

Chapter Five:

MIDDLE EAR DISEASE, COMMUNICATION AND MANAGEMENT

Workplace communication in Aboriginal health organisations is also influenced by the widespread functional listening problems that have their origin in the endemic conductive hearing loss that affects Aboriginal children as a result of middle ear disease. Estimates suggest that Aboriginal children in Australia experience, on average, 2.6 years of conductive hearing loss while growing up. The equivalent figure for non-Aboriginal children is three months (OATSIH 2001).

Not surprisingly, many Aboriginal adults have functional listening problems caused by this incidence of persistent middle ear disease in childhood. Long-term conductive hearing loss also contributes to the development of auditory processing problems (Hogan & Moore 2003). Auditory processing problems make it difficult for people to listen in noisy environments, and to understand and remember spoken information. One study found that 38 percent of Aboriginal secondary students had auditory processing problems (Yonovitz & Yonovitz 2000). This compares with the 7.5 percent of non-Aboriginal children who have auditory processing difficulties. A history of middle ear disease may result in some sensori neural hearing loss among Aboriginal adults (Lay 1990) and mean that some people have a greater vulnerability to noise induced hearing loss (Job et al 1999).

While there has been some focus on the impact of Aboriginal children's hearing loss on their education, little attention has been paid to the ways in which functional listening problems among Aboriginal adults may contribute to the multiple areas of Aboriginal disadvantage. The only research carried out in this area has been with a group of Aboriginal apprentices (Howard 2005). This study found that functional listening problems were associated with performance and social difficulties in the workplace.

Among Aboriginal staff interviewed for this project, about half showed evidence of functional listening problems. These were identified through a survey that asked people a series of questions about listening in different situations; when there was background noise or competing speakers, or when it was not possible to see the people's faces when they spoke.

While the survey identified the people who had functional listening difficulties it could not identify the origin of these. They can result from current conductive hearing loss, auditory processing problems, some degree of sensori neural hearing loss, noise induced hearing loss, or some combination of these. However, it is commonly agreed that the greater prevalence of functional listening problems among Aboriginal people has its origins in the endemic middle ear disease experienced by Aboriginal children.

Some indicators of functional listening problems are:

- asking for things to be repeated;
- misunderstanding what is said;
- relying on non verbal communication;
- being very quiet and shy;
- having difficulty understanding when there is background noise;
- needing to see the face of the person speaking and;
- avoiding communicating with unfamiliar people, especially unfamiliar non Aboriginal people.

Many Aboriginal staff interviewed in this project knew they had some level of hearing loss, often as a result of formal hearing tests. None used hearing aids, although these had been recommended in many cases, because the cost of these, or the difficulties associated with the referral process to obtain a hearing aid, as well as the cost, made this an impractical option. The people they worked with were seldom aware that they had problems hearing. However, functional listening problems had significant effects on their communications and performance at work.

The staff with functional listening problems often had strong preferences for particular styles of communication and preferred to communicate with particular people. They preferred face-to-face communication, low background noise, and

to work with people they knew well. They found it difficult to understand people who used a lot of jargon and often avoided communication with people who judged them as a result of their difficulties in understanding what was being said.

There were also certain types of communication, for example by telephone, that were particularly difficult. Aboriginal Health Workers with functional listening problems mentioned they often find it difficult to understand messages over the phone, especially when a telephone call is from a doctor.

“The doctors that ring up are hardest, the words they use, and way they talk. They ring and want to talk to (GP at health centre) and tell you whole story (about why they are calling). They talk too fast and tell you too much.” (Remote Aboriginal Health Worker with functional listening problems)

People who telephone remote communities often find that messages do not ‘get through’, or they are inaccurate when passed on. Functional listening problems and the use of unfamiliar language contribute to this situation. Aboriginal people with functional listening problems who make mistakes taking telephone messages are often criticised for this (Howard 2005), so it is not surprising that they avoid this task if they can.

For those with functional listening problems, communication with unfamiliar non-Aboriginal staff is often difficult. This means that a high turnover of non-Aboriginal staff will have more impact on Aboriginal staff with functional listening problems than it will on other staff. It is commonly accepted that work effectiveness improves once non-Aboriginal workers develop a relationship with the people in a community. While it is generally thought that this is related to cultural factors, this study suggests that the widespread functional listening problems in Aboriginal communities are also a factor.

Aboriginal staff with functional listening problems described that communications problems were less with people who were familiar. If someone is known, ‘face watching’ and lip reading are easier, and it is easier to understand the motivations and thinking of the speaker, which helps to fill in any gaps created by his/her listening problems. Importantly, an established relationship also means that there is less likelihood that they will be judged negatively and shamed as a result of communication difficulties.

Comments following the departure of a well-established nurse/manager highlight this.

“He knows us and we can talk to him. He is easy to talk to. If we ask him things he doesn’t think we’re stupid. It will be hard with someone new. You don’t know them so you feel shy in case feel shame.”

(Remote Aboriginal Health Worker with hearing loss)

The importance of a non-judgemental attitude, as mentioned earlier, is especially critical with people with functional listening problems.

TRAINING

Aboriginal Health Workers with functional listening problems sometimes experience considerable difficulties during training. One Aboriginal Health Worker was interviewed on the afternoon of a full day training program. She looked exhausted and confirmed this, saying that listening intently all day was really hard. The training presentations were mostly from ‘talking heads’; that is, non-Aboriginal professionals who just talked. They often used professional jargon and made minimal use of visual cues to help explain the things they were talking about. An experienced urban health worker with functional listening problems described the challenges of her role as a cultural broker, because of this situation.

“I’ve found it absolutely frustrating and you go and pick up a medical dictionary and start looking it up, there are even more complicated words to try and break down and they’re not making sense to you. Then how do you then put that all into context and break it down and deliver that message. I’ve found it absolutely confusing.”

(Aboriginal Health Worker with functional listening problems)

Another remote area Aboriginal Health Worker with functional listening problems described her anger at an incident where she was disciplined for reading a newspaper during a long training session.

“That incident was a disaster. He (the trainer) was just standing there just with blank expression going blab, blab blab blab. I was yawning and struggling to stay awake.” (Aboriginal Health Worker with functional listening problems)

She spoke about another speaker whose presentation did engage her.

“We all clicked on when she talked. She’s got that way of talking. She is lively (animated face and uses a lot of body language) and she showed us all these things (real life examples of foodstuffs). It makes it interesting. Learning should be fun like that. You got to keep it interesting. Otherwise I don’t pay attention, I tune off.” (Aboriginal Health Worker with functional listening problems)

It is common for people with functional listening problems to ‘tune out’ when they reach a point of verbal overload. People ‘tune out’ more often when speakers create high listening demands by talking a lot with few visual cues.

“Some people can be boring. I’m really bad when X talks to me, I switch off. She gives a really long thing about something and then she will change the topic - she is pedantic. I’m not angry, just frustrated (with her communication style). I get like that with some staff around here and then I think, for God’s sake, when I sort of realise what I’ve done I think, don’t ask me questions, I haven’t heard a word you’ve said. I’ve got a cousin like that too and I feel like just knocking her out sometimes. But yes, honestly, that’s the truth I can’t stand people that rave on.” (Aboriginal manager with functional listening problems)

Conversely this manager found it easier to communicate with people who got to the point quickly and say what they want clearly.

“I tend to listen when they get straight to the point and if I ask a question and if they can answer me straight to the point I’m happy, I can concentrate and I can walk away.” (Aboriginal manager with functional listening problems)

Background noise is another factor that can make communication harder for those with functional listening problems.

“My problem (in meetings) is if there is too much noise. If there is too much noise I feel like saying ‘shut up, I am listening’. It is really frustrating.” (Aboriginal Health Worker with functional listening problems)

These are important factors to consider in communicating with and providing effective training for the 50 percent of Aboriginal Health Workers and Aboriginal managers with functional listening problems. Non-Aboriginal staff, can reduce performance problems, frustration levels and communication breakdown if they adopt communication strategies that are most effective for Aboriginal staff with functional listening problems. These include using visual cues in training, limiting background noise, getting to the point quickly and using amplification during training.

LISTENING AND PERFORMANCE

The lack of awareness among others of the influence that functional listening problems can have on the comprehension of verbal communication is, of itself, an important contributor to communication difficulties. The way someone reacts to an Aboriginal person's communication difficulties can contribute to the breakdown of cross-cultural communication.

“Sometimes with X (non-Aboriginal manager) I don't understand his terminology but I don't bother asking him because I think some of the time I don't like his attitude. Sometimes I feel as if, and I don't know if he means it, but I feel as if he thinks that he's smarter than me so I don't bother. Other people who I feel on the same level it's easier to ask. Like with Y (non-Aboriginal manager) where we talk at that same level and if I don't understand him I'm comfortable with saying - What do you mean?” (Aboriginal manager with functional listening problems)

Making negative judgments about the capacity or motivation of someone with functional listening problems compounds communication problems because the person with functional listening problems may become reluctant to seek clarification.

The functional listening problems faced by the Aboriginal Health Worker quoted above are consistent with those identified during other research (Howard 2005). People with functional listening problems are those most likely to miss some verbal information, and to find it difficult to participate in discussions in one or more of the following situations.

- Where there is background noise.
- Where the speaker is unfamiliar.
- Where the topic is unfamiliar and, or uninteresting.
- Where there is no visual or real life context to aid understanding.
- Where verbal overload prompts ‘tuning out’.

Training or coaching can help managers understand the nature of functional listening problems. Managers who had been coached on functional listening problems as part of this project saw, and managed communication problems differently. One manager said that his knowledge of functional listening problems had improved his understanding of communication difficulties and encouraged him to be a more proactive communicator when he believed that people had functional listening problems.

“It is good to be aware of X’s functional listening problems. I take more care to work through issues one-to-one to make sure he is on board. I try to always give a written briefing that is going to be tabled later so he can read it before it is discussed. When you forget about it and take issues to him that he has not understood that reminds you – I have not worked that through with him. If you are in a meeting and you do not get the support you expected (from him), you think hang on I have not worked this through with him. Before (I knew about functional listening problems) I would get frustrated and think - why has he not come on board with this?” (Non-Aboriginal manager)

An understanding of the effects of functional listening problems prompted this manager to use more effective communication strategies and inhibited the type of judgmental attitudes that can undermine the self-confidence of Aboriginal staff.

Further, there was evidence that Aboriginal staff who themselves understand their functional listening problems can become more confident and effective.

“I think I have got a little bit more confidence since our last conversation (when we talked about functional listening problems). I am more comfortable about asking people ‘what do you mean?’ and I don’t jump in with decisions now. I used to jump in and make a decision without understanding everything because I worried that people thought I was taking too long asking about stuff. Now I just keep asking things until I understand everything before I decide something. I do a lot of talking to myself too and say, Jesus girl, you’ve got to start speaking up. We have had visitors coming here and I have been part of the conversation where I will speak and talk. I mean I never used to do that because I was shy but also because I thought I would be saying the wrong thing, you know.” (Aboriginal manager with functional listening problems)

“It is good to understand why school was so hard for me and why I get so frustrated sometimes. I feel stronger about keeping asking (for clarification) and not being shamed about asking. It makes me want to make sure the same does not happen with my kids and all those kids we see at the health centre with bad ears.” (Aboriginal Health Worker with functional listening problems)

“You know I always thought that I was dumb and that non-Aboriginal people just did not like me. Knowing about this stuff helps me know I am not dumb like I thought. I can do things if it is explained the right way but non-Aboriginal people mostly can’t do that - it is them who are dumb.” (Aboriginal Health Worker with functional listening problems)

This suggests an understanding of the issues around functional listening problems can help build the capacity of Aboriginal staff and Aboriginal health organisations.

What those with functional listening problems do in the face of communication difficulties is important. One successful Aboriginal manager with functional listening problems, who works outside the health sector, commented that she

had a reputation for asking 'lots of dumb questions'. They were seen as 'dumb' by others because they were about information that had already been discussed, or were at a level of detail the others felt was unnecessary. However, these 'dumb' questions were in fact important for this Aboriginal manager. She needed to ask them to clarify what had been said and to build the knowledge frameworks that underpinned her work success. Her 'dumb' questions were critical for her success, and if she had allowed the reactions of others to constrain her questioning, she would have been less effective in her work. However, it is common for people with functional listening problems to remain silent when unclear about the content of a discussion, to avoid the hurtful judgements that they are well aware of because of their astute reading of body language.

CULTURE, WORLDVIEW AND LISTENING

Interviews indicate that familiarity can provide a framework of knowledge that helps those with functional listening problems to understand what others say. It is easier to understand what a familiar person from the same cultural background, who is talking about a known topic, is saying. It is harder to accurately interpret what an unfamiliar person from another culture, speaking about an unfamiliar topic, is saying. While this is true for everyone, familiarity is more critical when hearing loss or auditory processing problems restrict a person's perception of what is said. One implication of this is that a high turnover of non-Indigenous staff will have a more significant effect on Aboriginal staff with functional listening problems than it will on other staff.

However, functional listening problems are also an obstacle to learning about culturally different people and concepts. Those with listening difficulties tend to cope with cross-cultural difficulties by avoiding or minimising their involvement in such situations. They often felt, and there is evidence that others also saw them this way too, that they were less successful when dealing with cross-cultural communications.

Lowell et al (2004) highlighted the importance of shared 'world views' in successful cross-cultural communication, in a project, which examined communication with Aboriginal patients and non-Aboriginal health workers. A shared 'world view' is arrived at through a series of cross-cultural negotiations.

However, Aboriginal people with functional listening difficulties suggest they are less likely to successfully participate in the negotiations needed to arrive at a shared 'world view'.

This conclusion is supported by research carried out in schools where Aboriginal students with listening difficulties were found to participate less in the classroom dialogue (asking or answering questions and making contributions in class) than other Aboriginal students (Howard 2004a). In another study (Howard 1990), in a remote Aboriginal school, non-Aboriginal teachers were asked to nominate the students that they found most difficult to relate to. When hearing tests were carried out it became apparent that most of the children in this category had some degree of hearing loss. One non-Aboriginal teacher commented that the Aboriginal students with hearing loss in her class seemed 'more Aboriginal' than the other Aboriginal students.

It would seem, therefore, that hearing loss can be an obstacle to the acquisition of the shared 'world view' needed to operate successfully in a cross-cultural classroom. Partington and Galloway (2006) found that explicitly teaching what was culturally unfamiliar in what was being learnt at school to Aboriginal children with conductive hearing loss helped them to succeed at school.

This analysis suggests that functional listening problems affect not only people's ability to hear what is said, but also to understand what is heard. Functional listening problems can influence the extent to which, in the past, someone has avoided or been unsuccessful during the cross-cultural interactions that are critical in developing shared world views. Where functional listening problems may have hindered the development of shared 'world views', it is important to consider what background information that may be needed to understand the aspects of western 'world views' that are relevant to the issues being discussed. This has important implications for building capacity of Aboriginal staff with functional listening problems. Capacity building may need to build up understanding of the frameworks of knowledge and concepts around the topics being worked on, much more than is generally anticipated. This type of capacity building needs to be individualized, flexible, without unrealistic time limits and carried out by people who are trusted.

VISUAL LITERACY

Visual literacy is the capacity to receive and express information through visual means. This includes gestures, facial expressions and body language. Visual literacy skills are an important component of Aboriginal communication so Aboriginal people generally have better visual literacy skills than non-Aboriginal people.

“Aboriginal English makes considerable use of non-verbal signs... (they) are an integral part of the communication process ... they are systematised and integrated in a way that makes them an essential part of the vocabulary of the language.” (Queensland Government 1993:37)

Chapter 4 highlighted the importance of face-to-face communication in Aboriginal health services. The visual cues that play a part in face-to-face communication assist all Aboriginal staff, but are critical for successful communication outcomes with people with functional listening problems.

“I tend to watch (people). It helps me to form an opinion and an idea of how they feel about certain things ... and what to say next to make them feel how you think they want to feel sort of thing. And I know when I've said something wrong. Their reaction tells me. I know if they're uncomfortable. I'm uncomfortable because of it even (if) they won't say it.” (Aboriginal manager with functional listening problems)

One Aboriginal Health Worker with functional listening problems said that she preferred to use sign language to ask for clarification from other Aboriginal staff, instead of asking a question that might mean being shamed in front of any non-Aboriginal people who are present. A number of people commented that visual cues greatly helped communication outcomes. One non Aboriginal manager described he always used a white board in meetings to help explain things. One doctor said he always had a pen and paper on hand to draw pictures to illustrate what he was trying to explain to Aboriginal Health Workers and clients.

Most Aboriginal managers and Aboriginal Health Workers with functional listening problems had a strong preference for face-to-face, one-to-one communication. This allowed them to make maximum use of visual cues and seek verbal clarification without the danger of being publicly shamed.

The issue of functional listening problems has major implications for communication between health practitioners and the high proportion of Aboriginal clients with functional listening problems. This is not an issue addressed in this book, but the findings regarding the impact of functional listening problems among Aboriginal staff suggest it is an important issue to explore.

DIFFERENT WAYS OF GETTING THINGS DONE

Aboriginal staff with functional listening problems described strategies that helped to cope such as spending more time on preparation. This more extensive preparation helped them to build a basic framework of understanding about the work they were involved in. This helped them to ‘hear’ better through their background knowledge filling in the auditory gaps created by listening problems.

One manager explained that, if she was going to attend a meeting, she would read all she could about the topic beforehand, and talk to people about what was discussed afterwards. The preparation gave her background information on the issues that would be discussed and some knowledge of the language that would be used. She would also think about her views and what she wanted to say, even to the point of scripting it in her mind. Without this type of preparation she would be worried that she would not understand what was happening at the meeting, and about the possibility that she might be shamed.

One manager described how he made sure an Aboriginal Health Worker with functional listening problems had ‘the big picture’.

“It is important to give her the background so that she knows the big picture. And I know I have to be very clear in what I say, not give any room for mixed messages. She likes to think it through herself. I ask her what she is thinking, rather than tell her what I want her to do. She likes to feel she is making the decision herself through understanding the reason for it. All that takes more time explaining and discussing, but if I don’t do it that way there are likely to be arguments and misunderstanding that take lots more time to sort out.” (Aboriginal manager)

By providing background information, the manager was helping the Aboriginal Health Worker to develop her knowledge framework. When anticipating what may happen, people often think first about what they want to happen. When they decide on a plan themselves they may be upset if others, who have not been consulted or have not agreed to the plan, frustrate it. By finding out what the Aboriginal Health Worker is thinking about an issue, instead of issuing instructions, the manager avoids the potential for conflict if her 'thought plans' are frustrated. The manager works with the Aboriginal Health Worker to help her make her 'own' decisions, rather than simply directing her. While this could be seen as a good management process for most staff, it can be essential for staff with functional listening problems. Otherwise, staff with functional listening problems may too often become frustrated and upset with managers who they see as excessively directive.

This manager also described another strategy he used with this and another Aboriginal Health Worker, who was also found to have functional listening problems. The tendency to construct anticipated scenarios as a coping strategy often results in high levels of anxiety, and in suspicion about the intent of others. The manager had discovered that their first response to an email was either to call him or to 'stew' over what they saw as a personal attack. He decided to phone them when he sent out an email on a general issue, to assure them it was not directed personally, at them.

Managers and colleagues sometimes provided effective support to Aboriginal staff with functional listening problems, although often they did not realize why someone needed particular types of support. One manager said she would make friends with some of the people she worked with, so she could enlist them as mentors or 'listening buddies'. If she did not understand something that was discussed she would turn to them for an explanation, at the meeting or afterwards. They became her extra pair of ears. Most of her 'listening buddies' are other Aboriginal people. In mainstream organisations where there are few Aboriginal workers, those workers with listening problems may enlist non-Aboriginal people, with whom they share a mutual respect and who they feel 'safe' with when disclosing their communication difficulties, to help them in a similar way.

Aboriginal people with functional listening problems have usually experienced

recurrent failure in 'talk focused' schooling and workplaces. They often need to be sure they are not going to face more of the same experiences before they are comfortable about accepting help. This highlights the importance of relationship-building and the need to identify people's strengths, when people are dealing with functional listening problems.

CONTROLLING WORK

While staff with functional listening problems may prefer non-directive management styles, some Aboriginal managers with functional listening problems may be more likely to use a directive management style. This is consistent with findings that non-Aboriginal people with auditory processing problems may seek high levels of social control, as one way of coping (Howard 2004).

One Aboriginal manager with functional listening problems said that she coped best in the workplace when she was 'the boss'. Being the boss allowed her to manage listening demands and the listening environment. She could tell people to stop talking 'on the side' in meetings, so she could hear the person talking to the group. She was also able to manage her communication with people to choose situations and circumstances that allowed her to listen better, or ask people to communicate more through email. Some managers with functional listening problems had a preference for administrative work, because it was structured and routine and mostly involves face-to-face and one-to-one communication or communication by email. For these people, large meetings and networking with unfamiliar people can force them into uncomfortable roles that they would rather avoid, or only engage in reluctantly with a 'listening buddy' present.

The highly directive management style evident in some Aboriginal organisations and among some Aboriginal managers may in some cases be a coping strategy for managers with functional listening problems.

ANXIETY AND SUSPICION

Functional listening problems can make people very anxious, and especially so if conversational partners lack non-verbal communication skills. It is hard for those who are unfamiliar with the effects of functional listening problems to understand how a simple conversation may lead to anxiety, and an accompanying reticence

that may be seen by others as an inexplicable and frustrating shyness.

The interviewed Aboriginal managers and Aboriginal Health Workers with functional listening problems experienced high levels of discomfort and anxiety when faced with cross-cultural communication challenges in the workplace. Their level of anxiety was lower when communicating with Aboriginal people who were familiar with their communication needs, or who themselves had the same needs.

When people communicate with people who come from the same cultural background they share a powerful framework of knowledge that helps them fill in any gaps that result from functional listening problems. However, doctors and nurses from another culture who use unfamiliar terminology to describe alien concepts with few accompanying visual cues are much harder for those with functional listening problems to understand. Telephone conversations with unknown people and without visual cues are even harder to understand.

When people regularly miss what is said, it is also easy for people to suspect that others may be purposely withholding information. Some Aboriginal managers with functional listening problems commented that they often felt that other managers and staff might be keeping information from them or not involving them in key decision-making processes. One described her embarrassment after emailing a strongly worded complaint about a decision made without her involvement, only to be told that she was present at the meeting where the decision had been made. She then realized that it was discussed and decided on during a part of the meeting she had 'tuned out' from.

One manager discussed her fears about getting it wrong and becoming paranoid.

"You know what I'm really afraid of is sitting back and forming the wrong opinion or the wrong picture and getting paranoid about a situation. I tend to blow it out worse than what it is. I've done it a couple of times and I think, shit! But it is also that lack of - not knowing what is going on or not being told everything makes me like that. I can see things going on and conversations and not knowing what it is all about which is what makes me suspicious. It makes me really anxious and worried. I have a lot of sleepless nights."
(Aboriginal manager with functional listening problems)

Other staff can sometimes use this anxiety and suspicion for their own purposes

in organisational political games. It was noted that others sometimes manipulated the anxieties of staff with functional listening problems for their own purposes.

“Sometimes I don’t get told and X loves it that she is involved in something and I’m not and she makes a point of coming back and saying ‘You really should have been involved’ and all this bullshit. But it only makes me feel worse because I know that I should have been involved and I wasn’t. That’s the thing I hate and I get paranoid about it and then I start thinking silly things.” (Aboriginal Health Worker with functional listening problems)

It is clear that functional listening problems increase levels of occupational stress and can foster anxiety and suspicion that can impact on social and emotional well being. Middle ear disease has been found to be associated with poorer social and emotional outcomes for Aboriginal children (Zubrick, Lawrence, Silburn, Blair, Milroy & Wilkes 2004). It would seem that functional listening problems that arise as a result of childhood middle ear disease also contribute to poorer social and emotional outcomes among Aboriginal adults.

WORKPLACE CONFLICT

As was found with Aboriginal apprentices (Howard 2005), those with functional listening problems were more often involved in workplace conflict. One Aboriginal Health Worker described how the negative attitude of a new nurse caused difficulties between them that escalated into a major conflict. The conflict shattered her confidence and taught her to mistrust non-Aboriginal staff.

“I get a bit nervous of new staff - one new nurse was growling and bossing me, then it was worse. He thinks we’re all dumb and hopeless - makes us feel really put down. He said in front of everyone ‘you know you’re paid to do that’. He shamed me. I worked six months on ignoring him. (Sometimes) the way he talked to me I thought he was going to hit me and I said to him one time ‘If you hit me I will hit you back’. I’ve been through domestic violence when younger. He complained about me and then I got told off. After that I did not trust Kardya (non-Aboriginal people) I still don’t talk much to Kardya. It makes you feel funny. You think you are going to do things wrong.” (Aboriginal Health Worker with functional listening problems)

In this situation it would seem that difficulties in communication related to functional listening problems was compounded by a new nurse who had a confronting social style that 'triggered' feelings about past domestic violence for the Aboriginal Health Worker. This illustrates that adverse outcomes from functional listening problems result from a combination of factors, not just listening problems alone (Howard 2005).

In another situation, referred to in Chapter 3, between an Aboriginal manager and a non-Aboriginal staff member, functional listening problems appeared to compound difficulties with different communication styles. The non-Aboriginal staff member outlined her concerns in a calm manner. She placed a high value on professional conduct, which in her mind meant that she should not show any emotion when dealing with her concerns. Her manager had functional listening problems and focused strongly on the non-verbal content of communications. She often paid more attention to how things were said than to what was said. Her response to her staff member's calmly expressed complaints was *'she is lying; she says she is upset about this but she does not show it'*. The lack of congruence between what was being said and how it was expressed made the message suspect. The manager's descriptions of her dealings with others often referred to the way people showed their feelings, by how they looked. A mediated discussion was arranged. Before this took place, coaching encouraged the non-Aboriginal staff member to show her feelings about what was happening. When she did this the Aboriginal manager realised how upset the staff member was, because she could now see this by reading the facial expressions, and her attitude changed immediately. She accepted the validity of what was being said and was willing to consider ways of resolving the problem.

As a postscript to this episode, the manager also received coaching to teach her to make sure she was clear about and had understood what other people had said, by using strategies such as paraphrasing (repeating back what others said to her). She commented that she also tried this technique at home and found she was getting on better with family members. She had long thought people were making things up when they said they had told her something which she could not remember. She found she understood what family members were saying better than before, and there were fewer family disputes based on misunderstandings.

WORK PERFORMANCE

In the earlier mentioned study of Aboriginal apprentices (Howard 2005) it was found that all the apprentices who experienced significant performance problems in the workplace had functional listening problems. However, their performance problems were not simply the result of functional listening problems; a range of other factors interacted with the functional listening problems to undermine performance. These factors included the following.

- The strategies the apprentices used to cope with their functional listening problems and failure to seek clarification when they did not understand things. There were more workplace performance problems when apprentices ignored directions that were not understood and there were fewer problems when clarification was sought.
- The attitudes of supervisors and peers when apprentices failed to understand what they had been told, and the use of avoidance as a coping strategy (despite their failure to understand what they had been told) when the attitudes of others were negative. There were more problems when supervisors were intolerant and attributed blame and fewer problems when they were supportive and viewed good communication as a shared responsibility.
- The extent to which listening skills were relevant to the work of an apprentice. There were more problems when the tasks involved heavy listening demands. For example, project work where each new task requires a new explanation presents more listening challenges than routine work. But routine work, such as reception work, that presents ongoing listening demands is particularly difficult for those with functional listening problems. There were fewer problems when the tasks were more routine, so that once mastered they could be performed with minimal ongoing listening demands.

In the project reported in this book, a range of workplace performance issues related to functional listening problems emerged. One Aboriginal Health Worker had difficulty using a stethoscope, especially when there was background noise. Transferring the Aboriginal Health Worker to a nutrition job was considered, but the purchase of an amplified stethoscope solved the problem.

There were many instances where participation in meetings had been influenced by functional listening problems. As mentioned earlier, one Aboriginal Health Worker with functional listening problems was disciplined for reading a paper during a training session which she had difficulty following. Other Aboriginal Health Workers with functional listening problems routinely arrived late, left early or did not attend meetings where they anticipated it would be hard for them to understand what was said, or when they thought that they may be shamed by a failure to understand what was happening.

There were also more subtle performance problems related to functional listening problems. Aboriginal managers with functional listening problems mentioned avoidance of meetings with people they found it difficult to communicate with. This could be because of a personal communication style (talking too fast or using too much jargon) or aspects of the communication process (unfamiliar people talking about unfamiliar topics). Meetings commonly avoided were those with staff from the Commonwealth Department of Health and Ageing. Rapid departmental staff turnover means that departmental staff are often unfamiliar and they talk about constantly changing government perspectives that are often difficult to understand.

Functional listening problems also have the potential to create performance problems through the disruption of general interpersonal communications. Difficulties that contribute to these performance problems include a failure to understand, or the misunderstanding of directions, feeling too shamed to do things in case something has been misunderstood, and feeling resentful at the negative judgements that are made because of functional listening problems.

Performance problems are more likely when both the person and process are unfamiliar and the environment is noisy. For example, with the earlier cited example of the Aboriginal Health Worker who was in conflict with a nurse, the nurse was new and the Aboriginal Health Worker had newly commenced her training and was not used to 'bossy' nurses. So, the person and the process were unfamiliar. An understanding of the way in which functional listening problems can contribute to performance problems helps people to understand how such problems have arisen, how best to manage them and how to prevent their recurrence.

In general, past middle ear disease contributes to a persistent level of hearing and auditory processing problems in adulthood. However, adults can still have acute episodes of middle ear disease. These can cause a temporary and significant hearing loss that, in association with ill health, can affect work performance.

One manager reported that an Aboriginal staff member who was approached about recent poor work performance explained that she had been having trouble with her ears recently (an episode of acute otitis media). This had made her feel 'unmotivated and slack'. Her manager's concerns about her poor work performance included poor motivation and lack of initiative. The other elements of her poor performance all related to tasks that required her to communicate and make arrangements with others. It was clear that her performance problems resulted from a combination of both poor physical health and communication problems related to current middle ear disease.

THOSE WITH FEW FUNCTIONAL LISTENING PROBLEMS

In this study, the Aboriginal staff with the fewest functional listening problems was notable in that others said they coped well with cross-cultural demands. One Aboriginal Health Worker prided himself on the exceptionally quick completion of his training. Another was often asked to be a spokesperson when groups were dealing with non-Aboriginal people and was recognised as an effective cross-cultural broker at meetings.

In general, the staff with fewer functional listening problems thought they related especially well to non-Aboriginal people and coped well in situations where there were heavy listening demands. The ease these people felt when working and operating in cross-cultural environments serves to highlight the significant and adverse effects that functional listening problems can have on the capability of people who are working in these environments. These results are similar to what was found among the Aboriginal apprentices (Howard 2005). Those with fewest functional listening problems were described as 'catching on' quickly to explanations in English and cope well with cross-cultural demands.

NON-ABORIGINAL STAFF WITH FUNCTIONAL LISTENING PROBLEMS

Research indicates that about 10 percent of the non-Aboriginal population have functional listening problems. The comparable figure for Aboriginal people is

more than 40 percent (Yonovitz and Yonovitz 2000). This difference is primarily attributable to the levels of middle ear disease in each group. However, interviews with non-Aboriginal staff working for Aboriginal health organisations revealed that a significant number of them had functional listening problems. This was supported by the results from the listening questionnaires completed with both non-Aboriginal and Aboriginal staff.

These non-Aboriginal people with functional listening problems often mentioned feelings of affinity with Aboriginal people, and said that they often felt more comfortable with them than with many of the people from their own culture. They described a communication 'connection' that made it easier for them to relate to others in cross-cultural settings. Their sense of ease when working cross-culturally appeared to lead them to gravitate towards cross-cultural work and the establishment of cross-cultural relationships, including marriage. It was noticeable that they appeared to have had a longer history of cross-cultural work, or had plans to engage in this over the longer term.

Non-Aboriginal people with functional listening problems described themselves as having highly visual communication styles, relying more on non-verbal cues, and avoiding verbal communication when there is background noise. They often preferred to get straight to the point in conversations, at times misunderstood verbal communication, and disliked large meetings such as formal training sessions.

While they typically had very positive relationships with Aboriginal people, many had been involved in interpersonal conflict with their non-Aboriginal peers or managers. These conflicts were often related to misunderstood verbal communications and negative judgements about their work performance or motivation that paralleled the experiences of Aboriginal people with functional listening problems.

This is a subject that needs further examination. However, communication strategies that are effective with people with functional listening problems would appear to be an important issue not only for Aboriginal staff working in Aboriginal health, but also for a significant number of non-Aboriginal staff.

SHARED SOLUTIONS

It is important that functional listening problems are not simply treated as a new 'deficit'. This would be counterproductive as well as mistaken. It is important to focus on the whole communication process. The absence of non-verbal communication skills and the judgmental responses of non-Aboriginal people are as much a key component of cross cultural communication problems as are Aboriginal functional listening difficulties.

In cross-cultural management, functional listening problems are a shared problem that requires shared solutions. These solutions include better understanding of the reasons for verbal communication difficulties and the use of strategies that lead to more successful communication. These strategies should include:

- Greater use of visual cues to help explain what is said.
- Minimising levels of background noise during verbal communication.
- Being careful not to create 'verbal overload'.
- Fostering the pre-learning that creates 'knowledge frameworks'.
- Encouraging people to ask 'dumb questions'.
- Using specific telephone communication and presentation strategies.

Organisations can also take some practical steps to create an acoustic environment that helps people with functional listening problems to cope.

- When selecting office space, acoustic conditions should be a priority.
- In existing offices, a noise audit should be carried out to review the placement of desks and meeting spaces. Noise dampening materials, such as carpets and curtains can make a significant difference.
- Consider the acoustics of the buildings and rooms that are used for meetings and use amplification systems for larger meetings or training groups.

- When a staff member is known to have functional listening problems, special care should be taken with the acoustics of their work environment.
- When purchasing new equipment, give preference to machines with the lowest possible noise emission levels.
- Put noisy appliances and machines in places where they will not intrude during conversations.
- Computer drive units should be placed away from employees, for example, under a table or desk.
- Provide readily accessible 'quiet rooms' or 'quiet spaces' where conversations can take place. 'Quiet places' are especially important in open plan offices.
- The use of amplified equipment (stethoscopes and telephones) should become standard practice, and make sure that telephones are available in quiet and readily accessible places.
- Staff training and mentoring should include information on functional listening problems and the implications of these for communication and cross-cultural management concerns such as performance management and conflict resolution.
- Where possible training of Aboriginal staff should be in the language with which they are most familiar. This may involve using interpreters.



Key Points

Many Aboriginal adults experience functional listening problems (hearing loss and auditory processing problems) as a result of endemic childhood middle ear disease.

Functional listening problems have been found to cause a range of problems for people when they are at work. Jobs that have high listening demands (for example reception

work) are more difficult for them and they often experience social difficulties in the workplace. The problems that they do face depend on the way they manage their difficulties, the understanding and the communication skills of those they work with, and the acoustics of the places that they work in.

Fifty percent of the Aboriginal staff interviewed during this project described having functional listening difficulties. They found certain people, especially non-Aboriginal people, for example, unfamiliar doctors on the phone, particularly difficult to understand. They found it difficult to listen when using stethoscopes. They also encountered difficulties during training, and especially when the trainers used few visual cues and relied on talking to get their message through. Trainers who used visual cues and had a 'lively' presentation style were easier to understand.

The way people respond to other people's listening difficulties is an important determinant of communication breakdown. If others decide that Aboriginal people with listening difficulties have limited capacity or motivation, they are less likely to clarify the things they want to say. So, miscommunication is more likely when others do not understand that communication problems are often associated with functional listening problems.

Aboriginal people with functional listening problems described a number of coping strategies. Some people undertook extensive preparatory work to build a framework of understanding around situations they might encounter, to compensate for their diminished auditory input and to help them to actually 'hear' better. They did so because they could then draw on their background knowledge to fill in the gaps caused by their functional listening problems. They preferred face-to-face communication so they could use their visual literacy skills. Some people also relied on 'listening buddies' who could clarify what was said at meetings.

Functional listening difficulties influence training outcomes, stress and anxiety levels and workplace performance. Functional listening problems were also found among some non-Aboriginal staff, and their more visual communication styles helped them to work well with Aboriginal people.

Functional listening problems limit people's ability to 'hear' what is said, and also affect their understanding of what they hear. Associated communication failures inhibit the development of the shared 'world views' that are basic to an understanding of culturally unfamiliar concepts.

There are some practical steps that managers can take to create an environment which takes into account the difficulties encountered by people with functional listening problems.