Intercultural communication in Central Australian Indigenous health care:
A critical ethnography

Investigator

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Table of contents

Acknowledgements.............................................................................................................. v
List of tables ...................................................................................................................... vii
List of figures .................................................................................................................... vii
Publications ...................................................................................................................... viii
Selected presentations ..................................................................................................... viii
Transcripts ........................................................................................................................ ix
Field notes ........................................................................................................................ 1x
Abstract .......................................................................................................................... x
Declaration ....................................................................................................................... xii
Chapter 1.......................................................................................................................... 1
Intercultural communication in Central Australian health care: They don’t understand ….. 1
  1.1 Introduction .............................................................................................................. 1
  1.2 Why focus on intercultural communications? ....................................................... 4
  1.3 Responses to Indigenous Language Speakers in Australian health care settings..... 8
  1.4 Why focus on intercultural communications with Indigenous language speakers?.... 11
  1.5 Language and culture in health care ................................................................... 13
  1.6 Re-orienting my thinking ...................................................................................... 17
  1.7 Locating self in the research ............................................................................... 19
  1.8 Potential significance of the IHCC study ............................................................. 22
  1.9 Rationale for study ............................................................................................... 24
  1.10 Aim ....................................................................................................................... 25
  1.11 Research questions ............................................................................................. 26
  1.12 Scope of the Study .............................................................................................. 27
  1.13 Overview of study ............................................................................................... 28
  1.14 Summary .............................................................................................................. 30
Chapter 2.......................................................................................................................... 31
The research setting and context: It’s different here ......................................................... 31
  2.1 Introduction .......................................................................................................... 31
  2.2 National health services ...................................................................................... 32
  2.3 Central Australian health services ................................................................... 34
    2.3.1 Workforce Issues .......................................................................................... 39
  2.4 Geographical context ........................................................................................... 40
  2.5 Historical context—Colonisation of Australia and Central Australia ................. 41
  2.6 Political context ................................................................................................... 45
  2.7 Socio-cultural context .......................................................................................... 51
    2.7.1 Indigenous cultural groups of Central Australia ............................................. 52
    2.7.2 Non-Indigenous cultural groups of Central Australia ................................... 56
    2.7.3 Health cultures .............................................................................................. 57
  2.8 Summary .............................................................................................................. 59
Chapter 3.......................................................................................................................... 61
Closing the research gap: what’s in the literature and what’s missing? ......................... 61
  3.1 Introduction .......................................................................................................... 61
  3.2 Communication and intercultural health care communications .......................... 62
  3.3 Linguistic minorities in English dominant health services .................................. 64
  3.4 Indigenous Language Speakers, languages, health and communication research in
      Australia ................................................................................................................... 69
    3.4.1 Indigenous Languages in Australia ................................................................. 71
  3.5 Interpreters in intercultural communications ...................................................... 73
  3.6 English first language speakers ......................................................................... 77
    3.6.1 Language, colonisation and power .................................................................. 80
    3.6.2 Anthropological literature ............................................................................ 82
  3.7 Philosophical developments in nursing and health disciplines ............................ 87
Health professionals’ findings: It’s like opening a can of worms ... (Sally) .......... 151
6.1 Introduction .................................................................................. 151
6.2 Overview of main results ................................................................. 152
6.3 The health professionals’ data ......................................................... 154
6.4 Theme: Fear, frustration and stress – the IHCC experience .......... 157
6.4.1 A dangerous experience for all .................................................. 158
6.4.2 Difficult and challenging ............................................................ 159
6.4.3 A lack of awareness - you don’t realise ... until you look back .......... 160
6.4.4 Tensions ............................................................................... 162
6.4.5 It can be fun! ...................................................................... 163
6.4.6 Summary of findings related to the communication experience .... 165
6.5 Theme: acceptance and complicity – continued colonisation ......... 165
6.5.1 Best left unexamined – becoming complicit ................................ 165
6.5.2 It's different here ................................................................ 166
6.6  Theme: Power and powerlessness ......................................................... 167
6.6.1 A lack of power .............................................................................. 167
6.6.2 Lack of ‘informed’ consent ............................................................... 170
6.6.3 Summary of power issues ................................................................. 171
6.7  Theme: Individual and systemic barriers - cultural danger .............. 171
6.7.1 Attitudes to Indigenous Language speakers ..................................... 172
6.7.2 Labelling ....................................................................................... 175
6.7.3 Workforce issues — ‘The short termers’ ............................................ 176
6.7.4 Summary of individual and system barriers ..................................... 177
6.8  Theme: Toward culturally safe communications ............................... 177
6.8.1 Preparation – ‘it finally twigged’ ...................................................... 178
6.8.2 Whose deficit is it? Decolonising through re-orienting thinking ........ 180
6.8.3 Make the time! .............................................................................. 181
6.8.4 Making use of available resources. .................................................. 182
6.9  Summary ....................................................................................... 185
Chapter 7 ............................................................................................... 186
Indigenous First language speakers: my veins are aching and they don’t even tell us why...
(Ngangale) ....................................................................................... 186
7.1  Introduction ..................................................................................... 186
7.2  Overview of main results .................................................................. 187
7.3  Powerlessness and privilege—‘the doctors don’t tell them …’ (Jakamarr) 189
7.4  Fear and oppression — ‘I was really scared you know…’ .................... 191
7.4.1 Signs and symbols ........................................................................ 193
7.5  Closing the communication gap - ‘talk right way’ ............................... 195
7.5.1 Construction of ‘others’ ................................................................ 197
7.6  Cultural safety- individual and systemic facilitators .......................... 199
7.6.1 We need... our language speaker to be with us – responses to Interpreters in health care .......................... 199
7.6.2 Importance of own Language – Keep that language strong .......... 201
7.7  Beginning awareness – some linguistic features ................................ 202
7.7.1 Code Switching .......................................................................... 203
7.7.2 Potential for Miscommunication .................................................... 204
7.7.3 Silence ....................................................................................... 204
7.7.4 Gratuitous concurrence ................................................................. 205
7.7.5 Use of Pronouns, Tenses and Repetition ........................................ 205
7.7.6 Eye contact ............................................................................... 206
7.7.7 Non-verbal communications ......................................................... 206
7.7.8 Triangular communication ............................................................ 207
7.7.9 Aboriginal English ....................................................................... 207
7.8  Summary ....................................................................................... 210
Chapter 8 ............................................................................................... 211
Discussion: Culturally safe health care – does it exist, can it exist? ........ 211
8.1  Introduction ..................................................................................... 211
8.2  Engaging in dialogue ....................................................................... 213
8.2.1 Well they never tell you do they...they never let you know! ...... 215
8.2.2 Information ‘Dumbed-Down’: superficial and minimised communications .......................... 217
8.2.3 ‘Culturally appropriate’ resources ................................................ 219
8.2.4 Secret English, Hard English ......................................................... 221
8.3  De-colonising practice: ‘...strengthening the whip that’s always been there …’ 223
8.4  Critical Reflection: ‘It’s not good, is it?’ ........................................... 232
8.5  Power, privilege and whiteness .......................................................... 235
8.6  Examining own culture and its impact on others: Cultural and linguistic awareness 236
8.7  Indigenous personnel in health care services ..................................... 237
8.8  Summary ....................................................................................... 240
Chapter 9 ............................................................................................... 242
Conclusions: Culturally Safe Intercultural Communication ................. 242
9.1  Introduction ..................................................................................... 242
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List of tables

Table 1. Policies affecting Central Australian Indigenous People since 1788………………..48
Table 2. Indigenous Language Groups, Languages and Dialects of Central Australia........54
Table 3. Participant details……………………………………………………………………..136
Table 4. Phases of thematic analysis…………………………………………………………..145
Table 5. Summary comparison of linguistic features………………………………………..209

List of figures

Figure 1. Central Australian Health services area and the position of the research context within the Northern Territory and Australia………………………………………………..32
Figure 2. ASGC-RA Map of Australia…………………………………………………………..35
Figure 3. Map of Indigenous language groups………………………………………………..53
Figure 4. ‘The real Australians’ Nicholson in Centralian Advocate 2008………………….55
Figure 5. Overview of methodology and methods for the Intercultural Health Care Communication study……………………………………………………………………………..120
Figure 6. Health professionals’ data sources for the Intercultural Health Care Communication study in Central Australia……………………………………………………………………156
Figure 7. Summary of health professional themes………………………………………………157
Figure 8. Summary of Indigenous Language Speakers’ Themes…………………………….189
Figure 9. Signage in Alice Springs Hospital …………………………………………………..193
Figure 10. Model of culturally safe intercultural communication……………………………259
Publications


Selected presentations


**Transcripts**

Throughout the thesis, participants’ transcripts (quotes) appear in italics using pseudonyms. The quotes are indented. The pseudonym and date identify the excerpts from the participant interviews or observation. Quotes from Indigenous First Language participants appear in shaded text, whilst the quotes from English only speaking participants are simply italicised.

For example:

*Our people are dying ... because they don’t understand what doctors and nurses are saying to them* (Jakamarra, 2007)

*Not a priority at all. Totally – no priority. Aboriginal Languages are not appreciated in the hospital ...* (Sally, 2007)

**Field notes**

Field notes are identified by the abbreviation FN and are presented in italics and indented. My own comments in relation to the field notes immediately follow on in standard indented text. For example:

*He rolled his eyes and looked uncomfortable.* (FN, 2006)

This young nurse was a new graduate. He appeared disapproving of the medical officer’s approach, but seemed powerless to say anything.
Abstract

Communication is crucial to safe, effective health care. There is growing realisation however, that ineffective intercultural communication may be thwarting efforts to address the unacceptable state of Indigenous health in Australia today. English is Australia’s language of government and mainstream populations. In Central Australia, Indigenous languages remain ‘unexpectedly’ in current use, albeit tenuously so. Consequently, the rights and needs of Indigenous language speakers have been overlooked at times, within Australian health care services. This thesis contends that systemic and individual lack of attention to intercultural communications and the wider social discourses that influence this inattention, impacts on health professionals’ capacity to provide culturally safe, effective care.

The aim of this study therefore, was to explore and examine the experiences of intercultural healthcare communications in Central Australia. To allow cultural issues, discrimination, racial and systemic inequalities and power differentials to surface, a critical ethnography involving Indigenous First Language speakers and English First Language speaking health professionals was undertaken. Given the recent and arguably ongoing colonising experiences of Indigenous people within Central Australia, this study considered post-colonial theoretical frameworks incorporating operationally defined cultural safety philosophies.

Two broad cultural groups were involved. Indigenous language speakers who were also health service users and non-Indigenous English-speaking health professionals shared their experiences of intercultural communications within Central Australian health care settings. Data collection strategies involved in-depth interviews, non-participant observation of client-worker interactions, video recording of selected health care encounters, and a review of other mediated communications such as signage and targeted health resources. Data analysis involved synthesising and applying three approaches to thematic analysis.

Findings showed common themes that characterised intercultural communications as relevant to both participant groups. These common themes were about fear, power,
acceptance, barriers, and facilitators. Themes related to individual issues and broader systemic levels. Health care communications were described as frustrating, difficult, ineffective, and personally and financially costly. Both groups identified systemic, institutional and individual barriers to effective communication, while key components of cultural safety, namely dialogue and de-colonisation, were mostly absent. Providers and recipients of care were unable, or sometimes unwilling to recognise health consequences of ineffective intercultural communication. There was also a tacit acceptance of these barriers as somehow relating to the unique context of Central Australia. Most health care communications were culturally unsafe, which resulted in an inferior standard of care for Indigenous clients and a sense of powerlessness for participants. From a more positive perspective, both groups acknowledged their goodwill and genuine desire for more effective dialogue, Australia’s rich Indigenous cultural and linguistic heritage, and a changing relationship between non-Indigenous English First Language health professionals and Indigenous people.

Interpreting the findings from a cultural safety perspective within a post-colonial framework highlighted on-going colonising practices, attitudes, beliefs and power structures. These influences affect health care communications in potentially harmful and/or counterproductive ways. A model of intercultural communication based on critical reflection and cultural safety principles was developed to facilitate an improved experience of intercultural communications, and health care for Indigenous language speakers and English-speaking health professionals.
Declaration

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

K. A. Taylor

Kerry Taylor  
Date: 1st October, 2010