Critical Reflection

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Author Note

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# Introduction

The critical reflection in this paper is based on colonized races such as the aboriginal people who had a history of brutality. They were subjected to murders, genocide and racial discrimination that have devastating impacts on their lives. The aboriginal refers to the clan that includes the family members as well as their extended relatives. However, these families represented different cultures and races and were not a homogenous group. In earlier times, the lives of aboriginal families were easy and collaborative. They were the most peaceful and undisturbed people who were knowledgeable. Due to the lack of technologies, they were leading simple lives. However, after colonization, the lives of these aboriginal families had worsened. They were subjected to racial discrimination where some groups were given powerful roles over the others. The genocidal acts faced by the ancestors of aboriginal families are evident in their current attitudes (MacPhail & McKay, 2018). The problems of aboriginal families have generated from oppression by the white society. This had devastated impacts on their land use, laws, and spiritual beliefs that were badly traumatized.

# Discussion

In 1992, aboriginal Australia struggled for their indigenous rights. The historic Mako decision overturn the ruling of white groups and asked for recognition and healing of aboriginal groups. It was decided to acknowledge the land concerns, racism and removal of children. The decision also emphasizes on joint work of aboriginal and non-aboriginal people so that they can share values, respect each other and prevail justice in the society. It was also stated that the aboriginal people should be considered as ‘first people' and given respect accordingly. For these groups, it is very important to respecting and acknowledging their cultural system. Thus, while working with aboriginal people, it is important to consider their core values and ethics (Short, 2016). The service practice is required to frame their intervention in a culturally appropriate way to make the practice effective and bring positive change in society.

## Working with Aboriginal Families

The initial way to engage with aboriginal families is to study their culture in detail before the intervention. The health professional is required to conduct the therapies under ethical values and norms of the family’s culture. In the book “working with Aboriginal families”, Dawn Bessarab’s has utilized two key models; the one is Aboriginal Terms of Reference that consider the effects of colonization, the legislative history of these families and their traditional values. Whereas the second model is the Aboriginal Cultural Model that determines the status of Aboriginal family and their connectedness with one another. It also looks into the interaction of these families with the government agencies and how their voices are heard in the broader society (Bessarab, 2000). For every practitioner, it is important to consider prescribe values and principles before attempting the intervention. If we don't consider the terms of Aboriginal families, we will not be in a position to better understand their perspectives about certain things that may seem right to us but are not acceptable to them. Due to colonization the aboriginal families have been subjected to the brutality of murder, genocide and considered them inferior. The first consideration is to make them an important part of society. They are required to build a connection of them with members from different cultures. It is a high priority to reduce the class differences as well as the gender differences prevailing in traditional society (Sherwood & Edwards, 2006). The aboriginal people should include their women in the workplaces to gain more power like their counterparts. As a health professional, we need to increase their self-determination to improve their status. It is important to use indigenous approaches while confronting these families. The drawing connection model can be applied to gain maximum information form these families. The cultural model is also very effective in these situations that focus on the kinship and relationships within the community. It is also necessary to include the nuclear family, extended family and the aboriginal community in the process (Cairney et al., 2017).

## Improving Health Outcomes for Aboriginal People

Successful health care requires effective communication between Aboriginal patients and practitioners. However, it is still a bigger challenge for the health department to effectively engage these people in their therapy. One method that is effective in terms of providing better health is the ‘clinical yarning method'. It is a patient-centred approach that also involves that aboriginal cultural preferences with that of biomedical understanding of the health of these people. The method focuses on three interrelated areas that include the social yarn, the diagnostic yarn and the management yarn. The social yarn is the initial step where the practitioner tends to develop an interpersonal relationship with their patient. The diagnostic yarn tends to figure out the patient's health condition. The practitioner listens to the patients' health story and interprets the best possible therapy. Lastly, the management yarn helps the practitioner to employ related stories to make the patient understand the health concern (Lin, Green, & Bessarab, 2016). These steps to incorporate a collaborative technique to provide treatment to the patients. The method is highly accepted and efficient in producing positive outcomes. However, there are limitations to the extent of patients sharing their data. Most of the times the patients are relucted to communicate with the health practitioner which makes it difficult to understand the actual reason for their sufferings. Attentive listening will increase the probability of care, empathy and emotional engagement with the patient (Reeve et al., 2015).

Time constraints are a major issue in such therapies where the patient require high care. The practitioner cannot compromise on the quality of the information, therefore need to make effective use of available information. However, the practitioner needs trainers to better respond to the patient need. They cannot incorporate the traditional methods but require to improve their skills to provide better feedback to their patients. Besides the social yarn, the practitioners are required to focus on clinical yarn and treat every patient differently. They are required to better focus on the medical condition of the patient and develop trust with them. Also, the best strategy is to work with aboriginal interpreters who help to overcome cultural and language barriers. The aboriginal patients require intensive care due to their traumatic history, thus it is essential to effectively manage the patients (Couzos & Murray, 2008).

## Australian Government Policy

The most initial government policy was the European Settlement (1788-1880s) that has led the foundations of discrimination against the aboriginal communities. The settlement stated to take lands from aboriginal people. The historical facts also stated that under this settlement the children were subjected to poisoning. This has created a feeling of hopelessness in the communities while seeing their inferior position in society. Some of the critics have referred to it as soul destroying for the communities where they lose affiliation with the society. The justification provided by the whites stated that aboriginal people have lost their values and culture. They believed that they should not possess the same position as the elite groups (Eckermann, Dowd, & Chong, 2010). This has resulted in the loss of moral values as well as humanity. The aboriginal people responded to the situation with greater retaliation. In the quest to balance the administrative powers they resigned to the white dominants. However, it further removed them from the post resulting in zero power with these people. This resulted in the loss of land, language, culture and leadership to the white domination. The colonial policies have not only affected that generation but the process was ongoing and it had impacted several generations. However, these policies help us to generalize what worked in the benefit of Aboriginal people and what did not work (Taylor & Guerin, 2010). The past policies have made these people inferior and dependent on their dominant counterparts. These policies and structures have largely impacted the mentality and psychological aspects of these societies. Also, the brutalities have made them worried about their children's and their success in society (Paisley, 2017).

## People-centred Care

Health practitioners alone cannot manage to tackle the challenge of aboriginal communities. It requires equal attention from the government and law-making agencies to include them in the policymaking. People-centred approach refers to the policies that are more friendly for the general public and reflect their priorities. It asks for developing inclusive policies that include the inferior and marginalized groups in the process of decision making. The above models have emphasized the communication between these groups and the health practitioners. Thus, the medical group needs to focus on those strategies that involve the aboriginal groups and focus deeply on their community (Freeman et al., 2016). Due to the history of aboriginal people, health practitioners should adopt collaborative approaches. This will enable us to get timely information about future threats. It will also build trustworthy relationships with the patients that would resultantly empower them. This will also help to quickly diagnose similar future cases (Nelson, 2018).

**References**

Bessarab, D. (2000). Working with Aboriginal families: A cultural approach. *W Weeks & M Quinn (Eds)*.

Cairney, S., Abbott, T., Quinn, S., Yamaguchi, J., Wilson, B., & Wakerman, J. (2017). Interplay wellbeing framework: a collaborative methodology ‘bringing together stories and numbers’ to quantify Aboriginal cultural values in remote Australia. *International Journal for Equity in Health*, *16*(1), 68.

Couzos, S., & Murray, R. (2008). *Aboriginal primary health care: an evidence-based approach*. Oxford University Press.

Eckermann, A.-K., Dowd, T., & Chong, E. (2010). *Binan Goonj: bridging cultures in Aboriginal health*. Elsevier Australia.

Freeman, T., Baum, F., Lawless, A., Labonté, R., Sanders, D., Boffa, J., … Javanparast, S. (2016). Case study of an Aboriginal community-controlled health service in Australia: Universal, rights-based, publicly funded comprehensive primary health care in action. *Health and Human Rights*, *18*(2), 93.

Lin, I., Green, C., & Bessarab, D. (2016). ‘Yarn with me': applying clinical yarning to improve clinician-patient communication in Aboriginal health care. *Australian Journal of Primary Health*, *22*(5), 377–382.

MacPhail, C., & McKay, K. (2018). Social determinants in the sexual health of adolescent Aboriginal Australians: a systematic review. *Health & Social Care in the Community*, *26*(2), 131–146.

Nelson, T. (2018). Rewriting the narrative: Confronting Australia’s past in order to determine our future. *NEW: Emerging Scholars in Australian Indigenous Studies*, *4*, 20–26.

Paisley, F. (2017). An ‘education in white brutality': Anthony Martin Fernando and Australian Aboriginal rights in a transnational context. In *Rethinking settler colonialism*. Manchester University Press.

Reeve, C., Humphreys, J., Wakerman, J., Carroll, V., Carter, M., O’Brien, T., … Smith, B. (2015). Community participation in health service reform: the development of an innovative remote Aboriginal primary health-care service. *Australian Journal of Primary Health*, *21*(4), 409–416.

Sherwood, J., & Edwards, T. (2006). Decolonisation: A critical step for improving Aboriginal health. *Contemporary Nurse*, *22*(2), 178–190.

Short, D. (2016). *Reconciliation and colonial power: Indigenous rights in Australia*. Routledge.

Taylor, K., & Guerin, P. (2010). *Health care and Indigenous Australians: cultural safety in practice*. Macmillan Education AU.