Literature Review: Communication And Its Impact On The Health Outcomes Of Australian Aboriginal And Torres Strait Islander's

Introduction

The fact that the Australian indigenous people, Aboriginal and Torres Strait Islander's, have lower health outcomes than non-indigenous is well-documented. Amery (2017) supports this argument by indicating that the life expectancy of aboriginals, especially those living in rural areas, is relatively lower than that of the rest of the citizens. The poor health outcomes among Indigenous Australians is attributed to a variety of factors including culture, strong family and social connections, the determination to maintain the existing cultural identity, marginalisation and racism, and communication gap between the indigenous people and the non-indigenous healthcare providers (Waterworth et al., 2015). In particular, communication gap between the indigenous people and the non-indigenous healthcare providers is a major contributing factor to the existing health outcomes between the indigenous Australians and the rest of the population. Therefore, this paper reviews the contemporary studies to determine the extent to which communication gap between the indigenous people and the non-indigenous healthcare providers impact the health of Aboriginals and Torres Strait Islander's.

Literature Review

Role of Communication in Patient Outcomes

Effective communication is a critical component in the promotion of patients' health outcomes. A systematic review study by Riedland Schüßler (2017) found that effective communication promotes health outcomes by enhancing the development of treatment-related emotions for both patients and their relatives as well as behaviours. According to the two researchers, effective communication facilitate physicians to detect distress and anxiety among patients and, therefore, address it. In addition to impacting positive emotions and behaviours among patients, Riedl and Schüßler (2017) found that effective communication promotes patients' outcomes by reducing the chances of underestimating the severity of the disease. Moreover, effective communication helped patients in accepting, planning and coping with disease if chronic (Riedl&Schüßler, 2017). A study by Chen et al. (2018) developed consistent findings about the effectiveness of communication in the improvement of patients' outcomes. In this study, Chen and six other researchers combined cross-sectional and longitudinal designs to evaluate the relationship between patient-healthcare provider communication and health outcomes of the studied Hepato-Pancreato-Biliary patients. The findings of this study were that enhanced patient-healthcare provider communication reduced the rate at which patients reported mental issues and visitations to emergency departments (Chen et al., 2018). These findings are indicative that effective communication between providers and their patients improve health outcomes.

Reason for Poor Communication between Indigenous Australians and Providers

Studies have attributed the poor communication between the Indigenous Australians and health providers. Waterworth et al. (2015) attributed this miscommunication to distrust, cultural values and socioeconomic marginalisation. According to these researchers, Indigenous Australians have a lot of distrust in non-indigenous Australians because of the suffered historical injustices and the present-day racism. An example of a historical injustice that the indigenous Australian suffered and adversely impacted their trust in non-indigenous Australians is massacres as cited by Waterworth et al. (2015). On the other hand, cultural values such as the strong family and social ties have had a negative impact on the way indigenous Australians communicate with non-indigenous. Lastly, a long-history of socio-economic marginalisation has denied indigenous Australians an equal opportunity in acquiring education which has resulted in poor communication (Waterworthet al., 2015).

A study by Shahid et al. (2013) found that cultural differences was also a major cause of miscommunication between aboriginals and their health providers. In this qualitative study with 62 purposively sampled participants, Shahid et al. (2013) found that miscommunication between providers and Aboriginals resulted from the fact that there existed differences in language, style of communication and understanding of medical jargons. As a result, the study proposed a number of measures to address this miscommunication including recruiting additional Aboriginal medical staffs, offering cultural training to the existing practising medical staffs and reducing the use of medical jargons when communicating with Aboriginal patients. On the other hand, Chen et al. (2018) suggest that patient-provider communication can be improved by the use of various evidence-based technological methods of communication such as mobile apps and emails. According to these researchers, the use of such innovative communication technologies can be effective in enhancing patient-provider communication in instances where patients find in-person relationships with their providers uncomfortable and dissatisfying.

Adverse Impacts of Miscommunication in the HealthOutcomes of the Indigenous Australians

As expected, it is almost impossible for good patient health outcomes if patient-provider communication is poor. According to Chen et al. (2018), hepato-pancreato-biliary patients who reported poor patient-provider communication suffered underlying physical and mental health issues and their likelihood to visit emergency departments was higher. In addition, poor communication adversely impact health outcomes of the indigenous Australians because it raises distress among the healthcare providers (Durey, Thompson& Wood, 2012). Also, poor communication lowers the health outcomes of the indigenous Australian patients by because it increases their level of distress and pain (Durey, Thompson& Wood, 2012). Moreover, poor communication results in poor health outcomes among the indigenous Australian patients because of the misunderstanding of the test results (Amery, 2017).

Critical Analysis of the Strengths and Limitations of the Literature Review

The major strength of this literature review is that it focuses on contemporary studies. The oldest reviewed study was conducted in 2012 while the most recent was conducted in 2018. The currency of these studies is a major strength of the literature review because it shows that the considered information is not out-dated yet. The other strength of this literature review is that it sampled studies that are published in peer-reviewed journals. The publication of the six articles in peer-reviewed journals provides a justification that they are authoritative and credible.

In addition to being credible, the sampled studies for this literature review are written by people who hold positions of authority in the field of nursing and other medical field. Some of the authors of these articles are academics while others are practising medical professionals. Lastly, the sampled literature review articles are accurate in that the information that is contained in them is verifiable and error-free.

Conversely, the major weakness of this literature review is that the decision to choose the articles to review was left to the writer. As a result, there is a likelihood of bias in the selection of the studies to review. The fact that one of the selected articles neither had the methodology nor the limitation sections. Though peer-reviewed, such a study does not fully pass the credibility test.

Evidence of impact on Health

The literature review has identified various concepts that are indicative of the extent to communication gap impact the health outcomes of the Aboriginals and Torres Strait Islander's. Firstly, the important role of effective patient-provider communication in eliminating negative emotions conspicuously identified by the literature review. Among the emotions that are addressed by effective patient-provider communication include patient distress and anxiety. The presence of these emotions adversely impact the health outcomes of patient. The other critical point that the literature review identified is the role of effective patient-provider communication in preventing the development physical and mental issue among the indigenous Australian patients. The cases of mental and physical issues can be attributed to increased distress that patients develop due to the poor patient-provider communication. The third point that arise from the literature review is that miscommunication when dealing with indigenous Australian patients distresses healthcare providers. It is difficult dealing with a patient who cannot understand a patient that cannot understand whatever is being communicated. As a result, providers experience distress which adversely impact the health outcomes the indigenous Australian patients.

References

1. Amery, R. (2017). Recognising the communication gap in Indigenous health care. Medical Journal of Australia, 207(1), 13-15.
2. Chen, Q., Beal, E. W., Schneider, E. B., Okunrintemi, V., Zhang, X. F., &Pawlik, T. M. (2018). Patient-provider communication and health outcomes among individuals with hepato-pancreato-biliary disease in the USA. Journal of Gastrointestinal Surgery, 22(4), 624-632.
3. Durey, A., Thompson, S. C., & Wood, M. (2012). Time to bring down the twin towers in poor Aboriginal hospital care: Addressing institutional racism and misunderstandings in communication. Internal Medicine Journal, 42(1), 17–22. https://doi.org/10.1111/j.1445-5994.2011.02628.x
4. Riedl, D., &Schüßler, G. (2017). The influence of doctor-patient communication on health outcomes: a systematic review. ZeitschriftfürPsychosomatischeMedizin und Psychotherapie, 63(2), 131-150.
5. Shahid, S., Durey, A., Bessarab, D., Aoun, S. M., & Thompson, S. C. (2013). Identifying barriers and improving communication between cancer service providers and Aboriginal patients and their families: The perspective of service providers. BMC Health Services

Research. https://doi.org/10.1186/1472-6963-13-460
6. Waterworth, P., Pescud, M., Braham, R., Dimmock, J., & Rosenberg, M. (2015). Factors influencing the health behaviour of indigenous Australians: Perspectives from support people. PLoS ONE, 10(11). https://doi.org/10.1371/journal.pone.0142323