2018

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

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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.