

# Oncology consultations with patients from culturally and linguistically diverse (CALD) backgrounds: The interpreter perspective



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## BACKGROUND

Migration is increasing worldwide. People from CALD backgrounds have poorer health outcomes and multiple concerns which revolve around language difficulties and unfamiliarity with the health system. Interpreters are critically important to assisting patients from CALD background negotiate the health system. Most interpreter research has focused on the accuracy of information transfer. Little is known about the experiences and challenges of interpreters.

### Study Objective

#### To understand:

- the interpreter perceptions of working in an oncology setting;
- perceptions of the role of an interpreter;
- what were the challenges faced working in this setting; and
- how interpreters deal with these challenging situations

## METHOD

30 interpreters (Greek  $n=7$ , Chinese  $n=11$ , and Arabic  $n=12$ ) were recruited in Melbourne and Sydney, Australia.

Participants took part in four focus groups which were audio-taped and transcribed.

Two researchers (EL, PS) independently read and content analysed, each of the transcribed focus group interviews and after resolving disparities developed a set of themes and subthemes.



## RESULTS

### Theme 1: Interpreter Rules & Responsibilities

Almost without exception, interpreters saw their role as to convey information, ensure understanding, and to be accurate, confidential and impartial. The interpreter also represented a link to an unfamiliar health system. Interpreters also observed that often it is not possible to provide a word-by-word translation and that if was necessary to paraphrase to ensure understanding. There was disagreement over whether the role of the interpreter was to provide emotional support. There was also disagreement over whether the interpreter's role was to explain information - **"We are there to interpret, not to explain..."** Unanimously, interpreters were also clear it was not their role to give advice.

**"Even with paraphrasing we have actually to check with the doctor and .. if there are, like certain sentence or certain words (that) are culturally very sensitive I will tell the healthcare provider that I can't say that and I'll explain why and I'll ask the doctor to choose something which is less sensitive. I can't actually add a word in you know"**

### Theme 2: Challenges Experienced

The main challenge identified was the "breaking bad news" consultation, particularly the expression of compassion.

**"We're supposed to be just a voice there like a box who's got no senses or no feeling but you can't take the human factor out of it"**

Interpreters also expressed frustration with family members. Sometimes family members undertook to the role of interpreter but provided inaccurate information or other times asked the interpreter not to interpret particular information.

**"We tell the doctor that's what the family is asking for, you know, not to tell the patient but he said no I want to tell the patient, they have to agree for the operation, they have to know about the treatment"**

Another common frustration was time constraints often related system difficulties at clinic. Finally, several interpreters discussed the reluctance to use the word "cancer"

**"They call it the killer, the killer, the malignant one always. ...To be honest with you we hate to say, to interpret the word 'cancer' "**

### Theme 3: Need for Training & Support

A key issue identified by interpreters was the lack of an opportunity to de-brief. Some found it difficult to "switch off" and that it intruded on their home life.

**"But what like most of the time when you have bad case like this at the end of the week and you go home definitely it affects you badly"**

While other interpreters took the opportunity to undertake informal peer de-briefing:

**"It's okay because we talk to each other"**

Interpreters recommended that an opportunity to be "mentored" by a qualified interpreter in the field. The importance of up to date knowledge of medical terminology and the desire for communication skills training was also mentioned.

**"I wish if they train us, you know, how to render support to cancer patients"**

### Theme 4: Advice to Oncologists

Many interpreters urged consultants to allow extra time for a CALD consultation, repeat information, summarise, check understanding, invite questions and pace the information according to the speed of translator and the level of understanding and emotional state of the patient and if necessary, schedule a second appointment.

**"So I think um most important thing is to make sure that the patient or the family members can have enough time to ask questions"**

The speed of delivery, use of simple words and the tone that the doctor uses was also noted as important.

**"That would make our job much easier, is for the doctors, clinician to speak slowly a bit"**

## Conclusions

This study highlights the tension that many interpreters face in the cancer consultation. This tension is created by the constraints of their professional guidelines of confidentiality, impartiality and accuracy; lack of time, family members intrusion, cultural differences, particularly the use of the word "cancer" and their need to bring a human face to the encounter with the cancer patient. Resolving these tensions is an important area of research and guideline development in cross-cultural communication. Further training and support should be provided to facilitate interpreters' efficacy in a culturally appropriate manner and enhancing their competence in managing delicate situations from a professional, cultural and psychological perspective. Doctors should be trained in how to collaborate with interpreters to enable culturally competent communication.