

# Exploring new opportunities: using local research to inform undergraduate Indigenous health training

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## Background

Australia has consistently witnessed limited to no improvement in the health indicators of Aboriginal and Torres Strait Islander peoples'. Indigenous life expectancy for 1996–2001 was 59 years for males and 65 years for females. This figure is approximately 17 years below the 77 years and 82 years life expectancy for all Australian males and females respectively, for the 1998–2000 period (1). There have been some improvements in life expectancy in the Northern Territory, however there is no indication that health has improved overall for the total Indigenous population (2). Within the North Queensland region, Aboriginal and Torres Strait Islander communities face some of the poorest health outcomes in Australia (3).

Despite this, minimal research has been conducted looking into the rehabilitation needs of Indigenous communities within North Queensland. James Cook University's Strategic Intent states that it is "...committed to working towards the achievement of genuine and sustainable reconciliation between Aboriginal and Torres Strait Islander peoples and the wider community" (4). Staff of the Faculty of Medicine, Health and Molecular Sciences within the School of Public Health, Tropical Medicine and Rehabilitation Sciences (SPHTMRS) has been actively translating this statement into research. In 2006/7 a number of staff, including Indigenous academics, came together to plan a research agenda that could explore the rehabilitation needs of Aboriginal and Torres Strait Islander communities in North Queensland. The aim of the collaborative was to direct research about the community, educators, service providers and rehabilitation science students, without overburdening local Indigenous consultants.

This research collaborative is in line with The National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments. This framework aims to build on four main areas:

- Increasing the level of resources to reflect the higher level of need of Aboriginal and Torres Strait Islander peoples;
- Improving access to both mainstream and Aboriginal and Torres Strait Islander specific health and health related programs which reflect the higher level of need;
- Joint planning processes which allow for full and formal Aboriginal and Torres Strait Islander participation in decision-making and determination of priorities;
- Improved data collection and evaluation (5)

The outcome of these meetings was a framework of research needs that would drive research across three themes: Awareness Raising, Workforce Capacity Development and Service Provision for Indigenous populations (see Figure 1). The overarching goal of this proposed research was to provide region specific information that could be used to assist in the training of culturally competent and safe therapists. A culturally competent health professional has an awareness of, sensitivity to and

knowledge of the meaning of culture and related issues; including the willingness to learn about his/her own cultural and values.(6,7) Cultural safety differs from cultural competency in its emphasis on socio-political analysis. As educators, we take responsibility for educating culturally competent and safe graduates who, on entering the workforce can provide accessible and appropriate services for their Indigenous clients.

**Figure 1**



Subsequent discussions by the 'Collaborative' has led to the initiation of a number of projects both at undergraduate honours and post-graduate level. The National Health and Medical Research Council's Guidelines For Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (8) was adhered to. The purpose of this paper is to describe some the early outcomes of pilot projects relating to this framework.

## Results

The results presented constitute selected findings from recent research activities, which will be expanded on in the future in order to fulfil the aims of the research as a whole. As the results of each of these sub-projects will be expansive, this paper provides only an overview of the pilot research activities and preliminary results. The below sub-projects will be published in full at a later stage. Each of the research activities reported will be presented under the key research areas.

### Awareness raising: Subproject 1—Torres Strait Islands Peoples' View of Health and Wellbeing

#### Methods

A secondary data analysis (9) was undertaken of three ethnographies from the Torres Strait Islands of Maburg (10), Yam (11) and Warraber (12) to identify belief systems relevant to health and wellbeing.

A key word trawl was undertaken using Microsoft word 2003 and via manual searches. All text that included selected words relating to health, wellbeing and occupation was noted and collated. A thematic analysis of the selected text was then undertaken.

#### Results

Thematic analysis of each of the ethnographies identified many beliefs around health, wellbeing, illness and death which differ from the traditional Western medical worldview. In addition, the ethnographies

identified traditional healing practices which were highly regarded above Western medicine treatments. Sorcery was particularly emphasised in relation to its impact on the health and wellbeing of Torres Strait Islander peoples, which can be seen in the following

“Suspicions of sorcery extend to the death of elderly persons. Despite being known to suffer a diagnosed illness, medical explanations do not preclude the illness as deriving from a malevolent source” (12).

These results indicate an entirely different worldview than that which underpins a Western health system. Findings indicate that the Western medical worldview is seen as secondary to Torres Strait Islander’s traditional views around health and wellbeing. There is a challenge to health care to develop a raised awareness of these different worldviews in order to provide a more acceptable service for diverse communities.

## Workforce capacity: Subproject 2—Survey and Interviews with Rehabilitation Science Teaching Staff

### Methods

This study aimed to capture the type of Indigenous content currently being taught in a rehabilitation science curriculum at a regional university, as well as teaching staff’s perceptions in relation to the effectiveness of existing Indigenous course content. This mixed method study collected data by undertaking a survey and qualitative interviews.

Target participants for the survey consisted of all academic staff currently teaching in a rehabilitation science course curriculum. The final number of participants consisted of 33 academic staff. The survey yielded a completion response rate of 67%.

Five qualitative interviews were tape recorded and transcribed verbatim. In-depth, open ended questions were used to encourage the participants to reflect and discuss possible strategies for the improvement to course content delivery. A cross-case analysis method was utilised to develop themes (13).

### Results

Ninety per cent of participants consider the inclusion of Indigenous issues in the curriculum to be important or extremely important. There was support from participants for more staff training and the need to embed Indigenous content throughout the curriculum in an integrated manner. Qualitative comments supporting these data include;

“... most students are likely to encounter people of Indigenous origin/cultures at some point in the undergraduate/graduate years and so should be prepared to respond appropriately to the specific health needs of Indigenous people, being sensitive to what is important and necessary to them rather than only the mainstream population.”

These results show that developing a culturally competent allied health professional workforce is a priority for educators and that the challenge is ensuring adequate support to educators, so that they are able to undertake this as effectively as possible.

## Service provision: Subproject 3—Interviews with Indigenous Service Providers

### Methods

Preliminary data was gained from undertaking two interviews with key informants with experience in Indigenous health. One is currently working as an allied health professional and is an Indigenous

person. The other has extensive experience working as a rural generalist within remote Australian communities. The interviews were designed to determine participant's views on allied health professionals' role within Indigenous health and how these roles can be further developed.

Interviews were semi-structured with questions exploring the participants experiences of living and working in rural indigenous communities. Themes were devised from coding categories that emerged from the transcripts (13).

## Results

Participants identified that additional research was required to determine the diversity of allied health roles and best methods of service provision for allied health services to Indigenous communities.

Participants indicated that an in-depth understanding of Indigenous health and well-being is essential to provide culturally safe health care services to Indigenous clients. In addition, participants also highlighted that it is essential that health professionals work closely with Indigenous health care providers in order to facilitate rapport building, establishing community networks and overcoming communication barriers.

The Indigenous allied health professional stated:

“...I always collaborate with Indigenous health workers when seeing Indigenous clients. It helps ensure clients feel comfortable during therapy sessions and facilitates communication during the sessions.”

The above results highlight some of the steps necessary to becoming a culturally safe health practitioner. The new graduate challenge is to continue in this educational journey throughout professional practice in order to enhance service provision for Indigenous clients.

## Discussion

The framework and findings described above are diverse, complex and challenging, indicating the multifaceted approaches required to enhance cultural safety within our professions. These results (whilst only selected aspects from the larger body of work from the collaborative) highlight the three key issues for discussion and further research within rehabilitation science professions:

- the impact of worldviews on health (awareness raising)
- the educational challenge for universities (workforce capacity)
- the new graduate challenge (service provision).

### **The impact of worldviews on health (awareness raising)**

Worldviews have been described as the 'horizons' or views of health which are determined by social roles, life experiences and prejudices (14). Findings from the secondary data analysis identified several worldview differences between traditional Torres Strait Islander beliefs around health and wellbeing, and that of the Western health system. These differences help to explain why Torres Strait Islander people may delay seeking medical advice, whilst traditional healers are visited and social duties are fulfilled. These findings are supported by research in other colonial countries. For example, Wilson (2008) identified how worldviews of Maori women impacted on how they sought treatment, prioritised health issues in line with their social roles and influenced how sensitive they were to criticism from health professionals (15).

Research within occupational therapy has shown that therapists and Indigenous families often have vastly different goals for therapy, based on differing worldviews. Whilst therapists focused on individual developmental outcomes for paediatric therapy, families placed greater value on children developing social roles within their communities (16). Nelson and Allison's (2008) findings indicate that culturally bound belief systems can significantly impact on how Indigenous clients access and interact with health systems.

Whilst the current research has focused on reviewing the worldview of Torres Strait Islander communities, further investigation is also necessary into the worldview of health professionals and how this impacts on health delivery. Rather than focusing on researching 'others', it is vital for the rehabilitation science professions to reflect on our own worldviews, which influence not only how we view health and wellbeing, but also affect how we interact with and judge our Indigenous clients. Failure to acknowledge our own worldviews places professionals at risk of imposing our beliefs on Indigenous clients, which in turn creates an imbalance of power where our views are dominant and those of our clients are suppressed. Research within Queensland has found that many interns working with Indigenous communities rated their understanding of Indigenous health beliefs as 'less than good' and were unable to identify a single situation where cultural belief differences impacted on health outcomes; indicating a lack of ability to provide culturally appropriate care (17).

Understanding worldviews is necessary at both a professional and individual level. Professions may share worldviews that are learnt, dictated and reiterated through professional standards, guidelines and teaching curriculum. Similarly, individuals will have worldviews that are learnt through upbringing, social status and experience (14).

As educators it is vital that this first stage of self reflection and awareness occurs in order for cultural awareness to occur (14). One of the challenges which educational facilities face is how to include self reflection within the curriculum. Indeed universities themselves are culturally bound sub-communities with their own cultural values. As universities, the inclusion of Indigenous educators, elders and community members within curriculum planning is vital for sharing and enhancing the worldviews presented to students (18). One of the most important methods of achieving such inclusion is through encouraging and supporting Indigenous students to enrol in rehabilitation science degrees and to share their worldviews with educators and students (19).

### **The educational challenge (workforce capacity)**

Indigenous students remain poorly represented within health professions and face additional barriers to completion of study such as finances, heightened self doubt, racism, lack of knowledge about university systems and learning style differences (20). Further research is required with Indigenous health students to determine the cultural barriers which may affect progression within the program and to explore how governments and universities can support retention of Indigenous students within rehabilitation sciences.

Fundamental to the support of Indigenous students and content within the university system, are the educators themselves. Increased culturally competent workforce capacity can be partly addressed through the development of allied health educators and curriculum, which increases undergraduate students' awareness of the historical and social factors that contribute to the current poor health status of Indigenous Australians (21). Education frameworks within medicine outline the need for educators to understand Indigenous health issues and build content throughout the curriculum to develop students' understandings of Indigenous health issues and practice (18).

The importance of addressing the current health inequalities between Indigenous and non-Indigenous Australians also reflects the strategies set out in the National Aboriginal Health Strategy (NAHS) report which appeals for tertiary institutions to include culturally appropriate and relevant academic content and clinical experience when designing courses relating to the health sciences (22). This current research identified that whilst the rehabilitation educators deemed Indigenous health content as vital to the curricula, many felt that greater cultural training would be beneficial to help develop educators skills in delivering Indigenous content. Within rehabilitation sciences, no similar studies into the cultural awareness of academic staff are published, indicating that this aspect of academic knowledge may be overlooked by many universities.

### **The new graduate challenge (service provision)**

In addition to universities responsibilities to educate health professionals, health systems need to support new graduates to further develop cultural competency upon graduation. Key informant interviews in the current study highlighted that an in-depth understanding of Indigenous health is needed to provide an effective service. Research has shown that only the beginnings of understanding can be made at undergraduate levels whilst competency is built through practice and experience (23). Thus undergraduate training is likely to develop cultural awareness and sensitivity, but is unlikely to yield culturally safe therapists as outlined in the Process of Cultural Safety framework (14).

Previous research into service provision supports the need for cultural training for therapists beyond graduation. Studies have shown that therapists are often unaware of cultural barriers within the health system (24) and that Indigenous clients do not readily access rehabilitation services, particularly within urban settings (25). Furthermore, therapists have been found to be able to readily identify differences in cultural perspectives with Indigenous clients; however, did not appear to recognise how their own values impacted on therapy situations (24). These findings indicate a specific need for health services to have cultural competency training, as part of orientation and professional development over the course of employment, in order to ensure graduates are well supported to develop skills for working with Indigenous clients.

Within the medical profession, ongoing training is beginning to occur, with health services in Queensland (17) and the Northern Territory (26) requiring orientation programs for registrars who work in Indigenous communities. In particular, the training within the Northern Territory includes not only awareness raising information but also specific training on self care for the professional working within demanding remote locations (26). Such orientation programs have yet to be comprehensively documented within rehabilitation sciences. Queensland Health documented a single trial of an allied health post graduate qualification in remote health practice in 2004 with successful outcomes. The course was found to have positive outcomes in terms of therapist self care, improved clinical practice and greater awareness of practicing in a culturally safe manner (27). Accordingly, since 2004 all newly graduated allied health professionals employed by Queensland Health in rural and remote districts must attend a compulsory workshop regarding Indigenous health (27). However, some of these measures do not meet the needs of urban Indigenous communities, who are often left out of service planning models. .

Allied health in Australia should implement a cultural safety competency requirement within their professional competency standards, such as those within New Zealand's occupational therapy profession (28). Such an initiative could see the development of training packages, educational curricula review and health staff reflection on cultural safety. However, how professionals demonstrate such competency within the workforce (15), requires further exploration.

## Conclusion

Despite widely documented poor health outcomes in Indigenous populations in Australia, research into the specific and unique rehabilitation needs has been limited. Rehabilitation sciences within North Queensland have, until now, failed to investigate how our services are inclusive, accessible and relevant for Indigenous communities. It is unknown if the cultural worldviews of our professions and our professionals impact on the delivery of culturally safe therapy for our Indigenous clients. The challenge for allied health research is to investigate how we can enhance the appropriateness of our professional education and services to better meet the needs of our Indigenous communities.

## Proposed policy recommendations

### Awareness raising

- Mandatory cultural safety training for any health practitioner who begins work within state and federal health services, with a key focus on the impact of worldviews and Indigenous health issues.

### Workforce capacity

- Increased tertiary education resources to help in the teaching of cultural competent allied health professionals.

### Service provision

- Allied health service models to be developed and evaluated through Community Health Assessments and Planning that identifies underserved Indigenous populations.
- Professional competencies that reflect the need for culturally safe practice.

## References

1. Australian Institute of Health and Welfare (AIHW). The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples. Canberra: AIHW; 2005.
2. Wilson T, Condon JR, Barnes T. Northern Territory Indigenous life expectancy improvements: 1967-2004. Australian and New Zealand Journal of Public Health. 2007; 31(2): 184-88.
3. Harper C, Cardona M, Bright M, Neill A, McClintock C, McCulloch B et al. Health determinants Queensland 2004 Public Health Services. Brisbane: Queensland Health; 2004.
4. James Cook University: Statement of Strategic Intent. Townsville: JCU, [http://www.jcu.edu.au/office/vc/JCUPRD\\_032020.html](http://www.jcu.edu.au/office/vc/JCUPRD_032020.html) accessed on 20 Jan 2009.
5. National Aboriginal and Torres Strait Islander Health Council (NATSIHC). National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for action by governments. Canberra: NATSIHC; 2003.
6. Dillard M, Andonian L, Flores O, Lai L, MacRae A, Shakir M. Culturally competent occupational therapy in a diversely populated mental health setting. American Journal of Occupational Therapy. 1992; 46: 721–26.
7. Fitzgerald MH, Mullavey-O'Byrne C, Clemson L. Cultural issues from practice. Australian Occupational Therapy Journal. 1997; 44: 1–21.
8. National Health and Medical Research Council. Values and ethics: guidelines for ethical conduct in aboriginal and torres strait islander health research. Available from: <http://www.nhmrc.gov.au/publications/synopses/e52syn.htm>
9. Keilhofner G. Research in occupational therapy: methods of inquiry for enhancing practice. United States of America: F.A Davis Company; 2006.

10. Fitzpatrick-Nietschmann JM. Another way of dying: the social and cultural context of death in a Melanesian community. Michigan: University of Michigan. 1980.
11. Fuary MM. In so many words: an ethnography of life and identity on Yam Island. Townsville: James Cook University; 1991.
12. Lahn J. Past visions, present lives: sociality and community in a Torres Strait community. Townsville: James Cook University; 2003.
13. Patton MQ. Qualitative Evaluation and Research Methods. Newbury Park: Sage Publishers Inc; 1990.
14. Spence DG. Hermeneutic notions augment cultural safety education. *Journal of Nursing Education*. 2005;44(9):409-14.
15. Wilson D. The significance of culturally appropriate health service for indigenous Maori women. *Contemporary Nurse*. 2008;28:173-88.
16. Nelson A, Allison H. Values of urban Aboriginal parents: food before thought. *Australian Occupational Therapy Journal*. 2000;47:28-40.
17. Sinnott MJ, Wittman B. An introduction to indigenous health and culture: the first tier of the three tiered plan. *The Australian Journal of Rural Health*. 2001;9(3):116-20.
18. Phillips G. CDAMS Indigenous Health Curriculum Framework. Sydney: Committee of Deans of Australian Medical Schools; 2004.
19. Lloyd JE, Wise MJ, Weeramanthri T. Changing shape: workforce and the implementation of Aboriginal health policy. *Australian Health Review*. 2008;32(1):174-85.
20. Adams M, Aylward P, Heyne N, Hull C, Misan G, Taylor J, et al. Integrated support for Aboriginal tertiary students in health related courses: The Pika Wiya Learning Centre. *Australian Health Review*. 2005;29(4):482-8.
21. Nash R, Meiklejohn B, Sacre S. The yapunyah project: embedding Aboriginal and Torres Strait Islander perspectives in the nursing curriculum. *Contemporary Nurse*. 2006; 22(2): 296-316.
22. Aboriginal and Torres Straight Islander Commission. National Aboriginal Health Strategy. Australian National Audit Office: 1989.
23. Gray M, Mcpherson K. Cultural safety and professional practice in occupational therapy: A New Zealand perspective. *Australian Occupational Therapy Journal*. 2005;52:34-42.
24. Nelson A, Allison H, Copely J. Understanding where we come from: occupational therapy with urban Indigenous Australians. *Australian Occupational Therapy Journal*. 2006;23:1-12.
25. Francisco I, Carlson G. Occupational therapy and people with intellectual disability from culturally diverse backgrounds. *Australian Occupational Therapy Journal*. 2002;49:200-11.
26. Morgan S. Orientation for general practice in remote Aboriginal communities: a program for registrars in the Northern Territory. *Australian Journal of Rural Health*. 2006;14:202-8.
27. Cox R, Hurwood A. Queensland health trial of an allied health postgraduate qualification in remote health practice. *Australian Journal of Rural health*. 2005;13:191-2.
28. Occupational Therapy Board of New Zealand. Competencies for registration as an occupational therapist; 2000. Available from: [http://www.otboard.org.nz/pdfs/Competencies\\_for\\_Registration.pdf](http://www.otboard.org.nz/pdfs/Competencies_for_Registration.pdf)

## Presenters

**Lynne Zeldenryk** is an occupational therapy lecturer within Rehabilitation Sciences at James Cook University. Her research and teaching interests include: The role of universities in promoting culturally safe practice within Indigenous communities through education and sustainable research; Investigating the cultural impacts of disability within Indigenous Australian communities; Preparing allied health students to work in rural and remote community rehabilitation settings; and Exploring how flexible on-line learning options within the university sector promote access to health training for rural, remote and Indigenous Australian students.

**Adrian Miller** was awarded an ARC Grant in 2008 to investigate barriers to effective interventions for infectious and parasitic diseases in Indigenous Australian communities in northern Australia and will form part of his PhD studies. Mr Miller currently co-supervises undergraduate honours projects that focus on Indigenous health within the rehabilitation science and pharmacy disciplines. Publications are in preparation as a result of his involvement in these projects. He has been a member of research

teams to investigate Indigenous student participation in higher education and health workforce projects. His latest in press publication is a book chapter entitled “Health care for Indigenous Australians”, which is linked to his teaching. Mr Miller is a part of NHMRC Indigenous research capacity building grant that offers support for research skills development in qualitative and quantitative methods, publication and writing skills, publication processes, formulation of research questions, data analysis, ethics, conducting literature reviews and database searches. Mr Miller currently is the Chief Editor and Content Editor (Indigenous Health) for the *Journal of Rural and Tropical Public Health*. Mr Miller has a Bachelor of Arts, Master of Public Health and a strong interest in applied research, which has lead him to focus on infectious and parasitic diseases in Indigenous communities. Mr Miller brings an Indigenous perspective, leadership and management experience and a social science background to this project. Mr Miller has extensive experience on local Indigenous initiatives, especially in the areas of education, health and social justice. He has chaired school and community committees that represent the views of Indigenous families. Over the past 10 years Mr Miller has been involved in a number of organisations and served in executive positions. His experiences over the past 13 years in higher education has primarily focused on management, leadership, academic program development and teaching. He was the founding Head of Department for Warawara, the Department of Indigenous Studies at Macquarie University (1998–2000), Deputy Head of School for the School of Indigenous Australian Studies, JCU (1997–98) and Acting Head of School for the School of Indigenous Australian Studies, JCU (1997). Mr Miller has primarily been involved in management and leadership positions that have research projects under his overall management responsibility. He has focused his attention for the last five years on teaching and learning development particularly with on-line technologies.