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Cultural barriers lead to inequitable healthcare access for aboriginal Australians and Torres Strait Islanders

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ABSTRACT

Aims: This article seeks to address some of the factors, particularly cultural barriers, contributing to inequity in healthcare service provisions for indigenous Australians. Furthermore, this article presents ways for healthcare professionals to take action on culture-related health equity issues. Finally, this article addresses what nurses can do to support more operational interventions and enhance the quality of services for indigenous Australians and Torres Strait Islanders.

Background: Recently, scholarly literature in Australia has focused on the issue of ensuring equitable access to healthcare for aboriginal Australians and Torres Strait Islanders, who are regarded as economically, socially, politically and culturally disadvantaged (Larkins et al, 2016; Lowell, 2013).^{1,2} However, in spite of significant efforts on the part of the Australian government, scholars, policy makers and communities to provide fair and equitable healthcare, this challenging and longstanding issue remains unresolved and needs to be addressed immediately (Australian Institute of Health and Welfare, 2015; Australian Bureau of Statistics (ABS), 2011).^{3,4}

Data sources: Using the Population, Intervention and Outcome framework, several databases (PUBMED, MEDLINE, and SCOPUS) and government web-based literature resources were searched to identify original research articles published from 2000 to 2016.

Discussion: Health inequity exists among aboriginal Australians and Torres Strait Islanders, and the cultural barriers are vital factors in addressing aboriginals' health inequity. Healthcare professionals could be part of an effective solution for diminishing racial/ethnic disparities in healthcare. Different types of nurses could play different roles in addressing aboriginal cultural barriers among aboriginal Australians and Torres Strait Islanders.

Nurses are uniquely positioned to initiate and sustain contact with aboriginal Australians and Torres Strait Islanders in healthcare workplaces, as they can intervene at the points of greatest need in the community to address socially significant healthcare and social issues.

Conclusions: The different roles of nurses in providing health and social care interventions to aboriginal Australians and Torres Strait Islanders could be utilized to increase equity in access to healthcare and help aboriginals attain better levels of health.

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1. Introduction

Recently, scholarly literature in Australia has focused on the issue of ensuring equitable access to healthcare for aboriginal Australians and Torres Strait Islanders, who are regarded as economically, socially, politically and culturally disadvantaged.^{1,2} The goal of universal health coverage is to ensure that everyone

attains his or her full health potential and has equitable, barrier-free access to healthcare regardless of social position or circumstances.⁵ According to the World Health Organization, health equity implies a need for fairness in providing access to healthcare, regardless of an individual's social, economic, demographic, or geographic position.⁵ However, despite significant effort by the Australian government, scholars, policy makers and communities to provide fair and equitable healthcare, this challenging and longstanding issue remains unresolved and needs to be addressed immediately.^{1,4} In response, this paper seeks to address some factors that contribute to inequity in health service provision for

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indigenous Australians, particularly cultural barriers. Furthermore, this article presents ways for health professionals to take action on culture-induced health equity issues. Finally, this article addresses what nurses can do to support more operational interventions and enhance the quality of services for indigenous Australians and Torres Strait Islanders.

2. Discussion

2.1. Health inequity exists among aboriginal Australians and Torres Strait Islanders

Healthcare inequity clearly exists among aboriginal Australians and Torres Strait Islanders and it hinders their access to universal healthcare coverage. In 2011, the Australian Bureau of Statistics (ABS) concluded that 'for the aboriginal and Torres Strait Islander population in 2005–2007, life expectancy was estimated to be 11.5 years lower than that of the non-indigenous population for males (67.2 years compared with 78.7) and 9.7 years lower for females (72.9 years compared with 82.6)'. Due to remote, rural geographic conditions, as well as social-economic disparity and cultural differences, these indigenous populations tend to experience a substantially higher rate of infant and child mortality, perinatal mortality, low birth weight and age-standardized death rates.³ The same is true for chronic diseases such as cardiovascular disorders and diabetes mellitus⁶ and infectious diseases such as HIV/AIDS, hepatitis and sexually transmissible infections.⁷ It is crucial to narrow this gap and ensure that everyone reaches his or her full health potential through equitable, barrier-free access to healthcare, regardless of social position or circumstances.

2.2. Cultural barriers are vital factors in addressing aboriginals' health inequity

Ensuring healthcare availability and accessibility requires not only a strong, efficient and well-run financial and geographical health system but also cultural/linguistic support. Cultural barriers in health workplaces refer to any obstacles that individuals might face, including differing languages, medical procedures and practices, or conceptions of gender and sexuality. These barriers, which can lead to serious miscommunication between parties of various cultural backgrounds, are the main cause of unsatisfactory outcomes of healthcare services among aboriginal Australians and Torres Strait Islanders. Such barriers lead to unequal health among indigenous people in Australia.⁸ The literature shows that the different faith, beliefs, understanding and interpretations about value, health and identity make indigenous people less willing to use mainstream healthcare facilities.⁸ Their fatalistic beliefs are closely related to delays in accessing free health checks, cancer screening and follow-up hospital appointments.⁹ When Newman et al.¹⁰ conducted a research about HIV treatment among aboriginal people, he found that this population's greatest priority was to maintain everyday routines and follow ancient customs rather than focusing on individual health.¹⁰ Therefore, cultural differences play a key role in causing unsatisfactory outcomes for healthcare services among aboriginal Australians and Torres Strait Islanders.

Given that language is the main component of culture, ineffective communication leads to dramatic failures in healthcare outcomes. Australia has developed the most sophisticated healthcare system in the world, but it provides little benefit if patients and healthcare providers fail to communicate. Effectively communicating in a culturally appropriate way results in less confusion and misunderstanding, as well as higher quality healthcare.² For example, in the Northern Territory of Australia, aboriginals account for 97.5% of the population. Only 2.1% of them speak only English at

home.¹¹ Linguistic and cultural discrepancies challenge equitable access to healthcare, as indigenous people speak more than 100 dialects.² The absence of a speech-language pathologist (SLP) for aboriginals in the rural Northern Territory who understands their linguistic and cultural background only exacerbates this problem.² More emphasis needs to be placed on addressing the cultural distance between healthcare professionals and their indigenous clients when considering potentially serious consequences. For instance, according to Lowell,² communication differences can lead to inappropriate interventions and even misdiagnoses.

Cultural identity refers to people's feeling of belonging to a group. Physical and biological differences might also prevent aboriginals from actively participating in their treatment. Undeniably, people tend to trust those who are from their same country, practice the same religion, come from the same social class, have the same ethnicity and share similar physiological features. It is more difficult to create a warm and comfortable environment, a better connection and a more intimate relationship with someone from a distinctly different cultural group. Therefore, it is understandable why some indigenous people refuse to seek health services from a 'white doctor', citing a lack of cultural safety.¹²

A rarer but nonetheless important issue is that some healthcare professionals maintain inappropriate cultural stereotypes of aboriginal Australians and Torres Strait Islanders.¹² Jennings, Spurling and Askew¹³ conducted a qualitative study about barriers and enablers in urban aboriginal medical service. A semi-structured interview with clinic staff providing a Medicare-Funded Health Assessment (known as HC) for aboriginal Australians and Torres Strait Islanders revealed that low staff motivation, low staff confidence, confusion about specific roles and cultural incompetency contributed partially to low HC rates.¹³ Although an Aboriginal Interpreter Service and cultural training centers are accessible in aboriginal and Torres Strait Islander communities, cultural training for healthcare staff working with indigenous clients is too superficial.¹³ It is impractical to expect staff to attain cultural and linguistic competence with this method, particularly when the utilization of such services by healthcare providers is 'far from optimal'.²

Regarding the highly praised Australian healthcare system, it is well known that a variety of government-supported community services throughout Australia deliver primary health care to aboriginal Australians and Torres Strait Islanders, though less than 40% of these community services have medical coverage.¹² Health clinics and centers are concentrated in metropolitan areas, with a ratio of 400 nurses per 100,000 people, or twice the distribution of nurses in remote areas where indigenous Australians and Torres Strait Islanders live.¹² Studies have revealed that the Australian healthcare system does not provide equal quality of healthcare to aboriginals and Torres Strait Islanders compared to non-aboriginal Australians.¹² The cultural factors discussed above contribute to inequitable access to healthcare for aboriginal Australians and Torres Strait Islanders.

2.3. The role of healthcare professionals in addressing aboriginal cultural barriers

Cultural competency has been broadly defined as a set of harmonious values, principles, attitudes and policies that enable people to work effectively across cultures. Healthcare that is culturally and linguistically tailored for indigenous populations is highly recommended. Strengthening the cultural competency of healthcare professionals and the healthcare system as a whole can be part of an effective solution for diminishing racial/ethnic disparities in healthcare.⁸ Healthcare providers who are equipped with better cultural competencies and awareness can reduce

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