CULTURAL DIVERSITY AT WORK

Staff negotiating difference
at two children's hospitals in Sydney

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Acknowledgements

Principal Researchers

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Research Partners

- Sydney Children's Hospital
- The Children's Hospital at Westmead
- Multicultural Health Service (SESIAHS)
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Are You Talking To Me?
Negotiating the Challenge of Cultural Diversity in Children's Health Care
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CULTURAL DIVERSITY IN CHILDREN'S HEALTH CARE

What has been missing from existing research?

- Most studies are undertaken in the US & UK
- Emphasis on obstetric & early paediatric care
- Over-emphasis on ‘measuring’ importance of ‘ethnicity’
- Cultural relationships are seen as secondary
- Lack of research within Australian health sites

Aims of project

- Illuminate multiple points of interaction between providers & users of health services
- Identify varying capacities to negotiate differences
- Explore implications of current practices and ‘cultural mismatches’
- Examine the need for a system that actively responds to all children’s differences

- Sydney Children’s Hospital (SCH)
- The Children’s Hospital at Westmead (CHW)

A multi-method approach

- Quantitative & qualitative research techniques
- Interweaving of methodologies brings a greater level of sophistication to the findings
- Highlights the advantages & disadvantages inherent in both methods
- Provides a more comprehensive evidence base

Pilot Qualitative Components

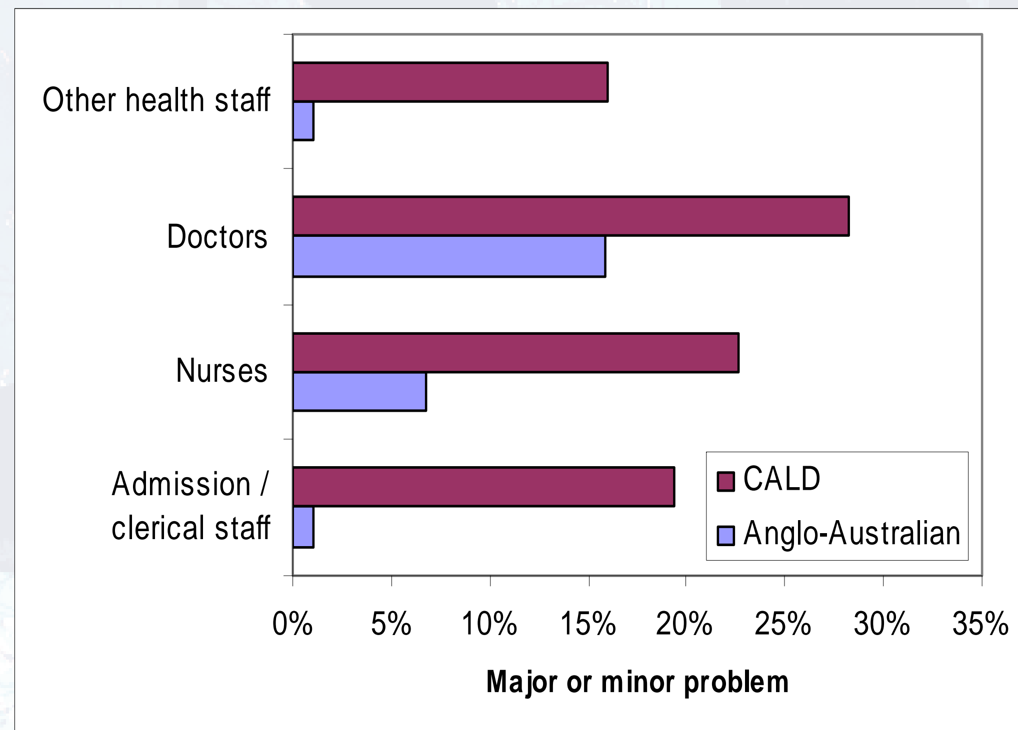
- ‘We all come from somewhere: SCH’ (2002)
- ‘Culture, health & parenting in everyday life’ (SCH) (2006)
- ‘Cultural diversity “at work”: CHW’ (2007)

Quantitative Component

- A multi-lingual telephone survey (30 mins)
- 9 languages: English, Arabic, Chinese (Mandarin & Cantonese), Vietnamese, Tamil, Farsi, Korean, Tagalog & Bahasa-Indonesian
- Designed & developed by the research team
- Interpreters were trained
- 269 responses received (analysed SPSS)

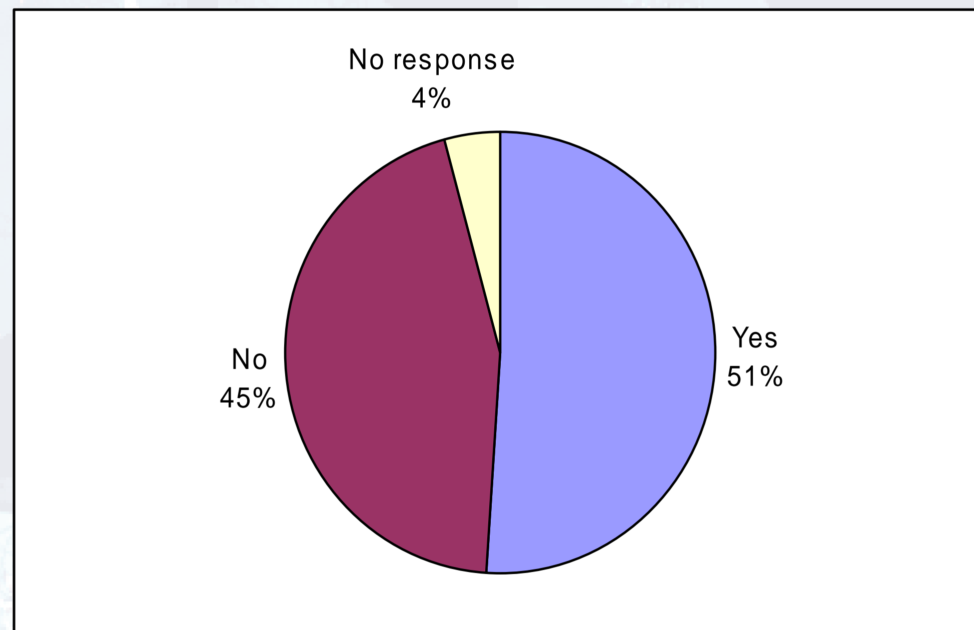
Quantitative Component
Major Findings

Significant communication issues with a range of hospital staff



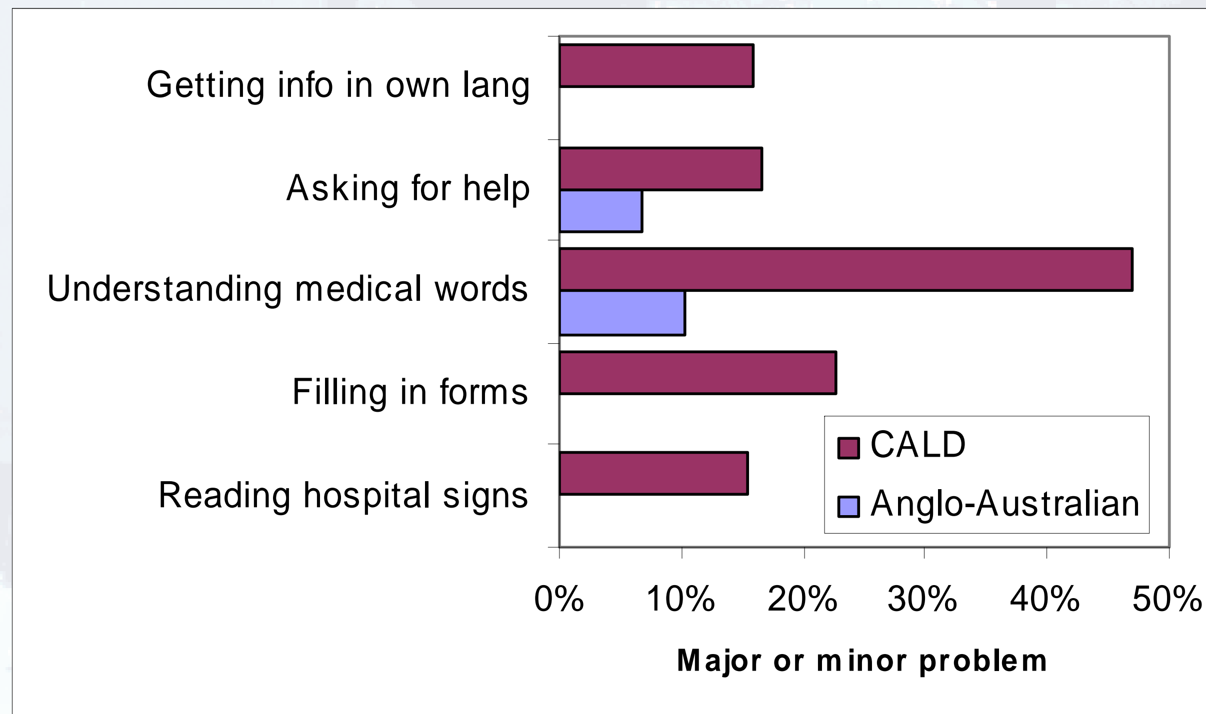
Quantitative Component

Did family or friends interpret between child's family and staff?



Quantitative Component

Problems encountered during your child's stay



Qualitative Component

- 7 families

  (Chinese PRC, Egyptian, Indian, Iraqi, Bangladeshi, Samoan & Lebanese)

- Why these families?

  Children had a chronic illness/injury (kidney failure, HIV, brain injury, spina bifida, cerebral palsy, cancer & cystic fibrosis)

  Spanned a range of migration, settlement, familial & health experiences

- Interviewed each family over 3-4 month period (2007), including young people, parents & significant carers.

- Interviewed individual core health team members over 3-4 month period (2007), undertook team focus groups & observed clinical meetings with & without family.

Major Findings

- Consistent diversity health care training remains a challenge. This places a large responsibility onto health care providers to respond at an individual level.

- Many children/young people whether they be 1st, 2nd or 3rd generation CALD, inhabit a range of cultural worlds.

- While health consumers are generally satisfied with the quality of health care provided, this does not necessarily indicate effective communication between staff, young people and their families.

Major Findings

- There are a number of false assumptions that circulate about the use of health care facilities by CALD families when accessing paediatric hospitals.

- While the interpreter service is well-utilised, issues concerning access, availability, use and role of interpreters are compromising safety and quality of care.

- Although there has been an increase in multilingual signage, further signs and written information is essential.

Major Findings

- The existing model of transition from child to adult services is premised on Western understandings of childhood, adolescence & adulthood.

- Families indicated that on-going treatment for a child with a chronic illness resulted in increased stress & disruption to family life.

- While generally not overt, some criticism by health providers implied specific ethnic groups were associated with particular behaviours.

Major Findings

- Culturally diverse populations are not accurately reflected in the data collected by children's hospitals because they do not collect the parents' country of birth or cultural background.

- Children/young people with chronic illness often have complex needs that can be compounded for recent arrivals, particularly refugee families.

- Recruitment practices need to further target diverse communities and improve integration of all staff into hospital culture.

Concluding remarks

The need for a philosophical shift that equates with the reality of a multicultural Australia. Part of this reality is that cultural diversity is more than linguistic communication, albeit the latter is an essential component. Rather culture is a set of complex inter-related practices, understandings, values, collective histories and personal experiences that we all (staff, children & families alike) bring to every health encounter.

Concluding remarks

In conjunction with this philosophical shift, the concept of 'cultural diversity' needs to be taken up:

- as core hospital business
- in a whole-of-system approach
- identifying multiple entry points at local & state level
- linking up with safety & quality reporting mechanisms