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The 'Communicate' Study: Improving communication with hospitalised Aboriginal patients to ensure quality & safety in healthcare

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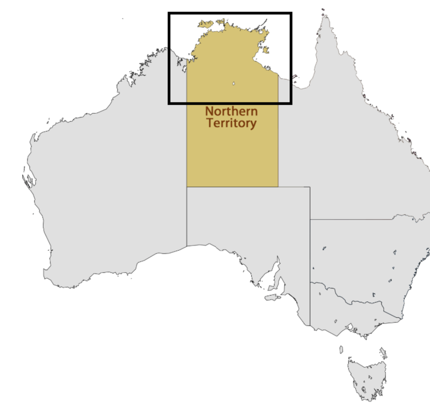
Background

- Over 54% of Royal Darwin Hospital (RDH) patients identify as Australian Aboriginal.
- Over 60% speak an Aboriginal language at home[1].
- Over 90% of healthcare providers at RDH are non-Indigenous. Many are from southern parts of Australia or overseas. They are unfamiliar with the unique local cultural environment.

So what?

- Intercultural communication between healthcare providers and Aboriginal Australians is "grossly deficient"[2] with poor communication a cause of morbidity and mortality.
- Inadequate intercultural communication is a leading knowledge-practice gap nationally[4, 5] and internationally[6].



19 major Aboriginal language groups in Top End, NT[3]

Aims

To improve patient-provider intercultural communication at RDH and consequently Aboriginal patient health outcomes, measured using quantitative and qualitative data.

Communicate stage 1

Identified barriers to achieving effective communication[7]

Access to interpreters

- RDH do not employ on site interpreters.
- 31.6% of staff lacked confidence in determining who requires an interpreter.
- 44.3% of staff often use an unofficial interpreter (family member) against RDH policy.

> "Family are available and in my world typically adequate. The cost and logistics of having interpreters for every language at every point is in my view not a reality in our resource poor setting."
>
> Consultant Specialist

Cultural Awareness Training

- Training is mandatory however 18% of staff had not received training.
- 29.7% of staff were not satisfied with training received.

> "The cultural competency component is missing the mark…The institutional racism that exists is actually not addressed and this in my view underpins all service provision."
>
> Counsellor

Deeply committed to culturally appropriate care

- Clinical, non clinical staff and hospital management recognise quality intercultural communication is a core component of culture security.

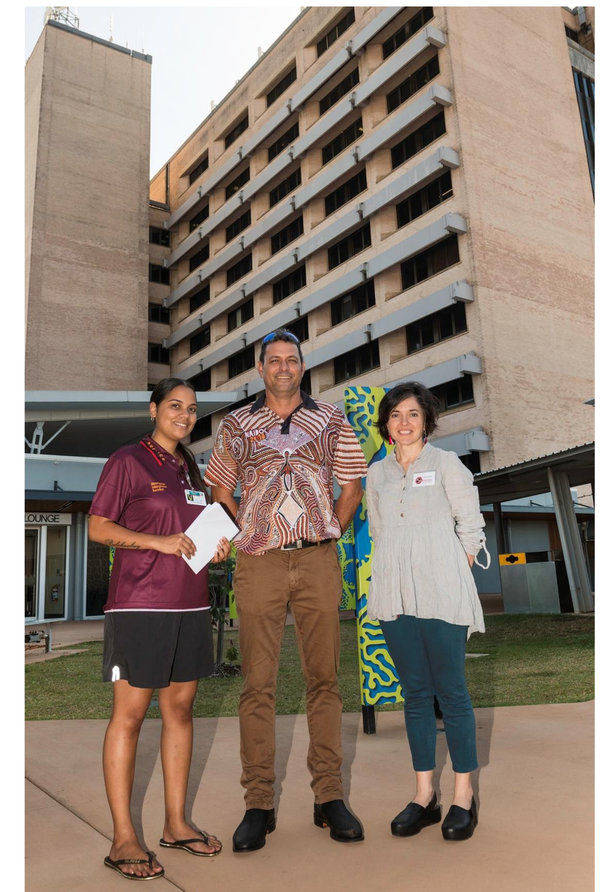
> "I think there's a really strong volition from the staff…who really would like to communicate effectively, but they often feel they don't know how, and then when the 'how' involves a bit of effort often people perceive they're too busy."
>
> Senior manager

Communicate stage 2

Intervention underway

In partnership with the hospital, a hospital-based AIS coordinator has been employed to improve Interpreter access.

- Evaluation underway includes impact on numbers of interpreter bookings, uptake of new audio-visual interpreting option and impact on patient experience and outcomes.



Clinical champions

- Hospital-based doctors promoting the use of interpreters and best practice in intercultural communication.
- Measure effect of clinical championing through AIS booking data reviews and clinician interviews.

Cultural safety

- A PhD project is addressing staff concerns around cultural awareness training. Research has found such training can reinforce negative stereotypes[8].
- Effective and sustainable training in cultural safety may improve patient care. Cultural safety prioritises the patient's perspective over hospital culture[8].

Research Translation Goal

- To create a series of cultural safety training modules which will assist hospital-based doctors in their delivery of care to Aboriginal patients at RDH.
- To improve patient safety and experience by embedding systems changes to allow healthcare providers to integrate use of Aboriginal interpreters into delivery of care.

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Funders
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