Meaningful application of the National Research Guidelines in developing culturally safe engagement of Aboriginal women in health research.

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National Health and Medical Research Council
Guidelines for the conduct in Aboriginal and
Torres Strait Islander Health Research

• Why do we need guidelines?

• Does adhering to the guidelines ensure culturally safe engagement of the Aboriginal community in health research?

• Are the guidelines just a ‘tick the box’ requirement to obtain ethics approval?
National Health and Medical Research Council Guidelines for the conduct in Aboriginal and Torres Strait Islander Health Research

- Guidelines developed in 2003- replacing the interim Guidelines 1991
- Developed after consultation with stakeholders including community groups, health providers and research institutions.
- There are a greater number of Aboriginal and Torres Strait Islander peoples involved in research as researchers since the development of the guidelines, however there are still levels of mistrust in the community.
Study 1: Phase 2
Aboriginal Health Professionals

• Participants:
  – Six female Aboriginal Health Workers

• Method:
  – Semi-structured interviews, eg
  – Is this methodology culturally OK? (interviews, recording of interviews, focus groups)
  – What might some of the issues be with this methodology?
    • Prompts: Non-Indigenous v's Indigenous interviewer; need for Cultural consultant present at interview; confidentiality
  – Are there any topic areas or questions that would not be appropriate if I asked (as a Non-Indigenous researcher). Is there another way?
Study 1: Phase 2
Aboriginal Health Professionals

• Analysis:
  – Interpretive Phenomenological Analysis
  – Data coded using N-Vivo 9 software
  – Themes identified
  – Themes interpreted (by researcher) and validated by Cultural Consultant to ensure culturally appropriate interpretation.

Biggest challenge was to overcome my discomfort of my ‘whiteness’ in order to interpret the data and explore the themes with an Aboriginal woman!!
Results

• **Theme 1: Impact of past Government policies on engagement with health researchers.**

“And they may not want to engage at the beginning and then they’ll be thinking what are you going to do with this information, how are you going to use it, where is it going to go, is this going to go to DCP, and then my children will be apprehended. I know that you are aware of past government policies so just be mindful of that, that some women may not want to discuss this with you and will accept how they are treated by hospitals as the norm when it is not. You and I both know that.”

• **Recurring theme of mistrust of professionals and fear of potential ‘removal of children’.**
Results

• “I think doing individual interviews with people that you have actually built up a rapport with is great. And I think we have to be mindful that people aren’t going to be open and honest too with you, because they’re going to be wondering what you’re going to do with this.”

• Highlights the importance of the relationship between the researcher and the participant and wider community.
• NH&MRC Guidelines recommend the use of a Cultural Consultant.

• Theme 2: Paradox of confidentiality within and without the Aboriginal Community.

“Maybe you could get some of the health workers to help with the interviews, because they’ve already got a relationship with them.”

“Yes, I think it would be easier to have somebody there that knows them to introduce you and tell them about it. That would make it a lot easier.”

“Just follow the lead of the Health Workers. If they think it’s not appropriate, or they don’t want to be involved, they’ll let you know.”
Results

“I think it would be better for you because if they have us there they might not come out with what they’d like to come out with.”

“Sometimes we are related to someone and we work with them and may be frightened to bring things out that they’d like to.”

“I think all women are the same; you tell them something and they go out and tell somebody else. That’s just what like Noongars are like.”

“They would probably feel better to just talk to you because you know what they think and they’ll go and tell someone else.”
Results

• “Damned if you do and damned if you don’t. It depends if the community members know that other Aboriginal person… But some might say, no, don’t want to because the grapevine effect. Is that person then going to go back? If you are going to have an Aboriginal person they’ll need to sign a confidentiality and that needs to be cited by the community member that you are interviewing, that this information is confidential, that it won’t be shared with others.”

• Mistrust within the Aboriginal community
• Need for confidentiality in writing, unstated acceptance of health professional’s ethical behaviour.
Results

The six values that lie at the heart of these guidelines are:

- Spirit and Integrity
- Reciprocity
- Respect
- Equality
- Survival and Protection
- Responsibility

- Do these guidelines ensure culturally safe engagement with the Aboriginal community??
Conclusion

• Aim of HRECs ‘protect the welfare and the rights of participants in research’.

• The NH&MRC guidelines are “guidelines”

• The most important factor in enabling culturally safe engagement is the relationship between the researcher and the community. In order for this relationship to develop the researcher needs to:
  – Spend the time with the community
  – Develop relationships with key community members
Acknowledgements

Diann Peate: Cultural Consultant

Aboriginal Health Workers
How to find us:

http://bmw.curtin.edu.au

http://www.facebook.com/pages/Building-Mental-Wealth/152130671468063

http://twitter.com/BMW_group_WA

The story of our logo: The logo uses the central symbol of a head to represent the field of mental health. It is surrounded by large circles which symbolize the organisations and community groups which contribute to a combined effort to improve mental health in Australia. The smaller circles in between the larger circles represent the individuals affected by mental ill-health and their families. The roads in the outer section of the logo symbolize the many pathways that lead to mental ill-health and back to restored mental health. The logo was designed by Allison Bellottie, an Aboriginal artist belonging to the Malgana and Nanda tribal groups from the Shark Bay area of Western Australia.