

Position Paper: Culturally Responsive Health Care

Background

Indigenous Allied Health Australia (IAHA), the national peak body representing Aboriginal and Torres Strait Islander allied health professionals and students, asserts that a culturally responsive health workforce is imperative in order to ensure Aboriginal and Torres Strait Islander people receive the healthcare required to significantly improve health and wellbeing outcomes.

Culture can be defined as complex beliefs and behaviours acquired as part of relationships within particular families and other social groups¹ and can predispose people to view and experience health and illness in ways that can influence decisions, attitudes and beliefs around access and engagement in healthcare. This may include acceptance or rejection of treatment options, commitment to treatment and follow up, success of prevention and health promotion strategies, perceptions of the quality of care and views about the facility and its staff².

Cultural competency, cultural safety, cultural respect, cultural awareness and cultural sensitivity are all terms that have (often interchangeably) been used to describe the training and/or attributes required by health professionals to effectively engage with Aboriginal and Torres Strait Islander people.

Irrespective of the term used or training and experiences a health professional has attained, the key concern for the person, family or community at the centre of care is how the health professional responds to any particular encounter. Health professionals must demonstrate their ability to respond appropriately and 'walk the talk'.

IAHA has determined that in the context of holistic and person centred therapeutic relationships with Aboriginal and Torres Strait Islander people, health professionals must be culturally responsive, a construct that entails life-long self-reflection and new learning as opposed to the notion of finality that other terms such as cultural competency may imply.

Culturally responsive care can be defined as an extension of patient centered-care that includes paying particular attention to social and cultural factors in managing therapeutic encounters with patients from different cultural and social backgrounds³. IAHA views it as a cyclical and ongoing process, requiring health professionals to continuously self-reflect and proactively respond to the person, family or community with whom they interact.

There are multiple layers of responsibility to ensure that Aboriginal and Torres Strait Islander people receive culturally responsive healthcare.

It is the responsibility of the health education providers to ensure their graduates attain the necessary skills, knowledge and attitudes that will enable them to deliver culturally responsive care. This includes providing clinical experiences that expose them to the unique needs of Aboriginal and Torres Strait Islander populations.

It is the responsibility of the health service provider to demonstrate culturally responsive leadership and build governance structures and environments that ensure health professionals are encouraged, expected and able to respond to the needs of Aboriginal and Torres Strait Islander people effectively. The processes and supportive structures around health service delivery are equally as important as actual health outcome measures when determining the overall effectiveness of health service delivery.

It is the responsibility of the health professional to deliver culturally responsive healthcare. Being culturally responsive places the onus back onto the health professional to appropriately respond to the unique attributes of the person, family or community they are working with. Self-reflection and reducing power differences are central to being culturally responsive; therefore making assumptions based on generalisations about a person's ethnic, cultural or social group is unacceptable. Part of the challenge of becoming

culturally responsive health professionals is learning to reach beyond personal comfort zones and being able to comfortably interact and work with people, families and communities who are both similar and markedly different⁴.

IAHA asserts that all health professionals need to be both clinically competent and culturally responsive to positively affect the health and wellbeing of Aboriginal and Torres Strait Islander people.



Faye McMillan, IAHA Chairperson

Endorsed by the IAHA Board on 29 April 2013.

¹ Saggars, S., Walter, M. & Gray, D. 'Culture, History and Health' in (eds) Thackrah, R. Scott, K., & Winch, J. 2011. Indigenous Australian Health and Cultures: An Introduction for health professionals.

² Aboriginal Cultural Security - An outline of the Policy and its Implementation, NT Government. [http://www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/9/26.pdf&siteID=1&str_title=An outline of the Policy and its Implementation.pdf](http://www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/9/26.pdf&siteID=1&str_title=An+outline+of+the+Policy+and+its+Implementation.pdf) Accessed March 2013

³ Marcia Carteret, M. Ed. Key Concepts in Cross-Cultural Communications <http://www.dimensionsofculture.com/2010/10/576/> Accessed March 2013

⁴ Ring J. M., Nyquist J. G., Mitchell S. (2008). Curriculum for culturally responsive health care: The step-by-step guide for cultural competence training. Oxford, UK: Radcliffe Publishing.