Multicultural Advisory committee (disbanded following appointment of leader) recommended that four selected components of organizational change be addressed as priority, for the Hospital:

1. *Leadership* - to champion and facilitate change
2. *Community Participation and Support* - to link with a valuable resource network
3. *Education* - to enhance knowledge and understanding of cultural values and differences
4. *Programs and Services* - Interpreter and Translation Services - to provide immediate benefits to our patients

The Hospital recognized the need to better serve the diverse community and made a commitment through its Strategic and Operational Plans, and the Corporate Goals and Objectives.

The primary goal, as a multicultural organization was to enhance the organization's ability to effectively serve a multicultural community and to effectively manage a diverse workforce.

The department of Ethno-Racial Patient Services was established in October of 1994.

1. <u>Leadership</u>

   Priority Goal: To provide strong leadership in advancing a multicultural strategy throughout the organization.

   The Scarborough Hospital in recognizing the need for this designated a full time position for addressing multicultural strategies. A further way of bringing organizational leadership to multicultural work was through the Ethno-Racial Advisory committee with members from our diverse community and key hospital personnel including the Chief Nursing Executive, Vice President, Patient Services, Chief of Staff and the Director of Public Affairs and Communication. The director of Ethno-Racial Patient Services also developed and enhanced communications strategies that regularly profiled developments related to multiculturalism. Communication is critical to maintain momentum of the work as time goes on (The terms of reference for the Advisory Committee are attached as Addendum A).

2. <u>Community participation and support</u>

   Priority Goal: To establish relationships with and participation from the various community populations served by the hospital.

   As an organization proceeds to make changes in the way it serves its community, it is essential that there be some mechanisms developed to guide the organization in:

   a) better understanding its community,
   b) identifying the diverse needs and issues of the community, and

c) measuring or evaluating the success of any changes in the service delivery and the benefits/outcomes for the community.

This can only be accomplished through ongoing linkages with the community, potentially through several specific community organizations that represent the voice of specific ethnic groups.

The community represents a vast resource of knowledge, expertise and skills in the areas of culture, health values and practices and diverse languages. Community service agencies provide a source of support and assistance in reaching the broader community.

Representatives from the community assisted us in achieving objectives related to communications through arranging wide participation at community needs assessment, providing interpreters where language was a barrier, educating our staff and representing their community through participation on an Advisory Committee. The staff further compensated by sharing their needs to be able to provide culturally appropriate care (Addendum B: community and staff needs assessment). As the programme developed, this contact with community organizations also provided valuable linkages to other agencies including ethnic media vehicles, thus facilitating the communication of important announcements within the health care sector and disseminating health educational material.

Representatives from the community were willing to assist in educating staff on specific cultures and implications for health practices and health services. These sessions continue to date in the form of regular "cultural rounds". The partaking of cultural food (related to particular cultural topic) is an added attraction to these sessions. Hospital staff are eager to share their own culture and cultural practices.

The hospital in turn welcomes and educates newcomers to Canada on accessing the health care system, registering with a family physician, learning about wellness and health, coping with the stress of being a new immigrant and other health related topics as identified by the community. The hospital also conducts regular tours for newcomers to Canada. The tours and education sessions are arranged through ESL (English As A Second Language) classes, part of the LINC (Language Instructions for Newcomers to Canada) programme.

Ongoing community representation and participation has also provided the hospital with a valuable resource: tapping into language skills. 50% of the hospital's volunteers for interpretation are from the community.

Each year we "Celebrate Our Diversity". This annual event draws huge crowds from the community including local politicians, and the staff. A keynote speaker shares the value of cultural awareness within health care. Colourful costumes, foods from different cultures, followed by entertainment depicting and sharing different cultures are the highlights of the celebration.

Further partnerships include working with the Scarborough Network of Immigrant Services Organization (more than 20 community agencies serving the needs of newcomers to Canada), and the Scarborough Homelessness Committee that is constantly exploring needs of the homeless including health care.

Our partnerships extend to schools and colleges. Both participate through provision of artwork and entertainment at our diversity celebrations.

3. Programs and Services

3.1. Interpreter/translation services

Priority Goal: To provide culturally sensitive and language appropriate services to our patients

Background: Many members of diverse linguistic and cultural groups have barriers to access the same quality of health care as those from the mainstream culture. These barriers include:

- inability to read and speak English;
- lack of professional interpretation services;

- lack of material written about available services in languages they can read;
- educational material available in languages they cannot speak;
- signage in languages that they cannot read.

Linguistic differences impact on the individual's ability to understand the health problem and its treatment. This in turn, may affect patient satisfaction, compliance and outcome.

The use of untrained interpreters can result in distortions in the interpretation. When this occurs in the health care setting, it can seriously affect the providers' attempts to diagnose and treat clients.

These distortions can occur for such reasons as:

- deficient language skills of the interpreter;
- lack of understanding of the practices/procedures and terminology (medical);
- interpreters' receptiveness toward either patient or clinician;
- attempts by interpreters to make sense of cultural information that is incongruent with their own beliefs

The least desirable interpreters are children, yet, often because acculturation to the country and learning a new language occurs more quickly; they are the interpreter for the individual.

The ideal would be the use of trained interpreters with the many benefits to patients and providers. An increase in patient satisfaction, improvement in clinical diagnosis and care, improvement in patient compliance with treatment regimens are just some of the benefits of using trained interpreters.

Cultural interpretation is an important and necessary function for the accurate representation of the communication between the patient and the health care providers.

In order to provide skilled interpretation, skills or knowledge needed by the interpreters include:

- excellent knowledge of the two languages being translated;
- specific knowledge related to the area of service delivery (e.g. the culture of that environment);
- reproduce accurately the communicative approach and the feelings, which may be expressed;
- a professional code of ethics includes impartiality, relaying the message without changing; content or intent of the message;
- confidentiality;
- awareness of their own limitations - not accepting an assignment if unable

In keeping all the above in mind and with the limited resources available, the department of Ethno-Racial Patient Services opted for a “Volunteer Service”. Community consultation and “partnerships” were established to collect data on expertise. The department acknowledges the advice from the Ministry of Citizenship and the timely assistance from the Multilingual Community Interpreter Services, as well as the department of Staff Education at the Scarborough General Hospital. The Volunteer Interpreter Services was established at the hospital in June of 1995 and today, boasts a total of 200 volunteers speaking 48 different languages. 50% of the volunteers are from our communities. The selection criteria are stringent. Volunteers must be fluent in both English and “other” language(s). A language assessment is followed by a thorough reference check. A confidentiality agreement is signed prior to an intense training. Because our resources do not extend to a prolonged training, the one day “introduction to interpretation” workshop includes: an introduction, warm-up exercises, roles and responsibilities of an interpreter, the role of a “cultural interpreter”, communication, confidentiality, different types of interpreting, language usage e.g. phrases and paraphrases, memory retention exercises including note taking, role playing, etc. Each volunteer has the opportunity to return for a one-day refresher course as required. The department is able to meet almost 90% of interpreter needs. The remainder ten percent is after-hours emergency needs. A computer tool kit, and/or language line or “on call” system is currently being explored. Guidelines are available on the hospital’s computer system to guide staff in accessing the interpreter services and

working with our volunteers. (Addendum C) Staff evaluates the interpreter session (evaluation sheet) following each session. Surveys to identify usage and needs (and other issues relating to the interpretation) are initiated bi-annually.

3.2. Translation services

A further barrier for our patients who cannot read English is the inability to access information about services as well as access information provided by health care workers through written material. More of the service information and health information needs to be accessible in many different languages. This would go a long way in facilitating communication of health problems and their treatment and prevention in a manner that can be understood by our client. The art of translation of materials requires a careful approach. The translation should be completed and reviewed by individuals skilled in the language and knowledgeable of culture to ensure that the translated material is accurate and culturally appropriate. The hospital, like any large institutional building can be imposing for any individuals. This becomes even more imposing for individuals who do not share the same language or culture. The department has worked with the hospital to provide "path-finding" brochures in other languages and signage in some of the key languages so that our patients and their families benefit in locating areas of the hospital. Staff is advised to prepare simple information and education pamphlets with clear language. Guidelines for translation (Addendum D) are available on the hospital's computer systems. Translated material is then reviewed and proofread by volunteer interpreters in their language of expertise.

4. Education

Priority Goal: To enhance staff knowledge and understanding of cultural differences and to develop staff skills in assessing cultural norms and impact in health practices.

Background: The multicultural diversity of our community and our staff creates new challenges for all of us. When individuals are from different cultural backgrounds, the standards of behavior, concepts, beliefs and values may differ. These differences may potentially result in misunderstanding and lack of communication at all levels of interaction in the institution, between patients and the health care workers, between staff themselves and between staff and managers.

Each of us has a culture. Leininger defines it as "*…the learned values, beliefs, norms and way of life that influence an individual's thinking, decisions and actions in certain ways*.[6] Culture has been characterized as: "… *a way of life, a way of viewing things and how one communicates ... it provides an individual with a way of viewing the world, as a starting point for interacting with others ... all encompassing and reflects the assumptions individuals make in every day life.*"[7] Each culture may have different health beliefs and expectations of health behaviors. Conflict may result from these variations in perception of what constitutes appropriate health behavior. Examining one's own cultural beliefs and values are important.

What is most important is that the cross-cultural communication process itself be understood, that one model of communication is learned and applied, and that the caregiver remain open to the process of ongoing cultural inquiry. Physicians commonly believe that cross-cultural communication means that they must develop a complete knowledge of other cultures. They fail to realize that they must first appreciate the cultural norms, values, and beliefs that they as physicians and as part of the human equation carry within themselves. It is as important to look in, as it is to look out. Cross-cultural communication is thus far less "knowledge" than it is a set of skills and an attitude.[8]

Effective cross-cultural communications may often be difficult, but the stress and anxiety associated with hospitals add to the difficulties. Therefore it is important for staff to gain the

knowledge and tools to be able to provide more culturally sensitive health care. In the workplace, cultural norms may differ resulting in stress and tensions in the workplace. Co-workers and managers at all levels of the institution need to be more culturally sensitive. Education is one of the first crucial steps that an organization takes when developing a multicultural strategy that will have the most impact in providing culturally sensitive health care. Some of the key components to include are: cultural assessment and cultural negotiation are powerful skills and tools to assist staff in providing culturally sensitive health care. Although many staff feel comfortable having knowledge about different cultures, it is important not to over generalize or stereotype. People are unique individuals. There are differences even within cultures. As well, each individual adopts the values and beliefs of his/her culture to varying degrees.

At TSH, all staff receives information on activities of the department of ethno-racial patient services, and includes information on diversity within our patient population. Information is also provided on "culture and providing culturally sensitive care": workshops on providing culturally sensitive are open to all staff four times a year, and are deliberately kept short as mini-workshops to allow staff participation during an extended lunch period. Lunch is provided (and food being a universal attraction, the workshops are well attended). Besides an evaluation of the workshop, staff also submit an 'action plan' (Addendum D) outlining what they will achieve following the workshop. In the year 2002, the department held "joint workshops" with the nursing department with sharing of stories and case studies related to nursing care. Workshops are mandatory at nursing orientation, patient service associate orientation, pastoral students orientation and orientation of medical clerks and residents. Other educational activities include the cultural rounds where staff/community share a specific culture during a lunch period. Food from the given culture is shared and is of course a "big hit". Occasionally the presenters arrive with their traditional costumes and give a brief overview of the country including music. TSH computer systems carry a variety of information and guidelines on caring for diverse patients: the deaf, the blind, the disabled, and from a cultural perspective. Cultural profiles are an added attraction to the above. (Addendum D)

5. Evaluation:
   An evaluation of the interpreter session is followed immediately on completing the interpretation. Bi-annual surveys further enhance the above information. A monthly survey of collected data shows usage by language and identifies language gaps. The ACCESS Program for the deaf identifies use of equipment and access to sign language interpreters. Workshops and Rounds are evaluated following the session. Additions/deletions to content of workshop is identified from workshop evaluation. Staff completes an "Action Plan" to further assist their learning.

Conclusion:

Implementation of the Action Plan developed for the four priority components of the framework for multicultural organizational change has achieved significant benefits for both the patients receiving services by the hospital as well as for the organization itself. Reaching a significant number of the staff through educational sessions has resulted in some degree of behavior changes, which has positively affected services to patients and performance in work teams.

Further Measurement and Follow-Up

When embarking on an organizational change process, it is important to develop and select mechanisms for determining the outcome or progress with the change process. As time and resources are generally committed to support an organizational change process, it is valuable to determine whether the goal is being met. Although culturally appropriate care and cultural competency are important components of care in a community as diverse as Scarborough, continual participation and support of the community and TSH is important. It is important to consider measurement tools within the framework of patient satisfaction relating to culturally sensitive care. We continue to work on this and consult with our community agencies serving newcomers. Our education to the community is a small component of the overall satisfaction. Hospital tours and regular talks with newcomers to Canada on a variety of topics form but a small portion of the organization's ability to serve a multicultural community. The hospital has adapted a separate policy to meet the needs of our diverse patient population and manage cultural diversity in the workplace (Addendum F)

Bibliography and Foot Notes:

1. www.statcan.ca: Statistics Canada. (1998)
2. Ibid. 1996 census: Immigration and Citizenship: Aboriginal Data.
3. Statistics Canada. (1998) 1996 census:
4 Reports: District Health Council, City of Toronto, 1997
5 Reports: City of Scarborough, Board of Education, 1997
6. College of Nurses of Ontario. (1999). Guide to nurses for providing culturally sensitive care.
   Registered Nurses Association of Nova Scotia. (1995). Multicultural health education for registered nurses: A community perspective. Halifax:
7 Leininger m. 1996, Cultural Care Theory, Research and Practice. Nursing Science Quarterly, (9 2 71-78)
8. Dr. Ralph Masi's presentation at the 7th annual celebration of diversity, The Scarborough Hospital, Toronto, 2001.
   Dr. Masi, MD, CCFP,FCFP, is a Community Family Physician and Associate Professor, Family and Community Medicine, University of Toronto; and organizer and publisher of Removing Multiculturalism and Health Care: Realities and Needs, First Multicultural Health Conference, Toronto, Canada, 1989 & Removing Barriers II: Keeping Canadian Values in Health Care, Vancouver, Canada, 2000

Acknowledgement

Staff, The Scarborough Hospital
Ethno-Racial Patient Services Advisory Committee 1995 to 1999
Multicultural Advisory Committee 1994
Susan Tremblay, Director of Planning, Scarborough General Hospital, 1994

Contact

Yasmin Vali
Patient Care Director
Family Medicine and Community Services
The Scarborough Hospital
Toronto, Ontario, Canada

Addendum A

Advisory Committee for Ethno-Racial Patient Services
Scarborough General Hospital

TERMS OF REFERENCE

Purpose:

To advice and support the Hospital's Patient Services on policy development, community linkages and priorities to create a health care environment that is sensitive and responsive to the cultural, racial, linguistic and spiritual/religious needs of the community.

Objective:

1. To recommend policies that support health care sensitive to the cultural and lingual needs of our patients.
2. To guide and advice Ethno-Racial Patient Services, of concerns within the community and the hospital, related to patient services.
3. To discuss needs and barriers experienced by the community and the hospital and make appropriate recommendations to meet these needs.
4. To ensure that the activities of Ethno-Racial Patient Services at Scarborough General Hospital reflect the needs of the community and the hospital.
5. To be a liaison between the Community leaders and the Hospital Administration.
6. To identify opportunities for sharing, training and use of resources.

Membership:

1. Representatives from diverse community groups
2. Vice-President - Patient Care
3. Manager, Pastoral Services
4. Chief of Staff/delegate
5. Medical Director, Community Services
6. Patient Care Manager, Social Work
7. Registered Nurse
8. Manager, Public Relations
9. Patient Care Director, Community Services
10. Other hospital and community representatives will be invited as needed.

Addendum B

Needs Assessment

- The first 3 months of the programme were spent identifying needs amongst the community and the hospital staff.
- The community was receptive and willing both in providing interpreters or educators as necessary. And applauded the Scarborough Hospital's initiative to meet the multicultural needs of our patients

Hospital Family

Religious:

- Awareness of religious application, religious practices
- Significance of specific ornaments, and cords that they wear
- Orientation to beliefs, practices

Communication:

- Communication: - language
  - booklet with simple words
  - translated material, e.g. pre- and post-op
  - teaching, radiology issues
- Name of "Department" - if changed - change information, maps

Information:

- Have a "Multicultural Week"
- Menu - foods: type of foods, what is allowed, etc.

Education:

- learn about new cultures
- cultural attitudes
- health attitudes

(Patient should take responsibility for self)

- Know differences in gender
- Learn differences between new immigrants and refugees
- Distress/language
- Language - body language approach - avoid misunderstanding
- Habits/food/culture
- Training - diversity
- Interpretation
- not just interpreting language - understanding culture and cultural attitudes

Translation:

- ER - translation (short time)
- Are other hospitals willing to share translated material?

Other/Community Liaison:

- Are there professionals (from other communities) willing to assist?
- Information/Patient Inquiry (information from physicians)
- Teaching - community
- Encourage attendance at ESL
- “Social Events"
- Empower families
- "Name" (health card)
- Worship Centre/Chapel
- Education (community)
- Sensitivity to hospital workers as well
- Contacts of:
  - Community
  - Mosques
  - temples
  - (Hindu minister)

Community:

Concerns in Hospital or when receiving health care:

Language barriers

- Cannot fully explain illness/condition
- Health professionals may identify/select key words
- Client too, may select key words from the professional's explanations
- Interpreter (relative/friend/other) may not always fully explain health problem
- Lack of communication/understanding may lead to wrong diagnosis e.g. (a depressed client may be interpreted as being mental)
- Note: some "cultures" considering chanting and talking to self as "expressing oneself"
- Interpreters are not always available - some may be in a hurry, and clients are often left feeling inadequate and "troublesome" - may not feel comfortable with interpreter from another gender or someone that knows them within their own community.
- Some of the people feel anger and frustration at being "stereotyped' - assumed to be illiterate

Culture barriers

- Cannot fully explain illness or voice complaints
- Some cultures are unquestioning - many come from countries where the health provider is considered to be in a "high" respected position and is looked upon for guidance
- Most therefore accept the health professional's diagnosis, comments, etc.
- often intimidated by the language barrier

- uncomfortable with professionals from the other gender: Muslim men prefer their spouses to be cared by females-will understand if time is taken to explain many countries had male nurses for male and female for female patients
- most of the communities: South Asian, Chinese, Greek, Italian, are family oriented versus individualistic
- If you have problems in a hospital, what do you do?
- Most patients with linguistic problems stay quiet.
- Others may be scared to voice complaints as they think they may be "victimized"
- Relatives may speak up for the patients - often distressing the patient. Relatives may show anger, mostly because of guilt at having left patient or because of patient's illness
- There is usually discomfort in pursuing matters further
- May try and talk to family physician or a Community worker who speaks same language

What would you like the hospital to do? How can we help?

- Availability of staff who can explain complaint procedures
- Availability of staff who can explain procedures so that both relatives and patient can understand
- Trained cultural interpreters so that the "patients' perception to the illness can be interpreted to the health care workers.
- Available literature in other languages
- If your hospital puts programs into place, information to the community through the media and newspapers

Suggestions/ liaisons

- Cultural Sensitivity training for staff
- Religious awareness training for staff
- Interpreter Services
- Partnerships
- Community Health Education (media, social service agencies) for example, Diabetes, Breast education, Awareness of available clinics, Nutrition, Exercise, Pre and Post Natal Care, Preventative measures emphasized
- Evaluation/feedback from the community (patient suggestion forms etc. in different languages)
- Recommendations and guidelines for visitors
- Liaison with placement agencies for example, elderly, home Care, Nursing Home
- Train the Trainers - Community Volunteers
- Have Community participate at your planning level.

Addendum D

The Scarborough Hospital
Guidelines for the Translation of Patient Education Resources

The English Material

There is a direct relationship between the quality of English material and the quality of the translated material. In particular, key elements include:

- ✓ Date material was written/revised
- ✓ Tested with members of the target group and/or reviewed by consumers
- ✓ Reviewed by a health care team
- ✓ Clear language and design

The Translated Material

The following guidelines highlight important indicators as to the quality of a translated patient education resource. The use of a professional translation service will minimize the risk that the translated material does not accurately reflect the intent of the material presented. The process for confirming the accuracy of the translated material needs to be clear. Key indicators include:

- ✓ Date of last translation/revised translation
- ✓ Date of translation is indicated on the resource
- ✓ Title is indicated in English
- ✓ Translated language is indicated in English
- ✓ Format quality compares to English version
- ✓ Visual images are reflective of the target population
- ✓ Translated by a professional translator
- ✓ Dual (back) translation is used
- ✓ Proofread by a health care professional
- ✓ Tested with members of the target group

The Use of a Professional Translation Service

When using a professional translation service consider the following:

- ✓ Adhere to the quality indicators listed above
- ✓ Indicate the purpose of the resource (intended outcome) and the audience profile including the level of language
- ✓ Provide templates, logos and graphics
- ✓ Discuss and confirm timelines and expectations
- ✓ Contact Ethno-racial Patient Services, General Division, ext.6041 to recruit a health care professional to do the proof reading
- ✓ Agree to a mechanism to settle disputes that may arise between the translator, the proof reader and/or members of the focus group

Addendum E

ACTION PLAN

Please return this form to:
Ethno-Racial Patient Services

INSTRUCTIONS:

Think about various strategies for how you might handle diversity within your own unit or department. Then choose one that you believe you can implement in 4 - 8 weeks and complete the following action plan for implementing that strategy.

MY STRATEGY:

SPECIFIC TASKS INVOLVED, WHO WILL DO THEM, AND BY WHEN?

WHO MIGHT PROVIDE HELP (EDUCATORS, CO-WORKERS, DIRECTOR OF ETHNO-RACIAL PATIENT SERVICES, MANAGERS, ETC)?

Adapted from:

A Workshop for Managing Diversity in the Workplace
By S. Kanu Kogod
San Diego, California: Pfeiffer & Company, 1991