THE EXPERIENCES OF INDIGENOUS HEALTH WORKERS ENROLLED IN A BACHELOR OF NURSING AT A REGIONAL AUSTRALIAN UNIVERSITY

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Abstract

In Australia, the Indigenous health workforce is in urgent need of Indigenous health professionals with credible qualifications in higher education that they can draw upon when attempting to influence government policies and health strategies. One way that this can be addressed is by Indigenous health workers gaining a Bachelor of Nursing degree. This paper reports on a study that focused on the experiences of Indigenous health workers, and how they have met and overcome significant and specific challenges in higher education to become registered nurses. The active involvement of five Indigenous health worker participants is described and their experiences discussed in relation to cross-cultural awareness; financial, cultural, academic, family and peer support; stress factors; staying motivated; and the many and varied issues that impact on confidence levels. The paper provides a number of recommendations for improving the student support mechanisms for Indigenous health workers to overcome barriers to successfully participating in, and graduating from, higher education degree courses.

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Introduction

In Australia, although Indigenous people were involved in the delivery of health care from the 1930s and 40s (Abbott & Elliott, 2014), they were excluded during that time from the decision-making processes that informed the delivery of that health care (Franklin & White, 1991). Today in Australia, although the Indigenous health workforce is made up of many highly skilled individuals delivering primary health care, their status as health professionals is under-recognized because of the ambiguities that surround their roles (Genat et al., 2006). This is in sharp contrast to other allied health professionals, such as doctors and nurses, who have clear professional health roles and are respected for their experiences and knowledge within the workplace. Because of this divide, the Indigenous health workforce is rarely called upon to participate in or to develop and implement government policies and strategies that can improve Indigenous health outcomes. One way to address this situation would be to establish an Indigenous health workforce with relevant and nationally recognized professional qualifications. Currently in Australia, there are small cohorts of students from one regional university that have started to make the transition from Indigenous health workers (IHWs) to registered nurses. The objective for these IHWs is to gain the professional qualification of a Bachelor of Nursing and then to use this qualification to become a voice in advancing Indigenous health issues. Their gaining of a higher education qualification will not only increase their impact as registered nurses in the decision-making processes for improving Indigenous health services but will also assist greatly in what has been termed “Closing the Gap”. The “Close the Gap” campaign is a government initiative to narrow the life expectancy gap that exists between Indigenous and non-Indigenous Australians (Calma, 2010). According to the Australian Bureau of Statistics (2013) and the Australian Institute of Health and Welfare (2013), the life expectancy at birth for Aboriginal and Torres Strait Islanders in 2010–2012 was 69.1 years for men and 73.7 years for women, whereas non-indigenous life expectancy ages were 79.7 for men and 84.2 for women. Only a few years earlier in 2008 the life expectancy gap for Indigenous Australians was up to 20 years less than non-Indigenous Australians (Pink & Albion, 2008). The lower mortality rate of Aboriginal and Torres Strait Islander children (Close the Gap Campaign Steering Committee, 2014) may be one reason for the narrowing of the life expectancy gap we see today; however, there is still a lot of work to do to in the area of chronic diseases to continue this trend.

Our research reports on a study of five IHWs enrolled in a Bachelor of Nursing programme. Throughout their experiences each participant reported a number of potential barriers that hindered their progression through the degree course. Recommendations have been made to overcome these barriers (Borbasi, Jackson, & Langford, 2008) based on this research, which was conducted in 2010.
Methods

A qualitative, interpretive research approach was used, which included in-depth participant interviews and a follow-up focus group interview that explored the responses of each of the participants.

Participants

Five Indigenous students who were enrolled in the Bachelor of Nursing programme at an Australian university and who were also experienced IHWs were invited to participate in the research. All participants completed the study. The participants’ work experience as IHWs ranged from 15 to 20 years. Their ages ranged from 36 to 52 years. There were three females and two males; four were of Aboriginal decent and one was a Torres Strait Islander. All participants were the first in their family to study at a tertiary level. They were provided with a “Participant Information Sheet” that detailed what the study was about, what they would be required to do and their right to refuse or withdraw at any stage. Those students that volunteered to participate signed a consent form. Ethics approval was given by the university’s Human Research Ethics Committee.

Interviews and focus group

The Indigenous author of this paper conducted each of the in-depth interviews and the group interview. Each individual interview was of an hour’s duration in order to gain a comprehensive account of the participant’s experiences. The interviews were audio recorded with the participants’ permission and later transcribed. A one-hour focus group involving all five participants was held following the individual interviews and this session was audio recorded and transcribed. All of the participants were known to each other. The focus group session enabled the participants to hear the views of other participants and to expand on what they had thought of and how they had responded in the individual interviews. The questions asked in the individual interviews and the focus group were the same and were open ended to enable participants to explore their experiences. Further questions were asked for clarification purposes if necessary. After the interviews were transcribed, the transcripts were returned to the participants for verification that the information contained was an accurate record of their responses.

Examples of questions:

- What are your experiences of being a nursing student?
- Do you think your experiences are different because you are an Indigenous Health Worker?
- If so, how?

Analysis

Thematic analysis was undertaken of the transcripts with each theme coded manually. The thematic analysis process by Braun and Clarke (2006) was used and involved three steps: 1) transcription; 2) coding; and 3) analysis. While undertaking the analysis process coloured highlighters were used to identify different key words and themes for coding. Throughout this process the reading of content was repeated three times to ensure that no themes were missed and to delete themes that were repetitive.

Results

The analysis of the transcripts comprised six themes:

1. Recognition of prior skills
2. Issues pertaining to work and study
3. Support
   a. Financial
   b. Cultural
These themes are presented in detail giving examples of participants’ comments.

1. **Recognition of prior skills**

   The recognition of prior IHW skills for consideration for course exemptions was regarded by all the participants as important. Participant 3 said, “As Indigenous health workers, we have child health, we have women’s health, we have community health, alcohol and drug, antenatal, hearing health and mental health.”

   Each participant felt that they had already met the course objectives for some nursing courses within their role as an IHW and, although eventually successful in getting this recognized, there were difficulties. Participant 5 strongly articulated the stress associated with gaining credit for previous relevant experiences and stated:

   When we applied for exemptions we were told, “Just because you’ve done this and you’re Indigenous doesn’t mean you’re going to get it.” We ended up getting them, but it took a lot of paperwork and undue stress, no, it’s not just because we are Indigenous, but the fact that we have done the training.

   Participant 4 was very excited with the outcome saying, “I’ve got a diploma of primary health care. I’ve got four exemptions, so yeah I reckon that’s given me a good foundation.” This participant felt it was certainly worth applying.

   During the group interview Participant 2 said, “We have a background in health so we relate to our patients better by studying at university.”

   Participant 1 had the most positive experience and expressed their gratitude by saying, “It really empowered me receiving exemptions due to my Indigenous health worker qualifications.”

   All participants agreed that receiving exemptions toward their nursing degree would enable them to complete their degree faster.

2. **Issues pertaining to work and study**

   There were a series of barriers to providing good health care for Indigenous patients that were identified, such as increasing the number of Indigenous nurses, overcoming negative perceptions of non-Indigenous students, and improving cultural awareness. Having Indigenous nurses providing health care for Indigenous clients was identified in this study as one of the main areas that could improve Indigenous health. The importance of having Murri nurses in the nursing workforce was mentioned by Participant 3: “We need more Murri nurses. We get a lot of Murri people coming into the hospital and some nurses are not culturally appropriate.”

   Participant 5 recommended “having Murri registered nurses, a couple in every town to look after our people is what is needed”.

   All participants expressed that having more Indigenous registered nurses would be beneficial for the health outcomes of their people. Participant 3 said, “There are still a lot of negative comments made by nursing staff and doctors about Indigenous people.”

   Participant 5 said, “Murri people don’t want to go to hospital or to a doctor, they see hospitals as a dying place.”

   Participant 2 said that because of limited health education most Indigenous people do not understand the benefits of going for regular health check-ups: “I’ve been to see a Murri patient as a health worker who died of a heart attack, because their cholesterol was through..."
the roof and all their veins and arteries were blocked off.”

During the group interview Participant 5 said:

We need that culturally appropriate professional, so Indigenous people won’t be too scared to go in to a hospital ... In the city hospitals our Murri patients have to go downstairs just to get a bit of bush, because they’re all homesick.

Participant 4 said that it is important for Murri nurses to be on the wards and that “seeing my black face go down the corridor makes them realize, yeah we’ve got a Murri nurse here ... and it’s not a bad place to go”.

All participants expressed that there were health benefits for Indigenous patients when they were cared for by nurses from their own culture.

The group expressed varied experiences of their interactions with other students. Participant 3 said that while doing a group work assignment, “the other students find out that you’re Indigenous and they back away ... because they think all Indigenous people get handouts”.

In the focus group interview there were both fair- and dark-skinned Murris. Participant 5 said, “I suppose the difference with me is they see the dark skin first, whereas with fairer skinned Murris they don’t know where they’re sitting.”

Participant 3 noted that the response from the international students was different from that of the mainstream nursing students: “I think with the international students, they want to know about Australian history. I think the Australian students don’t seem to have the compassion as much as people from overseas do.”

Participant 4 supported this notion and said international students have experienced racism from our mainstream nurses. Participant 4 gave this account: “I’ve seen a non-English student getting treated badly on clinical, I felt sorry for him, but it’s something that in Australia we have faced every day of our lives.”

All participants expressed at one time or another that they had encountered breaches of cultural protocols towards Indigenous people. Participant 3 said that more is needed to bring awareness of this deficit area: “Cultural awareness training should have happened years ago, it stops a lot of the ignorance, I’m glad that nursing does teach it and it should be mandatory.”

Participant 1 agreed with this comment and noted that there were no excuses: “Nursing students have been taught Indigenous health at university level; they also learn the code of ethics and the code of conduct.” Participant 5 added, “Most of our Murri people have lost somebody, so it is important to give them culturally appropriate care.”

All participants agreed that improvement in cultural awareness training in health care is urgently needed.

3. Support

a. Financial

The study identified two major sources of financial support: the National Indigenous Cadetship (NIC) programme and the Indigenous scholarship. All participants said that without financial support they could not complete their degrees in the required time, if at all. Participant 3, who received an NIC, said, “Yes, it was helpful, good financial support, when Murri people do not achieve something it is generally because of finances.”

Participant 4 made this comment concerning the scholarship: “I was actually one of the recipients of an Indigenous scholarship and that’s been helpful financially. I couldn’t be here without that financial support.” Participant 5, who had to support their family financially while studying, said, “The biggest stressful thing is lack of finance; that’s what killed me.”

Participant 2 also acknowledged that support from the scholarship was necessary and
in the group interview said, “You’ve got to do about 20 weeks clinical and the scholarship helps pay your bills when you take leave from your job, so without it I wouldn’t have been able to complete my nursing degree.”

Participant 5 stated, “Without the support of the Indigenous nursing academic in the nursing department we wouldn’t be here, they got us in touch with the Dean of Sciences who paid for textbooks for us that was like a cost of $600 to $800.”

All participants spoke about the importance of receiving financial support.

b. Cultural

The participants collectively acknowledged that having an Indigenous student support unit at their university was very helpful. Participant 1 spoke about the reason for attending the Indigenous support unit: “I go to the Indigenous support unit to access the computers when I need to; I’ve also got a locker to keep my things there.”

The Indigenous support unit also has extra tutorial support for science-based nursing courses. In contrast, Participant 3 said, “I feel comfortable speaking with my mob [people] and I would have liked more support, but I didn’t receive any support from the Indigenous support unit except for the ITAS [Indigenous Tutorial Assistance Scheme] tutor.”

Participant 5, who went to the unit frequently, said, “Over at the Indigenous support unit everybody knows everybody; we get together and meet other Indigenous nursing students.” This student also supported newly enrolled Indigenous nurses by “yarning” (talking and sharing experiences) with them.

c. From academic staff

Two participants commented on the importance of support from the other mainstream academics in the nursing department. Participant 1 said, “One of my nursing examiners actually put my name into a certain class because we had a chat about my work and what would suit, and she’s probably forgotten all about it, but it really helped.”

Interacting with non-Indigenous academics was a new phenomenon for many of the participants. Participant 2 said, “Staff members in the nursing department were very supportive; the programme coordinator helped me work out my progression to finish my nursing degree earlier.”

Participants acknowledged the value of academic support received from mainstream nursing academics to help them achieve success.

d. From Indigenous nurse academic

Cultural support for students was provided by an Indigenous nurse academic. Participant 1, who felt that this support was essential to their remaining at university, said:

When the Indigenous nursing support person from the nursing department phones, it’s giving the message that there’s someone here who hasn’t forgotten you and they have taken the time to ring up just to say, “How are you going?”

Participant 5 said:

The personality, professionalism and the cultural way that the Indigenous nursing support person approaches Indigenous nursing students here is why this university has such a large number of Indigenous nursing enrolments. I remember their famous words: The system isn’t set up to make you fail, but you have got to do the work.

When the participants were enrolling in the nursing programme, they were asked by the Indigenous nursing academic to enter into a written contract. All participants agreed and said that this helped motivate them to stay on track because they had given their word. Participant 1 said:
The Indigenous coordinator in the nursing department encouraged all of us to sign a written contract saying that this is the journey that we’ve undertaken and that we’re going to stick with it and that we will see it through no matter what. It really worked.

The Indigenous nursing academic in the nursing department had previously undertaken the same Bachelor of Nursing programme as the participants.

e. From family and peers

Having a strong family support was a factor that all participants cited as being important, especially during stressful times. Participants 2 and 4 emphasized this belief saying that although family responsibilities were difficult to maintain, they had their families’ support. In contrast, Participant 3 had an extended family member that was very discouraging about their decision to study for a nursing degree: “One of my sisters was very jealous that I decided to study. I think it was because she felt that because she was older, that she had missed the opportunity to study.”

Participant 1 said, “My partner is an extremely strong supporter so they are the one that usually cops all my debriefing and frustrations.” Participant 4 also felt very well supported by their partner and said, “You know, my partner would take over a lot of the roles at home.” This participant also said their work manager provided much support: “I went to my manager and debriefed when things got tough, they pepped me up and gave me the ‘Come on you can do it, we’re all behind you.’”

Both family and peer support was important to the participants. Participant 2 said, “It was good to know that there were other Indigenous nursing students around.” Participant 4 agreed: “I’m pretty grateful that I’ve got a colleague that I work with very closely and also go to university with. We both support one another and I’m also the first in my family to study at university.”

Participant 1 said, “I actually get a bit of a kick out of seeing other Indigenous students succeed. I really find that personally satisfying.”

Participant 5 expressed appreciation for the cultural peer support of their colleagues in a different way, saying, “It would have made me feel guilty if I failed and I feel I would have failed my colleagues as well.” This student said they did not want to “break the chain” and fail any nursing courses.

4. Racism

All participants said that they had often encountered racist remarks during their course. Participant 5 said, “There’s still a lot in the white nursing students that make negative comments about Indigenous people and you hear it in class, it makes you feel like walking out.”

Participant 2 told of an encounter at university with another student:

They said, “No good putting them in a house, they will knock it down and actually start fires with the wood.” I said, “Look you know I’m Aboriginal, I actually own my own home.” It just makes you wonder when they actually do become registered nurses how they’re going to treat Aboriginal people on the wards.

Participant 4 said, “At university we get taught all this code of conduct stuff and ethics, and not to discriminate and then we’re given it from other nursing staff in the workplace.”

Participant 5, referring to a derogatory comment they had overheard a hospital wardsman saying to a nurse while the participant was on clinical practice, said, “You know, Gin and Boong are derogatory terminology for Aboriginal people so don’t use them, it’s like me saying a whiffer or a gover or a wadgie, you know putting white people down.”
a. Low expectations

The participants revealed that others’ expectations in the community were nearly always lower for Indigenous students. Participant 1 said, “In high school it almost seemed that it was expected that we as Indigenous students weren’t going to perform as well as the others.”

It was common for participants to be motivated by negative life experiences in order to prove that they were just as good as anyone else. Participant 1 said, “In the eyes of the general public I think we probably have more to prove, our pathway is often harder.” Participant 4 added, “There’s always that belief by mainstream nurses that we can’t be as good as they are.”

Although the participants experienced the negativity of others, it did not deter them from continuing in their studies. Participant 4 said, “I spoke to some of the white nurses before I started, they said, ‘Make sure you apply yourself, it’s hard’ … you could pick up their negative vibes.”

Participant 2 made a comment which the rest of the group agreed with:

It’s the norm for non-Indigenous people to go into higher education, it’s something they’ve got to do after they go to school, whereas black fellows, not one person from my family has a degree in higher education, so it’s not the norm for us.

Although the low expectations that non-Indigenous students have of Indigenous students succeeding were recognized and discussed, they did not impact on the Indigenous students’ ability to complete their nursing degrees.

b. Stresses

Racism in the workplace and at university, as well as many people having lower expectations of the Indigenous students, was stressful for the participants. There were also other areas of concern common to many students regardless of their Indigenous background, such as shyness, managing home life, and the emotional and physical stress of managing work and study. Participant 4 said:

Indigenous people are shy so until they sort of get to know somebody in the class or whatever, so support is a big thing for us Indigenous students, we are used to being together, it is a cultural thing.

Participant 5 was more stressed about managing all the personal and domestic responsibilities at the same time as trying to pass the nursing courses, feeling that all eyes were watching and waiting for failure:

We’re trying to manage a fulltime job, family, study and on top of that you know along the way we face criticism from fellow colleagues that are probably not outright criticism but you can certainly hear it in the tone.

Participant 4 spoke about the emotional and physical stress: “Emotionally and physically it’s stressful studying at the best of times.”

Participant 2 spoke about receiving study leave from work: “We’ve now heard that we’re only entitled to five days for the whole semester, I don’t know how we’re going to do that.”

Study leave from work was an ongoing issue and was the single thing that caused the students the most stress. They did not know whether they could return and complete their studies and had to proceed on a day-to-day basis.

c. Confidence levels

While the challenges experienced by some Indigenous Australians will impact negatively on confidence levels, other factors can have the opposite effect. Many years ago Participant 1 had been removed from their mother under the government policy of assimilation, and was adopted by white parents:
My foster parents taught me my Indigenous heritage was a positive thing and I think that’s helped when it comes to things like people making racist remarks. I don’t carry a chip on my shoulder because I was taken away from my mother when I was born. I could carry a huge chip and say “woe is me” but that’s not how my foster parents modelled life for me—I’ve found a reason to channel that positive energy—so there are a lot of things like that which underlie my study journey.

Participant 1, however, stated that there are a lot of barriers that have arisen that would not be an issue for mainstream students: “A lot of us come from really disadvantaged backgrounds than what people generally understand.”

Participant 3 articulated how university studies have impacted positively on their confidence levels: “I’m going to be a professional, I’m going to be as good as I can be in the postgraduate space, it’s given me confidence, and my self-esteem is probably higher than I had before.”

Participant 4 added to this by saying, “All I know is, I’m breaking down barriers and I’m going to be an Indigenous registered nurse and I’m going to be making a difference with our people.”

The confidence levels of Participant 2 were lifted when they got invited to study medicine:

I got asked by someone to go off and do medicine, they see what high marks I am getting and they said, “Oh you could go off and do it” and at the end of the day, maybe I could, I now have the confidence to do anything I want because I’ve got that nursing degree.

This participant is currently enrolled in a Master of Nursing programme.

5. Staying motivated

Barriers to study arise in a variety of areas. Some participants spoke about these common barriers to study and the strategies that they had implemented to overcome them.

Participant 1 said, “I’m fairly resourceful when it comes to dealing with challenges; if you find a blockage here, you dig a hole around the side around it.”

Participant 3 said this about a personal issue: “When I was under stress dealing with a personal issue, my family said to me, ‘You are trying to take on too much, defer your studies.’ I said, ‘No, because my study keeps me sane.’”

Participant 4 spoke about financial barriers: At the beginning I was negative because of the financial issues and I thought I wouldn’t be able to do it, but passing all these courses, and getting a few of those high distinctions along the way, I really felt boosted, made it all worthwhile.

Despite these barriers and challenges the students still graduated.

Students spoke of their drive to stay motivated. Participant 1 identified the most significant motivation for coming to university, which was to advance their education: “We all have a common Indigenous health background and so I think that forms part of the motivation, part of the drive, and the reason why we are where we are today.” Participant 1 went on to say, “I felt that I needed to be challenged more and learn more things, as an Indigenous health worker, I’ve been in the game now for about 17 years.”

Participant 4 said a motivating factor in doing their Bachelor of Nursing is so they can be involved in the decision-making processes that affect Aboriginal people: “I know when I finish this nursing degree, I will be able to lower the burdens, making good decisions for my people.”

Participant 5 said that the nursing degree is just the beginning of their career: “At the end of the day I want to go further, get into management hopefully. Now I’ve done the degree there’s nothing to stop me.”
All participants said that the biggest single factor in motivating them to make the transition from an Indigenous health worker to a registered nurse was to contribute to “Closing the Gap” in life expectancy between Indigenous and non-Indigenous Australians.

6. Role models

The following presents individual accounts of how some participants have been inspired by role models and have become role models themselves. Participant 1 said of being a role model:

I’ve spoken to young Indigenous students doing the certificate three in Primary Health Care and the TAFE [college] here about my journey as a health worker and my most recent journey into studying nursing and I’ve noticed the light sort of come on in their eyes and they’re thinking, “I can do this.”

Participant 4 articulated how they became a role model for their community and the impact studying nursing had on others:

My dad was in hospital talking to this doctor, and he said, “My daughter was here doing her clinical for a month”, and the doctor said, “What was her name?” My father told him, and he said, “I knew her, she is going to be a good registered nurse.”

Participant 4 also currently coordinates an Indigenous mother and babies group in the community:

Some of our girls now, from that Mums and Bubs group, are actually going to TAFE [college] so I know that I must be doing something for them to be looking up and saying, “Well if she can do it ... I can do it too.”

Participant 5 underlined the importance of being a community role model:

I wrote in one of the promotion pamphlets for the university that I wanted to be a role model for other Indigenous people and show them that anybody can do it because I mucked up at school, but I come to university and it’s all about determination and what you want to achieve in life.

The participants believe that their contribution as role models will be much greater as registered nurses.

Discussion and findings

The findings from this study show that the participants’ experiences strongly indicate that there are a myriad of barriers and challenges experienced by IHWs that affect their progression in the Bachelor of Nursing programme. The five IHWs who took part in our research were able to express their individual experiences in depth, provide insights into their sometimes difficult journeys in academe, and provide valuable information for the future development of how IHWs can overcome barriers to successfully participate and graduate with higher education nursing degrees.

Our study revealed that one of the main factors that caused the participants a great deal of distress was applying for exemptions. It should be noted that all IHWs in this study had relevant and proven skills, including clinical, health promotion, education and leadership roles (Abbott, Gordon, & Davidson, 2008). All, after individual review, were awarded exemptions on registering. Prior to our study there were no recognized exemptions for IHWs toward a Bachelor of Nursing degree, therefore the nursing department arranged these exemptions on a case-by-case basis, matching experience to course objectives. The literature supports the advantages of providing exemptions for prior learning (Josipovic, 2000), which should take place in all universities so as not to disadvantage and discourage students. This
provision of awarding exemptions is also a recommendation in the Report of the Indigenous Nurse Education Working Group for IHWs training to become registered nurses (Office of Aboriginal and Torres Strait Islander Health, 2002).

The participants thought that one reason it may have been difficult for them to receive exemptions (Lea, 2009) is because IHWs are often perceived by nurses as having limited prior qualifications. Jackson, Brady, and Stein (1999) also identified this often false assumption, saying that “nurses have a lack of understanding of the roles and functions of Aboriginal health workers” (p. 100). Applying for the exemptions and receiving them after minimal investigation alleviated the workload stress of the cohort in our study.

Another finding was the strong desire among the participants to become empowered through education and to have a more influential role in the policy making and provision of better health care for their people. In his 2005 social justice report, Tom Calma, Aboriginal and Torres Strait Islander Social Justice Commissioner, said, “Aboriginals are twice as likely to use public hospital systems and twice as likely to be hospitalised” (Daly, Speedy, & Jackson, 2010, p. 306). Armstrong (2004) argues that Indigenous health professionals are not only culturally appropriate, they deliver health care in a holistic way. Some of the data in relation to Indigenous health care indicates that this is why the participants were frustrated as they were subjected, without any question, to Western health professionals and their established medical models, which, as Maher (1999) notes, are vastly different from Indigenous health belief systems. Another finding in our study, which is supported in the literature (Nguyen, 2008; Walton & Marriot, 2008), is that many Indigenous people are afraid not only of being away from home and family but of Western hospitals where they believe they will die rather than be healed.

The topic of non-Indigenous students’ perceptions of Indigenous nursing students is not well reported in the literature. This may be because there are limited cohorts of Indigenous nursing students enrolled in nursing programmes. However, two studies (Usher, Lindsay, Miller, & Miller, 2005; West, 2012) reported that Indigenous nursing students felt that they were often treated with indifference by both non-Indigenous students and staff.

Some participants said that they were often faced with issues of staff and students asking questions about their Indigenous identities because of their dark and light skin colours. Another important finding from our study was that some international students were also being discriminated against while undertaking a clinical placement and that made them more sympathetic to the disadvantages experienced by the Indigenous students. This discriminatory treatment, although unacceptable, did not deter the participants or prevent them from succeeding in their nursing studies.

In our theme “Issues pertaining to work and study”, there are many references to cross-cultural awareness and this is strongly supported by the Nursing Council of New Zealand (2005), which states that “unsafe cultural care compromises the cultural identity and wellbeing of an individual”. Omeri and Ahern (1999) say, “Nurses are expected to have a therapeutic relationship with their patients, which cannot be achieved without an understanding and respect of other cultures.” Similarly, Trudgen (2001) believed that the cross-cultural communication gap in health care is the main reason underlying Indigenous peoples’ continuing loss of control over their lives, and says this loss of control “perpetuates the ongoing health crisis”. Importantly the Indigenous participants advocated for staff cultural awareness training as a way of improving health care delivery for their people. However, after this study, the university agreed to address this and now has cultural awareness training included in staff workplace induction workshops.
This study identified the many areas of support that Indigenous students need in order to succeed at university. Finance was a key area as well as cultural and academic support followed closely by family and peer support. The study showed that support from both Indigenous academic staff and non-Indigenous academic staff was vital to the participants remaining enrolled and progressing in their nursing degrees. The participants said that entering into a written contract with the Indigenous support person in the nursing department motivated them to remain committed to their nursing studies and complete their degrees no matter what.

All participants stated that economic difficulties impacted heavily on their university studies and this is widely reported in the literature (Hossain, Gorman, Williams-Mozley, & Garvey, 2008; Sharrock & Lockyer, 2008; Usher et al., 2005). Our findings that participants were recipients of family and peer support were a common theme. However, this area is not given high importance in the literature. The literature does, however, indicate that factors such as disruption to family life, attending funerals on a regular basis, and cultural obligations to support community members can impact negatively on a student’s ability to succeed (Office of Aboriginal and Torres Strait Islander Health, 2002; Sanderson, 2000). Our study shows that all of the participants have been very supportive of both their peers and other Indigenous nursing students that were new to the course.

Most of the participants gained a great deal of cultural and social support knowing that there were other Indigenous nursing students studying at the university. This is reflected in the literature by Usher et al. (2005). The literature also indicates that it is important to provide an Indigenous student support unit where students can study in a quiet place and have access to computers and the internet (Hossain et al., 2008). Participants in our study felt very supported by the Indigenous nursing academic as well as from the non-Indigenous nursing academics but this contrasts with much of the literature, which reports negative experiences of Indigenous nursing students (Usher et al., 2005; West, 2012). As a result of these practical support measures, the participants developed a sense of determination and resilience, which helped increase their confidence levels to continue in their studies and complete their degrees.

The participants gave examples of how racism impacted on their study as well as other stresses, such as family and work commitments, but the participants were determined that these stresses were not going to stop them graduating. Goold and Liddle (2005) highlighted accounts where negative and sometimes derogatory attitudes of hospital staff were directed toward Indigenous nursing students. The issue that distressed the participants most was that during clinical placements, Indigenous nursing students had witnessed Indigenous patients having to deal with racist behaviours from hospital staff (Australian Medical Association, 2007).

Coffin (2007) states that other stresses experienced over a long period of time can have a negative effect on the mental and physical health of individuals who experience racism. Taylor and Guerin (2010) add that racist practices in health care can be overt, such as not implementing long overdue health programmes; not having positions clearly identified as being for trained Indigenous staff; restricted university quotas; and limited employment training schemes. The participants spoke about their and their Indigenous patients’ experiences of racism, and that racism must be clearly identified and widely accepted as a serious social determinate of health (Taylor & Guerin, 2010). What was impressive in our study was the strength shown by the participants to not allow racist practices and attitudes to impact negatively on the progress of their studies. At times each participant had been subjected to insulting comments by others, which indicated that their success was somehow unexpected. Unfortunately, the literature shows that expectations for Indigenous
nurses have always been limited (Goold & Liddle, 2005).

Participants commonly experienced stress due to study load, difficult home life and work commitments. The literature revealed that Indigenous Australians experienced many more stressful events than non-Indigenous Australians primarily due to the ongoing effects of historical and cultural marginalization (Day, Giles, Marshall, & Sanderson, 2008). A variety of factors were found to motivate the participants to achieve success in their university studies, including wanting to be challenged, help their families and their communities, and contribute to “Closing the Gap”. Being able to participate in the decision-making processes for community was a common motivator for the participants as they felt as IHWs they could never do this. Zeldenryk and Yalmambirra (2005) state, “Communities develop a sense of communication and emotional support ... as members generate shared beliefs, traditions and goals through shared occupations.” This is also the view of Bourke, Burden, and Moore (1996, p. 4), who state that “many Indigenous students came to university to meet the expectations of their communities”.

Participants emphasized the importance of good role models and how these could encourage Indigenous students to continue and succeed in their studies. All the participants said that Indigenous nursing academics were very influential role models. The literature shows that there can be a flow-on effect from positive role modelling, which lifts self-esteem and helps some to gain employment and contribute more fully to the community’s overall health (Armstrong, 2004). A recommendation from the Report of the Indigenous Nursing Education Working Group (Office of Aboriginal and Torres Strait Islander Health, 2002) says that the provision of role models for young Indigenous people is an important way to motivate them to continue their education and to encourage them to take up careers in health.

Limitations of the study

The major limitation of the study was the small number of participants. This was unavoidable in the research because of the small cohort of IHWs enrolled at the regional university where this study was conducted. Inevitably there will be factors that impact on Indigenous people in their personal lives (and would influence their performance at university) that were not revealed in the interviews or were not identified due to the limited sample size. Having one Torres Strait Islander participant was not representative of this population, any more than were the other four Aboriginal participants. These issues and similar will be addressed in future studies.

Conclusion

The participants in the study have clearly indicated what the barriers are to graduating from higher education. Our research shows that there are many areas where the experience and successful university education of Indigenous Australians can be improved, thereby increasing the potential for them to graduate and succeed in the profession. It is essential that their past experience in the Indigenous health arena is recognized and the appropriate exemptions in line with their certificates of attainment are awarded with the minimum amount of stress on the student. These certificates of attainment could be achieved with formalized career pathways for IHWs to become registered nurses, and the promotion of a culturally sensitive teaching and learning environment.

There are many areas of support that are required in order for Indigenous people to succeed and progress with their studies in all subjects. The main area is financial, which can be addressed by assisting students to access the many scholarships awarded for clinical nursing placements. It is also essential that academic nursing staff are aware of the many problems
that can be experienced by Indigenous nursing students. Indigenous issues should be considered at nursing meetings and appropriate support services developed. Written contracts between Indigenous academic staff and Indigenous students are effective and empowering and should be used to both track student progression and encourage students to continue and complete their nursing degrees.

Overt (and more subtle) racism is a common problem identified by the participants. A more structured formal complaint process within the Indigenous education unit (including an anonymous hotline number) would enable students to access cultural support. In addition, an Indigenous culturally specific counsellor should be appointed by the university and advice given to staff and students.

The personal determination of the students to succeed was apparent and there was a high level of resilience as demonstrated by their overcoming of adversity. The research also highlighted the importance of role models so that more information concerning the development of an Indigenous person’s attitudes and opinions in cross-cultural education programmes at universities could build on this strength, along with resilience-building workshops to enable students to learn from each other. Finally, a university-led “Close the Gap” campaign at all university campuses involving participation from mainstream staff and Indigenous health and education students would help focus the university on supporting Indigenous students.

At the time of writing this paper, all participants in this study have attained their Bachelor of Nursing qualification, and are now working in leadership positions in Indigenous health. Four of the five participants have completed post-graduate nursing studies. One has completed a Master of Nursing, one a Master of Midwifery, one a Master of Mental Health, and one a Graduate Certificate of Advanced Nursing Practice (Rural and Remote).

### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal</td>
<td>a mainland Indigenous person of Australia</td>
</tr>
<tr>
<td>Gin and Boong</td>
<td>derogatory terms used by some non-Indigenous people to describe Indigenous people of Australia</td>
</tr>
<tr>
<td>IHWs</td>
<td>“Indigenous health workers”, which includes Indigenous persons from both Aboriginal and Torres Strait Islander descent</td>
</tr>
<tr>
<td>Indigenous</td>
<td>In this article, “Indigenous” refers to Aboriginal and Torres Strait Islander people of Australia.</td>
</tr>
<tr>
<td>Murri</td>
<td>In this article, “Murri” refers specifically to Aboriginal people from the state of Queensland in Australia.</td>
</tr>
<tr>
<td>Torres Strait Islander</td>
<td>an Indigenous person whose ancestors originate from the Torres Strait Islands in Australia</td>
</tr>
<tr>
<td>whiffer, gover or wadgie</td>
<td>derogatory terms used by some Indigenous people of Australia to describe non-Indigenous Australians</td>
</tr>
<tr>
<td>yarning</td>
<td>talking and sharing experiences</td>
</tr>
</tbody>
</table>
References


Canberra, Australia: Commonwealth Department of Health and Aging.


