

Telephone interpreting in sexual and reproductive health settings with Burma born refugees post settlement in Australia: Can it work?

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Background

Telephone interpretation does allow quick access to quality interpreters, however in the context of sexual and reproductive health (SRH) consultations, concerns about feasibility, acceptability, suitability, and performance quality have been raised mainly due to the interpreter's physical absence from the consultation. Alternatively, despite the widespread use and fast growth of telephone interpretation across the globe, there is little research on telephone interpreting in SRH consultations.

Methods

In Australia health care professionals (doctors, nurses, midwives), bilingual supporting staff (interpreters, social workers, settlement workers, community liaison officers) and administrative staff (practice managers, reception staff) work jointly to provide primary care services to refugees. Semi-structured interviews were conducted with 29 providers of refugee services (PRS) working with Burma born refugees, focusing on their opinion about the utility of telephone interpretation in SRH consults. Interviews were audio recorded, transcribed and subject to thematic analysis by two independent researchers. Key results were formulated after a consensus discussion.

Results

Face to face interpreting was preferred by all PRS because of improved interpersonal communication such as clear turn-taking, improved coordination, better rapport and the facilitation of cross-cultural understanding with additional non-verbal cues. However, all PRS unanimously agreed that telephone interpreting is crucial in specific SRH consults where confidentiality is paramount. Scenarios such as HIV positive patients, or those with unplanned pregnancy where patients had close ties with on-site interpreters required telephone interpreters.

Conclusion

A collaborative approach which includes both telephone and face to face interpreting can significantly improve SRH services for refugee patients. Participants recommended a system change to allow nomination of interpreter preference at the time of booking the appointment. A follow up phone call between practitioner and

interpreter for feedback on the consultation would help both professionals to provide better patient centered care.

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