

ANZCA 2021 - 'Communication, Authority and Power'

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TITLE: Shifting power between Aboriginal language speaking patients and hospital-based providers through interpreter use

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Language and the way it's used is integral to obtaining social power. In English-speaking Australian hospitals Aboriginal language speakers, with limited access to interpreters, experience feelings of powerlessness and exclusion. Research has found interpreters improve patient experience and outcomes but in the NT interpreters are profoundly underused. At Royal Darwin Hospital >90% of patients are Aboriginal, 60% speak an Aboriginal language and approximately 17% access an interpreter. Recognising system failures, a new model of Aboriginal interpreter use in which interpreters were embedded in a renal medical team for 4 weeks in 2019 was piloted.

This Participatory Action Research project examined culturally safe communication practices at RDH. Cultural safety advocates for changing systems which enables a transfer of power from service provider to health care consumer. Practitioners argue patient outcomes will improve when health systems no longer diminish and demean an individual's cultural identity. However, there is a lack of evidence to demonstrate the assertion.

This research is the first to document the impact of consistent interpreter use on the delivery of culturally safe care for Aboriginal patients in Australia. Qualitative data was collected from Aboriginal language speaking patients, doctors and Aboriginal interpreter staff. Aligning with PAR's transformative goals a critical theory lens guided analysis.

We found, whilst English is the operational language of the hospital, it is not the language most spoken amongst renal patients. Almost 90% of patients were Aboriginal and nearly 80% spoke one or more of the 15 languages identified in the unit. The most spoken languages were Yolŋu Matha and Tiwi, followed by Kunwinkju and Anindilyakwa. The power imbalance between Aboriginal language speaking patients and English-speaking providers was equalised through the presence of interpreters. Patients described feeling "stuck" and disempowered when forced to communicate in English. After receiving access to trusted interpreters who shared patients' worldviews, patients reported feeling "satisfied" with their care and empowered.

By embedding Aboriginal language interpreters in the medical team, the power dynamics between doctors and Aboriginal clients shifted towards cultural safety. A culturally unsafe system which diminished and neglected patients' needs was overturned by a small but significant system change.