

**Executive Summary for Series:**  
***Communicating across language and culture in the hospital system***

***Background***

The level of language and cultural diversity in the catchment area of SWSAHS is increasing with each census. This diversity is reflected in the growing number of admissions to the health service, by people from non-English speaking countries who speak little or no English. There has been increasing evidence internationally, of the consequences of failure to overcome the language barriers between provider and client. Higher costs, as well as poor exchange of information and compromised care (poor understanding of diagnosis and treatment and hence compliance with treatment; misdiagnosis and poor clinical outcomes), have been associated with failure to overcome language and cultural barriers.

The *SWSAHS Health Plan for NESB Communities in South Western Sydney* (1995) identified that although interpreters and ethnic health workers provided important services, language barriers still remained a critical impediment to appropriate medical and nursing care, particularly within hospital services. Although interpreter services are well-developed and widely used in outpatient settings, they cannot satisfy the growing demands for their services, let alone provide the day-to-day social and health-related communication with patients who have little English, to reduce isolation while in hospital.

The Plan identified that there had been little investigation of the employment of bilingual staff in mainstream positions, what their other languages were and how they used their language other than English (LOTE) in the work setting. It was therefore recommended that SWSAHS maintain data on language skills of all staff and implement strategies relating to the identification of positions requiring cross-cultural skills (e.g. community language skills).

***The Bilingual Staff in Mainstream Health Services Research Program***

In 1996, SWSAHS attempted to address this issue by commencing a study of bilingual staff employed within the Area Health Service. Funding from the Multicultural Service Enhancement Program in 1996 (NSW Health) enabled the *Bilingual Staff in Mainstream Health Services* Research Program to complete a Language Audit of all SWSAHS staff. Staff perceptions of LOTE use in the workplace was identified (Johnson, Noble, Matthews & Aguilar, 1997; 1998). The project was a collaborative effort between Multicultural Health Services and the South West Sydney Centre for Applied Nursing Research (a joint unit of SWSAHS and UWS Macarthur).

This research found that substantial numbers of bilingual staff were employed and were using their language skills, although some mismatch was evident in terms of the major language groups in the area (Johnson, Noble, Matthews & Aguilar 1998). With social or 'everyday' language use more common than technical or complex use, bilingual staff were using their skills and knowledge both for verbal communication and to establish rapport with patients. The conclusion was that bilingual staff were valuable 'assets', but often unrecognised as such and underused or inappropriately used. The need for 'policy' was

referred to by participants in the study, to resolve issues relating to recognition of skills, protection against inappropriate use and to clarify issues around roles (boundaries) and language proficiency.

This research proposed a *Bilingual Health Communication Model* with two main components: language proficiency and the context within which the language is used, giving a matrix of fluency and context of interaction (Johnson et al, 1999). It also proposed roles of bilingual staff with seven key features: the scope of language use, language proficiency, the nature of the communication or interaction, the nature of the contact and relationship to the patient, responsibility for patient, and the relationship with other health care providers (Matthews et al, 2000).

From this initial research, three further research projects were designed. In **Phase 2** researchers aimed to develop innovative roles and service models utilising bilingual staff. The objective of **Phase 3** was for researchers to develop policy for NSW health services on the use of bilingual staff in various communication roles with clients and patients. In **Phase 4** researchers sought to develop language assessment tools for bilingual staff

<b>Bilingual Staff in Mainstream Health Services: Research Program</b>	
<b>Phases of Research</b>	<b>Reports Produced</b>
<b>Phase 1:</b> Language audit and examination of experiences of bilingual and monolingual staff	<i>Towards Culturally Competent Care, 1997</i>
<b>Phase 2:</b> Explore innovative roles and service models for bilingual staff.	<p><b><i>Communicating across language and culture in hospitals Series, 2000</i></b></p> <p><b>Report 1:</b> Health Communication between non-English speaking patients and bilingual staff within our health services</p> <p><b>Report 2:</b> Matching non-English speaking patients and bilingual staff within wards or units</p>
<b>Phase 3:</b> Policy development for Area Health Services and NSW Health Department	<p><b>Report 3:</b> Bilingual Staff in Health Services and Mainstream Healthcare: Policy Development for NSW Health Services</p> <p><b>Discussion Paper:</b> Development of a Bilingual Health Staff Communication Strategy for NSW Health Services, 2000</p>
<b>Phase 4:</b> Development of language assessment tools for bilingual staff	<b>Report 4:</b> Language competence testing in health settings, 2000

### **Aim and Research Phases**

The overall aim of this Research Program since 1996 has been to explore communication with non-English speaking patients and bilingual staff in hospital settings. Additional funding from the Sydney South West Health Research Foundation and from the University of Western Sydney Macarthur was obtained in 1998 to complete a two year research program.

**Specific Aim:**

To define improved methods of identifying and matching bilingual staff language skill with patient need within varying clinical settings that result in benefit for both patients and staff.

**Specific Research Objectives:**

- To describe bilingual interactions between patients and staff within the health care setting - Reports 1a and 1b.
- To confirm or refute the currently developed classification of bilingual communicators and their application - Report 1a.
- To develop methods for managers to identify bilingual staff language skills and match these with patient need - Report 2.
- To inform policy for NSW Health on the roles and functions of bilingual staff - Report 3.
- To determine the validity and usefulness of a language assessment tool for staff - Report 4.

**Key Findings**

**Phase 2** (innovative roles and service models for bilingual staff), research activities were conducted primarily in three sites - a long-stay/rehabilitation unit, a sub-acute medical ward and an emergency department and used an observation study design where bilingual communication interactions between patients and staff were analysed. Focus groups and interviews with staff and managers completed the case studies. Significant issues emerged about the nature and value of bilingual communication, the opportunities presented, effort involved and willingness of managers and staff to ensure bilingual staff could be 'matched' to patients of the same language background. Different approaches are appropriate for 'matching' of nurses, who generally work a caseload model. This preliminary study also highlighted the importance of family to patients, provided outcome measures for interpreter services, and suggested further research be conducted in specific areas. Strategies for managers in SWSAHS were included in these reports (Reports 1 and 2).

**Phase 3** (policy development) research activities responded to various findings from Phase 1 and 2, and are the subject of Report 3 in the Series. The Discussion Paper *Development of a Bilingual Health Staff Communication Strategy for NSW Health Services*, was produced for NSW Health in January 2000, and is appended to the report.

For **Phase 4** (language assessment tools) research activities, the Language Testing Research Centre (LTRC) at the University of Melbourne and SESAHS, joined the SWSAHS team as research partners. The LTRC has expertise in developing health-related tests (for example, the Occupational English Test for doctors) and specific-purpose tests of LOTE proficiency. A Feasibility Study was conducted by the LTRC in 1999 which led to the development of a pilot test for bilingual health staff. Pilot testing has been completed for the Vietnamese and Cantonese languages, with participants drawn from SWSAHS and SESAHS. Two tests have been designed: a self-assessment questionnaire, to establish proficiency at a 'simple' or social level and a telephone-based test of oral skills at a 'complex' or technical level.

Findings on the validity and feasibility of implementing this testing system are discussed in Report 4.

These research findings have significant implications for health services in general, in terms of both the cost-effectiveness and quality of care. The *Bilingual Staff in Mainstream Health Services* Research Program is directly and indirectly contributing to knowledge about ways of ensuring effective and timely communication with a diverse client population, reducing negative impacts of non-use of interpreters and enhancing communication options. In this regard, the work is confirming and significantly adding to the international literature relating to culturally competent health care.

### ***Recommendations from Reports***

#### ***Bilingual Staff Policy issues***

1. That SWSAHS adopt and implement policy covering the following issues:
  - Ensuring that bilingual staff's use of their LOTE skills is appropriate to their level of English language proficiency.
  - Ensuring that health staff do not call upon their LOTE speaking colleagues to act outside of their level of language proficiency.
2. That SWSAHS managers be guided, through policy, on processes and strategies to use, which will improve the frequency with which NES patients have the opportunity to be cared for by staff speaking their language. Such policy should address:
  - Identifying the language needs of clients on admission or pre-admission;
  - Identifying and documenting the languages and proficiency of staff;
  - Defining roles and clarifying with staff how language can be used, including bilingual staff and interpreters;
  - Confirming proficiency - language assessment/further skills training of staff;
  - Matching language needs of clients with available bilingual health staff;
  - Training and discussions about the boundaries of using bilingual staff;
  - Recruitment and selection issues of bilingual staff; and
  - Valuing and recognising bilingual staff.
3. That consideration be given to a policy on community language use for staff, inclusive of family participation in communication.

#### ***Use of Interpreters***

1. That compliance with the Standard Procedures for Use of Health Care Interpreters is promoted and monitored throughout the health service.
2. That the HCIS develops a specific category within their data system to report incidences of calls to clarify misunderstandings. This should be reported annually to the Area Multicultural Advisory Committee.

3. That the interpreter inpatient pilot be funded to continue in the major languages used within health services within SWSAHS.
4. That other strategies to improve the availability of interpreters in inpatient settings in a timely manner are explored.
5. That training should be provided to bilingual communication facilitators and interpreters to enhance their advocacy role.

***Research Implications***

1. That further research be conducted into:
  - Health communication with NES patients who do not access bilingual health staff of any kind.
  - A comparative study of NES and ES patients' experience of equitable and satisfactory health communication.
  - The role of family in communicating with LOTE patients during inpatient stays.
2. That as part of the implementation of the NSW Health Council report within SWSAHS, the involvement of patients in decision making within their care plan, be reviewed.