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Project Lists

Project 93: Language Brokering in Australian Telehealth: Experiences of Culturally and Linguistically Diverse Women 2

Project 93: Language Brokering in Australian Telehealth: Experiences of Culturally and Linguistically Diverse Women

Supervisor(s): Renu Narchal - r.narchal@westernsydney.edu.au
Principal Supervisor

Emilee Gilbert - e.gilbert@westernsydney.edu.au
Second Supervisor

Project description

The recent resurgence of Telehealth in Australia has prompted the service to become the 'new norm' and/or the preferred way of providing and seeking health care in the current climate. Research has identified some key factors that lead to greater vulnerability and disproportionate patient care and safety for users of Telehealth. For consumers from Culturally and Linguistically Diverse (CALD) groups using Telehealth, language barriers, the absence or minimal social support, and, lower levels of health literacy all give rise to disempowerment in the context of receiving health care (Derose et al., 2007). With COVID-19 increasingly necessitating Telehealth services, there is a pressing need to examine CALD consumers' experiences of healthcare, specifically their negotiation of their biggest barrier, learning the language of the host culture (Cila & Lalonde, 2015). In the context of receiving healthcare, migrants, refugees or humanitarian entrants' lack of language proficiency of the host country's language may result in compromised or adverse health care outcomes, misunderstanding during care-seeking sessions (Squires & Jacobs, 2016; Suurmond et al., 2011; Suurmond et.al. 2016), or a misdiagnosis (Quan & Lynch, 2010). Using professional interpreters to carry out 3-way communication helps to overcome the language barrier during medical settings. However, due to the lack of appropriate services and bilingual health professionals, there may often be a delay in receiving health care. The current NSW Health policy explicitly excludes the use of non-professional interpretation in health-care settings due to the possibility of incorrect interpretation, potential for misinterpretation, or inaccurate information (NSW Health Service; Australian Government Department of Social Justice). However, evidence suggests that despite the relatively free access, professional interpreters are not widely used by GPs and Specialists (Centre for Primary Health Care and Equity, The University of New South Wales) with greater reliance on informal interpreters. Therefore, it is likely that family members or friends may be relied on to be the informal interpreters for CALD consumers. Research shows that using informal interpreters known as language brokers in literature (Tse, 1996), is a gendered issue within CALD communities, with the majority of CALD women (around 82%) requiring the help of family or friends (Schaafsma, et al., 2003). The enhanced need of trained health interpreters during health consults during Covid-19, and greater reliance on the use of interpretation service from members of the family including children and young people (language brokers), may impact negatively on the wellbeing both of consumers and the interpreters (Flores, 2005; Kam, 2011).

Project Aims

Data from the Australian Bureau of Statistics (ABS; 2016), indicates that approximately 33% of the population in Australia were born overseas, further 49% were either born overseas or have one or both parents born overseas. Additionally, an approximate 820, 000 individuals do not speak English proficiently or do not speak it at all (ABS, 2019). There is evidence of language brokering (informal interpreting) by children and young people in health settings within the Australian context (Narchal, 2013; Narchal, 2016; Tomasi & Narchal, 2019), with brokering more likely than ever to be on the rise with family members or friends stepping up as their informal interpreters (Meeuwesen et al. 2011). Language brokering for, and on behalf of, parents can place the broker in a position of power and authority over a parent (Weisskirch, 2010), resulting in 'parentification' or 'role reversal'. Under the current pandemic, this may have occurred where the young broker may have assumed the responsibility of keeping their family safe and may have also acted on their behalf during Telehealth sessions. This ownership of responsibility may place brokers under extreme stress, specifically due to immense pressure and stress to translate accurately within medical settings (Antonini, 2016).

There is sparse research on CALD consumers' perspectives on the use of language brokers (informal interpreters), and the trust placed on them (Brisset et al., 2013; Rob & Greenhalgh, 2006). This is particularly the case for CALD women in the context of using Telehealth. There is also a distinct lack of research addressing how informal interpreters experience their role as broker, and the strategies involved in communicating health information to consumers of Telehealth. To address these gaps, this research will explore the following research questions:

1. What are CALD women's experiences of using language brokers (informal interpreters) during Telehealth consults?
2. How do language brokers (informal interpreters) construct and experience their role as communicators of health information to CALD women during Telehealth sessions?

Project Methods

Research Design: This project is part of an ongoing program of research on CALD women's access to healthcare, led by Dr Renu Narchal (Narchal, 2014; Narchal, 2016; Tomasi & Narchal, 2019; and as co-investigator on ARC-Linkage and co-author on Meusela et al., 2017; Ussher et al., 2017) in collaboration with Dr Emilee Gilbert. Located in the School of Psychology, and forming a key area of inquiry with the newly established Equity and Diversity Research Group, the project will adopt a qualitative methodology, using one-to-one semi-structured interviews with a purposively selected sample.

Participants and Sample Size: The student will be involved in all the stages of this research including recruitment of participants, conducting interviews, transcribing, coding, analysing and manuscript preparation. A target sample of 16 participants will comprise two groups: 1) 8 Women from CALD communities who have utilised the service of an informal interpreter (language broker) during Telehealth sessions; 2) 8 Informal interpreters (language Brokers) who have brokered for CALD women during Telehealth sessions. All participants will be recruited locally via Community Migrant Resource Centre, Parramatta, and other Diversity Services throughout Greater Western Sydney. Snowballing, and convenience sampling will also be used. This preparatory work will be conducted by supervisors e.g. request assistance in recruitment from potential organisations to facilitate the process. These methods of recruitment have been successful for the researchers in other funded projects (P00021318; LP0883344). A total of 16 participants is sufficiently large to include a broad cross-section of CALD women consumers and their informal interpreters, but is not so large that it compromises the feasibility of the study or the integrity of the qualitative data

set. A sample of 8 per group is sufficient to allow for examination of substrata and group differences and commonalities, based on research on CALD women and healthcare previously conducted by Dr Narchal, (Meusela et al., 2017; Tomasi & Narchal, 2019; Ussher et al., 2017) as well as recommendations regarding sample size for interviews.

Eligibility: All CALD women aged 18 years and above who have accessed a Telehealth session during the last twelve months, and who have used a language broker (informal interpreter) over the age of 18 years during a Telehealth session will be eligible to participate. All informal interpreters aged 18 years and above who have assisted a CALD women during a Telehealth session during the last twelve months will be eligible to participate. We will aim to recruit participant dyads, but where this is not possible non-dyad CALD women consumers and informal interpreters will also be eligible to participate.

Individual Interviews with CALD women and language brokers (informal interpreters): The in-depth interviews with CALD women consumers will explore their experiences of accessing a language broker (informal interpreter), experiences of information communication with the interpreter – including whether the interpreter hinders or helps the communication of health information, and the trust relationship between the consumer and the language broker (informal interpreter). The interviews with the language broker (informal interpreters) will explore their experience of their role as interpreter, how they negotiate the communication of stressful health information, and their experience of the relationship between the patient and the interpreter.

Data Analysis: Following Braun and Clarke (2013), the data will be thematically analysed. The student will be trained and supervised in the stages of: data familiarisation; generation of codes; searching for themes; reviewing themes; and refining and naming themes.

Opportunity for Skill Development

This project offers the opportunity for the development and training of a Psychology student, who will work with an experienced interdisciplinary supervisory team in the School of Psychology–Equity and Diversity Research Group. The School offers a rich, scholarly environment with a well-equipped infra-structure to support research. The qualitative design of the project will enable the potential student to receive training in literature searches and reviewing, interviewing techniques – including discussing sensitive issue with diverse communities; critical approaches to health, health psychology, gender and cultural studies; broad training in qualitative methods and analysis; as will develop skills associated with the writing up and publication of the project with the supervisors. In fact, the qualitative design of this project offers an immense opportunity for a Psychology student to gain experience in a research technique/methodology that it hitherto lacking in the Psychology curriculum (until fourth year). At the same time, the topic and location of the project – with the Equity and Diversity Research Group –centres on core principles and practices for WSU – who lead the sector in many equality policies and practices. In the recent Times Higher Education (THE) Impact Ranking - United Nations Sustainable Development Goals (SDG) - WSU's Field-weighted Citation Impact for "Gender Equality" is outstanding, with a substantial quantum of WSU publications relating also to "Reduced Inequalities", and "Good health and Wellbeing" (the core issues addressed in this project). In this way, the student will have the opportunity to contribute to the excellent and innovative new research and outstanding quality in research and scholarship on the issue of equity and diversity at WSU.

Students are required to have the following skills/meet the following pre-requisite(s) to apply

The student researcher will be a 3rd year student from the School of Psychology, who is passionate about working with culturally and linguistically diverse groups, and qualitative research methods. In the interests of Equity and Diversity, the ideal candidate would be a woman from a Culturally and Linguistically Diverse (CALD) background