

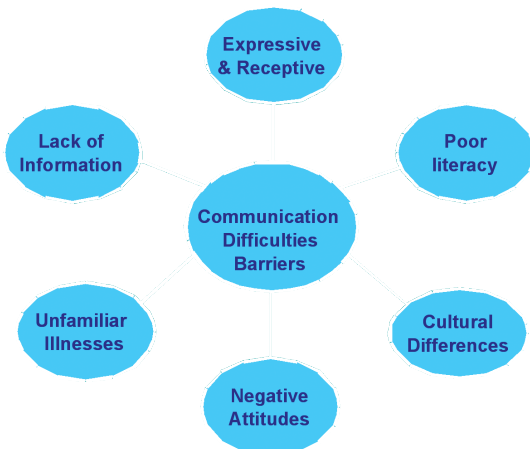
# Pictographic Symbols and Digitised Speech: A New Approach to Facilitating Communication with Non-English Speaking Patients

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## Need for this study

- Cross-cultural provider-patient communication difficulties identified in Manchester Needs Assessment study with Somali patients with limited or no English (Lovel *et al.*, 1999).
- A higher incidence of asthma morbidity and mortality among ethnic minorities in the UK and abroad.
- Asthma is an unfamiliar condition to manage for Somalis once in the UK.
- High percentage of illiteracy in both Somali and English among Somali refugees, particularly women. Difficulties explaining symptoms, wishes, needs and understanding diagnoses, treatment or instructions.
- Inadequate language service provision for non-English speaking NHS patients.
- Unmet NHS Plan objectives on the “equality and diversity” agenda as a result.



Communication difficulties for Somalis in health care

## Pictographic Symbols

### What are they used for?

- Pictographic symbols were originally designed in the field of AAC (Augmentative and Alternative Communication). These symbols are an alternative form of communication for people with communication impairments who have no functional speech.
- Johnson (2004) identified many parallels in the communication difficulties experienced by people who use AAC and patients whose first language is not English. This led to the idea of non-English speaking patients using pictographic symbols to facilitate communication with English-speaking health care providers.

### Two examples of how pictographic symbols may be used to communicate

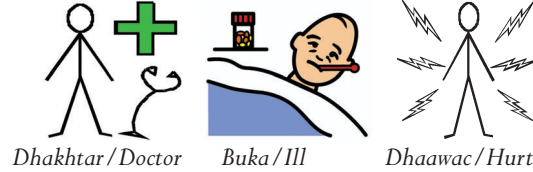
On the left: a high-tech portable AAC device with a synthetic or recorded speech facility and symbols accessed via a touchscreen; on the right: a low-tech paper-based communication board which simply requires the user to point to the necessary symbols to convey their message.



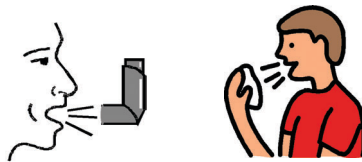
## What can AAC offer?

- Iconic pictographic symbols (i.e. PCS, Widgit Rebus) are considered the easiest to interpret by illiterate and new users.

- Multilingual text labels (i.e. English and Somali) can accompany symbols on paper-based, battery-operated and computerised devices. For example:



- Symbols can also appear with no labels for people with very poor literacy who will rely on the symbols alone. For example:



- Digitised (recorded) speech output on computerised devices allow words and messages in any language to be recorded and played back. For instance, a healthcare provider could play an explanatory message and pre-recorded questions in Somali, in conjunction with pointing to paper-based symbols during the consultation.
- Symbol software can be loaded onto ordinary PCs (i.e. in clinics, surgeries, hospitals). It could be used to view and use symbols on screen (i.e. with *The Grid*) or to print symbol-based asthma action plans, medical information, advice sheets and medication instructions (i.e. with *Communicate: In Print*).



- Adults with limited English are already successful communicators in their own environment, possessing pragmatic, motor, sensory, cognitive skills and world knowledge necessary for communication. Minimal training for both providers and patients should be necessary in the use of pictographic symbols.

## Aim of this study

- To investigate the feasibility of using pictographic symbols to facilitate cross-cultural provider-patient communication in primary care consultations. The We are working with Somalis with asthma as a test case in this pilot study.

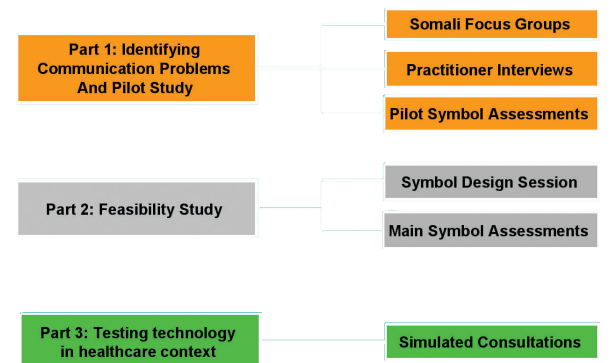
## Research Design

- Community-based participatory research working with the Somali community.
- 3 part study in Manchester over 24 months.
- Qualitative and quantitative data collection and analysis methods.

## Research Questions

1. What are the specific asthma communication problems for both Somali patients and asthma nurses/GPs in primary care consultations?
2. To what extent can alternative forms of communication (i.e. pictographic symbols) be developed with Somalis, in a culturally and linguistically appropriate way for asthma care?
3. To what extent do these alternative communication strategies facilitate communication in simulated asthma consultations with Somalis?

## Data Collection



## Current Progress

The pilot symbol assessment study is currently underway with 20 Somali participants to validate standardised instruments not previously used with this group. Literacy difficulties have indicated that alterations to symbol perception test methods are necessary (i.e. to conduct tests orally and individually). Refinements will be made for main asthma-related symbol assessments in Part 2 of the study.

## Implications for Practice

This research may offer alternative forms of cross-cultural communication in primary care when interpreters and other language services are unavailable or inappropriate or to supplement these services. This approach would be incorporated into communication skills training programmes for health care students and professionals.

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## Acknowledgements

This project is funded by the Economic and Social Research Council (ESRC) and the Institute of Health Sciences Interdisciplinary PhD Scholarship, University of Manchester, UK. The following symbol software companies have generously donated symbols or software for testing: Sensory Software International Ltd. (The Grid), Widgit Software Ltd. (WWS2000 & Widgit Rebus symbols) and Mayer-Johnson Inc. (PCS symbols).