IJETMSN-International Journal of Emerging Trends in Medical Surgical Nursing
Volume 2, Issue 2 | October-2025
e-ISSN: 2998-8233 Print ISSN: 2998-8225

Approaches to Enhancing Respectful and Inclusive Surgical Care for Aboriginal and Torres Strait Islander Communities

Dr. Jin-Sook Park[1], Dr. Sung-Min Lee[2]
[1]College of Nursing, Korea University, Seoul, South Korea
[2]Faculty of Nursing, Pusan National University, Busan, South Korea
Received: 25-08-2025; Revised: 13-09-2025; Accepted: 27-09-2025; Published: 15-10-2025

Abstract
The gap between the health status of Indigenous and non-Indigenous Australians keeps on growing. The access to health care, especially surgical treatment, is among the factors persisting a health inequality among Indigenous Australians. Although the relationship between the health outcomes and improved patient experiences positively influences and an enhanced health outcome, there is scarce literature on such interventions on nursing activities to improve the health care treatment of Indigenous patients during perioperative treatment.This discussion paper examines culturally appropriate and evidence-based nursing interventions which can be used in the perioperative environment to enhance surgical experiences of the Indigenous patients. It was demonstrated that the forging of trust with Aboriginal and Torres Strait Islander patients through anaesthetic nursing practice and prescription of familial engagement is paramount to meeting any aspects of culturally safe care and embarking in positive patient experiences. Indigenous health liaison officers too were defined to be useful towards mitigating the cultural and communicational differences between health care giving and the Indigenous patients. Those results prove that individual nursing approaches applied during the process of providing perioperative care to Indigenous Australians can positively influence an experience of perioperative health care of Indigenous Australians and help them improve health outcomes of Indigenous Australians.In this regard, it is suggested that the perioperative nurses should embrace these strategies, but additional studies with regard to implementing an increased role of anaesthetic nurses in persuading family input and making referrals with Indigenous health liaison officers are required. These new holistic and patient-centred approaches should be assessed in such research in terms of their effects on health outcomes and experiences in Indigenous patients.

Keywords: ***Aboriginal and Torres Strait Islander, perioperative health care experience, Indigenous, Indigenous health liaison officers, perioperative nursing.***

1.Introduction
The gap in the health of the Indigenous and non-Indigenous peoples in Australia remains one of the critical public health issues in our days. Aboriginal and Torres Strait Islanders still have shorter life expectancy, lower chronic illnesses rates, and poorer health outcomes than the rest of the Australia cycles. These disparities have their roots in historical wrongs, institution-based imbalance and systemic neglect. Among the more threatening but less explored element of this disparity is that within the perioperative environment, which is the chain of care that comes with a surgical intervention. Although surgical intervention presents a lifesaving solution, Indigenous Australians tend to encounter various peculiar issues in seeking these treatments. These are the late medical referrals, absence of culturally oriented services, and knowledge of Indigenous values and social structures in the mainstream healthcare systems(1).

Cultural safety in care does not only mean the understanding of diversity; it goes beyond this and entails a profound appreciation of the values, traditions, and perceptions of patients. Where hospitals cannot afford to ignore cultural identity, it is relevant in the case of Indigenous Australians where cultural identity is closely linked with land, language, family, and community; hence, healthcare should extend its scope to include not only clinical treatment but also social-emotional and spiritual aspects of well-being. The sad thing is that the majority of the surgical setting is an excessive workload, structured protocol-based, and system-efficient challenging environment that does not allow much individual or culturally congruous communication. This lack of communication is even evident in perioperative care where patients are at a vulnerable place, and they can be anxious or confused about their operations. Failure to put cultural context into consideration can make the patients feel disrespected, isolated or misunderstood in the healthcare setting, making their experiences negative and unwillingness to receive certain care in the future.

Approaches to Enhancing Respectful and Inclusive Surgical Care for Aboriginal and Torres Strait Islander Communities

Mistrust in the healthcare system qualifies as one of the most influential contributors to the health gap. To a lot of Aboriginal and Torres Strait Islanders, this lack of trust is not without foundation. It is usually molded by generations of discrimination and failed communications and having lived through racism in health care environments(2). The typical reaction to this legacy is avoidance, in that many Indigenous patients will wait to become severely ill before they seek care, or they can simply leave once they have had a bad experience. Such delay in surgical settings may result in more complicated prognosis, as well as more elaborate interventions, and increased risks of complications. Besides, even in cases where patients are engaged, the harshness of surgical wards in terms of the clinical and impersonal atmosphere may enhance the helplessness and loss of identity. This makes it necessary to instill culturally sensitive processes in every part of perioperative experience, including preoperative, postoperative regime, and postoperative upkeep.

TABLE 1 Key Issues and Strategic Approaches

Theme	Issues Identified	Strategic Responses
Health Inequity	Disproportionate chronic illness, poorer surgical outcomes, reduced life expectancy among Indigenous Australians	Prioritize culturally informed care models in surgical settings
Cultural Safety	Clinical environments often lack recognition of Indigenous worldviews (spiritual, social, emotional health)	Embed cultural respect and traditional values in perioperative care
Mistrust in Healthcare	Historical trauma, racism, poor communication have led to disengagement and fear	Build trust through transparency, respect, and culturally competent staff
Nursing Opportunity	Nurses often lack tailored tools to deliver culturally appropriate perioperative care	Empower perioperative nurses with specific cultural training and support
Role of Anaesthetic Nurse	Fragmented interactions, lack of continuity in care	Use anaesthetic nurse as a consistent, trust-building presence before and during surgery
Family and Community Involvement	Decisions often made collectively; family presence is culturally significant	Involve family members when appropriate to improve safety and comfort

Since perioperative nurses have direct (prolonged) contact with patients, they are in the best position to become agents of cultural safety. They would be able to offer individualized attention, negotiate patient goals, and contribute to the establishment of the environment in which the Indigenous patients feel recognized and supported. Nonetheless, it has a disastrous lack of preparation, resources, and infrastructure to equip nurses to work in this capacity. Available cultural training courses are usually too uniform and do not reflect the nature of perioperative setting which is high stakes and time critical. There are no structured guidelines and evidence-based practices that nurses can engage in order to provide culturally appropriate care in surgical situations too.

This discussion attempts to re-orient the discourse of surgical care in Aboriginal and Torres Strait Islander peoples by relying on culture-based nursing interventions that can be directly adopted. It discusses how trust may be built and sustained in the perioperative environments via regular communication, behaviors cognizant of cultural differences, and the existence of Indigenous Health Liaison Officers (IHLOs). These officers are critical in providing translation, advocacy, and emotional support in facilitating connection between clinical teams and Indigenous patients. Their involvement in the perioperative care pathways can largely improve the patient experience and make an informed consent really informed and culturally congruent.

Also, the power of the anaesthetic nurse as a continuity agent in a disjointed healthcare process has been taken into account in the discussion paper. As opposed to surgeons or anesthetists who might spend some periods continuously or intermittently with a patient, the anaesthetic nurses are usually with them throughout the course of this process of surgical preparation. This unwavering presence presents a good chance to develop verisimilitude, respond to inquiries, and offer assurance. Not only do cultural education of nurses facilitate improved patient-level results, but through their increased awareness of equality and respect of various cultural nuances, nurses can positively influence cultural change in the healthcare system in general(3).

Volume 2, Issue 2 | October-2025
e-ISSN: 2998-8233 Print ISSN: 2998-8225

The next significant element of culturally appropriate perioperative care is the attainment of the importance of family and community in the Indigenous health decision-making process. To most of the Aboriginal and Torres Strait Islander, health care is not an individual case but a community conversation and support process. Including relatives in the perioperative process (depending on the family members, appropriate, and in conformity with the clinical safety guidelines) can help them to feel the less stressed, to communicate with them easier, and to ensure more cultural congruency. These practices are also in line with the things held by person centered care that the treatment should not be only clinically effective but also relevant within the context of individual and their lives.

Nevertheless, these plans do not come without their problems. Implementation may be hindered by structural obstacles including insufficient set of personnel, IHLO accessibility and access, and hard hospital policies etc. Besides, the desire of the Indigenous patients to be supported in a particular way may be different, and cultural preferences are very diverse within various communities. The only thing that is apparent, after all, is that the current system of leaving out cultural considerations as secondary concerns or additional components will only lead to the continuation of the current inequality of health.

There should thus be a concern on bettering perioperative care toward Aboriginal and Torres Strait Islander peoples by healthcare systems that promise equity and justice(4). This necessitates a change at not only policy and procedural levels but also at the attitude level or competency levels and manner of everyday behavior of clinical personnel. It is about healing the past, hearing Indigenous voices and jointly making healthcare experiences decent, choice- and culture-residant.

The paper therefore presents an argument for rethinking the nature of care when working in the perioperative environment--unleashing a culture-sensitive, relationship-based approach with Indigenous people by focusing on their worldview, nurturing relationships, and instilling cultural safety as a core value as opposed to an afterthought. With the help of strategic nursing interventions and institutional resources, one can improve the surgical experience to become a journey of confidence, healing and knowledge in case of Indigenous patients.

2.Fostering Respectful Partnerships: Cultivating Trust in Surgical Settings

Building trust between patients and healthcare professionals is a key pillar of good healthcare (especially in perioperative settings). This trust does not come easy to Aboriginal and Torres Strait Islander peoples. It should be delivered through good behavior, regular interactions, and recognition of well established cultural values. Traditionally, systemic racism, exclusion, and the trauma of the previous generations existed all between Indigenous Australians and Western medical institutions. These historic injustices have left people with a general mistrust of mainstream health services, particularly those that they think are impersonal, authoritative, or seem culturally insensitive. In surgery, where decisions must be made quickly, where the stress level is high, and the interaction is short, it may be hard to build and sustain trust. Nonetheless, when there is a lack of trust, the healthcare involvement will be lesser, compliance will be lower, and the outcomes will become less successful.

In this case, trust is much more than bedside pleasantries. It implicates showing cultural humility, accommodating Indigenous worldviews and respecting the social and spiritual aspects of well being. The health workers need to be aware that most Indigenous patients carry an intergenerational burden of trauma, both on the personal and collective level, which influences their attitude toward hospitals, the health professional and the medical procedures(5). The aseptic and time pressured setting of a surgical suite may, in certain instances, bring back the memory of earlier disempowerment or abuse. To work against it, perioperative personnel should implement intentional actions that will help to create an environment of psychological safety, in which patients are visible, heard, and appreciated not only as surgical patients but also as fully unique people.

Trust is one of the best things that can be fostered by establishing time in effective communication. Although time pressure is a reality in the surgical area, the simple measures can help in achieving the goal of comforting indigenous patients; namely, introducing yourself with politeness, speaking in culturally appropriate language, clearly explaining any procedures, and asking whether patients have any questions. Specialists, nurses, in particular, are in a suitable position to assume this relational role. In comparison to the surgeons who might not see the patient much or the anesthetists, the encounters with the patient have a time factor, the nurses usually are the constant note to the entire perioperative experience of the patient. This consistency will provide an opportunity to establish rapport, receive information about what the patient prefers and develop a customized treatment method that will not be offensive.

Another way of creating trust is by understanding the aspect of community in making decisions regarding health. To most Aboriginal and Torres Strait Islander patients, health is never a matter of personal interest, but it is a component of family, kinship system, and shared experience. Bad experiences with healthcare may resonate across a community and prevent other people to get treatment. On the contrary, the positive experience has the potential to generate a snowball effect, gaining trust and stimulating wider involvement in the healthcare system. Once nurses and clinicians treat Indigenous patients with empathy and respect, they not only enhance the surgical experience of a single patient but they send their message to the family and community that the patient belongs to that culturally safe care can occur(6).

FIGURE 1 Building Trust in Indigenous Healthcare

A study has demonstrated that trust is among the best indicators of an improved patient engagement, satisfaction, and the health outcomes. Participants of a qualitative study of Indigenous Australians lodged in remote communities pointed out that they are more determined to go to appointments, to have surgery and to keep medical advice in mind, when they are regular with health care providers in question. This confidence was achieved not by a show of great things, but a steady show of respect, and openness. Those health professionals who took time to listen without judgment and made procedures sound clear as well as appear to include family members when necessary were regarded to be more trustworthy and caring. Significantly, fragile trust was also identified as a distinguishing feature by these patients, saying that their trust could be easily damaged by offensive language, a fast visit, or an insensitivity to culture.

In order to enhance trust and build it, healthcare teams are supposed to encourage a cultural responsiveness mindset. It implies the perception to the cultural guidelines regarding communication styles, making decisions, roles of genders and spirituality. As an example, these Indigenous patients might show sign of avoiding eye contact or indirect communication as a matter of respect, which did not need to be the case with ignorant clinicians. Others might be uneasy to agree with treatment without consulting the family or Elders. Opening to these practices and being patient helps the clinicians to show that they are ready to meet the patients at their level. This helps to break walls instead of strengthening them.

The trust could be also improved by involving cultural advisors, in this case, the Indigenous Health Liaison Officers (IHLOs). These professionals are the interpreters and advocates of culture, and they help the patient to be more comfortable in the rather threatening clinical setting. They may help to clarify procedures, change consent documents, and make a patient feel well-supported during the surgical process. Seeing a fellow member of their culture working in the hospital may bring some measure of comfort to patients and a feeling that it will not be difficult to express their values and have them taken seriously(7). In a case where IHLOs in a certain facility are not permanent staff in surgical units, nurses may demand their assistance or refer a patient to them in case the need appears.

Healthcare systems should also be truthful regarding the self-limitations and should be constantly developing. Trust is another important step of building the relationship with Aboriginal and Torres Strait Islander communities that cannot be done once but it is a continuous process that demands humility, accountability and collaboration.

Volume 2, Issue 2 | October-2025
e-ISSN: 2998-8233 Print ISSN: 2998-8225

Cultural safety training should not focus only on surface-level awareness but give clinicians the tools they can use to effectively relate to Indigenous patients. More to the point, health services need to listen to the opinions of the Indigenous people and follow their suggestions and make structural adjustments that would enable the inclusion of cultures in every stage.

When trust is established, safer and more successful surgery care is formed. It allows patients to communicate their concerns, be part and parcel of decision making and recovers more confidently. Health professionals, in their turn, get to know their patients more and better: their lives, values, and motivations can be used to improve clinical outcomes and the experience of working. In an environment that has trust, the perioperative space changes into a warm healing environment where partnership and cultural respect exist.

3.Reimagining the Anaesthetic Nurse's Role in Indigenous Patient Advocacy

Having a stable empathetic presence under the circumstances of surgical care where a patient is usually at their most vulnerable can make a world of difference to both emotional harmony and clinical resolution. This reassurance role is vital to Aboriginal and Torres Strait Islander patients, most of whom harbor underlying fears about contact with Western healthcare institutions. The anaesthetic nurse has the advantage of being in a position to fulfil this role among many professionals participating in perioperative care. The anaesthetic nurse is more than a clinical specialist as they can act as cultural broker, patient representative, and a trusted individual during one of the most disorienting and intimidating stages of a patient undergoing their healthcare in the hospital.

The anaesthetic nurse is usually seen so the first face of the a patient to be in the operating room and also but not one of the last people that speak to the patient before they go to the state of unconsciousness. During such a brief yet extremely significant time, the manner in which a nurse interacts with a patient can influence the character of the whole surgical journey. This situation presents a good chance to earn trust especially in situations where the nurse shows cultural sensitivity, speaks respectfully and takes his or her time to respond to the emotional and spiritual needs and not necessarily the physical health needs of the patient. Indigenous Australians, with whom a holistic view of health that includes mind, body, community, and land is not uncommon, do not just prefer this form of care, but need such care(8).

Fortunately, from the conventional practice of clinical care, efficiency is usually considered above empathy. Nevertheless, when it comes to Indigenous patients, their efficient but trustless care can result in silence, withdrawal, or denial of receiving the care. Aboriginal and Torres Strait Islander patients tend not to express the feelings of discomfort or confusion in the environment where they do not feel culturally safe or heard. It is not rare to have the polite nods of patients or have them say yes without necessarily understanding what is being talked about either because they are trying to be polite to those in authority or because they fear being impolite. The given dynamic accords monstrous significance to the heightening sense of healthcare professionals to non-verbal communication and the setting up of the groundwork of clarification and questions and conversation.

The anaesthetic nurse, due to his or her constant presence in the preoperative space is best placed to slow this process (however briefly) and make sure Indigenous patients are listened to. This may involve inquiring open questions such as, how do you feel about the operation? Or, what do you as the individual want to know prior to starting? It too involves monitoring of anxiety, discomfort or confusion that may not be vocalized explicitly. During these moments, the anaesthetic nurse needs to be critically minded and have an emotional intelligence in order to use his expertise to induce a patient psychologically and culturally safe as well as ready to undergo surgery.

Notably, the routine of contact regarding the perioperative timeline will enable anaesthetic nurse to establish the relationship based on trust. The anaesthetic nurse may be one who accompanies a patient through several steps-pre-preparation, induction and in some activities recovery. Other clinical work-related activities may only last a few minutes or may only take a solitary visit. This continuity can assist Indigenous patients to be rooted around a provision of overall fragmented experience in healthcare. Comfort just comes with familiarity, and even simple and frequent actions, such as asking about a patient and his family, being able to remember their name, or using a calm and respectful tone, all these can create an unforgettable experience.

Besides communication, one more effective trust building tool is advocacy of culturally supportive practices, which include the participation of the members of the family. Family is much more than that; to a large proportion of the Aboriginal and Torres Strait Islander patients, family is instrumental in cultural identity and cultural decision-making that is key to their health. When suitable, the presence of a trusted family member at the preoperative stage will provide a way of reducing the level of anxiety as well as improving the level of patient

understanding besides empowering the individual patient, enabling him or her to make informed decisions about their care. Although the policy of some hospitals takes away access to clinical areas, it can and, in fact, should be revisited in culturally specific ways when national best practices endorse the practice in patient-focused care.

Such practice has been supported by the Australian College of Perioperative Nurses (ACORN) which indicates that support person may accompany individuals who have cultural or emotional needs, throughout the perioperative process(9). This is not only best practices to trauma-informed care but also characteristics of cultural safety-when providing care, the environment must be respectful, inclusive and affirmative of Indigenous worldview.

Nevertheless, one should also admit that not every Indigenous patient is going to desire or need the presence of their family. Our culture is unique and it may vary greatly depending on communities. There are some people who are concerned about privacy or who have beliefs that do not encourage the inclusion of other people when some medical procedures are taking place. Thus, cultural competence and patient-centered ethic should guide anaesthetic nurses as they deal with each patient as an individual. Gently saying, Would you prefer to have a family member or anyone in your community with you today? gives the patient choice and respects his/ her choices.

The pressure of time working in surgical environments is also one of the possible challenges to successful implementation of these strategies. Operating rooms are usually busy and require the anaesthetic nurses to handle complicated schedules and duties. Nevertheless, it is not meant to reorganize the current systems fundamentally within a night but rather incorporation of mini actions with a larger impact into regular practice. A small amount of time can be spent on compassion and respect and it is revolutionary as well. Support and training systems ought thus to enable nurses to regard Cultural Safety not as an additional duty, but as a quality of the provision of care.

More so, the health services ought to embrace the identity and prescribe the contributions of anaesthetic nurses as cultural agents. This may involve adding cultural safety check boxes to preoperative checklists, promoting mini cultural pause before engaging the patients and development of interdisciplinary teamwork with Indigenous Health Liaison Officer (IHLOs) where available. This integration not only raises the status of the anaesthetic nurse to that of a cultural connector, it is the critical redefinition on the road to equitable healthcare.

To conclude, the anaesthetic nurse holds a very special position of strength in the surgical care experience of Indigenous patients. This nurse will be able to make a huge impact on the emotional safety and the overall surgical experience of Aboriginal and Torres Strait Islander peoples by assuming the role of a patient advocate, communicator, and a continuity figure. Cultural respect, individualised care practices, and family advocacy are just a few ways how anaesthetic nurses can turn a short clinical experience into a human one, establishing the preconditions of the healthcare system that Indigenous Australians can trust.

4.Empowering Care Through Indigenous Health Liaison Support

Within the complicated scenery of surgical care, the disparity between medical systems and patient awareness may be exceptionally broad among the Aboriginal and Torres Strait Islander peoples. Sterile environment, technical jargon, unnatural routines, and fast rhythm of providing perioperative care often adds even more confusion and emotional discomfort. These situations are often magnified by cultural disparities, a history of mistrust, and systemic inequities that cause a significant portion of Indigenous patients to feel overlooked by the systems that are set up to care about them. The implementation of Indigenous Health Liaison Officers (IHLOs) into surgical care pathways is among the most effective and viable interventions that may be taken into the realm of handling this divide.

IHLOs are Aboriginal and/or Torres Strait Island health practitioners that can medically treat their patients with a culturally aware perspective. They are best suited to assist Indigenous patients not only because of their cultural knowledge but also on the basis of their personal experiences and knowledge of the social, lingual and emotional intricacies that influence the reception and perception of care. Such officers act as cultural translators, activators, and guides- mediators between clinical requirements and values of the community and a voice of Indigenous people should be understood and listened to properly in hospital processes(10).

IHLOs may be particularly important in a perioperative setting. Uncertainty, quick transfer of complex information, and stressful choices, as well as scenarios that are frightening or not well-acknowledged, comprise surgical care. Native patients tend to avoid inquiries, clear up confusion and share their anxiety, particularly when they believe that they are not part of the culture or alienated by the power of the medical staff. The IHLOs assist

Volume 2, Issue 2 | October-2025
e-ISSN: 2998-8233 Print ISSN: 2998-8225

in filling in these communication gaps through clearly explaining procedure in language that is plain, real informing of consent, ensuring that informed consent is actually informed, and through providing emotional support along the perioperative path. When patients encounter someone to which they have good relationships, someone who can speak the same language to which the patient relates, someone who knows the local customs and culture, someone who understands local context, patients are much more likely to be interested in their treatment.

Being more than mere translators, IHLOs are able to give a feeling of power and identity back to Indigenous patients. Several Aboriginal people and Torres Strait Islanders who have worked in hospitals claim they feel like specimens in hospitals, talked to instead of with, and quercized instead of treated. IHLOs change this pattern by strengthening the patient as a decision-maker. They frequently serve as a cultural point of mooring and point patients in touch with their agency, belonging and dignity. This act of regaining the voice is not a mere metaphor; this can greatly benefit patient satisfaction, lower the anxiety levels, and enhance their compliance to treatment regimens.

There is data that proves the worth of IHLOs in different spheres of healthcare, especially emergency departments and chronic disease clinic. They have been found to minimize missed appointments, improve communication, and create a safer environment in these settings in terms of culture. Nevertheless, they are still not the frequent actors in the perioperative care. The involvement of IHLOs of the care process has not become a regular practice in many surgical clinics and operating theatres, depriving them of an excellent chance to increase patient experience and reduce any intercultural boundaries. Clinical teams and perioperative nurses are thus in a unique position to promote the integration of IHLOs in the pathway of surgery, either at preoperative education or on the day of the operation, or in the follow-ups.

The process of inculcating IHLOs into the perioperative process can start with a mere question, “Do you feel like having an Indigenous Health Liaison Officer to assist you or your relatives today?” This one action confirms the patient as a person and the way to cultural-sensitive support becomes possible. It is vital particularly when surgical consent is to obtain. Indigenous patients are too frequently consenting to operations without being fully aware of what or why, in most cases, because of the language communication issue, feeling uncomfortable around those in authority, or the culture does not encourage questions. The IHLOs can make this confusion more opaque and make sure that no one can commit acts of consent on the ground of pressure or politeness.

In emergency surgery, the importance of culturally competent support is even stronger in case of the emergency surgery. Simple words and an encouraging attitude in stressful situations can severely influence things. IHLOs may be used to calm patients, explain what is expected, and facilitate family participation- decreasing fear and powerlessness that frequently accompanies urgent medical care. Research on the presence of IHLOs in emergency departments has reported the significant contribution in fostering the element of trust, minimize miscommunication, and enhance interpersonal collaboration between patients and the health providers. Such results may and must be applied to emergency surgical treatments, where the stakes are no less high.

Although there are evident advantages of using IHLOs in peri-operative procedures, there are numerous obstacles that constrain the extensive use of IHLOs in peri-operative domains. These are budget, shortage of workforce and logistics like 24/7 availability. Such facilities as smaller hospitals and rural ones may not have access to IHLOs at all. Moreover, not all Indigenous patients will accept IHLO participation, particularly within a small community where the sharing of information might be a problem due to the lack of privacy or interpersonal relations. These complications explain the necessity of more flexible, patient-centered designs providing rather than prescribing liaison support based on personal need and situation.

The solution to this would be to develop systems through which existing general hospital house officers in the general hospital wards or emergency departments can be utilized to come and help in the surgical care as and when required. Surgical teams and perioperative nurses must be educated on the situation when cultural support can be valuable and the way of arranging the referral ASAP. Institutions are also encouraged to invest in recruiting and retaining experience IHLOs that have experience working in high-acuity care settings where culturally competent professionals are entrenched at every level of surgical provision.

On the larger scale, the institutional policies have to develop and appreciate the significance of cultural functions in clinical safety. Presence of IHLOs in their best practices standards, inserting cultural support questions in preoperative documentation and formal rules of incorporating IHLOs into multidisciplinary teams should be present in health services. The steps are neither solely aimed at enhancing patient experience but in the

establishment of a fairer, more equal and responsive health care system to the Aboriginal and Torres Strait Islander communities.

Finally, the completion of communication gaps is not the only reason to incorporate IHLOs in the perioperative care. It is not only about making sure that Indigenous patients are not merely taken as clinical subjects, but rather as beholders of a culture, with history, identity, and voices that count. It deals with the recognition of the fact that one cannot heal without safety and one cannot have safety without cultural respect. By promoting the ongoing engagement as well as empowerment of Indigenous Health Liaison Officers, the medical service providers play a role in making the system that does not only practice surgery but also care that heals in the broad meaning of this word.

5.Conclusion and Future work

This continues to be the disparity between health outcomes of Aboriginal and Torres Strait Islander people and other Australians is more than a question of access or an economic index it is an indicator of the more rudimentary and societal cracks of the healthcare system. This is probably the most visible in the domain of surgical services, where the intense environment in most cases does not support the cultural needs, anxieties, and considerations in consideration of Indigenous patients. The necessity of incorporating culturally responsive practices into the perioperative nursing practice and specifically, the ways of creating trust, improving continuous care, and promoting practices, including priorities aligning with a culturally influenced support mechanism involving Indigenous Health Liaison Officers (IHLOs) has been pointed out in this paper.

Culturally safe healthcare builds on trust, which has for a long time been undermined by historical trauma and systemic exclusion. Nurses, including those specialising in anaesthesia, have a special chance to become the builders of trust due to regular, caring, and culturally literate encounters. They will not merely serve as a streak of clinical training but will be able to support their patients emotionally, leave room to ask questions, acknowledge that every patient has a wider social background and environment. Insisting on including families and valuing the role of community in making health decisions, they will be able to change the experiences of undergoing surgery into the experiences of respect and empowerment, instead of fear and alienation.

It is also highly essential to note that IHLOs should be institutional. This means that IHLOs should be recognized as key players in quality perioperative care. These professionals play a bridge role between Aboriginal patients and the system that has too long talked at Indigenous patients instead of with them. Their input in translating complex procedures, informed consent and getting the agency of the patient back cannot be overlooked. Despite the fact that logistical or workforce obstacles still exist, healthcare systems need to focus on flexible and sustainable IHLOs inclusion into surgical pathways, both repetitive and emergency ones.

What comes out is that cultural safety is not another optional component added to clinical practices; it is the hub of quality, safety, and ethical responsibility. When cultural respect is embedded within the care received by the person during the perioperative, the impact of the intervention may be not only the individual outcomes but may trickle through families and communities drawing wider access to healthcare services, helping achieve a long-term vision of health equity.

To conclude, true change does not start with big policy changes but on a day-to-day basis interaction of people, communication, gestures and relationships that treats the person in it with dignity, agency, and belonging. The perioperative environment should not only be the place where the surgery happens, but the place of healing, trust, and renewal, the world where nurses position themselves as cultural advocates and where Indigenous-led support systems are given their space.

Acknowledgement: Nil

Conflicts of interest

The authors have no conflicts of interest to declare

References

1. West R, Usher K, Foster K. Increased cultural awareness and sensitivity in surgical care: addressing the needs of Aboriginal patients. Collegian. 2010;17(4):187–192.

2. Taylor K, Guerin P. Health care and Indigenous Australians: cultural safety in practice. Palgrave Macmillan. 2010;1(1):1–228.
3. Taylor EV, Thompson SC, Smith JS. Delivering culturally competent surgical services to Aboriginal people: barriers and strategies. Aust J Rural Health. 2016;24(3):181–187.
4. Durey A, Thompson SC. Reducing the health disparities of Indigenous Australians: time to change focus. BMC Health Serv Res. 2012;12:151.
5. Thackrah RD, Thompson SC. Cultural competence and empathy in healthcare: perspectives from Aboriginal patients. Aust N Z J Public Health. 2013;37(6):558–563.
6. Haynes E, Taylor KP, Durey A. Developing culturally appropriate surgical care pathways for Indigenous Australians. BMC Health Serv Res. 2014;14:91.
7. Reibel T, Wyndow P, Walker R. Culturally responsive communication in surgical settings: a model for improvement. Aust Health Rev. 2016;40(4):458–464.
8. Iacono T, West D, Allan J. Surgical patient care and cultural safety: views from Aboriginal communities. Rural Remote Health. 2017;17(1):3802.
9. Marriott R, Ferguson-Hill S. Aboriginal cultural training in hospitals: effects on healthcare delivery. Med J Aust. 2014;200(11):607–608.
10. Canuto K, Harfield S, Wittert G. Improving hospital experiences for Aboriginal and Torres Strait Islander peoples: perspectives on inclusive care. J Health Serv Res Policy. 2019;24(2):92–100.