



ST VINCENT'S  
HEALTH AUSTRALIA



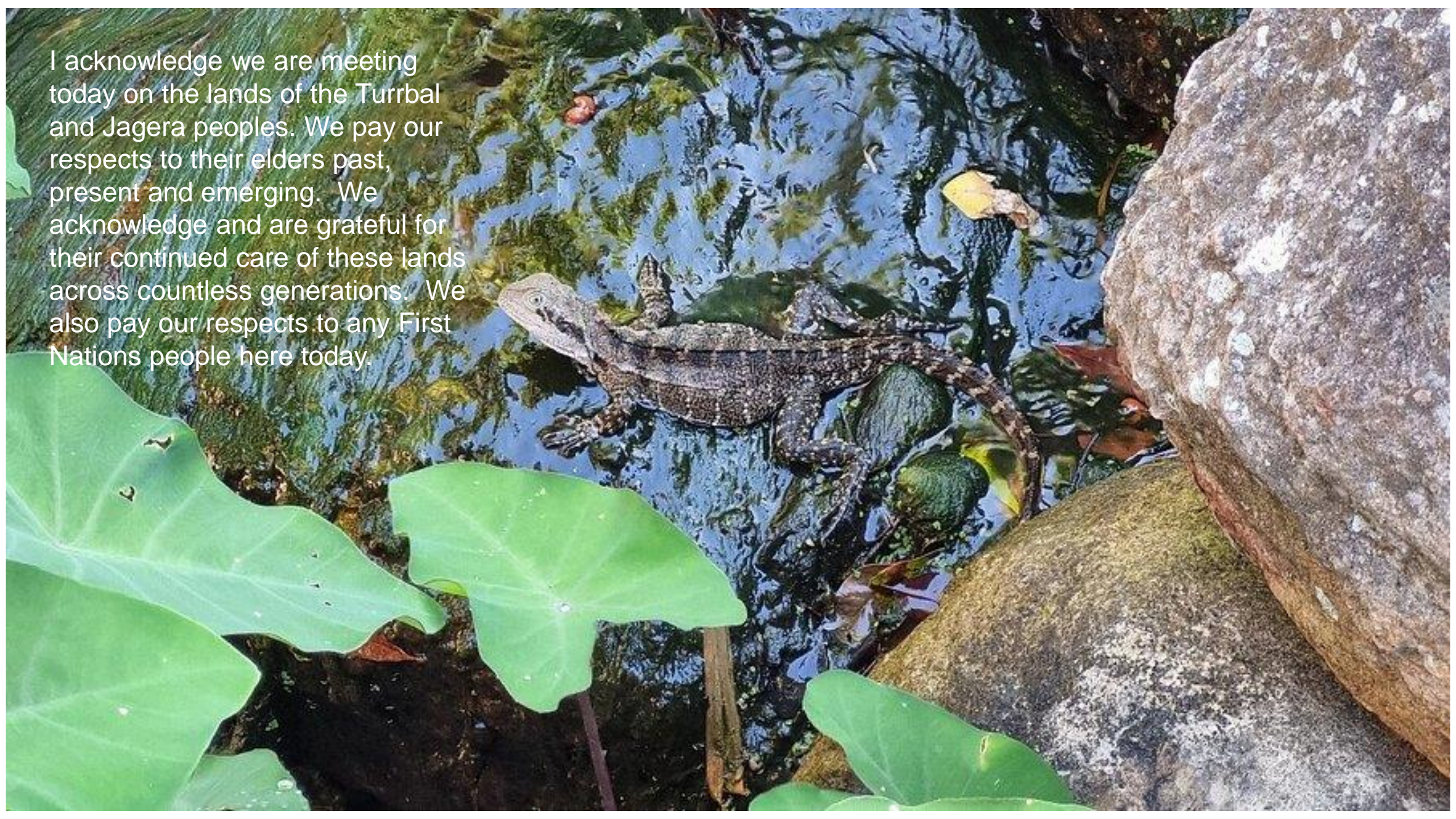
# Improving the healthcare experiences of Aboriginal and/or Torres Strait Islander patients in Australian private hospitals



*'we are here' (JS Koori Designs)*



I acknowledge we are meeting today on the lands of the Turrbal and Jagera peoples. We pay our respects to their elders past, present and emerging. We acknowledge and are grateful for their continued care of these lands across countless generations. We also pay our respects to any First Nations people here today.





# Declaration of Interest

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The research and all costs associated with it, including this presentation and other conferences has been funded by St Vincent's Health Australia Inclusive Health Program (now renamed the St Vincent's Health Equity Program) and the Menzies School of Health Research



# St Vincent's Private Hospital Sydney



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‘No blackfella is gonna want to  
walk though those doors.’

***‘I think of hospitals as a whitefella’s domain’***

‘sterile’ (Nick and Yogi)

‘clinical’ (Chop Suey and Nick)

‘bland’ (Nelly)

‘boring’ (Spider Woman)

‘grey ....dismal’ (Ellen)

‘cold’ (Toots)

‘stark white place’ (Regional)

*lacking cultural safety* (Nick, Baz, Hey Jude)





# Overview of study

2022

- Establish Steering Committee
- Study design
- Ethics and governance

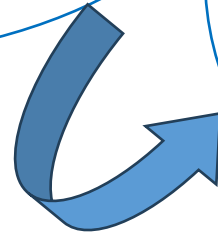
Data collection  
2023

- Yarning sessions Q1
- Survey Q2
- Staff interviews

Data analysis and  
interpretation

- Data cleaning
- MJ and MG themes
- Collaborative Yarning
- Steering Committee

Reporting



# Aboriginal and/or Torres Strait Islander Research Principles and Methods

Culturally informed governance

Methods acceptable to Aboriginal people – Yarning

Establishing relationship

Asking relevant questions in Yarning

Collaborative Yarning to inform interpretation





# Phase One - Yarning sessions

32 participants

- 20 virtual
- 8 in-person
- 4 by phone



## Key Study Results

*"I would rather be asked the [Indigenous identification] question when I arrive than fill in 'Aboriginal' on a form and have NO acknowledgement" (Gypsy Sista)*

- Yarning engagement was very strong
- Lots of positive experiences
- Cultural understanding, recognition, artwork and acknowledgments were all important
- High number of participants recently aware of origin



Melinda in Melbourne, ready for Yarning sessions using the Yarning mat with JSKoori Designs' artwork.

*"the staff were just beautiful people"*  
(Nawnta)

*'I would prefer much more in terms of understandings of what holistic health, spiritual health, all that kind of stuff looks like' (Mel)*



# Phase Two – Aboriginal Patient Experience Question Set

*“The nurses were exceptional. I felt well cared for with respect and dignity from the beginning to the end of my stay”.*

## Summary of survey responses

- 26% response rate (66 eligible respondents)
- Many positive experiences, especially re nurses
- 97% felt welcomed as an Aboriginal and/or Torres Strait Islander person
- Only 20% were asked in-person about their status
- Room for improvement regarding respect for cultural beliefs from SVHA staff
- 20% reported having no family support while in hospital

*Very colonial building, (suggest) Acknowledgement of Country especially in the healing garden. Aboriginal artwork, anything cultural would have been good.*





# Staff interviews

*With the right lens on the cultural sensitivity of what we're going to hear (S03); it's got to be culturally respectful and appropriate (S08).*

## Summary of staff interviews

- Support was strong and almost universal for establishing Yarning as a patient experience feedback option - described as an “*opportunity and in line with ... our Mission and Values*”.
- concerns about resources, staffing and ensuring that it is implemented in a way that fully supports those involved; role clarity, admin support, time, processes.
- Benefits outweighed costs
- Numerous considerations / challenges discussed.

*It's tokenistic if we end up doing this and we don't put our money where our mouth is (S01)*



## Collaborative Yarning – interpretation of results

- This research needs to be a driving force for change, and needs to be encouraged.
- The group does not want the findings and recommendations of this work shelved or hidden, and advocate that the recommended changes be mandated in SVHA. Nothing should be added or deleted, because it was created by prominent women.
- Implementation of recommendations would be greatly assisted by the Steering Committee continuing (see Recommendation 2) and holding follow up Collaborative Yarning Workshops in 2024 / 2025 to review progress.

***[you] won't get cultural knowledge through a book,  
you get it through experience – Aunty Barb – Bidjigal Elder***





# Recommendations Overview

**1. Improve SVHA services to Aboriginal and Torres Strait Islander people across three areas that relate to cultural safety.**

**2. Continuation of the Steering Committee until end 2024, to guide implementation of recommendations.**

**3. Include Yarning sessions and the BHI survey as part of SVHA's routine patient experience measurement.**

**4. Implement strategies to increase private health services access for Aboriginal and Torres Strait Islander people.**



# Recommendation 3 – Inclusion of Yarning Sessions as part of SVHA's routine patient experience measurement

Support was strong and almost universal for establishing Yarning as a patient experience feedback option - described as an *“opportunity and in line with ... our Mission and Values”*.

- Yarning is a culturally appropriate way to measure the experience of Aboriginal and/or Torres Strait Islanders.
- Yarning gives more meaningful responses as it is connected to story. Story is able to give a better context for the experience.
- It is not new to have Yarning as a patient experience measurement, it is re-establishing a past norm.



# Summary – what did we get right?

- Relationships with Aboriginal and/or Torres Strait Islanders is key.
- Project successful as it was done with Aboriginal and/or Torres Strait Islander research principles.
- There was strong engagement with culturally acceptable methods.
- Local tailoring.
- Healthcare is culturally bound.

