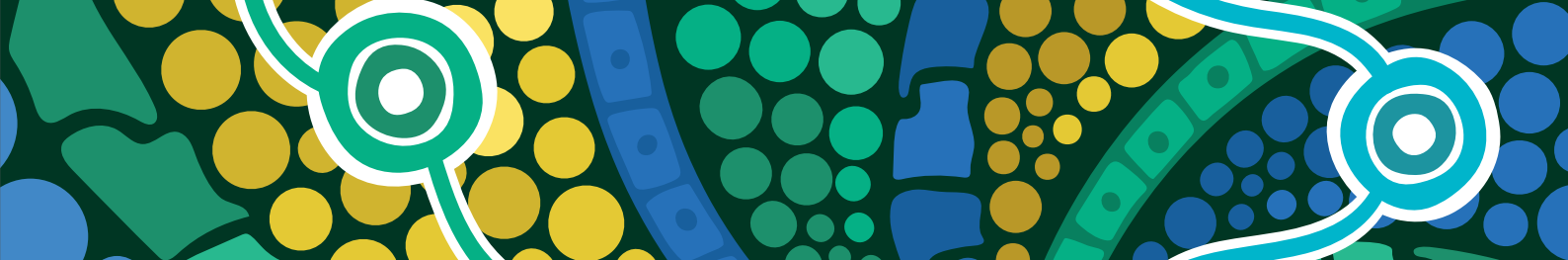


**ABORIGINAL
AND TORRES
STRAIT
ISLANDER**

**PATIENT
CARE
GUIDELINE**



cura
day hospitals group

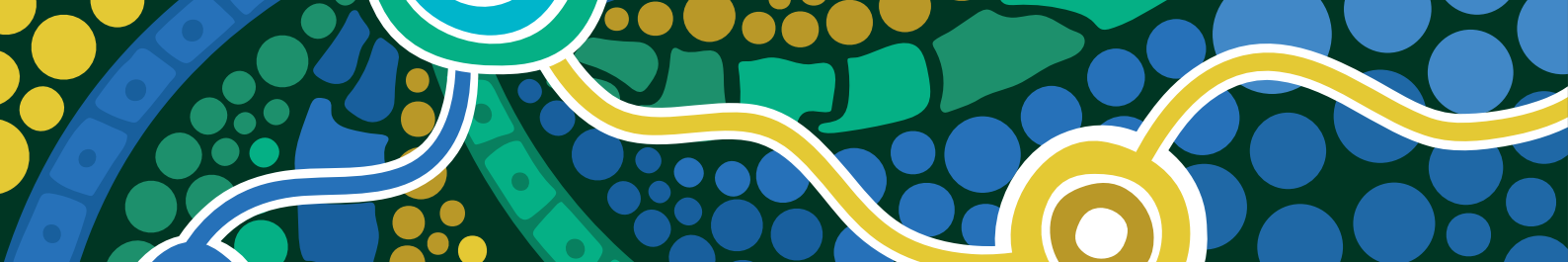


Acknowledgement

This Guide has been adapted from the Queensland Health Aboriginal Torres Strait Islander Patient Care Guideline 2014.

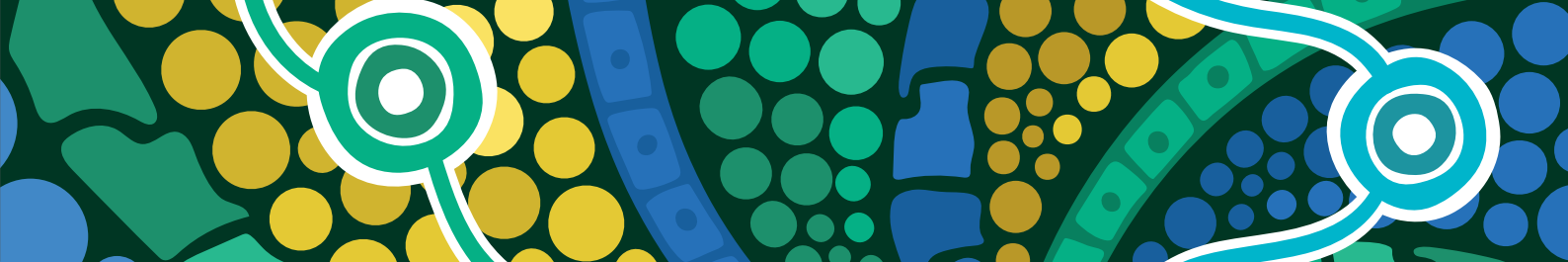
Artwork Meaning

The artwork by Jordan Lovegrove, Ngarrindjeri, of Dreamtime Creative, shows CURA's relationship with its Member Hospitals working together to provide high quality patient care. CURA is represented by the large central meeting place; the smaller meeting places are the Member Hospitals and the pathways between show them working together, reaching out and acknowledging Aboriginal and Torres Strait Islander people and their health needs. The green dots represent land, the blue dots represent water and the yellow dots represent community.



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Purpose

Healthcare is delivered in a demanding and complex health system where treatment of the patient's condition is the primary focus. There are however some fundamental ways in which Cura Day Hospitals Group's staff and Doctors can better meet the needs of Aboriginal and Torres Strait Islander people.

Taking a person-centred approach (i.e. looking at the whole person) will not only ethically allow patients to be directly involved and empowered in their care, but will take into account the patient's cultural and individual needs, preferences, beliefs, and values as well as their comfort and surroundings. This approach will improve the patient's experience and health outcomes, and benefit health services clinically and organisationally. It is also aligned with the core principles of the Australian Safety and Quality Framework for Health Care and the Australian Charter of Healthcare Rights.

This guideline, adapted from the Queensland Health Aboriginal and Torres Strait Islander Patient Care Guideline 2014, is designed as a quick reference tool to support healthcare staff in delivering safe, clinically and culturally responsive inpatient care to Aboriginal and Torres Strait Islander patients. The guideline provides general advice only and does not address the diverse cultural differences across Australia.

Background

In comparison to non-Indigenous people, Aboriginal and Torres Strait Islander people experience far worse health for almost every major cause of mortality and morbidity; continue to be hospitalised at much higher rates for most health conditions; have poorer outcomes of care and have lower access to health interventions.

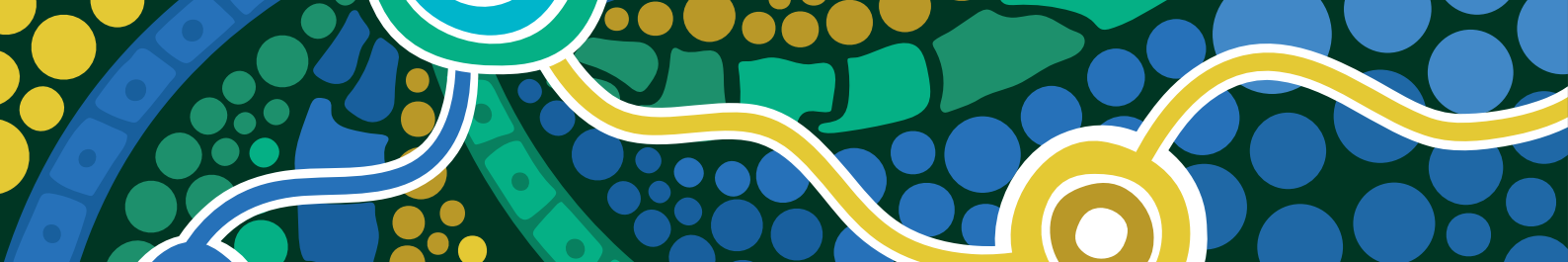
Access to healthcare continues to remain a significant problem for Aboriginal and Torres Strait Islander people. Before even accessing the health system, the health of many individuals and families is already compromised on a daily basis due to a number of structural and social factors:

- living in regional and remote communities that are areas of most socioeconomic disadvantage and where the greatest burden of disease exists due to lack of access to preventative or illness management services

- living in major cities/urban communities in areas of greatest disadvantage
- low socio-economic status and environmental and socio-political factors
- a high prevalence of health risk factors.

From a service provision perspective, the quality and level of healthcare can be influenced by:

- performance gaps of the health system (including access) in addressing health needs
- cultural incompetence (that research demonstrates is linked to risks and poor-quality health outcomes)
- communication barriers (that research demonstrates may lead to adverse events and poor quality of care).



Section 1: Factors influencing access to healthcare

Cultural factors

Health is traditionally a holistic concept for Aboriginal and Torres Strait Islander people. It encompasses the physical, social, emotional, spiritual and cultural wellbeing of the individual and of the whole community. This is a whole-of-life view and includes the concept of life-death-life. Many Aboriginal and Torres Strait Islander people still retain this belief system, however, traditional cultures and beliefs have been challenged and influenced by many factors, including Christianity, since colonisation.

Aspects of Aboriginal and Torres Strait Islander cultures must be considered in the patient's clinical care to ensure their holistic health and individual needs are met. Each patient will have their own beliefs and individual needs, so a 'one size fits all' approach will not work. Healthcare staff should also be aware that urban, rural and remote, and discrete Aboriginal and Torres Strait Islander communities will each have differing needs. Differences also extend to certain cultural practices and beliefs between clans/ language groups.

Kinship, family obligations and responsibilities tend to be of greater importance than personal health needs. These factors frequently contribute to patients discharging themselves against medical advice with obvious detrimental impact on their health.

Communication difficulties due to language differences (both verbal and non-verbal), lower health literacy and cultural differences are commonly known as barriers to improving health outcomes for Aboriginal and Torres Strait Islander people.

The segregated practice of Men's and Women's Business is still a very real and fundamental part of cultural practice today.

Social and historical factors

To create a culturally safe environment, health services need to give consideration to cultural and historical issues. Many Aboriginal and Torres Strait Islander people, for example, relate sterile hospital environments to past mistreatment, hence a level of mistrust is held towards health systems by some individuals and families today. Hospitals may for some people symbolise a place for dying, and not for healing.

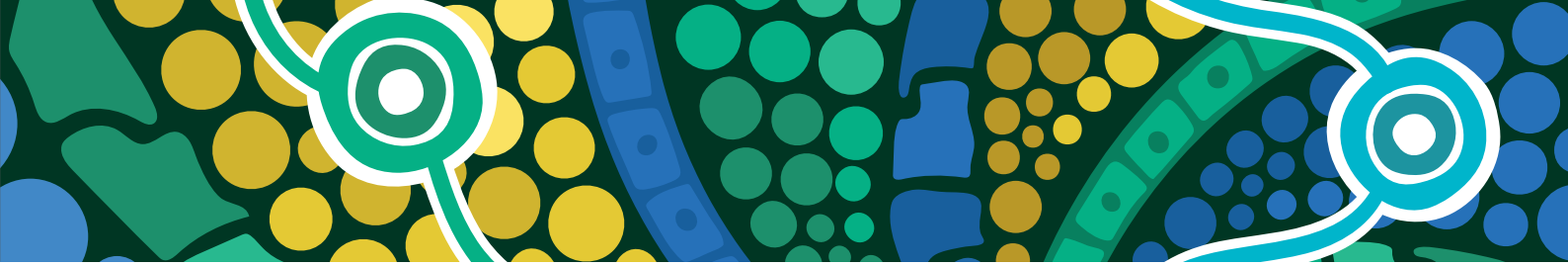
Aboriginal and Torres Strait Islander families may experience the following:

- fear and distrust of the mainstream health services and buildings, which can be threatening and alienating
- perception of extreme imbalance of power due to history and disadvantage
- feelings of vulnerability, isolation, shame and disempowerment
- cultural misunderstanding, stereotyping and disrespect
- inadequate time for effective healthcare
- financial burden
- accommodation difficulties.

Accessing services from remote locations

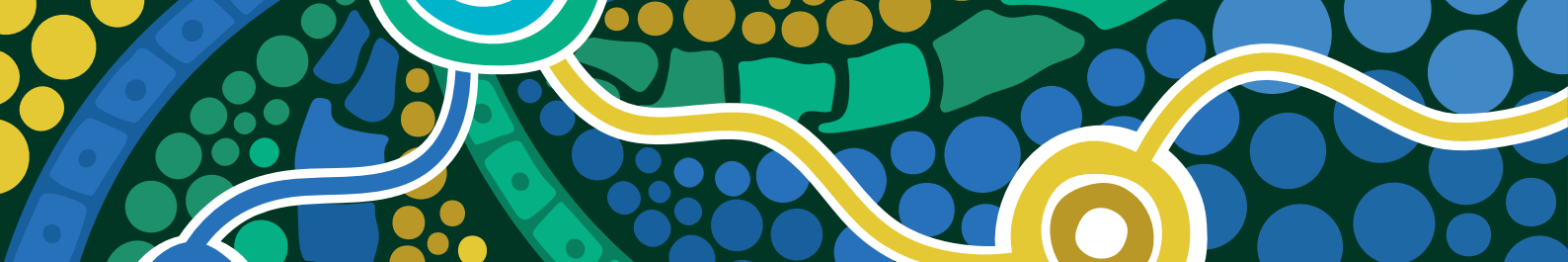
Many Aboriginal and Torres Strait Islander patients accessing or admitted to urban and metropolitan hospitals come from remote communities.

Patients often must travel long distances to



unfamiliar areas where language and cultural differences will be likely barriers. Concerns or anxiety over family welfare, community/ cultural obligations, financial responsibilities or other personal issues can be overwhelming.

This emotional stress can be further heightened by other stressors, including culture shock, fear of being judged, of the unknown, of procedures and isolation, and disconnection from family and social support networks.



Section 2: Providing culturally capable patient care

In order to improve healthcare delivery and outcomes for patients from diverse cultures, the healthcare system and its staff must be culturally capable. Healthcare staff who work with the patient's belief system, rather than against it or ignoring it, will have greater success in providing culturally responsive care and improved outcomes. This also involves staff being aware of their own cultural filters as we tend to interpret behaviours and decisions according to what makes sense in one's own culture.

Western culture takes a biomedical approach to healthcare. Aboriginal and Torres Strait Islander people however, take a more holistic approach that includes the body, mind and spirit. Staff should know and document any of their patient's cultural views:

- their concept of health
- their health beliefs related to:
 - wellness and the cause of illness and injury
 - treatment of illness including bush medicines and traditional healers
 - food beliefs and diet including taboos
 - family/kinship structures, roles and responsibilities
 - death and dying (as relevant)
 - cultural and gender-specific protocols and practices.

Culturally appropriate communication

Initial contact building rapport

The first few minutes of your initial interaction with patients and their families is important. Efforts to build the right rapport may help

overcome individual barriers, including any fears or perceptions patients and their families may have. Most of all, it will help build trust and respect in you as healthcare staff and trust in the healthcare system.

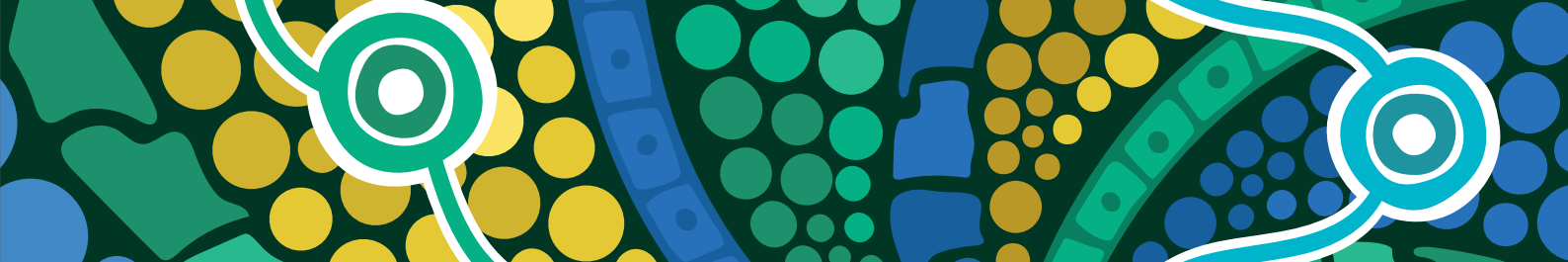
To build rapport:

- greet people with warmth and friendliness
- adopt non-threatening body language and tone of voice
- ask the person where they come from; perhaps if they or their family have been in hospital or visited the services before
- identify a common view/topic (such as places you have visited, any association with the Aboriginal and Torres Strait Islander community)
- tell the patient some things about yourself
- explain processes, length of waiting times and provide general information (housekeeping, directions to amenities etc)
- show personal interest in the patient by asking how they feel
- provide clarity or information if concerns are raised.

Language

Many Aboriginal and Torres Strait Islander people do not speak the Standard Australian English as their first language but as a second or third language/dialect.

When spoken, English may differ in dialect and the meaning of words can vary with family and community influences. Tonal differences, colloquialisms and other elements may obscure meanings, and in the process may



prevent healthcare staff from recognising essential cues to respond appropriately. Additionally, although a patient and their support person may converse in English, it does not necessarily indicate the person comprehends the English language in its entirety. If proficiency is low, do not assume the patient is illiterate, poorly educated or of low intelligence.

Aboriginal and Torres Strait Islander people tend to speak in narrative/conversational styles, using stories, or by talking around the topic to illustrate a point. Direct communication can be confronting for some people and may not encourage the patient to participate.

Aboriginal and Torres Strait Islander people are very astute with the use of non-verbal communication and reading body language. Be conscious of non-verbal communication, through hand signs, facial expressions and body language. Some examples of non-verbal communication are provided.

Doctor knows best view

The patient may:

- be polite by smiling and nodding to show they are listening
- act as a 'good' patient to show respect for the staff member's authority and position
- nod to agree or say yes for the purpose of wanting the consultation to be over, or so that they are perceived as understanding what has been said
- be disinclined to openly disagree with staff in authority and to ask questions about side effects for example, for fear of giving insult.

Feeling ashamed or embarrassed

For Aboriginal and Torres Strait Islander communities, the shame factor is not only connected with sensitivities and attitudes but cultural beliefs. Patients may feel shame:

- to share personal and private issues
- that they do not understand the medical matters being discussed and the shame may prevent them from communicating that they do not understand.

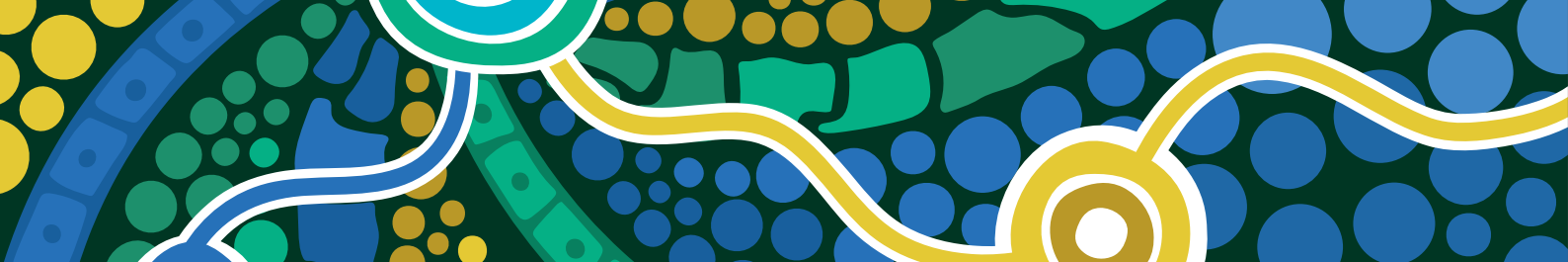
The issue of confidentiality is also linked with shame. If a person believes there has been a breach, it will be difficult for the patient to regain trust and continue using the service.

Long gaps of silence

Silence is used by many Aboriginal and Torres Strait Islander people and is common in conversations. Its meaning may vary amongst individuals, communities and settings. Some examples include being respectful, contemplating what has been said and translating its meaning into the person's own language, reflecting, showing disagreement, mistrust or discomfort in an unfamiliar environment.

The positive use of silence should not be interpreted as lack of understanding, agreement or that concerns are not urgent.

In Western culture, gaps of silence must be immediately filled; however, when engaging with Aboriginal and Torres Strait Islander people, be respectful of silence, learn to relax, observe the cues, tune into speech patterns and local idioms, and take your time before responding.



Lack of eye contact

In Western culture, direct eye contact is perceived as a form of respect and trust. However, in Aboriginal and Torres Strait Islander culture, direct eye contact from others may be viewed as a sign of rudeness, disrespect or even aggression.

For Aboriginal and Torres Strait Islander people avoidance of eye contact can also be associated with a number of factors including gender, age, shame, mistrust, being in a hospital environment and past negative experiences.

Healthcare staff should observe body language and level of eye contact being used by the patient. Follow the lead of the patient and modify your level of eye contact accordingly.

Gathering information

Patients may not be open to disclosing or sharing personal and private information unless a sense of trust has first been established.

Building rapport and trust will help to minimise misunderstandings and anxieties and optimise the accuracy of information. Assistance may also be required in completing forms.

When asked multiple questions, Aboriginal and Torres Strait Islander people may not feel obligated to reply, giving the impression that the patient is uncooperative or unresponsive. Explain firstly why the questions are being asked and ask each question one at a time. Avoid asking compound questions (e.g. How often do you visit your GP and what are the reasons that you don't?). If required, engage the patient's support person or family member to help obtain information.

Identification

Asking the question 'Are you of Aboriginal or Torres Strait Islander origin?' is a standard question that must be asked at admissions points. Correct identification of Aboriginal and Torres Strait Islander people is critical to minimising risks, providing relevant services such as the Indigenous hospital liaison service, and for monitoring quality, safety and effectiveness.

Communication tips

- Allow time to build rapport.
- Listen and be patient, allowing time for silence.
- Adopt a non-threatening body language and tone of voice.
- Adopt a non-judgemental attitude and approach.
- Speak in plain English and take the time to explain.
- Avoid technical language and medical jargon.
- Use open-ended probing/non-direct questions.
- Use active listening skills.
- Speak quietly if other people are around.
- Simplify forms and written information as much as possible.
- Use visual aids to assist with explanations.
- Always check to ensure that patients have understood what is being said.
- Emphasise confidentiality but also be upfront about the limits of this confidentiality.

The hospital experience

The patient and family's first perceptions of the health service will impact on their feelings of safety in accessing the service. Services that are culturally respectful and safe are more likely to be accessed by Aboriginal and Torres Strait Islander people and contribute towards positive health outcome experiences.

Environment

Men's and Women's Business must be respected. Female patients for example, will be uncomfortable discussing sexual or reproductive health issues with male staff and vice versa for male patients and female staff. Where same gender staff are not available, explain this to the patient from the onset and ask the patient if they prefer their support person and/or family member to be present.

Due to gender protocols, it may also be inappropriate to place female patients in the same room as male patients. If this is unavoidable, explain the reason why the patient is being allocated a room with the opposite sex.

Ask the patient if there is anything that can be done to make them feel more comfortable, for example, keeping the curtain closed at all times.

Explain the hospital system. For example:

- visiting hours, meal times, places for family to wait and how they can access other services such as transport, phones, banks and food outlets
- medicines and treatment times, information about the doctor/s and when they will visit
- why medical and personal history is requested several times.

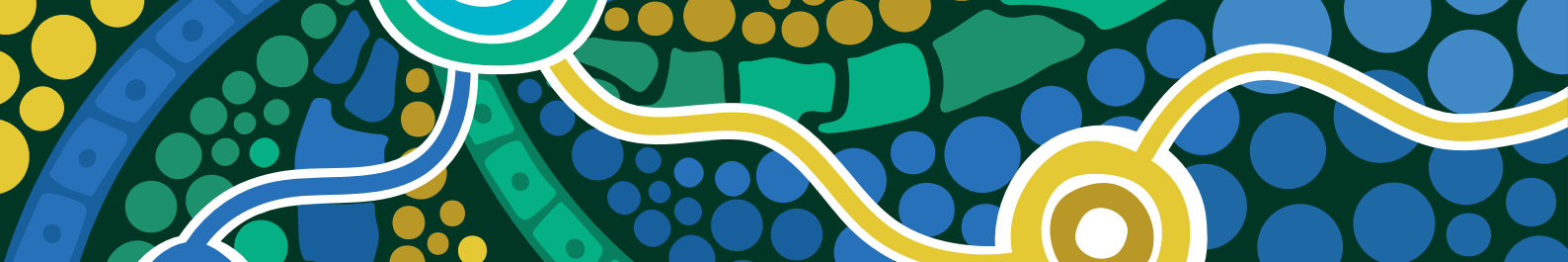
Tips to create a culturally safe environment include:

- promote Aboriginal and Torres Strait Islander cultures via artwork, signage and erecting Aboriginal and Torres Strait Islander flags
- promote and participate in events of cultural significance, such as NAIDOC Week, National Aboriginal and Torres Strait Islander Children's Day
- use Aboriginal and Torres Strait Islander health resources, for example brochures, booklets and posters
- seek advice from Indigenous community groups and/or Aboriginal and Torres Strait Islander colleagues.

Support person

A carer, family member or another member of the community will often travel with and accompany a patient for support. It should not be assumed that the support person is the next of kin or can legally sign informed consent. The travel and hospital experience may also be stressful for the support person, who may feel isolated and may have other responsibilities including caring for other family members. Check if this person also requires support or assistance.

While the support person can assist with communication, they should not be officially used as an interpreter. If language is a barrier, it is strongly recommended that you engage an interpreter to assist with translating medical terminology and general health and medical literacy.



Visiting arrangements

Due to Aboriginal and Torres Strait Islander family/kinship relationships and cultural beliefs, a patient maybe visited by large groups of immediate and extended family.

Discuss with the patient, their support person and/or nominated spokesperson about:

- who is the correct person to share information with and what information can be shared
- negotiating options to accommodate the presence of visitors, for example, if the patient is in the ward, you may want to consider a nearby lounge area as waiting area/place to meet the patient
- the impact (if any) this may have on the patient's rest or care requirements or that of other patients in the ward.
- Ensure visiting arrangements are also communicated to staff between shifts to minimise any confusion.



Section 3: Aspects of clinical care

Medical examinations

As previously discussed, it is critical to build rapport prior to proceeding with medical examinations. Culturally respectful communication is needed to accurately determine the patient's medical history and what the patient understands about their health condition.

Be mindful and respectful when asking patients what they believed caused their illness or injury, as in Aboriginal and Torres Strait Island cultures, ill health can be based on a belief that it was a natural physical cause, a result of sorcery or harm caused by spirits. Please note that this is not necessarily a sign of mental illness but is a very real part of cultural and spiritual beliefs.

Before proceeding to physical examination, it is advised that you explain the need to touch the person, why, how and where. Ensure that they are comfortable before commencing. If appropriate, ask the patient if they would like a support person present.

When undertaking the examination or any invasive procedure, it is important to consider Men's and Women's Business, as well as the shame, confidentiality and privacy factors as previously discussed. Please also refer to the section on communication for relevant advice.

Diagnosis and treatment

Prior to discussing a diagnosis with a patient, ask if they would like their support person to be present. When explaining the diagnosis, use jargon-free language and provide further explanation of the potential cause of illness.

Visual aids such as diagrams, models and film clips may be useful.

When discussing treatment, be mindful of the patient's cultural or other beliefs. Discuss options for treatment, ask the patient about what type of treatment they believe they should receive, what their main concerns and fears are and what may prevent them from completing the treatment. Some patients will think of the impact on family/extended family and community. In these instances, the patient's kinship relationships and community responsibilities and obligations may take precedence over their health.

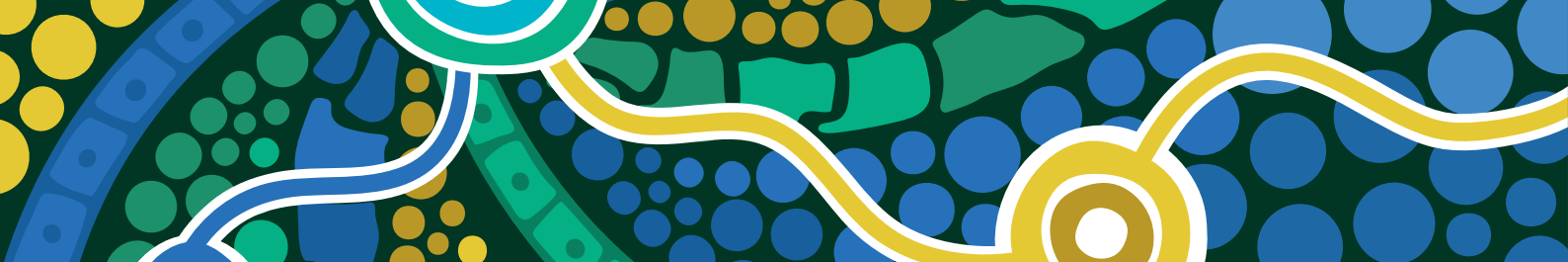
When available, offer patients treatment options. For example, patients may prefer to take medication orally or by injection.

Traditional treatment as an option

Many Aboriginal and Torres Strait Islander people still use traditional medicine, food and remedies and consult with traditional healers. Making connection to 'country' or traditional homelands and seas is also central to positive wellbeing and healing. This may be one of the key reasons why patients may discharge against medical advice. If traditional medicine/food is used, assess any adverse effects it may have with prescribed medication.

Consenting on behalf of children

In Torres Strait Islander culture, traditional adoption is still practised. This involves the biological parent(s) giving their child to another known person in the immediate or extended family to raise as their own. When engaging with families about the matter of biological parents or legal guardians consenting on



behalf of children, ensure confidentiality and approach the issue with sensitivity and respect.

Administration of medication

Many Aboriginal and Torres Strait Islander patients face a number of challenges managing or adhering to prescribed medication.

Factors include financial or access issues, the way health staff interact with patients, or the impact of other organisational aspects of patient care practices.

When consulting about medication:

- be aware from the outset if there will be any communication difficulties and take the appropriate measures such as engaging an interpreter
- ensure the support person and/or family members are present with the patient
- explain in plain English and clear details about why the medication has been prescribed, when and how to take it, the duration, and how to deal with any side effects, adverse reactions or associated risks e.g. sharing medication with others, storing it in a place accessible to children
- use visual aid methods where possible.

At the end of the consultation, check that the patient, support person and/or family members understood all that was discussed.

Encourage the patient to talk to their local general practitioner or pharmacist about their medication and for any reassurance about safety and appropriateness.

Ensure medication information is provided in language that the patient can understand,

discussed with the patient's family and communicated to treating staff, including those from primary healthcare services.

Pain management

When in pain, Aboriginal and Torres Strait Islander people may be reserved, and not likely to complain. Keeping silent may be from fear of being separated from families, being in an unfamiliar environment, being chastised, or having fear of the unexplained or fear of spiritual origins of pain.

These behaviours could easily be misinterpreted and the actual pain and its intensity and severity may be underestimated.

Signs that may indicate the patient is experiencing pain may include:

- minimal speaking
- subtle body language
- lying down on their side and avoiding any eye contact
- upon questioning, turning their head away
- hiding under their blanket.

When coping with pain, some Aboriginal and Torres Strait Islander people may use centering, a practice which can easily be interpreted as 'simulating' sleep. Centering is a process that involves withdrawing into one's self spiritually and psychologically to shut out the pain.

Healthcare staff should recognise these cultural differences of coping with pain and discuss pain management options in a respectful, culturally sensitive way. The patient should also be given information and support to understand and participate in their own pain management.

Patient discharge

Continuity of care may be a more significant challenge for Aboriginal and Torres Strait Islander patients. When patients return to their communities, provision of care may become the responsibility of Aboriginal and Torres Strait Islander primary healthcare services, palliative care or other support services.

It is important that discharge planning includes strategies for:

- transfer of treatment information
- information on potential progression of illness and what to expect
- transfer of cultural information
- medication management
- changes to housing/ accommodation
- safe access to medical equipment such as oxygen facilities
- access to community services such as personal care support/ respite services
- support for families e.g. grief and loss support, financial support.

To minimise stress for the patient and their family, communication between the hospital and community health staff and other support services must be effective.

Aboriginal and Torres Strait Islander patients discharge without medical advice at much higher rates than other patients. Underlying reasons may relate to what the person is experiencing. This may include feeling that they are not being listened to and respected, their fear of procedures, sense of isolation or associating their experience with past traumatic experiences in institutions. Other common reasons for DAMA are family and community obligations.

Preventing DAMA requires an understanding of the patient's perception of their hospitalisation and treatment. Building rapport, communicating effectively, forming a trusting relationship and making patients feel safe at the very beginning is important to this process.

To prevent patients from leaving:

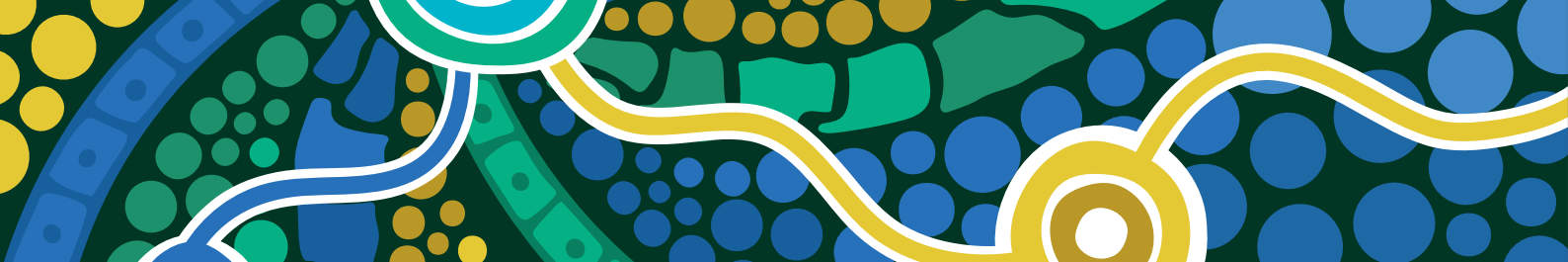
- communicate clearly, particularly about procedures and processes
- gain an understanding of what the patient understands about their treatment
- ask why the patient would like to leave
- ask the patient for potential solutions

If a patient decides to leave:

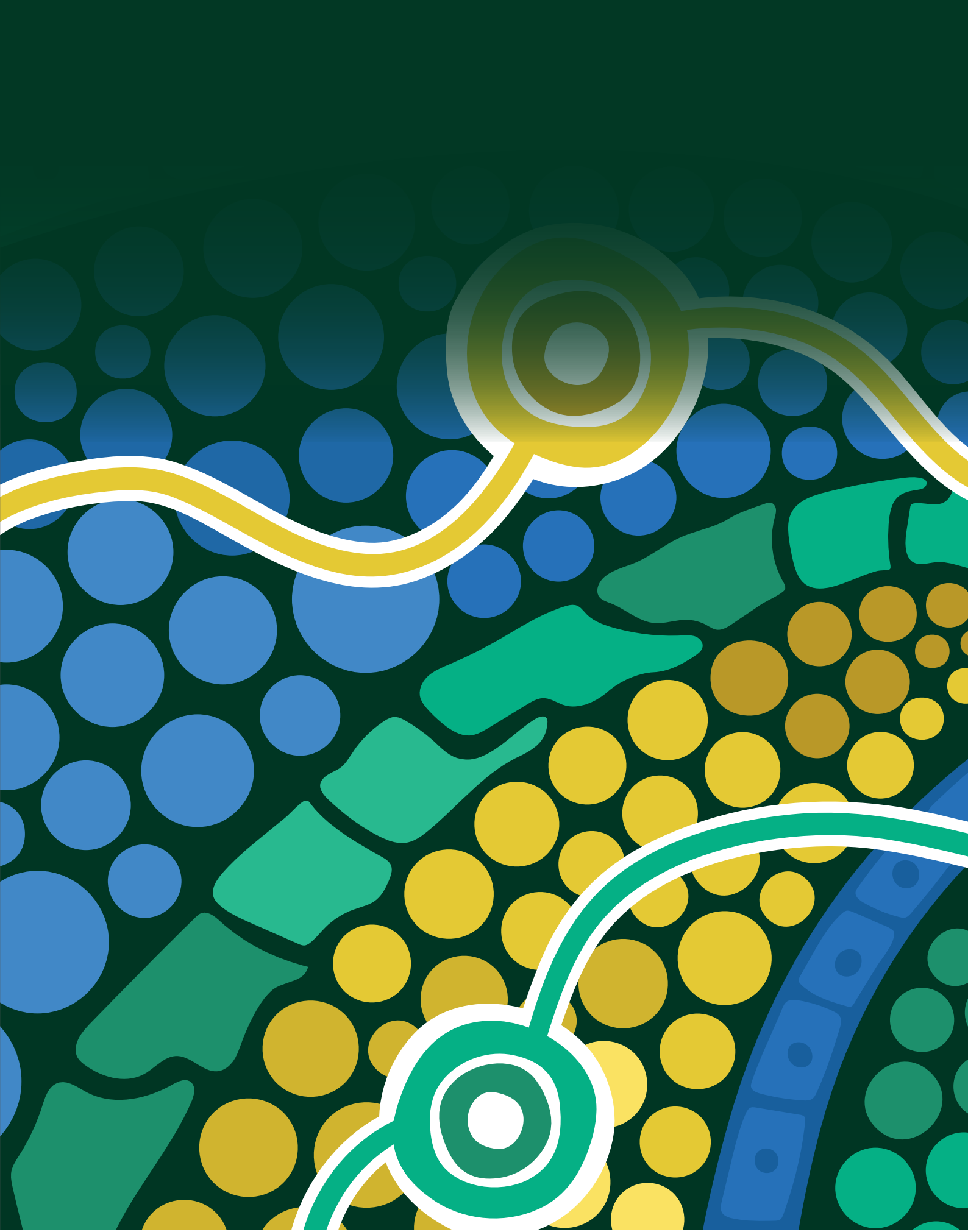
- provide all relevant information
- consider the patient's medical and non-medical needs (e.g. family, social and economic needs)
- make appropriate referrals
- follow up
- reassure patients that they can return.

Other healthcare support

Increase patients' awareness by providing information about their rights, for example, the process for making complaints and feedback. Seek information that could assist patients and their families, including initiatives that provide financial support and bulk billing (Close the Gap, Pharmaceutical Benefits Scheme). Provide other general health information to families about early health checks, vaccinations, immunisation, nutrition and other support services.



Notes



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