Culture, Family and Workplace:

Wellbeing and Stress among Aboriginal Health Workers

Workshop Notes

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INTRODUCTION

Wellbeing and stress among Aboriginal Health Workers have to be thought about within the big picture of Aboriginal culture, country and family, as well as what has happened in the past 200 years.

Like many other Aboriginal workers, Aboriginal Health Workers play a 'cultural brokerage' role. This type of work can be seen as 'emotional labour' and "obligatory community labour", because the usual boundaries that exist between family, community and employment become blurred, and the Aboriginal Health Workers are more emotionally involved in their work than in other types of work (Williams & Chapman, 2005). This means that they face a greater risk that they will experience emotional burnout as a result of their work.

Stress among Aboriginal Health Workers can have bad outcomes for the health workers themselves, their families, the organisation they work for, and the patients they treat. Stress can damage an individual's health and well-being, and contribute to work avoiding being at work or quitting their job (Tregenza & Abbot, 1995).

While many stress factors are the same as for non-Aboriginal Health Workers, there are also some that are quite different for Aboriginal Health Workers. Like the doctors and nurses they work with; they have an 'extended generalist role', limited resources, extended periods of time on-call, and they are working in small multi-disciplinary cross-cultural teams (Kelly, 1999a; 1999b). However, for Aboriginal Health Workers the fact that they have known the patients all their lives and are often family members makes work very emotional.

> *"Living in contemporary Aboriginal townships clearly constitutes an overly stressful and chaotic experience."* (Burgess et al, 2005:117)

In addition, just like other the members of their community, Aboriginal Health Workers live with their experiences of the history of oppression, the poor housing and services, the tensions between tribal and family groups who traditionally lived apart as well as prejudice of people and institutions.

At the same time, the Aboriginal Health Workers can draw on the supports that promote wellbeing for other members of the community, as well as the many satisfactions that come from their work.

Relationships

There is a greater focus on relationships in remote health (Howard & Fergusson, 1999) that is not simply a product of how small communities work. The greater priority on social connection is also culturally mediated. This is commonly referred to as a 'collective' cultural orientation. It contrasts with the individualist orientation of Western people (Triandis, McCusker & Hui, 1990). A related notion is one that sees cultures as fostering either an independent or interdependent sense of self (Markus & Kitayama, 1991). The table reproduced below summarises some features of independent and interdependent self-systems. This that there is a different sense of 'self' or psychological makeup that influences values and motivations.

Independent self (non- Aboriginal Australians' self)	Interdependent self (Aboriginal self)
Focus is on internal, private (abilities, thoughts, feelings)	*Focus is on external, public (statuses, roles, relationships)*
Communication expected to be direct: "say what's on your mind"	*Communication expected to be indirect: "read other's minds"*
Self esteem through self expression, individual achievement	*Self esteem through achieving and maintaining social harmony and group achievement*
The sense of self can be separate from their social context to some extent	*The sense of self cannot be disconnected from social context*

Adapted from *From Markus and Kitayama 1991:230.*

Many features of occupational functioning in cross-cultural health services are influenced by these cultural variations.

The individualised Western focus shapes:

- hierarchical ways of organisation and the direct communication styles typical in line 'management',
- Focus on individual roles and responsibilities, and
- Western professional practices that focus on 'individual' responsibility.

The collective/interdependent Aboriginal focus contributes to:

- the quality of the relationship between practitioner and client as a key determinant of health outcomes;

- the intense shame felt by Aboriginal Health Workers when they are individually shamed in a public way;
- the challenges experienced in dealing with the demands of family members, and
- the difficulties in coping with the disconnection from family that can be associated with participation in training or meetings.

Beyond this layer of cultural influences, there are a number of organisational, policy and contextual paradoxes connected with the role of Aboriginal Health Workers (Josif & Elderton, 1992; Scrimgeour, 1997; Tregenza & Abbot, 1995; Genat, 2006).

- While policy often regards Aboriginal Health Workers as central to the delivery of health services to Aboriginal people, Aboriginal Health Workers - personally - are usually placed at the bottom of the professional hierarchy and, of all the professional groups involved, have the least influence in their organisation.

- While Aboriginal Health Workers have a 'holistic' and broad conception of their role, many doctors and nurses often judge them mainly on their clinical skills.

- Health Workers are expected to empower clients, who are often disempowered in many areas of their life, to take control of their lives in relation to their health.

- Many capable Aboriginal Health Workers have been pushed out of this work by the efforts to enhance the professionalism of their role through the codification of competencies and establishment of minimum literacy standards.

- Agencies employing Aboriginal Health Workers expect them to use their influence in the community as part of their work, while often pushing them to act in a way that undermines that influence. For example, by not attending the funerals of people who are not closely related to them.

The aptly titled 'Rhetoric and Reality' gap (Tregenza & Abbot, 1995) highlights the way in which Aboriginal Health Workers' role aspirations are often set by the hopes of people distant from the community. Yet their actual work demands are created by the desperate needs of clients and expectations of non-Aboriginal practitioners who are close at hand. The wider the gap between community reality and policy rhetoric, the greater the levels of stress experienced by Aboriginal Health Workers.

This project considers the things that contribute to wellbeing and stress among Aboriginal Health Workers. During the interviews that took place in the course of this study, it became clear that wellbeing and stress could not be considered in isolation, by specific counselling and

support strategies. Aboriginal Health Worker wellbeing and stress often indicates problems in either the Aboriginal communities or the health organisations that provide services to them, or in both of these. High stress levels and/or poor retention among Aboriginal Health Workers point to the existence of wider and larger issues.

Given the many factors that contribute to the stress experienced by Aboriginal Health Workers, it is surprising that most do not simply leave the job. However, there are important other factors that contribute to Aboriginal Health Worker wellbeing, but probably most important in people remaining in their jobs is the deep commitment to working towards improved health outcomes for their community, despite the frustrations of the system. The following comments by a senior health worker highlights this.

'If we were not here….'

From a health worker's point of view it has been absolutely frustrating to be involved in health systems… I quite often get very disillusioned with the health systems really… [but] *there are a whole lot of things that do get done in our clinics,* [by] *each and every single one of us as health workers, doctors etc, the whole team, the positives that do go on and do happen, that's what keeps me coming back. We do make changes. If* [this Aboriginal health service] *wasn't here the state of people's health in this town would be absolutely shocking, with all the chronic illnesses. How many people that we would have buried would have been ten times greater than what we have experienced, so this place does do a lot of good and that's what keeps us here. That's what keeps the long-term health workers here, you know. Because they know that without this place, what are they* [Aboriginal clients] *going to do, go back to the hospital system that's been failing them for years. They're only set up for acute. Where else are they going to go? To* [private practice in town] *who have a non-Aboriginal focus. So this place does play a very important part.*

(Senior Aboriginal Health Worker)

A complaint from some of the Aboriginal Health Workers who were interviewed was that it was difficult to explain their working life to the non-Aboriginal people they work with. By providing a written context to remote Aboriginal Health Workers' experience, this document may lead to a better understanding of the 'face-to-face' local explanations provided locally. It is designed to inform non-Aboriginal professionals working with Aboriginal Health Workers, as well as managers and policy makers, and counsellors providing services to Aboriginal Health Workers. However, it is important to see this resource as a beginning, which will help non-Aboriginal people to become better informed and more able to learn from local Aboriginal people. Aboriginal Health Workers who read an earlier version of this report also said it helped them to read about these things even though they knew them from 'living' them. One Aboriginal Health Worker said "it helps to know you are not alone".

The first section of this report examines some of the various factors that contribute to the wellbeing of Aboriginal Health Workers as they work within a frustrating and often damaged health system. The second section describes the factors that contribute to Aboriginal Health Worker stress.

SECTION ONE: WELLBEING

Introduction

This section divides what really can't be divided in order to explain issues to a non-Aboriginal audience. Aboriginal culture is a central part of Aboriginal wellbeing, which cannot be considered without also considering Aboriginal families, which in turn are shaped by 'Dreamtime', ancestry and 'Country'. Before reading about any of these individual, but really interconnected, topics, consider the words of an Aboriginal Health Worker on the related whole that makes up the 'knit' of wellbeing; Country, Dreamtime, Family, Sharing, Ancestors.

Family and country together heals

"[Being in] 'Country' *soothes the soul, soothes the 'being' of that person who comes from that country. All the ties are to that country through the generations – handed down. Being in that country takes all the problems away – you feel happy, you feel safe, you feel good. You have that right, you belong there. You are part of that country through the dreamtime stories. It is like, you know, those old people, they knit. Those old European women in town they knit. You're part of the knitting of that country. When something goes wrong there is a loop in the knitting. Now days we got breakdown through grog and sniffing. It is like a close knit that falls apart when there are holes in that knit. They miss a loop it's not good…a tight knit is your family through your country, your dreamtime, your tribe your law…family and country together heals. Last year went for bush holiday – family was together and everybody was happy. And you share and you're all together and there is no alcohol and no drugs. It is all the men strong and healthy - no grog. Families close together, sitting around fires, telling dreamtime stories and* [other] *stories. Make you strong. Then you come back and raring to go to get into work here* [at the health centre]. *Our old people – they die we say they walk into the dreamtime, that's our country. They return to dreamtime. It is why people like going back to the country because it makes them strong. It takes their problems away and clears their mind. Then it is your duty, to pass stories down to younger generation. Coz when you are gone and you have returned to dreamtime. They got to carry that story."*

Lana Millar - Senior Aboriginal Health Worker at Nauiyu (Daly River) Community

Culture and Country

Being in and caring for 'Country' is healing for Aboriginal people. There is evidence of better health outcomes among Aboriginal people living in homelands than in townships (Burgess et al, 2005). 'Country' also plays an important role in the lives of people living in townships, as well as those in regional and urban areas. 'Country' continues to be a place where cultural and family life takes place. The role of 'Country' and 'Dreamtime' in many Aboriginal people's lives is difficult for non-Aboriginal people to understand. As 'holistic' concepts, the terms describe things that do not have a single equivalent in Western society. To have some sense of the importance of 'Country' in non-holistic Western terms, it can be considered as including religious beliefs that describe the nature of spiritual existence, government institutions whose role is to care for people, and the legal system that controls acceptable behaviour. It is also something that includes people's sense of culture, that shapes their connections with immediate and past family, and their sense of 'house and home'. However, because Western culture does not foster the kind of deep connection to land that is present in Aboriginal culture, this collection of Western 'things' still does not convey an adequate sense of what 'Country' means to Aboriginal people.

Aboriginal Health Workers interviewed described activities that contribute to their wellbeing, especially when they take place 'in Country'.

Activities that contribute to wellbeing

Hunting and fishing

Aboriginal Health Workers talked about the positive benefits of hunting and fishing. There were several aspects to this. It meant they were out of the community, in the bush, and with family members. The food provided came with a tangible sense of being 'cared for by country'.

Time with family

Time spent with family, and especially with partners and children, was mentioned by many Aboriginal Health Workers as deeply satisfying.

Growing up children

The great concern Aboriginal people have for future generations can be an important element in creating wellbeing. Spending time with children, caring for them and showing them their culture all contribute to wellbeing.

Being with old people

Being with old people who were family helped people feel connected to family and culture. Looking after old people also made people feel they were fulfilling their responsibilities.

Ceremony

Participating in ceremony was talked about as having a positive effect on people's wellbeing. During ceremonies, they are involved with their family, with their community, helping to maintain their culture, and passing on culture to the children.

Painting

Painting is one of the few cultural practices that is valued by non-Aboriginal people. Some Aboriginal Health Workers found painting a good way to engage with their culture, relax, and clarify their thoughts and feelings. In one health centre a room was set up with brushes and canvas to support their participation in this activity.

Culture and Healing

As well as participation in general cultural activities supporting Aboriginal wellbeing, there are particular culturally based activities that promote wellbeing. Some of these are described below.

Yarning

Yarning is a term commonly used to describe talking together in a way that connects people and clarifies issues. Yarning can be used in a variety of ways - to communicate, to gather information, during consultation, or just to make connections between people (Gilchrist et al, 2002). 'Yarning' often takes place during talking with family or Aboriginal people in the workplace. Storytelling is also an important cultural tradition related to yarning that contributes to wellbeing.

Healing metaphors

Culture and experience of 'Country' provide people with powerful metaphors that act as aids to understanding, healing and action. The specific contexts of 'Country' provide different metaphors for saltwater people (people who come from country by the sea), freshwater people (people who come from country around river systems) and desert people (people who come from desert country). For example, consider the concept of 'Garma' from the saltwater country of northeast Arnhemland, described by Mandawuy Yunupingu (1994).

> *Talk of Garma brings another image to my mind. A deep pool of brackish water, fresh water and salt water mixed. The pool is a balance between two different natural patterns, the pattern of the tidal flow, salt water moving in through the mangrove channels, and the pattern of the fresh water streams varying in their flow across the wet and dry seasons. Often when I describe this vision to Balanda, non-Aboriginal people, they wrinkle up their noses. For Balanda, brackish water is distasteful. But for us the sight and smell of brackish water expresses a profound foundation of useful knowledge – balance. For Yolngu Aboriginal people brackish water is a source of inspiration.*

In each of the sources of flowing water there is ebb and flow. The deep pool of brackish water is a complex dynamic balance. In the same ways, balance of Yolngu life is achieved through ebb and flow of competing interests, through our elaborate kinship system. And I feel that in the same ways balance between black and white in Australia can be achieved.

Garma is a metaphor. We are talking about natural processes but meaning at another level. Garma is social theory. It is our traditional profound and detailed model of how what Europeans call 'society' works.

(Yunupingu, 1994)

An Aboriginal woman described how the pearl shell provided a helpful metaphor for her coping with work pressures. She described that this shell that came from her saltwater country dealt with ingested irritants either by flushing them out with the water they filtered or, if this was not possible, working on them covering them with a substance so that they became part of itself and after some time a thing of beauty – a pearl. This metaphor helped prompt her to let go of a lot of things, so as not to be overwhelmed, but to engage with some things and in dealing with them grow as a person. (Karen Martin, personal communication).

Fire and smoke

Smoking is an important traditional Indigenous healing and cleansing practise throughout Australia. Fire technology was important and highly developed in Indigenous cultures so it is not surprising that metaphors from fire are important. One Aboriginal Health Worker described how, after particularly stressful times at work, she smoked herself. This 'personal cleansing' through smoking has an legitimacy that is derived from traditional cultural practices.

"I go down to river after work with the kids. I build a fire and then collect the right leaves. The kids go swimming and I stand in the smoke and think good thoughts about myself." (Aboriginal Health Worker)

Aboriginal people no longer living in traditional country still engage with fire in self healing.

"All over Australia, when Aboriginal people speak English, they describe their burning practices as 'cleaning up the country'. There is a well defined aesthetic - country which has been burned is country which looks cared for…you can see that people are taking care of it.… The centrality of fire in Aboriginal life cannot be overestimated…. In addition to land management, fire and smoke are central to virtually every aspect of daily life, and to every life passage. Birth, initiations, dispute resolutions, and funerals all require fire and smoke…. The ambivalent quality of fire - its power for destruction as well as regeneration - is ever present for many Aboriginal people." (Rose, 1996).

Lyrics from Dancing with My Spirit

by Archie Roach

Tired of the streets and the city

And there's nothing for free.

Dressed up neat and so pretty,

As far as the eye can see.

But there's something wrong

When spirits call.

But there's healing in the fire,

Yes there's healing in the fire.

Family and Community

Caring for and being cared for by family

The way 'country cares for people' shows the way for 'family caring for each other'. Even among Aboriginal groups that may have lost close connection with their 'Country', there continues to be a strong value placed on family, as well as a distinctive style of family relationships (Malin, 1990).

Differences in Adult/Child Relations between Western and Aboriginal Cultures- (Malin,1990)

Western	*Aboriginal*
• adults give many directions and reprimands to children	• adults give fewer directions and reprimands to children
• compliance with directions is mandatory	• compliance with directions not mandatory
• children encouraged to be dependant on adults	• children encouraged to be self-reliant and independent
• children not encouraged to help and nurture other children	• children encouraged to help and nurture other children
• children required to express wants from a deferential position	• children express wants directly in the same manner as adults
• children are clearly subordinate to adults	• children more equal to adults

The value placed on interdependence (relying on each other) means that family have a bigger effect on people's social and emotional wellbeing than among Western people. People who have or had confidence in them, who helped to grow them up, have a great psychological importance for Aboriginal people, as with others. Some counselling techniques involve helping Aboriginal people to 'see themselves through other's eyes' (AHCSA, 1995). The fulfilment of social responsibilities to others is hugely important. As Lana Millar explained, as she described the way "Family and Country Together Heals" (see above, Introduction to this Section), "*you <u>share</u> and you're all <u>together</u>"*. Sharing involves engaging in an important cultural activity. However, as will be described later in this report, when reciprocal sharing is dysfunctional it becomes stressful for Aboriginal Health Workers.

Growing up children

One critical element of caring for others is fulfilling the responsibility to 'grow up' children. Caring for children was identified by Aboriginal clients in a mental health program as an important factor contributing to good mental health. During counselling and 'Wellbeing Planning' in this project, looking after children was often described as something that helped people feel good and strong. The right way for people to deal with difficult situations was often clarified when people thought about how to do things in a way that would create a good role model for the young people that they care about.

A metaphor that often emerged during Wellbeing Planning was one of people in the present as a bridge between the past and the future.

People gained strength and insight from those who had been strong for them in the past, so they can act in the present in a way that will pass strength onto those they care for, so they can be strong in the future.

Social harmony

In collective cultures where people have a greater sense of their connections and interdependence with others, social harmony or getting along with others is important. Attempts to foster harmony by agreeing with the questioner (called gratuitous concurrence - Lowell et al, 2004) are often confusing for non-Aboriginal people. The level of social harmony has greater significance for Aboriginal people's wellbeing than it does in cultures that foster a more independent self. For Aboriginal people, the priority on getting along with others means disharmony with family or others is often very stressful. Aboriginal Health Workers spoke about this, sometimes with that descriptive expressiveness of Aboriginal English.

> *She* (my sister) *stabbed me in the heart with that argument… after we gave each other that long distance.* (Aboriginal Health Worker)

The disharmony that often occurs in Aboriginal communities is likely to be more stressful on the whole community because of the high cultural value of social harmony.

Aboriginal Health Workers often work hard to maintain harmony in the workplace so that it is a comfortable place to be in. Social harmony is often necessary for Aboriginal workers - if they are to work effectively. If there is harmony at work between staff then it will be comfortable for Indigenous staff and attendance will be better.

The Workplace

Aboriginal Health Workers discussed a number of workplace factors that contributed to wellbeing.

Work itself contributing to wellbeing

A number of Aboriginal Health Workers said that working contributed to their wellbeing in various ways. Being valued in their role helped them to feel good about themselves. Being at work could provide distraction from community and family problems. The ability to help family and community through their work helped them to feel that they were fulfilling their cultural responsibilities to help others, especially family. This has been termed "obligatory community labour" by Williams and Chapman (2005:5). Aboriginal Health Workers often described their work in the role as something that made a positive contribution to their family and community.

Feedback on how their work benefits their community is important to Aboriginal Health Workers wellbeing and being able to keep coping with the negativity they commonly experience in their work.

Support from other Aboriginal staff

Working with other supportive Aboriginal staff was a factor that contributed significantly to their wellbeing. Aboriginal Health Workers often talked about having a 'good time' working with other Aboriginal Health Workers; engaging with them through yarning, friendly teasing and having a laugh with people with not only a shared cultural background but also a common work experience. Aboriginal Health Workers spoke of the loneliness they experienced when they did not have other Aboriginal people around. This means that there needs to be a critical mass of mutually supportive Aboriginal people in a workplace for the wellbeing of Aboriginal staff. If there are too few, or not enough supportive Aboriginal staff, people may not be comfortable in that workplace.

Aboriginal staff who do not work with other Aboriginal staff are likely to experience more stress and be more at risk of burnout.

Support from non-Aboriginal staff

An established relationship with non-Aboriginal staff could be rewarding on many levels for Aboriginal Health Workers. The rewards for Aboriginal Health Workers were often related to the qualities in non-Aboriginal staff that are needed to establish a trusting relationship. These included a respect for Aboriginal Health Workers competencies, cultural awareness, and a non-judgemental attitude. Non-Aboriginal nurses and doctors were also valued for their technical skills and for their ability to act as a buffer with the community, or in situations where there are 'avoidance' relationships. Some Aboriginal Health Workers also commented that at times they were more comfortable talking to nurses and doctors about personal issues than to other Aboriginal Health Workers, because nurses and doctors had no complicating long term relationships in the community.

Aboriginal Health Workers experience more stress if they have to work with culturally unaware and/or unsupportive non-Aboriginal staff.

Support from community for work role

Aboriginal Health Workers are usually strongly motivated to make a contribution to their community. Positive feedback about their work from the community has the capacity to enhance the motivation and resilience of Aboriginal Health Workers. A process that collects such community feedback, preferably face-to-face from clients, may be very beneficial for Aboriginal Health Worker wellbeing. However, any such process would need to exist within the framework of an established working relationship between the health service and the community, and be managed by community members through, for example, a health committee. If poorly managed, such a process could become an arena for family and community politics that may make them vulnerable as targets for blame over the failures of others, or for general organisational failures.

Management support

A range of management responses contributed to Aboriginal Health Worker wellbeing. These included the following:

- management being aware of and responsive to their workplace needs;
- being informed of and consulted about changes;
- having family and personal needs considered;
- having transparent management processes that they can have input into.

'Success audits' are one management strategy that may be useful to balance the negativity often experienced by Aboriginal Health Workers in their role – this negativity is discussed in greater detail later in this document. These audits involve talking to people to collect positive information on the contributions made by an Aboriginal Health Worker, from other staff and from the community.

Success audit

A success audit carried out with Indigenous staff highlighted contributions of different staff that were not specified in formal role descriptions and were 'invisible' to many non Indigenous staff. One health worker was valued by other Indigenous staff for speaking up for the health centre when members of the community were making criticisms of it. The cleaner, who was at the bottom of the Western organisational structure in terms of influence had the most authority in cultural matters. She gave other staff and the manager of the centre advice and direction on cultural issues. Carrying out the success audit enabled these important contributions to the operation of the health centre to be formally acknowledged and appreciated.

SECTION TWO: STRESS

Aboriginal Health Workers experience stress that comes from their work role, as well as from community and family issues. The limited community resources, the level of ill health, and the poverty and social problems in the communities they live in all contribute to the stress that Aboriginal Health Workers experience. There were usually few formal support resources available to help them deal with this stress. There is also the added stress associated with the challenges of working with an ever-changing workforce of non-Aboriginal health staff.

As 'Country' and culture are central to many aspects of wellbeing, the legacy of having been colonised is central to many of the factors that contribute to Aboriginal Health Worker stress. This legacy is not described in detail in this report, but it is the foundation for the historical, social and traumatic context within which Aboriginal Health Worker stress needs to be considered.

Family and Community

Humbug

The obligation to care and support others is an important part of a reciprocal sharing that characterises Aboriginal cultures. Traditionally this sharing redistributed resources so the whole family was cared for. When the system of sharing of resources through kinship obligations is working well resources are widely distributed, and everyone has adequate food and shelter (Kowel, 2002). However, excessive demands ('humbug') can arise when this important resource distribution process is dysfunctional and is being abused. Non-Aboriginal people often only observe 'humbug' not when sharing works in a functional way that is a valued and important part of community life. From this limited perspective of sharing it is hard to understand why people just don't refuse requests.

For an Aboriginal Health Worker to directly refuse requests from family, even though they may be excessive and one-sided, risks being seen as having refused family connections and even denying their Aboriginal identity. Those refusing requests may be accused of wanting to be 'white', and they may feel themselves that they are acting against their Aboriginal identity.

> *"It gets to me because I am a family oriented person and it eats away at me sometimes* (having to refuse family requests). *I have stopped going to Auntie's place because she is always asking for food or cigarettes or to take her places. I say to them if I do that, what am I going to have left with for me. But they see that as selfish. Like I was brought up to be a sharing person and it's hard."* (Aboriginal apprentice, Howard, 2005:35)

When demands to 'share' are influenced by addictions to alcohol and drugs it is difficult for sharing to wok in a functional way. Excessive demands that, nevertheless, are difficult to refuse, are made on those who have, or are seen to have resources.

> *"People come around hunting for food but I keep my things locked up. By Saturday, the shop is closed. Friday, people have no money, so they get money off people to get their feed. They never usually share whatever they've got with their family groups, but after Sunday they're really hungry. I say to them - learn to buy your feed and don't come taking it out of my kids' mouths. I only get child endowment for one child and I look after five. It's hard to feed them all."* (Aboriginal Health Worker)

Managing these demands is often difficult for Aboriginal Health Workers and was often raised as an issue during wellness planning. One Aboriginal Health Worker described a way of refusing requests in a way that pointed out that the sharing was not two way. She would say *"You have not given me anything so I have got something to give you back".* This pointed out the other person had not been fulfilling their sharing responsibilities.

'Humbug' is a big problem that reflects both the limited resources that exist in many Aboriginal communities as well as how much alcohol, drugs or gambling eats up these resources. Aboriginal Health Workers are targeted because in many communities poverty and substance abuse is so common that simply having a job can be seen as having lots -that family have a cultural right to demand that they share. The level of 'humbug' experienced by Aboriginal Health Workers is related to the level of community problems.

Community problems

Community problems impact on Aboriginal Health Workers in a number of ways. Firstly, Aboriginal Health Workers are often among the few people in a community who appear to be coping well on a personal, family, work and community level. This means that they can be expected to take on additional roles and tasks because there are so few others who are capable of doing so. As a result, many Aboriginal Health Workers experience ever-increasing demands from their employer, from extended family members, and from their community.

Many roles, much worry

One Aboriginal Health Worker said that, in addition to her formal and paid health work, she is an important member of the council and is often asked for help by other community agencies.

She explained that she is often worried about what others may think - "Who is she to speak up?" She is worried that, by having too prominent a role, she may anger people who disagree with her on some point and that one day they might catch up with her and 'flog' her when she is out of the community and alone on a road somewhere. Her family also worry about this and her safety - "You don't have to speak up all the time".

Community problems also increase the workload of AHWs and reduce their ability to relax after work, because of excessive noise and because they are the target of 'humbug'. Community problems can also mean that it is often hard for Aboriginal Health Workers to get personal help when they need it. One Aboriginal Health Worker found it difficult to go away to training or meetings because it was hard to find responsible people to care for her children in her absence.

> *When I came back I heard stories that my kids been going to people's houses asking for food coz they were hungry. The family I left them with had been playing cards and had no money for food.*

Working in a community other than their own

Aboriginal Health Workers and other Aboriginal health staff often work in a community other than the one they grew up in. They may choose to do so as a way of avoiding the pressures (and especially the excessive 'humbug') that they can encounter if they live and work in their 'home' community. Others may move because they marry someone from another community. Working in another community means the family pressures may reduce, but it also means they do not have the same level of family support as they would if in their home community.

> *When they were looking for someone to blame, some people looked my way coz I had no family to support me, so they thought I was easy to blame.*

It is also more difficult to play a cultural brokering role in another community. For some Aboriginal Health Workers, and especially for those who move back to work in a community where their family has come from, how they are accepted and treated by the community, and especially family members, is very important for them. Worry about the level of their acceptance also contributes to stress.

Health Matters

The poor health among Aboriginal people contributes to Aboriginal Health Worker stress in a number of ways. Aboriginal Health Workers and their families are often unwell themselves, simply because they are living and working in communities that experience more ill health than is the case in 'mainstream' Australia.

Burden of ill-health

Aboriginal Health Workers not only have a greater 'connectedness' with others in their community, but also, to be effective in their role as Aboriginal Health Workers, they need to have emotional connections with their clients. If they grow up in that community they have them already. If these connections do not already exist through family ties, or because they are not

working in their home community. Aboriginal Health Workers have emotional connections to family with health problems as well as emotional with clients.

A composite case study. 'Annie' and her experiences represent those of many of the Aboriginal Health Workers who participated in this research project.

Many people with lots of illness

Annie is an Aboriginal Health Worker who has chronic ill-health and who is looking after a disabled son, a sick husband and two young grandchildren who are often unwell. Like many in the community she also has listening problems because she experienced persistent middle ear disease as a child. This has left her with some hearing loss and with auditory processing difficulties.

Annie's capacity to work is often affected by her own health or the demands placed on her by the incapacity and illness of others in her family. Despite this, she is regarded as one of the most effective health workers in her community, partly because she readily accepts responsibility for tasks and then sees that they are completed.

Annie says she worries a lot about the health of those she cares for as well as for her own health. During a recent period of physical ill health she had begun to have anxiety attacks focused on her worries about her own deteriorating health.

In addition to the burden of general ill health, there are several common Aboriginal health conditions that are damaging to the wellbeing and occupational functioning of Aboriginal Health Workers.

Long-term effects of childhood ear disease

Aboriginal people experience high levels of endemic middle ear disease during childhood (Couzos et al, 2001). This can lead to permanent hearing loss and cause auditory processing problems. These affect learning to speak English and learning to read as well as being comfortable communicating with non-Aboriginal people. Taken together, these problems can make communication difficult and particularly stressful in certain situations.

Aboriginal Health Workers with hearing loss describe significantly more frustration, anxiety and depression than do other workers who deal with similar circumstances (Howard, 2007). One health worker with hearing loss described the frustration she experienced at work because of her hearing loss.

> *"It is really hard sometimes* (taking blood pressures and listening to chests) *because of the noise. If we're really busy that day it's really hard, and it used to get me down and I used to think I'm hopeless, I'm dumb because I couldn't pick it up. I can't do it but everyone else can do it. It used to put me down, and I didn't want to go to work. I just felt like I shouldn't be there if I can't listen properly, and listen to their chest properly."* (Aboriginal Health Worker)

Hearing problems also contribute to family problems including domestic violence. Hearing loss among children can also disrupt family life. A mother who was also a health worker described the impact her child's hearing loss had on her.

> *"I felt depressed and frustrated because I didn't know what was going on. I was blaming myself. I thought it was my fault and I was a bad mother."* (Aboriginal Health Worker)

Trauma

The interconnectedness of people is both nurturing and protective – as well as creating vulnerability. Over the last 200 years Aboriginal people have experienced constant threats to language, to connection with land, and to their intrinsic identity. This trans-generational trauma (Atkinson, 2002) forms a pervasive background to any individual experience of trauma. The chronic ill health and violence that are common in many Aboriginal communities also mean that individuals are likely to experience or be exposed to more traumatic events than are people in mainstream communities. Because the threads of family bind the community in a complex web of relationships, the trauma experienced by one ripples out to affect others.

Stress and trauma responses among Aboriginal Health Workers are often 'invisible', or minimised, or misunderstood by managers. They are often seen as 'poor work habits'. Aboriginal Health Workers themselves may deal with stress and trauma by avoidance and 'self medication' through substance abuse. Aboriginal Health Workers are often unaware themselves that their responses are related to stress and trauma. In addition, they have limited access to professional help from people who might identify particular responses as signs of stress and trauma and be able to provide support.

Resources in the community

Most Aboriginal people in remote Aboriginal communities live in material poverty. The value placed on sharing means that there are usually fewer disparities in wealth of the type that exist in mainstream communities. On the other hand, there are also usually few resources due to limited employment opportunities, low levels of education, poor health and chronic substance abuse and gambling problems.

Housing, nutrition and transport

Aboriginal Health Workers complain that they are often the only member of the health team that is not provided with housing by their employer (AMSANT, 2003). The housing that is available in remote townships is often crowded and poorly maintained. Food supplies are often of poor quality and expensive. Limited access to these important basic necessities of life make it difficult for Aboriginal Health Workers to provide appropriately for their families and themselves.

> *"I used to stay with family but there was too many drunks and I couldn't sleep and I'd go to another family house and I kept on moving but every house was the same. I ended up getting a house by myself. I don't want any family living with me because I don't want to listen to when they talk when they're drunk… and they leave doors open so anyone can walk in your house and then the good things you keep go missing. I want to be locked up and I want to be safe."* (Aboriginal Health Worker)

As well as housing, transport can be difficult in remote townships. If a person has a car they have to manage the 'humbug' from people who want to borrow it. If they don't have a car it can be difficult for them to travel the often very long distances to nearby centres or 'out bush' for recreational or cultural activities. Where public transport does exist, services are generally minimal, and very expensive if air travel is involved.

The Workplace

There were many aspects of the workplace that contributed to stress for Aboriginal Health Workers. These included expectations of them as Aboriginal Health Workers, in the workplace and by the community, the challenges of facilitating communication, and their lack of influence on an organisational level.

Divergent expectations

Genat (2006) makes the point that, in the urban context of his research, doctors, nurses, welfare workers and transport officers all see and judge Aboriginal Health Workers from their own perspective.

> *"The welfare workers think the health workers could do more to assist welfare and housing issues, the doctors think they could do more to assist clinical management, and the transport workers think they could reduce the burden of demand by treating more patients at home."* (Genat, 2006:111)

The Aboriginal Health Worker role can be compared with an elephant examined by three blind men. The man who feels the trunk thinks it is a snake, the man who feels the leg thinks it is the trunk of a tree, the man who feels the side thinks it is a wall. Given the extended generalist role

of Aboriginal Health Workers and the divergent expectations placed on them, Aboriginal Health Workers role is often unclear or viewed differently by different people- there is a high degree of 'role ambiguity'. High levels of role ambiguity are associated with stress and burnout (Maslach, Jackson & Leiter, 1996). 'Role conflict', also associated with stress and burnout, is common given the 'contested role' and dual accountability Aboriginal Health Workers feel, to the community as well as to their employer.

The desire of an Aboriginal Health Worker to participate in important community events, such as attending funerals, may be obstructed by some employers. As a result, the influence of Aboriginal Health Workers within the community, which is crucial for their work, may be diminished (Josif & Elderton, 1992).

Cultural and communication brokerage role

A key element of the role that Aboriginal Health Workers fill is the way they act as cultural and communication brokers. There can be frustrations when they have difficulties in understanding what doctors or nurses are saying and communicating this to clients. There are also frustrations when they can see evident failures in the health system.

Getting the message across

How to get that health message across to them [clients] *so that they do understand what we're doing, otherwise it's pointless, and people are going round and round in circles because they don't fully understand, not only don't fully understand, they become stressed.*

What I've experienced within myself over the years and I've found it absolutely frustrating and you go and pick up a medical dictionary and start looking it up. There are even more complicated words to try and break down and they're not making sense to you. Then how do you then put that all into context and break it down and deliver that message [to clients]. *I've found it absolutely confusing. For basic things, yes, but once you get into the difficult areas with difficult medical jargon.*

Doctors talk about a chronic illness…and our mob have never heard ""chronic" in their life. And when you think chronic you think chronic as in someone who is sick in bed and if they're well then they won't see themselves as being chronic. You may as well not even use that word because it's pointless, but because they've [doctors and nurses] *been trained to say that, they know what it means, so they just assume that our mob fully understand it.*

Our mob have got all different ideas on, not only with people and the words they use, there are a whole lot of mixed messages getting around. No wonder our mob is so frightened and so confused and frustrated with health systems.

They tell them that they have got this chronic disease and then they give a whole big spiel without realizing that person is in shock. They are thinking what is this chronic disease? But that doctor or nurse and sometimes even Aboriginal Health Workers, they go on and on with a big spiel about life style changes. That person is not taking that in. It would be better if that big spiel was broken down over a period of time, in a second, third and fourth visits so that person can take it in better. They need to think about how much information to give, if that person able to take in that information right now and what kind of language they are using to tell them about it. Sometimes they may get frustrated with the patient not taking in that information, but they need to think about how they are giving the information.

(Senior Aboriginal Health Worker)

The cultural brokerage role can place Aboriginal Health Workers in positions where they are held responsible for the outcomes of the communications that they broker (Josif & Elderton, 1992). If a client does not comply with treatment, non-Aboriginal health professionals may hold the Aboriginal Health Worker accountable for this – "they did not explain things properly". If a nurse or doctor is rude or disrespectful, the Aboriginal Health Worker may be blamed because they did not give the non-Aboriginal staff member the appropriate advice on culturally acceptable behaviour.

Non-Aboriginal staff with limited cultural understanding

One of the most significant work-related stress factors described by Aboriginal Health Workers is the need to work with non-Aboriginal staff whose expectations and behaviour are grounded in a different culture and different health setting.

These people may:

- have unrealistic expectations about what the Aboriginal Health Workers are able to achieve when encouraging patients to follow health or medical instructions;
- criticise an Aboriginal Health Worker's 'way of working';
- seek to make big changes to the operation of the health service with minimal consultation;
- 'shame' Aboriginal Health Workers by talking disrespectfully about them or 'taking over' from them, for example,
    - questioning their clinical skills
    - not asking their advice about cultural or family issues
    - being 'bossy' in the workplace and doing so in front of other people;
- Behave in an inappropriate way in the community in circumstances where the community

then holds the Aboriginal Health Worker responsible for not having 'taught' the non-Aboriginal staff how they should behave.

Dealing with the negativity and criticism of non-Aboriginal staff was described by many Aboriginal Health Workers as one of the most stressful aspects of their work. These problems are essentially the same as those described by Josif and Elderton in 1992.

Overt discrimination

It is hard to identify the distinction between ill-informed 'rude' behaviour and overt discrimination. However, research is increasingly showing that when Aboriginal people encounter discriminatory behaviour, they experience more adverse physical and mental health outcomes (Paradies, 2006). Good cross-cultural orientation is important to minimise this.

Overseas practitioners

The issues that arose from working with non-Aboriginal staff from an Australian background sometimes differed from those encountered with staff from other countries. It is common for non-Aboriginal health staff to come from overseas.

The expertise of some foreign doctors, nurses and allied health workers, accustomed to cross-cultural work, meant that it was very easy for the Aboriginal Health Workers to work with them. Many of the overseas members of staff were noted for the respect they showed for the work of the Aboriginal Health Workers, their ability to work collaboratively, and their excellent cross-cultural communications skills. However, some overseas practitioners were known to be judgmental, critical in ways that were offensive, excessively direct and overly confrontational. Understanding unfamiliar accents can also be a problem for communication.

Negativity from other Aboriginal staff

Aboriginal people must deal with a complex interpersonal work environment (Howard et al, 2006). As well as relationships around work roles, they negotiate complex long-standing family and community relationships. In small communities, social relationships are likely to be life-long and any difficult relationships have outcomes for families as well as individuals. Aboriginal Health Workers described as a significant contributor to stress the negative, although often indirect, feedback from other Aboriginal staff.

This negativity can arise from a number of sources including 'internalised oppression' and 'horizontal violence'. Internalised oppression occurs when an individual who is a member of a disadvantaged minority comes to accept the mainstream society's negative views about the minority that they are part of. This may involve adopting, to some extent, the critical perspectives about Aboriginal people that are held by some non-Aboriginal staff.

One aspect of 'horizontal violence' commonly mentioned by Aboriginal Health Workers was accusations of 'cultural betrayal'. Colleagues, clients, family or community may accuse Aboriginal Health Workers of 'thinking they were white' if they acted in some way they did not like or, as was more often the case, did not do what they wanted. This type of accusation is a difficult-to-deal-with risk that is inherent in the 'go between' nature of Aboriginal Health Workers' cultural brokerage role.

Disharmony in the workplace

Having a harmonious work place means having time to foster and maintain relationships with both staff and clients (Howard & Fergusson, 1999). Disharmony with other Aboriginal staff, as well as between non-Aboriginal staff, was often stressful for Aboriginal Health Workers. Observing the sometimes-intense animosities that emerge between non-Aboriginal staff, even if they are mainly expressed on a non-verbal level, can be stressful.

> When people are not getting on at work *"the clash goes through the whole centre, there are bad vibes – you feel like you are walking on eggshells around them."* (Aboriginal Health Worker)

Lack of organisational influence

Aboriginal Health Workers in this project and as described elsewhere (Josif & Elderton, 1992; Martin, 2003; Genat, 2006) describe having many expectations placed on them, but often feeling that they have little influence within their organisation. The 'cultural broker' role of Aboriginal Health Workers often means that they are held accountable for mutual dissatisfaction among Aboriginal communities and Western health systems, without having adequate influence on either to change the underlying nature of the dissatisfaction.

> *In one community, after a number of suicides, members of the community were blaming Aboriginal Health Workers for not looking after people properly. The Aboriginal Health Workers spoke out in reply to this, saying that they alone could not support people who may attempt suicide, that family and people's clan groups also had to help look after people.* (Personal communication, Dr Trish Nagel)

Influence and control within the workplace have important implications for the experience of, and outcomes from stress for Aboriginal Health Workers. There is a considerable body of research that points to the fact that the effects of stress are greater when people believe that they have little control and limited influence (Wilkinson & Marmot, 2003). 'Disempowerment' can occur on an organisational level as well as on an interpersonal level within multi-disciplinary health teams.

Aboriginal Health Workers often felt they were left to carry a disproportionate workload, especially when nursing positions were vacant. While Aboriginal Health Workers make up the core of long-term service provision for remote health service providers, they and their views often have the least 'representation' when day-to-day operating decisions and strategic decisions are being made for those health services. Management processes are often not pro-active in seeking out and including the views of Aboriginal Health Workers.

Scrimgeour (1997) reported that Aboriginal Health Workers expressed concern that Aboriginal managers who had not been health workers may have minimal personal awareness of the issues involved in the role. Aboriginal Health Workers do not have a well-established professional organisation to act as their advocate, as do nurses and doctors. It was observed in this study that some mangers with a background as Aboriginal Health Workers are passionate advocates for Aboriginal Health Workers' perspectives.

Organisational strategies *to be more inclusive of Aboriginal Health Worker perspectives. Adaptations include:*

- *If an Aboriginal Health Worker can not be present at meetings, their views about issues should be actively sought before the meeting.*
- *Meeting agendas should include 'Aboriginal Health Worker only' components.*
- *Where language in meetings is not familiar for Aboriginal Health Workers, it should be explained and/or translated.*
- *'Pre-meetings' should be held where agenda items are discussed with Aboriginal Health Workers in a time frame and using language and communication strategies that promote real understanding of the issues.*
- *Aboriginal Health Workers should be allowed to nominate and brief spokespeople who can speak on their behalf about a particular issue.*
- *Amplification should be used in meetings to cater for the many Aboriginal Health Workers with listening difficulties.*

Accountability to the community

Health workers are often held accountable for what happens in the health centre. Discussion is most likely to be focused on community dissatisfaction with health worker performance, even though the real problem may relate to the actions of doctors and nurses, or be something that an Aboriginal Health Worker cannot reasonably be held responsible for.

This project helped to prompt discussion of support for Aboriginal Health Workers during community meetings held by one of the health organisations. There has been a positive response, especially from family members. An important part of the earlier mentioned community feedback might include meetings with family members nominated by individual Aboriginal Health Workers, to discuss the importance of the contribution that the Aboriginal Health Workers make, and to

discuss the kind of support they need from their family. Organisational processes and non-Aboriginal professionals do not usually adequately consider Aboriginal Health Worker accountability to the community.

Negativity overload

Organisational processes are often preoccupied with minimising and investigating failure to meet clinical standards (quality assurance processes, clinical audits, coronial inquests). Staff in health centres often do not recognise the efforts and success of Aboriginal Health Workers in engaging clients in seeking or complying with treatment. They are more likely to provide negative feedback on their perceptions of Aboriginal Health Workers' limited clinical skills or failure to achieve greater client engagement and compliance (Genat, 2006). As is outlined elsewhere in this report, Aboriginal Health Workers are also likely to receive negative feedback about their role from the community they work in.

Unfortunately, organisational processes often do little to help Aboriginal Health Worker awareness of the positive difference that they do make, which is what motivated them when they became a health worker.

The imbalance between positive and negative feedback is especially important when Aboriginal Health Workers experience depression, and there are many risk factors that predispose Aboriginal people to higher levels of depression than are found in the general population (Nagel & Thompson, 2006).When people are depressed they tend to focus on and exaggerate the negative. When Aboriginal Health Workers feel negative because they are depressed the negative feedback from their work can make them feel worse. Success audits is one strategy to counter too much negativity.

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