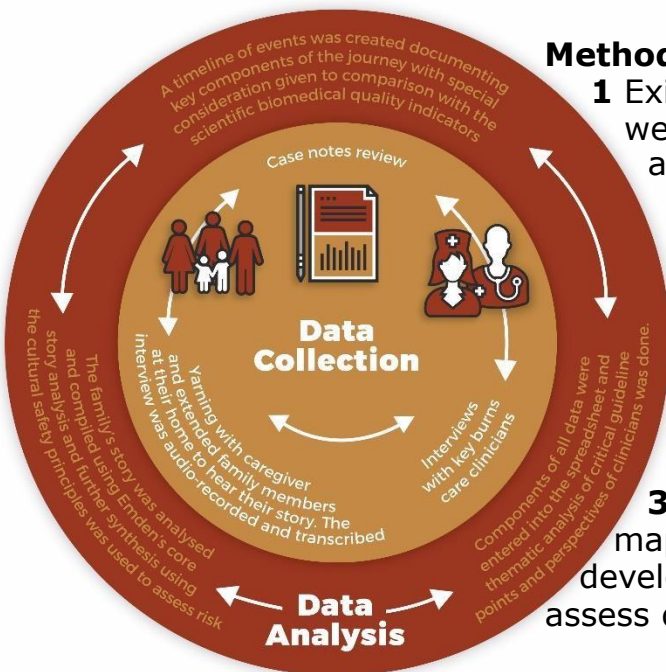


A disjuncture of world views:

manifestation in burns care for Aboriginal and Torres Strait Islander children in Australia

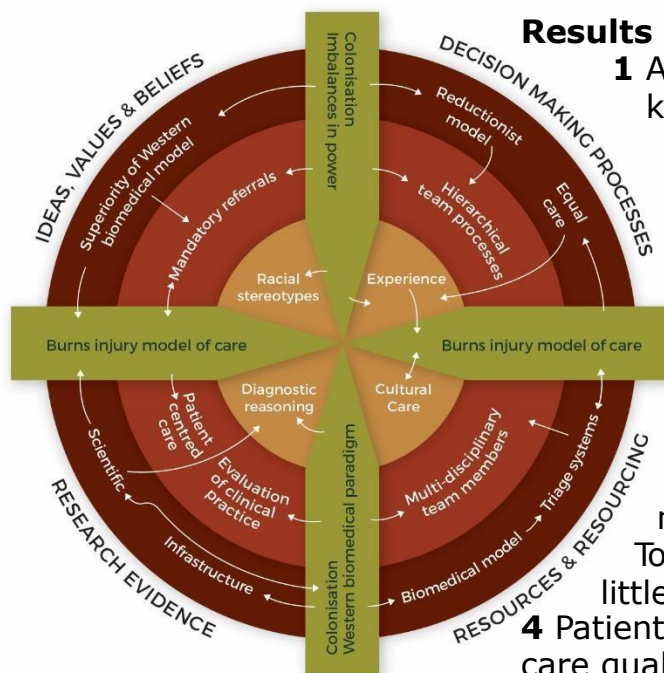
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Aboriginal and Torres Strait Islander children are over-represented in burn injuries and experience longer lengths of stays in hospital than other Australian children. Despite these inequities, it is unclear whether the burn care Aboriginal and Torres Strait Islander children receive is structured and delivered according to their culturally-specific needs.



Methods

- Existing models of burn care were critiqued for quality and cultural safety.
- Interviews with burn team individuals were conducted and analysed using an inductive thematic method overlaid by ecological modelling and a decolonising lens.
- A patient journey mapping tool was developed and tested to assess quality and safety (left).



Results

- A disconnect between Western and Indigenous knowledges was observed in both Australia's healthcare system and in the documents that inform burn care.
- Imbalances of power and the perpetuation of colonisation, through hierarchical teams and dominant use of the biomedical model, indicated that equity in healthcare was limited, and that capacity for delivery of care based on needs beyond those aligned with the biomedical model was restricted (left).
- We identified mixed understanding of the need to provide different care for Aboriginal and Torres Strait Islander children and families, and little or no critical reflexivity in practice.
- Patient journey mapping successfully identified gaps in care quality.

The full potential of burn care in Australia is not realised for Aboriginal and Torres Strait Islander children accessing care. There is however, an opening for Western biomedical and Aboriginal and Torres Strait Islander knowledges to come together in the development of a new, culturally-competent model of care for burns.