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

Investigator

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Finally, I want to thank my family (immediate and extended), most specifically Vick and Kit, for putting up with years of ‘absences’ while I chipped away at this thing! For all the cuppas, cooking, support and so much more, …thank you!

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Publications

Taylor, K. & Guerin, P. (2010). Health care and Indigenous Australians: Cultural safety in practice. Melbourne: Palgrave Macmillan.

Edwards, T. & Taylor, K. (2008). Decolonising cultural awareness. *Australian Nursing Journal, 15*(10), 31-33.

Selected presentations

Taylor, K. (2010). *Intercultural communications in Central Australian health care*, Poster presentation, International Conference on Communication in Health Care, European Association for Communication in Healthcare, (September 5th-8th) Verona, Italy.

Taylor, K. (2010). *Cultural safety*, Rheumatic heart disease workshop presentation, for Rheumatic Heart Disease Foundation, (April 22nd) Alice Springs, Australia.

Taylor, K. (2010). *Indigenous health—a cultural safety approach*. Medical Grand Rounds presentation, (April 9th) Alice Springs Hospital, Alice Springs, Australia.

Taylor, K. (2009). *It's amazing how you can get by with body language*. Intercultural communication in Central Australia, Council of Remote Area Nurses Australia (CRANA) Conference, Alice Springs, Australia.

Taylor, K. (2009). *Privileging English in Central Australian health care communications*. Seminar series, (February 25th) Centre for Remote Health, Alice Springs, Australia.

Taylor, K. (2009). *Informed consent for Indigenous patients.* [Invited panel member] The Northern Territory Peri-operative Nurses (NTPN) Conference, (May 8th) Alice Springs.

Taylor, K. (2006). *Practical strategies in enhancing health care communications.* Paper presented at the Chronic Diseases Network 10th Annual Conference, (May 9th) Darwin, NT.

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.

Kerry Taylor

Date: 1st October, 2010