

Language as a pillar of cultural safety: evaluating hospital-based healthcare workers' knowledge of First Nations languages and interpreter services in East Arnhem Land, Australia

Effective communication is essential to culturally safe healthcare. In regions such as North East Arnhem Land where 97% of the First Nations population speak an ancestral language as their first language, the ability of clinicians to understand and be understood directly affects patient safety, trust, engagement and equity of care. Supporting language access and cultural understanding is key to improving health outcomes and patient experiences. Research has found that poor language support contributes to miscommunication, compromised clinical care, and barriers to informed consent.

This study conducted by the Communicate Study Partnership based at Menzies School of Health Research found many healthcare providers face challenges regarding knowledge of local First Nations languages and accessing interpreters. Strengthening staff language awareness and improving access to and use of professional interpreters can enhance patient experience, promote equity, reduce clinical risk and support culturally safe care. Without these changes, there is a risk that First Nations patients will continue to receive care that does not fully meet their needs.

Methods

Healthcare workers (doctors, nurses, allied health) from diverse backgrounds working at Gove District Hospital (GDH) completed an anonymous survey about their knowledge of local language names, confidence in pronouncing them, and experience booking or using interpreters.

Key outcomes

Limited language knowledge and confidence: Most healthcare staff could identify at least one local First Nations language (96%) but few felt confident in correct pronunciation (18%), spelling, or dialect understanding. This makes it harder to build trust with patients and to know when an interpreter is needed.

"Lots of dialects which I am not good at articulating," - GDH doctor.

Reliance on informal interpreting and limited use of interpreter: While staff recognised the importance of interpreters, less than 60% had ever used professional interpreter services and only around half knew how to book one. Instead, many rely on family members, liaison officers or ad hoc bilingual staff which are practices that risk confidentiality breaches and clinical errors.

"This is not their job and there is significant risk and conflict of interest in doing so," - GDH nurse.

"We need to employ more interpreters ... Too often we are seeing patients without an interpreter, resulting in miscommunication/inaccurate consent/non-informed," - GDH doctor

Barriers to effective practice: Staff reported that interpreters are often hard to access, especially after hours, and that systems for booking them are not always clear or easy to use. Systemic time pressures also affected working with interpreters.

"Throughout my 10 years working it has been hard to access an interpreter and is not consistent so often an assumption is made that an interpreter is not available ... Almost near impossible to get," - GDH nurse

"I should have called them but I'm too lazy. I am put off by the delays in getting hold of someone," - GDH doctor

Need for training and improved access: Staff expressed a strong interest in training in local languages and cultural safe intercultural communication practices, as well as improved access to and awareness of interpreter services.

"I would love more education regarding languages," - GDH nurse

Implications

Language access is a cultural safety necessity, not optional

Language support should be recognised as a core determinant of cultural safety, not an optional add-on. Patients should be able to receive care in a language they understand, especially when English is not their first language.

Practical actions for health services

Interpreter access: Increase workforce capacity by employing hospital-based interpreters at Gove District Hospital, including after-hours access and make booking processes simple and clear.

Staff training: Provide mandatory cultural safety and interpreter engagement training, including education about the strength and diversity of First Nations languages spoken in the NT.

Language documentation: Routinely record patients' preferred languages to prompt interpreter use and reduce assumptions that English is the default language and can be safely used.

Policy & governance: Embed language access requirements into clinical processes and organisational policies.

Resources & tools: Provide staff with simple tools or quick-reference guides (e.g., language maps, booking guides).

Quality improvement: Monitor interpreter bookings and language documentation to improve services over time.

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