What is the experience of Aboriginal patients following their discharge post renal transplantation in South Australia?

Authors: Millicent Baker, Dr Rebecca Munt, Prof Janet Kelly, Dr Mitra Javanmard and Tahlee Stevenson

BACKGROUND

- Australian Aboriginal people face inequities throughout kidney health journeys, including reduced access to the transplantation waiting list, increased wait times on the wait list, and poorer post-transplantation outcomes (Garrard & McDonald 2019; Khanal et al. 2018).
- The lack of equal access to quality and culturally safe healthcare pre and post transplantation poses as a significant risk for Aboriginal patients.
- Complex interconnected internal and external factors are involved (McGuire et al. 2020).
- There is a large focus on increasing access to transplantation, while post-transplantation experiences are equally important to consider.

AIM

To explore the experiences of Aboriginal people post discharge following a renal transplant in South Australia.

METHODS

- Aboriginal Participatory Action Research (Dudgeon et al. 2020) with qualitative descriptive methods.
- Data collection and analysis were guided by Aboriginal concepts of Yarning, Dadirri and Ganma.
- Data collection was semi-structured interviews using journey mapping questions with two Aboriginal participants who had received a kidney transplant.
- The data was analysed through inductive thematic analysis (Braun & Clarke 2022) and Patient Journey Mapping tools (Kelly et al. 2012).



RESULTS

Three main themes and specific sub-themes were identified. The themes encompass both barriers and enablers, as experienced by the participants throughout their journeys.



CONCLUSIONS

- Interpersonal communication and the provision of health information and education from both acute and primary health services are not meeting patient and their families' needs.
- Positive community interactions greatly impact health
- There is a need for increased accessibility of follow-up care for kidney transplant recipients.
- The findings suggest the need for improved patient education prior to discharge, improved continuity of care following discharge, promoting culturally safe and holistic care, and the need to create safe spaces for within health services.

ACKNOWLEDGEMENTS

The authors thank the Aboriginal Kidney care together: improving outcomes now - AKction2 project research members and Reference Team for their valuable advice and for facilitating this project.

REFERENCES

uss, coming instance, canton solute, viscolute of the manual members of the manual members of the manual members of the manual of the manual of the manual of the manual of Australians of the manual of the ma