

## **When you know who you are, you know where you belong.**

By Rachel Jones

In the following short essay, I would like to share some experiences and reflections that I have had on my journey towards being culturally responsive as a result of my placement in Katherine.

During my placement at Katherine District Hospital, I began to form a therapeutic relationship with a young Indigenous woman who was an inpatient. I spent some time nursing her over a period of few days, performing basic cares and making sure I greeted her and spent time with her over my shifts. We exchanged pleasantries about Katherine, the weather, programs on the ward television, and so on.

As the days went on, she began to talk to me in greater depth about her family and her personal life. We had some things in common with both of us having little brothers. During one conversation, she told me that her nephew had nearly died as a baby. I asked her what happened to him; she told me that one night "while he was sleeping, the spirits came out of the bush and called him and took him away. My sister rushed him to the clinic and they saved him with medicine." She then asked me if I thought that spirits could take babies away from their mothers. I said that I didn't know if that could happen, but I was glad that he was ok now.

I felt very unsure of how to respond to this question; I understood that she and I were from different cultures and it was important that our interactions were culturally safe for her. I felt as though the only honest answer I could give was to say that I didn't know, because I truly didn't know what was meaningful to her. I also knew that it would have been inappropriate and disrespectful to have dismissed her comments as being nonsense; I would not have liked it if someone had behaved like that to me. I feel that she took my answer to be genuine and seemed satisfied with it.

I was pleased that she believed that our very brief interactions were potentially safe enough that she could talk about personal and spiritual matters with me, but I would have liked to have had more insight into some of the cultural reference points that were relevant to her. I mention this because, at that moment, I felt rather unprepared for the conversation.

However, this incident marked a deepening of the therapeutic relationship between myself and this young woman. After this conversation, she began to talk with me about her health concerns and I was able to introduce some information and strategies that she may have found useful. Although we had an open dialogue and were sharing information, I was conscious of the fact that our worldviews were very different. I was very careful to present information in a non-judgmental way and, if asked, explained in greater depth where I could.

I have found that, when dealing with non-Indigenous people, it is expected that you will give facts, information, recommendations, and suggestions. This seems to reflect the power dynamic that a health practitioner can find themselves in; you are the expert or the one with all the answers. When working with Indigenous clients, however, first I must earn trust in order that my voice can be of worth. It is not enough to wear a uniform or be holding a set of medical notes; my place in relation to all others must be understood.

During the cultural orientation training that was provided by Flinders, I finally understood a little bit more of the reasons why an Indigenous person's relation to place and other persons matter. The kinship system was demonstrated in a simplified form as part of the learning materials. After studying it for a few minutes, I realised that in that worldview, each Indigenous person had a formal relationship with every other Indigenous person in their family, in their community, in more distant

communities, and in Indigenous communities throughout Australia. Once this realisation dawned on me, I understood why it is crucial for a person to know who they are and where they belong. When I began to unravel the importance of that concept, I was then horrified to realise that the “Stolen Generation” was not just about losing touch with one’s parents, children or siblings. The trauma of being part of the “Stolen Generation” was a total loss of self, of identity, and of understanding where and to whom you belong.

Since the orientation training session, I have broadened my reading around matters such as cultural safety (Papps & Ramsden, 1996), Indigenous culture and health; both historical (Eckermann, 2010) and contemporary (Taylor & Guerin, 2014). I have also found some materials relevant to the Katherine region (Howard et al., 2006), as well as specific articles that have interested me to do further research (McPhail-Bell, Bond, Brough, & Fredericks, 2015; O’Sullivan, 2012; Vass, Mitchell, & Dhurrkay, 2011)

I believe that my journey towards culturally safe practice was helped by my attendance at the cultural orientation workshop which gave me the “Eureka!” moment that I needed in order to understand a small part of the Indigenous worldview. This, in turn, has encouraged me to pursue further reading and understanding of the complex and important issues that are important for me, as a nurse, who is fortunate enough to be working in the Katherine region.

Finally, I would like to share this quotation which helped me to understand that cultivating a culturally safe practice is a lifelong learning endeavour that should be reviewed and reflected upon regularly.

*“‘One-off’ cultural awareness programs aim to make non-Aboriginal people more ‘culturally sensitive’ to the needs of Aboriginal clients but leave the judgement about the cultural competency of each individual to each trainee.*

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*With cultural safety, however, it is the Aboriginal clients who decide if the practitioner meets their ‘expectations’. This challenges the nature of the power relationships between the health professionals from the cultural majority and their Aboriginal clients.” (Howard & Lines, 2006)*