



Checklists for Cultural Assessment

Providing Care to Patients From
Culturally and Linguistically Diverse
Backgrounds

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Preface

Checklists for Cultural Assessment is one of a number of materials produced for Queensland Health by the Australian Centre for International & Tropical Health & Nutrition, The University of Queensland. It derives from research conducted to identify cultural and linguistic issues among people from culturally and linguistically diverse backgrounds, which affect their use of hospital services, their understanding of procedures within hospitals, and the quality of care provided to them.

Our goal is to enhance the delivery of health care and the quality of care to disadvantaged communities, including people from ethnic backgrounds who experience difficulties in accessing conventional services because they believe them to be inappropriate and culturally- and gender-insensitive.

The *Guidelines to Practice* discuss general areas that affect people's experience of hospitalisation, and their needs as they work through the hospital process from admission to separation. *Cultural Diversity: A Guide for Health Professionals* offers brief profiles of a number of communities in Queensland (and elsewhere in Australia), with information about cultural beliefs, practices and life-events. The profiles were prepared for health providers whose clients included people from culturally and linguistically diverse backgrounds, and include generic information (telephone number for TIS [Translating and

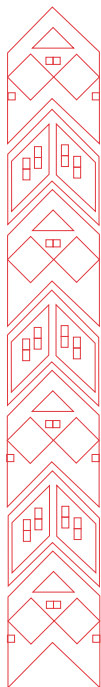


Interpreting Service], Migrant Resource Centres, etc.), general community information, and summary data from health research conducted with the communities. This material may be a useful supplement to Guidelines to Practice and these Checklists.

The *Checklists for Cultural Assessment* were prepared with assistance of staff from various hospitals in Southeast Queensland, interpreters, and consumers from various cultural backgrounds. Our purpose in compiling the Checklists and the companion Guidelines to Practice is to address some of the issues of greatest concern to hospital staff working with people from culturally and linguistically diverse backgrounds, other than Indigenous Australians¹. We expect that the Checklists will be used as a ready reference to improve communication with, quality of care, and hence health outcomes for people from diverse backgrounds. The Guidelines to Practice is a resource book which provides greater detail.

Our aim is to encourage greater awareness of some of the differences which you face when providing care to people from different backgrounds from your own, and greater sensitivity to the causes of problems that may arise in providing this care. We hope that by raising awareness, you will be able to develop appropriate and effective interventions to assist in the care of patients from culturally and linguistically diverse backgrounds.

¹ For information about issues relating to Indigenous patients, contact the Indigenous Hospital Liaison Officer at your hospital.



Many of the issues raised in these Checklists relate to basic quality care, and can be equally applied to the care of all Australians. When language and cultural differences exist as well, these quality care issues become even more important.

The Checklists identify the kinds of issues, aspects of illness and areas of care in which culture might make a difference. *The Checklists for Cultural Assessment and Guidelines to Practice* are aimed at staff from a variety of different professional backgrounds and disciplines, and we hope that staff from all wards/departments will find them useful.



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Communication Checklist

This checklist complements the section on Communicating Effectively in the *Guidelines to Practice*. It may also be useful to refer to the sections on Language Issues, Staff-Patient Relationships, Models of Health and Illness, Family and Community, Medication and Traditional Medicine, Discharge, and Allied Health.

- ⦿ What is the person's preferred language?
- ⦿ Was an interpreter used if necessary?
- ⦿ Have you checked that poor English proficiency is not complicated by a coexisting dysphasia due to a current or previous cerebrovascular accident?
- ⦿ Have you specifically encouraged the person to tell you about any issues, needs or problems they may be experiencing in the hospital setting?
- ⦿ Do you understand what the person believes is causing the problem?
- ⦿ Are you aware of the person's priorities while in hospital?
- ⦿ Have you checked with the person about the level of family involvement they would like?
- ⦿ Are you aware of any networks that may be available for support, for example religious networks, friends/compatriots?



- ⦿ How did you check that the person has understood the diagnosis, what particular treatments are for, and how to do or use them? (for example, asked them to tell you in their own words [via the interpreter if necessary], or asked them to show you etc).
- ⦿ Have you ascertained whether the person is using any alternative treatments?
- ⦿ Have you checked if the person understood any follow-up required and the reasons for this? Including why they may have to come back and what is required in the meantime?
- ⦿ Have you asked if the person has any questions?
- ⦿ Do you feel you have a shared understanding of the problem and the plan of action?
- ⦿ Do you know whether the person agrees with your plan of action?



Using interpreters

This section should be read in conjunction with the Language Issues section of *Guidelines to Practice*, which gives other essential information about the effective use of interpreters, such as the interpreter's role, organising appropriate interpreters, working with professional interpreters, and accuracy of interpretation.

- ⦿ Are you aware that an interpreted interview may take more than twice as long as an ordinary interchange, because careful interpretation often requires long explanatory phrases?
- ⦿ Have you considered the gender, ethnicity and language/dialect of interpreter? For example, it may be inappropriate to provide a Serbian interpreter for a Bosnian Muslim, or a male interpreter for a female patient or vice versa.
- ⦿ Before the session, do you meet with the interpreter to explain the purpose of the session?
- ⦿ Do you encourage the interpreter to meet with the patient before the session to learn about educational level, and to determine the depth and type of information and explanation needed?
- ⦿ Do you speak in short units of speech, without using long involved sentences or paragraphs, and without holding complex discussions of more than one topic in a single session?



- ⦿ Do you use simple language, avoiding technical terminology, abbreviations, professional jargon, colloquialisms, abstractions, idiomatic expressions, slang and metaphors?
- ⦿ Do you encourage the interpreter to refrain from inserting his or her own ideas or interpretations, or omitting information?
- ⦿ Do you check the patient's understanding and the accuracy of the translation by asking him or her to repeat the message or instructions in his or her own words, facilitated by the interpreter?
- ⦿ During the interaction, do you look at and speak in the first person directly to the patient, not the interpreter?
- ⦿ Do you listen to the patient and notice nonverbal communication which indicates emotion associated with the topic?
- ⦿ Are you aware that you could be legally liable if you do not organise an interpreter when necessary? It is advisable to cover yourself by making notes in the chart if the patient refuses to have an interpreter. The telephone interpreter service should be offered if an onsite interpreter is refused.



Staff Attitudes Towards Cultural Diversity

Staff attitudes towards diversity are an important factor in determining quality of care for people from diverse cultural backgrounds. Some of the issues raised in this checklist are further discussed in the Preface and Introduction section of the *Guidelines to Practice*. See also the Resources section.

- ⦿ Do you react adversely to the patient's accent, if any?
- ⦿ Are you open to differences between cultures, and different ways of doing things?
- ⦿ Do you respect diverse practices and requests without judgement?
- ⦿ Do you recognise that patients require equality of care irrespective of their cultural and linguistic background?
- ⦿ Do you recognise and actively accommodate patients' choices about their care?
- ⦿ Do you assume you know what a patient wants/needs?
- ⦿ Do you identify the need for resources to overcome barriers, like poor or insufficient English proficiency, lack of support networks?
- ⦿ Do you identify the need for, and obtain knowledge of sources of extra social support, for example community organisations?

Adapted from Bertram and Laverty, 1994



Cultural Assessment

These may be important questions to consider when caring for people from cultural backgrounds different to your own. See also the sections on Communicating Effectively, Family and Community, Religion, Diet, Models of Health and Illness, and if relevant, Birthing Practices and Death and Dying in the *Guidelines to Practice*.

- ⦿ Where was the patient born? How long has the patient been in this country?
- ⦿ What is the patient's ethnic affiliation?
- ⦿ Who are the patient's major support people?
- ⦿ What are the patient's primary and secondary languages, and his or her reading and writing ability in these?
- ⦿ How would you characterise their non-verbal communication style?
- ⦿ What is the patient's religion, its importance in daily life, and current practices?
- ⦿ What are their food preferences and prohibitions?
- ⦿ Is the patient's income adequate to meet the needs of the patient and family?
- ⦿ What are their health and illness beliefs and practices?
- ⦿ What are their customs and beliefs around life events such as birth, illness and death?



Cultural Formulation

Elements of this checklist, which is complementary to the previous one, are further discussed in the Models of Health and Illness, Family and Community, and Staff-Patient Relationships sections of the *Guidelines to Practice*.

What is the individual's cultural identity? These may be determined by

- ⊙ the individual's ethnic or cultural reference groups.
- ⊙ for immigrant and ethnic minorities, the degree of involvement with both the culture of origin and host culture.
- ⊙ the individual's language abilities, use and preference.

What are the cultural explanations of the individual's illness? The following may be identified:

- ⊙ The symptoms through which distress or the need for social support are communicated.
- ⊙ The meaning and perceived severity of the individual's symptoms in relation to the norms of the cultural reference group.
- ⊙ Any local illness category used by the individual's family and community to identify the condition.



- ⦿ The perceived causes or explanatory models that the individual and the cultural reference group use to explain the illness.
- ⦿ Current preference for and past experiences with professional and popular sources of care.

What are the cultural factors related to psychosocial environment and levels of functioning?

- ⦿ This would include stresses in the local social environment, the role of religion and kin networks in providing emotional, instrumental and informational support.
- ⦿ What are the cultural elements of the relationship between the individual and clinician? eg differences in the culture and social status between the individual and the clinician, difficulty in communicating in the individual's first language, eliciting symptoms and their cultural significance.
- ⦿ How do cultural considerations specifically influence diagnosis and care?

*Adapted from Diagnostic and
Statistical Manual of Mental Disorders:
DSM-IV, 1994*



Questions to Elicit the Client's Explanatory Model

These questions are a suggested framework to discover important beliefs your patient may have about their illness or injury. These beliefs may affect any/all aspects of patient care, from understanding the cause of ill health to compliance with treatment. They may also explain behaviours and attitudes of the patient and/or family for which reasons are not immediately obvious. The Models of Health and Illness section in *Guidelines to Practice* provides more detailed information.

- ⦿ What do you think has caused your problem?
- ⦿ Why do you think it started when it did?
- ⦿ What do you think your sickness (or injury) does to you? How severe is your sickness (or injury)? Will it have a short or long course?
- ⦿ [For chronic diseases] How has your illness changed over the past week/month/year?
- ⦿ What have you been doing or taking so far for this sickness (or injury)?
- ⦿ What kind of treatment do you think you should receive?
- ⦿ What are the most important results you hope to receive from this treatment?
- ⦿ What are the chief problems your sickness (or injury) has caused you?
- ⦿ What do you fear most about your sickness (or injury)?

Adapted from Queensland Program of Assistance to Survivors of Torture and Trauma - based on Fitzgerald, 1992



Exploring Do-Not-Resuscitate Orders

Before discussing do-not-resuscitate orders, the concept may need to be explained, as it may be unfamiliar to patients from some countries. In life-threatening situations, people from diverse cultural backgrounds may have differing perceptions/attitudes towards the following important concepts. See the Intensive care/Coronary care, Oncology/Palliative care, and Death and Dying sections of the *Guidelines to Practice* for further information.

- ⦿ What is the patient's/family's attitude to resuscitation?
- ⦿ What is the patient's/family's understanding/perception of life support?
- ⦿ What is their definition of death?
- ⦿ What is their religious background, and how active are they currently?
- ⦿ What do they believe are the causal agents in illness, and how do these relate to the dying process?
- ⦿ What is the patient's social support system?
- ⦿ Who makes decisions about matters of importance in the family?

Adapted from Masi, 1989



Discharge Planning

The following points should be considered essential to comprehensive discharge planning, and are particularly important for patients from diverse cultural backgrounds. Further information is available in the Discharge section of the *Guidelines to Practice*.

- ⦿ Do you use an interpreter where necessary to facilitate communication about discharge planning?
- ⦿ Do you start discharge planning as early as possible in the hospitalisation period?
- ⦿ Do you consider the patient's medical and non-medical (social) needs?
- ⦿ Do you employ a multidisciplinary approach involving a range of health professionals?
- ⦿ Do you allow patients and their families considerable self-determination in the process of planning for their care and needs?
- ⦿ Do you check that the patient, family/support people and care providers fully understand the proposed care plan?
- ⦿ Do you ensure that post-hospital care involves co-operation and collaboration between the hospital and relevant home and community care services?

Adapted from J. Bayer, Ethnic Liaison Officer, Aged Care Assessment Team, Gold Coast Hospital



Resources

Contact People at Hospitals

Irene Szogi	Carol Hobson	Joseph Bayer
Royal Women's Hospital	Patient Liaison Officer	Ethnic Liaison Officer for Aged Care Assessment Team
Tel: (07) 3253 7186	Gold Coast Hospital Tel: (07) 5571 8211	Gold Coast Hospital Tel: (07) 5571 8211

Community Organisations

Brisbane Migrant Resource Centre	(07) 3844 8144
Ethnic Communities Council of Queensland	(07) 3844 9166
Logan City Multicultural Neighbourhood Centre	(07) 3808 4463
A.C.C.E.S.S. Inc. - Logan and Beenleigh Migrant Resource Centre	(07) 3808 9299
Ethnic Communities Council Gold Coast	(07) 5532 4300
Multicultural Information Network Service Inc. (Gympie)	(07) 5483 9511
Migrant Resource Centre Townsville-Thuringowa Ltd.	(077) 724 800
Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)	(07) 3391 6677
Ethnic Mental Health Program	(07) 3891 7911
Croatian Mental Health Program	(07) 3891 7933
Queensland Transcultural Mental Health Centre	(07) 3240 2833
Islamic Women's Association	(07) 3857 5898

For information about other ethnic organisations in Queensland, refer to the Queensland Ethnic Affairs Directory. Department of the Premier and Cabinet. Office of Ethnic and Multicultural Affairs.



Translating and Interpreting

Translating and Interpreting Service Tel: 131 450

Electronic interpreting on portable machines is an option for Chinese, Vietnamese and Arabic speakers in some hospitals, if an interpreter or family member is not available, but only in situations where the limitations of this type of interpreting are acceptable.

Resource Kits and Manuals

Culture and Health Care. Health Department of Western Australia. 1996. A useful resource manual dealing with various topics of interest to health care professionals.

Resource Kit for People of Non-English Speaking Background (NESB). Queensland Transcultural Mental Health Centre Tel: (07) 3240 2833.

Cultural Diversity: A Guide for Health Professionals. 1998. Allotey P, Manderson L, Nikles J, Reidpath D, and Sauvarin J. Queensland Health, Brisbane.

These resources are available from Office of Ethnic and Multicultural Affairs Department of Premier and Cabinet:

Old Health 1997 *Managing cultural diversity in mental health.* Train-the-trainer package for the delivery of in-service training to mental health professionals.

Queensland Centre for Cross-cultural Development (QCCCD) 1997 *Working with interpreters.* A training module for Queensland Health



The Queensland Interpreter Card 1997 Model language services strategy and guidelines

Queensland Health, Department of the Premier and Cabinet
1998 *Cultural Diversity in Hospital*. Report of The Prince Charles Hospital Health Service District Cross-cultural Health Care Project.

Gropper RC 1996. *Culture and the clinical encounter. An intercultural sensitizer for the health professions*. Yarmouth: Intercultural Press Inc.



Booklets

Guide for the Use of Professional Interpreters in Health Services. Ethnic Health Policy Unit Program Development Branch, Queensland Health.

The Health Care Provider's handbook on Muslim Patients. 1996. Islamic Council of Queensland.

A Hospital Handbook on Multiculturalism and Religion. Practical Guidelines for Health Care Workers. 1993. Kirkwood N. Sydney: Millenium books. Available from Royal Brisbane Hospital Chaplaincy Department. Covers topics such as rituals and sacraments, diet and fasting, care of the ill and dying, autopsies, transfusions and transplants, abortion and family planning, and modesty, for each of the major religions.

Providing Care to Patients from Culturally and Linguistically Diverse Backgrounds: Checklists for Cultural Assessment. 1998. Allotey P, Nikles J and Manderson L. Queensland Health.

Multicultural Information for Midwives. 1998. Dugard L. Australian College of Midwives

Organisations and services

Queensland Ethnic Affairs Directory. Department of the Premier and Cabinet. Office of Ethnic and Multicultural Affairs.

Directory of Services and Other Resources for Ethnic Groups in Brisbane, Logan, Ipswich and the Gold Coast. A Resource for Health Professionals. Second edition, April 1998. Ethnic Health Promotion Unit, Brisbane Southside Public Health Unit.

Publications

Catalogue - Multilingual Health Publications. Ethnic Health Promotion Unit, Brisbane Southside Public Health Unit. Available from Irene Szogi (Royal Women's Hospital) for Brisbane North area and from Brisbane Southside Public Health Unit for the Southern Public Health Unit Network (Brisbane South, Logan, Gold Coast, Ipswich, Toowoomba, and Roma).

Multilingual Health Practitioners

Multilingual Health Practitioners. Queensland Directory. 1994. Brisbane Migrant Resource Centre. Initiated and funded by Queensland Health. Comprehensive list of health practitioners of various kinds in the community.

Members' Directory of Royal Australian College of General Practitioners - language listing. (Latest edition 1998). Available from Royal Australian College of General Practitioners Tel: (07) 3392 0944.



W ebsites

<http://qhin.health.qld.gov.au/hssb/hou/home.htm>
(Queensland Health Intranet QHIN).

<http://www.health.qld.gov.au/hssb/hou/home.htm>
(Queensland Health).

<http://ariel.its.unimelb.edu.au/~atmhn/>
(Transcultural Mental Health).

<http://mhcs.health.nsw.gov.au>
(Multicultural Health Communications Service).

<http://www.DiversityRx.org/HTML/DIVRX.htm>
(Diversity Rx).

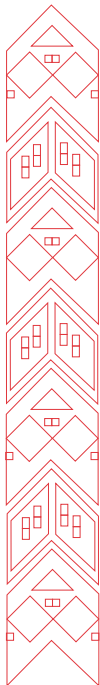
<http://www.ceh.org.au>
(Centre for Culture, Ethnicity and Health).

C ourses

Princess Alexandra Hospital Crosscultural Awareness Course.
Contact the Centre for Development & Training
Tel: (07) 3240 2288.

Royal Women's Hospital Crosscultural Awareness Course.
Contact Staff Development Tel: (07) 3253 8574.

Queensland Centre for Crosscultural Development:
Crosscultural Skills for Health Professionals,
Crosscultural Counselling and Working with Interpreters
Tel: (07) 3406 2033.



Understanding Indochinese Patients

Available from Mr Choummani Vong (Luck) Tel: (07) 3818 1648.

In Our Own Words by Health and Multicultural Australia

Obtainable from the Office of Ethnic and Multicultural Affairs library Tel: (07) 3406 2036 or (07) 3406 2040.

Hospices and Nursing Homes

Karuna (Tel: (07) 3857 8555) is a hospice for the terminally ill based on the Buddhist tradition.

A list of ethno-specific or multicultural nursing homes/hostels follows:

Dutch (hostel): Netherlands Retirement Village

Tel: (07) 3822 0800

Finnish (hostel): Finlandia Village Tel: (07) 3207 8100

Greek: Greek Orthodox Nursing Home and Hostel

Tel: (07) 3844 6063

Italian (cluster accommodation): Canossa House

Tel: (07) 3839 6003

Jewish (hostel one wing only): Marana Gardens Hostel

Tel: (0755) 711 288

Multicultural (nursing home): Berlasco Court Caring Centre

Tel: (07) 3371 4377

Multicultural (hostel): Woodlands Park Hostel

Tel: (07) 3352 6488

Russian (hostel): Pine Lodge Home for the Aged

Tel: (07) 3277 5841



References

- Bertram C and Laverty J. 1994. *Cultures in the Workplace: The Model and Implementation in One Health Service Unit*. Wentworth Area Health Service.
- Diagnostic and Statistical Manual of Mental Disorders: DSM-IV*. 1994. Washington, DC: American Psychiatric Association, 4th ed.
- Fitzgerald, M. 1992. Multicultural Clinical Interactions. *Journal of Rehabilitation*. April/May/June. p 38-42.
- Lipson J, Dibble S and Minarik P (eds). 1996. *Culture and Nursing Care: A Pocket Guide*. San Fransisco: UCSF Nursing Press.
- Masi R (ed). 1989. Multiculturalism and Health Care: Realities and Needs. Toronto, Canada: *Proceedings of the Canadian Council on Multicultural Health First National Conference*.



Feedback

Users of this handbook are invited to give feedback and constructive criticism regarding content and format. Please address comments to:

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Brisbane, April 1998



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