

Subject: Working with Aboriginal and Torres Strait Islander

Subject area: Nursing

Education Level: Masters Program

Length: 10 pages

Referencing style: APA

Preferred English: AU English

Spacing Option: Double

School: Chamberlain University

Portfolio and Critical Reflection Essay

Student

College Affiliated

Class

Date

PART A

One positive impact of indigenous peoples of Australia social and emotional health is self-determination. Their social as well as emotional healthcare benefits greatly from their ability to exercise self-determination in matters pertaining to their own health, social life, economic activities, and other areas of their daily lives. It's crucial to recognize the substantial societal distinctions between the indigenous and non-indigenous Australian populations. Aboriginal and Torres Strait Islander people value cultural traditions, links to the land, spiritual, family, and community, yet government policies seldom reflect this. They have the right to take things into their own hands now, thanks to self-determination. It protects their right to celebrate their unique heritage and follow their traditional customs. Community involvement, education, health, the right to own property, equality, and economic participation are just a few of the numerous factors that contribute to a person's sense of well-being socially and emotionally. The well-being socially and emotionally of Australia's indigenous population has been diminishing because of their disproportionate lack of access to these advantages. Consequently, self-determination is a means by which people may contribute to the formulation of policies and the design of programs that affect their social, economic, and political conditions. The literature suggests that the aborigines face significant inequity in the areas of education, health, and work, all of which may have serious repercussions on their mental and emotional health.

Racism and a lack of cultural safety are two factors that negatively affect the Aboriginal and Torres Strait Islander people. A lack of cultural awareness can severely affect the mental health of Aboriginal and Torres Strait Islander people. The effects of racism on Aboriginal and Torres Strait Islander people continued long after colonialism ended. Disputed regulations, coverage holes, nebulous medical advancements, and supplementary health care providers are all

discussed. Racism must be eliminated for health equality to be achieved. Maintaining and advancing Aboriginal and Torres Strait Islander cultures in contemporary Australia is impacted by colonial traumas in the form of racist policies and practices (Markwick et al., 2019). Healthcare workers and the system are nevertheless subjected to discrimination. Thus, racism is still at the root of Australia's unacceptable health inequalities between indigenous and non-indigenous people. This health disparity contributes to an increase in Aboriginal Australian fatalities. The constant exposure to racism in the media and in parliament destroys Aboriginal people's self-esteem. It may have a negative impact on their self-esteem and worldview. It contributes to the sense of helplessness and despair that so many Aboriginal people experience. Racism, according to experts, adds to the aboriginal suicide epidemic.

Reflection 2

Researching the problem in the Aboriginal health care system allowed me to learn a great deal about Aboriginal values and perspectives on health care and how those affect the provision of various benefits. This is possible because the problem was investigated and several socioeconomic factors are shown to have affected both the availability of health care for Aboriginal people and the subsequent expansion of this industry, further illuminating the importance of this data. Health care for Aboriginal peoples has been negatively impacted by racism, which has been recognized as a pivotal social factor (Springer et al., 2018). Adam Goodes is widely regarded as a major crusader in the ongoing fight to abolish racism towards Australia's Aboriginal population. After his controversial documentary about bigotry against Aboriginal people went viral, Adam proved to be a pivotal figure in the battle against racism. The reality that he fights racism with gusto demonstrates this.

It is my obligation as a nurse to offer Aboriginal people with respectful and competent cultural care. This may be performed via a number of methods. To begin, I should give holistic treatment that is free of prejudice and racism, question assumptions-based ideas, maintain the culture healthy, and be respectful of Aboriginal and Torres Strait Islander people. The second thing I need to do is ensure that I correctly recognize the role that families, beliefs, and community partnerships play in decision-making surrounding Aboriginal and Torres Strait Islander people's healthcare, both in terms of prevention measures and treatment provision (Campbell et al., 2019). Third, I must advocate for and promote the concept that people of Aboriginal heritage should have access to enhanced health care and culturally safe facilities. Furthermore, they promote culturally aware and respectful actions. They want caregivers to understand how their background, beliefs, behaviors, ideas, and conventions impact their interactions with others, the community, and other professions. Furthermore, one of my key priorities as a nurse would be to build different support relationships with other Aboriginal maternal health care providers, women's families, and hospitals. This is because getting to know Aboriginal people better makes it easier to strike a good chord between the women's understandable anxiety and the health care they need. This bond is essential for putting the women at ease and developing friendships with them all.

PART B

Core Concept 1

Cultural vitality

Because it enables them to achieve a feeling of identification and belonging, the notion of "my country" has a significant impact on the Aboriginal and Torres Strait Islander people's

culture as well as their physical and mental health. Their connection to nation not only contributes to the stability of their social and emotional well-being but also, on a more holistic level, encompasses the idea of dreaming. Individuals, families, and communities all engage in interactions with the land in order to preserve their traditions and sense of spirituality as a part of society as a whole. These traditional beliefs and practices cause people to have a different viewpoint on health, sickness, and the provision of healthcare services; as a result, they may contribute to the development of cardiovascular disease (CVD).

Culture and tradition play an essential part in the way that Aboriginal and Torres Strait islander people think about and address problems pertaining to their health. Traditional medical practices sometimes include the use of herbal medicines and the performance of rituals based on religious beliefs, often in the presence of ancestor spirits. Traditional healers believe that illnesses and deaths that occur within their communities are the result of spiritual connections or the casting of spells, and as a result, they practice healing rituals that involve the use of natural or herbal remedies. These rituals are performed with the intention of curing the ailment (Fiolet et al., 2022). The incorrect diagnosis of their physical health may lead to the development of cardiovascular disease because it causes people to become oblivious of the physical issues that are occurring inside their bodies (Clague et al., 2021). This is because they do not embrace contemporary medicine and do not comprehend it. According to Health Info Net (2020), Aboriginal and Torres Strait Islander people living in rural regions had a rate of hospitalization that was 2.2 times greater than that of those living in urban areas. At a rate of 40%, coronary heart disease was the most common kind of cardiovascular illness among them. Other cardiovascular diseases, such as cardiomyopathy (15%), stroke (7%), and peripheral vascular disease (4%), were among the causes of hospitalizations due to cardiovascular complications.

In addition, a person's mental health is another element that contributes to the development of cardiovascular disease. The psychological mind of Aboriginal and Torres Strait islanders has suffered a significant amount of damage as a direct result of the repercussions of colonialism and the Stolen Generation, which caused a tremendous deal of anguish and suffering.

Because of this, 72% of Aboriginal and Torres Strait Islander people admit they are experiencing mental difficulty, and they are twice as likely to suffer from extreme psychological agony. Although there is access to mental health professionals and counseling services in the city, just one in ten Aboriginal and Torres Strait Islander persons have actually sought treatment from one (Fiolet et al., 2022). The emergence of cardiovascular disease has had a disproportionately negative effect on the Aboriginal and Torres Strait Islander population due to their reluctance to take use of contemporary healthcare due to the influence of historical events, spirituality, tradition, and culture.

Core concept 2

Social Determinants of Health for Aboriginal and Torres Strait Islander peoples

The distribution of power and resources helps to influence and shape the social determinants of health, which include the conditions in which individuals are born and live throughout their lives. The relationship between an individual's health state and their social and economic standing has been investigated and shown to be associated. The cultural backdrop of racism, the expropriation of land, economic oppression, and the legacy of colonialism is examined when analyzing the poor health and living conditions encountered by Aboriginal people and Torres Strait islanders.

The culture and the knowledge of the Aboriginal people in Australia have been grossly misrepresented by the majority of the Australian population. Individuals' general health condition as well as their access to medical care and other services are significantly influenced by the many socioeconomic factors that are considered to be determinants of health. The influence that racism has had and continues to have on the health care provision for Aboriginal people is the primary focus of this article's examination of the social determinant of health.

The difficulties that the Aboriginal and Torres Strait Islander people face as a result of racism

Racism has had a real and detrimental impact on the wellness of Aboriginal people, and this has remained to be the case even after the end of the post-colonial era. It incorporates policies that are up to debate, coverage gaps, subtle shifts in the healthcare industry, as well as other organizations and services. Before racism is eradicated, it is impossible to make complete progress toward health equality. Traumas caused by colonization continue to have a major effect on the maintenance and development of culture via racial policies and practices that are ingrained in the day-to-day experience of Aboriginal and Torres Strait Islander people in Australia (Markwick et al., 2019). Unfortuitously, prejudice continues to be a common experience among healthcare professionals and in the healthcare system at the present day. As a result, racism continues to have a significant impact on the significant and unacceptable health disparities that exist between indigenous and non-indigenous people in Australia. This disparity in health care has a substantial influence to the high death rate among Australia's indigenous population (Socha, 2021). Their sense of who they are as individuals is eroded as a consequence of their ongoing contact with racism in their day-to-day lives, in the media, and in the parliament, where they must listen to it on a daily basis.

It has the potential to destroy both their sense of self-worth and their faith in the world around them. It is certain that this factor adds to the all-too-familiar sentiments of helplessness and despondency that are associated with the lives of far too many Aboriginal people. The experts feel that racism is a contributing factor in the pandemic of suicide that is affecting the aboriginal populations.

Core concept 3

Asset Based Community Development

By focusing on people's assets rather than their deficits, asset-based approaches are more likely to succeed. Native Americans have notoriously bad health. There is a pressing need to learn more about Aboriginal communities so that we may begin community development projects to help alleviate the many issues that plague them. Since the 1930s, we have a window into the ways in which government policy shifts have helped sustain cultural and social institutions that have in turn bolstered individuals' and communities' emotional well-being and social cohesion (Sheriff et al., 2019).

However much money has been spent on service delivery, strategic planning, research, and policy formulation over the past three decades, Aboriginal health in Australia remains a concern. According to Aboriginal Law, indigenous people who have lived in close proximity to their property for a long period lost control over it (Anderson, 2019). British imperial colonization was an exercise in land grabs intended to increase British control over more territory. Many Aboriginal people suffer from a variety of health issues, and one of the most significant risks of contemporary life is social isolation. Aboriginal peoples' concept of health encompasses not only the absence of illness, but also their psychological, physiological, and

spiritual states. Aboriginal people, their families, communities, and the right to self-determination are all harmed by the theft of their land, as well as by poverty, injustice, racism, and social discrimination. Poverty, prejudice, unemployment, a lack of education and training, and a lack of access to proper health care all contributed to Aboriginal Australians' bad health, which in turn contributed to their poor health (Anderson, 2019). Aboriginal health and well-being have long been linked to social inequality and limited inequalities.

The paradigms used in western social practices are not the same as those used in Aboriginal community development. There are a lot of health problems affecting the Aboriginal communities, especially in the more remote parts of the country. Provincial governments' capacity to pay specialist treatments for people with mental health disorders who reside outside of large cities is severely constrained in times like these. Community development workers that visit Aboriginal communities are well educated, well informed, patient, competent, culturally sensitive, brave, and polite. If they wish to see change, workers in Aboriginal communities must break the cycle of poverty, segregation, and injustice. It is the job of community developers to reach out to Aboriginal communities with their aims, resources, data, and recommendations. Their mission is to end the mistrust between the Aboriginal community and the rest of society by shedding light on the root causes of the exploitation, discrimination, and racism that has plagued the Aboriginal community for so long. Enhanced community well-being is the desired end result of engagement in activities related to community development in Aboriginal communities. Numerous practitioners have investigated a wide variety of approaches and methods in order to produce suitable procedures that will assist Aboriginal communities in bringing about the required changes within their own communities (Anderson, 2019).

Disciplinary Standards and Codes of Ethics

Australia's First Nations are recognized as the land's rightful stewards, and the negative consequences of colonization on the social, cultural, and health outcomes of Aboriginal and Torres Strait Islander people are stressed in the country's code of conduct and ethics for nurses. Both of these reports detail the steps that should be taken to create a welcoming workplace culture for nurses. Registered nurses (RNs) are expected to demonstrate respect for Indigenous patients' cultural norms and beliefs while making decisions concerning their treatment. The health outcomes and experiences of Aboriginal and Torres Strait Islander people are among the worst of any community in the world. However, nurses may assist improve these outcomes and experiences by supporting cultural safety in healthcare settings. According to the norms and codes of ethics established by the nursing profession, nurses must always treat their patients with "honest and empathetic professional relationships" (Forrester, 2018). Specifically, "Cultural Practice and Respectful Relationship" (Principle 3) of the Code of Conduct for Nurses outlines best practices for nurses to follow while interacting with and earning the trust of First Nations communities. This emphasizes the significance of acknowledging Aboriginal and Torres Strait Islander people as Australia's first inhabitants and learning about the health impacts of colonization on First Nations Peoples (Forrester, 2018).

Nurses in Australia are expected to promote healing between Aboriginal and Torres Strait Islander communities and the rest of Australia, as well as racial equality and recognition of First Nations peoples as the traditional guardians of the land. Codes outline the expectations for nurses and the steps they must take to protect patients from cultural trauma. Registered nurses, as stated in RN Standard 1.3, "respect all cultures and experiences, particularly responding to the role of family and community that underlies the health of Aboriginal and Torres Strait Islander peoples

and other cultures" (Cashin et al., n.d). Standard 2.7 stresses the importance of working together with healthcare providers and "others" to share and improve knowledge for the benefit of developing a healthy and instructive community. Each set of regulations is grounded on the principle of cultural safety, which highlights the need of learning about and accommodating the needs of Aboriginal and Torres Strait Islander patients.

Conclusion

Improving the professionals is possible and as people by regularly reflecting on our actions, behaviors, reactions, and choices in the course of our work as nurses. This topic and the research I conducted for this project helped me immensely in expanding my understanding of Indigenous health and in learning about and developing my skills in the area of cultural safety. By reading up on Australia's protection policy, I was able to get a deeper understanding of the post-colonial history of the country and the government's response to it. Learning and working as a group is something I found to be really helpful since it promoted teamwork, open lines of communication, and an increased sense of self-assurance. It was a wonderful opportunity and a terrific learning experience to have a senior working with us and sharing her experiences in class.

References

- Anderson, I. (2019). Ethics and health research in Aboriginal communities. In *Ethical intersections* (pp. 153-165). Routledge.
<https://www.taylorfrancis.com/chapters/edit/10.4324/9780429039591-19/ethics-health-research-aboriginal-communities-ian-anderson>
- Campbell, J., Law, C., Durant, S., & Faunce, T. (2019). Biosecurity, investor-state dispute settlement and corporatogenic climate change: A challenge for Australian public health regulation and human rights.
https://openresearch-repository.anu.edu.au/bitstream/1885/170528/2/01_Campbell_Biosecurity%252C_Investor-State_2019.pdf
- Cashin, Andrew, Marie Heartfield, Julianne Bryce, Lisa Devey, Thomas Buckley, Darlene Cox, Eleanor Kerdo, John Kelly, Deb Thoms, and Murray Fisher. "Standards for practice for registered nurses in Australia." *Collegian* 24, no. 3 (2017): 255-266.
<https://www.sciencedirect.com/science/article/pii/S1322769616300038>
- Clague, L., Trees, J., & Atkinson, R. (2021). Aboriginal and Torres Strait Islander Australians. In *Culture, Diversity and Health in Australia* (pp. 115-144). Routledge.
<https://www.taylorfrancis.com/chapters/edit/10.4324/9781003138556-10/aboriginal-torres-strait-islander-australians-liesa-clague-janelle-trees-rob-atkinson>
- Fiolet, R., Woods, C., Moana, A. H., Reilly, R., Herrman, H., McLachlan, H., ... & Chamberlain, C. (2022). Community perspectives on delivering trauma-aware and culturally safe perinatal care for Aboriginal and Torres Strait Islander parents. *Women and birth*.
<https://www.sciencedirect.com/science/article/pii/S1871519222003031>

- Forrester, K. (2018). Codes of Conduct-A New Era for Nursing and Midwifery in Australia. *Journal of law and Medicine*, 25(4), 929-933. <https://europepmc.org/article/med/29978676>
- HealthInfoNet, A. I. (2020). Summary of nutrition among Aboriginal and Torres Strait Islander people. <https://ro.ecu.edu.au/cgi/viewcontent.cgi?article=8952&context=ecuworkspost2013>
- Markwick, A., Ansari, Z., Clinch, D., & McNeil, J. (2019). Experiences of racism among Aboriginal and Torres Strait Islander adults living in the Australian state of Victoria: a cross-sectional population-based study. *BMC Public Health*, 19(1), 1-14. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-6614-7>
- Sherriff, S. L., Miller, H., Tong, A., Williamson, A., Muthayya, S., Redman, S., ... & Haynes, A. (2019). Building trust and sharing power for co-creation in Aboriginal health research: a stakeholder interview study. *Evidence & Policy*, 15(3), 371-392. <https://bristoluniversitypressdigital.com/view/journals/evp/15/3/article-p371.xml>
- Springer, S., Pitama, S., Leslie, K., & Ewen, S. (2018). Putting action into the revised Australian Medical Council standards on Aboriginal and Torres Strait Islander and Māori health. *The New Zealand Medical Journal (Online)*, 131(1470), 79-86. <https://www.nzma.org.nz/journal-articles/putting-action-into-the-revised-australian-medical-council-standards-on-aboriginal-and-torres-strait-islander-and-maori-health>