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I have been asked to talk to you about “De Schildershoek”, a nursing home in The Hague which is well-known for its intercultural way of working. This interculturalisation started about twelve years ago and is now well established. This is a story about a practical situation, in which diversity plays a leading role.

The homes for the elderly “Om & Bij” and “Rivierenbuurt” and the nursing home “De Schildershoek” are three homes at a stone’s throw from each other, right in the centre of The Hague. They form one single organisation. Besides the three homes, the organisation has 300 units for assisted living. In total we care for about 600 clients and employ some 400 staff.

Many of the organisation’s residents and its employees originate from a large variety of ethnic backgrounds. To give you an idea of how varied these backgrounds are, here is a run-down of all the different cultures:

People from every section of the Surinamese population: Hindustani, African Surinamese, Javanese and Chinese, Bushland Creoles but also the original inhabitants: the native Indians.

From around the Mediterranean: Turks, Kurds, Moroccans, Berbers, there is also the odd Italian, an Irishman and some Portuguese. Furthermore, there is an increasing number of employees from former-Yugoslavia.

Our Chinese residents are from Hong Kong, the Republic of China, Indonesia and Surinam. Apart from that we have Vietnamese, Cape Verdeans, employees from the Dominican Republic, White Russia, Jordan, Iran, Iraq. There are people from Pakistan, Afghanistan, Ghana, Egypt, Rwanda, Ethiopia, Somalia, Eritrea and India, as well as from South Africa, Togo, Liberia, Germany and Colombia.

55% of “De Schildershoek’s” clientele and 70% of its staff are not from a Dutch background.

“De Schildershoek” was founded fourteen years ago, when three former nursing homes joined forces. It soon became clear that its future clients would be people originating from all parts of the world, as expected because “De Schildershoek” was the nursing home built for the inner city population of The Hague.

Basic Principle: For years, the starting point for “De Schildershoek” has been to provide quality care for each resident, as far as the home’s possibilities allow. As the client population changes, due to an inflow of people from different cultures, from all corners of the world, the organisation has to adjust, adopting the needs and wishes of these new clients.

Acknowledging differences: Even before people from Southern Europe and from other continents started coming to The Netherlands, our clients were from widely varying backgrounds. There have always been cultural differences between people, even within The Netherlands. Although the range has widened as influences from all over the world have been added, the essence has not changed. The complexity, however, has.

Acknowledging the fact that the future patients would be different and that we would have to be prepared for this, led to us starting a small-scale project which was carried out in the two somatic departments in 1989. The entire board of management backed this project.

The small scale of this project and the support from the board were vital to its success. Due to the small scale, everyone was closely involved and felt committed to it since the initiative was anchored high up in the organisation.

In the initial years, when the first ethnic clients moved into “De Schildershoek”, the emphasis was on the care for the new residents. Research was done into what this care should consist of. It was very interesting to observe how differently people deal with sickness and handicaps. Policy was developed for fields like communication..., religion..., recreation..., nourishment and people’s interaction with each other.

“De Schildershoek” pro-actively sought out potential clients, because not many had actually yet been admitted. After several years we noticed symptoms of senile dementia in some of the ethnic residents and so the project expanded into the psycho-geriatric departments.

What did we actually achieve in these initial years?

- The decoration of rooms in a specific style, to provide the residents with more recognisable surroundings.
- The first Hindu religious service.
- Acquisition of music and films from different cultures for the residents.
- A better insight into family relationships.
- Training in intercultural communication.
- Information on Winti.
- The first language lists.
- Insight into the various rituals surrounding sickness and death.
- The employment of the services of interpreters, purchase of a telephone translator.
- Widening the range of products in the home’s shop.

In the first few years communication formed the largest obstacle. Conquering language problems, with or without an interpreter, proved very time-consuming. Contact often went through too many channels that we did not understand at the time. Complex matters often involved the entire family and took ages to be decided upon. Getting to understand the internal structures and relationships, and finding the right answers demands a great deal from our employees.

Linking care and management 1993-1997

Ethnic employees have been involved in “De Schildershoek” and its preceding three homes for a very long time. However, they were never looked upon as anything unusual. They were normal colleagues who had been working there for years, just like any other employee. We used to be a council-operated organisation and many of the employees from Surinam and the Dutch Antilles simply had a preference for working for the government. No policy, just a fact of life.

After several years we came to the conclusion that intercultural care required intercultural management, in order to progress. From the outset we had aimed to hire ethnic nursing staff, now we worked hard to make the entire staff, at every level of the organisation, a true reflection of our clientele.

Between 1993 and 1997 much intercultural cooperation and development got under way. A greater openness about cultural differences was created, and delicate subjects like discrimination became open to discussion. Much constraint disappeared. People became less cautious and felt secure enough to talk about their differences. It even became possible to make friendly jokes about each other's habits and to tease each other a little. The climate had become right for this.

I think it is just that that the employees as well as outsiders feel at "De Schildershoek". There, you can be just who you are, with your own history, your own habits, which may seem strange to others. No one is a stranger at "De Schildershoek". You might say the place has developed its very own culture.

This new culture has spread through consultations, through contact with the ethnic residents and their family.....and vice versa. At "De Schildershoek" we all learned to learn from each other, to learn from our clients, who have also been pioneers in this story. We learned from clients' relatives, from pandits and imams. And they learned from us. They learned what a nursing home is, how elderly Dutch people live, and so on.

In these years we developed things like:

- Training in intercultural communication at every level.
- Getting to know what 'culture' is and what it might mean to each individual, and to yourself.
- Training in managing diversity.
- Hindi language courses for employees.
- Management training concerning different ways of management, and the role your own personality plays in this.
- Insight into importance of self-care and the ability to do things independently to an individual.
- Insight into the importance of someone's family ties.
- Alerting people to the start of their religious service in the way that is familiar to them. For example, the vocal summons in the Islam or the church bells before a Christian service.
- Insight into the views of the varying cultures concerning the prolonging of the life of a terminally ill patient.

The whole intercultural way of thinking became more complex, but at the same time more firmly anchored.

The intercultural menu cycle was completed in these years. We had decided to do this in 1990 but completing it proved quite a difficult task. We had to bear so many things in mind: the different kinds of meat, the ritual slaughter, unknown vegetables from Surinam and Southern Europe, the recipes. This all had to be combined with things like HACCP (Hazard Analysis of Critical Control Points, a health and hygiene standard), different diets, and variations such as

minced food, liquified food, low salt, etc. We finally managed to combine all these things with the help of an ingenious software program.

The parents of people who worked with us and family members of residents helped with the recipes, they knew just what to add to give a dish the final touch and make it taste really Turkish, or Surinamese, or Moroccan. So there are now considerably more pans on the stove and there is a great deal of variety.

In this period we started to provide a wide range of intercultural activities. Apart from the card playing afternoons we now have weekly football evenings, two different Hindi services, two different Islamic services, a reading of the Koran, and Protestant, Roman Catholic and eucumenical services. Feastdays from various cultures are celebrated, such as Holi Phagwa, Chinese New Year, Devali, Suikerfeest and attention is paid to Keti Koti (the abolition of slavery). These celebrations are all in addition to the traditional Dutch festive days like Sinterklaas (December 5th), the Queen ´s birthday and, of course, Christmas and Easter.

We made some stupid mistakes with these things to start with, like providing Hindi services of the wrong type, the Pandit was from another denomination than the majority of our residents. This caused tensions we were unaware of for a long time.

We also needed practical solutions and had to improvise. To avoid a full-scale fire alert after every Hindi service because the smoke detectors reacted to the burning of offerings, we installed warmth detectors instead in some places, after discussion with the fire brigade.

At present, it goes without saying that any improvement is systematically tested for its intercultural use. We have achieved the main aim as stated in the original project, namely the integration of intercultural thinking in the general policy. The past ten years have not always been easy, things have regularly gone wrong, sometimes we were on the wrong track and tension arose in the organisation. But these things were necessary to allow the interculturalisation process to permeate throughout the organisation. This kind of process is good for an organisation: everyone is forced to think about the basic principles and values they bring to their work and what that means for their own cultural viewpoint and that of others.

“De Schilderhoek’s” vision of care is based on the thoughts and perceptions of individuals, not of cultures. Each person has his own unique life history which cannot be generalized. Knowledge and insight into cultural differences can help us to ask the right questions and approach a resident and his family in an appropriate way.

To work in De Schildershoek a person must be genuinely interested in the residents, expertise and knowledge can then support that interest.

We use phonetic word-lists in Hindi, Hakka, Mandarin and Cantonese. With these lists we do not expect to be able to conduct a full conversation with our residents, they only enable us to show our willingness to make an effort to communicate.

Together, De Schildershoek, 2 homes for the elderly and 300 units of sheltered accommodation provide the necessary care for all kinds of clients. There is an ongoing development of a wide variety of extramural services: full nursing care in a patient’s own

home, ergotherapy, temporary care, various kinds of day-care etc. To do this we work in close cooperation with other health organisations, such as Thuiszorg (domiciliary care) and Parnassia (psychiatric care). This creates a new perspective to our organisation, a different definition.

We work closely with groups of Chinese and Javanese people. We supply services to the Chinese in their own surroundings where necessary, and, when required, elderly Chinese people come to live in our sheltered accommodation, our old people's homes or in the nursing home. We advertise for and train Chinese employees, but are now very careful about the various language groups, having made the error of thinking that residents who spoke Hakka, one of the Chinese dialects, could communicate with employees who spoke Mandarin.

We value and continue to increase our cooperation with interest groups. Our aim is to make services available to elderly people and subsequently to adjust those services as it becomes apparent that the needs of new clients are different..This is a new phase in the active involvement of elderly people from all cultural backgrounds, their participation and emancipation.

Interculturalisation works on demand, the organisation is there for the client. As the clients change so will the organisation have to adjust to their different needs. We are not like MacDonald's, supplying the same product wherever you go.

Patients are referred to De Schilderhoek and Om & Bij from all over The Netherlands. These referrals are made with the clients' best interests in mind but are ultimately not the true intention, we are basically here to serve the elderly people of The Hague.

We aim to be a multicultural organisation: whatever their background each person should be able to feel at home when in our care. More organisations in this part of The Netherlands and in other areas of the country need to pay more attention to these new clients, to make themselves more attractive to elderly people with different cultural backgrounds.

Although it is partly true that these people are not quick to demand our services, this is no reason to ignore them. There are many potential clients but many elderly people and their families are unaware of the services available, or are daunted by the idea of a nursing home. Here is clearly a task for the health care organisations, they must find their clients, get to know them and let them feel that services are there for them too. If the threshold is lowered the new clients will come of their own accord.

Care is needed in all cultures although its form may vary somewhat. The client is the one to decide what is necessary. Health services have a lot to do in the next 10 years, they must constantly monitor their business processes, develop new products, investigate different ways of decision-making, discuss social standards and values, and ensure that the climate in their organisation remains open to discussion.

A conscious choice:

The conscious decision to go down the path of interculturalisation in an organisation still requires dedication and thought.

Many employees in De Schildershoek agree with this statement and feel inspired by the idea that their efforts can contribute to a more just and tolerant society. This can lead to an organisation with high ideals.

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This takes the subject seriously and makes it clear that interculturalisation is to be a basic condition for future developments in the health service.

One reason that people choose to come to “De Schildershoek” seems to be the trust they have that the staff there will do their best to work together with the clients to find solutions for problems which arise, although residents and their families alike realize that the organisation has not got an answer to everything. Others get to know about this trust in ways we try to grasp but do not really understand. The employees of “De Schildershoek” from other cultures certainly play a role in it, whether intentionally or not.

The nursing home has its limitations and improvisation is essential. Hence the Muslim employees use a storeroom for their prayers and the conference room is the meeting-place for all religions. Curtains are used there to reveal the appropriate pictures for the various religious services and to cover up the others. There is not enough space in the nursing home to do it in any other way. Although this may not be an ideal situation, the fact that all religions have to share one space may act as a spur to increase tolerance and understanding.

Managing “De Schildershoek” costs a great deal of time and money -- we deliver a very wide range of care, communication between different nationalities takes a lot of time and effort and the frequent misunderstandings have to be resolved. Many of our clients have difficulty finding their way in the health service and need our help. “De Schildershoek” is also a centre of knowledge of nursing home care in a multicultural society. Our clients also often need a great deal of care when they are admitted, they have been cared for at home for as long as possible. The organisation does not receive any extra financial assistance towards these additional costs which is something we are trying to change.

It is quite normal for schools to receive extra money to help disadvantaged pupils catch up, it would be a good thing if similar additional funds were available for the health service.

Multicultural care is made-to-measure and of high quality. The employees who are involved develop specific expertise and experience great satisfaction in their work.

Most essential is that a work climate exists where clients and staff alike are open towards each other, where people feel free to ask each other questions, where no one has to have all the answers, where there is space for creativity.

The nursing home has limitations as you have already heard -- our Muslim residents and staff pray in a storeroom, the conference room has a double function as religious meeting place. But in an atmosphere where everyone can be himself and can feel self-esteem, great things can happen.

Nevertheless, we regularly go down the wrong path, and we realize that nothing can be taken for granted. “De Schildershoek” is just an average nursing home where we learn and develop day by day.

Just an average nursing home ... but what a magnificent cosmopolitan enterprise.

THANK YOU.