

CONTENT

COMMUNICATION

- Key issues when communicating with people from multicultural backgrounds
- How to identify if an interpreter is needed
- When to use the Ward Communication Tool

■ KEY ISSUES WHEN COMMUNICATING WITH PEOPLE FROM MULTICULTURAL BACKGROUNDS¹

Health care involves basic principles that apply to all patients regardless of cultural or linguistic background. However, any health care system is necessarily based on the predominant culture and medical system, and all of us, including health professionals, make assumptions based on our own culture. These assumptions influence practice and interactions with patients.

It is important to be aware of your own values, beliefs, expectations and cultural practices, and consider how these impact on your responses, interactions and service provision to people from cultures different from your own.

It is also important to be aware of other factors that influence interactions such as socio-economic status, politics, urban/rural origin, educational level, language proficiency, age, gender and personality. The clinical setting within Queensland Health also has a significant impact on interactions. For instance, health system procedures, protocols and time pressures may influence the use of words and language and the communication styles between staff and patients/clients. In the case of patients/clients from non- English speaking backgrounds the following guidelines can assist:

- Be aware of your own communication style
 - speed and tempo
 - complexity of language eg. terminology and acronyms
 - varying your communication style to suit context or client
 - communication under time or other work-related pressures.
- Do not assume English proficiency
- Do not make assumptions about the person's level of understanding
 - people with accents and little English may have medical knowledge
 - people who speak English well may not understand concepts such as 'low fat diet' or 'high sugar content' .
- Respect beliefs and attitudes
 - people may have different reactions towards illness, life and death
 - it can help if you ask the person to provide you with information about their own ideas, perceptions, understanding and expectations
 - simply dismissing a person's explanation or beliefs about health and illness will create a barrier in the communication process
 - the following questions can help encourage dialogue: 'could you tell me what would happen to you if you were in your former country?' or 'I am interested to know more about'...
- Be observant
 - be sensitive to body language and take cues from it
 - sometimes a person's demeanour will give clues to comprehension
 - be mindful that the same body language may express different messages in different cultures: eg. not maintaining eye contact may be a sign of respect, and smiling may be a sign of apprehension.

¹ adapted from: Australia. Queensland Health. *Providing care to people from culturally and linguistically diverse backgrounds – guidelines to practice*. [online] 1998 [cited 18 June 2007] Available from: www.health.qld.gov.au/multicultural

COMMUNICATION STRATEGIES & HEALTH CARE EVENTS	
HEALTH CARE EVENTS	IMPORTANT ASSOCIATED TASKS FOR STAFF
<p>Intake/assessment/admission patient/client is identified as coming from a multicultural background</p> <p>patient/client is identified as needing an interpreter</p>	<p>→ record country of birth, preferred language, religion and interpreter requirements in records</p> <p>→ discuss with the patient/client the need to engage an interpreter</p> <p>→ discuss how communication will be managed during their stay/ service interactions (as per this table)</p> <p>→ engage a telephone interpreter for these discussions</p> <p>→ book interpreter for next appointment</p> <p>→ affix 'interpreter required' sticker on chart (some HSDs only).</p>
<p>Health care events <i>Key phases of care</i></p> <ul style="list-style-type: none"> • admission/intake • interviews to establish clinical histories • assessments, diagnosis and development of treatment plans • discussions seeking consent for surgery, invasive procedures, investigation, treatment and research • pre-operative and post operative instructions • informing people of results of investigations and procedures • providing information about medications • discharge procedures and referrals. <p><i>And the following special circumstances</i></p> <ul style="list-style-type: none"> • mental health assessment, diagnosis and treatment • counselling • psychological assessment • speech pathology • death of a person and bereavement counselling • seeking consent for autopsy • following the birth of a child with disability • seeking consent for organ donation • situations involving any suspected abuse, violence or assault² • Patient Review and Mental Health Review Tribunals • complaint procedures • discussions concerning patient status, health insurance and accounts for services. 	<p>→ An accredited on-site interpreter should be engaged for these situations, or a telephone interpreter if on-site is not available. (See next chapter for more information about engaging an interpreter)</p>
<p>Simple & ongoing communication</p> <ul style="list-style-type: none"> • simple day-to-day communication on the ward • regular and ongoing treatment where the treatment regime has been clearly understood by the patient 	<p>Informal language support may be used:</p> <p>→ Queensland Health bilingual staff</p> <p>→ relatives or friends</p> <p>→ Ward Communication Tool (in this folder)</p> <p><i>Children under 18 years of age are not appropriate interpreters in any context.</i></p>
<p>Emergencies where no accredited (on-site or telephone) interpreter is available</p>	<p>Informal language support as above only where all other avenues for accessing an accredited interpreter have been exhausted</p>

² This is an update of the *Queensland Health Language Services Policy* as some mandatory reporting has been introduced since 2000.

■ HOW TO IDENTIFY IF AN INTERPRETER IS NEEDED

An accredited interpreter should be engaged when:

- the person's English skills are assessed to be inadequate for the situation³
- the person presents with a Queensland interpreter card/ the person requests an interpreter
- the information to be communicated is significant for health and/or health outcomes.

Some people may be unable to communicate in English at all or will have such minimal English proficiency that the decision to request an interpreter will be obvious.

However, a person's proficiency in English may not necessarily indicate their knowledge of medical terms. If

there is any doubt whether an interpreter is required, here are some simple tests to help you make a decision:

- ask a question that requires the person to answer in a sentence. Avoid questions that can be answered with a 'yes' or 'no' or a familiar question such as 'where do you live?'
- ask the person to repeat a message that you have just given in his/her own words.

People may also present staff with a Queensland Government 'I need an interpreter' card:



The specific health care events where interpreters should be engaged are included on the table 'Communication strategies and health care events' in this chapter. The table also identifies situations of simple and ongoing communication where informal language support can be used.

Sometimes people may be hesitant or reluctant for an interpreter to be engaged. This may be due to a lack of knowledge of interpreter services in Queensland Health or concerns about their privacy or confidentiality. People may not always be aware that health professionals and interpreters are equally bound by confidentiality. This will need to be responded to sensitively and staff may need to clearly explain confidentiality protocols.

³ Australia. Queensland Health. *Queensland Health Language Services Policy* [online] 2000 [cited July 2007] Available from www.health.qld.gov.au/multicultural

What is an accredited interpreter?

Accredited interpreters have demonstrated the necessary skills and knowledge and operate within a professional code of ethics. This accreditation is provided by the National Accreditation Authority for Translators and Interpreters (NAATI).

Working with accredited interpreters ensures that you communicate through a trained, bilingual person, who is guided by a code of ethics and respects the confidentiality of the person, is impartial, accountable and strives for accuracy.

If you decide that an interpreter *is* required, you will need to discuss this with the person prior to arranging the interpreter. Ways this can be done:

- through the use of a telephone interpreter (available 24 hours per day)
- with the assistance of accompanying relatives or friends
- rely on the patient's limited English-language skills, which is not ideal.

Should I engage an interpreter? Tips for Queensland Health staff

The following cues may indicate a person's English-language ability is not sufficient for the situation and indicate to staff that they will require an interpreter:

- person states/indicates they speak little or no English
- person requests an interpreter/presents with a Queensland Government 'I need an interpreter' card
- person nods or says "yes" to all of the professional's comments and questions. This may be a culturally based demonstration of respect or it may reflect a lack of understanding
- person speaks a language other than English at home. This is a strong indicator of proficiency, because the language spoken at home is the language in which the person expresses emotions and has the largest vocabulary. If English is not the language used at home then that person may lack the vocabulary for self-expression, especially regarding emotional issues, sensitive topics or health related subjects and terminology
- person speaks a language other than English with friends
- person's preferred language for reading is other than English. This may indicate the person's limited English vocabulary. However, many professionals trained in other countries read English well because English language textbooks are frequently used for advanced education. Thus, the person may comprehend written English better than spoken English
- person has a brief residence in the country. However, length of residency alone is not a good indicator of proficiency
- it is important to remember that although a person may have attained a high level of English proficiency, in times of extreme stress, illness and with ageing, a person's proficiency in their second language is likely to decrease and an interpreter may be required
- person is unable to explain or demonstrate key information. An appropriate method of assessment is for the professional to ask the person to summarise important aspects of information they have told them during the encounter. Inability to repeat the information suggests a lack of understanding.

■ WHEN TO USE THE WARD COMMUNICATION TOOL

The *Ward Communication Tool* was developed by Queensland Health to assist staff to communicate with non-English speaking persons about simple day-to-day issues. It may also assist staff to initiate communication. It can be found at chapter 5 in this folder.

How the *Ward Communication Tool* can be used:

1. Select the appropriate language
 2. Point to the relevant word and picture
 3. Say the word by using the phonetic 'sounds like' (written in black text)
- or
1. Place the appropriate page in front of the person
 2. The person can point to the word and picture
 3. Say the word by using the phonetic 'sounds like' (written in black text)

For more complex communication, staff should engage a professional interpreter.