

Cultural respect in general practice: a cluster randomised controlled trial

To THE EDITOR: We refer to Liaw and colleagues¹ recently published study in the Journal. We acknowledge the positive intentions and rigour of this trial, and empathically concur with Thompson and Thackrah's² comment that the results of this research "[do] not mean that efforts to improve cultural competence in health care settings should be abandoned". To the contrary, this study demonstrates the urgent need for more research to improve cultural competence in the health care setting; in particular, the use of culturally safe research methods that truly benefit Aboriginal and Torres Strait Islander peoples and communities.³

Like Thompson and Thackrah,² we question the authors' choice of the cultural quotient questionnaire.⁴

This generic tool is not designed for assessing cultural competence of health professionals when working with Aboriginal and Torres Strait Islander peoples in Australia. Importantly, it lacks recognition of the unique colonial experiences of Aboriginal and Torres Strait Islander peoples and, therefore, it cannot measure health professionals' understandings or attitudes about such a key part of any cultural training, where we would hope to see change. We suggest the use of a scale that has been designed and validated by Aboriginal and Torres Strait Islander peoples, such as the Cultural Capability Measurement Tool.⁵

We fear that, if not carefully interpreted, the study findings have the potential to further complicate and undermine the substantial work — endorsed by the National Aboriginal Community Controlled Health Organisation and the Department of Health — being undertaken to develop the cultural

safety of Australia's health system.⁶ It is crucial that in all areas of Australia's health system, including Aboriginal and Torres Strait Islander health, we present a reliable, strategically aligned approach consistent with the vision of an Australian health system free of racism and inequality.⁶ It is important that we continue to work together to harness the energy and commitment of the workforce towards our shared goals. We look forward to the qualitative findings of the research study.

Sophie Hickey¹
Roianne West²

¹ Mater Research Institute, University of Queensland, Brisbane, QLD.

² Griffith University, Gold Coast, QLD.

Sophie.Hickey@mater.uq.edu.au

Competing interests: No relevant disclosures. ■

doi: 10.5694/mja2.50215

© 2019 AMPCo Pty Ltd

References are available online.

- 1 Liaw ST, Wade V, Furler JS, et al. Cultural respect in general practice: a cluster randomised controlled trial. *Med J Aust* 2019; 210: 263–268. <https://www.mja.com.au/journal/2019/210/6/cultural-respect-general-practice-cluster-randomised-controlled-trial>
- 2 Thompson SC, Thackrah RD. Improving cultural respect in primary care. *Med J Aust* 2019; 210: 259–260. <https://www.mja.com.au/journal/2019/210/6/improving-cultural-respect-primary-care>
- 3 National Health and Medical Research Council. Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities: guidelines for researchers and stakeholders. Canberra: Commonwealth of Australia; 2018. <https://www.nhmrc.gov.au/about-us/resources/ethical-conduct-research-aboriginal-and-torres-strait-islander-peoples-and-communities> (viewed May 2019).
- 4 Ang S, Van Dyne L. Handbook of cultural intelligence: theory, measurement and applications. New York (NY): ME Sharpe, 2008.
- 5 West R, Wrigley S, Mills K, et al. Development of a First Peoples-led cultural capability measurement tool: a pilot study with midwifery students. *Women Birth* 2017; 30: 236–244.
- 6 Department of Health. National Aboriginal and Torres Strait Islander Health Plan 2013–2023. Canberra: Commonwealth of Australia; 2013. <http://www.health.gov.au/internet/main/publications.nsf/Content/natsih-plan> (viewed May 2019). ■