~Aboriginal Health Workers in Hospitals~

*Lessons from Cardiology*

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Cardiovascular Disease (CVD) in Aboriginal Australia

- CVD leading cause of death for Aboriginal Australians rate 3 times higher than non-Aboriginal community
- CVD cause of high hospitalisation
- Informing patients in hospital about healthy heart behaviour is vital & can reduce secondary coronary events
Acute Hospital Setting

Challenges for Aboriginal patients

- Communication barriers & cultural mismatch
- Hospitals = death & colonialism
- Difficulties in communicating - raises issues of effective health education and informed consent

Staff pressures

- Resource shortages & fast tracking patients impede patient centred care
- Often limited cultural awareness
AHW in RPH cardiology

- AHW employed in RPH Cardiology Dec 2006- Jun 2007
- Left to pursue Enrolled Nurse training

Research question: What was the impact of this role?

METHODS

- Purposive sampling
- Qual. interviews with staff (n14) & Aboriginal patients (n12)
- TOPAS & CR database analysis (no. follow up telephone calls & participation in CR programs)
Impacts of AHW

More effective health care:
- Translating medical procedures
- Providing heart health education more effectively
- Cultural companionship
- Demystifying hospital setting
- Reducing patient anxiety = Increasing patient comfort
- Reducing no. Discharge Against Medical Advice (DAMA):
  - 5 DAMAs during AHW
  - vs.
  - 11 DAMAs prior
= reduction in risks associated with premature discharge
Further impacts

- Broadening systems for identifying Aboriginal status
- Informal & formal cultural awareness to staff
- Increased telephone follow up: 50 patients during AHW vs 7 patients prior
- Enhanced PHC, AMS & referral linkages
Challenges in the role

- Limited clinical scope

*Even though I had all this training... I mean, I can do injections but I’m not allowed to, and I’m thinking ‘bugger this’ (AHW)*

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<th>AHW</th>
<th>CERT III &amp; IV</th>
<th>DIPLOMA LEVEL</th>
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<td>Skills developed in</td>
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<td>Stitches</td>
<td>Accident &amp; Emergency Role</td>
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Challenges...

- Divergent views on role and responsibilities

Because I was the only Aboriginal person...they came to me for all their social stuff (AHW)
Lack of role clarity undermined roles capacity & contributed to isolation from the team

it seemed to us that the AHWs role was a support role and made us a bit lazy…it was easy to push on to the AHW anything (nurse)

I think sometimes a nurse, they put things onto you and you say, ‘No, I’m not a PCA (Patient Care Assistant) who does the other little run-around jobs on the ward and stuff, I’m a health worker… (AHW)
Pressure to deliver a cultural product

- Delivering cultural training can be a huge pressure when trying to get comfortable with role in a hospital

*I would really like to have been comfortable with the position first, instead of being pulled to do the, you know, Aboriginal cultural awareness thing (AHW)*
Difficulties in delivering culturally appropriate care

- Lack of personal work space

I know the limited space area, but with Aboriginal people, they don’t want to come to talk to me because I didn’t have a private work space & because they had shame about their illness and they don’t like talking openly where there are other people around. .. because the other people in the other beds, you know, could be listening. (AHW)
Recommendations for improving the AHW role in hospitals

- Allow time for orientation, staff relationship building & medical training
- Ensure Aboriginal professional mentorship for AHW and their supervisor
- Include AHW in team management
- Ensure time for AHW to build linkages with PHC & AMS
- Have clear job definition
Conclusion

Impacts of AHW in impatient care:

- Improve cultural security of health care
- Reduce DAMAs
- Improve health education
- Increase follow up & referral linkages

Hospital care inclusive of Aboriginal health professionals can impact on Aboriginal patient outcomes & improve chronic disease care

BUT

Enhancing management of acute chronic disease is increasing the Aboriginal workforce at all levels of the health system
The time is ripe!

Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework

Dealing with increasing recruitment & training, Strengthening conditions for retention, workforce development,

The Aboriginal health workforce is increasing:

- AHW increased from 669 in 1996 to 961 in 2006.
- Nursing staff have increased, and more enrolled nurses have upgraded their qualifications to registered nurses.
- Increased number of Aboriginal in higher health education courses.