Getting em n keepin em—a report of the Indigenous Nursing Education Working Group

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Thank you. Huge room, small numbers. It’s like big hat, no cattle isn’t it? I am going to speak to you about “getting em and keepin em”. This is a report of the Indigenous Nurse Education Working Group.

This is a group that was formed in 2000 in partnership with the Australian Council of Deans of Nursing, the Office of Aboriginal and Torres Strait Islander Health and the Congress of Aboriginal and Torres Strait Islander Nurses, and it was formed because we needed to look at strategies to increase recruitment and retention of Aboriginal and Torres Strait Islander people into nursing who, I believe, are an untapped resource for nursing. Also to develop the strategies to bring about change in nursing curricula so that Aboriginal and Torres Strait Islander culture, health issues and other issues are included up front as a stand alone subject or unit in nursing curricula.

The working group consisted as I said of those three parties. Kim Usher of James Cook University, School of Nursing, Maria Miller from the School of Nursing, Australian Catholic University in Melbourne, Sue Turale, who was then the Head of School of Nursing at Ballarat and she is now with the district nurses in Melbourne, and myself (and I chaired that group).

We know and we have heard thus far about the appalling state of Indigenous health in this country and we mostly know the reasons why and I can bracket them under one heading and that is “social justice issues”. We looked at learning from other areas when we researched for this project, that it was essential to involve Indigenous people in education programs, to implement culturally appropriate recruitment and retention strategies and support systems employing Indigenous health professionals and implementing cross-cultural training for mainstream health professionals. And of course the aims of that are fairly self-explanatory given what I have said already.

From our data and the national survey there is a need to improve those strategies and the need to include core issues in the curriculum and, as I said, to involve Indigenous people in the delivery of the education programs. We believe that knowledge and understanding and respect for historical events, cultural beliefs, values and practices that impact upon the health and the well-being of Australian Indigenous people is essential so that nurses can provide culturally safe care.

As you are all aware, I am sure, most students of nursing come from white, middle class backgrounds who have little or nothing to do with Aboriginal and/or Torres Strait Islander people. The only knowledge that they have gained from this is from the media, which, in the main, provides a wonderful, negative stereotype. We need also to increase cultural capacity and think that this will assist in addressing social justice issues, which in turn will increase a capacity to learn and improve self-esteem. Understanding and applying concepts of holistic health care provides a vehicle to explore Indigenous health issues and what primary health care means to Indigenous
people. And I will say again that I am sure that you are aware, with the nursing curriculum at this time, that nurses aren’t educated into the concepts of primary health care, and I say that in the main.

To appreciate Indigenous perceptions of health and nursing, education must have an awareness of the National Aboriginal Health Strategy of 1989. And the recognition of the cultural needs of Indigenous people will improve the effectiveness of recruitment, retention and education of Indigenous people. Accountability and responsibility of the improvement in Indigenous health should be shared by governments, individuals, Indigenous communities, the health care sectors and the wider community at large. And you will realise that we can’t do it alone—neither you nor we can do it alone, as Henry Councillor said this morning in his Keynote address.

We get back to our main brief, of the recommendations to actively encourage recruitment and increase the support for the retention of Indigenous people into nursing. Recruitment isn’t always the problem. We get them in, but we can’t keep them. “Develop an Indigenous-friendly environment and culturally aware staff and students” … It was interesting some time ago when I did my Masters Degree I looked at why there are so few Aboriginal Registered Nurses, and canvassed all Schools of Nursing in the country. The feedback was really interesting and I thought “Well, we have to admire and respect their honesty in their feedback anyway” but the main reasons were racism—student to student, and academic to student. And of course with that goes the lack of support of the Indigenous people who are in nursing.

We have a project office that is being funded by OATSIH and this person is on board to help with the implementation of the recommendations. This is an important recommendation I believe: to streamline application and enrolment procedures. You almost need to have a PhD to work your way through the involvement and application forms for university entrants.

“ Employ an Indigenous Liaison Nurse to communicate to potential Indigenous students about nursing and the potential outcomes for Indigenous health.”

“Continue to use the services of Indigenous student support centres”, but I am hearing alarmingly that they are becoming more focused on academia and less focused on what they are supposed to be there for, as supposed support for Indigenous students throughout the campus.

“That each university allocate specific places for Aboriginal students and fill those places.” We get back to the recruitment strategy and also to provide information sessions it was thought for primary and secondary school students and to have residential experience programs to introduce Indigenous people to nursing.

I am in the process of lobbying for a project officer in each State to go and visit the school children starting at the Primary School level because I believe if we leave it to Secondary School we will have lost those students. When you consider that I think it is 32.5% of Indigenous students, school students, complete Secondary High School compared to 75% of the mainstream. It would be my dream to have this person to go and speak to the school students at Primary School level to offer them nursing as a career choice for later, to tell them about nursing because there are many nurses, there may be a few nurses in here, that will understand that Indigenous people have in many circumstances extremely bad experiences with nurses, with judgmental
attitudes and also assisting with the Stolen Generation—whether they assisted willingly, wittingly or unwittingly to have the children taken. I think there are some bridges to be mended as far as nursing and Indigenous communities are concerned.

We would like to think that we could encourage Indigenous students to declare their Indigenous status. Many choose not to do so, for reasons best known to them, and we respect their decisions. But to have useful data we need some more declarations.

We also need to collect data and numbers of practising Indigenous Registered Nurses. If you saw and heard Ngaire Brown from the Indigenous Doctors’ Association yesterday, the figures that were given for Indigenous nurses in this country were 434 and as I understand they came from the Australian Bureau of Statistics which I really question, as I question a number of their statistics.

We need to develop and circulate culturally sensitive, promotional material. Over a five year period increase the number of non-bonded scholarships for Indigenous students to reach a three-fold increase above levels of participation. That was for 2002 but it is ongoing.

To reintroduce ...allowances for Indigenous students from remote areas who are not eligible for Austudy.

To provide HECS scholarships for Indigenous students but not to those who have received other scholarships.”

Recommendation 12 I have spoken about. Educate academic staff to ensure that they are aware of the cultural and family issues which may impact on the progression of Indigenous students of nursing through their courses. This may be achieved by cultural awareness and staff development programs. I think it is absolutely essential that those who are teaching Indigenous issues have a good grounding in what those issues are.

Facilitate the availability of culturally safe housing for those people who do come in from the remote and rural areas to the universities.

To provide culturally appropriate safe counselling services with confidential referral.

Collaboration between universities, Schools of Nursing and the health sector to facilitate the appointment of clinical mentors.

I have said the purpose of this Indigenous Nurse Education Working Group and the “Getting em and Keepin em” Report is to establish those compulsory subjects or units on Indigenous culture, history and health issues.

Disseminate the guidelines to those Schools of Nursing as an example of Indigenous content that can be adopted, and adjusted and adapted according to local conditions.

Involve Indigenous people in both development and teaching.

Increase the skills and knowledge of cultural awareness of all academics. That has been stated.
Provide support to Indigenous people to enable their greater participation in nursing academia as advisers. One doesn’t expect people from the community to go into the hallowed halls of academia and to be able to stand up and teach. They need to be supported to do this.

Schools of Nursing need to facilitate clinical experiences in Indigenous communities where relevant and appropriate, and this is clinical experience for non-Indigenous students.

Scholarships we have looked at and we also believed that those culturally appropriate postgraduate and continuing programs need to be developed also.

To develop specific postgraduate courses to meet the needs of rural and remote nurse practitioners who care for the Indigenous communities.

The providers of Aboriginal Health Worker courses and universities to work together to achieve articulation pathways for Aboriginal Health Workers to the Registered Nurse Program. And I need to clarify this in that I think it is the cheek of some nurses who consider that nursing is the right pathway for Aboriginal Health Workers. Aboriginal Health Workers play a very significant and valuable role in health work as do nurses but we each have a distinct role and there need to be choices. But if those who choose to do so, the process should be made smoothly for them to articulate.

Promote and encourage Indigenous enrolled nurses to undertake further studies. That goes with Recommendation 27.

At local and regional levels facilitate the development of structures and mechanisms that build partnership between the Indigenous communities and Schools of Nursing.

We have gone through those really, but I think that, sorry I don’t think my fine motor skills are as they should be this morning. Lost it! However, my time is up but this report … and as I said it is the “Getting em and Keepin em” Report. We thought that was a snappy little title given that it would be so longwinded to say. Methods to develop, strategies to increase the recruitment and retention of Indigenous people into nursing and also to develop strategies to bring about curriculum change. So we thought “We get them in, we have got to keep them” and it needs work from all of us to be able to do this.

We have delivered our report to the Australian Council of Deans of Nursing who have endorsed it. I met with the Australian Nursing Council ten days ago and the nurse registering bodies throughout the country, seeking their support in examining the curriculum from each School of Nursing. And if the Indigenous issues are not upfront and visible not to reaccredit the program until they are.

We got a very good, sound hearing so we will wait and see the result and I guess that that is a really big ask for people to change their curricula because they, as they say to me, “How do you change or add to an already overloaded curriculum?” and my response to that is, and I quote Sir William Dean that “Our nation and its people will be judged on how it treats its most disadvantaged and vulnerable”. And I will leave you with that. Thank you.