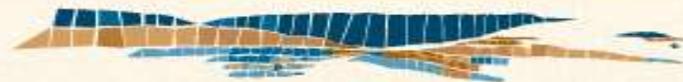# Lessons from two high performing cancer services: Supporting Aboriginal staff and patients

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Western Australian Centre for Rural Health

Acknowledgements

What we know

- There are many stages in the cancer journey and Indigenous people can find this journey difficult, especially if they need to travel for cancer treatment.

- Indigenous staff improve outcomes for Indigenous patients (and help support non-Indigenous staff).

- Indigenous Australians are under-represented in the health workforce and many mainstream services struggle to recruit and retain Indigenous staff.

- It is important to make mainstream health services culturally safe for Indigenous patients and Indigenous staff.

Service identification and selection

2014 — 125 eligible public hospitals identified in national study

2015 — 58 hospitals completed initial questionnaire

2015 — 14 hospitals participated in preliminary telephone interviews

2016-2018 — 5 cancer services identified and participated in case studies

2019 — 2 cancer services identified as 'high performing'
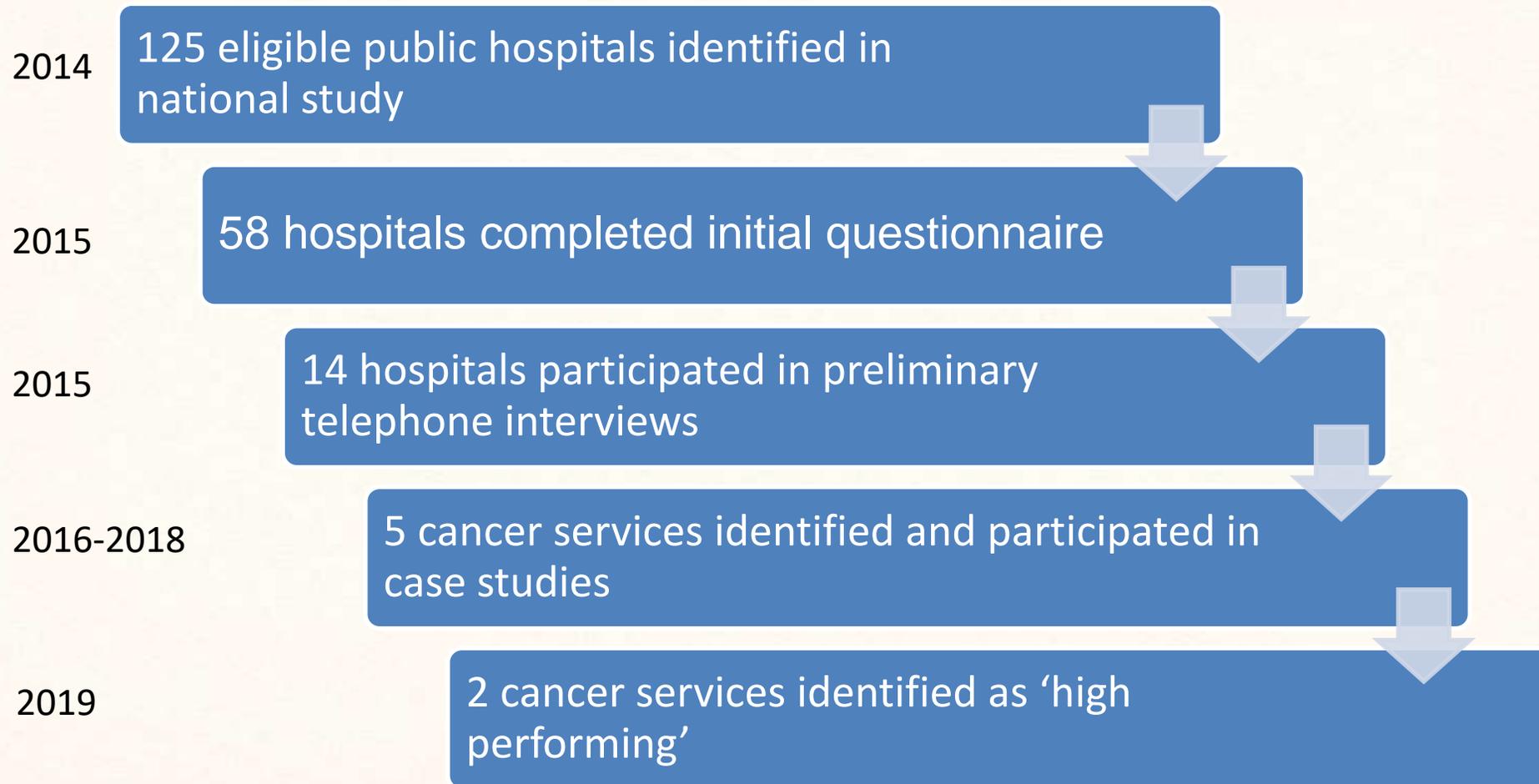
What do you think makes a health service high performing?

Characteristics of participating health services

	Urban Service	Regional Service
Location	Major capital city	Large regional centre
Management	Private	State health service
Size	900 beds	800 beds
Total staff	5,700	6,000
Indigenous staff (percent of total)	52 (0.9%)	241 (3.74%)
Catchment	Metropolitan-based, 11% rural	670,000 people across 148,000 km^2
Indigenous proportion of catchment population	0.8%*	8%

* Proportion of population of the state.

Participant characteristics

Indigenous people affected by cancer (n=8)

	Patients	Family	Total
	5	3	8
Gender			
Female	1	3	4
Male	4	0	4
Service			
Urban Service	3	1	4
Regional Service	2	2	4
Residence			
Urban	1	0	1
Regional	3	3	6
Remote	1	0	1

Health Service Staff (n=24)

	Urban Service	Regional Service	Total
	10	14	24
Gender			
Female	8	12	20
Male	2	2	4
Indigeneity			
Indigenous	3	5	8
Non-Indigenous	7	9	16

Roles included: Indigenous Liaison Officers, Social Workers, Cancer Coordinators, Registered Nurses, Oncologists, Managers, Executives, and Administration staff

Indigenous workforce support

Executive Leadership
- Commitment from Executive
- Reconciliation Action Plan and policies
- Indigenous representation
- Direct engagement with Indigenous staff

Employment Strategy
- Number of Indigenous staff
- Employment targets, plans and policies
- Supportive recruitment process
- Cadetships

Work Environment
- Physical: flags, artwork
- Acknowledgements
- Uniforms and shirts
- Cultural events
- Cultural Awareness Training

Multidisciplinary Team Inclusion
- Regular meetings
- Joint assessments
- Relationships
- Input sought and referrals from clinicians

Indigenous Patient Outcomes*
- Improved health outcomes
- Increased compliance
- Increased cultural safety
- Better supported

Staff Outcomes*
- Indigenous staff feel respected
- Increased recruitment and retention of Indigenous staff
- High job satisfaction

Culture of Respect
- *"My opinion and my judgment is respected"*
- *"I don't know how they'd go without us"*
- *"The Aboriginal Liaison community is just gold"*
- *"Their opinions are sought across many disciplines"*

Indigenous Health Unit
- Indigenous led
- Support Indigenous staff
- Defining ILO role and scope of practice
- Workload allocation

Indigenous Liaison Officer
- Early, 'automatic' involvement
- Informal navigator and care coordinator
- Patient advocate

Professional Development
- Career pathways
- Training opportunities and specialisation
- Mentoring and two-way learning
- Future workforce

Experiences of Indigenous cancer patients and their families

High level of communication from staff
- Patients felt supported and well-informed
- Staff took extra time to build rapport
- Patients involved in decision-making process

Indigenous staff (ILOs) highly involved with care
- Patients valued presence of someone from same culture, more willing to stay in hospital
- ILOs involved early, navigator role
- Joint assessments with non-Indigenous staff

Journey to cancer service is challenging
- Issues navigating health system
- Misdiagnosis
- Poor communication
- More information required

Family included and involved
- Family helped with patients' mental health, communication with clinicians, transport and accommodation
- Telehealth used to communicate with and involve family
- Insufficient financial support

How can you bring change to **your** organisation?

Opportunities

- Establish or join an Aboriginal employee network
- Provide health-focused cultural awareness training
  - Free podcast for health professionals: Ask the Specialist: Larrakia, Tiwi & Yolngu stories to inspire better healthcare
- Add Acknowledgement of Country and Traditional Owners within staff e-mail signatures
- Display Aboriginal and/or Torres Strait Islander flags and local artwork
- Hold cultural events at significant times of the year (such as NAIDOC Week and Reconciliation Week), encourage all staff to participate

Increasing cultural inclusion in health services

A long-term process requiring the following key elements:

1. Ongoing commitment of health service leadership (Executive and Management)

2. A whole-of-organisation approach to, and implementation of, inclusive policies procedures and practices

3. Understanding that resistance to change will be encountered

4. Developing engagement opportunities and working relationships with the Aboriginal community

Questions

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Further Reading

- Taylor EV, Lyford M, Parsons L, Mason T, Sabesan S, et al. (2020) "We're very much part of the team here": A culture of respect for Indigenous health workforce transforms Indigenous health care. PLOS ONE 15(9): e0239207. https://doi.org/10.1371/journal.pone.0239207

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- Mitchell, O., Malatzky, C., Bourke, L. & Farmer, J. (2018). A modified Continuous Quality Improvement approach to improve culturally and socially inclusive care within rural health services. Australian Journal Of Rural Health, 26(3), pp. 206-210. https://doi.org/10.1111/ajr.12409

- Bourke, L., Mitchell, O., Mohamed Shaburdin, Z., Malatzky, C., Anam, M. & Farmer, J. (2021). Building readiness for inclusive practice in mainstream health services: A pre-inclusion framework to deconstruct exclusion. Social Science & Medicine, 289 pp. 114449-. https://doi.org/10.1016/j.socscimed.2021.114449

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