Overcoming language barriers in healthcare: Towards safe and effective communication

Chair: **Bernadette Watson**, Hong Kong Polytechnic University

Miscommunication in the health sector can be life-threatening. The increasing number of migrant patients and foreign-trained staff in the health sector mean that communication errors are more frequent, yet there is little research internationally that addresses this issue systematically. Three of the papers presented in this symposium form part of a research grant funded by the Australian Research Council (grant to Meuter, Gallois, Segalowitz, & Ryder, 2013-2016). We conducted foundational studies in Australia and Canada, examining language barriers involving native and non-native speakers (of English, Mandarin, and French). In addition, we examined the potential of communication accommodation theory as an educational tool via role play. These three papers all provide evidence to build policy and practical solutions for intercultural and interprofessional communication training, and they offer an agenda for future research. The fourth paper complements the previous presentations because it investigates participants' perceptions of a doctor's use of CAT strategies during consultations. The paper provides insights as to why certain communication strategies are regarded more favourably than others by participants in doctor interactions.

Judgements of likelihood in health contexts: Are 'possibly' and 'presumably' interpreted similarly by bilingual and monolingual English speakers?

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Increasingly, patients and health practitioners negotiate language barriers to communicate about health concerns, making miscommunication more likely. Linguistically, one means of expressing the degree of doubt and certainty is through epistemic adverbs (e.g., evidently, obviously). We compared (1) Canadian Anglophone and Francophone bilinguals, and (2) the Canadian Anglophone bilinguals with Canadian English monolingual speakers. All speakers performed the task (understanding of epistemic adverbs) on the same English sentence pairs. We analysed the ratings using a combination of cultural consensus analysis, weighted-data classical-MDS, and cluster analysis. Our data show subtle differences in the representation of epistemic adverbs, impacted by the type of bilinguality (bilingual speaker of English as a first or second language) (Study1), and by bilinguality per se (Study2).

Talking about risk in pregnancy: Impact of role and language in midwifery consultations

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We examined how risk shapes interactions between midwives and pregnant women in Australian public hospitals. Data came from recordings of 10 consultations between 8 midwives and 10 pregnant women. We explored the ways in which risk was discussed, through rhetorical strategies, practices of looking for the abnormal, and attempts to control the body. We found that pregnancy was constructed as a period of vulnerability and unpredictability, which is in tension with the public stance of midwifery associations that pregnancy is normal. Midwives asserted that women, were capable of intervention-free pregnancy and birth. At the same time, in their consultations they helped assess a woman's ability to give birth unassisted, as well as to assess the potential for an adverse event.

Applying communication accommodation theory to role-play for effective health communication training

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There is a critical need to improve the communication skills of health practitioners. We combined role-play with communication accommodation theory (CAT) in order to identify the communication strategies used in building rapport. 225 students role-played health practitioners and patients or clients. Some were audio recorded, so that verbal communication could be mapped onto CAT strategies. A multiple regression analysis revealed that students role-playing the practitioner rated emotional expression and level of interpersonal control as significant predictors of perceived rapport with their clients. In contrast, students role-playing the client rated interpersonal control and discourse management as significant predictors of achieving rapport. By identifying the communication strategies at work during simulations, educators can measure communication competence and provide feedback to students.

Informing me, involving me, professional, empathic- patient preferences for how their doctor communicates

Liz Jones, Griffith University; **Bernadette Watson**, The Hong Kong University; **Gordan Gan**, Griffith University; and **Daniel Barrett**, Griffith University

Effective communication between doctors and patients is important for patients' satisfaction and outcomes. We need to understand from the perspective of patients what they regard as effective communication. Using communication accommodation theory (CAT), we examined patient preferences for 3 CAT strategies (emotional expression, discourse management and interpersonal control). One hundred and forty-six participants completed an online survey where they were randomly assigned to either a vignette where they had melanoma or one where they had HIV. Each participant rated 3 vignettes of an interaction with a doctor, which varied with respect to the communication strategy the doctor was using. Participants rated most favourably the specialist using discourse management. Qualitative responses revealed why participants rated different strategies more favourably than others.