



The consultation – communicating effectively with refugee clients

Preparing for the consultation
Engaging a professional interpreter
Enhancing communication and rapport



The Consultation – Communicating Effectively with Refugee Clients

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PREPARING FOR THE CONSULTATION

“Refugee health care is not done from a chair behind a desk. You need to get into the communities to identify issues. You need to be proactive in your approach and assertive in your follow up care.”

Practice Nurse

Many people from refugee backgrounds will not have had access to comprehensive health care for years. Their initial contact with New Zealand nurses or doctors may be the first opportunity in their lives to receive client-focused, high quality health care.

Building a trusting personalised relationship with and providing optimal care to refugees can be a challenge for health professionals. This is because refugee clients:

- may be ignorant or mistrustful of the health system, or feel isolated and misunderstood because of their lack of English
- may be highly traumatised, or suffering from grief, depression or feelings of guilt for surviving when others did not
- may feel shame and rejection through having a communicable disease such as TB or HIV
- may be stigmatised by their community through having a mental illness.

Prior to the consultation, consider the following issues:

Your client may:

- have physical and psychological sequelae associated with pre-migration trauma and torture
- require a professional interpreter
- need a thorough medical examination
- in the case of women, prefer a female practitioner
- not understand our health system and how to access services or get prescriptions etc. and will need careful explanations or diagrams
- be reminded of past trauma during the consultation; a common response to this is to dissociate or ‘switch off’, which may range from an extreme catatonic state to a momentary ‘absence’.



Allow time to plan and prepare for the special needs of your client. For example:

- acquaint yourself with the background of the client and the community in which they live
- if necessary, arrange for the services of a professional interpreter with the consent of the client (see page 33)
- check whether other family members need to be involved before fixing a consultation date
- avoid scheduling an early morning appointment, since sleeping problems are common among traumatised refugees
- allow extra time for the appointment to accommodate interpreting, establishing rapport, careful explanations, etc.
- acknowledge that the client may be late due to lack of experience with appointment systems, unfamiliarity with the transport system, memory problems, unfamiliar address, etc.



Check whether your client has had prior health screening

If your client has been screened, ask them to bring their records with them to the appointment.

Quota refugees will have been screened at Mangere and will generally hold their own records.

Asylum seekers and family reunification refugees may not have been screened. Those who have will usually have their records with them.

If screening records have been misplaced, or if there is doubt about whether or not screening has been done, contact your Refugee Health Co-ordinator or public health nurse, your local Public Health Service, the Health Clinic at Mangere Refugee Resettlement Centre (for quota refugees only), the Asylum Seekers' Clinic, Green Lane Hospital (see pages 95-99), or the clinic where the screening initially took place. You can request a copy of the records if necessary.



TIP

Recognise that refugee families are under considerable financial constraints, and bear this in mind when considering follow-up appointments, ongoing management, prescriptions/medication, treatment and referrals.

ENGAGING A PROFESSIONAL INTERPRETER

Every consumer has the right to effective communication in a form, language, and manner that enables the consumer to understand the information provided. Where necessary and reasonably practicable, this includes the right to a competent interpreter.

Right 5:1

The Code of Health and Disability Services Consumers' Rights, 1996

Why use a professional interpreter?

Professional interpreters are trained in the use of their language and English as a second language, and in the skills and role of an interpreter. They have a high level of competence in these languages, which is crucial when interpreting medical information. They are bound by a professional code of ethics which places great emphasis on impartiality, accuracy and confidentiality.

Using family (especially children), friends or untrained personnel as interpreters runs the risk of exposing them to material of a highly sensitive nature and compromising confidentiality. These risks may influence the client to withhold information from the health professional. In addition, the potential for miscommunication between doctor, client and interpreter is heightened when using an untrained interpreter.

How do I access an interpreter?

Access to interpreters varies from region to region. Overall the situation is far from satisfactory. Some hospitals have an approved list of interpreters. In some areas, interpreters are provided from the appropriate ethnic community. They may or may not be trained. Some interpreters, particularly those who willingly interpret for members of their community, are often unpaid. Interpreting is a skill that should be acknowledged with appropriate payment from the health provider.

Your local Public Health Service or a local refugee support agency such as the Refugee and Migrant Service may be able to advise on the availability of interpreters in your area. Interpreting services can also be found in the Yellow Pages in some areas, or on the Internet.

(See pages 97-99 for interpreting services in main centres.)



What if my client has some knowledge of English?

Consider offering an interpreter even to those who have some knowledge of English because:

- anxiety associated with the consultation may inhibit the client's ability to communicate effectively in English
- the client may lack a 'health' vocabulary, particularly one relating to bodily processes
- politeness may lead the client to indicate that they have understood when this is not so.

What should I take into account before engaging a professional interpreter?

Always gain the consent of the client prior to the booking. In small communities the interpreter may be known to the client socially and a different interpreter may be needed.

Confirm the client's preferred language. Place of birth and ethnicity are not always reliable indicators of language. Within some countries, several languages may be spoken. There may be tensions between language groups, so it is important to establish the preferred language of the client.

Check if your client is fluent in a second language. If an interpreter is not readily available in the client's first language another may be available in the second language. Many refugees have acquired a second language; for example, a Somali client may also speak Arabic or Italian.

Establish whether the client prefers a male or female interpreter. Always abide by the client's choice of gender of the interpreter.

Remember that a longer consultation time will be needed to allow for the interpreting process.



TIPS FOR COMMUNICATING THROUGH AN INTERPRETER

- Speak slowly and clearly, using one or two sentences at a time. Pause to allow time for interpreting.
- Make sure your client is the focus of attention, not the interpreter.
- Use simple English. Try to avoid medical terms and colloquialisms.
- Avoid conversation with the interpreter in front of the client. If this cannot be avoided, try to include the client or explain what is happening.

ENHANCING COMMUNICATION AND RAPPORT

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Establishing rapport and trust with your client and communicating clearly throughout the consultation are crucial factors in providing safe, effective and appropriate care.

The following may be helpful.

- Explain your role carefully to the client.
- Give reassurances about client confidentiality, client consent, client choice and client control.
- Encourage questions.
- Be aware of the differences between you and your client in perceptions of health, treatment, values and belief systems, and recognise that adjustments need to go both ways.
- Respect your client's knowledge and experience.
- Avoid making generalisations about ethnic groups. People from one group may 'look' similar but differences may be enormous – some may be illiterate while others may have tertiary qualifications; some may be from rural backgrounds, others from urban; some may be religious, others non-practising.
- Avoid making assumptions. For example, a Muslim client may not necessarily abstain from alcohol.
- Beware of attributing too much to culture and ethnicity. Other factors such as torture and trauma, pervading grief or resettlement issues can influence a person's behaviour.

How can I minimise the risk of miscommunication?

- Be specific about what you want to happen and why. For example rather than saying 'Now I would like to check your chest,' consider saying 'Could you remove your shirt so that I can check your heart and lungs?'
- Avoid colloquialisms which may have little meaning for people from other cultures; for example, 'You seem a bit under the weather today'.
- Where appropriate, encourage the client's perspective; for example:
 - What do you call your sickness or illness?
 - What do you think has caused it?
 - What do you fear most about your sickness?
 - What problems has your sickness caused you personally, in your family, at work?³²

