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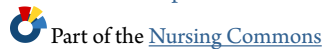
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2018

Aboriginal women yarning about experiences as undergraduate nursing students in  
Western Australian universities

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Publication Details

Robinson, M. (2018). Aboriginal women yarning about experiences as undergraduate nursing students in Western Australian universities (Master of Nursing (Research)). University of Notre Dame Australia. <https://researchonline.nd.edu.au/theses/182>

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# 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

Indigenous<sup>1</sup> 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).

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<sup>1</sup> 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.