

MULTILINGUAL HEALTH: COMMUNICATION STRATEGIES AND MULTICULTURAL CONTACTS WITH NON-SLOVENE-SPEAKING PATIENTS IN THE SLOVENE HEALTHCARE SYSTEM

Multilingual Health: Communication Strategies and Multicultural Contacts with Non-Slovene-Speaking Patients in the Slovene Healthcare System is a monograph providing an overview of the results obtained as part of the “Designing a Multilingual Aid for Better Communication of Migrants with Healthcare Personnel” project that was financially supported by the Slovene Ministry of the Interior with the help of the Asylum, Migration and Integration Fund of the European Union.¹ As part of the project, which was undertaken by an interdisciplinary team of experts in Translation Studies, medical anthropologists, doctors, nurses and a sociologist, an online survey questionnaire was designed to explore how often healthcare providers in Slovenia encounter patients who do not understand Slovene, as well as what language barriers they have to face and how they solve them. The online survey, issued in the autumn of 2016, was completed by 564 healthcare providers, i.e., nurses, doctors, dentists and other healthcare personnel (such as physiotherapists, speech therapists, social workers, radiology engineers and similar professionals). Based on the results obtained through the online survey and other similar studies, the team designed a handbook in eight languages and carried out fourteen training workshops throughout Slovenia. There were 708 healthcare providers who participated in the events. These workshops offered an opportunity to the participants to become familiar with *Multilingual Aid* and the different strategies that help solve intercultural, legal and administrative, as well as language-related problems which may arise in communication with non-Slovene-speaking patients. The present monograph provides a critical analysis of the results of the questionnaire, describes the process of designing *Multilingual Aid*, and offers an assessment of *Multilingual Aid* and the training workshops offered after its publication.

The monograph is divided into two main sections:² the first, entitled *Contacts of Healthcare Providers with Non-Slovene-Speaking Patients: Barriers and Needs*, provides a detailed analysis of the results of an all-Slovene questionnaire addressing healthcare providers.

1 The project was co-funded by the Faculty of Arts (Department of Ethnology and Cultural Anthropology, Department of Translation), the Faculty of Medicine and the Faculty of Health Sciences at the University of Ljubljana, the National Institute of Public Health and the Medical Chamber of Slovenia and was financed by the EU Asylum, Migration and Integration Fund and the Ministry of the Interior of the Republic of Slovenia. Project co-ordinator: Dr Uršula Lipovec Čebren. The team: Dr Nataša Hirci, Vesna Homar, Simona Jazbinšek, Ajda Jelenc, Dr Nike Kocijančič Pokorn, Tanja Korošec, Dr Tamara Mikolič Južnič, Marija Milavec Kapun, Sara Pistožnik, Dr Danica Rotar Pavlič, Mojca Vrečar, Dr Erika Zelko and Tjaša Zidarič.

2 The monograph is designed in such a way that the reader can read it as a whole, or they can select individual chapters that are of particular interest to them. For this reason, all chapters contain the basic elements of a scholarly article; however, for further details, the reader is referred to chapters which focus in more detail on specific issues.

This section consists of five chapters. In Chapter One, Tamara Mikolič Južnič gives a detailed overview of the methods applied in the questionnaire study and of the population it addressed, i.e., the different groups of healthcare providers in Slovene healthcare who, as part of their regular work, encounter non-Slovene-speaking patients. In Chapter Two, Nike K. Pokorn provides an analysis of responses on the foreign languages spoken by healthcare providers, their perception of how well they speak these languages, which languages are used by their patients, and which of those languages pose the greatest challenges in communication with non-Slovene-speaking patients. This chapter also offers guidelines for the most frequently used communication strategies, i.e., ways of solving situations where healthcare providers do not understand their patients and vice versa. The commentary on the results of the survey also takes into account the latest findings in the profession related to this topic and draws attention to those problem-solving strategies which are potentially problematic or unacceptable. In Chapter Three, Marija Milavec Kapun and Nike K. Pokorn analyse the survey responses according to the respondents' healthcare profession, their educational background and the area in which they work. It is evident from the results of their self-assessment of their knowledge of foreign languages that, regardless of the attained level of education, nurses have a lower foreign-language competence compared to doctors or dentists. The reasons for this are most likely related to the level of high school education which is a pre-requisite for enrolling in university-level studies in the area of medicine or healthcare. A comparison of the results shows that the proximity of national (and thus also linguistic) borders has only a partial impact on the language spoken by non-Slovene-speaking patients in a particular region, and that the majority of healthcare providers in all areas mainly encounter Croatian- and Albanian-speaking patients. In Chapter Four, Sara Pistotnik provides an analysis of the results of an online survey intended for healthcare providers to identify other areas (in addition to language) that pose a challenge in communicating with patients who do not speak Slovene. The results have shown that, besides language barriers, it is mostly legal and administrative problems that present the greatest challenge, including inadequate healthcare insurance. It is not only asylum seekers that are encountered by healthcare providers; much more frequently they come into contact with patients who have other legal statuses in the Republic of Slovenia, i.e., persons with a permanent or temporary residence permit, seasonal workers, persons with a retention permit, tourists and the like. Since healthcare rights for these categories of residents are defined in various laws and regulations, this particular area was also included in *Multilingual Aid*. In Chapter Five, Uršula Lipovec Čebroň gives a critical assessment of the survey responses to intercultural misunderstandings which arise in the Slovene healthcare system. The analysis has shown that healthcare providers are aware of intercultural misunderstandings, but are left with no support when solving these or language-related problems. Based on the results of the responses, some strategies

to overcome intercultural misunderstandings are provided and some measures are suggested to help improve contact between healthcare providers and people from other backgrounds.

The most important findings can be summarised as follows: language barriers are increasingly present in healthcare situations in Slovenia, since 94% of healthcare providers who participated in the online survey report having contact with patients who do not speak or understand any Slovene. Their responses have also revealed that healthcare institutions in Slovenia have so far failed to introduce any systemic solution addressing the difficulties in communication between healthcare providers and patients coming from different cultural and linguistic backgrounds. Although healthcare providers would benefit most from the help of interpreters and mediators when dealing with linguistic barriers, there are no interpreters or intercultural mediators trained in healthcare. Last but not least, the survey results also revealed a degree of intolerance among some healthcare providers towards patients coming from different linguistic and cultural backgrounds, which is partly due to inadequate language support when treating such patients.

The second part of the monograph, entitled *Two Steps Towards Multilingual Healthcare*, aims to introduce the development of *Multilingual Aid* and the training workshops organised after its publication. It comprises four chapters. In Chapter One, Nike K. Pokorn explains the reasons for the selection of the eight languages in which *Multilingual Aid* is published. Based on the data obtained, and given our wish to have *Multilingual Aid* used by as many users as possible, priority was given in the final selection to those languages which are used as a *lingua franca* in certain areas, such as: English, Arabic, French, Russian, Chinese and Farsi. The Albanian language was added to the chosen selection, since it seems to be posing the greatest challenges in communication between healthcare providers and their patients in Slovenia. In addition to individual expressions in Standard Albanian, some expressions that are typically used in the Kosovo region were added, specifically, because we wished to make *Multilingual Aid* more user-friendly and understandable to those who do not use Standard Albanian on a regular basis. In Chapter Two, Tamara Mikolič Južnič and Uršula Lipovec Čebtron discuss the translation process, terminological issues and design-related decisions taken when developing *Multilingual Aid*. In Chapter Three, Uršula Čebtron Lipovec, Simona Jazbinšek, Danica Rotar-Pavlič and Vesna Homar first describe and then provide an assessment of the fourteen training workshops for healthcare providers that were carried out in different parts of Slovenia and were attended by 708 participants. Based on the analysis of the evaluation of questionnaires administered to the participants, it can be concluded that healthcare providers from a variety of profiles who attended the training reported that most of their expectations were met. The participants also commended the quality and organisation of the workshops. What is also important to note is that many healthcare providers expressed

a wish for further training and education in this field. In Chapter Four, Nike K. Pokorn, Nataša Hirci, Erika Zelko, Marija Milavec Kapun, Tanja Korošec, Simona Jazbinšek and Tamara Mikolič Južnič provide the results of the usability study on *Multilingual Aid for Better Communication of Migrants with Healthcare Personnel*. The authors first present the implementation and results of the analysis of the written observations produced by the 216 healthcare workers who were involved in role playing and simulations using *Multilingual Aid* when offering healthcare services. These simulations were carried out during the course of the training workshops. Added to this data were the responses to an online survey completed by 203 healthcare providers who actually use *Multilingual Aid* in their practice. The results show that the users are, in general, quite satisfied with *Multilingual Aid*. However, *Multilingual Aid* can only be used to a limited extent in healthcare situations because absence of voice and over-reliance on the written format hinder eye contact between the healthcare provider and their patient and because they do not allow for a quality and thorough medical examination. In fact, the selection of questions and answers in *Multilingual Aid* allows only the most basic treatment and does not offer sufficient support in more complex situations.

Several appendices are also provided at the end of the monograph: a list of guidelines for working with non-Slovene-speaking patients, both with a professional interpreter and with a non-professional or an ad-hoc interpreter present. Special attention is paid to the seating arrangement or the positioning of the interpreter in healthcare settings. Also in the Appendix are the questionnaire sent to healthcare providers in the autumn of 2016 and the evaluation questionnaire completed by healthcare providers after having used *Multilingual Aid* for several months.

The results of the project, which are presented in the monograph, show that many linguistic and cultural misunderstandings arise in communication between healthcare providers and patients who do not understand Slovene. All this can result in poor access to healthcare services and treatments, posing a risk for the safety of patients and entailing an additional burden for the health insurance budget. By designing *Multilingual Aid* in hopes of ensuring better communication between healthcare providers and patients who do not speak Slovene, and by providing the series of training sessions for healthcare providers described and assessed in the present monograph, the project team tried to take a step towards reducing the risk of miscommunication – a reduction that would increase the quality of healthcare services and facilitate improved access to these services.

Translated by Nataša Hirci