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Creating Cultural Empathy and Challenging Attitudes Through Indigenous Narrative Project

Toni Wain* Moira Sim† Colleen Hayward‡
Juli Coffin** Donna Mak†† Cobie Rudd‡‡

*Edith Cowan University, t.wain@ecu.edu.au
†Edith Cowan University
‡Edith Cowan University
**Edith Cowan University
††Edith Cowan University
‡‡Edith Cowan University

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Abstract

The gap in life expectancy between Indigenous and non-Indigenous Australians is too large to ignore. This has been attributed to social and economic disadvantage, access to health care and lack of cultural appropriateness of health services and providers. Creating culturally secure healthcare requires that we explore new ways for health professionals to relate to Aboriginal people. This article describes the development, implementation and early results from the Creating cultural empathy and challenging attitudes though Indigenous narrative project. The purpose of the project is to collect and trial narrative resources to engage students in stories of Indigenous people's perceptions and experience of healthcare. Storytelling has a long tradition within Indigenous culture and narrative approaches can be successful in engaging students changing attitudes. These stories are intended to trigger classroom discussions to encourage students to reflect on their own assumptions and values and to enhance empathy, thereby enabling future health providers to improve their management of Indigenous patients. Key to this project has been working collaboratively with Indigenous people as active participants in the project with roles as project leads, team members, Indigenous Reference Group members, external evaluators and providers of the narratives.

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Introduction

Aboriginal and Torres Strait Islander people have significantly higher morbidity than the general Australian population with their burden of disease occurring at younger ages and at higher proportions (Australian Health Ministers' Advisory Council, 2011). Despite composing only 2.4% of the population in 2003, they were estimated to carry 3.6% of Australia's disease burden (Vos, et al. 2007 cited in Australian Health Ministers' Advisory Council, 2011). Rates of hypertension, respiratory ailments, stroke, diabetes, cancer, renal failure, suicide and drug dependence all occur at greater levels (Australian Health Ministers' Advisory Council, 2011).

The poorer health status of Indigenous Australian can be attributed to social disadvantage and to the marginal position of Indigenous Australians in relation to mainstream society (Marmot, 2011). This second factor includes access to health care, including proximity to health services, availability and cultural appropriateness of health services, transport availability, health insurance and health services affordability and patient proficiency in English (AIHW, 2011). It also includes the interpersonal attitudes and behaviours of health providers, covert or unconscious bias that results in disparities in

treatment, impairment in communication between health provider and patient and consequently, patients' mistrust in the health system as a consequence of negative past experiences (Geiger, 2001).

Development of the *Creating cultural empathy and challenging attitudes through Indigenous narrative project* proposal

In 2009 the *Creating Cultural Empathy and Challenging Attitudes through Indigenous Narrative* project proposal was developed following a series of interviews with health educators who were part of a project to recruit Indigenous health students. The interviews illuminated a number of concerning issues, specifically:

• Several of the health educators who were interviewed had little knowledge of, or experience with Indigenous patients. These educators were overseas trained and often recent migrants to Australia.

A few of the health educators did not appreciate the need for the provision of additional support or what they perceived to be "special treatment" for Indigenous students. It was clear that these health educators were unaware of their personal biases and their professional associations' policies and recommendations to recruit and retain Indigenous health students.

In addition, in early conversations in preparation for a grant application, two medical students' supervisors identified that their medical students had expressed apprehension at the prospect of their first consultation with an Indigenous person. They held this view because cultural awareness training in their undergraduate studies had given them the impression that interaction with Indigenous people required extensive background knowledge and complex skills.

The proposal was submitted to the Australian Learning and Teaching Council (recently renamed the Office of Learning and Teaching). Following an initial rejection of the proposal with encouragement to resubmit with minor changes, a grant of $220,000 was approved in May 2010 for a two-year period (a six month extension has since been granted).

Project Summary

Led by Edith Cowan University, the *Creating Cultural Empathy and Challenging Attitudes through Indigenous Narrative* project includes The Combined Universities Centre for Rural Health, Curtin University of Technology, The University of Notre Dame, The University of Western Australia and Health Consumers' Council (WA). The project includes a Team members group and an Indigenous Reference Group from the collaborating universities.

Aims

- to positively influence the health and wellbeing of Australian Indigenous people by improving the education of health professionals;
- to engage students with authentic stories of Indigenous people's experience of healthcare, both positive and negative, which enhance the development of deep and lasting empathy.

Project activities

- A collection of multimedia Indigenous stories, available to educators across Australia;

- Creation of learning materials by educators; and
- A pilot of learning activities with multidisciplinary health students across universities.

Early on in the project we determined that it was integral that Indigenous people were active participants in the project with roles as project leads, team members, Indigenous Reference Group members, external evaluators and providers of the narratives. This reflects the Cooperative Research Centre for Aboriginal Health (2008) recommendation for more participatory approaches to research, to avoid treating Indigenous people as objects of research by emphasising respect for the individual and a real commitment to social change. The *Indigenous Governance Framework,* aligned with the National Health and Medical Research Council's *Values and ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander Health Research* (NHMRC 2003)*,* underpins all aspects of the project. A value statement was developed to reflect the project's priorities.

Project values

- Integrity of goals, purpose and process through respectful engagement with Indigenous people, story provider empowerment and safety, and Indigenous governance of the research process.
- Collaborative development of insightful and high quality learning materials by innovative health educators using the multimedia Indigenous stories.

Research Rationale

Cultural competence or cultural diversity training was developed to improve the health care of minority groups. Initially cultural competence training emphasised knowledge-based curricula about the characteristics of cultural groups, a model that sits well within a scientific, evidence-based health paradigm.
This approach has been criticised by researchers for:

- assuming culture is static and not acknowledging diversity within groups (Carpenter-Song, Schwallie, Longhofer, 2007);
- assuming an endpoint is achievable (a "competence") (Trevalon & Murray-Garcia, 1998; Johnson & Munch, 2009);
- using broad population level data or knowledge based information about cultural groups to assist in decision making about a particular individual's care is essentialism or stereotyping (Johnson & Munch, 2009; Dyche & Zayas, 2001; Kelaher, Parry, Day, Paradies, Lawlor, & Solomon, 2010);
- focussing on difference in effect obscures structural power imbalances (Carpenter-Song, Schwallie & Longhofer, 2007; Wear, Kumagai & Varley, 2012) and;
- disempowering Indigenous people, by recognising disadvantage for a population, "we inadvertently and unavoidably label that population as inherently disadvantaged" (Kowal & Paradies, 2010, page 599). That is, disadvantage becomes seen as a characteristic of the group, rather than the result of a number of external factors and historical events which have had an impact on the group.

More recently, as a result of the emergence of humanistic approaches of patient-centred care and narrative-based medicine, attention is now paid to transformational approaches to cultural diversity training. The focus has shifted to developing strategies to encourage practitioners to critically reflect on their own cultural identities (both personally and professionally) and the power imbalances that exist between them and patients from minority groups (Wear, Kumagai & Varley, 2012).

Research into reducing unconscious bias and stereotyping offers some successful approaches for teaching and learning.

- Using techniques that lead people to recognise their unconscious biases in a non-threatening environment (Burgess, van Ryn, Dovidio & Saha, 2007), avoiding collective guilt and stimulating dissonance, that is, the psychological discomfort from incompatibility between behaviours and beliefs (Pederson, Walker & Wise, 2005), and
- Emphasising greater perspective taking and empathy (Batson, Polycarpou, Harmon-Jones, Imhoff, Mitchener, Bednar et al. 1997; Finlay & Stephen, 2000; Burgess, van Ryn, Dovidio & Saha, 2007; Pederson, Walker, Rapley & Wise, 2003; Pederson, Walker & Wise, 2005), and
- Incorporating the voice of the patient on cultural difference (Perloff, Bonder, Ray, Ray & Siminoff, 2006) and their experience of health care, an important link to cultural safety (Nguyen, 2008) and milestone on the journey towards cultural security (Coffin, 2007).

This project sought to provide recourses in the form of narratives from Aboriginal Australians in Western Australia regarding their experiences with health care. It is anticipated that educators will use these narratives as triggers for classroom discussions on unconscious bias (in students themselves and in the wider society) to encourage self-reflection on assumptions and values as well as issues of social justice (Kumagai & Lypson, 2009).

Similarly, the narratives will hopefully encourage students to feel empathy, defined as "appreciating or imagining (another person's) emotions" (Stepien & Baernstein, 2006, page 525). Batson, Polycarpou, Harmon-Jones, Imhoff, Mitchener, Bednar et al. (1997) describe the process of empathy as taking the perspective of the individual which leads to feelings of empathy for that person. Empathetic feelings increase the importance of the individual's welfare and fostering concern for an individual's welfare generalise to the stigmatised group. It has been proposed that cultural empathy can bridge cultural differences by providing a means to integrate an attitude of openness to diversity with appropriate knowledge and skills to work successful with people from other cultures. Cultural knowledge includes an understanding of historical oppression and marginalisation as well as discrepancies in power that may impact on the individual (Dyche & Zayas, 2001).

Finally we chose the medium of narrative as traditional storytelling has a long history in Indigenous cultures. Storytelling is also traditional in all cultures – it is a point of similarity. Stories have been described as "the most powerful means that human beings have for passing down wisdom" (Kumagai, 2009, page 229). The power of narrative to change beliefs has never been doubted and for this reason censorship has been in place for centuries (Green & Brock, 2000). Dal Cin, Zanna and Fong (2004) argue that narratives are a particularly useful strategy in challenging strong attitudes that are resistant to change using rhetorical persuasion strategies. They suggest that narratives are especially suited to overcoming resistance as they reduce the amount and effectiveness of counter-arguing and increase identification with characters in the story.

Project Methodology

The project Team and Indigenous Reference Group members determined the methodology for this project. It was imperative the methodology be culturally appropriate and respectful of Indigenous participants. This process was not without its challenges. There were a number of contentious issues, which we labelled "ongoing conversations", where the conventional research paradigms were at odds with a culturally respectful approach. These included intellectual property around the narratives which became an important, yet unresolved concern. Similarly, the cash reimbursement for story providers suggested by the Indigenous Reference Group to be suitable for a cultural "product" was considered by an ethics committee to be an incentive. These issues will be discussed more thoroughly in a future publication.

Ethics approval was obtained from the Edith Cowan Human Ethics Committee and the Western Australian Aboriginal Health Ethics Committee.

Seven story collectors were recruited and received training in the use of yarning as a data collection tool. Yarning is an "Indigenous cultural form of conversation" and involves "an informal and relaxed discussion through which both the research and the participant journey together visiting places and topics of interest relevant to the research" (Bessarab & Ng'andu, 2010, page 38). The two-day training was provided by three members of the Indigenous Reference Group; Associate Professor Dawn Bessarab, Associate Professor Clive Walley and Ms Laura Elkin.

Story Providers

Story providers were recruited through the Indigenous Reference Group. Eighteen story providers were recruited, the majority of whom lived in rural and remote areas of the Murchison in Western Australia. All interviews from story providers were developed into stories. A two step consent processes was used: the first to obtain consent for recording the interview, on video or digitally recorded for transcription to text and the second to obtain informed consent for the final stories derived from their interviews.

Story Editing

Transcripts of the interviews with story providers were provided to the Indigenous Reference Group who identified the themes from each of the interview transcripts, interpreted how the stories could be used in learning and determined three key themes to be developed into scenarios. The scenarios are composite stories that reflect the common themes and are not representative of any one story. The themes were developed in scenarios by Indigenous playwright David Milroy and produced by P & M Projects and Management.

Evaluation

Two Australian Indigenous researchers are conducting an external evaluation that will include interviews with educators from the collaborating universities currently trialling the narratives in a variety of health units.

Narratives and Scenarios

A website http://altc-betterhealth.ecu.edu.au was developed for the project. All of the 41 narratives are available on the website as videos (embedded in YouTube) and/or transcripts, depending on the preference of the story provider. The three scenarios - on the key themes of communication, passing on and drunken stereotypes – are also located on the website. Facilitation guides to the narratives and the scenarios (which incorporates discussion points identified by the Indigenous Reference Group) are available. A search function has been incorporated on the website based on an interpretive phenomenological analysis of the narratives. Access to the website is open to all, however, people need to register and provide information about their organisation and discipline before they can view the narratives and scenarios.

Several of the stories relate to specific health issues and many focus on health professional/patient relationship development and communication, racist assumptions and specific cultural issues, such as the importance of country to health and role of family and community. As expected, many of these stories contain heart-breaking accounts of suboptimal healthcare experiences and personal tragedies, however, the stories also reflect

humour, personal strength, resilience and positive insights that engender a strong connection with the story provider.

For instance, Jennifer's story is a wonderful story about the positive relationship with her general practitioner. There are important lessons in the story about how health providers should work with their patients to take control of their health and for health services to provide continuity of care. The story also gives the reader insights into the kind of person Jennifer is, her sense of humour, generosity and her humanity.

Based on the themes that emerged from the narratives and the people who have registered on the site (discussed below) it would seem that the narratives can be used to educate students in a number of areas. This may include promoting discussions about racism and encouraging critical reflection on dominant ideologies and their impact on patients, strategies to improve communication between health providers and Indigenous patients (in particular regarding medications) and improving understanding about Indigenous Australians, for example, their links to country (a common theme across the narratives).

Educators using the Narratives

By the 31 August 2012, four months after the website was launched, 547 people had registered on the site. Of these, approximately 32% of registrations were from university educators (the group targeted in dissemination activities), 47% were students (primarily in pharmacy, nursing or pharmacy interns) and 21% from a combination of hospitals, state governments, professional societies (eg Royal Australian College of Surgeons), Indigenous organisations and non government agencies. The disciplines cover pharmacy, nursing, medicine, Aboriginal/Indigenous health, education, psychology, public health and allied health (eg occupational therapy, physiotherapy and speech pathology).

We also know from analysis available through YouTube that the scenarios are popular as are the shorter narrative videos.

We have included blogs for each of the narratives, for educators to communicate with each other regarding how they use the narratives and to collaborate in developing learning resources. After four months, no blogs have been submitted, which indicates that this form of communication does not suit the target audience

Where to from here?

The narratives and scenarios developed as part of the project seem to have stuck a chord with educators, health providers and health services based on the number of registrations on the website. What we don't know is:

- How are the narratives and scenarios are being used by educators and can learning materials and lessons learned by educators be shared with others?
- How does the use of the narratives link to the existing literature (eg are the narratives simulating classroom discussion, encouraging students to reflect on their own culture and enhancing empathy)?
- What problems, if any, are people are experiencing with the narrative resources, for instance, viewing the videos through YouTube?
- How are students reacting to the narrative resources?
- What additional resources are needed to assist educators to use the resources?
- What value do the state government representatives, Indigenous organisations and non government agencies obtain from the narratives resources?

While some of these questions will be answered through the external evaluation, we are keen to continue to research these questions into the future.

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