

# **MASTERS HONOURS DISSERTATION**

**Masters Honours Dissertation Title: What are the Experiences of Indigenous Health Workers Enrolled in the Bachelor of Nursing at the University of Southern Queensland**

**For the Award of Master of Nursing (Hons)**

**A Dissertation Submitted by  
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# CHAPTER 1

## *Introduction*

Indigenous health workers (IHWs) are the largest health workforce addressing the poor health outcomes for Indigenous Australians today. This Indigenous health workforce, although highly skilled in delivering primary health care to its clients, is rarely called upon to participate in developing policies and strategies that can influence outcomes in Indigenous health. This is unfortunate because the progress made in Indigenous health often comes from Indigenous people themselves. This approach has often been referred to in the literature as ‘bottom up’ rather than ‘top down’ (ANTaR, 2007). This bottom up approach is effective because the right information is collected from the bottom, which can be referred to as the community. If there is no one at the top that has the same ideas and information, the bottom up information can become distorted if there are a limited number of qualified Indigenous health professionals to follow through at the top.

To address this situation it is necessary to establish an Indigenous health workforce with recognized professional qualifications in health. Currently there are cohorts of Indigenous health workers from the South West Queensland region who have embarked on the journey to make the transition from Indigenous Health Workers to Registered Nurses. The motivation for most of these students is to gain professional health qualifications in order to be a voice in Indigenous health matters. Their involvement in the decision making processes for Indigenous health services that impact on their own people will assist greatly in ‘Closing the Gap’ (Close the Gap is a government initiative to close the 20 years life expectancy gap that

currently exists between Indigenous and non-Indigenous Australians) and putting an end to the current Indigenous health crisis.

## **CHAPTER 2**

### ***Literature Review***

The Australian Bureau of Statistics (2008b) indicates in its 2006 Census how Indigenous Australians aged fifteen years or over with higher levels of education were more likely to be in full-time employment than those without higher levels of education. In 2006, 71% of non-Indigenous Australians aged 18-24 years were involved in full-time work, full-time study or part-time work with part time study, compared to 33% of Indigenous people of the same age (Australian Bureau of Statistics 2008b). It is hoped that bringing more Indigenous health workers into the Bachelor of Nursing will result in vacancies within the Indigenous Health Worker workforce, thereby providing employment opportunities for other Indigenous people.

Professional nursing bodies in Australian have seen the need to implement policy to affect the numbers of Indigenous nurses in the health workforce to help combat the poor health statistics experienced by Indigenous Australians. The Rudd government has also pledged to close the 17-year life expectancy gap between Indigenous and non-Indigenous Australians by the year 2030 (Koori Mail, 2008). In order to achieve this goal it is imperative to increase the professional ranks of the Indigenous health workforce. Currently there are support strategies in place to assist Indigenous nursing students to study nursing at University through nursing

scholarships and cadetships. Although this support is available, numbers are still extremely low in comparison to the Indigenous clients accessing health facilities. This leaves most Indigenous Australians dependent on health facilities and a workforce that has limited understanding of their cultural needs.

There are Indigenous Health Workers (IHWs), an under-utilised workforce in Indigenous health, who are meeting the challenge and are aspiring to become Registered Nurses. The following areas were identified in the literature review and relate directly to the research question:

- (1) Professional nursing bodies with policy pertaining to Indigenous Australians and nursing.
- (2) Cross cultural care in nursing.
- (3) Recruitment strategies aimed at increasing the number of Indigenous nurses.
- (4) Indigenous Health Workers aiming to become registered nurses.

### **Professional Nursing Bodies with Legislation Pertaining to Indigenous Australians and Nursing.**

The Australian Nursing Federation and the Royal College of Nursing in a joint statement concerning Indigenous Australian People and Nursing Education, highlight strategies professional nursing bodies have recorded in their policies to ensure the scarcity of Indigenous nurses is addressed. The Indigenous nursing representative body, the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) has also published a report into Indigenous nursing issues. A publication called 'getting em n keeping em' by the Indigenous Nursing Education (INE) Working Group (2002) is aimed specifically at recruitment and

retention of Indigenous registered nurses. Sally Goold, chairperson of CATSIN, refers to circumstances such as historical factors, along with racism and discriminatory practices as contributing to the low enrolment and retention of Indigenous nurses (Omeri & Ahern, 1999). Things are slowly improving with policy and recruitment strategies to support Indigenous nursing students in the university environment; however, the number of Indigenous nurses still remains relatively low.

### **Cross Cultural Care in Nursing.**

Bolton (2008 p. 20) says, that for “Indigenous health to improve it is important to consider the proportion of the Indigenous population living in very remote areas which equates to an increased demand for health care services including nursing care”. Gilmore (2001) goes further to say that the make up of the nursing workforce should reflect the community for which it provides nursing care, and because Indigenous nurses represent a lower percentage of Indigenous people compared with the general community, more Indigenous nurses are needed. A limited Indigenous nursing workforce has resulted in culturally unsafe health services delivered by non – Indigenous nurses who have not been accepted by the Indigenous people of the community (Winch, 2003). These services that lack cultural appropriateness leave many Indigenous clients afraid of hospitals and western medicine, which in turn contributes to the poor health outcomes seen in Indigenous health today (Winch, 2003). Turale and Miller (2006), support this by saying that primary health care for Indigenous Australians is an ongoing problem due to most Australian nurses not being educated to deliver culturally safe care to Indigenous people. An alternative would be to train Indigenous



nurses within their own Indigenous communities so they can provide culturally safe health care services for their own people.

### **Recruitment Strategies Aimed at Increasing the Number of Indigenous Nurses.**

Although recruitment and retention of Indigenous registered nurses has been a concern for many schools of nursing across Australia, very few Indigenous Health Workers reach a position where they can realistically consider a University education. Gilmore (2001), identified that support networks such as CATSIN are an important strategy in supporting fellow Indigenous workers. The publication ‘gettin em n keeping em’ outlines recommendations for Indigenous Health Workers to undertake further study and become Registered Nurses (RNs) (Commonwealth Department of Health and Aging Office of Aboriginal and Torres Strait Islander Health, 2002). Supporting IHWs to becoming RNs will assist in increasing the number of Indigenous RNs. Both the commonwealth and state governments have recognised the need for more Indigenous nurses in the community and have implemented scholarships and schemes specifically for this group to maintain and increase the number of Indigenous nursing students (Usher, Miller, Turale & Goold, 2005).

### **Indigenous Health Workers Becoming Registered Nurses.**

Sally Goold (cited in Gilmore 2001),- stated at the Trade Unionists Conference in Melbourne in 2001 that “Indigenous health workers need many more opportunities to articulate their education with that of the other Indigenous health care professions”. The pathway of an

Indigenous Health Worker becoming a Registered Nurse was expressed by an IHW student on a recent *Message Stick* episode on television. The IHW student said she “would consider using her qualifications as an Indigenous Health Worker to move into other health care roles such as a Registered Nurse” (*Message Stick*, 2007). This exemplifies that the desire is there for some IHWs to advance into higher nursing education.

## **Conclusion**

The preceding literature review clearly indicates the need to increase Indigenous registered nursing numbers. The pool of IHWs in Australia are considered an undervalued and underutilized resource in the Indigenous health workforce. Providing an articulated pathway for IHWs to become Registered Nurses will empower and enable them to become instrumental in the decision making processes concerning health planning and interventions for Indigenous people. This will in turn, help to improve the overall health of Indigenous people in Australia and go a long way to closing the scandalous gap between the health and life expectancy of Indigenous people and other Australians.

## ***Research Question***

What are the experiences of Indigenous Health Workers enrolled in the Bachelor of Nursing at the University of Southern Queensland? : How can these experiences be improved?

### ***Aims of the study.***

To reveal, explore and thus develop an understanding of the experiences of IHW's in their journey through the Bachelor of Nursing at the University of Southern Queensland.

To develop insight into how they approach barriers to their study progress.

To shed light on an undervalued workforce resource in Indigenous health and encourage the development of an effective study pathway for these workers to gain professional health qualifications.

### ***Study Setting***

The study setting was situated in the Nursing Department on the USQ Toowoomba campus.

## **CHAPTER 3**

### ***Methodology Design***

The methodology used will be qualitative research to examine the subjective human experience of the participants. The theoretical perspective will be interpretive to gain an understanding of the experiences of the IHW's in the Bachelor of Nursing. The research design will provide an approach to examining the perceptions of participants through interviews and descriptions. The data will then be analysed to identify common themes and

patterns, and reflections will be drawn on for relevant meanings. The research will identify perceived potential barriers that hinder IHW's in their progression through the Bachelor of Nursing. Recommendations will then be devised to counteract these barriers (Borbasi, Jackson & Langford 2008).

### ***The Participants***

There will be 5 participants, all of whom will be IHW's currently enrolled in the Bachelor of Nursing at USQ.

### ***Inclusion Criteria***

Indigenous Health Workers employed by Queensland Health and enrolled in the Bachelor of Nursing at the University of Southern Queensland.

### ***Recruitment***

In order to recruit the participants, contact was made via email with the IHW's who were at the time enrolled in the Bachelor of Nursing and were also employed by Queensland Health. The email invited each IHW to be a participant in the research project. The IHW's who accepted/ responded to the invitation stating they were willing to participate then became the participants. There were only five IHW's enrolled in the Bachelor of Nursing who worked for Queensland Health Toowoomba. This process established the participants and then an

informed consent form was sent to these participants. If there had been less than five participants who responded, IHW's working for Queensland Health in other areas such as Cherbourg would have been approached for their willingness to participate. Application for Ethics approval was carried out and submitted with this document.

## ***Data Collection***

### **Individual Interviews**

The data has been collected by in depth individual interviews of one (1) hour duration with each of the participants. These interviews were recorded and transcribed after which these transcriptions were analysed for themes.

### **Focus Group Interview**

Group interviews involving all participants ranging over a time period of one hour followed after all of the individual interviews were completed.

The individual and the group interviews were recorded with the participants' permission for later transcription.

The interviews took place at the department of Nursing and Midwifery at USQ which was an acceptable and convenient venue for the participants.

## **Possible Questions to Guide the Interviews**

The interview questions for both the individual and focus group interviews were the same except where information was identified in the individual interviews that suggested a need to add to or change the questions in the focus group. The interview questions in the individual interviews were focused on their own personal experiences, whereas the group interview enabled the participants to explore and discuss the issues, potentially developing the topic further.

## **Example of Questions for the Interviews - (Appendix 1)**

### ***Data Analysis***

The analysis of the transcripts was done by using a thematic analysis where common themes were highlighted manually by a conventional approach. The thematic analysis process involved the following steps.

1. Transcription – The data was transcribed verbatim and checked against tapes for accuracy.
2. Coding – Each theme was coded; themes may not have been vivid but needed to be thorough and comprehensive.
3. Analysis – Data was interpreted and made sense of rather than just paraphrased or described.

(Braun & Clarke, 2006).

## ***Outcomes and Significance***

This study identifies any perceived barriers and/or strengths and any possible supports needed for the progress of Indigenous Health Workers in the Bachelor of Nursing.

## **CHAPTER 4**

### ***Overview of Themes***

Note – Throughout the analysis work of themes the word “Murri” is used and depicts a Queensland Aboriginal person. Other Indigenous terminology is also used by participants in the data analysis; however, not very regularly.

Initially there were four major themes identified by the author. Collation of the data was a manual process of going over each of the interviews individually and extracting meaningful content to identify major themes and sub themes. The computer software NVIVO was considered by the author in the first instance; however, the author chose to discount this approach due to not having the needed time to invest to learn how to use it for the small number of transcripts. A manual approach was chosen by the author to analyse and extract themes from the rich text-based data.

There are four (4) major themes and these themes have fifteen (15) sub-themes altogether. Throughout the analysis the major themes stand alone; however, the sub themes within each major theme are interlinked. Conscious of unnecessary repetition or irrelevant tangents in their writing, each sub-theme has been developed individually under the heading of the relevant major theme where the relationship link is strong and has the most significance. Although some overlapping of themes has occurred, it remains minimal.

### ***Table of Listing of Themes***

**Theme 1 - Indigenous Health Workers and Nursing**

Sub Theme 1 - Recognition of Prior Indigenous Health Worker Skills

Sub Theme 2 - Nursing Indigenous People

Sub Theme 3 - Perceptions from Other Students

Sub Theme 4 - Cultural Awareness Needed in Nursing

Findings Summary

**Theme 2 - Support**

Sub Theme 1 - Financial Support

Sub Theme 2 - Family and Peer Support

Sub Theme 3 - Access to Indigenous Support Unit

Sub Theme 4 - Support from All Academic Staff Needed



## Findings Summary

### **Theme 3 - Stress that Impact on Study**

Sub Theme 1 - Racist Remarks

Sub Theme 2 - Expectations for Indigenous Success Lower

Sub Theme 3 - Stresses that Impact on Study

## Findings Summary

### **Theme 4 - The Indigenous Mindset**

Sub Theme 1 - Factors that Impact Positively on Confidence Levels

Sub Theme 2 - Strength Needed to Overcome Barriers

Sub Theme 3 - Factors that Motivate

Sub Theme 4 - Importance of Good Role Models

## Findings Summary

## ***THEME 1 - Indigenous Health Workers and Nursing***

### **Sub Theme 1 - Recognition of Prior Indigenous Health Worker Skills**

Indigenous Health Workers in Australia play an important role in providing primary care services for Indigenous clients. They receive training in a variety of healthcare areas and are

an essential cultural communication link between health care providers and Indigenous Australians. The author was informed by the participants interviewed that they had specialised health skills in Indigenous health and primary health care work before commencing their nursing studies at tertiary level. Because of this prior experience in health the Indigenous coordinator in the nursing department recommended to each participant that they apply to the program coordinator in the nursing department, to have their qualifications recognised in order to receive exemptions towards some nursing courses within their Bachelor of Nursing program. The author found that this was a new thing for Indigenous health workers (IHW), to apply and be awarded multiple exemptions, and something that the nursing department had not been approached about before. Each participant was told that each health worker's qualifications would be assessed on an individual basis after viewing supporting documentation. This is what one of the IHW's (P3) had to say about exemptions in the group interview, *As Indigenous health workers, we actually do health promotion, we do education with clients, and we do health assessments on clients. We're all in specialised areas. We have Child Health, we have Women's Health, we have Community Health which is 18 years and over, Alcohol and Drug, Ante-natal and we have Hearing Health and Mental Health as well. So we're all trained in specific areas*". Each participant felt that they had already met the course objectives of some nursing courses within their role as an IHW and were successful in getting these skills recognised; however, there were difficulties in the application process. P5 spoke of the frustrations in trying to prove to the program coordinator that her prior health qualifications needed to be a consideration for exemptions toward her nursing degree. This participant strongly articulated the stress associated with this process as she was required to present endless documentation and written arguments matching course objectives and stated: *"when we applied for exemptions we were told, just because you've done this and your Indigenous doesn't mean you're going to get it."* And that was just the

*biggest slap in my face in my opinion. It really caused us a lot of distress. We had to prove ourselves. We ended up getting them, but it took a lot of paperwork, they're exemptions that we well and truly deserve because we work in community health, no, it's not just because we are Indigenous, but the fact that we have done the training".* This participant seemed to experience the most stress in the application process for exemptions, but also expressed her relief at finally being awarded the exemptions and she acknowledged that having the exemptions would help her progress in the program to graduate faster. P4 was very excited with the outcome as well saying, *"I've got a Diploma of Primary Healthcare. I think that's given me a foundation. So I think that has given me a bit of a step up with starting the degree and I know it has because I've got four exemptions from that, so yeah I reckon that's given me a good foundation"*. This participant felt that even though she had difficulty proving that she already had health knowledge and the skills to meet some of the nursing courses' lists of objectives, it was certainly worth applying as now she only has 20 courses to complete rather than 24. The participants said they were glad they went ahead and took the initiative to apply for the exemptions. During the group interview P2 said, *"We have a background in health so we can actually relate to our patients better by studying at University and a lot of the questions they get asked, we actually know a little bit more now. Becoming a Registered Nurse, it's the next step up from the health workers and getting exemptions, that's what really paved the way for me to finish earlier"*. P1 probably had the most positive experience and expressed his gratitude by saying, *"I really give the program co-ordinator a lot of credits for helping me sort out my subjects and they spent a lot of time working with me, it really helped and empowered me receiving exemptions for recognised prior learning due to my Indigenous health worker qualifications"*. All participants agreed that receiving exemptions toward their degree was beneficial to finishing their degree faster and relieved them from the stress of having to do extra unnecessary study. They concurred it also gave them a feeling of

confidence and accomplishment prior to commencing their studies as well as a sense of recognition and acceptance by academics in the nursing department.

## **Sub Theme 2 - Nursing Indigenous People**

Cross cultural nursing research commonly shows that people respond favourably to health providers from their own culture. Having Indigenous nurses providing health care for Indigenous clients was identified as one of the main areas that the participants all agreed would dramatically improve the health of Indigenous Australians. When asked the question “what was one of the motivating factors that encouraged you to want to become registered nurses?”, all participants in the group interview agreed collectively that they wanted to contribute to improving the health status of their people by being involved in the decision making processes that affect their people and in order to do that they have to aspire to a professional health qualification such as registered nursing. They also said they felt that Murri people do better health wise when they are cared for by their own people. P3 expressed it this way: *“Murri people do not heal as quick as they should because they have that barrier, the mainstream has the barrier with the Murri person so I don’t think they recover as quick. I don’t think they have as quick a health recovery or better health in the hospital setting because of white faces”*. The importance of having Murriss to nurse Murri<sup>2</sup>s in the nursing workforce was also supported by P4 who said, *“with a Murri person we just have it in us to sit down and talk to them and get to know them as a patient and a Murri patient and then you’ve got their trust and then they start telling you stuff”*, P3 agreed, saying, *we need more Murri nurses, because we get a lot of Murri people coming into the hospital and some nurses are not culturally appropriate and yet I find when the Murriss come into hospital, they see me*

*as a bit of reassurance*". These participants felt that white nurses would not take the time or have the cultural experience to communicate with Murri patients on this level, P5 also agreed and made the following recommendation: *"having Murri Registered nurses, a couple in every town is what is needed, and then the Aboriginals there have someone in the community they can approach to help them look after their health"*. All participants expressed that having more Indigenous registered nurses would be beneficial for the future health outcomes of their people.

Unfortunately the history of bad treatment towards Indigenous Australians is common in Australia and some participants expressed in their individual interviews how Murri<sup>2</sup>s have been treated badly in the past by white nurses in health settings and how this has now resulted in a reluctance for them to present at hospitals when they most need to. P3 said, *"There is still a lot of negative comments made from nursing staff and doctors about Indigenous people and I think the only way we can break that is get more Murri nurses up on the wards.* P5 said, *"Murri people don't go to hospital or don't go to a doctor, so you're walking into people's homes as an Indigenous health worker as their only support. So if you can't identify that you know they need to go and see a doctor and talk them into that, it will never happen. That's why we see a lot of our people die. They just don't understand the importance of medical help. They see hospitals as a dying place and most people that have gone there, they've left it too long to get to hospital and they do die. This is why we need more Murri nurses. Because now I have done a nursing degree I've got more knowledge than ever before"*. P2 said because of limited health education most Indigenous people do not understand the importance of going for regular health check ups, and said, *"I've been to see someone as a health worker who has died of a heart attack. The reason they died is their cholesterol was through the roof and all their veins and arteries were blocked off"*. P5 also agreed and highlighted the

importance of health education, saying, *“I mean if we can’t get the health right, we’re certainly not going to get the education right, but to me education is the key”*. During the group interview P5 said, *“We need that culturally appropriate professional, at the same level, as the other professionals because then Indigenous people won’t be too scared to go to a hospital because at the moment they see hospital as a place of death. So my way of thinking was to become a registered nurse and change that”*. P5 also made a comment concerning how the hospital environment impacts on Murri patients when they are away from their communities and said, *“in the city hospitals our Murri patients have to go downstairs just to get a bit of bush, a bit of tree to get back to culture because they’re all home sick”*. P4 said, that it is important for Murri nurses to be on the wards, but acknowledged that it is not possible to care for every Murri person there, but went on to say, *“seeing my black face go down the corridor or having another talk with a nurse, or helping a nurse put a line in or put up some blood or whatever, it gives them pride and makes them realise that, “Yeah we’ve got Murri people down there that are helping us out and it’s not a bad place to go, that way we will get better health outcomes for our Indigenous patients”*.

### **Sub Theme 3 - Perceptions from Other Students**

In the University setting there are students from many different cultural backgrounds. A few of the participants did not comment on the perceptions of other students about them being in the nursing program in their individual interviews, but most agreed that overall their presence in the program was widely accepted by their peers. However, P3 had an interesting experience while doing a group work assignment with other students, and said, *“The other students find out that you’re Indigenous and then they sort of back away a little bit from you.*

*It's a common thing all your life really from a white skin Murri I suppose, but I don't feel rejected or offended by it. I just think, "Well that's how people are. Some people accept Aboriginal people and some don't." They think Indigenous people get the handouts".* When the author asked the question in the group interview, "what are the perceptions from other students", participants made the following comments as in the group there was a mixture of both fair and dark skinned Murris. P5 said;-: *"Jealousy I felt. Jealousy, some support. Some of our peers at University expect us to fail, a lot of people expecting us to fail"*. Other participants said,-: *"I suppose the difference with me and P1 is they see the skin first, where-as with P2 they are more fair skinned so they don't know where they're sitting, so that would be a shock to their system if they found out they were Murri"*. This participant confessed that quite often racist remarks are made in his presence as people are unaware of his Aboriginal heritage due to his fair skin colour.

International students are commonplace within the nursing program and at times they themselves have experienced racism because of their foreign heritage. P3 noted that the response from the international students was different from that of the mainstream nursing students, and said,-: *"I think with the international students, being students, they want to know about Australian history. I think the Australians have grown up with it and seen it, as just, "Oh, whatever, so what." They haven't got the – wouldn't say ignorance – they don't seem to have the compassion as much as people from overseas do. I think it's because, International students want to know the history"*. P4 also supported this notion and said that she felt the international students were more compassionate toward the Indigenous students as they too have experienced negative treatment from our mainstream nurses during clinical placements,-;P4 gave this account,-: *"I've seen a non-English student getting a bad time on clinical, all the*

*nurses treating him really bad, so we're not the only ones out there that get a bit of crap here and there. I felt sorry for him. But it's something that we have faced everyday of our lives".*

#### **Sub Theme 4 - Cultural Awareness Needed in Nursing**

Nurses need to have an awareness of other people's cultures in order to care for them. Unfortunately lack of cultural awareness from staff and students in the data was quite evident. Throughout their interviews all participants expressed at one time or another that they had encountered breaches of cultural safety towards Indigenous people. P3 said that more is needed to bring awareness to this deficit and said that, *:"Cultural awareness training should have happened years ago, it stops a lot of the ignorance, so when we go out into the big communities, that ignorance and understanding is a bit diminished and in nursing you definitely need it. But I get sad about the history with what has happened within 200 years, very emotional, very upset about it, all that injustice that could have been avoided and it wasn't. I'm glad that nursing do teach it and it should be mandatory because its needs to be known"*. P1 agreed with this comment and noted that there were no excuses, *:-"nursing students have been taught Indigenous Health at University level and they also learn about the Code of Ethics, Code of Conduct, professional behaviour, unethical behaviour and I think a lot of them have that instilled in them so they're not that judgemental towards Murri people"*. P5 said, *"Most of our Murri people have lost somebody, so it is important to give them culturally appropriate care"*. All participants collectively agreed however that improvement is needed in this area of cultural awareness training.



## **Findings Summary**

Overall, the health workers receiving exemptions toward their degree empowered them. They had the prior health knowledge and that was recognised by a tertiary institution and this was found to be a motivating factor in the students completing their studies earlier than scheduled. This data strongly indicates that the health of Indigenous people improves when they receive health care from Indigenous people. The perceptions from other students toward the presence of Indigenous health workers in the nursing program were perceived by the participants to be mostly good. However, improvements are needed in cultural awareness.

## ***THEME 2 – Support***

### **Sub Theme 1 - Financial Support**

After data analysis the author has identified two major sources of financial support for Indigenous persons undertaking health studies in the tertiary sector, one being the National Indigenous Cadetship program administered by Queensland Health in which P3 was a recipient, the other being the Puggy Hunter scholarship of which the remaining four participants were recipients. Each participant said that without this source of financial support it would be impossible for them to complete their degrees in the required time, if at all. All participants said in their interviews that they worked fulltime during their tertiary studies, therefore remaining in their fulltime paid work at the regional hospital. P3 received a Cadetship and this is what she said about it,-:“*Yes, it was helpful. Good financial support. The experience on the ward was good, the extra clinical experience. When Murri people do not achieve something it is generally because of finances, the cadetship was helpful in*

relieving the financial burden. The cadetships don't suit everyone, but it suited me and it is a good program". P4 highlighted the importance of financial support and made this comment concerning her scholarship,-: "*I was actually one of the recipients of a Puggy Hunter scholarship and that's been really, really helpful financially. Even though I'm a fulltime worker, my funds pay for my kids and my family – you know all the finances I earn are allocated to the household. So I felt that I couldn't sort of be here without that financial support*". This participant had deferred her nursing studies for a 12 months period after doing the University of Southern Queensland tertiary preparation program and was considering deferring again due to financial stresses, but took the plunge and enrolled in the Bachelor of nursing program after speaking with a senior staff member in the nursing department. P5 has a family and said,-: "*The biggest stressful thing is lack of finance, that's what, killed me, but I actually put money aside to pay my HECS up front. The Puggy Hunter helped as well. I probably could have done it without the financial help, but it probably would have resulted in my being divorced because I was determined to finish. Study is very hard on the family*". This participant had experienced a great deal of pressure not only due to her study costs but the fact that her house was on the market and could not be sold in a deflated market. P2 also acknowledged the support from the Puggy Hunter scholarship was necessary due to compulsory commitments to clinical blocks in the program which took him away from his paid work. In the group interview P2 said,-: "*You've got to do about 20 weeks clinical and the Puggy Hunter, it actually helps pay your bills when you take leave from your job to go off and do clinical you actually got a bit of money coming in which gets you through. So without it I wouldn't have been able to complete my nursing degree*". Initially on enrolling in the Bachelor of Nursing program no participant interviewed had any other form of additional financial support until 12 months into their degree. P5 spoke about how the Indigenous nursing academic approached the Dean of the faculty for support for them in

the way of textbooks,. This resulted in the following outcome as stated by P5.-: *“I would have to say that without the support of the Indigenous nursing academic in the nursing department we wouldn’t be here, where we are today, because this person was the one who got us in touch with the Dean and got the textbooks for us which was, in my opinion, the biggest help because that was like \$600 or \$800 that I just did not have spare”*. -This participant admitted that she would not have been able to afford the textbooks and therefore would have eventually left her studies, had she not received this practical support from the Dean of the faculty in the way of textbooks.

## **Sub Theme 2 - Family & Peer Support**

Having good family support was the one thing that all participants cited as being the most important especially during exam times or when assignments were due. P2 and P4 reinforced this notion saying that family responsibilities were difficult to maintain when their focus was on University studies or work commitments but it all has to be managed somehow. All participants had partners that were very supportive and understanding with their University studies, although one participant had extended family that were very discouraging about their decision to do a nursing degree. P3 said,-: *“One of my other sisters was very jealous that I decided to study, I think it was because she felt that she had missed the opportunity and now feels she is now too old to study”*. P1 said; he gets a lot of support from his wife,: *“My wife is an extremely strong support and so we talk about everything and anything and so she usually cops all my debriefing and frustrations and she’s pretty good at sort of telling me when to get over it and get back on my feet and keep going”*. P4 also felt much supported by her husband and said,-: *“you know hubby would sort of, you know he knew that I had to get into these*

*studies, so he would take over a lot of the roles at home". This participant also said her manager at her workplace gave her a lot of support and attributed that high level of support to giving her the confidence to continue with her studies. She said,-: "I went to my manager and debriefed with this person when things got tough, they pepped me up and gave me the "Come on you can do it. We're all behind you." So that was good, yeah. I've never had anybody that boosted me up and said, "Come on you know you can do this for your community." This was also experienced by P5 who said,-:"Our manager helped with any issues and concerns. I would go and talk to her and she would help sit down and help me work it out, whether it was to take leave for clinical or anything personal which is such a big thing".*

Just as family support was important to the participants so was the cultural support from their Indigenous peers in the nursing program. P2 said,-:"It was good to know that there were other Indigenous nursing students around. There were a lot of them, but only one in my year but I got to know other students as well". P4 agreed, saying, "I'm pretty grateful that I've got a colleague that I work with very closely and also go to Uni with, we both support one another. It's great to feel supported. We always pumped one another up, so that was good". P1 actually articulated well the support she felt personally by seeing other Indigenous nursing students achieve in their studies, and said: "I actually get a bit of a kick out of seeing other Indigenous students in the class and I'm not in too many classes where there are that many other Indigenous students because there are so many classes, but out of knowing that there are an increasing number of Aboriginal and Torres Strait Islander students in the Nursing studies I really find that personally satisfying". P4 said, -: *I'm actually the first out of the whole family to finish a degree, but I also like to see my peers achieve as well. P5 expressed her appreciation for the cultural peer support of her colleagues differently by saying,-:"It would have made me feel guilty if I failed and I feel I would have failed my colleagues as*

well". This student said she did not want to break the chain and fail any courses as she felt by doing this that she would somehow let the other students down.

### **Sub Theme 3 - Access to Indigenous Support Unit**

The participants collectively acknowledged that having an Indigenous support unit at their University is very helpful and important as it is a place to go to use the computers, print study material and meet with their tutors. They also have access to cultural support in the way of other Indigenous students and Indigenous staff members. Some of the participants interviewed used the support unit regularly while others only attended when attending science tutorials arranged by the Indigenous academic in the nursing department for extra support. P1 spoke about his reason for attending the Indigenous support unit,-: *"I go to the Indigenous support unit to access the computer when I need to; I've also got a locker there. The Indigenous support unit also have extra tutorial support for science based nursing courses which is a great support for the Indigenous nursing students who find these areas challenging"*. P3 said,-: *"we feel comfortable speaking with our mob and I would have liked more support, but I didn't receive any support to speak of from the Indigenous support unit except for the ITAS tutor who was helpful. They didn't communicate with me... I think because I was older"*. This experience of the mature aged student's comment contrasts with one of a younger student who said,-: *"I had also a bit of a rough time when I had a couple of my relatives pass on so I felt that was a bit of a hard time. But Academic staff from the Indigenous unit actually rang me, just offering me extra support at that time so that was really good"*. Even though some of the students did not frequent the support unit they said it was not for any reason other than they did not have the time with their tight work and home

schedules. P5 went to the unit more frequently and said,-:“*Over at the Indigenous unit everybody knows everybody; we get together and meet one another, the other Indigenous Nursing students. The unit also has a very open common room and places where you can sit down and chat with other students and you look at someone and you think you know them*”. This student drew a great deal of support from the unit but also, by being there regularly, she saw it as a way that she could encourage the newly enrolled Indigenous nursing students by ‘yarning’ with them.

#### **Sub Theme 4 - Support from All Academic Staff Needed**

Throughout the interview process most participants attributed their academic success for completing their degrees not only to support from the Indigenous nursing academic in the nursing department, but also to the support from the other mainstream academics in the nursing department. This is what P1 said of his experience with a senior nursing staff member at an informal welcome breakfast for Indigenous nursing students on Orientation Day,-:“*One of my examiners actually went in – because I didn’t know how to do it – but she actually went in and put my name into a certain class because we had had a chat about my work and what would suit and what days wouldn’t, and she actually enrolled me and that for her was probably a little thing, and she’s probably forgotten all about it, but for me that was another one of those things that helped keep me going*”. Interacting with non-Indigenous academics was a new phenomenon for many of the participants, and this participant said that he became quite surprisingly overwhelmed by the level of support given to him by this senior nursing academic. P2 had this to say of staff members in the nursing department,-:“*Staff members in the nursing department were very supportive via email and face to face. The program co-*

*ordinator helped me work out my progression and showed me the best way to finish my degree 12 months earlier than I had previously planned.*

Cultural support in the way of an Indigenous nursing academic was available to access for the participants with any concerns about their progression or study difficulties. P1 said the support was paramount to him staying at University, and added-; *“When the Indigenous nursing support person phones, it’s actually giving the message that there’s someone here who hasn’t forgotten you and they’re in touch and, yes, you might have a busy work life and everything else, but someone takes the time to ring up and just to say, “How are you going?”*

P4 said,-: *“Indigenous people need support because it’s a cultural thing. So for us to link in with the Indigenous nursing support person gave us the cultural support we needed to remain in the program”*. P5 supported this notion and said,-; *“The personality, professionalism and the cultural way that the Indigenous nursing support person approaches Indigenous nursing students here; is why this University has the Indigenous nursing enrolments it has today and the high number of them graduating. I remember the famous words of this Indigenous nursing support person who said, “The system isn’t set up to make you fail, but you have got to get in and do the work”*”.

When enrolling in the nursing program each participant said they were asked by the Indigenous nursing academic to enter into a written contract. Some of the participants said they were asked by the Indigenous academic to do this so they would commit to and stick with their studies until they graduate. Some participants said they now look back and see it was the very thing that helped motivate them to stay on track, because they had given their word. P1 spoke of this contract in his individual interview and said,-; *“The Indigenous coordinator in the nursing department encouraged all of us to sign a contract with her saying that this is the journey that we’ve undertaken and we’re going to stick with it and we will seek*

*the help that we need and we will do everything we can to come through with that and that contract is up in a little box in her room, it's sort of a constant reminder that we've got a commitment here and the commitment is bigger than just ourselves. We've got community out there, we've got family, and we've got social stereotypes. There are a whole lot of things that have impacted upon every Indigenous student's decision to study and every student that comes through and gains their qualification, whether it's nursing or whatever, every student is making a huge statement in the bigger world saying, "I'm an Indigenous person, I can make it and I can cope along with anybody else".* P5 also appreciated the value of entering into a written contract and said,-; *"In the first year I thought about that contract that we'd written and I thought, to me that is like entering into a mortgage or buying a car because I'd actually written it on paper. By making that promise I was also – it was my family's reputation at risk by doing that. So if I didn't do that, come through with the goods, I'm letting down my family, my tribes, my whole culture and that's not good enough".* This participant said she has updated her contract to include transiting into postgraduate studies at a master's level.

As mentioned previously in Theme 2, sub theme 1 under financial support, the Dean of Sciences had provided textbook funds for a large cohort of Indigenous nursing students commencing their nursing studies. Although most participants expressed that they greatly appreciated this gesture on behalf of the Dean, this act alone had a profound impact on P5 who articulates this experience well as follows: *"The Dean gave us some money toward textbooks when we first started, to me it seemed like he was recognising our ability and giving us the confidence, the self esteem, that little bit that says, "Well, you can do this. Here's what you need to do it with, you go and do it." And I'm not being racist, but this is a white man who did this for Aboriginal students and to me that made me feel like a member of*



*USQ community and as a true student in reality. And for him to have done that it certainly flipped a lot of switches I am sure in lecturers and administration people here in the Nursing Faculty and they probably thought, “Oh what a waste of money.” But I guess we’ve proved them wrong. So I’m very happy with that and very indebted to the gentleman”.* –This participant said receiving those textbooks was the most defining and rewarding moment of all her experiences at University to date. She said she knew after this she could not fail because so much had been done to ensure she succeeded.

## **Findings Summary**

Theme two highlighted the areas of support that Indigenous students need in order to succeed at university. Financial support was a key area participants said was very important, followed closely by family, peer, cultural and academic support. The data showed that support from Indigenous academic staff as well as non-Indigenous academic staff was vital to the participants remaining and progressing in their degree. The participants said that entering into a contract with the Indigenous support person in the nursing department motivated them to remain committed to completing their degrees.

### ***THEME 3 - Stress that Impact on Study***

#### **Sub Theme 1 - Racist Remarks**

All participants said that at one time or another, whether at University or on their clinical placement, they had encountered racist remarks about Indigenous people from other nursing students and health professionals. P5 said,-: *“There’s still a lot in the white students that make negative comments about Indigenous people and you hear it in class. It makes you feel like walking up and jamming the person and walking out; I know a lot of Indigenous people that wouldn’t put up with that, they would probably pull out of the course”*. P2 told of an encounter at University with another student during their mental health tutorial, and said,-: *“We were doing the Indigenous part of mental health and a group had to present to the class and they spoke about Aboriginal and Torres Strait Islander people and one of the comments was, “Oh, no good putting them in a house, they will knock it down and actually start fires with it.” I found that very offensive and I just said to her, “Look you know I’m Aboriginal, I actually own my own home and there’s a lot of Murri people out there that do and I actually know white families that wreck houses, so why pick on the Aboriginal people?” It just makes you wonder when they actually do become registered nurses how they’re going to treat Aboriginal people on the wards”*. This student had other similar episodes during class work at University and attributed the frequency of incidences to his light coloured skin. What this student meant by this is, that if other students could recognise a person as Aboriginal they would not be as blatant with their racist remarks, but with this student they could not tell because this person was a fair skinned Murri.

P3 gave this account being an Indigenous nursing student while undertaking her clinical placement, and said,-: *“At University we get taught all this code of conduct stuff and ethics, and not to discriminate and then we’re given it from other nursing staff in the workplace, and we have to go about making a complaint, as a student, of course you just want to get marked off and ticked off in your assessments, so a lot of us just shut our mouths and get on with it”*.

In the group interview P3 made this comment,-: *“I think people are usually discriminatory against people with a mental health issues and they’re judgemental against people with disabilities and they are just angry with everything and people on the dole. They’re just the type that judge people. That annoys me and frustrates me because it just proves to me that there is still racism out there and it is living and it’s big and it is strong. They say they’re not racist, they don’t have attitudes, but they do and they don’t even want to change them”*. P5 had this to say about a comment she overheard a ward’s man saying to a nurse about “ginning around” while they were on clinical, which she was personally offended by,-: *“being politically correct. That’s what it’s about. I’m sure that people just have to look into it a bit further. You know ‘Gin’ and ‘Boong’; these are derogatory terminology for Aboriginal people so don’t use them. You know its common sense. It’s like me saying a ‘whiffer’ or a ‘gover’ or ‘wadgie’-, you know putting them down”*. This participant told the author that whiffer, gover and wadgie were all derogatory terms in their language for white people.

## Sub Theme 2 - Expectations for Indigenous Success Lower

The data revealed that where success was concerned outside expectations were nearly always lower for Indigenous students compared to mainstream students; however, during the interviews the author also found that this had been an experience for some of the participants earlier in their lives as well. P1 said,-;: *“In high school it almost seemed that it was expected that we weren’t going to perform as well as the others. The example that stands out foremost in my mind is when I was in Grade 10, in my junior year, I was granted an interview with the guidance officer who did his best to convince me that I wasn’t cut out for anything higher than Grade 10 and that my best future would be in looking for an apprenticeship or some other role outside of school, post-Grade 10. That for some reason clicked with something in my head and I determined from that point on that I would stay at school and maybe the motivation wasn’t the best, if only to spite the fact that they didn’t think I could do it, but I went through Grade 11 and 12”*. It was a common finding for participants to be motivated by a negative incident to prove that they are just as good as anyone else. The existing pathway to get Indigenous people into health has generally been as an Indigenous health worker, however, P5 made this comment,-;”: *“We don’t have to do these certificates; we can go straight into the degree and help our people better.”* P1 said:-: *“In the eyes of the general public I think we probably have more to prove. Our pathway is often harder”*. P4 added,-: *“There’s always that barrier that we can’t be as good as they are, at mainstream”*. Although the participants experienced these feelings it did not deter them from their study but they did say it gets them down often because they always have to prove themselves which they said is tiring. P4 spoke of her uncomfortable experience with other staff members who were non - Indigenous registered nurses before she started her Bachelor of Nursing program, and said:-;

*“I spoke to some of the white nurses before I started, yeah. They said, “Make sure you apply yourself, it’s hard.” You could pick up the negative vibes, I think maybe they said it to keep me down, see that dint in my forehead, yeah, keep me down. That’s always been a barrier, whether you’re a health worker or you’re an Indigenous worker in the hospital. You will always have those barriers; it’s just there, it’s been there for years and it’s going to take years to go, it’s just the negative stigma out there and it’s up to us whether we’re going to break those barriers down or not”.* During the group interview when the author asked the participants why they think expectations for Indigenous success are lower, this was the answer given,-: *“Just remarks, some remarks when you tell them I’m doing Nursing. “Oh, where, TAFE” “No, Uni.” Oh what are you doing your course through the Northern Territory?” “No, I am doing it through USQ.” It’s just the stereotype that we can’t do better”.* In the group interview the author asked another question relating to this topic, and P2 made this comment which the rest of the group collectively agreed with,-: *“It’s the norm for non-Indigenous people to go into higher education, they’re used to it, it’s something they’ve got to do after they go to school, whereas black fellows, not one person from my family has a degree so it’s not the norm for us, so it’s something that – it’s a dream come true, it’s a big goal for someone in my family to go through and get a degree”.*

### **Sub Theme 3 - Stresses that Impact on Study**

Just as racism in the workplace and at University as well as people having lower expectations of the participants was stressful for the participants:, there were also other areas that impacted on their study, such as shyness, juggling home life, the emotional and physical stress and managing work, study, and leave allowances. P 4 said,-: *“Indigenous people are shy so until*

*they sort of get to know somebody in the class or whatever, it's sort of a little bit easier when you know someone. The experience of the unknown is hard to deal with, what is going to happen. Support is a big thing for us Indigenous students, we are used to being together, it is a cultural thing".* This student admitted that she had suffered from shyness as a child and still struggles with it as an adult. P 5 was more stressed about juggling all the responsibilities and to keep passing the nursing courses as well, because she felt that all eyes were watching her waiting for her to fail something, and said,-: *"We're trying to manage a fulltime job, family, study and on top of that you know along the way we face criticism from fellow colleagues that are probably not outright criticism but you can certainly hear it in the tone. So it was more or less they are expecting us to fail kind of thing".* P4 spoke about the emotional and physical stress, and said,-: *"Emotionally and physically it's stressful studying at the best of times just trying to stay and juggle your work and your family – I've got a family – so if you sort of didn't keep up with anything it became very stressful".* P1 said,-: *"It's more times of personal stress coming from outside of studies that have caused me to think, "Oh I will just throw this away and walk away from it".* This student was finding it difficult to manage things outside of Uni studies but continued in the course anyway. The following paragraph was a statement made in the group interview by P2 about each of them receiving study leave from Queensland Health, which had a direct effect on all participants and their ability to attend labs and tutorials at University. P2 said,-: *"We've now heard that we're only entitled to five days for the whole semester. I don't know how we're going to do that. We haven't got it in writing yet, but how we're going to do five days SARIS leave with Queensland Health and get to the labs, get to the tutes and understand everything, I don't know how, and if that's the standard Queensland Health are setting for the rest of the health workers in Queensland, it's going to push a lot of people away from Registered Nursing courses. That's disappointing because they want the black faces there but they don't want to support us".* This was an ongoing issue

but something that each participant managed to work around in order to continue with their nursing studies. It was also the single thing that caused them the most stress, as they did not know whether they could continue or whether they had to pull out, but it was something that they all just had to assess day by day.

## **Findings Summary**

The participants gave examples of how racism impacted on their study as well as other stresses such as family and work commitments. All participants had different stress areas but they each expressed that these stresses were not going to stop them attaining their goals of becoming a Registered Nurse. Most of the stress and frustration expressed by the participants was associated with their workplace that was very supportive in the beginning but became less supportive as time went on. This impacted on each participant's ability to attend lectures, labs and tutorials which put a lot of stress on them and their study responsibilities.

## ***THEME 4 - The Indigenous Mindset***

### **Sub Theme 1 - Factors that impact positively on confidence levels**

The challenges in constant adversity experienced by some Indigenous Australians may affect confidence levels when it comes to undertaking university studies. The following discussion shows how some participants have been able to strive and develop a high measure of confidence and achieve their study goals despite adversity. The first comment is from P1 who had been removed from his mother under the government policy of assimilation and adopted

by white parents,-; P1 said,-: *“My foster parents taught me my Indigenous heritage was a positive thing and I think that’s helped me broaden my attitude when it comes to things like people making racist remarks and things like that. I don’t carry a chip on my shoulder even though I think I’m equally entitled to because I was taken away from my mother when I was born and I haven’t met her yet. So if I wanted to I could carry a huge chip and say “woe is me” but that’s not how my foster parents modelled life for me and they sort of – now that I’ve found a reason to – somewhere to channel that positive energy – so a lot of those things underlie my journey that I’m currently taking”*. This was the only participant shown in the data to be removed from his parents as a child, but rather than let this past tragedy inform the rest of his life, he used this situation to give his life more meaning and purpose and to make the most of his current University learning journey which shows incredible resilience. However, P1 reiterated that it is not all clear sailing and there are a lot of barriers that have surfaced in his studies that would not be an issue for mainstream students, saying,-: *“a lot of us come from more disadvantaged backgrounds than what people generally understand and so they don’t really appreciate the impact that that has on our ability to achieve and our psyche in terms of what thought processes play havoc with us in our original decision to enrol and achieve something”*. P3 articulates how her university studies have affected her psyche by impacting positively on her confidence levels, saying,-: *“I’m going to be a professional, I’m going to be as good as I can be in the post grad because it’s mainstream, I think now it’s given me confidence, more confidence and my self-esteem is probably higher than I had before”*. Participant 4 added to this, saying that her confidence levels soared at the thought of working in mainstream as opposed to community health as an Aboriginal health worker, and said she was excited about the thought of making a difference in the lives of Aboriginal people in her community,-; she said,-: *“All I know is it’s going to help my community, I’m breaking down barriers and I’m going to be an Indigenous Registered Nurse*



*one day and I'm going to be proud of that and I know that I'm going to be out there working in the mainstream with everybody else and making a difference with our people".* The confidence levels of P2 were lifted when he got asked to do medicine after completing his nursing degree and he said,-: *"I got asked by someone to go off and do Medicine, that's pretty full on, but they see my results, what I was getting and they said, "Oh you could go off and do it" and at the end of the day, maybe I could, I now have the confidence to do anything I want now because I've got that degree. It was just a dream; it still really has not hit me".* This participant is currently enrolled in post graduate nursing studies and said he is considering the possibility of studying a medical degree in the near future.

## **Sub Theme 2 – Strength Needed to Overcome Barriers**

Barriers to study arise in a variety of areas. Some participants speak about their personal barriers to study and strategies that they have implemented to overcome them. Regarding dealing with such challenges, P1 said,-: *"I'm fairly resourceful when it comes to dealing with challenges, I've been working for quite a few years at Queensland Health and I've learned to be resourceful, that if you find a blockage here, you dig a hole around the side there and you find another way around it".* P3 said this about a personal issue,-: *"When I was under stress dealing with a personal family situation, my family said to me "You are trying to take on too much here? Just defer your studies." And I said, "No, I'm not doing that because study is my top priority, it keeps me sane."* P4 spoke about financial barriers and said,-: *"at the beginning I was negative because of the financial issues and I thought I wouldn't be able to do it, but passing all these courses, keeping up with mainstream and getting a few of those high distinctions along the way, I really felt boosted, made it all worth-while.* P5 had experienced

the unimaginable pain of losing her little boy prior to undertaking university studies and said, after that she did not want to have anything to do with health at all but now admits that studying at university has given her meaning and purpose to be a role model for her other two children and her community. P5 said;: *“I lost a little boy after spending a lot of time down at the Mater Children’s and the Royal Children’s Hospital, so I had that insight into that and I guess to me I absolutely hated nurses, absolutely hated doctors and this was a healing process for me and it still is. So this whole registered nursing degree is my mental health and the healing process for me to get through life. That’s what it’s about and in a way I am inadvertently helping raise the standards for Aboriginal people”*. Although this is the most painful story told by any participant in the recorded data, this participant has somehow found the strength and courage to transfer this pain into hope in order to honour her little boy’s memory by focusing on using her degree to help raise standards for all Aboriginal people.

### **Sub Theme 3 - Factors that Motivate**

There is a large number of factors which motivate individuals. However, it would appear that the things that motivate Indigenous students to undertake University studies may differ from the things that motivate mainstream students. P1 alludes to the most significant motivation for coming to University, which is to advance their health education because they are all from health backgrounds and said,-: *“We’re very individual in the way in which we are approaching it but maybe there’s some commonality also in the fact that we have a common Indigenous health background and so I think that forms part of the motivation, part of the drive, part of the reason why we are where we are today”*. He went on to say,-: *“I felt that I needed to be challenged more and learn more things, so that’s – I think, I can’t speak for the*

others, but for me, as an Indigenous health worker, I've been in the game now for about 17 years and worked as an Indigenous health worker through various stages and in fact managed Indigenous health programs for a number of years". P4 said that her motivating factor in doing her Bachelor of Nursing is so she can be involved in the decision making processes that affect her people and said,-: "I know that by the time I finish this degree I'm going to be a Registered Nurse and I know that I will be able to make decisions, whereas before as a health worker, like I am now, I can only make decisions to a point, but that's it. So as a Registered Nurse I know that I will be able to lower the burdens, making decisions for my people". P5 said that the nursing degree is just the beginning for her,-: "At the end of the day it's about you, what you want to be. A lot of people are quite happy to do their Nursing degree and that's it, but I want to see myself go further, get into management hopefully, and it can happen. Now I've done the degree there's nothing stopping me". All participants collectively said at one time or another throughout their interviews that the biggest factor in motivating them to transition from an Indigenous health worker to a registered nurse was to contribute to "closing the gap" in the 20 year difference in life expectancy between Indigenous and non-Indigenous Australians. P3 articulated this well by saying,-: "Something that I am doing is going to make our community better. It's going to make our lives better. You know we're going to close the gap. I always wanted to close the gap with our people.

## **Sub Theme 4 – Importance of Good Role Models**

Until recent times there has been a lack of positive role models for Indigenous students especially in the higher education arena. The following gives individual accounts of how the participants have been inspired by role models and how they have also become role models themselves. P1 said,-; *“I’ve spoken to, as another example, I’ve spoken to young Indigenous students who are doing the Certificate 3 in Primary Health Care and the TAFE here, and the context it was spoken about my journey as a health worker and where I came from before that and my journey through and then now my most recent journey into studying nursing and I’ve heard and I’ve noticed the light sort of come on in their eyes and they’re thinking about, “I can do this.”* P4 articulated how she became a role model for her community even though she said she was unaware of the impact studying nursing had on others and said,-; *“My Dad was in hospital one day months after I went to clinical at the hospital, he was talking to this doctor and he said, he’s so proud of me, and he keeps on saying to this doctor, “My daughter was here doing her clinical for a month.” And he said, “What was her name?” My father told him, and he said, “I knew her.” And Dad goes, “Are you sure you knew her?” “Yeah” he said and he even described me to a tee, he said, “Yep, I knew she was going to be a good RN” and I was really wrapped with that”.* P5 gave an account of how she was impacted by the Indigenous registered nurse in the nursing department and how she thought this person was a great role model for her,-; *“I would have to say that the Indigenous nursing support person gave us the most support. She made us buckle down. She was the Indigenous face and she was also an Indigenous Registered Nurse and a great role model. It showed us that every time we walked in here we say, “Well, she has done it, we have to do it because she’s lifted the level.” So every time somebody enrolls here at USQ from Roma, Chinchilla, Cairns or*

*whatever, they're lifting the level of somebody else in their community and even if it's one person, if it's one person they can change, then that's all you've got hope that things will improve for our people".*

All participants verbalised the importance of being a community role model. P4 co-ordinates an Indigenous mothers and babies group in the community and said,-; *"Some of our girls now, from that Mums and Bubs are actually going to TAFE and now these are girls that haven't even finished there Grade 10 or 12, so I know that I must be doing something for them to be looking up and saying, "Well if she can do it, I can do it."* P5 also stated the importance of being a community role model and said,-; *"I wrote in one of the promotion pamphlets for USQ that I wanted to be a role model for other Indigenous people and show them that anybody can do it because I'm a girl who mucked up at school, but I come to University and it's all about determination and what you want to achieve in life and if you want that, you know you will do it"*. Both of the above participants work tirelessly in Indigenous community health projects to promote awareness about Indigenous health issues as Indigenous health workers and they believe that their contribution as a role model will be so much greater as an Indigenous registered nurse.

## **Findings Summary**

The Indigenous mindset became apparent in the data analysis. The areas that were discussed involved factors that influence confidence, the ability of the Indigenous mindset to overcome barriers to study and how these participants motivated themselves to continue studying, despite adversity and setbacks. The participants also mentioned the importance of being a

role model for their family and community and also how they themselves have been encouraged to succeed by role models.

## ***CHAPTER 5***

### **Discussion and Findings**

#### **Theme 1**

The findings from this study strongly indicate that there are a myriad of barriers experienced by Indigenous health workers that affect their progression in the Bachelor of Nursing program. Factors that often cause their progression to be hindered by problems experienced in their nursing studies were the major areas addressed by the participants. The five Indigenous health workers who took part in this research were able to express their individual experiences in depth, providing an insight of their sometimes difficult journeys and thus providing valuable information for this study.

The study revealed that one thing that caused the participants a great deal of distress was navigating the process of applying to the University for Exemptions for prior recognised learning. It must be noted that Indigenous health workers have diverse skills which include clinical, health promotion, education and leadership roles (Abbott, Gordon & Davison, 2008) and should therefore be awarded exemptions for these skills toward their nursing degree. The findings from this research indicate that the university does not have an official policy in place to provide automatic exemptions for Indigenous health workers, but does award

exemptions on a case by case basis after supporting documentation has been provided. Endorsed Enrolled nurses who originate from the TAFE sector do not have to provide proof of qualifications, just a transcript. The participants thought that this should have been the case for them as well. The literature clearly supports the practice of providing exemptions toward degrees for prior recognised learning, and this is supported by Josipovic (2000), who says, that the recognition of prior learning is important, especially in the under- and post-graduate sector of the nursing student population. This is also a recommendation for articulation from the ‘getting em n keeping em’ report for universities to work together and achieve articulation pathways for Aboriginal health workers to become registered nurses (Report of the Indigenous Nurse Education Working Group, 2002). Felton-Busch, Solomon, McBain & De La Rue, (2009), support this articulation pathway, but note that, participation in Primary Health Care Certificates has proven to be high, while the number of Aboriginal people undertaking study in higher degree courses remains low. The participants thought that one reason they were required to go through such an ordeal to receive exemptions, (Lea, 2009), is because Aboriginal health workers are often perceived by nurses as health workers with limited qualifications. Jackson, Brady and Stein, (1999), also support this notion, saying, that “nurses have lack of understanding of the roles and functions of Aboriginal health workers” (p.100). Overall, the participants collectively believed that the nursing department at the university would therefore see their skills as not worthy of merit towards a nursing degree. This comment from P2, gives an example of how important it is for universities to make the pathway for exemptions a lot cleaner for Indigenous health workers considering doing nursing,-: *“Becoming a Registered Nurse, it’s the next step up from a health worker and getting exemptions, that’s what really paved the way for me to finish earlier”*.

Another finding of this study was the strong desire the participants showed towards wanting to provide health care for their own people, even expressing that this was their main motivation for undertaking their Bachelor of Nursing. In his 2005 social justice report, Tom Calma said,-“Aboriginals are twice as likely to use public hospital systems and twice as likely to be hospitalised” (Daly, Speedy & Jackson, 2010, p. 306). This has inspired the participants to strive for their professional nursing qualification. Armstrong (2004), argues that Indigenous health professionals, are not only culturally appropriate, but they deliver health care in a holistic way and their own people respond favourably to them. Some of the data indicates that this is why the participants were frustrated that Aboriginal people were subjected to western health professionals and medical models which, as Maher (2000), notes, are vastly different to Aboriginal health belief systems. Another finding in the study, which is supported widely in the literature, is that Indigenous people are afraid of western hospitals and believe that they will die there (Walton & Marriott 2008: Winch 2003). As P5, states for example:, *“They see hospitals as a dying place and most people that have gone there, they’ve left it too long to get to hospital and they do die”*. This is echoed by Nguyen (2008) who states, that Indigenous people who go to hospital believe that they will die there, ; they are afraid of big cities and of being away from home, family and country.

The theme perception from other students is not a factor that was very strong in the research literature. This may be because there are generally no large cohorts of Indigenous nursing students at any university to make an impact on mainstream students. In the research data, some participants said that they were mainly faced with issues concerning confusion about their perceived Aboriginal identities because of their light skin colour. P3 said,- *“It’s a common thing all your life really from a white skin Murri I suppose, but I don’t feel rejected or offended by it. I just think, “Well that’s how people are. Some people accept Aboriginal*



*people and some don't.*” The experiences were common that fair skinned Murri’s were often taken for mainstream students, and then when they clarified this with other students they were put on the outer and excluded. Another interesting finding was how international students were being discriminated against while undertaking a clinical placement., P4, who observed this on one occasion said,-: *“I felt sorry for him. But it’s something that we have faced everyday of our lives”*. This participant did say overall though that the international students were sympathetic to their plight. Throughout the data, it was easy to ascertain that each participant had had a brush with being made to feel uncomfortable because of discriminating practices in one way or another. This occurrence is also supported in the literature and is articulated well by Kong (2003, p. 3) who, notes:- *“There were a lot of mixed impressions, and ignorance sometimes reared its ugly head. But, talking to other Indigenous students made me realise that my experience was not unique, and the strength that had been instilled in me helped me to rise above any adversity”*.

In this study there was a large body of information surrounding cross cultural awareness and this is heavily supported in the literature by the Nursing Council of New Zealand (2005) which states that, *“unsafe cultural care compromises the cultural identity and well-being of an individual”*, Omeri and Ahern (1999) say, that *“nurses are expected to have a therapeutic relationship with their patients, which cannot be achieved without an understanding and respect of other cultures”*. Similarly, Trudgen (2001) believes that the cross cultural communication gap in health care is the main reason underlying the Aboriginal people’s ongoing loss of control over their lives, and says this loss of control perpetuates the ongoing health crisis. All participants said they feel that cultural awareness training was not really working for mainstream health professionals and that more attention to education and training was needed in this area for things to improve.

## Theme 2

The importance of sufficient financial support to succeed at university is apparent in this study. All participants interviewed in the study stated that economic difficulties impacted heavily on their ability to focus and succeed in their university studies. This is one of the most common findings supported by the literature. Taking into consideration the comments from the participants it appears that any progress made by Indigenous students in higher education hinges on their ability to secure financial support in the form of a scholarship or a cadetship. This is compatible with a finding by Sharrock and Lockyer (2008) who identified financial issues as one of the major factors which cause Indigenous students to withdraw from university. This is congruent with the findings from Bourke, Burden and Moore (1996) who say, that difficult financial situations contribute to the inadequate level of persistence and performance of Aboriginal and Torres Strait Islanders. This was also a finding in a study by Usher, Miller, Lindsay and Miller (2005) who note that financial concerns are of paramount importance for Indigenous nursing students. A study by Hossain, Gorman, Williams-Mozley and Garvey, (2008), also highlights the need for students to have financial support in the way of scholarships to pay for textbooks and other study materials.

The findings concerning participants receiving family and peer support were a common theme in the data, and P4 said for example:, *“I’m actually the first out of the whole family to finish a degree, but I also like to see my peers achieve as well”*. However, it does not appear to be an area of high importance in the literature. The literature does indicate that factors such as disruption to family life, attending funerals on a regular basis and expectations from

community, which are common in Indigenous communities, do impact on a person's ability to succeed at university (Sanderson, 2000; Usher, Miller, Lindsay, & Miller, 2005). The Report of the Indigenous Nursing Education Working Group (2002), provides recommendations and encourages Indigenous students to seek support from other Indigenous students, which may contribute to beneficial effects on their academic success. This study indicates that some of the participants have been very supportive of their peers and other Indigenous nursing students that are new to the course. It is hoped that by making these findings available to other universities they will implement this mentoring approach to support new students.

The data showed that most of the participants gained a great deal of support knowing that there were other nursing students studying at the university. In fact, some of the participants commented that going and spending time at the Indigenous support unit to share experiences and spend time with other nursing students kept them going. This is reflected in the literature by Usher, Miller, Lindsay and Miller (2005) who support this finding by saying, that the opportunity for Indigenous nursing students to meet together was important for networking and socialising. P5 puts it this way, -:*"The unit also has a very open common room and places where you can sit down and chat with other students and you look at someone and you think you know them"*. As well as a place for socialising, the literature indicates that the Indigenous support unit is also an area to study and have access to computers and the internet (Hossain, Gorman, Williams-Mozely & Garvey, 2008).

The findings in the data revealed that comments from the participants were very positive concerning support given to them by the academics within the nursing department. The findings were positive for both Indigenous nursing academics as well as for non-Indigenous nursing academics. This data provides an example of how the participants were kept

motivated by a contract that they had entered into with the Indigenous nursing academic in the nursing department. They said they felt that this contract constantly reminded them why they were there and motivated them to keep working toward completing their studies. This positive experience of the participants in this study contrasts greatly with the literature concerning studies about experiences of Indigenous nursing students at other universities. This is a sad finding as Indigenous students continue to be under-represented in the higher education sector, accounting for only 1% of the total higher education population in 2003, (Trewin & Madden, 2005). Armstrong, (2004), states that, “there is a poor understanding of the needs of Indigenous students within academia, and Indigenous students are falling through the cracks. Usher, Miller, Lindsay and Miller (2005), found that “a few spoke of racism while on clinical and felt that some were just waiting for them to fail”. The participants in this study, also at times reported being subject to racist comments while on clinical placements.

### **Theme 3**

The finding of the research related to racism and stresses that impact on the participants’ ability to study vary because of the participants’ individual circumstances. For example, some of the participants experienced racist behaviour and perceived this to be stressful, whereas other participants perceived juggling work and family commitments to be the main source of stress which interfered with their study obligations. However, these participants did acknowledge that racist behaviours existed in the university environment; they just chose to focus on other areas that were more pressing. Henry, Houston and Mooney, (2004, p. 519) 304), state, “racism can be overt or covert. Covert racism is unintentional, with the

perpetrator not being aware, whereas overt racism is intentional and can be perpetrated in many ways, such as: commenting on dress or smell of a person and linking those observations to race”. The latter was the main type of racism spoken about by the participants in the research data. P3 gave an account of her experience during a clinical placement and said,-: *“At university we get taught all this code of conduct stuff and ethics, and not to discriminate and then we’re given it from other nursing staff in the workplace. Goold & Liddle (2005), ”* highlighted accounts where negative and sometimes derogatory attitudes of hospital staff were directed toward Indigenous nursing students, and identified that staff said that the student should not be personally offended. The thing that upset the participants most in Goold’s study was that during clinical placements they had witnessed Indigenous patients having to deal with institutional racism from staff, and they said that their people were dying due to lack of cultural awareness of health service staff (Australian Medical Association Report Card Series, 2007).

The data showed that the participants were aware that their non-Indigenous nursing colleagues were supposed to adhere to the code of ethics in regards to nursing Indigenous people; however they saw little evidence of this actually occurring in the health care setting. One participant said,-: *“They say they’re not racist, they don’t have attitudes, but they do and they don’t even want to change them”*. According to Goold and Liddle (2005, p. 86), *“Nurses purport to care for all persons regardless of race, gender and religion. Yet racism and discrimination against Indigenous people remain a very real problem among nurses, nurse educators and within a middle-class white health care system”*. This view is supported by Johnstone (2006), who states, that *“hospitals are supposed to be ‘safe havens’ “where people who are ill and injured can receive health and care”*., and goes onto remind nurses that in keeping with their professional code of ethics they must seize every opportunity to take a

stand against racism in the health care. Taylor and Guerin (2010) add that racist practices in healthcare can be as overt as not implementing long overdue health programs, not having Indigenous-identified positions, university quotas and employment training schemes (Taylor & Guerin 2010). What really impressed the author was the strength shown by the participants not to allow these racist practices in the healthcare setting to impact negatively on their study progression.

Analysis of the data alludes to the fact that at times each participant in the study had been subjected to comments by others which strongly indicated that their success was somehow unexpected. Whether it occurred in school, the workplace or at university, the message remained the same and that was that Indigenous people achieving was never an expectation. P4 said,-: *“not one person from my family has a degree so it’s not the norm for us”*. Unfortunately the literature showed also that in the past expectations for Indigenous nurses were limited. Goold (2005) gave a personal account of her nursing training days and said, that a tutor wrote, *“this nurse is totally incapable of learning,”* on her report, and she also said that she believed that many expected, if not hoped, that she would fail. The account of another nursing student was similar; Mary Ann Bin-Sallick (Goold & Liddle, 2005) said,-: *“I was told that the hospital would be monitoring my work to see if I was suitable for nursing. They never did do this to the other nurses. But then, they were not black. It obviously was a given that they would be suitable”*. These are painful findings from some time back, and it is sad to see that participants from this study years later are still reporting similar incidents.

Participants experiencing stress due to study load, difficult home life and work commitments were a common finding in the data. Some participants said they were frustrated that the university system did not take their family and work commitments into consideration when it came to attending university. The other area that caused a great deal of stress was changes to

their SARIS leave entitlements with Queensland Health, leaving them only a limited number of hours to attend compulsory labs and tutorials. The literature did not show any information in regards SARIS leave entitlements. The literature did however show that Indigenous Australians experience more stressful events than non - Indigenous Australians primarily due to the ongoing effects of historical and cultural marginalisation (Day, Giles, Marshall & Sanderson 2008). The literature revealed another area that could potentially cause a great deal of underlying stress in Indigenous university students. This relates to having a nursing curriculum that is based on a western perspective (Omeri & Ahern, 1999). Usher, Turale and Goold (2005) support this notion and say that health program curriculum is not sufficiently culturally sensitive or inclusive of Aboriginal people. Most of the participants with families say that stress has become a way of life and that they just had to deal with things as they came along. Coffin (2007) says that stress experienced over a long period of time can have a negative effect on the mental and physical health of individuals. Some participants expressed that high stress levels sometimes make them want to throw their studies away but they keep going regardless of feeling this way.

#### **Theme 4**

During data analysis it became apparent that the Indigenous participants in the study had within them a strong mindset and an attitude of fierce determination to succeed with their university studies. This success was often threatened by incidences that may be uncommon in mainstream society but are common occurrences in the lives of Indigenous Australians. However, despite the barriers they have had to deal with in their lives, they had all resolved to complete their Bachelor of Nursing. There were factors evident in the data that impacted

on the participants' confidence and the knowledge and skills each participant gained in their nursing program had flow-on effects to their families and communities. The participants expressed how empowering this was. The participants also said that it was sometimes challenging to maintain a confident attitude in a foreign and sometimes hostile learning environment where sometimes people expected them to fail because they came from a disadvantaged background. Eckermann, Dowd, Nixon, Chong, Gray and Johnson, (2006) say that in these times of stress it is necessary to lean on your cultural vitality which has been defined as emotional strength, spirit and the ability to maintain a strong identity. P3 articulates how university has improved her confidence levels saying,-: "*I'm going to be a professional, I think now it's given me confidence, more confidence and my self-esteem is probably higher than I had before*". This is a powerful example about how gaining a professional qualification can be a great confidence booster for Indigenous people.

During the interview process the author was not fully conscious or aware of the interview content data due to focusing on the interview process and questioning techniques. However, while undertaking the data analysis the author became emotionally affected by the emotive content of some of the data in relation to the strength that participants need to have to overcome obstacles. In fact, during these interviews one participant said that studying nursing was a healing process to cope with the tragic loss of a loved one. Trudgen (2001) says about Indigenous health that good health can be as simple as something worth living for.....

It must be noted that while the research literature often describes a bad picture of Indigenous health statistics, Indigenous people have also shown incredible resiliency and strength to survive despite adversity (Stout & Downey, 2006). As Luther (2003), states,-: "Resilience is the ability of some people to bounce back from difficult situations and is positive adaption



despite significant adversity”. There are many recorded accounts about how Indigenous people have had to endure and have incredible psychological strength to experience any measure of success. The stories of the Indigenous nurses in ‘*In our own black right*’, by Goold and Liddle (2005), provide much insight into the personal, structural and systematic barriers that have confronted Indigenous nurses within the nursing profession in the past and how they have overcome this. One nurse said, ÷ “I found it really hard with all the racism but my mother and grandmother taught us about forward dreaming and not to let anyone take that away” (Dragon, 2007, p. 23).

The data revealed a variety of aspects that motivated the participants to achieve success in their university studies, from just wanting to be challenged, wanting to help their families and their communities as well as just wanting to be a contributor to ‘Closing the Gap’. P4 said,-: “*as a Registered Nurse I know that I will be able to lower the burdens, making decisions for my people*”. Being able to participate in the decision making processes was a common motivator for the participants as they felt as Indigenous health workers they could never be considered for this without a professional qualification. Another thing that motivated participants was their strong sense of community and wanting to give back to their community to help improve health outcomes. The literature supports this link to community. Zeldenryk and Yalmambirra (2005), say that, “communities develop a sense of communication and emotional support...as members generate shared beliefs, traditions and goals through shared occupations”. This is also the view of Bourke, Burden and Moore, (1996, p. 4) who state that, “Many Indigenous students came to university to meet the expectations of their communities”.

Participants in the study brought to attention the importance of good role models and how these role models could encourage Indigenous students to succeed in their studies. One participant told of how he had spoken with some Indigenous health workers and encouraged them to look to nursing for their future health careers. All the participants said that the Indigenous nursing academic was a great role model, as she was Indigenous so they thought if she could do it, then so could they. The literature shows that there can be a flow-on effect from positive role modelling which lifts self esteem, helps some to gain employment and contribute more fully to the communities' overall health (Armstrong, 2004). P5 said she wants to show other Indigenous people they can come to university: *I wanted to be a role model for other Indigenous people and show them that anybody can do it because I'm a girl who mucked up at school, but I come to university and it's all about determination and what you want to achieve in life.*" A recommendation from the Report of the Indigenous Nursing Education Working Group (2002), says, that 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...

## CHAPTER 6

### *Conclusion and Recommendations*

#### **Theme 1**

From the results of this study it is evident that there are multiple areas that could be addressed to make the experience of Indigenous health workers undertaking their Bachelor of Nursing a lot smoother. In relation to Indigenous health workers entering University, it is of the utmost importance that their past experience in the health arena is recognised and the appropriate exemptions in line with their experience need to be awarded. It has also been established in the research findings and is supported by literature, that Indigenous nurses are needed to provide culturally safe care for other Indigenous persons in the health care setting. Goold supports this notion and states, “It is important to recruit and retain more Indigenous nurses to provide the most appropriate care for Indigenous people” (cited in Dragon, 2007, p. 23). This needs to be done to reflect the Indigenous Australian population. The research has also brought to light the need for cultural awareness training and safety to be improved to higher standards. The following recommendations have been made by the author to address these areas:-

Recommendation 1 - Formalise a career pathway for Indigenous health workers to become registered nurses.

Recommendation 2 - Award appropriate exemptions based on merit to Indigenous health workers undertaking health studies at USQ in recognition of prior work experience in the health field. This will also encourage more Indigenous health workers to enrol in tertiary studies.

Recommendation 3 - Increase the number of cultural awareness education programs offered at USQ to promote a culturally sensitive teaching and learning environment.

Recommendation 4 – Submit proposals for funding available for scholarships and cadetships specifically for Indigenous health workers wanting to undertake tertiary study.

## **Theme 2**

There are many areas of support that are required in order for Indigenous people to succeed and progress with their studies. However, the main finding that keeps constantly arising is financial difficulties and it appears that most of the participants said that they can overcome other problems and continue with their studies, but not without sufficient financial support. This was also a finding by Usher, Miller, Lindsay and Miller (2005) who noted in their study that financial concerns were of paramount importance for Indigenous nursing students. It is also important for academic staff to be aware of the problems experienced by Indigenous students before their academic progress is hindered. The author has made the following recommendations to ensure that financial support for students is addressed and that academic support staff are aware of problems that arise related to support areas before they affect the student's academic progression.

Recommendation 5 – Clinical placements at USQ consist of 12 weeks for the entire undergraduate nursing program. To relieve the financial burden during that period each Indigenous nursing student should receive a government subsidy reimbursement payment of \$6,000.00 (\$500 per week) after completing their Bachelor of Nursing program.

Recommendation 6 – Allocation of a \$50 pin card per semester for each student to use to cover stationary, print and photocopy quota. Some students do not have the funds to download their study notes.

Recommendation 7 – Introduce Indigenous issues as an agenda item for departmental board meetings within the nursing department so staff are aware of issues as they arise. Nominate an Indigenous student representative within the student cohort to attend these meetings.

Recommendation 8 – Formalise the written contracts for Indigenous nursing students to be held in the department of nursing as a tool to track progression and encourage students to continue and complete their nursing degrees.

### **Theme 3**

Racism is common problem for Indigenous people of Australia in any area,-; however, the literature shows that this has also been a problem for other students at other Universities that are undertaking tertiary studies in higher education. This was for example experienced by Kong (2003), who gave his own personal account about how he was discriminated against at university because of his Indigenous heritage, only to find that when he discussed this with his Indigenous colleagues they had been subjected to similar treatment. The author has made recommendations for students to get support from outside the organisation in which they have experienced the racist behaviour and also recommends that the students should source cultural support, which the literature shows is more effective. The author has made the following recommendations for students to combat racist behaviour and to also seek effective methods of cultural support to alleviate stress that could impact negatively on their study.

Recommendation 9 – Establish an Indigenous specific organisation within the University where Indigenous Nursing students can go and make a formal complaint if they have experienced racist comments or behaviour.

Recommendation 10 – Have a hotline number where Indigenous nursing students can access cultural support anonymously to provide them with resilience training to fortify against racist comments or behaviours.

Recommendation 11 – Create a position for a Culturally specific trained counsellor in Indigenous issues to assist students in stress management and time management to relieve their stress levels due to study. This position should be situated in student services at USQ.

Recommendations 12– Establish Study leave arrangements for Indigenous Health workers from Queensland Health that equates to the contact time for nursing studies at University.

#### **Theme 4**

The strength of the Indigenous mindset becomes very apparent in the research and there is a high level of resilience amongst participants in overcoming adversity. The literature used in the discussion supports how Indigenous people have shown a tremendous ability to rise up in the face of adversity and achieve their goals. There are many accounts of how Indigenous people have had to have incredible psychological strength to achieve any measure of success. The stories of the nurses told in '*In our own black right*', by (Goold & Liddle, 2005), provide much insight into the personal, structural and systematic barriers that have confronted Indigenous nurses within the nursing profession and how they have overcome these. The author has identified how determination in some of the participants in the face of adversity

motivated them to succeed in their studies. The research also highlighted the importance of role models and the author has made recommendations to facilitate a mentoring program to support students in this needed area.

Recommendation 13 – Include more information concerning the development of an Indigenous person's psyche in cross cultural education programs at USQ.

Recommendation 14 – Provide workshops about resilience building for Indigenous nursing students that have been adversity - tested to learn techniques from those students that have been able to overcome adversity.

Recommendation 15 – Establish a Closing the Gap campaign at USQ that involves participation from Indigenous health and education students and staff.

Recommendation 16 – Establish a mentoring program at USQ where Indigenous nursing students can mentor other Indigenous registered nurses in lower years.

## **Conclusion**

In undertaking and completing this research the author became glaringly aware of the deficits in our Higher Education system to cater effectively for the support needs of Indigenous nursing students. One of the most valuable findings is that there is now something that can be done to use this research to create sustainable pathways to transition Indigenous health workers into Bachelor of Nursing programs. In the research the author uncovered a new level of understanding in Indigenous human resilience in both herself and her participants. Listening to the stories of each participant at times was heart wrenching but somehow cathartic as the author sensed that this energy laced frustration and determination was gaining

strength to motivate each participant to a higher meaning of life. What the author found astounding was that the process of researching this topic has left her feeling a sense of nostalgia for the future and being optimistic about the possibilities that this new wave in the Indigenous health workforce will burgeon and grow from strength to strength to “Close the Gap” in Australia’s Indigenous health crises.



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## ***Appendix 1***

### **Example of Questions for the Interviews**

What are your experiences of being a nursing student at USQ?

Do you think your experiences are different because you are an IHW? How?

Who did you turn to when...?

Who was there with you when you...?

How was it helpful...?

Not helpful...?

How did you feel...?

When you experienced these feelings, how would you describe them, their effect on you, on your progressing in your studies...?

At times the questions needed to become more specific in order to seek out or clarify the perceptions of the participants about their experience.

Could you give me an example of...Could you tell me how it felt when...?

What was that experience like for you...?

In regard to being with other nursing students, what were your feelings about them...?

I closed the interview by asking...”Is there anything else you feel and think is important to say that will give a deeper understanding of what it is like for you as an IHW to be a nursing student enrolled in the Bachelor of Nursing at USQ”?.

Every effort was made to avoid interjecting commentary, aiming to minimise influencing the participants’ responses or stopping the flow of the “stories”.