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THE UNIVERSITY OF
NOTRE DAME
A U S T R A L I A

**Aboriginal Women Yarning About Experiences
as Undergraduate Nursing Students in
Western Australian Universities**

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Student Number: 20142869

A thesis submitted in fulfilment of the requirements for the degree of
Masters in Nursing (Research)

School of Nursing and Midwifery
The University of Notre Dame Australia
Fremantle

2018

Acknowledgements

I acknowledge the Wadjuk people of the Noongar nation, the traditional custodians of the land on which I work and study. I would like to pay my respects to their elders, past, present and future.

Thanks go to my supervisor Dr. Carol Piercey and my co-supervisor Dr. Marion Kickett. Thank you for your support and guidance over the past 4 years. Without your experience and knowledge in research, I would not be where I am now.

I dedicate this thesis to all the strong women from my family, including my sister Vanessa, my Anglo-Indian mother and the many Aboriginal mothers who have raised and nurtured me. These mothers, in the western way, would be known as my aunts and grandmothers.

I also dedicate this thesis to my daughter Caitlin. I hope that one day she will learn the importance of education. Education opens doors for our people, who continue to suffer from oppression, marginalisation and racism every day of their lives. Education is the key to overcoming inequality, and it is important that this message be shared with the first people of Australia and with first people around the world.

Finally, I dedicate this thesis to my Auntie Sylvia, a registered nurse, who inspired me to enter nursing and kept me dreaming of a future with many opportunities and adventures. Thank you for all the stories you told and yarns we had. I hope one day to be as good a nurse as you, sharing your kindness and love with all the people you cared for throughout your career.

Declaration

I declare that this thesis is an account of my own research and contains as its main content work that has not been previously submitted for an award of degree or diploma in any university or other institution.

To the best of my knowledge, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Mel Robinson

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2018

Abstract

The inequities and poor health outcomes experienced by Aboriginal people in Western Australia are well documented. It has been suggested that such issues could be better addressed if more Aboriginal nurses were employed, as there appears to be a link between improved health outcomes and the inclusion of Aboriginal health professionals in practice. In recent years the number of Aboriginal nursing students undertaking tertiary studies has increased, but their completion rates could be improved. Aboriginal nursing students continue to struggle to achieve success.

The aim of this study was to investigate factors that enabled (supported) or inhibited (prevented) the progress of Aboriginal women through their undergraduate nursing programs in Western Australian universities. In order to provide a view of their experiences, this qualitative study used a narrative inquiry approach within an Aboriginal framework. This study drew on a carefully selected sample of Aboriginal nursing students from undergraduate-nursing programs in Western Australia. Some were in their final year of study, others were new graduates. The data was collected through the use of “yarning”, a form of data collection that is a culturally appropriate way to build trust and learn about Aboriginal people’s stories. Yarning is considered culturally safe and is recognised as a way for Aboriginal people to interact (Bessarab & Ng’andu, 2010). In this study, yarning with the participants was done either by telephone or through face-to-face contact.

Narrative analysis using an Aboriginal framework was undertaken, with attention being given to temporality, sociality and place within the context of the story. In addition, a journal was kept during the collection and analysis of data, and journal entries were scrutinised for pattern identification and emerging trends. The stories of the participants revealed commonalities including: the importance of support, particularly in the first year of study; a sense of belonging and community on campus; a meeting place on campus for Aboriginal students including ‘a go to person’; the importance of self-motivation; resilience; and role models, both at university and in personal life. This study’s significance lies in its potential to inform universities and policy makers of ways to attract and retain greater numbers of Aboriginal students.

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Glossary of Terms

Cultural Awareness is where an individual does not have more than a foundational level of understanding of Aboriginal history and culture, and therefore exhibits only very limited behavioural change towards Aboriginal people (Cultural Respect Framework, 2016-2026).

Cultural Security is where an individual delivers care based on the needs of Aboriginal people and is responsive to an Aboriginal person's cultural beliefs, views and knowledge (Cultural Respect Framework, 2016-2026).

Cultural Safety is where an Aboriginal person is made to feel safe in the healthcare setting, safe to access healthcare, and safe to practice in accordance with his or her own culture and beliefs (Papps & Ramsden, 1996).

Cultural Competency is where a health professional demonstrates knowledge and understanding of the needs of Aboriginal people accessing the healthcare system, and embeds this understanding in his or her everyday practices and behaviours (Papps & Ramsden, 1996).

Chapter 1 Introduction

This chapter provides the background to the study, sets out the aim and objectives of the research, and presents the research question. It points to the significance of the research and describes the context in which the research was undertaken. It also outlines the importance of increasing the number of Aboriginal nurses in order to address the health disparities experienced by Indigenous people in Australia.

1.1 Background

Indigenous¹ Australians continue to experience poorer health and higher death rates than non-Indigenous Australians (Australian Institute of Health and Welfare, AIHW, 2014). They experience the highest levels of chronic disease compared to other ethnic groups in Australia.

Various reasons have been suggested for this. One is the lack of culturally secure healthcare services. It has been suggested that equity in healthcare services for Indigenous Australians could be achieved by employing more Indigenous nurses. Indigenous registered nurses align their clinical skills and knowledge with their cultural skills and knowledge (Goold & Usher, 2006; Peiris, Brown, & Cass, 2008; Usher, Miller, Turale, & Goold, 2005; West, Usher, & Foster, 2010; West, Usher, Buettner, Foster & Stewart 2013). Moreover, Indigenous registered nurses provide cultural understanding and they can communicate more effectively with Aboriginal patients and families. These nurses can interpret body language and translate diagnoses and treatment into a language that better link individuals to healthcare services that meet their needs. Indigenous nurses can also work in partnership with their non-Indigenous colleagues as role models in the provision of culturally safe nursing care, ensuring that empathy is shown to Indigenous Australians (Durey, Thompson & Wood 2011; Shahid et al. 2009).

¹ The terms 'Indigenous' and 'Aboriginal' are used interchangeably in this thesis. At a local level, the term *Aboriginal* is used in recognition of the first people of Western Australia (no disrespect is intended to Torres Strait Islander People). On a national or international level, the term *Indigenous* is used (Thompson, Smith, Dimer, Ali, & Wood, 2009).

Unfortunately, the number of Indigenous registered nurses in Australia remains low compared to their non-Indigenous counterparts. In 2014, 3,036 nurses and midwives employed in Australia identified as Aboriginal or Torres Strait Islander. This number represented 1% of employed nurses and midwives. In Western Australia the figure was 0.8% (AIHW, 2014). Although the schools of nursing have a large number of Indigenous participants enrolling, the completion rates are inconsistent with the commencement rates (West, Usher, Buettner, Foster & Stewart 2013). This problem is often associated with family responsibilities, together with financial and academic issues.

To further understand these issues, this study examines the experiences of third year Aboriginal nursing students and recent Aboriginal graduate nurses, in order to identify the commonalities in their experiences, particularly the factors that have enabled (supported) or inhibited (prevented) them in the completion of their studies.

Four universities in Perth offer an undergraduate degree in nursing: Curtin University, Edith Cowan University, Murdoch University and the University of Notre Dame. Given the number of universities in WA that women can choose to enter nursing, the number of Aboriginal students appears relatively small. It was difficult, even anecdotally, to obtain the exact numbers of Aboriginal students' completion rates in Western Australian universities (see Appendix B). Additionally, there were no studies in Western Australia that investigated the influences that enabled or inhibited them in gaining success in their studies.

1.2 Aim, Objectives and the Research Question

Aim

To investigate factors that enabled (supported) or inhibited (prevented) the progress of Aboriginal women during their undergraduate nursing program in Western Australian universities.

Objectives

- Conduct a literature review to establish a baseline and identify studies into the rates of Aboriginal women entering undergraduate nursing studies.
- Listen and share stories concerning the experiences of Aboriginal women during their undergraduate-nursing program.
- Identify the enabling or inhibiting factors that impact on the women's progress.
- Compare and contrast the participants' stories to identify emerging patterns within those enabling and inhibiting influences.
- Return the participants' stories to them for review and authentication.

The Research Question

What are the factors that have enabled (supported), or inhibited (prevented) Aboriginal women in succeeding in their undergraduate nursing program in Western Australia?

1.3 Significance

Aboriginal students experience comparatively higher rates of attrition and lower completion rates in programs at undergraduate level (Devlin, 2009). Previous studies have explored the barriers that have affected completion of courses and have highlighted strategies that have influenced Indigenous nursing student success (West, Usher and Foster, 2010). These studies, however, were conducted in the Eastern States of Australia where Aboriginal groups live in different settings and have cultural norms that differ from those of Aboriginal people in Western Australia.

In 2009, the findings from a survey conducted across Australia suggested that more research was required to better understand why Indigenous students leave courses. It was also suggested that the types of support provided to students by universities should also be identified (Devlin, 2009). To date, there are no studies that have investigated the experience of Aboriginal women studying nursing in Western Australia. Therefore, this study is timely. It has the potential to inform universities and policy makers of ways to attract and retain a greater number of Aboriginal students.

1.4 Context

This section of the chapter will briefly describe the background to the study. It will portray some factors that need to be taken into consideration in making meaning of the influences that have enabled or inhibited Aboriginal women in their journey to complete their undergraduate nursing course. It will also describe the researcher's self-location within the study.

Bridging Course

In Western Australian university nursing schools (see Appendix A), a bridging course is offered. These target students who do not meet the requirements for entry into tertiary education. They are designed to support participants in academic study, research, writing and referencing skills. Course lengths vary from six weeks to twelve months. Students can fast-track the course if they demonstrate the ability to meet the requirements of the program. The potential exists for Aboriginal students to remain enrolled until they meet the requirements to enter a university.

Overview of the Undergraduate Nursing Program

The undergraduate nursing program in Western Australia is usually three years, except at Curtin University where the program is offered over three and a half years.

Course structures (including Aboriginal Studies units) vary across the universities. For example, at Curtin University all health science students (regardless of discipline) complete the same first year units of study. The core unit focuses on Aboriginal history including some cultural issues.

In other universities, the level of support provided depends on the understanding within the academic staff of Aboriginal culture. At the University of Notre Dame, the core units for all students (regardless of discipline) are theology, ethics and philosophy. Nursing students undertake a unit in Aboriginal health and those who studied on the Broome campus are introduced to Aboriginal spirituality.

Murdoch University and Edith Cowan University do not offer specific units in Aboriginal culture and history. At these universities, students enrol in nursing from the commencement of their course.

Identification and recognition of Aboriginality

In Australia, to prove Aboriginality a person must identify as Aboriginal and be recognised and accepted as Aboriginal by the Aboriginal community (National Best Practice Guidelines for Collecting Indigenous Status in Health Data Sets, 2010). Obtaining proof of Aboriginality may be a challenge for Aboriginal people who were part of the stolen generation. These people were removed from their communities and as a result may have lost family connections. Consequently, they may no longer be connected to, or recognised by, their communities. They have lost connection both to country and culture (National Best Practice Guidelines for Collecting Indigenous Status in Health Data Sets, 2010).

Interestingly, the Western Australian Natives (Citizenship Rights) Act of 1944 mandated that to gain citizenship, Aboriginal people must prove they have severed ties with the Aboriginal community, are free of disease, can speak English and are civilised in behaviour. This was not a credential enabling Aboriginal people to travel overseas, but a requirement for them to gain citizenship in their own country (Westerman, 2018).

Commonalities between Aboriginal groups

Aboriginal groups in Western Australia (and right across Australia) share connections with one other and are identified by their family connections (their “mob” or people) and where they come from (their country). As an outcome of generally poor health experiences amongst Aboriginal people, frequent points of connection are funerals.

There are common experiences around the impact of the government policies relating to assimilation. Another commonality is the importance of respect for elders and the valuing the children (i.e. kinship groups). There are also shared experiences around the impact of drugs/alcohol on communities, and shared understandings of cultural protocols such as attending funerals or visiting the sick in hospital.

Aboriginal language groups in Western Australia

Western Australia has approximately 100 Aboriginal language groups, spread across regions and communities. The Tindale map (Appendix C) illustrates the extent

and diversity of the Aboriginal language groups in Western Australia. In this current study, the nine participants came from the following language groups:

- Noongar country, which includes Perth and the South West of Western Australia. This country comprises 14 different groups: Amangu; Ballardong; Yued, Kaneang; Koreng; Mineng; Njakinjaki; Njunga; Pibelman; Binjareb; Wardandi; Whadjuk; Wilman; and Wudjari;
- Yamitji country, which includes the Murchison and Gascoyne regions;
- The Bardi group, which is found at One Arm Point in the Kimberley region;
- The Jarwon, Kungarakan and Gurindji people, who are found in the Northern Territory (Darwin).

Self-location in the study

An Indigenous research framework requires the researcher to be located within the research. As an Aboriginal researcher, I was positioned in the study from the beginning in accordance with the customs of Aboriginal people and as a part of the reflexive process inherent in qualitative research.

The value that my individual insight and background add to the research outcomes support my own story being included in this study. In the telling of my personal story, I identified with the experiences of the participants. This enabled me to be more empathic towards the experiences of the Indigenous participants (Josselson & Lieblich, 1995). My voice and story provided me with a perspective that enabled me to better write and convey the stories of the participants.

My *bidee* (path) to research

I am Aboriginal and an Anglo-Indian woman. I was born in Derby (in the Kimberley), 370 kilometres from Ngarinyin country. I grew up at Ngallagunda, a cattle station on the Gibb River Road.

My grandmother was part of the stolen generation, removed from Lamboo station (near Halls Creek) and taken at the age of seven to Beagle Bay Mission (793 kilometres away). She was eighteen years old when a white man in his late forties (my grandfather) came looking for a wife. My grandmother volunteered for the job.

My father was one of eight children, four boys and four girls. One girl passed away at 17 months, possibly from a brain tumour. The children were going to be removed by the police because they had a white father and an Aboriginal mother. My grandfather persuaded the police to allow the children to remain in the care of the family, on the undertaking that they would be sent to boarding school. My dad was seven at that time. At boarding school, he and the others were told (due to the dark colour of their skin) to pretend they were Spanish if anyone asked them about their identity.

The first nine years of my life were spent growing up in the community, surrounded by family and community members, learning about the country and exploring the rivers and land. Once I reached school age, I was enrolled in School of the Air. Schoolwork arrived by plane as part of the fortnightly deliveries in the dry season. In the wet season, the community was isolated as roads were closed due to the heavy rainfall and flooding.

During my time on the station, I was exposed to health issues through my auntie, who was a registered nurse. She dealt with all the medical emergencies in the community by way of a 2-way radio and a medical chest. In cases where a person required further medical care or evacuation, the Royal Flying Doctor Service would be called. The flight was a 2-hour round trip from Derby to the community and back again.

At the age of nine, I was taken with my parents, brother and sister to Derby where I attended the local school for the next few years. This was a real culture shock as I had never attended a Western school where you were required to wear shoes and a school uniform every day. This was definitely different from the School of the Air and from the freedom of living in a community. At the school there were kids from a number of different Aboriginal groups in the Kimberley region.

High school took me on another journey, this time from Derby to Geraldton in the Midwest. This change was another culture shock. The children at the Geraldton school came from all across the State, including a range of Kimberley kids.

The final culture shock was going to university at the age of 19, but I always believed I would make it, and determination was the reason for my success. I studied nursing because my auntie, a registered nurse, inspired me and I felt that nursing would help me get a job that would enable me to travel around the world. I studied nursing

at Curtin University from 1990-1993. After qualifying as a registered nurse, I worked in a range of adult and paediatric hospital settings including Derby, Fitzroy Crossing, Royal Perth, Fremantle, Princess Margaret and Swan District.

Currently, I am employed as a Senior Development Officer in the Department of Health where I manage Aboriginal workforce policy and projects across the healthcare system.

1.5 How this thesis is organised

My journey in this research began a long time ago and is intertwined with the stories of the participants who each have their own journey and story to tell.

This thesis is arranged to better reflect those stories, with the literature review (Chapter 2) and methodology (Chapter 3) being underpinned by an Indigenous epistemology.

The stories (Chapter 4) are told from the perspective of the participants.

The thesis concludes with a discussion (Chapter 5) summarising the commonalities or shared experiences within the stories.

Chapter 2 Literature Review

2.1 Introduction

This chapter provides an overview of the literature and discusses the current state of Aboriginal health and the challenges Aboriginal children face in secondary education. It also outlines the experiences of Aboriginal students in tertiary education, including cultural loneliness and isolation. The chapter concludes with a focus on literature concerned with nurse education in the tertiary sector, particularly literature relating to studies into the Aboriginal nursing workforce, including strategies to increase the number of student nurses.

2.2 Aboriginal Health

Indigenous Australians continue to experience poor health and higher death rates than non-Indigenous Australians (Australian Institute of Health & Welfare, AIHW, 2014). For the years 2010-2012, life expectancy of Aboriginal and Torres Strait Islander men was around 10.6 years lower than that of non-Indigenous men, while life expectancy of women was 9.5 years lower than that of non-Indigenous women (Australian Bureau of Statistics ABS 2013b). There continues to be a difference in health outcomes of Aboriginal people including higher mortality rates among younger people and a widening gap between Aboriginal and non-Aboriginal Australians in the rates of injury and chronic diseases (Australian Institute of Health and Welfare 2017; Arabena, 2013).

Aboriginal people also have a higher incidence of emotional and behavioural issues, especially between the ages of 12-17 years (20.5%) (Nagal, Thompson, Spencer, Judd, & Williams, 2009). Reluctance to access health services and the consequential poor health outcomes have been associated with: discrimination; misunderstanding; fear; poor communication; and lack of trust in service providers (Durey, Thompson & Wood 2011; Shahid, Finn, Bessarab & Thompson, 2009; Shahid, Finn & Thompson 2009). Conversely, it has been argued that there can be positive effects when health services providers: communicate respectfully; have some understanding of culture; build good relationships; and where Aboriginal or Torres Strait Islander Health Workers are part of

the healthcare team (Durey, Thompson & Wood 2011; Shahid et al. 2009; Taylor, Thompson, Smith, Dimer, Ali, & Wood, 2009).

In Aboriginal culture, traditional healing powers were used intuitively. In the modern context this could translate into health professionals such as Aboriginal nurses and medical practitioners using appropriate treatments based on these practices. Such approaches could improve Aboriginal people's health (Stuart & Nielsen, 2011). It is argued that the capability and knowledge of healthcare professionals needs to be developed to improve access to services and health outcomes for Aboriginal people and communities (Aboriginal and Torres Strait Islander Health Curriculum Framework, 2014).

A strategy advocated by the Commonwealth Health Department to improve health statistics is for health professionals to provide culturally safe care (Aboriginal and Torres Strait Islander Health Curriculum Framework, 2014). It is suggested that such care can be achieved by providing a standardised approach to education concerning Aboriginal 'ways of knowing' and 'ways of being', i.e. Aboriginal ontology and epistemology (Aboriginal and Torres Strait Islander Health Curriculum Framework, 2014). The cultural capability of graduates from such education could be measured, using a standard approach, in five interconnected areas, specifically: respect; communication; safety and quality; reflection; and advocacy (Aboriginal and Torres Strait Islander Health Curriculum Framework, 2014). Likewise, 'Indigenising' the nursing workforce and challenging the dominant 'perceptions and attitudes' of the non-Aboriginal colleagues have the potential to achieve positive health outcomes for Aboriginal populations (West, Usher & Foster, 2010, p.20).

2.3 Experiences in Secondary Education

To undertake a nursing undergraduate program in Western Australia, Aboriginal students must attain a sufficient Australian Tertiary Admission Rank (ATAR) score. Indigenous students are less likely to gain a university entrance score than non-Indigenous students. In 2008, 10% of Indigenous students completed year 12 and gained the required entrance score to get into university. In sharp contrast, the rate for year 12 non-Indigenous students was 46% of (DEEWR, 2009). Completion of secondary schooling into year 12 remains a challenge for Aboriginal students as they

continue to struggle in mainstream education systems (Taylor, 2011). This problem has been associated with the majority of teachers being non-Aboriginal, and the frequent overlooking of cultural issues such as differences in living situations, financial and housing issues (Taylor, 2011). Despite this challenge, there have been some improvements in the numbers of Aboriginal students completing year 12 and applying for university entry (Wilks & Wilson, 2015). However, there continue to be lower rates of Aboriginal students eligible to enrol in nursing. This has been associated with non-completion of high school, poor achievement in high school and low aspiration for higher education (Wilks & Wilson, 2015).

Nationally, the retention rates of Aboriginal high school children, though small, have improved (Wilks & Wilson, 2015). In 2015, there were 200,563 Aboriginal and Torres Strait Islander high school students, comprising 5.3% of the total enrolments (Australian Bureau of Statistics, 2016). Strategies for change have included building trust with families and communities, and connecting pedagogies to the lived experience of students (Behrendt, Larkin, Griew, & Kelly, 2012). Despite these initiatives, there still remain significant issues in helping Aboriginal students to achieve an appropriate Australian Tertiary Admission Rank (ATAR).

The national record for nursing schools recruiting and retaining Indigenous, nursing students varies substantially, with only half offering “special entry” or enabling programs. In 2010, over half of the Aboriginal students who gained entry into universities did so through pre-tertiary enabling programs (DIISRTE, 2012; Kinnane, Wilks, Wilson, Hughes, & Thomas, 2014). The University of Notre Dame (UNDA) offers an enabling program for all university students regardless of their ethnicity (Appendix A). All potential students, including those applying to undertake a nursing degree, have their suitability for entry into the university assessed on the basis both of their Australian Tertiary Admission Rank (ATAR) score and an individual interview (Kinnane et al., 2014).

A high proportion of Indigenous students choose Technical and Further Education (TAFE) as a post-secondary option (James, Bexley, Anderson, Devlin, Garnett, Marginson & Maxwell, 2008). Enrolment in the Vocational Education and Training (VET) sector remains a crucial pathway for Aboriginal students. In 2012, 4.9% of Aboriginal students made the transition from this sector into a university, compared to

7.9% non-Aboriginal students. In 2013, Western Australia ranked fourth highest behind NSW, Queensland and Victoria in terms of the numbers of Aboriginal students enrolled in VET courses. Aboriginal men tended to prefer VET courses, in contrast with Aboriginal women, who tended to enter a university (Delvin, 2009). Many women undertaking tertiary studies are balancing the needs of their family with their studies. It is argued that there needs to be improvement in the articulation and connectivity between the university and VET sectors of education (Delvin, 2009). Indigenous students are eight times more likely to be enrolled in a VET course than in university studies (Taylor, 2011).

2.4 Tertiary Education

In 2009, a survey was conducted across Australia revealing that more research was needed into the reasons behind students leaving courses. It was also suggested that the support universities provide should also be identified (Devlin, 2009). In 2011, the figure quoted for Indigenous students enrolled across Australia was 12,000. At the time, this figure represented a 36% increase since 2001 (Asmar, Page & Radloff, 2015). Despite this increase, areas of concern have included Aboriginal student attrition, retention and completion rates (Asmar, Page & Radloff, 2015; Curtis, Wikaire, Kool, Honey, Kelly, Poole, Barrow, Arlini, Ewen & Reid, 2014; Delvin, 2009).

Whilst the figures concerning enrolment are compelling, it was argued that caution is needed in extrapolating findings from statistics (Devlin, 2009). Varying baselines and a lack of agreement between agencies on the gathering of data, rendered analysis and predictions difficult (Rowse, 2009; Walter, 2010). In most cases the framework for gathering data was non-Indigenous, usually aligned with the researcher and their institution's own practices, interests and motivations (Walter, 2010). From an Aboriginal perspective, sampling for these studies were small, with participants residing in isolated communities (Walter, 2010). These issues of sample size and bias rendered the findings ungeneralisable. Another factor influencing the reliability of data collection methods was the reliance on students to self-identify as Aboriginal (Wilks & Wilson, 2015). This problem of identification can be a personal one for some Aboriginal students and could be associated with racial issues.

Aboriginal student engagement with universities has improved, but Indigenous students have faced substantial ongoing obstacles, including their tendency to be older than non-Aboriginals. They also tended to have more dependents and associated responsibilities than non-Aboriginal students (James et al., 2008). The profile of a female Aboriginal student suggested that she is often a single parent who has deferred university education until her children complete their schooling (Biddle & Yap, 2010).

A survey aimed at investigating Aboriginal student engagement highlighted the need for better data collection across Australia, and within the institutions (Asmar, Page & Radloff, 2015). This was supported by other studies which suggested that the focus of research should now turn to success factors, giving prominence to 'what works' rather than factors documenting failure (Delvin, 2009, p.7). It was argued that strategies aimed at changing the focus to success could be useful in improving Indigenous inquiry. It was recommended that this type of inquiry be two-pronged. The first could be an evidence-based evaluation of existing programs, and the second a qualitative in-depth investigation of the experiences of successful Indigenous graduates. A central aim of such an inquiry would be to uncover Aboriginal graduates' experiences as students. Documenting their stories of overcoming obstacles could provide a success blueprint for future Indigenous higher education students (Delvin, 2009). Such a recommendation was supported by this current study.

There was a plethora of literature outlining the barriers to academic achievement for Aboriginal students, including factors that influenced the lower completion rates. These factors were multi-faceted and included: higher attrition rates, high failure rates for subjects and educational disadvantage in terms of secondary education outcomes (Wikaire & Ratima, 2011); prejudice, cultural isolation, and lower educational attainment rates (Devlin, 2009); financial burden of study, lack of mentoring/role modelling; cultural and social isolation, lack of culturally responsive teaching and learning (Airini, Curtis, Townsend, 2011); work/life balance pressures (Young, Stupans, Scutter, & Smith, 2007); the lack of Indigenous curricular content (Garvey, Rolfe, Pearson, & Treloar, 2009; Wikaire & Ratima, 2011); and finance, health concerns, being away from home, and lack of suitable accommodation (Bunda et al., 2012). Academic pressures included lack of academic skills and lack of access to practical courses (Wilks & Wilson, 2015).

Success for participants in the university system involves more than increasing the recruitment rates. It requires improving the retention and completion rates. Improvement strategies have included: target setting; educational aspiration raising; academic preparation; mentoring and pathway programs; scholarships and fee waivers (Delvin, 2009). Despite this variety of initiatives to tackle retention and completion rates, Indigenous education in university sector has still been characterised as being ‘in crisis’ (Pechenkina & Anderson, 2011).

Indigenous people continue to experience challenges working with non-Indigenous academics (Bunda, Zipin, & Brennan, 2012). Generally, the majority of academics require students to fit into generic learning models which are based on the Western perspective (Behrendt, Larkin, Griew, & Kelly, 2012). Whilst some universities have installed safe places for Aboriginal students to gather, they generally show a lack of recognition about the importance of a safe space in which Indigenous academics and students can find a sense of belonging (Bunda, Zipin, & Brennan, 2012).

2.5 Cultural Loneliness and Isolation

It was noted that when Aboriginal people enter a large institution such as a university, they are often in the minority, creating a sense of cultural isolation, loneliness and higher levels of stress (West, Usher, Buettner, Foster & Stewart 2013). Aboriginal students often feel a sense of disconnection from the Aboriginal community and will often seek out ways to meet other students to recreate that connection within the campus community. University Indigenous support centres often go some way to creating safe spaces for students (Bunda et al, 2012). However, disconnection still occurs, especially for students who study away from home and country.

To date there have been no studies investigating the impact of Assimilation Policies from the 1950s (Cassidy, 2006). The terms of reference included in those policies was a reduction or eradication of the sharing of language, oral history and cultural systems. Efforts were made to ensure Aboriginal people were Westernised in dress, language, work and living (Cassidy, 2006). In the 1970-80s, teaching of language in schools was a relatively new initiative, related to shifts in dialogue around self-determination (Short, 2003). To some extent, models of learning are supposed to be universal, but they retain a highly Eurocentric structure (Bunda et al, 2012).

A New Zealand qualitative study, using Kaupapa *Māori* methodology and the critical incident technique, investigated the teaching and learning practices that helped or hindered *Māori* undergraduate participants' success at university. The sample group comprised 41 participants enrolled in medicine, nursing, pharmacy, and health sciences. A total of 1346 critical incidents were identified and categorized under three themes: *Māori* student support services, undergraduate program, and *Māori* whanaungatanga (notions of relationship). The findings highlighted the importance of 'maintaining Indigenous student support programs that: deliver high quality academic and pastoral support; provide a "safe haven" for the Indigenous student operating within a culturally and socially alienating environment; and fostering indigenous student cohesiveness within a cultural context' (Curtis, Wikaire, Kool, Honey, Kelly, Poole, Barrow, Airina, Ewen & Reid, 2015, p.497).

Cultural safety has been defined as an environment that is spiritually, socially, emotionally and physically safe for people, and where there is no assault, challenge or denial of their identity and their needs (Williams, 1999). Cultural safety is about making the Aboriginal person feel safe in the healthcare setting, safe to access healthcare, and safe to practice his or her own cultures and beliefs. Connected to this definition is the term 'cultural competence'. Cultural competence refers to a health professional, such as a nurse or a doctor, demonstrating knowledge and understanding of the needs of Aboriginal people accessing the healthcare system (Papps & Ramsden, 1996). This concept has been described as having understanding and knowledge of the contemporary reality and histories of *Indigenous Australian Cultures*. Health professionals need to be proficient and able to engage and work effectively with *Indigenous Australians* (National Best Practice Framework for Indigenous Competence in Australian Universities, 2011).

There were five principles aimed at guiding universities in the development of cultural competency:

- The governance and management of the university should include Indigenous people;
- University graduates should become culturally competent;
- Research undertaken by universities should promote collaboration with the Indigenous communities and should empower the participants who are Indigenous;

- The employment of Indigenous staff will grow and expand, and this should include academic staff across a range of courses;
- Partnerships should be developed with the Indigenous communities, and universities should share their ‘culturally competent practices’ with the broader community (National Best Practice Framework for Indigenous Competence in Australian Universities, 2011, p.8).

2.6 Nurse Education

A ‘well trained and culturally safe workforce’ is an important means of improving the health inequalities amongst Aboriginal Australians (Aboriginal and Torres Strait Islander Health Curriculum Framework, 2011). One regional health service, for example, argued that the percentage of Indigenous nurses in the total nursing workforce should reflect the percentage of Indigenous people in the service area (West, Usher, Buettner, Foster & Stewart 2013).

To date, there has been insufficient support in terms of a culturally, sensitive curricula. This lack of support also extends to academics’ deficiency in their awareness of Aboriginal ontology and epistemology, including family, kinship commitments and responsibilities (Nakata et al., 2008; West et al, 2010). It was also acknowledged that conventions in academic disciplines risk undermining cultural competence (Malcolm & Rochecouste, 2003).

The issue of developing curricula for health professionals, inclusive of Indigenous ontology and epistemology, continues to be addressed. In 2010, it was identified that there was a need to develop an Aboriginal and Torres Strait Islander health curriculum package that could be integrated into every health discipline at the undergraduate and post-graduate levels (Aboriginal and Torres Strait Islander Health Curriculum Framework, 2014). In 2014, a landmark document was released, outlining the guidelines for implementing the health curriculum package. Significantly, it also mapped accreditation guidelines for higher education. Incorporating such guidelines was believed to ensure that ‘graduate outcomes and industry expectations about cultural capabilities were closely aligned’ (Aboriginal and Torres Strait Islander Health Curriculum Framework, 2014, p.9). Between 2000 and 2012, the University of Southern Queensland had a total of 80 Indigenous nurses and midwives enrolled at undergraduate and postgraduate levels (Best and Stuart, 2015). The Indigenous nursing

support model was called *helping hands*. The model was underpinned by four elements, including the involvement of Indigenous academics. The nursing curriculum included Indigenous content, materials for recruitment, and mentoring for the Indigenous students (Best and Stuart, 2015).

In 2008, a mixed methods study was conducted in Queensland. It aimed to investigate Indigenous nursing students' participation in their nursing program, specifically commencement numbers, attrition, progression, and completion rates. Underlying this investigation was the exploration of factors that Indigenous students and academics identified as barriers and enablers influencing students' successful completion of their studies (West, Usher, Buettner, Foster & Stewart 2013). The study found that there was no real growth in Indigenous nursing student participation in pre-registration tertiary courses, and there were no nationally agreed targets (West, Usher, Buettner, Foster & Stewart 2013). It did, however, identify that increasing opportunities for 'connectedness' amongst Indigenous nursing students is a strategy that could help students feel less culturally isolated, and increase their ability to overcome experiences of racism and stereotyped attitudes from academics and other students (West, Usher, Buettner, Foster & Stewart, 2013). Like other studies, it was recommended that readers should take caution in interpreting the study's results, since the quantitative analytic approach did not account for the varying types of student commencements (West, Usher, Buettner, Foster & Stewart, 2013). It was also suggested that because the study was conducted in Queensland, Indigenous students and academics in other Australian States and Territories might have had different experiences and perspectives (West, Usher, Buettner, Foster & Stewart 2013). Therefore, this current study is aimed at uncovering the experiences of Aboriginal women in their journey through nursing studies in Western Australia.

Indigenous students have recognised that issues concerning their experiences in academia are also associated with teaching and learning issues (Nakata et al., 2008). It was suggested that there should be a closer look at students' academic skills such as low literacy, together with social issues such as financial support, poverty and racism (West, Usher & Foster, 2010). In addressing such issues, effective pathways into higher education and nursing have long been considered a means of improving the number of Aboriginal students completing undergraduate programs (West, West, West, & Usher, 2010).

One such pathway is the West Australian Aboriginal Cadetship Program (see Appendix F). This initiative was pursued by the WA Department of Health to increase its Aboriginal workforce (Aboriginal Health Policy Directorate Report Aboriginal Cadetship Program Guidelines, 2015). The program facilitates the development of a skilled Aboriginal workforce that can be instrumental in improving Aboriginal health.

2.7 Conclusion

The literature suggested that there was a clear correlation between increasing the number of Aboriginal health professionals and improving the health outcomes of Aboriginal people. Most of the studies, however, were undertaken in Queensland. Studies into the influences that enable or inhibit completion of studies for Aboriginal nursing students have not been undertaken in Western Australia.

Chapter 3 Methodology

3.1 Introduction

This chapter provides an overview of the methodology followed in this study. It discusses the design, specifically related to the aim of the study, and offers an answer to the research question. It was important to use a methodology based within an Indigenous epistemology that would allow the researcher to share the participants' stories. This framework ensured that the participants' culture remained intact and that their voices were preserved in the telling of their stories.

3.2 Narrative Inquiry

This study aimed to provide a holistic view of Aboriginal women's experiences during their undergraduate nursing programs. To provide this view, it was appropriate to use a qualitative study with a narrative inquiry approach. The study needed to be framed from an Aboriginal perspective. The ultimate aim of such an inquiry was the interpretation of the Aboriginal women's experiences through the use of storytelling (Josselson, 2006).

Narrative inquiry embodies both the phenomenon and method of study. As a method, it examines experiences expressed in stories told by a narrator (participant) (Liamputtong, 2009). Essentially, narrative inquiry is a reconstruction of the narrator's experience in relation to the inquirer (the researcher) and the social milieu (Pinnegar & Daynes, 2007). Stories are not fixed texts; they are composed in and out of lived experience, and in relation to others (Caine & Estefan, 2011). The relationship between the inquirer and the narrator is one of collaboration as the emerging story evolves in ways that make meaning. It encompasses both the 'etic' and 'emic' (Clandinin, 2007).

Storytelling is a traditional way for people to make sense of the world. They use it to organise experiences into episodes that have meaning (Bruner, 1986). From an Aboriginal perspective, people continue their history by sharing knowledge through the passing down of information, person to person, from one generation to the next (Kovach, 2009). In narrative inquiry, the story is treated as data. Narrative analysis

is the interpretation of the story, comparing it with other stories within a context (Patton, 2015). The context for this study is set out in Chapter 1, section 1.1.

Narrative inquiry uses culture and social structures that impact on the stories being told (Frazer, 2004). Within the Indigenous context, story is methodologically congruent with a clan's knowledge (Kovach, 2009). It is a culturally appropriate way of representing truth, where the narrator, rather than the inquirer, retains the control. Using Indigenous methodology, the narrator makes decisions about what is in the foreground, what is in the background and how the issue is defined. Indigenous methodologies are used to gather the story and understand the 'Indigenous paradigm' as the participants share their stories for the benefit of others (Kovach, 2009, p.40). Research within the Indigenous space allows the researcher to tell the story from an Indigenous perspective or viewpoint. The researcher needs to share the knowledge to enable others to understand the Indigenous worldview in a respectable and responsible way (Kovach, 2009, p.41). The sharing of this study will take place at appropriate conferences and will be written in journal articles.

An Indigenous framework unifies traditional knowledge systems with adaptations of Western knowledge systems. Moreover, it employs 'Indigenous principles such as relational accountability to guide the ethos of the approach' (Ray, 2012. p.91). Such accountability is built on 'respectful representation, reciprocal appropriation, and rights and regulation during the research process' (Louis, 2007 as cited in Chilisa, 2012, p.21). Thus, an Indigenous framework acts as a nest encompassing the relational epistemology which influences the process and content of the research journey (Kovach, 2009, p.45).

Narrative inquiry is more than interviews and participants telling stories. It is about the participants' experiences being shared in a subjective way (Sandelowski, 2000). Sharing knowledge between Indigenous peoples is underpinned by the assumption that knowledge is of a collective benefit (Smith, 1999). Within the Indigenous epistemology there is a fundamental belief that knowledge is shared with the cosmos, with all creation, including animals and plants (Chilisa, 2012). Narrative inquiry allows researchers to offer marginalised groups, such as Indigenous peoples, an opportunity to participate in knowledge construction (Canagarajah 1996). Many studies look at outcomes but disregard the impact of the experience itself (Bell, 2002).

Narrative inquiry seeks a rich understanding of stories, recognising that there are deeper stories that people are sometimes unaware of. These provide a window into people's beliefs and experiences (Bell, 2002). Therefore, individual experience, captured through narrative inquiry, affords the inquirer a greater insight into, and understanding of, broad social phenomena (Devlin, 2009; Hatch & Wisniewski, 2002). Researchers enter into the 'midst of the story' and this forms part of the ongoing narrative being told. It requires engagement with the participants to be able to gather the data through field and research text (Clandinin, 2006, p.47).

John Dewey's theory of experience is most often cited as the philosophy of narrative inquiry (Clandinin, 2007). Dewey's conception of experience suggests that it is a 'changing stream that is characterised by continuous interaction of human thought with a person's personal, social and material environment' (Clandinin & Rosiek, 2007, p.35). It is argued that this process is transactional, implying that experience is generated in context of the situation between the knower and the unknown. It is a pragmatic view of knowledge. A person's representation of the situation must return to that experience to be validated (Clandinin & Rosiek, 2007). A caveat to this notion is that no single statement, no matter how faithfully it appears to depict the situation, 'involves selective emphasis of the experience' (Clandinin & Rosiek, 2007, p.39). A Deweyan view of experience allows for a study of experience that acknowledges the embodiment of the person living in their world (Johnson, 1987).

Narrative inquiry is characterised by the description of human experiences that unfold through time, i.e. they are continuous (Josselson, 2006, p.40). The researcher's narrative view of experience gives attention to place, temporality and sociality within the participants' life stories and experiences. Within this space, each story told and lived is situated and understood within a larger cultural, social, and institutional narrative (Caine & Estefan, 2011). This approach honours lived experience as a source of important knowledge and understanding (Clandinin and Rosiek, 2007). Therefore, by using the principles of a narrative inquiry and an Indigenous framework, the researcher was able to honour the participants. This honour was reciprocated and enabled a more in-depth understanding of the participants' experiences in their journey through university.

3.3 Indigenous Epistemology

Research on Indigenous people can be a euphemism for colonisation, so it needs to be grounded in the Indigenous epistemology that provides privilege to Aboriginal voices. Colonisation is the subjugation of one group by another. Within the world context, this process has resulted in the destruction of beliefs and cultures. The dominant culture controls the 'Other' group, making it reliant on the Western culture for economic and political control (Chilisa, 2012).

To be culturally responsive in research, colonisation is understood to be destructive, particularly in relation to valuing 'Indigenous ways of knowing.' Indigenous episteme (knowledges) have been marginalised within the Western research process (Smith, 1999). Western methodologies have failed to recognise the impact of colonisation and have invalidated the experience and knowledge of Indigenous people (Chilisa, 2012). Research within this context has been set up with researchers encoding information in 'imperial and colonial discourse' (Smith, 1999, p.215).

It is important that research be conducted to meet the community's needs and be 'culturally appropriate and inclusive', not exploiting the Indigenous people. In the 19th Century, research treated Aboriginal people as objects of curiosity. They were seen but not heard or respected. This situation has caused mistrust, animosity and resistance amongst many Aboriginal people (Martin, 2003). Research needs to be more culturally responsive, recognise the impact of colonisation, and value the ways of knowing for Indigenous people (Chilisa, 2012).

Within the Indigenous epistemology, principles that guide the process and structure of research include:

- Honouring our social beliefs and values as essential processes through which we live, learn and situate ourselves as Aboriginal people in our lands and in the lands of other Aboriginal people;
- Recognising our world views, our knowledges and our realities to be distinctive and vital to our existence;
- Emphasising the social, historical and political contexts which shape our experiences, lives, positions and futures;
- Privileging the voices, experiences and lives of Aboriginal people and Aboriginal lands (Martin, 2003, p.5).

3.4 Design

In an Indigenous framework, the sampling, recruitment, data collection and analysis of data are interdependent and relational (Kovach, 2009). This iterative design is depicted in Figure 3.1.

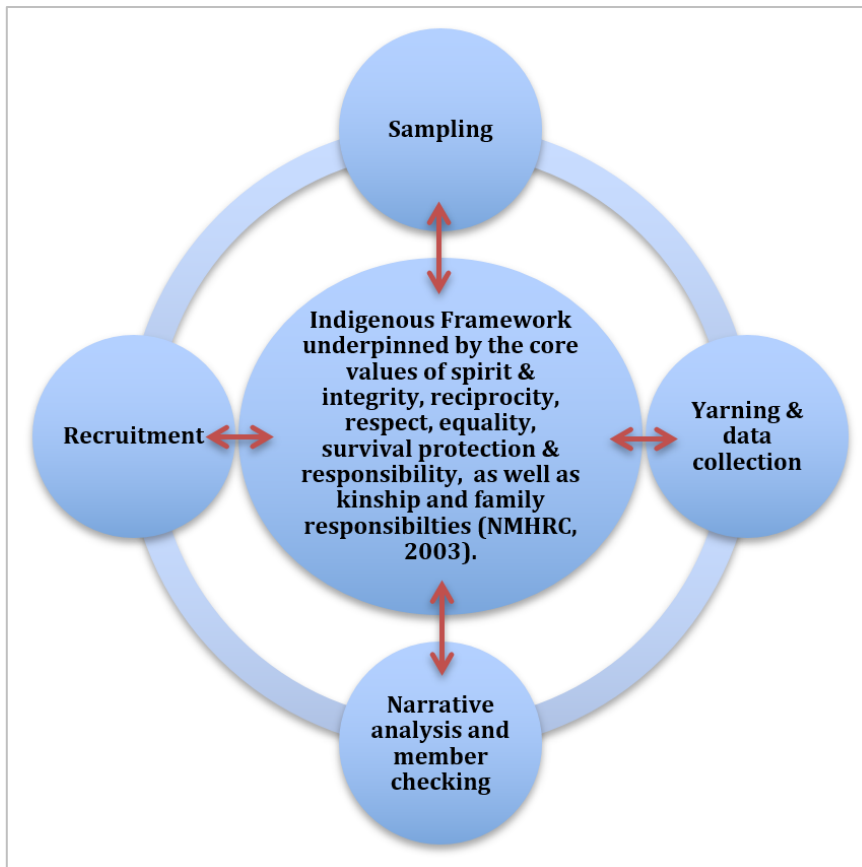


Figure 3.1 Design of the study

It is recommended that narrative inquiry uses purposeful sampling, since its focus is the interpretation of meaning embedded in the stories, rather than a generalisation of findings (Reissman, 2008). Thus, the sampling method for this study was purposeful, with participants being identified as Aboriginal women either in their final year of, or new graduates from, an undergraduate nursing program undertaken in a Western Australian university. The participants were chosen as they had both the capacity to share their experiences and the commitment to improve health outcomes for Aboriginal people.

Initially, four participants volunteered for the study. This number was deemed insufficient, so snowballing was used to identify another five people. The four initial

participants talked to other potential participants about the study and invited them to contact me about being involved. In qualitative studies there is no lower limit on sample size, but it does need to be sufficiently large to generate a rich dataset that can answer the research question (Joyce, 2015). A study similar to this current one was conducted in Queensland with a purposive sample of eight Indigenous third-year nursing participants (West, Usher, Buettner, Foster & Stewart 2013). Using this number as a guide, I contacted a total of nine volunteers.

Whilst the sample size in a qualitative methodology is dependent on the saturation of data, I felt the need to collect enough stories to fully answer the research question, rather than stopping the data analysis when the stories became repetitive. In any event, it has been recommended that the researcher must gather substantial data about the participant and must have a clear understanding of the context of the participant's life (Creswell, 2007). By yarning with nine participants, I was able to better appreciate some commonalities and shared experiences.

Participants were recruited from a list of Aboriginal cadets known to me through my role as a Senior Development Officer. A pre-existing and ongoing relationship with participants is an accepted characteristic of research within an Indigenous framework. Knowing the participants is unlike other research approaches, which caution researchers against potential bias. There was no power differential between the participants and me. Our relationship was built on trust and reciprocity, a collaborative effort to tell and record stories. This shift in power allowed participants' voices to be heard and their experiences to be shared on their terms (Kovach, 2009).

A relationship of trust requires a pre-existing relationship with participants, and in the Indigenous epistemology, a shift in power is required to allow collaboration between the participant and the researcher. In the past, research has been seen as a negative experience for Aboriginal people and communities. Until recently, research has not had an Indigenous voice or expressed the Indigenous experience or perspective. Consequently, Indigenous people have not been present in the research (Elston, Saunders, Hayes, Bainbridge & McCoy, 2013).

Knowing the participants meant they felt they could trust the researcher. This relationship was reciprocal. In the relational aspect of storytelling, any mistrust is offset by respect for each other, knowing the connections and having contact with

community. Therefore, my reputation was of paramount importance in the process of sampling (Kovach, 2009). The relationship I had with the potential participants was grounded in our prior sharing of stories: they already knew me and I already knew them. Rapport and trust is seen as an essential part of a successful narrative interview (Liamputtong, 2009). Aboriginal people value relationships and they honour the telling and sharing of stories. Trust is about the participant feeling comfortable with the researcher and understanding what is said. I listened to their stories which, on occasions, were deep and personal (Kovach, 2009).

3.5 Recruitment of Participants

Initially, participants were contacted by telephone. I knew the participants, having been a mentor to most of them, some currently and others in the past as cadets. The telephone contact was followed up by email or face-to face contact, where the information sheet (see Appendix D) and consent form (see Appendix E) were provided. At the same time arrangements were made for a date, time and venue to listen to the participants' stories. The participants were the leaders in making these arrangements, as venues needed to be convenient. Some potential participants were residents in country areas, so distance or expense made it impractical for them to travel. In those circumstances, I travelled to a designated meeting place.

3.6 Data Collection

This study used yarning as a data collection method. This facilitated sharing and telling of stories, enabling me to explore the topic in greater detail and depth. Yarning is a relaxed and informal conversation, a method of sharing, exploring and learning from previous generations (Dean, 2010). Yarning is a form of data collection that provides a culturally appropriate way to build trust and learn about Aboriginal people's stories. Yarning is considered culturally safe and is recognised as a way for Aboriginal people to interact (Bessarab & Ng'andu, 2010). It was an appropriate method of data collection for me, given the past experiences of Aboriginal people with feelings of distrust and wariness toward non-Aboriginal researchers. Yarning has been undervalued and underutilised as a data collection method, as it challenges some academics who are grounded in Western methodologies (Kovach, 2009).

A culturally adapted way of life depends on shared meanings, shared concepts and shared modes of discourse for negotiating differences in meaning and interpretation (Bruner, 1986). Indigenous peoples understand each other because they share a common world view which embraces common enduring beliefs (Kovach, 2009). For many years, storytelling/yarning/talking circles have been a practice of Indigenous peoples and have been embedded in their culture (Aseron, Neyooxet Greymorning, Miller & Wilde, 2013, p.410).

Yarning as a data collection method is culturally safe and entails the inquirer and the narrator taking a journey together, building and developing a trusting relationship. It is an intuitive protocol of introduction that shows respect to our ancestors and allows the community to locate us. It establishes family connections and the location of the person's country. Self-location situates me with a particular language group. My own *bidee* or path to the research is described in Chapter 1, section 1.4.

Yarning for research purposes can take two forms: social and research. In this study, *social yarning* was used in the initial stage to create a connection, establish a relationship and build trust before the data collection commenced (Bessarab & Ng'andu, 2010). It created a space for participants' stories to be composed and heard (Clandinin, 2013). In a yarning conversation, responses are not premeditated, deliberate or formalised around predetermined questions. Yarning is elastic, allowing participants to share their story without the periodic disruptions characteristic of a structured interview. Using this type of data collection, responses created an opening into the real meaning of the stories and depended on me being open to the participants' experiences (Brown, 1996).

In Indigenous research, it is important to bring the voice of the marginalised to the centre of the research. Yarning supported equality, built relationships and promoted a feeling of connection between the participants and me, enabling the telling of their stories through an 'Indigenous lens' (Chilisa & Gaelebale, 2014, p.224).

Aboriginal people tend to be inappropriately and overly researched using Western methods of research. These fail to consider the need for culturally respectful methodologies. Yarning is about decolonising the research process, allowing a safe place to share experiences and communicate. It takes into account that Aboriginal people have experienced a long history of marginalisation and oppression (Kovach,

2009; Smith, 1999; Walker, Fredericks, Mills & Anderson, 2014; Nakata, 2007; West, Usher, Buettner, Foster & Stewart, 2013). It is argued that using yarning as an approach to data collection is an 'Indigenist' re-framing of Western research methods, ensuring an Aboriginal perspective is integrated into the research process (Kovach, 2009).

Initially in the social yarning, I discussed with participants the aim of the study and facilitated open dialogue about their experiences (Bessarab & Ng'andu, 2010, p.44). This conversational method showed respect for the participants' story and allowed participants greater control over what they wished to share (Kovach, 2009). Participants were accustomed to the oral tradition of storytelling and to self-regulating their response to ensure the question was being respected and answered. It was my responsibility to honour the exploratory approach and not to interrupt through redirection and prompting (Kovach, 2009).

Following the social yarning I asked the participants to tell me their story and share their experiences at university. The participants were reassured that anything they said would be de-identified and the stories would be sent to them for authentication. In the early stage of yarning with the participants, I made mental notes for inclusion in my journal, but no recordings were made until the research yarning commenced. I also created memos to recall discussions for later interpretation, and these included extra cultural information around body language and non-verbal cues including hand gestures. Recording data collection and analysing notes in my journal promoted self-reflection and kept me focused on the aim of the study. As researchers, we must examine our subjective involvement as this assists in shaping our interpretation of the story (Hollway & Jefferson, 2000). A deeper understanding of the participants' stories was enabled by self-reflection during the research process (Green, 2013). It culminated in a holistic perspective of self-situation within the context of the study (Kovach, 2009). By journaling I was able to keep an open mind and differentiate between my thoughts and those of the participants (Streubert & Carpenter, 2011). To keep myself on track, I also discussed my progress with my Aboriginal advisors.

Once the yarning had been conducted, it was necessary to conduct one-on-one interviews to capture deeper experiences that participants were reluctant to talk about during the yarning sessions. At all times I listened attentively, not only to the language

used but also to the participants' tone of voice and body language. In addition, I allowed for silences (Geia, Hayes & Usher, 2013). By listening for gaps or contradictions in the story and by reiterating the invitation to tell the story, I was able to encourage fuller narration, often unearthing unexpected parts to the story (Josselson & Lieblich, 1995).

3.7 Research Ethics

The ethics approval for this research was obtained from the Health Ethics Research Committee at the University of Notre Dame (Reference 016076F) (see Appendix G, section G.1) and the WA Aboriginal Health Ethics Committee (Reference 700) (see Appendix G, section G.2).

3.8 Data Analysis

In narrative inquiry, the story is treated as data. Narrative analysis is the interpretation of the story, comparing it with other stories within a context (Patton, 2015). It consists of actions, events and happenings, an iterative process which moves from data gathering to data analysis. Whilst thematic analysis is widely used in qualitative methodology, narrative scholars keep the story intact by theorising from the case rather than from component themes (Bruner, 1987).

It has been argued that in an Indigenous framework, thematic analysis could be interpreted as devaluing the story and therefore be considered disrespectful. Thematic analysis has been labelled a concession to the Western research approach since it is not an Indigenous method (Kovach, 2009). In qualitative thematic analysis, the story is decontextualized into codes, and the whole story can be lost, whereas in an Indigenous framework, the whole story is important (Kovach, 2009). Often in mainstream scholarship, recorded 'facts' are extracted and the remaining 'superfluous' data set aside. The holistic picture is plundered, and the voice of the participant is silenced (Kovach, 2009). Storied versions of experiences only make sense in terms of the bigger picture (Bruner, 1986). In narrative analysis this phenomenon is likened to gestalt where 'the whole is greater than the sum of the parts' (Holloway & Jefferson, 2000, p.69).

To be able to gain the trust of the participants, I needed to be positioned within the study (Absolam & Willett, 2005). Sharing one's story is an aspect of co-constructing knowledge from and Aboriginal perspective (Absolon & Willet, 2005). I took an active role in story gathering and 're-storying'. In an effort to deconstruct stories to expose dichotomies, I probed words, phrases and larger units of discourse, looking for meaning and patterns (Creswell, 2013).

Narrative analysis requires recognition that stories help people make sense of their lives, and although the stories change as new events happen, they are continually shaped by a lifetime of experiences. For the most part, a narrative does not exist in a vacuum (Bell, 2002, p.208). It entails imposing a meaningful pattern on what would otherwise be random and disconnected, involving the review of the data and the identification of categories and meaningful patterns (Simons, Lathlean & Squire, 2008).

Narrative analysis interprets 'what' rather than 'how' something is spoken or written. As conversation between the researcher and the participants is interactively produced and performed as narrative, the researcher becomes an active and visible presence in the data gathering, data analysis and the written report. Therefore, the yarning was audio-recorded then transcribed verbatim, prior to analysis. In addition, my journal entries were scrutinised to identify patterns. Every effort was made to include each participant's voice when making comments in relation to the emerging patterns, as evidence of the participant's experience in a nursing undergraduate program. I endeavoured to keep each story as intact as possible.

The process of narrative analysis involved following a 'thread' through a sequential approach to interpreting the stories. I read and reread, looked and relooked at the transcripts, paying simultaneous attention to temporality, sociality and place in the context of the story. These three dimensions were interconnected and interwoven, enabling me to delve deeper into multiple meanings of experiences (Clandinin, 2013). Long accounts were distilled into categories, but I took care to keep the contextual issues in play because, in narrative analysis, particularities and context come to the fore (Bruner, 1987). I interpreted the stories, then drafted the interim texts to take back to the participants (Clandinin, 2013). Memos that needed further elaboration and interpretation were also checked with the participants. This checking assisted in the

authentication of the stories. The hallmark of narrative analysis is the recognition that people make sense of their lives according to their narratives (Bruner, 1986).

Narrative analysis usually attends to language, form or interaction. In this study, yarning contained words in language spoken and understood in the context of Aboriginal women (Kovach, 2009). As language is saturated with ideology and meanings, I needed to recognise if the story had continuity. I also needed to be aware if sections of the theoretical argument were linked and consistent, so that major gaps or inconsistencies could be exposed. Triangulation of data was achieved by comparing and contrasting stories, which then assisted in pattern recognition. An overview of the framework used to analyse participants' stories can be seen in Figure 3.2.

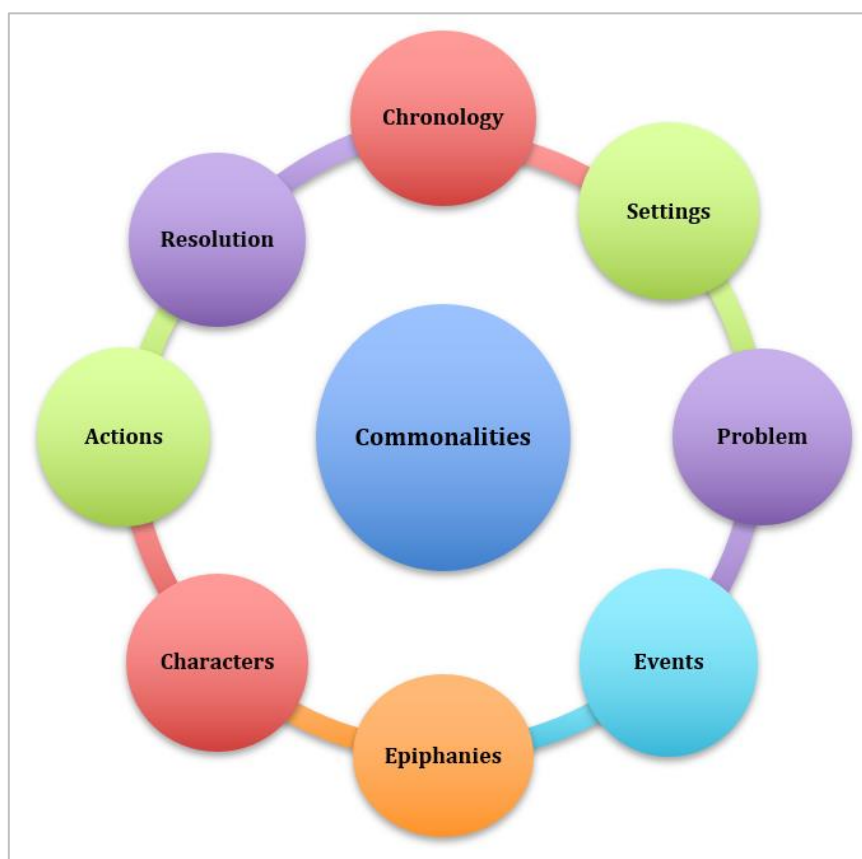


Figure 3.2 Model of narrative data analysis
(Adapted from Creswell, 2013).

The model of narrative analysis was adapted and modified to render it more culturally appropriate (Creswell, 2013). Concentric circles depicted a set of categories which often overlapped within the participants' stories. Initially the stories were analysed in chronological order, outlining any epiphanies and events. Plots were

analysed for characters, settings and problems. Using this approach, patterns were identified within the context of the study. To maintain the quality of the findings and the enable the results from the study to be replicated, categories were directly linked to the research question (Denzin, 2009). The whole transcript was offered for member checking to enable participants to visualise their stories and to delete parts that they felt were inappropriate (Kovach, 2009).

3.9 Conclusion

This chapter put forward a case for the use of narrative inquiry as a culturally appropriate methodology in this study. Narrative inquiry enabled me to tell the participants' stories in a way that preserved each individual voice.

The next chapter presents the stories and experiences of the participants¹ in Western Australian universities.

¹ In this study the labels 'participant', 'woman', 'student' and '*Yorga*' are used interchangeably.

Chapter 4 Yarning with the *Yorgas* (Women)

4.1 Introduction

This chapter conveys the participants' stories using narrative inquiry. Embedded in the stories are the inhibitors and enablers that the Aboriginal women (*Yorgas*) encountered whilst they undertook their studies within Western Australian universities. This chapter details the participants' experiences, which were deconstructed into categories and patterns to identify the factors that provided answers to the research question.

4.2 Demographics

There were nine women, with ages ranging from 21-35 years. Some were mature aged with children. The participants came from a mix of locations, four from rural areas of Western Australia and the other five from the metropolitan area. All participants had either completed their undergraduate nursing program in 2017 or were graduating at the end of 2018. I ensured each story reflected events from the perspective of the participant, and that the stories were interpreted in a truthful way (Sandelowski, 2000). Participants' stories consisted of detailed and lengthy accounts, with many differences in the way the stories were told. Each category was addressed through commonalities within the participants' experiences and different cross-cutting categories, rather than short succinct fragmented segments (Riessman, 2008).

During the interview, participants were initially asked to introduce themselves with questions like "tell me who your mob (people) are?" and "which country do you come from?" These are standard questions Aboriginal people ask each other in order to establish connections and build rapport/trust with each other. Sometimes these introductions lead to the discovery of shared family connections and provided a way to get to know the participant. In order to protect the identity of the participants, a fictitious name has been used to maintain confidentiality.

The remainder of the chapter details the participants' experiences during their time at a Western Australian university. To make meaning of the stories, the participants' experiences were deconstructed into categories: chronology; settings; problem; events;

epiphanies; characters; actions; and resolutions. As depicted in the model (see Figure 3.2), patterns emerged from these categories that addressed the factors that either supported or created a barrier to the participants' progress on their university journey. The culmination of each participant's experiences was based on the framework set out in the previous chapter. At the centre of model are the commonalities of shared experiences for each participant. I identified the experiences that were most important in relation to the research question, as it was not possible to include all the experiences, given the complexity of some stories and the limited size of the model. The next part of the chapter presents an interpretation of the individual commonalities for each participant, followed by the model portraying each story.

4.3 Participant 1: Leanne's Story

Aboriginal and family connections

Leanne was connected on her father's side to the Noongar people. They are Ballardong and Badjaling from Brookton and Quairading. On her Mother's side they are Jarwon people from Darwin. Leanne was recognised and accepted by the Aboriginal community. She was enrolled in 5th semester (3rd year) of the Bachelor of Nursing. Leanne celebrated her culture and family. Examples of this included attending National Aboriginal and Islander Day Observance Committee (NAIDOC) events; family gatherings; visiting when people they were sick; and attending funerals. Throughout her studies she took time out to spend with her family:

... I know to have time off, so I just dedicate Sunday's just to do family things

Inspiration to enter nursing

Leanne completed secondary schooling to year 12 and had wanted to be a nurse ever since doing a work experience program at school in a maternity setting in Perth, Western Australia. Leanne did not say if the mothers were supportive of the students being exposed to the maternity setting. However, her mannerisms and what she said lead me to believe it was a supportive environment:

... when I was in high school I did workplace learning... one day a week on the maternity ward and I really loved it and then after that I really wanted to be a midwife.

Bridging course

Leanne entered university from school through a fast-tracked bridging course. This program helped students gain skills like writing, referencing and how to meet academic requirements to complete university studies. The fast-track programs allowed students to meet the entry requirements for university:

... I think that (the bridging course) really helped me it was like so we went over academic writing... like how to do essays... so coming from high school to university and not knowing how to do an essay... where everything is in the university... the bridging course helped me.

Cultural isolation and loneliness

During her studies Leanne talked about experiencing cultural loneliness, cultural isolation and a sense of disconnection from other Aboriginal students within the university. Aboriginal students need to be connected to each other to maintain cultural strength. For Aboriginal people the sense of strength comes from being around other Aboriginal people:

... it would have probably been better if they had somewhere... where
Aboriginal students can get together... if they had something...

Leanne wanted a space, a culturally appropriate place, like a room to get together with table, chairs, tea/coffee facilities etc., to meet other Aboriginal students and be with her people. This was not provided at her university, the University of Notre Dame, in Fremantle. Leanne felt that support was provided by the School of Nursing and Midwifery, but she would have preferred links to other Aboriginal students to provide advice, mentoring and speak a common language. Leanne felt that the support person needed to understand Aboriginal students' needs; creating a connection between students and making them feel safe to share their concerns and fears:

... I think it would probably be better if they had somewhere where I guess
Aboriginal students can get together.

Support from the school of nursing

Leanne's story is about wanting to be linked to other Aboriginal students, notwithstanding the support offered by the School of Nursing and Midwifery. The course timetable meant that often she was not available when cultural events were being provided for Aboriginal students, as timetables varied to fit clinical placements. At this University, there were eight weeks of lectures followed by two to three weeks of clinical placements each semester:

... yeah, they do (have National Aboriginal and Islander Day Observance
Committee NAIDOC events). I haven't been to any cause the last time they
invited me I was on prac so I couldn't go...

Currently, there is no space for Aboriginal students to meet and yarn. Leanne had to seek support from other academics and other non-Aboriginal students. Students

need to seek support and often this is a process of trial and error, dependent on students asking for help:

... I think it would probably be better if they had somewhere where I guess like where Aboriginal students can get together. I don't think they really have something like that. Where they can incorporate all different years... . I would like to meet the other nursing students ahead of me as well that would help... where all students could come together.

Leanne talked about the greater level of support available to her in the later stage of her nursing degree. She showed persistence and resilience by continuing in her studies, despite having to seek support from family and friends when the University was unable to help:

... now we've gone towards the later stages I kind of now get emails and things... saying to join things but... now I'm in the later stages of my degree now you know that there's stuff around.

Leanne felt supported by the school of nursing and academic staff on placements:

... . Sometimes on my placements you come across like people that like any profession where you don't really agree with what their doing or their really hard to work with... Notre Dame's really good we have our clinical facilitators they pretty much helped me out with that.

Aboriginal cadetship program

For Leanne, the Aboriginal Cadetship Program (see Appendix F) was helpful:

... Financially it has helped me a lot that's the probably the biggest one but also being able to like be in a workplace and get like good team work and communication skills cause like on prac we get like four weeks but like that's it then you go back to university and you kind of forget those skills... being there one day a week (as a cadet) and like continuing that... getting like good observing skills clinical skills as well that's been really helpful.



Figure 4.1 Model of Leanne's story

4.4 Participant 2: Alana's Story

Aboriginal and family connections

Alana was a Noongar enrolled at Edith Cowan University the Perth campus in her third year of the Bachelor of Nursing course. She is recognised and accepted as Aboriginal in the community. Being recognised and accepted by the Aboriginal community required that Alana and her family be known as Aboriginal through family connections.

Role models

Alana has strong role models within her family, and she talked about how this inspired her to enter nursing. Nursing is a profession that allows Aboriginal people to help their community, family and friends to navigate the health system. It is important for Aboriginal patients and families to have Aboriginal nurses caring for them during their hospital stay because an Aboriginal nurse, even when coming from a different language group or people, still has an understanding of the commonalities of the culture:

... all my family do like health-related stuff and then when... my older cousin went to go to do nursing (enrolled)... I thought it was pretty cool so I did it at uni instead...

Lack of advice on the pathway from secondary school to university

Alana went from year 12 secondary school into university. She had difficulty navigating the pathway and temporarily entered a bridging course before realising she could have entered nursing. The bridging course assisted students to meet the university entry requirements and equipped them with writing, researching and referencing skills to successfully progress in their studies. Alana talked about the complexity of navigating the university entry requirements:

... I didn't know how to change my Tertiary Institutions Service Centre (TISC) preferences so I did a bridging course for no reason... just understanding the process going from year 12 doing the subjects and getting into Uni... . Then I realised I had enough Australian Tertiary Admission Rank (ATAR) to go to all the other Uni's.

Lack of aboriginal student support

Alana acknowledged that one of her biggest challenges at the University was accessing Aboriginal student support services. The student support services assisted students to access tutoring; scholarships; part-time employment; social events and meet and greet events with other Aboriginal students. At Edith Cowan University, even though the support services for Aboriginal students were based at the Mt Lawley campus in Perth, the Aboriginal Centre provided services on three campuses in Bunbury, Joondalup and Mt Lawley. Alana felt the support service could have been better as it was dispersed between the three campuses. This included offering tutoring, scholarships, get together with other Aboriginal students, cultural events and mentoring for students:

... the Aboriginal support office could be a little better... like by means of tutoring and maybe having somebody... 'cause we've got two (metropolitan) campuses.

The Bunbury (regional) campus is 190 kilometres from the metropolitan campuses, making it difficult to offer Aboriginal students the opportunity to meet each other and access the same level of support in relation to scholarships, tutoring, mentoring and cultural events.

Cultural isolation and loneliness

To cope with the cultural isolation and cultural loneliness Alana set up an Aboriginal network of her own. This meant she had to seek out other Aboriginal students and work with them to be able to connect, attend cultural events in National Aboriginal and Islander Day Observance Committee (NAIDOC) Week or participate in the Indigenous Games and study times:

... we have our own Aboriginal student union so that's where I am special rep... there's a few of us who actually do get involved...

Alana talked about the impact of cultural isolation and loneliness on the retention of Aboriginal students. Aboriginal students often feel isolated from each other and need connections with other Aboriginal students to feel strong culturally, and not to feel lonely when surrounded by non-Aboriginal students. Aboriginal people often

have to walk between two worlds – the Aboriginal world and the non-Aboriginal or “white man’s” world:

... if there was like a professional body from the Aboriginal office to help us... Like I feel fine without them [but] there [were] first year students... and some of them didn’t come back to uni because... some of them didn’t have any support... it would have been better to have someone.

Support from the school of nursing

Alana felt supported by the School of Nursing and Midwifery on Campus at Joondalup, which provided the support for Aboriginal students. The Indigenous Studies Centre, however, was based in the Mt Lawley campus, making it difficult for the Joondalup students to attend events to meet other students or to access advice on scholarships, financial support and academic guidance:

... our biggest support actually at the moment is the School of Nursing and Midwifery, which is actually really strange like they don’t really just want to help the nursing students. They’re helping everyone.

Aboriginal student support

Some of the universities have events such as BBQ’s and cultural celebrations. An example is National Aboriginal and Islander Day Observance Committee (NAIDOC) Week which runs from the first Sunday in July until the following Sunday. The week celebrates the history, culture and achievements of Aboriginal and Torres Strait Islander peoples.

The specific needs of students in first year are high. The Aboriginal Study Centres can provide help and improve retention by building a supportive culture through mentoring, tutoring, scholarships and cultural events:

... a few first years... some of them didn’t come back to Uni because... some of them didn’t have any like type of support.

For Alana the Aboriginal Study Centre support did not seem to meet her needs:

... my experience with out the Aboriginal Support Office could be a little bit better... like by means of tutoring and maybe having somebody because

we've got like two campuses if there was a professional body from the Aboriginal office to like help us.

Alana talked about needing advice on the entry pathway to university from secondary school. The advice she needed included: which subjects she needed to complete to gain entry into university; how to apply for university; and what documents were required in order to enrol in the Bachelor of Nursing:

... it was just like understanding the process going from year 12 and doing the subjects and getting accepted into Uni...

Aboriginal students' connection to nursing

Alana talked about why nursing appealed to her. This included being able to make the maximum impact in the community and help Aboriginal people live longer and healthier lives. It also included being able to assist families and patients to better navigate the health system; and enable them to benefit from seeing an Aboriginal nurse in the hospital when they access services. An Aboriginal nurse, even from a different language group, shares commonalties with other Aboriginal people and can better support the patients and families:

... I wanted to go because I wanted to work with little kids but I didn't want to be a teacher because... I wanted to help people.



Figure 4.2 Model of Alana's story

4.5 Participant 3: Mara's Story

Family/Aboriginal connections

Mara was Kungarakan and Gurindji (from Darwin in the Northern Territory). She had travelled interstate to Western Australia to complete her nursing studies. Mara was enrolled in the final semester of the Bachelor of Science (Nursing) degree at Curtin University. She started her studies as a chiropractor at Murdoch University, then transferred to Curtin to study nursing. Mara talked about wanting to get skills and experience in nursing to be able to help and make a difference in the health of Aboriginal people.

Advice on university enrolment process

Mara talked about the difficulty of enrolling interstate in a university because she was unsure about the enrolment process and requirements, including what evidence is required to enter the university. Currently, these requirements vary from state to state, and also vary between Western Australian universities:

... I wanted to do health science... I'm from interstate so I actually applied to do chiro at Murdoch then... I started to work in an Aboriginal employment agency then I decided I really wanted to work in Aboriginal health and I was like what can I do? What profession will have like the biggest impact?

Role models

Mara has strong role models in her family, including her mum who was a teacher. These role models helped her to believe that anything was possible, and that she could be anything she wanted to be if she was committed and resilient:

... both my parents went to uni so I always thought like I would go to uni too... .

Being at university allowed Mara to have a break from family obligations. Attending university interstate suited her better:

... It's like footy season, now nights back at the club with everyone in a way it's kind of good to be away so you don't have the responsibility of like spending time with family and stuff especially like grandparents and

cousins... I do have some family here most of them are studying so we're all busy anyway.

Lack of recognition as Aboriginal

Mara was fair skinned and had experienced challenges within the university due to lack of recognition of her Aboriginal heritage. Non-Aboriginal people often fail to recognise Aboriginal people who are not darker skinned or who are not easily identified as Aboriginal by their appearance:

... It was a bit awkward, I sort of said something in second or third class because I was just like people would just like say things especially if you don't look Aboriginal, people would just say things and you're, like, stop.

Lack of study options in Northern Territory

Mara talked about the lack of choices for nursing in the Northern Territory, where only one university in Darwin, Charles Darwin University (CDU), offers the Bachelor of Nursing:

... The Northern Territory has a Uni but no one really goes there everyone's applying for different states... I have spoken to a lot of CDU students who actually haven't had that good of an experience. I'm glad that I moved.

In her first year Mara supported herself financially to be able to pay her rent and living expenses such as food and utilities. She also relied on money she had saved from employment she'd had prior to starting her university studies:

... I didn't have a cadetship, I didn't have any scholarships... I just paid for my whole first year of uni from saving from my gap year which was pretty hard.

Lack of advice on enrolment

Mara talked about the difficulties navigating the University entry requirements and the lack of advice on the enrolment process and available enrolment pathways for students. This made it difficult for Aboriginal students to be able to understand and meet the enrolment requirements:

... Everyone's applying for different states and all the systems are different and open at different times... I was already enrolled in chiropractic science then I changed my application and re-applied in TISC the next year... then I put Curtin down but just health science 'cause I still wasn't 100 percent committed to nursing.

Indigenous study centre

The Centre for Aboriginal Studies (CAS) at Curtin University focused on the Aboriginal students enrolled in courses conducted by the CAS. Aboriginal students enrolled in health science degree were not given advice on how to access CAS. The Centre provided bridging/enabling courses and a range of courses for Aboriginal students. These courses enabled students to gain skills such as writing, researching and referencing to help them complete their university studies. Mara created her own safe space, a place where she could get together with other Aboriginal students, allowing them to make connections and feel stronger in their culture and in the university community. Mara did this by establishing lots of friendships, networks and study support:

... The Centre for Aboriginal (CAS) Studies has like a student room with computers and stuff where you can go and that's where we can all go to study because it's better than the library... Health sciences are up the top of Uni and CAS is down the bottom, Curtin's like two kilometres long and it's like 20 minutes' walk from the School of Nursing to the centre. The Centre for Aboriginal studies doesn't really have anything to do with mainstream students... 'cause I came straight off Australian Tertiary Admission Rank (ATAR) and I didn't do enabling which most people do so I didn't know anyone there and I had really nothing to do with the place until second year when I started doing mentoring for them then I started to get to know everyone.

Lack of advice on Aboriginal student support

Mara was not aware of the Centre for Aboriginal Studies or what they provided. A friend mentioned the tutoring offered by the Centre through the Indigenous Tutoring Scheme (ITAS):

... I didn't know anything about the Centre for Aboriginal studies at Uni... I only ever went in there when I started second semester. I needed tutoring... I had a really hard unit and my friend was like I get ITAS tutoring so you should go and find out so I went and found out... I got tutoring for those 6 months.

This tutoring help Mara to meet the academic requirements.

Cultural isolation and loneliness

Mara talked about creating her own network of support. This included: making connections with other Aboriginal students; attending cultural events during National Aboriginal and Islander Day Observance Committee (NAIDOC) Week; accessing scholarships and financial support; mentoring and developing friendships with other students:

... I lived on campus and that's how I made friends that I lived with and... I didn't really know anyone and that was kind of hard in first year. I work as an Indigenous rep at the Guild so we've been trying to make it more or like a social thing.

Mara was a fair skinned Aboriginal student. The literature suggests that fair skinned Aboriginal students tend to experience racism and lack of recognition of their Aboriginality by their peers and by other non-Aboriginal Australians (Best and Neilson, 2014). Students often struggle with this lack of recognition due to their lighter toned skin.

Mara talked about an Aboriginal student being exempted from the compulsory Aboriginal first year History and Culture Unit, which all students in health science are normally required to complete. The unit was a mandatory requirement for all health science students, to ensure that they all gained skills required to practice as health professionals. Skills included: understanding and working with diverse cultures; interpersonal skills; and communication.

... there was a bit of controversy around that because there was girl one of my friends... she's graduated now but they said she didn't have to do it because she's Aboriginal... maybe because she's Noongar I never really asked her about it. She just told me she didn't have to do it.

First year health sciences program

Curtin University had a unique approach in that all health science students were grouped together in first year, regardless of their chosen degree. This common year aimed to assist students to gain the knowledge and skills that all health professionals need in their practice with patients and families:

... For Curtin our first year is inter-professional so you're not with the same ... you only have two specific nursing classes semester one and semester two the rest are with all the other health science. You're not getting that close bond with the other students... where as in second and third year your in the same class and you make really good friends. As a first year you don't, you're kind of a bit floating and trying to see who you're going to be friends with.



Figure 4.3 Model of Mara's story

4.6 Participant 4: Lana's Story

Family/Aboriginal connections

Lana was a Noongar and Yamitji woman enrolled in third year of the Bachelor of Nursing at Edith Cowan University in Bunbury. Bunbury is a regional centre with a population of approximately 33,000 people, and is located 190 kilometres from Perth. Lana had strong connections to her family and her culture, including: attending events with family like National Aboriginal and Islander Day Observance Committee (NAIDOC) Week; learning about Aboriginal culture in the local area; and being a part of the community while maintaining connections to family.

Lack of recognition as Aboriginal

Lana had fair skin and talked about not being recognised as Aboriginal by non-Aboriginal students. It becomes an issue when students are not easily identified visually, leaving the onus on the students to tell other people about their Aboriginality:

... we were on prac together once and she said I'm Aboriginal and I said yeah, me too. We both can't tell when you see us.

Advice on the pathway from secondary school to university

Lana completed secondary school to year 11 in Perth. Due to her family relocating from Bunbury to Karratha, she was not able to complete her secondary school final year, year 12. She had to navigate her own pathway into university:

... I wanted to go to uni but I said I can't and Mum's like yes you can... so I went on the internet and found ECU Indigenous pathways, how to get in and so I made the phone calls myself. I used to be so shy making phone calls.

Bridging course

Lana was committed to her studies and fast-tracked the bridging course which equipped her with the skills needed to successfully complete the requirements for university studies:

... I did my bridging course [Indigenous Orientation Bridging course] at ECU online. It was so overwhelming, but my family said that I was really

dedicated... my grades were all high distinctions so that I could fast-track the rest of the 6 months and start my degree.

Importance of family support

Lana talked about support and encouragement from her partner and his family, and how she never found a safe place at Edith Cowan University in Bunbury. A suitable safe space would have been a welcoming and friendly meeting place where students could meet other Aboriginal students:

... in terms of feeling like I am surrounded by other people in my culture no I haven't experienced that in Bunbury... just my partner (he's non-Aboriginal).

Lack of access to cultural events

Lana had difficulty accessing Aboriginal support due to study commitments and clinical placements. This restricted her flexibility and free time to attend events:

... I think Bunbury has got an Indigenous Liaison Officer... I get emails saying there's a lunch for the students... but I was like always working that day.

Benefits of a small university campus

The benefit of Edith Cowan University Bunbury campus was the small cohort of students. Currently, the campus is relatively small and provides only a small range of programs. The support that Aboriginal students talked about came from the School of Nursing in the form of mentoring, information about scholarships and general encouragement:

... I've felt pretty supported by ECU in Bunbury; yeah they're great because there like much smaller. The ECU in Bunbury they've been great. In the metro they have like 300 odd students and I've talked to girls who've studies in Joondalup and then they come to Bunbury and then they say this is great, there's so much more support.

Self-responsibility

Lana talked about the importance of students taking responsibility for the outcome of their studies and accepting that at university you are an adult learner:

... they give you what you need to pass and what you do with that is up to you... it's not high school, it's uni and you're an adult and a lot of it is you do the work at home or uni and they're not there to make sure you pass.

Cultural isolation and cultural loneliness

Lana talked about what would have made her studies easier and this included links to other Aboriginal students. She pointed out the importance of the connection to Aboriginal people as a source of strength and a way to maintain their culture, though Lana had to spend more time in the eLearning laboratories:

... Just being in Bunbury and not surrounded by other Indigenous students it would have been nice to have a network because... I guess you can feel more yourself around people who've been through the same thing or feel the same. I mean I've got Aboriginal friends but it's not the same.

Cultural meeting place/safe place

Bunbury does have Aboriginal student meeting room, which is a culturally friendly place where Aboriginal students can meet and sit with one another:

... Yeah, I think they've got a room and I remember going there once they've got a computer, desk, books, tea and coffee so it's good and that's for Indigenous students only, rather than going to the e-lab. My home life is really good, really quiet and I can study there. That would have been good if I needed it and they do have the liaison officer. Actually she rang me the other day to see if I was ok. Every now and then they ring to see if you're alright.

Benefits of the Aboriginal cadetship program

Finally, Lana talked about the importance of the cadetship program (see Appendix F) to build her confidence during her nursing studies, and how the program provided her with skills and a sense of pride when she completed the program:

... it built my confidence even going in as a grad... because I'd been on a medical ward... I'm just really proud to tell people what I'm doing.



Figure 4.4 Model of Lana's story

4.7 Participant 5: Nora's Story

Family/Aboriginal connections

Nora was a Bardi woman from One Arm Point, in the Kimberley region of Western Australia. She entered university as a mature aged student, with a family and children:

... For a mature aged student you sort of get pushed to the side. Yeah it's hard to do (online studies). Yeah it is hard to do and when you've got work and kids.

Lack of cultural support from academics or advisors

Nora studied at Edith Cowan University (ECU) on the Bunbury campus and was enrolled in the third year of the Bachelor of Nursing course. Nora faced a range of challenges in her course. She talked about the lack of cultural support for Aboriginal students, which could have included: an opportunity to meet other Aboriginal students; mentoring; tutoring and advice on scholarships/financial support. However, the School of Nursing did support her academic needs as a Aboriginal student:

... I found it quite hard to get any answers out of ECU in Mt Lawley. There's a lady down in Bunbury but she was harder to get a hold of as well. I would say the support from the nursing lecturers was really good but the Aboriginal side wasn't as good as I thought it would be.

Mature aged student challenges

There were unique challenges for Nora as a mature aged student. She had not studied previously, and her lack of financial independence made it difficult for her to study full time. Early in her studies, the financial commitments became a concern. Access to opportunities such as scholarships and the cadetship program (see Appendix F) can assist mature aged students to succeed, as they can then focus on their studies without the stress about money. For Nora this helped her to focus on her studies and, as a result, her academic results improved greatly:

... I have been telling others if it (the cadetship program) comes up apply for it because it just takes the stress off having to pay your bills. You know you've got money coming in each fortnight and then you do block work in

your break and you can focus more on doing your actual assignments... it made a huge difference my marks have come up as well... they've actually come up quite a lot.

Cultural isolation and loneliness

Nora talked about feelings of being isolated from other Aboriginal students: being unable to access mentoring/support; the lack of access to cultural events during NAIDIOC Week; and the lack of access to the support she needed as an Aboriginal student:

... I guess I just felt like really kind of isolated, the uni down in Bunbury were really, really good apart from the Aboriginal Liaison person because I never could catch her.

Aboriginal students need for a safe space

A safe space is a place where the students can meet and create a network of others, develop a feeling of cultural security and share their experiences in university. The Aboriginal student centre was difficult to find:

... it is quite hard to find. It's not in a dark alley or anything like that it just sort of kind of feels like that. You've got to walk down this long corridor that's dark and is away from other people and if something happened to you no one would hear.

Lack of recognition as Aboriginal

When Nora did access the facilities provided for the Aboriginal students, she had feelings of being judged, possibly because she had non-Aboriginal students with her and because she was fair skinned and not easily recognised as Aboriginal:

... I went in there once with a couple of girlfriends that aren't and the looks that we got from the girls in that room was like what are you doing, why are you here, it just made me feel uncomfortable and I didn't use it anymore.

Lack of advice on university entry requirements

Nora talked about the challenges of being a mature aged student and entering the University, including: understanding of how to navigate the system; managing

family/personal commitments; and understanding the requirements such as researching, referencing and writing skills to be able to successfully complete the course:

... I wouldn't recommend ECU at the moment... with all the changes at the moment that they've done last semester there's been no direction... it's all run out of Joondalup now... and because it's all online for a mature aged student you sort of get pushed to the side, yeah it's hard to do and when you've got kids and work.

Cultural isolation and loneliness

Nora talked about being isolated from other Aboriginal students as she lived in Bunbury regional centre. Often she would find herself the only Aboriginal student in the class.. Nora also acknowledged it was hard to attend any Aboriginal cultural events due to study commitments:

... even when they went on the bus to Mt Lawley I was on prac... being regional it's hard to get the support you needed, to get the same benefits as the Perth students.



Figure 4.5 Model of Nora's story

4.8 Participant 6: Georgina's Story

Family/Aboriginal connections

Georgina was a Noongar and Yamitji woman. She valued her Aboriginal culture (beliefs & practices) and her family. She was recognised and accepted as Aboriginal in the community. Georgina took a pathway directly from school into university. Many secondary schools in Western Australia work with students to identify the job they are interested in, and then assist them to select school subjects that will allow them to enrol in the relevant training or qualification. The schools often assist students in meeting the requirements to successfully enrol in the university:

... I got a scholarship bursary for Methodist Ladies College (MLC) which I loved and I think it was going to MLC and having a lot of opportunities.

Health science professions – generic first year

Georgina talked about her experiences studying nursing at Curtin University and the difficulties that she encountered in a generic course structure. Health science students in their first year at Curtin University are all enrolled in the same units. This enables the students to learn the basic skills such as communication and interpersonal skills. It also provides them with an introduction to Aboriginal culture and history:

... I initially started at Curtin... my first year out of school and I just didn't work well at Curtin... it felt like that first year at Curtin I don't know if they still do it where I felt like I lost my identity... I know I did one or two nursing units.

Study break

Georgina took a gap year, a common practice where students take a 12 month break to travel or work before commencing studies. Then, based on a friend's recommendation, she enrolled at the University of Notre Dame:

... Then a friend was doing nursing at Notre Dame they spoke really, really highly of it and I still had a huge passion for nursing and I wanted to go back and study and I thought why don't I go there... . That was kind of how I landed at Notre Dame and from the go get I loved it. I loved the

different environment where I could walk out of a lecture or a classroom it felt like I wasn't at uni.

Lack of access to cultural events due to study commitments

The structure of the nursing course and the study timetable at the University of Notre Dame made it difficult for nursing students to access support being offered to Aboriginal students on campus:

... we got an email from... it could have been from... whoever the academic liaison was at the time. Just saying that there was going to be a meeting in place, we were going to meet each other. I remember Chelsea, Rachel and myself wanting to participate in this meeting but it didn't kind of fit in with our schedules.

Often the Aboriginal nursing students had to submit a special request to the academic staff if they wanted to attend a cultural event with other Aboriginal students. The request had to be approved by the unit coordinator managing the course:

... I know the nursing course runs differently because of the eight weeks and a lot of the rest of them if not the majority of courses run in the full thirteen weeks... So I remember I don't know if it was first or second semester there was a case where we wanted to have like a barbeque with all the black fellas. Rachel and I were really keen to get involved because we didn't know anyone else around us. I think we got permission but it was quite a tedious process, we got permission from the academic representative of that first year. We got permission from him to get deferred mid-semester exams so we could go to that barbeque.

Lack of safe cultural spaces

At the time of the interview, Georgina was a first year registered nurse. In talking about her experiences as a student, she recounted that there was no physical space for her and other the Aboriginal students, so she created her own safe space, a place where the Aboriginal students could catch up and talk:

... So there were three Marr Mooditj girls who came in to do their RN and student X, just through that communal aspect of having a really small Uni you know how black fellas are worth of mouth and connect up so we all

kind of formed this group in ourselves and that helped us much. We often refer to the good old days when we can sit in the library and yarn.

Racism on clinical placement

Georgina talked about her experiences on a clinical placement where she practiced her nursing skills under supervision. The supervisor provided support after a home visit in which the client was disrespectful towards Georgina:

... On my silver chain prac... I went to do a wound dressing and it was an older male and he had kind of eased into the topic of me and identifying my Aboriginality and again he was referring to his day and age when it was kind of unheard of and my family must be really proud just making those really backhanded comments... whatever else I kind of knew how to react within myself to think you know ok, I'm going to give limited responses and when I feel really uncomfortable how am I going to react you know what I'm going to ask for a bit of silence while I'm doing this dressing I don't want to be distracted by you as well I do need a bit of silence. The supervisor... she actually asked me how I felt about that and it was just really good to actually have a situation like that actually acknowledged by another person in that room. She asked me how I felt about... and if I wanted her to say anything the next time it happened... It just completely threw me I just felt so supported and it just strengthened the rapport that I had with her and at the same time when I said it threw me it just was amazing that someone acknowledged.

Common language of nurses

Georgina talked about the common language of nurses, and how the strength she gained from this network helped develop her love for nursing as a profession:

... you know just the etiquette and leadership together you help each other out, I love that about nursing.



Figure 4.6 Model of Georgina's story

4.9 Participant 7: Dianne's story

Family/Aboriginal connections

Dianne was descended from the Iluwa people (Noongar from the Southwest) and her language group was the Kuniyan people. She was a mature aged student and she completed the Bachelor of Nursing at the University of Notre Dame, Broome campus. Prior to undertaking nursing, she studied teaching at Curtin University. Dianne completed her nursing graduate year in Margaret River Hospital and, at the time of the interview, she was working in Bunbury Regional Hospital.

Foundations and Family Dysfunction

Dianne grew up in an environment filled with challenges and adversity. This included: her mother being stolen generation; domestic violence; alcohol and drug use. She sought refuge with Whadjulla (non-Aboriginal) families and learnt how a household should function, including budgeting and cooking:

... I sort of intruded into other houses I needed to learn how to cook because my Mum didn't, she was stolen generation child only ever learnt how to survive. She was never taught how to cook she was never taught how to budget money she was never taught how to survive... it was just day to day.

Racism

Dianne experienced challenges in school, in particular being treated badly by a teacher because of her Aboriginality. Fortunately for Dianne there was another encounter in which she met someone who treated her with respect and told her to believe in herself:

... In math's... you'd ask questions that you knew the answer to but you were sort of shot down pretty... from my experience there was also a lady who was one of the science lab assistants and she actually overheard that advice from one of the teachers one day and she actually said to me you can be anything you want.

Support from the school of nursing

Dianne really enjoyed the nursing program and felt that it provided her with support. This was a part of the reason for her success:

... If anyone says I want to do nursing I actually say go to Broome... just go to Notre Dame and go to Broome campus... get online have a look at Notre Dame in Broome you'll be so supported and that's how I felt and that's the only reason I got through because I knew I had support all the time.



Figure 4.7 Model of Dianne's story

4.10 Participant 8: Rachel's Story

Family/Aboriginal connections

Rachel had both Wadjari and Noongar connections as her people had connections to both countries. Rachel maintains her culture by going to family events and visiting her country. She hopes to practice as a health professional (registered nurse or medical practitioner) in the Midwest region of Western Australia. Since having her own children, she has felt as if the Midwest is calling her to come back to the region:

... I don't really care about being in the metro I'm more focused on and I came into healthcare because I wanted to make a difference. I feel like I'm more inclined for the Midwest right now because I grew up there.

Role models

Rachel talked about the strong role models within her family that inspired her to enter the Bachelor of Nursing and which kept her progressing in her studies:

... Her great grandmother used to be... the midwife for the region... she was born and raised and died on that land that's our traditional land so that's like really important to me. She worked with the Doctor and she birthed like both Indigenous and non-Indigenous babies in the area and she had a bible and she wrote all the names of the babies in it.

Racism

Rachel talked about the racism she experienced in the School of Nursing and Midwifery at the University of Notre Dame. She felt that the academic staff did not manage the racism that the other students exhibited in the class setting:

... I was in a social cultural diversity class and someone said something that the husband was Fly in and Fly Out (FIFO) worker and saying that all Aboriginal (because we we're talking about dry communities) they said that all Aboriginal people that their kids drink alcohol its ridiculous... my tutor didn't say anything and I said hang on that's not ok... and I said I've just come from living up in Wickham... and I said that the only people that I know who let kids have alcohol were non-Indigenous people. I just said it's just ridiculous to think that because someone drinks alcohol as well that they don't care for their kids that they don't look after their kids. I had

a few head nods from my peers but no one supported me. My tutor didn't say anything and then she kind of came up to me after class and she like knelt down beside me and she like she kind of whispered to me thanks for saying something I couldn't really say anything... she was so meek and mild about it and then she was like when someone said previously in the weeks before when someone said something about Jewish people she said something but when it was about Aboriginal people she didn't say anything

Racism on clinical placements

Rachel experienced racism on several clinical placements. She talked about the lack of support or recognition of this experience and the impact it had on her in terms of how it was managed and ignored by the non-Aboriginal people in the room and the clinical facilitation staff. Rachel is in the process of lodging a formal complaint to the hospital through the University. The person involved gave an apology via a third party, the staff development nurse, but did not apologise to Rachel:

... She was just like her colleague was sitting across the table and she was like I saw a documentary for National Aboriginal and Islander Day Observance Committee (NAIDOC) week well we don't have Caucasian week and then I was sitting there and the lady was like I don't know she was like a bit uncomfortable and she was like oh I don't know. Then the lady continued it was about the first Indigenous women elected to parliament and she was like the problem is the ones who don't want to be educated.

Struggle to study

Rachel talked about difficulties in the first year of the Bachelor of Nursing and the poor advice she was given. She was told to cease her studies when she was having mental health issues, but was not given options such as part-time studies:

... I still had my resources I had my doctor and my psych appointments but I just didn't feel like I had the support, I kind of spoke to someone at Notre Dame and rather than solving it out they kind of said if its not for you now then stop it.

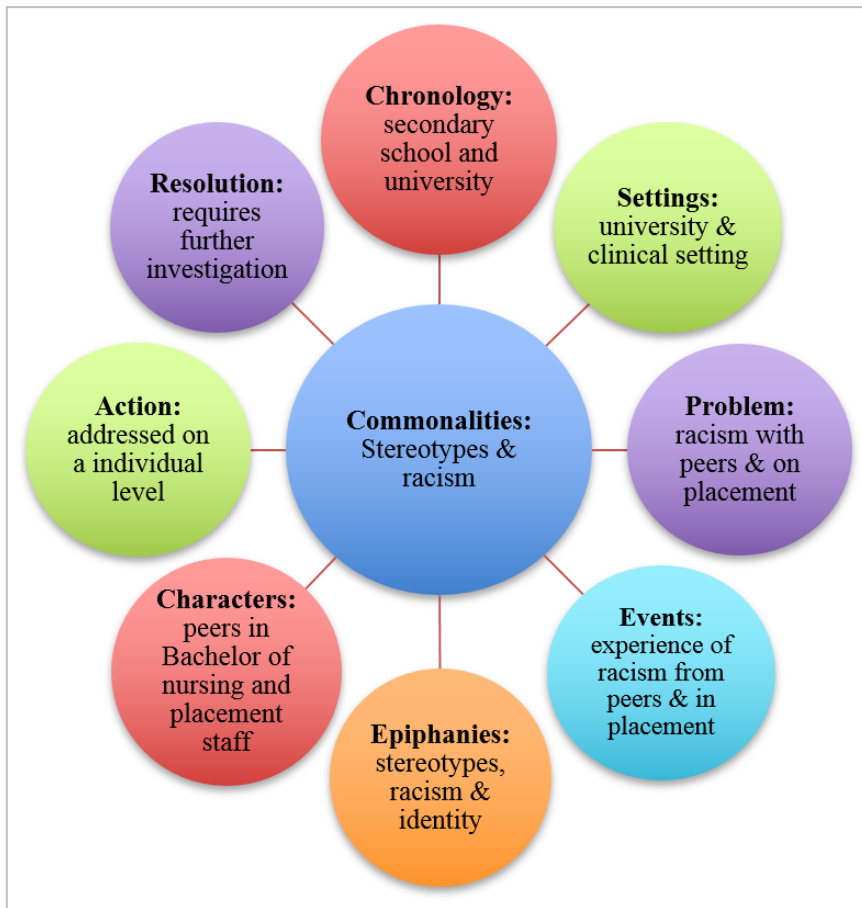


Figure 4.8 Model of Rachel's story

4.11 Participant 9: Kathleen's Story

Family/Aboriginal connections

Kathleen's mum was part of the stolen generation. Her mother's family had seven children, five of whom were forcibly removed under the Assimilation Act. Her family were from Katanning. More recently, two of her siblings have been located in Melbourne. As a result of the disconnection and removal, Kathleen was learning about her culture and her identity, and she was proud to be an Aboriginal woman:

... My mum wasn't stolen generation it was her siblings so she was kept and the rest were taken away from my nan so we don't know many of them its just the two that she managed to keep my mum and auntie. She's confused because she doesn't feel like she fits anywhere because her last name isn't the same as her parents because they had to hide her. So she feels kind of like she doesn't belong anywhere.

Lack of academic support

Kathleen felt that the university did not support her as a single parent, and she struggled with the new Bachelor of Nursing curriculum being implemented at Murdoch University. Kathleen did not like online learning, preferring face-to-face learning in the classroom and the use of a practical 'hands on approach'.

... It's completely different to the last curriculum so like we do pre-quizzes to open up our lectures to do the modules and then we do quizzes after the pre-quizzes after doing the modules so it's really, really confusing and if you don't do the pre-quizzes you can't get into do your learning so if you don't pass the pre-quizzes and if you fail that then you have to wait two days before you have to re-sit the pre-quizzes is that all online that's why I failed the pharmacology unit... I'm good with the hands on I like getting in there.

Difficulties balancing family responsibilities

Kathleen really struggled to meet the requirements for clinical placements and to balance her studies with the responsibilities of being a single parent. Often she found it difficult getting to clinical placements because she lived in Rockingham, 60 kilometres from the metropolitan area:

...The last [clinical] placed me in Kingsley just outside Joondalup and I message them saying it wasn't one of my preferences it's not possible for me to go that far and be there at 6 o'clock in the morning with my children. They said that's not my problem you will have to do it. So when I work I'm going to make sure it's in school hours and it's practical for myself I said you know if there's a night shift you need to cater for that but if your going to give me my rosters the day before I go I can't cater for that because of my children.

Need for financial support

Kathleen struggled financially with the cost of textbooks, travel to placements and parking costs on placement and at the university. At the time of the interview, she needed a laptop:

... I need to get a new one its really funny because last semester my laptop karked it so I had to send it away so I had to try and study for my exams with no laptop. The only thing I don't like is the parking is so expensive where as Peel there was a lot of free parking. It's like \$120 per semester or \$240 per year so it's quite expensive and because I'm only going for one class I just get the scratchies, which are like \$5 a day. It's so expensive for me it's easier to pay the fine because it's like \$30 for the fine you just want to hope you get one a semester (laughs). Just cop it on the chin.

Racism from peers

Kathleen talked about the racism she experienced in the University from her peers, once they knew she was Aboriginal:

... Like one girl said that Aboriginals are more sensitive to some medication because of the genetics, not because of their race and one [student] goes 'yeah' alcohol, and I was like 'come on' your judging. I just say nothing just sit here and write my notes I'm like just don't say anything.

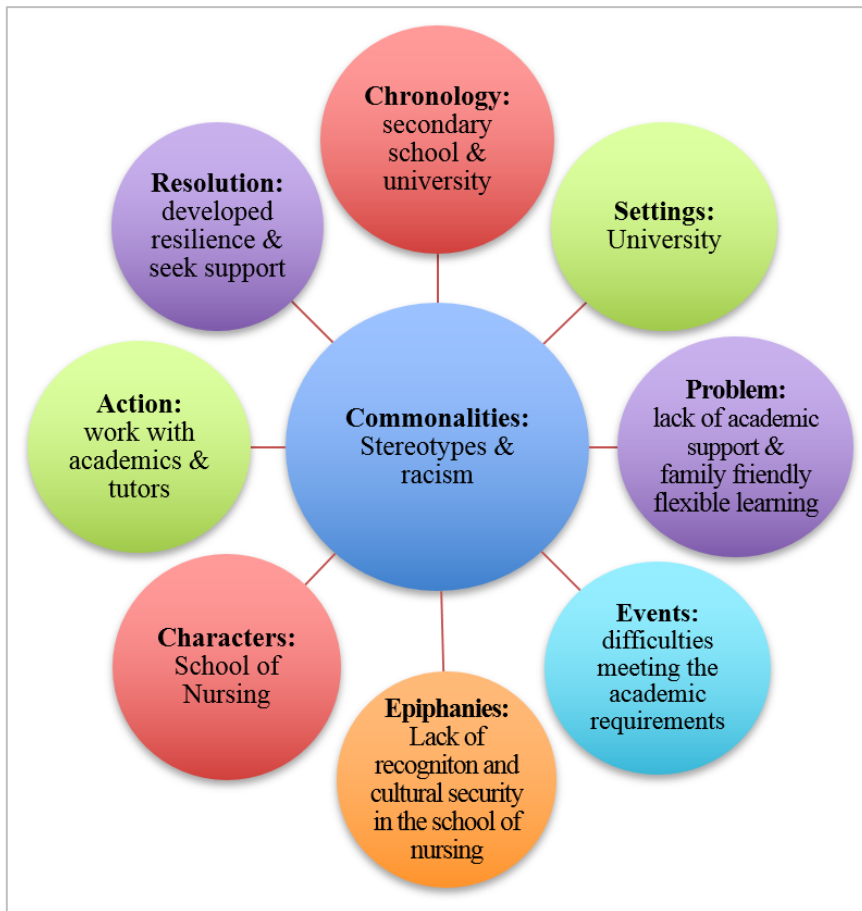


Figure 4.9 Model of Kathleen's story

4.12 Conclusion

This chapter shared the stories of the participants in their own voices, a very powerful vehicle showing that the students experienced inhibitors and enablers to the completion their studies at Western Australian universities. From these stories, I was able to analyse the information and identify recommendations and commonalties for policy makers to take into account, thereby enabling universities to better attract and retain Aboriginal nursing students.

Chapter 5 Our *Kaartdijin* (Knowledge) – Discussion

5.1 Introduction

This chapter provides an overview of participants' commonalities or shared experiences during their undergraduate nursing program. These experiences were divided into enablers and inhibitors, since the aim of the study was to investigate enabling and inhibiting influences on the progress of Aboriginal women in undergraduate nursing programs in Western Australian universities (see Figure 5.1).

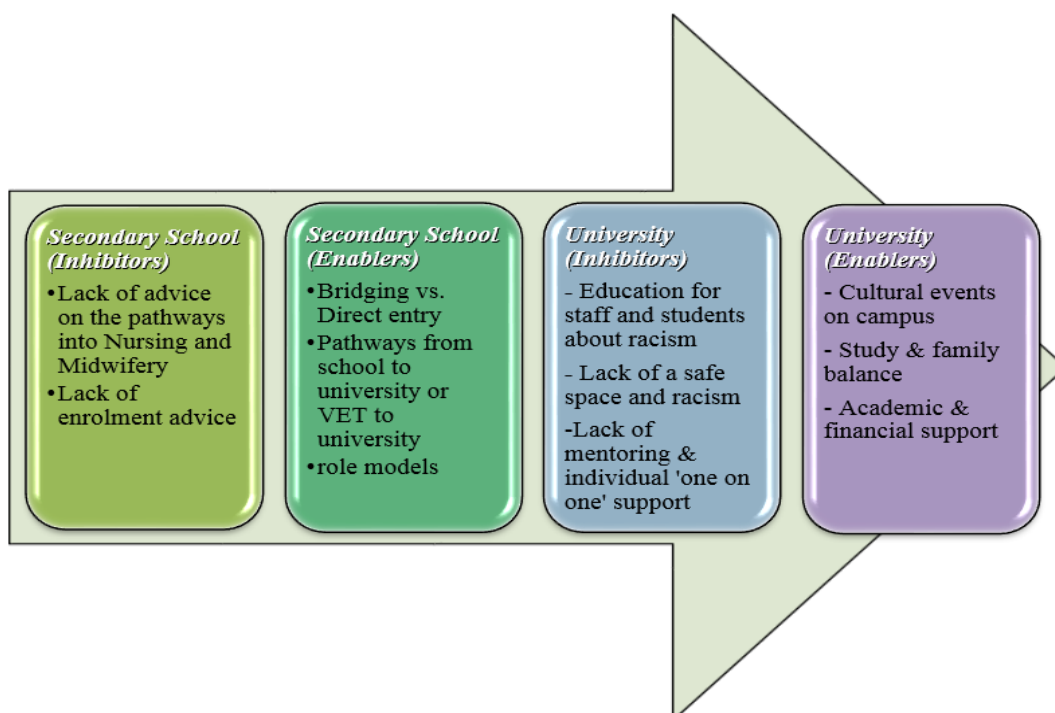


Figure 5.1 Research findings commonalities

5.2 Overview of the Context

Western Australian universities varied in the level of support provided to students through the Indigenous Study Centres and the schools of nursing and midwifery. The types of support offered by Indigenous Study Centres typically included: opportunities to meet other students; access to a computer laboratory; information about scholarships; study skills; mentoring and tutoring.

Both of the participants from Bunbury enrolled in the Aboriginal cadetship program (see Appendix F) which supported them in focusing on their studies.

However, these regional participants often reported difficulty in accessing the support which was being offered to metropolitan participants by the Indigenous studies centres. Edith Cowan University offered the Bachelor of Nursing across three campuses including a regional campus in Bunbury (193 kilometres from Perth). The University Indigenous Studies Centre was based on the metropolitan campus in Mt Lawley. The students on the Bunbury campus had support from an Indigenous worker, but they could not access the services provided by the Indigenous Study Centre owing to its location. An enabler for the students on the regional Bunbury campus was the support and guidance provided by the academics in the School of Nursing on the campus.

The participants talked about being from different backgrounds. Some were mature aged and others went directly to university from secondary school. All participants shared the experience of feeling culturally isolated. They all voiced a need for advice and support when entering the university, especially during first year. They talked about wanting to meet other participants, and they all felt that a sense of belonging and community was lacking on campus. Some of the participants created their own networks with other Aboriginal students on campus, arranging regular catch ups and get togethers in comfortable spaces.

The interviews with the nine participants in Western Australia revealed the following commonalities/shared experiences within their stories:

- The importance of support, particularly in first year
- A sense of belonging and community
- The importance of self-motivation
- A meeting place for participants
- Role models at university and in their personal life
- Transition from secondary school into university
- Pathways into nursing and midwifery
- Indigenous studies centres – ‘a go to person’

Experiences or commonalities shared by several students are discussed in the following sections of the chapter. These participants expressed a range of needs which, according to the literature, are common across Australia. There were some unique

local needs that may be significant for Western Australia, particularly for the participants studying in rural areas.

Rural participants studying at the Edith Cowan University Bunbury campus often expressed feelings of cultural isolation and loneliness, being away from family and other participants. Currently, the Aboriginal student cohorts in universities are smaller than the cohorts across other cultures. This difference has forced Aboriginal students to adopt western ways (Wilks & Wilson, 2015). Most of the participants in this study did not feel this was an issue for them, as they had grown up in the western world. However, being part of the minority, they still often felt lonely and isolated, and they experienced racism. Without recognition and inclusion of Indigenous standpoints, the university can be a dangerous and frightening place (Bunda et al., 2012).

The participants' stories often reflected my own story of studying for a Bachelor of Nursing in 1993 at Curtin University. Stories of cultural isolation, loneliness and disconnection from country were contributing factors to my loss of identity. It was through resilience that the participants succeeded and completed their studies. This was similar to my story. During my studies, I was the only Aboriginal student in a cohort of 170 students. Despite the acceptance and tolerance within the network of peers I formed, there were no support mechanisms in place, so my success was dependent on my own personal self-belief, persistence and resilience. Students in universities today can access a range of support mechanism. I found, however, that the participants in this study were unaware or unable to access these mechanisms. This anomaly was associated with study commitments, clinical placements or a lack of information about resources

5.3 Enablers: Factors that Assisted the Students to Succeed in their Studies

The importance of cultural safety/sensitivity

The participants discussed the need for cultural support so they could focus on their studies and not be distracted by financial concerns. Cultural safety is a continuous process, and there is movement between cultural awareness and cultural sensitivity (Aseron, Neyooxet-Greymorning, Miller and Wilde, 2013). Participants found that few non-Aboriginal peers and academics were sensitive to the Aboriginal culture.

A sense of belonging and community

Participants talked about a need to belong and be part of an Aboriginal community within the University. I formed the impression that it was culturally lonely for them on the campus, despite having peers, academics and support staff. The participants often experienced a sense of cultural isolation and loneliness. The sense of being part of a community and belonging could support an increase in retention of future Aboriginal students. The employment of Aboriginal academics and tutors within universities remains a challenge, and more work needs to be done to achieve parity between the Aboriginal and non-Aboriginal populations. The employment of Indigenous people is one possible key performance indicator that would support growth within universities. It has been suggested that there is a need to invest in strategies for Aboriginal employment, focusing on a career building approach rather than the current short-term approaches such as internships or casual employment (National Best Practice Framework for Indigenous Cultural Competency in Australian Universities, 2011). The presence of Aboriginal academics and tutors may lead to greater engagement and understanding of the cultural needs of students, and may support the general institutional culture, including better policy, guidelines and strategies. Aboriginal academics could feed directly into strategic planning sessions and oversee implementation of policies affecting Aboriginal students.

The importance of self-motivation

The participants mentioned the importance of being self-motivated and how this helped them to succeed. Self-motivation is both an innate and learned set of skills. These skills kept the participants focused on their studies despite a lack of networks and cultural support. There was one participant who felt that once a person enters university, they need to take some responsibility for being an adult learner. It has been argued that an Aboriginal nursing student who demonstrates determination and personal commitment, and who has the desire to be a role model and make a better life for their children, is more likely to succeed in their studies (Slayter, Cramer, Pugh & Twigg, 2016, p.19).

Role models at university and in their personal life

Participants talked about having role models. These were often Aboriginal people in their communities or their life who gave them the inspiration and motivation to enrol in their nursing studies. These role models came from within families, and often they did not even realise they had made an impact on the participant. Participants had a belief in themselves and in achieving their goals. Aboriginal students often need a role model to provide inspiration and support within the university system. Such a person might be another student who is further on in their studies, or who has graduated. A lack of role models and mentors from a historical and cultural perspective was seen as a barrier to retention of Aboriginal students (Lombardi & Clayton, 2006; National Best Practice Framework for Indigenous Cultural Competency in Australian Universities, 2011).

Importance of support in first year

The first year of university studies is the time when the majority of students withdraw from their course, and this is often associated with a lack of support and guidance. In 2000-2003, the attrition rate nationally for Indigenous students in their first year was 35-39%, compared with non-Indigenous students at 22-23% (Devlin, 2009).

Indigenous studies centre and a 'go to person'

The role and importance of Indigenous Study Centres was mentioned by a number of the participants. These centres were created to provide a culturally supportive environment for Aboriginal students. It was enlightening to discover that the CAS at Curtin was inaccessible for nursing students, and that the Edith Cowan University students on the Bunbury campus had to travel to Mt Lawley. Other universities did not advertise a comfortable meeting place for Aboriginal students. Participants felt that the Centres, rather than being a source of support or strength, were often too busy managing their own business to be able to support the participants during their studies. However, the Centres often provided a 'go to person' for advice about enrolment, tutoring, scholarship and general university guidance.

Each of the participants had a unique story, reflecting their personal journey in life and within their family. At times the stories reflected experiences in Australia including racism and discriminatory government policies such as the forced removal of Aboriginal children with a white parent, and the lack of access to education due to

Aboriginality (National Best Practice Framework for Indigenous Cultural Competency in Australian Universities, 2011). All the participants showed an ability to deal with the challenges of university study and often found their own solutions to a problem. Cultural competency training for all academics could contribute to a ‘greater appreciation’ and could contribute to dealing with the ‘social challenges facing Aboriginal people’ (National Best Practice Framework for Indigenous Cultural Competency in Australian Universities, 2011, p.22).

5.4 Inhibitors: Barriers that Prevented Students from Succeeding in their Studies

Lack of advice on the transition from secondary school to university

The challenge of the transition from secondary school into university was discussed by several of the participants. The participants had to find their own pathway during their transition period, as they lacked support and guidance. Sometimes they had no reference points against which to compare and contrast options. Although there are people (for instance in secondary schools) who can guide students through this period, guidance is often poor for Aboriginal students (Wilks & Wilson, 2015).

Lack of advice on pathways into nursing and midwifery

The participants talked about the importance of pathways into nursing and midwifery. They often sought information by themselves or had to navigate the pathways with limited information. It has been identified that lack of access to programs with flexibilities for students from regional communities is an underlying factor in low participation rates (National Best Practice Framework for Indigenous Cultural Competency in Australian Universities, 2011).

Cultural safety training for academics to better manage racism

Racism permeates Australian society. According to Beyond Blue, one in five people living in Australia has been a target of racial discrimination (Australian Institute of Health and Welfare, 2011). The participants reported similar experiences in the university. They were often questioned about their identity and made to feel culturally unsafe. To address this issue of cultural safety, there needs to be training that challenges the behaviours and attitudes of non-Aboriginal students. It is suggested

that there non-Aboriginal students should be encouraged to undertake such training in order to better understand and eliminate racism (Cultural Competency in Australian Universities, 2011).

Lack of a meeting place for participants

Participants discussed the need for a meeting place in which they could communicate with other Aboriginal student, not only to share stories but also to provide opportunities to problem solve and discuss their concerns. It could provide an opportunity to debrief with like-minded people, and could provide a sense of unity and strength within a network. Culturally, a specific allocated meeting place on campus could assist Aboriginal students to feel safe. This in turn could benefit the university by building loyalty that extends out into the community.

Every week at Edith Cowan University on the Joondalup campus, an Aboriginal elder is available discuss issues of concern. Aboriginal students feel more comfortable because the elder understands their culture and background. Unfortunately, participants on the Bunbury campus were not able to access this person.

5.5 Lessons Learnt from the *Kaartdijin* (Knowledge)

Pathways into university including the bridging course

Indigenous Study Centres target students to undertake a bridging course, even though some students have the necessary credentials to enter their preferred course without any additional requirements. The bridging course provides a range of academic skills. Some universities automatically enrol Aboriginal students on the assumption that they need additional support, rather than allowing them to be individually assessed for entry requirements into a course of study. This is not the case for non-Aboriginal students.

Cultural loneliness and isolation

Aboriginal students need to be able to maintain a connection to their community and Aboriginal culture. Often when entering large institutions, Aboriginal students feel a sense of isolation and loneliness. Enabling Aboriginal students to maintain

family and cultural connections is an important factor assisting them to successfully complete their studies (Milne, Creedy & West, 2016; Doyle & Hill, 2008).

Cultural secure support

The participants wanted a place where they could meet other students and access support tailored to meet their needs. A support person needs to be able to provide support in a culturally secure way, demonstrating an understanding of the diversity of students' cultural backgrounds, and reflecting their unique needs. For students, the culturally secure meeting place would create a third space because participants walk between two worlds: the Aboriginal world and the Non-Aboriginal or western world. It is this gap that can create feelings of cultural isolation loneliness.

Flexibility of the curriculum

The nursing curriculum needs to be flexible to allow both Aboriginal and non-Aboriginal students to attend events during National Aboriginal and Islander Day Observance Committee (NAIDOC) Week and Reconciliation Week. These types of events enable students to learn about Aboriginal culture and history. They can generate a sense of being recognised, accepted and included within the university system. Often the participants felt lonely and isolated as there were few Aboriginal students on campus and in their course of study. Cultural events would be beneficial in alleviating these feelings and making the students feel more accepted. It might also assist in developing better awareness amongst non-Aboriginal students. This includes linking Aboriginal students to mainstream and other courses that include non-Aboriginal students (Milne et al, 2016).

Tailored approach to learning such as an individual learning plan

Students need to be interviewed to identify risk factors to retention, so that strategies such as individual learning plans can be implemented. These can identify and address the risk factors that may impede the Aboriginal student from succeeding and completing their studies. An assessment to identify individual learning needs of students should be undertaken as a part of a 'pre-course interview', allowing for support strategies to be implemented (Slayter et al, 2016, p.21).

Venue/support place on campus for Aboriginal students to meet

The university campuses in Western Australia often have Indigenous Study Centres that operate as a teaching, learning and research centre. They often provide computer laboratories and study facilities for students. It is essential, however, that there is also a place provided to meet and to get to know other students. One campus at Edith Cowan University provides a small room with four computers, a printer, a lounge area. Another small room is also currently available to students. Opportunities to link with students in similar fields such as nursing need to be expanded, and work is currently underway to link students in similar courses, as a way to improve retention. Universities need to establish 'safe spaces' where Aboriginal academics and students can work, in order to establish trust and build respect (Bunda et al, 2012). Implementing this strategy could go some way towards improving retention of Aboriginal students.

5.6 Ways to Retain Indigenous Students

Attraction

Students entering university from school, through the Vocational Education and Training (VET) sector or as mature aged students need to be supported and educated about the pathways into universities. The Aboriginal students need advice on the university enrolment process and their eligibility to enter a nursing program. This may include advice on: which subjects to study at school; alternative pathways; and preparation for university studies. Attraction could include marketing to secondary school participants.

In the last two decades, Curtin University has seen a lack of progress in the retention of participants. There have been significant efforts to attract and market nursing and midwifery through the Nursing and Midwifery Office campaigns and the university's advertising. This study suggests, however, that an inhibitor for students is the struggle that Aboriginal students have with the university enrolment process. Each university has a different process for enrolment, so mentors are limited to their individual institution. It is argued that there needs to be better advice for school leavers on the selection of appropriate subjects to meet university requirements through the Tertiary Institution Services Centre (TISC), together with advice on university enrolment processes.

The other major challenge for the universities is the retention of participants. There has been improvement in completion rates for Aboriginal students but first year attrition rates remain high. Factors such as racism, academic demands, lack of support and financial issues have been identified as contributing to attrition (West et al, 2010).

Recommendations identified in this study which align with the literature include the need to adopt 'Indigenised Pedagogy' to manage the issues of colonisation, racism and oppression. It has been suggested that the employing of Aboriginal nurse academics could provide student support, promote inclusion of Aboriginal content in the curricula, and offer 'role models' for aboriginal students (West et al, 2010). Indigenising the nursing workforce and challenging the dominant 'perceptions and attitudes' of the non-Aboriginal colleagues may potentially improve health for Aboriginal populations (West et al, 2010, p.20).

In 2014, the number of Indigenous students commencing health related courses was 538, compared with 19,848 non-Indigenous students. This equates to 2.7% of all new nursing enrolments (Australian Institute of Health and Welfare, 2014). Indigenous Australians experience a disproportionate level of racism and are more likely to experience discrimination when accessing housing, employment, education, healthcare and justice. In the healthcare context, racism towards Indigenous people is 'unchallenged and under-reported in the healthcare context' (Durey & Thompson, 2012, p.3).

Retention

Once Aboriginal students enrol in nursing, an enabler of retention, particularly in first year, is to offer academic skills training. Retention of more Aboriginal students could also be assisted by providing access to hardship support and cultural support, including a 'go to person' such as an elder in residence who understands the cultural needs of Aboriginal people. There also need to be strategies to manage racism and to provide opportunities for students to attend cultural events in National Aboriginal and Islander Day Observance Committee (NAIDOC) Week.

The retention of students in nursing remains a major challenge for universities nationally. This is clear from enrolment rates compared to completion rates in nursing courses. An inhibitor for some students is a sense of cultural isolation and cultural

loneliness, which impacts on their ability to progress in their studies. Non-Aboriginal students form the majority in nursing courses and often do not understand Aboriginal culture. This issue is compounded when they make unnecessary racist and derogatory comments about Aboriginal people, often stemming from ignorance that links back to the early colonial period. This has had a significant impact on students, adding to feelings of cultural isolation and resulting in students withdrawing or not meeting the course requirements.

It is critical, particularly in the first year of university studies, that Aboriginal students feel connected to their culture and their communities through events like National Aboriginal and Islander Day Observance Committee (NAIDOC) Week, Reconciliation Week and Sorry Day. These events could provide students with a sense of pride, recognition, and acceptance. In addition, Aboriginal students should feel an equal part of the course, as professionals and as valuable contributors to the broader Australian healthcare system. They can also provide non-aboriginal students with knowledge and understanding of the experiences of Australia's First Peoples, as well as the impact of colonisation and government policies such as assimilation.

Transition into employment

On completion of their studies, nursing students need support to gain employment as graduate nurses. Participants identified a lack of support in transitioning into employment. Once the student obtains a graduate position, support is needed for 1-2 years to ensure a successful transition into the healthcare system.

The Graduate Nursing and Midwifery program offered by the Western Australia Health Department has extensive requirements including statements addressing selection criteria and interview skills. Support could be offered in the form of guidance on the application process, including how to address selection criteria and how to communicate effectively in interviews.

There are challenges with retention on completion of the graduate program, which offers 12 months employment. The program rotates the participants across two sites within a specific hospital. Graduate programs tend to be difficult to access, as there is a very competitive application process that requires participants to achieve and demonstrate a high level of skill and expertise, despite their lack of clinical experience.

This is being addressed through the development of policies that promote the employment of Aboriginal graduate nurses and midwives in order to deliver services that address the healthcare needs of the Aboriginal community. As soon as Aboriginal graduates enter the healthcare system, they experience institutional racism and have to prove themselves to be proficient and competent.

5.7 Conclusion to the thesis

Aboriginal nursing students continue to struggle to achieve success. The aim of this study was to investigate factors that enabled (assisted) or inhibited (prevented) the progress of Aboriginal women (Yorgas) through their undergraduate nursing programs in Western Australian universities. In this qualitative study, a narrative inquiry approach within an Aboriginal framework was used to gather from Aboriginal participants their stories and experiences during their undergraduate nursing journeys. Yarning was used to collect data as it was a culturally appropriate way to build trust and learn about Aboriginal peoples stories. In addition, a journal was kept during the collection and analysis of data, with entries being scrutinised for pattern identification and emerging trends. The stories of the participants revealed commonalities.

Enablers: Factors that assisted the participants to succeed in their studies:

- Culturally safety/sensitivity
- A sense of belonging and community
- Self-motivation
- Role models at university and in their personal life
- Support in their first year of study
- Indigenous studies centre and a 'go to person'

Inhibitors: Barriers that prevented students from success in their studies:

- Lack of advice on the transition from secondary school to university
- Lack of advice on pathways into nursing and midwifery
- Lack of cultural safety training for academics

These themes highlighted the common factors that influenced the participants in continuing in, or withdrawing from, their studies. This study is significant in that it has the potential to inform universities and policy makers of ways to increase the retention of Aboriginal students.

Limitation of the study

There are several limitations to this study including:

- Small cohorts of participants/graduates limiting the number of interviews;
- Participants needed time to build rapport and trust before they would share their stories;
- Cultural, personal and family commitments prevented some undergraduates and graduates from participating.

Recommendations

- Promote programs about pathways for secondary school children, so they can understand and navigate university entrance requirements.
- Provide mentoring by linking all potential participants (including mature aged participants) to support with enrolment, scholarships and tutoring.
- Promote the Congress of Aboriginal & Torres Strait Islander Nurses and Midwives to Aboriginal students.
- Celebrate National Aboriginal and Islander Day Observance Committee (NAIDOC) Week and significant Aboriginal events.
- Develop and implement a Reconciliation Action Plan (RAP) and an Aboriginal RAP committee to provide advice.
- Recruit and appoint Aboriginal nursing and midwifery academics and tutors.
- Provide Cultural Safety Training for academics/ tutors and clinical placement staff. (This needs to be more than simply cultural awareness training. It needs to challenge behaviours and attitudes.) The cultural knowledge provided to non-Aboriginal and Aboriginal students will enable them to provide professional best practice to meet the needs of Aboriginal patients and families when they access healthcare.
- Identify and challenge Racism. There is a need to teach academic/tutors and clinical placement staff how to recognise and challenge racism in the classroom and clinical setting.

- Implement models for best practice in teaching participants about Aboriginal culture, such as the immersion program in the School of Medicine at the University of Notre Dame, Australia. This program takes first and second year Aboriginal and non-Aboriginal medical participants into rural and remote communities where there is a higher Aboriginal population. This teaches the participants about health issues, culture, lack of access to health services and the impact of isolation. It is a cultural immersion program in which participants spend a week living with a family and learning about the community and the services available. It gives them insight so that when they enter medicine they will have a deeper understanding of the needs of patients and families accessing metropolitan hospitals.

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Every reasonable attempt has been made to acknowledge the owners of copyright material. I would be pleased to hear from any copyright owner who has been omitted or incorrectly acknowledged.

APPENDICES

Appendix A Aboriginal Student Support by University

University <i>Indigenous Study Centre</i>	Facilities and programs provided
Murdoch University <i>Kulbardi</i>	<p>Kulbardi was first established in 1988. <i>Kulbardi</i> is the Noongar word for magpie.</p> <p>Kulbardi provides get-together events at commencement of, and during each semester. It also offers scholarships, tutoring and individual learning plans, including reminders about when assignments are due.</p> <p>There are small numbers at Murdoch. However, Kulbardi gives priority to students meeting the relevant requirements.</p>
Curtin <i>Centre for Aboriginal Studies</i>	<p>Centre for Aboriginal Studies offers a range of bridging courses, tutoring, scholarships, and guidance with enrolment and other university processes.</p> <p>The Centre also offers networking opportunities for students, and cultural education for the university staff.</p>
Edith Cowan University <i>Kurongkurl Katitjin</i>	<p><i>Kurongkurl Katitjin</i> is a Nyoongar phrase meaning “coming together to learn.”</p> <p>Kurongkurl Katitjin provides student support as required, including regular events for students to meet and network. However, these are based on the Mt Lawley campus, which creates access difficulties for students at other campuses.</p> <p>Students can also access tutoring and scholarships via the University Student Support Centre.</p>
University of Notre Dame Australia	<p>The university does not have an Aboriginal support centre but provides support through mainstream services under the guidance of the Aboriginal mentor.</p> <p>Students can access scholarships and tutoring via the mainstream student services.</p>

Note: Anecdotal sources, no reference

Appendix B Indigenous Students Enrolments in Western Australia

Enrolments for All Indigenous Students in WA for Full Year 2015						
Institution	Commencing Students			All Students		
	Males	Females	TOTAL	Males	Females	TOTAL
Curtin University of Technology	89	146	235	151	294	445
Edith Cowan University	74	105	179	112	220	332
Murdoch University	35	73	108	83	175	258
The University of Notre Dame Australia	10	31	41	23	63	86
The University of Western Australia	51	49	100	113	124	237
Non-University Higher Education Institutions	< 5	0	< 5	< 5	np	9

Appendix D Information Sheet



PARTICIPANT INFORMATION SHEET

Aboriginal women yarning about experiences as undergraduate nursing students in WA universities.

Dear Participant,

You are invited to participate in the research project described below.

What is the project about?

The research project investigates the experiences of Aboriginal women enrolled in an undergraduate nursing program at a university in WA.

- To provide a holistic view of Aboriginal nursing student's experiences during their undergraduate program.
- To investigate the factors that have helped or hindered Aboriginal nursing student's journey through their undergraduate program?

Who is undertaking the project?

This project is being conducted by Melanie Robinson and will form the basis for the degree of Masters in Nursing Research at The University of Notre Dame Australia, under the supervision of Dr Carol Piercey from School of Nursing & Midwifery, University of Notre Dame Australia and Dr Marion Kickett from the Centre for Aboriginal Studies, Curtin University.

What will I be asked to do?

If you consent to take part in this research study, it is important that you understand the purpose of the study and what you are asked to do. Please make sure that you ask any questions you may have, and that all your questions have been answered to your satisfaction before you agree to participate.

You will be asked to take part in an interview using yarning circles, either as an individual (on your own) or in a group of 2-3 Aboriginal people. This will be audio recorded and then transcribed for analysis. You will be given a copy of the transcript for you to keep. As the information is your story you will be able to ask questions about the interpretations made, how the final report will be written and receive a copy.

Are there any risks associated with participating in this project?

There are no foreseeable risks in participating in the project. The researchers will ensure that you feel comfortable and can freely share your stories with no fear of shame and embarrassment. However, if you feel uncomfortable, you can stop at any time.

What are the benefits of the research project?

By participating in the research, you may contribute to improving the way Aboriginal students are supported in their studies at the university and could potentially inform government policy. This is a chance for you to share your story and tell people about your experiences being Aboriginal women and enrolled in tertiary nursing studies. A potential benefit will be to improve support for Aboriginal students enrolled in the Bachelor of Nursing.

What if I change my mind?

Participation in this research is completely voluntary. Even if you agree to participate, you can withdraw from the study at any time without discrimination or prejudice. If you withdraw, all information you have provided can be removed from the study. Non-participation or withdrawal from the research will not affect ongoing enrolment and assessment activities.

Will anyone else know the results of the project?

Information gathered about you will be held in strict confidence. This confidence will only be broken if required by law.

You will not be identified in future publications. Pseudonyms will be used to extrapolate specific points. Data will be stored securely in the School of Nursing & Midwifery at The University of Notre Dame Australia for a period of five years. The study may be published in educational journals and conferences such as Congress of Aboriginal and Torres Strait Islander Nurses and Midwives.

Will I be able to find out the results of the project?

You will be given a copy of your story and any findings will be discussed with you to confirm they reflect your experiences. If there are any publications in journals or presentations at conferences you will be advised.

Who do I contact if I have questions about the project?

If you have any questions about this project please feel free to contact me, Melanie Robinson, at 0412 798 920 or 20142869@my.nd.edu.au. Alternatively you can contact Dr. Carol Piercey at Carol.Piercey1@nd.edu.au or Dr Marion Kickett at Marion.Kickett@curtin.edu.au. We are happy to discuss with you any concerns you may have about this study.

What if I have a concern or complaint?

The study has been approved by the Human Research Ethics Committee at The University of Notre Dame Australia (approval number 016076F). If you have a concern or complaint regarding the ethical conduct of this research project and would like to speak to an independent person, please contact Notre Dame's Research Ethics Officer at (+61 8) 9433 0943 or research@nd.edu.au. Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

How do I sign up to participate?

If you are happy to participate, please sign both copies of the consent form, keep one for yourself and give the other one to me.

Thank you for your time. This sheet is for you to keep.

Yours sincerely,

Melanie Robinson
Student Master of Nursing Research
Phone: 0412 798 920
Email: 20142869@my.nd.edu.au

Appendix E Consent Form



CONSENT FORM

Title: Aboriginal women yarning about their experiences as undergraduate nursing students in WA universities

- I agree to take part in this research project.
- I have read the Information Sheet provided and been given a full explanation of the purpose of this research project and what is involved in the interview(s).
- I understand that I will be interviewed and that the interview will be audio- recorded
- The researcher has answered all my questions and has explained possible risks that may arise as a result of the interview and how these risks will be managed.
- I understand that I do not have to answer specific questions if do not want to and may withdraw from participating in the project at any time without prejudice.
- I understand that all information provided by me is treated as confidential and will not be released by the researcher to a third party unless required to do so by law.
- I agree that any research data gathered for the study may be published provided my name or other identifying information is not disclosed.
- I understand that research data gathered may be used for future research but my name and other identifying information will be removed.

Name of participant			
Signature of participant		Date	

- I confirm that I have provided the Information Sheet concerning this research project to the above participant, explained what participating involves and have answered all questions asked of me.

Signature of Researcher		Date	
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Appendix F Aboriginal Cadetship Program

The Aboriginal Cadetship Program is funded and managed by the Department of the Prime Minister and Cabinet (Federal Government). The program aims to improve the professional employment prospects of Aboriginal people by linking them with employers in a cadetship arrangement. Such an arrangement involves fulltime study and paid work placements. Fundamentally, the program is aimed at improving access and equity in employment, together with an education and tertiary qualifications. The key features of the Aboriginal Cadetship Program include:

- The opportunity to undertake approved tertiary study and maintain simultaneous employment;
- The undertaking of full-time study leading to a first undergraduate degree qualification;
- Facilitation of 60 days' work experience each calendar year, typically comprising one day per week each semester, and block attendance during semester breaks, or as a block from December-February;
- Employment at Level 2.1 in accordance with the Public Service Award and the Public Service and Government Officers General Agreement 2011;
- The offer of assistance on successful completion of the Cadetship. This involves application to the WA Department of Health for a role in the healthcare sector;
- Support from: the Aboriginal Health Policy Directorate; Host Team Manager; and Host Team Buddy; for those cadets who achieve successful employment;
- A grant of \$500 book/equipment allowance, plus a fortnightly salary that includes \$6,000 study allowance and a salary (\$57,729 pro rata i.e. paid for 30 days) each semester (Aboriginal Health Policy Directorate Report Aboriginal Cadetship Program Guidelines, 2015).

Appendix G Research Ethics

G.1 University of Notre Dame Australia



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7 July 2016

Dr Carol Piercey & Ms Melanie Robinson
School of Nursing & Midwifery
The University of Notre Dame, Australia
Fremantle Campus

Dear Carol and Melanie,

Reference Number: 016076F

Project title: "Aboriginal women yarning about their experiences as undergraduate nursing students in Western Australian universities."

Thank you for submitting the above project for Full Ethical Review. Your application has been reviewed by The University of Notre Dame Human Research Ethics Committee in accordance with the *National Statement on Ethical Conduct in Human Research* (2007). I advise that ethical clearance has been granted conditional on the following issues being addressed:

- Researchers to provide an explanation for who the 'Aboriginal advisory group' is, as mentioned in Sections 3.2 and 6.3a.
- Researchers to clarify what the 'cadetship program' is and whether participants will be only those currently in this program or will those who have withdrawn from the program also be included. Section 3.1b only states that participants "*are known to the researcher from the cadetship program.*"
- HREC members believe that shame and embarrassment could possibly be a risk as a result of yarning about adversity experienced and pressure to do well in the program. Researchers to comment.
- Researchers mentioned that a 'yarning protocol' will be drafted following advice from the 'Aboriginal advisory group.' Researchers to forward this protocol to the HREC once completed.
- Researchers to complete section 6.2 regarding data storage during and following completion of the study.
- Researchers to amend the Participant Information Sheet (PIS) to include;
 - Information regarding the journal component of the study and what it entails (as mentioned in Section 2.3b).
 - A statement that this research project is for a Masters degree.
 - Amend the section regarding benefits to specify that potential benefit is to improve support for female Aboriginal students.
 - Correct all grammatical errors.

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Please send your response addressing each of the issues as listed above, including supporting information where applicable, to me at Natalie.Giles@nd.edu.au by **Tuesday 26 July 2016**. Failure to respond and/or communicate by this time could result in a suspension of the ethical review of the project.

Yours sincerely,



Dr Natalie Giles
Research Ethics Officer
Research Office

cc: A/Prof Gerard Hoyne, SRC Chair, School of Health Sciences.

G.2 WAAHEC



6th April, 2016

Dear Melanie,

WAAHEC HREC Project Reference: 700

Project Title: Aboriginal women yarning about experiences as a student nurse in a WA university

Thank you for submitting the above research project which was considered by the WAAHEC at the meeting held on 5th April, 2016. I am pleased to advise that the WAAHEC has reviewed and approved the following documents for use in this project:

Document(s):

- WAAHEC Application Form
- Informed Consent Form
- Participant Information Sheet

The WAAHEC has granted approval of this research project from date of the meeting held, pending your agreement of the following conditions:

- Return the outcomes with recommendations

1. Conditions

The WAAHEC will be notified, giving reasons, if the project is discontinued before the expected date of completion.

- The coordinating Investigator will provide a Progress Report every 30th June each year in the specified format. This form can be found on the AHCWA website (www.ahcwa.org).
- The approval for studies is for three years and the research should be commenced and completed within that period of time. Projects must be resubmitted if an extension of time is required.
- Publications that arise from this research are to be provided to the WAAHEC for review prior to submission for dissemination.

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- That the Aboriginal and Torres Strait Islander community are formally acknowledged for their contribution to this research project.

Amendments

- If there is an event requiring amendments to be submitted you should immediately contact ethics@ahcwa.org for advice.

Should you have any queries about the WAAHEC's consideration of your project please contact ethics@ahcwa.org.

The WAAHEC wishes you every success in your research.

Kind regards

A handwritten signature in black ink that reads 'Pierson'.

Tara Pierson

For, Vicki O'Donnell
Chair, WAAHEC

This HREC is constituted and operates in accordance with the National Health and Medical Research Council's (NHMRC) *National Statement on Ethical Conduct in Human Research (2007)*, *NHMRC and Universities Australia Australian Code for the Responsible Conduct of Research (2007)* and the *CPMP/ICH Note for Guidance on Good Clinical Practice*. The process this HREC uses to review multi-centre research proposals has been certified by the NHMRC.

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