CULTURALLY RESPONSIVE HEALTH CARE

Background

Indigenous Allied Health Australia (IAHA), a national not for profit, member based Aboriginal and Torres Strait Islander allied health organisation, 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 has been defined as "that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capacities and habits acquired by man as a member of society"[1]. In other words, culture is a patterned way of life shared by a group of people. Culture encompasses all that human beings have and do to produce, relate to each other and adapt to the physical environment. It includes agreed-upon principles of human existence (values, norms and sanctions) as well as techniques of survival (technology)[2]. Culture is also that aspect of our existence which makes us similar to some people, yet different from the majority of the people in the world… it is the way of life common to a group of people, a collection of beliefs and attitudes, shared understandings and patterns of behaviour that allow those people to live together in relative harmony, but set them apart from other peoples[3]." State of the World's Indigenous Peoples[4]

Therefore culture can be seen as a set of complex beliefs and behaviours acquired as part of relationships within particular families and other social groups[5]. It is important to recognise that culture is expressed at both group and individual levels. It is dynamic rather than static and the complex beliefs and behaviours of cultural groups are not held or expressed uniformly by all members of those groups. Most people live in more than one cultural setting and perceive, experience, and engage with all aspects of their lives and the world around them through the lens of our cultures[6].

Cultural beliefs can predispose people to view and experience wellbeing and illness in ways that can influence decisions, attitudes and beliefs around access and engagement with health providers.[7] This may include acceptance or rejection of treatment options, commitment to treatment and follow up and perceptions of the quality of care and views about the health provider. They may also influence the success of health promotion strategies[8].

Culturally responsive care can be defined as an extension of patient centred care that includes paying particular attention to social and cultural factors in managing therapeutic encounters with patients from different cultural and social backgrounds[9]. IAHA views it as a cyclical and ongoing process, requiring regular self-reflection and proactive responses to the person, family or community with whom the interaction is occurring.

Irrespective of the 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'.

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

1. It is the responsibility of health education providers to ensure that 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.

2. It is the responsibility of health service providers to demonstrate culturally responsive leadership and build governance structures and environments that

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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.

3. 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 with whom they are working. Self-reflection and reducing power differences are central to being culturally responsive; therefore making assumptions based on generalisations or stereotypes about a person's ethnic, cultural or social group is a barrier to cultural safety. 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 different[10].

In the context of holistic and person centred therapeutic relationships with Aboriginal and Torres Strait Islander people, 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 peoples.

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[3]Friedl, J. and Pfeiffer, J.E.. 1977. Anthropology, New York: Harper's College Press.
[4]United Nations Publication 2009: State of the World's Indigenous Peoples, chapter 2
[5]1 Saggers, 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.
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[8]Saggers, 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.
[9]Ibid.
[10]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.

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