Beyond dreaming—nursing education for rural Aboriginal women

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The Council of Australian Government identifies many initiatives that aim to address the discrepancies across several key areas in relation to Aboriginal people forming the basis of the Close The Gap Policy.¹ Improved outcomes in Aboriginal health is one such key area. National and international research has identified that Aboriginal people respond favourably to health care provided by Aboriginal health professionals leading to improved access and better health outcomes.¹,²,³

With the training and employment of more Aboriginal people within the health profession gaps may be addressed in rural health workforce shortages and improvements may be had in access and treatment of Aboriginal people.¹,²,³ A recent initiative in the Tamworth region of the Hunter New England Health Service in New South Wales (NSW) has shown that it is possible for more Aboriginal women to become involved in nursing in a rural setting.

Background

The Aboriginal Women’s Health and Education Project—Aboriginal Assistant In Nursing course (AAIN) was located in Tamworth, a large rural town situated on the banks of the Peel River, on the lands of the Kamilaroi/Gomeroi people of northern New South Wales, midway between Sydney and Brisbane. It is the major regional centre for southern New England providing district level services to the Peel Cluster and a range of speciality services to the people of the Peel, Mehi, Tablelands, McIntyre and Upper Hunter (northern part only) Clusters.⁴

The Aboriginal population within the HNELHD is currently 3.3% of the total population.⁴ On Census night, 8 August 2006, Tamworth’s Aboriginal population was counted as 3,705 people, of whom 3,530 were Aboriginal and 113 were Torres Strait Islanders, 62 identified as both.⁴ This equates to 13.1% of the total population which is a much higher percentage compared to the NSW rate of 4%.⁴

As set out in the Tamworth Health Service Plan 2008-2012 (see map below)⁴, the HNELHD area is made up of eight clusters with Tamworth the main centre of the Peel Cluster. The Peel Cluster and the northern part of the Upper Hunter Cluster form the immediate catchment area of Tamworth Health Services. The three Clusters in the northwest of the Area—Mehi, McIntyre and Tablelands Clusters, in addition to the immediate catchment area, form Tamworth Health Service rural referral catchment.⁴

The current rate of Aboriginal employment within the HNELHD is 2.9% of the total workforce.⁴ The Aboriginal Employment Unit, HNELHD aims to increase the Aboriginal employment rate across the district to 3.3% in 2013 (Smith J 2012, oral communication, 2 December).

The Tamworth Health Service Plan⁴ (THSP) therefore provides an explicit policy mandate for the project described in this paper. This is also consistent with NSW and national policy in relation to improved outcomes in the recruitment and retention of Aboriginal people within the health sector.¹,⁵

The THSP suggests the outlook for the education and training of an Aboriginal nursing workforce appears promising and is well-supported however the Tamworth region of the Hunter New England Local Health District appears to lack the service coordination and cultural support that is required to fulfil the aspirations of local Aboriginal women wanting to engage in and successfully complete nursing. Many factors contribute to this situation, including the vastness of the HNELHD; the level of support and mentorship required for the successful recruitment, retention and transition of Aboriginal trainee nurses through the training pathway; the lack of cultural mentors, social support and most importantly a clear and coordinated approach with targets identified and specific strategies in place to meet those targets.
Relevance
Aboriginal women see education as an important aspect of their and their families future, however historically access and retention have proved as barriers to successful educational outcomes. The AAIN course offered the women an alternative entry point and pathway to a nursing career that previously seemed unobtainable or unachievable. It also gave the women an opportunity to engage in a course that was designed specifically with their educational, cultural, social and emotional needs taken into consideration.

Anecdotally the majority of the women who enrolled in the AAIN course had been disengaged from education for a long period of time having left school early or becoming young mums. Some had attempted returning to education but did not complete courses through lack of support and culturally unfriendly learning environments. This led to low self esteem and unworthiness as they felt they were to blame for non-completion of courses they had enrolled in. Most were unaware of the Aboriginal Training Unit within TAFE and their right to mentoring and support. This was another aspect of their previous non completion of TAFE courses.

Evolution of the course
The AAIN course evolved from an Aboriginal Women’s Health and Fitness program which was being delivered by the UoNDRH. The program entitled “Let’s go let’s do it” focused on holistically improving the physical health, fitness and ultimate wellbeing of participants by providing a culturally safe environment for women to exercise and engage with staff and undergraduate health students. An extension of the “Let’s go let’s do it” program involved education and information nights which were held at the UoNDRH. The information nights aimed to introduce the women to the university environment as well as non-Indigenous staff and students in order to break down any cultural barriers. It was from the information nights and clinical skills laboratory sessions that the women developed an interest in nursing as a career.

Following the information nights, staff from the UoNDRH met with representatives from TAFE New England Institute and HNELHD to collaboratively develop the AAIN course to meet the educational, cultural, social and emotional needs of the women. The collaboration and development of the AAIN course was a thorough process which involved ongoing and transparent communication between all those engaged in the development of the AAIN. Mutual benefit and reciprocity was ensured through the ongoing involvement of the women and the wider Aboriginal community in the organisational processes. Barriers such as childcare, transport, times and course content were discussed and strategies were developed to support course attendance, retention and completion. An initiated strategy to address the childcare barrier was the development of a Certificate II Children’s Services Course which was delivered in conjunction with the AAIN course. This development led to Aboriginal mother’s gaining a nationally recognised qualification whilst caring for the children of the mothers enrolled in the AAIN course.

The AAIN course
The overall aim was to respond to community need for inclusion in health care courses, increase the number of local Aboriginal women completing health care courses and ultimately increase in the number of Aboriginal women in the health workforce. While the education and the qualification at the end was a goal to be achieved it was not a focus or be all to end all, that just came as a natural progress at the end. The journey there was paved by the succession of lessons that were easily comprehended due the women’s ability to communicate and learn together. There were no judgements made, no right’s or wrong’s and most importantly no best’s, each and every person within the course was respected and valued for who they were and their contributions, not on their academic ability. The women were encouraging and proud of each other’s achievements throughout the course and friendships and community harmony developed as a result.
Family and community have always been and remain a priority for Aboriginal women, if these things are not taken care of first nothing else can fall into place. This was identified on the first day of community consultation in relation to the course structure. In respect of this the women set the course delivery days, dates and times. This allowed the women to integrate their lives with their learning.

The teaching staff while not Aboriginal became culturally aware as they, in turn learned from the women. There was a mutual respect developed over the course of time as the teachers began to appreciate the women’s level of cultural knowledge in relation to health care practices, education, policy, legal, government and other issues that came up throughout the course. While the course had key learning outcomes to meet educational requirements the course flowed in a way that was inclusive of open discussions and debate. This led to better learning outcomes as course content was integrated to reflected issues that were impacting on the women at the time they were engaged in their learning. This is where the teachers learnt that their way was not always the right way in terms of how Aboriginal people think and operate. The teachers became the women’s advocates at higher levels as they became more culturally understanding and aware of the distinct pedagogy involved in teaching Aboriginal women learners.

Throughout the course the learning material was very Eurocentric in content, this at times led to misunderstanding and conflict with the women’s learning as the theoretical and audiovisual material only depicted a westernised approach to health care delivery. This led to uneasiness within the learning environment and in turn to the women becoming disengaged with their learning.

This issue was addressed by implementing Aboriginal specific health topics by way of weekly forums. Through these forums the women were provided with information sessions delivered by Aboriginal health professionals in their areas of expertise. These forums proved to be very successful in re engaging the women and informing them of Aboriginal issues across many areas. The women found the forums interesting and informative as they were introduced to workers and topics they previously did not know existed. They also become inspired to learn that other Aboriginal people began their careers in a similar fashion leading to recognition and respect for the presenters whom they knew on a community level but not as the health professionals they now know them to be.

**Results**

Initially the target was to enrol 10 women however interest had spread to the wider Aboriginal community and two classes were established to accommodate 20 enrolments. All 20 women completed Certificate II Health Service Assistant with 10 going on to complete Certificate III Health Service Assistant. As the women had raised the bar on their educational aims, further negotiations were held with TAFE and HNELHD to ensure pathways were in place for the easy transition of the women from the AAIN course into the Diploma of Endorsed Enrolled Nursing. Five of the original women gained cadetships with the NSW Ministry of Health under the Aboriginal Nursing and Midwifery Strategy to study as Endorsed Enrolled Nurses.

A number of people were involved in the success of the AAIN course. Anecdotal feedback from course participants indicated that mentoring and support played a major role in retention along with the women’s dedication and commitment. The women were dedicated and committed to the course for themselves, their families and the wider Aboriginal community. For some nursing has always been a career aspiration while for others this course provided an opportunity, either way most indicated a deep desire to play a role in providing better health care for the Aboriginal community.

**Discussion**

There are numerous documents that recognise the need for more Aboriginal people working within the health care sector with much research and debate around recruitment and retention issues. The recruitment and retention of Aboriginal health professionals is a local, state and national priority in relation to meeting Aboriginal employment targets, however a priority for Aboriginal people is the
provision of culturally appropriate care practices within the health system.\textsuperscript{2,8} The provision of more Aboriginal nurses within the health care sector has the possibility of addressing the health care needs of Aboriginal people in terms of culturally appropriate care. Aboriginal people have an intrinsic understanding of the issues faced within health care settings.\textsuperscript{2} Their presence ultimately has the ability to alleviate any cross cultural barriers\textsuperscript{2}, enhance Aboriginal patient outcomes and provide a level of health care to Aboriginal patients that can only come from mutual life experience.

**Conclusion**

The successful outcomes achieved throughout this program began with the commitment and foresight of all involved. The passion and community spirit kept it alive and the dedication of the women and their families saw obstacles overcome and dreams and goals realised. It cannot be underestimated that successful initiatives in Aboriginal communities require trust and transparency. No decisions were made throughout this program without ongoing open discussions with all parties. This provided the women with a safe environment where they grew and learned together.

**References**


