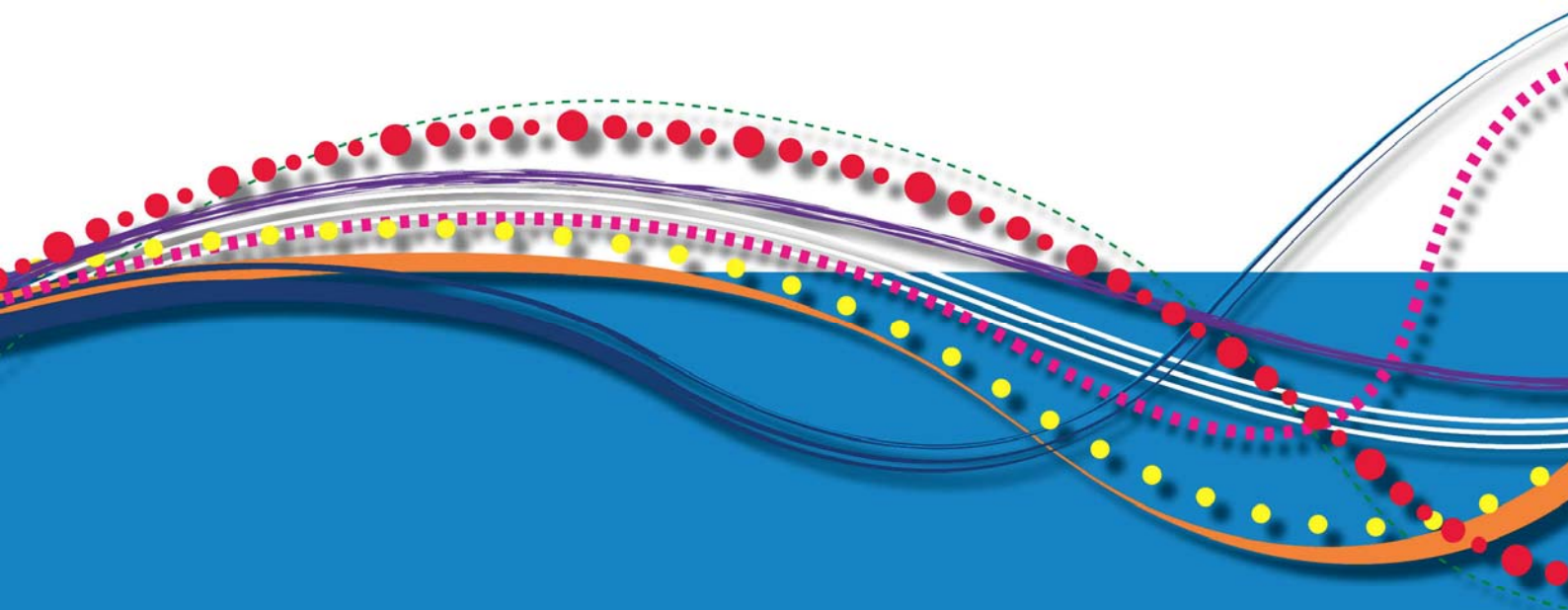


Client perceptions on the quality of the Queensland Health Interpreter Service



May 2012



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Summary

The Queensland Health Interpreter Service was established in November 2007. Since its establishment, the focus has been on developing the infrastructure for the service in terms of the recruitment and training of staff, service procurement (contract with external provider), supply (coordinated electronic service delivery), information for staff/interpreters/clients regarding resource requirements and ensuring the continuous quality training and support for interpreters. These processes are now well established.

As a part of quality assurance, a review of client's experience of the Queensland Health Interpreter Service was undertaken. If clients do not perceive the interpreter service to be a quality service, they may refuse the service increasing patient safety risks.

A survey was undertaken of clients of the service, to answer three research questions:

- If clients considered the Queensland Health Interpreter Service to be a quality service.
- If client perceptions of this varied by location or interpreting mode.
- Areas of service improvement, if any, were needed.

A random sample of 332 clients of the Queensland Health Interpreter Service were surveyed. The sample was stratified by location and mode of interpreting. The sample was representative of clients of the Queensland Health Interpreter Service. A telephone survey was administered using interpreters.

The National Health Performance Framework's Health System Performance domains were used to assess the quality of the interpreter service.

Results indicate that from a client perspective, the Queensland Health Interpreter Service is well placed as a quality service in terms of its capability, appropriateness and accessibility. For example:

- Over 90 per cent of clients would use the same interpreter again (capability).
- Over 90 per cent were satisfied or very satisfied with the ease of communication when using an interpreter (appropriateness).
- Over 80 per cent knew could request an interpreter and that this was free (accessibility).
- Over 80 per cent of clients were not concerned about confidentiality of their personal information when using an interpreter (responsiveness).

Improvement is required in responsiveness and safety as well as continuous service delivery due to the following:

- over 15 per cent of clients reported being concerned to some extent about confidentiality issues relating to the interpreting session (responsiveness)
- nearly one half of clients did not receive an interpreter each time they visited Queensland Health in the past 12 months (continuous) and used a family member or friend to interpret for them at a health appointment in the past 12 months (safety).
- 70 per cent of clients rated their experience as other than good when they did not have an interpreter during a medical appointment (responsiveness).

Examination of the frequency in which clients used family and friends as interpreters in the past 12 months identified that this did not occur on a routine basis, with only 7 per cent reporting that it regularly occurred. However, 42 per cent reported that it sometimes occurred, which needs to be addressed.

In assessing the reasons why these clients used family and friends as interpreters, two major issues were identified: interpreters were not booked or did not arrive (64 per cent) and client choice (26 per cent).

Qualitative responses to survey questions further identified that the service could be improved by addressing interpreter system issues and interpreter quality issues.

Overall, taking both the quantitative and qualitative data into consideration, the Queensland Health Interpreter Service is a quality service, with the vast majority of clients being satisfied with the interpreter service. This applied to regional, rural and remote clients, as well as those clients located in a metropolitan area, with over 90 per cent of both location categories being overall satisfied with the service. Satisfaction also did not vary by interpreting mode—onsite versus telephone.

This research identified that improvements to the quality of the service could be achieved by a focus on two areas:

Interpreter system improvements

These concern the need:

- for staff to book interpreters when required and for staff to know how to identify if an interpreter is required
- to provide an interpreter when requested
- to educate clients who prefer to use family or friends to interpret, that staff require the interpreter to be used to ensure the accuracy and impartiality of information being conveyed to clients
- to promote the service being free of charge to clients
- to educate interpreters about the importance of arriving on time.

Interpreter quality improvements

These concern the interpreter:

- being accurate in interpreting
- having a good understanding of medical terminology
- understanding the need for completeness in interpreting
- being impartial in interpreting
- treating information gained through interpreting confidentially
- being respectful during interpreting (for example—not rushing)
- staying to interpret for the whole appointment.

The one variable that was statistically significantly related to overall client satisfaction, when all other variables were considered, was the client's willingness to use the same interpreter again. Interpreter quality issues appear to be the most important issue to improve overall client satisfaction with the service.

Queensland Health will now work on addressing the interpreter system and interpreter quality issues identified in this research.

1. Introduction

A recent Australian review found that “patients who do not speak the same language as the health care professional were at double the risk of receiving less than optimal care, compared to patients who shared the same language as the health care providers”.¹

The provision of an interpreter service is therefore a patient safety strategy. To ensure that patient safety risks associated with language barriers are effectively reduced, it is necessary to evaluate the quality of the service from a client’s perspective. Improving the quality of the service for clients will likely lead to more clients wanting to use the service and using the service in a more effective way, reducing patient safety risks associated with language barriers.

One of the core outcome areas of the Queensland Health Strategic Plan for Multicultural Health 2007-2012 is Interpreter Services; a key strategy in the Plan is to “implement a high quality and accessible interpreter service”.

The Queensland Health Interpreter Service was established in November 2007. Since its establishment, the focus has been on developing the infrastructure for the service in terms of the recruitment and training of staff, service procurement (contract with external provider), supply (coordinated electronic service delivery), information for staff/interpreters/clients regarding resource requirements and ensuring the continuous quality training and support for interpreters. These processes have now been in place for over four years.

In this establishment time, the focus was on ensuring the service was able to be provided. It is now timely to review the quality of the service to ensure that the service is as effective and efficient as possible. This research focuses on the quality of the service from the client perspective. If clients do not perceive the interpreter service to be a quality service, they may refuse the service increasing patient safety risks. In addition to identifying client perceptions of the quality of the interpreter service, clients were also asked about what, if any, service improvements are required.

¹ Johnstone, M. and O. Kanitsaki (2005). Cultural Safety and Cultural Competence in Health Care and Nursing: An Australian Study. Melbourne RMIT University.

2. Aims

There were three main aims for this research

1. To identify if clients of the Queensland Health Interpreter Service considered the service to be a quality service. Using the National Health Performance Framework's health service performance domains², quality was assessed in terms of:
 - effectiveness
 - responsiveness
 - continuousness
 - appropriateness
 - accessibility
 - capability and
 - safety.
2. To determine if client perceptions of the quality of the service varied by location or interpreting mode:
 - Metropolitan (Metro) – onsite.
 - Metropolitan (Metro) – telephone.
 - Metropolitan (Metro) – onsite and telephone.
 - Regional, rural and remote – onsite.
 - Regional, rural and remote – telephone.
 - Regional, rural and remote – onsite and telephone.
3. To identify areas of service improvement.

² National Health Performance Committee (2001). National Health Performance Framework Report. Brisbane, Queensland Health.

3. Research methods

3.1 Participant study base - Inclusion criteria

Queensland Health clients, who had a health appointment that involved an interpreter being used during the period 1 September 2010 to 30 November 2010, were invited to participate in a short satisfaction survey. The survey was delivered by telephone for spoken languages and face to face for Deaf clients who communicate using Auslan (Australian Sign Language). The survey sought client perceptions on the quality of the interpreter service they received in this time specifically, and during the last 12 months where they received more than one interpreter service.

The rationale for the September to November 2010 timeframe was that:

- it is recent enough for the client to be able to remember if they received an interpreter service and the quality of that service
- sufficient time has passed since the client's appointment so that it was likely that treatment has been completed. This was to minimise the risk that clients would be concerned that the survey may have impacted on that treatment.

3.2 Exclusion criteria

Two key exclusions were applied to the data set prior to determining the sample population i.e. language and specific client type exclusions.

3.2.1 Language exclusions

Aboriginal and Torres Strait Islander clients were excluded as the interpreter service does not provide interpreters in these languages. In addition, languages for which there are national interpreter shortages (for example, Hmong) were excluded as it was not appropriate for interpreters to be removed from service delivery to be involved in this research. Due to the limited number of interpreters providing services in these languages it was considered that it would be difficult to identify and engage an interpreter that had not previously provided an interpreter service for the client.

3.2.2 Client type exclusions:

Clients were excluded if it was determined they:

- were deceased
- were identified as being a mental health patient
- were under the age of 18 years old
- were palliative care clients (who may have died since or been too ill to participate).

3.3 Sampling Framework

The total sample size was calculated to satisfy the following criteria:

- achieving a 50 per cent satisfaction rate;
- providing a 95 per cent confidence interval and
- alpha co-efficient (error) of 5 per cent.

Table 1 shows the total population breakdown for the survey period with the recommended sample and the actual number of completed surveys listed by location category. As outlined in Table 1 a

minimum sample size of 280 completed surveys was the designated target with 332 completed surveys achieved.

Table 1: Population sampling framework - recommended and actual completed

				Recommended		Actual completed	
		Population	% Population	Sample	% Sample	Actual	Sample
Metro	Phone	431	8.4%	23	8.2%	23	5.3%
Metro	Onsite	3969	77.7%	200	71.4%	198	5.0%
Metro	Phone & Onsite	319	6.2%	16	5.7%	49	15.4%
Rural & Remote	Phone	299	5.9%	17	6.1%	34	11.4%
Rural & Remote	Onsite	83	1.6%	15	5.4%	25	30.1%
Rural & Remote	Phone & Onsite	9	0.2%	9	3.2%	3	33.3%
		5110		280	5.5%	332	6.5%

3.4 Stratification

Two levels of stratification were used:

- location (metropolitan; regional, rural and remote)
- interpreting mode (onsite, telephone and telephone and onsite).

3.4.1 Location

The interpreter service defines metropolitan locations as the following Health Service Districts:

- Metro North, Metro South, Gold Coast, Darling Downs - West Moreton, Sunshine Coast, and Children's Health Service District.

The interpreter service defines regional, rural and remote locations as the following Health Service Districts:

- Cairns, Townsville, Mackay, Torres Strait - Northern Peninsula, Cape York, Mt Isa, Central Queensland, Central West, South West, and Wide Bay incorporating Fraser Coast.

The location breakdown of interpreter services in the study timeframe was 92.3 per cent metropolitan and 7.7 per cent regional, rural and remote. Of the randomly selected interpreter bookings that were identified for the survey period, 81.3 per cent comprised clients who received an interpreter service at a Queensland Health facility located in a metropolitan area and 18.8 per cent comprised clients who received an interpreter service at a Queensland Health facility located in a regional, rural or remote area.

While the respective population percentages are 92.3 per cent and 7.7 per cent, regional, rural and remote participants were oversampled to ensure that a minimum 10 per cent of the sample came from a regional, rural and remote location.

3.4.2 Interpreting mode

In the study timeframe:

- 77.7 per cent of interpreter bookings located within metropolitan locations and 1.6 per cent in regional, rural and remote locations were provided by onsite (face to face) interpreters.
- 6.2 per cent of the sample was identified as having received both onsite and telephone interpreter services in metropolitan locations and 0.2 per cent in regional, regional, rural and remote.
- 8.4 per cent of interpreter bookings within metropolitan locations and 5.9 per cent in regional, rural and remote locations were provided by telephone.

3.4.3 Language

There was no stratification by language because the key research question is about the general clients of the QHIS and their perceptions of the quality of the service; it is not concerned with the different perceptions of different language groups of clients. The QHIS provides interpreter services in more than 130 languages.

3.5 Data collection techniques

A survey was developed to measure each of the quality domains of the National Health Performance Framework (Health System Performance)³ ([Appendix 1](#)), except for Sustainable and Efficient which are not measures on which clients are able to accurately comment.

There was very little published literature into client perceptions of the quality of interpreter services. Therefore, questions and response scales used in previous Queensland Health patient satisfaction surveys were reviewed ⁴(Office of Economic and Statistical Research 2009). The survey tool used in this study was developed to reflect existing Queensland Health patient satisfaction survey questions and response scales as closely as possible ([Appendix 2](#)).

A small scale pilot was conducted using Queensland Health interpreters and staff to ensure that the survey questions had face validity. The survey questions were then provided to 20 experienced interpreters for discussion and comment during the survey briefing prior to commencement of the survey. At the end of day one, the survey questions were again reviewed and minor adjustments made to the process of delivery. These minor adjustments were subsequently provided to all interpreters and interviewers. Minor adjustments included changes to: the interpreter survey introduction script when the call was answered to streamline the process; stating upfront that we were asking them to participate in a survey; and changes to the interpreter script when the call went through to message bank.

3.5.1 Survey delivery–by telephone

Interpreters were briefed and trained either in the formal briefing session prior to commencement of the survey or prior to undertaking their first interview. Interpreters were provided with a copy of the survey via email to ensure maximum consistency with interpreting and to allow interpreters time to

³ National Health Performance Committee (2001). National Health Performance Framework Report. Brisbane, Queensland Health.

⁴ Office of Economic and Statistical Research (2009). Queensland Health Surgical Patient Satisfaction Survey 2008-09: State Summary Report. Brisbane, Office of the Government Statistician.

clarify how they would interpret the questions, concepts and terminology. Interviewers were restricted to five people with three key surveyors delivering the greater majority of the interviews.

Interviewers recorded the answers directly into a database with no linkage to individual clients (i.e. de-identified).

3.5.2 Survey delivery—face to face (and via video remote interpreting)

The survey was provided to deaf clients who communicate using Auslan (Australian sign language) either face to face (in person) or via video conference following the same general procedure as for the spoken languages. Deaf clients were contacted by email, text message and where possible provided with a DVD in Auslan, inviting them to participate and giving them options for booking a time and location for their interview.

3.6 Data Analysis and statistical methods

The outcomes of the survey questions were primarily analysed quantitatively using descriptive statistics such as proportions, frequencies and bar charts (e.g. proportion of patients who are satisfied with the service or would use the same interpreter again.). Open-ended patient feedback questions were analysed qualitatively.

3.6.1 Quality domains and related survey questions

The quality domain definitions of the National Health Performance Framework (Health System Performance) were used. Questions were developed to measure each domain. Existing Queensland Health state-wide patient satisfaction surveys were reviewed in developing questions, and where possible similar measuring scales were used. Table 2 lists the domains, definitions and the associated survey questions and scales.

Table 2: Survey questions by domain

<p>Responsive</p> <p>Definition: Service provides respect for persons and is client orientated and includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider</p> <p>Q9. Was your interpreter?</p> <ol style="list-style-type: none">1. Onsite (in the room with you)2. On the telephone3. Don't know / don't remember <p>Q12. Overall how satisfied were you with the interpreter service in meeting your language and culture needs? (e.g. the interpreter spoke your language & dialect, gender of the interpreter was appropriate)</p> <ol style="list-style-type: none">1. Very satisfied2. Satisfied3. Neither satisfied nor dissatisfied4. Not satisfied5. Not at all satisfied6. Don't know / can't remember / unsure <p>Q13. How concerned or worried about confidentiality of your personal information were you when using the interpreter?</p> <ol style="list-style-type: none">1. A great deal2. Quite a bit3. A little concerned4. Neither concerned nor unconcerned5. Not at all6. Don't know / can't remember / unsure <p>Q17. Thinking about the time when you <i>did not</i> have an interpreter Would you rate your experience as...</p> <ol style="list-style-type: none">1. Very good2. Good3. Neither good nor poor4. Not good5. Poor6. Don't know / not sure <p>Q21. What changes would you make to improve the interpreter service, Would you like to make any other comments about the interpreter service before we finish the survey?</p>
<p>Safe</p> <p>Definition: The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered</p> <p>Q10. Do you think you were able to communicate better with the Doctor / Queensland Health staff member using an interpreter?</p> <ol style="list-style-type: none">1. Yes2. No3. Don't know / unsure

<p>Q18. Did you ever use a family member or friend to interpret for you when you visited Queensland Health in the last 12 months?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know / not sure
<p>Capable Definition: An individual's or service's capacity to provide a health service based on skills and knowledge.</p> <p>Q11. Thinking about the interpreter, Would you use that same interpreter again?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know / unsure
<p>Appropriate Definition: Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.</p> <p>Q14. Thinking about the appointment and ease of communication when you had an interpreter when you visited Queensland Health were you.....</p> <ol style="list-style-type: none"> 1. Very satisfied 2. Satisfied 3. Neither satisfied nor dissatisfied 4. Not satisfied 5. Not at all satisfied 6. Don't know / can't remember / unsure
<p>Continuous Definition: "Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organizations and levels over time"</p> <p>Q16. Was an interpreter used each time you visited Queensland Health?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know / unsure
<p>Accessible Definition: Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.</p> <p>Q19. Did you know you could request an interpreter when you visit Queensland Health and that it is free?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know / not sure <p>Q20. If yes, how did you know (learn about the interpreter service)?</p>

3.6.2 Random selection process and identification of clients to be surveyed

Interpreter service requests and bookings are managed in the Queensland Health Interpreter Service Information System (ISIS). All clients who received an interpreter service between 1 September and 30 November 2010 as recorded in ISIS were identified.

The selection process was conducted by using the random number function in a Microsoft Excel spreadsheet. Each client in the population was allocated a unique number in their respective location and interpreting mode category. The random number function was then used to select the clients for interview with 890 clients randomly selected in total.

3.6.3 Representativeness

The geographical representativeness (location) and demographical (gender, age group and mode of interpretation) representativeness of the survey were assessed using Chi-Square test to examine differences between the population proportion and sample proportion.

3.6.4 Comparison between satisfaction, demographic factors and survey questions under each domain

The differences between satisfaction with all the demographic and geographic factors such as gender, age group, mode of interpretation and location were calculated using Chi-Square test. A key research question was to investigate if satisfaction varies by gender, age, mode of interpretation or location.

Then, for each domain, the differences between each of the questions and the client satisfaction were assessed using Chi-Square test. When expected frequency is less than five, Yates' correction for continuity method was used.

3.6.5 Logistic Regression

Univariate and multivariable logistic regression were used to determine the association between demographic factors and communication factors derived from survey questions. Variables were examined by univariate and multivariable analysis. Unadjusted and adjusted odds ratios and 95 per cent confidence intervals were calculated. All statistical analyses were performed using Stata 11.

4. Results

4.1 Sampled population demographics

4.1.1 Client gender

Of the overall population for the study timeframe 69.8 per cent were female, 28.8 per cent were male. The gender of the remaining 1.5 per cent was not able to be identified.

Table 3 shows the gender breakdown of the randomly selected population that we attempted to contact (i.e. 890 clients).

Table 3: Total gender breakdown of randomly selected population

	Population	male	female	indeterminate
Total randomly selected population	890	256	621	13
%	0	28.8%	69.8%	1.5%

Table 4 shows the actual sampled population by gender and location. The number of randomly selected clients who completed the survey was 332 (37.3 per cent) and of those, 239 (72 per cent) were female and 93 (28 per cent) were male. The Chi-Square test indicates that the gender distribution of the sample is similar to the population ($\chi^2=0.9053$, $df=1$, $p\text{-value}=0.3414$). Since the distributions are similar for both population and sample, the sample is representative of the population.

Table 4: Sampled population breakdown by gender, location and mode

		Population	male	female
Metro	Phone	23	3	20
	%		13.0%	87.0%
Metro	Onsite	198	65	133
	%		32.8%	67.2%
Metro	Phone & Onsite	49	15	34
	%		30.6%	69.4%
Rural & Remote	Phone	34	9	25
	%		26.5%	73.5%
Rural & Remote	Onsite	25	0	25
	%		0.0%	100.0%
Rural & Remote	Phone & Onsite	3	1	2
			33.3%	66.7%

4.1.2 Client Age group:

Figure 1 shows the age group spread for the sample population. A relatively even spread across the age groups was achieved during the survey with clients in the 30–39 age group being the largest with 23.5 per cent followed by the 50 – 59 age group with 18.4 per cent.

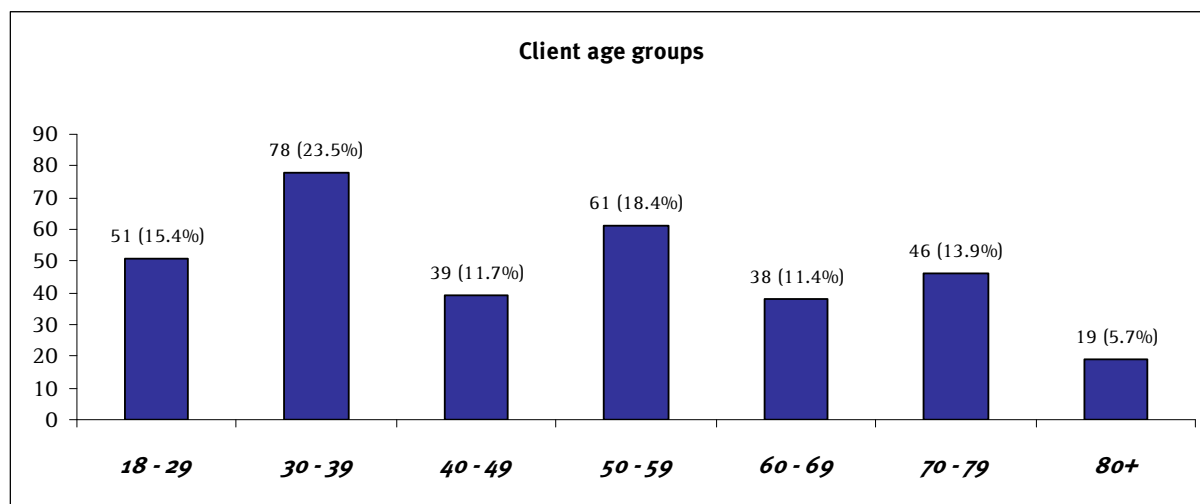


Figure 1 Client age groups

4.2 Representativeness of the sample population

Distributions of population and sample are similar for location, gender, age group and mode of interpretation. Chi-Square tests show that the sample is representative of the population for all factors tested except location. This outcome is reasonable as we deliberately surveyed more patients from regional, rural and remote areas.

4.2.1 Comparing population distribution with sample distribution for location

Figure 2 shows the comparison of the overall population distribution with the sample population distribution. The Chi-Square test indicates that the location distribution of the sample is different from the population ($\chi^2=4.3927$, $df=1$, $p\text{-value}=0.0361$), which, as stated above, is expected as we deliberately surveyed more patients from regional, rural and remote areas as they were a significantly smaller group.

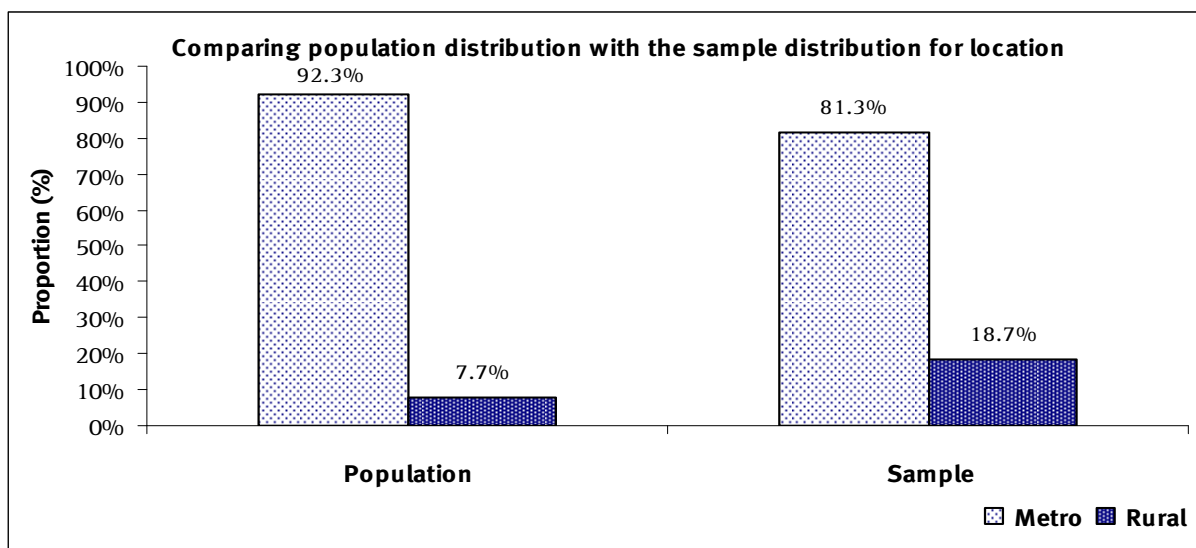


Figure 2 Comparing population distribution with the sample distribution for location

4.2.2 Comparing population distribution with sample distribution for mode of interpretation

Figure 3 compares the population distribution with the sample distribution for the mode of interpretation (i.e. onsite, telephone and telephone and onsite). The Chi-Square test indicates that the mode of interpretation distribution of the sample is similar to the population ($\chi^2=5.1349$, $df=2$, $p\text{-value}=0.0767$).

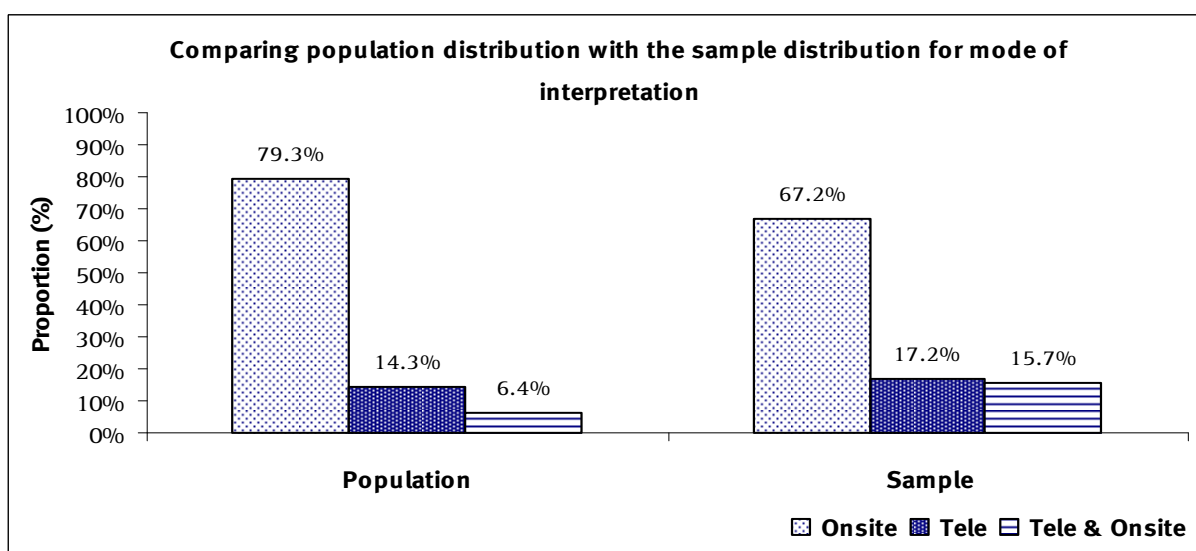


Figure 3 Comparing population distribution with sample distribution for mode of interpretation

4.2.3 Comparing population distribution with sample distribution for gender

Figure 4 compares the population distribution (64.1 per cent female, 35.9 per cent male) with the sample distribution (71.4 per cent female, 28.6 per cent male) for gender.

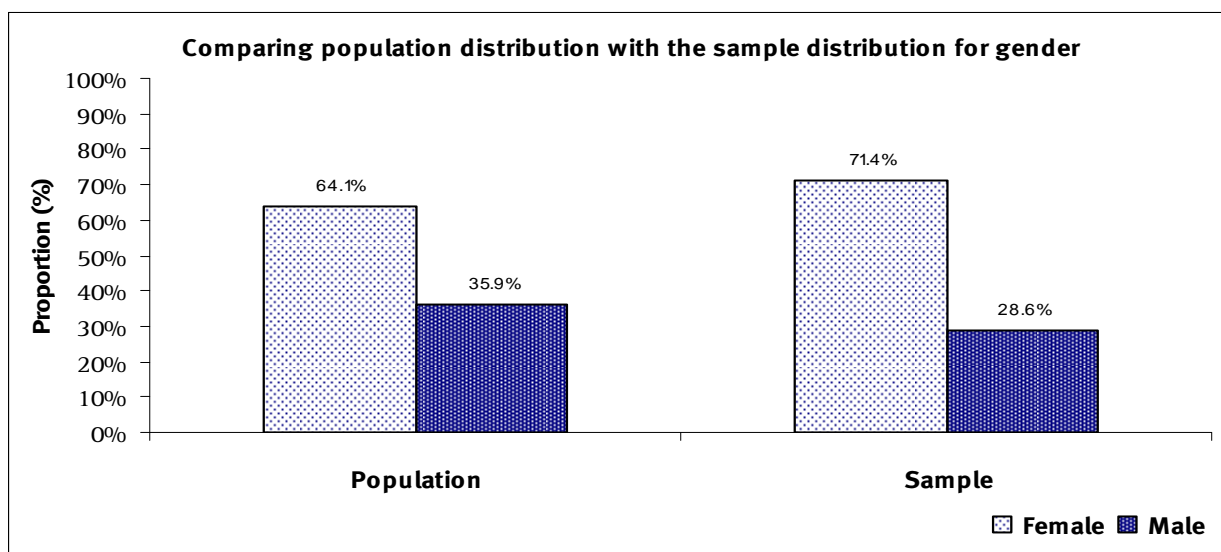


Figure 4 Comparing population distribution with sample distribution for gender

Figure 5 shows the comparison between the population distribution and the sample distribution for age group. The Chi-Square test indicates that the age group distribution of the sample is similar to the population ($\chi^2=1.2441$, $df=6$, $p\text{-value}=0.9746$).

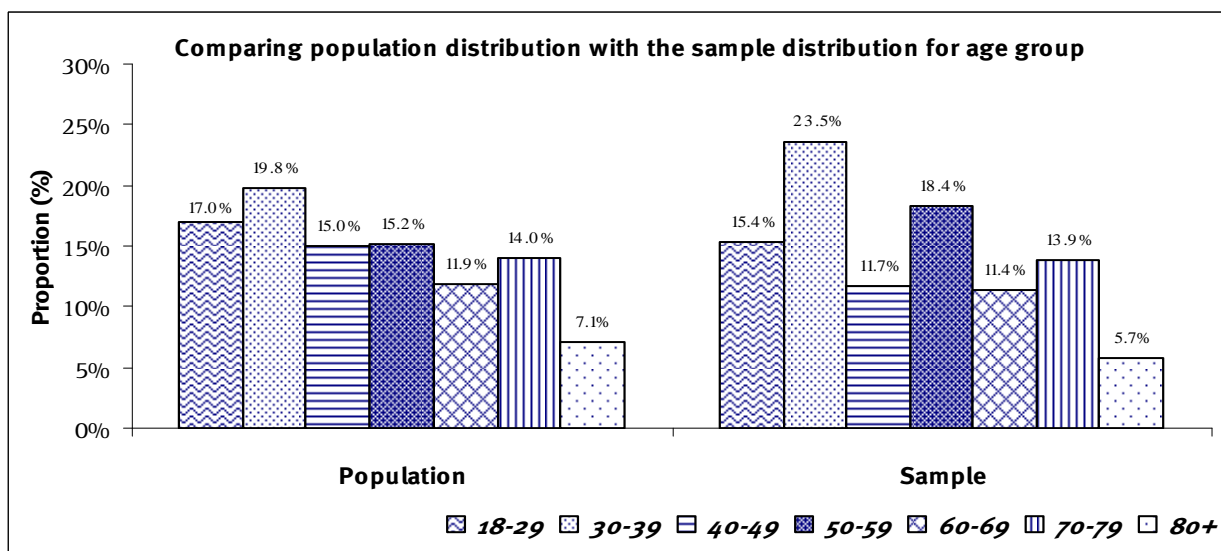


Figure 5 Comparing population distribution with sample distribution for age group

4.3 Quality of the interpreter service

This section presents the quantitative results of client responses to the survey questions by quality domain. Each section includes the definition of the domain.

4.3.1 Responsive

Definition of responsive: service provides respect for persons and is client orientated and includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider⁵.

The questions used to assess the responsiveness of the service are: overall satisfaction with the service in meeting a client's language and culture needs; the mode of interpreting provided; concern with confidentiality of personal information when using the interpreter; and a client's communication experience when they did not have an interpreter.

4.3.1.1 Overall satisfaction with the interpreter service in meeting client language and culture needs

Clients were asked: overall how satisfied were you with the interpreter service in meeting your language and culture needs? (E.g. the interpreter spoke your language & dialect, gender of the interpreter was appropriate).

Figure 6 shows that the majority of clients (92.1 per cent) were satisfied with the interpreter service in meeting their language and culture needs; 187 (56.3 per cent) were very satisfied and 119 (35.8 per cent) were satisfied.

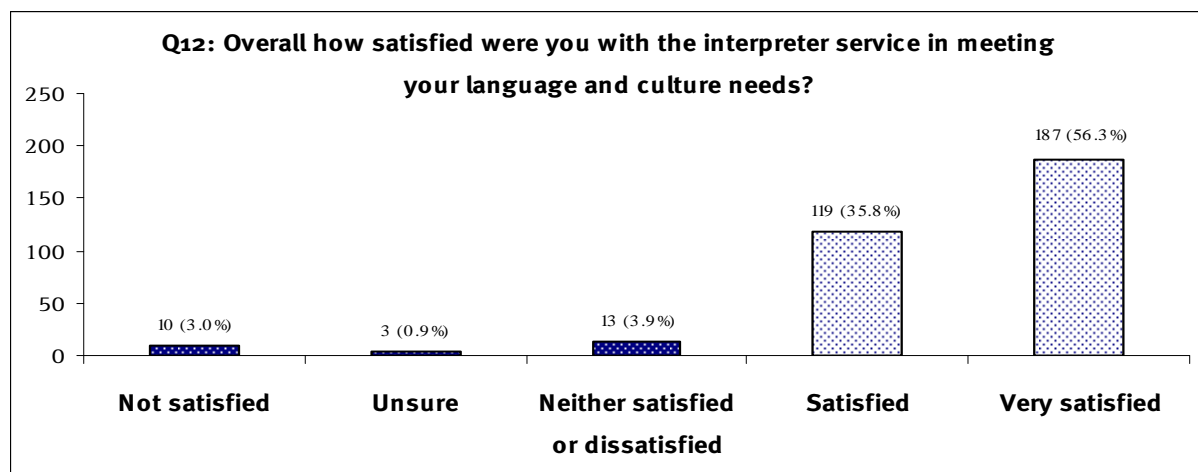


Figure 6 Overall satisfaction with the interpreter service in meeting the clients language and culture needs

⁵ National Health Performance Committee (2001), National Health Performance Framework Report, Queensland Health

Figure 7 shows that satisfaction does not vary with age group (Chi-square test result, $\chi^2=4.5376$, $df=6$, $p\text{-value}=0.6043$).

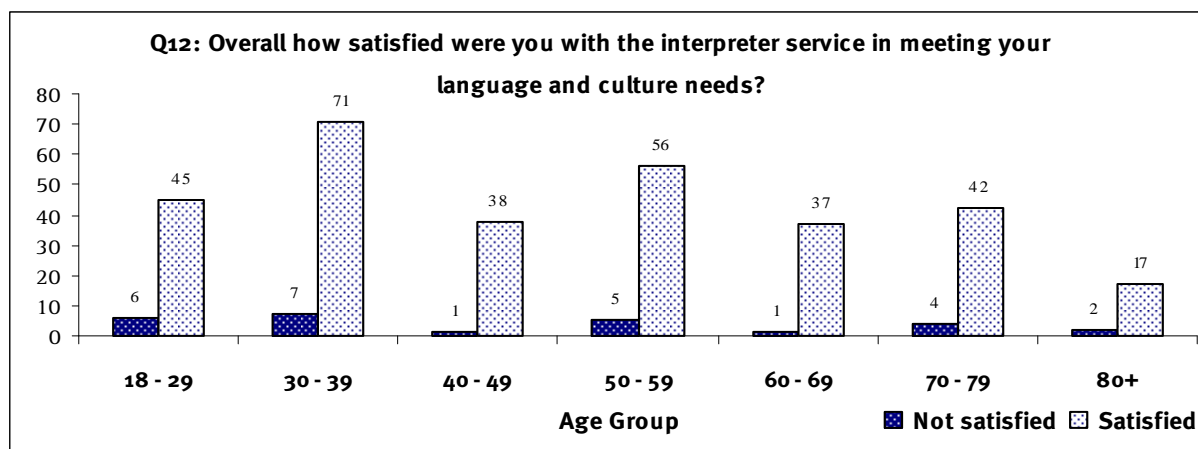


Figure 7 Relationship between client age and overall satisfaction with the interpreter service in meeting clients language and culture needs

Figure 8 shows satisfaction does not vary with gender (Chi-square test result, $\chi^2=0.0395$, $df=1$, $p\text{-value}=0.8424$).

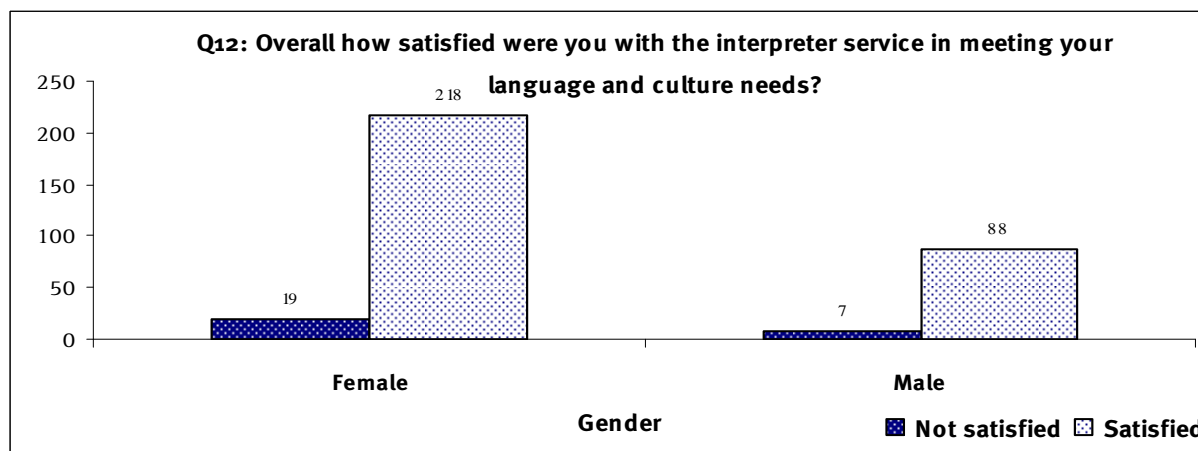


Figure 8 Relationship between client gender and overall satisfaction with the interpreter service in meeting clients language and culture needs

Mode of interpreting:

Clients were asked: was your interpreter onsite (in the room with you) or on the telephone?

Figure 9 shows that the greater majority of interpreters provided during the study timeframe were provided onsite (67.2 per cent).

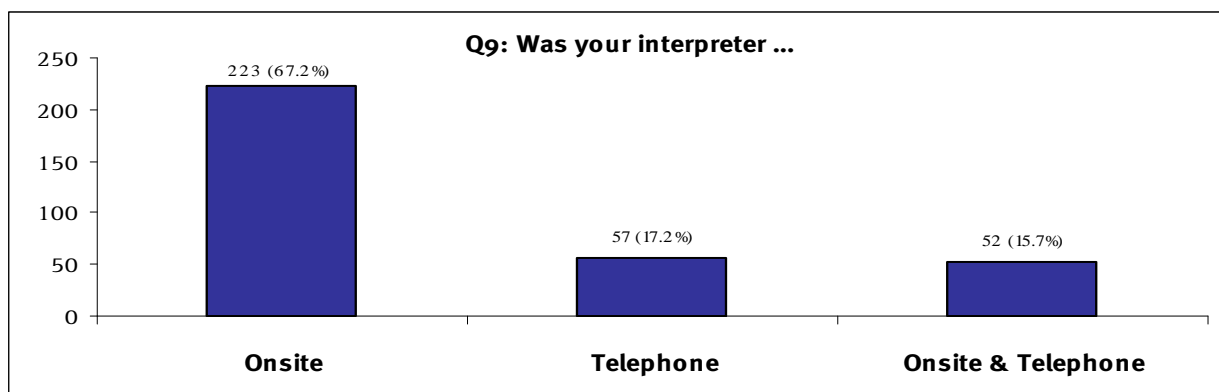


Figure 9 Mode of interpreting services provided

Figure 10 shows that out of the 223 (67.2 per cent) clients who received an interpreter onsite, 207 (92.8 per cent) were satisfied, and 16 (7.2 per cent) were not satisfied with the interpreter service in meeting their language and culture needs.

For the 57 clients who received a telephone interpreter, 51 (89.5 per cent) were satisfied and six (10.5 per cent) were dissatisfied with the service. Of the 52 clients who had received both onsite and telephone interpreters during the study timeframe 48 (92.3 per cent) were satisfied with the interpreter service in meeting their language and culture needs and 4 (7.7 per cent) were not satisfied.

Overall satisfaction was not affected by the mode of interpreting ($\chi^2 = 0.3674$, $df=2$, $p\text{-value}=0.8322$).

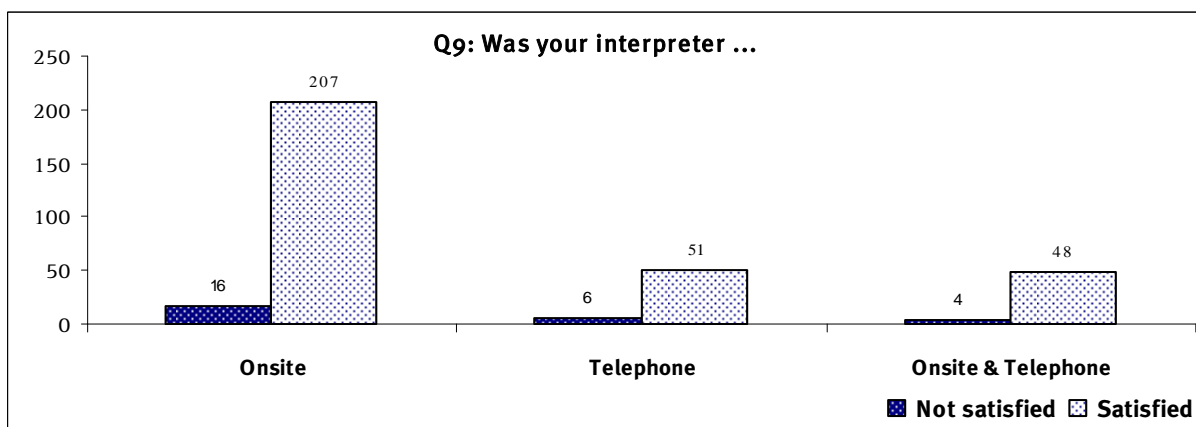


Figure 10 Relationship between interpreting mode and satisfaction with the interpreter service in meeting clients language and culture needs

Figure 11 shows that of the 223 clients who received the interpreter service onsite only, 198 (88.8 per cent) are located within metropolitan districts while the 57 clients, who received the interpreter service over the telephone, were mainly located within the regional, rural and remote districts (59.6 per cent). As expected, clients in the survey are more likely to receive an interpreter onsite if they are in a metropolitan location ($\chi^2 = \infty$, $df=2$, $p\text{-value}=0.0000$)⁶

⁶ Note that the expected frequencies of some cells are less than 5, the Yates's correction for continuity was used.

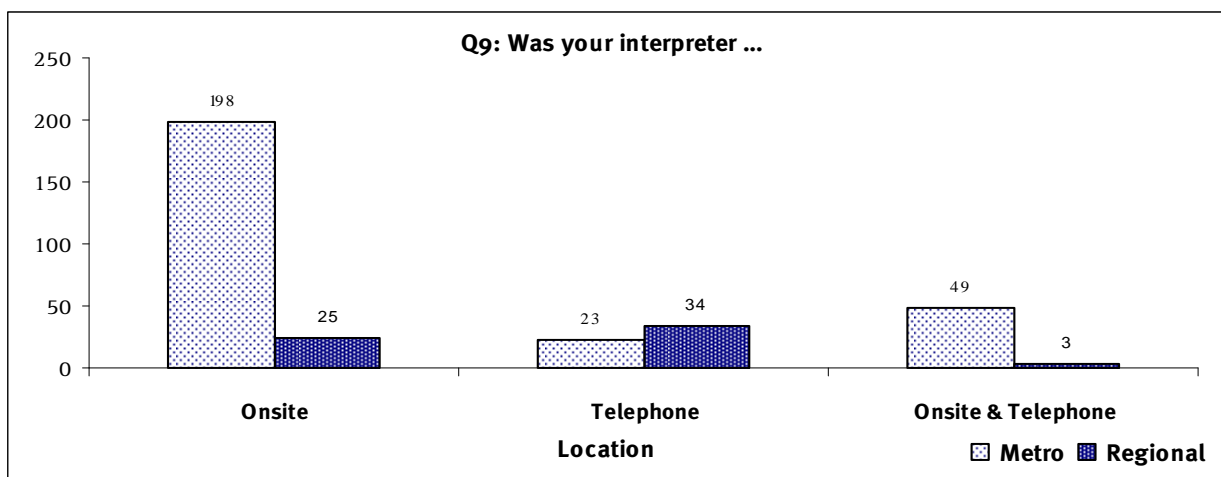


Figure 11 Relationship between interpreting mode and location

4.3.1.2 Concern with confidentiality of personal information when using the interpreter

Clients were asked: how concerned or worried about confidentiality of your personal information were you when using the interpreter?⁷

The total number of clients who answered this question was 327. Figure 12 shows that the majority of the clients are not concerned at all with the confidentiality of their personal information. Over three quarters of clients (78 per cent) said they were not at all concerned. And a further 5.2 per cent said they were neither concerned nor unconcerned.

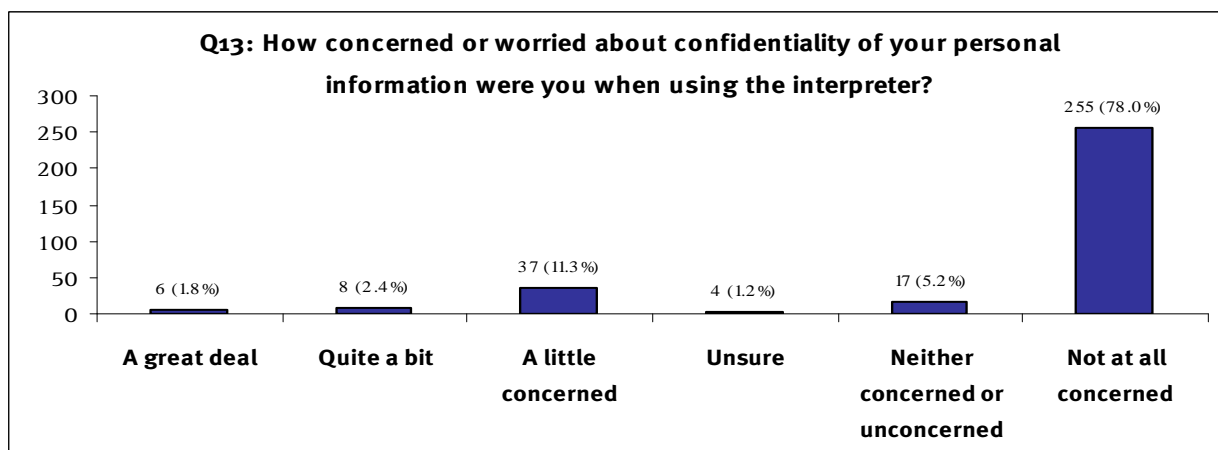


Figure 12 Client concern with confidentiality rating

Figure 13 shows that of the 255 clients who are not concerned about confidentiality, only 14 (5.5 per cent) said that they were not satisfied with the interpreter service in meeting their language and culture needs. While a greater percentage of clients who were concerned about confidentiality were dissatisfied with the service ($n = 7$, 13.7 per cent), this was not statistically significant ($\chi^2=3.3072$, $df=2$, $p\text{-value}=0.1914$)⁸.

⁷ National Health Performance Committee (2001), National Health Performance Framework Report, Queensland Health

⁸ Note that the expected frequencies of some cells are less than 5, to avoid overestimating the result, the "Unsure" category was excluded from the test and the Yates's correction for continuity was used.

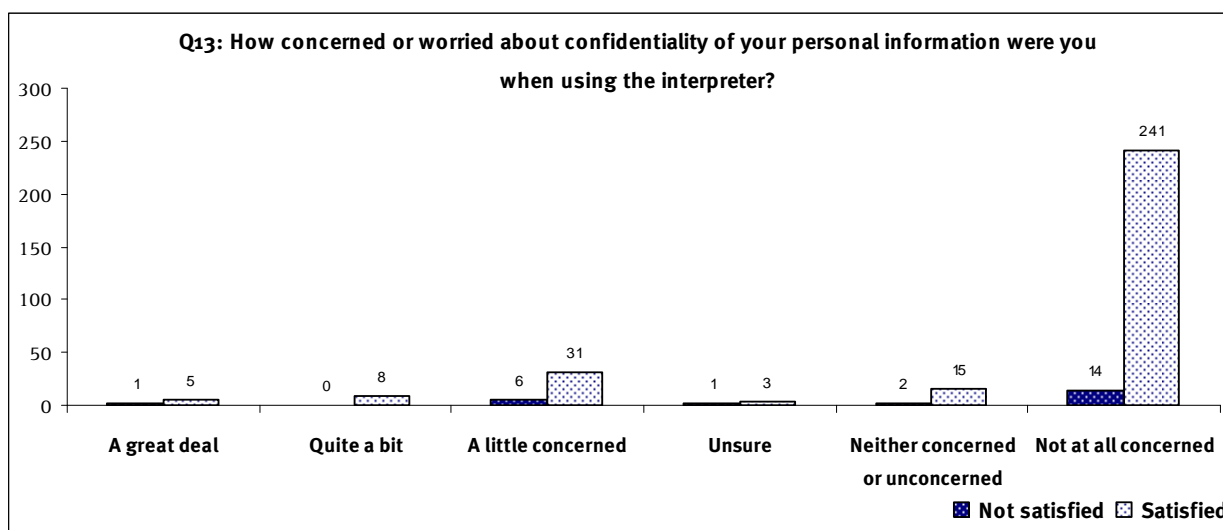


Figure 13 Relationship between client concern with confidentiality and overall satisfaction with the interpreter service in meeting clients language and culture needs

4.3.1.3 Client experience when an interpreter was not provided

Clients were asked: thinking about a time when you did not have an interpreter, how would you rate your experience?

The total number of clients who had answered this question was 149. Figure 14 shows that the majority of the clients rated their experience as other than good when they did not have an interpreter during a medical appointment (70.5 per cent).

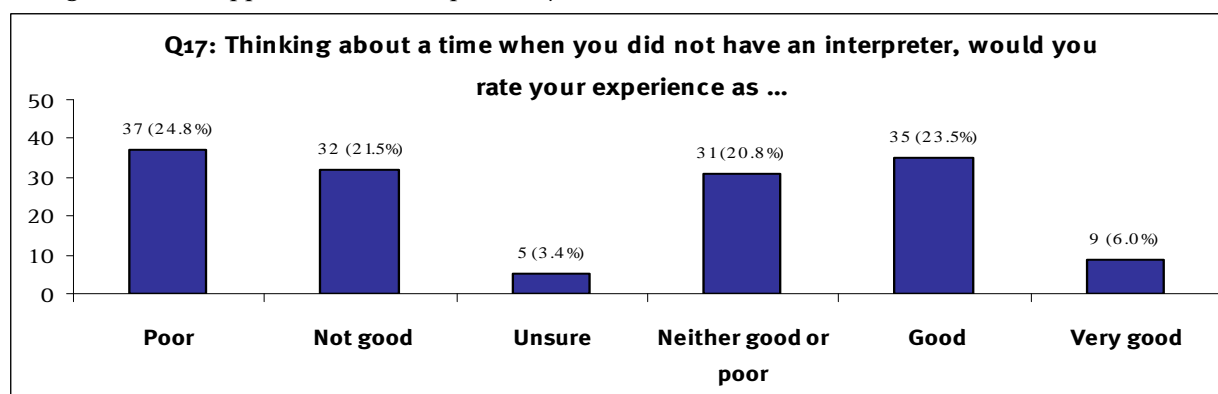


Figure 14 Client rating of their experience when they did not have an interpreter

Figure 15 shows that out of the 44 clients who rated their experience as good or very good when they did not have an interpreter during the medical appointment, 6 (13.6 per cent) of them said that they were not satisfied with the interpreter service in meeting their language and culture needs. For clients who are unsure about their experience, rated it as poor, not good or neither good nor poor, 10 (9.5 per cent) were dissatisfied with the service. However, this difference was not statistically significant;

overall satisfaction did not depend on the clients' experience when they did not have an interpreter during a medical appointment ($\chi^2=0.3813$, $df=2$, $p\text{-value}=0.8264$)⁹.

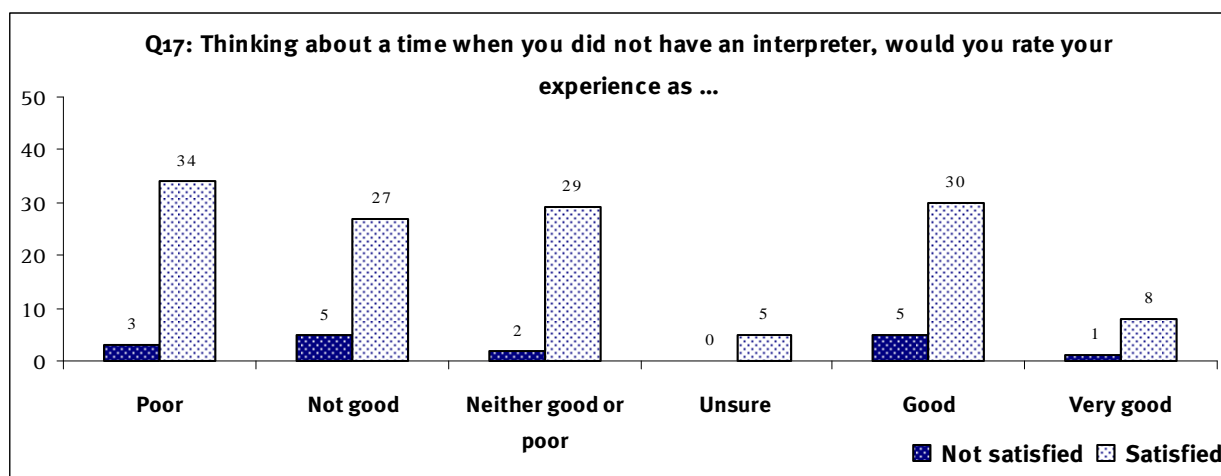


Figure 15 Relationship between client experience without interpreter rating and overall satisfaction with the interpreter service in meeting clients language and culture needs

4.3.2 Safe

Definition of safe: the avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered¹⁰.

The questions used to assess if clients perceived the interpreter service to be a safe service were; the client thought they could communicate better with the doctor or staff member using an interpreter, and if they had used a family member or friend to interpret for them at a Queensland Health appointment within the last 12 months.

4.3.2.1 Communication with the Doctor / staff member is better using an interpreter

Clients were asked: do you think you were able to communicate better with the Doctor / Queensland Health staff member using an interpreter?

The total number of clients who had answered this question was 330. Figure 16 shows that the majority of clients ($n = 317$, 96.1 per cent) thought that they were able to communicate better with the doctor or Queensland Health staff member using an interpreter.

⁹ Note that the expected frequencies of some cells are less than 5, to avoid overestimating the result, the "Unsure" category was excluded from the test and the Yates's correction for continuity was used.

¹⁰ National Health Performance Committee (2001). National Health Performance Framework Report. Brisbane, Queensland Health.

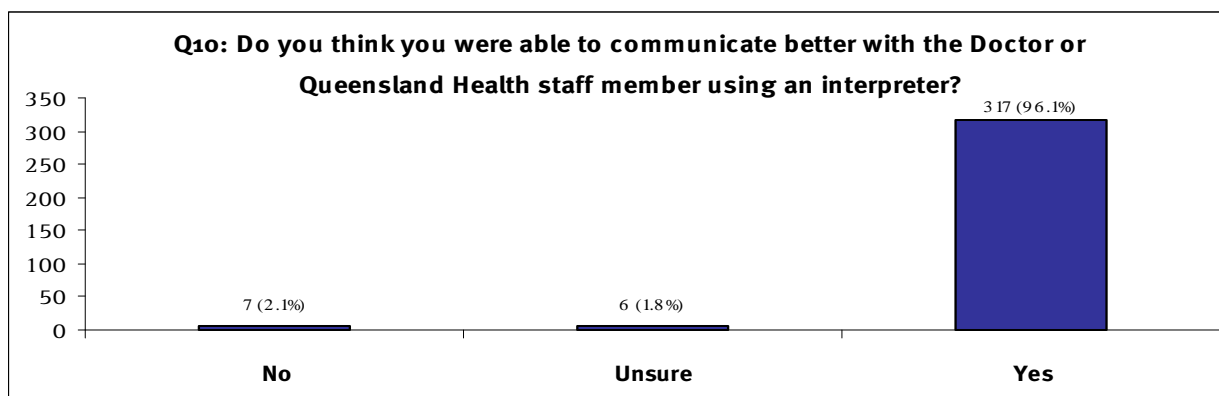


Figure 16 Ease of communication when using an interpreter

Figure 17 shows that out of the 317 clients who thought that they were able to communicate better, 297 (93.7 per cent) were satisfied and 20 (6.3 per cent) said that they were not satisfied with the interpreter service in meeting their language and culture needs. For clients who were unsure or did not think that they were able to communicate better, five (38.5 per cent) were dissatisfied with the service.

Chi-square test indicated that the overall satisfaction was related to the client reports on their ability to communicate better with doctor or Queensland Health staff member using an interpreter ($\chi^2=11.0740$, $df=2$, $p\text{-value}=0.0039$)¹¹.

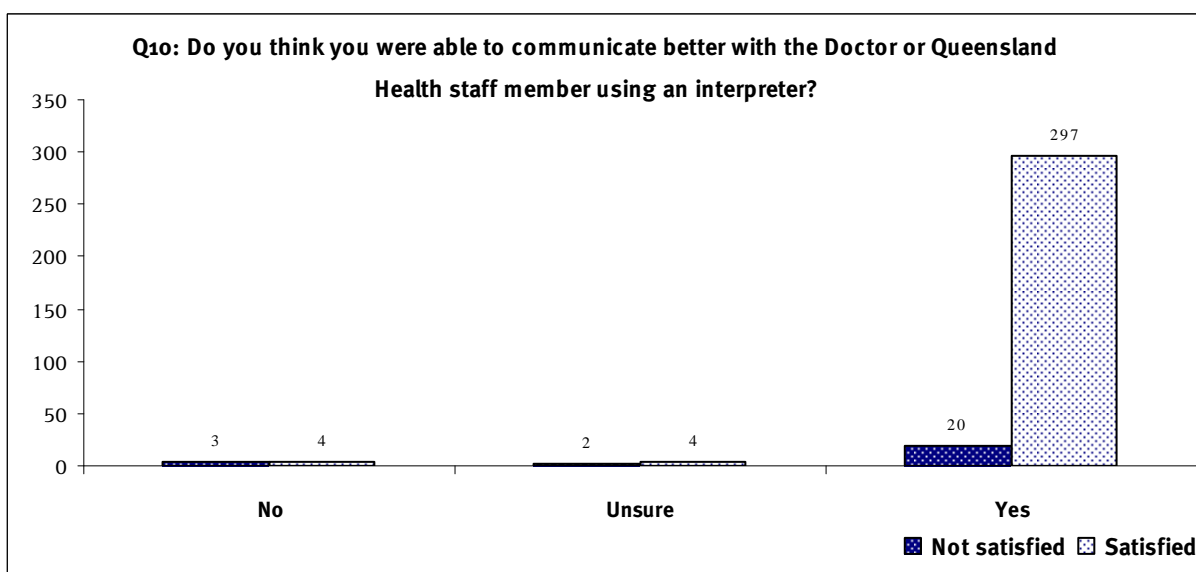


Figure 17 Relationship between ease of communication rating and overall satisfaction with the interpreter service in meeting clients language and culture needs

¹¹ Note that the expected frequencies of some cells are less than 5, to avoid overestimating the result, the Yates's correction for continuity was used.

4.3.2.2 Use of family or friends as interpreters within the last 12 months

Clients were asked: did you ever use a family member or friend to interpret for you when you visited Queensland Health in the last 12 months?¹²

The total number of clients who answered this question was 322. Figure 18 shows that nearly half of the clients (n=153, 47.5 per cent) had used a family member or friend to interpret for them when they visited Queensland Health within the last 12 months.

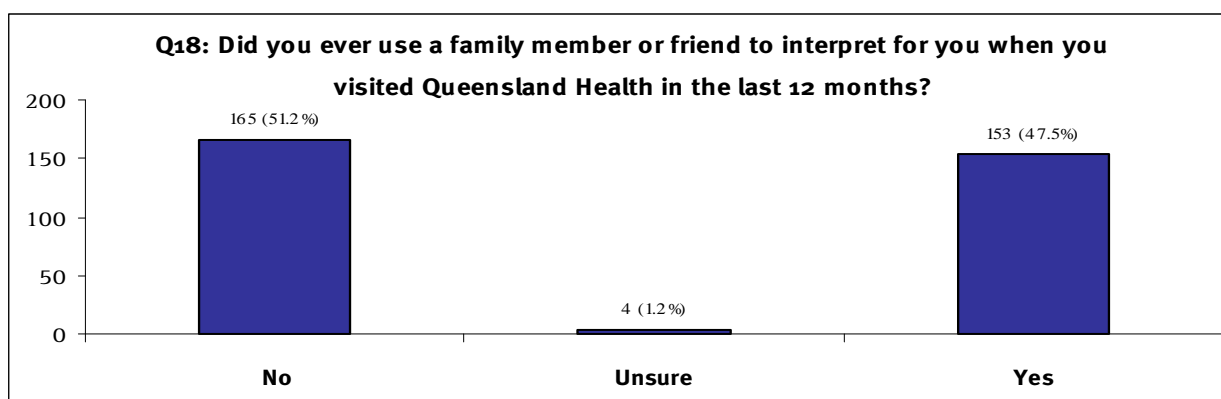


Figure 18 Has client ever used family or friend as the interpreter

Figure 19 shows that out of the 153 clients who had used a family member or friend to interpret for them during their medical appointment, 137 (89.5 per cent) were satisfied with the service in meeting their language and culture needs, 16 (10.5 per cent) said that no they were not satisfied with the interpreter service in meeting their language and culture needs, a non-significant difference ($\chi^2=3.5795$, $df=1$, $p\text{-value}=0.0585$)¹³.

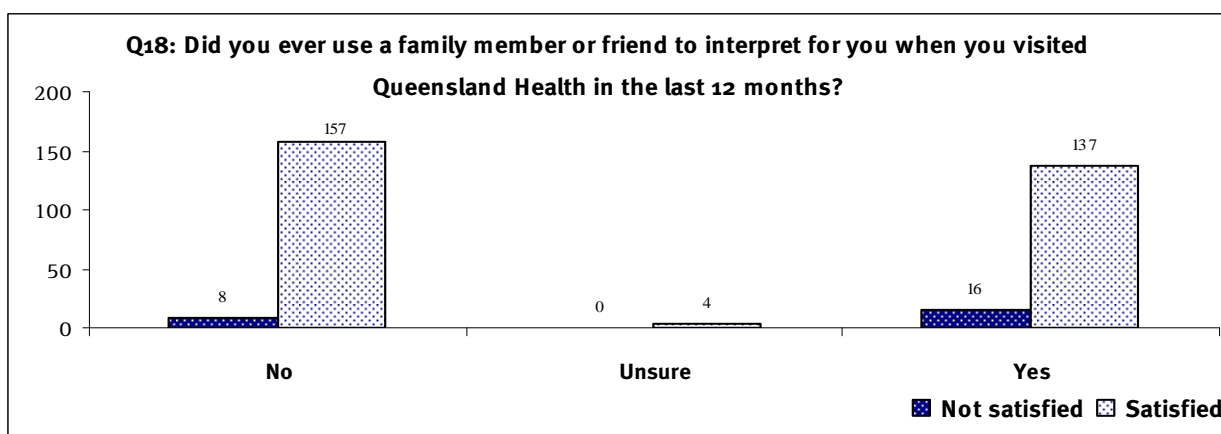


Figure 19 Relationship between a client's use of a family member or friend as the interpreter and overall satisfaction with the interpreter service in meeting client language and culture needs

¹² National Health Performance Committee (2001), National Health Performance Framework Report, Queensland Health

¹³ Note that no client was classified under the "Not satisfied" and "Unsure" category. To avoid overestimating the result, the "Unsure" category was excluded from the test.

4.3.3 Capable

Definition of capable: an individual's or service's capacity to provide a health service based on skills and knowledge¹⁴.

One question was used to assess if the service was perceived by clients as a capable service. The question relates directly to the interpreter used at the appointment and if clients would use that same interpreter again.

4.3.3.1 Would you use that same interpreter again?

Clients were asked: *Thinking about that interpreter you used, would you use the same interpreter again?*

The total number of clients who had answered this question was 330. Figure 20 shows that most of the clients (n=291, 88.2 per cent) would use the same interpreter again.

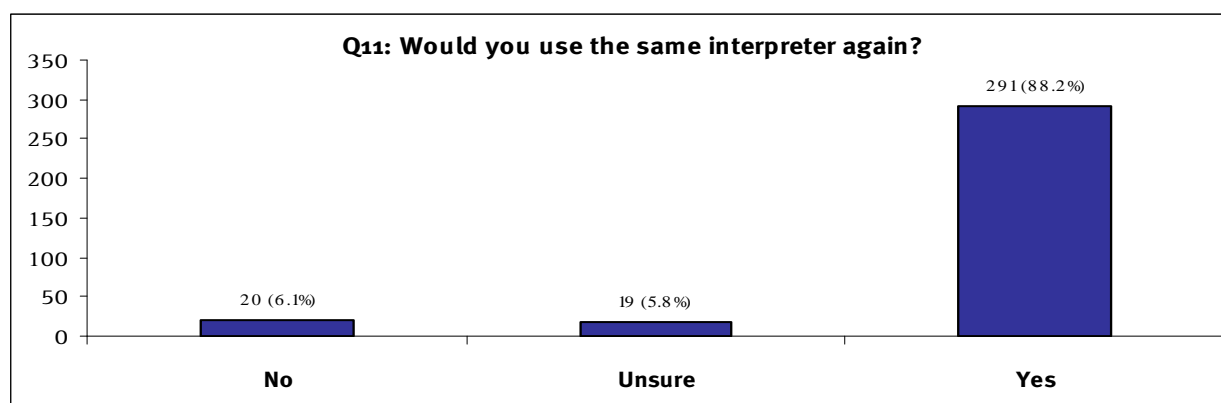


Figure 20 Client preference to use the same interpreter again

Figure 21 shows that out of the 291 clients who would choose to use the same interpreter again, only 16 (5.5 per cent) said that they were not satisfied with the interpreter service in meeting their language and culture needs. Of clients who were unsure or would not choose to use the same interpreter again, 9 (23.1 per cent) were dissatisfied with the service, a statistically significant difference $\chi^2=19.2565$, $df=2$, $p\text{-value}=0.0001$ ¹⁵.

¹⁴ National Health Performance Committee (2001), National Health Performance Framework Report, Queensland Health

¹⁵ Note that the expected frequencies of some cells are less than 5, to avoid overestimating the result, the Yates's correction for continuity was used.

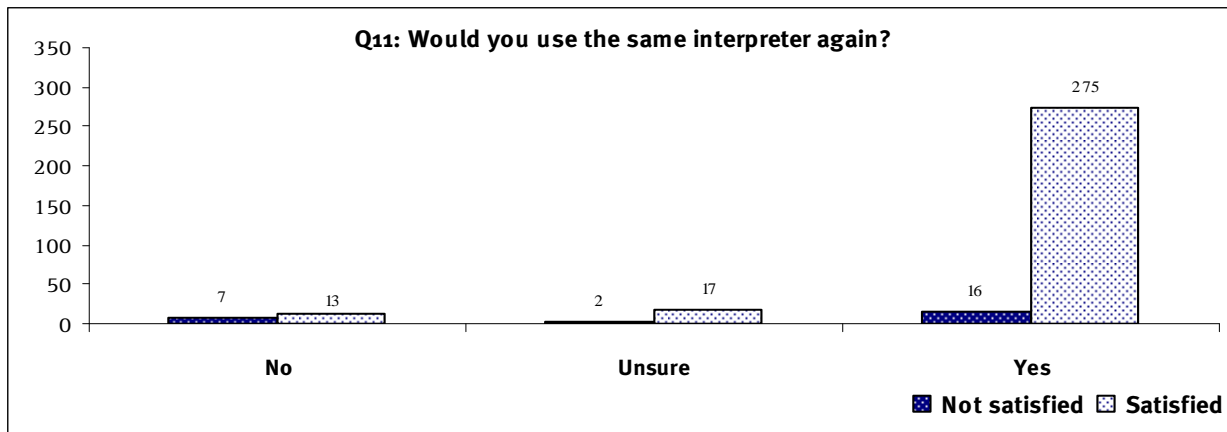


Figure 21 Relationship between would the client use the same interpreter again and overall satisfaction with the interpreter service in meeting clients language and culture needs

4.3.4 Appropriate

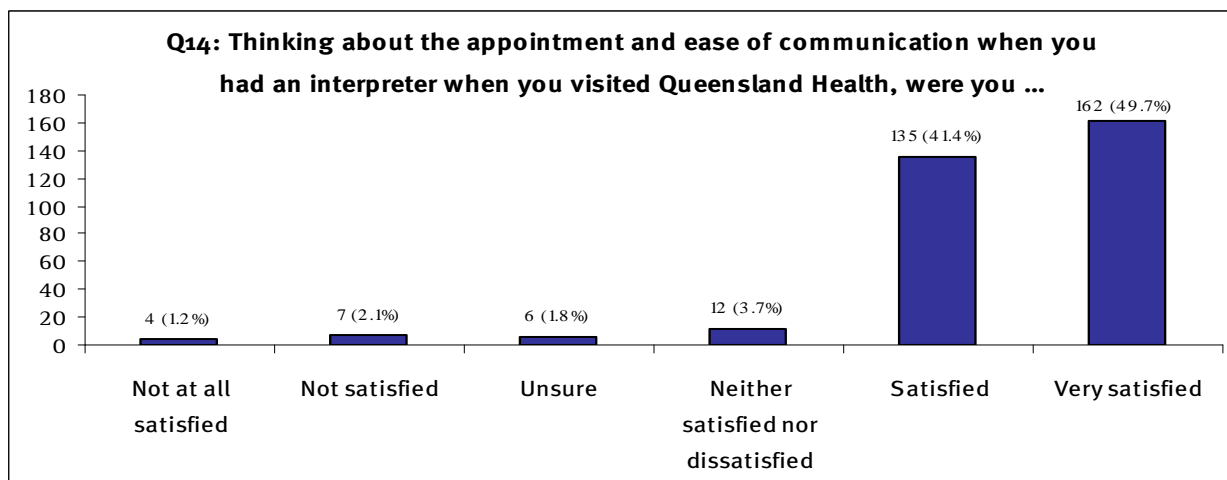
Definition of appropriate: care, intervention or action provided is relevant to the client's needs and based on established standards¹⁶.

One question was used to assess client perceptions of the appropriateness of the service, specifically rating their ease of communication when they had an interpreter.

4.3.4.1 Ease of communication when using an interpreter

Clients were asked: thinking about the appointment and ease of communication when you had an interpreter when you visited Queensland Health were you...

The total number of clients who had answered this question was 326. Figure 22 shows that most of the clients were satisfied (n=297, 91.1 per cent) with the ease of communication when they had an interpreter during their visit to Queensland Health.



¹⁶ National Health Performance Committee (2001), National Health Performance Framework Report, Queensland Health

Figure 22 Client satisfaction with ease of communication.

Figure 23 shows that out of the 297 clients who were satisfied with the ease of communication, only 11 (3.7 per cent) of them said that they were not satisfied with the interpreter service in meeting their language and culture needs. Clients who were unsure or not satisfied with the ease of communication, 12 (41.4%) were dissatisfied with the service. This was a statistically significant difference ($\chi^2=57.9821$, $df=2$, $p\text{-value}=0.0000$)¹⁷.

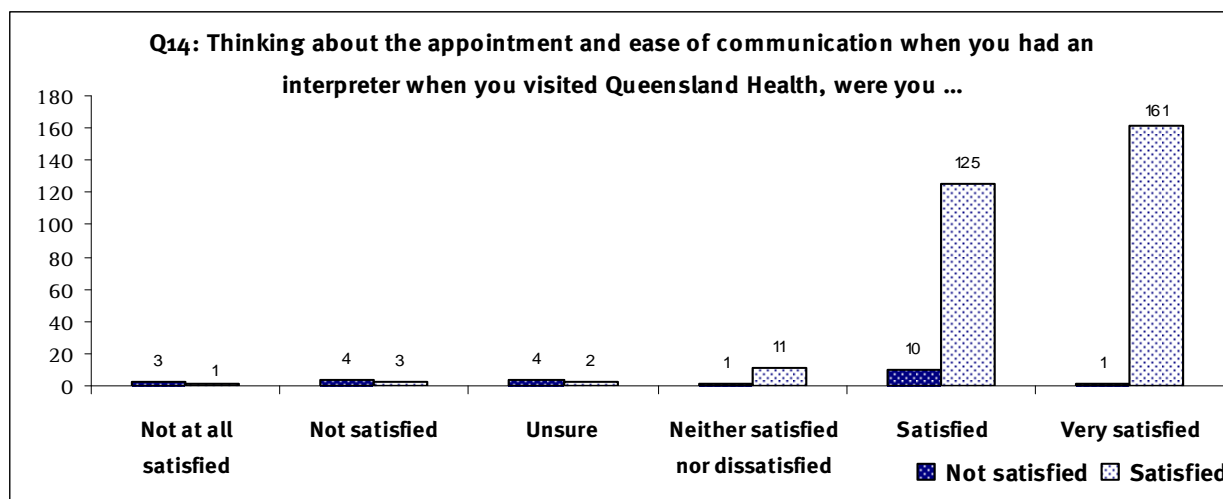


Figure 23 Relationship between client satisfaction with ease of communication and overall satisfaction with the interpreter service in meeting clients language and culture needs

4.3.5 Continuous

Definition of continuous: ability to provide uninterrupted, coordinated care or service across programs, practitioners, organizations and levels over time¹⁸.

4.3.5.1 Interpreters provided every time

Clients were asked: was an interpreter used each time you visited Queensland Health?

The total number of clients who had answered this question was 305. Figure 24 shows that over one half of clients ($n=176$, 57.7 per cent) used an interpreter each time when they visited Queensland Health.

¹⁷ Note that the expected frequencies of some cells are less than 5, to avoid overestimating the result; the Yates's correction for continuity was used.

¹⁸ National Health Performance Committee (2001), National Health Performance Framework Report, Queensland Health

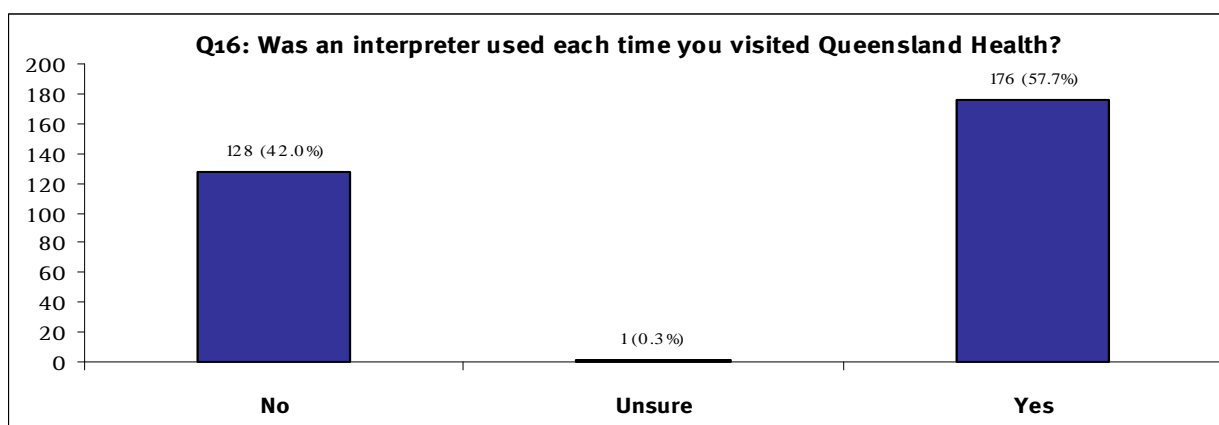


Figure 24 Client used an interpreter every time.

Figure 25 shows that out of the 176 clients who used an interpreter each time when they visited Queensland Health, only 10 (5.7 per cent) said that they were not satisfied with the interpreter service in meeting their language and culture needs. Of clients who were unsure or did not use an interpreter each time when they visited Queensland Health, 14 (10.9 per cent) were dissatisfied with the service. This difference was not statistically significant ($\chi^2=2.8150$, $df=1$, $p\text{-value}=0.0934$)¹⁹.

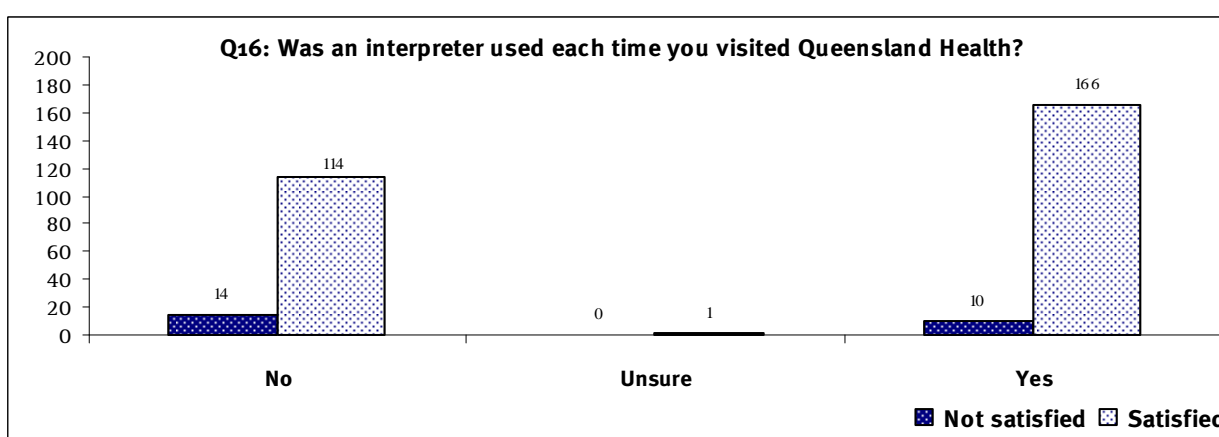


Figure 25 Relationship between client used an interpreter every time and overall satisfaction with the interpreter service in meeting clients language and culture needs

4.3.6 Accessible

Definition of accessible: ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background²⁰.

4.3.6.1 Requesting interpreters and client knowledge of the interpreter service

Clients were asked: did you know you could request an interpreter when you visit Queensland health and that it is free?

¹⁹ Note that no client was classified under the “Not satisfied” and “Unsure” category. To avoid overestimating the result, the “Unsure” category was excluded from the test.

²⁰ National Health Performance Committee (2001), National Health Performance Framework Report, Queensland Health

The total number of clients who had answered this question was 329. Figure 26 shows that the majority of clients (n=266, 80.9 per cent) knew that they could request an interpreter when they visit Queensland Health and that it is free.

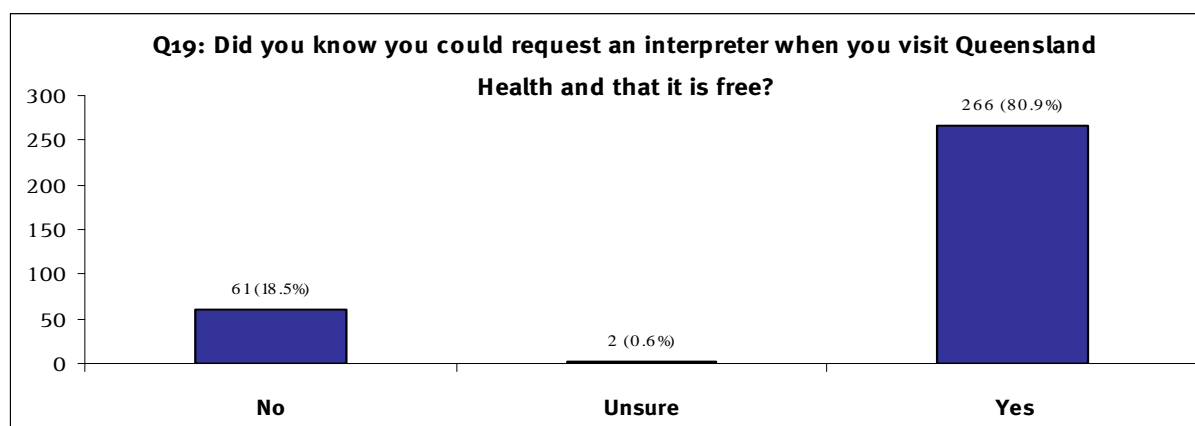


Figure 26 Client prior knowledge of the interpreter service

Figure 27 shows that out of the 266 clients who knew about the interpreter service, 18 (6.8 per cent) of them said that they were not satisfied with the interpreter service in meeting their language and culture needs, compared to seven (11.1 per cent) clients who did not know about the service and who were dissatisfied with the service. This difference was not statistically significant ($\chi^2=1.6597$, $df=1$, $p\text{-value}=0.1977$)²¹.

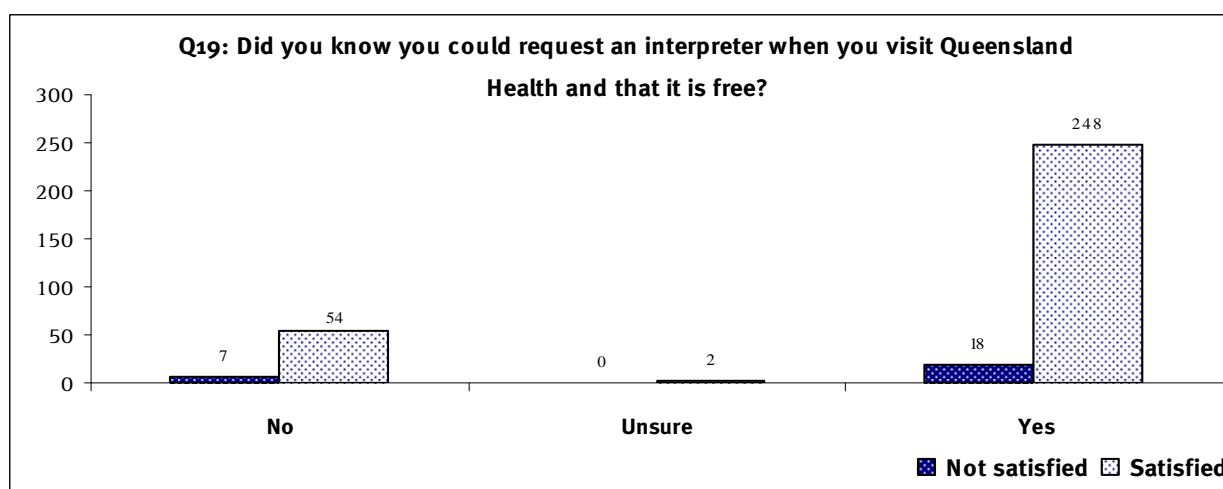


Figure 27 Relationship between client prior knowledge of the interpreter service and overall satisfaction with the interpreter service in meeting clients language and culture needs

²¹ Note that no client was classified under the “Not satisfied” and “Unsure” category. To avoid overestimating the result, the “Unsure” category was excluded from the test.

4.3.6.2 Knowledge of the interpreter service

Clients that answered yes to the above question were asked: how did you know or learn about the interpreter service?

The total number of clients who had answered this question was 263. Figure 28 shows that 152 (57.8 per cent) of the clients knew about the interpreter service because a staff member told them. A family member, friend or another patient advised 49 (18.6 per cent) clients, 37 (14.1 per cent) were told by immigration services (including settlement services and caseworkers), 14 (5.3 per cent) were advised by their GP, 10 (3.8 per cent) were told by an interpreter, eight (3 per cent) found out through Centrelink, seven (2.7 per cent) through information at the hospital including posters, six (2.3 per cent) were advised by their local community, five (1.9 per cent) found out through media (radio and newspaper), three (1.1 per cent) asked about the interpreter service (some had prior knowledge from another state) and 13 (4.9 per cent) were coded as other.

Note that in some instances clients identified more than one category as to how they found out about the interpreter service.

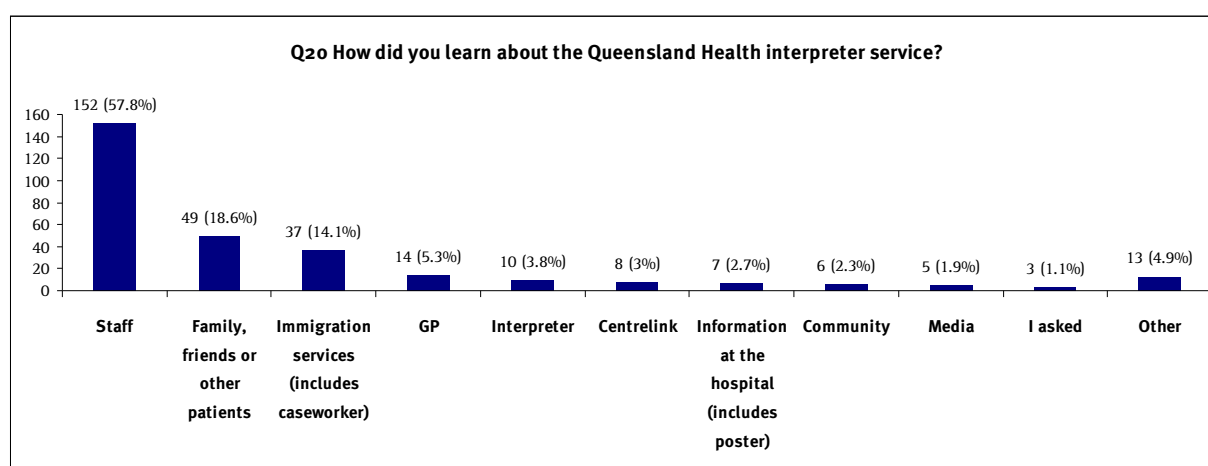


Figure 28 How did the client learn about the interpreter service?

4.3.7 Comparison between satisfaction with demographic factors and survey questions under each domain

Table 5 shows the actual number and proportion of patients who were satisfied, and its respective Chi-Square test with satisfaction. There are no significance differences between satisfaction and gender, age group, location, mode of interpretation, concern with confidentiality, experience without an interpreter, use of a family member/friend to interpret, used an interpreter every time, or knowledge of the interpreter service including it is provided free of charge.

The Chi-Square test showed significance differences between satisfaction and three variables:

- being able to communicate better with an interpreter
- being satisfied with the ease of communication using an interpreter
- being willing to use the same interpreter again.

Table 5: Comparison between satisfaction, demographic factors and questions under each domain

	n	(%)	p-values
<u>Gender</u>			
Female	218	92.0%	0.842
Male	88	92.6%	
<u>Age group</u>			
18-29	45	88.2%	0.848
30-39	71	91.0%	
40-49	38	97.4%	
50-59	56	91.8%	
60-69	37	97.4%	
70-79	42	91.3%	
80+	17	89.5%	
<u>Location</u>			
Metro	249	92.2%	0.673
Regional	57	91.9%	
<u>Mode of interpretation</u>			
Onsite	207	92.8%	0.832
Telephone	51	89.5%	
Onsite & Telephone	48	92.3%	
<u>Personal information concerned</u>			
A great deal	5	83.3%	0.191
Quite a bit	8	100.0%	
A little concerned	31	83.8%	
Unsure	3	75.0%	
Neither concerned or unconcerned	15	88.2%	
Not at all concerned	241	94.5%	
<u>Experience without interpreter</u>			
Poor	34	91.9%	0.826
Not good	27	84.4%	
Neither good or poor	29	93.5%	
Unsure	5	100.0%	
Good	30	85.7%	
Very good	8	88.9%	

	n	(%)	p-values
<u>Communicate better using interpreter</u>			
No	4	57.1%	0.004
Unsure	4	66.7%	
Yes	297	93.7%	
<u>Use family member/friend to interpret</u>			
No	157	95.2%	0.059
Unsure	4	100.0%	
Yes	137	89.5%	
<u>Use the same interpreter</u>			
No	13	65.0%	<0.001
Unsure	17	89.5%	
Yes	275	94.5%	
<u>Ease of communication using interpreter</u>			
Not at all satisfied	1	25.0%	<0.001
Not satisfied	3	42.9%	
Unsure	2	33.3%	
Neither satisfied nor dissatisfied	11	91.7%	
Satisfied	125	92.6%	
Very satisfied	161	99.4%	
<u>Use interpreter every time</u>			
No	114	89.1%	0.093
Unsure	1	100.0%	
Yes	166	94.3%	
<u>Know free interpreter service</u>			
No, I don't know	54	88.5%	0.198
Unsure	2	100.0%	
Yes, I know	248	93.2%	

4.3.8 Logistic Regression

Table 6 shows the unadjusted and adjusted results of the logistic regression analyses. The results in the unadjusted models show a single factor effect (without taking other factors into considerations) on client satisfaction, while the results in the adjusted models show a multiple factors effect (taking all other factors into considerations) on client satisfaction.

In the unadjusted models, the odds of being satisfied are:

- 11 times more likely for clients who thought that they were able to communicate better with their doctor using interpreter than clients who were not
- 45 times more likely for clients who were satisfied with the ease of communication with their doctor using an interpreter during their medical appointment than those who were not satisfied.

Clients who were not concerned about the confidentiality of their personal information were three times more likely to be satisfied than those who are concerned about confidentiality.

Clients who would use the same interpreter again were nine times more likely to be satisfied than those who would not.

However, after taking all other factors into consideration, the results in the adjusted model shows that if clients were willing to use the same interpreter again and satisfied with the ease of communication with their doctor when using an interpreter, they are most likely to be satisfied with the interpreter service in meeting their language and culture needs.

Table 6: Univariate and multivariable regression analyses of client satisfaction.

	Unadjusted Factors Odds Ratio (95% CI)	Adjusted Factors Odds Ratio (95% CI)
<u>Gender</u>		
Female	1	1
Male	1.08 (0.44, 2.66)	1.65 (0.40, 6.77)
<u>Age Group</u>		
18-29	1	1
30-39	1.38 (0.44, 4.38)	4.28 (0.50, 36.68)
40-49	5.05 (0.58, 43.82)	7.52 (0.53, 106.49)
50-59	1.53 (0.44, 5.33)	2.08 (0.37, 11.69)
60-69	5.05 (0.58, 43.82)	5.75 (0.48, 68.57)
70-79	1.36 (0.36, 5.19)	2.73 (0.35, 21.00)
80+	1.16 (0.21, 6.32)	1.15 (0.09, 14.01)
<u>Location</u>		
Metro	1	1
Regional	0.98 (0.35, 2.70)	3.19 (0.46, 22.08)
<u>Mode of Interpretation</u>		
Onsite	1	1
Telephone	0.66 (0.25, 1.78)	2.43 (0.40, 14.79)
Onsite & Telephone	0.90 (0.29, 2.81)	2.67 (0.31, 22.73)
<u>Communicate better using interpreter</u>		
No	1	1
Unsure	1.50 (0.16, 14.42)	3.99 (0.10, 151.85)
Yes	10.99 (2.30, 52.50)	8.07 (0.31, 22.73)
<u>Use the same interpreter</u>		
No	1	1
Unsure	4.58 (0.81, 25.80)	2.93 (0.28, 30.88)
Yes	9.12 (3.20, 26.01)	6.14 (1.38, 27.40)
<u>Personal information concerned</u>		
Concerned	1	1
Neither + Unsure	0.90 (0.21, 3.90)	1.15 (0.14, 9.19)
Not Concerned	2.70 (1.03, 7.08)	3.54 (0.88, 14.27)
<u>Ease of communication using interpreter</u>		
Not Satisfied	1	1
Neither + Unsure	4.55 (0.91, 22.63)	5.89 (3.43, 101.15)
Satisfied	44.86 (11.42, 176.24)	0.43 (0.12, 1.51)

4.4 Qualitative Results

Clients were given the opportunity to provide additional comments to further clarify their response to the survey questions. These comments (qualitative responses) have been coded into themes for analysis.

When interpreting results within this section, it is important that the following factors be taken into consideration:

- Not all clients provided a comment to every question and the themes identified are based on the clients who did
- Where clients covered several different themes or topics in their response, responses were coded to more than one theme
- This qualitative section separates clients who provided a positive response from those that gave a negative response to the specific questions e.g. were not satisfied, were not provided with an interpreter every time, were concerned about confidentiality or would not use that same interpreter again. In some instances only the negative client responses are provided as these were considered important from a system improvement perspective.

4.4.1 Responsive

Overall how satisfied were you with the interpreter service in meeting your language and culture needs?

4.4.1.1 Clients who were satisfied with the service

The qualitative responses provided by clients who were satisfied with the service centred around an interpreter conveying information in a more understandable way.

Table 7: Satisfied client quotes

Satisfied:

- “What I wanted to convey was conveyed well, and I was very happy with the interpreter”
- “Because the interpreters speak my own language and share my same culture, we understand each other well and they deliver the message to the Doctors and to me in a way I can understand”
- “Because I don’t understand medical terminology when I go to the Doctor, the interpreter makes it very clear for me”

4.4.1.2 Clients who were not satisfied with the service

Table 8 presents representative qualitative responses provided by clients that were not satisfied with the interpreter service in meeting their language and culture needs. Their responses centred on being concerned about interpreter quality issues, interpreter system issues and a preference for onsite interpreting.

Table 8: Dissatisfied with the interpreter service client comments

<p>Interpreter quality issues: interpreter gender</p> <ul style="list-style-type: none">• “I am not happy having a male interpreter, would prefer a female, but the interpreters are always good”• “Young male was not accurate, females I have used were quite good”
<p>Interpreter quality issues:</p> <ul style="list-style-type: none">• “Some of the interpreters I am very happy with and others I am not happy with. The ones that I am not happy with sometimes don’t give me enough time and don’t tell me exactly what the doctor has said”.• “I used many different interpreters during that time, and it’s hard to remember. The interpreter I had during that time was sometimes late and also the interpretation was not very good. There were omissions. I couldn’t trust that interpreters skills”• “I’m not happy because most of the time they would not interpret everything”• “The doctor explained my situation, she interpreted for a while but I couldn’t understand what she was saying”• “The interpreter was not very sympathetic and was trying to hurry me up”
<p>Interpreter system issues:</p> <ul style="list-style-type: none">• “Sometimes they sent me some interpreters that their language wasn’t the best and I couldn’t really understand them as they were Persian, so it is a little bit different to me, but I didn’t want to comment as I was afraid they would stop me from having a interpreter, but overall I am happy”• “Sometimes I get the wrong dialect within my language and it makes it harder to communicate but in general I am happy with the service”
<p>Mode of interpreting:</p> <ul style="list-style-type: none">• “Very happy with the onsite interpreters. Some of the telephone interpreters are not friendly and make me feel scared”.• “I wasn’t happy with the one over the phone as the experience isn’t the same as having one face to face, but I do prefer females”• “It was over the phone and it was very difficult, I did not know who they were, so it was confusing, I can’t understand on the telephone. Its just too confusing”

4.4.1.3 How concerned or worried about confidentiality of your personal information were you when using the interpreter?

Qualitative responses provided by clients who were not concerned about confidentiality centred around the interpreter or staff member explaining about confidentiality or clients having confidence in the system. Table 9 presents some representative client quotes clarifying why they are not concerned about confidentiality.

Table 9: Clients who were not concerned about confidentiality when using an interpreter response themes and client quotes

<p>Not concerned</p> <ul style="list-style-type: none"> • “I don’t worry at all because they told me everything is confidential” • “Because they explain to me very clearly about the procedure, so I’m not worried about confidentiality” • “Not at all, I just thought that if she is here then she must be able to maintain confidentiality” • “The interpreter has a code of ethics; I need to go to the hospital so I don’t really care about the confidentiality. I trust the interpreter.”

Table 10 presents the themes and representative responses for the clients said that they were concerned about the confidentiality of their personal information when they were using the interpreter.

Table 10: Clients concerned about confidentiality when using an interpreter response themes and client quotes

<p>No choice, I had to use the service</p> <ul style="list-style-type: none"> • “I have to use this service anyway” • “At the end of the day health is more important so I am not too worried about them knowing personal information”.
<p>Concerned, interpreter trustworthy, confidentiality issues</p> <ul style="list-style-type: none"> • “I do have some concerns that they know my personal information and I don’t know if they keep my information confidential. I don’t know if they talk about it afterwards” • “Because I don’t know who they are, they could be anyone” • “I like face to face meeting/service. I just had to talk over the phone about my personal information and I was a little bit concerned” • “I do worry about this aspect but I suppose there are rules around if they can talk about your information or not”
<p>Concerned, interpreter gender</p> <ul style="list-style-type: none"> • “With ladies I feel very comfortable but with males I am very uncomfortable”
<p>Other</p> <ul style="list-style-type: none"> • “Because there are personal things we are talking about” • “As I’ve has said before, by using the same interpreter all the time I would feel more comfortable about confidentiality” • “I wouldn’t have any problem if I didn’t know them, sometimes if you know them and you see them outside it could be a little bit tricky”

4.4.1.4 Thinking about a time when you did not have an interpreter how would you rate your experience?

Table 11 presents representative client responses to the question “thinking about a time when you did not have an interpreter how would you rate your experience”. They centre on the difficulty of understanding or being clear in communication without an interpreter.

Table 11: Ease of communication for clients who rated their experience as poor or not good.

<p>Very difficult to understand</p> <ul style="list-style-type: none"> • “It was very distressing for us not having an interpreter when one had been organised”. • “Not very good at all without an interpreter, I can’t understand the Doctor” • “Very poor and in the end the Doctor said there was no communication and they had to stop the appointment and I had to go back again with an interpreter for another appointment on another day” • “The interpreter did not come to the appointment, it was very hard to talk to the Doctor, he was asking me questions it was very difficult” • “There were a lot of medical terms I could not understand and the Doctor could not understand me either. That is why the interpreter service is so important for us” • “I can communicate with the Doctor ok, but its slower and I don’t understand as much. it takes me a long time to write things down and it takes me longer to understand what the Doctor is saying and I can’t spell the words sometimes, I communicate better with the Doctor with an interpreter and it flows better and I understand more” • “Even if I am able to tell them what the issue is, I can’t understand what the doctors are saying back”
<p>Family member / friend interpreted</p> <ul style="list-style-type: none"> • “Under the circumstances, my husband interpreted for me, its not good its quite bad” • “I went to Emergency - I did not have an interpreter and I took a friend to interpret for me, it went ok I got the treatment but it was hard, difficult to communicate, poor experience” • “Sometimes I have to go by myself, sometimes my children come with me, children are adults. The Doctor just looks at my chart and decides from there what to do its very difficult for me”
<p>I can express myself better in my own language</p> <ul style="list-style-type: none"> • “I can understand some English I just can’t speak it well” • “Had some problems explaining things” • “I can understand the Doctor but I have difficulty expressing myself and what I feel to the Doctor in English” • “Sometimes the worse person affected is the doctor himself as he has to spend all his time in the appointment asking us to repeat what we said as he doesn’t understand. I understand English but I often can’t express myself in a way that they understand me. So they seem to get a bit annoyed” • “I can understand the Doctor but I have difficulty expressing myself and what I feel to the Doctor in English” • “I can understand some English I just can’t speak it well”
<p>Doctor / staff member spoke my language fluently</p> <ul style="list-style-type: none"> • “There was an Indian doctor in the hospital who helped me when an interpreter was not available” • “Doctor spoke my language sometimes so no interpreter required then”

4.4.1.5 Changes or suggestions to improve the interpreter service

Table 12 presents representative client changes or suggestions' for service improvements for those clients that were satisfied with the service in meeting their language and culture needs.

Table 12: Client suggestions to improve the interpreter service – satisfied clients

<p>Happy with and grateful for the interpreter service</p> <ul style="list-style-type: none"> • “Very satisfied with the service and I would like to have interpreters every time I need one at the hospital” • “I’ve been very happy with the service and look forward to having interpreters in the future”
<p>QHIS is an essential service</p> <ul style="list-style-type: none"> • “It is essential to have the QHIS is very necessary service for us, we have been here for a while and speak some English but not enough for medical appointments. We would not be able to manage without this service. Thank you to the government for providing it” • “As I said before I think it’s important that the hospital books the interpreters. I really don’t like telephone interpreters, onsite is much better. I think that the interpreter service for people like us that don’t speak English is excellent”
<p>Need an interpreter when I request one / all visits / shortage</p> <ul style="list-style-type: none"> • “I would like to see the interpreter service growing and supplying more interpreters and the community of new languages is growing and I would like to see the Interpreter Service becoming more active” • “I have no bad experience with interpreters myself but we did have a problem with my son at the Dental clinic, there was no interpreter for him and they had to wait, it wasn’t very good”
<p>Interpreter quality issues</p> <ul style="list-style-type: none"> • “Some new interpreters who have little experience are harder to understand than other interpreters who are experienced” • “Regarding patients privacy and confidentiality, as I said before its a small community here and I think its important that my personal information is not talked about in the community”
<p>Need to be able to request preferred interpreter</p> <ul style="list-style-type: none"> • “Because I am a female, I would prefer to have a female interpreter. E.g. last time I went to the Doctor I had to have a heart check up. I had a male interpreter and it was uncomfortable, he had to stand outside of the curtain and it was a bit awkward” • “Perhaps the only thing I could suggest is that at the last appointment I had a male interpreter and I was a bit uncomfortable as they were asking me some quite personal questions. I would prefer a female interpreter”

Table 13 presents representative client changes or suggestions' for service improvements for those clients that were not satisfied with the service in meeting their language and culture needs. Their comments and suggestions centre around improving access, improving the skill and knowledge of the interpreters and ensuring provision of interpreters for all visits

Table 13: Client suggestions to improve the interpreter service – dissatisfied clients

Happy with and grateful for the interpreter service <ul style="list-style-type: none"> • “Usually they are fine but just not once”
QHIS is an essential service <ul style="list-style-type: none"> • “I think it is very important to have interpreters, I don’t think there are any Spanish interpreters here in this area. I am very grateful that you are conducting the survey, its very important to improve access to interpreters for Spanish people”
Need an interpreter when I request one / all visits / shortage <ul style="list-style-type: none"> • “Due to lack of communication between me and the hospital staff I had to wait and was in pain then someone realised and I was taken care of. There was no interpreter at that time as I had just arrived by ambulance.”
Interpreter quality issues <ul style="list-style-type: none"> • “The only problem I have is when some can’t explain everything properly. Some interpreters from Congo won’t interpret everything very well–they tell me sometimes they don’t understand the doctor” • “Sometimes I am worried that the interpreter is not saying everything that I am but I am not sure. I am also not sure if interpreters have special training in medical terminology and can understand what the doctors are saying” • “I expect the interpreters to know more medical terms and have more knowledge about medical issues. The interpreter could not understand half of what the doctor was saying so the interpreter had to keep asking the doctor over again. The telephone interpreter was really bad compared to the onsite interpreter at the hospital who could interpret far better”
Need to be able to request preferred interpreter <ul style="list-style-type: none"> • “I always want an honest interpreter and one that will say exactly what I want them to say especially because my condition is serious. Sometimes they are not honest and don’t say what I want them to say”

4.4.2 Safe

4.4.2.1 Were you able to communicate better with the Doctor / staff member using an interpreter?

Qualitative responses provided by clients who said that they were able to communicate better with the Doctor / staff member using an interpreter are presented in Table 14. Main issues raised centred around being able to understand, feeling more confident and being able to communicate easily.

Table 14: Client comments on being able to communicate better using an interpreter

Yes, I understand better <ul style="list-style-type: none">• “Made the communication with the doctor easy”• “Yes, the doctor was able to understand what my needs were and I understand everything the doctor told me”• “My English is poor and definitely it is much better for me with an interpreter so I can understand”• “Without the interpreter I can’t communicate, my English is very poor”
Yes, I feel more confident with an interpreter <ul style="list-style-type: none">• “Much better. it could be very hard going to see a doctor without an interpreter, it gives me confidence to understand what the doctors is saying to me”• “Yes, I feel much more confident with an interpreter present”
Interpreter quality issues <ul style="list-style-type: none">• “They were all right but they interpreted what the Doctor tried to tell me but the interpreters were not able to convey what I was trying to say to the Doctor as well as I would have liked or in the same detail”• “There is a problem sometimes, when the interpreter conveys the message to the Doctor, The interpreter does not convey the full message to the Doctor - properly. I can understand some English I just can’t speak it”
Onsite interpreter better than phone interpreter <ul style="list-style-type: none">• “Yes I don’t speak English very well, I don’t know much English. Because if I am face to face its easier, when the interpreter is on the phone I can’t understand all the words, its better face to face. I don’t understand many English words at all”• “That interpreter at the hospital was fine. If interpreter is on the phone it’s harder to understand. I have had to learn some Kinyarwanda as well”
I can express myself fully in my own language <ul style="list-style-type: none">• “Yes of course, it is very good because my English is not good enough, sometimes I need an interpreter because I find it hard to say in English when I am talking about medical things and my health”• “Yes I can communicate in my language”• “I can fully express myself in my own language”
Other <ul style="list-style-type: none">• “Doesn’t really matter to me, the person moved behind me and I didn’t have control over that situation. The communication wasn’t clear. I do lip read but I need the person to be in front of me”• “Of course, easier to have the interpreters there because of the medical language used. I’ve had lots of different interpreters and they are good, but once I had a Sudanese from the south and I didn’t understand them they were a bit upset, I tried but it was very difficult”

Table 15 presents comments provided by clients that said they were not able to communicate better using the interpreter. Their responses centred around dialect, the Doctor spoke my language and not needing an interpreter.

Table 15: Client comments on not being able to communicate better using an interpreter

Interpreter quality issues
<ul style="list-style-type: none"> “I would understand some of the things but I think that the interpreter would tell me what they thought. I don’t think they understood the language very well as I am Burundian”
Other
<ul style="list-style-type: none"> “I didn’t need an interpreter because the Doctor I saw, he can speak Spanish fluently” “I don’t need an interpreter, I can understand the Doctor” “Visited the hospital whilst pregnant - consultations were not complicated and even though the interpreter was there I communicated with the doctor for most things”

4.4.2.2 Family or friends as interpreters within the last 12 months

Qualitative responses provided by clients who said that yes they had used a family member or friend to interpret for them in the last 12 months were centred on the frequency of this occurring and the reasons why it occurred. Examination of the frequency in which clients used family and friends as interpreters in the past 12 months identified that this did not occur on a routine basis, with only 7 per cent reporting that it regularly occurred. However, 43 per cent reported that it sometimes occurred, 42 per cent that it rarely (only once or twice) occurred, and 8 per cent indicated that it occurred only in an emergency.

In assessing the reasons why these clients used family and friends as interpreters, two major issues emerge: interpreters were not booked or did not arrive (64 per cent); and client choice (26 per cent). Much less frequently reported reasons were that family and friends were only used as interpreters in emergencies (6 per cent) and for simple appointments where an interpreter was not required (4 per cent).

Table 16 provides representative examples of qualitative responses provided about the use of family and friends as interpreters.

Table 16: Clients responses on why I’ve used a family member or friend to interpret for me in the last 12 months

Frequency - Sometimes use family or friend
<ul style="list-style-type: none"> “Sometimes my son interprets for me, if he can come to the appointment then I use him and don’t request an interpreter” “Yes my son or daughter sometimes interprets for us. When my husband had his eye operation I did not request an interpreter then, my son and daughter interpreted for us” “A friend interprets for me sometimes and he is very good and I trust him to interpret for me”
Frequency - Rarely, only once or twice,
<ul style="list-style-type: none"> “One time I went they forgot to make an interpreter booking, my husband came with me and he interpreted even though his English wasn’t all that good” “First time I used my husband, but he couldn’t understand some of the medical terminology, so after that I had an interpreter”

<ul style="list-style-type: none"> • “My husband interpreted for me because it was the first time I visited the hospital and I wasn’t sure if they would provide one, so he only interpreted that one time”
<p>Frequency - only in an emergency</p> <ul style="list-style-type: none"> • “Sometimes I ask my son to interpret for me, yes when I went to the emergency department recently I didn’t want to waste time and wait for an interpreter so I used my son to interpret for me. My son is 15 years old” • “The last two or three times and I was hospitalised and I didn’t always have an interpreter. I went in an emergency situation and I did ask for an interpreter but they said not available. I didn’t know they could get telephone interpreters; do I need to arrange that?” • “I went to Emergency, I did not have an interpreter and I took a friend to interpret for me”
<p>Why- My choice</p> <ul style="list-style-type: none"> • “It was my own choice because I told the medical practitioner that my husbands English was very good so we used him” • “It was my own choice” • “My daughter and son often interpret for me, they both sign very well. I prefer my son or daughter an they both interpret very well” • “Sometimes I take a relative with me when I go to the PA but not because they lack interpreters but because I wanted my family with me and they wanted to come along” • “I prefer to have my daughter after all she is part of the family too”
<p>Why- Interpreter was not booked, not available, did not arrive</p> <ul style="list-style-type: none"> • “Sometimes I ask my husband to come with me if the interpreter is not available” • “Sometimes they couldn’t provide an interpreter at the right time so I had used a family member” • “An interpreter was organised but did not show and I had to use my husband” • “Yes, my husband because the interpreter did not turn up”
<p>Why - Simple, interpreter not required</p> <ul style="list-style-type: none"> • “It was only to pick up medicine” • “it was just for a dental check up”

4.4.3 Capable

4.4.3.1 Qualitative responses to thinking about your interpreter, would you use that same interpreter again?

Qualitative responses provided by clients who said they would use the same interpreter again are presented in Table 17.

Table 17: Client responses on why they would use that same interpreter again

Yes
<ul style="list-style-type: none"> • “Of course, I would prefer to have the same interpreter again and again but if I can’t, well I am happy with what I get” • “It would be better to always have the same interpreter if possible” • “I would prefer to get the same person but this does not always happen”
Any interpreter is good
<ul style="list-style-type: none"> • “Any interpreter is fine, I’m not fussy” • “Doesn’t matter I don’t mind if I get the same or different interpreters” • “The interpreter I had was very good on that day, and yes I would be happy to use her again, if I could not have her I would be happy with any of the interpreters”
No, prefer a different gender
<ul style="list-style-type: none"> • “Once they gave me a male interpreter when I was discussing personal female issues” • “Last time I had a female interpreter and it was better than the male ones especially because it was a sensitive matter” • “I would prefer a male interpreter i.e. same gender because of my health problems”
No, prefer a different interpreter
<ul style="list-style-type: none"> • “It depends on the interpreter, some I would use again and be happy with, and the other I would not use again. 1st interpreter was good but the 2nd interpreter I didn’t like as they didn’t interpret very well, that interpreter didn’t convey the full message. I did ask not to have that interpreter again but there was a mistake and they sent her again, she interprets in a mix of Japanese and English. So I was really worried that this interpreter is not a very good interpreter. There were many interpreting errors and she is not a reliable interpreter”
No, I had a bad experience
<ul style="list-style-type: none"> • “Some interpreters are good, some are not very good just recently at ... Hospital, my husband had a bad experience with the interpreter, she was very rude to both myself and my husband and said if we didn’t like how she was doing her work <i>you can do it yourself</i>” • “I did have one bad interpreter one time and they was lacking in the Somali language but the others were good”
I always have different interpreters
<ul style="list-style-type: none"> • “I have had a number of different interpreters at different times” • “We used a few different interpreters and we are very happy with all of them” • “Every time I go, I get a different interpreter but all of them are good”
Other
<ul style="list-style-type: none"> • “I once had an onsite interpreter and nothing beats having the interpreter in the room, it was much better” • “I don’t mind using the same interpreter just over the telephone was a bit daunting and there was a bit of waiting”

Qualitative responses provided by clients who said they would not use the same interpreter again are presented in Table 18. Responses varied from preference to use different interpreters to not having their regular interpreter or having a bad experience with a specific interpreter.

Table 18: Client responses on why they would not use that same interpreter again

<p>No, I prefer my usual interpreter</p> <ul style="list-style-type: none"> • “I would rather use the one I was always using instead of the one they gave me, I didn’t feel he was giving the right information” • “The interpreter allocated to me was not the one I usually have, I would like to go back to my usual one”
<p>Any interpreter is good</p> <ul style="list-style-type: none"> • “I have different ones all the time, so I am not sure” • “Always has different interpreters”
<p>No, prefer a different interpreter</p> <ul style="list-style-type: none"> • “I would prefer to have a different interpreter, I like to have different interpreters”
<p>No, I had a bad experience</p> <ul style="list-style-type: none"> • “He would rather use the one he was always using instead of the one they gave him he didn’t feel he was giving the right information” • “I used many different interpreters during that time, and it’s hard to remember. The interpreter I had during that time (first one) was sometimes late and also the interpretation was not very good there were omissions. Also the interpreter made excuses about why they were late, they were complaining that they could not find a car park) I couldn’t trust that interpreters skills. Then the next interpreter I had was very good and I now work with the same interpreter who is very good and I am happy with their skills”
<p>I always have different interpreters</p> <ul style="list-style-type: none"> • “I have no choice as it was booked by the hospital”
<p>Other</p> <ul style="list-style-type: none"> • “I don’t really like an interpreter service provided on the phone” • “I always ask for a Burundi interpreter but am told they are not available” • “Because they were not Sudanese dialect, I can understand this interpreter because he is Egyptian but the interpreter I had was difficult to understand he was Iraqi”

4.4.4 Appropriate

4.4.4.1 Ease of communication when you had an interpreter

Qualitative responses provided by clients when clarifying their ease of communication when using the interpreter are presented in Table 19. Client responses centred around being able to understand generally, understanding medical terminology, quality of the interpreter including the dialect and gender

Table 19: Satisfied with ease of communication

Interpreter was good for ease of communication
<ul style="list-style-type: none">• “Without the interpreter I could have missed some important information”• “I have no idea about medical terms that the Doctor uses, I can’t understand them. I am more confident and assured that everything is conveyed when using an interpreter. I am more assured that I understand everything”• “Because I don’t speak any English , I must have an interpreter or I can’t communicate”
Provision of interpreters is good
<ul style="list-style-type: none">• “It was good that I booked the appointment the first time then they were automatically provided from then on”• “Very happy with all the service and the way they conduct themselves”
Depends on the interpreter (quality issues)
<ul style="list-style-type: none">• “One of the interpreters did not communicate properly with the doctors and was rude so my husband complained to the interpreter service but the others were very good”• “Some interpreters are not as good as others, i.e. the way they deliver the message is not as good as some other interpreters. Always its been very good, on time etc”
Used family / friend
<ul style="list-style-type: none">• “I can speak some English but its mainly for my wife, sometimes I try and interpret for my wife but I can’t do everything but better to have a professional interpreter as I don’t understand all the medical terminology”
Interpreter system issue (dialect, preferred gender)
<ul style="list-style-type: none">• “I am more comfortable with Iranian interpreter because that is my background and the interpreter had a different dialect”• “Very grateful to have an interpreter and especially if she is female”
Other
<ul style="list-style-type: none">• “Very happy and I have faith in them that they interpret, I don’t trust my children to interpret everything, the Doctor needs to know everything so they can treat me”

Qualitative responses provided by those clients that were dissatisfied with the ease of communication when using the interpreter are presented in Table 20. Client responses centred on an interpreter not being provided, the gender of the interpreter gender not being appropriate

Table 20: Dissatisfied with ease of communication

Provision of interpreters is good
<ul style="list-style-type: none"> • “I couldn’t say anything at all because it was the interpreter that wasn’t saying everything”
Depends on the interpreter (quality issues)
<ul style="list-style-type: none"> • “First time I went to the hospital the interpreter didn’t turn up, that was to see the midwife; I was a bit concerned about that” • “I can’t really say because some of the young interpreters are good and some are bad”
Interpreter system issue (dialect, preferred gender)
<ul style="list-style-type: none"> • “When I have a male interpreter I don’t feel very comfortable about the whole experience”
Other
<ul style="list-style-type: none"> • “I was trying to ring community health to book an interpreter, but they don’t have enough staff to book the interpreter over the phone, so I had to go there to see the person face to face doing the booking, and sometimes the person who books the interpreter is away or on leave, so I wasn’t able to book the interpreter. The last time I went there to book an interpreter they said they would book an interpreter but they didn’t, so I didn’t have one for my next appointment” • “I had to wait for a long time for an interpreter for a pre-booked appointment and even getting the booking was hard”

4.4.5 Continuous

4.4.5.1 Was an interpreter used every time you visited Queensland Health?

Qualitative responses provided by clients when clarifying that yes an interpreter was used every time they visited Queensland Health in the last 12 months are presented in Table 21.

Table 21: Client responses for yes an interpreter was used every time I visited in the last 12 months

Sometimes <ul style="list-style-type: none"> • “First time I didn’t have one, but the other two times I did” • “Most of the time but not all of the time”
Always <ul style="list-style-type: none"> • “Yes an onsite interpreter every time” • “I have an interpreter all the time and the last two appointments I’ve had the same interpreter” • “Each time we go to the hospital the interpreter is already booked for us before we even have to request it, its very good”
Not required for simple issues <ul style="list-style-type: none"> • “Actually I can speak some English, I can understand sometimes, so sometimes I don’t need to use an interpreter”
No – interpreter quality issues <ul style="list-style-type: none"> • “Sometimes they don’t turn up and I have to go in alone and then the interpreter comes later. I worry sometimes when I get one of the interpreters that are not very good, I worry that they don’t convey all the information”
Family or friend interpreted <ul style="list-style-type: none"> • “Sometimes I use my daughter as I don’t want to get a male interpreter and have him know all my personal medical issues”
Request for interpreter refused <ul style="list-style-type: none"> • “One thing I am not happy about is when I visit the Specialist near the hospital; they won’t give me an interpreter. Staff there not happy with me for asking and they said they are not allowed to book an interpreter. The staff were very difficult to deal with”
Yes but I had to re-book my appointment <ul style="list-style-type: none"> • “The last time I went to the hospital there was no interpreter available and the doctor had to organise to have me back at a later date”
Other <ul style="list-style-type: none"> • “The Arabic interpreter was not available but there was an interpreter who had an Egyptian dialect and I was very happy with them” • “Last year I went twice and had one on the phone and one onsite. I prefer onsite interpreter. phone is too hard” • “But when I took my child to the hospital the interpreter on the phone was very rude and abused me”

Qualitative responses provided by clients when clarifying that no an interpreter was not used every time they visited Queensland Health in the last 12 months are presented in Table 22.

Table 22: Client responses for no an interpreter was not used every time I visited in the last 12 months

<p>Sometimes</p> <ul style="list-style-type: none"> • “Not for the birth of my baby an interpreter was not provided” • “Whilst I am happy with the service, sometimes we have requested an interpreter and she has been too busy to come” • “Because my English is improving, I don’t always get an interpreter”
<p>Always</p> <ul style="list-style-type: none"> • “Previously there was no interpreter provided but then my condition deteriorated and the hospital started to provide interpreters to make sure I could understand my condition and my treatment. So I have an interpreter every time now”
<p>Not required for simple issues</p> <ul style="list-style-type: none"> • “Sometimes when it is very simple, I don’t have one, and once I went the interpreter didn’t turn up” • “Sometimes I can manage myself with the appointment and I don’t need an interpreter e.g. for skin cancer appointments e.g. regular ongoing appointments with my skin cancer, I know what is going to happen its fine” • “On the specialist appointments where there are a lot of complex medical terms then I need an interpreter but if its something simple then I might not ask for an interpreter”
<p>No–interpreter quality issues</p> <ul style="list-style-type: none"> • “A couple of times the interpreters were late because they couldn’t find parking, once they did not turn up and I had to communicate by myself in basic terms with the Doctor” • “Just recently I went to the hospital and they booked an interpreter for me but they didn’t turn up. I am not sure if the hospital didn’t book the interpreter or they just didn’t turn up”
<p>Interpreter was not booked by Queensland Health or not available</p> <ul style="list-style-type: none"> • “Wanted to have one every time but one time she couldn’t get one. Booked interpreter but didn’t show and could not get interpreters even when she booked” • “When I arrived at the place there was no interpreter available” • “There was no interpreter available and I have had to make do with my English and the doctors speak too quickly for me to understand”
<p>Family or friend interpreted</p> <ul style="list-style-type: none"> • “I don’t always want one, especially if my daughter comes with me. She signs very well and I do prefer her as my interpreter” • “Sometimes when there is no interpreter, my daughter and son in law interpret for me and they speak the language well” • “Sometimes I have one and sometimes my daughter goes with me”
<p>Request for interpreter refused</p> <ul style="list-style-type: none"> • “Sometimes the interpreter was not required as the staff said my English was good enough” • “I had a health issue with my child and was advised that I did not need an interpreter although I wanted one. I had regular check-up for my child and would feel much happier if I did have an interpreter” • “Always ask but sometimes not available I don’t know why not available”
<p>Yes but I had to re-book my appointment</p> <ul style="list-style-type: none"> • “I have an appointment every three months, sometimes the interpreter does not come and then we reschedule the appointment”
<p>Other</p> <ul style="list-style-type: none"> • “Some are very good, some are not as good as others”

4.4.6 Accessible

4.4.6.1 Did you know you could request an interpreter when you visit Queensland Health and that it is free?

Qualitative responses provided by clients who did have knowledge of the interpreter service are presented in Table 23.

Table 23: Yes I knew I could request an interpreter and that it is free

No-I didn't know it was free
<ul style="list-style-type: none">• "I knew I could request one but I didn't know it was free service"• "But I didn't know that it was free, I did know I could ask for one"• "I only found out when I was going to hospital to have my child I didn't know it was free"
No I didn't know I could request an interpreter
<ul style="list-style-type: none">• "They never let me know they had arranged one for me"
Queensland Health / hospital always book for me
<ul style="list-style-type: none">• "Sometimes it just happens, and they book an interpreter for me I don't have to ask, It's improving now, they come quite quickly. It says that I'm Deaf on my file"• "Every time I go to the hospital there is an interpreter"
Yes, staff told me
<ul style="list-style-type: none">• "At first I didn't know but then the doctor explained it to me"• "I didn't know it was free. Staff asked me if I wanted an interpreter when I went to the hospital"• "Reception at the hospital told her"
Yes in past 12 months
<ul style="list-style-type: none">• "Only found out recently that this service was available"
Other
<ul style="list-style-type: none">• "Yes but sometimes they are not able to provide an interpreter"

Qualitative responses provided by clients who did not have knowledge of the interpreter service are presented in Table 24.

Table 24: No I didn't know I could request an interpreter and that it was free

No – I didn't know it was free
<ul style="list-style-type: none">• "I didn't know it was free. Staff asked me if I wanted an interpreter when I went to the hospital"• "I thought there would be an interpreter but I would have to pay something. I can understand English but not respond in English. I have been asked to pay for interpreter at hospital in the past"
No I didn't know I could request an interpreter
<ul style="list-style-type: none">• "The hospital arranges it for me but I didn't realise I could ask for one"• "I am here for 25 years and they told me that I had to learn English, I thought that interpreters were not available as much for me now"• "The problem is when we go to emergency; do we have the right to ask for an interpreter?"• "No I didn't know that, and I don't know who I would ask for one"

Queensland Health / hospital always book for me
<ul style="list-style-type: none"> • “I always get an interpreter when I go to hospital but I don’t organise it so I don’t know about it” • “I didn’t know that it was free - whenever I went to hospital an interpreter was there and I was never sent a bill but I didn’t know it was free” • “Whenever I go there is always an interpreter booked for me”
Yes, staff told me
<ul style="list-style-type: none"> • “I didn’t know but the staff asked me if I needed an interpreter”
Yes in past 12 months
<ul style="list-style-type: none"> • “At first he did not know, but when he went to Gold Coast Hospital they told him so that is how he got to know”
Other
<ul style="list-style-type: none"> • “I thought it was only for the hospital I didn’t know it was the same for Community Health as well” • “I just know its difficult to get an interpreter here” • “When I go to community health there are some Vietnamese speaking Doctor’s though”

5. Discussion

The quality of the interpreter service from the client perspective is assessed by analysing findings for each of the NHPF's Health System Performance's quality domains in turn.

5.1 Responsive

The service provides respect for persons and is client orientated and includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider²².

5.1.1 Is the Queensland Health Interpreter Service a responsive service?

Over nine in ten clients surveyed were either satisfied or very satisfied with the service in meeting their language and culture needs. Satisfaction was not related to mode of interpretation, location, age or gender.

Those clients who were not satisfied with the service identified issues relating to:

- the interpreter system (e.g. interpreters being late, being able to request a particular gender of interpreters)
- the quality of interpreters used (e.g. the accuracy, impartiality and completeness of interpreting).

A higher proportion of those who were not satisfied with the service identified interpreter quality issues as reasons for their dissatisfaction.

While nearly eight in ten clients surveyed were not concerned with confidentiality issues relating to the interpreting session, 15 per cent were concerned to some extent. This was not related to their overall satisfaction with the service in meeting their language and culture needs.

It is clear that the experience of not having an interpreter for a health appointment at all times is a negative experience. Of those clients who did not have an interpreter for a Queensland Health appointment in the past 12 months, 46 per cent described the experience as negative (poor) and a further 21 per cent described it as "not good".

It is noteworthy that of those who reported the experience as being negative, only 8 per cent were not satisfied with the service. This is despite qualitative responses that indicated that clients found it difficult to understand the doctor without an interpreter and that they could express themselves better with an interpreter. These varying perceptions may indicate the existence of a feeling of being grateful for the existence of the service.

To the question, "is the interpreter service a responsive service?" the answer is yes. However improvements are needed with between one and two out of every 10 clients surveyed indicating the need for improvement, particularly on confidentiality concerns.

5.2 Safe

The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered²³.

²² National Health Performance Committee (2001), National Health Performance Framework Report, Queensland Health

²³ National Health Performance Committee (2001), National Health Performance Framework Report, Queensland Health

5.2.1 Is the Queensland Health Interpreter Service a safe service?

When an interpreter is used, nearly all the clients surveyed indicated that communication with staff was better and that they were satisfied with the service. When an interpreter was not used, the clients surveyed were still largely satisfied with the service. For example, while nearly one half of the clients surveyed had used family or friends to interpret for them in the past 12 months instead of a qualified interpreter, 90 per cent were satisfied with the service.

The fact that nearly one half of the clients surveyed had used family or friends to interpret in the past 12 months presents a potential problem for the safety of the service. The frequency of how often clients used a family member or friend is important to consider, with only 7 per cent using them regularly and 42 per cent indicating that this rarely occurred. A further 8 per cent stated that this only occurred in emergencies. However, 43 per cent indicated that family and friends were used “sometimes” which indicates the need for improvement in the safety of the service, as family and friends are not trained, impartial interpreters.

The reasons why a family member or friend was used to interpret is important in developing strategies to improve the safety of the service. Over six in ten clients indicated that an interpreter was not booked, was not available or did not arrive. The other major reason stated was client choice (26 per cent). Much less frequently reported reasons were that family and friends were only used in an emergency (6 per cent) or the matter was simple and an interpreter was not required (4 per cent). Queensland Health can reduce the use of family and friends by addressing the identified system issues, including educating clients about the need for staff to use an interpreter to ensure that accurate and impartial information is being conveyed to clients.

The interpreter service a safe service, in terms of improved communication but the reliability of the service requires improvement, with over 25 per cent of clients surveyed having used family or friends as interpreters “sometimes” or “regularly” in the past 12 months.

5.3 Capable

An individual’s or service’s capacity to provide a health service based on skills and knowledge²⁴.

5.3.1 Is the Queensland Health Interpreter Service a capable service?

Nearly nine in 10 clients surveyed indicated that they would use the same interpreter again. Overall satisfaction with the service was related to this decision, with those that reported they would use the same interpreter again being much more likely to report being satisfied with the service (67 per cent).

The major reason cited by those clients who would not use the interpreter again was that it was due to a bad experience.

This variable is the central variable for overall satisfaction. The multivariable analyses revealed that, when all variables are accounted for, the use of the same interpreter again is the only variable that is statistically significantly related to overall satisfaction. Those clients who would use the same interpreter again were six times more likely to be satisfied with the service than those who would not use the service again. This suggests that interpreter quality issues may be the most important variable to address from a client’s perspective. Queensland Health can improve interpreter quality by ensuring adequate orientation and induction programs for interpreters used in the service, along with ongoing

²⁴ National Health Performance Committee (2001), National Health Performance Framework Report, Queensland Health

professional development to improve interpreters technical skills (accuracy, completeness, note-taking) and professional skills (adherence to code of conduct e.g. arriving on time, being respectful [not rushing], treating information confidentially).

The interpreter service is a capable service with the clear majority of clients being willing to use the same interpreter again.

5.4 Appropriate

The ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background²⁵.

5.4.1 Is the Queensland Health Interpreter Service an appropriate service?

The majority of clients surveyed indicated that they were either satisfied or very satisfied with the ease of communication when using an interpreter. Less than four percent were not at all satisfied. Overall satisfaction with the interpreter service in meeting language and cultural needs varied with client satisfaction with the ease of communication. When asked why, the most frequent responses by those satisfied with the ease of communication were that it assisted communication, the provision of an interpreter was good and that it depended on the interpreter provided (interpreter quality issue).

The interpreter service an appropriate service with the clear majority of clients.

5.5 Continuous

The ability to provide uninterrupted, coordinated care or service across programs, practitioners, organizations and levels over time²⁶.

5.5.1 Is the Queensland Health Interpreter Service a continuous service?

Over four in 10 clients surveyed did not receive an interpreter each time they visited Queensland Health in the past 12 months. While this was not statistically significantly related to overall satisfaction, double the percent of clients who did not get in interpreter each time were dissatisfied with the service compared to clients who always had an interpreter.

Frequently reported reasons why an interpreter was not used all the time were interpreter quality issues, interpreter system issues (none available, interpreters not booked, requests for interpreters being refused, family and friends being used as interpreters), and that an interpreter was not required for simple issues

Using this measure of continuity, service improvement is required. Looking at the reasons why an interpreter was not provided and why family and friends were used will provide guidance to service improvement strategies (refer section 5.2.1).

5.6 Accessible

The ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background²⁷.

²⁵ National Health Performance Committee (2001), National Health Performance Framework Report, Queensland Health

²⁶ National Health Performance Committee (2001), National Health Performance Framework Report, Queensland Health

5.6.1 Is the Queensland Health Interpreter Service an accessible service?

Eight in 10 clients surveyed knew that the interpreter service was available and was free of charge. Knowing this was not related to satisfaction with the service. Most know about the service through staff, then family or friends, then the Department of Immigration and Citizenship. Queensland Health needs to promote the service being free of charge more broadly through staff to reduce the number of clients that are not aware of this.

When asked what changes they would suggest to improve the interpreter service, over one half of clients surveyed indicated that they were happy with the service, 19 per cent noted that it was an essential service, 16 per cent indicated that an interpreter needs to be used when requested or on all visits, 15 per cent noted issues about improving the quality of interpreters, and 6 per cent thought that the ability to request a particular interpreter should be available.

Queensland Health can improve the accessibility of the service by addressing interpreter quality issues and interpreter system issues.

For the clear majority of clients the interpreter service an accessible service. Improvements to the service centred on interpreter system issues (booking interpreters when needed or requested, improving interpreter quality issues, promoting the ability to request a particular interpreter).

²⁷ National Health Performance Committee (2001), National Health Performance Framework Report, Queensland Health

6. Conclusion

The Queensland Health Interpreter Service is well placed, from a client perspective, as a quality service in terms of its capability, appropriateness and accessibility. Improvements are needed in its responsiveness and safety as well as continuous service delivery, with the key issue being that nearly one half of clients surveyed did not use an interpreter on all health appointments in the past 12 months, and used family or friends as interpreters in that time period. This did not occur routinely but the fact that it occurred “sometimes” in over 40 per cent of cases reported indicates the need for service improvement.

Consideration of the qualitative and quantitative results of this research indicate that future service improvement should focus on the following two areas:

1. Interpreter system issues:

- the need to book interpreters when required
- the need to provide an interpreter when requested
- the need to educate clients who prefer to use family or friends to interpret, that staff require the interpreter to be used for accuracy and impartiality of information being conveyed to clients
- the need to promote the service being available and free of charge to clients
- interpreters arriving on time

2. Interpreter quality issues:

- the accuracy of interpreting
- having a good understanding of medical terminology
- the completeness of interpreting
- the impartiality of interpreting
- treating information gained through interpreting confidentially
- being respectful during interpreting (e.g.. not rushing)
- staying to interpret for the whole appointment.

The one variable that was statistically significantly related to overall client satisfaction, when all other variables were considered, was the client’s intention to use the same interpreter again. Interpreter quality issues appear to be the most important issue to improve overall client satisfaction with the service. Satisfaction also did not vary by interpreting model (onsite versus telephone).

Despite the need for service improvements, sight must not be lost that the majority of clients were satisfied with the interpreter service. This applied to regional, rural and remote clients, as well as those clients located in a metropolitan area, with over 90 per cent of both location categories being overall satisfied with the service.

Queensland Health will now work on addressing the interpreter system and interpreter quality issues identified in this research.

7. Acknowledgments

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- Mackay
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- Metro South (QEII, Logan, PA Hospital, Community Health)
- Royal Brisbane Women's Hospital
- Sunshine Coast
- Toowoomba – Darling Downs
- Townsville
- Wide Bay.

The assistance of the Development and Information Unit and in particular the initial advice provided by the Principal Epidemiologist Noore Alam during the early planning stages of the survey development is acknowledged and appreciated.

8. Appendices

Appendix 1 National Health Performance Committee (2001), National Health Performance Framework Report, Queensland Health – Page 8.

National Health Performance Framework Report

Table 2.1 National Health Performance Framework

Health Status and Outcomes			
How healthy are Australians? Is it the same for everyone? Where is the most opportunity for improvement?			
Health Conditions	Human Function	Life Expectancy and Wellbeing	Deaths
Prevalence of disease, disorder, injury or trauma or other health-related states.	Alterations to body, structure or function (impairment), activities (activity limitation) and participation (restrictions in participation).	Broad measures of physical, mental, and social wellbeing of individuals and other derived indicators such as Disability Adjusted Life Expectancy (DALE).	Age and/or condition specific mortality rates.

Determinants of Health				
Are the factors determining good health changing for the better? Is it the same for everyone? Where and for whom are these factors changing?				
Environmental Factors	Socioeconomic Factors	Community Capacity	Health Behaviours	Person-related Factors
Physical, chemical and biological factors such as air, water, food and soil quality resulting from chemical pollution and waste disposal.	Socioeconomic factors such as education, employment, per capita expenditure on health, and average weekly earnings.	Characteristics of communities and families such as population density, age distribution, health literacy, housing, community support services and transport.	Attitudes, beliefs knowledge and behaviours e.g. patterns of eating, physical activity, excess alcohol consumption and smoking.	Genetic-related susceptibility to disease and other factors such as blood pressure, cholesterol levels and body weight.

Health System Performance		
How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?		
Effective	Appropriate	Efficient
Care, intervention or action achieves desired outcome.	Care/intervention/action provided is relevant to the client's needs and based on established standards.	Achieving desired results with most cost effective use of resources.
Responsive	Accessible	Safe
Service provides respect for persons and is client orientated. It includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.	Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.	The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered
Continuous	Capable	Sustainable
Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	An individual's or service's capacity to provide a health service based on skills and knowledge.	System or organisation's capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).

Source: Derived from Canadian Institute for Health Information (CIHI) and Statistics Canada, Canadian Health Information Roadmap Initiative Indicators framework 2000 (www.cihi.ca/).

Appendix 2 Survey Questions / Domain / Statistical analysis

		National Health Framework category	Statistical analysis
Complete prior to start of survey from client contact list	Client location category <ul style="list-style-type: none"> - Metro – onsite - Metro – telephone - Metro – onsite and telephone - Regional, rural and remote - onsite - Regional, rural and remote – telephone - Regional, rural and remote – onsite and telephone 		
	Is the client male or female <ol style="list-style-type: none"> 1. Male 2. Female 		
	Indicate the client age group <ol style="list-style-type: none"> 1. 18-29 2. 30-39 3. 40-49 4. 50-59 5. 60-69 6. 70-79 7. 80+ years 		
	Think back to when you visited Queensland Health and an interpreter was provided during between September – November 2010....		
Q8	Can you remember when you visited Queensland Health during this time? <ol style="list-style-type: none"> 1. Yes 2. No, 3. If no - can you remember a time in the last 12 months? 		
Q9	Was your interpreter... <ol style="list-style-type: none"> 1. Onsite (in the room with you) 2. On the telephone 3. Don't know / don't remember 4. Refused (this is for Interviewer only) 	Responsive	Frequency Metro vs. RRR (Regional, Rural & Remote)
Q10	Do you think you were able to communicate better with the Doctor / Queensland Health staff member using an interpreter? <ol style="list-style-type: none"> 1. Yes 2. No (clarify)..... 3. Don't know / unsure 4. Refused (this is for Interviewer only) <p>If no Why (Clarify).....</p>	Safe	Frequency Overall Metro vs. RRR (Regional, Rural & Remote)

			Onsite vs. Telephone
Q11	<p>Thinking about the interpreter,</p> <p>Would you use that same interpreter again?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know / unsure 4. Refused (this is for Interviewer only) <p>If no Why (Clarify).....</p>	Capable	Frequency Overall & Metro vs. RRR & Onsite vs. Telephone
Q12	<p>Overall how satisfied were you with the interpreter service in meeting your language and culture needs? (e.g. the interpreter spoke your language & dialect, gender of the interpreter was appropriate)</p> <ol style="list-style-type: none"> 1. Very satisfied 2. Satisfied 3. Neither satisfied nor dissatisfied 4. Not satisfied 5. Not at all satisfied 6. Don't know / can't remember / unsure 7. Refused (this is for Interviewer only) 	Responsive	Frequency Overall & Metro vs. RRR & Onsite vs. Telephone
Q13	<p>How concerned or worried about confidentiality of your personal information were you when using the interpreter?</p> <ol style="list-style-type: none"> 1. A great deal 2. Quite a bit 3. A little concerned 4. neither concerned nor unconcerned 5. Not at all 6. Not applicable 7. Don't know / can't remember / unsure 8. Refused (this is for Interviewer only) 	Responsive	Frequency Overall Metro vs. RRR (Regional, Rural & Remote) Onsite vs. Telephone
Q14	<p>Thinking about the appointment and ease of communication when you had an interpreter when you visited Queensland Health were you.....</p> <ol style="list-style-type: none"> 1. Very satisfied 2. Satisfied 3. Neither satisfied nor dissatisfied 4. Not satisfied 5. Not at all satisfied 6. Don't know / can't remember / unsure 7. Refused (this is for Interviewer only) 	Appropriate	Frequency Overall Metro vs. RRR (Regional, Rural & Remote) Onsite vs. Telephone
Q15	<p>Thinking about the last 12 months....</p> <p>Have you been to a Queensland Health facility for another appointment in the last 12 months?</p> <ol style="list-style-type: none"> 1. Yes (Go to Q 9) 2. No (Go to Q12) 		Frequency Overall & Metro vs. RRR

	3. Don't know / unsure 4. Refused (this is for Interviewer only)		
Q16	Was an interpreter used each time you visited Queensland Health? 1. Yes (Go to Q11) 2. No (Go to Q10) 3. Don't know / unsure 4. Refused (this is for Interviewer only)	Continuous	Frequency Overall & Metro vs. RRR
Q17	Thinking about the time when you <u>did not</u> have an interpreter Would you rate your experience as... 1. Very good 2. Good 3. Neither good nor poor 4. Not good 5. Poor 6. Don't know / not sure 7. Refused (this is for Interviewer only) 8. Clarify their response if good e.g. (Doctor spoke my language, family interpreted) 9. Same appointment again and again (e.g. dialysis or radiation)	Responsive	Frequency Overall & Metro vs. RRR (Regional, Rural & Remote) Onsite vs. Telephone
Q18	Did you ever use a family member or friend to interpret for you when you visited Queensland Health in the last 12 months? 1. Yes (clarify... why...) 2. No 3. Don't know / not sure 4. Refused (this is for Interviewer only)	Safe	Frequency Overall Metro vs. RRR
Q19	Did you know you could request an interpreter when you visit Queensland Health and that it is free? 1. Yes 2. No (Go to Q14) 3. Don't know / not sure 4. Refused (this is for Interviewer only)	Accessible	Frequency Overall & Metro vs. RRR
Q20	If yes, how did you know (learn about the interpreter service)? 1. Poster 2. Brochure or pamphlet 3. Staff member told me 4. Family or friend told me 5. Other (Clarify) 6. Refused (this is for Interviewer only)	Accessible	Frequency Overall & Metro vs. RRR
Q21	What changes would you make to improve the interpreter service, Would you like to make any other comments about the interpreter service before we finish the survey?	Responsive	Frequency Overall & Metro vs. RRR

Appendix 3 Survey delivery–process

All participants were asked to answer the survey questions through a NAATI accredited or recognised interpreter (who had not been involved in any Queensland Health appointments with the individual clients during the study timeframe). The survey took approximately 10-15 minutes to complete for spoken languages, and approximately 30 minutes for sign language.

Clients were randomly selected from the Interpreter Service Information System (ISIS). ISIS is the state-wide interpreter service booking and management system used by Queensland Health Staff to request and manage their interpreter requirements. Where contact details were not recorded in ISIS, they were obtained through the respective district information system management managers under an approved Low Risk Human and Ethical Research application and Section 62 of the Health Services Act.

Client contact details were recorded in a protected spreadsheet and grouped into interpreting mode and location, then further sorted into language to facilitate interpreter bookings. Interpreters for specific language groups were pre-booked in one, two, three and four hour time blocks to maximise access to clients on the list, minimise interpreter costs and maximise consistency of survey delivery. The number of interpreters used for the respective language group was kept to a minimum to maximise interpreting and interview consistency. Interviews were conducted between 10 am and 7 pm to maximise access to clients and cater for both home based and working clients.

Client responses were recorded directly into a data base at the time of the interview. Surveyors maintained a call register to track number of calls made in the respective themes (location and interpreting mode). Client contact was recorded in the spreadsheet to facilitate management of calls and call backs. Clients were coded as:

- Call completed
- No answer, call back
- No answer, message left
- Call back at “specific” time
- Unable to contact (e.g. number disconnected or not known at this number)
- Do not wish to participate
- Deceased.

For the larger language groups e.g. Vietnamese, Mandarin and Cantonese calls were grouped across the 10 am to 6 pm time span to ensure maximum contact with clients for example:

Day one	10:00 - 14:00	Vietnamese, Mandarin, Cantonese
Day two	14:00 - 16:00	Vietnamese, Mandarin, Cantonese
Day three	16:00 - 18:00	Vietnamese, Mandarin, Cantonese
Day four	12:00 - 14:00	Vietnamese, Mandarin, Cantonese

* (example only, not actual schedule)

The interview.

Prior to the call being made the surveyor completed Questions 1 to Question 6 from the client information spreadsheet, for example:

- Client category (location and mode)
- Client language
- Client gender
- Client age group (we did not ask the client their age group to increase accuracy)
- Interpreters name (interviewing interpreter not interpreter from the survey period)

- Interpreters agency (interviewing interpreter not interpreter from the survey period).

The surveyors called the client, with the interpreter on the line. Depending on who answered the phone (English or non-English speaking person) determined who introduced themselves first. In the majority of cases the interpreter commenced by introducing themselves in the respective language

Interpreter - Hello, may I speak with (person's name)? My name is (interpreter name) I am a professional interpreter assisting (interviewer's name) from Queensland Health who would like to speak to you about participating in a survey. The interview will take about 10 minutes.

Interviewer - Hello, my name is (first name) I am ringing from Queensland Health in Cairns.

- We are talking to people who have visited Queensland Health and used an interpreter between September and November last year (2010) to see how satisfied you were with the interpreter service.

Interpreter repeated

- I will not be asking you any personal or medical questions

Interpreter repeated

- The information you provide will help Queensland Health improve the interpreter service.

Interpreter repeated

- The information you provide is confidential and your answers will not contain any personal information that can be linked to you.

Interpreter repeated

- You can say if you do not want to answer a particular question.

- There are no right or wrong answers and we value your opinion.

Interpreter repeated

Interviewer

- Do you agree to continue with the survey?

Interpreter repeated

- Is this good time for you, or is there a better time when we can call you back?

Interpreter repeated

On consent being granted to continue the interview continued with the surveyor asking the question in English and the interpreter repeating in the respective language.

All responses were recorded in the database. In many instances clients would elaborate on their responses this qualitative information was recorded in free text fields.

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