The Remote Classroom: Recruitment and Orientation of Aboriginal and Remote Area Nursing Students to the University Distance Education Learning Environment

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The importance of increasing the rate of recruitment and retention of Aboriginal and remote area students in health care training is recognised at federal, State and local health service levels.\textsuperscript{1,2,3,4,5} It has proved difficult to attract health professionals to relocate to remote communities.\textsuperscript{6,7,8} Without strategic planning, health services may face critical shortages of rural and remote area registered nurses (RNs) as the current 31\% of the workforce, estimated to be aged 46 years and older,\textsuperscript{9} retires. There is a need to understand more fully the barriers to the recruitment and retention of registered nurses in remote communities.

This paper explores an intersectoral approach to building the capacity in remote communities to establish a supportive learning environment, that will encourage the participation of enrolled nurses (ENs) in training towards nurse registration. We lead off by discussing the aims and research design of the project, and then move on to reporting the findings so far to develop the supportive learning environment, and finally outline the design of the next action cycle focusing on the University Orientation of the next cohort of research participants.

AIM AND DESIGN OF THE PROJECT

Within the field of health there is evolving a new emphasis on community participation in health promotion and disease prevention.\textsuperscript{10} Hawe et al (1999) refer to community building as the invisible aspects of enduring health promotion.\textsuperscript{11} Our working definition of community capacity building (also known as community building) is taken from Hawe et al (1999): “to build a generalised capacity among the partner organisations or community to tackle any issue in a manner that brings mutually beneficial outcomes to the people involved…”(p.7).

The Remote Classroom project applies community capacity building processes to the problem of increasing remote area Enrolled Nurse (EN) participation in nurse education.

Through the use of a participatory Action Research methodology the study aims to:

- understand more fully the obstacles that Aboriginal and Remote Area ENs face in commencing studies towards nurse registration;
- gain an understanding of the conditions that reduce the barrier/obstacles;
♦ develop, in collaboration with the Area Health Service (AHS), strategic recruitment and orientation practices that will support remote area ENs to upgrade to RN;

♦ develop, in collaboration with the students, a supportive learning culture in the local community which will maximise the chance of successful recruitment and retention of students into university study. The creation of this supportive learning culture will necessitate the establishment of a support network that includes representation from their own community, the Aboriginal Health Service (AHS) and the University. This network will constitute a formally recognised support structure for themselves and other students, in a town which has a poor high school completion rate and a weak record of advanced study undertaken by its young community members; and

♦ develop problem solving skills amongst nursing students living in a remote community, to enable them to better survive the experience of studying by distance education, in a remote setting with little existent support.

An Action Research design was adopted in order to explore and address the obstacles that students’ faced in the remote classroom. Data were generated by:

♦ conducting interviews and monthly focus group/study meetings with students;

♦ the researcher’s reflective journaling; and

♦ a questionnaire completed by students evaluating the effect of the strategies employed in the action cycles.

The data was used to theorise student problems as a function of cultural distinctiveness of remote communities. All findings have been reflected back to the students for verification and elaboration. Action cycles were implemented to:

♦ create easier access to text books and resource materials;

♦ identify an appropriate group study space;

♦ develop group study strategies;

♦ address the need for work conditions which were conducive to study;

♦ develop a better understanding of the university culture;

♦ develop more effective communication strategies with the university;

♦ develop a range of skills including time management and essay-writing; and

♦ trial effective recruitment and orientation strategies, planned and executed in collaboration with the Mid Western AHS and Wammarra Aboriginal and Torres Strait Islander Education Centre, Charles Sturt University (Wammarra).

The Remote Classroom project commenced in October, 1999 and during 2000 evolved into a series of monthly study/focus group meetings in the participants’ home towns. The student population in the project comprises six ENs from two small towns in rural NSW. Two of these students are of Aboriginal background. All students are female and mature aged, and all but one are parents. Four of the students are working full time, and the remainder are doing part-time casual work.
PROJECT FINDINGS

The project findings reported here pertain particularly to the barriers/obstacles experienced by the six students, and the attempts that have been made to overcome these barriers by the development of a supportive learning culture.

The barriers

The barriers as experienced by these six ENs are represented diagrammatically below.

Many of these findings are consistent with the findings of Hipp\textsuperscript{12} who reported that women distant education students have “a very negative view of themselves and their ability to cope with university study”. Much of their anxiety as new students stems from not understanding what is expected of them and a lack of personal connectedness with the university. She highlights the impact of these factors during the “induction crisis” period when students first commence their studies and suggests these factors may also impinge on the students’ confidence to enrol. The findings are also consistent with studies by Heaney\textsuperscript{13} who reported that rural and remote secondary students felt “incapable of undertaking tertiary studies”, had difficulty in accessing information, lacked role models and that they were concerned about the cost of undertaking university studies. Hipp\textsuperscript{12} reported that the turning point for students came when they...
“understood what was expected of them” and had developed “some sort of personal connection” with the university.

These findings helped shape our understanding of the supportive learning culture that would better support ENs to successfully complete their studies. Critically, aspects of the learning culture had to be incorporated into the recruitment and orientation phases of student involvement with the university. In keeping with our wish to work within a community capacity building model, we recognised such a development would require collaboration between the university, the AHS and the local community.

Developing a supportive learning culture

In this section our understandings of the obstacles are framed as actions, recommendations or directions we pursued in creating a more supportive learning culture.

AHS actions

AHS actions occurred at two levels, at the Board level and with the Director of Nursing (DON). The Board of the AHS approved the provision of interest free loans to students to cover the cost of course fees, Higher Education Contribution Scheme (HECS), to be repaid through salary deductions. The Board also encouraged Health Service Managers to allow students the maximum number of study days per year (10).

The AHS Director of Nursing (DON) initiated the trialling of a recruitment process to attract ENs into university studies towards nurse registration. She identified places where there were likely to be future shortages of RNs, and identified three potential study support hubs (each formed around two or three small towns).

The DON:

♦ canvassed the Health Service and Nurse Managers’ support — especially in encouraging ENs to come along to information sessions; and

♦ with the project leader, visited participating hospital sites or teleconferenced with interested ENs. 16 ENs participated.

♦ conveyed information about what the AHS was doing to increase support for students and advised ENs that:

  – the AHS would provide up-front interest free loans,

  – that health service managers were being encouraged to be active in supporting students by:

    : mentoring staff so they felt confident to commence further studies;

    : granting the maximum study leave entitlement of 10 days/year;

    : assisting with work rosters so students could attend group study days, residential schools and clinical placements;

    : allowing staff to accumulate their rostered days off and their recreation leave so students could use these for study purposes;
allocating a hospital space as a group study facility;
providing access to computers and internet facilities;
allowing the students the use of the AHS car if they had to travel to a nearby location for a group study day.

As these decisions are made at the local level, the amount of support is dependant on the resources available. However, the DON sent an unambiguous message to the hospital administrators that supporting staff to undertake further training was important.

**University actions**

University actions took place at two levels, at the point of course administration and in marketing.

The course co-ordinator:

♦ changed the entry criteria for the course so that applications accompanied by documentation from the local health community to assist the students would receive favourable consideration. If an application was received and it had a letter of support from the local health community detailing how the community would assist the student, it would be placed in the top admission ranking and hence be much more likely to be sent a “letter of offer”;

♦ ensured that affirmative actions for applications from people of Aboriginal background were being enacted, reducing the bias prior educational opportunity can pose; and

♦ adopted a flexible approach to meeting assignment deadlines. The Wammarra Study Skills Adviser and the project leader provided support to students to develop the skills to manage the university protocol so they did not set lost in the system. The students reported this was one of the great benefits of being involved in the project.

Through the Rural and Remote Health Nurse Development Unit the project leader provided:

♦ face-to-face information on the Bachelor of Nurse course;
♦ the offer of support to establish group study processes;
♦ assistance to complete university and scholarship application forms;
♦ assistance to gain an understanding of the university culture;
♦ assistance to develop effective communication patterns with the university; and
♦ the extension of personal connectedness with the University.

A separate recruitment trip was made to a small country town where three ENs of Aboriginal background had expressed an interest in commencing tertiary studies. All of these women knew the two Aboriginal students currently participating in the Remote Classroom project. This trip was undertaken with a representative from Wammarra and received support from the local Aboriginal Health Service.
Local community actions

Significant support for the project has come from the local Shire Council, the local hospital and College of Technical and Further Education (TAFE). The local Shire Council agreed to contribute towards the establishment of a health reference collection in the council library, donating $800 over three years to purchase Health reference materials. This, together with a significant amount of material donated by publishing houses, provides the nursing students and the local health community with a valuable learning resource. Importantly, this action sent a message of support to the students.

The local hospital provides the students with a group study facility, allows the students to teleconference from the hospital and in some cases allows the use of the staff car to attend group study meetings. Moreover staff at the hospital are reported to be very generous with their assistance with assignments, as was a visiting psychiatrist who met with the students to discuss their essay on the role of psychology in nursing.

Most significantly, there has been the development of relationships between various sectors of the community who have the capacity to support students. The dialogue between these sections of the community has begun to strategically focus on how the community can better support the needs of students. At the last meeting there were representatives from the University, Shire council, the hospital and the nursing home, TAFE and adult education, and the Aboriginal Health Service. This community cohesion, or community capacity building, can harness the resources and political power to shape and develop a supportive learning environment suited to their locality.

DISCUSSION

The recruitment visits validated our qualitative analysis of the impediments to students commencing study. It was clear the students valued the personal connectedness with the University and the AHS that was being offered. Students responded favourably to the suggestion of receiving an interest free loan to cover HECS Fees and to the notion of a supportive AHS, even though much of the enactment of support would have to come from the local level.

The role of the DON was emerging as a change agent in establishing more supportive attitudes in local health sites. It is worth noting here comments from the students in a recent focus group. They said that were they not involved in the project, they would not have felt that the AHS was trying to be supportive. One of future research directions is a best practice inquiry into sites where students experience quality support and feel valued in their professional network.

It is worth reflecting on how many of these social needs were incorporated into the previous hospital training process that has been replaced by distance mode university training. In some focus groups the students reflected how they felt “owned” by the hospital when they were doing their EN training in the hospitals. It highlights the need for some aspects of the social inclusivity and social support that characterised the previous EN hospital training to be recovered for the current training model. This project has commenced the process of developing a model of collaboration between the university and the Area Health Service that can provide this.
Within the research site we now have a local community that is actively supporting their students. It is hoped through government funding for rural initiatives to attract resources to set up a centrally located group study facility, complete with group study rooms, access to email, telephones, photocopying and with a support person available to inject the personal connectedness and social support that the students reported lacking in their studies, through distance education. We will be evaluating the effect this support facility provides to future cohorts of students from this community.

This pilot has indicated that remote non-Aboriginal students experience in common some of the difficulties faced by Aboriginal students, as reflected in emergent themes. However, Aboriginal students seem to suffer more acutely the effects of these obstacles.

Our ongoing research is focusing on Aboriginal students in particular, using Aboriginal research staff as a means of explicating in greater depth the nature of the obstacles they experience.

THE NEXT CYCLE: THE CULTURAL DIVIDE AND THE NEED FOR AN ORIENTATION

During the focus group meetings it became apparent that some students had experienced difficulty communicating effectively with the university. They were unfamiliar with asynchronous communication, consultation hours and with the use of technologies such as voice mail and email. Almost all students said they found it difficult not being able to find a human voice on the end of the phone. They reported that they did not understand who the people were, and whom they should be trying to talk to, nor did they feel they knew clearly what was expected of them. They were also unclear on the level of support they could expect. One student described her perception of the lecturers when she started her course as “a bit of a demigod”. She said that she “did not know what was a sensible question to ask.” Many commented on how big a step it was just to put in the application, never mind finding the confidence to contact a lecturer.

This prompted the project team to lead a discussion on the university culture, the cultural differences between the university and the remote community, and the best way to communicate with the university. Students rated this workshop highly and it was particularly useful to the students of Aboriginal background, who had experienced some disorientation and discomfort while negotiating appropriate time frames within which to fulfil course requirements.

As a result it was decided that it would be more appropriate for this information to be dealt with before the students commenced their studies. Approval has been received to trial a cultural orientation during the first residential school in February 2001.
The aim of the orientation workshop will be to:

♦ assist new students to better understand the university culture;
♦ encourage students to reflect on the constructs of their own culture (their learned value scale and communication patterns);
♦ assist students to understand how they interpret other people’s behaviour through this learned value scale (their “cultural lenses”);
♦ assist students to realise the necessity to develop skills in communication and time management to survive effectively in the university environment;
♦ develop awareness of who to go to in the University and the AHS to receive support;
♦ promote a sense of personal connectedness with University, Wammarra and AHS staff; and
♦ assist students to view misunderstanding in term of system errors that are predictable and unintended consequences of cultural difference, rather than as personal failings.

It is agreed that the orientation should be fun, and elicit in the students the emotional response that is triggered by real life situations. The activities should focus on the communication dynamics between people of different cultural groups. Through interacting with members of the “other” culture, participants should gain some experience in the problems and difficulties that can arise as a result of the different cross-cultural orientations to time, social obligation and communications. The debriefing should encourage reflections on way the university culture will impact on their studies and highlight the need to develop competencies in specific technical areas.

The orientation will consist of:

♦ a group workshop which includes simulation games, role plays of case studies and student panels; and
♦ two teleconferences.

The simulation game will be an adaptation of Bafa Bafa\textsuperscript{14}. This is a simulation of two different cultures which provides students with the opportunity to “visit an unfamiliar culture” and develop skills for observing and interacting with people of different cultures.

Case studies that highlight incidents of cross-cultural difficulty have been drawn from our research study. These could be role played. The discussion will draw out the strategies that can more effectively manage these situations.

Students who have been involved in the first year of our Remote Classroom project will be invited to participate in two student panels. The first will focus on communication between: student — student; student — lecturer; and student — AHS.

As the participants in our research group have found teleconferencing to be a valuable communication tool, the session will conclude with a brief teleconference with one of
the lecturers. The second student panel will focus on time management and each student will prepare their macro time management plan for session one.

A final activity will be designed to provide the experience of contacting units within the University. Students will be requested to carry out actions such as:

- go to the library and obtain a copy of the 2000 exam paper for NRS 116;
- email the AHS librarian to request relevant material for the second assignment;
- email the course co-ordinator to request an extension on an assignment;
- contact the learning skill adviser at Wammarra;
- exchange email addresses with one of the participants and send an email to them; and
- post a message on the forum.

The follow up teleconference activities are proposed to:

- provide the students with a positive experience of teleconferencing;
- develop skills in effective teleconferencing protocol;
- promote a sense of connectedness with the area health service and the University; and
- alert students to the support services available.

The AHS, Wammarra and the School of Nursing at Charles Sturt University (CSU) hope to demonstrate the benefits of a collaborative relationship to solve this public health problem through community capacity building.

I would like to conclude with some comments made by one of the students participating in the Remote Classroom project. She rang me to tell me that she had organised a teleconference at the weekend to discuss the upcoming exams in the psychology of nursing subject. She had involved not only the students who have been participating in the research project, but other students with whom she has developed a relationship. Seven students participated in the teleconference. She facilitated the teleconference and gave all participants a clear understanding of the protocol each was to observe. She took notes of the meeting and sent each participant a copy.

She described the experience as “extremely valuable for all the women”. One woman commented, “that one hour on the phone saved me eight days of study”.

This student said her involvement in the Remote Classroom project has, “given me so much. I am so much better organised. I can communicate better, and I think more strategically.” She commented that one aspect that has been very important has been “the effect on my relationship with the Koori members of our community. I feel that when I start practicing as a RN, and I am working with an Aboriginal patient, I will be able speak to the Koori ENs I have come to know and ask them for advice if I need it. I would not have been able to do this if I had not been involved in the project.”
Her concluding comment was, “All Area Health Services should adopt this model of support. It is fantastic.”

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AUTHORS

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