INTRODUCTION

- About the folder
- Impact of culture & language on health care
ABOUT THE FOLDER

The Queensland Health Multicultural Clinical Support Resource folder is designed as a ready-reference resource for staff and managers to support and inform quality and safe health service provision to people from multicultural backgrounds.

It should be kept at a location where maximum staff can access the resource. For example:

- service reception areas
- nurse stations
- reception desks in ward areas
- centralised resource areas
- other high traffic locations

The Multicultural Clinical Support Resource folder was developed by the Statewide Multicultural Health Program in response to staff feedback that there was a need for quality and readily accessible information to support health service delivery to people from multicultural backgrounds.

This folder contains information identified by clinical staff as important to support quality health service delivery to people from multicultural backgrounds. The folder has space and tabs at the back to insert your local/facility information.

While it is acknowledged that culturally respectful health service provision to Aboriginal and Torres Strait Islander peoples may also require staff to have access to information resources, this folder relates specifically to people from multicultural backgrounds and particularly from non-English speaking backgrounds.

On-line
The folder is available on QHEPS at http://qheps.health.qld.gov.au/multicultural/

Updates
Updates with instructions will be posted periodically. Staff are encouraged to insert updates as they become available.

Feedback
Your feedback is valued. Please complete the feedback form at the front of the folder, or you can complete the feedback form online by following the links at http://qheps.health.qld.gov.au/multicultural/
Queensland is a culturally diverse state – in 2001 nearly one in five Queenslanders (17.1 per cent) were born overseas, seven per cent of the Queensland population spoke a language other than English at home, and 30,440 Queenslanders spoke English either ‘not well’ or ‘not at all’.

People who live in Queensland come from diverse social, political, cultural and economic backgrounds. This diversity is evident among the Queensland Health workforce and the people who use health services across the state.

Staff and patients/consumers have a wide range of experiences, behaviours, beliefs and attitudes in relation to health and illness. For example, the bio-medical model used in Australian health care may not be understood nor shared by patients from non-English speaking backgrounds. People may have different perceptions of ‘health’, ‘illness’, ‘symptoms’ or ‘disease’ as well as varying notions and expectations of ‘treatment’. When these different perceptions come together in a health care encounter, care should be taken to ensure that services are respectful of potential differences in knowledge and perceptions.

The following factors impact on the health and illness experiences of all patients, but are particularly pertinent for patients from multicultural backgrounds:

- language and communication styles
- explanatory models of health and illness
- knowledge and familiarity with health system and procedures within health services
- use and belief in medicines including traditional medicines
- spirituality and religion
- family and community
- gender and modesty
- diet and food preferences
- pain and disability
- impact of trauma on expression of illness and distress (eg. refugees).

The following table provides an overview of the major factors that may impact on health care for people from multicultural backgrounds. The factors are contextualised by providing:

- the rationale for giving consideration to these factors
- prompts in the form of questions and statements that staff can use to ask people about cultural/religious issues that may impact on the quality and safety of their health care

This information can be used in conjunction with existing administrative, intake, assessment and other tools. The relevant chapter in this folder is identified in the last column for additional information on the subject.

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2 adapted from Culturally inclusive health care: a guide for clinicians, WMSBHSD Multicultural Health, July 2007
Please note: the extent to which this information will be relevant to people will depend on the individual and will vary considerably.

<table>
<thead>
<tr>
<th>Factors impacting on quality and safety</th>
<th>Rationale/purpose for staff to consider</th>
<th>Types of questions/statements staff might ask/make</th>
<th>Refer to relevant chapter</th>
</tr>
</thead>
</table>
| Language and communication              | ✓ identify need for an accredited interpreter  
✓ set in place processes for managing communication during patient stay/client interaction. | ✓ Would you like us to arrange an accredited interpreter for you?  
✓ While you are here we will use an on-site interpreter and telephone interpreter. We may also use a number of other strategies to ensure we can communicate effectively with you. How does that sound?  
✓ How can we ensure that we can communicate effectively with you while you are here?  
✓ Have you ever used an interpreter before?  
✓ If we do not use an interpreter, how will you let us know what you need?  
✓ If we do not use an interpreter, how will you let us know that there is something urgent?  
✓ If we need to mail something to you, is there someone who can assist you to read the information?  
✓ If we need to phone you at home we will use a telephone interpreter. | COMMUNICATION INTERPRETERS WARD COMMUNICATION TOOL |
| Cultural background                     | ✓ begin discussions on any cultural issues that may impact on the health care interaction  
✓ identify the correct cultural background of the interpreter that is required. | ✓ Were you born in Australia?  
✓ Where were you born? | COMMUNICATION INTERPRETERS LANGUAGE & COUNTRY LIST |
| Personal explanatory model              | ✓ understand how the person understands their health issue – causes and treatment  
✓ identify any personal or cultural perceptions that may impact or interfere with diagnosis or treatment. | ✓ Can you explain why you are seeing me today?  
✓ What do you think is wrong?  
✓ What do you think will make you better?  
✓ How long do you think it will take to get better?  
✓ Is there anything you think we need to do to help you get better quicker? | COMMUNICATION |
| Alternative or culturally specific treatment and medication regimes | ✓ identify any specific practices, natural or alternative therapies that the person may be taking  
✓ identify the impact of these practices on your intervention. | ✓ Are you taking any other herbal or other natural products?  
✓ Are you seeing any other health practitioners or healers?  
✓ What have other people advised you to do regarding this health issue?  
✓ What will happen if this advice conflicts with the treatment we are suggesting for you? | COMMUNICATION |
| Religious/spiritual affiliation          | ✓ identify any religious or spiritual practices that need to be observed or considered during patient stay  
✓ identify any specific needs regarding prayer, fasting, space or ablutions that may impact on health care | ✓ Do you attend a local church, temple, mosque?  
✓ Do have any specific needs for prayer/meditation that you think we should know about?  
✓ Does your faith impact or have anything to say about any of the medical procedures that have been recommended for you?  
✓ Do you have any particular concerns or needs about the gender of your health care provider? If so and a male/female doctor/nurse is not available how would you like us to progress? | HEALTH & RELIGION |
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<td>In an emergency or where we do not have a male/female doctor/nurse, you will need to see any health practitioner that is available, how would you feel about this?</td>
<td><strong>Health &amp; religion</strong></td>
<td><strong>Types of questions/statements staff might ask/make</strong></td>
<td><strong>Refer to relevant chapter</strong></td>
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<td><strong>Dietary and food requirements/preferences</strong></td>
<td>✓ identify any specific food requirements that may impact on health care or healing ✓ identify any beliefs or practices regarding the healing properties of particular foods ✓ identify any obstacles that may impact on observing a recommended dietary regime.</td>
<td>Are there any particular foods that are appropriate or not appropriate for you according to your faith/religion? Are there any requirements for how your food is prepared that you would like us to know? If we are unable to prepare the food that you need, is there someone in your family/community that can assist? If family or community members are bringing food to you while you are here it is important that any foods you eat do not interfere with the diet the doctor has recommended for you Do you need more information on the types of food that is available at the hospital? This way if it is not suitable for you we can talk about what other arrangement we need to set in place with your family or other people in the community.</td>
<td><strong>Health &amp; religion</strong></td>
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<td><strong>Medication requirements/limitations</strong></td>
<td>✓ identify any cultural or religious issues that may impact on the patient’s ability or willingness to take prescribed medications ✓ increase the likelihood of patient compliance with prescribed medication regimes.</td>
<td>Are there any particular medications that you are not able to take because of your religious or spiritual beliefs? Do you need more information on the contents of this drug/medication to make sure that it does not go against your religious beliefs? Do you want us to see if there are any other drugs/medications available that do not contain this particular product that is difficult for you to take due to religious beliefs?</td>
<td><strong>Health &amp; religion</strong></td>
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<td><strong>Death rituals</strong></td>
<td>✓ identify any specific cultural practices that need to followed during or following end of life</td>
<td>Are there any cultural or religious beliefs or practices that people in your community usually follow when someone is very ill or may be dying? Is there someone in particular in your family that you would like us to speak to openly about your health and situation? Is death and dying something that is openly discussed in your family or community? If someone is very sick or may be dying who should the doctor/clinician speak to – you, or is there someone in particular in your family that we should speak to? Is there anyone in your family or community (eg. a religious leader) we should speak to so we can understand what you and your family need at this time?</td>
<td><strong>Health &amp; religion</strong></td>
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<td><strong>Patient knowledge/familiarity with health services in Queensland</strong></td>
<td>✓ identify the person’s knowledge of the service and if they require specific information about the service they are attending ✓ identify any factors that may make it difficult for someone to access and/or attend an appointment.</td>
<td>Have you been in hospital before? Have you been to Community Health/a mental health service/etc before? Would you like me to see if I can locate some information in your language on our service/this health issue? Will you be able to come to the appointment on that day? If you are unable to keep that appointment, how will you contact me to let me know? Do you need me to write that information down for you and perhaps we can go through it when the interpreter arrives? Or is there someone in your family or community who can go through it with you again when you get home?</td>
<td><strong>Translated information communication</strong></td>
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| **Social, cultural and community supports** | ✓ identify supports that may assist the person's health and well being  
✓ identify other people who culturally may have a significant role in the treatment and care of the person. | ✓ Is there anyone in your family or community that you would like us to contact?  
✓ Do you give us consent to contact a family and/or community member to support you while you are here?  
✓ Is there anyone you think we need to talk to in your family or community about your health issue, care or treatment?  
✓ When you leave is there anyone in your family or community that can help when you get home?  
✓ Are you expecting many people will visit you while you are here?  
✓ Are you aware of visiting hours and (any) restrictions on the number of people that may be able to visit you while you are here? | [DIVERSITY STATISTICS]  
[KEY CONTACTS AND WEBSITES] |
| **Staff confidence and skill** | ✓ identify training/professional development needs among staff | n/a as this factor relates to the staff member | [CULTURAL COMPETENCY TRAINING] |
| **Staff knowledge and implementation of pertinent policies** | ✓ identify policy requirement that should be adhered to within health service delivery | n/a as this factor relates to the staff member | [POLICIES, PLANS AND INITIATIVES] |