

Two Aboriginal registered nurses show us why black nurses caring for black patients is good medicine

LYNNE STUART AND ANNE-MAREE NIELSEN

University of Southern Queensland, Toowoomba, QLD, Australia

ABSTRACT

In Queensland, Aboriginal nurses are limited in number in comparison to the mainstream nursing workforce. More Aboriginal registered nurses are needed to cater for Aboriginal patients in our Australian healthcare system in view of today's burgeoning Indigenous health crisis. It is a foregone conclusion that Aboriginal nurses are the most suitable nurses to provide optimal cross cultural care for Aboriginal patients, due to having similar cultural backgrounds. The following paper will show how two Aboriginal registered nurses are optimistic about the possibilities of expanding the ranks of Aboriginal registered nurses through role modelling, and are channelling their research to achieve this with the aim of promoting better health outcomes for their people. A qualitative research approach has been used to examine the subjective human experience of the participants. Three dominant themes emerged from the research and will be expanded upon within the body of this paper to support the authors' thesis that Aboriginal nurses are a valuable commodity to address the Aboriginal health crisis.

KEYWORDS: Black/Aboriginal Nurses; Aboriginal patients; cultural safety; cultural healing

INTRODUCTION

The following article is written from an Aboriginal perspective as we are both Aboriginal registered nurses. We have professional Aboriginal health backgrounds incorporating a range of Indigenous healthcare areas such as: Aboriginal health services, rural and remote area nursing, partnerships and employment within the tertiary sector teaching cross cultural and Indigenous health course content to mainstream nursing students. Our roles have encompassed working as mentors, role models and advocates to upcoming Aboriginal and Torres Strait Islander registered nurses. Having lived the experience as professional Aboriginal registered nurses, we believe we can be considered authoritative in this grass

roots knowledge surrounding Indigenous nursing issues. The following paper will explore the journey of Aboriginal nurses and how they are fighting back to resurrect their inherent birthright to provide optimal nursing care for their people.

Historically, in Aboriginal culture, traditional healing methods and practices were used instinctively by tribal members endowed with healing powers, which in today's context, could translate into health professionals such as Aboriginal nurses and doctors. This was necessary to ensure that the wellness of their people was sustained and kept at an optimal harmonious equilibrium. Traditional healing was managed with resources from the immediate natural environment and the knowledge of bush medicines, which was a must to

ensure the very survival of many Aboriginal tribal groups (Gorman, Nielsen, & Best, 2006). There is a plethora of research confirming that prior to colonisation in this great land, the health status of Aboriginal people was exemplary (Burns & Irvine, 2003; Fitzgerald, 1986; Queensland State Archives, 1890). The consummate health status of this population was solely due to the necessity for physical strength, a requirement for this hunter gatherer population (Devanesen, 2000). Physical activity was complemented by a holistic lifestyle of consuming natural organic foods from the environment, a strong sense of kinship, of cultural identity and a profound spirituality linked to mother earth, which left the people wanting for nothing. This is a strong indication that the health status of Aboriginal people directly correlates with lifestyle practices. In our opinion Aboriginal existence prior to colonisation was a highly sophisticated culture which was sustainable both environmentally and humanly to support future generations; a culture, which in our opinion was unmatched by any of the time. In stark contrast is the health status of today's Aboriginal Australia, which is now plagued with conditions such as heart and coronary disease, diabetes, renal failure and a multitude of cancers, all largely absent before colonisation (Best, 2003; Howitt, McCracken, & Curson, 2005).

Part of the process of colonisation in Australia was the implementation of assimilation practices, which consisted of laws and policies that were enforced on Aboriginal people for the large part of the twentieth century (Eckerman et al., 2010, pp. 22–25). These practices of assimilation did not take into consideration any part of the Aboriginal people's human existence and lifestyle, resulting in cultural genocide (Haebich, 2008; Neilson, 2005). This meant that Aboriginal people no longer had access to the natural resources and cultural knowledge that once sustained their harmonious lifestyle, as the rigorous physical activity once required for hunting and gathering provisions for their organic sustenance was abruptly interrupted. Their original way of life and their human existence involving

kinship ties, connection to mother earth, spirituality, cultural identity and traditional healing methods became threatened and were no longer viable practices under white governance, thus leading to the elimination of these practices (Thomson, 2003, p. 37). The forced abolition of these practices has been the catalyst for the debilitating effects on the health and wellbeing of Aboriginal Australians, which are devastatingly apparent today. Hays (2002) notes that it is a foregone conclusion that people become unhealthy when they have been cut off from their land, culture, kinships and life purpose. Whilst the policy of assimilation was intended to give Aboriginals a chance to enjoy the same privileges and rights as the greater Australian public (AIATSIS, 2005), it was done at the cost of sacrificing millions of years of cultural knowledge. In light of today's Aboriginal health crisis, it is obvious that the policy of assimilation failed spectacularly. Sadly the effect of these and other government policies still continue today. These policies are rooted in systematic 'historical neglect and racial discrimination' (Calma, 2010), which is glaringly reascent in today's man-made Aboriginal health crisis. This has resulted in human trauma on a massive scale, with the effects still impacting upon present and future generations of Aboriginal people (see also Cox, 2007).

As registered nurses of Aboriginal descent, we have an introspective belief that Aboriginal people may have survived the initial impact of colonisation, and that it was the assimilation practices of the twentieth century that were remembered by their family members as excruciatingly painful on a social, emotional and physical level, decimating the very core of their humanness and bringing to question their very survival. We also propose that there is a direct correlation with the beginning of our own politically engineered Aboriginal health crisis and the duration of the assimilation policy, and that the offspring of the generation born within this period widely represent the diabolical statistics in Aboriginal health that exist in Australia today. A large majority of the healthcare workforce are oblivious to the cultural considerations of Aboriginal patients, which

discourages them from using mainstream healthcare services, further perpetuating the Aboriginal health crisis. These poor health statistics are exacerbated by Aboriginal people being subjected to a dominant Western healthcare system serviced by predominantly non-Aboriginal nurses and health care professionals (see also Goold, 2001, 2002). Trudgen (2000, p. 70) makes the assertion that the lack of culturally appropriate care in our health care system is responsible for Aboriginal people's continual loss of control over their lives and states, 'it is this loss of control, this powerlessness that manifests itself in the current crisis in health'. In addition to this, the numbers of Aboriginal nurses in Australia are too limited to be able to provide the culturally safe care needed for their people, and this shortage keeps these dire statistics from improving. The growth in numbers of Aboriginal registered nurses will in turn give support and confidence for Aboriginal peoples to regain control over their lives. We concede that although non-Aboriginal health professionals are well intentioned, their birth excludes them from cultural healing knowledge and is a far cry from the good medicine that can emanate from the hands of Aboriginal nurses toward their people. For this reason, is it crucial that non-Aboriginal nurses become educated in the practices of cultural safety and 'listen across the differences', adopting the philosophy of cultural safety trailblazer Irihapeti Ramsden, thereby endeavouring to provide optimal healthcare to all (Eckerman et al., 2010, pp. 184–189).

METHODOLOGY

We both graduated with the academic award of a Masters Honours (research) in April 2010. Our inspiration to write the following article was born out of a desire to publish from our Masters Honours and also to contribute to the limited knowledge base written solely from an Indigenous perspective. Stuart's (2010) project delved into the 'Experiences of Indigenous Health Workers enrolled in the Bachelor of Nursing at the University of Southern Queensland', whilst Nielsen's (2010) research documented 'Aboriginal registered nurses' experiences of the cultural

challenges involved in working in mainstream healthcare'. A descriptive qualitative methodology design was used in both research projects. The themes that emerged from the research projects were compatible, and are thus discussed under the following headings: (1) cultural healing communication, (2) barriers to healing for Aboriginal patients, and (3) caring is inherent in Aboriginal nurses. These themes have been expanded upon to give a deeper understanding of why black nurses caring for black patients is good medicine.

CULTURAL HEALING COMMUNICATION

Aboriginal nurses possess an inherent knowledge of Aboriginal society which undoubtedly sets them apart from non-Aboriginal nurses in their interactions with Aboriginal patients. Nielsen (2010) describes how Aboriginal nurses tend to nurture and deliver their healthcare to patients from cultural groundings, which seems to link back to their Indigenous ancestry. One participant describes this transcendence as follows:

Having the ability to care for Aboriginal patients comes down to my Aboriginal background and my mother, the way she nursed her mother, it is a different type of connection and having empathy for people that are experiencing difficulty.

Another participant signifies that the essence of cultural communication lies within knowing the mob from where their Aboriginal patient originates, or a nickname, and goes on to say:

You know how it is in Aboriginal communities; nobody goes by their real name. They go by their nickname. To have that knowledge, that's like a language within itself, if you know the lingo or the mob then you are half way there.

With Aboriginal nurses, there exists an ease in communications and a vested interest in the outcomes for their Aboriginal patients. This is manifested by a sense of interconnectedness, interdependence, consociation and complex family kinships that signify solidarity and mutual obligation (Moreton-Robinson, 2000). The importance

of having Aboriginal nurses in the workforce to communicate on a cultural level with Aboriginal patients is further highlighted by Stuart (2010), and one participant in that study stated:

with an Aboriginal patient, we just have it in us to sit down and yarn with them, you already have their trust and they start telling you stuff.

These comments support our belief that Aboriginal nurses are excellent communicators with and for Aboriginal patients, which makes them an extremely valuable asset in the health care workforce. In fact, West, Usher, and Foster (2010) have recently identified the need for more Indigenous nurses for this reason.

BARRIERS TO HEALING FOR ABORIGINAL PATIENTS

This level of cultural understanding in the nurse/patient relationship is virtually impossible for the large majority of Aboriginal patients to experience, due to the limited number of Aboriginal nurses. We believe that as a result non-Aboriginal patients continue to thrive in our Western dominated healthcare system, whereas Aboriginal patients are slowly being nursed to death. In Stuart's study (2010), a participant articulated that mainstream healthcare is a considerable barrier for the healing of Aboriginal patients, stating:

They don't have a quick a recovery in the hospital setting because of the white faces.

A participant in the same study supported this notion by saying:

We need more Aboriginal nurses because we get a lot more Aboriginal patients coming into the hospital and some of the mainstream nurses are not culturally appropriate. Yet I find when Aboriginal patients come into the hospital they see me as a bit of reassurance and someone they feel comfortable approaching.

These participants, who are themselves Aboriginal nurses, felt that most non-Aboriginal nurses would be insensitive to their people, and fail to take the

time needed or have the cultural experience to communicate with Aboriginal patients on a cultural level. A participant in Nielsen's study (2010) commented that

in mainstream nursing they never ask the Aboriginal person about their spiritual side ... they neglect to acknowledge the spiritual beliefs of our people.

This strongly indicates that an increase in the numbers of Aboriginal nurses is urgently needed, as they bring with them inherent knowledge and an awareness of cultural healing that is a tremendous benefit to the welfare of Aboriginal patients. Usher, Miller, Turale, and Goold (2005) suggest that one solution to this current imbalance in Australia's nursing workforce is to take affirmative action to dramatically increase Aboriginal nurses' participation numbers in the healthcare arena. Being nursed by health professionals from a similar cultural background promotes a therapeutic setting where a patient's healthcare needs can be understood and accommodated because of shared world views (Sherwood & Edwards, 2006).

CARING IS INHERENT IN ABORIGINAL NURSES

There is evidence that caring is an inherent trait in Aboriginal nurses. Gorman and Best (2005) make the direct reference that Aboriginal Australians have always been innately passionate about nursing when it comes to caring, as this exists in their genetic blueprint. It has also been well documented that there are reciprocal healing roles between Aboriginal nurses and their Aboriginal patients in the nurse/patient relationship, which can be described as being therapeutically beneficial for both. This phenomenon is evident throughout the stories revealed in the text *In Our Own Right: Black Australian Nurses' Stories* (Goold & Liddle, 2005). A participant in Stuart's study (2010) articulated this well by saying:

Nursing is actually about caring for and helping my mob, so I need to get through this qualification so I can go and nurse my mob.

This sentiment is echoed by a participant in Nielsen's study (2010):

This is actually about helping my mob, so I need to get through this qualification so I can go and nurse my people or nurse my mob or work in Aboriginal communities.

This shows that the participants are motivated to succeed in their nursing studies primarily to provide culturally safe care for their people, a practice which possibly would have occurred naturally prior to European settlement. Unfortunately colonisation suspended this process.

Another participant describes their experience of being uncared for while dependent on a Westernised healthcare service in a regional hospital. Sherwood and Edwards (2006) describe how the Westernised bio-medical approach involves pathologising Aboriginal people with diseased based ideologies. This approach to healthcare is in direct opposition to the caring Aboriginal model of healthcare, with which this Aboriginal participant was more familiar. This experience was so disturbing, it impacted on the participant so significantly that it became the catalyst to enrol into a university degree. Because of this negative experience, working in the health care setting was the only way that the participant felt they could contribute to providing culturally safe care for their people. This participant describes their negative experience as follows in Stuart (2010):

I lost a little boy after spending a lot of time in Hospitals, so I had that insight into not having access to culturally appropriate care, I absolutely hated nurses, absolutely hated doctors and becoming a registered nurse was a healing process for me.

The same participant describes the positive aspects of doing their Bachelor of Nursing degree.

The whole degree strengthened my mental health and was a healing process for me to get through life. By completing my Bachelor of Nursing I am inadvertently helping raise the

standards for all Aboriginal people, and this is a positive way that I can help care for my people.

Another participant from the same study said:

Something that I am going to do is make our families and communities better by becoming a registered nurse to help 'close the gap', I really want to close the gap with our people.

The *Closing the Gap* campaign to which this participant made reference, is a government initiative to achieve health equality between Indigenous and non-Indigenous Australians (Taylor & Guerin, 2010, p. 62).

CONCLUSION

This paper has argued that more Aboriginal registered nurses are needed to address Australia's burgeoning Indigenous health crisis. This paper has offered support for our thesis that Aboriginal nurses are best suited to provide the best healthcare for Aboriginal patients, thereby resulting in optimal health outcomes. It has been shown that the Western healthcare system does not accommodate the cultural and spiritual considerations of Aboriginal patients and this can be partially due to past government policies which inflicted decades of historical cultural exclusion and neglect concerning Aboriginal Australia. The overarching finding from both research projects strongly indicates that Aboriginal nurses caring for Aboriginal patients is good medicine.

References

- AIATSIS. (2005). *The policy of assimilation – Decisions of Commonwealth and State Ministers of the Native Welfare Conference*. Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies.
- Best, O. (2003). *Community control theory and practice: A case study of the Brisbane Aboriginal and Islander Community Health Service*. MA Philosophy, Griffith University, Brisbane.
- Burns, J., & Irvine, J. (2003). Nutrition and growth. In N. Thompson (Ed.), *The health of Indigenous Australians* (pp. 75–92). Melbourne: Oxford University Press.
- Calma, T. (2010). Chalmers oration – What's needed to close the gap? *Rural & Remote*

- Health*, 10, 1586, Retrieved from <http://www.rrh.org.au>
- Cox, L. (2007). Fear, trust and Aborigines: The historical experience of state institutions and current encounters in the health system. *Health and History*, 9(2), 70–92.
- Devanesen, D. (2000). *Traditional Aboriginal medicine practice in the Northern Territory*. Paper presented to International Symposium on Traditional Medicine, Awaji Island, Japan, 11–13 September.
- Eckerman, A., Dowd, T., Chong, E., Nixon, L., Gray, R., & Johnson, S. (2010). *Binan Goonj: Bridging cultures in aboriginal health* (3rd ed.). Sydney: Churchill Livingstone Elsevier.
- Fitzgerald, R. (1986). *A history of Queensland*. Queensland: University of Queensland Press.
- Goold, S. (2001). Transcultural nursing: Can we meet the challenge of caring for the Australian Indigenous person? *Journal of Transcultural Nursing*, 12(94), 94–99.
- Goold, S., & Liddle, K. (2005). *In our own right: Black Australian Nurses' stories*. Maleny QLD: eContent Management Pty Ltd., (ISBN 978-0-9757422-2-8).
- Goold, S., Turale, S., Miller, M., & Usher, K. (2002). 'Gettin em n keepin em' Report of the Indigenous Nursing Education Working Group. Canberra: Commonwealth Department of Health and Ageing.
- Gorman, D., & Best, O. (2005). Multicultural issues in health. In C. Rodgers-Clarke, K. Martin-McDonald, & A. McCarthy's (Eds.), *Living with illness: Psychosocial challenges for nursing* (pp. 70–82). Sydney: Elsevier.
- Gorman, D., Nielsen, A., & Best, O. (2006). Western Medicine and Australian Indigenous healing practices. *Aboriginal and Islander Health Worker Journal*, 30(1), 28–29.
- Haebich, A. (2008). *Spinning the dream: Assimilation in Australia 1950–1970*. North Fremantle: Fremantle Press.
- Hays, R. (2002). One approach to improving Indigenous health care through medical education. *Australian Journal of Rural Health*, 10, 285–287.
- Howitt, R., McCracken, K., & Curson, P. (2005). Australian Indigenous health: What issues contribute to a national crisis and scandal? *Geodate*, 18(4), 69–83.
- Moreton-Robinson, A. (2000). *Talkin' up to the white woman: Indigenous women and feminism*. St Lucia, QLD: University of Queensland Press.
- Neilson, A. (2005). Looking at solutions to 'the old, old story': A picture of change and optimism in Indigenous health. *Australian Journal of Rural Health*, 13(2), 102–105.
- Nielsen, A. (2010). *What are Aboriginal registered nurses' experiences of the cultural challenges, if any, involved in working in mainstream health-care?* Masters Honours. University of Southern Queensland, Toowoomba.
- Queensland State Archives. (1890). On the Aborigines West of the Warrego. In H. Reynolds & D. May 'Queensland' In A. McGrath (Ed.), *Contested ground: Australian Aborigines under the British Crown*. Crows Nest, NSW: Allen & Unwin.
- Sherwood, J., & Edwards, T. (2006). Decolonisation: A critical step for improving Aboriginal health. *Contemporary Nurse*, 22(2), 178–190.
- Stuart, L. (2010). *What are the experiences of Indigenous Health Workers enrolled into the Bachelor of Nursing at USQ?* Masters Honours, University of Southern Queensland, Toowoomba.
- Taylor, K., & Guerin, P. (2010). *Health care and Indigenous Australians: Cultural safety in practice*. South Yarra: Palgrave Macmillan.
- Thomson, N. (2003). *The health of Indigenous Australians* (pp. 30–37). Melbourne, Australia: Oxford University Press.
- Trudgen, R. (2000). *Why warriors lie down and die: Towards an understanding of why the Aboriginal people of the Arnhem Land face the greatest crisis in health and education since European contact*. Darwin: Aboriginal Resource and Development Services.
- Usher, K., Miller, M., Turale, S., & Goold, S. (2005). Meeting the challenges of recruitment and retention of Indigenous people into nursing: Outcomes of the Indigenous Nurse Education Working Group. *Collegian*, 12(3), 27–31.
- West, R., Usher, K., & Foster, K. (2010). Increased numbers of Australian Indigenous nurses could make a significant contribution to 'closing the gap' in Indigenous health: What is getting in the way? *Contemporary Nurse* 36(1–2), 121–130.

Received 18 January 2011 Accepted 01 February 2011