

# 'gettin em n keepin em'



Report of the Indigenous Nursing Education  
Working Group

**'gettin em  
n  
keepin em'**

**Report of the Indigenous Nursing Education Working Group**

**to the**

**Commonwealth Department of Health and Ageing**

**Office for Aboriginal and Torres Strait Islander Health**

**September 2002**

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The views expressed in this publication are those of the INE Working Group, and not necessarily those of the Department of Health and Ageing.

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# Executive Summary

International experiences show that marked improvements in Indigenous health can be enhanced through using culturally appropriate recruitment, retention and support strategies to increase the involvement of Indigenous peoples in education programs and health care delivery. In particular Indigenous health professionals placed in the broader health system contribute to improvements in health of themselves, their families and communities. Moreover, overseas experience has also shown that strategies to provide non-Indigenous health professionals with appropriate education about Indigenous issues and health care also contributes positively to the health status of Indigenous peoples.

On many indices the health of Indigenous Australians is worse than that of non-Indigenous Australians, and that of a number of Indigenous populations overseas. Strategies implemented thus far in Australia to reduce morbidity and mortality rates of Indigenous people have largely not succeeded. Action is needed to ensure that there is a competent health workforce with the capacity to provide appropriate care for Indigenous people in both mainstream and Indigenous health services (Australian Health Ministers Advisory Committee, 2002). This is extremely important as our current health systems continue to be attuned to white, Western values and modes of delivery and therefore are often seen by Indigenous people as inappropriate for their needs.

In 2000 the Office for Aboriginal and Torres Strait Islander Health (OATSIH) established the Indigenous Nursing Education Working Group (INE Working Group) to work on a project to increase the number of registered Indigenous nurses and improve the competency of the Australian nursing workforce to deliver appropriate care to Indigenous people. The INE Working Group consisted of representatives of the Australian Council of Deans of Nursing (ACDON) and the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN). The project is one of a number

supported by the Commonwealth government to address reform across the health professions to reduce the poor health status of Indigenous people and to increase their ability to participate in health care delivery.

The Report of the INE Working Group (2002) advocates a national approach to the development, implementation and evaluation of recruitment, retention and curricula strategies to increase the number of Indigenous graduates from mainstream nursing programs, and to raise the capacity of all nurses to provide culturally safe care to Indigenous people. Data suggests that the number of Australian Indigenous nurses does not reflect the same participation rates of nurses within the non-Indigenous population, 0.4% compared with 2.3% (Australian Bureau of Statistics, 1996).

The INE Working Group surveyed Australian universities to gather information to ascertain Indigenous content about health, history and culture in undergraduate and postgraduate nursing curricula; the involvement of Indigenous registered nurses in teaching and curriculum development; and the current recruitment and support strategies in place for Indigenous students of nursing. Data obtained from this survey showed that few university schools of nursing have integrated specific and comprehensive Indigenous health component into their core nursing curriculum, and that there is room for further development of university recruitment and retention strategies for Indigenous students of nursing, as well as for government support for these initiatives.

A discussion document produced by the INE Working Group (2001) was circulated to stakeholders for feedback. Consultation was then undertaken with a wide range of individuals and organisations at a workshop that contributed further to the development of the strategic framework in this Report. The framework has four aims to be achieved over a five-year period (2002-2007):

1. Increase the recruitment, retention and graduation of Indigenous students of nursing;
2. Promote the integration of Indigenous health issues into core nursing curricula;
3. Improve nurses' health service delivery to Indigenous Australians; and
4. Monitor outcomes and revise strategies accordingly.

The following principles underpin this framework:

- Knowledge, understanding and respect for historical events, cultural beliefs, values and practices that impact upon the health and wellbeing of Australian Indigenous people is essential so that nurses can provide culturally safe care;
- An increase in cultural capacity will assist in addressing social justice issues, which in turn will increase a capacity to learn and improve self esteem;
- Understanding and applying the concepts of an holistic approach to primary health care provides a vehicle to explore Indigenous health issues and care;
- In order to appreciate Indigenous perceptions of health, health and nursing education should be congruent with the health model described in the National Aboriginal Health Strategy (1989);
- Recognition of the cultural needs of Indigenous people will improve the effectiveness of recruitment, retention and education of Indigenous peoples; and
- Accountability and responsibility for the improvement of Indigenous health should be shared by governments, individuals, Indigenous communities, the health care sectors and the wider community at large.

# Recommendations

## Recruitment

### Recommendation 1

Provide **streamlined application and enrolment procedures** for Indigenous students, and or allow Indigenous students to apply directly to university.

### Recommendation 2

Employ, as required, an **Indigenous liaison nurse** to communicate with potential Indigenous students about nursing and the potential outcomes for Indigenous health.

### Recommendation 3

Continue to use the services of **Indigenous Student Support Centres** at universities to help recruit Indigenous students.

### Recommendation 4

**Each university to allocate specific places** for Indigenous student and fill these places annually.

### Recommendation 5

Each university to implement appropriate strategies to recruit Indigenous students of nursing, for example by **providing information sessions** for primary and secondary school students and/or **residential experience programs** to introduce Indigenous people to university life.

### Recommendation 6

Encourage Indigenous students to **declare their Indigenous status** to improve the quality of data gathered on the numbers of participation in nursing courses.

### Recommendation 7

Continue to **collect data** pertaining to the number of practising Indigenous registered nurses and those seeking registration to state their Indigenous status

### Recommendation 8

Develop and circulate **culturally sensitive promotional material** in nursing for Indigenous communities.

## Retention

### Recommendation 9

Over a five-year period **increase the number of non-bonded scholarships** for Indigenous students to reach a **three-fold increase** above levels of participation in 2002. These scholarships should be auspiced through CATSIN and should provide an annual stipend.

### Recommendation 10

Reintroduce **travel allowances** for Indigenous students in nursing, who are non-recipients of ABSTUDY to attend clinical practice placements.

### Recommendation 11

Provide **HECS scholarships** to Indigenous students of nursing but not to those who have received other scholarships.

### Recommendation 12

University Indigenous Student Support Centres to collaborate with schools of nursing to **identify personnel** with appropriate skills and knowledge **to mentor or tutor** Indigenous students of nursing.

### Recommendation 13

**Educate academic staff** to ensure they are aware of the cultural and family issues which may impact on the progression of Indigenous students of nursing through their courses. This may be achieved by cultural awareness and staff development programs.

### Recommendation 14

Facilitate the availability of **culturally safe housing**, as required, for Indigenous students relocating from Indigenous communities to take up places in nursing courses.

### Recommendation 15

Provide Indigenous students of nursing with access to **culturally appropriate, safe counselling services** with confidential referral.

### Recommendation 16

Facilitate the appointment of clinical mentors by **collaboration** between universities, Schools of Nursing and the health sector to.

## Curriculum development and implementation

### Recommendation 17

**Establish Compulsory subjects/units/modules on Indigenous culture, history and health issues** to be included in all nursing undergraduate curricula, as defined by the nurse registering bodies and assessed, using the ANCI competencies, and including specific Indigenous cultural safety competencies. Re-accrediting bodies of all nursing and midwifery undergraduate curricula in each university must ensure this content is included.

### Recommendation 18

Disseminate **guidelines** to university schools of nursing as an example of **Indigenous content** that can be adopted to suit local conditions.

### Recommendation 19

**Involve Indigenous people** in both the development and teaching of this content.

### Recommendation 20

Increase the **skills and knowledge of cultural awareness of all academics** responsible for teaching nursing.

### Recommendation 21

**Provide support to Indigenous people** to enable their greater participation in nursing **academia** as advisers, mentors and community support persons.

## Advanced nursing practice and post-graduate education

### Recommendation 22

Include **Indigenous history, culture and health** in the coursework of post-graduate nursing curricula

### Recommendation 23

Schools of Nursing to **facilitate clinical experiences in Indigenous communities** where relevant and appropriate

### Recommendation 24

Provide **targeted scholarships** so that Indigenous registered nurses can undertake higher degrees

### Recommendation 25

Schools of Nursing to develop culturally appropriate **post-graduate and continuing programs** developed in consultation with Indigenous organisations

### Recommendation 26

Schools of Nursing to develop specific post-graduate courses to meet the needs of rural and remote nurse practitioners who care for Indigenous communities.

## Recommendations for Articulation

### Recommendation 27

Providers of Aboriginal Health Worker courses and universities to work together to achieve articulation pathways from Aboriginal health worker to registered nurse.

### Recommendation 28

Promote and encourage Indigenous enrolled nurses and Aboriginal health workers to **undertake further study** to become registered nurses.

## Partnerships and networks

### Recommendation 29

At local and regional levels, facilitate the development of structures and mechanisms that **build partnerships** between Indigenous communities and schools of nursing.

## Monitoring and accountability

### Recommendation 30

Schools of Nursing to provide an annual report on the progress of the recommendations of this report to the INE Working Group.

### **Recommendation 31**

Improve the availability and accuracy of timely data on enrolments and course completions of Indigenous students of nursing, and on the number of Indigenous nurses employed in the health sector.

### **Recommendation 32**

Conduct exit interviews and explore the personal accounts of Indigenous students' experience during enrolment in nursing courses.



# PART ONE

## 1 STRATEGIC FRAMEWORK

3



# 1. STRATEGIC FRAMEWORK

## 1.1 Aims of strategic framework

This Strategic Framework aims to:

- increase the recruitment, retention and graduation of Indigenous students of nursing;
- promote the integration of Indigenous health issues into core nursing curricula in Australian universities within five years;
- improve nurses' health service delivery to Indigenous Australians; and
- monitor outcomes and revise strategies accordingly.

### 1.1.2 A national approach

This Strategic Framework advocates a national approach to the development of recruitment, retention and curricula strategies to increase the number of Indigenous graduates from mainstream nursing programs, and to raise the capacity of all nurses to provide more appropriate care to Indigenous people.

The view of the INE Working Group is that Indigenous Australians should be given opportunities to enter mainstream programs in universities. There is an inherent danger in the sometimes expressed view that separate undergraduate programs be established for Indigenous students of nursing.

While it is recognised that specific bridging programs may be needed, the provision of separate undergraduate programs has the potential to alienate Indigenous Australians from mainstream education and from benefits of cross-culture interaction on university campuses. However, it is envisaged that a range of complementary, innovative approaches will be developed by local universities, in consultation and partnership with key stakeholders.

The INE Working Group recognises the direct linkages between the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (2002) and the recommendations in this document. This Framework has set out the principles, aims, objectives and implementation strategies that underpin a comprehensive reform agenda for addressing:

- (i) the number of Indigenous people working across health professions;
- (ii) measures to improve the effectiveness of training, recruitment and retention of staff working in Indigenous primary health services (both Indigenous and non-Indigenous); and
- (iii) accountability for government programs to quantify and achieve objectives to support Indigenous organisations and people to drive the process of achieving the Framework objectives.

### **1.1.3 Principles underpinning development of curriculum**

The guidelines in Appendix A provide a broad framework by which Schools of Nursing can adapt curriculum to include content that addresses the concepts of Indigenous culture, history, health and cultural care.

Principles that support this framework are:

1. Knowledge, understanding and respect for historical events, and the diversity of cultural beliefs, values and practices that impact upon the health and well-being of Australian Indigenous people is essential so that nurses can provide culturally safe care;
2. An increase in cultural capacity will assist in addressing social justice issues, which in turn will increase the capacity to learn and promote self esteem;
3. Understanding and applying the concepts of an holistic approach to primary health care provides a vehicle to explore Australian Indigenous health issues and care;

4. In order to appreciate Indigenous perceptions of health, health and nursing, education should be congruent with the health model described in the National Aboriginal Health Strategy (1989).

### **1.1.4 Partnerships with Indigenous people**

The process of curricula development, and recruitment and retention strategies in universities, will require partnerships with Indigenous communities and stakeholders. For instance, curriculum development may involve local Indigenous groups and collaboration with existing university-based Indigenous education programs.

In keeping with the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework the implementation and outcomes of the recommendations will be reviewed throughout 2002-2003 and further reviewed on an annual basis over five years until 2007. (ARMAC, 2002)

## **1.2 Roles and responsibilities**

The following table shows the key stakeholders in the development, implementation and monitoring of the Strategic Framework's three key tasks.

STRATEGY	TIMEFRAME	RESPONSIBILITY
1. To change core curriculum to include Indigenous health	3 to 5 years	<ul style="list-style-type: none"> <li>• ANCI</li> <li>• Nursing registration</li> <li>• Universities</li> <li>• CATSIN</li> </ul>
2. To improve recruitment and support strategies for Indigenous nurses	Annually, ongoing	<ul style="list-style-type: none"> <li>• Universities</li> <li>• CATSIN</li> <li>• Indigenous Student Support Units</li> <li>• ACDON</li> <li>• State/Territory Governments</li> </ul>
3. To increase the number of Indigenous students studying nursing and graduating from mainstream nursing courses	Annually, ongoing	<ul style="list-style-type: none"> <li>• Universities</li> <li>• CATSIN</li> <li>• Indigenous Student Support Units</li> <li>• ACDON</li> <li>• State/Territory Governments</li> <li>• DEST</li> </ul>

**Additional responsibilities:**

- Australian Vice-Chancellors' Committee will ensure the Strategic Framework is implemented by universities, and that there is ongoing development of new strategies.
- INE Working Group will continue to work collaboratively with stakeholders to oversee and monitor the implementation of these recommendations.

## 1.3 Recommendations

The following recommendations to increase the recruitment and retention of Indigenous students of nursing and to change the core nursing curricula will be implemented over a five year period.

### 1.3.1 Recommendations for recruitment

Recommended strategies to improve the recruitment of Indigenous students:

1. Provide **streamlined application and enrolment** procedures for Indigenous students, and/or allow Indigenous students to apply directly to university.
2. Employ, as required, an **Indigenous liaison nurse** to communicate with potential Indigenous students about nursing and the potential outcome for Indigenous health.
3. Continue to use the services of **Indigenous Student Support Centres** at universities to help recruit Indigenous students.
4. **Each university to allocate specific places** for Indigenous students of nursing and fill these places annually as negotiated during DEST profile visits.
5. Each university to implement appropriate strategies to recruit Indigenous students of nursing, for example by providing information sessions for primary and secondary school students and /or residential experience programs to introduce Indigenous people to university life.
6. Encourage Indigenous students to **declare their Indigenous status** to improve the quality of data gathered on the numbers of Indigenous students participating in nursing courses.

7. Continue to collect data pertaining to the number of practising Indigenous registered nurses, and those seeking registration to state their Indigenous status.
8. Develop and circulate **culturally sensitive nurse promotional material** for Indigenous communities.

### 1.3.2 Recommendations for retention

Recommended strategies to improve the retention of Indigenous students of nursing:

9. Over a five year period **increase the number of non-bonded scholarships** for Indigenous students to reach a three-fold increase above current levels of participation as at 2002. These scholarships should be auspiced through CATSIN and should provide an annual stipend.
10. Reintroduce **travel allowance** for Indigenous students in nursing, who are not recipients of ABSTUDY to attend clinical practice placements.
11. Provide **HECS scholarships** to Indigenous students of nursing, but not to those who have received other scholarships.
12. University Indigenous Student Support Units to collaborate with Schools of Nursing to **identify personnel** with appropriate skills and knowledge **to mentor or tutor** Indigenous students of nursing.
13. **Educate academic staff** to ensure they are aware of the cultural and family issues which may impact on the progression of Indigenous students of nursing through their courses. This may be achieved by cultural awareness and staff development programs.
14. Facilitate the availability of **culturally safe housing**, as required, for Indigenous students relocating from indigenous communities to take up places in nursing courses.

15. Provide Indigenous students of nursing with access to **culturally appropriate, safe counselling services** with confidential referral.
16. Collaboration between universities, Schools of Nursing and the health sector, to facilitate the appointment of clinical mentors

### 1.3.3 Recommendations for curriculum development and implementation

Recommended strategies to support curricula development and implementation:

17. Establish **compulsory subjects/units/modules on Indigenous culture, history and health issues** in all nursing undergraduate curricula as defined by the nurse registering bodies and assessed, using the ANCI competencies, and including specific Indigenous cultural safety competencies. Re-accrediting bodies of all nursing and midwifery undergraduate curricula in each university must ensure this content is included.
18. Disseminate guidelines to university schools of nursing as an example of the Indigenous content that can be adopted to suit local conditions.
19. Involve **Indigenous people** in both the development and teaching of this content.
20. Increase the **skills and knowledge of cultural awareness of all academics** responsible for teaching nursing.
21. **Provide support to Indigenous people** to enable their greater participation in nursing **academia** as advisers, mentors and community support persons.

It is likely that different approaches will be needed for each School of Nursing, according to local need, so as to maximise

integration of Indigenous health into the existing curricula. However, it will be an advantage to have some common elements developed through collaborative initiatives between Schools.

### 1.3.4 Recommendations for advanced nursing practice and post-graduate education

Recommended strategies to develop and implement changes to the advanced nursing and post-graduate curricula.

22. Include **Indigenous history, culture and health** in the coursework of post-graduate nursing curricula.
23. Schools of Nursing to **facilitate clinical experiences in Indigenous communities** where relevant and appropriate.
24. Provide **targeted scholarships** so that Indigenous registered nurses can undertake higher degrees.
25. Schools of Nursing develop culturally appropriate **post-graduate and continuing education** programs developed in consultation with Indigenous organisations.
26. Schools of Nursing develop specific post-graduate courses to meet the needs of rural and remote nurse practitioners who care for Indigenous communities.

### 1.3.5 Recommendations for articulation

Recommended strategies to facilitate career paths for Indigenous health personnel.

27. Providers of Aboriginal Health Worker courses and universities to work together to **achieve articulation pathways** from Aboriginal Health Worker to registered nurse.

28. Promote and encourage Indigenous enrolled nurses and Aboriginal and Torres Strait Islander Health Workers **to undertake further study to become registered nurses.**

### 1.3.6 Recommendations for partnerships and networks

Recommended strategy to support the implementation of these strategies.

29. At local and regional levels, facilitate the development of structures and mechanisms that **build partnerships** between the local Indigenous communities and Schools of Nursing.

### 1.3.7 Recommendations for monitoring and accountability

Recommended strategies to monitor the implementation of the above strategies.

30. Schools of Nursing to provide an annual report on the progress of the above strategies to the INE Working Group.
31. Improve the availability and accuracy of timely data on enrolments and course completions of Indigenous students of nursing, and on the number of Indigenous nurses employed.
32. Conduct exit interviews and explore personal accounts of Indigenous students' experience during enrolment in nursing courses.



## **PART TWO**

<b>2</b>	<b>ISSUES</b>	<b>15</b>
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<b>4</b>	<b>HEALTH CONTEXTS</b>	<b>31</b>
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## 2. ISSUES

### 2.1 Introduction

#### 2.1.1 How the process started – Establishment of the Working Group

In 1999, representatives of the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) met with the Australian Council of Deans of Nursing (ACDON) and gained strong support to establish strategies to encourage more Indigenous people into nursing. In 2000 OATSIH set up a Working Group with representation from CATSIN and ACDON to address this issue. Financial support and secretariat functions for the Working Group were provided by OATSIH.

The Working Group began meeting in the second half of 2000 and developed its terms of reference, processes and methodologies. These included:

- gathering information from Deans of Nursing to determine Indigenous content included in university nursing curricula, the involvement of Indigenous registered nurses in teaching and curricula development, and the recruitment and support strategies in place for Indigenous students of nursing;
- producing a discussion paper to be circulated to key stakeholder groups;
- consulting with key stakeholder groups to obtain their support and feedback on the strategies in the discussion paper; and
- agreeing on a set of priorities and strategies endorsed by the ACDON, the Australian Vice-Chancellors' Committee, nurse registering bodies and the Australian Health Ministers' Advisory Council, and disseminated through a strategy document to the wider stakeholder group.

## **Working Group Members**

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## **Secretarial support**

Office for Aboriginal and Torres Strait Islander Health,  
Department of Health and Ageing

### **2.1.2 Purpose of this document**

This document discusses issues currently affecting the recruitment of Indigenous people into nursing, their retention, and the role of nurses in Indigenous health. It proposes recommendations to encourage Indigenous students to take up careers in nursing via the entry and completion of mainstream university programs, and to improve the health of Indigenous people through changes to the content and delivery of nurse education and training. It draws

on the results of the Working Group's survey of Australian universities that provide nursing courses at undergraduate and post-graduate levels, and relevant publications.

### **2.1.3 Why nurses are so important for Indigenous people's health**

Nurses have a major impact on the health of Indigenous people due to:

- the significant contribution they make to primary health care. Indigenous people are expected to make the biggest health gains from the implementation of population-based, preventive health measures and the ongoing management of chronic disease in the primary health care setting;
- the role of nurses in the acute care setting, which, for Indigenous people, is often the first point of contact with the health system. Nurses play a significant role in managing the conditions of Indigenous patients in hospitals; and
- the large proportion of Indigenous people in rural and remote areas. In those areas, nurses are generally the clinical service providers, acting as the interface with the health system, and working with Aboriginal Health Workers to link the Indigenous person to primary health care, acute care, specialists and allied health care.

### **2.1.4 The existing nursing workforce for Indigenous people**

Aboriginal Medical Services (health services funded specifically for Indigenous people) account for only 11.1 per cent of net government expenditure on health services for Indigenous people (Deeble, Mathers, Smith, Goss, Webb, & Smith 1998, p.12). This means that mainstream health services provide most of the health care for Indigenous people.

### **Indigenous-specific health services**

Some Aboriginal Medical Services report extreme difficulty in attracting nurses to vacant positions, and a shortage of Indigenous nurses and male nurses generally (OATSIH 2000). Staff shortages result in a lack of professional support for existing staff, a lack of ability for existing staff to attend on-going training or to take leave, and lead to burn-out of staff.

### **Mainstream health services**

Mainstream health services may be considered more or less Indigenous-specific if located in a more or less Indigenous community. However, it is misleading to say that a health service with 100 nurses, in a town with an Indigenous population of 10 per cent, has ten nurses for Indigenous people. This is because, at present, we cannot assume that any given nurse has received sufficient education and training in the specific health needs of Indigenous Australians. Sinnott and Wittmann (2001) contend that one of the main barriers that Indigenous people encounter is the lack of cultural understanding by medical staff, and it is assumed here that this is also the case for nursing staff.

Some nurses learn these skills on the job, or have learnt the relevant skills in other arenas. However, it is argued that nurses as a professional group are able to make significant improvements to Indigenous people's health only if all nurses are comprehensively educated in Indigenous health and in the provision of culturally appropriate nursing.

# 3. THE HEALTH AND EDUCATION STATUS OF INDIGENOUS AUSTRALIANS

*Please refer to Appendix B for more statistical information on the health and education status of Indigenous Australians.*

## 3.1 Population

Australia's Aboriginal and Torres Strait Islander population was estimated to be 386,049 at June 1996 (ABS Census 1996), comprising 2.1 per cent of the total Australian population (AIHW & ABS 1999). Approximately two-thirds of Australia's Indigenous population live in rural or remote communities (ABS 1996).

## 3.2 Health status

The health status of Indigenous people is generally well below that of non-Indigenous people, and the most striking inequalities are in rural and remote areas (NAHS 1989). *The National Aboriginal Health Strategy* (NAHS) commissioned by Commonwealth, State and Territory Ministers for Aboriginal Affairs and Health reported that Indigenous Australians have the worst health of any identifiable group in Australia (p.7). *The Health and Welfare of Australia's Indigenous Peoples* (1999) stated that the health of Indigenous Australians has changed little over the last 10 years while the health of non-Indigenous Australians continues to improve. The World Health Organisation (WHO) currently ranks Australia second to Japan with respect to longest healthy life expectancy. By comparison, the health status of Indigenous Australians is ranked as third-world.

The major causes of death for Indigenous Australians are cardiovascular diseases, injury, respiratory diseases, cancer

(neoplasms), and endocrine diseases (such as diabetes). Although these causes of death are the same for the Australian population as a whole, Indigenous people have a greater death rate from these and most other causes (AIHW & ABS 1999, p. 209).

Indigenous people have much higher rates of diabetes, hypertension, a range of communicable diseases, non-fatal injury and self-harm, mental illness and harmful substance use than non-Indigenous people (NATSIHC, 2001). Indigenous people are more likely than non-Indigenous people to be exposed to health risks such as poor living conditions, poor nutrition, smoking, consumption of alcohol at hazardous levels (although Indigenous people are less likely to drink alcohol per se), the use of illicit drugs and other harmful substances, and exposure to violence (AIHW 1999, pp. 3–5).

Although it is well established that social, economic and environmental infrastructure improvements are necessary for reducing these health risks, health care services also play a major role (Garvey & Brown 2000).

## **3.3 Education status**

### **3.3.1 The tertiary and secondary sector**

Only 2 per cent of Indigenous adults aged 15 years or over in 1996 had completed a bachelor degree or higher, compared with 11 per cent of the non-Indigenous population (AIHW 1999, p.19). When compared to all Australian students completing health courses in 1998, Indigenous students were more than 30 times more likely to complete lower level (pre-bachelor) courses of study (Schwab & Anderson 1999, p. 10). Indigenous Australians study a more limited range of courses and at lower levels than the Australian average, and Indigenous completion rates are below the Australian average (Schwab 1999, p. 48).

In 1998, the retention rate for Indigenous Year 12 students was 32.1 per cent, compared to the non-Indigenous rate of

72.7 per cent. Low retention of Indigenous students at the senior secondary level has profound implications in a range of social arenas (Schwab 1999, p.vii), including the lack of Indigenous public health and health sciences leaders and policy makers (Schwab 1999, p.49). Without qualifications, Indigenous people are much less likely to re-engage with educational systems (Hunter & Schwab 1998, p. 4).

Research has indicated a range of family, social and geographical determinants of Indigenous students' education outcomes, such as the experience of arrest, remoteness, local social environments, poor quality and crowded housing, household members who have been arrested, household members' poor education levels, and English language proficiency (Hunter & Schwab 1998, p. v). However, the effect of the geography variable is far less influential than the local social and family environment (Hunter & Schwab 1998, p. vi).

Other factors associated with Indigenous students' lower levels of educational attainment include poor health, poverty, social alienation, imprisonment, family and household structure, parents' occupation and education, rurality, school sector, and previous education achievement levels (Schwab 1999, pp. vii–viii, Hunter & Schwab 1998, p. 15).

Interviews and a survey conducted for Goold's (1995) study into why there are so few Aboriginal registered nurses, identified a number of barriers to the success of Aboriginal students of nursing, such as:

- feeling isolated and being the only representative of a minority group where the majority lack knowledge of Aboriginal culture;
- negative and sometimes derogatory attitudes of some university staff, students, hospital staff and patients, and then lack of support from staff who thought the student should not be personally offended and was therefore either 'thin-skinned' or 'imagining those behaviours';

- pressure to perform due to fear of disappointing those who had been supportive, and fear of reinforcing other people's expectations that they would fail;
- educated Aborigines feeling as though they were being put on the 'front line' by the expectation that they will have high involvement in committees, lectures and seminars on top of their normal workload, and being expected to speak for all Aboriginal people;
- lack of staff understanding and tolerance by staff of cultural variations in styles of learning and, therefore, little flexibility in the structure and presentation of programs;
- low self-esteem which is reinforced by failure; and
- inadequate educational preparation, particularly in the sciences (Goold 1995, pp. 235-252).

*See Appendix D for a more extensive list of factors affecting Indigenous students undertaking tertiary studies.*

### **3.3.2 The Vocational Education and Training (VET) sector**

On the other hand Indigenous student enrolments in health and community services courses in the VET sector increased by 145 per cent between 1994 and 1997, compared to a 122 per cent increase for all Australians. This was not a uniform increase across all States and Territories. For example, Queensland had a large increase (757 per cent) and South Australia had a decrease (31 per cent) (Schwab & Anderson, 1999, pp. 4 and 6). Most Indigenous students, however, were enrolled in lower level qualifications (Schwab & Anderson, 1999, p. 8). Explanations for this 'preference' for the VET sector included that Indigenous school students are encouraged to take easier courses at school, and are told to aim for TAFE (KPMG 2000, p. 38).

Health, as a field of study in the VET sector, attracted more Indigenous female students (65 per cent) than male students over the period 1994–1997, and similar to other Australians, four out of five Indigenous students are enrolled part-time (Schwab & Anderson, 1999, p. 9). The gender imbalance has implications for Indigenous men’s health, where cultural constraints surrounding interaction between the sexes affect the willingness of Indigenous men to seek out health care.

These results may mean that a VET sector pathway to the tertiary sector could make tertiary courses more accessible to Indigenous people. However, the Working Group warns against unnecessarily extending the period of study through VET precursor courses for those Indigenous people immediately capable of studying tertiary nursing courses.

### **3.3.3 Effect of Indigenous people’s lower education levels on the health workforce**

Despite a steady increase in the number of Indigenous Australians commencing and completing tertiary health studies from 1995–1999 (DETYA, 1999), Indigenous Australians are still under-represented significantly in nearly all health occupations (ABS Census 1996). Table 1 below shows the proportion of nurses who are Indigenous.

**Table 1: Number of Indigenous and non-Indigenous Nurses by category of nurse (ABS, 1996)**

Category of nurse	Indigenous	Total of all nurses
Director of Nursing	7 (0.2%)	3,135
Nurse Manager	13 (0.2%)	6,178
Nurse Educator	4 (0.2%)	1,774
Nurse Researcher	3 (1%)	291
General Registered Nurse	609 (0.5%)	133,931
Midwife	27 (0.2%)	10,901
Registered Mental/ Disability	31 (0.4%)	7,128
Total Registered Nurse	693 (0.4%)	161,585
Enrolled Nurse	564 (2.3%)	24,559

### 3.3.4 Profile of Indigenous tertiary students

Selected Higher Education Student Statistics (DETYA 1999) showed that the average age of Indigenous students of nursing was 28 years. Tables A, B and C in Appendix H shed some light on the social circumstances of female Indigenous students aged 25 years or over. Calculations based on the tables revealed that

58 per cent of these students had one dependant or more, 53 per cent earned \$200–\$299 or less per week, and 42 per cent had left school at age 15 or younger. These statistics have implications for a diverse range of recruitment and retention strategies required to meet the needs of Indigenous students of nursing.

### 3.3.5 Proportion of students of nursing who are Indigenous

Table 2 below shows all the universities with a representative proportion or better of Indigenous students of nursing for their State/Territory.

**Table 2: Universities with representative proportions or better of Indigenous students of nursing (ABS 1996 and DETYA 1999)**

University	State/Territory	Indigenous peoples' proportion of the population (%)*	Indigenous peoples' proportion of nursing (%) **	Multiple of representative students of proportion (X)
University of Melbourne	VIC	0.5	1.5	3
Deakin University	VIC	0.5	0.9	1.8
University of Adelaide	SA	1.5	2.3	1.5
Monash University	VIC	0.5	0.7	1.4
Flinders University of SA	SA	1.5	1.8	1.2
University of Wollongong	NSW	1.8	1.8	1

\* ABS Census data, 1996.

\*\* Calculations based on former DETYA *Selected Higher Education Statistics*, 1999.

Despite the probability that the Indigenous population increased from 1996 to 1999, 24 of the 30 Schools of Nursing in 1999 had less than the 1996 representative proportion of Indigenous students of nursing for their State/Territory. The five universities with the least representative proportion of Indigenous students are shown below in Table 3.

**Table 3: Universities with the least representative proportion of Indigenous students of nursing (ABS 1996 and DETYA 1999)**

University	State/Territory	Representative proportion (%)*	Actual proportion (%)**	Fraction of representative proportion
Avondale College	NSW	1.8	0	0
Northern Territory University	NT	28.5	4.1	1/7
RMIT University	VIC	0.5	0.1	1/5
Victoria University	VIC	0.5	0.1	1/5
The University of Sydney	NSW	1.8	0.4	1/4

\* ABS Census data, 1996.

\*\* Calculations based on former DETYA *Selected Higher Education Statistics*, 1999.

These statistics could be used to provide insight into the factors that affect the recruitment and retention of Indigenous students of nursing through universities comparing the Indigenous student intake each year with the recruitment program used. Of course, the true test of a university's ability to support and nurture Indigenous students of nursing is the proportion of those students who complete their studies. Table 4 below shows the only

universities with a representative proportion or better of Indigenous students graduating, relative to their State/Territory's Indigenous population.

**Table 4: Universities with a representative proportion or better of Indigenous students of nursing course completions (ABS 1996 and DETYA 1999)**

University	State/ Territory	Representative proportion (%)*	Actual proportion (%) **	Multiple of representative proportion
The University of Melbourne	VIC	0.5	1.6	3
Deakin University	VIC	0.5	1.0	2
Monash University	VIC	0.5	0.7	1.5
University of Wollongong	NSW	1.8	1.7	1

\* ABS Census data, 1996.

\*\* Calculations based on former DETYA *Selected Higher Education Statistics*, 1999.

Caution is warranted when interpreting completions data, however, as the proportion of Indigenous student completions will be affected by the proportion of Indigenous students enrolled. It is important to note that the first three universities above are also among the top five recruiters of Indigenous students, and they have similar proportions of Indigenous students being recruited as graduating. Table 5 below shows the seven universities with the least representative proportion of Indigenous nurse graduates.

**Table 5: Universities with the least representative proportion of Indigenous students of nursing course completions (ABS 1996 and DETYA 1999)**

University	State/Territory	Representative proportion (%)*	Actual proportion (%) **	Fraction of representative proportion
Avondale College	NSW	1.8	0	0
University of Adelaide	SA	1.5	0	0
University of Canberra	ACT	1.0	0	0
University of Ballarat	VIC	0.5	0	0
Victoria University	VIC	0.5	0	0
RMIT University	VIC	0.5	0	0
Northern Territory University	NT	28.5	0.9	1/28
Queensland University of Technology	QLD	3.1	0.2	1/15

\* ABS Census data, 1996.

\*\* Calculations based on former DETYA *Selected Higher Education Statistics*, 1999.

Interestingly, the University of Adelaide has one of the highest recruitment figures for 1999, yet the lowest proportion of Indigenous graduates in 1999. This is possibly explained by a recent recruitment drive, or because Indigenous students were not supported through to graduation. The figures in Table 5 may reflect factors such as the number of Indigenous people within the

geographical location of the university, or the attractiveness of other courses, such as those for Aboriginal Health Workers.

Universities with few local Indigenous students to recruit may therefore need to prioritise recruitment and support programs for Indigenous students from communities outside the local area. This would enable those universities to share the responsibility for graduating Indigenous nurses, and enable Indigenous students to be part of, and contribute to, every Australian School of Nursing.

Conversely, the geographic location of some universities may mean they are more or less able to attract Indigenous students of nursing. In order to make the programs more attractive to Indigenous students, Schools of Nursing may need to develop strategies to ensure Indigenous applicants are more aware of their option to study nursing, and the rewards and demands of the course and the profession.



## 4. HEALTH CONTEXTS

Please refer to Appendix C for further information on the health and education context of Indigenous nursing education. A variety of policies, strategies, studies and reviews in the health sector affect the context for framing strategies to address nursing education in relation to Indigenous Australians.

### 4.1 General challenges faced by nursing

There are a number of challenges for nursing generally which were identified at the National Nursing Workforce Forum in 1999:

- a worldwide shortage of nurses, in particular for rural and remote areas and certain specialities, including critical care, mental health, aged care and renal dialysis;
- difficulties in the recruitment and retention of nurses, raising issues about the status and working conditions of nurses, as well as broader societal issues, such as the increased range of career options for young people, particularly women;
- the nursing workforce is not representative of the broader community. In particular, there is a gender imbalance, and proportionally fewer nurses from Indigenous or non-English speaking backgrounds; and
- concerns that nursing education is not responsive enough to workplace needs.

These issues also affect the available health workforce for Indigenous people. Moreover, the unresolved issues regarding under-financing of higher education in Australia has direct linkages with under-funding of the health care system, and hence the ability of universities to recruit students into undergraduate and post-graduate programs.

## **4.2 Rural and remote issues**

### **4.2.1 Shortage of Remote Area Nurses**

There is currently a shortage of Remote Area Nurses (RANs) and, in particular, nurses who have received adequate preparation for work in rural and remote Indigenous communities. There remains a high turnover of RANs in many rural and remote health services and difficulty recruiting appropriately skilled registered nurses to positions. In 1999, around 30 per cent of nurses employed in small rural centres and other rural and remote areas (except for large centres) were enrolled nurses. In capital cities, only 17.1 per cent were enrolled nurses (AIHW 1999, p. 1).

Personal safety in relation to violence is an issue for nurses in some rural and remote communities that lack social services infrastructure such as police, women's refuges, and child protection services. It is not within the scope of this document to deal with the specific workplace protocols and conditions of employment needed to assist nurses in those situations. However, nurses can be better prepared and protected from potentially dangerous situations by thorough preparation during their education and training, and adequate and appropriate support systems in rural and remote areas.

### **4.2.2 Characteristics of rural and remote students**

Both Indigenous and non-Indigenous students from rural and remote areas are more likely to experience educational and financial disadvantage. On the other hand, these students come with an understanding of the social and cross-cultural dimensions of rural and remote practice which need to be recognised as vocational advantages when selecting students for places in tertiary nursing courses.

A range of incentives could be offered to attract these students and other students willing to work in Indigenous health. For example, HECS supplement packages for rural students who need assistance with living-away-from-home expenses (NSW Health 1996).

### **4.2.3 Role of Departments of Rural Health**

The Federal Government has established several Departments of Rural Health in universities. Directors of these departments have cross-discipline responsibilities for medicine, allied health, nursing and Indigenous health, and additional responsibilities covering post-graduate, vocational and continuing education and concern for the health workforce.

There is a strong expectation of local Indigenous community involvement in, and support of, departments' activities. Progress reports to date suggest those Aboriginal communities are supportive of these departments' developments, so long as they are involved in planning from the beginning. This has been recognised and most management committees include community representatives.

The Departments of Rural Health provide a forum in which different universities can work together and share health perspectives. In relation to undergraduate medical courses, the departments address issues such as coordination of rural placements and enhancing the learning experience during placements. Potentially these departments could work in collaboration with Schools of Nursing to develop and implement appropriate education courses to prepare students

of nursing for careers in Indigenous health, and to coordinate rural and remote placements and appropriate clinical training for health service provision to Indigenous people.

## 4.3 Health policy precedents to this paper's recommendations

There are several policy antecedents to the strategies proposed, to include more Indigenous health, culture and history in nurse education, and to provide more support and recruitment strategies to increase the number of Indigenous students in nursing.

### 4.3.1 *The National Aboriginal Health Strategy (1989)*

recommended that undergraduate and post-graduate courses for health professionals include the compulsory study of Aboriginal culture, history and health issues as part of formal course work and that, where possible, Aboriginal people should be involved in the development and teaching of these elements. The NAHS also recommended that the style and content of health courses reflect a primary health care approach.

### 4.3.2 *The Royal Commission into Aboriginal Deaths in Custody (1991)*

stated that:

Until tertiary institutions recognise the need for, and benefits of, culturally appropriate, relevant, good academic content and clinical experience when designing courses for health professionals, there will continue to be difficulties in attracting and retaining health professionals to work amongst Aboriginal communities and a limited understanding of Aboriginal health issues.

### **4.3.3 *The National Aboriginal Health Strategy: An Evaluation (1994)***

noted little progress on effective implementation of the NAHS. It also noted that communities had identified inadequate opportunities for education, training and employment of Aboriginal people in health service provision. The Evaluation Committee suggested that a serious effort to overcome the barriers to accessing health employment and training must necessarily involve strong advocacy and a coordinated strategic approach.

### **4.3.4 *Nursing Education in Australian Universities: Report of the National Review of Nurse Education in the Higher Education Sector, 1994 and Beyond***

made recommendations relating to:

- improving the recruitment, retention and completion rates of Indigenous students of nursing (including the setting of national targets);
- modifying mainstream curricula to ensure that they reflect the diverse cultures, health needs and requirements for health care of the entire Australian population, including Indigenous peoples; and
- funding of demonstration projects and scholarships, and research into nursing and Indigenous health care to further develop the universities' roles in relation to Indigenous health.

### 4.3.5 The National Forum for the Development of Strategies to Increase the Numbers of Aboriginal and Torres Strait Islander Peoples in Nursing (1997)

made a number of recommendations with implications for the public and private sectors, the higher education sector and primary, secondary and tertiary health delivery mechanisms. The Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) was founded shortly after the National Forum to formally represent Indigenous nurses, with a commitment to the implementation of the recommendations. Recommendations from CATSIN (1998) were that:

- education for all nurses must include mandatory subjects in Indigenous history, identity, culture, health and principles of self-determination;
- Indigenous studies are *not* to be included in multicultural studies. Aboriginal and Torres Strait Islanders are First Nation people who have been, and are still being, colonised;
- non-Indigenous university staff must have colonisation and anti-racist workshops;
- Aboriginal and Torres Strait Islander registered nurses should be engaged as consultants to schools of nursing, to act as educators and mentors;
- a process should be implemented whereby Aboriginal and Torres Strait Islander nurses are able to learn about their own history for personal growth and development; and
- Aboriginal and Torres Strait Islander nurses and students of nursing should have access to culturally appropriate, safe counselling services with confidential referral.

### **4.3.6 *The National Review of Nursing Education (2001)***

is a joint undertaking of the Department of Health and Aged Care and the former Department of Education, Training and Youth Affairs now the Department of Education, Science and Training. It is examining the effectiveness of current arrangements for the education and training of nurses, encompassing enrolled, registered and specialist nurses; factors in the labour market that affect the employment of nurses and the choice of nursing as an occupation; and the key factors governing the demand for, and supply of nursing education and training. The Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) is represented on the advisory panel to ensure that Indigenous nurse perspectives are heard.

### **4.3.7 *The Senate Inquiry into Nursing (2002).***

The Senate established an Inquiry into Nursing in Australia auspiced by the Senate Community Affairs Committee. The Inquiry has sought submissions from the public on the Terms of Reference, which cover the shortage of nurses in Australia and the impact this has on the delivery of health and aged care services; and opportunities to improve current arrangements for the education and training of nurses, encompassing enrolled, registered and post-graduate nurses.

This issues paper may be submitted to both the Review and the Inquiry, to ensure Indigenous issues are addressed, and to highlight the initiatives already being undertaken by the Working Group. The Inquiry strongly supported an increase in the numbers of scholarships to Indigenous students of nursing and health workers to increase both the numbers and qualifications. Further it was recommended that strategies within the Health Workforce National Strategic Framework to the Indigenous Nursing Workforce be implemented as a priority. (Senate Community Affairs Reference Committee 2002)

## Health context summary

There has been consistent advocacy for a number of issues relating to the education of health professionals for Indigenous health, including:

- integration of Indigenous health and history into core health education course content;
- involvement of Indigenous people in the development and delivery of that content;
- improved recruitment and retention of Indigenous students of health;
- more accessible educational pathways for Indigenous people to the health professions;
- further training and development of Indigenous leadership in Indigenous health;
- increased employment opportunities in health for Indigenous people; and
- identification of best practice models of indigenous health education.

A number of reviews, conferences and initiatives has indicated that Schools of Nursing are ready to move forward on these issues (CATSIN 1998; Department of Human Services and Health 1994; Department of Health and Aged Care 1999; and Neal 1999).

# 5. INTERNATIONAL COMPARISONS

Trends in the health status of Indigenous Australians have not mirrored the trends of other Indigenous populations around the world. Comparisons with similar Indigenous populations show that Australia's Indigenous population lags well behind on a number of health indices.

## 5.1 Life expectancy of other Indigenous populations

A key difference between Australia, North America and New Zealand is the relative failure to reduce the gap in Indigenous peoples' life expectancy in Australia, which is still 18 to 19 years less than the non-Indigenous population. In the United States this gap has been progressively reduced from 13 to three years and in New Zealand it has been reduced to five to six years.

The life expectancy of Indigenous Australians is 12 to 13 years less than the Maori population of New Zealand (Woollard, Leeder, Nossal, Hetzel, Stanley, Douglas, Donald, Matthews & Holman 2000). Indeed, the United States, Canada and New Zealand seem to be reducing the health gap between their Indigenous and non-Indigenous populations at a faster rate than Australia (National Aboriginal and Torres Strait Islander Health Council 2001). Globally, the World Bank Report showed that in the last 30 to 40 years there has been huge improvement in adult mortality (Woollard et al 2000). Woollard et al (2000, p. 5) reported that:

[in] Sub-Saharan Africa, the Middle East, China, Latin America and the Caribbean, the market economies of Western Europe, developing countries as a whole or the world as a whole, there was an enormous improvement in adult health between 1950 and 1980 – in marked contrast with the experience of Australia's Indigenous population. Further, this improvement occurred no matter what the disease pattern or the political system of the countries concerned.

## 5.2 New Zealand strategies

Woollard et al (2000, p. 6) pointed out that there is a range of reasons for the low health status of Indigenous Australians, saying, 'we lagged up to 100 years behind New Zealand, for example, in according our Indigenous population the right to vote, in training Indigenous doctors, and in defining strategies for improving the health of the Indigenous population'.

The University of Auckland recognised its responsibilities and obligations to Maori people flowing from the Treaty of Waitangi by building a strong core of Maori staff, providing programs that attract Maori students, and contributing to Maori intellectual and cultural advancement (University of Auckland 1999).

## 5.3 Strategies from the United States

A number of interventions have been suggested to facilitate the recruitment, retention and graduation of students from culturally diverse backgrounds in the United States (Crawford 1988, pp. 379–381) and these recommendations are supported by Australian authors (CATSIN 1998; Cunningham & Wollin 1998; and Omeri & Ahearn 1999). Some of these interventions require financial support; others require a different approach by both educational institutions and their personnel.

Briefly, the recruitment strategies can be summarised as to:

- increase the level of institutional commitment to include more Indigenous students by setting specific places aside for them;
- develop linkages between Schools of Nursing and high school and primary school students to impart information about courses and to encourage students to pursue the prerequisites for entering nursing courses; run summer schools and develop work placement programs with a motivational focus; and
- advertise courses and recruit students through recruitment trips to Indigenous communities, with support from elders and communities;

and the retention strategies as to:

- increase the sensitivity of academics, staff and administrators to the needs of these students. It has been suggested that student attrition can be decreased in part by involving staff in developing positive attitudes towards Indigenous students;
- develop institutional support services to meet the needs of this student population; for example, academic advising, personal counselling services, remedial and developmental programs and child care centres;
- increase financial resources for disadvantaged Indigenous students who have particular social and financial constraints preventing them accessing and continuing higher education;
- recruit and employ Indigenous academics, staff and administrators who can then act as role models and mentors for students;
- provide an extensive orientation program to include study skills, time management and institutional policies to give students an awareness of the responsibilities of university life; and
- establish peer support groups led by senior students to provide mentorship and counselling.

An inclusive curricula strategy is to:

- increase the cultural diversity content in nursing curricula, in particular, Indigenous history and culture.

## **International developments summary**

Australia's Indigenous people may benefit from health education strategies similar to those implemented in countries where the health gap between Indigenous and non-Indigenous populations has been reducing. International strategies include the inclusion of Indigenous health in core curricula, culturally appropriate retention and support strategies and the involvement of Indigenous people in the delivery of those strategies.



## 6. EDUCATION CONTEXTS

### 6.1 Why increase the number of Indigenous health professionals?

There is evidence from other countries with significant Indigenous populations that improvements in health are linked to greater participation by Indigenous people in health service delivery (Matthews 1997). In Australia, Schwab & Anderson (1999, p. 12) argued that growth in Indigenous participation in health science education is essential to produce an effective health workforce capable of meeting the health needs of Australia's Indigenous people.

In addition to producing an effective health workforce, the knowledge and skills gained from health education have the effect of improving the health and welfare of the individual student, with flow on effects to their families and communities. This is achieved through the accrual of 'cultural capital', enabling the individual to engage with systems of health care delivery, and move with comfort and confidence in such systems (Matthews 1997, p. 307; Schwab 1999, p. 36).

Education has been emphasised as the key to better social and health outcomes for Indigenous people (Satcher, Australian Broadcasting Commission 1999). Education affects how we see the future, how much control we perceive we have of our future, and gives a level of hope, all of which are important to health (Womack 1997, pp. 14, 31, 43, 47). In addition, the provision of role models for young Indigenous people is an important way to motivate them to continue their education and to encourage them to take up careers in health (Womack 1997, pp. 14, 31, 43, 47).

## 6.2 The need for culturally inclusive education

Matthews (1997) argued that both the reconciliation process and the solution to many of the poor social and health outcomes for Indigenous people depend upon improved cross-cultural communication and above all, educational programs designed to improve understanding between Aboriginal and non-Aboriginal people, and to increase employment, self-respect and self-determination for Aboriginal people. So too, the Council for Aboriginal Reconciliation identified 'cultural inclusivity' as a key benchmark in the delivery of public services, including education and training, to Aboriginal and Torres Strait Islander people (ANTA 2000, p. 18).

In 1994, the National Review of Nursing Education in Australian universities noted the need for nurses and nurse education to become better attuned to cultural diversity, with a need for more Indigenous nurses, more training placements in remote areas, and more cross-cultural content in the curriculum of every nursing course (Nursing Education in Australian Universities 1994).

### 6.2.1 Involving Aboriginal people in planning and delivery of nursing education

Matthews (1997) stated that, 'above all, major changes are needed in the way that Australian health institutions and personnel interact with Aboriginal people in the planning and delivery of services', (p. 315). At a regional/local level this means that

agencies working in Indigenous health participate with local Indigenous people and their organisations, particularly where there is an established Aboriginal Community Controlled Health Service (Aboriginal Medical Service), to jointly develop mechanisms and approaches which implement plans devised within communities.

At the tertiary education level, self-determination principles need to be implemented to ensure Indigenous health is incorporated into core nursing curricula with meaningful involvement of Indigenous people through their representative organisations.

## **6.3 Education policy precedents to these recommendations**

### **6.3.1 The National Review of Nursing Education (1994)**

highlighted the importance of quality clinical education, including placements in both community-based and institutional settings, and more placements in rural and remote areas. These components of nursing education remain vitally important in the effective preparation of nurses for practice in Indigenous health settings, and for providing services to Indigenous people in mainstream health services.

### **6.3.2 The Commonwealth Department of Education, Science and Training (DEST)**

has allocated block operating grant funding to public higher education institutions for teaching and learning activities. These institutions are self-governing bodies and use operating grant funds according to their own priorities within the constraints of governing legislation.

As part of its operating grants, DEST allocated Indigenous support funding to enable institutions to better meet the special needs of Indigenous Australian students and advance the goals of the Aboriginal Education Policy (AEP) in the higher education sector. A total of approximately \$23 million per annum has been allocated to institutions; the amount for each institution determined according to a formula based on institutional performance. Activities provided through support funding include assistance with

study skills, personal counselling and cultural awareness activities. All funded institutions are required to have an Indigenous education strategy and consequently, most have established special Indigenous Student Support Centres.

### **6.3.3 Indigenous Higher Education Centres. In 1996–1997**

the Commonwealth Government announced funding of \$10.3 million over three years to establish six Indigenous Higher Education Centres. The aim of this project was to establish research skills and academic excellence within the Indigenous community, and help to nurture and promote Australian Indigenous cultural heritage. Two of these centres, the Centre for Indigenous Health established by a consortium of the University of Queensland and the Queensland University of Technology, and Umulliko, established by the University of Newcastle, have close connections with health courses in the host universities. Both could be expected to hold knowledge, and have community connections useful to Schools of Nursing.

### **6.3.4 Indigenous Student Support Centres**

exist in most major universities. The role and relationship each Centre has with Schools of Nursing varies from a collaborative well-established approach to a casual consultative role. A formal national approach to recruitment and retention programs, and to integrating Indigenous health into core curricula, could build on the existing infrastructure of the Centres and provide an opportunity for the development of further links between Centres and Schools of Nursing.

### **6.3.5 Aboriginal and Torres Strait Islander Education Policy (1988).**

In 1989 the Commonwealth, and State and Territory Governments endorsed the National Aboriginal and Torres Strait Islander Education Policy, which sets out 21 long-

term goals for Aboriginal and Torres Strait Islander education. Those goals are summarised under the following headings:

- involvement of Aboriginal people in decision-making;
- equality of access to educational services;
- equity of educational participation; and
- equitable and appropriate educational outcomes.

### **6.3.6 The Royal Commission into Aboriginal Deaths in Custody report**

in 1991 endorsed the National Aboriginal and Torres Strait Islander Education Policy and emphasised its importance. A link was drawn between the educational disadvantage of Indigenous Australians and their disproportionate representation in custody.

### **6.3.7 Numeracy and Literacy Policy**

The National Indigenous English Literacy and Numeracy Strategy (DEYTA, 2000) aims to assist Indigenous Australian students in attaining English literacy and numeracy at levels comparable to those of other Australian students.



# 7. CROSS-CULTURAL ISSUES

## 7.1 Why cultural safety is essential to health service delivery

Nurses and doctors without the knowledge and skills to deal with Indigenous people cannot provide an adequate health service to Indigenous peoples', and contribute to reducing Indigenous people's access to adequate services. Paul (1998) cited an example of Indigenous people preferring to travel 200 km to reach an Indigenous-specific service, rather than visit their local general practitioner.

The culturally appropriate treatment of Indigenous patients by nurses is a key factor in:

- communicating effectively with patients, which affects diagnosis, treatment and care;
- giving Indigenous patients confidence to engage with systems of health care, and seek early intervention for their ill health, and communicate their health problems;
- engendering Indigenous people's confidence in nurses, and the instructions given to them to manage their health;
- affirming Indigenous people's sense of control over their own health, and hence active participation in managing their health;
- affirming the identity and world view of Indigenous people during the health care experience, as opposed to patients being made to feel inferior, foreign or ashamed; and
- promoting the social and emotional health of Indigenous patients, which is linked to physical health.

Ultimately, Indigenous people's participation in the planning and implementation of their health care is a human right (Declaration of Alma-Ata 1978).

The Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN), the representative body for Indigenous nurses, endorses the Aotearoa (New Zealand) Model of Cultural Safety in Nursing and Midwifery for providing culturally appropriate health services to Indigenous Australians (CATSIN 1998). Cultural safety is defined by the New Zealand Nursing Council (1995) as:

The effective nursing of a person/family from another culture by a nurse who has undertaken a process of reflection on [their] own cultural identity and recognises the impact of the nurse's culture on [their] own nursing practice. Unsafe cultural practice is any action which diminishes or disempowers the cultural identity and well-being of an individual. (Ramsden, 1996)

The OATSIH *Evaluation of Recruitment and Promotion Services Project* (2000, p. 37) and international evidence suggested that Indigenous people are best able to provide cultural safety to other Indigenous people. International evidence also shows that the delivery of health services by people similar to the community they serve results in better health service delivery .

However, as Indigenous health is Australia's most difficult health problem (NATSIHC, 2001), Indigenous people alone are not able to provide the extent of services needed. Non-Indigenous nurses therefore need to be trained to provide culturally safe services for Indigenous people. Cultural safety skills are also important in the working relationship between Indigenous and non-Indigenous nurses and other health staff.

Indigenous students also need culturally safe environments. Thus, the principle of cross-cultural safety, if adopted at the undergraduate education level in the approach to teaching and in the content of teaching, has the potential to permeate nursing practice and to enhance all cross-cultural service delivery, and increase the number of Indigenous nursing graduates.

Culturally appropriate programs or approaches (be they in education or health) enhance personal empowerment and hence successful outcomes for individuals. Moreover, self-determination, social justice and reconciliation, the broader contextual

determinants of improved health and educational status, cannot be achieved without first creating cultural safety.

### **7.1.1 Indigenous students' needs and the cross-cultural experience of university**

For many Indigenous students, university attendance is a cross-cultural experience. "Successful experience in formal education depends on learning the 'academic' culture of educational institutions, which may be in conflict to Indigenous cultural meanings", (Farrington, Di Gregorio and Page 1998, pp. 92–103).

Schwab (1996) reported that Indigenous students find higher education institutions 'unfamiliar, foreign, and/or hostile to their presence', (p. 12). Many Indigenous students feel ill at ease, they do not speak 'academic English', they may be unfamiliar with the behaviours and conventions that underpin Western systems of higher education, and they often find the whole experience disconcerting (Schwab 1996, p. 13). Although Indigenous students bring with them their own cultural capital, it is not recognised as an asset by educational institutions.

Cultural factors that impinge on educational success for Indigenous students include socio-economic status, intense kinship obligations, frequency of funerals, the burden of increased expectations from family and community, and often pressure to maintain some level of political involvement with the local community. All these factors become obstacles for many Indigenous students, disrupting attendance and invariably interfering with progress and success in higher education (Schwab 1996, p. 14).

Nurse educators need to recognise the issue of institutional mono-culturalism and work with Indigenous students to help them negotiate the academic environment. Indigenous students need to feel safe to express themselves from the viewpoint of their own culture, and be supported by staff and other students to do this. This may involve teachers acquiring greater awareness

of cultural safety issues as they affect their students' education, and commitment to involvement in new approaches to study which may better meet the expressed needs of Indigenous students. In addition, encouraging students to seek support from other Indigenous students may have beneficial effects on academic success (Farrington et al 1998, pp. 92–103).

## 7.2 The nursing gender bias

In 1997 about 73 per cent of Indigenous students commencing tertiary health education were female (Schwab 1998, p. 28). This statistic reflects the existing gender bias in the public health field in Australia, but has particular significance for Indigenous health due to cultural constraints surrounding interaction between the sexes that may affect the willingness of Indigenous men to seek out health care.

The access by Indigenous men to male health providers (given the geographic location of most Indigenous people in rural and remote areas) is exacerbated because there are fewer nurses per se in rural and remote areas. In rural and remote communities, Indigenous men may be reluctant to attend a clinic that cannot ensure confidentiality, particularly if their health problems are of a sensitive nature and female relatives are employed in the service. Particularly in the area of men's health, the recruitment of Indigenous males to nursing and their support in nursing education is an area requiring further investigation and action.

## Cross-cultural issues summary

Indigenous people need culturally safe health services and education to give them confidence and a sense of control in those social interactions, and hence achieve positive health and education outcomes.

Although there are many issues competing for time in nursing curricula, cultural safety education and training of nurses as they relate to Indigenous people must be included, if nursing education is motivated to make a significant difference to the extremely poor health of Indigenous people.

More male nurses are needed, in order to provide culturally safe health services to Indigenous men.



## 8. ADVANCED NURSING PRACTICE AND NURSE PRACTITIONERS

### 8.1 National Rural Health Alliance recommendations

A Report from the National Rural Health Alliance (1998) stated that there existed at that time no legitimate advanced nursing practice role in Australia. An implication of this statement is that many nurses working in rural and remote populations are often called upon to provide care at a level beyond that for which they received educational preparation. This may expose the nurse to legal and ethical problems and has the potential to put the health of patients at risk.

The National Rural Health Alliance Report examined the current educational preparation of those providing nursing care to rural and remote areas and made recommendations for the preparation of the advanced nurse practitioner. The fundamental principles identified by the report to guide curriculum development were:

- articulation;
- flexibility in access and delivery; and
- recognition of prior learning.

The Report also considered that access to advanced nurse courses should be based on affirmative action policies aimed at encouraging the participation of minority and disadvantaged groups. There were further recommendations related to developing educational programs in modular form and that a consortium of universities, in collaboration with health industry partners, could be given this task. The recommended curriculum

model was of integrated clinical and theoretical components, enabling students to acquire specialised, advanced nursing competencies in combination with practical supervision across a range of settings and population groups.

It is argued here that the development of any advanced nurse courses should also integrate Indigenous health and history in order to teach appropriate and effective rural and remote nursing practice.

Many of the National Rural Health Alliance recommendations could also be applied to the development of nursing professionals in research, teaching, health management and advocacy. There is a great need to provide developmental opportunities, incentives and funding to enable Indigenous nurses to develop advanced skills in academic research and teaching, and to be both leaders and collaborators in research and studies into Indigenous health matters (National Board of Employment, Education and Training 1997). The presence of Indigenous people in these fields promotes Indigenous perspectives in both education and health.

## **8.2 AHMAC Working Party recommendations**

The National Rural Health Alliance report recommendations concurred with the Australian Health Ministers Advisory Council (AHMAC) Working Party on the Health Services Workforce in Rural and Remote Australia (1993). The Working Party recommended that national programs of scholarships, study grants and/or paid leave be established to ensure enhanced access to higher education to improve quality of care and improve the retention of skilled practitioners.

## 9. ARTICULATION

Generally, the level of qualification of Indigenous students in the tertiary health sciences is lower than for other Australians for the variety of reasons stated earlier in this paper. Strategically, it is therefore important to build linkages between the VET and tertiary sectors to increase the nursing qualifications of Indigenous students. Such linkages will only be successful, however, if students are supported to make the transition.

There are currently more Indigenous enrolled nurses and nursing assistants than Indigenous registered nurses in the workforce (ABS Census data 1996). Participation in the VET sector is qualitatively different from that of the higher education sector, with easier access, employer support and flexible enrolment and study arrangements (Schwab 1999). These factors may point to the types of support needed by Indigenous students making the transition to tertiary study.

### 9.1 The role of Aboriginal Health Workers

Aboriginal Health Workers perform a range of health care functions in Indigenous health settings, including: traditional health, cultural brokerage, clinical care and western medicine, health education and promotion, environmental health, community care, administration, disease management and control, and policy development and program planning. Their presence and work in Indigenous communities is an integral component of effective health care delivery. These health workers inform the work of other health professionals, and act as interpreters between Western and Indigenous health and well-being concepts and treatment regimes.

## **9.2 Opportunities provided by developments in Aboriginal Health Worker training**

Many Aboriginal and Torres Strait Islander Health Workers have received on-the-job training. However, more formal training is being developed and some health workers are now obtaining diploma level and three-year degree qualifications. A process of reform has begun in which better integrated education and training curricula will be developed, starting at the community level. As these courses are linked to national competency standards, an opportunity arises for better arrangements for the articulation of such health worker training and education courses into the vocational and tertiary education sectors of nursing education.

# 10. AUSTRALIAN SCHOOLS OF NURSING SURVEY

In November 2000 the Working Group conducted a survey of Australian Schools of Nursing. twenty-two schools responded to the survey out of thirty schools to which it was sent. The survey consisted of open-ended questions to elicit details of each School's Indigenous student recruitment and support strategies, articulation pathways and curricula content.

## 10.1 Recruitment practices and issues

### 10.1.1 Current practices

Specific strategies used by Schools of Nursing to encourage Indigenous people to enrol in undergraduate nursing programs included:

- working with a specific recruitment officer from the university Indigenous Student Support Centre;
- use of a local Indigenous Liaison Committee or Officer by a School of Nursing;
- presentations to Indigenous high school students;
- visitation days for Indigenous students to the university;
- Indigenous students accepted in addition to the quota for nursing places;
- a HECS place set aside specifically for an Indigenous student
- scholarships;
- recruitment trips to Aboriginal communities and rural areas with a predominant Aboriginal population by an academic staff member and Indigenous liaison person (in another case, by an

Indigenous registered nurse staff member);

- tutoring of Indigenous students undergoing the Special Tertiary Admissions Test; and
- use of universities Indigenous Student Support Centre/Unit to disseminate information.

One School is considering the development of a bachelor degree course specifically to encourage Indigenous students into nursing. Such a course would be based on a 'community learning' model. Another School was concerned that recruitment programs in the past had been ineffective, leading to their view that retention depends on the individual, and is not related to the amount of effort invested in students.

Few schools had formal policy of working towards a staffing profile that included Indigenous nurses. One School had a policy of 'positive discrimination', two schools had an equal opportunity policy, and one School had a list of Indigenous nurses on file to access staff as required. Three schools commented on the difficulty of recruiting Indigenous nurses.

### **An example of a School of Nursing initiative**

Nursing academics at the University of Sydney formed the Aboriginal and Torres Strait Islander Educational Consultative Committee (ATSIECC) in 1991, in response to their concern about the continuing inequalities in health status between Indigenous and non-Indigenous Australians. This formal committee focuses on recruitment of Indigenous students into nursing, support for these students, flexibility of faculty to assist the students, increasing the Indigenous health content in the curriculum, and increasing the awareness of Indigenous issues amongst academic staff. The Committee consisted of nominees from various departments within the Nursing Faculty, an elected Indigenous student, nominees and the director from the Koori Centre, and Indigenous representatives from outside the university.

## 10.1.2 Areas for development

No Schools of Nursing mentioned assistance for students with the application process, recruitment of mature age students, alternative entry arrangements, or how they identify the Indigenous students who apply. Those schools with programs addressing these and other issues could benefit other schools through a formal process of sharing their ideas and experiences.

### The application process

According to the Victorian Tertiary Admissions Centre (VTAC) 2002 website, most Victorian universities have special admission schemes for Indigenous students. However, a Working Group member investigating the special application process for Indigenous students found the website instructions unclear, and potentially intimidating. Applicants are informed that they may be required to complete or undertake one or more of the following:

- the appropriate section on the VTAC application;
- VTAC S Form (Current Year 12 students) or VTAC SI Form (non-Year 12 applicants);
- contact the appropriate office at the university (no contact details provided); and
- a special test (STAT or other).

If an Indigenous student wished to study at the Australian Catholic University for example, he or she would have to fill out yet another 'Additional Information' form.

The complexity of the university application process is an issue for all students, but particularly for those Indigenous students who are lacking in literacy and numeracy skills. This exacerbates their ability to apply to the course as well as to complete the course. In addition, Indigenous mature age students do not have the assistance with their applications that secondary school students receive from their teachers. A streamlined application process

may assist these students and help increase the number of Indigenous students entering nursing. Bridging programs, literacy and numeracy assistance, and economic, social and cultural support programs would all be necessary to support these students once they were recruited.

### **Mature age students**

Indigenous students of nursing tend to be mature age and generally across Australia there is an increase in the numbers of mature-aged nurses. An application process and recruitment information aimed at mature age students may help to further access this pool of Indigenous people who, for reasons yet unknown, have reached an age at which they tend to enrol in nursing.

### **Alternative entry arrangements**

Indigenous students are likely to have cultural and cross-cultural knowledge and skills, and knowledge and experience of the circumstances of rural, remote and/or Aboriginal community life. These qualities are advantageous not only for the nursing profession but also for sharing with other students and staff in Schools of Nursing. Entry that takes these desirable qualities into account may help Schools of Nursing recruit a higher number of Indigenous students.

### **Identification of Indigenous status**

The identification of Indigenous status is important to enable Schools of Nursing to assess and meet the extent of Indigenous students' support needs. The collection of data and its collation at a national level would allow schools to monitor any commitment to increasing the number of Indigenous nurse graduates, and enable assessment of the success of recruitment and support programs.

One School of Nursing raised a concern that some students prefer not to be identified as Indigenous in order to gain the acceptance of peers. This may point to a need for schools to develop an environment of acceptance of people from different cultural backgrounds. Alternatively, this may mean that Indigenous students need to be assured of privacy if they do not wish to be identified as Indigenous by their peer group.

### **Career promotion**

Career promotion to high school students is an area in which the professional nursing associations, in particular CATSIN, could work with Schools of Nursing to make students aware of the range of nursing occupations available to them, and of the entrance requirements and study commitment required of each nursing course.

A recent development that shows potential for career promotion is the Queensland Indigenous Health Pathways website, that offers a range of information to prospective students in the health sciences, including role model stories and resumés, a job network, and a way for course providers to register information about their courses. Other examples of successful recruitment programs need to be investigated and broadcast to Schools of Nursing and the broader educational and employment sector.

### **A formal mechanism to share ideas**

One of the aims of the Working Group is to facilitate the exchange of ideas and implementation of best-practice recruitment programs at a national level. This can be achieved through the process of developing, implementing and monitoring the recommendations of this document.

## 10.2 Retention practices and issues

### 10.2.1 Current practices

As mentioned previously, the recruitment of Indigenous students into nursing without the necessary cultural, economic and academic supports may set a student up to fail. Fortunately many Schools of Nursing have access to Indigenous-specific support programs (mostly through the universities' Indigenous Student Support Centres). Supports offered currently in some Schools of Nursing have included:

#### **Cultural support from:**

- the Indigenous Student Support Centre; and
- an official Aboriginal Liaison Officer for the School of Nursing.

By increasing the cultural sensitivity of academics, through:

- cultural safety awareness workshops and lectures run by the Indigenous Student Support Centre;
- an Aboriginal Liaison Officer for staff to consult and to provide cultural awareness training for staff;
- auditing of curricula content and teaching processes;
- reconciliation statements;
- increasing the cultural sensitivity of non-Indigenous students through inductions for those studying rural and remote health;
- support services for academics; and
- an Indigenous community liaison officer.

#### **Social and economic support**

- scholarships for undergraduate and post-graduate Indigenous students (however, few of these scholarships were specifically for Indigenous students, or specifically for students of nursing);

- part-time employment and study assistance from a health service division;
- an accommodation award;
- financial guidance and support through student services;
- residences for students;
- counselling;
- facilitation of access to mainstream student services, including DEST services and scholarships, through Aboriginal Liaison Officers;
- financial assistance and advice; and
- an equity officer for special needs groups.

Investigations by the Working Group have revealed that Indigenous tertiary students in South Australia receive financial assistance from the State Government of \$1,500 in their first year, \$3,000 in their second year, and \$5,000 in their third year. Indigenous students in Queensland can receive \$12,200 over their second and third years, if they are bonded for two years.

### **Academic support**

- flexible program delivery for off-campus learning combined with intensive workshops at a university, and the intended future use of other organisations such as TAFE to deliver intensive training in the students' communities;
- literacy training through general university services;
- one-to-one mentoring;
- Indigenous learning staff employed at an Indigenous Student Support Centre;
- tutoring (for example, the Aboriginal Tutorial Assistance Scheme), study room, computing equipment available through the Indigenous Student Support Centres; and
- remedial support and academic preparation courses.

## 10.2.2 Areas for development

### Pre-enrolment scholarships

An area of concern for the Working Group was that scholarships are frequently offered to students already enrolled in nursing. To increase the pool of Indigenous students of nursing, the offer of a scholarship prior to application may encourage students whose decision to enrol is based on their financial security.

### Flexible delivery

University training is available mainly in metropolitan, or regional centres and is mostly full-time. However, a number of undergraduate nursing courses are now offered part-time or are available by distance mode. Both these approaches may better fit the needs of Indigenous or rurally-based non-Indigenous students. Such approaches to nursing education may help to reduce the level of anxiety experienced by students when they move from their communities to study as undue levels of anxiety affect academic success. Consideration needs to be given to the flexible delivery of curriculum content, some of which could be by distance learning. However, caution is warranted about trying to provide distance education courses to Indigenous students in rural or remote locations without also providing the necessary human and technological supports for success.

Education must be seen as a means of providing new choices. Thus, the expectation that students will return to their original community is not only ill-conceived, it may in fact be disempowering to the individual who does not want to return. In fact, evidence available suggests that attempts to return to a community to take a health worker position is often problematic. Many students who leave their communities to undertake education frequently do not return to those communities to take up employment following their graduation.

The Working Group's survey identified many issues that Schools of Nursing had with flexible program delivery, such as:

- the need for student supports;
- the need for face-to-face teaching to recognise different ways of learning;
- the benefit of a support group and an Indigenous staff member to assist students to 'fit in' with the other students and be more forthcoming in asking for help;
- on-line courses or aspects of courses that disadvantage Indigenous students who have no access to computers, are not computer literate or do not have IT support;
- lack of local facilities; and
- the cost of providing tutors for a small number of students in rural and remote areas.

### **Indigenous Student Support Centres**

The Working Group's survey found that all those universities who replied had the assistance of an Indigenous Student Support Centre. However, the number of staff employed in such centres varied greatly. As a result, the extent of support available to students is difficult to determine and varies from university to university.

The support available at the Indigenous Student Support Centres included remedial support, cultural support, counselling and some financial assistance. Not all Centres provided the full range of support. Additional financial support for Schools of Nursing to conduct specific programs to target Indigenous students is limited. Only one school, at James Cook University, received external funding (a Queensland Health Grant) for this specific purpose.

## **Student financial support**

Financial support available to students also seemed to vary greatly. While students were eligible to apply for means-tested ABSTUDY, there was little evidence of any further financial support for travel and accommodation. One university stated they received assistance for Indigenous students of nursing from a CATSIN grant provided via the Viertel Foundation.

## **Academic support**

Universities may apply to DEST for a block Aboriginal Tutorial Assistance Scheme grant. This scheme provides funding for up to four hours of tutorial support per student per subject per week. However, anecdotal evidence suggested that not all universities apply for such funding. Universities therefore need to be encouraged to apply for funds to provide more tutorial support for Indigenous students of nursing.

## **Links to the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN)**

Responses to the survey question about the level of involvement of Schools of Nursing with CATSIN varied from no direct involvement, to staff membership of CATSIN, attendance at CATSIN conferences, consultation with CATSIN, and a member in constant contact with other CATSIN members.

Examples of responses about the implementation of CATSIN recommendations were:

- CATSIN information should be disseminated to Indigenous students, and CATSIN meeting notifications posted on student notice boards;
- mandatory subjects implemented that include Indigenous Australia culture and history, culturally appropriate programs delivered that support the way Indigenous people study, designated support people, collaboration with the Indigenous Student Support Centre to assist students' learning needs,

Indigenous cultural awareness for all staff, and an increase in the number of Indigenous students from zero in 1995 to 26 for one university in 2000;

- the degree of implementation was affected by the prevailing attitudes of staff and the institution;
- the school would value more contact with CATSIN;
- most recommendations in place and progressing;
- aspects implemented, for example, mentoring and continuous development of specific content on Aboriginal Health in the Bachelor program;
- no formal consideration of the recommendations as yet; and
- employment of an Indigenous registered nurse to implement the recommendations.

### **Use of Indigenous people/nurses from the local community as curriculum advisers**

Some Schools had subjects written by, or in consultation with, an Indigenous Student Support Centre. Another School sought advice from the previous Dean of the Faculty of Aboriginal and Islander Health. At other schools, Indigenous nurses were consulted about curriculum changes and how the school should approach Indigenous communities. Indigenous people, including some nurses, were part of some schools' reference groups for curriculum development. One school involved local Indigenous community members and Indigenous nurses as curriculum advisers. Yet another stated that the local community was committed and involved in the Indigenous-specific nursing course that the school delivers.

### **Other possible social support**

To redress some of the many barriers that Indigenous students of nursing face, such as disrupted secondary education, social and financial disadvantage, and cultural or family commitments,

appropriate support strategies need to be developed and maintained by universities. Support for Indigenous students needs to be flexible and acknowledge cultural differences. Support could include pre-entry arrangements, mentorship, networking and peer support. Pilot projects, such as the Deakin University Bachelor of Nursing for Indigenous students at Mt Isa, need to be evaluated in terms of the lessons learned about supporting Indigenous students in nursing studies, and flowing from these evaluations, recommendations circulated for educative purposes to other Schools of Nursing.

## 10.3 Curricula content and issues

At the time of the transfer of nursing education into the higher education sector, there was some inclusion of aspects of Indigenous culture, history and health incorporated into various nursing curricula. This was further enhanced by the development of cross-cultural initiatives within nursing and the release in 1998 of the *CATSIN Recommendations to develop strategies for the recruitment and retention of Indigenous peoples in nursing*.

There have been some positive developments in the incorporation of Indigenous issues and health in nursing education in a number of universities. There is evidence that some Schools of Nursing are addressing and further strengthening Indigenous health care issues and culture within their curricula. Others are planning to include the topics in the future, although some stated this to be difficult when the curriculum was already overloaded and other important subject matter was not addressed adequately.

### 10.3.1 Current practices

Schools of Nursing differ in the extent to which their curricula include topics on Indigenous history, identity, culture, health and principles of self-determination and management, as illustrated by the following responses:

- no response/nothing;
- cultural awareness training for students;

- Indigenous issues incorporated into compulsory subjects;
- Indigenous case studies;
- a multicultural approach;
- a culturally sensitive approach;
- a curriculum maintained and monitored by staff who have undergone cultural safety training;
- issues incorporated into an elective;
- a specific elective;
- a talk from the Indigenous Student Support Centre;
- placements in remote communities;
- historical context of Indigenous health incorporated into subjects, strategies for managing Indigenous health care issues, and up to 10 hours allocated to these topics for a first year subject;
- discrete mandatory units in first and third year;
- Aboriginal registered nurse employed to develop and implement Indigenous health into all undergraduate curricula;
- a visit to an Aboriginal campsite;
- Aboriginal issues incorporated into complex health problems; and
- lectures on Aboriginal health and working in rural and remote areas.

### **Curricula content**

The subject outlines provided by the schools as part of the survey did not give a good indication of the extent to which Indigenous history, identity, culture, health, and principles of self-determination and management were included as, for example, the word 'Aboriginal' (or related words) was not specifically mentioned in

several outlines. This lack of visibility has implications for the profile of Indigenous health in the curricula.

From the unit headings below, provided by various Schools of Nursing, it is clear that few units are solely about Indigenous health and culture:

**Table 6: Nursing curricula that include Indigenous health and cultural issues**

<b>General Nurse Subjects</b>	<b>Cultural/social issues in health</b>	<b>Discrete Subjects</b>
Clinical Practice I	Social Constructions of Health in Australia	Nursing of Aboriginal Health
Behavioural health Sciences	Health, Culture and Society	Indigenous Health and Culture
Health Care Perspectives	Health Care Across Cultures	Aboriginal Indigenous Health Issues
Primary Health Care	Sociocultural Perspectives on Health	
Behavioural Health Sciences	Health Education and Promotion in a Cross-Cultural Society	
Nursing Practice 2B	Society, Culture and Health	
Clinical Practicum I	Culture, Health and Nursing	
Foundations of Nursing I	Health, Culture and Society	
Nursing in the North	Values in Nursing	
Health Care Perspectives	Transcultural Issues in Health Care	

The titles of the above units raise at least two issues that need to be considered when deciding how best to ensure that all nurses are safe to work with Indigenous patients and can contribute to improving their health. Firstly, it is important that Indigenous issues incorporated into other units are not lost among the other subject matter and, secondly, discrete subjects need to be treated as core rather than as less important add-ons.

### **Teaching of Indigenous issues**

From the survey results it appears that approximately two-thirds of Schools of Nursing utilised Indigenous teaching staff for these units.

### **Clinical placements in Aboriginal communities**

Approximately two-thirds of Schools of Nursing offered elective placements in Aboriginal communities, but one school encouraged students to arrange their own placement, and another would organise a placement only if a student expressed interest in the area. The survey results are unclear as to the extent to which students fund themselves to go to these placements. One school said that more students would take up the option of an Aboriginal community placement if money was available for travel and if accommodation was available at cheaper rates.

## **10.3.2 Areas for development**

### **Alternative methods of delivering curricula**

We must also recognise that the processing of information, learning styles, study habits, emotional attitudes, and motivational factors, as well as levels of anxiety are culturally patterned. There is room for new and different teaching strategies which are attuned to Indigenous cultural learning patterns (Omeri & Ahearn, 1999).

Lessons are to be learnt from previous attempts to conduct nursing education programs in remote locations for Indigenous

students. Many issues must be addressed such as gaining community support, and giving students the opportunity to gain ANCI competency through clinical experience in a variety of health care settings.

### **More clinical placements in Aboriginal communities**

Clinical practice placement in an Aboriginal community can assist in the development of cross-cultural skills among students of nursing (Cunningham & Wollin 1998, pp.152-155). This experience can increase students' awareness of the health status of Indigenous people, the socio-cultural and historical influences involved, and the nurse's role in relation to Indigenous health. This can challenge students to become aware of their own health beliefs, attitudes and values.

Many nurses presently go to remote Indigenous health care facilities ill-prepared for their roles and responsibilities in those environments. The quality of health care is therefore affected and nurses find themselves under great stress due to a lack of cultural preparedness. This has led to the growing difficulty in recruiting and retaining nurses for Indigenous communities.

### **Cultural awareness programs**

Results from the survey indicated that very few schools provide cultural awareness programs for their academic staff, although a number claim they will do so in the near future. Other Schools of Nursing stated that, within the university, assistance could be obtained from their respective Indigenous Support Units, however, there was no indication of exactly how many of the staff had availed themselves of this opportunity.

It is likely that different approaches will be needed for each School of Nursing so as to maximise integration of Indigenous

health into the existing curricula. However, it will be an advantage to have some common elements developed jointly.

### **10.3.3 Issues relating to the implementation of a National Core Curriculum**

A proposal for a national core curriculum on Indigenous Health in nursing education raised a number of issues that will have to be resolved prior to implementation. Those issues included:

- Should there be a minimum number of hours in each nursing course spent on Indigenous health? If so, how many hours?
- Are there areas of Indigenous health that must be covered? If so, what are they?
- Should there be a common core curriculum in Indigenous Health that all nursing and health professional courses should study?
- Who should be responsible for the implementation and development of Indigenous Health curricula?

#### **Standard hours**

It is difficult to quantify a standard number of hours for Indigenous content in the curriculum, given the differences in both content and pedagogy in various undergraduate and post-graduate nursing courses. If the aim is to provide all students of nursing with a basic understanding of Indigenous health issues, then there needs to be a clear and consistent definition of what competencies and knowledge a student would be expected to have to demonstrate a 'basic' understanding. Such learning outcomes could be developed at a national level, and the curriculum reflecting the outcomes developed by individual Schools of Nursing.

## **Essential content**

A broad overview of Indigenous history, culture, social and economic circumstances needs to underpin the Indigenous health curricula. Issues that need to be included are historical, socio-cultural and economic determinants of current Indigenous health, cross-cultural communication, Indigenous primary health care, rural and remote issues, Aboriginal Community Controlled Health Services, and strategies for delivering effective Indigenous health services.

## **Stakeholder involvement**

Stakeholder involvement in curricula development has been identified as important by Indigenous representative organisations, and a wide range of government reports and research. It is also important to involve local stakeholders, to enable local issues to be incorporated.

## **Examples of best practice**

A national approach to the development of Indigenous health in core nursing curricula would allow examples of best practice to be identified and evaluated. Efforts to date in Indigenous health curricula development need to be recognised, better disseminated and developed for wider use in higher education and the VET sector.

# **10.4 Advanced nursing practice and postgraduate education**

## **10.4.1 Current practices**

Approximately fifty percent of the post-graduate nursing curricula surveyed included no mandatory or elective topics in Indigenous history, identity, culture, health and principles of self-determination and management. The other half of the curricula have some

elective and some integrated topics, but no mandatory and discrete topics. Some schools included Indigenous health across most health topics, whereas others included Indigenous topics in cross-cultural core subjects and socio-cultural health.

### **10.4.2 Areas for development**

The inclusion of Indigenous health content in post-graduate nursing programs is very limited. Universities generally stated that they had no plans to remedy this omission when their current curriculum was to be reviewed.

## **10.5 Articulation processes**

### **10.5.1 Current practices**

All university Schools of Nursing that responded to the survey had articulation pathways between State/Territory enrolled nursing courses to bachelor of nursing courses, although the amount of credit transfer varied from university to university and between States and Territories. If an Indigenous student completed a course in the VET sector, processes were in place for articulation to bachelor programs offered by universities.

As mentioned previously, the Working Group is concerned by anecdotal evidence that many Indigenous people immediately capable of studying nursing are directed to undertake precursor courses, which unnecessarily extends their period of study. The Working Group therefore recommends that recruiters, career advisers and articulation pathway developers carefully consider the possibility of direct articulation for Aboriginal Health Workers and Indigenous enrolled nurses in particular, and Indigenous applicants generally.

## 10.5.2 Areas for development

### **Articulation with Aboriginal health Worker training**

Better articulation of the present training of Aboriginal Health Workers and nursing education will facilitate the pathway to nursing for those who wish to enter such careers. This is clearly evident from the survey where only one school stated that Aboriginal Health Worker course articulation was being considered when their current Bachelor of Nursing course was under review.

# 11. CONCLUSION

The view of the Working Group is that increasing Indigenous people's participation in nursing is essential to improving the accessibility, quality and cultural appropriateness of health care for Indigenous people. The work placement is meant to encourage greater participation by Indigenous Australians in mainstream nursing programs. This is supported by international evidence that placement of Indigenous health professionals in the broader health system results in improvements to the health of the professional, their families and communities.

However, the high demand for skilled nurses with a knowledge and understanding of the health care needs of Indigenous people cannot be met by Indigenous nurses alone. It is therefore crucial that all students of nursing are adequately prepared for working with Indigenous clients, and that some are inspired and supported to take up full-time careers in Indigenous health.

Over the past two decades the United States, New Zealand and Canada have each improved the morbidity and mortality statistics of their Indigenous communities. It is argued that these improvements are in large part due to a considerable investment in Indigenous peoples' education, and the incorporation of Indigenous health issues in health professionals' education and training. Australian governments advocate recruitment, retention and curriculum policies similar to other international approaches. Governments should take on the lead in convincing health professionals, educators and the higher education sector to increase their efforts to improve Indigenous peoples' health by encouraging Indigenous participation in health core education.

Currently, few Schools of Nursing have integrated a comprehensive Indigenous health component into the core nursing curriculum, and there is room for further development of university recruitment and retention strategies for Indigenous students of nursing. Universities are in a position to increase

nurses' knowledge of and skills in Indigenous health and culture by integrating these issues into core nursing curriculum. This will prepare all nurses to work with and improve the health of Indigenous individuals and communities.

Appropriate recruitment and support strategies and a culturally safe learning environment will assist Indigenous students of nursing through to graduation. Indigenous students will then have the opportunity to use their knowledge of Indigenous health, social conditions and culture to develop their own and others' nursing skills, and contribute to improving the health of Australia's Indigenous people.

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## PART THREE

### APPENDICES

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## APPENDIX A

# Data on Indigenous Australians

### Health

- Indigenous Australians have the worst health of any identifiable group in Australia (National Aboriginal Health Strategy 1989, p.7).
- Indigenous Australians carry a burden of poor health and mortality far in excess of that expected from the proportion they represent of the total population.
- The health of Indigenous Australians has changed little over the last 10 years while the health of non-Indigenous Australians continues to improve substantially in comparison (Health and Welfare of Australia's Indigenous Peoples 1999).
- In 1991–1996, life expectancy at birth was estimated to be 56.9 years and 61.7 years for Indigenous Australian males and females respectively, compared with all-Australian estimates of 75.2 years for males and 81.1 years for females (AIHW 1999 p.4).
- Indigenous Australians continue to die at a greater rate than their non-Indigenous counterparts (AIHW 1999 p. 5) due to a variety of health risk factors including poor living conditions, poor nutrition, smoking, consumption of alcohol, lack of appropriate health services and lack of education (p. 3).
- The causes of death among Indigenous Australians are largely preventable or treatable, such as circulatory disease, respiratory disease, injury, endocrine diseases and cancer (AIHW 1999 p. 5).
- Indigenous adults are more likely to smoke and more likely to be categorised as obese than other Australian adults, but less

likely to report drinking alcohol. Those who do drink are more likely, than their non-Indigenous counterparts, to do so at hazardous levels (AIHW 1999 p. 3).

- Indigenous people are more likely than non-Indigenous people to be victims of violence and to suffer intentional injuries (those inflicted on purpose by another person) resulting in hospitalisation (AIHW 1999 p. 3).
- Almost half (46 per cent) of all hospital separations among females for intentional injuries in 1996–97 were of women identified as Indigenous (AIHW 1999 p. 3).
- Indigenous people are over-represented in intimate partner homicides, with 20 per cent of victims and 22 per cent of offenders in 1989–96 identified as Indigenous (AIHW 1999 p. 3).

## Education

- Among Indigenous Australians aged 15 years or over in 1996, about 40 per cent said they had left school before the age of 16 years, compared with 34 per cent of non-Indigenous people.
- Only 2 per cent of Indigenous Australians aged 15 years and over in 1996 had completed a bachelor degree or higher, compared with 11 per cent of the non-Indigenous population.
- 76.3 per cent of Indigenous adults reported no post-school qualifications compared to 59.1 per cent of the non-Indigenous population.<sup>1</sup>

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<sup>1</sup> Australian Institute of Health and Welfare and Australian Bureau of Statistics 1999, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 1999*, Cat. No. 4704.0, Canberra, p. 19.

- In the 1996 Census about 1 per cent of employed people aged 15 years and over, who were identified as Indigenous, listed an occupation which could be classified as 'health professional or paraprofessional'.<sup>2</sup>
- In 1998, 333 students who were identified as Indigenous began an undergraduate course in a health field. Indigenous students represented 1.8 per cent of all undergraduate commencements in health fields in this year.
- There were 735 beginning and continuing students enrolled in undergraduate level health courses in 1998, who were identified as Indigenous, including 327 students in health support activities, 239 nursing students and 49 medical students. Another 128 Indigenous students were enrolled in post-graduate health courses in 1998, including 38 in health support activities, 36 in nursing and 12 in medicine.<sup>3</sup>

## Employment and Income

At the time of the 1996 Census, the unemployment rate was 23 per cent for Indigenous people as compared to 9 per cent for non-Indigenous people.<sup>4</sup>

- The median weekly individual income for Indigenous males aged 15 years and over was \$189 and \$190 for Indigenous females, compared with \$415 for non-Indigenous males and \$224 for non-Indigenous females.

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<sup>2</sup> Australian Institute of Health and Welfare and Australian Bureau of Statistics 1999, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 1999*, Cat. No. 4704.0, Canberra, p. 75.

<sup>3</sup> *ibid.*, p. 78.

<sup>4</sup> *ibid.*, p. 22.

- Indigenous people also have a lower median weekly income than non-Indigenous people for every level of qualification.<sup>5</sup>

## Housing

In 1996, 71 per cent of non-Indigenous households lived in homes owned or being purchased by their occupants, the corresponding figure for Indigenous households was only 31 per cent.

- 64 per cent of Indigenous households were renting their dwellings compared to 27 per cent for non-Indigenous households.<sup>6</sup>
- Indigenous people are more likely than other Australians to live in improvised and/or over-crowded dwellings.<sup>7</sup>

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<sup>5</sup> Australian Institute of Health and Welfare and Australian Bureau of Statistics 1999, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 1999*, Cat. No. 4704.0, Canberra, p. 22.

<sup>6</sup> *ibid.*, p. 23.

<sup>7</sup> *ibid.*, p. 3.

## APPENDIX B

# Health and Education Context Documents

### National Aboriginal Health Strategy (1989)

In December 1987 the Commonwealth, State and Territory Ministers for Health and Aboriginal Affairs agreed that a Working Party be established to develop a National Aboriginal Health Strategy. This Working Party took major carriage for the development of the National Aboriginal Health Strategy, which was established in 1989 in consultation with Aboriginal communities and groups throughout Australia.

The Strategy made clear recommendations to improve the health, education, economic, environmental, social, employment and general well-being of Aboriginal and Torres Strait Island Australians. It recognised the need for more Aboriginal people to undertake medical, nursing and paramedical courses and identified the need for the development of support programs to enable Aboriginal people to receive training and education to become health care workers at all levels.

These recommendations were that:

- tertiary institutions responsible for undergraduate and post-graduate medical, nursing, and paramedical courses to be approached to include the compulsory study of Aboriginal culture and history and health issues as part of formal course work;
- where possible, Aboriginal people should be involved in the development and teaching of these units;
- negotiations with professional organisations commence immediately with the aim of introducing culturally appropriate

and relevant post-graduate and continuing education programs. Where possible, Aboriginal people should be involved in the development and presentation of these programs;

- every effort should be made to attract and retain Aboriginal people in courses of study which will qualify them for careers as health professionals; and
- Aboriginal students should be exempt from payments of the tertiary graduate tax to encourage them to undertake tertiary studies.

### **National Aboriginal Health Strategy: an Evaluation (1994)**

In 1994 an Evaluation Committee chaired by Commissioner Stephen Gordon, of the Aboriginal and Torres Strait Islander Commission, conducted an evaluation of the *National Aboriginal Health Strategy* (NAHS). The Committee membership included representatives from key Aboriginal and Torres Strait Island community organisations and key government organisations.

This Committee found little evidence of effective implementation of the NAHS and ‘called upon governments and the people of Australia to make a renewed commitment to Aboriginal Health and fund bold, well managed, community owned programs’.

The former Department of Education, Employment and Training (DEET), now the Department of Education, Science and Training (DEST), was allocated responsibility in the *National Aboriginal Health Strategy* (1989) to negotiate strategies for the education, training and employment of Aborigines and Torres Strait Islanders in health-related occupations. This responsibility included the development and implementation of programs to link provision of employment and training with public health and housing development.

The Evaluation Committee (1994):

- found that DEET's strategies in relation to the NAHS recommendations around health-related employment, education and training were slow due to DEET's policy of negotiating employment strategy agreements with State and Territory governments; and
- questioned DEET's ability to conduct a broad negotiation process with State/Territory government representatives to provide maximum benefits in terms of Aboriginal health-specific employment and training.

The Evaluation Committee (1994) recommended 'that a serious effort to overcome the barriers to access to health employment and training must necessarily involve strong advocacy and a coordinated strategic approach to Aboriginal health worker education and training'.

### **National Aboriginal and Torres Strait Islander Health Strategy (2001)**

At its meeting in August 1999, the National Aboriginal and Torres Strait Islander Health Council agreed that the *National Aboriginal Health Strategy* was ten years old and that considerable activity had been undertaken since then.

The Council agreed to develop a new strategy to reflect current and future policy directions within the context of the new policy environment provided by the Aboriginal and Torres Strait Islander Health Framework Agreements and nationally agreed reporting arrangements.

At its February 2001 meeting, the National Aboriginal and Torres Strait Islander Health Council agreed to release a draft of the *National Aboriginal and Torres Strait Islander Health Strategy* for consultation.

The draft strategy aims to set out agreed principles and key result areas for Indigenous health policy and services that all

jurisdictions and the community sector can commit to and will work collaboratively to achieve over the next 10 years.

The draft for discussion was distributed for stakeholder comment during March 2001 and is available to the general public via the Internet. A campaign advertising in the national and Indigenous media informing the public of the availability of the document occurred at the end of February 2001.

## **Royal Commission into Aboriginal Deaths in Custody (1991)**

The Royal Commission into Aboriginal Deaths in Custody was set up jointly by the Commonwealth, the States and the Northern Territory on 16 October 1987 in response to concerns that deaths in custody of Aboriginal and Torres Strait Islander people were too common and public explanations of these deaths too evasive. The Royal Commission investigated deaths of 99 Aboriginal and Torres Strait Islander people in the custody of police, prison or juvenile detention institutions between 1 January 1980 and 31 May 1989. The Royal Commission looked into the circumstances of the deaths, action taken by authorities following the deaths and underlying causes, including social, cultural and legal factors.<sup>1</sup>

One of the major findings of the Royal Commission (1991) was that education, or lack of appropriate education, for Indigenous Australians contributed to the number of Indigenous Australians in custody. The Royal Commission (1991) found that:

- the formal education system, child welfare practices, juvenile justice, health and employment opportunities are inextricably linked to the disproportionate representation of Aboriginal and Torres Strait Islander people in custody;

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<sup>1</sup> Royal Commission into Aboriginal Deaths in Custody 1992, *Overview of the Response by Governments to the Royal Commission*, Canberra, p. 4.

- school-based education systems have been either unable or unwilling to accommodate many of the values, attitudes, codes and institutions of Aboriginal and Torres Strait Islander society;
- Aboriginal and Torres Strait Islander participation and achievement in education, as defined by the wider Australian society, has been limited and this has in turn limited the real choices available to Aboriginal and Torres Strait Islander people in Australian society; and
- the only chance for improving education as a social resource for Aboriginal people will come as a result of Aboriginal people deciding for themselves what it is they require of education and then having the means of determining how that end is achieved.

The Royal Commission made 11 recommendations about the education of Aboriginal and Torres Strait Islander people. Those directly relating to this document are:

- better training of non-Aboriginal health staff in Aboriginal culture and history;
- Aboriginal viewpoints, interests, perceptions and expectations are reflected in curricula, teaching and administration of schools; and
- Schools should consult the Aboriginal community in the design and implementation of local programs that incorporate Aboriginal viewpoints on social, cultural and historical matters.<sup>2</sup>

### **Healthy Horizons: A Framework for Improving the Health of Rural, Regional and Remote Australians (1999-2003)**

The *Healthy Horizons* (1999–2003) policy was developed to ensure that the health of people living in rural, regional and remote areas

<sup>2</sup> Royal Commission into Aboriginal Deaths in Custody 1992, *Response by Governments to the Royal Commission*, Vol 3, Canberra, pp. 1081–1129.

is considered a priority. *Healthy Horizons* (1999–2003, p. iii) provided a framework to guide the development of health programs and services in rural, regional, and remote Australia.

The policy (p.12) stated that Aboriginal and Torres Strait Island Australians ‘*experience a higher burden of illness than other Australians*’ and recognises that ‘*health care services which have their basis in Aboriginal and Torres Strait Islander culture and are planned, managed and staffed by Aboriginal and Torres Strait Island people are better able to contribute to improvements in infant care, reduction in communicable diseases, caring for elders and community health*.’

The policy (p. 19) also identified the action required to encourage and maintain Aboriginal and Torres Strait Islander Australians in health care professions is to ‘*implement education and employment strategies to encourage greater participation of Aboriginal and Torres Strait Islander peoples in health sciences education and management*’.

## **Aboriginal and Torres Strait Island Education Strategies (1999-2001)**

The Commonwealth, the State and Territory Governments endorsed the National Aboriginal and Torres Strait Islander Education Policy in 1989. The policy set out 21 long-term goals for Aboriginal and Torres Strait Islander education, grouped under four main headings:

1. Involvement of Aboriginal and Torres Strait Islander people in educational decision-making.
2. Equality of access to educational services and equity of educational participation.
3. Equitable and appropriate educational outcomes.
4. Roles for the Commonwealth, States and Territories, and education providers in implementation, including arrangements for monitoring and reporting.

The report of the Royal Commission into Aboriginal Deaths in Custody in 1991 endorsed the National Aboriginal and Torres Strait Islander Education Policy and emphasised its importance. A link was drawn between the educational disadvantage of Indigenous Australians and their disproportionate representation in custody.

## **Literacy and Numeracy Strategy**

The objective of the National Indigenous Literacy and Numeracy Strategy is for Indigenous students to achieve English literacy and numeracy at levels comparable to those achieved by other young Australians. This objective will be achieved by education providers making more effective use of the significant resources available under State, Territory and Commonwealth education funding programs, to implement the following six key elements:

- lifting school attendance rates of Indigenous students to national levels;
- effectively addressing the hearing and other health problems that undermine learning for a large proportion of Indigenous students;
- providing, wherever possible, preschool education opportunities;
- training sufficient numbers of teachers in the skills and cultural awareness necessary to be effective in Indigenous communities and schools and encouraging teachers to remain for reasonable periods of time;
- ensuring that teaching methods known to be most effective are employed; and
- instituting transparent measures of success as a basis for accountability for schools and teachers.

Implementation of these six key elements of the strategy will be carried out by:

- developing greater self-esteem in Indigenous students;
- mobilising the active engagement of parents and communities through national and local Indigenous leadership and partnerships;
- targeted initiatives;
- coordinated program implementation by relevant Commonwealth departments;
- the development of co-operative plans by Commonwealth, State and Territory and local governments and communities;
- the development with education providers of Indigenous literacy, numeracy and attendance implementation plans; and
- appropriate funding commitments.

## APPENDIX C

# Issues Affecting Indigenous Students Undertaking Tertiary Studies

- Limited finances.
- Lack of prerequisite knowledge required for success in university.
- Lack of experience with university structure and assumptions about university systems.
- Limited educational experience and qualifications.
- Personal illness.
- Family problems.
- Family responsibilities and commitments.
- Lack of family support.
- Work commitments.
- Loneliness and social isolation.
- Failure or reluctance to access support services.
- Difficulty in reaching the required academic standards.
- Difficulty in finding suitable accommodation.
- English as a second language.



## APPENDIX D

# Reasons for Unsuccessful Experiences while Studying Medicine

The following information was collated from Indigenous Australian medical students and graduates who attended the Inaugural Conference of Indigenous Medical Graduates and Undergraduates held in 1997.

- Lack of support, cultural isolation and alienation.
- Translocation.
- Misconceptions about ABSTUDY.
- Bureaucratic lack of interest.
- No access to experiences of older students/graduates.
- Other students' perceptions of the benefits in being Aboriginal.
- Poor study skills.
- Prior lack of access to education, poor preparation.
- Financial, lack of resources.
- Independent learning.
- Family, relationship problems.
- Maturity, age, marital status and children can be disadvantages socially.
- Lack of appropriate child care.
- Made into the 'spokesperson'.
- Pressure to adapt to racist reality when we are isolated.



## APPENDIX E

# Reasons for Successful Experiences in Medical Studies

The following information was collated from Indigenous Australian medical students and graduates who attended the Inaugural Conference of Indigenous Medical Graduates and Undergraduates held in 1997.

- Working in an Aboriginal Medical Service during course.
- Nurturing/help of elders.
- Others' success – Aboriginal role models, mentors.
- Support from Aboriginal students and a place to meet.
- Orientation to university and city life.
- Family support.
- Financial support.
- Support from school/student interface/liaison office.
- Links with community, support.
- Indigenous academics.
- Peer support (both Aboriginal and non-Aboriginal).
- Getting through course is not the only criteria of success. People who drop out may have other goals.
- Success – inspiration of mutual pride and sense of identity.
- Family role models.
- Travel expenses to get home.

- Liaison office.
- Mentorship programs.
- Giving us a chance.
- Active, aggressive recruitment.
- Comfortable and approachable mentors.
- Curriculum input.
- Hard work, discipline, enthusiasm, self-confidence.
- Number of Kooris in course.
- Studies skills training (including reading).
- Aboriginal tutors.
- Discipline – time management.
- Knowing who you are.
- If you know what you are getting into it is better.
- Peer support.
- Students and graduates who have gone there before - centres should facilitate this – we need to know who they are and where they are.
- Tutoring system.
- Cultural activities – community feasts and corroborees.
- Employment through holidays.

## APPENDIX F

# Indigenous Nursing Education Working Group – Questionnaire to members of the Australian Council of Deans of Nursing

The Indigenous Nursing Education Working Group consists of representatives of the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN), the Australian Council of Deans of Nursing (ACDON) and the Commonwealth Department of Health and Aged Care, Office for Aboriginal and Torres Strait Islander Health (OATSIH). This Group was formed recently to develop strategies that would lead to more integrated Indigenous health curricula and to better support Aboriginal and Torres Strait Islander students of nursing. This questionnaire seeks information from your School of Nursing that would help provide an up to date picture on progress achieved in the education and training of Indigenous Nurses since the National Review of Nurse Education in Australia (1994).

The Group requests that you kindly complete and return the enclosed questionnaire by e-mail to Amy Hanek at OATSIH by 10 November 2000. Amy's e-mail address is [amy.hanek@health.gov.au](mailto:amy.hanek@health.gov.au) Please attach subject descriptions to this document. If this is not possible, please post your completed questionnaire with the attached subject descriptions by post to: Project Officer, Indigenous Nursing Education Working Group, Mail Drop 17, GPO Box 9848, CANBERRA. ACT 2601

Please place an 'X' next to correct answer, provide comment or information where requested:

1. Name of University:
2. Name of contact person:
3. Contact Phone Number:
4. Email:
5. What specific recruitment strategies, if any, does your university have to encourage Indigenous students into nursing?
  
6. Does your school's undergraduate nursing curricula include mandatory or elective topics in indigenous history, identity, culture, health and principles of self-determination and management? These topics could be in discrete units or integrated within units.

Please comment about these and attach a copy of any relevant subjects from your undergraduate curriculum to this questionnaire.

7. If you have answered YES to Q5 please explain who teaches each topic (that is, whether the teacher is an Indigenous academic, a non-Indigenous academic, a registered nurse or another person).
  
8. Does your school have plans to change or further develop the undergraduate curriculum to include Indigenous culture or Indigenous health issues? Please provide details.
  
9. Does your undergraduate curriculum articulate with State Enrolled Nurse programs conducted in the TAFE sector?
  
10. Does your school offer any clinical placement opportunities in indigenous health (for example, with Aboriginal and Islander Medical Services)?

11. Does your university set aside places in your undergraduate nursing program that are specifically for Indigenous students of nursing?
  
12. Does your school's post-graduate nursing curricula include mandatory or elective topics in indigenous history, identity, culture, health and principles of self determination and management? These topics could be in discrete units or integrated within units.

Please comment and attach a copy of any relevant subjects from your post-graduate curricula to this questionnaire.

13. Do you have any plans to change or further develop your post-graduate curricula to include the topics identified in Q10?

14. Please comment on any issues that concern your school regarding the provision of various modes of flexible program delivery to Indigenous students of nursing.
  
15. Does your university provide any scholarships for Indigenous students of nursing?
  
16. Does your university have any courses designed to prepare Indigenous Health Workers?
  
17. Is there any articulation between these courses and your undergraduate nursing program?

18. Please briefly describe what strategies, if any, that your school or university has in place to increase or assess the sensitivity of academics, staff and administrators to the needs of Indigenous students.
  
19. Please briefly describe what strategies, if any, that your school or university has to specifically support Indigenous students of nursing (e.g., remedial or cultural support or counselling).
  
20. Does your university have a support centre for Indigenous students? If YES, please provide details of the staffing numbers of this centre and support services available to Indigenous students in your School.
  
21. Does your school receive any special funding relating to Indigenous nursing students or any aspect of Indigenous health and culture?



27. Is there anything else you would like to comment on in relation to any of the above questions?
  
28. Please comment further regarding your views about the recruitment and inclusion of Indigenous students into nursing courses.

**THANK YOU FOR YOUR HELP AND CO-OPERATION**

## APPENDIX G

# Data on Female Indigenous Students Aged 25 or Over

**Table A: Number of dependants of female Indigenous students aged 25 years or over (ABS 1996)**

Number of Dependants	Number of Students	Percent (%)
0	2 737	42.50
1 to 2	2 438	37.86
3+	1 265	19.64
<b>TOTAL</b>	<b>6 440</b>	<b>100.00</b>

**Table B: Average gross weekly income of female Indigenous students aged 25 years or over (ABS 1996)**

Average Income	Number of Students	Percent (%)
Negative/nil	198	3.07
\$1 - \$119	395	6.13
\$120 - \$159	758	11.77
\$160 - \$199	885	13.74
\$200 - \$299	1 168	18.14
\$300 - 399	1 082	16.80
\$400 - \$499	548	8.51
\$500 - \$699	651	10.11
\$700 - \$999	339	5.26
\$1000 or more	75	1.16
Not stated	341	5.30
<b>TOTAL</b>	<b>6 440</b>	<b>100.00</b>

**Table C: Average age left school of female Indigenous students aged 25 years or over (ABS 1996)**

<b>Average age left school</b>	<b>Number of students</b>	<b>Percent (%)</b>
Still at school	127	1.97
Never attended school	33	0.51
14 years and under	833	12.93
15 years	1 727	26.82
16 years	1 556	24.16
17 years	1 042	16.18
18 years	495	7.69
19 years and over	244	3.79
Not stated	383	5.95
<b>TOTAL</b>	<b>6 440</b>	<b>100.00</b>

## APPENDIX H

# List of Abbreviations and Acronyms

ABS	Australian Bureau of Statistics
ACDON	Australian Council of Deans of Nursing
AEP	Aboriginal Education Policy
AHMAC	Australian Health Ministers Advisory Council
ANCI	Australian Nursing Council Inc.
ANTA	Australian National Training Authority
AIHW	Australian Institute of Health and Welfare
ATSIECC	Aboriginal and Torres Strait Islander Educational Consultative Committee
CATSIN	Congress of Aboriginal and Torres Strait Islander Nurses
CRANA	Council of Remote Area Nurses of Australia Inc.
CURRNS	Commonwealth Undergraduate Remote and Rural Nursing Scholarships
DEET	Department of Education, Employment and Training (former)
DEST	Department of Education, Science and Training
DETYA	Department of Education, Training and Youth Affairs (former)
HECS	Higher Education Contribution Scheme
INE	Indigenous Nurse Education

NACCHO	National Aboriginal Community Controlled Health Organisation
NAHS	National Aboriginal Health Strategy
NATSIHS	National Aboriginal and Torres Strait Islander Health Service
OATSIH	Office for Aboriginal and Torres Strait Islander Health
RANs	Remote Area Nurses
STAT	Special Tertiary Admissions Test
TAFE	Technical and Further Education
VET	Vocational Education and Training
VTAC	Victorian Tertiary Admissions Committee
WHO	World Health Organisation

## APPENDIX I

# Core Nursing Unit, Bachelor of Nursing, Australian Catholic University

**UNIT CODE & TITLE:** NRSP 104 CLINICAL PRACTICE I

**CREDIT POINTS:** 10

**TEACHING HOURS:** 120 focused learning

**PRE-REQUISITE:** CPR Certificate

**CO-REQUISITE:** NRSP 106 Nursing I

### DESCRIPTION

The unit provides students with the opportunity to study individuals, groups and health services within the community through theoretical and clinical practice experience. There will be an emphasis upon the needs of and services for the multicultural society. This unit will also enable students to explore Australian Indigenous culture from an historical, social and cultural perspective. Indigenous health and health practices will be studied as well as the role of the nurse in assisting individuals to maintain and promote health and wellbeing.

Clinical practice will be undertaken in settings where students are able to apply theoretical and practical knowledge relevant to the functional health patterns studied in Nursing I and theoretical content of Clinical Practice I.

## UNIT OBJECTIVES

On completion of this unit students should be able to:

1. appreciate the need to respect the values, beliefs, culture and traditions of individuals in the community;
2. discuss the history of colonisation and assimilation and the influence upon the health and wellbeing of contemporary Australian Indigenous people;
3. understand the political and historical events that have influenced Indigenous health care;
4. discuss health strategies and their impact upon the health of groups within Australian society;
5. assess the health and needs of individuals and groups within the community;
6. identify the community services available to meet the health and wellbeing needs of people across the life span;
7. discuss the role of the nurse in the maintenance and promotion of health in the community;
8. apply theoretical concepts of assessment communication and decision making in a community setting;

## CONTENT

- Australian Indigenous history
  - Colonisation
  - impact of change on Indigenous Australians;
- Culture and identity;
- Cultural diversity and universality of urban, rural and remote communities;

- Australian Indigenous health
  - Historical Background
  - Government legislation
  - Self-determination
  - Social justice;
- Discovery
  - sleep, rest patterns
  - activity
  - health prevention/promotion
  - community assessment
  - individual needs
  - value and beliefs;
- Deliberation
  - levels of health and well being of the person, family and community
  - role of the nurse
  - referral, support and integration of other health care providers;
- Strategy
  - health promotion
  - maintenance and care;

- Praxis
  - Communication in a multicultural society
  - documentation
  - evaluation and reflection of care
  - community needs.

## **TEACHING AND LEARNING STRATEGIES**

Teaching methods include lectures, tutorials, seminars, workshops and computer assisted learning. Clinical experience and field education will provide opportunities for students to test, validate and action new knowledge in selected settings.

The teaching methods will reflect respect for the individual as an independent learner. Students will be encouraged to take increasing responsibility for their learning and to actively participate within the group. During clinical experience, students will be supervised by a Registered Nurse (Division 1) on a 1:8 ratio.

## **ASSESSMENT**

Achievement of unit objectives will be determined through the use of more than one type of assessment methodology. A combination of the following or other appropriate methodologies will be utilised:

- clinical performance assessment
- written assignments
- reflective journal
- seminar presentation.

## REPRESENTATIVE TEXTS AND REFERENCES

Students will utilise current relevant and essential reading in national and international publications. Some representative texts are as follows:

Anderson, P., Bhatia, K., & Cunningham, J. (1996). *Mortality of Indigenous Australians 1994*. Darwin Aboriginal and Torres Strait Islander Health and Welfare Information unit (Occasional paper: Canberra, ACT Australian Bureau of Statistics).

Attwood, B., Burrage, W., & Stokie, E. (1994). *A life together, A life apart: a history of relations between Europeans and Aborigines*. Melbourne: Melbourne University.

Australian Nursing Council Inc. (2000). *National competency standards for the registered nurse* (3rd ed.). Dickson, ACT: ANCI

Bourke, E., & Edwards, B. (1994). *Aboriginal Australia*. St Lucia: University of Queensland Press.

Burrell, L. O., Mirlenbrink Gerlach, M. J., & Shank Pless, B. L. (Eds.). (1997). *Adult nursing acute and community care*. Stanford: Appleton & Lange.

Craven, R.F. & Hirnle, C.J. (1999). *Fundamentals of nursing: Human health and function* (3rd ed.). Philadelphia: Lippincott.

Daly, J., Speedy, S., & Jackson, D. (Eds.). (2000). *Contexts of nursing: An introduction*. Sydney: McLennan & Petty.

Eckermann, A., Dowd, T., Martin, M., Nixon, L., Gray, R., & Chong, E. (1995). *Binan Goonj: Bridging cultures in Aboriginal health*. Armidale: University of New England Press.

Enkin, N.K., Perry, A.G., & Potter, P.A. (2000). *Nursing interventions and clinical nursing skills* (2nd ed.). St Louis: Mosby.

Gray, G., & Pratt, R. (Eds.). (1995). *Issues in Australian nursing 4*. Melbourne: Churchill Livingstone.

Havecker, C. (1988). *Understanding Aboriginal culture*. Sydney: Cosmos Periodicals Pty. Ltd.

Leininger, M. (1995). *Transcultural nursing: Concepts, theories, research & practice* (2nd ed.). New York: McGraw-Hill Inc. College Customs Services.

National Health and Medical Research Council. (1989). *A National employment and training strategy for Aboriginal and Torres Strait Islander health workers and health professionals working in Aboriginal and Torres Strait Islander health.*

National Aboriginal and Torres Strait Islanders Nursing Forum. (1997). *An initiative to develop strategies for the recruitment and retention of Indigenous peoples in nursing.* Sydney: ANF.

Presland, G. (1994). *Aboriginal Melbourne: The lost land of the Kulin people.* Melbourne: McPhee Gribble.

Reid, J., & Trompf, F. (Eds.). (1997). *The health of Aboriginal Australia.* Sydney: Harcourt Brace.

Saggers, S., & Gray, D. (1992). *Aboriginal health & society: The traditional and contemporary Aboriginal struggle for better health.* Sydney: Allen & Unwin.

## **Elective Nursing Unit, Bachelor of Nursing, Australian Catholic University**

**UNIT CODE & TITLE:** NRST 206 AUSTRALIAN INDIGENOUS HEALTH ISSUES

**CREDIT POINTS:** 10

**TEACHING HOURS:** 120 focused learning

### **DESCRIPTION**

Issues related to Aboriginal and Torres Strait Islander health are investigated and discussed. Opportunities are provided for

students to explore historical, cultural and social issues that impact on the health of Aboriginal and Torres Strait Islander people. Primary health care policies will provide a framework for analysing approaches to culturally appropriate community health care services.

Students are to investigate ways their nursing practice and care delivery can enhance the health of the indigenous client. Student learning opportunities will be enhanced by a community field placement to rural, remote, semi-urban or urban indigenous communities. Students will be provided with exposure to contrasting perspectives on the development and delivery of Indigenous health promotion programs within dominant culture institutions.

## **OBJECTIVES**

On completion of the unit students should be able to:

1. appreciate the cultural distinctions of Aboriginal and Torres Strait Islander people;
2. discuss cultural meanings of health and illness;
3. understand the historical events that motivated Indigenous Australian's self-determination movement;
4. appreciate the influence of historical incidents on the health of Indigenous people today;
5. understand how health care policy relates to Indigenous health care services;
6. identify from fieldwork experience in urban, rural and remote Indigenous communities:
  - workplace strategies and practices which facilitate the improvement of the delivery of culturally appropriate health services
  - the major health issues confronting Aboriginal and Torres Strait Islander people

- different cultural and social issues that influence health care practice
  - clinical skills relevant for nurses to practice in the different health care settings;
7. use self-reflection to identify one's own culture, beliefs and values that contribute to the ability to provide culturally appropriate health care.

**CONTENT:**

- Culture and identity;
- Cultural diversity and universality of urban, rural and remote communities;
- Aboriginal and Torres Strait Islander Health:
  - Historical Background
  - Government legislation
  - Self-determination
  - Social justice
  - Health care delivery systems;
- The impact of change on Indigenous Australians;
- The role of the nurse and his/her relationship to other health care providers to Aboriginal and Torres Strait Islanders;
- Communicating across cultures.

**TEACHING AND LEARNING STRATEGIES:**

Teaching methods include lectures, tutorials, seminars, workshops and computer assisted learning.

The teaching methods will reflect respect for the individual as an independent learner. Students will be encouraged to take increasing responsibility for their learning and to actively participate within the group.

## **ASSESSMENT:**

Achievement of unit objectives will be determined through the use of more than one type of assessment methodology. A combination of the following or other appropriate methodologies will be utilised:

- examination
- written assignments
- reflective journal
- seminar presentation

## **REPRESENTATIVE TEXTS AND REFERENCES**

Students will utilise current relevant and essential reading in national and international publications. Some representative texts are as follows:

Eckermann, A., Dowd, T., Martin, M., Nixon, L., Gray, R., Chong, E. (1992). *Binan Goonj: Bridging cultures in Aboriginal health*. Armidale: University of New England Press.

McMurray, A. (1999). *Community health and wellness, a socioecological approach*. Sydney: Mosby.