A male Aboriginal Health Worker (AHW) in a remote community had recently been to 2 after-hour callouts in which several community members had been seriously injured. Two of his non-Indigenous colleagues had complained to management that the worker had been rude to them when they had asked him why some of his administration work hadn’t been done.

When management spoke to the AHW they heard the following concerns from him:

He feels that all of his daily work revolves around dealing with trauma and crisis or administrative tasks, and that he has little opportunity to sit with community to talk to them about how things are going, or to organise community events.

He also felt that the non-Indigenous workers had been unsupportive and disrespectful to him. In particular, he believes that they lack an understanding of his links to community and how events in the community can impact on him both personally and professionally.

The worker further stated that he felt burnt out and thinks that he should leave the organisation and health work altogether.

Questions

Thinking about what steps could be taken to help improve the situation so that the male AHW does not leave his job, please discuss the following questions:

1. What could his colleagues do?
2. What could management do?
3. What could the organisation do?
4. What else could be done?
This Case Study forms part of the 'Feeling Deadly: Working Deadly' Resource Kit on Aboriginal & Torres Strait Islander Worker Wellbeing developed by the National Centre for Education and Training on Addiction (NCETA) and funded by the Australian Government Department of Health and Ageing. For further details and the suggested citation please see the document ‘About This Kit’ in the full Resource Kit.

Copies of resources developed as part of the 'Feeling Deadly: Working Deadly' kit are available for download from the NCETA website: www.nceta.flinders.edu.au