SHORT REPORT

Process evaluation of a Central Australian Aboriginal cultural awareness training program (2015–2020) for health professionals and students

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Abstract

Most Central Australian health service users are Aboriginal peoples. It is important that health professionals have cultural awareness related to the specific Aboriginal peoples they are working with and how cultural norms might impact upon their healthcare. This process evaluation reports how participants perceived the relevance of the Alice Springs Aboriginal cultural awareness training program and their attainment of course objectives, and it explores the qualitative feedback of participants.

A mixed methods approach was used to analyse previously collected data (2015–2020). Standard anonymous evaluation forms were used to collect quantitative data on perceived achievement of course objectives and the relevance of the program to participants as well as responses to open-ended questions. Quantitative data were summarised, and then, qualitative data were analysed through inductive thematic analysis, followed by content analysis.

Over 6 years, 2,081 people participated in the same cultural awareness program, which ran 133 times, with nearly all participants completing an evaluation form (97%). A high proportion of respondents reported that the program was relevant to their individual practice/workplace (consistently above 87%). Similarly, program objectives were reported as having been met (above 79% for each objective), and qualitative feedback was consistently positive. Many respondents learnt new information about the negative effects of colonisation on Aboriginal peoples and how this continues to affect current health. Learning about Aboriginal cultures, kinship relationships and systems, and communication styles was highly appreciated and identified as directly relevant to participants' work practices.

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The very high ratings of relevance and achievement of program objectives, plus highly positive feedback, suggests the program is meeting an important cultural awareness need in Central Australia.

Keywords: professional education; cultural anthropology; professional–patient relations

Introduction

Aboriginal and Torres Strait Islander peoples have strength, diversity and resilience. Ongoing colonisation of Australia continues to affect Aboriginal and Torres Strait Islander peoples, for example, through ongoing marginalisation and attitudes, biases and racism present in daily encounters, including from health professionals (Wilson et al., 2016). The trauma resulting from extreme racism, historical massacres, childhood abductions and loss of country and culture continues to have negative physical, psychological and social impacts on Aboriginal and Torres Strait Islander peoples today (Atkinson et al., 2014), including a higher burden of disease (AIHW, 2021) and greater difficulties in accessing culturally safe health services (Wakerman et al., 2017).

In the Northern Territory (NT) of Australia, 30% of the population is Aboriginal or Torres Strait Islander, however they represent 41% of hospital in-patient populations. Furthermore, approximately 70% of all health service clients are Aboriginal or Torres Strait Islander peoples (Li et al., 2011). Additionally, for around 60% of Aboriginal and Torres Strait Islander peoples in the NT, English is a second or third language. The first language of Aboriginal and Torres Strait Islander peoples in the NT is often one of the 100 Aboriginal and Torres Strait Islander languages spoken in the NT, which highlights the diversity and additional service delivery complexities in this location.

It is imperative for any health professionals working in the NT to have a level of cultural awareness that encompasses local contextual knowledge of the Aboriginal or Torres Strait Islander communities they are serving but also critical reflexivity skills as health professionals. Cultural awareness training for students and new staff is standard practice across most of the NT. Typically, these programs are 1-day programs led by a local Aboriginal educator and cover the history of and effects of colonisation, social determinants of health, including racism, and kinship and other cultural practices. Surprisingly, few of these programs have been evaluated or research conducted to understand their impact on participants (Kerrigan et al., 2020).

In Alice Springs, a 1-day program has run regularly since 2015. This evaluation aims to quantitatively report how participants perceived the relevance of the Alice Springs Aboriginal cultural awareness program, named the "Introduction to Central Australian Cultures and Context", and their attainment of course objectives, and it explores the qualitative feedback of participants.

Methods

Alice Springs is the regional centre in Central Australia. Flinders University provides an "Introduction to Central Australian Aboriginal Cultures and Context" 1-day (7-hour) program to students on clinical placements and new staff in the region. The aim of the program is to increase awareness of the cultural differences between the various Aboriginal groups that live in the Central Australian region. The curriculum was developed based on national recommendations (NACCHO, 2011) and consultations with local Traditional Owners. Approximately 400 people per year participate in the course. Courses have been running since 2015 in its current form. The research was approved by the Central Australian Human Research Ethics Committee (HREC Reference Number: CA-20-3909).

Data collection

A mixed methods approach was used to analyse previously collected data. Standard anonymous evaluation forms were completed by participants after each program from 2015 to 2020. The forms collected both quantitative data on perceived achievement of program objectives and responses to open-ended questions. De-identified data from each training session was provided to the evaluator (CR) for analyses.

Quantitative data

A 3-point Likert scale was used to assess whether participants thought the course was relevant to their individual practice/workplace, with the response options of "relevant", "partially relevant" and "not relevant". Participants were also asked to assess whether specific course objectives had been met, with response options of "met", "partially met" and "not met".

Qualitative data

Four open-ended process evaluation questions allowed participants to provide unprompted feedback on their experience of the training. These questions were: "What was the most useful aspect of the workshop?", "What was the least useful aspect of the workshop?", "In what ways could this activity/workshop be improved?" and "What is one (or more) thing(s) you will take away from doing this course?".

Data analysis

A summary proportion of respondents who reported that the course was relevant or partially relevant to their individual practice/workplace was calculated for each year. The proportion of respondents who reported each course objective had been met or partially met was calculated for each year of course delivery.

We used a combination of inductive thematic analysis (moving from specific observations to broader generalisations) to understand the richness of responses and content analysis

to identify the recurring themes that emerged from the large amount of data (Vaismoradi et al., 2013). A research assistant initially coded the responses for all 8 years, with the themes iteratively refined in discussion with CR. Neither was involved in the delivery of the programs. The Aboriginal educator was not involved in the analysis of the data. The content analysis was based on coding the frequency of specific recurring topics or themes to identify the most commonly mentioned responses to the training. Only 2019 data were coded, as it was the most recent complete year and was very representative of all 6 years (frequency of topics mentioned was consistent across all years).

Results

Overall, 2,081 people participated in 133 day-long cultural awareness programs (see Table 1). Evaluation form completion rates were very high, averaging at 97%. The proportion of respondents who reported that the course was relevant to their individual practice or workplace was also very high, consistently above 87% (see Table 1).

Table 1

Number of Programs, Participants and Proportion Who Reported That the Course Was Relevant to Their Practice/Workplace by Year

Year	Participants (n)	Programs (n)	Relevant to practice/ workplace (%)
2015	228	18	87.3
2016	406	26	93.8
2017	526	28	89.2
2018	289	20	93.8
2019	421	24	94.8
2020	211	17	96.2
Total	**2,081**	**133**	

Participants consistently reported high rates of achievement of the course objectives, with 79% being the lowest proportion of respondents rating that one of the objectives had been met. Most ratings were about 90%.

Thematic analysis

Most useful aspects of the workshop

The main subthemes to emerge for the theme "most useful aspect of the workshop" included: historical records, kinship relationships, cultural awareness, presentation and presenters, and interpersonal communication styles. Many participants were not aware of the full extent and breadth of colonialisation and the negative impacts on Central Australian Aboriginal peoples.

> *Understanding the history which then made the second part of the workshop on behaviours and culture easier to understand. I found this incredibly helpful for my clinical placement.*

> *Learning about how the history and [how] it continues to affect Aboriginal people, especially their health and relationships with each other and the land.*

Many participants mentioned that learning about kinship relationships was new information for them and had many implications and specific impacts on personal interactions, such as social obligations, cultural expectations and avoidance behaviours.

> *Everything. It's been great to get an understanding of what kinship is and how it affects family structure. It was good to see how the culture, customs and protocols impact on everyday living.*

Participants highlighted the importance of authenticity and honesty in the workshop, in particular, that it was led by a local Aboriginal woman. Participants appreciated:

> *[the] opportunity to ask questions and have a deep conversation with the presenter [It was a] valuable and authentic learning opportunity.*

Participants reflected on how increased cultural awareness might impact on their health service practices in the local context.

> *Knowing the culture and the dos and don'ts when communicating with Aboriginal people was [definitely] useful for clinical practice.*

Discussion of interpersonal communication styles and, particularly, those in contrast to direct Western styles was felt to be particularly useful when applied in the workplace.

> *Learning about intercultural communication and how it will affect communication in the workplace.*

In 2019, the five most frequently mentioned useful topics were kinship (n = 143), understanding of culture and language and its relevance (n = 100), learning history and its impact (n = 72), cultural protocols (n = 46) and "everything"/relevance/overall content/presenters (n = 37).

Least useful aspects of the workshop

While many participants left this blank or wrote that it was all useful, it is important to understand what participants found less useful. Some participants reported that the content was not related to their profession or had already been covered in their studies, for example:

> *Already knew about social determinants.*

Some participants found that there was simply too much content.

> *There was an overwhelming amount of Aboriginal jargon to do with language and skin names etc and was quite difficult to follow at times.*

> *Communication part was too short to accomplish a lot.*

A few participants were challenged by some aspects of what was discussed and did not value "hearing other attendees' cultural shock stories/feelings and the cultural safety case studies". Others had personal perspectives that were different from the Aboriginal culture being presented.

> *I find some of the gender ideas conflict with modern ideas, which is conflicting for me.*

There were fewer comments in this section, with the most frequent number of comments in 2019 being positive comments about the course (n = 84). The next most frequent comment was about too much time on kinship (n = 18), that some parts were not relevant to their context or they already knew the information (n = 15) and too much time on history (n = 10).

Suggestions for improvement

Suggestions for improvement related to overall time allocation and time allocated to particular topics (either too much or too little).

> *I would love it to be 2 days because I feel that there is so much I'll go away and think about, and [I'll] come back with more questions, and I would love to learn more about how the culture works—kinship and skin groups.*

Other suggestions were content related, such as a greater focus on communication styles and practical advice on how healthcare can be improved.

> *A bit more about communication/interaction for non-indigenous people towards Indigenous people specific to a health context.*

Over the years, there has been gradual modifications to the program, but the biggest changes occurred in the early years of the program, with participants wanting more localised history of colonisation and its impact. They wanted more interactive activities (such as working with skin names), more around the social determinants of health that impact on Aboriginal peoples and more ancestral local stories.

In 2019, the most frequent suggestions for future courses were for more hands-on/interactive activities (n = 60) and more strategies to use in practice, e.g., cross-cultural communication and some language learning (n = 36). Many participants had no suggestions to make (n = 30). Some suggested more time (less intensity) on certain topics (n = 23), and others suggested reducing the time allocated (n = 18).

What participants learned from doing this course

When participants were asked about the main thing they would take away from doing this course, common themes were around learning more about the history of colonisation and the traumatic impacts upon Indigenous people.

> *I have a greater appreciation and empathy towards the struggles and intergenerational trauma of NT Aboriginal people.*
>
> *How disadvantaged Aboriginal people are due to white invasion. Understanding the impacts it has had and continues to have.*

Better understanding of local Arrernte culture and lessons for healthcare practice was another important take-home message and common theme.

> *Learning more about the culture allows for culturally safe practice while on placement.*
>
> *Culture is still very strong and important and has implications for the way we go about our work.*

In 2019, the most frequently mentioned theme that was taken away was an appreciation/knowledge/understanding/awareness of culture and its impacts (n = 138), followed by an understanding of the importance of kinship (n = 107), an understanding of history and its impact (n = 84), learning about communicating with Aboriginal peoples, including language learning (n = 68), and cultural protocols (n = 42).

Discussion

A substantial number of people have participated in the "Introduction to Central Australian Aboriginal Cultures and Context" program in Alice Springs. Very high process evaluation participation and very high ratings of relevance suggest the program is acceptable to participants. Other cultural awareness programs in the NT are similarly structured and implemented and have reported similar positive feedback (Kerrigan et al., 2020).

The results show that this cultural awareness training program provided new insights and understanding for some people. Many participants reflected that this perspective and knowledge was important for those health professionals working in remote and rural healthcare settings with a high proportion of Aboriginal people. While some history may have been covered in previous education, understanding the locally specific history of colonisation and invasion and how this may affect current health behaviour is important for delivering patient-centred care in a local context. Some participants did report their views on less useful aspects of the program. Evidence suggests that health professionals working in Aboriginal health are at different stages of engagement (Wilson et al., 2015), and a lower level of willingness to engage may help to explain some participants' views on the less useful aspects of the program.

Overall, participants reported that they highly valued learning aspects of Aboriginal culture, such as the kinship system, social norms and structures, and communication styles, and healthcare organisations in the NT are expected to provide a cultural awareness orientation to new staff (Northern Territory Government, 2016).

Limitations

A short 1-day program can never cover all aspects of Aboriginal culture and practices. Ongoing professional development and cultural mentoring are needed, in particular, cultural training that moves beyond cultural awareness to cultural safety. Also, the simple process evaluation implemented here addresses the quality of program delivery but does not fully explore how participants experience learning about Aboriginal and Torres Strait Islander cultures. Further, it does not answer questions regarding what behavioural impact the course has on participants' professional practice.

Conclusion

Future research should prospectively evaluate cultural awareness and safety programs and follow-up participants to see what impact these programs have on healthcare practices and changes in attitudes towards Aboriginal health and social determinants of health (Rissel et al., 2020). There is some evidence that cultural awareness and safety training programs lead to improvements in engagement of Aboriginal and Torres Strait Islander peoples with health services and better health outcomes (Lie et al., 2010). This should be tested in the Australian context.

Conflicts of interest and funding

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