

The Insights Series

Aboriginal people's experiences of hospital care



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The conclusions in this report are those of BHI and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW public health organisation is intended or should be inferred.

Acknowledgement of Country

The Bureau of Health Information acknowledges Aboriginal people as the traditional custodians of the lands and waters of NSW and pays respect to elders past, present and future.

In this report, Aboriginal and Torres Strait Islander people are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW.

Artwork

The original artwork used throughout this report was created by Marcus Lee, a proud Aboriginal descendant of the Karajarri people.

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Foreword

Foreword



Hearing from Aboriginal people about their experiences of care is fundamental to efforts to tailor care to their needs and help improve health outcomes.

Aboriginal people's long and diverse history, strong sense of community and connection to culture in NSW form a strong basis to deliver health services that can improve physical, social and emotional wellbeing.

The Bureau of Health Information (BHI) has been working with the Centre for Aboriginal Health to invite Aboriginal people to provide feedback about healthcare services through our NSW Patient Survey Program. In 2019, we made a concerted effort to provide as many Aboriginal people as possible the opportunity to tell us about their experiences via the Adult Admitted Patient Survey (AAPS) and Maternity Care Survey.

As a result, more than 3,000 Aboriginal patients admitted to hospital and almost 300 women who received maternity care provided feedback in 2019 alone. In addition to the almost 5,000 Aboriginal patients who responded to AAPS between 2014 and 2018, that feedback forms the basis of the results in this report.

We have undertaken advanced analysis on this wealth of information so this report can provide key insights including comparisons of Aboriginal and non-Aboriginal people's experiences of care, and for Aboriginal patients, differences between rural and urban experiences, trends over time and the importance of Aboriginal Health Workers in delivering their care.

The Insights Series – Aboriginal people's experiences of hospital care shows there have been gains made in some areas, for example, ratings of nurses and the privacy afforded to Aboriginal patients admitted to hospital have improved significantly over time, particularly in rural areas. However, experiences of admitted and maternity care for Aboriginal people remained less positive than for non-Aboriginal people across many measures.

As well as providing transparency for the community, we have published this report so government, system managers and healthcare professionals can now use the results to see where Aboriginal people have received care effectively tailored to their needs, and to identify those areas where more action is needed to drive improvement.

I would like to extend my heartfelt thanks to the Centre for Aboriginal Health and our Aboriginal Patient Experience Survey Program Advisory Committee for their ongoing expertise, counsel and dedication to this work. Most importantly, to the members of the Aboriginal community who have provided guidance and to all those survey respondents who have offered feedback on their experiences of care, thank you for entrusting us with this responsibility.

I look forward to seeing how these results are used to help improve care and continuing our work to ensure Aboriginal people have every opportunity to provide feedback about their experiences.

Dr Diane Watson
Chief Executive

Summary

Aboriginal peoples' feedback on their experiences of care provides important information on the performance of the healthcare system. It allows us to identify and report on where the system is performing well and where services could be improved to better meet the needs of Aboriginal people.

More than 8,000 Aboriginal people who were admitted to a NSW hospital shared their experiences of care through the Adult Admitted Patient Survey from 2014 to 2019, including 3,000 in 2019 alone. Additionally, almost 300 women provided feedback about their experiences of maternity care in 2019 in the Maternity Care Survey.

Making use of the wealth of valuable information provided by Aboriginal people, this report looks at those patients' experience across a number of key areas. Analyses in the report include:

- Aboriginal patients' experiences of admitted care compared with the experiences of non-Aboriginal patients, at the NSW level and in urban and rural hospitals.
- Differences in experiences between Aboriginal patients who were admitted to urban and rural hospitals.
- Trends in the experiences of Aboriginal patients who were admitted to a NSW public hospital from 2014 to 2019.
- Aboriginal women's experiences of maternity care compared with the experiences of non-Aboriginal women.
- Comparison of the experiences of Aboriginal patients who were supported by, or offered the support of, an Aboriginal Health Worker with those who were not – for both admitted and maternity care.
- Key drivers of positive experiences of care for Aboriginal patients.
- Key themes of the free-text comments provided by Aboriginal patients admitted to hospital and Aboriginal women who received maternity care.

Results for selected measures are presented in this report with results for a wider range of measures provided in the supplementary data tables accompanying this report at bhi.nsw.gov.au

Overview of key findings



Aboriginal and non-Aboriginal patients admitted to hospital **gave similar, mostly positive ratings of their overall hospital care**, and of the doctors and nurses who treated them.



At the NSW level, **ratings of care provided by Aboriginal patients admitted to hospital improved significantly** from 2014 to 2019 in a number of areas. This included Aboriginal patients' overall ratings of nurses and whether they were given enough privacy. This pattern of improvement was particularly evident in rural hospitals.



Aboriginal patients admitted to rural hospitals had significantly more positive experiences than Aboriginal patients in urban hospitals. However, the difference between Aboriginal and non-Aboriginal patients' experiences was generally larger in rural hospitals.



Aboriginal patients admitted to hospital were **less likely to provide positive ratings of communication**, information provision and discharge planning than non-Aboriginal patients. **Aboriginal women receiving maternity care also felt less informed** than non-Aboriginal women, providing lower ratings of communication and information provision during labour and immediately after the birth of their baby.



Aboriginal patients admitted to hospital were significantly less likely to say that they were treated with respect and dignity and that their family was involved throughout their care. Over time, Aboriginal patients' ratings of **health professionals' respect for their cultural beliefs declined**, especially in urban hospitals, as did their **ratings of the organisation of their care**.



Aboriginal women receiving maternity care gave significantly lower ratings of care than non-Aboriginal women, particularly around their experiences during labour and birth and the care they received in hospital following the birth.



Aboriginal people supported by, or offered the support of, **an Aboriginal Health Worker** during their admitted and maternity stays **gave significantly more positive ratings of care** across a wide range of areas. This included overall ratings of care, communication and information provision, and feeling respected.



For Aboriginal patients admitted to hospital, the **effective organisation of their care** and **being treated fairly** were strong drivers of positive experiences.



Staff, quality of care and treatment, and overall experience of care were the most commonly identified best parts of care in the free-text comments provided by Aboriginal patients admitted to hospital. Aboriginal women provided positive comments about their **overall maternity care experience and the midwives**, including their kind and caring nature.

Setting the scene

Aboriginal people in NSW have a long and diverse history, profound connection with place, rich and varied culture, and strong sense of community. This connection to culture and community provides the foundation upon which to build efforts to improve health outcomes and experiences.

Aboriginal health refers to more than the physical wellbeing of an individual. According to the National Aboriginal Community Controlled Health Organisation, it includes ‘the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community.’¹

Racism is also an important determinant of health. Aboriginal and Torres Strait Islander people ‘should feel free from racism, empowered as individuals and have educational opportunities, careers, and health services to meet their needs and overcome inequality, poverty and increase the quality and length of their life’.²

Although there have been some health gains in recent times, Aboriginal people still experience poorer health outcomes and lower life expectancy than non-Aboriginal people. In NSW, life expectancy for Aboriginal men was 71 years in 2015–2017 compared

with 80 years for non-Aboriginal men. For Aboriginal women in NSW, life expectancy was 76 years compared with 84 years for non-Aboriginal women.³

Aboriginal people are more likely to be hospitalised than non-Aboriginal people. The rate of hospitalisation for all causes per 100,000 people was almost double for Aboriginal people compared with non-Aboriginal people in NSW in 2018–19.⁴

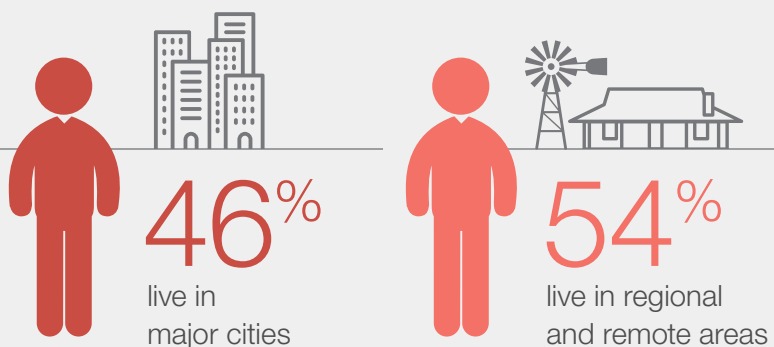
In 2019, there were more than 100,000 hospitalisations in NSW for Aboriginal patients who visited the hospital one or more times and 4,479 Aboriginal women who gave birth.⁵

Aboriginal people in NSW

There are more than 260,000 Aboriginal people living in NSW. Aboriginal people represent a relatively small percentage (3.4%) of the total NSW population. However, about 33.3% of the total Australian Aboriginal population lives in NSW – more than any other state or territory.⁶ By 2026, the NSW Aboriginal population is expected to grow to 282,962 people.⁷

The median age of Aboriginal people in NSW in 2016 was 22 years, compared with 38 years for the non-Aboriginal population. Close to 46% of Aboriginal people lived in major cities, with 54% living in regional and remote areas.⁸

Of 265,685 Aboriginal people in NSW...



Policy context

Within the Australian and NSW healthcare systems, various funders and providers of services play critical roles in providing healthcare for Aboriginal people.

Much of this healthcare funding and provision has been informed by the National Indigenous Reform Agreement (Closing the Gap) and, more recently, the new National Agreement on Closing the Gap. Released in July 2020, the new National Agreement was developed as a partnership between Commonwealth, state and territory governments; the National Coalition of Aboriginal and Torres Strait Islander Peak Organisations (Coalition of Peaks); and the Australian Local Government Association. The National Agreement aims to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequity experienced by Aboriginal and Torres Strait Islander peoples, including health inequities, and achieve life outcomes equal to non-Aboriginal Australians.⁹

The NSW Health Performance Framework also sets out the structure within which the NSW Ministry of Health (the Ministry) monitors, assesses and responds to the performance of public sector health services in NSW. Annual Service Agreements

between the Ministry and local health districts (LHDs)/specialty health networks (SHNs) are a key component of the Framework, with LHDs and SHNs expected to meet the performance requirements set out in the Service Agreements. There are several Key Performance Indicators (KPIs) and improvement measures that relate specifically to Aboriginal health which are monitored frequently by the Ministry.

At the state level, the NSW Government, in partnership with the Aboriginal Health and Medical Research Council of NSW, developed the *NSW Aboriginal Health Plan 2013–2023* which outlines the state's commitment to closing the health gap and emphasises the impact that system-wide quality improvement efforts can have on Aboriginal people's health. The plan emphasises the need to ensure Aboriginal people participate in all levels of health service delivery and management, to strengthen the Aboriginal health workforce, and to provide culturally safe health services.

In 2019, the *Mid-Term Evaluation of the NSW Aboriginal Health Plan 2013–2023* identified areas of success as well as areas needing improvement and provided recommendations for strategic action at the state, district and service levels. These recommendations built on achievements to date and re-focused efforts for the remaining years of the Plan.



In NSW hospitals
in 2019...



there were more than
100,000
hospitalisations of
Aboriginal people



4,479
Aboriginal women
gave birth

Aboriginal patient experience in NSW

Everything a patient experiences during the course of their care and treatment, and how they feel about it, makes up what we call 'patient experience'.

These experiences are not only important in their own right. There is evidence supporting the association between positive patient experiences and better health outcomes, clinical effectiveness and increased patient safety.

Aboriginal populations face considerable health inequities. A better understanding of Aboriginal peoples' experiences of healthcare is therefore critical to addressing these inequities.¹⁰

Aboriginal Patient Experience Survey Program

The Bureau of Health Information (BHI) and the Centre for Aboriginal Health are working together to collect information about Aboriginal patients' experiences of care with NSW healthcare services. In 2019, every adult who identified as Aboriginal, and was either admitted to or gave birth in a NSW public hospital, was invited to provide feedback on their experiences via the Adult Admitted Patient Survey (AAPS) and the Maternity Care Survey. Part of the NSW Patient Survey Program, these surveys gathered valuable information about what health services are doing well, and where they can improve care to better meet the needs of Aboriginal people.

BHI analysed and reported on these surveys' results for Aboriginal people in stages to ensure they were made available at the same time as the general releases of results from these surveys, in October and December 2020 for AAPS and the Maternity Care Survey, respectively. Results, including those that did not meet the threshold for public reporting, were also released to LHDs and statewide policy teams. This report is an extension of these releases and provides further analysis of results.

As part of this program of work, BHI has developed the Aboriginal Patient Experience Question Set. The question set was developed with the guidance and input of Aboriginal people. It aims to better support survey data collection for Aboriginal patients using a set of questions identified to be of high relevance to Aboriginal patients, the Aboriginal community and relevant stakeholders.

The question set is available for download on the BHI website at bhi.nsw.gov.au/nsw_patient_survey_program/Aboriginal-patient-experience

It is important Aboriginal people play a key role in determining not only what information is collected in surveys of Aboriginal patients, but also how it is analysed and used. BHI is committed to communicating and enabling the use of patient survey data information to improve care experiences for Aboriginal patients. As part of the NSW Patient Survey Program, information from AAPS 2019 and the Maternity Care Survey 2019 was released in October and December 2020. In preparing this report, BHI has undertaken extensive engagement with the directors and managers of Aboriginal health in NSW LHDs. The findings of the report will be delivered to the community, in ways such as through Aboriginal media outlets.

The data collection and analysis that inform this report have been approved under a five-year ethics application through the Aboriginal Health and Medical Research Council.



The Aboriginal Patient Experience Survey Program

BHI and the Centre for Aboriginal Health are working together to collect information about Aboriginal patients' experiences of care with NSW healthcare services.

This *Insights* report joins a range of public releases of survey results by BHI which give voice to the thousands of Aboriginal people who have told us about their experiences of care.

In 2020, BHI released results from the census sampling of Aboriginal patients and women, alongside the broader results for AAPS 2019 and the Maternity Care Survey 2019.

This program of work has also involved the development of an Aboriginal Patient Experience Question Set which better supports data collection for Aboriginal patients.

Further work is under way to ensure Aboriginal people continue to have the opportunity to provide feedback about their experiences of healthcare services in NSW.

The Question Set, as well as further information on the Aboriginal Patient Experience Survey Program, is available at bhi.nsw.gov.au/nsw_patient_survey_program/Aboriginal-patient-experience



About this report

This is the second long-form report on Aboriginal patient experience produced by BHI, and provides an overview of NSW public health system performance by focusing on the voices of Aboriginal patients.¹¹ It aims to provide transparency for the community, as well as information that will help health system managers reflect on achievements to date and identify further opportunities to improve the experiences of Aboriginal patients across NSW.

All BHI patient survey questionnaires ask about Aboriginality as part of the demographic group of questions ('About you'). This question is used to identify respondents as Aboriginal, Torres Strait Islander or both. Aboriginal status is also provided via the administrative dataset. There is evidence that the administrative data may underrepresent the number of Aboriginal people who use health services. For this report, the results for Aboriginal patients are based on those respondents who self-identified as Aboriginal.

In line with NSW Health policy, this report will use the term 'Aboriginal' in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of NSW.¹²

The surveys and measures included in the report

This report focuses on the experiences of care of Aboriginal patients who were admitted to, and Aboriginal women who gave birth in, NSW public hospitals in 2019, drawing on results from the Adult Admitted Patient Survey (AAPS) and Maternity Care Survey.

The findings in this report are based on the responses of the 3,454 patients who said they were either Aboriginal, Torres Strait Islander or both in AAPS 2019 and the 283 women who said they were either Aboriginal, Torres Strait Islander or both in the Maternity Care Survey 2019. There was extensive work across health services to support recruitment of survey participants. For AAPS, the weighted response rate for Aboriginal patients was 17%. For the Maternity Care Survey, the weighted response rate for Aboriginal women was 10%.

Given the low response rates for Aboriginal patients for both surveys, additional analyses were conducted to assess the representativeness of the sample. The characteristics of the Aboriginal respondents in both survey cohorts were broadly similar to those in the eligible population at NSW level. However, due to small numbers of respondents at the LHD and hospital levels, results were less likely to be representative of all Aboriginal people who were eligible to be surveyed and therefore the results at the LHD and hospital levels for both AAPS and the Maternity Care Survey are not included in this report (see the technical supplement for more information).

Results for AAPS are also shown by the rurality of the hospital that Aboriginal patients attended. The classification of rurality of hospital (urban and rural) is based on the Accessibility and Remoteness Index of Australia (ARIA+), the standard Australian Bureau of Statistics measure of remoteness. For AAPS 2019, there were 1,863 Aboriginal respondents who attended an urban hospital and 1,589 Aboriginal respondents who attended a rural hospital.

The results for Aboriginal patients are shown to be significantly different from non-Aboriginal patients after accounting for differences in age and sex for AAPS, and age for the Maternity Care Survey.

For AAPS, these results are those shown to have significantly improved or declined over the six years after accounting for differences in age and sex.

This report includes analyses comparing the experiences of Aboriginal patients who were supported by, or offered the support of, an Aboriginal Health Worker. The definition of an Aboriginal Health Worker can be found on the NSW Health website.¹³ However, for both surveys, the identification of an Aboriginal Health Worker is based on the patients' perspective, so could include any member of staff that the respondent considered to be an Aboriginal Health Worker.

For AAPS 2019, 38% of Aboriginal patients reported that they received the support of, or the offer of support from, an Aboriginal Health Worker, while 62% said they did not. Among Aboriginal patients admitted to urban hospitals, 41% said they received the support of, or the offer of support from, an Aboriginal Health Worker. Among Aboriginal patients who were admitted to rural facilities, 32% said they received the support of, or the offer of support from, an Aboriginal Health Worker. For the Maternity Care Survey 2019, 56% of Aboriginal women reported that they received the support of, or the offer of support from, an Aboriginal Health Worker, while 44% said they did not.

Each survey includes a large number of questions that invite patients' reflections on their experiences of hospital care. For the purposes of this report, a number of questions have been selected that are illustrative of important aspects of patient experience and of patterns of change across NSW over time. Additional measures not featured in this report are available in the supplementary data tables to this report and on BHI's interactive data portal Healthcare Observer at bhi.nsw.gov.au

Additional materials

- Supplementary data tables include results for questions not included in this report.
- The technical supplement for this report provides further detail on data sources and analytic methods.

These materials are available on the BHI website at bhi.nsw.gov.au

Structure of the report

The remainder of the report is structured as follows:

- Themes of Aboriginal patient experience:
 - Overall experiences of care
 - Culturally appropriate and safe care
 - Communication, information and continuity of care
 - Accessing services and welcoming environments
- Drivers of positive care experiences for Aboriginal patients
- Insights from Aboriginal patients' comments
- References and acknowledgments.



Overall experiences of hospital care

Key findings



What Aboriginal people told us went well:

- Most Aboriginal patients admitted to hospital reflected positively on their overall care, giving similar ratings to non-Aboriginal patients.
- Across NSW, improvement was seen in Aboriginal admitted patients' overall ratings of nurses from 2014 to 2019.
- For rural hospitals, improvements were seen in the overall ratings of doctors, nurses and how well health professionals worked together over time.
- Aboriginal patients admitted to hospital who had the support of an Aboriginal Health Worker were more likely to give a 'very good' overall rating of care. The same was true for ratings of care during and after labour and birth by Aboriginal women who received maternity care.



What Aboriginal people said could be improved:

- Aboriginal patients admitted to hospital gave lower ratings of how well health professionals worked together than non-Aboriginal patients, especially in rural hospitals.
- Ratings declined for how well Aboriginal patients said their care was organised.
- Aboriginal patients admitted to urban hospitals gave significantly less positive ratings of care than Aboriginal patients admitted to rural hospitals in a number of key areas.
- Across NSW, Aboriginal women who received maternity care gave lower overall ratings of care during labour and birth than non-Aboriginal women.



Overall experiences of hospital care

Most Aboriginal patients admitted to hospital reflected positively on their overall care

More than 3,000 Aboriginal patients shared their experiences of care in 2019. Positive patient experiences are associated with higher quality healthcare services.

Aboriginal and non-Aboriginal patients admitted to hospital gave similar, mostly positive ratings of their overall hospital care, and of the doctors and nurses who treated them. For example, when asked about their hospital care, 63% of Aboriginal patients rated their overall experience as 'very good', which was not significantly different to non-Aboriginal patients (67%) (Figure 1).

While many Aboriginal patients reflected positively on their overall care, there were a number of areas where non-Aboriginal patients reported significantly more positive experiences. Around seven in 10 Aboriginal patients said they would 'speak highly' of their hospital experience (71%) and that their care and treatment in the hospital 'definitely' helped them (70%). However, when asked the same questions, the percentage of non-Aboriginal patients giving these responses was 77% and 78%, respectively (Figure 1).

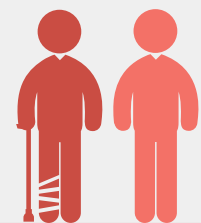
Looking at the experiences of patients admitted to urban hospitals only, Aboriginal and non-Aboriginal

patients gave similar, mostly positive overall ratings of doctors and nurses. However, Aboriginal patients were significantly less likely to say their care and treatment 'definitely' helped them (68%, compared with 77% for non-Aboriginal patients) (Figure 1).

In rural hospitals, Aboriginal and non-Aboriginal patients also gave similar, mostly positive overall ratings of doctors and nurses. However, Aboriginal patients were significantly less likely to say their overall care was 'very good' (65%, compared with 74% for non-Aboriginal patients) and that health professionals worked well together (58%, compared with 66% for non-Aboriginal patients) (Figure 1).

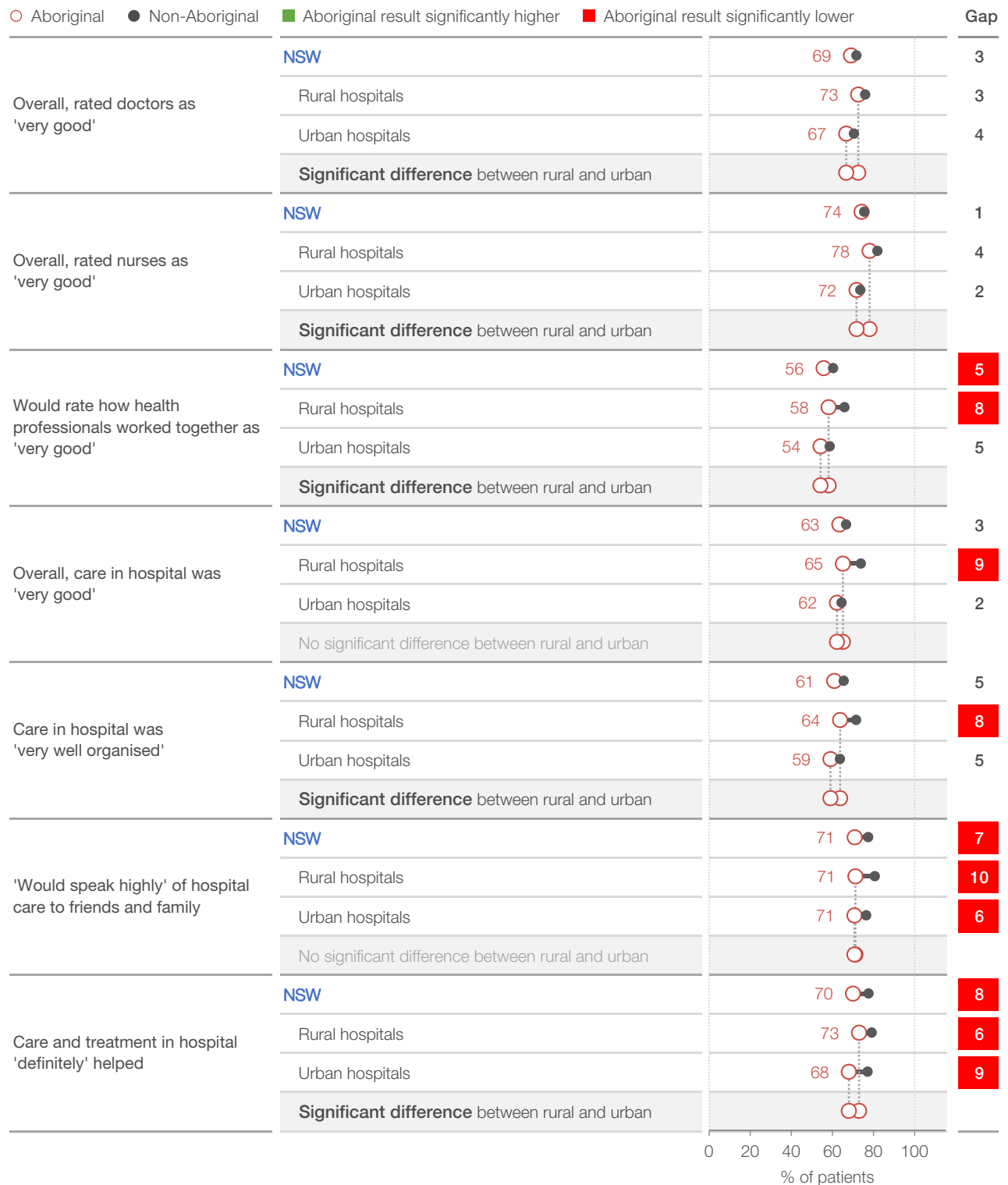
Looking at the experiences of Aboriginal patients only, there were a number of key areas where Aboriginal patients in rural hospitals gave more positive ratings than Aboriginal patients in urban hospitals. For example, Aboriginal patients in rural hospitals gave significantly more positive overall ratings of doctors (73%, compared with 67% in urban hospitals) and nurses (78%, compared with 72% in urban hospitals). Nevertheless, in rural hospitals, the difference between Aboriginal and non-Aboriginal peoples' ratings of care tended to be greater (Figure 1).

70% of Aboriginal patients **who had the support** of an Aboriginal Health Worker rated their care as **'very good'**



Significantly higher than those **who were not supported** by an Aboriginal Health Worker **(58%)**

Figure 1 Overall experiences of care, percentage of patients who selected the most positive response option, Aboriginal and non-Aboriginal patients, NSW and by rurality of hospital, AAPS, 2019



Notes: Comparisons between Aboriginal and non-Aboriginal patients' experiences, and Aboriginal patients' experiences in rural and urban hospitals, are identified as being significantly different after adjusting for age and sex.

Unrounded values are used to calculate the percentage point difference, which is then rounded. Therefore, the percentage point difference may not match the difference between the rounded values for each group's result.



Overall experiences of hospital care

Aboriginal patients' overall ratings of hospital care remained relatively stable

More than 8,000 Aboriginal patients admitted to hospital between 2014 and 2019 shared their experiences of care. Looking at results over time allows us to identify areas where there have been meaningful changes in Aboriginal patients' experiences. Advanced analytics were used to determine the degree to which trends over the six-year period reflected sustained changes.

Aboriginal patients' ratings of their overall care remained relatively stable over time, with 63% rating their overall care as 'very good' in 2019. Ratings of their overall care also remained relatively stable at both urban and rural hospitals over this period (Figure 2).

There was a significant improvement over six years in the percentage of Aboriginal patients in NSW

who rated their nurses as 'very good' (71% to 74%). This improvement was even more pronounced in rural hospitals, where Aboriginal patients' ratings of nurses improved significantly (71% to 78%). In contrast, in urban hospitals, Aboriginal patients' ratings of nurses remained relatively stable (72% in 2019) (Figure 3).

Over the same period, there was a small but statistically significant decline in the percentage of Aboriginal patients who said the care they received in hospital was 'very well organised' (63% to 61%). This was also true for Aboriginal patients in urban hospitals, where the percentage reporting their care as 'very well organised' declined significantly over the six years (63% to 59%). However, in rural hospitals, Aboriginal patients' ratings for organisation of care were stable (Figure 4).

Figure 2 Percentage of Aboriginal patients who rated overall care as 'very good', NSW and by rurality of hospital, AAPS, 2014–2019

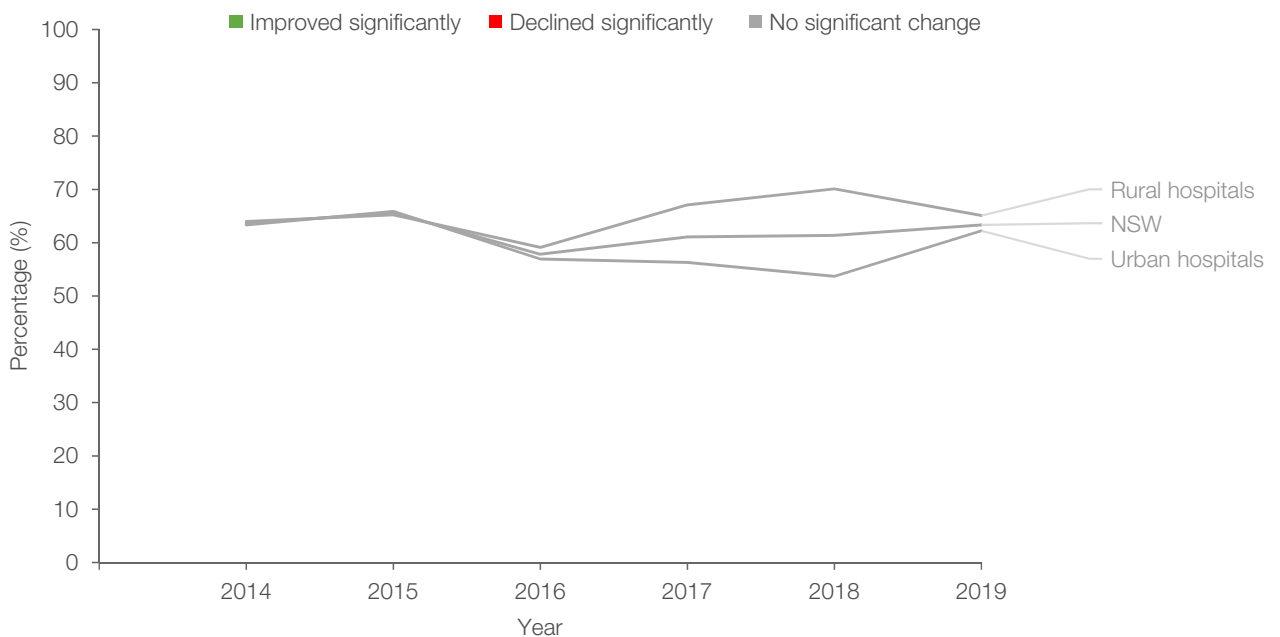


Figure 3 Percentage of Aboriginal patients who rated their nurses overall as 'very good', NSW and by rurality of hospital, AAPS, 2014–2019

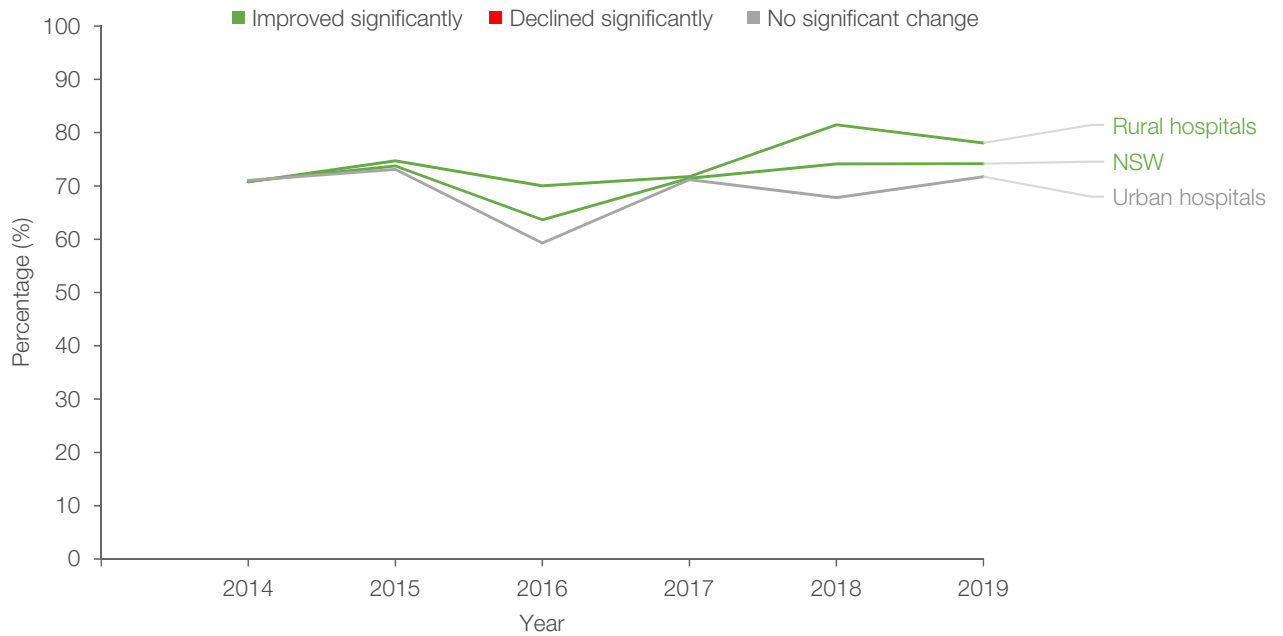
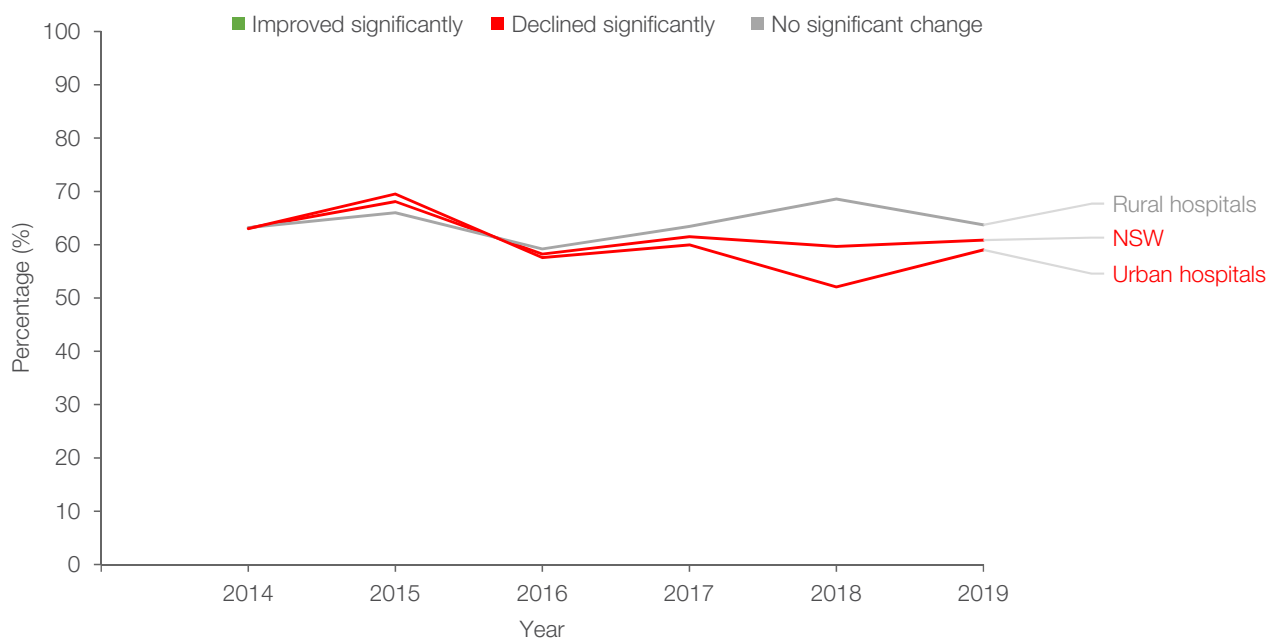


Figure 4 Percentage of Aboriginal patients who said their care was 'very well organised', NSW and by rurality of hospital, AAPS, 2014–2019



Note: Results are identified as having improved or declined significantly after adjusting for age and sex. Statistical testing, based on all six years, has been used to identify whether change was significant. Due to the large volume of data available and the resulting power to detect significance, in some cases seemingly small numerical differences over time do constitute significant change.



Overall experiences of hospital care

Aboriginal women who received maternity care had less positive experiences of care during labour and birth than non-Aboriginal women

Listening to what Aboriginal women have to say about their experiences of maternity care is important to delivering high-quality, culturally inclusive healthcare, tailored to their individual and cultural needs. It can also help ensure Aboriginal women feel well supported, comfortable and safe.

Almost 300 Aboriginal women shared their experiences of care in the Maternity Care Survey 2019. Aboriginal and non-Aboriginal women gave similar, mainly positive ratings of their overall antenatal care. For example, when asked about their antenatal care, 64% of Aboriginal women rated their overall experience as 'very good', which was not significantly different to non-Aboriginal women (65%) (Figure 5).

Differences in overall experiences emerged when women were asked to rate their care in hospital during labour and birth. When asked about their

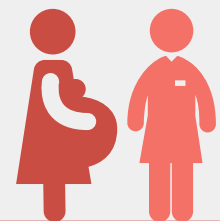
overall care during labour and birth, 69% of Aboriginal women said it was 'very good'. However, they had significantly less positive experiences than non-Aboriginal women (76%) (Figure 5).

Aboriginal and non-Aboriginal women also gave similar ratings of their overall care in hospital after the birth, although these ratings were lower than their overall ratings of their antenatal care and care during labour and birth. Among Aboriginal women, about five in 10 (55%) said their overall care after the birth was 'very good', which was not significantly different to non-Aboriginal women (58%) (Figure 5).

Almost seven in 10 Aboriginal women (69%) said they would 'speak highly' of their maternity care experience to friends and family. This was significantly lower than non-Aboriginal women (78%) (Figure 5).

79%

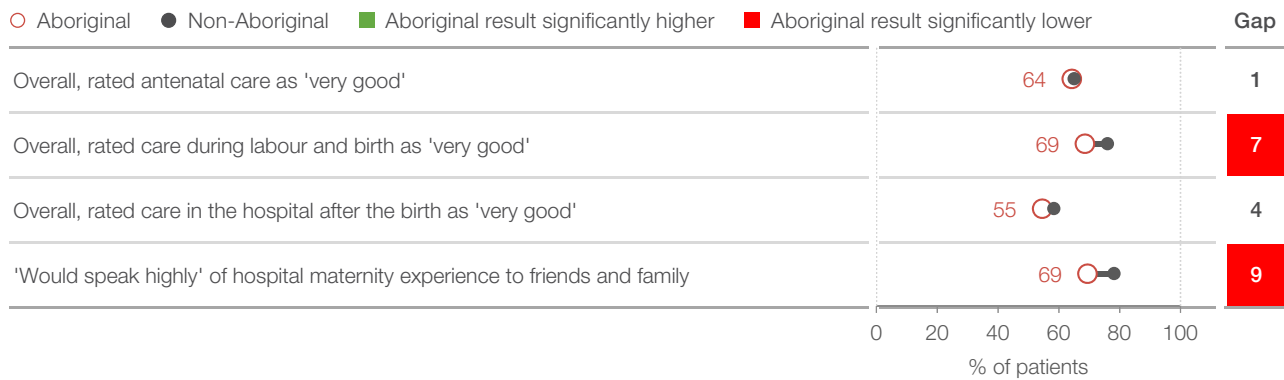
of Aboriginal women **who had the support** of an Aboriginal Health Worker rated their overall care during labour and birth as **'very good'**



Significantly higher than those **who were not supported** by an Aboriginal Health Worker

(58%)

Figure 5 Overall experiences of care, percentage of women who selected the most positive response option, Aboriginal and non-Aboriginal women, NSW, Maternity Care Survey, 2019



Notes: Comparisons between Aboriginal and non-Aboriginal patients' experiences are identified as being significantly different after adjusting for age. Unrounded values are used to calculate the percentage point difference, which is then rounded. Therefore, the percentage point difference may not match the difference between the rounded values for each group's result.

“

Best part of care...

The midwives had a holistic educational approach which satisfied all of my physical and emotional needs. They respected all of my wishes and remained patient-centred at all times.

”

“

What could improve...

The doctors need to discuss care during labour and birth with the birthing woman and allow them the space to make informed decisions about their care.

”



Culturally appropriate and safe care

Key findings



What Aboriginal people told us went well:

- Across NSW, Aboriginal patients admitted to hospital reported significant improvements in measures of privacy.
- Aboriginal patients admitted to rural hospitals reported improvements when it came to the amount of information provided to family members and carers about their care and treatment.
- Almost all Aboriginal patients admitted to hospital said staff who greeted them were polite and courteous.
- Aboriginal patients admitted to hospital who had the support of an Aboriginal Health Worker were more likely to say that health professionals ‘always’ took their family and home situation into account during discharge planning.
- Aboriginal women who had the support of an Aboriginal Health Worker were more likely to say they were ‘always’ treated with respect and dignity during labour and birth.



What Aboriginal people said could be improved:

- Across NSW, differences remain between the experiences of Aboriginal and non-Aboriginal patients admitted to hospital when it came to measures of privacy.
- There were disparities between the experiences of Aboriginal and non-Aboriginal patients admitted to hospital for questions asking whether they were treated with respect and dignity, and whether their cultural beliefs were respected. These disparities were particularly pronounced in urban hospitals.
- Over time, there was a decline in Aboriginal patients admitted to hospital reporting that hospital staff respected their cultural beliefs.
- Aboriginal patients admitted to hospital were less likely than non-Aboriginal patients to say their family members were given the ‘right amount’ of information about their condition or treatment.
- Aboriginal women were less likely to say their decisions about feeding their baby were ‘always’ respected.



Culturally appropriate and safe care

Aboriginal patients admitted to hospital were less likely than non-Aboriginal patients to say their cultural and religious beliefs were ‘always’ respected by hospital staff

Cultural safety can help improve healthcare experiences and outcomes for Aboriginal people. Aboriginal patients are more likely to feel culturally safe when family members, or other people important to them, are included in their care – such as being informed about their condition and involved in decisions.

Around eight in 10 Aboriginal patients admitted to hospital said they were treated with respect and dignity (78%), and that their cultural beliefs were respected (83%), during their hospital stay. However, when asked the same questions, the percentage of non-Aboriginal patients giving these responses was 86% and 92%, respectively (Figure 6).

Likewise, while most Aboriginal patients (89%) reported that they were not treated unfairly on the basis of their Aboriginality, age, gender, disability or another reason, this was significantly lower than non-Aboriginal patients (95%) (Figure 6). One in 25 Aboriginal patients (4%) said they were treated unfairly on the basis of their Aboriginal background (data not shown).

Around seven in 10 Aboriginal patients (72%) said their family or carer was given the ‘right amount’ of information about their condition or treatment.

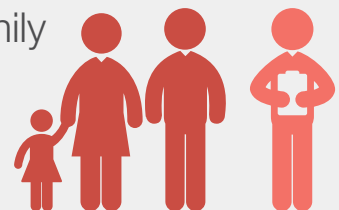
This was significantly lower than non-Aboriginal patients (81%). Aboriginal patients were also less likely than non-Aboriginal patients to say that their family and home situation was ‘completely’ taken into account during discharge planning (67%, compared with 73%) (Figure 6).

These disparities between Aboriginal and non-Aboriginal patients’ experiences when it came to safe and respectful care were generally consistent across urban and rural hospitals.

Looking at the experiences of Aboriginal patients only, Aboriginal patients in rural hospitals were significantly more positive when asked how much information about their condition or treatment was given to their family or someone close to them (78% said the ‘right amount’, compared with 69% in urban hospitals). Aboriginal patients in rural hospitals were also significantly more likely to say they were ‘always’ treated with respect and dignity (80%, compared with 76% in urban hospitals) (Figure 6).

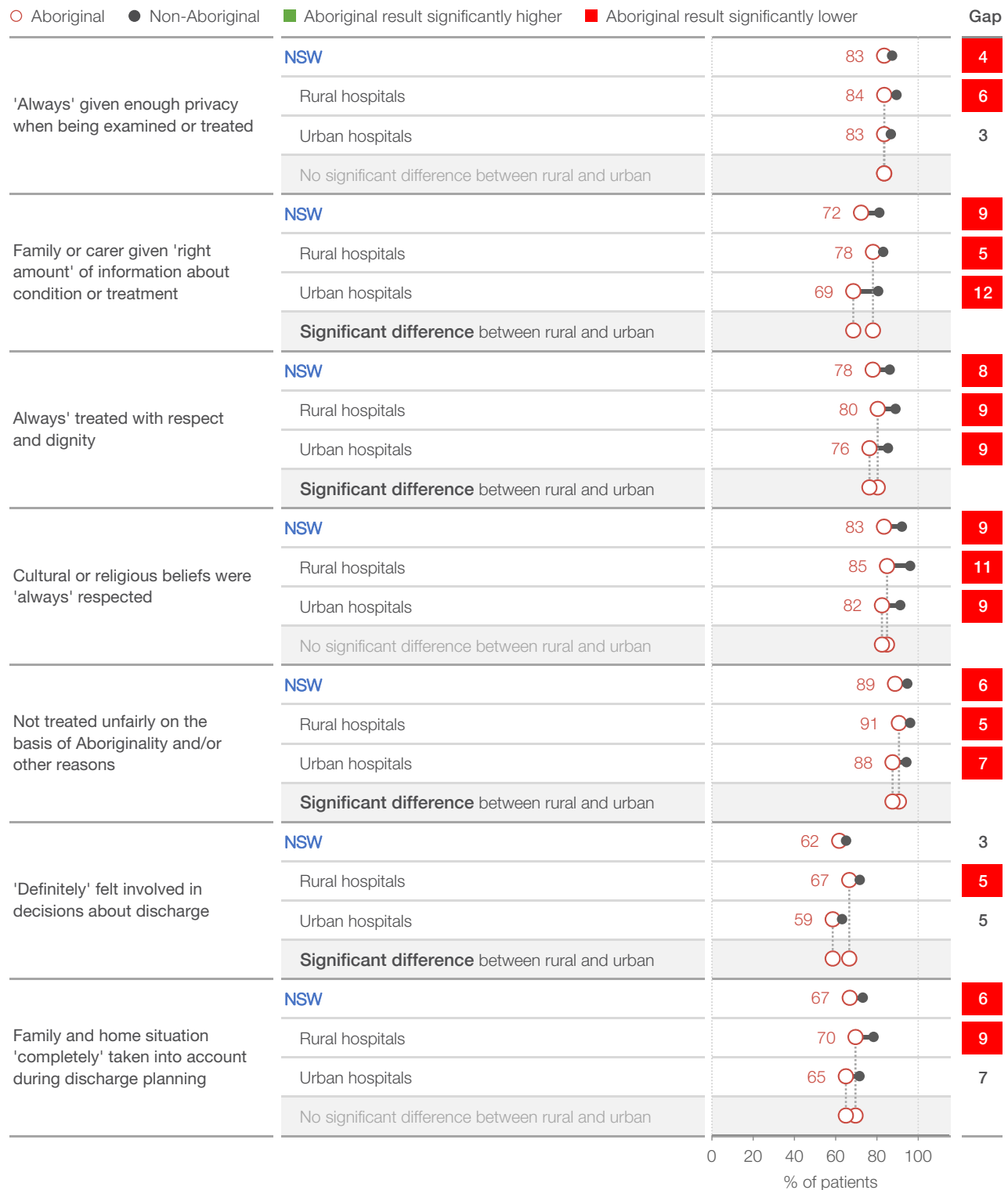
Additional measures not featured in this report are available in the supplementary data tables to this report.

76% of Aboriginal patients **who had the support** of an Aboriginal Health Worker said hospital staff **‘completely’** took their family and home situation into account when discharge planning



Significantly higher than those **who were not supported** by an Aboriginal Health Worker **(60%)**

Figure 6 Culturally appropriate and safe care, percentage of patients who selected the most positive response option, Aboriginal and non-Aboriginal patients, NSW and by rurality of hospital, AAPS, 2019



Notes: Comparisons between Aboriginal and non-Aboriginal patients' experiences, and Aboriginal patients' experiences in rural and urban hospitals, are identified as being significantly different after adjusting for age and sex.

Unrounded values are used to calculate the percentage point difference, which is then rounded. Therefore, the percentage point difference may not match the difference between the rounded values for each group's result.



Culturally appropriate and safe care

Aboriginal admitted patients' ratings of privacy when being treated and when discussing treatment improved over time

Looking at measures of culturally appropriate and safe care over time can help identify where improvements have been made to ensure Aboriginal patients feel respected and involved in their care, and where work is still needed.

When it came to privacy, Aboriginal patients' experiences at the NSW level improved significantly over six years, with 83% saying they were 'always' given enough privacy when being examined or treated in 2019 (up from 80% in 2014). This was also true for Aboriginal patients in urban hospitals (77% to 83%) (Figure 7). At the NSW level and for rural hospitals, there was significant improvement in the percentage of Aboriginal patients who said they were 'always' given enough privacy when discussing their condition or treatment (72% to 75% for NSW, 73% to 77% in rural hospitals) (data not shown).

Over the same period, there was a significant decline in the percentage of Aboriginal patients who said their cultural or religious beliefs were 'always' respected (86% to 83%). This was also true for Aboriginal patients in urban hospitals (86% to 82%) (Figure 8). In contrast, in rural hospitals, Aboriginal patients' responses remained relatively stable (85% in 2019) (Figure 8).

The percentage of Aboriginal patients who said their family was provided the 'right amount' of information about their condition or treatment remained relatively stable over time (77% in 2019). However, opposing trends emerged when looking at the experiences of Aboriginal patients in urban and rural hospitals. For Aboriginal patients in rural hospitals, the percentage saying the 'right amount' improved significantly (77% to 82%), whereas for Aboriginal patients in urban hospitals, it declined significantly (79% to 73%) (Figure 9).

Figure 7 Percentage of Aboriginal patients who said they were 'always' given enough privacy when being examined or treated, NSW and by rurality of hospital, AAPS, 2014–2019

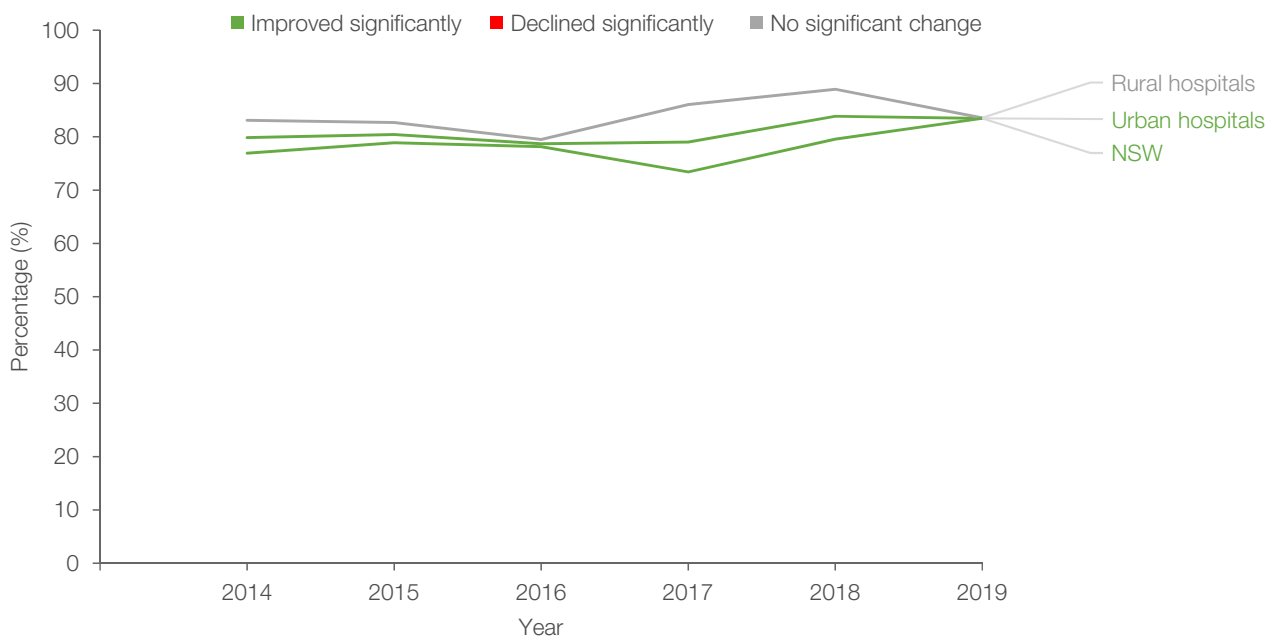


Figure 8 Percentage of Aboriginal patients who said their cultural or religious beliefs were 'always' respected by the hospital staff, NSW and by rurality of hospital, AAPS, 2014–2019

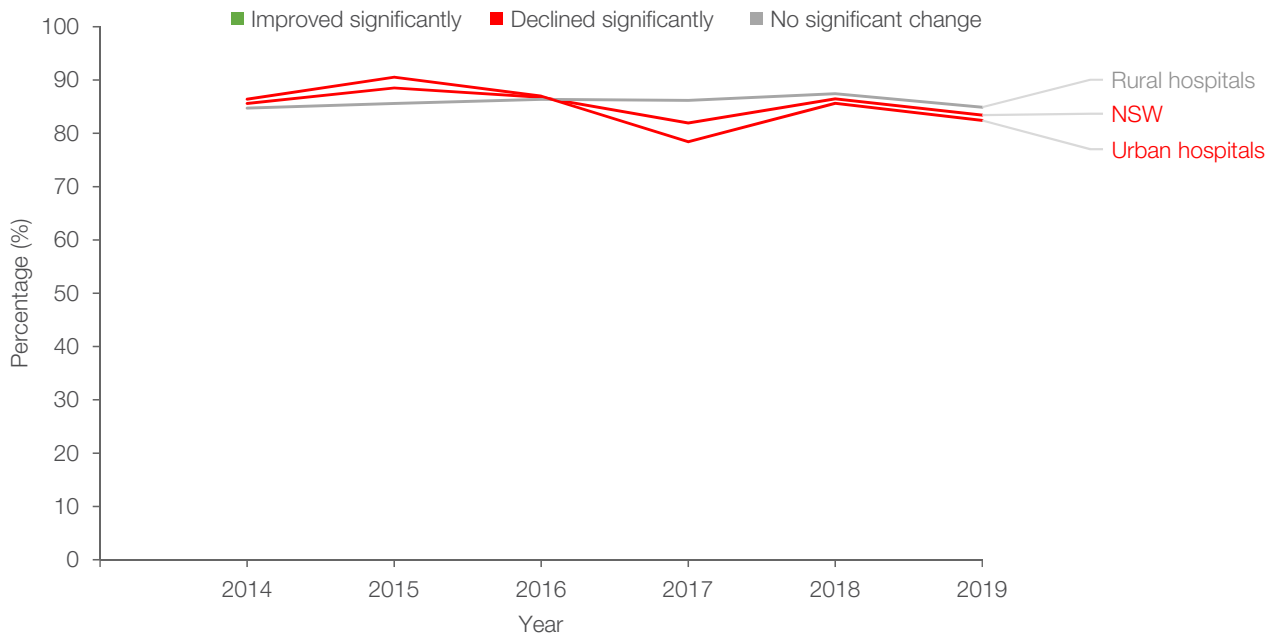
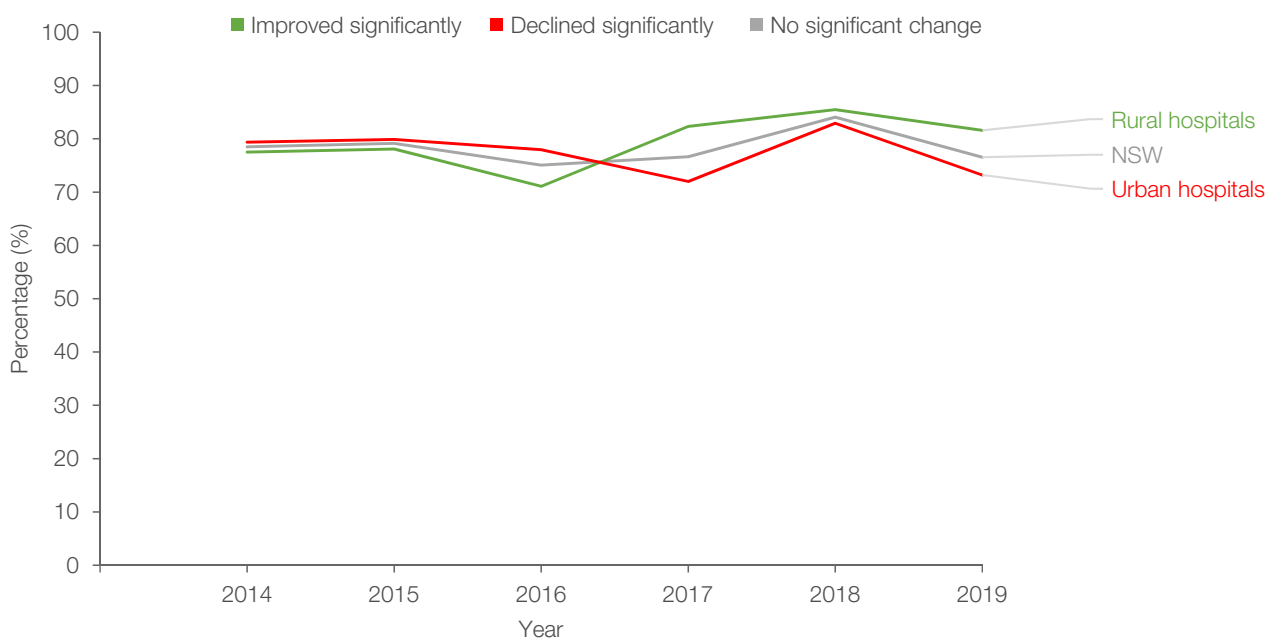


Figure 9 Percentage of Aboriginal patients who said their family was provided the 'right amount' of information about their condition or treatment, NSW and by rurality of hospital, AAPS, 2014–2019



Note: Results are identified as having improved or declined significantly after adjusting for age and sex. Statistical testing, based on all six years, has been used to identify whether change was significant. Due to the large volume of data available and the resulting power to detect significance, in some cases seemingly small numerical differences over time do constitute significant change.



Culturally appropriate and safe care

Aboriginal women who received maternity care were less likely than non-Aboriginal women to say their decisions about feeding their baby were 'always' respected

Being treated with respect and receiving culturally appropriate care is important to ensure Aboriginal women have positive experiences with maternity services as they prepare for motherhood, give birth and return home with their babies.

Almost all Aboriginal and non-Aboriginal women said that they had skin-to-skin contact with their babies shortly after the birth (95% and 97%, respectively) and that they were asked about their emotional health during a postnatal visit (97%) (Figure 10).

Most Aboriginal women said that they were 'always' treated with respect and dignity during their labour and birth (81%) and that their birthing companion was 'definitely' involved as much as they wanted to be (80%). However, these results were significantly lower than those for non-Aboriginal women (90% and 88%, respectively) (Figure 10).

Likewise, while most Aboriginal women said they 'always' had confidence and trust in the health professionals providing their antenatal care (71%) and who cared for them during labour and birth (77%), these were significantly lower than the results for non-Aboriginal women (80% and 85%, respectively) (Figure 10).

More than seven in 10 Aboriginal women (73%) said their decisions about how they wanted to feed their baby were 'always' respected by health professionals. In contrast, when asked the same question, the percentage of non-Aboriginal women giving this response was 82% (Figure 10).

Additional measures reflecting Aboriginal women's experiences are available in the supplementary data tables to this report.

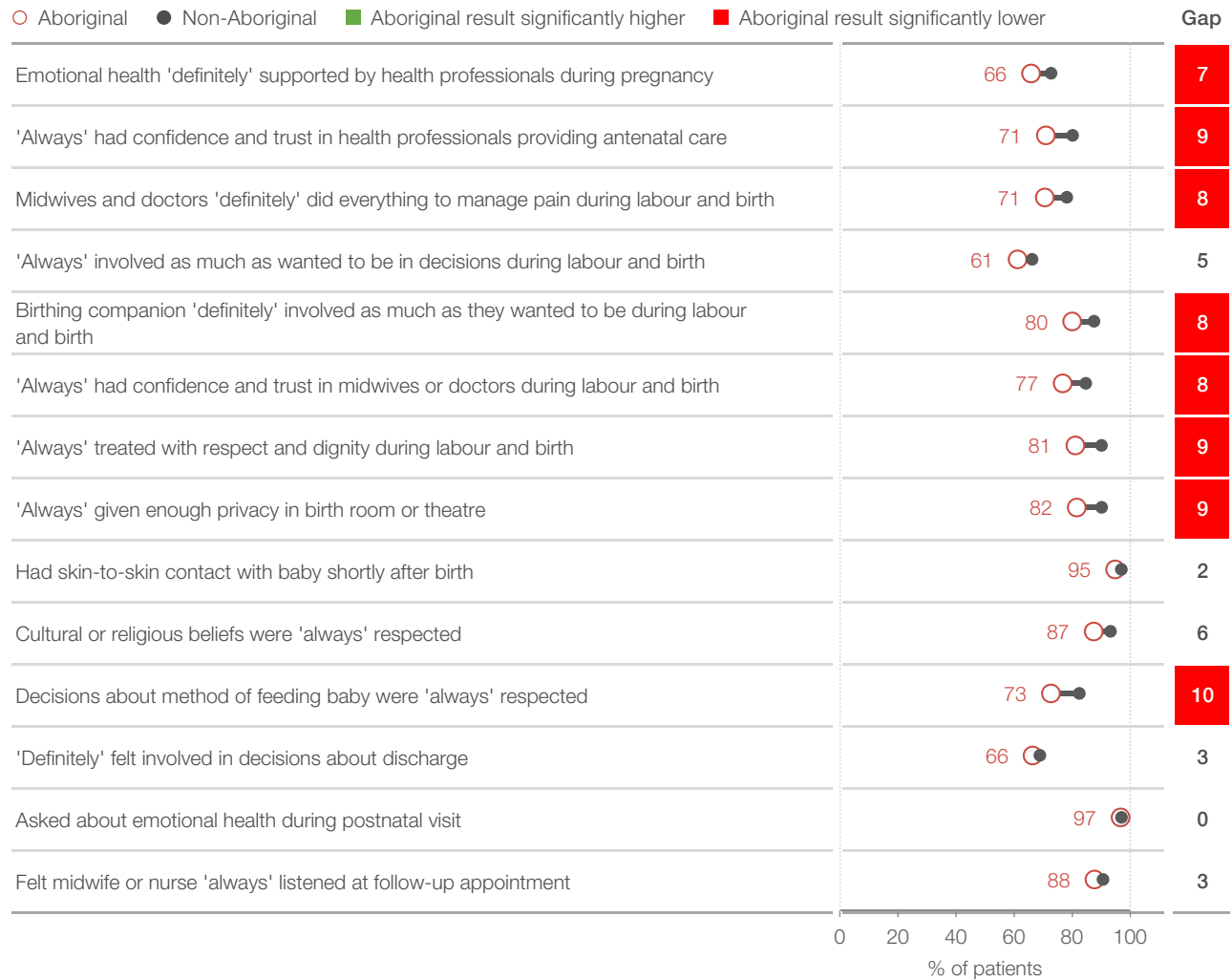
89%

of Aboriginal women **who had the support** of an Aboriginal Health Worker said they were **'always'** treated with respect and dignity during labour and birth



Significantly higher than those **who were not supported** by an Aboriginal Health Worker (72%)

Figure 10 Culturally appropriate and safe care, percentage of women who selected the most positive response option, Aboriginal and non-Aboriginal women, NSW, Maternity Care Survey, 2019



Notes: Comparisons between Aboriginal and non-Aboriginal patients' experiences are identified as being significantly different after adjusting for age. Unrounded values are used to calculate the percentage point difference, which is then rounded. Therefore, the percentage point difference may not match the difference between the rounded values for each group's result.



Communication, information and continuity of care

Key findings



What Aboriginal people told us went well:

- Across NSW, there was significant improvement in Aboriginal admitted patients' ratings of nurses providing understandable answers to important questions.
- For Aboriginal patients admitted to rural hospitals, there was improvement for health professionals providing the 'right amount' of information about care and treatment.
- Almost all Aboriginal women who received maternity care said health professionals gave them advice about the risks of alcohol, tobacco and the importance of healthy weight gain during pregnancy.
- Aboriginal patients who had the support of an Aboriginal Health Worker were more likely to say that health professionals 'always' explained things in a way they could understand.
- Aboriginal women who had the support of an Aboriginal Health Worker were more likely to say they were given 'completely' enough information to care for themselves and their baby at home.



What Aboriginal people said could be improved:

- Across NSW, more Aboriginal patients admitted to hospital reported receiving contradictory information and not getting the 'right amount' of information about their condition and treatment than non-Aboriginal patients.
- For urban hospitals, the key improvement opportunity is to give Aboriginal patients the 'right amount' of information on their care and treatment.
- For rural hospitals, the key improvement opportunity is to provide Aboriginal patients with less contradictory information.
- Aboriginal women who received maternity care told us health professionals' explanations during and after the birth needed improvement.
- Aboriginal women who received maternity care were less likely than non-Aboriginal women to say they were given enough information by health professionals, particularly after the birth.



Communication, information and continuity of care

Aboriginal patients admitted to hospital consistently told us they felt less well informed than non-Aboriginal patients

High-quality care includes the clear communication of information about care, treatment and managing any ongoing health conditions after discharge from hospital. As most patients will naturally have questions about their condition and treatment, it is important that health professionals are able to provide clear and understandable answers.

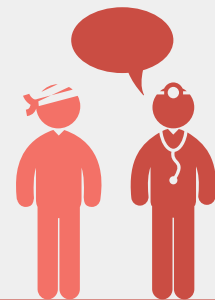
More than seven in 10 Aboriginal patients (73%) said health professionals ‘always’ explained things in an understandable way. However, this result was significantly lower than for non-Aboriginal patients (81%) (Figure 11).

The majority of Aboriginal patients (70%) said they did not receive contradictory information about their care and treatment. This was consistent for Aboriginal patients in both urban and rural hospitals. However, when non-Aboriginal patients were asked the same question, eight in 10 (80%) said they did not receive contradictory information. The difference between the experiences of Aboriginal and non-Aboriginal patients was more pronounced in rural hospitals, with 70% of Aboriginal patients reporting not receiving any contradictory information compared with 86% of non-Aboriginal patients (Figure 11).

In rural hospitals, most Aboriginal patients said they were given sufficient information and that it was communicated to them in an understandable way. However, there were significant differences between the experiences of Aboriginal and non-Aboriginal patients’ results when asked whether health professionals ‘always’ gave understandable explanations (75% compared with 83%, respectively) and whether they were given ‘completely’ enough information to manage their care at home (69%, compared with 77%) (Figure 11).

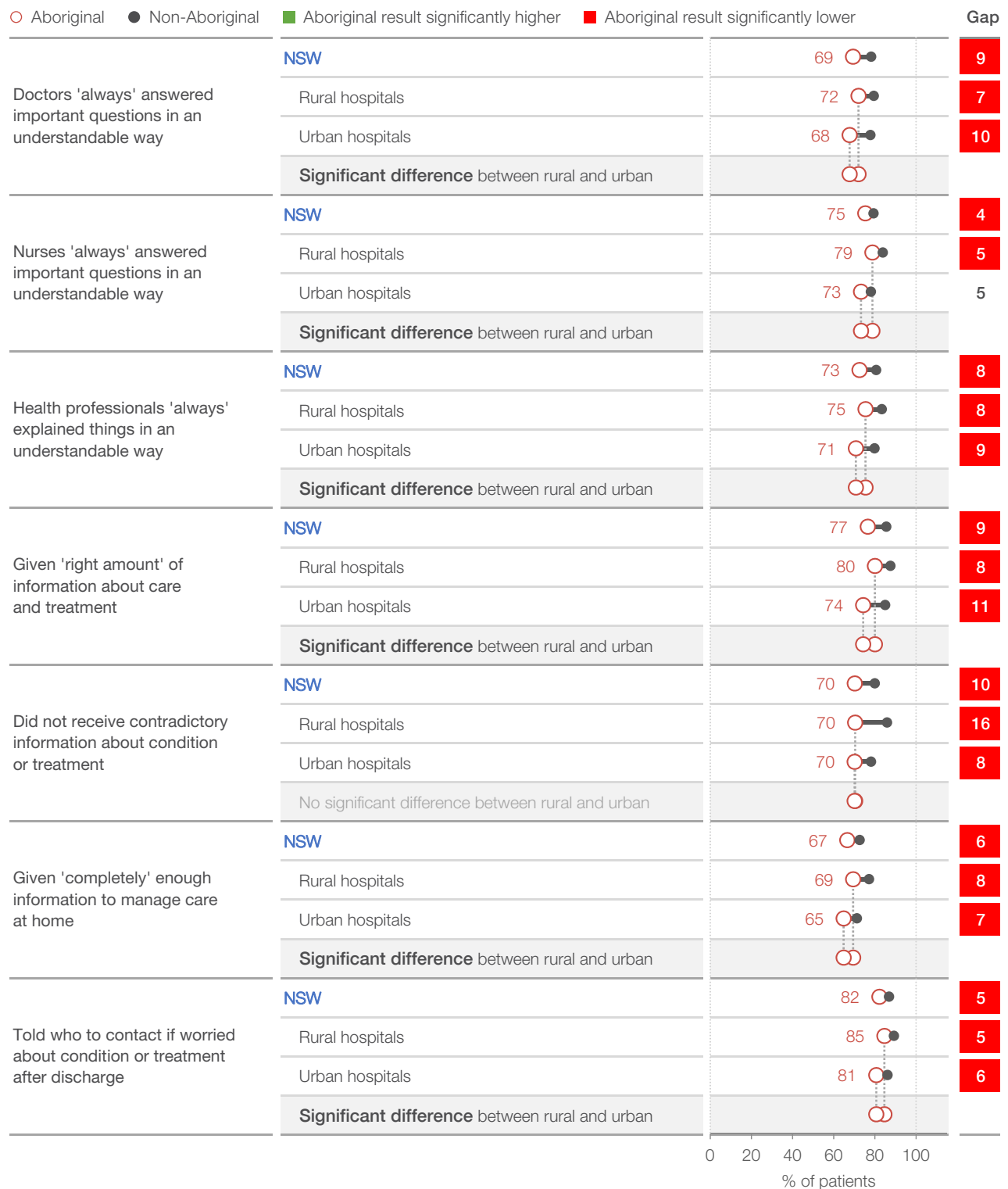
Looking at the experiences of Aboriginal patients only, those in rural hospitals tended to be more positive when asked about their communication with health professionals and their readiness for returning home than those in urban hospitals. For example, Aboriginal patients in rural hospitals were significantly more likely to say they received the ‘right amount’ of information about their condition and treatment (80%, compared with 74% in urban hospitals) and that they were told who to contact if they were worried after they left hospital (85%, compared with 81%) (Figure 11).

79% of Aboriginal patients **who had the support** of an Aboriginal Health Worker said health professionals **‘always’** explained things in a way they could understand



Significantly higher than those **who were not supported** by an Aboriginal Health Worker **(68%)**

Figure 11 Communication, information and continuity of care, percentage of patients who selected the most positive response option, Aboriginal and non-Aboriginal patients, NSW and by rurality of hospital, AAPS, 2019



Notes: Comparisons between Aboriginal and non-Aboriginal patients' experiences, and Aboriginal patients' experiences in rural and urban hospitals, are identified as being significantly different after adjusting for age and sex. Unrounded values are used to calculate the percentage point difference, which is then rounded. Therefore, the percentage point difference may not match the difference between the rounded values for each group's result.



Communication, information and continuity of care

Over time, Aboriginal patients admitted to hospital told us that nurses' responses to important questions improved

Engaging and involving Aboriginal patients in their own care is associated with better communication, improved understanding of their condition and treatment, and an enhanced ability to actively manage any ongoing health problems after being discharged from hospital. Looking at Aboriginal patients' experiences over time helps us to learn where things are going well and where there is room to improve.

There was a significant improvement over the six-year period between 2014 and 2019 in the percentage of Aboriginal patients in NSW who said nurses 'always' provided understandable answers to their important questions (72% to 75%). This improvement was even more pronounced in rural hospitals, where the percentage of Aboriginal patients who said 'always' improved significantly from 73% to 79%. In contrast, for Aboriginal patients in urban hospitals, results remained relatively stable (73% in 2019) (Figure 12).

There was significant improvement over this period in the percentage of Aboriginal patients in rural hospitals who said that doctors 'always' provided understandable answers to their important questions (67% to 72%). At the NSW level and in urban hospitals, the percentage of Aboriginal patients who said doctors provided understandable answers remained relatively stable (69% and 68% in 2019, respectively) (Figure 13).

At the NSW level, and in urban hospitals, the percentage of Aboriginal patients who said they received the 'right amount' of information about their condition or treatment was relatively stable (77% and 74% in 2019, respectively). Over the same period, there was a small but statistically significant improvement in the percentage of Aboriginal patients in rural hospitals who said they received the 'right amount' of information (79% to 80%) (Figure 14).

Figure 12 Percentage of Aboriginal patients who said nurses 'always' answered important questions in an understandable way, NSW and by rurality of hospital, AAPS, 2014–2019

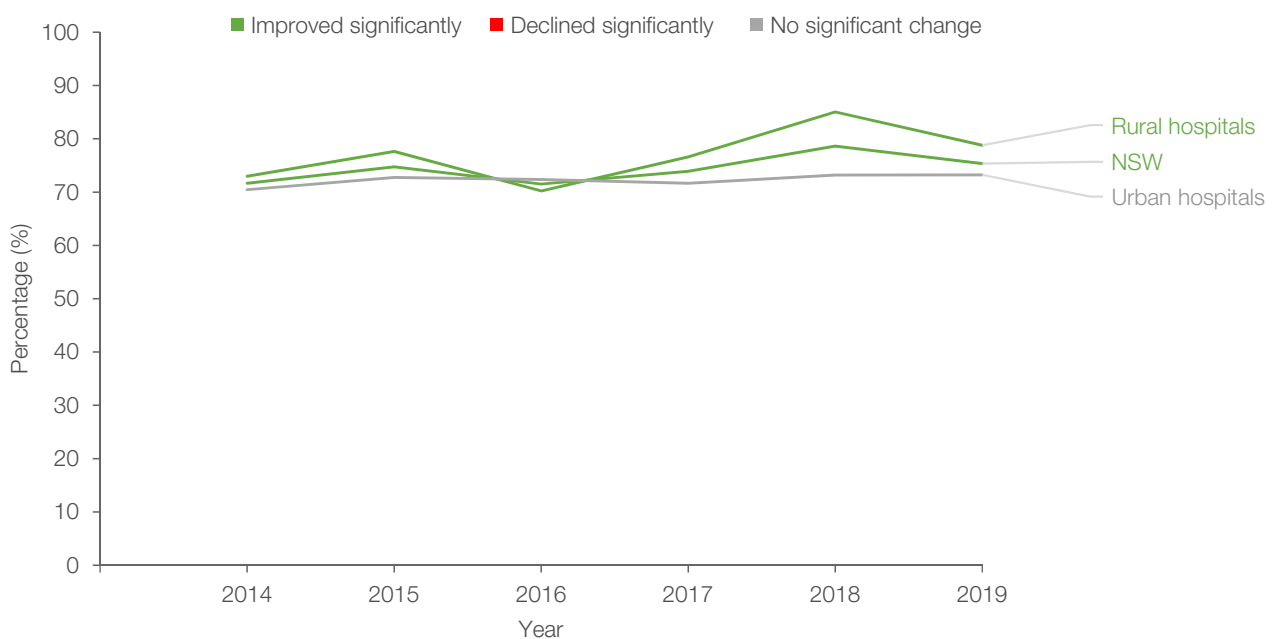


Figure 13 Percentage of Aboriginal patients who said doctors 'always' answered important questions in an understandable way, NSW and by rurality of hospital, AAPS, 2014–2019

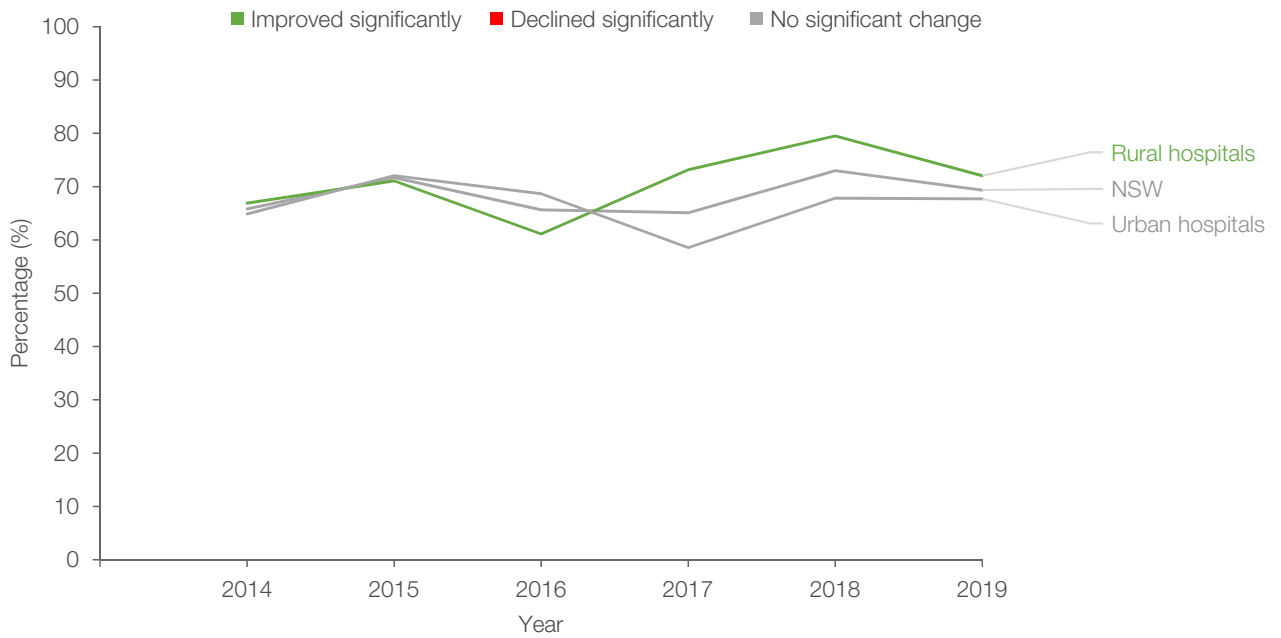
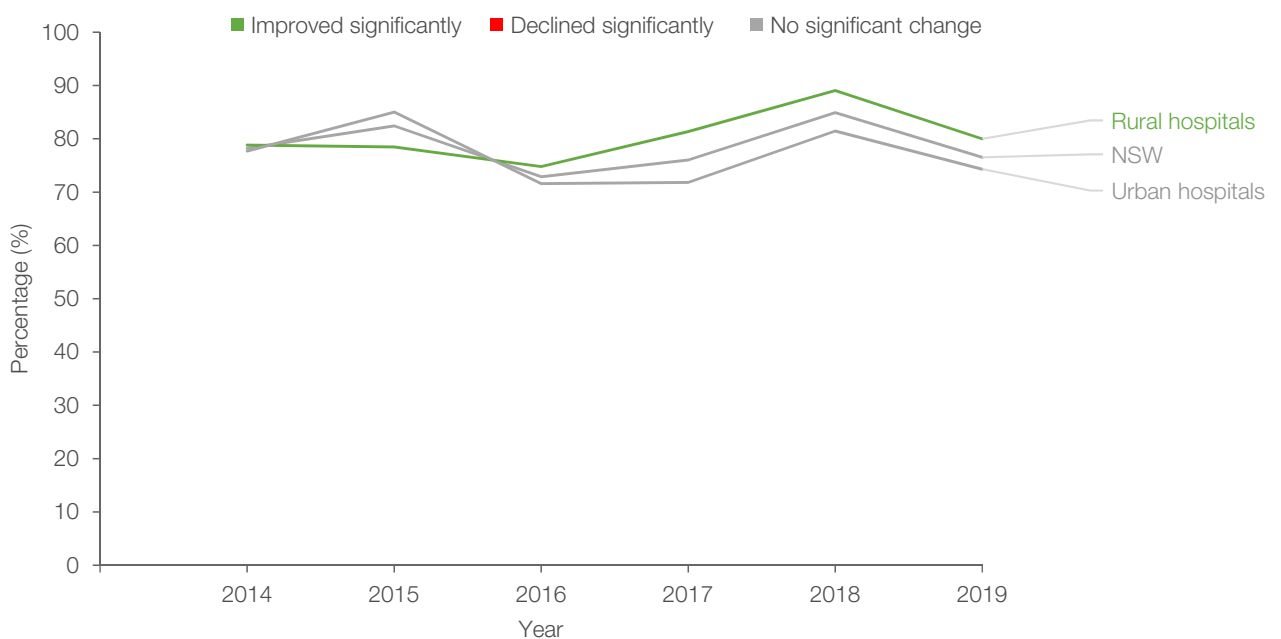


Figure 14 Percentage of Aboriginal patients who said they were given the 'right amount' of information, NSW and by rurality of hospital, AAPS, 2014–2019



Note: Results are identified as having improved or declined significantly after adjusting for age and sex. Statistical testing, based on all six years, has been used to identify whether change was significant. Due to the large volume of data available and the resulting power to detect significance, in some cases seemingly small numerical differences over time do constitute significant change.



Communication, information and continuity of care

Aboriginal women who received maternity care were more likely to say that health professionals ‘always’ explained things in an understandable way during their antenatal care than during or immediately after birth

Information about pregnancy, birth, and caring for themselves and their babies should be communicated to Aboriginal women in a way that is culturally appropriate and understandable. Like other women, Aboriginal women should also be involved in decisions about their maternity care and treatment.

More than nine in 10 Aboriginal and non-Aboriginal women (93% and 92%, respectively) said health professionals provided advice about the risks of using tobacco when pregnant (Figure 15). Likewise, many Aboriginal and non-Aboriginal women said they were provided advice about the risks of drinking alcohol and the importance of healthy weight gain during pregnancy (data not shown).

Eight in 10 Aboriginal women (80%) said health professionals providing their antenatal care ‘always’ explained things in an understandable way. This

was not significantly different to the result for non-Aboriginal women (86%) (Figure 15).

Aboriginal women identified communication during labour and birth, and after the birth of the baby, as areas for improvement. Most Aboriginal women said midwives and doctors ‘always’ explained things in an understandable way during labour and birth (75%), and after the birth (62%). However, this was significantly lower than non-Aboriginal women (86% and 76%, respectively) (Figure 15).

Less than half of Aboriginal women said they were given ‘completely’ enough information to care for themselves (46%) and their babies (45%) in hospital after the birth. However, 55% of Aboriginal women said they were given ‘completely’ enough information to care for themselves and their baby at home (Figure 15).

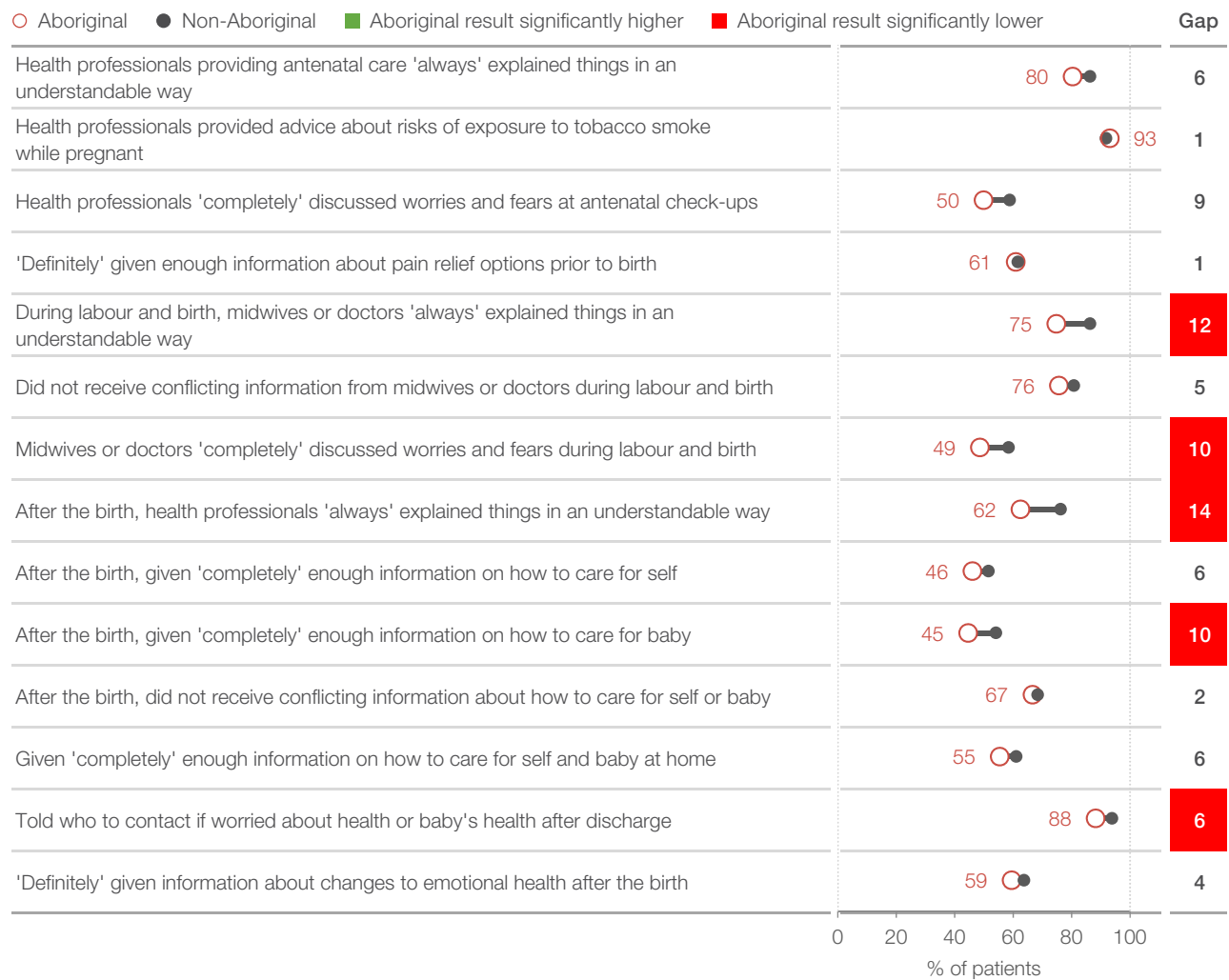
71%

of Aboriginal women **who had the support** of an Aboriginal Health Worker said they were given **‘completely’** enough information to care for themselves and their baby at home



Significantly higher than those **who were not supported** by an Aboriginal Health Worker (40%)

Figure 15 Communication, information and continuity of care, percentage of women who selected the most positive response option, Aboriginal and non-Aboriginal women, NSW, Maternity Care Survey, 2019



Notes: Comparisons between Aboriginal and non-Aboriginal patients' experiences are identified as being significantly different after adjusting for age. Unrounded values are used to calculate the percentage point difference, which is then rounded. Therefore, the percentage point difference may not match the difference between the rounded values for each group's result.



Access to services and welcoming environments

Key findings



What Aboriginal people told us went well:

- Most Aboriginal patients admitted to hospital said the staff they met on arrival were polite and courteous.
- Aboriginal patients who had the support of an Aboriginal Health Worker were more likely to say they were able to speak to doctors and nurses when they needed to.
- Aboriginal women who received maternity care were more likely than non-Aboriginal women to say they had enough time with midwives and nurses at follow-up appointments once discharged.
- Aboriginal women who had the support of an Aboriginal Health Worker were more likely to say they were able to get assistance and advice from health professionals after the birth of their baby.



What Aboriginal people said could be improved:

- Aboriginal patients admitted to hospital were less likely than non-Aboriginal patients to say emergency department staff were 'always' polite and courteous.
- Aboriginal patients admitted to hospital were less likely than non-Aboriginal patients to say they were able to speak with doctors and nurses when they needed to.
- Aboriginal patients admitted to hospital reported a decline in hospitals making adequate arrangements for services they needed post-discharge.
- Aboriginal women who received maternity care were less likely than non-Aboriginal women to say they were able to get assistance and advice from health professionals during labour and birth and immediately after the birth of their baby.



Access to services and welcoming environments

Most Aboriginal patients admitted to hospital said the staff they met on arrival at the hospital were polite and courteous

For Aboriginal people, a welcoming environment in a health service is an environment where they feel safe and comfortable, and where they know they will be respected and listened to. Negative experiences can cause Aboriginal people to be reluctant to access health services, which can in turn affect their health and wellbeing.

More than nine in 10 Aboriginal and non-Aboriginal patients said that the staff they met on their arrival to the hospital were 'always' polite and courteous (92% and 93%, respectively). However, Aboriginal patients were significantly less likely to say that emergency department staff were 'always' polite and courteous (80%, compared with 88% for non-Aboriginal patients) (Figure 16).

Looking at the experiences of patients admitted to urban hospitals only, seven in 10 Aboriginal patients (70%) said they 'always' had the opportunity to talk to a nurse when they needed to, which was not significantly different to non-Aboriginal patients (75%). However, Aboriginal patients were significantly less likely to say they 'always' had the opportunity to talk to a doctor (51%, compared with 58%) (Figure 16).

In rural hospitals, the percentage of Aboriginal and non-Aboriginal patients who said they 'always' had the opportunity to talk to a doctor was not significantly different (60%, compared with 66%). However, Aboriginal patients were significantly less likely to say they 'always' had the opportunity to talk to a nurse (74%, compared with 80%) (Figure 16).

Looking at the experiences of Aboriginal patients only, Aboriginal patients in rural hospitals tended to be more positive than Aboriginal patients in urban hospitals in their responses to questions about access to services, and factors contributing to the welcoming environment of the hospital. For example, Aboriginal patients in rural hospitals were significantly more likely to say they 'always' had the opportunity to speak to a doctor when needed (60%, compared with 51% in urban hospitals) and that adequate arrangements were made for any services required following their discharge (65%, compared with 56%) (Figure 16).

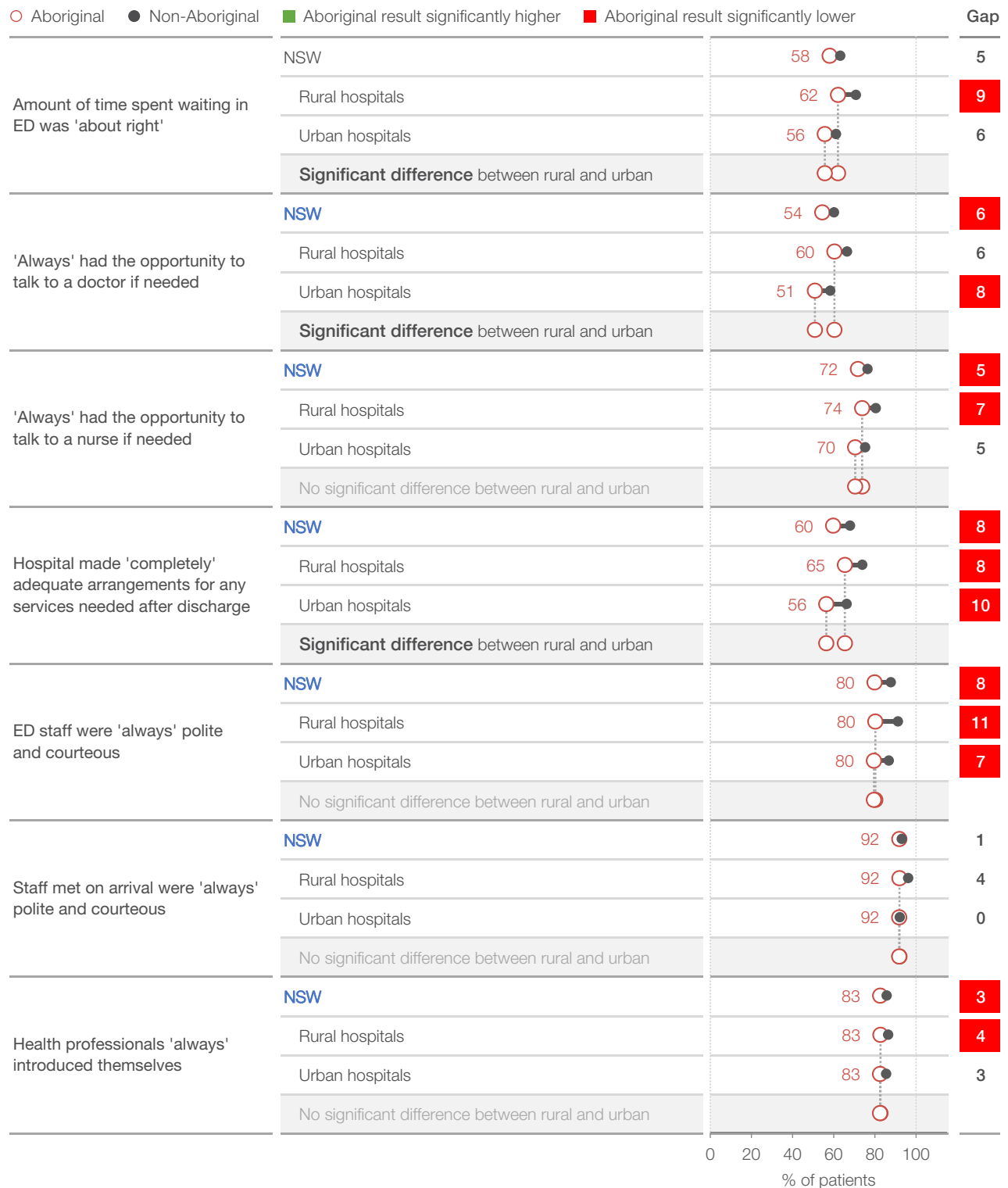
64%

of Aboriginal patients **who had the support** of an Aboriginal Health Worker said they **'always'** had the opportunity to talk to a doctor when they needed to



Significantly higher than those **who were not supported** by an Aboriginal Health Worker (47%)

Figure 16 Access to services and welcoming environments, percentage of patients who selected the most positive response option, Aboriginal and non-Aboriginal patients, NSW and by rurality of hospital, AAPS, 2019



Notes: Comparisons between Aboriginal and non-Aboriginal patients' experiences, and Aboriginal patients' experiences in rural and urban hospitals, are identified as being significantly different after adjusting for age and sex. Unrounded values are used to calculate the percentage point difference, which is then rounded. Therefore, the percentage point difference may not match the difference between the rounded values for each group's result.



Access to services and welcoming environments

Aboriginal patients admitted to hospital told us of a decline in hospitals' making adequate arrangements for services they needed post-discharge

Looking at measures of health service accessibility and factors contributing to the welcoming environment of the hospital over time can help to identify where improvements have been made, and where additional attention is required.

At the NSW level, the percentage of Aboriginal patients who said they 'always' had the opportunity to talk to a doctor if they needed to remained relatively stable over time (54% in 2019). This was also true for Aboriginal patients in urban hospitals (51% in 2019). In rural hospitals, there was a significant improvement over six years in the percentage of Aboriginal patients who said they 'always' had the opportunity to talk to a doctor (56% to 60%) (Figure 17). Similarly, there was significant improvement at rural hospitals in the percentage of Aboriginal patients who said they 'always' had the opportunity to talk to a nurse if they needed to (70% to 74%) (data not shown).

There was a significant improvement over the period between 2014 and 2019 in the percentage of Aboriginal patients in NSW who said the ward or room they stayed in was 'very clean' (65% to 69%). This improvement was even more pronounced in rural hospitals, where the percentage of Aboriginal patients who said 'very clean' improved significantly from 66% to 75%. In contrast, in urban hospitals, Aboriginal patients' ratings of room and ward cleanliness remained relatively stable (65% in 2019) (Figure 18).

Over the six years, there was a significant decline in the percentage of Aboriginal patients who said the hospital made 'completely' adequate arrangements for any services they needed post-discharge (64% to 60%). This decline was pronounced for Aboriginal patients in urban hospitals, where the percentage saying 'completely' declined significantly from 65% to 56%. However, in rural facilities, Aboriginal patients' responses to this question remained relatively stable (65% in 2019) (Figure 19).

Figure 17 Percentage of Aboriginal patients who said they 'always' had the opportunity to talk to a doctor if needed, NSW and by rurality of hospital, AAPS, 2014–2019

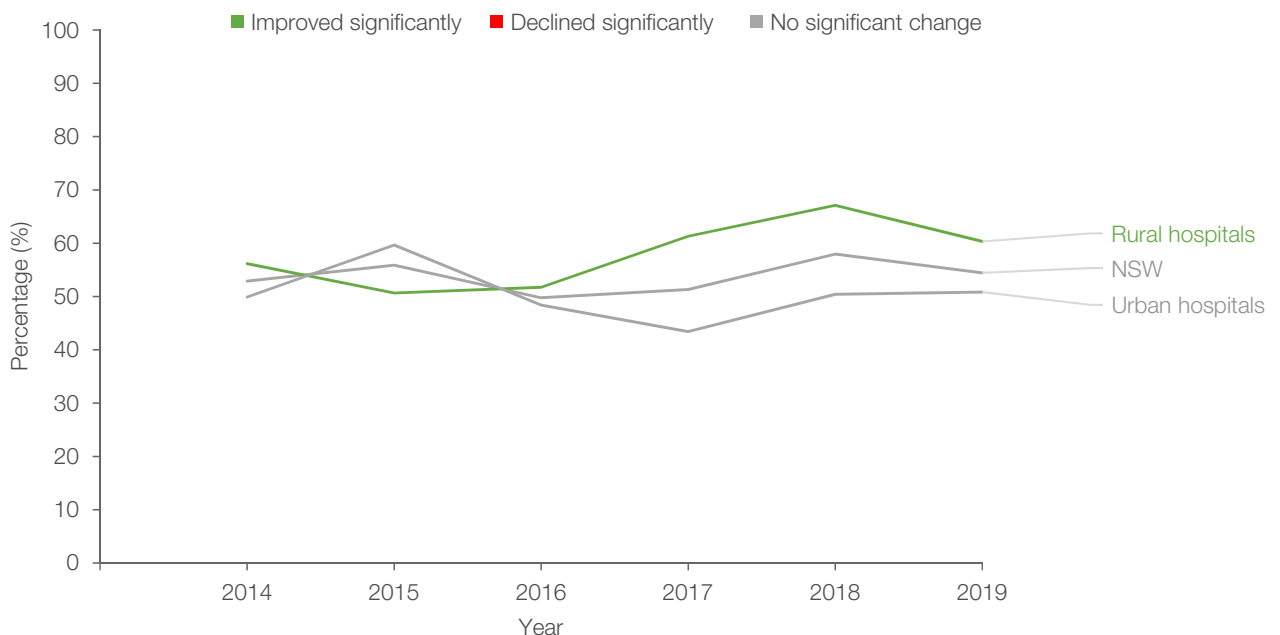


Figure 18 Percentage of Aboriginal patients who said the ward or room was 'very clean', NSW and by rurality of hospital, AAPS, 2014–2019.

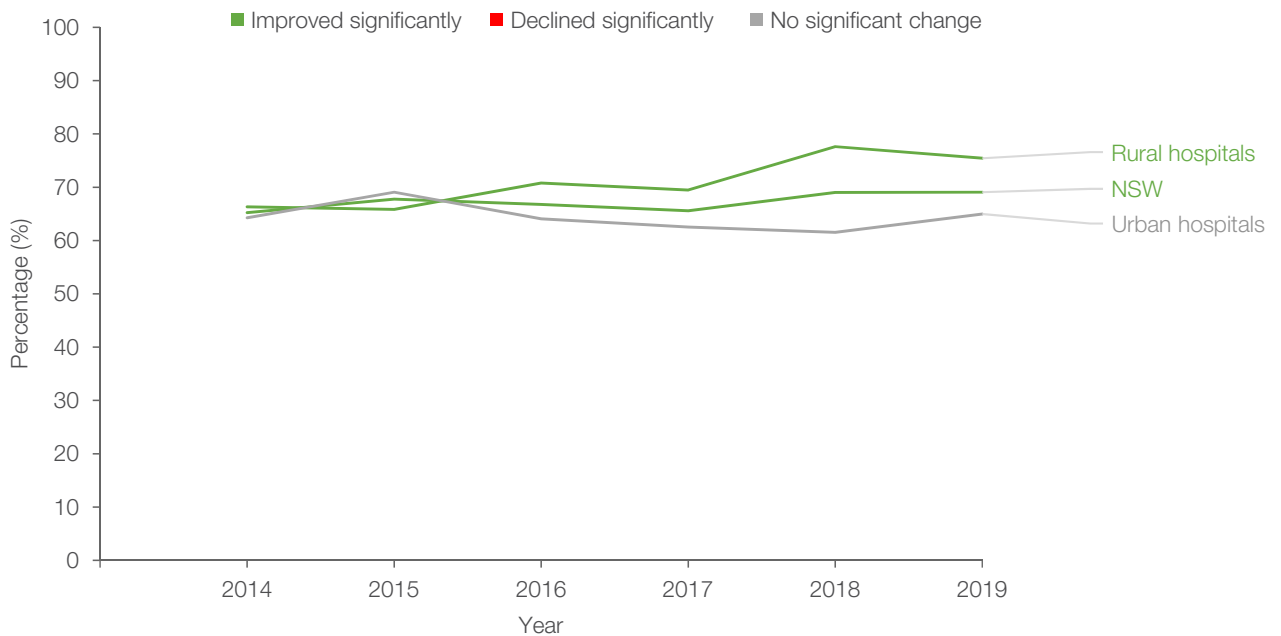
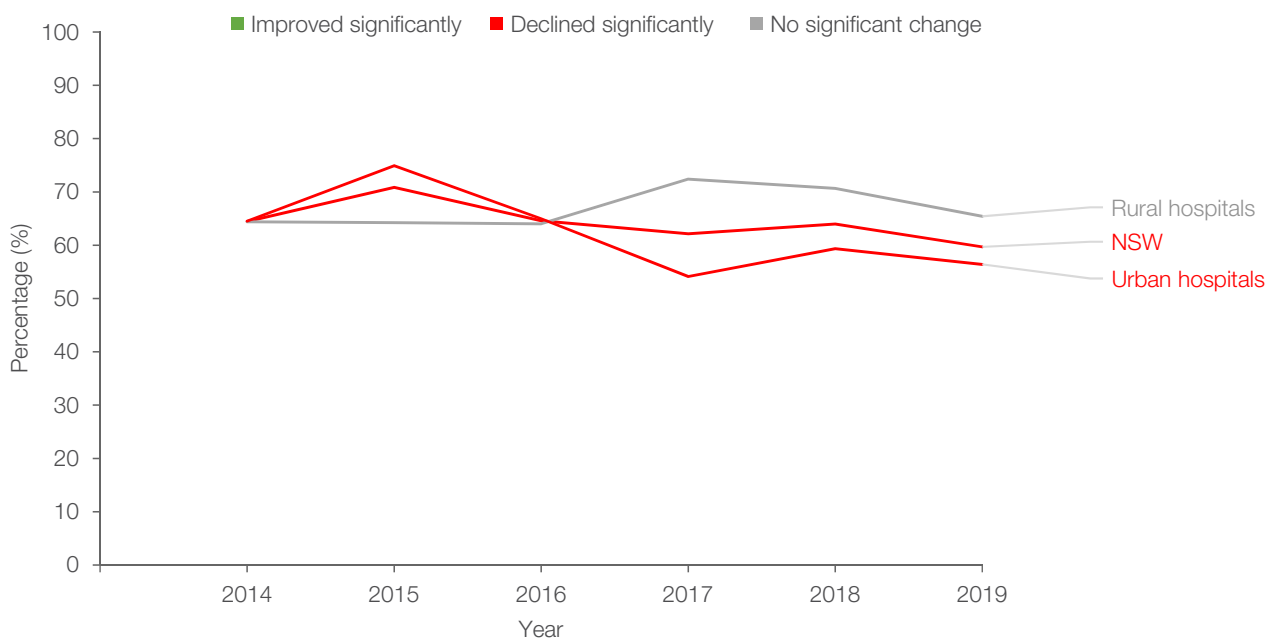


Figure 19 Percentage of Aboriginal patients who said 'completely' adequate arrangements were made for services needed after leaving the hospital, NSW and by rurality of hospital, AAPS, 2014–2019.



Note: Results are identified as having improved or declined significantly after adjusting for age and sex. Statistical testing, based on all six years, has been used to identify whether change was significant. Due to the large volume of data available and the resulting power to detect significance, in some cases seemingly small numerical differences over time do constitute significant change.



Access to services and welcoming environments

Aboriginal women who received maternity care were more likely than non-Aboriginal women to say they had enough time with midwives and nurses at follow-up appointments

Listening to what Aboriginal women have to say about their experiences of maternity care is important to ensure they receive high-quality, culturally inclusive healthcare, tailored to their needs. It can also help ensure Aboriginal women are well supported and feel comfortable and safe.

Around eight in 10 Aboriginal and non-Aboriginal women said they felt the length of their hospital stay was 'about right' (80% and 82%, respectively) (Figure 20).

Differences in the experiences of Aboriginal and non-Aboriginal women emerged when they were asked how easy it was to get assistance and advice from health professionals. Many Aboriginal women said they were 'always' able to get assistance from

health professionals when they needed it during their labour and birth (68%) and after the birth of their baby (56%). However, this result was significantly lower than for non-Aboriginal women (81% and 68%, respectively) (Figure 20).

Half of Aboriginal women (50%) said the hospital 'always' provided access to food when they needed it. This result was also significantly lower than for non-Aboriginal women (66%) (Figure 20).

However, around nine in 10 Aboriginal women (92%) said they 'definitely' had enough time to ask questions or discuss any concerns with a midwife or nurse at a postnatal visit once discharged. This was significantly higher than non-Aboriginal women (89%) (Figure 20).

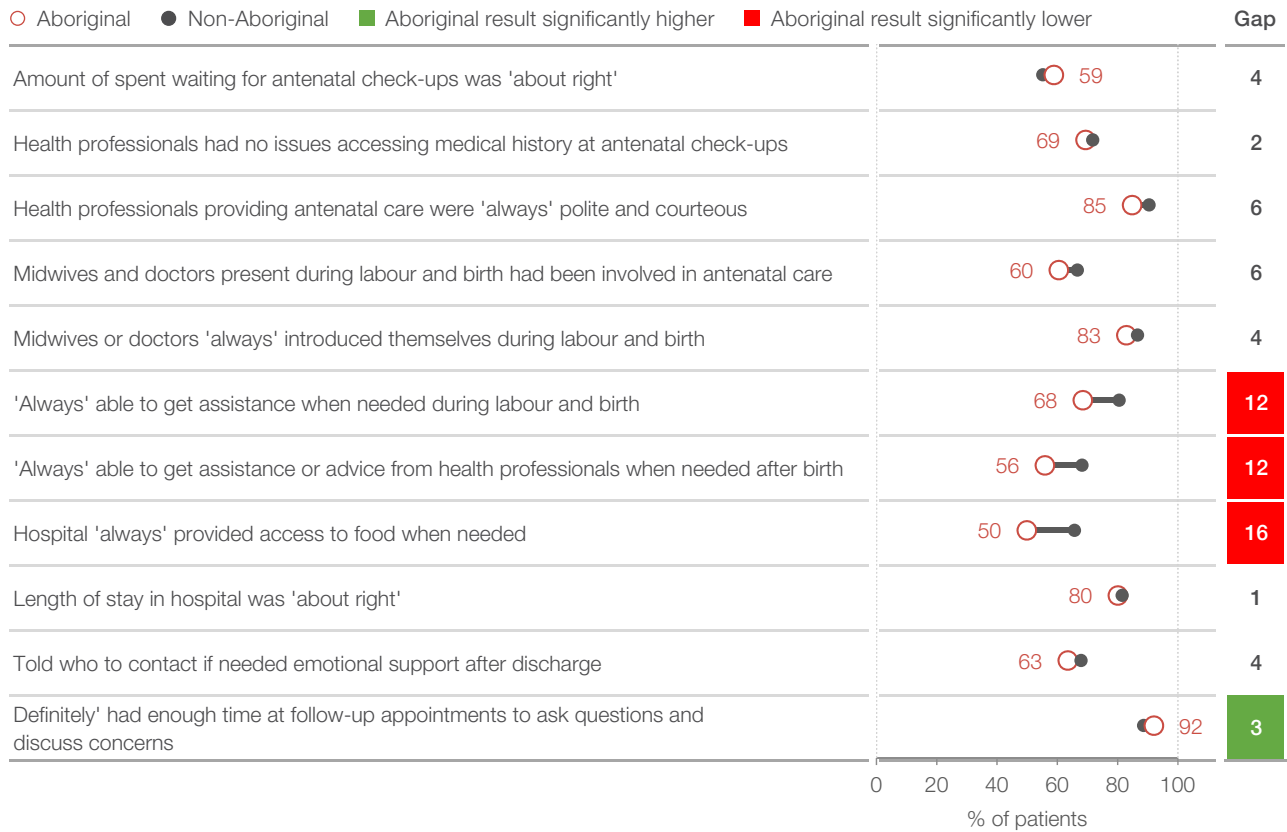
66%

of Aboriginal women **who had the support** of an Aboriginal Health Worker said they were **'always'** able to get assistance and advice from health professionals after birth



Significantly higher than those **who were not supported** by an Aboriginal Health Worker (42%)

Figure 20 Access to a welcoming environment, percentage of women who selected the most positive response option, Aboriginal and non-Aboriginal women, NSW, Maternity Care Survey, 2019



Notes: Comparisons between Aboriginal and non-Aboriginal patients' experiences are identified as being significantly different after adjusting for age. Unrounded values are used to calculate the percentage point difference, which is then rounded. Therefore, the percentage point difference may not match the difference between the rounded values for each group's result.

Drivers of positive care experiences for Aboriginal patients



Key findings



For Aboriginal patients admitted to hospital, feeling that care is well-organised is one of the strongest drivers of positive overall ratings of care.

Being treated fairly, including on the basis of their Aboriginality, was also strongly associated with positive experiences of care for Aboriginal patients admitted to hospital.

Other areas that were associated with positive patient experiences for Aboriginal patients admitted to hospital included having trust and confidence in doctors and nurses, and feeling involved and well prepared for discharge from hospital.



Drivers of positive care experiences for Aboriginal patients

Effective organisation of care was one of the strongest drivers of positive overall experiences for Aboriginal patients admitted to hospital

Additional analyses of Aboriginal patients' experiences examined which aspects of care were most likely to be associated with a positive rating of overall care and of patients feeling they were treated with respect and dignity. This information is important as it provides healthcare professionals and system managers with insights into areas to focus quality improvement efforts.

Around six in 10 Aboriginal patients (63%) said their overall care was 'very good'. The strongest factor associated with these Aboriginal patients' positive overall experience was the effective organisation of their care in the hospital. Aboriginal patients who reported having 'very well' organised care were 19 times more likely to give a 'very good' overall rating of care.

Additionally, Aboriginal patients who reported being treated fairly, based on their Aboriginality or other reasons, were five times more likely to rate their overall care as 'very good'.

Other underlying factors influencing positive overall ratings of care included confidence and trust in doctors and nurses, health professionals introducing themselves, and patients being involved in and given enough information at discharge. Aboriginal patients who reported positive experiences in these areas were two to three times more likely to offer 'very good' ratings.

Almost eight in 10 Aboriginal patients (78%) said they were 'always' treated with respect and dignity. The strongest factor associated with these Aboriginal patients feeling respected was being treated fairly, based on Aboriginality or other reasons. Aboriginal patients who reported being treated fairly were 12 times more likely to say they were 'always' treated with respect and dignity. Additionally, Aboriginal patients whose care was 'very well' organised were five times more likely to 'always' be treated with respect and dignity.

Other underlying factors influencing these positive responses included health professionals providing understandable answers, patients having confidence and trust in nurses, having the opportunity to speak to nurses, and being involved in and prepared for discharge. Aboriginal patients who reported positive experiences in these areas were two to four times more likely to say they were 'always' treated with respect and dignity.



Best part of care...

With the help of the doctors, nurses and Aboriginal Health Worker, I felt my time in hospital was made easy and as stress free as could be possibly expected.





Drivers of Aboriginal patients' **'very good'** overall ratings of care



Drivers of Aboriginal patients **'always'** feeling treated with respect and dignity

Effective organisation of care in the hospital

Fair treatment, including on the basis of Aboriginality and/or other reasons

Confidence and trust in doctors

Health professionals introducing themselves

Provision of information to manage care at home

Involvement in decisions about discharge

Confidence and trust in nurses

Being told who to contact if worried about condition or treatment after discharge

Fair treatment, including on the basis of Aboriginality and/or other reasons

Effective organisation of care in the hospital

Understandable explanations by health professionals

Confidence and trust in nurses

Being told who to contact if worried about condition or treatment after discharge

Opportunity to talk to a nurse if needed

Involvement in decisions about care and treatment

Note: Results are mutually adjusted in addition to adjustments for the influence of age and sex on each outcome. The adjusted odds ratio and confidence interval were used to assess the relative importance of each factor.

Insights

from Aboriginal
patients' comments



Key findings



What Aboriginal people told us went well:

More Aboriginal patients admitted to hospital provided a comment about the best part of their care than what could improve.

Most Aboriginal patients admitted to hospital and Aboriginal women who received maternity care who left a comment about what could improve said there was nothing that needed improving.

The staff, quality of care and treatment, and overall experience of care were most commonly identified as the best parts of care by Aboriginal patients.

Aboriginal women who received maternity care provided positive comments about their overall care experience and the midwives, including their kind and caring nature.



What Aboriginal people said could be improved:

Aboriginal patients admitted to hospital identified the food and the availability of staff as areas for improvement.

Aboriginal patients who rated their overall care less positively were more likely to mention the need for staff to be more available to listen, discuss issues and answer questions, and the need for greater empathy from health professionals.

Aboriginal women who received maternity care commented that maternity care could be improved if staff showed more empathy, were more available to listen, discuss issues and answer questions, and were more attentive to their needs.

Aboriginal women who rated their overall maternity care less positively were more likely to mention the need for staff to show more empathy, improved pain management and more breastfeeding assistance and advice.



Insights from Aboriginal patients' comments

Aboriginal patients admitted to hospital most commonly identified the staff and the quality of care and treatment as the best parts of their care

Providing patients with the opportunity to comment on their care delivers insights that can help health professionals further understand their patients' experiences.

The Adult Admitted Patient Survey 2019 contained two free-text questions that asked Aboriginal patients admitted to hospital what they thought was the best part of their care and what could improve. Around 2,500 patient comments were provided by Aboriginal patients in response to these two questions.

When it came to the best part of their care, Aboriginal patients were most enthusiastic in their praise of the hospital staff who treated them. These

staff, including doctors and nurses, were variously described as 'wonderful', 'amazing' and 'excellent' 422 times. The quality of care, treatment and service was also regularly mentioned (377 mentions) along with positive feedback about the overall experience (267 mentions).

In identifying what could improve about the care they received, Aboriginal patients were most likely to say no improvements were needed (717 mentions). Those specific areas that were identified by Aboriginal patients included the hospital food (206 mentions), the need for more nurses (91 mentions) and the view that staff were overburdened in their roles (88 mentions).

Improving Aboriginal patients' experiences

Analyses were conducted to provide further insights into what can be done so that fewer Aboriginal people report poor experiences of care.

When asked what could improve about the care they received, Aboriginal patients admitted to hospital who rated their overall care as 'poor' or 'very poor' were more likely to identify the need for:

- Hospital staff to be more available to listen, discuss issues and answer questions
- Improvements in the quality of care
- Greater empathy and respect from staff
- Better pain management.



The best part of care...

Hospital staff (422 mentions)

“The staff and medical team’s caring nature. They were happy to help or inform me about anything I needed to know.”

Quality of care, treatment and service (377 mentions)

“The treatment and care I received from all the staff were second to none and always with care and respect.”

Overall experience of care (267 mentions)

“The compassion and professionalism each person displayed in carrying out their duties. Also how comfortable and confident they made me feel with the care I was receiving.”

What could improve...

Hospital food (206 mentions)

“The food is not nutritious enough for good healing quality.”

Need for more nurses (91 mentions)

“Nurse workload is too much, need more staff. Patient to nurse ratio is unrealistic, and was one of the reasons why my discharge was delayed. Care was good and staff were lovely but they are clearly stretched.”

Overburdened staff (88 mentions)

“Staff are very busy trying their best to do what they have to do. They do an excellent job. But could use more staff to make it easier for them.”





Insights from Aboriginal patients' comments

Aboriginal women who received maternity care gave positive comments about their overall care experience and about the midwives who cared for them

Aboriginal women also provided comments in the Maternity Care Survey 2019 on two free-text questions about the best part of their care and what they thought could improve.

For these two questions, Aboriginal women gave around 250 responses.

When it came to the best part of their maternity care, Aboriginal women who received maternity care were particularly positive in their comments about their midwives. This included saying they were 'fantastic', 'awesome', 'exceptional' and 'lovely' (70 mentions)

as well as feedback about their kindness and caring nature (40 mentions). Another prominent theme was the quality of care, treatment and service provided (39 mentions).

In identifying what could improve about the care they received, Aboriginal women were most likely to say no improvements were needed (41 mentions). Those specific areas that were identified by Aboriginal women included the need for staff to be more available to discuss issues and listen (24 mentions), more attentive (20 mentions) and for improved care after the birth (20 mentions).

Improving Aboriginal womens' experiences

Analyses were conducted to provide further insights into what can be done so that fewer Aboriginal women receiving maternity care report poor experiences of care.

When asked what could improve about the care they received, Aboriginal patients who rated their overall care as 'poor' or 'very poor' were more likely to identify the need for:

Antenatal care and care during labour and birth

- Staff to be more available to listen, discuss issues and answer questions
- Greater empathy from staff
- Better pain management
- Greater involvement in decisions about their care.

Care after birth

- Improved postnatal care
- Greater empathy from staff
- Better pain management
- More breastfeeding assistance and advice
- More opportunities to discuss their concerns and have their questions answered.



The best part of care...

Overall feedback on midwives (70 mentions)

“We cannot fault any of the nurses, doctors or midwives. They all made it a calm and easy time for us which I will never forget.”

Kindness and care of midwives (40 mentions)

“As this was our first child, both my husband and I were very grateful to the midwives for all of the care and assistance they provided us.”

Quality of care, treatment and service (39 mentions)

“The Aboriginal Maternal and Infant Services team who looked after me throughout my pregnancy and postpartum. This is a great service available for the Aboriginal community.”

What could improve...

Staff to be more available to discuss issues and listen (24 mentions)

“I didn’t feel like the midwife was really ‘there’ with me. My labour was very quick and it felt like she spent that time filling out paperwork.”

Staff to be more attentive (20 mentions)

“No one really spoke to me or checked on us after. We were kind of left to work it out for ourselves.”

Care after the birth (20 mentions)

“I felt that once I got to the ward, my baby and I were forgotten. I had very little help from the time I was admitted to the ward through to when my husband arrived in the morning.”





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The Bureau of Health Information (BHI) is a board-governed organisation that provides independent information about the performance of the NSW healthcare system.

BHI was established in 2009 and supports the accountability of the healthcare system by providing regular and detailed information to the community, government and healthcare professionals. This in turn supports quality improvement by highlighting how well the healthcare system is functioning and where there are opportunities to improve.

BHI manages the NSW Patient Survey Program, gathering information from patients about their experiences and outcomes of care in public hospitals and other healthcare facilities.

BHI publishes a range of reports and information products, including interactive tools, that provide objective, accurate and meaningful information about how the health system is performing.

BHI's work relies on the efforts of a wide range of healthcare, data and policy experts. All of our assessment efforts leverage the work of hospital coders, analysts, technicians and healthcare providers who gather, codify and supply data. Our public reporting of performance information is enabled and enhanced by the infrastructure, expertise and stewardship provided by colleagues from NSW Health and its pillar organisations.

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