INTRODUCTION

Discrimination and racism is embedded in cultures throughout the world and is increasingly being recognized as the cause of health differences by racial or ethnic classification in many countries. Indeed, the history of this country exposes a myriad of implicit and explicit disrespect for the human rights of Aboriginal people, perpetuated by governments, organizations and individuals (1-3). Culture and identity are central to Aboriginal peoples’ perceptions of health and ill health. The mismatch between these perceptions and those of service providers influence whether or not Aboriginal people will access services, their acceptance or rejection of treatment, the likelihood of following treatment plans and follow-up care, and the overall effectiveness of prevention and promotion strategies (4) – all factors impacting health outcomes.

In recognition that many mainstream health services are not culturally equipped to provide services to Aboriginal and Torres Strait Islander peoples, a Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004 – 2009 was commissioned by the Australian Health Ministers’ Advisory Council (AHMAC). This framework established guiding principles for the provision of culturally respectful policy construction and service delivery throughout the health system (5). Subsequently, the Department of Health in WA established a Cultural Respect Implementation Plan (6) with a clear mandate to provide Aboriginal cultural orientation and education to the health workforce across the state. However, despite a range of programs being developed and provided, the robustness of many of these programs are often challenged by:

- the inability to provide timely Aboriginal cultural orientation to the health workforce due to its size and high turnover;
- the limited capacity of current orientation programs, which generally accept a restricted number of participants;
- the lack of consistency in Aboriginal cultural training approaches and practical guidelines for implementing programs; and,
- the lack of organizational commitment to have in place the necessary structures and policies to support cultural security.

Providing culturally secure health care is fundamental to quality care, however many health professionals receive little or no cultural orientation and have little or no knowledge of post-colonial legacies and the cultural perceptions of Aboriginal people. Yet the impact of poor understanding undermines respect, devalues integrity and compounds communication barriers – all of which have a devastating impact on the health outcomes of Aboriginal people.

Health Services in WA are committing to provide cultural awareness training for all staff, demonstrated through the developing Reconciliation Action Plans that commits to this. Exactly how cultural awareness training will be delivered and the cost and the effectiveness of such training is not clear.

In response to access issues, an on-line Aboriginal cultural orientation program was developed by the Combined Universities Centre for Rural Health (supported by the Geraldton Aboriginal Medical Service), with funding support from the WA Country Health Service and the Disability Services Commission. This flexible learning program, consisting of five self directed learning modules inclusive of videos, quizzes, text and links to other resources, is a generic resource targeting health professionals and students.

The on-line program aims to improve timely access to cultural orientation for health professionals and students; prior to clinical placements or on recruitment, or soon after commencing employment. It
does not replace local face to face cultural orientation, where information about local history, protocols, language groups, mentors and Aboriginal networks and services should be accessed to facilitate ongoing learning. The on-line program recognizes and promotes the importance of professional responsibility for continuing education for the development of culturally secure practice.

THE DEVELOPMENT PHASE
An essential element in the development phase of the ‘On-line cultural orientation for health professionals working in Aboriginal health’ saw the establishment of a large reference group consisting of Aboriginal and non Aboriginal health professionals across WA. This group provided regular input, guidance and feedback on the overall framework of the program and each developing module.

A set of Guiding Principles were established and these recognized that:
• Aboriginal peoples have diverse cultures, experiences and histories;
• Aboriginal views on health and well being centre on a whole of life approach that includes the social, emotional, spiritual and cultural well being of the individual, family and community;
• Aboriginal health professionals and community members are acknowledged for their expertise in facilitating culturally secure service development;
• Aboriginal health outcomes are a consequence of interrelated historical, political, economic and social determinants of health; and that
• The on-line cultural orientation for health professionals working in Aboriginal health only makes reference to ‘Aboriginal’ people and will not make reference to Torres Strait Islander people unless relevant. It is a resource to support practice in WA and Aboriginal people are the original inhabitants of WA. There was no consultation with Torres Strait Islander groups in the development of the program, however we acknowledge that Torres Strait Islander people are among the First Nations of Australia.

The module materials emerged through personal stories and experiences of members of the group; a comprehensive literature search of cultural orientation and training programs, competency skills and development strategies, and a range of published papers on cultural training research in Australia, New Zealand, Canada and the United States. Multiple links to practice specific publications and other relevant documents, plus a range of web sites were identified through the literature search and provided within the program as opportunities for participants to expand their learning.

Early discussions with the reference group clearly identified the generic parameters of the on-line program and its intent to promote to health professionals the importance of connecting with the local Aboriginal community. It was also considered important that the program sought to promote personal and professional responsibility to seek on-going opportunities to build cultural knowledge and understanding, for it was recognized that no one program alone will result in the achievement of cultural competency.

The five modules of the ‘On-line cultural orientation for health professionals working in Aboriginal health’ consist of the following.

Module one: Culture, self and diversity
This module encourages participants to understand their own cultural values and beliefs and how they influence their behavior and communication styles.

Culture has been defined as the learned core values and integrated human behavior that influence thoughts, language, beliefs, actions and customs that shape understanding of and responses to the world (7).
Individual cultural norms shape how we interact socially, in families, with peers, and with those not belonging to our cultural group. Participants learn that we all function within cultural groups and subgroups and our cultural development continually evolves as we learn and interact with the world around us. By becoming aware of our own cultural backgrounds, values and expectations and learning to understand the filters through which we view the world around us, we can begin to understand how we respond to difference. In the process, we can learn that people from other cultural groups have different ideals, beliefs, practices, not worse or better than ours, but simply different. Culture can be described in many ways, and there are a range of cultural models and frameworks available to assist participants to understand differences and similarities between different cultures. The tools use concepts such as such as time, context, space, environment, gender, power and emotion to describe psychological or value dimensions of a specific cultures. These concepts are considered useful as a framework and language for participants’ to explore their own cultural beliefs.

**Module two: Aboriginal history**
This module provides a chronological look over the past 200 years where Aboriginal people have had little control over their determinants of health. Dispossession of land, dislocation from family and country, discriminatory policies of segregation, racism and disadvantages in education, housing and employment are just some of the complex issues that underlie many of the health risk factors and outcomes seen today. Substantial change is considered unlikely without a comprehensive, all of community approach that has at its core an appreciation of Aboriginal values (8). The module draws on lessons learned in module one where participants were encouraged to reflect on their own cultural background, values and expectations, in helping them to understand how they view the cultures, beliefs and practices of other people. Aspects of racism and stereotypical beliefs are explored and links to further information is provided.

**Module three: Working with Aboriginal people**
This module aims for participants to recognize key considerations in transcultural relationship building through learning about the impact of power differentials, and developing an appreciation for differing communication styles. Participants are encouraged to develop ‘cultural humility’; the ability to honestly admit one’s lack of knowledge, but willingness to be taught by individuals about their personal realities. This is considered pivotal in understanding clients and families different to themselves (9). The module also provides a comprehensive plan as to how participants can link with and access local cultural information, plus some generic information about some of the challenges Aboriginal people may experience in the workplace.

**Module four: Providing clinical services**
This module provides some examples of culturally respectful clinical practice and tips in developing effective communication skills. Participants begin to explore their own level of cultural competence and that of their own organisation through the cultural security video which provides a practical framework and reference point for developing culturally secure practice.

**Module five: Improving cultural security**
In this module participants are encouraged to reflect on the attributes of a culturally secure health service and they are offered a self assessment tool to measure their own knowledge and skills that relate to the key topics covered in the program. This assessment also links to a downloadable professional development plan for culturally secure practice.

As the modules were completed, video story boards were written, produced and edited and the quizzes, the self assessment, professional development plan and a feedback survey were developed. The program was uploaded onto a web-based program using Moodle, which is an acronym for Modular Object-Oriented Dynamic Learning Environment. Moodle is a free open source software package designed to work with different systems to assist educators to create online courses (10).
Early trialing demonstrated that the program takes an average of two and a half hours to complete, depending on the number of links participants choose to explore. There is a requirement to complete four short quizzes and receive a minimum pass of 70% before participants can print off a certificate of completion.

**UP AND RUNNING**
The ‘on-line cultural orientation for health professionals working in Aboriginal health’ was launched in mid December 2009. Early problems associated with bandwidth issues and firewalls were soon resolved and by January the program was running smoothly.

Feedback indicated that people highly valued the program so endorsement for continuous professional development points was sought and received from the Royal College of Nursing. Doctors can also apply through the Royal Australasian College of Physicians and the Royal Australian College of General Practitioners for continuous professional development points.

Interest in the program has been received from health services across Australia and internationally. There are currently over 2500 subscribers, 50% from WA with the remaining distributed across all the states, plus 5% from overseas. 25% of the participants are nursing, 23% allied health, 4% medicine, 11% students and 36% are described as ‘other’.

The voluntary on-line survey tool uses a Leichardt Scale of 1-5 to measure the level of agreement that participants believe the program meets their needs. 1 equals ‘strongly agree’ whilst 5 equals ‘strongly disagree’. There are currently 350 completed surveys with an average score of 1.7, indicating that participants agree that the program has improved their ability to provide culturally secure health care to Aboriginal people, and that it has facilitated better understanding of the need to promote workplace change to improve system wide culturally secure health service delivery to Aboriginal people.

**WHERE TO NEXT?**
Despite the widespread ‘success’ of the ‘on-line cultural orientation for health professionals working in Aboriginal health’, a key question remains around whether the program achieves its objectives in terms of not just increasing knowledge and changing attitudes, but whether participants take up the challenge to become agents for professional and systematic change in their workplace.

We plan to evaluate the program to determine its capacity to provide a cost effective and sustainable solution to providing Aboriginal cultural orientation – the important foundation for cultural respect. We want to measure short and long term knowledge and attitudinal change as a result of cultural orientation – the fundamental step towards developing culturally safe behavior and practice. We want to measure the extent to which individuals have pursued their own professional development in cultural security and their ability to influence change within their workplace – an integral process for cultural security to become standard within workplace culture. An evaluation will also identify system wide and sustainable strategies required to embed cultural security within the health service – a critical pathway to improving health outcomes for Aboriginal people.

**CONCLUSION**
The ‘on-line cultural orientation for health professionals working in Aboriginal health’ is just one tool that facilitates timely access to essential information that can support and encourage health professionals to deepen their understanding of Aboriginal cultural values, beliefs and practices. It promotes the importance of personal and professional responsibility in the development of cultural competence, and it underpins the essential element of building connections with the Aboriginal community to facilitate the development of culturally secure practice. Best of all – its free!
References


