

# **Aboriginal Clients and Families: Providing Quality Care by Respectfully Engaging Diversity**

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# Introduction

- The Pallium Project is a capacity building resource to Canada's hospice palliative care community that is focused on improving care – access and quality.
- The Project is currently funded by Health Canada's Primary Health Care Transition Fund to develop learning resources, advance hospice palliative care issues of national concern, improve local and regional capacity and support collaboration between sectors and individuals providing care at all levels.
- One of over 50 sub-projects operating under the Pallium umbrella includes the development and implementation of courseware entitled "Responsive Hospice Palliative Care with Aboriginal Clients in Rural and Remote Settings".

# Course Goals

- The Course Goals are:
  - Promoting culturally sensitive, appropriate, responsive and compassionate palliative care, including end-of-life care and bereavement support;
  - Providing primary health care professionals with the opportunity to develop the knowledge, attitudes and skills to support the establishment and maintenance of high quality relationships with Aboriginal people, families and communities;

# Course Goals (continued)

- Introducing an approach to developing a comprehensive understanding of the special considerations affecting relationships with Aboriginal people, their families and communities;
- Introducing the cultural principles and aspects of the collective experience of Aboriginal people that influence the process of relationship development;
- Providing opportunities to develop practical alternatives for overcoming barriers and problems that may be encountered in working with Aboriginal people in a cross-cultural setting.

# Talking About Diversity

- In developing the Courseware we have identified the following dimensions of diversity that affect all populations:
  - Diversity Within the Canadian Population:
    - Age and Gender
    - Health Status
    - Race or Ethnicity
    - Geographic area of residence – remote, rural, urban, large urban
    - Safety and Security of Person, Housing, Food and Clothing
    - Other Determinants of Health such as employment, income, education level, etc.
    - Values, Beliefs and Traditions
    - Culture
    - Personal and Family History and View of the Future

# Talking About Diversity

- In developing the Courseware we have identified the following dimensions of diversity that affect Aboriginal populations:
  - Diversity Within the Aboriginal population:
    - First Nation (status, non-status), Métis, Inuit;
    - On reserve or off-reserve;
    - Self-government or land claim beneficiary status;
    - Degree of attachment to traditional worldview and lifestyle (subsistence – change oriented dichotomy) and related social network;
    - Aboriginal Cultural values, beliefs and practices;
    - Religious or Faith-based beliefs and practices;
    - Extended family, community and “land” attachment;
    - Degree of effects of colonization and aftermath (trauma and loss);
    - Aboriginal language.

# Talking About Diversity

- In developing the Courseware we have identified the following dimensions of diversity directly related with hospice palliative care that affect Aboriginal people:
  - Diversity Within the Aboriginal families:
    - Personal and family experience with death and other forms of loss;
    - Availability of opportunities to process grief and mourn loss;
    - Effectiveness of grieving and mourning processes in reducing the burden;
    - Unprocessed “backlog of grief” at an individual, family, extended family and community level;
    - Factors that add to complicated or complex grief;
    - Connection to historical and cultural practices that support effective process;
    - Connection to family, community pain and the “pain of the people”; and
    - Connection to family and community supports.

# Responding to Diversity

- **Self-awareness:** In working to develop relationships across diversity, self-awareness of our own place in the diversity and our personal lens through which we see others is foundational to reflective practice.
- **Deep Understanding as the Basis for Relationship:** In order to foster true understanding of our clients and families needs, priorities and desires, we must suspend judgement, surface and discard stereotypes and actively seek to surface and work with our assumptions.

# Responding to Diversity (continued)

- **Commitment to Our Own Active Process:** Opportunities to debrief and find support in colleagues, friends and family is essential to keeping your own grief processing active and “up to date” which contributes to dynamic balance. From an Aboriginal perspective, a person who fails to process their own losses and grief risks retreating into detachment, making them emotionally and spiritually unavailable to be “fully present” for and with others.

# Building and Keeping Quality Relationships

- *Communication and Relationship Building*
  - The art and science of communication requires the ability to listen deeply and develop ways of ensuring understanding.
  - Clarity and honesty of communication is essential and needs to be respectful of family and cultural values and readiness.
  - The provision of care has elements of “being” as well as “doing” and both requires the caregiver to be fully present to the experience, committed to the connection and fully engaged with the people.

# Building and Keeping Quality Relationships (can't)

- *Historical Impacts if Contact Manifested in a Care Situation – Challenges*
  - Anger may be directed toward representatives of “institutionalized power” – avoid the trap of taking it personally;
  - The involvement of extended family, community leaders, helpers and Elders in care and decision-making may require special consultation and decision making processes;
  - Distrust may need to be overcome and trust built consciously and intentionally.

# Understanding the Context of Care

- *Historical Impacts if Contact Manifested in a Care Situation*
  - Death and illness rates in Aboriginal communities are higher for many reasons;
  - Individuals and families have experience with death although they may not have fully resolved previous deaths;
  - “Loss” in all forms is also a common experience (loss of culture, language, land base, extended family connections etc.);
  - The loss burden and backlog of grief also affects the degree of complexity of the grief and bereavement process;

# Understanding the Context of Care

- *Historical Impacts if Contact Manifested in a Care Situation*
  - The history of trauma and loss in families and communities dates back to colonization with residential school and other impacts.
  - The impact continues to manifest in high rates of violence, alcohol and drug abuse, child welfare interventions, poverty and family breakdown.
  - Always remember the amazing resilience and powerful ways of resisting that Aboriginal people have developed in the face of impacts.

# A Relational and Shared Values Approach

- Non-institutional relationships that seek shared values and connection based in common “humanity” and human experience;
- Demonstrate sensitivity and skills to accurately assess and discuss the aspects of diversity, needs and desires of Aboriginal families;
- Remain in a position of interested “wondering” and non-judgement;
- Personalized, responsive and compassionate care;

# A Relational and Shared Values Approach (continued)

- Non-institutional setting, if possible;
- Go “easy on the person” and “hard on the problem”;
- Be sensitive to the social, community and family context “in the moment”;
- Honour the “legacy of pain” and the diversity between linguistic groups, individual communities and families;
- Thoughtful use of cultural resource people, interpreters and cultural brokerage;

# A Relational and Shared Values Approach (continued)

- Spiritually based care that embraces and respects diverse values, beliefs and practices;
- Allow for co-existence of western and traditional practice (Aboriginal medicine);
- Honest assessment of power and control dynamics and a move to shared and respectful decision making;
- Seek first to understand and then be understood.

# Next Steps

- Recent Implementation Experience
- Planned Implementation
- Research and Further Development

# Pallium Project Contact Info

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