The NSW Rural and Remote Aboriginal Nursing Strategy

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BACKGROUND TO THE DEVELOPMENT OF THE NSW RURAL AND REMOTE ABORIGINAL NURSING STRATEGY

In 1998 the National Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) made recommendations regarding the recruitment and retention of Aboriginal people into nursing education and employment.

The recommendations included the:

- allocation and designation of undergraduate nursing places for Aboriginal and Torres Strait Islander people
- development of bridging programs for potential undergraduate Aboriginal nursing students
- identification of professional development opportunities for Aboriginal health service employees
- formation of partnerships with related organisations to support Aboriginal nursing students.

The CATSIN recommendations were released in 1998 and then endorsed by the then NSW Minister for Health, Dr Andrew Refshauge. In that same year, the NSW Chief Nursing Officer, Judith Meppem, forwarded the CATSIN recommendations to all related nursing forums in NSW.

An election commitment was made by the NSW Government in 1999 to increase Indigenous participation in the NSW nursing workforce. This commitment involved the allocation of over $400000 annually and funds were provided to the NSW Department of Health. It was determined that this funding would be best utilised to employ a project person to develop a strategy document for implementation. A Project Officer was appointed by NSW Health based in the Office of the Chief Nursing Officer and commenced work on developing the strategy in June 2001.

The development of the NSW Rural and Remote Aboriginal Nursing Strategy (RRANS) began with input from a variety of stakeholders that included:

- NSW Aboriginal Health and Medical Research Council (AH&MRC)
- area nursing career advisers
- area managers of Aboriginal health
- enrolled and registered nurses from the public health system
Aboriginal Health Branch (AHB)
Office of the Chief Nursing Officer (OCNO)
university sector
Aboriginal employment strategy co-ordinator
Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN).

Endorsement of the final strategy (document) occurred in March 2002. This document contains the following 12 initiatives:

- Commission research to ascertain the number of Aboriginal nurses in the public health sector in all classifications across the state.
- Actively participate in State Career Markets promoting nursing as a career.
- Provide scholarships for Aboriginal people undertaking undergraduate nursing courses and develop culturally appropriate assessment procedures for applicants.
- Support of Enrolled Nurses undertaking registered nurse education through the allocation of scholarships.
- Encourage Aboriginal school leavers and community members to enter nursing through rural and remote promotional activities.
- Revise nursing career material and update with a focus on Aboriginal applicants.
- Promote careers in nursing to the Aboriginal community using media and advertising including the Internet.
- Network with universities and the NSW Technical and Further Education Commission (TAFE) to actively recruit Aboriginal students into nursing.
- Develop a university preparation program.
- Create networks at the grass roots level through the Area Co-ordinators of the NSW Health Aboriginal Employment Strategy, the Area Managers, Aboriginal Health and Area Health Service (AHS) Nursing Career Advisers.
- Identify/quarantine Registered Nurse (RN) positions for Aboriginal or Torres Strait Islander applicants.
- Identify/quarantine Trainee Enrolled Nurse (TEN) positions for Aboriginal or Torres Strait Islander applicants.

At that time there was little information on the number of Aboriginal nurses in NSW and even less information on the reasons why so few Indigenous people undertake nursing education. The research (Goold, S. 1995, Armstrong, F. 2001) explored State, Interstate and International initiatives that had positive outcomes. Those initiatives were assessed as to their application in NSW.
THE CURRENT SITUATION IN NSW

Very little information on the number of Aboriginal nurses working in the NSW public health system is available.

The Australian Bureau of Statistics (1996) estimated that Aboriginal nurse numbers were 0.4–0.6% of the total national nursing workforce.

A national survey of universities by Goold in 1994 estimated that 0.05% of undergraduate nursing students were of Indigenous background.

In NSW the Aboriginal Employment Strategy (AES) advocates a minimum Indigenous employment rate of 2.4% throughout NSW Health Services across all occupations. This target is representative of the national average population of Aboriginal peoples.

To determine if these targets were being met it was necessary to survey AHS in NSW. The following statistics relating to Indigenous nurse employment emerged:

- a total of 239 Aboriginal nurses were identified in the NSW Public Health System
- 0.7% of NSW Public Health nursing staff are Aboriginal
- 0.3% of the total RN workforce in NSW Public Health is Aboriginal; more detail on this research will be given later in this paper.

Varying explanations are offered or have been identified as reasons for the small numbers of Aboriginal people in undergraduate nursing education and in the public nursing workforce arena.

Given the multiple challenges facing Aboriginal people in relation to education and workforce, a variety of initiatives are being implemented through RRANS to effect change. While a number of initiatives existed, prior to this they have not been utilised to their maximum potential to address the following continuing issues:

- poor communication between service providers
- poor public perception of Indigenous specific programs
- inadequate co-ordination between mainstream and Indigenous providers
- funding
- an absence of valid baseline information.

Addressing these issues will be an important priority of the NSW Rural and Remote Aboriginal Nursing Strategy.

Aboriginal people are under-represented within nursing education and in the nursing workforce. RRANS aims to facilitate improved access to education, employment and career development opportunities for Aboriginal people in nursing. RRANS goals will be achieved through continued development, implementation and evaluation to maintain consistency with the two common objectives of the strategy.
WHY MORE INDIGENOUS NURSES?

Many documents and reports support the ideology that improvements in Indigenous health are achieved through culturally relevant and sensitive health care. For the provision of culturally relevant and sensitive health care, the people working within health services must support the philosophy of cultural awareness and understanding.

It is widely acknowledged that cultural understanding shapes the use and provision of health services.

In nine out of ten presentations to a health care facility, the first person you meet will be a nurse. Your first impressions of that facility will largely depend upon your reception and treatment and will have an effect upon your decision to access that service again. For Indigenous people this first experience will influence whether they will use or will not use the service in the future.

In the past, the approach taken to Indigenous consumer access by some health services has lacked cultural relevance and sensitivity for Indigenous people. This is one factor that continues to impact on the utilisation of health care services by contemporary Indigenous communities and individuals.

The “third world” health status experienced by Indigenous Australians is well documented. A critical factor in relation to health status is the attendance of Aboriginal people to emergency health care services as opposed to primary and secondary health care.

There is evidence that culturally relevant and sensitive treatment of Aboriginal people in the provision of health care services is often absent or seriously lacking.

The historical factors associated with Indigenous access to health facilities are also evidenced in the education system. There is an under representation of Indigenous students attempting the higher school certificate and a flow on effect of under representation of Aboriginal people at the undergraduate level particularly in health related courses.

An understanding of Aboriginal culture is a fundamental requirement for the provision of health services that must be encouraged and supported in order to achieve improved Aboriginal health outcomes (AES, 1999).

One solution for ensuring cultural sensitivity relevant to the provision of health care is increasing the number of Aboriginal nurses in the health system. The Indigenous Nursing Education Working Party (INEWP) has identified international research which demonstrates increased participation by Indigenous people in health service delivery has improved health outcomes for the wider Indigenous community.

There are direct and indirect benefits to non-Indigenous and Indigenous communities if there are a greater number of Indigenous nurses.

The direct benefits include:

• an increase in the cultural diversity of nursing, the result being a multicultural profession able to provide culturally appropriate services to a wider section of the community
• an increase in vocational and undergraduate education levels of Indigenous communities

• an increase in positive employment outcomes for Indigenous people.

The indirect benefits include:

• an increase in education and employment status that will translate to an improved Indigenous health status

• a decrease in Indigenous unemployment as the health industry (and particularly nursing) becoming a career choice of increasing demand

• a reduction on welfare dependence that currently exists in many Indigenous communities.

BARRIERS

Research has identified the following barriers to education and reasons for the low number of Indigenous people in undergraduate nursing education:

• inaccurate perceptions and persisting stereotypes: combating stereotypes involves dealing with both sides of the coin. Non Indigenous people need to develop cultural awareness and understand the unique nature of Indigenous health status. Indigenous people need to recognise that today’s health and education services are not as they used to be

• low socio-economic status

• availability of support mechanism

• the move from hospital training to university education

• under preparation for university studies

• structure of nursing education in NSW not being problem-based learning

• geographical isolation (in rural areas) of students

• fear of rejection from one’s community

• the cultural hierarchy of some communities

• a stronger emphasis on family commitments

• lack of access to information technology.

A report by Armstrong, 2001 concluded that to attract Aboriginal people into nursing, educators need to include culturally relevant education, additionally, nursing departments and faculties need to be culturally sensitive. This theme was echoed by the report of the INEWP (2002).
PROGRESS SO FAR

Research

Workforce Survey

An Aboriginal Nurse Workforce Survey was completed in 2001 as a part of RRANS. The survey identified 240 Aboriginal and Torres Strait Islander Nurses working within the NSW Public Health System in various classifications. The subsequent 2002 Survey data is yet to collated. This data will enable mapping of Aboriginal nurse employment against the Aboriginal Employment Strategy Targets for NSW. The baseline information will be provided from the initial survey and will be used as a tool to measure the impact of the strategy overall.

The NSW Health Aboriginal Employment Strategy advocates the need to increase the number of Aboriginal and Torres Strait Islander people employed throughout NSW Health Services across all levels and occupations (AES 1999). The national average population of Aboriginal and Torres Strait islander people is currently 2.4% and determines the minimum employment target.

In relation to employment in different categories of nurses the initial 2001 survey data reveals:

- 0.7% (n=239) of NSW nursing staff are Aboriginal. This is well below the 2% AES target. Of the 239 Aboriginal nurses, 26% (n=63) are Registered Nurses

- in rural areas 62% (n=72) of the Aboriginal nursing workforce are Enrolled Nurses, compared to 26% (n=33) in metropolitan health services

- 38% (n=47) of the metropolitan Aboriginal nursing workforce are Registered Nurses, while rural Aboriginal Registered Nurses constitute 13.8% (n=16)

- 0.3% of the total RN workforce in NSW identify as being Aboriginal.

Figure 2 illustrates Aboriginal employment targets are being met where vocational education has been undertaken. The gap in employment outcomes is substantial between vocational and undergraduate nursing courses. The National Report to Parliament on Indigenous Education and Training 2001 supports this finding by concluding that Indigenous school leavers were equally represented amongst those completing vocational qualifications, even though Indigenous students were not proportionately represented in years 11 and 12.
**Figure 1** Category of nurse identifying as Aboriginal or Torres Strait Islander (%)

Source: Lovett, 2001

**Figure 2** Categories of employment by Area Health Service (AHS)

Source: Lovett, 2001
University Survey

To evaluate initiatives aimed at achieving increased numbers of Aboriginal people undertaking undergraduate education, information relating to current Aboriginal undergraduate nursing students was needed. A RRANS initiative identified the need to survey the university sector. The survey was developed to:

- Identify the number of Aboriginal people currently undertaking a Bachelor of Nursing course in NSW.
- Provide a baseline of information to measure the progress of the NSW Rural and Remote Aboriginal Nursing Strategy (RRANS).
- Assist OCNO and the AHB identify areas where information could be disseminated to students eg. Scholarship information.
- Provide insight into the retention of Aboriginal students at the undergraduate level in relation to nursing.

The survey highlighted that:

- 43.1% of Indigenous undergraduates are aged 17–24 years.
- 37.2% of Indigenous undergraduates are aged 36–55 years.
- 7.8% of Indigenous undergraduates are male.
- 45.1% of Indigenous undergraduates are Enrolled Nurses.

Figure 3  Current enrolment of Indigenous undergraduate students

Source: Lovett, 2002
Scholarships

Information from the NSW Nursing Scholarship Fund indicates an average of two Indigenous undergraduate nursing students per annum were awarded scholarships prior to 2001. In the first year of the Indigenous Scheme as a part of RRANS, 24 undergraduate nursing scholarships were awarded. Currently 35 Aboriginal and Torres Straight Islander people are studying nursing with a scholarship from NSW Health.

Promotion/marketing

In 2002 a careers campaign was undertaken across the State focusing on Indigenous students and a career in nursing. The career initiative ran for six months and involved the RRANS Project Officer attending 32 school and other career expos. A number of youth camps were also attended. One of the major career activities was the “Croc Festival” in Moree, which involved 2500 Indigenous students from across western NSW participating in dance production and performance, careers information sessions, health education and visiting a role model exhibit.

Promotional material

A significant undertaking in 2002 was the development of a nursing promotional video and CD-ROM. The video consists of the personal stories of a number of Indigenous people studying or working in nursing. The CD-ROM was developed as a take home item.

Media

Advertisements were created to appeal to a larger audience of Indigenous people. The use of imagery was an important aspect of ad development and advertisement that had a very positive impact was the story of Sarah Whaleboat. The advertisement was based upon Sarah’s story of her journey to study nursing at university. It also contains images of her studying and practising in the nursing laboratory at university. The advertisement was disseminated widely, including:

- the National Indigenous Times
- the Koori Mail
- Deadly Magazine and Web site
- Deadly (an Indigenous careers magazine distributed to all schools).

Residential programs

In 2003 two pilot programs are planned. A weeklong residential program will be offered to Indigenous school students aged 14 to 18. The program partners are:

- NSW Health
- two area health services
- Aboriginal medical services
- local universities.

The program will involve the introduction of young, potential health professionals to various health facilities and settings, Aboriginal Medical Services and university life.

**THE WAY FORWARD**

The recruitment and retention of nurses continues to be a priority for the NSW Government; and the NSW Rural and Remote Aboriginal Nursing Strategy contains specific initiatives to enhance the recruitment and retention of Indigenous nurses.

The impact on this strategy on other nursing workforce related documents, including the Commonwealth Strategic Framework has yet to be fully determined.

The Aboriginal Nursing Strategy will also be influenced by the wider policy context of Aboriginal Health and in particular the NSW Aboriginal Health Strategic Plan.

**EVALUATION**

Evaluation of the program is currently under way and will be a continual process, to ensure the main objectives of the strategy are met. A number of recommendations have been made to progress new initiatives and to ensure strategy targets are kept on track.

**REFERENCES**


Lovett, R. 2002. *NSW Aboriginal Education Unit Survey For Aboriginal Undergraduate Nursing Student Numbers* NSW Health Department: Sydney.


Standing Committee on Aboriginal and Torres Strait Islander Health, *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework*, AHMAC, Canberra, 2002.

**PRESENTER**

**Raymond Lovett** originates from the Wongarbon people in western NSW. His family were relocated to Murrin Bridge Mission at Lake Cargelligo also in western NSW. Ray attended Coleambally Central School. When Ray completed his HSC, he continued on to Charles Sturt University located in Wagga Wagga, NSW where he completed a Bachelor of Nursing. Ray’s first Registered Nurse position was with The Canberra Hospital where he worked in emergency, neurosurgery and coronary care. From Canberra he moved north to Tamworth NSW and worked at Tamworth Base Hospital in intensive care and for a private aged care facility.

Throughout his studies and his work one thought remained constant in Ray’s mind — Aboriginal health. He decided that work in this field was his goal and gained employment with New England Area Health as an Aboriginal Health Educator working in Aboriginal communities as a Primary Health Care Provider. While in this role Ray undertook a Bachelor of Health Science, which focused on Indigenous Primary Health Care. Subsequently he applied (successfully) for a new position with NSW Health to manage a project to increase the number of Aboriginal nurses in the NSW Public Health System.