
The experiences of Aboriginal Health Workers and Non Aboriginal Health Professionals working collaboratively in the delivery of Health Care to Aboriginal Australians: a systematic review of qualitative evidence.

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Keywords

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Interprofessional collaboration

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Models of care

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Abstract

Background

Effective partnership between Aboriginal Health Workers and non Aboriginal health care providers is critical in reducing the health inequity facing Aboriginal Australians. Many factors can obstruct successful workplace partnerships causing them to be damaging and unproductive. Understanding the elements of best practice in forming and maintaining successful working partnerships between Aboriginal Health Workers and non Aboriginal health professionals is essential.

Objectives

To systematically review the qualitative evidence on the lived experience of interprofessional collaboration between Aboriginal Health Workers and non Aboriginal health professionals delivering care to Aboriginal Australians, with the view of identifying the perceived skills, knowledge, attitudes, management practices and institutional policies that enable successful interprofessional partnership.

Methods

A three-step search strategy, following the Joanna Briggs Institute method was used to find published and unpublished qualitative studies meeting set inclusion criteria. Critical appraisal and data extraction were completed using the Joanna Briggs Institute Qualitative Assessment and Review Instruments.

Results

Following the search and appraisal process, thirteen qualitative papers met the inclusion criteria for this review. From these studies, 436 findings were extracted and aggregated to form 40 categories. Seven meta syntheses were derived from the categories with key themes relating to the benefits of effective partnership for the practitioner, the health service and the Aboriginal community, negative experiences as a result of a disabling work environment, and empowering factors at the organisational, workforce and interpersonal/practitioner level which enable successful partnership.

Conclusions

Workplace culture and environments impact on the experiences of Aboriginal Health Workers and non Aboriginal clinicians working in collaborative clinical arrangements. When Aboriginal Health Worker's and non Aboriginal clinicians are empowered to work in a successful clinical partnership, through an enabling workplace, there is a great benefit experienced by both the practitioners, the Aboriginal community and the health service. When the workplace is a disabling environment to successful interprofessional partnership, this undermines the capacity of the Aboriginal Health Worker and non Aboriginal clinician to perform their roles within a partnership, resulting in negative experiences for the clinician, Aboriginal Health Worker and Aboriginal client.

Implications

Aboriginal Health Workers need to be supported in their roles by both the non Aboriginal workforce and employing organisation to deliver care that addresses the cultural, social, and preventative health needs of clients alongside the biomedical needs.

When embarking on collaborative work arrangements, Aboriginal Health Workers and non Aboriginal health care providers need training in each other's roles, responsibilities of delegation of care, mentoring and supervision, and cultural competency development.

Aboriginal engagement in health service delivery, planning and decision making at both the local and organisational level is vital. Aboriginal Health Workers need access to debriefing and cultural supervision to help negotiate the professional, personal and cultural obligations attached to their role.

Aboriginal Health Workers need a work environment and space that provides a culturally safe place to work, that includes culturally competent managers, visual displays representing Aboriginal culture and an overarching organisational culture committed to interprofessional partnership and Aboriginal cultural competency for all staff.

Aboriginal Health Workers also need access to quality training that is aligned with clearly articulated career development pathways that are adequately resourced, and delivered by a locally accessible educator. From a workforce perspective, further implementation of the career structure and governance around Aboriginal Health Worker registration proceeds to assist with the professional recognition of the role.

Statement of Originality

I, Carmel Mercer certify that this work is original and does not contain any material that has been accepted for the award of any other degree or diploma in any other university or tertiary institution. To the best of my knowledge and belief, it contains no material previously published or written by any other person, except where due reference has been made in the text.

I give consent for this copy of my thesis, when deposited in the University Library, to be available for loan and photocopying.

Signed

Date

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