

Paper: Community nurses appreciating Aboriginal English and culture to enhance community assessment

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Introduction

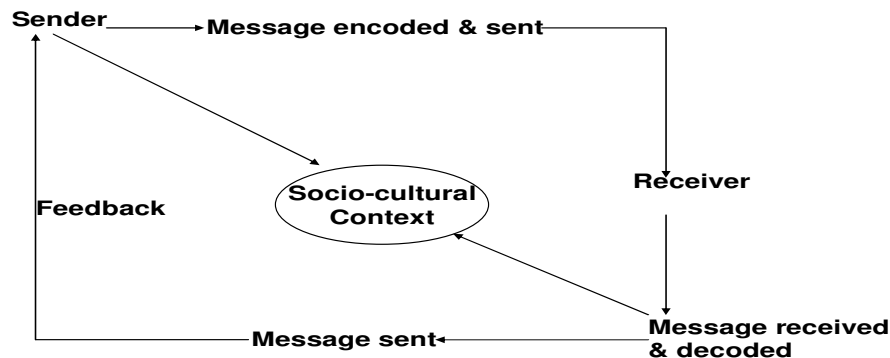
Community nurses conduct assessments to obtain data to identify demographics, health issues, and strengths and weaknesses of a given community. Community nurses gather both epidemiological and qualitative data to assist them to diagnose, plan, implement and evaluate health service delivery in the community. Through assessment community nurses gain insight into a community's social issues, attitudes, and values. This information facilitates nurses to work collaboratively with people for the purpose of improving their quality of life (Wass 2000). Nurses interview their clients, often using English language, to obtain data. The use of English language is predicated on certain cultural assumptions with respect to communication and information. Aboriginal peoples' language comes from their socio-cultural context. Therefore, words that mean one thing in everyday Standard English may not necessarily mean the same in Aboriginal English. Hence, conducting a community assessment on Aboriginal people can be fraught with difficulties if nurses and clients are communicating from different cultural assumptions. For example, I was working with an Aboriginal client who apparently complained of a headache for which I promptly administered Panadol, as prescribed by the doctor. However, two hours later the client was still touching his forehead and appeared to be in pain. Fortunately, I had the sense to ask an interpreter to find out what was happening with the client. The interpreter informed me that the client had family problems that were giving him 'a pain in the head' as opposed to having a headache, as I understood the word 'headache' to mean in Standard English. This paper reminds community nurses to appreciate Aboriginal English and culture when conducting community assessments with Aboriginal people. Issues such as questioning technique, engaging in silence, obtaining personal information, asking affirmative and negative questions, and interpreting Aboriginal peoples' answers will be discussed. Strategies that nurses can use to enhance community assessment are presented.

Communication- a key to community assessment

Community assessment, as nurses understand it, is a political process informed by primary health care principles that incorporate social as well as physical determinants of ill health. The assessment is often undertaken in the context of philosophies and initiatives that stem from a broader perspective. This means culture, mores, and values play an important role when nurses conduct community assessment. At one level, community assessment involves two-way communication that unfolds as a purposive conversation that is bi-directional rather than uni-directional. At another level, communication is the medium through which messages are sent and received between people. There are many ways a message can be sent. For instance, people communicate through speech, written materials, use of body language, by the way people wear their clothes, the possessions they own, and by their behaviour. Powell (2000) reports communication may be considered effective when the sender of a message perceives the recipient of the message has understood what is being communicated. For this to occur, the sender encodes the message and sends it to the

receiver of the message who then has to decode the message in order to make sense of it. Both the sender and receiver encode and decode the message from the standpoint of their socio-cultural context. As the reader is aware communication clearly involves deeper and much more complex thought processes that are intentionally not touched upon in this paper.

The diagram below is only a rudimentary example of communication between people.



When words hold different meanings for people from another cultural background, miscommunications can easily result (Powell 2000). The potential for miscommunication is relatively high when fundamental differences exist with respect to language and culture. In some cultures it may be considered rude to ask a person a direct question. As well, the medium the sender has selected as appropriate to send the message may not be appropriate for the receiver. For example, a written medium may not be well received by someone who predominantly engages in oral culture as is with Aboriginal people (Powell 2000).

Aboriginal English language and culture

Language is the most important medium of human communication. Language is a direct reflection of a given culture and its belief system. Since the 60's linguists have accepted Aboriginal English as having its own rules (Smith 2001). Malcolm (1995: 19) defines Aboriginal English as the many types of English spoken by Aboriginal and Torres Strait Islander persons that differs at all levels of linguistic structure from Standard English, that is, in accents, words, grammar, and meaning. Malcolm argued that the Standard English language was incapable of capturing all the cultural imperatives, values and context of Aboriginal language. According to Smith (2001), Aboriginal people developed Aboriginal English based on their own language and not from 'pidgin' English, contrary to some peoples' views. It is not surprising, therefore, that there are a number of Aboriginal English dialects being used in Australia, ranging from Aboriginal English closely resembling Standard English to that which does not resemble Standard English. The later is more widely spoken in the remote areas of Australia (Smith 2001). Thus, one cannot assume that all Aboriginal people are speaking the same type of Aboriginal English. Also Aboriginal English may be

spoken as second, third, or even fourth language by Aboriginal people. Moreover, Aboriginal English may contain words that convey different meanings, depending on where the Aboriginal person comes from. For instance, Nyungar Aboriginal English contains words from Nyungar, the Aboriginal language from the south west of Western Australia. Similarly, Koori Aboriginal English will most likely contain words from the language of the Koori people of New South Wales and Victoria (Powell 2000). Language that Aboriginal people use conveys their culture and social reality. Aboriginal people interpret reality in their own way and this eventually becomes embedded in their language as concepts with specific meanings. For example, the concept of 'family' in Aboriginal culture means complex relationships and collective responsibilities. In Anglo-Australian culture, the concept of 'family' usually represents the nuclear family with parents and a couple of children with individual responsibilities. Similarly, the word 'mother' in Aboriginal English means, a woman who has given birth to a child and her sisters. This is part of the continuity of Aboriginal kinship where a mother's sisters are awarded the same rights and responsibilities as the biological mother. This can have implications for community nurses who are trying to work with the 'mother' of the child with respect to health advice and advocacy.

Eades (1991) alludes to certain crucial elements that encapsulate Aboriginal culture and language. One of these elements is continued commitment to family members. Aboriginal kin include a wide group of people who play a major role in all interactions and aspects of daily life. Therefore, community nurses have to interact with a myriad of family members rather than the immediate family as understood by Anglo-Australian people. There is however restrictions to communication between certain members of kinship, such as, mother in laws are not permitted to interact directly with son-in-laws. This may be problematic when community nurses are faced with dealing with issues such as domestic violence in the family. The other element, as indicated by Eades (1991), is the importance of non-directness in social interactions. Most community assessment forms contain direct questioning format that may be inappropriate for use with Aboriginal people. This coupled with Aboriginal English having its own nuances and meanings can be a challenge to community nurses. Whilst it is assumed that community nurses know how to communicate appropriately with Aboriginal clients during assessment, the following strategies may be useful points of reference to re-visit.

Strategies to enhance community assessment with Aboriginal clients

Asking questions

As indicated earlier, the purpose of conducting a community assessment is to gather various data from clients. Asking questions is the norm in assessment. However, with Aboriginal clients, community nurses need to be mindful of the manner in which they ask questions. One-way or uni-directional questioning must be avoided. Instead nurses need to engage in two-way exchanges with their Aboriginal clients. Aboriginal people are not accustomed to the question-answer discourse as Anglo-Australian clients. They are not used to giving personal information in a direct manner. So if they are asked a direct personal question, an Aboriginal person is likely to say, 'I don't know'. This does not mean that the person is being difficult. It merely lets the nurse know that the type of questioning is inappropriate. Instead if the nurse is to ask, 'how

is your family? I am wondering about how you are going with your sore leg eh? ... 'I need to know' ...the Aboriginal client is likely to talk freely. Trying to get to know the Aboriginal client's family is useful to gain trust and build rapport with the client. This will ease the path for effective communication and data attainment from the client. It is crucial to avoid questions that start with, 'did you' or 'do you' that are auxiliary verbs often used at the beginning of a sentence in Standard English. In Aboriginal English, no such verbs are used and statements end with an 'eh' or rising intonation (Eades 1992: 36).

Aboriginal people generally interact at a micro level with people they know well. Information is not easily accessible with some members of the Aboriginal community having exclusive rights to certain information. For example, Aboriginal women are the sole custodians of 'women's businesses' such as gynaecological issues specific to women. If nurses need to obtain gynaecological information, it is better to start with general health issues and then zone in on the gynaecological issue. As well, it is important for community nurses to avoid asking 'either or' questions. If Aboriginal clients are asked to choose an alternative, they are most likely to select the last alternative. This is because alternative questions are not part of their language (Cooke 1995). Moreover, if an Aboriginal client answers 'yes' to a question it does not necessarily mean 'I agree with you'. Rather it may mean, 'I wish to be courteous and obliging so that you [the nurse] will think well of me' (Eades 1992).

The role of silence

Silence in Aboriginal people means time to think and enjoy another person's presence. Eades (1992) explains that Aboriginal people consider silence as a valued aspect of any conversation. This is contrary to Anglo-Australian society's view of silence being a negative attribute responsible for the breakdown in conversation. Therefore, if Aboriginal clients fall silent during the assessment, community nurses need to ask themselves questions such as does the client understand what is being asked? Are they too tired to talk? Maybe the client does not have the authority or permission to talk about what is being asked of them? Perhaps the client does not believe the nurse is entitled to hear the information. Being cognisant of these questions can be helpful in ascertaining the reason for the silence and to act accordingly (Powell 2000). It is important for community nurses to respect silence in Aboriginal clients and to wait until they are ready to give substantial information.

Understanding temporal and spatial context

Asking Aboriginal people for specific time, location or quantity can be difficult. This is because Aboriginal people often do not use quantifiable specifications, for example, use of numbers or to name days of the week or month. Thus, if the community nurse is to ask the Aboriginal client 'how tall are you?' They are likely to gesture with their hand the approximate height. Similarly, Aboriginal people use events or situations to describe time references for past or future happenings. So if the nurse is to ask the mother, how long has the child been vomiting? They are likely to say 'the child was sick until aunty Joan left the house'. The use of gestures and description of events by Aboriginal clients needs to be considered carefully by nurses if they are to obtain accurate assessment data (Eades 1992).

Other considerations

It is important for community nurses to consider information about Aboriginal clients that does not fit with their perceptions or assumptions. By following leads that seem inconsistent with clients' presenting health and or social problems, nurses are more likely to gather the correct information. Powell (2000) termed this action by nurses as engaging in diverse array of hypotheses. Also nurses need to be aware that Aboriginal people tend to avoid eye contact when speaking with another person. The avoidance of eye contact is a sign of politeness for Aboriginal people. It does not mean Aboriginal clients are dishonest, rude, or evasive as one can assume the case to be if the client is Anglo-Australian. The environment where the assessment is conducted needs to be spacious for Aboriginal people. Conducting the interview on the veranda may be more appropriate than a small office. Being mindful of gratuitous concurrence is helpful where the Aboriginal Client may answer with an affirmative to every question being asked so as to terminate the interview quickly and leave. Therefore, community nurses need to be patient and allow Aboriginal clients to tell their narrative in their own way.

Conclusion

In this paper, community nurses appreciating Aboriginal English and culture to enhance community assessment is presented. The author advises readers that the information in this paper is by no means exhaustive. Nevertheless, the paper is a reminder to community nurses that whilst the majority of Aboriginal clients may use English at a conversational level, few are fluent enough in Standard English. Furthermore, not all Aboriginal clients are bi-culturally competent. If they are not there is a high risk of miss-communication. As community nurses we must be aware of the culture and language use by Aboriginal people so that their health and social needs are met optimally.

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