

Experiences from surveying a culturally and linguistically diverse (CALD) patient group

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Background

Approximately 85% of patients admitted to our remote 183 bed hospital identify as Aboriginal, with over 19 different languages intersecting in the area; most do not speak English as a first or second language. We recently updated the printed discharge medicine list for CALD patients; this report shares our experiences in conducting a survey to seek their feedback.

Aim

The share the experiences and unexpected barriers encountered whilst evaluating the appropriateness of our newly updated printed discharge medication list with CALD patients.

Methodology

- Several pre-survey workshops were held with ALOs (Aboriginal Liaison Officers) to help with the survey design.
- From these workshops a set of culturally and translatable survey questions were created. Using verbal questioning was deemed more appropriate as written surveys could be misinterpreted.
- A survey team of 1 pharmacist and 8 ALOs were tasked to survey patients for approximately half a day.
 - Pharmacist was responsible for identifying eligible patients
 - ALOs assisted with translating
- Patients were selected at random to determine if they meet the eligibility criteria. Patients were eligible to be interviewed if they;
 - Were well enough to be interviewed and
 - Spoke an Aboriginal language as their first language and
 - An ALO was present that could speak their language
- An example of the new and old medication profile was used when surveying patients.

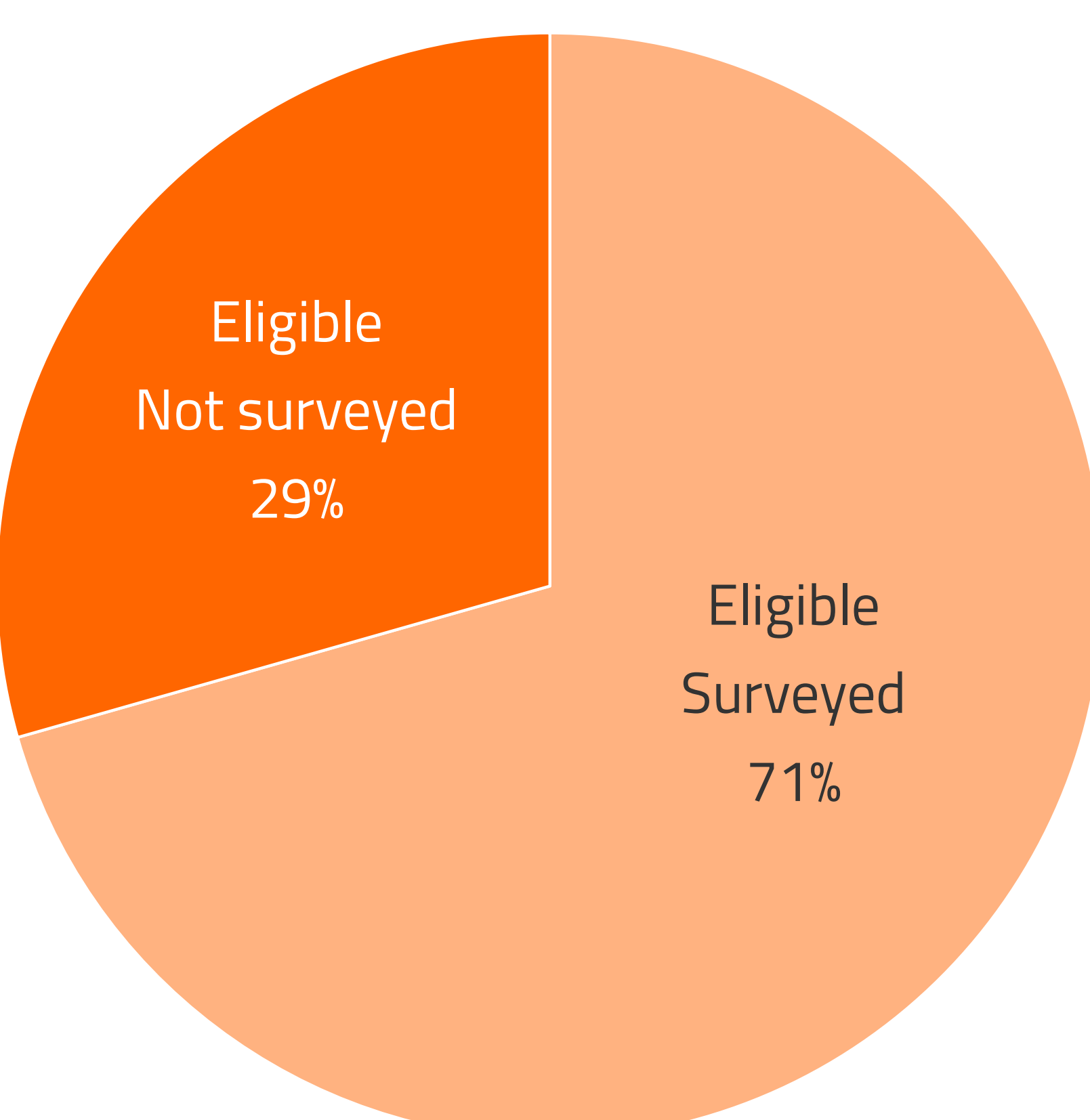
Figure 1. Example of old medication profile (left) vs new medication profile (right) that patients were surveyed on

Results

33 people were approached to be surveyed, 5 were excluded as they did not meet the eligibility criteria. Of the 28 people that meet the eligibility criteria;

- 20 (71%) were successfully surveyed.
- 8 (29%) could not be surveyed due to cultural reasons.

Figure 2. Outcome of Patients Surveyed (n = 33)



Evaluation

The initial study design of incorporating 8 ALOs, covering the 19 different languages, did not avoid the cultural barriers that arose and prevented 29% eligible patients in being unable to be interviewed. One significant cultural barrier was kinship.

Kinship is a system of Aboriginal social organisation and family relationships seen across Central Australia. Kinship is complex and has wide implications in Aboriginal life and social structure. Within Aboriginal communities, kinship networks are based on relationships of blood, marriage, association and spiritual significance. Kinship determines where someone sits in society and how they interact with others. There are specific "avoidance relationships" that may prevent people from communicating with each other.¹

Specific examples that arose during the patient selection process (which resulted in the patient being unable to be interviewed);

- An ALO having an undescribed cultural connection to a patient. The ALO identified it would not be appropriate they speak to the patient.
- An ALO deeming a patient an Elder and not appropriate to interview because it would be disrespectful to do so.
- A female patient not feeling comfortable speaking to a male ALO as it would cause shame.
- An ALO of the same skin group as the patient's mother-in-law, meaning it was not appropriate to interview them according to kinship "laws".

Although the above examples of kinship "avoidance relationships" were considered in the initial survey design, they were not expected to have such a significant negative impact on the survey response rate.

Engaging interpreters who do not have a cultural connection to the area might avoid such cultural barriers and result in improved survey response rates. These kinship "laws" described here are specific to our region and are not necessarily the same for other regions. Therefore people planning to utilize ALOs to survey Aboriginal people should seek to understand what barriers may exist that will better support their survey response rates.

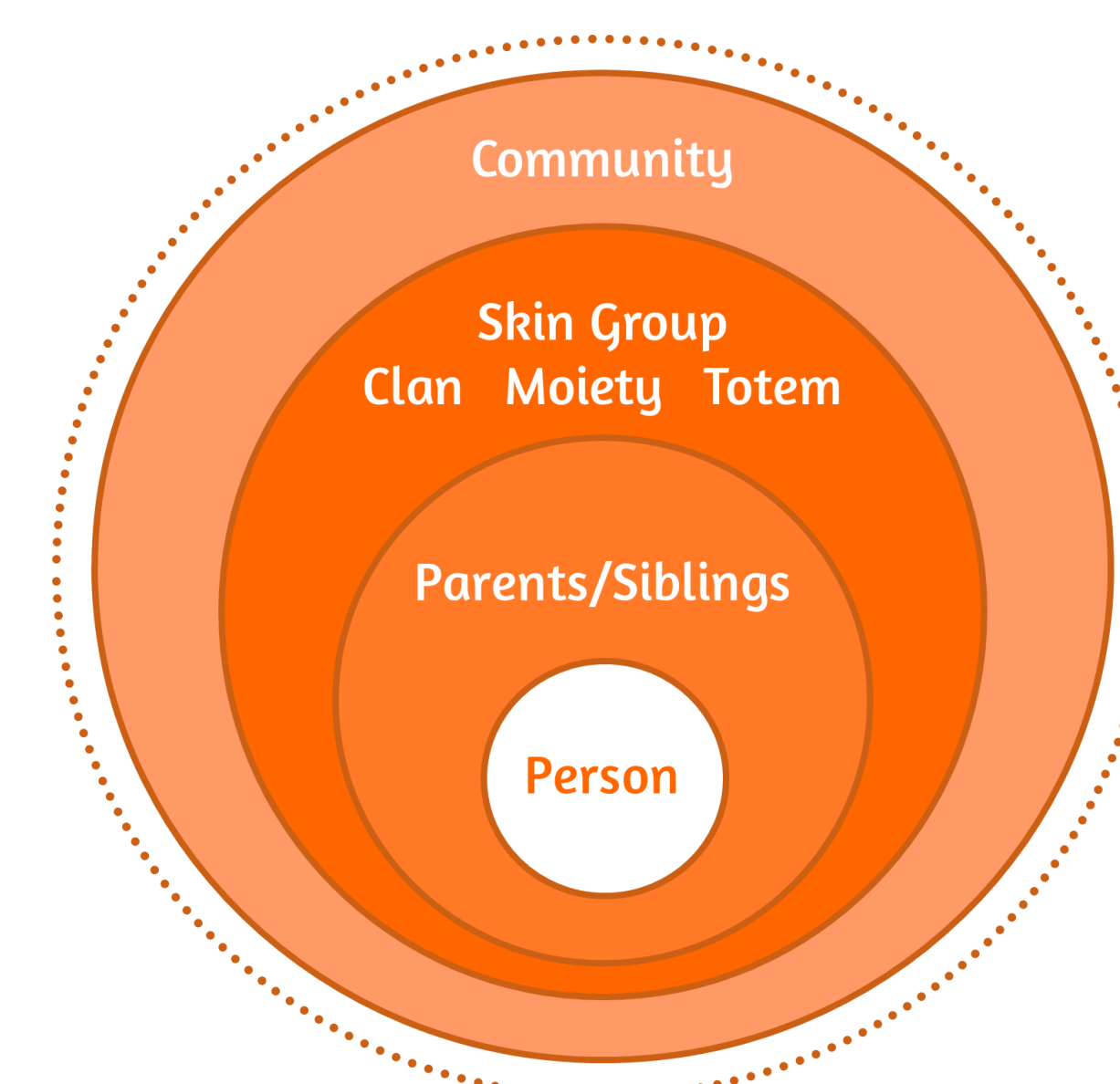


Figure 3. Visualisation presenting the complex layers of Aboriginal kinship which can determine how they interact with others.

Conclusion

- Engaging with and seeking detailed feedback from CALD groups is resource-intensive.
- Involving ALOs throughout the process was essential due to the high portion of Aboriginal patients in our region.
- Local cultural context must be considered when designing surveys for Aboriginal patients. However some cultural barriers may be unavoidable and may impact on survey response rates.

References

- Kral, I. (2002) An Introduction to Indigenous Languages and Literacy in Central Australia Alice Springs: Central Australian Remote Health Development Services (CARHDS)

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