



## Communicating effectively with Aboriginal and Torres Strait Islander people

The information provided below is a guide to understanding and applying appropriate communication techniques when working with Aboriginal and Torres Strait Islander patients and their families, clients and colleagues. More information is available in the *Guidelines for Aboriginal and Torres Strait Islander Terminology*.

Effective communication is essential to all human interaction. It is a two-way process of sending and receiving messages. We know from our cross cultural experiences that cultures differ significantly around communication, interpersonal protocols and standards of communication effectiveness. Poor communication has been a fundamental factor in the ongoing health crisis for Aboriginal and Torres Strait Islander people.

Effective cross cultural communication skills are critical to the provision of culturally sensitive health care in hospitals and community health services. Two-way communication between Indigenous and non-Indigenous people, the patient and the clinician, is just as important in the provision of health care as understanding the culture and history of the patient.

Whilst verbal communication is the most used and convenient way to communicate, non-verbal communication should not be underestimated. Aboriginal and Torres Strait Islander people are very aware of non-verbal communication cues, including body language and the message it sends about how a person is feeling.

### Benefits of effective communication

- Increased likelihood of establishing a mutually positive and beneficial relationship between yourself and the patient.
- Increased level of confidence and ownership/self empowerment for the patient due to their capacity to understand information, prevention, diagnosis, treatment and management of their own health.
- Reduced likelihood of misunderstandings and errors related to diagnosis, treatment and overall health care.
- Reduced rates of medical non-compliance and discharge against medical advice.
- Improved personal and professional skills.
- Improved level of respect and reputation (personal and professional) between patient and health practitioner.

### Overcoming barriers

<b>Remember the past</b>	<ul style="list-style-type: none"> <li>• Remember that based on past policies and past experiences, Aboriginal and Torres Strait Islander people may have distrust of all systems, including the health system and staff, and may feel fear or shame.</li> </ul>
<b>Environment</b>	<ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander flags, artwork, signage, patient information and other visual cues may communicate to Aboriginal and Torres Strait Islander people that the services are culturally safe and welcoming, and a place that they can enter without discomfort.</li> </ul>
<b>Welcome</b>	<ul style="list-style-type: none"> <li>• A smile and a nod is welcoming, even without words.</li> </ul>
<b>Relationships first</b>	<ul style="list-style-type: none"> <li>• Person before Business – ask about family, share information about yourself.</li> </ul>



### Overcoming barriers

<b>Tone of voice</b>	<ul style="list-style-type: none"> <li>• Speak in gentle tones, high tones may be perceived as patronising.</li> <li>• Do not speak too fast, slow down and be clear with your words.</li> </ul>
<b>Language</b>	<ul style="list-style-type: none"> <li>• Many Aboriginal and Torres Strait Islander people do not use Standard Australian English as their first language. In some cases it is a second, third or fourth language/dialect.</li> <li>• Do not make assumptions about the level of English proficiency of a patient. This includes level of literacy. Making an assumption may offend patients and may result in broken trust and the patient may never return to receive care.</li> <li>• Be mindful and sensitive, but not assuming, that all patients have low levels of literacy.</li> </ul>

### Before talking with patients and their families

<b>Language</b>	<ul style="list-style-type: none"> <li>• Find out what language the patient best understands. If English is limited, arrange to have a suitable family member or interpreter (an Aboriginal and Torres Strait Islander Hospital Liaison Officer or Health Worker may be able to assist).</li> <li>• Check that the interpreter is familiar and confident with translating medical terminology.</li> </ul>
<b>Who</b>	<ul style="list-style-type: none"> <li>• Take the necessary steps to ensure that you will be speaking to the correct person. This will depend on the information to be provided or sought.</li> <li>• Be aware of extended family and kinship structures, particularly in relation to informed consent and who needs to be consulted regarding critical decisions to be made.</li> </ul>
<b>Men's and Women's business</b>	<ul style="list-style-type: none"> <li>• It is important that staff working with Aboriginal and Torres Strait Islander people understand that segregated practices such as Men's and Women's Business is still very real and integral part of cultural practice today.</li> <li>• Whilst it is not always practical, ask a female patient if they would prefer to be treated by a female clinician. If this is not possible, ask the patient if they prefer for someone e.g. partner or relative to be present. The same gender appropriateness applies for Men's business.</li> </ul>
<b>Environment and confidentiality</b>	<ul style="list-style-type: none"> <li>• Ensure that you take the necessary steps wherever possible to avoid causing patients to feel "Shame". Shame refers to deep feelings of embarrassment; being ridiculed; losing face within a relationship; disempowerment/lack of control; loss of dignity. For Aboriginal and Torres Strait Islander people it goes far beyond mainstream understanding of shyness and embarrassment.</li> <li>• Discussing confidential matters in open, public spaces should be avoided. Be discrete, specifically for issues such as sexual health.</li> <li>• Maintaining confidentiality is vital in building trust.</li> </ul>
<b>Time</b>	<ul style="list-style-type: none"> <li>• When providing services to Aboriginal and Torres Strait Islander people consider allocating extended consultation times or communicating with patients outside scheduled appointments.</li> <li>• Be aware that there are inappropriate times for communication such as during Sorry Business (deaths and funerals) and this takes precedence over individual health concerns.</li> </ul>



### Before talking with patients and their families

<b>Link to community</b>	<ul style="list-style-type: none"> <li>• Seek assistance from your local Aboriginal and Torres Strait Islander staff wherever possible to assist you with interpreting, cultural assistance and if needed to link you with someone from the patient’s community.</li> </ul>
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### Talking with patients and their families

<b>Smile, relax</b>	<ul style="list-style-type: none"> <li>• Smile and relax to create a safe and approachable environment for the patient.</li> </ul>
<b>Introduction</b>	<ul style="list-style-type: none"> <li>• Introduce yourself warmly.</li> </ul>
<b>Rapport</b>	<ul style="list-style-type: none"> <li>• Take the time to build rapport and trust by asking where they are from (e.g. who is their mob).</li> </ul>
<b>Listening</b>	<ul style="list-style-type: none"> <li>• Ensure that you are actively listening.</li> <li>• Do not continually interrupt or speak over a patient.</li> <li>• If there is a silence, watch for body language to gauge when it is appropriate to start speaking.</li> <li>• If the patient is looking around the room they may still be listening to you; it may mean that they are avoiding eye contact.</li> </ul>
<b>Questioning</b>	<ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander people tend to prefer a less direct approach to communication; therefore direct questioning is somewhat confronting and offensive. The customary way of seeking information is to establish a two-way exchange, volunteering information of their own and hinting at what they would like to find out.</li> <li>• While direct questions are used in Aboriginal and Torres Strait Islander society to determine background information for example, where a person is from, detailed or personal information is sought through indirect questioning.</li> <li>• Do not ask the patient to continually repeat themselves.</li> <li>• Do not ask closed questions (avoid yes/no responses).</li> </ul>
<b>Respect</b>	<ul style="list-style-type: none"> <li>• Wait your turn to speak.</li> <li>• Do not mimic or attempt to speak a patient’s language, e.g. Aboriginal English or Torres Strait Islander Creole – unless you are able to, or permitted and advised to. This will depend on the relationship and rapport established between yourself and the patient.</li> </ul>
<b>Eye contact</b>	<ul style="list-style-type: none"> <li>• In western cultures if we fail to maintain appropriate eye contact we can be perceived as ‘hiding something’ or that the person is not to be trusted. However, generally speaking, use of indirect eye contact in Aboriginal culture implies respect.</li> <li>• Respect that some (but not all) Aboriginal and Torres Strait Islander people will therefore be uncomfortable with direct eye contact.</li> <li>• Direct eye contact with anyone other than one’s most intimate peers or relations is seen as a sign of rudeness, disrespect, or even aggression, and the appropriate strategy to convey polite respect is to avert or lower one’s eyes in conversation.</li> <li>• In Torres Strait Islander culture, eye contact with the same gender can be interpreted as displaying interest and providing honest information.</li> <li>• Across genders, problems that may occur with eye contact, including jealousy, shame, and disrespect.</li> </ul>



### Talking with patients and their families

	<ul style="list-style-type: none"> <li>• Avoid cross-gender eye contact unless the patient initiates and is comfortable in the clinical setting.</li> </ul>
<b>Personal space</b>	<ul style="list-style-type: none"> <li>• Be conscious about the distance to which you are standing near a person. Standing too close to a person that you are unfamiliar with can make a person feel uncomfortable or threatened.</li> </ul>
<b>Silence</b>	<ul style="list-style-type: none"> <li>• In western cultures, silence in the communication process is seen as a gap that must be immediately filled. In Aboriginal and Torres Strait Islander societies, lengthy periods of silence are the 'norm' and are expected during conversation, particularly during information sharing and information seeking. Aboriginal and Torres Strait Islander people use silence to listen, allow for consensus or to indicate non-commitment. The positive use of silence should never be interpreted as lack of understanding or agreement.</li> <li>• There are times when silence needs to be observed and taking your time before verbally responding is a mark of respect.</li> </ul>
<b>Titles</b>	<ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander people tend to be "touchy" with each other by nature. However, it is considered inappropriate and/or offensive if you touch someone that you do not know well. Touching very much depends on the context or environment, as well as the existing relationship and rapport with the receiver.</li> <li>• Seek permission prior to touching, especially if the person is unknown.</li> <li>• Once rapport is built, touch may be comforting and respectful.</li> <li>• If you need to touch a patient for clinical reasons, explain why it is being done.</li> </ul>
<b>Titles</b>	<ul style="list-style-type: none"> <li>• The terms 'Aunty', 'Uncle', 'Brother' or 'Sister' should only be used once rapport is built and approval given.</li> <li>• 'Aunty' and 'Uncle' are terms of respect for someone older than you (not necessarily an Elder).</li> </ul>
<b>'Yes'</b>	<ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander people have a tendency to agree with someone, regardless of whether they actually agree with, or understand what has been said to them. It is customarily used to indicate a readiness for co-operative interaction, or resignation to the futility of the situation.</li> <li>• If you are unsure, check their understanding by asking again.</li> <li>• If they appear agitated, they may be saying yes to end the conversation because they want to leave. This may be because they are uncomfortable or have other priorities.</li> <li>• If the patient repeatedly says 'yes' immediately after a question, ask them with respect what they understood from the last question.</li> <li>• If the patient is looking into their patient records while you are writing and talking, and nodding their head, it is likely to be a sign that they want to appear that they have understood although they probably have not.</li> </ul>
<b>Making decisions</b>	<ul style="list-style-type: none"> <li>• Ask them if they want the doctor to explain the information to someone else. Kinship obligations and responsibilities may apply and therefore a decision requires further consultation with extended family members.</li> <li>• Always allow time for information to be understood. It is considered more important to understand the information and make a decision that will be of</li> </ul>



### Talking with patients and their families

	<p>benefit to the extended family regardless of the time taken to make that decision.</p> <ul style="list-style-type: none"> <li>• Be aware that there may be instances where non-Indigenous people could be asked to leave a meeting or room if Aboriginal and Torres Strait Islander people need to discuss cultural matters privately in order to make an informed decision.</li> </ul>
<b>Choices / options</b>	<ul style="list-style-type: none"> <li>• Provide the patient with clear choices or alternative options for care. For example, some medications can be taken orally (tablet or liquid) or injected. If the preferred options are available and patients are given a choice to have a level of ownership of medical management, the likelihood of medical compliance is increased.</li> </ul>

### Health information

<b>Avoid jargon</b>	<ul style="list-style-type: none"> <li>• Choose your words so that you avoid medical terminology or jargon.</li> <li>• Use plain English and/or diagrams to clarify message and understanding.</li> </ul>
<b>Avoid confusion</b>	<ul style="list-style-type: none"> <li>• Be conscious that words mean different things to different people. The same word could have a different meaning depending on the community that you visit.</li> <li>• To minimise the misunderstanding of words, consult with Aboriginal and Torres Strait Islander work colleagues or local community members to build your knowledge of locally suitable and generally accepted words.</li> </ul>
<b>Clear instructions</b>	<ul style="list-style-type: none"> <li>• It is critical that the patient understands your instructions. For example, “take until finished” may be misunderstood as “take until you feel better”, rather than “take until all tablets are finished”.</li> <li>• If the patient has a family escort with them, also explain so that they understand the instructions.</li> </ul>
<b>Methods</b>	<ul style="list-style-type: none"> <li>• Use diagrams, models, film, images and metaphors to explain instructions, medical and surgical terms and procedures, particularly with people for whom English is not their first language.</li> </ul>

### Other considerations

<b>Purpose</b>	<ul style="list-style-type: none"> <li>• Be very clear on your purpose and/or motivation for engaging with Aboriginal and Torres Strait Islander people. It is important to identify who you are and the reason you want to communicate.</li> </ul>
<b>Appropriate Introductions</b>	<ul style="list-style-type: none"> <li>• Ensure that you introduce yourself appropriately to Elders and community leaders/spokespersons. The same courtesy and manners you apply to dignitaries applies to Elders and Traditional Owners.</li> <li>• If you have not met the Elder do not assume it is okay to call them Aunty or Uncle if you do not have an existing relationship.</li> <li>• Seek guidance from the person introducing you to the Elder or ask the Elder what they prefer.</li> </ul>



## Other considerations

<p><b>Time</b></p>	<ul style="list-style-type: none"> <li>• Western culture places a lot of emphasis on the concept of time, especially in terms of meeting deadlines. In Aboriginal and Torres Strait Islander culture, the emphasis is on relationships. This cultural difference directly influences planning, decision making, community/patient engagement and communication. For example, government processes tend to focus on getting the job done, following prescribed schedules supported by assertive and direct communication e.g. 'let's cut straight to the point'. Whereas, Aboriginal and Torres Strait Islander people are less rigid when it comes to schedules. Establishing and maintaining relationships are more important than time.</li> <li>• As mentioned previously, the concept and use of time differs from non-Indigenous culture. Build in sufficient time, wherever possible, to allow for effective communication and understanding.</li> </ul>
<p><b>Feedback</b></p>	<ul style="list-style-type: none"> <li>• It is well documented that Aboriginal and Torres Strait Islander people are extensively researched and 'consulted' with. During these processes cultural and intellectual knowledge is imparted and shared on the basis that the information has been entrusted to the relevant person.</li> <li>• Therefore, it is essential and respectful that persons who provided knowledge and information are advised of the following:             <ul style="list-style-type: none"> <li>– Who has the information?</li> <li>– What happened to the information?</li> <li>– How the information was used?</li> <li>– What was the outcome of providing the information?</li> </ul> </li> <li>• When you are aware that you are collecting and using any cultural and intellectual property, adhere to traditional lore and Commonwealth law regarding intellectual property.</li> </ul>
<p><b>Protocols</b></p>	<ul style="list-style-type: none"> <li>• Relationships developed between Indigenous and non-Indigenous people are guided by community protocols and developed through trust and respect. Therefore, it is critical that you check that you are speaking with the appropriate person.</li> <li>• The Queensland Government has produced a generic guide for protocols relating to Welcome to Country and Acknowledgment of Traditional Owners. Check the protocols of specific communities prior to visiting <a href="http://qheps.health.qld.gov.au/atsihb/docs/welcome-to-country.pdf">http://qheps.health.qld.gov.au/atsihb/docs/welcome-to-country.pdf</a></li> <li>• In terms of Sorry Business/Sad News, individual communities may vary, however, in most cases business is not conducted on the day of the funeral or for specified periods of time. It is considered disrespectful to conduct any business during this period, therefore scheduled meetings may be cancelled at very short notice.</li> <li>• There are also specific protocols in relation to the deceased and the deceased person's family. Permission should be sought from the family. For more information please refer to Sad News/Sorry Business Guidelines available on the Aboriginal and Torres Strait Islander Branch webpage on QHEPS.</li> <li>• Give consideration to gender relevant business when planning conferences, consultation and decision making processes.</li> </ul>
<p><b>Promises</b></p>	<ul style="list-style-type: none"> <li>• Do not make promises that you cannot keep. This leads to feelings of raised hope or a level of dependency. If promises are not kept, relationships and trust will be destroyed.</li> </ul>



### Other considerations

<b>Seek advice / awareness</b>	<ul style="list-style-type: none"><li>• Always seek advice if you are unsure what to say or what to do.</li><li>• Be prepared to admit mistakes or limited level of knowledge.</li></ul>
<b>Word of mouth ('Murri Grapevine')</b>	<ul style="list-style-type: none"><li>• The quickest way to get information to Aboriginal and Torres Strait Islander people is word of mouth. This is a well established informal networking system that has the power to influence trust, rapport and respect to 'approved' health practitioners and health services. Vice versa, it can be used to advise community members 'who not to trust' in terms of their health.</li></ul>
<b>Relationships / contacts / networks</b>	<ul style="list-style-type: none"><li>• Be aware of community governance structures i.e. who to consult, who are the community representatives.</li><li>• Be aware of significant national and local cultural events.</li></ul>
<b>Respect</b>	<ul style="list-style-type: none"><li>• Don't 'big note' yourself. This means acting like you know everything there is to know about a community or cultural business. Regardless of how much experience you have, to act in this way is disrespectful.</li></ul>