Appendices

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Appendix A – Core Stories from Student Narratives

Core Story 1 - “Liza”
An Aboriginal Warrior Women’s Journey

It’s taken me seven years to finish my nursing degree from this uni and I’m just finishing now. I first started nursing back in 1990 straight after finishing Year 12. I’m a 38 year old Aboriginal mother of two from North Queensland. I have two aunties who are nurses. I wanted to do nursing so I could go back into my community and give something back, and I realise that we do need more Indigenous RNs.

I initially did nursing full time as an internal student, and then changed universities and went from internal to external. When I first started I found the university campus scary. Now I know where everything is and I’m more comfortable, especially at the Indigenous education support unit.

It was a struggle in the beginning because I didn’t know much about the internet. I like the computer but that was a problem being computer literate. I had to learn, and the internet was new to me. I found it a struggle at first with writing and just knowing how to start. I just wish I had of had my tutor at the beginning, when I first started. I’ve improved now, and I’m happy with my grading, but compared to throughout the years...

You know when you go to class and you see the other students with information that they’ve got that you need for the tutorial? That was the time I started asking questions. Over the years I find there’s always new things coming up all the time, so I got myself proactive!

Everything goes so fast. I come here, I gotta go to my tutes, I go to my lectures, I see my tutor and I go home and study. Because I have kids at home - doing it on my own -
independently studying, just reading to myself – I don’t think that’s a good way of learning. I don’t absorb so much, I could be there hours reading trying to get something but it doesn’t sink in - just do as much as I can until the next time I see my tutor. It’s my level of understanding ... I don’t know. It’s just the way they teach it is different to the way we learn as Murris. I find that theory so much to absorb.

Each week, we go through different systems of the body. I’m expected to know that system in one week. Going on to the second week, you’d be on to a different system. There’s so much information. It’s too much for me. I think group discussions would be beneficial. One on one is a lot easier but I know when you are in those classes you got to make the most of it. After class I usually go to my tutorial leader. I feel a bit shy; I’m shamed if I don’t understand. I won’t put my hand up and, later on, it depends on my confidence, if I’m not frightened or scared I just put my hand up. A lot of these white fellas”, they get in groups, they have mates and study together, they learn from each other. I think that’s a good strategy. I’ve never done the group session with other students. I feel like you absorb more, 50% information that’s shared in study groups, than just being on your own, but I have never had that kind of group.

I haven’t met any other Indigenous nursing students. I was the only Murri student in tutorials or lectures a lot of times. I think it’s important just knowing your other Indigenous students who are studying. I’ve met another student who had kids and she’d be here doing her work and she’d go home too. In a couple of classes there was some fair ones - like white Indigenous and you can’t really see that, but you see them come to the Indigenous support unit – but it’s not till later on, and all that time, she was an Indigenous student too in the classroom but it was hard for me to identify that.
I find I try to fit in with the rest of the group – it’s not easy. At times I feel isolated. And then you might get the odd non-Indigenous student that will come up and ask you questions, and also find interesting your background. They can see that you’re Indigenous and that’s how my friendships a lot of the time were formulated. Jim, one non-Indigenous student, he and I had lunch yesterday, we give each other feedback. He doesn’t find it easy. And he helped me too. He gives me encouragement, makes me feel confident. There’s a Sudanese guy. He’s repeating - I’m not repeating, so he struggled there. I’ve actually had some great previous students who’ve been here and I get feedback from them too, and it has helped me.

I was a bit discouraged about one group presentation assessment. I was in a group but everyone was on prac and the only way you could contact each other was through email but the communication went down and then this group didn’t want me in their group. I was a bit discouraged about that and showed the tutorial leader and the emails where I had been in contact with the group and she just told me I had to go to another group. I tried to reason why, „how come?” . I was so discouraged I felt like pulling out, and I was thinking, “I can’t do this”, then, I made it my business and I showed initiative and approached the coordinator. When I entered that door she noticed that I was upset, she was not happy, she was very concerned, she was on top of it, she wanted to fix things and she said this kind of behaviour had to be stopped and should not happen. She backed me and that’s the first time, and she knows me as one of her students in one of the classes now. Everything fell into place then. The Sudanese guy, him and I; we paired up because he was on his own. I buddied up with him and we got our work done. They give us the option to record ourselves and then load it online. I felt much better, I felt comfortable.
When I hear other students presenting and actually touching on the Indigenous part of the assessment, I enjoyed it, but I can see that for my student colleagues they don’t know what it’s like in the real world because a lot of what they were saying was more in the Indigenous communities – whereas here in the city, in the city you don’t really see. But it makes them realise what does happen in the remote areas.

On clinical they give you so much you’re expected to know. But when you’re out on prac – somehow I feel like, I forget it. I learn more with my practical, I pick up. You can do all this theory, but it does come back to me when I’m at a prac. I want to be able to make the most and learn– one day you might have a good day, good shift – because you have an excellent RN, but the next day, you know. It’s like that. I believe that feedbacks are a useful tool where you can identify your strengths and your weakness, but they’re there for a good purpose. Sometimes I find it a little bit discouraging. Time management on medication round is listed in my assessment as a weakness; I can’t give out medication, I need my RN to be there, but they’re all busy. I gotta wait till they’re all finished. Things like that, and the clinical facilitator put me down on that, my time management. Then he asked me, he wants a figure and I don’t know. I was correct in the beginning, but he took a long time to respond and then I started saying all these other figures. He doubted me. He just kept on at me the whole time. I felt that I get to the point where I didn’t feel my patients were safe, and I had all these thoughts coming through my head in a negative way, but then again, I feel that I have a lot of strength in my own way, that people don’t see. I’ve done some work on my holidays and with my tutor. I didn’t have my clinical tutor for that first block. I’m happy I got my tutor now.

When you’re out on prac, you don’t see many Murris out there. One dark skinned one she’s from England and she’s real friendly. Some RN’s there, you can see, how can I
say it? Yeh racist, you can see it. I used to go to the Indigenous Academic for the Faculty to debrief about clinical but I’m happy to talk to my tutor now because I told them how I was coping and my experiences. I just tell them I need to see them now. I also I have a great facilitator and I see another student who’s non-Indigenous, she’s actually a good buddy because she’s very knowledgeable, she’s very open, she’s a lot older. The rest are Indian, there’s one Filipino and another one from China and me being Aboriginal...well we’re multicultural.

I used the facilities at the Indigenous support unit. I found when I first started here, there was a problem with getting a tutor and it took like almost halfway through the semester and that was a downfall. I found that very discouraging so I stopped using the Indigenous support unit. I felt it was a waste of time and I thought I’d do it myself. Then I thought because of the opportunities and the facilities that are available for me to use I went back and everything fell into place for me from there on. Once I felt welcome at the unit, and because blackfellas, ay, when you come here, they’re interested in where you come from and who your family are, and suddenly you find you’re connected some way. You’re a long way from home, from country, but here, that connection here, They’re my family. And that’s what keeps me here that you get the support and you have staff that are more comfortable to approach.

With my family my grading would go down and sometimes I had to pull out. I found it tough, the workload and having to try and balance things with home and here, with my children and having a job outside university hours. Sometimes I picked up my hours at work instead of being at uni and then there was a time when I noticed when I got my results back that I failed and I had to make some changes. I had to focus on my studies if I wanted to really finish this course. The I got some academic penalties and I wasn’t
aware of it because of the issues at home, that distracted me and affected my concentration and focus on my studies. I was going through domestic violence at home, Child Safety knocking on my door and there was my evidence to waive the academic penalties. I was getting to know the staff here at Indigenous Education Support Unit. One staff I’ve addressed these issues to and she was concerned for me and she gave me direction where to go, who to contact, the services. I think what plays a part with me, I’ve broken that cycle, that domestic violence cycle, and gained back that confidence, that focus, more concentration, and that I want to complete this course. Now I’m on top of things. I had problems with my home circumstances one time but everything in the last three years have fallen into place for me. I got a lot better with my grades especially.

I think with me being here it good to give our mob who are considering nursing some direction about who’s more approachable, which staff would be there, who are the genuine ones that you will feel more comfortable with. It took me about halfway through my stay here to work that out. I’ve got to know certain staff who are mentors for Indigenous students and you can see that they give you that time, that support and you know, and they’re available for me and take my Indigenous background into consideration and understand me. That’s respect. It’s important to know who they are.

My main supports are my children and knowing the Indigenous community, knowing the other Indigenous RNs too that I have met at my local Aboriginal Medical Service and at home too. It’s not every day you see Indigenous RNs but it’s good that we do exist. It’s not every day that you see them in the work place either where I feel I’m isolated as an Indigenous nurse who’s working towards my RN. When I meet them I
feel not alone, I feel inspired, and I just feel strong and also my confidence, it boosts my confidence.

**Core Story 2 - “Rhea”**

**Sacrificing For a Brighter Future**

I’ll be the first person from my community to have a university degree. I’m a 31 year old Aboriginal woman from a remote island at the top of Australia. My mother was a health worker along with lots of other members of my family. I graduated from Year 12 in 1996 and started my nursing degree in 2006 after first doing medicine then having to stop because of some family stuff. When I returned to study, and because I knew there would continue to be family stuff, I wanted a degree that was the fastest to complete while still being able make a difference in my community. Sometimes I want to give up and go home and just live traditionally or semi-traditionally, so my intention is to get my nursing degree and then I’ve got something to offer my community.

There were heaps of times when my family stuff could have interrupted my studies but I haven’t taken any time off Uni. No time. I go back only on holidays. I get worried that when I do go back, that maybe I won’t come back. But I should be taking time off. It’s disrespectful, it’s bad and it’s constantly distracting my studies. It’s hard missing funerals and missing being there for family when they’re sick. That’s very hard. Every time a family member dies, probably every month or second month, I struggle. I don’t know if it’s the correct term but I get spiritually distressed all of the time and it’s particularly around funerals. I struggle having to be here when I know I should be home. I’m suffering, cos I’m the one missing out on all of this. Eventually when I get home I’m going to have to make up a lot of time to family members because I wasn’t there for the funerals and stuff. I know I owe them that much.
I also hate not knowing whose kid belongs to who. That’s hard and sad. Every day I have to tell myself I’m going to finish it. I have to. Get it over and done with and then finally get home. I yarn to my mob at least a couple of times a week and have a good laugh. Facebook’s good too. I check almost every day, going through my photos of kids, my nephews and nieces and grannies, and have a little cry. I tell ‘em it’ll be worth it in the end, it’ll be beneficial to them. I don’t tell the academics about the family stuff ‘cos they wouldn’t understand anyway, so it’s no point. Plus if I was to raise it every time a family member got sick or died it would be at least once a month. They wouldn’t understand that. If I did tell them every month I’d come across as dramatic or lying and I don’t want the ‘poor little Rhea’ thing either. I do talk to the black academics. The only other ones are the older academics and there’s one, she’s not Aboriginal but her partner’s like from a minority group, and those ones who’ve got a relationship to an Aboriginal community, even if they’ve worked there or they’ve adopted a child or something. There’s the odd tutor that has come from Palm Island or wherever, them I tend to relate to a lot more. I’ll bond more with those if I know they’ve taught and respect Aboriginal communities. I pull more towards them. I usually pick it up if I hear them mention something, because most academics talk about their experiences. The difference is that they’re more understanding, I know that they can understand a little of where I’ve come from. With the others I just couldn’t be bothered wasting my time. I don’t have the time and effort to try and explain to people where I’ve come from. It’s just too much work and too much effort to try. I don’t have to go into explaining the whole situation, because it’s a whole other world compared to this world. It’s challenging, it’s hard, especially being from rural and remote and being Indigenous, it’s hard to relate not just to students and the academics, but everyone. It’s challenging but you get used to it after a while.
My family know I’m studying Nursing but they don’t know anything about uni. It’s all very foreign. They’re supportive and they understand that I’m away doing something that’s going to be beneficial but I still get pressure because they don’t really understand what I’m doing and we don’t sit around yarning about it. I don’t know if it’s from my family or more myself – probably both, because I’m missing out on a lot. It’s embarrassing for me to ring them up and tell them that, „I got a job for next year”. I don’t know what that is. I said that I’ll be here for a couple of years and you can hear disappointment in their voices and they say, „oh yeah”, but they know I’ll be back home.

My first positive teaching experience was in 1st year because I’m a visual learner and the science lecturer, he’d always demonstrate stuff and I think he was teaching the most complex stuff too. But you could read the lecture notes and it was very hard, complex – and then you’d go into a lecture and it would be visual demonstrations and he’d actually get students to stand up and do things. And that for me, being a visual person, stuck with me. I’d attend every one of his classes. He was a story teller that’s why. He actually demonstrated and told stories and used analogies to explain stuff.

I enjoyed the Indigenous health subject but it could be facilitated better because I’ve heard stuff said by students that is just plain wrong, that they’ve learnt from tutorials. I think the academics when teaching Indigenous health need to be more open, because there’s a need for discussion. It’s not like a science subject or a nursing subject where you’re just standing there telling students how it is. More discussions, more open, let’s bring out the stereotypes and deal with it. More that way, rather than, „this is how it is”. It’s not so black and white. It definitely needed to be in the course, there should have
been more of it. It’s definitely good and it eases some of the pressure off us as Murris to be expected to know everything.

One bad experience was where an Indigenous guest lecturer for the Indigenous health subject comes in and ballsed things up. Once again, having an Indigenous person who’s made out that they’re the expert and speaking on behalf of the lot of us, and that to me is very white and what we as black people know as disrespectful. You don’t speak on behalf of someone else unless they’re family or something. I think that’s that tokenistic thing again where white people are putting black people in positions where they feel they have to be the experts. She told a story from where I’m from, and she had no right. I got angry. I rang the Indigenous nursing academic, and then wrote an email to the subject coordinator, expressing my disgust. It was nice to know that she respected and valued my feelings. Had she reacted in another way I possibly would have got the shits with the whole uni and left.

The other one was rural and remote health. It’s the elephant in the room business. We were studying rural and remote health and all the readings are on Indigenous health – poke you in the eye Indigenous health. The task was to discuss the health issues and implications of people working in rural and remote on the discussion board. Every student in my group did their postings, and not a single one of them mentioned Indigenous health. For me, that’s a big elephant in the room, so, I went on there and pointed it out. Then the lecturer questioned me! I knew what she was thinking - „here we go, here’s an expert black person, let her answer all these questions“ and that was wrong. I was pissed off initially, because it just means extra work for me.

The amount of work in the course is slightly excessive. There’s a lot of readings. I knew it was going to be hard, but I didn’t think it was this hard. Science was the
toughest subject even coming in with a biomed background, but having that background made it easier. I didn”t have a tutor; I just did all my readings for a change. I attempted study group, and that doesn”t work for me so I pulled out of it. With essays I think I was lucky because before I started the nursing degree I did the library database session and that put me steps in front of the other students. I bought the referencing book too, that”s my bible. One other thing which I found helped me is writing my own notes and being coordinated. I actually have a logic system when I start an assessment. I have actual steps. I use different coloured post-its and I”ll actually read through the books and colour code, I”m very systematic. I always have been. Really it was the most simplest of things that can make the world of difference. I go alright with the online stuff I”ve always been pretty good on computers. Indigenous students should definitely do a session on it. Having that basic IT is really important, otherwise you miss out on a lot.

This year stands out most for me; it was mental health that did it actually. Because I”ve been struggling, thinking I should have went straight into nursing – that I was wasting years in mining and most of my adult life working when I should have been out getting a degree. But this year after doing that Mental Health placement I finally realised that all that experience is for the better. Now I”m thankful. My whole life I”ve wanted to be able to give back to my community and I now know that the last couple of years doing community development was good insight into government departments and workings and politics and that helped with nursing.

We were pretty lucky in my family because we”ve travelled a lot and so I”ve always been the only black person in most of my classes at school and in my job. I don”t like that. The students always ask stupid questions like, “oh, what do you call a snake in
Aboriginal language?” It’s only been in the last couple of years that I’ve gotten to know them whereas 1st year I was probably a lot more defensive and not as open to talk about it. I mix with the majority of the cohort but if they’re not in my lab groups or tute groups, I don’t know them. But they all know me because I’m the only black one I suppose.

But, I’ll tell you another thing which shits me, if there’s an Indigenous component in an or an assessment, all of a sudden I’ll get emails and get befriended by a lot of students that I’ve never ever talked to before, just to ask Aboriginal questions because you’re their personal black expert. I’m their token expert on black matters. It’s more pressure, it’s annoying. Maybe in 1st year I would have felt the need to answer it, I don’t know. I think that’s where my defensiveness comes from and if they had have asked questions back then about Indigenous stuff, I probably would have ripped their heads off. But I do get excited about it, being an Indigenous student and being able to change the attitudes of other students and staff in subtle ways. Being in a position where I’m allowed to speak my mind and it’s appreciated, particularly in tutorials. It’s nice to have that outlet. To be in a position where you can actually change minds, where your opinion is valued. You don’t change people’s minds over night and for three years watching the attitudes of students change was nice and they don’t stereotype as much. They still do...but you can see different personalities actually growing and knowing that it’s subtle, it’s under the radar stuff they don’t even realise that they’ve changed.

The first couple of days when you go on clinical practice, you get the attitude – ‘oh, you’re Indigenous” and its „cute”? But I’ve found that after a week or so they want to employ you because you’re black. Because there’s not many of us and there are so
many issues in Indigenous health that they’re actually keen for your perspective. That’s a good thing in a way, but it’s bad because I can see the temptation that because there’s not many of us that you have to be the Super Black Person. All these different health teams wanting you to work for them and you sort of feel inclined, or maybe obligated, to go and fix this problem. I can see it would be easier for younger people to lose their goals and if you’re not clear about what your role is how you can risk take’n on doing everything? That’s one of the problems of working where I do. I’ve attempted a couple of times to vent to a friend when another nurse had said something that I wasn’t ,happy” about something, they’re all older white ladies – and they understand, but they don’t truly understand. Because they’re all so blind to racism anyway, they can’t see ... they’ll nod their heads but you can see that they don’t understand where I’m coming from.

It’s hard seeing how other Murri students drop out, the younger ones. The support strategies don’t seem sufficient. I think the reason our mob drop out is personal and the spiritual distress I talked about earlier. I could easily see me waking up one day and going. Well I do it anyway, getting the shits with it. Because you’re going to sit with a bunch of white people all day, and you’re neglecting your home life, your personal life, like your family, your relationships. Maybe that’s what does it for them. Because I know a lot of them that are dropping out will still continue to work in black health. I think getting the students together before they start and yarning with them, and maybe students that have been before them, or black academics. Sit down and yarn and just show more support. I don’t think there’s enough of that. Letting students know that they can just be students, they don’t be the expert black person for the next three years. Maybe it’s just getting that permission of students who have gone before elders or something. Just sit down and say, „You’re a student first” and that just because you’re
black doesn’t mean you have to hang out with the black students. Go and meet other people and interact, tell them that they can make a difference without being the expert. Go out and change minds – you don’t have to stick together just because you’re black. Sometimes our mob can hinder one another. I see that in nursing. One of them will start acting up, going out on the weekends and you’ll see the whole lot of them will start doing it. They all hang out together and then end up bringing one another down. Whereas if they were to just spread their wings, go and find people that will help them do better

For myself, being a mature aged student, I find having black academics there more supportive than having all these other strategies. It’s inspiring, knowing other people have done it, it is possible and the fact that it’s a challenge doing it, and I like challenges, so that for me makes me want to achieve more. But seeing other people have gone through it is the best thing, knowing that I can do it too.
Core Story 3 - “Kim”
For the Greater Good

I study full time and work full time. You do what you gotta do, there’s too much on the line. I chose nursing because it was part of my healing after the loss of a child and it’s a convenient career with my kids. The flexibility of knowing I could pick up a shift here there or anywhere, it’s all about fitting in with my family. The other big influence is my aunt who’s been a big proactive person in health. I can go anywhere with it. I am a 35 year old Aboriginal mother of three originally from south east Queensland. I currently work as a Health Worker and commenced nursing in 2007.

In the beginning I could see I was the only Murri one in that group. It was isolating. The campus was confronting, looking at all the younger people. I just had to look beyond that because in Nursing there are so many mature aged people so after a while you just fit in. It happens every year and it doesn’t bother me now.

Probably the middle of second year me and another Indigenous nursing student started to get a rapport together. She’s my colleague, but in the beginning I wanted to do it myself, so I went to all my classes by myself. That was me as an independent person trying to find, what’s going to work for me and what isn’t. I know that my family is here and that’s what’s the biggest thing is for me: is that my family is here.

Every now and again I’d hear stuff about our mob, and they’d ask me how I felt, because they knew I was a Health Worker and I’d be happy to sometimes say something, but sometimes I’d just say nothing. I’d say, „for this area I could tell you “this, this and this” but everyone is different. You can’t treat them all the same“. But that’s just me, you know.
In the beginning, in the first year, I felt the additional pressure of being an Indigenous nursing student, because we were used for marketing for the School of Nursing and Midwifery. It’s like someone was sitting back waiting for us to fail, no one failed! Between all of us, we’ve failed nothing. I think since we’ve done the promotion, I feel that promoting ourselves was a good thing. There was other people that knew that I was doing it. I had to come through with the goods. It’s good pressure.

Sometimes family stuff would interrupt my studies, having to go all the way home for funerals. That’s a big thing for me and the kids get sick every now and then. When I did the Indigenous bridging program I had one of my kids sick so I just went along to class, chucked a cot mattress down the back, they were flexible.

In the beginning it was hard to talk to the academics because you just think, are they going to understand this? Even now you feel a bit strange about it but you just do what you gotta do, because if they’re not understanding then at least you’ve got a tracking. And that’s what the younger people don’t understand; that if it’s written then you’ve got a tracking of it and people got to be sensitive to you. Not me, but some kids that can’t pay their electricity bills or something, so they can’t go to class because they got to go somewhere and find money. Well, they might be too shame to email someone about that. But they got to do it – because people got to understand that its holistic, it’s not just rockin’ up to class and forgetting your electricity bill – you can’t study in the dark. But for me, its experience knowing that you got to have a tracking of everything. If they weren’t sensitive I’d probably think that I didn’t count as a person if that did happen. I’d probably get upset then I’d be angry then. Then I’d probably go and debrief with somebody. Some academics were ok. I find them very flexible really. If you just email or talk and say, „Look I’m not going to be here, I’ve got a funeral”.
I think a lot of them had some contact with Murris somewhere along the line. I know there’s a few that have come through from the private system that made a couple of comments to the students, and I said, “you need to go and talk to the Indigenous nursing academic about that”.

In the beginning when we went for the exemptions and a couple of health workers went in before us and got this, this and this and we were met with, “just because somebody else has got it doesn’t mean you’re going to get them.” That really threw my stack and we are professionals in our own right, we just said, “No. Let’s keep doing this”, because at the end of the day, if the paperwork is there and she knocks it back, we just go above her. It was the processes that we know, that everybody is answerable to somebody else, and you just do something that good that they can’t knock it back. We need to know that stuff. Everybody needs to know it, not just us. Without those exemptions I wouldn’t have been able to advance and finish in the three years. I would of but it meant a heavier workload and I wouldn’t have got a break. I would have had to just plod on. I still would have finished. Talking with the Indigenous nursing academic a lot because she knew the processes over there as well and with ourselves. I’m pretty familiar with the university systems and processes now from being with my current employer and other jobs too.

We broke the module up. There was three in the book – we did a module each and handed out the stuff. You gotta get a group and think smart. Help each other out, little tips here and there. It made things a lot easier.

There were a couple of academics the way they taught and the way they extended the branch to us. We had a lady who worked down at the hyperbaric chamber in Brisbane, she invited us down there. Just us Murri mob; we felt special. The fact that she had
some Murri clients in there and because of the diabetes and the ulcers. It was probably her. There are some other good ones too. This one who was really off-standish we thought, „We’re not going to get around this one” and we persevered and we packed ourselves about the exemptions in the beginning – she’s our friend now, really supportive and tells us „I’m really proud of you girls”. She just didn’t understand us. She just thought we were after an exemption because we were Health Workers, until she read my exemptions application, she read our story. She didn’t know where we were coming from and then she appreciated it, she said, „I know what yous” are doing now” and she acknowledged that, so now she’s got a really keen interest in us. We had to prove ourselves; now she knows where we were coming from she knows that we’re fair dinkum and we deserve it.

I come through the Indigenous bridging program. I feel like it took a year off me but then, it that gave me the chance to realise where I was going because I didn’t know what I was doing. Nursing just fell in. I think I was academically prepared, but not for the assignments. That’s what I got out of the bridging program going back to doing the assignments. The teaching style was a challenge at first. Academically it’s too much, second year you got your Pharmacology it was just pretty full on and Nursing Practice, that was really hard. All the 2nd year subjects are the hardest. But in saying that, in your first year you do have your Med Calcs, you gotta get 100% for that. The first year subject was Biophysical Sciences. I’m pretty sure it’s the first semester, first year subject and that would scare anybody off nursing, honestly. We did that in our last year because I didn’t do any physics or chemistry at school – it’s not a prerequisite to anything – so I left that until 1st semester third year and I am glad I did, because that would be a subject that would scare the crap out of anybody. I left it because I didn’t feel confident at all with physics or chemistry and if I had taken it on I would have
failed. So doing it in the semester I knew I had to come through with the goods. And it’s hard if you haven’t done it. But then, in saying that, they can’t assess you on what they haven’t taught you, so everything is in that book. You just keep reading it and going to lectures. I just wanted to pass the bloody thing.

I had a tutor for Pharmacology – we had a group tutor, this was actually the lecturer who does the lectures. So that’s probably what helped us a lot. We knew, that she was teaching us the stuff that she was teaching everyone else, but reinforcing it. And then for Bio Phys, once again we had the lab lecturer which were paid through the Indigenous Tutorial Assistance Scheme and taught out of the Indigenous Education Support Unit. We were able to interact more because we were a small group, that’s what it came down to. Just asking her little things, little cluey things and I guess having that person, if you didn’t have that contact with her and didn’t want to go to class at least you can start to build that rapport from there. They were the biggest help. The other one we found hard was Anatomy and Physiology. But we did that in 3rd semester at Xmas time. Had it been a pre-requisite I probably would have dropped out. I I did originally enrol in it, then I went, “No, this is too heavy, I can’t do this just yet.” And I dropped it before the cut off.

I like to think that I can write a little bit. But sometimes I can head off on the wrong path. It was the writing for the criteria – that’s the hard bit. I can sit down type and talk crap for ages, but the criteria. Yes, the writing, the maths. I still use a calculator for Med Calcs and I always will. As long as I know the formula – I’ve never been smart with maths, but as long as I know how to do the formula and use a calculator, I’m comfortable in that. I went to all the Learning Teaching Support Unit classes in the beginning. They had classes on lectures, taking notes and writing assignments, so I
went to all of those – and it’s for all the university and everybody rocked up to it. They also had a beginner’s course there for chemistry that I did in my first year. I mean, the University is a bit of a multicultural university so, it doesn’t bother me accessing mainstream supports.

The Indigenous health unit for me is learning about yourself because in the media its different, they portray it differently. Here its statistically, and you know, some people might be sitting up there thinking, „oh, talking about you“re not going to be able to help them” you can just think that something is probably happening in some of their minds. But I would rather they talked about it than not. It’s no good not putting the statistics out there because if that’s the worst health in the country, then put it up. Let it be known. Working where I do makes it easier, I’ve been in the hospital arguing with doctors and nurses so I’m used to that!

I haven’t experienced any racism, but I know of a couple of students who have got really fair skin have but they’ve given it back to them, because they haven’t realised that that person is actually Murri. But no, I haven’t. Well I think when they look at me they see that colour, so they’re very careful. I’ve had no problems with clinical placements but I know another student who has. At one place he walked in and they started talking about Murri’s and then because he’s got the fair skin he turned around and said, “I just want you to know that I am Aboriginal” and then there was no more talk about Murris then. We know it’s all out there, but unprofessional to do that in front of a student. We supported him. Another student had an experience in a subject and that’s when they started to get into the Murri stuff this real arrogant enrolled nurse kept raving on talking about, „oh but they“ll just chop the houses down and use it as firewood“. Hmm. So that was interesting.
I work with nurses and in the beginning they were all „oh, you’re doing your nursing?” and some of them were wondering how it was getting done. So in the beginning there was a lot of like, explaining things to people and you could see a lot of jealousy at the hospital. You had to explain it and you feel like you were going around in circles sometimes and it’s tiring. A lot of them are supportive. My line manager is supportive. I have a good job with flexibility. We also get financial support from my employer so we can come to lectures, tutorials.

The Indigenous nursing academic taught us nursing, responsible nursing practice. Having that person who I could network with, just in our first lab, for me, having her do it just made me feel like, hello, here’s a Murri nurse teaching all these non Indigenous people here, and myself. So something’s gotta be right here. It was deadly!

When we started, there was a mob of us from the same employer. One fella in particular, for me, having him go ahead of us set the boundaries. He cruised the waters and told us this, that and the other. He was like my mentor really. He’s mature aged, and a good leader so he, to me, he’s been the person who led the pathway. If he’d get an A in something we’d try and meet the standards. You know, we wouldn’t be aiming for A’s – but just a bloody pass. He’s the one to me, who’s been my biggest support – in terms of colleagues and everything. Obviously my husband my kids, knowing that, you gotta go to bed by 8.30 cos I gotta stay up and study. So if I’ve got to stay up and study till 1 or 2 in the morning, then go and have a sleep and get up for work, then that’s the way it worked. But you know, I didn’t do that all the time only when I knew I had to learn things before I had a prac exam or written exam or had an assignment to do. But in the end I think, to me, that group of five, I felt that that was a competitive group that we had to come through with it.
In the first year I studied that hard and I got 3 high distinctions in my first semester, I realised I didn’t have to study that hard. Like the Indigenous nursing academic tells everyone all you gotta get is 50% and that’s all I aim for now, anything else is a bonus.

Sometimes we’d get in some of the same classes. Me and Sherry have a lot this year just to support one another. We did it deliberately this year. Yeah, you gotta have that support person. Even before me and Sherry started to link up – even though we worked together and we were friends – I had a lot of white ones here that I hooked up with. And I’ve still got them too, we check up on one another.

Without my scholarship it wouldn’t have happened. Paying for units, paying for books, just having that extra fuel money getting to uni – you know?

Electricity? That stuff.

But it’s true, without that backing, it wouldn’t have happened. As far as individuals go definitely the Indigenous nursing academic because she’s a nurse and she’s done it and she had her pulse on the nursing faculty that’s what really did it and she flogged us with a stick and she’d rock up to a lecture and check who’s in that lecture and she still does it now. And like them girls went up there and dobbed in one of the blokes... No, but they said „... we’re not dobbing, but he hasn’t been to class”. She’d know then to go and talk to him. It is a good way because we’re all there to support one another.

In the first year it was okay for the first eight months because we had a Indigenous support person in the Indigenous Education Support Unit who was a good support person. She moved positions and then we virtually had nobody. Without the Indigenous nursing academic – because we knew we didn’t have the support person here, we ran to her. She was our support person even though she was sitting in an
academic level, that’s the one who we went to. She helped us out – even if it was just a
debrief or saying.

My advice would be to grab a friend that’s doing the same thing. And stick with them.
I think we need to have a mentor for everyone.

And money of course. You gotta have that financial backing. Get yourself a locker. Make
sure you got a lab coat and your shoes in there, because some people come up here and haven’t got their shoes and don’t go to the lab. You gotta keep in contact with your
lecturers, if something comes up. Don’t be scared to use the email or whatever.

With this mob here, they’ve provided some stethoscopes, lab coats, other things. Lynne
has a meet and greet of the nursing students every year at the start. The Indigenous
nursing academic has taken a keen interest to come down here and talk to the
Indigenous education support unit, and try and get the units to support Indigenous
nursing students well, even if you can’t get a Murri one in your Faculty. Just try and
get some extra funding. I think it’s all about funding to say, “ok here’s the stethoscope,
here’s this, here’s that”. There’s support that’s needed all the way through.

You gotta know the processes. I knew, and then talking with the Indigenous nursing
academic and the Indigenous nursing support officer as well. You gotta have lots of
support because if someone’s away, you’re stuffed.

If you do find something in here that is working, just try and push it to the other
universities. Because you know, even if we are the ones that are getting them all
graduated that’s not something we’re proud of: we want everyone graduating.
Core Story 4 - “Isabela”

It’s My Time Failure Is Not An Option

I didn’t always want to do nursing. It wasn’t until I did the Indigenous Bridging Program that I had a tutor that chatted with me about which direction I wanted to go and she suggested nursing and said all the positives and advantages of it, so I thought well...and now I just think it’s a good career in general a good job for the rest of your life and I want to be set up for my future and I don’t want to struggle I want to be financially stable. I am a 23 year old Aboriginal woman from South East Queensland and commenced nursing through a bridging program straight after Year 12.

The Indigenous Bridging Program helped me out in some ways, in how to manage studies and prepare me for uni, but not really in terms of the science stuff. I had a pretty rough patch with nursing because the Indigenous Bridging Program finished that mid semester so I couldn’t pick the nursing up until January the next year. So eventually when I did start it, I failed a lot of subjects. I had outside distractions because I was so young, I wasn’t really committed to it, so I did fail. I just went off the rails a bit. Then I went part time and then I gave it up because I was working in a nursing home and only kind of went back three years ago and passed everything since then. I had all these excuses. I’m single, I don’t have kids, full time job or anything and I still struggled! I don’t know how they do it! At times I felt isolated. When I started that was a bit hard because it was only me, there wasn’t as many as Indigenous students, so I didn’t really hang out. I just felt it was just me. I basically went through by myself. It’s really only been in the last three years since I’ve been back that I’ve met other students, and the Indigenous nursing academic’s made sure we all hooked up.

Especially in the first year when you have your science and anatomy classes, they’re very heavy, exams are full on. It’s a big step from high school. I had trouble adjusting
to the way things are taught at university - I”m not really a theory person. Assessments are getting easier, but my biggest thing is just starting it. That”s the hardest thing to do but once I get around to starting it I think they”re simple. I remember my first one when I first started and the former Indigenous nursing academic was here – and I had my first assignment, my heart wasn”t really in it, I was just ... my mind was at other places and a week before it was due I thought I better start this assignment but no I didn”t, I did it the night before and I ended up getting 28.5 out of 30. I found assignment writing at the start hard, but the last couple of years it hasn”t been too bad. My biggest problem is being a bit too much of a perfectionist: I don”t think its good enough, so ... yeah, I”d just take a chance and hand them in and still passed anyway. I don”t find it hard anymore. Once you”ve got all your information I mean, you got a lot to go on so it”s not that hard. It was helpful when I had my tutor. She directed me on the right path and let me know if I”m going alright, or if this needed to be changed, so I got a kind of an idea then. She gave me a bit of confidence where she”d say, „you know, you can do this and it”s not that difficult, like you”re on the right track”. I didn”t go too bad in Med Calcs, but because I don”t do it often enough, I forget it by the time I come around to it again, so I”m not really confident unless I really study for it beforehand and I know it, and then I forget about it because I don”t do it that much. The Indigenous Bridging Program didn”t really prepare me for them.

I did get some financial assistance but some of the contract requirements were sometimes hard to meet. I think it”s because I was one for the first ones to go through. I think instead of being assistant nurses we should really be employed as student nurses cause we can do stuff that we”ve learnt in our labs at uni.
If I was a student I’d be able to everything supervised and I think it’s more beneficial. Like, all the time we were there I thought, this is a waste of my time. I felt used a lot of the time. They always expect us to do the showers and the beds – which I don’t mind helping out but I don’t want to be used just for that purpose. I’m just sick of being broke. Mum and Dad, they’re really good – that’s part the reason I went home. Cos I barely got $500 and my rent alone was $240, so half of its gone, the rest to pay bills and rego and food, electricity, internet... it interfered with my studies and well I guess I just had to make do. I just carried on I suppose. It wasn’t too bad in the nursing home; I think it’s better in hospitals - you get to do more, but I’m over aged care at the moment.

I’ve only done clinical placements in hospital and I didn’t like it. Just the people, the nurses ... there wasn’t much to do like, you just do the showers, the usual obs. I do realise there’s a demand for Indigenous nursing which is another good reason to get into it but I just take it all in my stride though. The workload attached to clinical placements is a bit too much, I think it takes away from our clinical time cause they give us workbooks and sometimes they’re like forty pages long, and the stuff that they ask us is very repetitive. There’s a lot of work that you do in your clinical workbooks on top of actually being on the wards. You gotta try fit it all in and that’s the worst part about clinical. I did a rural and remote placement in an Indigenous community and there was a bit of racism there. Not directed at me, but Indigenous patients who are permanent residents in the hospital, just inappropriate stuff and they’d make assumptions, young Indigenous patients. Their attitudes, I think they’re a bit racist. I’d cry to my family about it and they just say, „try not to take it personally” or „it wasn’t directed at you” and .. I mean, I’m going to experience that in my nursing career anyway, so you just have to learn deal with it. I made it known to the Indigenous
nursing academic and I did tell my clinical coordinator. I wrote a letter and highlighted some of the stuff that was going on there. The clinical coordinator was very understanding and if there”’s issues they”’ll address them straight away. I had one other incident with my cadetship, at handover time, they said something about this patient, she was from Cherbourg and they have their own little ideas about Cherbourg, so I had something to say about that. And then I was like what am I to say anything? Because I”’ll have the six nurses at me ...and I”’d be the one who ...failed my clinical. I just think, like, when something is wrong, like, I”’m not scared to pipe up and say, „I don”’t think that”’s right” or you know, I will question some things. Especially with this cadetship, they must be sick of hearing my voice, in their face and in their ear about it, but other times you just gotta step back and ...I”’m not scared to talk up and ...even if I”’ve got a question, I”’m not afraid to ask or, even if I sound dumb or anything.

My Indigenous lecturers and other staff - they”’re pretty culturally appropriate. I find them very approachable very flexible and understanding so if you”’ve ever got a problem they”’ll address it straight away. There are lecturers that I find their classes interesting and it”’s more so, the older, experienced ones I think.

There was one incident when I was trying to organise my enrolment and stuff I had this nurse, because I failed so much in the past and I was trying to get myself back on track, she basically just put me down and made me feel like, I was too dumb to do nursing. She said, „if you fail again I think you should reconsider what you want to do, I don”’t think you should do nursing”. She”’s a lecturer, but she kinda had on an impact on me. That”’s kind of when I put my effort into gear and said, I”’ll show you ...”I”’m gonna get this”, stuff you like, „I”’m not dumb, if I want to do it, I”’ll do it” you know, like, she really put me down and I said to the Indigenous nursing academic „you know, what she
doing for other Indigenous students, if she”’s gonna make me feel that way’. And then they”’ll drop out. Yeah, so she was my one incentive to pass.

More so in the last three years since I’’ve been there was there more support and stuff. If I have any problems I usually go straight to the Indigenous nursing academic. I don’t really associate with the Indigenous Education Support Unit. The things that have contributed to me getting to where I am now are the support structures. The Indigenous nursing academic has really helped me out. If I’’ve ever had a problem I go to her, get it dealt with straight away and she’d really support me and encourage me. In terms of having a scholarship and the cadetship that’s really made put my head down because I know that I’’ve contracts to abide by. I don’t want to lose them or let anyone down. If I didn’t have them I don’t think I’’d take it as seriously to be honest. I was on a cadetship and a scholarship at the same time and I knew I had to put my head in and I think just, growing up a little bit, cos now I kinda realise that I’’ve got to get serious about it, whereas back when finished the Indigenous Bridging Program I was still young I was in social an party mode and just had my friends and boyfriend, so that was a distraction. Yeah, just pulled me head in!

I met friends some through the Indigenous Education Support Unit and the Indigenous bridging program as well as some of the other nursing students that have come through too. A couple I met in first year when I first started there, they’re finishing the same time as me too, like ... so we all had a bit of a struggle so that’s been like ...good in terms of struggling together. I just think that failing is not a nice feeling, so you just pick yourself up, that’’s more motivation, we’’ll get there in the end. It’’s taken me a few years but obviously I wasn’t ready back then, and everything happens for a reason and so now it’’s my time to finish it and I’’m gonna finish.
My hardest year was probably last year because I went back and I repeated a lot of the first year classes that I failed. I passed all them so that was good incentive, so my second year I had a bigger workload, there was more pressure on me. I got myself through...I surprised myself I didn”t have a tutor or anything and I surprised myself, like, I”d go to the Indigenous nursing academic and say, how have I done this? I was positive I was going to fail, and she was always positive about it, and said „you”ll be right, you”ll pass” and I did. I kind of like, half expected it. I”m only an average student, I”m not like, top of the class or anything, but I do try my hardest, but there”s always that little feeling at the back of your head. Having an Indigenous nursing academic provide positive affirmations all the time, was very helpful. It was only this semester my final semester that I thought there”s no stopping me now, I”m gonna finish.

I just got rid of the negative things distraction I had friends and social life, but then I think my mindset just changed and I thought, „well, if I really want this, I”ll do it and I”ll do what I have to do” even if that means sacrificing things. Yeah. And understand that it comes with the package. Yeah, and like, uni was my priority – I put that first before anything else, like if I had an exam or an assignment, you can”t really go out, so you”ve got to ......get it done ... prioritise and yeah, I just think being a bit mature.

I think it was just personal outlook and the encouragement and my biggest support was the Indigenous nursing academic and my family. I always go home and whinge „they have a lot of theory” you feel dumb, you go out into the clinical setting and you feel you don”t know anything.

The tutor was very helpful. We”d meet every week in the first year, second year it was just a bit harder so it would have been beneficial; I could have done with one then too.
I haven’t really associated with any Indigenous nurses when I first started, its only more recently. A lot of them have been and gone through and getting high grades but we’re all told by the Indigenous nursing academic is P’s get degrees. Indigenous nursing students need support and encouragement from other Indigenous nursing students who are ahead of them. Every semester the Indigenous nursing academic makes you write the goal for the semester and she puts it in the box up in the cupboard and we always review it afterwards. It’ll be basic things like, „I want to pass”, like, that’s all I ever wanted really, but after my second year, it was „failure is not an option”, like. It’s like this contract you got to abide by, like it gives you more incentive to pass ,cos when I said, „failure is not an option” I really thought, oh I’m not going to fail anymore. Before exams I had sleepless nights, that’s how much I study and put into it, it’s crazy. I just think well, if I would have failed, I’ll just carry on until I finished it. I was just going to keep going, going, going until I eventually finished it. Like, it’s taken me about 6 years to get to this position; I’m still on 24 I still got a lot of that to live. I eventually want to work in Emergency, but that won’t be for a while, till I get some experience. I want to do like, maybe rural and remote, burn care, agency nursing, nurse practitioner maybe?
Core Story 5 - “Stacey”
Exceeding Own Expectations

I am a 39 year old Aboriginal mother of three from far north Queensland working full-time as a health worker and full-time as a nursing student. I come into university having only completed Year 10 and a diploma at TAFE. I have always wanted to be a nurse, just didn’t have the opportunity to come to uni due to financial and family commitments so I always had to put it off. I chose nursing because I wanted to help my people and my mum’s been in Indigenous health for 42 years.

I always come back to, „Sherry, you always wanted to be a nurse – come on, you haven’t got far”, just coaching myself.

When I first started, I felt, not shame, but I felt sort of really isolated, I felt like I was the only Indigenous person in my class at the time and the university environment was unfamiliar especially when you don’t know what to expect. When you do the Indigenous bridging program you go to your mainstream courses and it still didn’t prepare me for what I was going to feel in the mainstream until Ros and I got together and made our classes together. I felt more supported, but then time went by, I felt I was alright. It’s just that first semester I was really shy and didn’t know what was expected, didn’t know the university policies and all that stuff and how everything worked. Second semester it was better, I felt better having another Murri one with me.

I had a lot of deaths in my family; last year actually was pretty rife. I had to go back home. One time I was actually doing one of my practicals up there they were really good to me; they gave me three days bereavement leave, so that was lucky.

My kids are in routine, had to be because they catch buses and everything like that, so they all got to be structured. They’re older now, but they know the routine; what time
they get to bed, what time they get up. And I have a very supportive husband without him there’s no way I could have got through.

I wanted to do the Indigenous Bridging Program because at that time I wanted to do nursing, but I knew that it would give me a bit of a hand into it because I wasn’t sure what I was going to cop over here as in academically wise and I struggled a little bit, not education wise just trying to do it; because I was working still at the same time. The maths and the science in the bridging program definitely helped.

I haven’t had any problems academically, passed everything so far surprised even myself, big time. Only going to Grade 10 I thought, „I haven’t got the brains for this” and you hear scary stories out there, „I flunked this subject, be careful it’s a hard one”. But you know, if you apply yourself and do your study, you will get by. Some of those subjects I really surprised myself and got some really good results it was great for my confidence and thinking, „I’m passing these!” Check that mark there will you? Definitely got to apply yourself, commit to it, because if you don’t there’s a big difference to a diploma. I didn’t mind the sciences it was really interesting for me. Sounds silly, but yeah that was interesting. Anatomy and Phys I really enjoyed that one too even though it was a small time frame to get through a lot of information. But yeah, it sort of kept me on my toes.

I cruised through the Cert IV. I had started Cert III through a long distance thing, that was years ago and when I got my job here I thought, „I’d better get do my Cert IV” – and then I was just on a roll. So I went year after year to study and I haven’t stopped.

I’m not much of a writer, so that’s where the Indigenous Bridging Program definitely helped me. And a lot of support on the internet, with the university they’ve got a lot of stuff on there about how to write and all that, which I had to access. But as the years
went by, I started writing pretty good and it started coming together in a way I should be writing. I ended up getting some really good marks for my assignments. I was familiar with computers because of my work but I wasn’t too crash at the internet and all that stuff I knew I had to go and do it myself it’s not going to just come to me.

Anat and Phys and Pharmacology – those ones we had to have extra tutes for those. The Indigenous Education Support Unit, they were all great organising that for us. I passed, cruised and went better than I thought I would. Basically locked myself in the room and nose was in the books the whole time, because I knew that these were tough subjects and I had to apply myself. If I had to take it in semester one I don’t think I would have passed it to tell you the truth because I was more prepared for it this year. It’s really tough, lots of information.

If I didn’t get financial support there was no way that I could have done my nursing. There was no way I could have made it.

I haven’t experienced racism personally in the classes. I do hear a lot of comments that reflect on Indigenous people but until they realise that, „she’s Indigenous” they shut up. But I haven’t heard anybody yet, and I haven’t experienced anything on my clinical placement as yet either. You hear some of the stereotypes...you know: „why do they always get a lot of benefits” this and that, you know, the same old same old. I sort of just of you know, talk about and our culture is way different to you guys and just sort of try to explain things a little bit clearer to why, so that they can understand us a little bit more. I don’t feel like I have to answer it all the time. Like I said, there’s only one or two incidents where it happened and I got exempted from that Indigenous course where the racism would have been most obvious. Yeh, because one of the nursing students
went through and she had a few rows with other students where they were saying a lot of things. I remember because she came and told all us and we supported her.

The Indigenous Education Support Unit are an important support. They always involved us in things, invited us to come to talk to other people and so, we felt like we were doing something worthwhile and definitely the Indigenous nursing academic. Without her pushing me, I don’t think I’d be here either. She’s just so supportive with everybody too. In order of priority the Indigenous nursing academic and then the Indigenous Education Support Unit.

I was dressing this lady’s foot on clinical, and she’s looking me up and down and she goes to me, „Love“, because she’s an old girl – „Love. Where do you come from?“. And I said, „here“. „Where?” I said, „Australia, here“. „Oh, well what nationality are you?“. And I said, „Aboriginal, pure Aboriginal“. „Oh isn’t that lovely!“ she goes, and the son is sitting over there and you can see him wanting to say something, he ended up piping up and said, „Oh, isn’t that really great to see you girls in here, we need more of you“. Just that one incident that I can remember.

I got to do a clinical placement back at home and it was worth it because I knew everybody up there, all the whitefella families, the blackfella families, I felt at home there, it was just like I was one of the furniture there. It was great. Apparently when I left I was talked about everywhere within the mainstream. I just wanted to because I know I want to go up there nursing one day. I wanted to feel what it was like up there working with my mob. They were very supportive. I rang the Director of Nursing up there and off I went. I’ve had no problems, preceptors were all good. I had no problems.
My supports were my family, the Indigenous nursing academic, the Indigenous Education Support Unit and my employer. They provided study support for us and resources, like the printing stuff and that. We asked for permission from the Director of Nursing there, she just loved us Indigenous nursing students.

1st year was challenging only because I didn’t know the structure of how it worked. Until I got over 1st and 2nd year I felt was the toughest, as in deaths. Academically wise it was a bit tougher too. This year, 3rd year I feel it’s THE year. I feel really comfortable, I know I’m nearly there; the light’s getting a little bit brighter. Definitely this is the year. 3rd year. I feel good. You know, the shoulders are going up and the chest is puffing out and I feel like I’m nearly there. That I’ve achieved something big, within my family and for myself personally, I feel really good about it because it’s been the biggest goal in my entire life so far and it’s just the beginning. Its only the beginning because I know I want to go on into midwifery, straight into midwifery. If I stop that’ll be the end of me so I’m keeping on going.

A couple of Indigenous students started this year we sort of, all of us 3rd years put “em underneath our wings and started giving them a hand and giving them some nice comments, „if you’re struggling, come and see us”. Some young ones I think, socially, are not prepared they still want to go out and socialise, they require a level of commitment. These kids probably haven’t got the home internet or it’s too hard sometimes to come in and access the library and things like that here, that’ll be the hardest thing. Need to try to give them as much information as possible, try to remember what you had to deal with in 1st year. I remember in 1st year I was trying to find myself and so explain everything. Everything that they would be expected to do over here, what support networks they have, if there’s struggling, who to go and see.
Everything! Even down to talking to their course examiners, how to go about deferring things or make up assignments or things like that. The Indigenous nursing academic tells us the main things and is the main academic support in the team up there and she took us to the Learning Support area, and the Library. It goes down to those little things.

There were a couple of colleagues, they were our mentors. We’d just go and talk to them about what was up ahead, they were great. We still keep in contact with them. Another thing too, is being told that you can actually get exempted from stuff. So if you’ve got a bit of work experience behind you. We didn’t know that till our 2nd semester. And we applied for it then.

I went and sat down with this academic person she told us, just because you’re Indigenous doesn’t mean you’ll get exempted from that course. So we just said, ‘look, we’re not here for any handouts or anything, we can show you that we’ve worked hard, whatever you need, we’ll put it on paper for you’.
Core Story 6 - “Debbie”  
Success in Isolation

I am an Aboriginal women and the first in my family to have a degree. I started my nursing straight after completing Year 12. I wanted to be a doctor and then... like, I wasn’t smart enough. I thought that maybe I’d do my nursing and then go on to do my medicine, but I’m glad I never now, I just want to be a nurse because I see how doctors nurses practice – I’m very much more a nurse. And I think, hearing stories from Nana, she used to tell me, „oh yeah, I’ve delivered babies”, and I want to get some clinical experience and go back and do my midwifery.

Nursing is completely different to high school. You can’t really prepare yourself I don’t think because it’s a completely different. I made sure I did all my subjects to prepare me. I found it full on, but it’s nothing I can’t handle. I get all my assignments in on time; I’ve never put an assignment in late, always done my exams. I’m not any different from any other student. If someone else can get it done, that means that I can do it and I just found I picked the right thing for me; I loved it from day one, so I kept going through that’s what drives me. I’ll be 19 when I’ve finished uni. I’m proud of myself that I went straight through and I didn’t take a year off. I kept going. I was focused. I wanted to get it done, I had worked so hard for three years I just want to finish.

You constantly hear people like, „oh, you know, I’ve got two assignments due in“. Don’t whinge about it, You can’t start a 2,000 word essay the night before! And then they wonder why they get so little marks for what they’ve done. You know about these things from Week 1, you know the topics most of the time, so if you can’t really start writing it, then why don’t you start researching it and get all your articles together, so that when the time comes that you can start writing it, you’ve just got to write. You
don’t have to be writing and then go, „Oh, I need a reference I have to go back and search.” You can spend hours fiddling through articles. I think that why I’ve never handed in an assignment due late or anything, because I start so many weeks ahead.

Only mum’s Aboriginal. I know where my family’s from but not much else.

Mum’s always asking questions and that but I don’t think she actually realises what I do. They might see me at home „study, study, study, get off the computer”. With my sister now she’s 26, I can see it, my brother’s 30 and she come out and said she wants to do aged care now asks me „What do I have to do”. I think Mum and Dad are so proud because I’m the only one that has actually gone through and done something. Like, my older two (brothers) took so long to get their lives together. They’re 30 and now they’re only now getting on track. I don’t want to say I’m doing better, but I’m probably more mature minded at this age than what they were and they’re looking up to you.

No. Not uncomfortable, it just made me open my eyes to the way some people thought and it was a tutor. I had to do a presentation and it was talking about getting Aboriginal and Torres Strait Islander nurses through the system and they wanted me to speak about the scholarship I was on, what it’s about and why, to encourage people to come through. The tutor asked „so, do you owe then an obligation to go out rural and nurse for your people?”, and I said, „no, I can if I want to, but I don’t have to”. Then he goes, „oh, so you’re just taking this, but you know, you’re not going to back to help your people?”. I said, „I think you’re forgetting that majority of Aboriginal and Torres Strait Island people live in Brisbane, they live right here.” And he just stood back kind of thing and then said „Oh, that’s true, is it?”. He’s attacking me kind of thing up there. I just said in front of everyone you don’t have to go to rural, the middle of Australia to
find Aboriginal people. There is still a lot going on in our community here in Brisbane.

„You need to open your eyes.” Some people like to go out there, but I’m of a city person.

You know like, I’m not dark, dark. I’m lightly tanned and they go, „Oh, I thought you
were Asian or something.” like they go, „you’re Aboriginal and you’re 3rd year uni?”

I’m like, „yeah, you know, we do have brains too you know”. I’m pretty resilient I
think, and so when people find out, they’re surprised. I’m proud of who I am, but I
don’t find the need to go around saying, „oooh, I’m Murri” kind of thing.

I think some non-Indigenous students that they get jealous. Because they think that we
have this easy way through? But you know, I worked hard through high school, I filled
out that scholarship application I had to answer the right questions, the right way; I got
it on my own merit, it wasn’t just because I was Aboriginal. I didn’t get an easy path
into university; I got in on my OP.

I’m my own support I think. If I really needed the help I could go and ask for it, get the
extension, contact tutors for help and that sort of thing and I’m confident enough to do
that. But I prefer to look at myself and help myself out before I have to have others help
me.

My toughest year was this year. My first year I went through thinking, „all you got to
do is pass, just pass the subjects, get through your degree” and then at that moment, I
thought, „I don’t just have to pass. I’m going to go out and be this person who’s
expected to know, what I’m talking about, what I’m doing.” So then I started to study
more and really understand what I was studying and think that’s why this year I got
HDs. I had a GPA of 5.18. I always get my 6”s and my 7”s, but now I strive to get a 7. I
do everything in my power to get that 7 and I wish I had of had that state of mind in the 1st year.

I just wanted it. Determined and committed. You’ve got 14 weeks, what’s 14 weeks out of the year, where you can just sit down each week get your work done.

I used to just sit back and listen and that’s how I’d learn. Now I feel like I can get up and actually say something because I know what I’m talking about. I’m not that student that sits in the back kind of thing, but I had a point of view and I expressed it. I now do all the readings and I hate reading it took me two years. I’m a confident person, but I’m not confident to get up in front of a class and now I think because of clinical practice I’ve got to speak up. I just see how much I’ve grown, like, in the last year.

The Indigenous Education Support Unit offered tutors. They kept calling me and calling me ... like like, „alright! I’ll have one” and they were helpful yeah but I kind of wanted to do it on my own, and I haven’t had one since. I had one she was only a year or two out, so she’s still really young and easy to relate with whereas one other she was older it wasn’t like you had that relationship with them, like I did with the other ones. You knew the first couple of weeks was going to be real tough, I may need some help then I would have gone back and got another tutor.

I don’t know what it’s like to be an „Indigenous” nursing student because like a lot of people they find that the Indigenous Education Support Unit community really helped them. I didn’t really have much to do with them. I just did it on my own. I made friends really quickly with the other students. It’s really hard I think some Murri’s, like they only want to be friends with other Murries they really connect with other Aboriginal students. Whereas because I have lived in Brisbane I’ve never had that close community of other Aboriginal students. I’m very open to being interactive with other
cultures and I think that’s a good thing. You can’t go through life only being with Murries, like we’re going out to workplaces where there aren’t many Aboriginal and Torres Strait Islanders out there.

I don’t want to say it, but I don’t think they took education seriously. I don’t think they took high school ... if you just want to mess your way through high school, you’re not going to have that basic ... things like writing assignments; that’s huge. And if you can’t write a sentence, if you don’t have good English, then you are really going to find this a struggle. I wouldn’t know because there’s not a lot of us. And the ones that do I’m not really close or anything, I don’t know what they’re doing. I don’t notice other Indigenous students. I still come across people today and we are in exactly the same course and I’ve never met her! But I think it shows how big the University is.

There was one girl from a remote community and she has dropped out. I saw her first year. Everyone was trying to support her, „come hang with me on the weekend” kind of thing, because she had no family, no nothing. I said to come and stay with my family, so you can get to know people. But the minute she got here ... party, party, turned 18 and all these mob in Indigenous Education Support Unit „we’ll take you out” ... so she failed every subject and it was heartbreaking because then she tried to re-do them second semester and she failed again. I think it was a big thing because she hadn’t had that full on schooling, the basic things like writing and understanding, she didn’t really get.
Appendix B – Ethics Documents

HREC Ethics Approval

### JAMES COOK UNIVERSITY
Townsville Qld 4811 Australia

**ETHICS REVIEW COMMITTEE**
Human Research Ethics Committee

**APPROVAL FOR RESEARCH OR TEACHING INVOLVING HUMAN SUBJECTS**

<table>
<thead>
<tr>
<th>PRINCIPAL INVESTIGATOR</th>
<th>Ms Rosanne West</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO-INVESTIGATOR(S) &amp; SUPERVISORS</td>
<td>Prof Kim Usher (Nursing, Midwifery and Nutrition) &amp; Prof Richard Speare (Public Health, Tropical Medicine &amp; Rehabilitation Sciences)</td>
</tr>
<tr>
<td>SUPERVISOR(S)</td>
<td>Dr Lee Stewart (Nursing, Midwifery and Nutrition); Prof Yvonne Cadet-James (Indigenous Australian Studies) &amp; Dr Kim Foster (The University of Sydney)</td>
</tr>
<tr>
<td>SCHOOL</td>
<td>Nursing, Midwifery and Nutrition</td>
</tr>
<tr>
<td>PROJECT TITLE</td>
<td>The factors involved in successful Indigenous pre-registration nursing student completions in Queensland</td>
</tr>
</tbody>
</table>

| APPROVAL DATE | 1 May 2009 |
| EXPIRY DATE | 31 Dec 2012 |
| CATEGORY | 1 |

This project has been allocated Ethics Approval Number H 3303 with the following conditions:

1. All subsequent records and correspondence relating to this project must refer to this number.
2. That there is **NO** departure from the approved protocols unless prior approval has been sought from the Human Research Ethics Committee.
3. The Principal Investigator must advise the responsible Human Ethics Advisor appointed by the Ethics Review Committee;
   - periodically of the progress of the project;
   - when the project is completed, suspended or prematurely terminated for any reason;
   - notify within 48 hours of any adverse effects on participants occur; and if any;
   - unforeseen events occur that might affect continued ethical acceptability of the project.
4. In compliance with the National Health and Medical Research Council (NHMRC) “National Statement on Ethical Conduct in Human Research” (2007), it is **MANDATORY** that you provide an annual report on the progress and conduct of your project. This report must detail compliance with approvals granted and any unexpected events or serious adverse effects that may have occurred during the study.

**Human Ethics Advisor:** Cadet-James, Yvonne

**Email:** yvonne.cadetjames@jcu.edu.au

**ASSESSED AT MEETING**

**APPROVED**

| Date | 29 Apr 2009 |
| Date | 1 May 2009 |

**Professor Peter Logget**
Chair, Human Research Ethics Committee

**Tina Largus**
Senior Ethics Officer
Research Office
TinaLargus@jcu.edu.au

Date: 1 May 2009
Participant Recruitment Poster

What the project is about?
I am seeking 3rd Year Indigenous pre-registration Nursing students to take part in a research project investigating factors involved in successful Indigenous pre-registration nursing student completions in selected Queensland universities. The study is being conducted by Rolanne West and will contribute to the degree of PhD at James Cook University.

About the Researcher
I am a Kalkadoon woman born and raised on my mother’s country in far North West of Queensland, Mount Isa. My father’s people are the Djuwanda people from South East Queensland. I also have a twin sister and brother who are both Registered Nurses and we all studied nursing and graduated together.

What are you invited to do?
If you wish to be involved in the study you will be invited to be interviewed. The interview will be audio-taped and should only take approximately 1 hour of your time and will ask questions about your University experience.

Contact
Rolanne West
School of Nursing, Midwifery and Nutrition
James Cook University
Phone or Tel: 0401 158 389
Email: rolanne.west@jcu.edu.au

Principal Supervisor
Professor Kim Davies
School of Nursing, Midwifery and Nutrition
James Cook University
Phone: 40422291
Email: kim.davies@jcu.edu.au

Cultural Reference Group
Made up of Indigenous Registered Nurses and Elders to inform and guide the research project.

Why is it Important?
Given the poorer health status of Indigenous Australians, there is a need to increase the number of Indigenous students completing nursing programs.
Consent Forms

Informed Consent Form

JAMES COOK UNIVERSITY
TOWNSVILLE Queensland 4811 Australia Telephone: (07) 4781 4111

INFORMED CONSENT FORM

<table>
<thead>
<tr>
<th>PRINCIPAL INVESTIGATOR</th>
<th>Roianne West</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROJECT TITLE:</td>
<td>The factors involved in successful Indigenous pre-registration nursing student completions in Queensland</td>
</tr>
<tr>
<td>SCHOOL</td>
<td>Nursing, Midwifery and Nutrition</td>
</tr>
</tbody>
</table>

I understand the aim of this research study is to investigate the factors involved in successful Indigenous pre-registration nursing student completions in selected Queensland institutions. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written plain language statement to keep.

I understand that my participation will involve an interview and I agree that the researcher may use the results as described in the plain language statement.

I acknowledge that:

- any risks and possible effects of participating in the interview and questionnaire have been explained to my satisfaction;
- taking part in this study is voluntary and I am aware that I can stop taking part in it at any time without explanation or prejudice and to withdraw any unprocessed data I have provided;
- that any information I give will be kept strictly confidential and that no names will be used to identify me with this study without my approval;
- that for Indigenous nurses due to the small number of Indigenous nurses in Queensland it may be that others in the study have a general sense of who will be involved in the project.

(Please tick to indicate consent)

I consent to be interviewed [ ] Yes [ ] No
I consent for the interview to be audio taped [ ] Yes [ ] No

Name: (printed) __________________________
Signature: __________________________ Date: __________________________
Information Sheets

Academics

JAMES COOK UNIVERSITY
TOWNSVILLE Queensland 4811 Australia Telephone: (07) 4781 4111

INFORMATION SHEET- Nursing Colleagues involved in Pre-registration Education

TITLE - The factors involved in successful indigenous pre-registration nursing student completions in Queensland

About the Researcher

I (Roisanne) am a Kalkadoon woman born and raised on my mother’s country in far North West of Queensland. My father’s people are the Djuunda people from South East Queensland. I am a sole parent with three children, including twin girls. My family includes a twin sister and brother who are both registered nurses. We all studied nursing and graduated together.

What the project is about?

You are invited to take part in a research project investigating the factors involved in successful Indigenous pre-registration nursing student completions in selected Queensland institutions. The study is being conducted by Roisanne West and will contribute to the degree of PhD at James Cook University. Roisanne is supervised by Professor Kim Usher, Professor Rick Spear, Dr Lee Stewart and Associate Professor Kim Foster. Professor Yvonne Cadet-James is an Aboriginal woman and cultural mentor to the project.

Why is it important?

Given the poorer health status of Indigenous Australians, there is a need not only to increase the number of Indigenous students entering nursing but also to increase the retention and completion rates.

What are you invited to do?

If you are happy to be involved in the study, you will be invited to be interviewed. The interview, with your consent, will be audio-taped, and should only take approximately 1 hour of your time. A few short questions will be asked at the beginning of the interview such as questions as “what has been your experience with Indigenous nursing students, what do you perceive as some of the challenges for Indigenous nursing students, can you tell me a story that describes an important aspect of an experience you’ve had with an Indigenous nursing student.”

Confidentiality

Your name, details and involvement in the study will be kept confidential.

Are there any risks to you?

There are no apparent risks to you as a participant. Taking part in this study is completely voluntary and you can stop taking part in the study at any time without explanation or prejudice. You may also withdraw any unprocessed data from the study if you withdraw.

What will happen to the research?

The results from the project will be in the form of a thesis, journal publications, reports and conference presentations. Research agreements will address issues of ownership of material and joint authorship for journal publications, report and conference presentations. All participants will receive a report of the finding.

Contacts

If you have any questions about the study, please contact Roisanne West, Principal Investigator and Professor Kim

If you have any concerns regarding the ethical conduct of the study, please contact Tina Langford, Ethics Officer,
Research Office, James Cook University, Townsville, Qld, 4811. Phone: 4781 4342; Tina.Langford@jcu.edu.au
Usher, Principal Supervisor as listed below:

**Principal Investigator:**
Rosaline West  
School of Nursing, Midwifery and Nutrition  
James Cook University  
Phone: 47 81 4983  
Email: rosaline.west@jcu.edu.au

**Principal Supervisor**  
Professor Kim Usher  
School of Nursing, Midwifery and Nutrition  
James Cook University  
Phone: 40 321361  
Email: kim.usher@jcu.edu.au

If you know of others that might be interested in this study, please pass on this information sheet to them so they may contact me to volunteer for the study.

Thank you for your interest in my study and for taking the time to read this information sheet.

Rosaline West

*If you have any concerns regarding the ethical conduct of the study, please contact Tina Langford, Ethics Officer, Research Office, James Cook University, Townsville, Qld, 4811. Phone: 4781 4342, Tina.Langford@jcu.edu.au*
Indigenous Australian Nursing Students

JAMES COOK UNIVERSITY
TOWNSVILLE Queensland 4811 Australia Telephone: (07) 4781 4111

INFORMATION SHEET- FOR STUDENTS

Title - The factors involved in successful Indigenous pre-registration nursing student completions in Queensland

About the Researcher

I (Roisanne) am a Kalkadoon woman born and raised on my mother’s country in far North West of Queensland. My father’s people are the Djiundja people from South East Queensland. I am a sole parent with three children, including twin girls. My family includes a twin sister and brother who are both registered nurses. We all studied nursing and graduated together.

What the project is about?

You are invited to take part in a research project investigating the factors involved in successful Indigenous pre-registration nursing student completions in selected Queensland institutions. The study is being conducted by Roisanne West and will contribute to the degree of PhD at James Cook University. Roisanne is supervised by Professor Kim Usher, Professor Rick Spear, Dr Lee Stewart and Associate Professor Kim Foster. Professor Yvonne Cadet-James is an Aboriginal woman and cultural mentor to the project.

Why is it important?

Given the poorer health status of Indigenous Australians, there is a need not only to increase the number of Indigenous students entering nursing but also to increase the retention and completion rates.

What are you invited to do?

If you wish to be involved in the study you will be invited to be interviewed. The interview, with your consent, will be audio-taped, and should only take approximately 1 hour of your time. A few short questions will be asked at the beginning of the interview such as questions about your mode of study, family background, age and marital status. The interview will be conducted in privacy at a venue of your choice. Interview questions will include such things as “what has your University experience been?”, “what types of support have you had?” and “Can you tell me a story that describes an important aspect of your experience?”.

Confidentiality

Your name, details and involvement in the study will be kept confidential, however due to the small number of Indigenous nurses in Queensland others in the field may have a general sense of who was involved in the project.

Are there any risks to you?

There are no likely risks to be involved in this project however; it may be that you might recall some unpleasant experiences which may make you upset. Should you wish to talk to a counsellor I will provide you with information about an appropriate counselling service. Taking part in this study is completely voluntary and you can stop taking part in the study at any time without explanation or prejudice. You may also withdraw any unprocessed data from the study if you withdraw.

What will happen to the research?

The results from the project will be in the form of a thesis, journal publications, reports and conference presentations. Research agreements will address issues of ownership of material and joint authorship for journal publications, report and

If you have any concerns regarding the ethical conduct of the study, please contact Tina Langford, Ethics Officer, Research Office, James Cook University, Townsville, Qld. 4811. Phone: 4781 4343; Tina.Langford@jcu.edu.au

380
conference presentations. All participants will receive a report of the finding.

Contacts

If you have any questions about the study, please contact Roianne West, Principal Investigator and Professor Kim Usher, Principal Supervisor as listed below:

Principal Investigator: Roianne West  
School of Nursing, Midwifery and Nutrition  
James Cook University  
Phone: 47 81 4083  
Email: roianne.west@jcu.edu.au

Principal Supervisor: Professor Kim Usher  
School of Nursing, Midwifery and Nutrition  
James Cook University  
Phone: 40 421591  
Email: kim.usher@jcu.edu.au

If you know of others that might be interested in this study, please pass on this information sheet to them so they may contact me to volunteer for the study.

Thank you for your interest in my study and for taking the time to read this information sheet.

Roianne West

If you have any concerns regarding the ethical conduct of the study, please contact Tina Langford, Ethics Officer, Research Office, James Cook University, Townsville, Qld. 4811. Phone: 4781 4342, Tina.Langford@jcu.edu.au
Appendix C – Invitation to Confirmation

An invitation is extended to all staff members and research students of the School of Nursing, Midwifery & Nutrition to attend a

Higher Degree Research Seminar by

Ms Roianne West

PhD Confirmation Seminar

Date: Friday 22nd May 2009
Time: 11.00 am - 11.50 am
Venues: Townsville - DA009-002
Cairns - A21.002

The Factors Involved in Successful Indigenous Pre-registration Nursing Student Completions in Queensland

Supervisor: Professor Kim Usher
Co-Supervisor: Dr Lee Stewart
Associate Supervisor: A/Professor Kim Foster
RSM: Dr Susan Gair

Dr Lea Budden, Postgraduate Liaison Officer
School of Nursing, Midwifery & Nutrition
(Ph: 4781 3384)
Appendix D - Conference Presentations & Posters

International

7th Mixed Methods International Conference Presentation

24/01/2012

A TRANSFORMATIVE CONCURRENT MIXED METHOD STUDY USING AN INDIGENIST RESEARCH METHODOLOGY
7th Mixed Methods International Conference
Reanne West (PhD, WAMU, PhD: Davidian)
Professor Ken Isher
Dr Lee Rickett
Associate Professor Kim Foster
July 2014.

Indigenous people from countries such as Australia, Canada, and New Zealand, suffer serious health disparities when compared to non-indigenous people.

Indigenous Australians suffer the worst health outcomes of all of the world’s Indigenous people.

LIFE EXPECTANCY AT BIRTH

- 67 years for Australian Indigenous males
- 73 years for Australia’s Indigenous females
- A difference of 11.5 and 9.7 years, respectively, when compared with all Australians

(AHM, 2011)

FACTORS INVOLVED:

- Colonisation
- Genocide
- Stealing of the land
- The stolen generation
- Marginalisation
- Lack of a formal Treaty

FACTORS INVOLVED:

- Socio-economic disadvantage:
- Institutional racism:
- Victimization
- Negative stereotyping
- Culturally unsafe care
- Limited access to services

SOLUTIONS:

- Ways to ensure Indigenous Australians receive higher quality and culturally safe care is to:
  1. Increase the number of Indigenous nurses in the workforce;
  2. Develop a culturally capable non-Indigenous nursing workforce;
  3. Develop more culturally appropriate services;
ISSUE OF INTEREST

- The numbers of Indigenous nurses entering the workforce remains low even though the numbers of Indigenous nurses commencing nursing programs has increased.

THE STUDY

- In order to understand the reasons behind the failure of students to complete undergraduate nursing courses at a rate in keeping with commencements, we conducted the current study.

CONSIDERATION/CHALLENGE

- Indigenous people have long been the subjects of research which has led to the development of a deep suspicion of research and researchers, and a reluctance to participate in research.

REASON

- This is because of the problematic constructions that resulted from poor research that has informed health care and nursing and health professional practice.

BIBLIOGRAPHY

[Shaw 1999; Breen and Wood 2001]

THE IMPACT OF RESEARCH ON INDIGENOUS PEOPLE

- Indigenous groups have come to realise that research has not only served to perpetuate ongoing racism and colonialism. But has failed to value Indigenous ways of knowing and being in the world.

AUSTRALIAN INDIGENOUS RESEARCH AGENDA

1. The challenging of traditional forms of research;
2. The adoption of more progressive kinds of knowledge development which privilege the diversity of Indigenous experience;
3. Research that strengthens the struggle for emancipation and liberation from oppression; and,

[ MAPPA 1991; MAPPA 2005]
CRITICAL STANDPOINT
Research must be conducted from a position that:
- values Indigenous people;
- their knowledge; and
- their input to the research study.

AIMS OF THIS PAPER
- To describe the tenets of Indigenist Research methodology;
- To demonstrate how we used this approach to drive a mixed methods study which addressed the factors related to the low level of Indigenous nursing student completions in Australia.

WESTERN RESEARCH METHODOLOGIES
Perpetuate the creation of “others” by:
1. Hierarchising;
2. Delegitimising and
3. excluding groups
such as non-Euro-American peoples, women, homeless, and the disabled.
In the process, these groups are pathologised as social problems
(Birds, 2015).

INDIGENOUS AUSTRALIAN’S
- Western research methodologies were created for the study of Western rational, industrial, colonising/dominating society.
(Birds, 2015)

INDIGENIST RESEARCH
- Research undertaken from an Indigenist perspective is informed by three fundamental principles:
  1. involvement in resistance as the emancipatory imperative;
  2. political integrity; and
  3. giving privilege to Indigenous voices.
(Rapa, 2006)

ASSUMPTION OF AN INDIGENIST PERSPECTIVE
- That there is institutional racism in mainstream education and research evident in:
  1. the topics studied;
  2. the methodologies and approaches privileged;
  3. the voices heard; and
  4. in the production and dissemination of knowledge.
(Smith, 1999)
**DIFFERENCE IN APPROACH**
- The Indigenous scholar speaks back against the research approaches that have oppressed and marginalised Australian Indigenous peoples.

**DESIGN**
- Transformative concurrent mixed methods approach, using an Indigenist Research Methodology.

**MULTIPLE PERSPECTIVES**
- The researcher must be aware of their own worldview and understand how their worldview influences the research questions they ask.
- Understanding a worldview helps a researcher to identify the appropriate standpoint that should drive the study.

**RESEARCH QUESTIONS**
1. Why completions by Indigenous nursing students has not kept pace with increasing enrolments?
2. Why Indigenous students continue to have much lower success rates in nursing when compared to non-Indigenous students?

**METHODS**
- Steering committee: 
  - Facilitated regular Indigenous experts in nursing education and health workforce
- Qualitative Data: 
  - 16 in-depth interviews
- Quantitative Data: 
  - Analyse of Federal Government data for:
    - Conversions
    - Attrition
    - Progressions
    - Completions

**FEDERAL GOVERNMENT DATA**
- Department of Education, Employment and Workforce Relations (DEEWR), Higher Education Statistics Unit.
- 2002 to 2006—available data since 2002
IN DEPTH INTERVIEWS
- 8 students
- 13 staff

DAHIRRI
- Dahirri is more a way of life which encompasses practices associated with the importance of community, reciprocity, reflectivity, and trustworthiness. Dahirri means listening to and understanding the self in relationship to others; the notion of truly listening to others is pivotal to the idea. (Arden, 2003)

TRANSFORMATIVE CONCURRENT STUDY
- Transformative studies use a theoretical change-oriented drive which aims to improve social justice for the population under study (Creswell & Plano-Clark, 2008).
- We collected and analysed both quantitative and qualitative data simultaneously.
- We then combined both data sets in an attempt to unravel the complexities of the situation.

POWER ISSUES
- Integration;
- Analysis;
- Potential for power relationships;
- That voices are often polluted and affected by relations; and
- How different forms of oppression subjugate people.

CRITICAL STANCE IN ANALYSIS
- The data was questioned critically for evidence of:
  - oppression forms;
  - institutional victim;
  - Dahirri.
- Research approaches and analytic techniques must be developed and employed:
  - interpreted;
  - presented;
  - evaluated on an accountability level;
  - theoretical;
  - informed by the theoretical perspective of indigenous communities.
- Research questions and research goals must be included in analysis (Creswell & Plano-Clark, 2008).

RESULTS
- Although Indigenous students are entering nursing courses at higher rates than ever before, their progression and completion rates are not keeping up:
- Indigenous nursing student completion rates have been about 30% less than that of non-Indigenous students for the last 7 years.
### Barriers Identified by Students

1. Feeling Cultural unsafe
2. Lack of Academic Preparedness
3. Nurtured Personal Attributes
4. Inappropriate Support Strategies
5. Lack of Academics Awareness
6. Characteristics of Nursing Program

### Strategies Identified by Students

1. Connecting Indigenous Nursing students
2. Increasing Academics’ Awareness
3. Indigenised Pedagogies
4. Partnerships

### Conclusion

- All researchers need to grapple with the relevant issues related to their project.
- The research was not only conducted:
  - in an ethical way;
  - that was respectful of Indigenous people;
  - it was conducted in a way that valued Indigenous ways of knowing.

### Recommendation

- We propose that a transformative mixed methods study, as described here, is possible while remaining true to the tenets of an indigenist research approach.
**Australian Indigenous Participation in Nursing Education**

**PHD Candidate:** Riitame West  
**Supervisors:** Professor Kim Usher, Dr Lee Stewart & Associate Professor Kim Foster

### Aims of the Study
1. To investigate pre-registration nursing programs to identify the factors linked to high Indigenous completion rates as identified by Indigenous students and staff.
2. To identify the barriers to successful completion by Indigenous nursing students in pre-registration programs and
3. To develop strategies to enhance future completion rates for Indigenous nursing students.
4. To propose a model of support to achieve completion rates of Indigenous nursing students in the future.

### Background
Given the poorer health status of Indigenous Australians, and in consideration of the Australian Government’s “Close the Gap” initiative, an Indigenous nursing workforce is critical, given that nurses make up the largest percentage of the health workforce. Hence, there is an urgent need to increase the number of Indigenous students completing pre-registration nursing programs.

### National Nursing Completion Rates - Pre-registration Nursing Courses

<table>
<thead>
<tr>
<th>Year</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>64.6%</td>
<td>64.2%</td>
</tr>
<tr>
<td>2005</td>
<td>67.9%</td>
<td>62.5%</td>
</tr>
<tr>
<td>2006</td>
<td>62.5%</td>
<td>62.8%</td>
</tr>
<tr>
<td>2007</td>
<td>60.4%</td>
<td>62.5%</td>
</tr>
<tr>
<td>2008</td>
<td>62.5%</td>
<td>62.8%</td>
</tr>
</tbody>
</table>

### Indigenous Non-Indigenous Comparison by Year

- 2004: 64.6% Indigenous, 64.2% Non-Indigenous
- 2005: 67.9% Indigenous, 62.5% Non-Indigenous
- 2006: 62.5% Indigenous, 62.8% Non-Indigenous
- 2007: 60.4% Indigenous, 62.5% Non-Indigenous
- 2008: 62.5% Indigenous, 62.8% Non-Indigenous

### Analysis of Findings

**Discussion**

The study reveals that while commencement numbers and completion rates have increased overall, the gap between commencement numbers, progressions, attrition, and completion rates between Indigenous and non-Indigenous nursing students remains wide. Hence, the previously mentioned indicators are essential to address this gap in our study. It is one of several urgent actions.

**References to Clinical Practice**

Indigenous nurses have the potential to improve access to health services for Indigenous people by ensuring the services are culturally appropriate and address Indigenous patient needs. The presence of Indigenous nurses in the nursing workforce also has the potential to enhance the relationship between non-Indigenous nurses and Indigenous Australian with the potential to genuinely reform health care practice delivered by nurses and is a significant step towards the Indigenisation of the nursing workforce.

**Methodology**

Data drawn through a critical lens within an Indigenous Research Framework.

**Abstract**

Australian Government data from all Australian Schools of Nursing that conduct nursing courses from 2002 - 2008: 98%...

Quality

- 374 Indigenous nursing students: 64%...

Staff involved in the support of Indigenous Nursing Students: 13%
Indigenous Studies, Indigenous Knowledge International Conference Presentation

24/01/2012

Indigenous Studies, Indigenous Knowledge: Dialogue of Conflict in the Academy 2009
The Challenges and Opportunities in Developing Ways to Conduct Research that Value Indigenous Ways of Knowing
Bastienne West (PhD Student)
Professor Kim Under
School of Nursing, Midwifery, and Midwifery
Faculty of Medicine Health and Molecular Science
James Cook University

Who am I
Who are my mob
Where do I come from

The Factors Involved In Successful Indigenous Pre-Registration Nursing Student Completions in Queensland
Kathleen Crabb

Creating a methodology that fitted
- Guidance
- Creativity
- Innovativeness
- Willingness to take a risk
- What I thought just made sense is apparently cutting new ground

Unchartered Territory
- Social Science
- Health Science
- Research
- Indigenous Research
- Nursing
- Indigenous Nursing

Closing the Gap with Indigenous Research Methodologies
CLOSETHEGAP
Demand Indigenous health equality
Theoretical Framework

- A critical theory approach based within the tenets of Indigenous research principles will be used.
- In keeping with the critical paradigm, Indigenous paradigms incorporate the idea of critical power can be used to promote multicultural ways of knowing (Brett 2000).
- Indigenous epistemology:
  - The social structure
  - Oppressions
  - In to empowerment and are consistent with the tenets of critical theory.
- Critical theory was used by Rigby (1997) to develop what he termed Indigenous research methodology, an idea critical theory it turns for a purpose.

Critical theorists are interested in:

- analysing how institutions dehumanize, asexualize, and alienate the people living and working within them, as well as how systems of oppression in modern capitalist societies not only dehumanize people but also the way in which they obscure the sources of the oppression (Clandinin & Rosiek, 2007).

Marxist researchers drew attention to how schools were possible agencies which reproduced the same social inequalities evident in society (Smith 2005).

This is important to the study as issues of culture and inequality have been previously overlooked in relation to Indigenous student progression.

Indigenous students have been criticized from a purely western model that gives no credence to the background of the students or to the institutional systems which may themselves disadvantage particular groups of students.

Acknowledgments

- Aunty Kerrie Tim
- Professor Kim Usher
- Professor Yvonne Cadet James
- Professor Lester Rigney
- Professor Martin Nakata
- Professor Marcia Langton
- Professor Aileen Morton Robinson
- Associate Professor Karen Martin

“When the white man told you to do something, you did it; you had no come back...” He then wrote that “after the laws changed, we had nothing, no roof over our head, no education, no money, no job, nothing......but we had our minds.”
Indigenous Methodologies

- My country
- Research Protocol for Working with and/or for Aboriginal and
  Torres Strait Islander peoples, James Cook University
- Indigenous Post Graduates Summer School, Melbourne University
- Indigenous Knowledge Management Masterclass
- Gender, Indigenous Research Methodologies Masterclass
  Module, Griffith University
- Indigenous Studies: Indigenous Knowledge: Dialogue or Conflict in
  the Academy, University of Newcastle
  @JIRG x 2

Getting Started

- “the community”
- PhD is not your life project
  (Langton, 2009)

NMHRC - Values and Ethics in
Aboriginal and Torres Strait Islander
Health Research, 2003

1. RECIPROCITY
2. RESPECT
3. EQUALITY
4. RESPONSIBILITY
5. SURVIVAL AND PROTECTION
6. SPIRIT AND INTEGRITY

Indigenism

1. A body of knowledge
2. By Indigenous scholars
3. In the interest of Indigenous peoples for the purpose
   of self-determination

Rigney, ??

Academic Contradiction

While: “Indigenism” recognises the power of science to colonise, it also
recognises the power of science to de-colonise?

Rigney ??

* Nakata: “In order to understand our own position
  better and to ultimately act to improve it, we
  must first immerse ourselves in and
  understand the very systems of thought,
  ideas and knowledge that have been
  instrumental in producing our position”
  (Nakata 1999: p.4)
Indigenous Research Methodology Masterclass

- Intellectual cultural – carrying on traditions in a different time as world
- Language is a weapon: a tool
- Postgraduate study is a political act. A different form of activism
- Academia is about dialogic processes and spaces: questioning the language in the basis of claiming power: Intellectual Warrior

Morten Robinson, 2009

Challenges

- We don’t have the luxury to “just do it”
- Rigorous enough not to be dismissed (Bigley, 2009)
- There’s times when I just thought it would be easier to just do a “normal” western methodology but it wasn’t possible.
- Any change is met with resistance

Risks

- Cultural
- Self
- Identity
- Social and Emotional Well Being (SEWB)
- Vulnerability

“Part of the journey”

- Contradiction
- Tiredness
- Frustration
- Warrior Phase
- Racism
- Oppression
- Rebuffing
- Sleep deprivation
Journey
- Self discovery
- Family discovery
- Community discovery (Aboriginal/Kalkadoon)

Lessons Learnt so far....
- Must be mentally and physically fit
- The methodology is only 1 chapter of your PhD
- Don't get your PhD mixed up with your life job
- Allow your family to rescue from your intellect (Bigrey, 2009)

Recommendations - Personal
- Allow your family to rescue you from your intellect (Bigrey, 2009)
- Reflection Reflection Reflection
- Anyone contemplating doing a PhD in complete
- Mourn of research as opposed to course work
- Thick-skinned with a strong sense of identity (Nakata)

Role of the Supervisor
- Can not be underestimated
- A willingness and genuineness to learn
- Take risks
- Respectful consultations
- For asking me why?
Share the Journey

- BIRC (predominately Aboriginal scholars)
- School of Nursing, Midwifery and Nutrition predominately (predominately non-indigenous scholars)
- Share Principal Supervisor – Vicki – BIRC Scholar
- Training with other PhD students (QUT, Griffith, USQ, JCU, Curtin etc.)

NHMRC – Building Indigenous Research Capacity Building Grant (BIRC)

Recommendations - Academy

- Indigenous research methodology as a post graduate subject
- Introduce Indigenous and decolonising methodologies into undergraduate curriculum and post graduate health research curriculum
- Anyone completing their PhD to complete Masters of research as opposed to course work??

Strengths

- My sense of identity
- My relationship with my elders
- My relationship with my country
- Welcome to country
- Realisation of my ancestral intelligence
- Personal relationship forged with non-indigenous people
- The legacy I have behind for my children

Challenges for students

- Confronting issues of colonialism, discrimination, racism;
- Developing new ways of research that value Indigenous ways of knowing;
- Undertaking research within a model that minimises the distance between researcher-participant;

Challenges for supervisors

- Learning a new research approach
- Risk taking;
Recommendations

- Work together in groups;
- Find opportunities to work with other like-minded academics;
- Share resources;
- Attend conferences like this one to learn and share;

"Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness, that most frightens us. We ask ourselves, who am I to be brilliant, gorgeous, talented, and fabulous? Actually, who are you not to be?"

Williamson, 1992

References

- [Based on a previously created reference list.]

Contact details

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State
Passionate about Practice Office of Chief Nursing Officer/ Queensland Health
Conference Presentation

24/01/2012

Passionate About Practice, 2010
"Innovative in Practice"
Nurse Unit Manager, Chronic Disease
Queensland Health

"doing the same thing over and over again and expecting different results".
Albert Einstein

"It is not credible to suggest that one of the wealthiest nations of the world cannot solve a health crisis affecting less than 3% of its citizens"

Family Nurses 1960's to current

Aboriginal and Torres Strait Islander Nurses leading Australia’s health workforce in Closing the Gap

CLOSE THE GAP
Demand Indigenous health equality

Significance
- Critical state of Indigenous health in Australia
- Culturally safe health workforce
- Indigenous health workforce
- Indigenous nursing workforce
- Indigenous nursing student completions at University
Completion Numbers
Higher Education - Nursing

Higher Education:
one third of Indigenous students complete degrees compared to over half of non-Indigenous students.

Nursing:
much less than one third of Indigenous students completing compared to over two thirds of non-Indigenous students.

Known Barriers to Aboriginal and Torres Strait Islander Student Participation in University

1. Randomness & Fluency
2. HEALTH - Poor health
3. HOUSING - Poor quality housing
4. EDUCATION - Poor educational predecessors (family)
5. EARN MONEY - Financial hardship
6. Kinship ties (death of kin)
7. Academic demands or studying outside the culture of family
8. Transport
9. Distraction - Literacy and access to
10. Distance from the culture of university
11. Racist attitudes, staff and student, institutional racism
12. Stereotyping
13. Discrimination
14. Lack of support
15. Cultural insensitivity of curriculum
16. Accrue access to library
17. Financial cost
18. Family and FRIENDSHIPS
19. Academic lack of understanding of Aboriginal history, culture and perspectives
20. Personal

Queensland

Competition Numbers for Indigenous Undergraduate Nursing Students

Selected Queensland Cities and New Zealand Comparison

<table>
<thead>
<tr>
<th>City</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>QED</td>
<td>16.9%</td>
<td>16.9%</td>
<td>20%</td>
</tr>
<tr>
<td>EGD</td>
<td>27.7%</td>
<td>36.1%</td>
<td>30%</td>
</tr>
<tr>
<td>NEQ</td>
<td>67.3%</td>
<td>58.9%</td>
<td>29%</td>
</tr>
<tr>
<td>GFT</td>
<td>37.7%</td>
<td>55.1%</td>
<td>29.7%</td>
</tr>
<tr>
<td>WU</td>
<td>52.8%</td>
<td>67.9%</td>
<td>24.3%</td>
</tr>
<tr>
<td>Average</td>
<td>36.1%</td>
<td>60.1%</td>
<td>30.5%</td>
</tr>
</tbody>
</table>
**Background**
- Aboriginal Community Controlled Health Service
- Indigenous Nurse Leadership and Role Modelling
- Descendent of the traditional owners of country where Malarinjikiny is located
- Over 10 expressions of interest
- Consultant engaged
- Response to 'grass-roots' demand
- Tropical North Institute of TAFE, Cairns
  - Certificates II in Health Services Assistance
  - Assistant in Nursing

**Characteristics**
- 2 males
- 30 females
- Ages 16-62
- 6 year 12 graduates
- Qualifications - Year 10 – Diploma
- From across District
- 2 previously enrolled in BN
- Social issues (reflection of the community)
- Locals

**Challenges**
- Family Obligations
- Cultural Obligations
- Sorry Business
- Transition into Tertiary and VET sector
- Soft skill development
- Decolonising myths - University

**Strategies**
- Indigenous Nurse Leadership
- Traditional Owners, Elders
- Adapting content (history, culture & health)
- Inclusion into other programs
- National Indigenous Leadership Program
- Tying
- Individually tailored plan
- Case management model
- Continual evaluation
- Flexibility
- Adaptability
- Team Approaches
- Endorsement

**Outcomes**
- 32 enrolments
- 20 completed
- 19 Bachelor
- 4 Diploma
- 4 Certificate III
- 20 successful applications for financial assistance
- Most students completed National Red Card applications
- Australian Taxer $5000 transition and Indigenous Tertiary Assistance Scheme applications

**Tutumal**
Model with Multiple Exit Points

- Exit 1
- Exit 2
- Exit 3
- Exit 4
- Exit 5
- Exit 6

- Exit 1
- Exit 2
- Exit 3
- Exit 4
- Exit 5
- Exit 6

- Exit 1
- Exit 2
- Exit 3
- Exit 4
- Exit 5
- Exit 6

- Exit 1
- Exit 2
- Exit 3
- Exit 4
- Exit 5
- Exit 6

- Exit 1
- Exit 2
- Exit 3
- Exit 4
- Exit 5
- Exit 6

- Exit 1
- Exit 2
- Exit 3
- Exit 4
- Exit 5
- Exit 6
Student Challenges

- Indigenous Culture & nursing culture
- Cultural obligations & nursing obligations
- Cultural boundaries & nursing professional
- Cultural knowledge & nursing knowledge
- Cultural identity & nursing identity
- Navigating expectation of yourself and trans�er colleagues

Acknowledgments

- Kalkadoon People
- Queensland Health
- Mt Isa Community
- Gugu Garma Healing
- Students

Contact Details
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Local

JCU Student Presentation October 2010

Investigating the Factors Involved in Successful Indigenous Pre-registration Nursing Student Completions in Selected Queensland Universities.

About the Researcher
I am a Kalkadoon woman born and raised on my mother’s country in far North West of Queensland, Mount Isa. My father’s people are the Djkunda people from South East Queensland. I have a twin sister and brother who are both Registered Nurses and we all studied nursing and graduated together.

Why is it important?
Given the poorer health status of Indigenous Australians, and in consideration of the Government’s “Close the Gap”, initiative an Indigenous nursing and midwifery workforce is paramount to its success. Hence the need to increase the number of Indigenous students completing pre-registration nursing programs.

Cultural Reference Group
Made up of Indigenous Registered Nurses and Elders to inform and guide the research project.

Facts
Indigenous nursing students complete pre-registration nursing programs at a significantly lower rate than non-Indigenous students (DEEWR, 2007)

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Principal Supervisor
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Indigenous Registered Nurses leading Australia's health workforce in Closing the Gap within a generation

CLOSE THE GAP
Demand Indigenous health equality

James Cook University Australia
Indigenous Nurses and Midwives in Service Delivery: An Exploration of Skills and Knowledge Poster

Background:
Given the ongoing critical state of the health of Indigenous people in Australia, and their reluctance to access mainstream health services, it is important to find more effective and culturally safe ways to deliver health services to them. While one way proposed to improve the delivery of services for Indigenous people is through a culturally capable Indigenous nursing and midwifery workforce, to date there has been little research undertaken to determine the skills and attributes that Indigenous nurses and midwives bring to health care delivery.

Aim:
To explore the identifiable skills and attributes of Indigenous nurses and/or midwives and how those contribute to the experience of Indigenous people accessing services in the Townsville Health Service District.

Procedure: Using an Indigeneous critical approach, a prospective, qualitative case study will be undertaken. Interviews will be conducted with:-
1. 2 - 4 - Indigenous nurses and/or Midwives
2. 2 - 4 - Non-Indigenous nurses and/or midwives who have worked alongside an Indigenous nurse and/or midwife
3. 2 - 4 - Indigenous patients who have been cared for by an Indigenous nurse and/or midwife
4. 2 - 4 - Non-Indigenous patients who have been cared for by an Indigenous nurse and/or midwife

Outcomes:
This research will be used to make recommendations for future education, policy and research. The findings will be disseminated widely through district, national, and international forums, and through the development and submission of manuscripts to national and international nursing and midwifery journals.
Appendix E – Awards

JCU My Thesis/Research Competition 2009

Celebrating Research@JCU

My Thesis/Research Competition Winners

Congratulations to...

Winner of Early Career Researcher - $500
Dr Nick Graham – ARC Centre of Excellence in Coral Reef Studies
"The anthozoan sponge of coral reef fishes"

Winner of Established Career Researcher - $500
Professor Jonathan Nett – Faculty Science and Engineering, Cairns
"Tropical Corals and Where is it safe to live?"

Winner of Higher Degree by Research Student - $500
Ms Danielle Knop – Faculty Science and Engineering, Cairns
"Use of Marine Protected Areas by Sharks"

People’s Choice - $500
Ms Roanna West – Faculty Medicine, Health and Molecular Sciences, Townsville
"Indigenous Nurses – Changing the Face of Australia’s Health Workforce"

Overall Winner – $1,000
Professor Jonathan Nett – Faculty Science and Engineering, Cairns

Celebrating Research Program details can be downloaded by clicking here or contact Building
Research (x631).
DEEWR Indigenous Higher Education Indigenous Staff Scholarship Recipient, 2008-2012

INDIGENOUS STAFF SCHOLARSHIP
has been awarded to
Ms Roianne West
For demonstrated leadership in higher education and commitment to supporting Indigenous students.

The Hon Julia Gillard MP
Minister for Education
August 2008
Appendix F – Media Releases

Nursing Review National, March 2012 “Key to gettin n keepin - students need a helping hand”

Across the country,
Even with increasing enrolments, only about 30 per cent of Indigenous nursing students complete their undergraduate degree compared with 65 per cent of other students.
West says a multitude of factors are known to contribute to non-completions including social isolation, culture shock, experiences of racism, poor health, kinship responsibilities, poor English language skills and poor adjustment to university teaching styles.

She says one community averaged a funeral each week during the delivery of a three-month pre-entry nursing program in remote Queensland - significantly impacting on attendance. The program also identified a real need to address personal issues such as self esteem, confidence and motivation.

She believes success breeds success and as more Indigenous nurses move into leadership positions, there will be more innovation around recruitment and retention.

Usher says Indigenous nurses have the potential to make a big difference to their patients through their understanding of Indigenous culture and shared experience of access and equity issues.

She also believes they can help non-Indigenous nurses to deal better with the disadvantage and diversity they will meet in their professional lives.

“Indigenous nurses will rise fast and be sought after as leaders in their field,” says Usher.
student retention is not as good but certainly improving and more financial support such as scholarships and cadetships has become available.

indigenous students. Its success rate is partly due to a deliberate strategy of targeting the remote communities of Mount Isa and Thursday Island. Most of the undergraduate degree program is delivered in the communities with two-week-long blocks on campus each semester.

Usher says they also offer a pre-entry program to better prepare indigenous students for university.

“Not all Aboriginal or Torres Strait Islander students are less educationally prepared — some come from isolated communities on the Cape while others come from boarding school. People will need different strategies to help them succeed,”

Usher, who co-authored the gettin em report, says financial support for students via scholarships and cadetships has been a successful strategy. “These initiatives made a big difference to students’ viability,” she says.

The University of Southern Queensland received a $1 million Australian Learning and Teaching Council (ALTC) Citation for its Helping Hands model of support for indigenous nursing students.

Nursing and midwifery head Professor Cath Rogers-Clark says the model, which has attracted national and international attention, was “not rocket science but just hits the right note.”

“The Helping Hands model is quite directive, highly supportive and structured. Dedicated indigenous nurse academics help recruit students, work with them individually to set goals and check up on them in a supportive way.”

She says indigenous academics Lynne Stuart and Vicki-Ellen Horner have a strong personal motivation to help students and do so by acting as role models as well as by providing support.

Importantly, their commitment to graduating indigenous nurses is shared by the broader teaching community.

“Indigenous academics are sometimes appointed to schools of nursing but if they themselves are not supported then it is difficult to do much,” says Rogers-Clark.

Rogers-Clark says many indigenous students have cadetships with Queensland Health so they continue to be well supported when they graduate.

Tim Fawcett coordinates a nurse cadetship program at the Lyell McEwin Hospital in Adelaide. The program has been nominated for a SA Health Nursing and Midwifery Excellence Award.

Cadets receive fortnightly study payments, are paid for clinical placements, and offered casual employment as assistants-in-nursing for more hands-on experience during their training.

He says the program, which only started a few years ago, has graduated five students and all have had an offer of ongoing employment at the hospital.

Another 18 cadets are in training to become enrolled or registered nurses, and for the first time this year, a direct entry Bachelor of Midwifery student.

“We have drawn in cadets from Aboriginal health workers and two of the cadets have already moved from an enrolled to registered nurse pathway,” says Fawcett.

“We’ve made an investment in this program and we consider it to be sustainable. Feedback is good, outcomes are good and it keeps growing.”

West says gettin em n keepin em started the conversations about more indigenous nurses and every professional group, peak body and government agency now speaks the same language.

However rigidity in the system and a shortage of champions on the ground stymie more consistent gains.
Key to ‘gettin n keepin’ students is a helping hand

University nursing courses are not only increasing intakes of indigenous students, they are also learning how to keep them. By Mardi Chapman.

Changes in recruitment and retention strategies are ensuring university nursing courses are not only getting more indigenous recruits, they are also “keepin’ em”. The genuine progress comes 10 years after the 2002 gettin em n keepin em report laid out extensive recommendations to bolster the number of indigenous nurses.

University recruitment efforts have delivered an increase in nursing enrolments and extra support to encourage student retention is in place. Some universities are boosting indigenous students in undergraduate postgraduate and doctoral nursing programs. Workforce data shows improvements in indigenous participation at all levels of the profession.

The gettin em n keepin em report has a comparatively low profile and pre-dates the broader Close the Gap campaign but they share similar themes and a clear objective of attaining significant improvement in the health of indigenous Australians.

However it specifically recognises more indigenous nurses in mainstream and community-controlled health services will play an important role in a more accessible and appropriate health workforce.

Australian Institute of Health and Welfare labour force data from 2009 shows 1.6% of the workforce (320,982 or 0.6 per cent of employed nurses identify themselves as indigenous – a disproportionate rate compared with indigenous Australians in the population.

Commonwealth Chief Nurse and Midwifery Officer Dr Rosemary Bryant reported to the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) annual conference last year that registered nurses increased from 694 in 1996 to 1111 in 2006.

Dr Sally Goold, executive director of CATSIN and chair of the Indigenous Nursing Education Working Group who authored the 2002 report, is optimistic any gains in workforce numbers will be ongoing.

"Progress is slow but we have come a very long way. There are increasing numbers of students recruited into nursing; student retention is not as good but certainly improving; and more financial support such as scholarships and cadetships have become available," she told Nursing Review.

CATSIN was established in 1997 to increase recruitment and retention of indigenous nurses and its activities include a mentoring program for students and new graduates in nursing and midwifery.

"However Goold would be delighted if CATSIN was no longer necessary: “One day we won’t need a separate organisation. Our people will be treated well in schools, at university and on the job. It won’t be in my lifetime but I can dream.”

PhD candidate Rozanne West was an Aboriginal health worker with the Royal Flying Doctor Service, but wanted to do more towards improving the health of her people.

“My role models were my mother who had worked tirelessly in indigenous health as a health worker for 40-plus years and my grandmother who had worked right across indigenous affairs for as many years. I have been raised with a strong sense of obligation to give back to the community and to make a difference," West says.

However West admits she wouldn’t be where she is now – close to submitting her thesis, a suite of journal articles written, and a position as nursing director for indigenous health at Townsville Health Services District – without the opportunity to enrol in an innovative degree program in her home town of Mount Isa, in Queensland’s far north-west.

The community-based learning program run by Deakin University’s School of Nursing and Institute of Koorie Education also gave her brother and a twin sister the opportunity to upgrade from enrolled to registered nurses. Her sister had previously withdrawn from degree programs that required her to move away from her community.

West has also completed a Masters degree in mental health and worked as a clinical nurse consultant with the Federal Government’s Office of Aboriginal and Torres Strait Islander Health.

Professor Kim Usher, director of research education at James Cook University (JCU), supervises three indigenous PhD candidates, including West.

She is justifiably proud of JCU’s record in attracting and graduating there are increasing numbers of students recruited into nursing.
Townsville Bulletin 31 May 2011 “Townsville Hospital wins the mother of all awards”

Townsville Hospital wins the mother of all awards

TOWNSVILLE Hospital has won a statewide award as part of Equity and Diversity Awareness Week. Health workers from across Queensland were invited to nominate a team or colleague who delivered outstanding health service and enriched diversity throughout the workplace.

Maternity nurse unit manager Sonya Verburgt, birth suite and birth centre manager Helen Coxhead and the nursing director for indigenous health Reanne West were jointly recognised for their efforts in providing and maintaining a diverse maternity workplace.

Mrs Verburgt said there was a range of ethnicities, cultures and ages among the hospital’s 105 midwives. They assisted in the birth of about 2200 infants each year. “We’ve actively recruited qualified midwives of varying ages, experience and cultural backgrounds,” she said.

Ms Coxhead said life experiences and the ability to speak another language or mentor another colleague helped develop the hospital’s first-class maternity service.

The coveted award also recognised the hospital’s one-of-a-kind midwifery pilot program for the indigenous, which aimed to increase the number of indigenous midwives in the Townsville district within three years.

Acting district chief executive officer Dr Andrew Johnson said the awards won by the team were in line with this year’s theme, “Bringing generations – enriching diversity in the workplace”.

“I congratulate them heartily on behalf of the district,” he said.

Hannah Kotaitidis

WINNERS: From left, Helen Coxhead, Sonya Verburgt and Reanne West, recognised for providing and maintaining a diverse maternity workplace.
Birth of new future for keen midwives

WHEN Heather Lee’s 16-year-old daughter is opening her school books this year, the young student will be a role model for her mother. Mother-of-two and grandmother-of-eight, Ms Lee has just started working towards becoming a qualified midwife and it’s a course she has always wanted to combine with full-time work. Ms Lee is part of a new indigenous midwifery pilot program at Townsville Hospital, which was created in an effort to boost the number of indigenous midwives in the district.

“It will definitely be three years of lots of hard work and study,” Ms Lee said. “It will be quite intensive (but) I have wanted to be a midwife since I was very young . . . the opportunities were not there. “It’s an honour and a privilege to be given this opportunity from Queensland Health to improve the lives and health of indigenous women and children.”

Indigenous Health nursing director Roianne West said the pilot program was an exciting opportunity, with 11 students starting the program this year. “The indigenous midwifery pilot (program) at Townsville Hospital aims to improve maternal and child health outcomes for indigenous mothers and babies by increasing the indigenous midwifery workforce,” Ms West said.

FUTURE PLANS: Roianne West, Tori Bowman, her mother Colleen O’Connor and graduate Heather Lee
Indigenous health planning

INDIGENOUS nurses and midwives helped close the gap last Friday as part of the Townsville Health Service District inaugural planning day.

The initiative was spearheaded by the district’s newly appointed Nursing Director for Indigenous Health, Roanne West.

Ms West said the aim of the planning day was to develop ways to recruit and retain indigenous staff within nursing and midwifery.

“The district currently has less than two per cent of the overall nursing and midwifery workforce who identify as being indigenous, and we hope to increase that percentage to 3.7 per cent,” she said.

“This would make the figure consistent with the percentage at which indigenous people occupy the state although this is more than an equity issue.”

Townsville Health Service District Director of Nursing Val Tucket said she was excited about the initiative.

“This is the beginning of something that will truly make a difference to the health outcomes for indigenous people,” she said.

Ms West said that the planning day covered a variety of issues.

“Some of the discussions focused on recruitment, retention and potential strategies to upskill nurses and midwives,” she said.

“This will improve culturally safe services for indigenous patients and consumers by developing a network of support, mentorship, leadership and role modelling.”

The planning day was attended not only by current indigenous nurses, midwives and health care professionals but also by indigenous health professionals in various other areas who want to take their career in a new or different direction.

“The provision of a well trained and culturally safe health workforce is paramount,” Ms West said.

“Given that nurses make up the greatest percentage of that health workforce, an indigenous nursing workforce is critical in leading the success of the Close the Gap initiative.”

— LYDIA KELLNER
Queensland Health Media Statement 4 June 2010 “Indigenous nurses and midwives closing the gap”

04 June 2010

Indigenous nurses and midwives closing the gap

Indigenous nurses from around the Townsville Health Service District participated in an inaugural planning day on Friday 28 May in an initiative spearheaded by the district’s newly-appointed Nursing Director for Indigenous Health Robanne West.

Ms West said that the aim of the planning day was to develop ways to recruit and retain Indigenous staff within nursing and midwifery.

“The district currently has less than two per cent of the overall nursing and midwifery workforce who identify as being Indigenous, and we hope to increase that percentage to 3.7 per cent,” Ms West said.

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“The provision of a well-trained and culturally safe health workforce is paramount,” Ms West said.

“Given that nurses make up the greatest percentage of that health workforce, an Indigenous nursing workforce is critical in leading the success of the ‘Close the Gap’ initiative.”

ENDS

Media contact: Nicole Rushbrook Public Affairs 4796 1018 or 0409 265 288

health • care • people
Queensland Health Media Statement 12 July 2010

12 July 2010

Indigenous nursing and midwifery strategy aims to close the gap

The Townsville Health Service District last week launched the statewide Aboriginal and Torres Strait Islander Nursing and Midwifery Workforce Strategy 2010-2012 with notable guest speakers from nursing and Indigenous health.

Nursing Director for Indigenous Health Roianne West said the strategy was a response by Queensland Health to improve the health and wellbeing of Aboriginal and Torres Strait Islander people and an opportunity to be proactive in their commitment to closing the gap.

"The aim of the strategy is to achieve an indigenous involvement of 3.7 per cent of the overall nursing and midwifery workforce, which reflects the population percentage of Aboriginal and Torres Strait Islander people within Queensland. We hope to achieve this target within 10 years," Ms West said.

"Nurses and midwives are at the forefront of health provision for many Aboriginal and Torres Strait Islander people and in order to provide accessible, culturally safe, respectful and competent nursing and midwifery care it is essential to increase the representation of Indigenous nurses and midwives."

Ms West said the strategy focused on several areas including workforce, education and training, profession and practice, workplace and cultural respect, and competence.

"The strategy outlines the provision of career pathways for Indigenous people, providing education and training, developing new models of care, innovation and best practice standards that are culturally safe and adapting and evolving roles as required," she said.

The Townsville Health Service District is the first District that has appointed a nursing director for Indigenous health to implement the strategy locally.

Initiatives so far have included a successful inaugural planning day, Indigenous nursing cadets, commencement of a school-based traineeship in nursing on Palm Island and a cohort of bachelor of midwifery students due to commence in 2011.

The Aboriginal and Torres Straight Islander Nursing and Midwifery Workforce Strategy 2010-2012 is closely aligned with the Commonwealth Government’s national Closing the Gap initiative and builds on the Queensland Health Strategic Plan 2007-2012 and the Aboriginal and Torres Strait Islander Workforce Strategy 2009-2012.

ENDS

Media contact: Nicole Rushbrook Public Affairs 4796 1016 or 0409 265 298

health • care • people
Midwifery program aims to help close the gap

7 March 2011

An Indigenous midwifery pilot is underway at The Townsville Hospital in an effort to boost the number of Indigenous midwives in the district.

Nursing director for Indigenous health Roianne West said the pilot program was an exciting opportunity for the district and for the Indigenous community.

"The district will train 11 Indigenous midwifery students as part of a Griffith University midwifery program," she said.

"The Indigenous midwifery pilot at The Townsville Hospital aims to improve maternal and child health outcomes for Indigenous mothers and babies by increasing the Indigenous midwifery workforce within three years," she said.

"The unique learning model offered by Griffith University has made this opportunity possible as the students complete a majority of their studies online and externally."

The completion of the course will see the district employ its first cohort of Indigenous midwives.

"By increasing the number of Indigenous midwives working across the district we hope to gain momentum in closing the gap," she said.

Ms West said the students must also complete two compulsory residential on campus at Griffith University.

She said the students were supported by a three-year funded scholarship program offered by Queensland Health.

"The students have just completed a two-week residential after having spent one week at The Townsville Hospital for orientation," Ms West said.

"They will combine their residential, online external studies and clinical placements with on-the-job training."

Ms West said watching the students leave for their first two-week intensive session was exciting.

"The students had to leave for Brisbane the Monday after Cyclone Yasi crossed the coast," she said.

health • care • people
Queensland Health
media statement

“To see them turn up at the airport when some of them had no power and young families to leave behind was admirable and testament to their commitment to the program.” Ms West said she was confident of the program’s success.

“The course will be a challenge for the students,” she said.

“Only one of them has had tertiary study experience so the rest will need to learn how to cope with the pressures of studying at a higher level.

“Support mechanisms have been set up which include the appointment of full-time clinical educator and a tutor for each student that will further support them to complete the necessary requirements for academic success.

“I have confidence in each of the students and know that they will give it their all.”

District nursing director Cathy Styles said she was delighted to welcome the 11 students to the project.

“This program has been a long time coming and is critical to the improvement of Indigenous health outcomes in maternal and child health,” Ms Styles said.

“As a result of this program we expect to see an increase in the number of Indigenous midwives employed with the district and an improvement in Indigenous maternal and child health outcomes.”

Ms Styles said the appointment of Ms West in 2010 as nursing director for Indigenous health was part of the district’s wider plan to work towards closing the gap in Indigenous health.

“Roianne’s position was the first of its kind nationally,” she said.

“She has spent a significant amount of time ensuring the 11 students are prepared for the challenges of academia.

“Roianne’s hard work has resulted in this life-changing opportunity for these students.”

Interview and vision opportunities will be available tomorrow morning at 10am in The Townsville Hospital’s Robert Douglas Auditorium with Roianne West and a student.

Ends

Contact: Erin Goldsack  Public Affairs  4796 1016 or 0409 265 298
Queensland Health Media Statement 25 May 2011 “Diverse midwives win major gong for TTH”

Diverse midwives win major gong for TTH

25 May 2011

Diversity in culture, age and life experience of midwives at The Townsville Hospital has won a state-wide award to celebrate Equity and Diversity Awareness Week this week.

Queensland Health employees were invited to nominate a colleague or team who had delivered exceptional health service through bridging generations and enriching diversity in the workplace.

Maternity nurse unit manager Sonya Verburgt, birth suite and birth centre manager Helen Coxhead and nursing director for Indigenous health Roianne West were jointly recognised for their efforts in attracting and retaining a diverse maternity workforce.

Ms Verburgt said the hospital employed 105 midwives ‘across the spectrum’ of ethnicity, culture and age who helped birth around 2,200 babies each year.

“We’ve actively recruited qualified midwives of varying ages, experience and cultural backgrounds,” she said.

“This includes student midwives, male midwives and our oldest midwife at 68,” she said.

Birth centre manager Helen Coxhead said diversity among the midwives meant they were each able to offer something different to their patients.

“Life experience, the ability to speak a second language or mentor a colleague has helped us develop a maternity service we believe is second to none,” she said.

“This approach has also improved retention rates with many of our midwives working with us for long periods of time.”

The award also recognises the hospital’s unique Indigenous midwifery pilot program aimed at boosting the number of Indigenous midwives in the district within three years.

Nursing director for Indigenous health Roianne West said the program would improve maternal and child health outcomes for Indigenous mothers and babies who currently had a higher incidence of morbidity and mortality than the non-Indigenous population.

“Our current group of students is very enthusiastic and committed to successfully completing their training and going on to be qualified midwives,” she said.

Acting district chief executive officer Dr Andrew Johnson said the team’s award epitomised this year’s theme ‘Bridging generations - enriching diversity in the workplace’.
Queensland Health

media statement

“The work of Roianne, Sonya and Helen recognises the value of a multi-generational workforce and supports the notion that any time is a good time to choose a new or different career path and make a difference to those around you,” he said.

“I congratulate them heartily on behalf of the district.”

ENDS

Contact: Irene Jacovos Public Affairs 4796 0939 or 0408 982 062
Appendix G – Professional Development

Indigenous Research Methodologies Masterclass Program

Indigenous Research Methodologies Masterclass Module (IRMMM)

2009 PROGRAM

MODULE OVERVIEW

The Workshop is an intensive introduction to Indigenous research methodologies and their use within Indigenous related research. The Masterclass Module is designed to meet the needs of current PhD candidates, Masters and Honours higher degree research students especially Indigenous PhD candidates. It will also prove valuable for non-Indigenous researchers planning or undertaking Indigenous related research.

The aim of the Masterclass is to skill post-graduate scholars or researchers in understanding and utilizing methodologies informed by an Indigenous interpretive framework. Indigenous research methodologies are those built around Indigenous epistemologies (ways of knowing), our axiologies (ways of doing) and ontologies (ways of being).

To maximize the learning experience the number of participants is limited to 15 per Masterclass Module.

Three vital understandings underpin the pedologic of the Masterclass:

1. Encapsulates Indigenous methodologies, not an Indigenous methodology. The range and breadth of Indigenous Methodologies is diverse and indeed, in some areas, divergent. Indigenous scholars around the globe have published work in this area across a wide variety of disciplines.

2. Notwithstanding this diversity, Indigenous methodologies centrally recognise that all knowledge is socially situated and partial and all are grounded in Indigenous subjectivities and experiences of everyday life. This translates into a redefinition and a reframing of traditional meanings and values to generate theoretical perspectives from which dominant knowledges can be critiqued and new, Indigenous centered methodologies developed.

3. This is a vigorous and active field of Knowledge production, with methodologies emerging & developing at a rapid pace. The Indigenous research methodologies outlined in this Masterclass form a range of the diverse methodologies currently being used within indigenous Research.

The Workshop facilitators: Professor Aileen Moreton-Robinson (QUT) and Dr Maggie Walter (UTAS) are Indigenous academics trained in the Social Sciences.
Research Protocols for Working with and/or for Aboriginal and/or Torres Strait Islander Peoples

School of Indigenous Australian Studies
James Cook University

Research Protocols for Working with and/or for Aboriginal and/or Torres Strait Islander Peoples

This is a workshop for those who are involved in conducting research with and/or for Aboriginal and/or Torres Strait Islander people and/or those who have a role in signing off on research proposals and ethics applications: Researchers, Research Monitors, Supervisors and Post Graduate Students

Aim of the Workshop:

To provide participants with the knowledge to be able to apply relevant research protocols and/or ensure that relevant research protocols are applied to promote positive research outcomes for Aboriginal and Torres Strait Islander peoples, researchers and JCU.

Workshop Outcomes:

By participating in the workshop, participants will gain:

- An overview of the history of Indigenous peoples in Australia and the impact as it relates to Indigenous people’s perception of research due to previous and ongoing research practise by some researchers.

- An insight into Aboriginal and Torres Strait Islander kinship systems, roles and responsibilities, obligations and commitments and the importance of such information in relation to group and community engagement throughout the research process.

- An introduction to cross cultural communication issues and key principles of effective communication with Aboriginal and Torres Strait Islander people.

- Knowledge about existing protocols for working with Aboriginal and Torres Strait Islander people and the opportunity to examine these as they apply throughout the research process.
ASSA Summer School for Indigenous Postgraduate Students

The annual Academy of Social Sciences in Australia (ASSA) Summer School took place between 16 and 20 February 2008. This five-day residential program brings together Indigenous postgraduate students and their thesis supervisors with a faculty of senior Indigenous and non-Indigenous academics. The purpose of the Summer School is to provide students currently undertaking a postgraduate program with skills and mentoring to support the completion of their degree and further their careers. This year, eleven students and six supervisors attended.

Members of Cerreyla, including Ian Anderson, provided mentoring and support throughout the week, and others, such as Jane Freemantle, Jane Yule and Cristina Liley gave lectures or conducted specialist workshops.

The Summer School is hosted by the University’s Centre for Indigenous Education and the Australian Indigenous Studies Program, as well as the Cooperative Research Centre for Aboriginal Health and ASSA.

Feasibility Study for a Nationally Accessible Master of Public Health Program Specialising in Indigenous Health

This feasibility study regarding the development of a nationally accessible Master of Public Health (MPH) program specialising in Indigenous health responds to an identified need for more professionally qualified public health practitioners with a capacity to work effectively in Indigenous settings. The study examines the existing context of Indigenous public health education in Australia, the capacity of teaching programs in Indigenous health, and potential ways of structuring a MPH program specialising in Indigenous health.

The findings indicate the need for step-by-step development of a nationally accessible Indigenous public health specialist stream integrated as an option within existing MPH programs. This integrated program would be targeted toward the generic MPH student cohort, in parallel with the existing nationally accessible MPH for an Indigenous cohort at Deakin University and its exemplary learning environment for Indigenous students.


ASSA Summer School students and faculty
Indigenous Knowledge Management Masterclass

Preparing for this masterclass

Attendees are invited to submit specific case studies that they would like to have discussed during the masterclass. Please email your case studies to indonesias@kagalas.com at least two weeks prior to the masterclass. If you do not want your organisation identified, use a pseudonym such as BigBankCo, or SmallRetailCo to indicate the industry involved and the size of the organisation.

DAY ONE: Monday, 22 June, 2009

8.45 Registration and refreshments

9.15 Introduction and welcome

The masterclass leaders will introduce the masterclass objectives and discuss how the day will proceed. Attendees will have the opportunity to participate in a brief "getting to know you" exercise, so that everyone is familiar with fellow attendees' backgrounds and what they hope to achieve from the masterclass.

Dr Karen L. Martin, Associate Professor: Early Childhood, School of Education, Southern Cross University;
Dr Melissa Fawcett, Director of the Longitudinal Study of Aboriginal Children, Department of Family, Community Services and Indigenous Affairs

9.30 Aboriginal worldview, knowledge and relatedness

- Definitions and distinctions: Aboriginal – non-Aboriginal ways of knowing, being and doing
- Aboriginal knowledge and a theory of relatedness and practices of relatedness

10.45 Morning refreshments and networking

11.15 The knowledge interface: "round" pegs and "square" holes or an inter-relatedness

- Knowledge re-search: re-cording; re-production and re-presentation
- Living, working and making decisions in the knowledge interface

12.30 Networking lunch

1.30 Story and image gathering: balancing pragmatics and ethics

- Story gathering approaches used in the Longitudinal Study of Indigenous Children
- Establishing cultural guidelines in knowledge management (collection, interpretation, publication)

2.45 Afternoon refreshments and networking

3.15 Sensemaking, sharing and archiving stories

- Analysing and sharing of stories collected: strategies and issues
- How agencies might consider archiving stories and photos with the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)

4.30 Wrap-up and end of day one

DAY TWO: Tuesday, 23 June, 2009

8.45 Registration and refreshments

9.15 Recap and introduction to day two

Dr John Durney will introduce the objectives for the second day and discuss how the day will proceed. Attendees will recap their learnings from the previous day and detail their expectations for the day to come.

- What did you learn from day one?
- What questions remain unanswered?

Dr John Durney, Lecturer, University of Sydney

9.30 Understanding narrative in today’s context

- Origins of narrative, myths and legends
- Why is narrative important?
- Eliciting narrative

10.45 Morning refreshments and networking

11.15 Analyzing narrative

- Overview of analysis methods
- Software tools
- Group categorisation

12.30 Networking lunch

1.30 Building meaning from narrative

- Understanding the present context
- Using history to build on the future
- Building a vision of the future

2.45 Afternoon refreshments and networking

3.15 Narrative in action case study

- Narrative collection
- Analysis
- Implications for policy and organisational intervention

4.30 Wrap-up and end of masterclass

Recommended readings


26th January, 2012

To whom it may concern,

RE: NHMRC COUNCIL PROJECT: BUILDING RESEARCH CAPACITY in INDIGENOUS AUSTRALIANS and COMMUNITY CONTROLLED HEALTH SERVICES (BIRC).

I'm writing to confirm Roianne West's ongoing involvement in an exciting and innovative project funded by the National Health and Medical Research Council (NHMRC-ID 431504) from 2007-2012. Roianne was a Team Investigator on the original proposal, her CV helping to demonstrate the quality of the research team. This project was led by 5 Lead Investigators: Professor Rick Speare, Professor Kornia Tsey, Associate Professor Jacinta Elston (an Indigenous Lead), Professor Craig Veitch and Professor Richard Murray. The Lead Investigators on this grant have excellent track records and experience in working with Indigenous Health and Aboriginal Community Controlled Health Services. There were 13 original Team Investigators in this 5-year NHMRC funded project under the strategically established Capacity Building in Population Health Grants program. The project sought to expand an already considerable record of achievement among the JCU partners in the development of the Aboriginal community-based population health research agenda.

The goals of this project were to:
1. Build the research capacity of the nominated TIs and the ACCHSs in population health research in northern and rural Australia.
2. Develop a collaborative network to promote Indigenous population health research between three ACCHSs already involved in research, JCU and other organisations.
3. Investigate and evaluate models of how universities can best assist Indigenous individuals, communities and organisations to build high quality, decision-linked and locally-relevant Indigenous population health research capacity.

As a Team Investigator in the project Roianne is one of the now 18 Indigenous Researchers who have been supported over the grant’s life of 5 years (2007-2012) to develop their capacity to engage in and undertake research. The Indigenous Researchers consist of the original Team Investigators plus newly joined Indigenous academics. As one of the original Team Investigators Roianne has played an important role in mentoring and supporting new BIRC Indigenous Researchers. The Indigenous Researchers were mentored and supported by a Senior Research Fellow, Dr Jenni Judd, who kept people connected and assisted in smoothing the sometimes challenging environment of study, work, family and community life. For each Indigenous Researcher this support occurred within the framework of an Individual Career Research Plan which was developed in 2007, and tailored to each individual Indigenous Researcher. As well they
were given a small internal grant of $12,500 for the five years to support study and research skills building and infrastructure. There was also opportunity to apply for additional Internet Funds to assist their research journey. Two residential each of 5 days were held each year. These enhanced the ongoing research capacity building and academic support by bringing together the Lead Investigators, Senior Research Fellow, additional research and academic experts and the Team Investigators and other Indigenous Researchers. These residential connected the students, and brought in a number of Indigenous academics and leaders such as Professor Lester-Irabinna Rigney (UniSA), Professor Juanita Sherwood (UTS), Associate Professor Bronwyn Fredericks (QUT), Dr Tom Calma, Commissioner Mick Gooda, Professor Bette Jacobs (Georgetown University, Washington USA), Dr Rueben Bolt, Dr Alex Brown (Baker IDI), and Professor Aileen Morton-Robinson (QUT) to inspire and mentor these students. Additionally, since 2009 we have conducted Indigenous Writers Retreats to support students in their publications and thesis writing. These have been of 5 days duration with one or two per year.

The BIRC project has provided important lessons about what support is required to build research capacity in Indigenous health by supporting talented Indigenous individuals and community controlled health services to develop their capabilities in researching Indigenous health. The community controlled health services involved in the project are the Kimberley Aboriginal Medical Services Council and Waminda South Coast Women’s Health and Welfare Aboriginal Corporation. During the BIRC project, Rolaene completed a Masters in Mental Health Nursing from University of Southern Queensland University in 2008, enrolled in her PhD in 2009 and will complete this degree in 2012. Additionally, Rolaene has been successful in securing $1,794,000 of competitive funding.

This letter confirms that Rolaene has been an outstanding academic, researcher, leader and peer supporter of the other Indigenous researchers in the BIRC community of Indigenous Research Practice.

Yours Sincerely

Professor Rick Speare
Chief Investigator, Building Indigenous Research Capacity NHMRC grant
School for Public Health, Tropical Medicine and Rehabilitation Sciences
Faculty of Medicine, Health and Molecular Sciences
Doctor of Philosophy
Pre-Completion Seminar

School of Nursing, Midwifery & Nutrition

You are invited to attend the Pre-Completion Seminar
by Doctor of Philosophy candidate

Roianne West

Indigenous Australians’ participation in
pre-registration tertiary nursing courses:
a mixed methods study

Date:       Wednesday 15 June 2011
Time:       10.30 – 11.30 am
Venues:     Townsville – Building 9, Room 001
            Cairns – B1.107 [video link]

A well trained Indigenous nursing workforce is suggested as one way to improve the poor health of Indigenous Australians. The Indigenous Nurse Education Working Group Report (2002) called for an increase in Indigenous nurses in the health workforce commensurate with the representation of Indigenous people in the Australian population. The aim of the study, undertaken using an Indigenist Research Methodology, was to uncover the current state of Indigenous nursing student success in tertiary courses. The specific objectives were to describe Indigenous student experiences of barriers to and strategies for success, develop a narrative of the student experience, and to describe the factors that academic and support staff identify as pivotal for student success. The available Department of Education Employment and Workforce Relations (DEEWR) data on Indigenous nursing student commencements, progression, attrition, and completion rates, was collected and analysed to reveal the differences in commencements, progression, attrition, and completion rates between Indigenous and non-Indigenous students. Interviews were also conducted with 9 Indigenous students and 13 staff from Queensland universities. The interview data was analysed to identify barriers to progression as perceived by students and student strategies for success, stories of success, and staff identified factors for students’ success. The study reveals that while commencements and completion rates have increased overall, the gap between completion rates for Indigenous and non-Indigenous students remains wide and in need of urgent attention. Barriers identified by students have remained similar to those of the last few years except for financial obstacles, which have become less of a concern to students. Strategies for success reveal the importance of being connected with other Indigenous students and making the most of available supports and partnerships.

Supervisor:        Professor Kim Usher
Co-Supervisors:    Dr Lee Stewart
Associate Supervisors: Associate Professor Kim Foster (Univ of Sydney)
            Professor Yvonne Cadet-James
            Dr Susan Gair

Dr Elizabeth Emmanuel, Postgraduate Liaison Officer
(Ph: 07 4042 1306 or Elizabeth.Emmanuel@jcu.edu.au)
Appendix I - Distribution of Results

Queensland Nursing and Midwifery Education and Training Alliance Meeting

Ms Reanne West
PhD Candidate
James Cook University
TOWNSVILLE QLD 4811

Dear Ms West,

The Queensland Nursing and Midwifery Education and Training Alliance have been informed of your PhD thesis regarding the retention of Aboriginal and Torres Strait Islander nursing and midwifery undergraduate students.

We would like to invite you to present some of your key research findings at the next meeting of the Alliance on Thursday the 2nd of February 2012 at 9.30am to 9.45am.

If you are able to join us for the meeting, please advise Helen Towler via email (Helen.Towler@health.qld.gov.au) of your confirmation and Helen will liaise with you regarding presentation tools and access to the meeting.

Yours sincerely

Cheryl Burns
Acting Chief Nursing and Midwifery Officer

Enquiries to: Cheryl Burns
Acting Chief Nursing and Midwifery Officer
NMQG
Telephone: 3237 1559
Facsimile: 3234 0792
File Ref: Alliance Feb 2012
Appendix J - Publication List


<table>
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<tr>
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<th>Author Contributions</th>
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<tr>
<td>Chapter 1: Beginning the journey</td>
<td>Increased numbers of Australian Indigenous nurses would make a significant contribution to „closing the gap” in Indigenous health: What is getting in the way?</td>
<td>Published Contemporary Nurse 36(1-2) 121-130.</td>
<td>West (50%) Usher (25%) Foster (25%)</td>
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Publication 2: West, R., West, L., West, K., & Usher, K., (2010). Tjirtamai - 'To Care For': A nursing education model designed to increase the number of Aboriginal nurses in a rural and remote Queensland community. Contemporary Nurse, 37(1), 40-49.

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<tr>
<td>Chapter 2: Literature Review</td>
<td>Tjirtamai - 'To Care For': A nursing education model designed to increase the number of Aboriginal nurses in a rural and remote Queensland community</td>
<td>Published Contemporary Nurse 37(1), 40-49</td>
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<tr>
<td>Chapter 3: Methodology and methods</td>
<td>Applying Indigenist research methodologies in health research: experiences in the borderlands.</td>
<td>Published <em>The Australian Journal of Indigenous Education, 39</em>(Suppl), 1-7.</td>
<td>Saunders (40%) West (40%) Usher (20%)</td>
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<tr>
<td>Chapter 3 Methodology and methods</td>
<td>An Indigenous mixed methods study of undergraduate Indigenous student participation in nursing</td>
<td>Resubmitted March 2012 <em>Journal of Mixed Methods Research</em></td>
<td>West (40%) Usher (30%) Foster (20%) Stewart (10%)</td>
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<td><em>Chapter 3: Methodology and methods</em></td>
<td>Through a critical lens: Indigenist research and the Dadirri method.</td>
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<td><em>Chapter 4 Qualitative findings</em></td>
<td>Creating Walking Tracks to Success: A narrative analysis of stories of successful course completion by Indigenous Australian nursing students</td>
<td>Submitted March, 2012 <em>Nurse Education Today</em></td>
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**Publication 7:** West, R., Usher, K., Foster, K. & Stewart, L. (Under review). Academic staff perceptions of factors underlying program completion by Australian Indigenous nursing students. *Qualitative Health Report.*

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**Publication 8:** West, R., Beuttner, P., Foster, K., Usher, K., & Stewart, L. (Resubmission). Indigenous Australians” participation in pre-registration tertiary nursing courses: a mixed methods study 2002 - 2008. Collegian, COLL – D – 11 – 00030 R1

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**Publication 9**: West, R., Usher, K., & Foster, K. (Under Review). Beyond a colonizing approach to research: Reflections from the other side. *Collegian (COLL – D – 12 – 00007).*

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Appendix K – Future Research