

## **HEPATITIS B CLINICAL SPECIALISTS: RESPONDING TO CULTURAL DIVERSITY**

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**Background:** Most people with chronic hepatitis B (CHB) in Australia are from culturally and linguistically diverse backgrounds, many have significant hepatitis B related knowledge deficits and suboptimal access to clinical services. Patients' understanding of the need for monitoring and treatment is important in reducing incidence of cirrhosis and liver cancer. Effective doctor-patient communication is vital in reducing morbidity. This project investigated how specialists responded to the cultural diversity of their patients and provide often complex clinical information to people with CHB.

**Methods:** 15 clinical specialists from 4 jurisdictions participated in a semi-structured interview based on a fictional vignette. Data were analysed using a grounded theory approach whereby the authors looked for common themes which were then viewed through key literature on cultural competency to identify how the principles of effective cultural communication were being used.

**Results:** Specialists noted key aspects of effective communication about CHB to patients from culturally and linguistically diverse backgrounds. These included: contextualising information to address specific issues across cultures; perceived educational capacity of patients; stigma and discrimination and other barriers to disclosure; and the importance of contextualising information in regards to family and community. The specialists' priorities when communicating with culturally diverse patients included: promoting vaccination among patient contacts; understanding how the infection is transmitted; the chronic nature of the infection; and the need for monitoring. Systems barriers to the provision of culturally appropriate information were noted.

**Conclusion:** When viewed through Teal and Streets' four factors of culturally competent communication - developing communication skills, situational awareness, adaptability, and knowledge of core cultural issues – substantial variations in specialists' cultural engagement with people with chronic hepatitis B emerged. Developing pre- and in-service training for specialists based on these four factors will help to better standardise specialist care for culturally and linguistically diverse people with CHB in Australia.