WE CAN’T TREAT PATIENTS PROPERLY IF WE DON’T UNDERSTAND THEIR LANGUAGE

GOOD COMMUNICATION PRACTICES HELP TO OVERCOME LANGUAGE BARRIERS IN HEALTH FACILITIES IN THE ROHINGYA RESPONSE

Previous research by Translators without Borders (TWB) on healthcare service delivery in Cox’s Bazar showed that a lack of language skills and cultural awareness hindered access to healthcare services for Rohingya refugees. This could turn seeking health services into an obstacle course. To better understand how to overcome these barriers, we went back to the health facilities from which we collected data during our previous research. We talked with both the healthcare service providers and their patients, to understand further if good language and communication practices help to provide quality healthcare services to Rohingya refugees. This report summarizes operationally relevant findings from in-depth interviews and observations and provides some actionable recommendations for healthcare service providers and health sector as a whole in Cox’s Bazar.

Summary: what you absolutely need to know

Participants of all in-depth interviews reported at least one good language and communication practice in health facilities. The most commonly cited good practices that help to overcome language barriers included:

- Using the Rohingya language with Rohingya patients as much as possible. Clear, accurate
and meaningful two-way communication between healthcare service providers and Rohingya patients is critical to ensure the quality of healthcare and effectiveness of medication, and the satisfaction of both the service providers and patients. All participants stressed the importance of appropriately understanding the language of their patients, however, such need was yet to be fully met in reality due to inadequate resources, including staff, to support communication.

- **Providing training on medical terminologies in Rohingya language to staff working in health facilities.** Medical terminologies in Rohingya language are different from Chittagonian accent and even Chittagonian-speakers face difficulties understanding, translating and explaining these terms. There are examples of good practices on language and communication in health facilities, which include the use of interpreters and cultural mediators to ensure that the doctors are well-understood and the patients, at the same time, have the opportunity to ask questions. Training on Rohingya medical terminology can further help to bridge existing communication gaps.

- **Hiring staff for different support roles, such as patient navigators or cultural mediators.** Cultural differences and lower levels of health literacy might cause confusion among patients about changes in medication and treatment plans. This can have negative consequences in service delivery by the healthcare staff. Non-medical staff who speak the Rohingya language and are familiar with Rohingya culture, can be engaged to take the time to listen and explain. The staff can play important roles in a health facility to ensure effective communication and to limit stress and frustration for patients.

- **Ensuring that staff at all levels of a health facility receive training on culturally appropriate language and communication.** Language, culture, and communication are interconnected. Understanding Rohingya worldviews and cultural norms is essential to understand how patients communicate, to prevent misunderstandings, and to ensure privacy for communicating concerns. Empathy and respect in communication are crucial for patients to establish trust and feel comfortable. This starts at the entrance, where patients meet with security guards.

- **Checking patients’ understanding of what has been discussed during consultations.** Asking straight-jacket questions is not always appropriate in Rohingya culture, and patients might feel intimidated. Asking patients what they understood and paying attention to their body language can help identify difficulties in comprehension.

- **Improving inclusive communication practices to attend people with disabilities.** People living with disabilities are supposed to get services at health facilities, but in most cases, they face more challenges than other patients due to inappropriate language or
communication support, such as sign language interpreters. Visual information materials can help to overcome communication barriers with people with speaking or hearing impairment. They are also useful when communicating with patients with lower literacy, but signs and symbols used to explain medication dosage are not always understood by patients or people they ask for help outside the health facility.
Acknowledging the importance of language and communication is vital for quality healthcare service delivery

Good language and communication practices are essential to providing quality healthcare services and make the difference between understanding and treating a patient’s health issue or providing inappropriate or inadequate care. Health providers and support staff strongly noted the importance of prioritizing language and communication.

“If we do not understand the language of the patient then how can we provide treatment to them? That’s why it is a high priority of course.”

- Doctor, Camp 25

While all participants considered language and communication a priority in the health facilities where they work, they also felt that more could be done to improve communication practices in their respective health facilities as well as in the health sector in general. Most importantly, they felt that they were lacking the resources, including staff, to attend to patients’ language and communication needs. Interpreters play a vital role to ensure a mutual understanding between healthcare service providers and patients, but health facilities do not have enough qualified interpreters. Instead, the task is often given to Community Health Workers, who have other responsibilities. Participants reported that many health care providers are overworked and feel stressed about attending to too many patients per day. As a result many are overwhelmed by the medical challenges they face in their work, leaving insufficient time and resources to prioritize language and communication.

Precisely because of the lack of time and resources, a doctor in Kutupalong explained that communication must be prioritized in health facilities, as poor communication further strains on scarce resources. Patients who don’t understand their diagnosis, prescribed medication, or treatment plan will return to the health facility or visit different health facilities in search of explanation or because their conditions have been deteriorated. This means a duplication of services, a loss of time for patients and health care providers, and often also additional costs for patients who have to pay for transportation and medicines as well.

“If everybody was concerned about communication and tried to improve it, the entire health sector would improve with better services.”

- Doctor, Kutupalong RC

Miscommunication can drive patients’ perceptions toward not being provided with adequate care. Rohingya patients described in their interviews taking extra steps to verify that they received the correct treatment. Two patients described double checking their prescription, by
asking a local pharmacist or NGO worker about the medication they received from the health facility. This also proved to be difficult, as one of these patients explained, because some pharmacists are reluctant to answer questions if they are not also selling medication or without being paid for their services. It is therefore essential to ensure good communication practices in all health facilities.

**Interpretation services help overcome language barriers, including for speakers of Chittagonian**

Most health care providers we talked to recognized the importance of speaking with their patients in the Rohingya language. Many of those who have been working in the response for a longer time said that they are now able to understand Rohingya and think that the language gap is reducing. This perception might be misleading, though, as many Rohingya community members said they were still fluent in the Rohingya language and faced major difficulties understanding other languages. Rohingya patients also reported that even simple Rohingya words, like “another disease” (areklainor biaram), “insufficient nutrition” (shotti hom), “bleeding” (khun zoon), or “lack of sleep” (ghum nowor) are often not understood by health service providers. Efforts in bridging language gaps thus remain vital to ensure comprehension and to prevent miscommunication and misunderstanding.

“I see language barriers as a great problem here. Sometimes when doctors and nurses can’t understand the patient properly or the patient doesn’t agree with them, doctors and nurses become annoyed, but it all happens because of not understanding each other properly.”

- Cultural mediator, Kutupalong RC

Some health care providers reported that they took extra measures to improve their Rohingya language skills and terminology use. A medical assistant reported watching YouTube videos to learn the Rohingya language, while another tried to learn from other staff, and another kept a journal on Rohingya medical terminology he collected from patients. While these measures have helped with their understanding of the language, they stressed that explaining medical terms can still be very difficult for them.
“I’m from Chittagong city, so I can relate to the language that Rohingya people speak. In the early days, I used to understand 70-75%, but I had some difficulties because of their accent. Their culture also has a strong influence on the language, which was a bit difficult for us. Gradually I got acquainted with the language and now I can understand quite well, 80-85%. A normal conversation is easy to understand even with a language barrier, but explaining medical terms is not easy.”

- Doctor, Kutupalong RC

Difficulties with translating and explaining medical terms exist for speakers of Bangla and other languages as well as for Chittagonian-speaking health care providers. While Chittagonian speakers find it easier to communicate with Rohingya speakers, they still need translation support as medical terminology in Rohingya is different from Chittagonian. Many Cittagonian-speaking doctors and health staff explained that although they are generally able to communicate with Rohingya community members, they rely on qualified interpreters, community health workers, or other volunteers to provide interpretation support on more complicated issues.

Differences between Rohingya and Chittagonian not only exist in relation to terminology but also pertain to tone and pronunciation. This makes communication difficult for Chittagonian speakers, for newly appointed staff and for professional translators and interpreters. A qualified interpreter explained that even though he was a native Chittagonian-speaker and familiar with Rohingya language and culture, he faced communication barriers and had to rely on additional translation tools.

“There are many differences between Chittagonian and Rohingya language, especially in tone and pronunciation. Even for people from Chittagong area it is challenging to communicate properly with Rohingya. [...] The TWB Bangladesh Glossary for the response is very effective, containing many of the terms we need and explaining pronunciations.”

- Interpreter, Camp 25

Many providers reported that they had received training on interpersonal communication with patients at the start of their employment, but none of them had received training on Rohingya language and medical terminology, on how to deal with language barriers, or on guidelines for humanitarian interpretation. Community health workers, who regularly act as interpreters between doctors and patients, often did not receive any language training either, but stated that training on terminology and interpretation would be useful for them.
Patient navigators and cultural mediators can provide crucial communication support

The misunderstandings and stressful situations are mostly linked to a lower level of health literacy among Rohingya patients and the differences between healthcare service providers’ and Rohingya cultural norms and worldviews. Patients might have received injections in the past and find it difficult to understand why they are now given pills, or they find it difficult to understand a medical concept like chronic disease because it doesn’t exist in the Rohingya worldview. Empathic communication, cultural understanding, and explanations in the Rohingya language are critical for healthcare service providers to understand patients’ concerns and to help patients understand.

In the health facilities we observed, non-medical staff played a vital role in managing these situations. They do not only interpret for patients and service-providers interactions, but also help patients to find their way through the health facility, explain prescriptions or side effects of medication, and answer the questions. These support staff enable healthcare service providers to focus on medical care, rather than other ancillary issues, and help minimize patient frustration during their visit.

“We have immense cultural differences with Rohingya people, which sometimes interrupt our work. For example, patients are given types of food in the morning which they don’t like, because they are used to eating rice in the morning. When someone comes to visit the patient, we tell them to take off their Burkha so that they don’t spread infections, but they are often reluctant to do so. When I explain to them in the Rohingya language, they listen to me, and I can convince them.”

- Cultural mediator, Kutupalong RC

Having dedicated staff who take the time to listen and explain in the language that patients feel comfortable can make a significant difference. One of the health facilities we visited had a dedicated medicine dispensing corner. In this facility, the pharmacists call patients by their names serially and describe the medication to the respective patients, and answer patients’ questions in Rohingya language. The health facility had support staff in a “patient navigator” role, who directed patients to the right place in the facility, as well as “cultural mediators,” who provided interpretation services, discussed sensitive topics with patients, and answered patients’ questions. As several support staff explained, speaking to patients in Rohingya language, having an understanding of Rohingya culture, and being able to take time to explain creates a relationship of trust with the patient that facilitates communication and eases the patients’ stress.
Good language and communication practice means providers ensure respect, empathy and culturally appropriateness in their interactions

A patient noted how cultural differences affect her experience with doctors. In Rohingya culture, it is important to greet someone properly. It impacts a patient’s confidence and trust and can set the tone for the rest of the health facility visit.

A patient’s first interaction at a health facility is usually with a security guard at the entrance. Both healthcare service providers and patients described how this first interaction at the entrance can cause stress and frustration to patients when they are unable to communicate their needs and requests to the guards to be allowed to enter. A negative interaction can agitate a patient who is already feeling unwell.

“When a patient arrives to seek treatment in a health facility, guards are the first contact for them. And the patients already have some stress. So, if the guards communicate and behave with them nicely, guide them to us or the right locations where they will get their particular services, then they will feel good and supported. They will get relieved of their stress right at the door of the facility. Even better, if the guards can communicate in the language the patients understand.”

- Nurse, Kutupalong RC

Providing training on effective communication and culturally appropriate patient interaction to all support staff, including security guards, can help to ensure that the first step to receiving healthcare service, entering a health facility, is not an obstacle to patients.

Another challenge for patients is communicating with medical staff. Asking questions is not always culturally appropriate in Rohingya culture, particularly if there is a perceived hierarchy. A patient explained -

“Unfortunately, I cannot always ask staff questions. As a Rohingya, I feel hesitant to keep asking questions or arguing with them, since we are a minority and persecuted community.”

- Male patient, 60 years old, Camp 25

Several healthcare service providers described that instead of expecting patients to ask questions, they take extra steps to ensure patients understand what they are saying. These include asking patients to repeat what they understood, paying attention to body language, or keeping eye contact.
“After completing a session, I ask my client what they understood. When they explain the matter properly, I know that they understood. We also carefully observe non-verbal communication, like nodding your head and repeating things we say. Sometimes when patients ask questions, we understand that they are interested to know more. So through follow-up questions, we make sure that they understand the information.”

- Mental health care provider, Kutupalong RC

Several providers reported that they try their best to build good relationships and make patients feel comfortable despite the cultural differences. A medical assistant, for example, asks patients about their children at the beginning of a consultation to create a sense of empathy and understanding. An interpreter would ask female patients if they feel comfortable speaking to a male doctor or would prefer to switch to a female doctor. Most participants stressed that hiring enough female staff across all levels of the health facility is an important step to ensure cultural awareness of communication sensitivities.

Privacy and confidentiality are likewise important for patients to feel safe and respected. Speaking Rohingya in a private space helped patients feel that healthcare service providers maintained their confidentiality.

“First of all we assure them about confidentiality. When we speak to them in their language, they feel comfortable and open up. And when we assure them about confidentiality, they say things that they would never tell anyone else.”

- Mental health care provider, Kutupalong RC

To ensure understanding and overcome cultural barriers to accessing healthcare services, communication also needs to take place outside of the health facility. Some providers with longer term work experience in the response noted how communication in the health sector had improved in recent years. While in the early years there were huge gaps between patients and providers, with commonplace misunderstanding and mistrust, in recent years awareness sessions and outreach activities largely improved mutual understanding.
“In early 2018 we faced challenges communicating with patients due to the language barrier. Pregnant women would assume that their baby would die if delivered at a hospital. Patients would not always take medication as prescribed by the doctor and sometimes take overdoses. Patients were unsure whether medications could help them or not, such as not being willing to take COVID-19 vaccines. However, through our counseling and awareness sessions during our outreach activities, we have improved these misunderstandings. Patients now realize that hospitals are not harmful to them, and the services we provide are meant to improve their health conditions.”

- Medical assistant, Camp 25

Further efforts are needed to ensure inclusive communication on healthcare service delivery

People living with disabilities do not always receive appropriate language or communication support at health facilities. People living with disabilities are a priority for many healthcare service providers and health facility managers take a number of steps to ensure they are well-served. This might include providing a wheelchair or providing a separate private washroom. Some are prioritized first for care so that they do not need to wait too long. Despite these good practices, there are very few, if any, staff who can communicate with Rohingya community members with hearing and speaking impairments.

“When patients have speaking impairment, they use gestures to describe their medical history. We try to understand them, but we cannot do so completely. If there were any staff with special skills like communicating in sign language or other skills, then we would get enough information about the history of the patient’s case, and we could give proper and better service.”

- Nurse, Kutupalong RC

Visual communication tools like flash cards and posters with symbols and pictures can help to relay information during a doctor’s visit. However, these are one-way communication tools and patients must be supported in a culturally appropriate way to be able to communicate their needs and ask questions.

Signs and symbols are widely used, from pictorial materials to symbols with a view to indicate medication dosage, to colored arrows in a facility to indicate directions. For example, in one facility, to indicate the dosage of pills, the pharmacist draws a circle and a vertical line inside it on the medicine box, which means one pill per day to be taken. For half a pill a day, a horizontal line is drawn inside the circle. This is generally good practice, given lower rates of literacy amongst Rohingya patients. However, some patients reported that they had to go to
the local pharmacy to ask them to explain the symbols to them. Patients who frequently visited the same facility or received the same medication regularly were more familiar with symbols. Standardization of these symbols across facilities could ensure coherence and patient understanding.

**Methodology**

This study was led by a team of international and Rohingya-speaking researchers in February-April 2023. The study built on findings from previous TWB research and new data collection included 20 in-depth interviews and structured observations at two health facilities in camp 25 and Kutupalong RC. Our sample included male and female staff with different levels of experience. Participants worked at health facilities as doctors, nurses, medical assistants, mental health counselors, translators/interpreters, community health workers, patient navigators, cultural mediators, and security guards. We also talked to patients at one of the facilities. All data were transcribed and translated to English by members of the research team. Analysis and writing took place from April 2023.

**About Translators without Borders**

TWB is a nonprofit organization offering language and translation support for humanitarian and development agencies and other nonprofit organizations on a global scale. TWB Bangladesh has supported the Rohingya refugee response since 2017, providing language and translation support to response partners and conducting research and training to meet the language and communication needs of the Rohingya and host communities. TWB is a cornerstone of CLEAR Global, an initiative launched in 2021 to expand our ambition to help people get vital information and be heard, whatever language they speak.

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