

The perspectives and concerns of staff working with clients with diverse cultural heritage: Cultural safety at the Kirketon Road Centre, a primary healthcare service for marginalised people

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INTRODUCTION

A culturally competent workforce improves service delivery to culturally and linguistically diverse (CALD) clients and is essential for high quality culturally appropriate care. We aimed to better understand the perspectives and concerns of staff affecting engagement with CALD clients to inform strategies to improve service-level cultural competence.

ABOUT THE KIRKETON ROAD CENTRE

KRC is a primary healthcare service which provides free, accessible, and equitable healthcare for population groups who traditionally experience multiple barriers accessing health services. KRC provides over 2000 episodes of care each month for general medical care, sexual health, counselling, NSP, OAT and HCV treatment.

KRC has about 65 staff. This includes doctors, nurses, counsellors, health education officers, project officers, peer workers and frontline service officers. Staff provide a combination of clinic-based care and outreach services including afterhours outreach.

METHOD

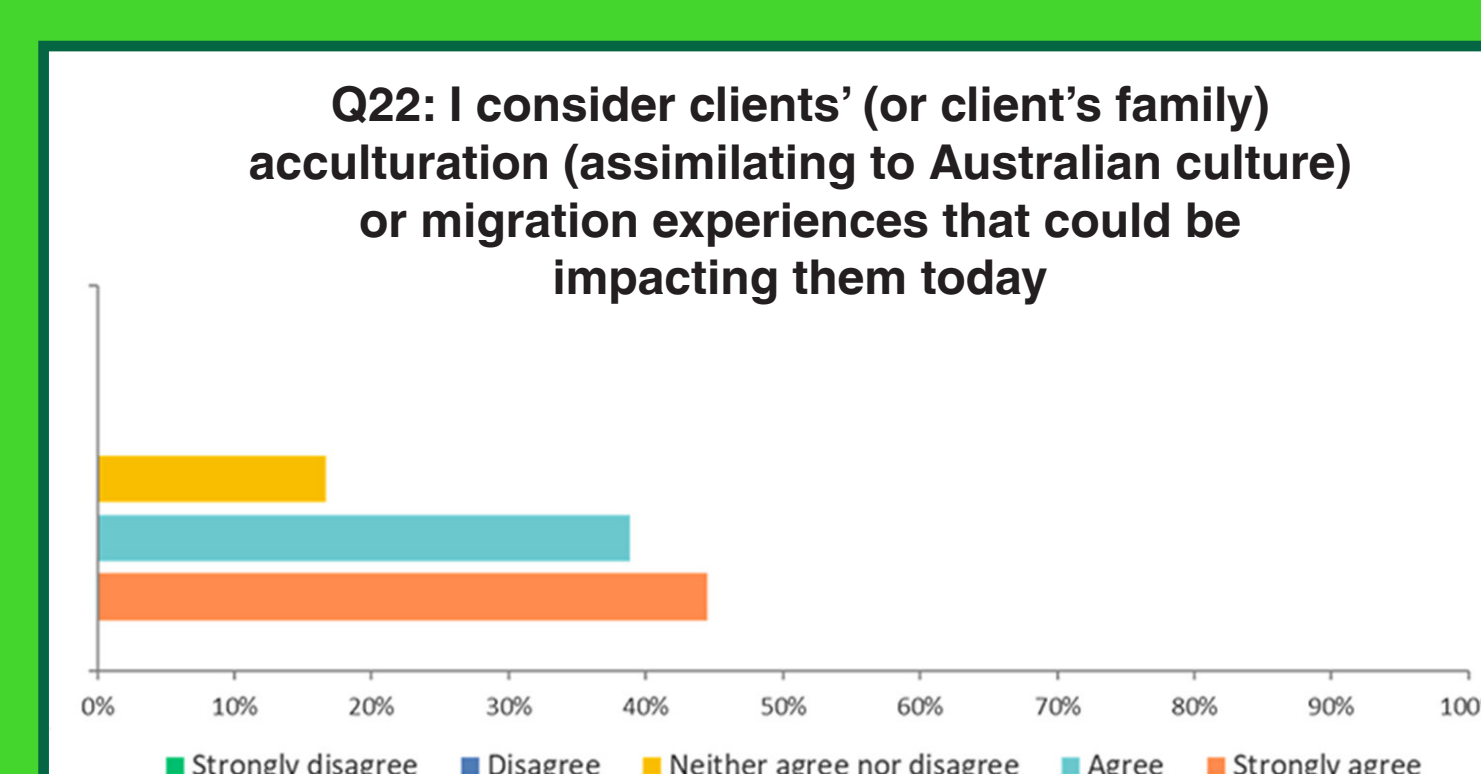
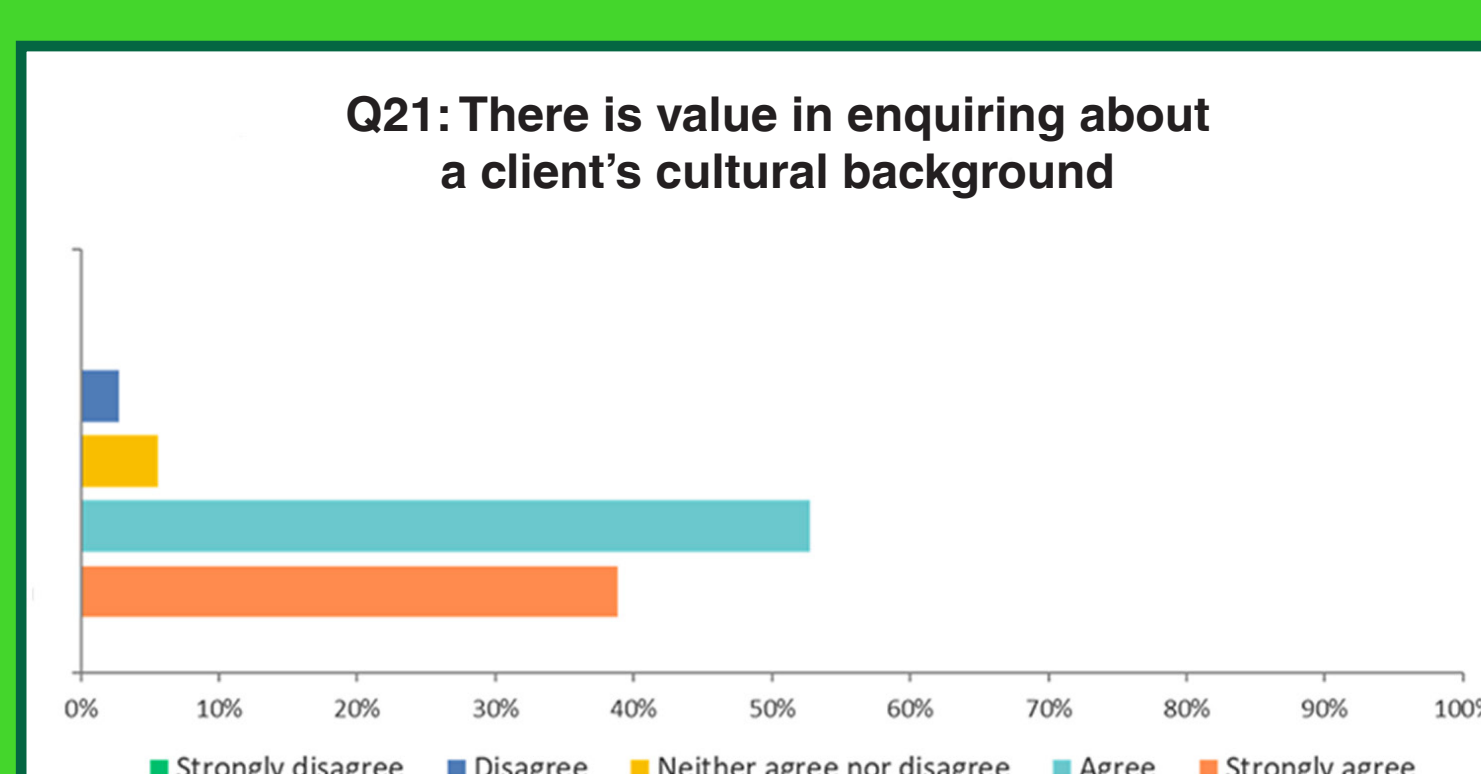
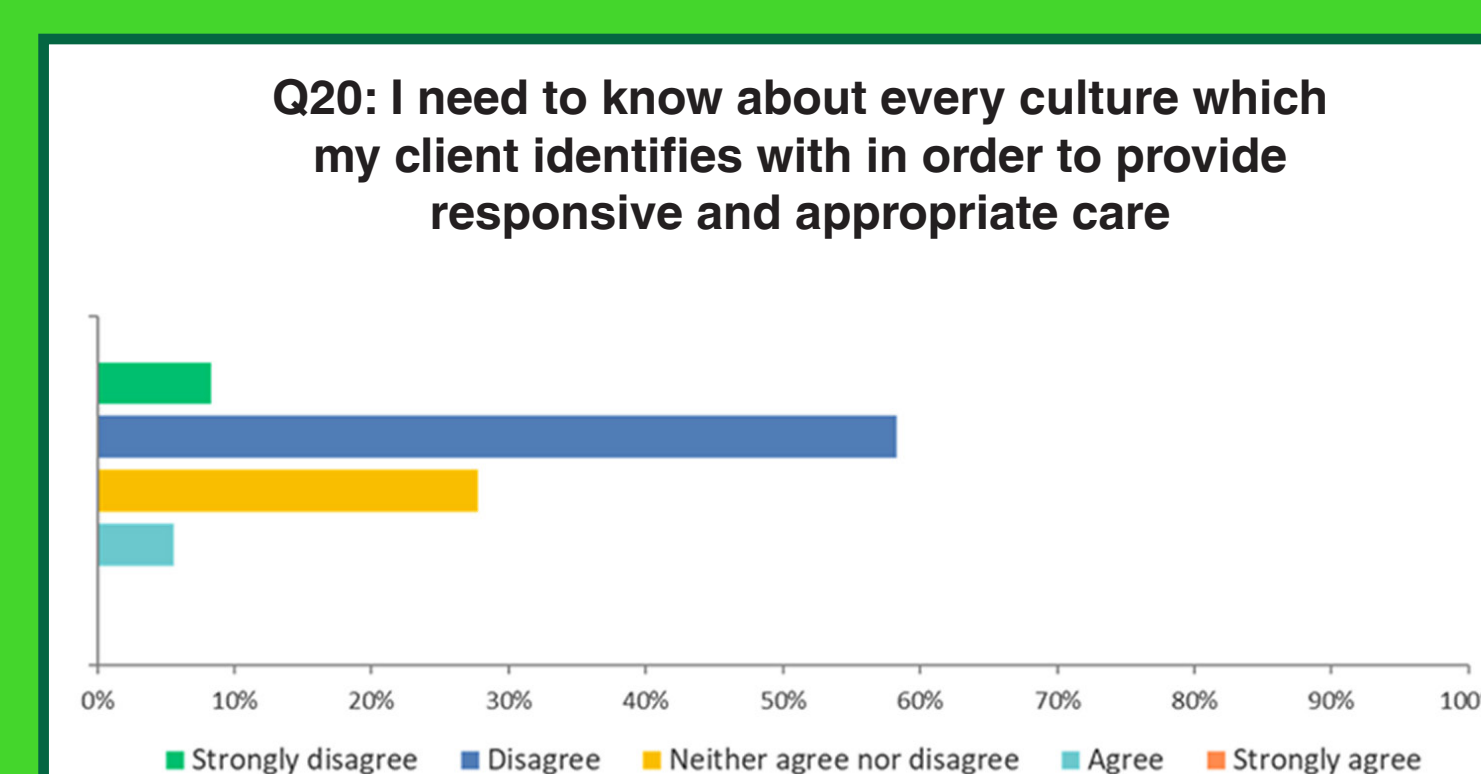
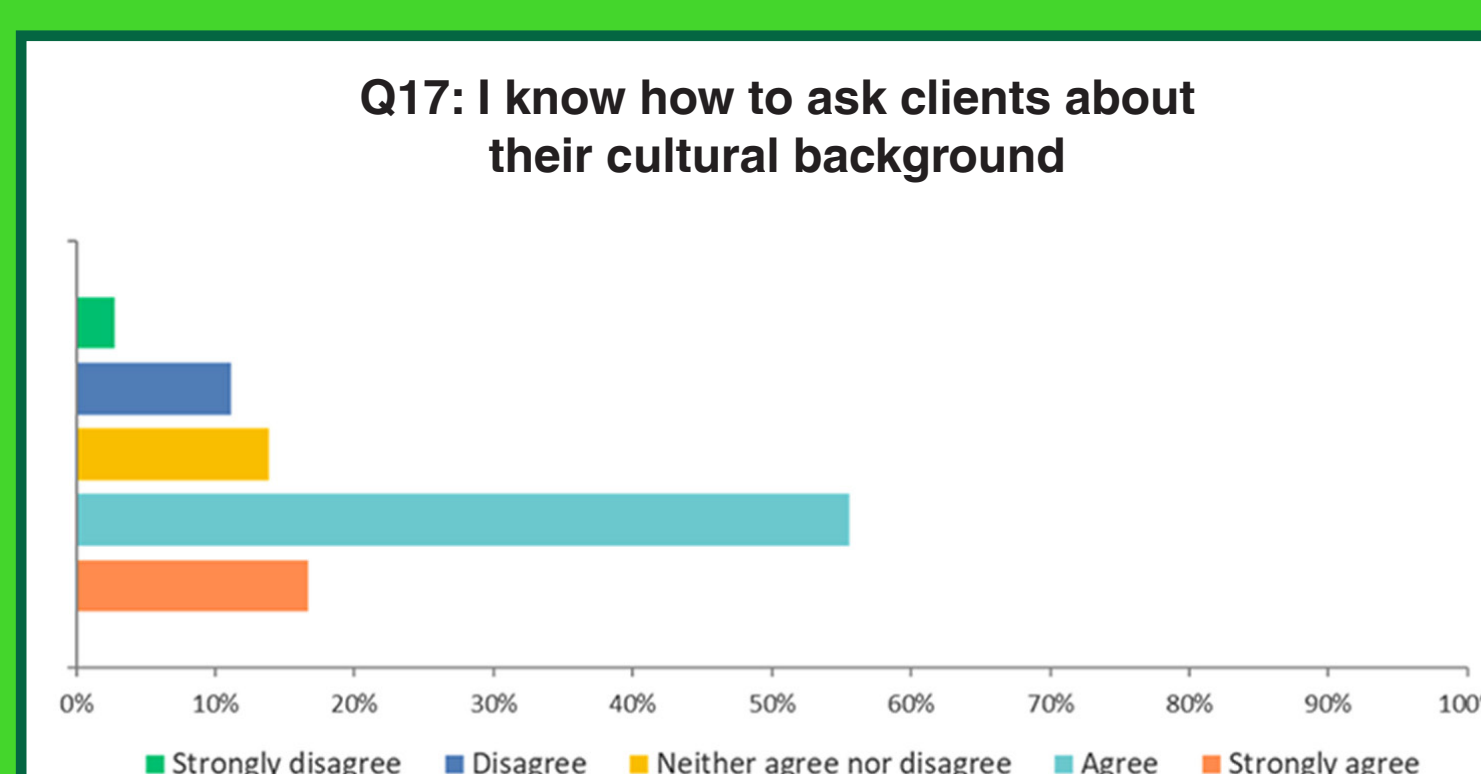
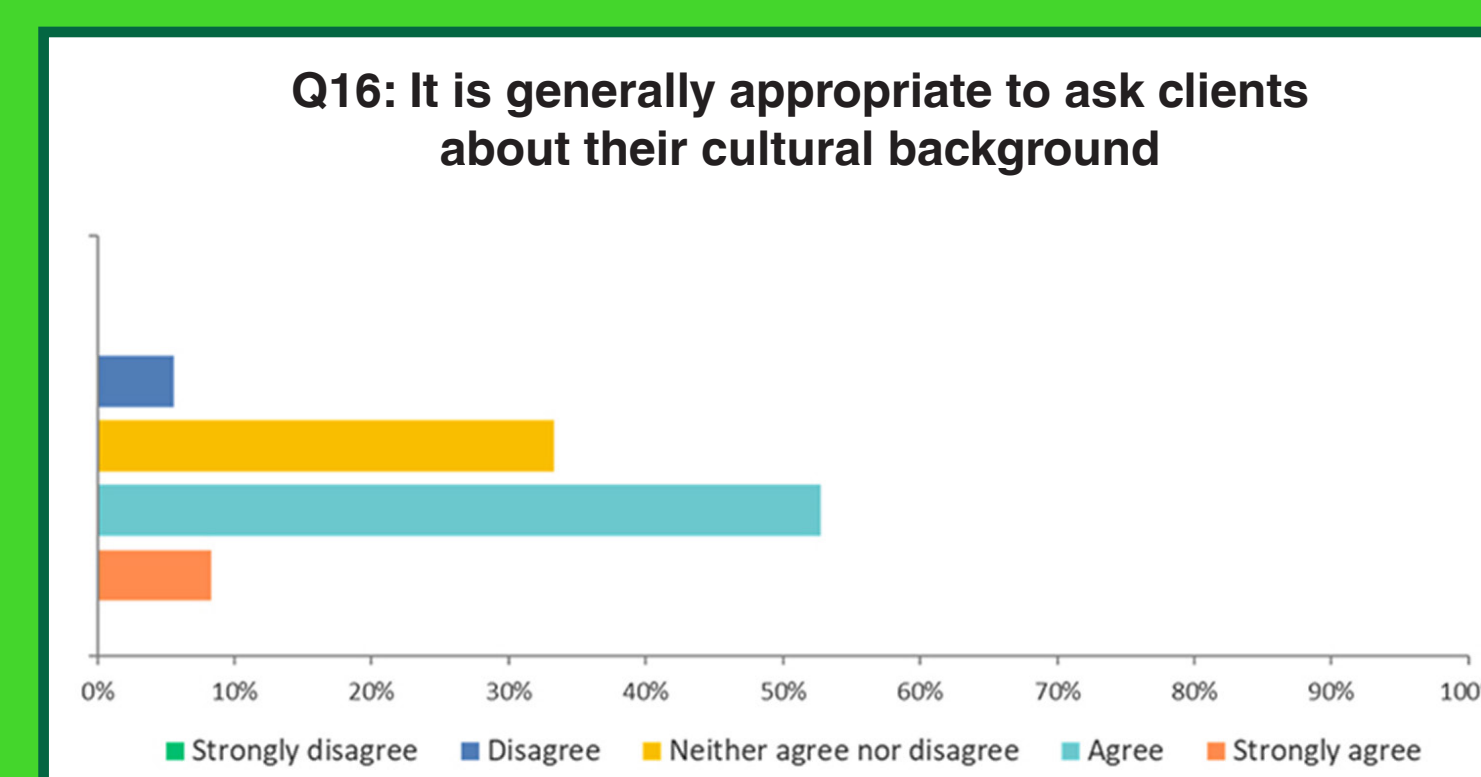
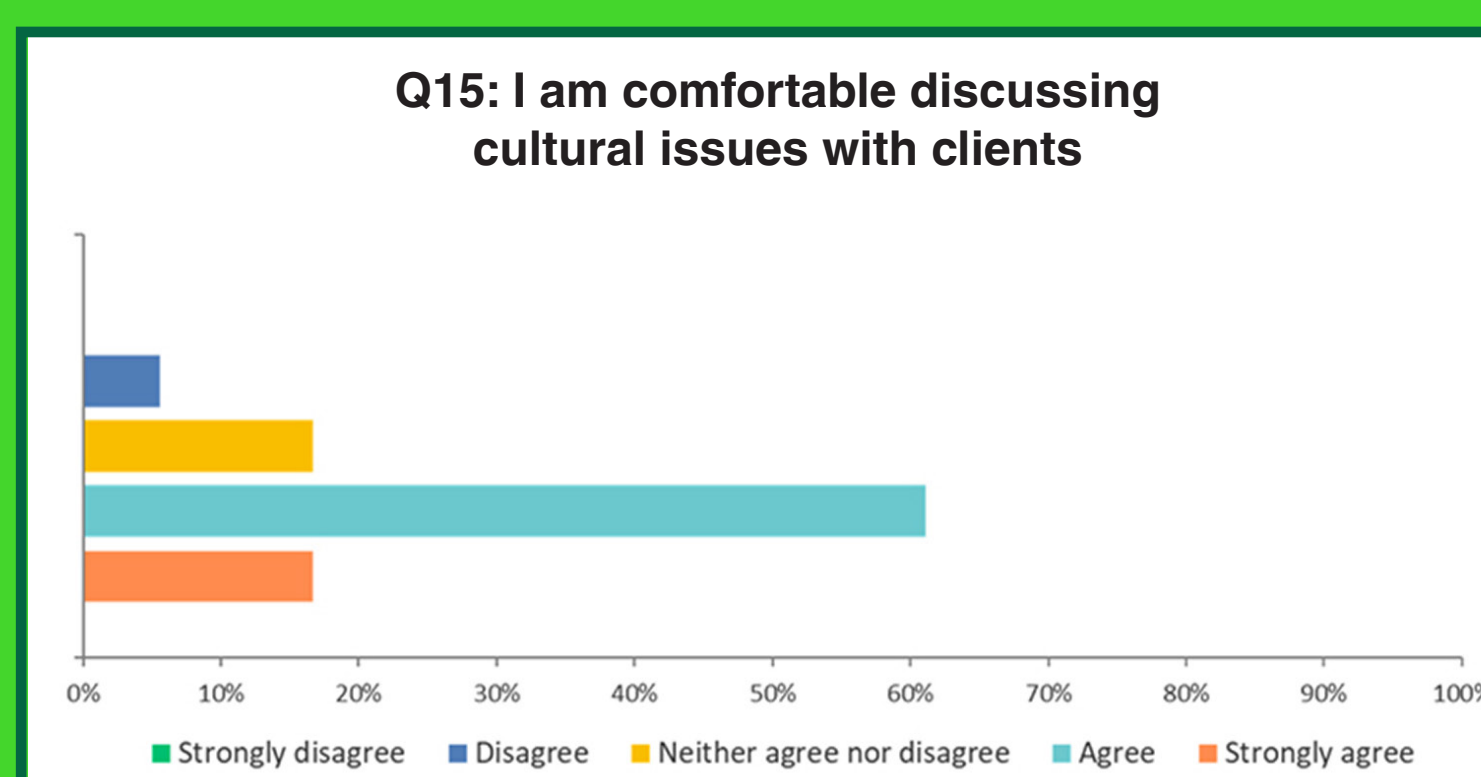
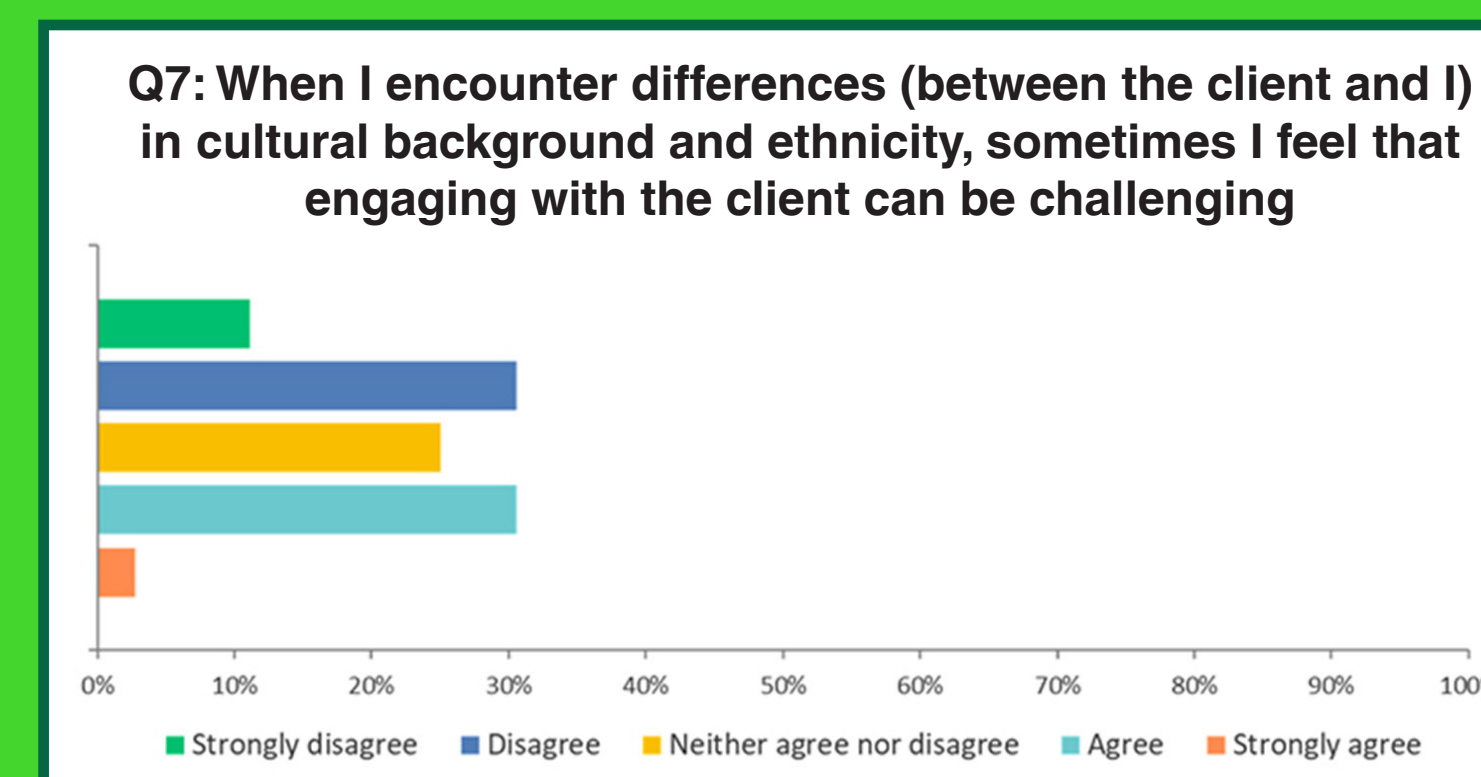
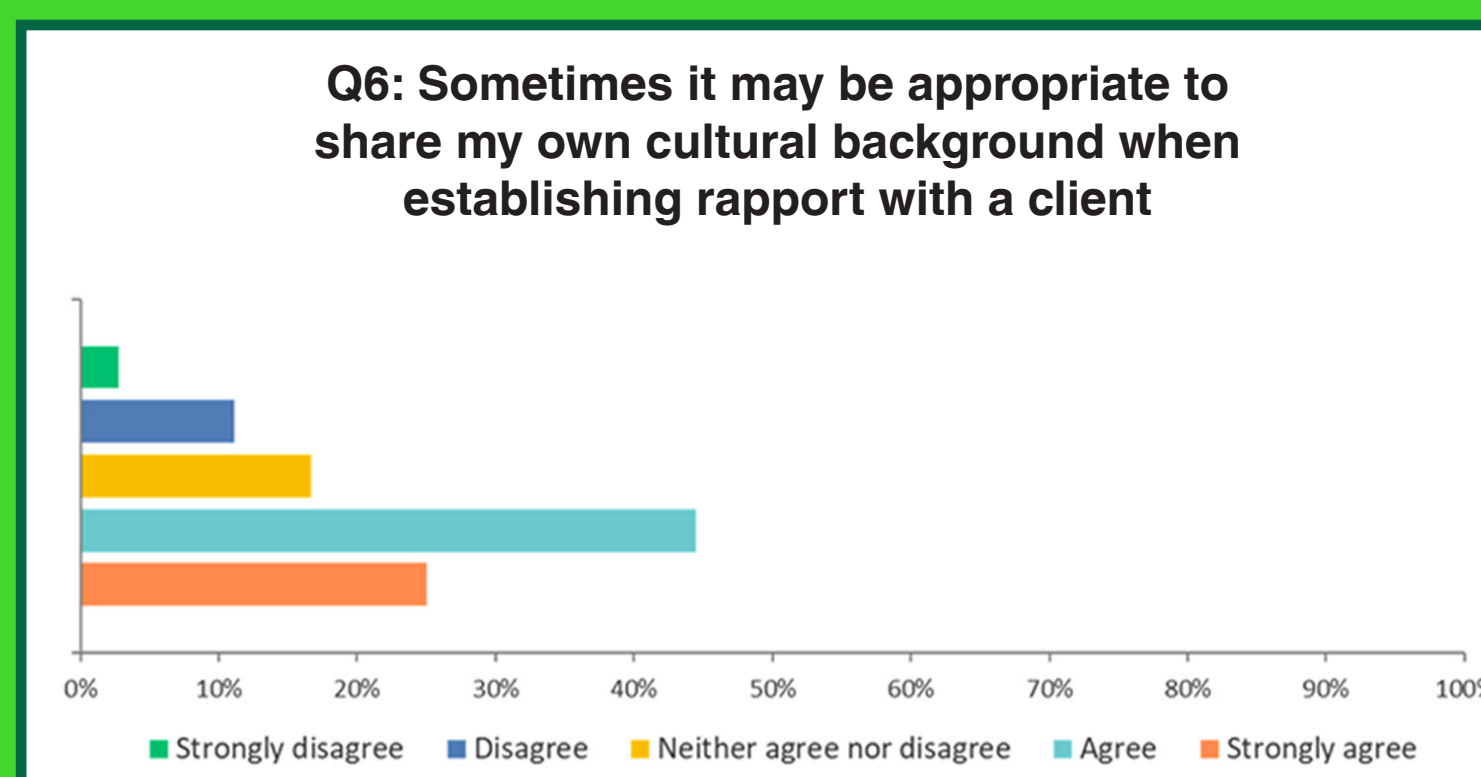
A 29-item survey was developed based on existing questionnaires and consultation with a working group including staff from the SESLHD Multicultural HIV & Hepatitis Service and KRC. In October 2022, staff were surveyed and invited to reflect on their engagement with CALD clients. Quantitative (Likert scale) and qualitative questions spanned domains of self-reflection, engagement approach and training and development. Participation was voluntary and anonymous. Descriptive analyses were used to summarise results.

RESULTS

- ▶ 36 staff completed the survey
- ▶ 72% Clinicians (e.g., Counsellors, Health Education Officers, Medical, Nursing)
- ▶ 28% Non-clinical staff (e.g., Frontline Service Officers, Administration)
- ▶ Few differences in responses between clinical and non-clinical staff
- ▶ Results presented for a selection of survey questions

What culture or cultures do you identify with?

- ▶ 33% Non-CALD only
Australian, British, Irish, Anglo
- ▶ 44% Non-CALD & 1+ CALD
Above, plus Filipino, Afro-Peruvian, Eastern European, European, Chinese, Singaporean, Sicilian, LGBTIQ+, Greek Cypriot, Dutch
- ▶ 17% CALD only
Serbian, Italian, Czech, Chinese, Malay
- ▶ 6% None



DISCUSSION AND CONCLUSION

Staff had a sense of their own cultural identity and were generally confident in their ability to discuss cultural issues and engage with CALD clients.

About 1/3 thought it can be challenging when engaging with clients of a different cultural background to their own.

Staff identified a number of areas for further education and training and thought KRC could do better in engaging with CALD clients in its service area. Suggestions included:

- ▶ More multicultural material available to staff and clients
- ▶ Health promotions specifically for CALD groups which address their needs
- ▶ CALD identified positions
- ▶ Focus groups with CALD clients to identify needs and barriers to access
- ▶ Engage CALD stakeholders to strengthen relationships with CALD communities

IMPLICATIONS FOR PRACTICE AND POLICY

Culturally competent staff are more open to the views and perspectives of others. Cultural competency improves employees' self-awareness as individuals within a diverse team. It is important to prioritise cultural competency and equip staff with the skills to effectively engage CALD clients, potentially improving health/social outcomes for this priority group.

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