



## Review

# Indigenous peoples' experiences and perceptions of hospitalisation for acute care: A metasynthesis of qualitative studies



Vainess Mbuzi<sup>a,b,\*</sup>, Paul Fulbrook<sup>b,c</sup>, Melanie Jessup<sup>b,c</sup>

<sup>a</sup> Adult Intensive Care Services, The Prince Charles Hospital, Brisbane, Australia

<sup>b</sup> School of Nursing, Midwifery and Paramedicine, Australian Catholic University, Brisbane, Australia

<sup>c</sup> Nursing Research and Practice Development Centre, The Prince Charles Hospital, Brisbane, Australia

## ARTICLE INFO

*Article history:*

Received 26 September 2016

Received in revised form 6 February 2017

Accepted 4 March 2017

*Keywords:*

Cultural issues

Experiences

Hospital care

Indigenous

Metasynthesis

Qualitative research

## ABSTRACT

*Objective:* The objective of this study was to explore Indigenous people's experiences and perceptions of hospitalisation and acute care.

*Methods:* Systematic procedures were used for the literature search covering the period from 2000 to 2016. Final search was conducted in early September 2016. Quality of the selected studies was assessed using the Critical Appraisal Skills Program. Data extraction was conducted using the data extraction tool from the Joanna Briggs Institute. A thematic approach to synthesis was taken. Statements were assembled to produce aggregated data of the findings, which were then categorised based on similarity of meaning, and the categories were used to produce comprehensive synthesised findings.

*Data sources:* The literature search was conducted in the following databases: Cumulative Index to Nursing and Allied Health Literature, Google scholar, Medline, Psychology and Behavioural Sciences, and PsycINFO. Manual searches of the International Journal of Indigenous Health, Menzies website and references of reviewed papers were also conducted. Inclusion criteria were qualitative articles, published in English from across the world, in peer-reviewed journals, that investigated acute health care experiences of Indigenous people.

*Review methods:* A metasynthesis of qualitative research studies was conducted following Joanna Briggs Institute guidelines.

*Findings:* A total of 21 primary studies met the inclusion criteria. Three themes emerged from the metasynthesis: *Strangers in a strange land*; *Encountering dysfunctional interactions*; and *Suffering stereotyping and assumptions*. These themes emphasised the importance of meaningful relationships for Indigenous people and highlighted their cultural marginalisation in hospital settings.

*Conclusion:* The findings indicate that healthcare experiences of Indigenous patients and their relatives in acute settings can fall well short of their expectations and needs. It behoves healthcare professionals to firstly be aware of such discrepancies, and secondly to implement strategies that enable inclusive and individualised care.

© 2017 Elsevier Ltd. All rights reserved.

## What is already known about the topic?

- Hospital admission can threaten Indigenous people's identity and compromise their health and recovery from disease.
- Hospital settings are foreign environments to most Indigenous people.

## What this paper adds

- The relationship between health staff and Indigenous people during hospitalisation has a vital role in the determination of negative or positive experiences.
- Relationship-centred approaches to care are likely to enhance the wellbeing of Indigenous people and comfort their relatives.

\* Corresponding author at: The Prince Charles Hospital, Adult Intensive Care Services, Rode Road, Chermside, Queensland 4032, Australia.

E-mail addresses: [vainess.mbuzi@health.qld.gov.au](mailto:vainess.mbuzi@health.qld.gov.au), [vainess@hotmail.com.au](mailto:vainess@hotmail.com.au) (V. Mbuzi).

## 1. Introduction

Indigenous people are defined as those that inhabited a country or geographical area before different cultures arrived and became

dominant through conquest, occupation, settlement or other means (United Nations, 2009). Indigenous people are more identifiable in countries such as Australia, Canada, New Zealand and the United States because they are the population that inhabited the land in pre-colonial times (United Nations, 2009). They represent a variety of cultures, religions, traditions and languages, and are referred to by other terms such as First peoples/nations, Aboriginals, ethnic groups, natives or tribes (World Health Organisation, 2007). In this paper the term 'Indigenous' is used. Effectively, most Indigenous peoples may be considered minority groups. The terms are not synonymous but both Indigenous people and minority groups tend to be poorer, marginalised and discriminated against, and have less access to social support systems such as education and health care (Grant, 2015).

Worldwide, it is evident that current health care systems are not working well for Indigenous people (Gracey and King, 2009). Researchers have described long-standing inequalities and barriers in access to healthcare between Indigenous and non-Indigenous populations (Peiris et al., 2008), which are demonstrated in higher rates of morbidity and mortality among Indigenous people (Pan et al., 2010; Prabhu et al., 2013). Their experiences within health systems are commonly negative and frequently attributed to colonialism (Eckermann et al., 2010), which effectively marginalised them and their cultures (Browne et al., 2011; Eckermann et al., 2010). It is common for Indigenous peoples to experience clinical encounters that still carry elements of tacit and overt discriminatory practices (Kurtz et al., 2008). Additionally, hospital policies may contribute to discriminatory culture by not reflecting Indigenous views (Cunningham, 2010; Durey and Thompson, 2012; McCall et al., 2009). It is therefore unsurprising that they continue to avoid access to health services, even when they are required and are available (Katzenellenbogen et al., 2013).

Despite widespread acknowledgement of inequality in Indigenous healthcare and outcomes, research on their experiences in hospital is scarce. What is known has largely been drawn from surveys, such as satisfaction surveys, which usually provide simplistic responses to standardised questions, and statistically based clinical outcome data. Further, epidemiological studies, have tended to focus mainly on highlighting how bad the situation is for Indigenous people in terms of the prevalence of disease. Whilst such studies are helpful, they provide insufficient information on

which to judge the quality of healthcare provided to Indigenous consumers. They do not provide adequate insight into the reasons why they do not access healthcare nor do they provide sufficiently detailed information – from an Indigenous perspective – to inform strategies to improve healthcare. Differences in culture, beliefs, and views about health between Indigenous people and those of the dominant mainstream culture demand a better way of researching Indigenous experiences of hospitalisation (King et al., 2009). In this context, there is a need to include the Indigenous person's voice by exploring how they experience healthcare, particularly regarding hospitalisation as it usually forces them to leave their communities to access it.

Qualitative research facilitates a better understanding of people's experiences. The focus of this study was to review qualitative research that investigated Indigenous patients' and their families' experiences of hospitalisation, with the aim of gaining insight and understanding of their distinct perspectives. For the purpose of this metasynthesis, 'hospitalisation' was defined as healthcare received in an acute setting outside of participants' homes. The focus of the review was on hospital care experiences because in this setting there is a concentration of specialists and most staff are non-Indigenous. In Australia for example, it is recorded that Indigenous people attend hospital more than twice the frequency of other Australians, and yet their health outcomes remain poorer than the rest of the population (Australian Indigenous HealthInfoNet, 2016).

## 2. Methods

### 2.1. Design

A metasynthesis approach was chosen because of its unique contribution to answering complex questions in areas such as healthcare service delivery, and experiences of healthcare consumers (Sandelowski and Barroso, 2007). It enables understanding of the interplay between people and their environment. Its main strength lies in its ability to allow interrogation and presentation of findings from multiple studies to produce new interpretations of the data (Gewurtz et al., 2008; Sandelowski et al., 1997; Walsh and Downe, 2005), that may ultimately inform clinical practice,

**Table 1**  
Search and search terms Search.

Search terms	Articles found (n)
S1 TI (Aborigin*OR First nation* OR Indigen* OR Inuit OR Maori OR Metis OR Native* OR Oceanic ancestry OR Torres Strait Islander*) OR AB (Aborigin*OR First nation* OR Indigen* OR Inuit OR Maori OR Metis OR Native* OR Oceanic ancestry OR Torres Strait Islander) OR (Aborigin*OR First nation* OR Indigen* OR Inuit OR Maori OR Metis OR Native* OR Oceanic ancestry OR Torres Strait Islander*)	281,916
S2 TI (Content analysis OR Descriptive OR Discourse OR Ethno* OR Exploratory OR Grounded theory OR Interpretive OR Interview* OR Mixed method* OR Multi* method* OR Narrative OR Phenomenolog* OR Qualitative OR Thematic* OR Theme*) OR AB (Content analysis OR Descriptive OR Discourse OR Ethno* OR Exploratory OR Grounded theory OR Interpretive OR Interview* OR Mixed method* OR Multi* method* OR Narrative OR Phenomenolog* OR Qualitative OR Thematic* OR Theme*) OR SU (Content analysis OR Descriptive OR Discourse OR Ethno* OR Exploratory OR Grounded theory OR Interpretive OR Interview* OR Mixed method* OR Multi* method* OR Narrative OR Phenomenolog* OR Qualitative OR Thematic* OR Theme*)	2,212,195
S3 TI (Attitude* OR Belief* OR Experience* OR Opinion* OR Perception* OR Perspective* OR Satisfaction OR Value* OR View*) OR AB (Attitude* OR Belief* OR Experience* OR Opinion* OR Perception* OR Perspective* OR Satisfaction OR Value* OR View*) OR (Attitude* OR Belief* OR Experience* OR Opinion* OR Perception* OR Perspective* OR Satisfaction OR Value* OR View*)	6,519,142
S4 TI (Acute care OR Emergency care OR Hospital OR Hospital admission OR Hospital care OR Hospitalisation OR Inpatient* care) OR TI (Acute care OR Emergency care OR Hospital OR Hospital admission OR Hospital care OR Hospitalisation OR Inpatient* care) OR (Acute care OR Emergency care OR Hospital OR Hospital admission OR Hospital care OR Hospitalisation OR Inpatient* care)	4,202,208
S5 S1 AND S2 AND S3 AND S4	1497
S6 Filter: English; Peer reviewed	623

Download English Version:

<https://daneshyari.com/en/article/5121109>

Download Persian Version:

<https://daneshyari.com/article/5121109>

[Daneshyari.com](https://daneshyari.com)