A collaborative yarn on qualitative health research with Aboriginal communities

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A collaborative yarn on qualitative health research with Aboriginal communities

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Introduction

In this paper, we reflect on our collective knowledge and experience of qualitative health research in Aboriginal communities, and seek to provide guidance for researchers who are new to undertaking research with Aboriginal and Torres Strait Islander communities.

The group reflections which led to this paper commenced with an intensive 2 day national workshop entitled 'Qualitative research with Aboriginal communities: methodologies, experiences and challenges' in November 2016. The workshop was held at the Telethon Kids Institute in Perth, Western Australia, and hosted by the Kulunga Aboriginal Research Development Unit (KARDU) and the Centre of Research Excellence in Ear and Hearing Health of Aboriginal and Torres Strait Islander Children (CRE-ICHEAR). The workshop brought together experienced and emerging Aboriginal researchers to lead an exploration of how to use qualitative methods to undertake health research which improves the lives of Aboriginal people.

Our focus was on qualitative research practices that were culturally informed, trustworthy, rigorous and respectful of communities. Group discussions were themed each day and presented back to attendees for checking and further discussion. A decision was made to further develop and disseminate key messages beyond the workshop, including through establishing a group of authors to take this forward. This development process, commencing with the collaborative workshop and followed up by the development of this paper, became our 'collaborative yarn'. As we had no

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representatives from Torres Strait Islander people in our group, we have approached this paper from the perspective of working with Aboriginal communities, although we draw on principles which are considered widely applicable to Indigenous peoples.

We seek to discuss ways to engage in respectful, decolonising qualitative research with Aboriginal communities. The topics are not designed as a checklist for success, rather as learnings to share with the wider research community.

Research planning and development

Early consideration of the context of qualitative research is central to planning. Early and genuine community engagement is pivotal. This requires respect and an appreciation of different worldviews. Meaningful relationships allow communities to guide researchers if they make mistakes.

At the same time, researchers must avoid the danger of overwhelming the community by placing excessive burdens on community members' time and resources. This is a real risk, given the many research invitations and the numerous community commitments and obligations which are often of higher priority than a research project. Meaningful collaborations are assisted by:

• Support of community priorities and reciprocity

Research which supports community priorities is often highly valued, such as research which could improve health outcomes within the community (1). However, there is a risk of fundamental disconnection when external researchers are seen as imposing their own research agendas. 'Who defined the problem that the research seeks to address?' and 'How has the research question been determined?' are questions researchers should reflect on to ensure their research is of value.

Additionally, explicit reciprocity should be built into research plans and revisited repeatedly (2), such as providing resources or upskilling of value to the community.

• Time and process for community consultation

Researchers who are unfamiliar with working in Aboriginal health commonly fail to allow adequate time for community consultation, presenting research plans after key decisions have already been made. Communities commonly perceive this as an insulting request to 'rubber-stamp' a fully developed proposal. Researchers need to connect with Elders or community mentors with the cultural knowledge and authority to establish the legitimacy of the research and to ensure trustworthy outcomes (3). Aboriginal community-controlled organisations may allow opportunity to capture the input of many rather than a few. It is important to allow sufficient time and funding in grant applications for this process to be supported in an ongoing way during research implementation.

• Two-way learning with community members as co-researchers

Working with community should be a two-way learning process which builds the capacity of both the researchers and the community. Involved community members require co-researcher status, payment and involvement at all stages of the research process, including selection of research instruments, data collection, analysis and dissemination. Researchers should be prepared to take the place of a learner within the research, and recognise that there are Aboriginal knowledges and ways of being and doing that must be valued. This includes reflection on power imbalances within the research team (4).

• Disseminating and translating research well

Taking research findings back to the community and translating research into action are core principles of Aboriginal research and essential first steps in research planning. Dissemination strategies should also reach policy and service providers. Community should decide on the most appropriate forums for the dissemination of findings.

Decolonising research

Researchers who work in Aboriginal health research need to commit to a decolonising research approach. Western research, in its problematisation of Aboriginal people, has been an enabler to the colonial project (5). As conveyed by Rigney (6), 'Research methodologies and the protocols in knowledge construction in my country is the way the colonizers constructed it, and as a result, racialized research industry still prevails in Australia' (p113). Within health research, Aboriginal people can find themselves blamed for health disparities they experience which serves to reinforce ideas of Indigenous incapacity (7). Such research causes harm, for example through providing 'evidence' for relegating Aboriginal people to the lowest rung of the racial hierarchy (6). Furthermore, a continued colonial narrative affects Aboriginal health care and health research, driving paternalistic efforts to 'educate' Aboriginal people and to approach communities with naive notions they need to be 'helped' (8).

Researchers who understand decolonising methodologies listen to the communities so that they are able to mutually determine constructive ways to work together (3). Decolonising research undertakes to locate Indigenous identity and privilege their voices at the centre of research, recognising Indigenous researchers and community members as experts in the research process and agents for change (6, 9, 10).

Research done within an Indigenous research framework is emancipatory and resistant to attempts to control, colonise and name Indigenous people as the deficit 'other' (6). There is a need to:

• Recognise the expertise of Aboriginal researchers

Leadership of research by Aboriginal researchers increases its political integrity and the likelihood that the research is culturally responsible (6). However, much health research is done in teams which include Aboriginal researchers. There is often a need for more critical consideration by non-Indigenous researchers of how they work with their Aboriginal co-researchers. Are they a single Aboriginal voice and seen as an assistant to white knowing or are they in a leadership role within the project? Aboriginal researchers should be involved in the research from the beginning and their input respected. Particularly when working within large teams, Aboriginal researchers can experience their expertise being marginalised and ignored, instead of being recognised as leaders. This risks damage to the research and also risks injury to Aboriginal research team members (5). Aboriginal communities expect Aboriginal researchers will ensure that those they bring into their communities will know how to behave respectfully. If they fail to do this, the community are harmed and the Aboriginal researcher carries the responsibility and guilt of this harm.

• Practice decolonising research in analysis and dissemination

When analysing and writing up the findings, Aboriginal participants should not be described in paternalistic and disempowering ways that continue to replicate colonial stereotypes. A common example seen in qualitative research is reports on findings which depict non-Indigenous people in 'helping' roles while Aboriginal communities are portrayed as the 'deficit other' (11). A question posed is 'How might researchers 'talk good ways' about Aboriginal people?'. This requires qualitative researchers to commit to a deeper critical reflexivity and a preparedness to not silence or sideline Indigenous critique. A strengths-based approach and including community members in the interpretation and dissemination of research will be part of that process.

• Confront the dominant Western knowledge system and influence policy

Aboriginal researchers have had to demand to be heard within the dominant Western knowledge systems that exist within our ethics, publication and grant funding systems. Decolonising researchers should seek change to the institutional and national research policies that undermine the legitimacy of Aboriginal ways of doing research (4, 6).

Undertaking good qualitative health research

We offer some further tips to researchers who seek to undertake good qualitative research in Aboriginal communities:

• Research methodologies

Working within Indigenous-informed conceptual frameworks and transformative paradigms (5, 6, 12) may assist qualitative researchers to plan decolonising research which meets the needs of Aboriginal communities and is decolonising in its nature (4, 9, 13). Some research methodologies may be particularly suited, such as participatory action research (12, 14) and emergent research designs which are explicitly flexible and adaptable (15). Rigid, predefined research designs are less likely to provide the flexibility needed for researchers to listen to community members and adjust their methods accordingly.

• The researcher's position within the research

Critical self-reflection allows researchers to actively acknowledge and recognise the ways they affect the research, which is important for rigour in qualitative research (16). Careful consideration of a researcher's standpoint is particularly important for qualitative researchers in Aboriginal communities. Researchers must consider their own characteristics and goals, and communicating this with communities is part of trust-building. One way of looking at this is that the Aboriginal cultural expectation that newcomers introduce themselves properly also applies when researchers approach communities. Researchers can help communities understand who they are if they reflect on questions such as 'Who are you?', 'Where are you from?' and 'Why are you doing what you are doing?'.

The insider-outsider concept, namely that some researchers are insiders in the settings in which they work while others are outsiders, is important in qualitative research (17). It is possible to be an insider and outsider in different ways at the same time (17), and this can have particular relevance for the research team members who are Aboriginal. Aboriginal researchers from different areas will still need to learn and understand the local context through the eyes of the local community. Non-Aboriginal researchers do not always appreciate the position of Aboriginal research team members, and may place unreasonable expectations on them because of their Aboriginal status (18).

• Data collection through stories not questions

Ways of collecting data through interviews and focus groups may require adaptation. Telling stories is a way to communicate information for many Aboriginal people, and research conversations may be different to those undertaken within Western traditions (19). Effective interviewing in the Aboriginal context includes recognising the data in the stories that you are told and avoiding imposing a preferred structure on data by interrupting stories. Data collection through 'yarning' has been developed in response to the need to harness Aboriginal narratives effectively, and includes allowing adequate introductory conversation for participants to feel comfortable sharing their stories (19, 20).

• Recognise the ownership of the knowledge

Qualitative research often starts with Aboriginal people sharing their stories. Subsequently, through academically defined research processes, this knowledge becomes processed into research 'evidence'. Researchers may then claim this processed information as their own knowledge and present themselves as 'experts' (4). Qualitative researchers must constantly reflect on their research in a way that recognises the ownership of the knowledge and the responsibility of the researcher.

• Ensure quality supervision for Aboriginal research students

Non-Indigenous supervisors of Aboriginal students need to engage with Indigenous research methodologies themselves if they are to provide adequate supervision. There is a danger that a lack of skills on the part of supervisors inappropriately leaves their students to do this work themselves.

Additionally, non-Indigenous supervisors must be culturally competent and be aware of how complex it can be for Aboriginal students to position themselves within their research with Aboriginal communities (18). Supervisors must be aware that student researchers may experience challenges related to their own strong empathic responses to participant stories and research themes and to community expectations of their work (18). Safety protocols to support the social and emotional wellbeing of Aboriginal student researchers must be in place (18). Students benefit greatly from supervision and support from Aboriginal supervisors, mentors and co-researchers.

Conclusion

The promise of qualitative health research is that Aboriginal voices are able to 'speak', however, the extent to which they are able to speak freely is still dependent upon the researcher, the assumptions underlying the research and the research framework. It is essential to engage with decolonising research approaches which support Aboriginal knowledges and ways of being and doing and which recognise the resilience and strengths inherent in the community rather than problematizing Aboriginal communities.

Establishing and sustaining meaningful relationships are key to undertaking successful research. Qualitative health research which meets the expectations and needs of Aboriginal individuals and communities requires a deep respect for Aboriginal authority within the community and a genuine understanding that researchers, both Aboriginal and non-Aboriginal and the community, are engaged in a two-way learning process where each can learn from each other.

Acknowledgements

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