



Exploring and improving processes for seekers of Aboriginal languages to influence the safety and quality of their health care (EQuALS)

Why this research is needed: Improving communication in all areas of health care is critical to closing the gap between Aboriginal and other Australians in health outcomes. The consequences of ineffective communication include discharge against medical advice (Einsendel et al 2013; Henry et al, 2007), death (Coroners Court Alice Springs no date), absence of informed consent (Mitchell et al 2016; Cheng et al 2004), confusion and frustration (Lowell et al 2005; Anderson et al 2008), unnecessarily prolonged admission (Lowell et al 2012) and distrust of healthcare providers (Wyer et al 2017). To sustain ongoing improvements in communication, transformative change is required. Cultural security requires that individual drivers are understood; but that alone is insufficient. To ensure that communication is safe, respectful and effective requires whole of organisation frameworks, implementation practices, and policies that are consistent and make sense to the aims, contexts and cultures of service users and providers.

What this research will do: This research aims to identify systems, practices and support needed to facilitate sustainable improvements that embed culturally secure communication between health staff and Aboriginal patients and their families within Health Service organisational and institutional policy frameworks. This study will be conducted at Alice Springs Hospital (ASH) through adaptive and phased research cycles. The initial phase includes a rapid realist review of relevant literature and an evaluative analysis and adaptation of national survey instruments used to collect patient experience data. Use of the adapted survey will be accompanied by in-depth interviews with service users and video-reflexive ethnography (video recording of survey administration and collaborative analysis of this video data with participants). The second phase will utilise what has been learnt of patients' experiences of communication and how these can be improved; and the ways and kinds of information that can be collected from patients to provide the service with data that is appropriate, acceptable, feasible, and valid. The research will use comparisons between these data collected, and data already available, to adapt communication strategies and practices, and identify the organisational support that is required for implementation and sustainable improvements. In the third phase, interventions to improve intercultural communication that are feasible within the scope of the project will be identified, trialled and evaluated, with best practice embedded into hospital policies and procedures. All phases will be undertaken in collaboration with ASH staff, to ensure that the anticipated transformational change continues and is linked with evidence that communication strategies are appropriate, acceptable, feasible, and valid. The research, reporting and dissemination will be undertaken with Aboriginal co-researchers and using a culturally responsive, collaborative approach.

How this research will be used: Translation of research findings into policy and practice is a key component of this study. The collaborative research processes adopted will enable learning and adaptation throughout the research phases, enhancing organisational cultural competence within ASH in real time. Improved communication between Aboriginal patients and health staff will support more effective sharing of health information, promoting genuinely informed decisions, improving healthcare experience, and potentially reducing self-discharge, length of stay and unplanned readmissions. Research findings will also be shared through workshops with health services, conference presentations and publications to promote organisational change more widely and inform further development of intercultural communication and cultural safety/security education and training.

Project details

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