

Culturally sensitive care for First Nations peoples

Requiring nursing support from unknown people, in unfamiliar environments often many kilometres from home, take many people out of their comfort zone. When the patient is from a different cultural background, such as Aboriginal/Torres Strait Islander communities, there can be yet another level of vulnerability – for both patient and carer.

Over the past decade, the health industry has benefitted from taking an informed and sensitive approach to the care and welfare of Aboriginal/Torres Strait Islander clients from across a range of health, welfare and care agencies. In shared consultation with First Nations expertise, the health industry has developed and introduced expectations of ethical and professional standards. These encompass cultural inclusivity and safety for program management, staff training, and clinical practice. These have been widely applied across health agencies throughout Australia.

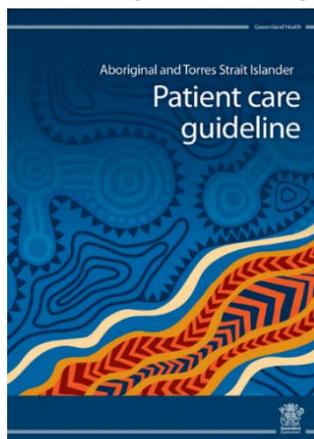
Complementary to this is the emergence of Aboriginal/Torres Strait Islander Health Liaison Officers in many health-care organisations. Their role is to provide emotional, social and cultural support to First Nations patients and their families, thus assisting in improving health care services and maintaining positive relationships.

One comprehensive resource on patient care, is a set of guidelines produced by Queensland Health. It was researched and developed by the Aboriginal and Torres Strait Islander Cultural Capability Team, Queensland. While they refer specifically to Queensland programs, they are relevant across Australia. This resource is ‘aligned with the core principles of the Australian Safety and Quality Framework for Health Care and the Australian Charter of Healthcare Rights’, [p 2, Queensland Health Aboriginal and Torres Strait Islander Patient Care Guideline]. A precis of this follows.

Aboriginal and Torres Strait Islander Patient Care, Guidelines: Queensland Health¹

Section 1: Factors influencing access to healthcare [Beginning page 3]

Inherent to the way Aboriginal/Torres Strait Islander peoples consider their health and welfare



are some significant influences, critical to the provision of culturally sensitive health care.

These include:

Cultural factors, including the traditional holistic approach to health-care, the obligations and responsibilities to kinship systems and family, language differences (verbal and non-verbal) and the practice of segregation of Men’s and Women’s Business.

Social and historical factors. To create a culturally safe environment requires a sensitive understanding of patients’ past experiences, including those of family and community. For example, First Nations people may ‘relate the sterile hospital environments to past mistreatments’ or they might represent places of dying’ [p4]

Section 2: Providing culturally capable patient care [Beginning page 5]

There is no ‘one size fits all’ approach. Integral to the provision of culturally capable patient care is to recognise that Aboriginal/Torres Strait Islander peoples come from many diverse cultures.

It is also important that carers develop an awareness of how their own ‘cultural filters’ might impact the way they interpret patient behaviour and

Culturally sensitive care

language (verbal and non-verbal). Understanding patients through the lens of the following will support improved health-care for this investment.

- **Holistic nature** of First Nations peoples' approach to health care and wellbeing.
- **Culturally appropriate communication:** building rapport, use of language, respect for position of the doctor, the role of shame within culture, cultural body language communication
- **Gathering of information.** Minimise risks to cultural safety, by ensuring the specificity and accuracy of relevant information
- **Culturally welcoming and inclusive hospital environment**

Section 3: Aspects of clinical care [Advice and tips, beginning page 11]

A sensitive and culturally considered approach to the clinical experience for Aboriginal/Torres Strait Islander patients, can do much to contribute to positive health care outcomes for individuals, their families and community. These sensitivities include application to the following:

- **Medical examinations**
- **Diagnosis and treatment,** including traditional treatment as an option, and aspects on

decision-making and informed consent, specific cultural protocols for consent on behalf of children

- **Administration of medication**
- **Pain management**
- **Patient discharge,** including discharge against medical advice
- **End-of-life care.** Cultural practices will vary across all cultural groups, and therefore being aware of these relative to each individual is important.
- **Follow-up healthcare support,** being mindful of local networks and support available.

Capturing the complexities of this topic in this article is not possible. However, perhaps interest has been significantly tweaked to raise discussion in your work-place, and to build professional relationships with local Aboriginal/Torres Strait Islander health organisations, in your State or Territory to increase your understanding.

Marilyn Wall
LCA RAP Project Officer



References

¹ Aboriginal and Torres Strait Islander Patient care Guideline, Queensland Health, 2014:

https://www.health.qld.gov.au/_data/assets/pdf_file/0022/157333/patient_care_guidelines.pdf

National Aboriginal and Torres Strait Islander Health Plan 2013–2023, Australian Government

Australian Government Department of Health and Ageing (2013). *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*. Canberra: Australian Government Department of Health and Ageing.



New drug to combat Alzheimer's

According to a recent press report, approval is being sought from the Australian Therapeutic Goods Administration to use the drug Aducanumab to combat the effects of Alzheimer's. It has already been given accelerated approval in the United States.

It is 40 years since Florey Institute's Professor Masters and his colleagues first identified the protein believed to cause the decline in the brain function of Alzheimer's sufferers.

Aducanumab is an antibody engineered to stick to the amyloid molecule that forms the plaque in the brain of Alzheimer's sufferers that



damages the brain cells. It is injected into the blood and, according to Professor Masters, when it gets into the brain it binds to the amyloid protein, which is the cause of Alzheimer's, triggering the immune system to remove it, so the brain cells stop dying.

The drug is subject to further studies, but it is expected it will perform better if used before serious cognitive impairment occurs.

It will need to be delivered intravenously every four months for life. The manufacturer, *Biogen*, estimates that it will cost \$72,714 a year.

From the President

This past year and a half has proven to be challenging for even the most seasoned and experienced nurse in our health care system. With strategies of staff-retention, hiring new nurses, employing student nurses prior to completing their studies, and the refocus and redistribution of existing staff in order to keep up with the increased demands, the need to foster positive working environments that create learning and development has proven to be vital. One way to assist transition to a new area is the provision of a preceptor.

The preceptor is usually an experienced nurse in the area who is a good communicator, is patient and able to show empathy, and is a competent professional with sound clinical knowledge. This provides a focal point for the new entrant, a ‘go-to’ person during stressful periods, who can help alleviate feelings of stress and being overwhelmed. Good preceptors will help create feelings of being welcomed and a part of the team. They assist with the development of professional identity, and act as a mentor, guiding the entrant’s education and learning experiences.

In the Old Testament, the Hebrew word, *Aman*, is twice translated in the King James Bible as ‘Nurse’. It has a very wide range of meanings. It is used to mean ‘to support, be faithful’ and to nourish. This describes well the role of the preceptor. It is important to be a role model and a coach, providing constructive and supporting feedback along the way. The preceptor also needs to be able to share their knowledge freely in a timely and relatable manner. A pre-orientation assessment of the new entrant can provide a relevant starting point for the individual. The provision of meaningful work associated with a structured learning pathway provides the opportunity for not only speedy, but enjoyable, development.

It’s important to remember that the preceptor is not the only source of learning for the new entrant. Every member of the team has different talents and strengths that should be utilised to provide the best outcomes and develop team relationships. While not all nurses are comfortable being a preceptor, it’s also important for all nurses to play a part in the development of a new

nurse. As such, it’s written into the Nursing Standards 2 and 3, requirements for registration of the Registered Nurse.

- The Registered Nurse actively fosters a culture of safety and learning that includes engaging with health professionals and others, to share knowledge and practice that supports person centred care.
- The Registered Nurse uses a lifelong learning approach for continuing professional development of self and others.

Like all learning, the benefits are not only with the new entrant, but also offer personal development for the preceptor and create a positive and safe learning environment for all. Having clearly defined roles and responsibilities with specific and measurable goals and expectations, it can be easy to create a teaching and learning culture within the team.



The Lutheran Nurses Association aims to provide opportunities for all nurses, working, studying or retired, to come together in learning, support and fellowship. Our last meeting was focused on the clinical side of nursing, with the topic of what is a coronary angiogram. Our next meeting will focus on our experiences as people and nurses with an open forum or discussion on the topic of embracing life in the later years. These forums have proven to be both educational and supportive in the past. So if this interests you, you are welcome to attend on 26 July at 7:30pm 137 Archer St, North Adelaide. Enter at rear and take lift or stairs to 1st floor. **CPD evidence is provided for all working nurses.** For updates visit our Facebook page.

Megan Materne

References

- Ausmed, How to develop and effective preceptorship program, 29 April 2019, sited 16 June 2021.
 Australian Nursing and Midwifery Journal, ANMJ, How to be a good preceptor, sited 16 June 2021.
 International Standard Bible Encyclopaedia – Nurse; Nursing, sited 16 June 2021.

Thanks from Shirley

In acknowledging the LNAA's award of Life Membership, Shirley Klinge wrote:

Dear Megan and LNAA members,

I would like to convey my most sincere thanks to you and LNAA for the honour bestowed on me with life membership of LNAA. I feel very humbled.

Over the years I really appreciated the efforts of Lynette Wiebusch and her encouragement. Her dedicated work along with Rev Bob gave me a sense that I was not alone in this area.

LNAA is an arm of our church that hopefully will continue to grow and be appreciated.

I enjoy reading the newsletter each time and catch up on what you are all doing. Having been involved over the years in Parish Nursing and giving to our members, it has been very rewarding knowing that holistic care is given to our members and beyond.

Pastor Jing presented the certificate to me at Redeemer at the end of a service, along with your lovely letter. Thank you Megan. Pastor then thought it fitting that we should do the same at Tabeel, where I am still doing the Interim Chaplain's position.

The Members of Redeemer really gave me a hand clap. The residents of Tabeel were also very happy for me, and gave applause.

Once again thank you for the honour. When we finally do get to Adelaide to see the family I will be in touch and, if possible, be able to meet up with you and Rev Bob. May God hold you in the palm of his hand until we meet. Your sister in caring,

Shirley



Nurse of the Year award presented



Pastor Mark Nitschke presented Lutheran Nurse of the Year, Wayne Kroker, with his certificate and gift cheque during a service at *St Paul's*, Nundah, Queensland. Details of the award, and the accompanying photo, were posted on the congregation's *Facebook* page on 25 May.

Pastor Nitschke wrote: 'Wayne faithfully gives witness to the good news of Jesus Christ by loving service to those around him -- and all while fighting his own health battles!

'Wayne felt so honoured by [the award]. It was also a blessing for our congregation, as Wayne is much loved. I think we all felt proud.

New Enrollee for PCN course

The newest enrollee in the Distance Education version of the LNAA's *Introduction to Pastoral Care Nursing* course is Raeleen Wandel, of Port Pirie, SA. Raeleen is not a nurse, but serves the *St Andrew's* congregation as a lay assistant. She believes the course's focus on pastoral care will help her in her role at *St Andrew's*. A number of other non-nursing lay assistants, chaplains and carers have found this to be the case.

For information about the course, contact robert.wiebusch@lca.org.au



What is a coronary angiogram?

Megan Materne works in the cardio-vascular intervention suite at Lyell McEwin Hospital in Adelaide. At the LNAA meeting in May, she gave an entertaining and informative presentation on what a coronary angiogram is.

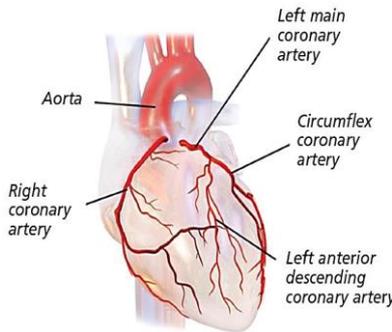


She said that it is an invasive procedure that uses X-ray imaging and dye to view the heart's blood vessels, and cardiac catheterisation to diagnose and treat restrictions in blood flow to the heart as well as some structural conditions.

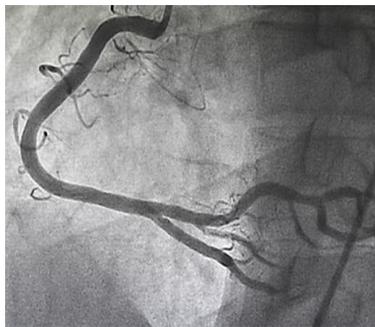


A coronary angiogram is given to those with pain in their chest, neck or arm that is not explained by other tests (chest X-ray, EST, cardiac MRI, holer monitor, ECG); who have symptoms of angina or heart failure; or who have a congenital heart disease.

Megan warned that the procedure entails some risks, including, heart attack and stroke, injury to kidneys or blood vessels, bleeding, infection, and reaction to some medications. She went on to illustrate the heart's anatomy.



The right coronary artery is shaped like a C.



It descends from the aorta, supplying oxygenated blood to the lower heart through many branch arteries.



The left main coronary artery feeds blood to the left side of the heart muscle. The left anterior descending artery (LAD) is a branch of this artery. Blockage of the LAD is often called the widow-maker due to a high death risk. It is considered the most important of the three main coronary arteries and is almost always the largest.

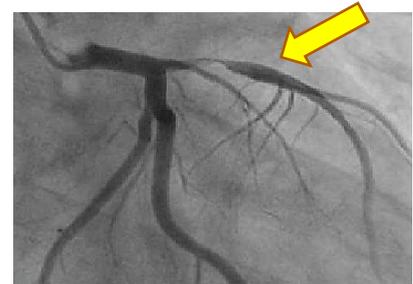
Megan showed an X-ray of an obstruction (Myocardial infarction) in an artery. Among symptoms are: Sudden onset of pain, shortness of breath, and

decreased exercise tolerance.

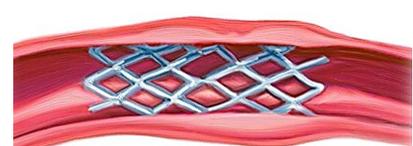
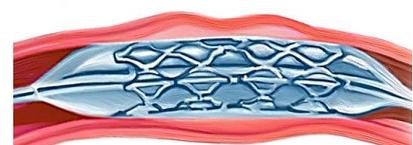
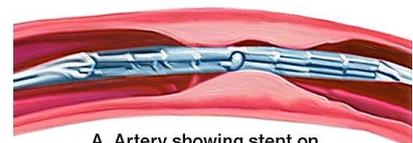
An angiogram measures the Fractional Flow Reserve (FFR) – the ratio between the maximum achievable blood flow in a diseased coronary artery and the theoretical maximum flow in a normal artery. An FFR of 1.0 is normal. An FFR lower than 0.75-0.80 indicates myocardial ischemia.

The outcome of having an angiogram is medical management (including beta blockers, ACE inhibitors, anticoagulants), Coronary Artery Bypass Grafting or Stents.

Where the blockage is caused by blood clots anticoagulants are used.



Megan described the delicate procedure of inserting a stent down an artery on a deflated 'balloon' attached to a catheter, then inflating the balloon to set a stent in place.



C. Artery showing expanded stent in place

Residents create native garden



The Lutheran Aged-Care Villages in Murray Bridge, SA, now have a native plant garden that features a waterfall, rapids, a lily pond and a mini wetland of bullrushes. There is also a rock gorge with sensory plants, wheelchair-friendly paths,

and a fire pit area where residents can sit and listen to the sounds of nature. The space was dedicated to God in a ceremony led by Pastor Peter Welke.

The village is unique in having its own heavy equipment and residents who are experienced operators. So hauling 34 pallets of rocks, leveling ground and forging paths was no problem.

At the request of CEO, Delton Schiller, the plan was drafted by new resident, Kevin Schrapel, who had spent time in arid areas. Kevin enlisted other residents to help carry it out over some seven months. Now, the plants are flourishing, and ducks and a variety of other birds have moved in.

Property Council Retirement Census



The Property Council Retirement Census is the largest annual survey of the retirement living sector in Australia. Last year, 52 operators across 586 villages and more than 65 000 units took part in the survey between 20 July and 31 August. The survey found the following:

- There was a 10% increase in the number of couples living in independent units in retirement villages.
- Vertical and combination vertical/broadacre villages are growing in popularity, with 56% of villages under development including at least some vertical buildings.
- 64% of residents are female, and 58% of units are occupied by a single resident.
- The average age of new residents is 75, while the average age of all residents is 81.
- The average time residents live in a village is 8-9 years.
- In a year dominated by natural disasters and COVID-19, there was an increase in vacant units and a reduction in the forecast of new retirement villages.
- 30% of villages reported co-location or location within 500 metres of aged-care facilities (29% in 2019).
- 90% of villages have five or more facilities, including social committee/program (91%), community centre (92%), emergency call centre (84%), gym (46%), solar power (41%), wellness centre or visiting health professional (53%), bowling green (45%), pool (58%), cafe/coffee shop/restaurant (23%), CCTV (48%).

In a pandemic, birds are like people. Some socially distance, some don't!



LNAA's 30th anniversary

This month's marks the 30th anniversary of the formation of the Lutheran Nurses Association of Australia (LNAA). It grew out of a meeting at the Glynde Lutheran Homes complex in suburban Adelaide.

An investigative meeting was called by the then Director of Nursing, Val Matters, and Pastor Doug Tscharke, the chaplain. It was Pastor Tscharke's concern that nursing staff and carers needed a support group, especially those serving in the church's aged-care facilities. He saw his role as chaplain to staff as well as pastor to residents.

A preliminary meeting on 29 May agreed to proceed. As a result, a constituting meeting was held at Glynde on 29 July. Lynette Wiebusch was elected president, with Barry Gladigau (Treasurer), Kathy Hampel (Secretary), Pauline Edwards (Vice-President), Val Matters, and Pastor



Rev Doug Tscharke



Val Matters



Lynette Wiebusch

Tscharke (Spiritual counsellor) forming the committee.

The first newsletter was published in August. Meetings were scheduled bi-monthly, with a guest speaker at each meeting. The draft constitution was confirmed at the annual meeting the following year. LNAA now has members and friends in all States of Australia. Since 1991, LNAA has supported the promotion and ministry of Pastoral Care Nurses in the Lutheran church.

Newsbrief

Parents in Birtamod Municipality in Nepal have set up an Autism Child Care Centre. They were inspired to each contribute 10 000 rupees (about AU\$111) for this project after attending a workshop on how to care sensitively for children with autism. The workshop was organised by Lutheran World Federation Nepal. The venture is being supported by Lutheran World Service Australia. Pictured is the handover of 'elephant' and 'crocodile' rockers – gifts from LWSA for the 17 children with autism at the centre.

Researchers in South Korea have found that, based on hospital records, women who have been diagnosed with osteoporosis have a 79 per cent higher chance of heart disease than the general population. After excluding those who already had heart disease or other serious illness at the time of the scan, the analysis included 12 681 women aged between 50 and 80, whose health was tracked for an average of nine years, using national registry data. Previous research indicates that people with osteoporosis often have atherosclerosis (artery hardening and narrowing), suggesting that both conditions may be



linked. It is thought that osteoporosis scans could be used to identify women at risk of heart disease and stroke.

One in two older Australians have cancer by the age of 85. Now, older people with cancer can access a website aimed at helping them work through their experience. *OlderCan* is an online resource showing people how to discuss and prioritise needs when making decisions about cancer treatment and care. It includes information to help older adults share important personal details with their cancer team, GP and family.

In about 18 months, voluntary assisted dying (euthanasia) will be a legal end-of-life option for South Australians with a terminal illness. The legislation passed State parliament on 24 June.

LNAA Program

Venue for regular meetings: LCA/SA District Office, 137 Archer Street, North Adelaide

26 July 7.30pm **Forum: Embracing life in later years** – Pastor Chris Gallasch

Annual General Meeting

27 Sep 7.30pm **Current trends in Dentistry, including Dental Care for Elderly Care Home**

Residents -- Dr Michelle Stone

29 Nov 7.30pm **Dementia and Understanding Alzheimer's** – Pastor Chris Gallasch

Visit our Facebook page: @lutherannursesassociationaustralia

† LCA PARISH NURSE TRUST FUND MEMORIALS

Eric George Winter

23/02/1933-21/05/2021

Carol Elisabeth Wilksch

06/04/1947-26/05/2021

Kevin Carl Schirmer

03/02/1938-26/05/2021

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IN TOUCH

IN TOUCH is published six times a year. **Editor:** The Rev Robert Wiebusch, 200/1215 Grand Junction Rd, Hope Valley SA 5090 ☎ 08 8336 3936. Email: robert.wiebusch@lca.org.au Deadline for next issue: **15 June 2021.**

Membership renewal for the 2021-22 financial year is now due

Kindly return the form below, together with your cheque, to the LNAA Treasurer, Mrs Vicki Minge.

Funds can be transferred electronically to: BSB: **704942** Account name: **Lutheran Nurses Association of Australia.** Account number: **155449** If you transfer funds electronically, please advise the Treasurer. Your name or postcode may be given as a reference. This should be included when notifying the treasurer.

LNAA MEMBERSHIP RENEWAL FORM 2021–2022

NAME: _____ **DATE:** _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: () _____ **NURSING STATUS:** _____

My membership fee of \$25.

I arranged electronic transfer of my membership fee of \$25 on: _____

Reference: _____

In future, please send me electronic copies of *IN TOUCH*

SIGNATURE: _____

LNAA TREASURER: Vicki Minge, 16 Douglas St, Lockleys, SA 5032 pvminge@hotmail.com