Campus and rural experiences: effecting systemic change in Indigenous health care delivery

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Abstract

The 2016 Indigenous-led Close the Gap Progress and Priorities Report identified “deliberate or accidental racism in Australia’s hospitals, and other health services” as contributing to ongoing health disparities. Calls for health care providers to work collectively to effect systemic change require heightened awareness of issues confronting Aboriginal communities, and opportunities to interact and build relationships. In 2011, Universities Australia recommended that Indigenous cultural competence be identified as a graduate attribute. There is an expectation that graduates with cultural capabilities will be better equipped to interact with, understand and provide culturally safe care to community members.

Health professional training programs now routinely include content on Indigenous populations, although there is considerable variation across universities and disciplines as to how content is taught. Furthermore, little is known about its impact and whether it includes students becoming the future change agents required to address institutional racism.

This paper draws upon completed doctoral research with midwifery students exploring the impact of an innovative Indigenous health unit introduced into a common first year for health science students at a Western Australian university. It focuses on initial and sustained attitude change and the impact of cultural immersion experiences on student learning. Findings revealed that a well-designed unit, conceived with substantial Aboriginal input and which privileged Aboriginal voices in the classroom, can enhance knowledge and shift attitudes in a positive direction. Remote clinical placements demonstrated a profound effect on student learning by providing opportunities for interaction and observance of cultural protocols. Themes relate to the power of exposure to dispel stereotypes and challenge assumptions; the role of reciprocity, trust and respect in relationship building; exposure and disquiet; and dilution of impact over time.

Conclusions draw attention to the optimisation of student receptivity to Aboriginal content in programs, the need to consolidate and maximise gains made following intensive instruction—including through vertical integration of content across a course, and increased opportunities for remote clinical placements. Exposure to Aboriginal people in classrooms and communities, relationship building that arises from these connections, and self-reflection generated in the process, all contribute to better prepared, culturally competent graduates. But is this enough to address institutional racism identified in health service delivery? More likely is that it is an essential component of a complex task which must necessarily also focus the lens on health practitioners and administrators within organisations if real systemic change is to occur. However, new graduates can play a vital role in expediting this process.

Presenter

Rosalie Thackrah completed a PhD at the University of Western Australia in 2016, which looked at culturally secure practice in midwifery education and service provision for Aboriginal women. She also
has postgraduate qualifications in anthropology and education and has taught, conducted research
and supervised students for many years at UWA and Curtin University. In partnership with colleagues
at Curtin’s Centre for Aboriginal Studies, she developed a new core unit on Indigenous health for
nursing and midwifery students, which won the Neville Bonner Award for Indigenous Education from
the Australian Learning and Teaching Council in 2010. In the same year she was invited to Jonkoping
University, Sweden to lecture and run workshops on cultural issues in health. Rosalie is co-editor with
Kim Scott of a textbook titled “Indigenous Australian Health and Cultures: An introduction for health
professionals”, which has been widely used in Australian universities.