

# **THE WINSTON CHURCHILL MEMORIAL TRUST**

## **CHURCHILL FELLOWSHIP 2002/2**

**To investigate Indigenous health taught in nursing curricula and to further investigate support programs for Indigenous nursing students in New Zealand and Canada.**

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Signed

Odette Best

Dated

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### **3. INTRODUCTION**

This report details the findings from a 2002 Churchill Fellowship investigating Indigenous health taught in nursing curricula and to further look at support programs for Indigenous nursing students in New Zealand and Canada. Specific areas of study included;

- speaking to Indigenous nurse academics who teach Indigenous health curriculum
- liaising with Indigenous and non-Indigenous staff who administer Indigenous nursing support programs
- researching and speaking extensively to Nursing Department Academics regarding Curriculum Development and Indigenous health

My visit to these countries and the invaluable experiences I gained would not have been possible without;

- the financial support given to me by the Churchill Memorial Trust. In addition to financial support the high regard of Churchill Fellowships helped open many doors that would have otherwise not been open.
- the support and commitment of the Department of Nursing, Faculty of Sciences at the University of Southern Queensland.
- the Faculties and Colleges of Nursing at Massey University, University of Manitoba and the University of Saskatchewan. Their support and information was invaluable.
- my family.

## **4. EXECUTIVE SUMMARY**

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### **4.1 Project Description**

To investigate Indigenous health taught in undergraduate nursing curricula and to further investigate support programs for Indigenous nursing students in New Zealand and Canada.

### **4.2 Highlights**

Irihapeti Ramsden was truly inspirational for many and varied reasons. Irihapeti is based at the University of Massey, Wellington and is a well-published Maori nurse with an extensive history teaching Indigenous health in curricula and cultural safety. Val Arnault was also truly inspirational. Val is a Cree woman who works at the University of Saskatchewan, Canada. Val co-ordinates the Native Access to Nursing Program. Currently she supports 126 Aboriginal students across 2 campuses. These women are passionate about their work and generously gave many hours in talking to me and showing me their work and programs.

### **4.3 Major lessons**

I have come to thoroughly understand the importance of support for Aboriginal nursing students in their endeavour to progress successfully in undergraduate nursing programs. The University of Saskatchewan clearly demonstrated this for me. I also engaged in thorough discussion on Indigenous health curricula and its vital importance in being taught to all nurses. This helps to equip nurses working within various health settings to be culturally competent practitioners. In implementing these findings it is important to disseminate it to all possible levels. This will be implemented through appropriate staff discussion and also through presenting this at the Congress of Aboriginal and Torres Strait Islander Nurses Conference in October 2003. It is also vitally important for me to liaise closer with the Indigenous Education Unit at the University of Southern Queensland to discuss how a more thorough and combined effort and further support can be offered to Indigenous nursing students.

## 5. PROGRAMME

### 5.1 New Zealand Itinerary

17th February	Fran Richardson (non-Indigenous Lecturer) Massey University, Wellington, Nursing Department
18th February	Denise Wilson (Indigenous Lecturer) Massey University, Wellington, Nursing Department
19th February	Dr Elana Taipapake Curtis (Indigenous) Secretary The Maori Medical Practitioners Association Wellington Hospital
20th February	Maori student orientation program
21 st February	Dr Te Kani Kingi (Indigenous) Massey University Post Doctoral Research Fellow Lecturer Maori Development
24th February	Irihapiti Ramsden (Indigenous) Centre for Public Health Research University of Massey Wellington
25th February	Irihapeti Ramsden Centre for Public Health Research University of Massey Wellington
26th February	Fran Richardson (non-Indigenous Lecturer) Massey University, Wellington, Nursing Department
27th February	Helen Wilson (Indigenous) Research Fellow Centre for Public Health Research University of Massey Wellington

## 5.2 Canada Itinerary

17th March	David Gregory (Dean, non-Indigenous) Faculty of Nursing, University of Manitoba Winnipeg, Manitoba
18th March	Fjola Hart (Indigenous) Indigenous nurse academic Faculty of Nursing University of Manitoba Winnipeg
19th March	Sharon Burns (non-Indigenous) Advisor Counsellor Nursing Access Program University of Manitoba Winnipeg  Nicole Harder (non-Indigenous) Lecturer Department of Nursing University of Manitoba Winnipeg
20th March	Louis Sorin (Indigenous) Regional Aboriginal Patient Advocate Winnipeg Regional Health Authority Manitoba
21st March	Lynda Hart (Indigenous) Southeast Resource Development Corp Tribal Home and community care coordinator Winnipeg
24th March	Norma Stewart (non-Indigenous) Professor of Nursing College of Nursing University of Saskatchewan Saskatoon
25th March	Val Arnault (Indigenous) Aboriginal Nursing Advisor College of Nursing University of Saskatchewan Saskatoon
26th March	Sue Wilson-Cheechoo (Indigenous) Aboriginal Nursing Advisor Department of Nursing University of Saskatchewan Saskatoon

27th March	Rose Roberts (Indigenous) Lecturer Department of Nursing University of Saskatchewan Saskatoon
28th March	Charlotte Ross (Indigenous) Coordinator of Academic Programs for Aboriginal Students University of Saskatchewan Saskatoon
31st March	Yvonne Brown (non-Indigenous) Professor Nursing College of Nursing University of Saskatchewan Saskatoon
1st April	Aboriginal Elders Indigenous student lunch College of Nursing University of Saskatchewan Saskatoon

## **6. MAIN BODY**

The University of Southern Queensland commenced teaching Indigenous Health into their undergraduate nursing program in 2002. The development and writing and teaching of this unit was undertaken by myself as an Indigenous nurse academic in the Department. At this time I felt it necessary to look further a field at Indigenous communities worldwide to facilitate and refine this process of writing and teaching Indigenous health into nursing curriculum. It was at this time that I was successful in gaining a Churchill Fellowship to do this. For myself, as an Indigenous nurse educator, I believe it is vital to teach all nurses about Indigenous health as a core curriculum unit in their undergraduate degrees and secondly, that there is a desperate need to increase the numbers of Australian Indigenous students undertaking nursing degrees. This essentially meant that I needed to access Universities who have implemented Indigenous health curriculum into nursing degrees and also to look at Indigenous student support programs that are supporting Indigenous students undertaking nursing degrees.

Within New Zealand and Canada, this curriculum has been taught in some cases for many years. These countries also have had Indigenous Access Programs to Nursing for Indigenous students, on differing levels, for many years. The Churchill Trust enabled me to take an in-depth look at these programs and also the curricula that is taught by the various Colleges/Faculties of Nursing within these countries. I met many of the teaching staff both Indigenous and non-Indigenous and associated people who are responsible for supporting Indigenous students throughout their nursing programs.

New Zealand within a global nursing perspective has been instrumental in teaching Indigenous health to their undergraduate nursing students for years. It was essential for me to talk to the instigators of the New Zealand experience and also to look at the curriculum that is being taught. In doing this it was necessary to spend time with Ms. Irihapeti Ramsden. Irihapeti was monumental in the issue of cultural safety being taught to both Indigenous and non-Indigenous undergraduate nurses in New Zealand. Irihapeti was also one of the first Maori nurses to publish and teach cultural safety from an Indigenous nurses perspective. She was part of the formation of the National

Council of Maori Nurses in 1983. The three-way push for this organisation was to improve Maori health status, increase the number of Maori health professionals and Maori content in nursing curricula.

In 1990, the New Zealand Nursing Council incorporated cultural safety (Maori health) into its curriculum assessment processes. The following year Irihapeti wrote the first cultural safety guidelines which were adopted by the council in 1992. This process Irihapeti believes was a huge breakthrough in “the nursing profession biting the bullet and taking responsibility for its lack of health professional development and teaching nurses about Maori health”. This I believe needs to be supported by the appropriate Nursing Bodies and Councils of Australia in adopting these strategies as well.

Indigenous health has been taught in differing Nursing Department across New Zealand for differing length of times. However, my focus was Massey University. It was here I managed to spend a great deal of time with Maori Nurse Academics, who have been instrumental in teaching cultural safety and supporting Indigenous nursing students. Currently at Massey the students are taught a Maori Health Foundations Unit. It teaches the student many aspects of Maori health but this also includes issues such as determinants of health, health risks, identity, Maori health development and the effects of colonization. I spoke to many nursing students who articulated the following in regards to Indigenous health curricula in nursing.

Non-Indigenous students stated that:

- the Maori health curriculum was essential in their development as culturally safe practitioners
- understanding of the Treaty of Waitangi increased the desire to work in Maori health service provision

For the Indigenous students they stated:

- that increased desire to work in Maori health service provision
- learning about aspects of Maori health that they had not known prior
- articulating the need for non-Maori nursing students to learn about cultural safety

Whilst here it was clearly demonstrated to myself by Indigenous and non-Indigenous students that this is a vital component of their curriculum and is necessary if they are to be culturally safe and competent nurses in the workplace.

The above issues were also articulated by both Indigenous and non-Indigenous nursing students at the University of Southern Queensland who undertook Indigenous health curriculum in second semester, 2002. This was very valuable time for me to hear these experiences from the student nurses and discussing at length the positive impact being taught Indigenous health curriculum.

Also whilst in Massey University I spent a great deal of time with two nurse educators. Firstly, I met with Fran Richardson. Fran is a non-Maori nurse educator who has taught within nursing for many years. Secondly I met with Denise Wilson. Denise is a Maori nurse educator within the Department of Nursing and has a very similar role to mine. Primarily her role is teaching into the undergraduate nursing degree. However, Denise also plays a large supporting role for the Maori students accessing the program as there is no designated position to Maori student support. It was here that Denise articulated the need for a position within every nursing department for support for Maori nursing students.

New Zealand was a highlight in being able to spend time with Ms. Irihapeti Ramsden. Irihapeti is a remarkable Indigenous nurse, educator, activist who inspired me to continue developing and refining Indigenous health curricula that is taught. My lesson learnt from her is knowing that change does and can occur, that can impact on Indigenous peoples. Irihapeti believes through education of the critical mass, in this case students nurses, change can occur to Indigenous health. Sadly, in the week I flew home Irihapeti lost her battle with cancer. This saddened me greatly and I am thankful that I had this time with her.

Canada taught me many things and was also a very exciting time. I was first based at the University of Manitoba, Winnipeg within the Province of Manitoba. Whilst here I spoke with a number of the teaching staff within the Faculty of Nursing. I spoke at length with Mr. David Gregory who is Professor and Dean of the Faculty of Nursing. David was an instrumental part of a research team which in June 2002 released the report *Against the Odds: Aboriginal Nursing, National Task Force on the Recruitment and Retention Strategies*. The report was also done in conjunction with Ms. Fjola Hart who is an Indigenous nurse academic at the University of Manitoba and also

President of the National Canadian Aboriginal Nurses Organisation. Ms Hart works at the Whitehorse Campus of the University which is approximately 6 hours drive north of the Winnipeg Campus. I spoke at length to Ms. Hart via phone. Fjola discussed at length the importance of producing such a report and identified that five themes that would dramatically increase the number of Aboriginal students. These are:

- Preparation
- Recruitment
- Admission, nursing access and bridging programs
- Progression
- Post-graduate recruitment and retention

Reading this report and after speaking to David and Fjola I was surprised at the depth of similarity between Canadian Aboriginals and Australian Aboriginals nursing students. The Australian experience is similarly discussed in the 'getting em n keepin em' Report of the Indigenous Nursing Education Working Group that was released in September of 2002 within Australia. Interestingly to note the similar timeframes of both the Canadian and Australian reports. This for me re-enforced the collective global push to increase the number of Aboriginal nursing students.

Also here I spoke with Nicole Harder. Nicole is a non-Indigenous academic in the Faculty of Nursing. Nicole teaches within the post-registration program and discussed at length the inclusion of Aboriginal health into curriculum. As yet the University of Manitoba does not teach Aboriginal health curriculum as a core unit within undergraduate curriculum. Nicole stated that there is glaring need for this to be included. However Aboriginal health is taught in post-graduate curriculum within various Masters Programs.

Whilst here I also had the opportunity to participate in a lecture given by Mr. Louis Sorin. Mr. Sorin is an Aboriginal Health Worker with the Regional Aboriginal Patient Advocate of the Winnipeg Regional Health Authority. He spoke on utilising Aboriginal interpreters within the hospital settings. On discussion after the lecture, the students clearly articulated the value of such teaching as impacting on their health provision as culturally competent service providers. Again as within New Zealand this was articulated by Indigenous and non-Indigenous students.

The University of Manitoba also had in place a Nursing Access Program. This program caters for the support of the Aboriginal students although this is not exclusive support for them. The program is coordinated by a non-Indigenous woman, Ms. Sharon Burns who is the advisor/counsellor for the program. Sharon strongly advocates the need for a separate position to solely look after the needs of Aboriginal students. This program is based outside of the Department of Nursing but liaises with the appropriate staff when required.

The University of Saskatchewan, Saskatoon was the highlight of the trip. It was here that I had the opportunity to look at the Native Access to Nursing Program for Aboriginal students in the College of Nursing. This University has the highest number of Aboriginal nursing students in Canada undertaking nursing programs. There are two campuses, with ninety Aboriginal students on one and thirty-six Aboriginal students on the second campus. Two Aboriginal women coordinate the program. Ms Val Arnult has a business background and Ms. Sue Wilson Chee-Choo is a Registered Nurse with a Masters Degree. This was by far the best Native Access Program I saw on the trip. I saw first hand the level and quality of support that is needed and given by a program that is solely catering for Aboriginal nursing students.

The 2 full time positions were individual in nature but complemented each other in the delivery of the program. Val who is from a non nursing background is instrumental in the running of the program and her business background supports this position incredibly. This business background allows Sue to be very proactive and effective in the areas of recruitment, marketing, resource development and day to day student support. Whilst Sue with her nursing qualification supports the nursing students on an academic basis, as well as day to day support. Their support highlighted their individual skills but also demonstrated the inter-related aspects of supporting Aboriginal students and that is the cultural support from Aboriginal person to Aboriginal person. Also importantly to note Sue and Val do not teach into the nursing program as their positions are purely to support existing and potential Aboriginal nursing students through their nursing degree.

Also here I discussed with Val and Sue the possibility of establishing an exchange program of Aboriginal nursing students between the University of Southern Queensland and the University of Saskatchewan. It was also here that I spoke with Professor Norma Stewart and Yvonne Brown at length about establishing such a program between the Universities. At this stage it became highly evident that the experiences of Aboriginal nursing students in each country were very similar. Also similar was the belief amongst Indigenous nurse academics that in all countries including Australia, part of the answer in decreasing life expectancies for Aboriginals globally is to increase the number of Indigenous health nursing students into nursing programs with effective support programs.

Secondly, it is to also teach non-Indigenous peoples how to nurse Indigenous peoples. This Sue Chee Choo believes will dramatically decrease nurses burning out so rapidly who are working within Indigenous health. Val also sees it as better preparing all nurses on how to be culturally safe practitioners. The support offered to Aboriginal students is excellent and the program has now been in place for eighteen years.

Whilst also here I had the opportunity to spend time with Indigenous Nurse Academics who are currently writing curricula on Indigenous health. Currently, Indigenous health curriculum is only offered at a post-graduate level and there is a push for it to be included at post-registration level. First Nations Community Health Course is currently being taught by Rose Roberts who is an Indigenous Assistant Professor within the College of Nursing. This time was incredibly useful, as I was able to discuss at length and in-depth about teaching Indigenous health as an Indigenous lecturer and how to do it more effectively.

Also interestingly to note, was the amount of students doing post-graduate studies in differing disciplines of nursing. I met 15 Aboriginal students in Canada who are undertaking various post graduate studies, ranging from Masters in Remote and Rural Health to Ph.D. studies in differing nurse disciplines. This was particularly encouraging as I suspect that within Australia as numbers increase in Indigenous people undertake nursing degrees their will be a positive effect of continuing studies within the nursing discipline.

Much of what I have learnt would not have been possible without undertaking this Churchill Fellowship. The people that I met and the diversity of programs that I looked at were invaluable to me. I also believe that this will have many positive impacts on myself individually, the Department of Nursing at the University of Southern Queensland and Indigenous and non-Indigenous nursing students who are currently participating in nursing programs.

I look forward to the challenge of refining curriculum development in the area of Indigenous health and also look forward to the many challenges that lay ahead in increasing the number of Indigenous nursing students and supporting them in their endeavour to work within Indigenous health service provision. This would not be possible without the support, encouragement and belief from the Churchill Trust.

## **7. CONCLUSIONS**

Undertaking the Churchill Fellowship was professionally and personally very beneficial. I achieved many of the goals and objectives that I had set out to do and learnt much more along the way. There were many benefits by undertaking the Fellowship. I learnt how to better support Indigenous students undertaking nursing programs at the University of Southern Queensland. Also I learnt that there is still a much greater push needed in all Nursing Departments in the tertiary sector to incorporate Indigenous health curricula in all undergraduate nursing as a core compulsory unit. This has many benefits but importantly it is better educating our student nurses to be culturally safe nurses in the workplace. It may also increase interest in working in Indigenous communities. This I believe can decrease nurse burnout in these communities therefore giving better health service provision to Indigenous people.

## **8. RECOMMENDATIONS**

- that all Nursing Departments in the tertiary sector must incorporate Indigenous Health being taught to all undergraduate student nurses as a compulsory core unit across Australia.
- that all Universities gainfully employ Indigenous nurse academics within their Departments of Nursing to teach and develop Indigenous Health curricula across Australia.
- that each school of nursing create 1-2 hecs free scholarships for Indigenous nursing students across Australia
- broader and further dissemination of information to Indigenous communities across South-East Queensland to access nursing as a career option at the University of Southern Queensland.
- that better support mechanisms are set in place between Indigenous Education Units that already exist and the Departments of Nursing on Universities within Queensland.
- all appropriate state and federal nursing bodies endorse the inclusion of Indigenous health curricula in nursing programs across Australia