Masters of Health Candidature

Indigenous Students Experience

of University Education

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Abstract

This research was conducted in a cultural safety context for the Indigenous participants. The study explored qualitatively the issues for Indigenous students in tertiary health studies in an effort to add to the body of knowledge around issues of retention of Indigenous students in health studies.

The findings of this qualitative study described two major themes for the participants as they described their tertiary educational experience. The main theme has implications for educational institutions for cultural safety. These proved to be pivotal moments which jeopardized continuing studies rather than academic failure or difficulty.

The second theme of personal resources, described new issues then previously described in literature. Motivators for achieving qualifications proved to be different for the general population. But outstanding was the documentation of previous academic success in educational pathways and that all of the participants already work in health. These two findings have positive implications for employers striving to grow an Indigenous workforce.

Acknowledgements

I would like to make the following sincere acknowledgements.

To my two long standing mentors who have supported, and at times, pushed me along in my career, Tom Ryan and Richard Lakeman. Thanks for helping me see the possibilities.

To my post graduate Professor Don Gorman for your continued support, enduring and long suffering patience. I join with many others in thanking you for your commitment to the education of Indigenous students. Without this I don't believe I would have continued in my studies.

To my associate supervisor Odette Best for being such an inspirational and motivation Indigenous woman and mentor. Thanks for your energy and example always sis.

To my two girls who have always made sacrifices to accommodate my studies, I hope you understand the long term benefit of short term sacrifice. I'm proud of you both. And last but not least my partner who quietly without a fuss supports me to do whatever it is I need to do, I love you three.

Always behind me are the strength and courage of my grandparents who continue to inspire me to do what I can for our wider community.

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Chapter 1 Introduction

It is well recognised that Indigenous clinicians positively influence improved outcomes for the health of Indigenous Australians (Ivers et.al 1997 & Kowanko 2005 in Trewin &Madden 2005). Queensland state government health strategies set targets for appropriate Indigenous staff ratios at all levels of health service provision (Queensland Health Indigenous Workforce 1998, p.5). If the Australian Indigenous population is 2.4%, and the current Indigenous staff population is .2 % of Medical Officers and .6% of Registered Nurses, then staffing is 2.2% and 1.8% respectively short of the target in just these particular health disciplines alone at a commonwealth level, the disparity in individual states does vary.

To this end increased funding is allocated to the education of Indigenous students in the university sector (Department of Education, Science and Training 2004). However whilst the numbers of Indigenous students entering university programs are around 1.7%, the numbers of Indigenous students graduating are around 1.0% (Trewin & Madden 2005). The retention rate for non indigenous students is .77, whilst the retention rate for indigenous students is .59 (Mellor and Corrigan 2004, Bambell et.al. 2002). There have been resources allocated to improve this figure (Department of Education Science and Training 2004, Department of Education Employment and Workplace Relations 2009) without substantial impact. Therefore it is hypothesised that the breadth of issues for low graduation rates are not being addressed by the current strategies. Further, is it clearly understood what the issues are for Indigenous students that jeopardise their successful studies?

Indigenous health outcomes are affected by *Indigenous health professionals*; this is broader than any one particular health discipline. There lies the interest in investigating this broader group because, all health disciplines need more Indigenous professionals. This researcher's aim is to identify what are the issues for Indigenous students that hinder transitions through academia, and on through to graduation?

The answer to this problem needs to be clearly defined to address the issues and improve the numbers of Indigenous graduates of health care courses. When this is achieved it will positively influence the health outcomes of the broader Indigenous community.

Chapter 2 Literature Review

The state of Indigenous health is on a similar level as indigenous people of third world countries. Life expectancy for Indigenous males is 59 years, Indigenous females 65 years, far below the expected 77 years for non Indigenous males and 82 years for non Indigenous females in Australia (Trewin & Madden 2005). Life expectancy at birth in 2005-2007 data is reported to be 67.2 for males and 72.9 compared with non Indigenous figures of 78.7 for males and 82.6 for females (Steering Committee for the Review of Government Service Provision 2009. p.4.7) The Indigenous population had higher rates of musculoskeletal diseases, Arthritis, Respiratory diseases, Asthma, Circulatory problems, Ear/ hearing disorders, endocrine diseases, diabetes mellitus, diseases of the nervous system than the non indigenous population (Trewin & Madden 2005, Steering Committee for the Review of Government Service Provision 2009). Indigenous people have remarkably shorter lives, coupled with heavier burden of disease than their non Indigenous neighbours.

The accessibility of health services to Indigenous people is affected by access to Indigenous health professionals. The numbers of Aboriginal and Torres Strait Islander staff is a factor in whether or not Indigenous people access health services (Ivers et al, Kowano et al in Trewin and Madden 2005). Indigenous health professionals / workforce include (Trewin and Madden 2005):

- 93% of Indigenous Health Workers

- 0.2% of 48180 Medical Practitioners

- 0.6% of 141855 Registered Nurses.

Aimed at improving these figures the minister then, pledged $2.1 billion over four years to the Department of Education Science Training in the Indigenous Education Direct

Assist Program 2005 -2008 covering from preschool to tertiary studies. The goals of this program include increasing the participation rates commensurate with those in other Australian sectors, and to attain *the same graduation rates*.

Preparation for tertiary study generally commences in primary and secondary education. Problems at this level of learning for Indigenous children are being hotly debated currently in light of the educational reviews post Northern Territory intervention. Particular discord around bilingual programs (Indigenous dialects and English) exists because of perceived poor outcomes in literacy for these schools (Australian Broadcasting Commission 2009). Attendance and participation rates also need to be explored to compare with other models of education. "We're seeing that we've got to acknowledge, embrace and develop a positive sense of Aboriginal identity in schools; we've got to acknowledge and embrace Aboriginal leadership in schools and school communities; we've got to have high expectations, leadership, to ensure high expectations in classrooms, with high expectations teacher-student relationships," (Sara in Mills 2008). Conversely, in their urban New South Wales setting, Day & Nolde (2009) thought that to this cohort, culture was not an issue for Indigenous students.

Some of the issues identified in the literature relate to recruitment, retaining young people in secondary school level requires that the school environment of a dominant culture is adapted to welcome culturally diverse students (Wano 2006). One strategy is for schools to engage parents and elders of the Indigenous community, in the educational setting. This would support parents to understand the education environment so that they can better support their students in their secondary studies. He suggests some strategies around this are to acknowledge the heritage and custodianship of the traditional owners by flying the Indigenous flags, inviting Indigenous elders' representation in school functions and events.

Gorman (et.al 2008) found many Indigenous high school students do not consider university studies because of the belief they are not going to be accepted on their

academic merit. Another reason that students did not consider university an option was the perceived financial commitment to be out of reach, from the individuals' perspectives. The ability to earn money for themselves and their families was not thought to be compatible with pursuing university studies. Others did not wish to stand out amongst peers by having the ability to pursue university studies. The self perception of Indigenous people in science courses was found to be a factor in other research by Howlett et.al. (2008, O'Rourke & McInerney 2006) for people not pursuing further study. Day & Nolde (2009) found it to be an enabler. Anderson & Walter (2008) went further and asserts that, to promote academic performance would require developing self esteem before success would be achieved. Ferguson (2005) spoke of issues in recruiting to medical places and quoted Dr Wenitong (a local Indigenous leader) as stating that an institutionalised culture (racism) in secondary education reinforced in children that "they would not amount to much", this perception then being taken on by children when envisioning their own futures, so do not aspire to higher learning. Kippen et.al. (2006, Day & Nolde 2009) also found negative past experiences of education is a factor in deciding whether to pursue further studies.

> "Education is a cultural process. Each new member of a society or a group must learn to act appropriately as a member and contribute to its maintenance and occasionally, *to its improvement. Education in every cultural setting is an instrument for survival. It can also be an instrument for adaptation and change.* Such concepts convey the image of a dynamic system, straining towards maintenance and equilibrium" (Reeves Sanday in Van Maanen 1985).

This is true of institutionalised learning at primary, secondary and tertiary level even more so. Education at tertiary level, is in itself, a cultural process that one engages in willingly or unwittingly. The end reward that tertiary education provides is a professional career with the subsequent expected improvements in lifestyle and opportunities' is a very tangible instrument for survival for many Indigenous people. For

the individual involved in this process, the adaptation and change can occur within the individual as personal growth.

Is the tertiary education cultural process, which demands that new students "learn to act appropriately," engaging Indigenous students in a cultural process that is safe and inviting to them? It will transpire that in fulfilment of this mandate, that a measure of appropriate action is to in fact maintain and to improve this process. This is what many Indigenous people are trying to do.

So then, the concept of cultural safety transposes from the health care of Indigenous people to the tertiary learning environment and is extended to conducting research as a natural progression for Indigenous students. Ramsden (2002) in her thesis clearly articulated cultural safety in the Maori health care and nurse education context. The Maori experience is certainly the closest identifiable with Australian Indigenous peoples. Ramsden did her ground breaking work as a result of her own journey through the "educational process" as an Indigenous person studying to be a nurse.

Her theory is applied to both the educational process of nurses, Indigenous and non Indigenous and the delivery of health care to Indigenous people. This theory is applicable to the broader health professional community across disciplines and is by no means restricted to nurses, who, although they are the largest body of health professionals, are only a *part* of health care.

The theory of cultural safety starts by targeting "attitudes and prejudice formation" in the education of nurses (Ramsden 2002). The targeting should not be limited to the training of nurses. The "attitudes and prejudice formation" of the tertiary educators need to be addressed, prior to any educating of other health professionals. This is also vital prior to attempting to educate Indigenous students. This raises the issue of the tertiary sector addressing cultural competency standards for academic staff as other profession

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bodies do. Examples of these are the Australian Nursing Council (2008), Australian College of Mental Health Nurses (1995), rural remote arm of the Royal Australian New Zealand College of Psychiatrists (2009), National Standards for Mental Health Services (1997). Although these are not widely known to be tools for challenging professional conduct, the grounding is either in place or is being developed. The Australian Universities (2009) do have in place a "Cultural Competence Project" running. Most universities include cultural inclusiveness and non-discrimination clauses in their existing codes of professional conduct. Two examples cited are from James Cook University and Charles Darwin, chosen for their proximity to large Indigenous populations (2009). Turale and Miller (p.176, 2006) noted that only 39% of schools of nursing had cultural awareness training for the faculty and that it was not compulsory.

A further development of prejudice formation is the expression of personal and institutional racism again occurring at the educational and health delivery level. Although most existing codes of conduct are explicit about not discriminating against minority groups at a personal professional level, they do not rule out having an underlying prejudice for minority groups. It is the common experience of most minority groups, that pursuing complaints of discrimination are far less complex (although difficult), than if you were to attempt to prove a prejudiced attitude. However prejudice is the unseen precursor of the outward act of discrimination. The difficulty in addressing these prejudices are commonly formed in developmental life experiences far beyond landing in academic tertiary teaching and while they may be challenged are not always open to be challenged as these views can be safe-guarded as personal views.

The definition of institutional racism is articulated by MacKenzie and Bhui (2007) as,

> "the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. This can be seen or detected in processes, attitudes, and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness, and racist stereotyping which disadvantages people in ethnic minority groups."

Institutionalised racism, as discussed by writers in the secondary educational context, is what creates invisible barriers to participation by minorities. Conclusions are drawn from the nature of educational aspirations to secondary students, such as giving attention to vocational and traineeships as most appropriate career options for Indigenous youth. The conclusions drawn on self perception by Indigenous students are that, "this is all I could be successful at", when the suggestion of tertiary university education is not even muted as a possibility. This reinforces stereotypes that Indigenous people are good labourers and do not have academic ability required for tertiary success. This has been reinforced by educators who tell their Indigenous students they won't "make it," and suggest that they pursue a vocational line (Best & Nielsen 2003).

The lack of recognition of the need for cultural inclusion in the content of studies is also alienating for Indigenous people by not acknowledging and welcoming their unique cultural perspective as highly relevant to Australian students (Day & Nolde 2009). This gives the unsaid expectation they must ignore their own culture and its relevance in order to take up the educational cultural process to achieve academic success. In 2004 at the direction of the Australian Nursing Council / Australian Nursing Federation only 67 % of nursing schools had progressed to include Indigenous content into their curriculum. In contrast in the urban cohort examined however, cultural issues in studies did not appear to be a major issue in the findings of these authors (Day & Nolde 2009).

Education is a setting with intrinsic power issues. In the primary and secondary settings, educators hold power over students because of advanced aged and life experience, superior knowledge, the ability to progress or fail students work, and to some extent control over resources and opportunities for students to advance in varying ways.

Academics in tertiary teaching roles similarly can choose to hold power or to share it with students by empowering them in their own education. Power due to age and life experience may not necessarily apply in this setting, but superior knowledge, the ability to progress or fail students, and control over resources and opportunities for students to

advance remain pertinent. Indigenous people, who are already disadvantaged and disempowered, are particularly susceptible to this unspoken phenomenon.

Power for non Indigenous educators in all levels of education has a historical basis for this due to the historical development of Australian contemporary society by invasion, making Anglo Saxon the dominant culture. This dominance remains true for the tertiary educational structure.

Ramsden (2002) describes "personal and institutional racism" and "power relations" in health care institutions are barriers to health care making the institution culturally unsafe therefore a barrier to Maori people attending for health care. However these same issues are described by Best & Nielsen (2003), as being alive and well in both university culture. They describe how this was encountered by nursing students in health care facilities during their training. Racism is described by some authors either overtly or indirectly as an issue for nursing students (Best & Nielsen 2003, Usher et.al 2005). These views were experienced by those students as being directed at them from both fellow students and patients whilst on clinical placements.

Ramsden went on to identify that key to changing perception and practice would require a "skilled nurse/midwife teacher workforce to present and manage such critical and delicate material". However in her view there were "no nurse/midwife teachers with experience in antiracism work nor many with an academic understanding of the colonial history or experience in teaching it". She thought that such nurses should identify that "difference is acknowledged as legitimate and the nurse is seen as having the primary responsibility to establish trust."

Her work also recommended that in Aoteoroa/ New Zealand that the training of Indigenous nurses should be taken to the areas of predominant Indigenous populations due to social and economic disadvantage. This catered for the larger portion of mature aged people with families who would be attracted to nursing.

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She argued further that Cultural safety is a mechanism which would facilitate "the recipient of care to say whether or not the service is safe for them to approach and use. "Safety is a subjective word deliberately chosen to give the power to the consumer."

In the successful graduation of Indigenous health professionals, university institutions need to extend the principles of Cultural safety to empower students to say whether the institution is safe to learn in. Therefore Cultural safety ensures a power shift to consumers. Thought should be given to all of the contexts this needs to occur in all levels of education the focus being on tertiary in this study, educators sharing power with Indigenous students. At a health service level power needs to be shared with care providers and Indigenous clients, this model is applicable to other minority groups.

The Maori experience of colonisation is the most closely tied to Australia's Indigenous experience of invasion. Our Pacific neighbors experienced similar timeframes, processes and outcomes. Related to both in process and outcomes are those of the Native American and Canadian Aboriginal people. It is no surprise then that similar education outcomes in health exist and are being studied in these countries. Formulated by a group of American Indigenous nurses, the Native American experience in developing nursing training learned that, "Seven dimensions were identified : (a) caring, (b) traditions, (c) respect, (d) connection, (e) holism, (f) trust, and (g) spirituality. Each dimension is essential to the practice of nursing in Native American culture. Together they provide the basis for a systematic approach to Native American nursing practice, education, research, and administration "(Lowe & Struthers 2004). The Canadian experience of retaining aboriginal students has also been the subject of a long examination process. "Health Canada (First Nations and Inuit Health Branch) funded the Canadian Association of Schools of Nursing (CASN) to facilitate a national task force on aboriginal nursing. The task force was co-chaired by Dr. David Gregory and Professor Fjola Hart Wasekeesikaw. Recommendations from this task force centered on five thematic areas:" preparation; recruitment; admission, nursing access and bridging

programs; student progression; and, post-graduation recruitment and retention (Gregory 2007)."

In the 2005 statistics 4.6% of the Indigenous population held Bachelor or above compared to 20.6% of the non Indigenous population. In 2003 1.3% Indigenous students were enrolled in medicine compared to 0.6% of Indigenous students who completed the program. Of the 1.1% Indigenous students who were enrolled in the nursing program, 0.8 % completed the program. In overall health 1.7% of students enrolled were Indigenous compared to 1.0% who completed the course of study.

In 2000 for units enrolled in at tertiary institutions (Trewin & Madden ABS 2005),

Indigenous students	All others
57.7% passed	78.6% passed
4.3% withdrew	2.2% withdrew
26% failed	10.4% failed

Therefore more than 20% less pass, than non Indigenous, double Indigenous students withdrew and more than double Indigenous students failed. Here the disparity is demonstrated clearly between the success of non Indigenous and Indigenous students.

Indigenous enabling programs are funded to assist Indigenous participation by alternative entry pathways which support bridging academic shortfalls. Most offer bridging programs in academic writing, maths literacy, and science literacy courses. These compliment existing tutorial assistance programs. Whilst these are identified by some as being of assistance (Kippen et.al 2006, Howlett et.al. 2008, Morgan 2001) others find difficulties in accessing these programs or lack knowledge of there very existence (Gorman et.al. 2008, Usher et.al.2005) Isolation experienced by many when leaving community to study (Kippen et.al. 2006, Howlett et.al. 2008, Andersen et.al. 2008) were neutralised by support found amongst other students at Indigenous units on campus (Day & Nolde 2009). Some report difficulties in accessing such support because of not feeling welcomed or not being able to contact people in the centres.

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Andersen et.al. (2008) identified that for programs to be successful they must be responsive to students needs, and be Indigenous led.

Family obligations to provide care or support financially (Kippen et.al. 2006, Howlett et.al. 2008) was a pre-existing difficulty for many students trying to attempt tertiary study. Others identified family support of studies was crucial to undertake and continue with university study. Anderson et.al.(2008) found the lack of perceived family support inhibited motivation to complete studies.

Financial problems are an identified disabler of tertiary study. Support in negotiating the ABSTUDY process is identified by many authors as a need of many students. Anderson et.al. (2008) tell of the Indigenous cadet programs as a viable financial support to students with assistance beyond the restrictions of ABSTUDY. Motivation to succeed, as for other students, is aligned with the expectation of enhancing employment and financial opportunities (Day & Nolde 2009, Andersen et.al. 2008). Young et.al. (2007) found work/ life balance issues were a reason for some people withdrawing from study.

Other research has identified issues for tertiary students such as lack of Indigenous staff (Kippen et. al. 2006, Andersen et.al.2008). Many of the Indigenous staff are located in the support centres, being separate from the academic population sending a negative message to student. Also non Indigenous staff teaching cultural content and marking cultural content written by Indigenous students was identified as an issue of the validity of the learning environment being culturally unsafe. Many such staff lacked experience in Indigenous health and lacked confidence in this area (Nash et.al. 2006 & Day & Nolde 2009). Students need to feel welcome and accepted to be motivated to continue the hardship of study (Goold 2006).

Formal teaching environments are not conducive to learning, which are in conflict with Indigenous informal learning style based on oral history supporting a casual relaxed

preference for learning, (Kippen et.al. 2006). Winkler states that related to this are strong relationships with educators which are needed for successful education and reiterated by Sara (in Miller 2008). If Indigenous people do not feel comfortable and have trust in educators they will not progress in tertiary environments.

Best & Nielsens' (2003) report identified that Indigenous academics within the school supported students through to graduation. This was predicted by Goold (1995) in the parallel domain, who believed that Indigenous nurses would "neutralise" the effects of racism in the health care environment. Students had found the presence and support of Indigenous academics (Best & Nielsen 2003) had "neutralised" the cultural barriers to their studies.

Morgan (2001) found that females, mature aged, from government schools were the most likely to perform above average at and succeed in tertiary education. On the other hand Young et.al. (2007) thought mature aged, external students to be vulnerable to not completing their studies.

Indigenous students' profiles showed that females were double the male Indigenous students, of whom less than the non Indigenous population were under 19. And more were consistently older than non Indigenous 20-60 year old population. Despite the 2004 budget being $2.1 billion over 4 years, the goals outlined are no closer to being met. Considering Indigenous student profiles, females are double the number of males, and are mature aged students with a likelihood of increased family responsibility.

While Bowser (et.al. 2008) admits for Central Queensland University improvement has been made for some marginalised groups high attrition rates remain consistent for Indigenous students. This indicates the real needs and issues for this group are not being addressed by current strategies.

So this brings us to the research question. What are the issues that impact on Indigenous student's tertiary studies which are hindering graduation rates?

This is crucial knowledge because if these issues are identified then this will enable institutions to formulate directed support strategies. If appropriate support strategies can be enhanced/devised, this will improve graduation rates thereby qualifying more Indigenous people to participate in the health workforce. This will in turn positively affect the accessibility of health services for Indigenous people affecting general health outcomes for the broader Indigenous community.

Chapter 3 Methodology

3.1 Research Problem

The accessibility of health services to Indigenous people is affected by access to Indigenous health professionals. "The numbers of Aboriginal and Torres Strait Islander staff is a factor in whether or not Indigenous people access health services" (Ivers et al, Kowano et al in Trewin & Madden 2005). Indigenous health professionals / workforce include (Trewin & Madden 2005):

- 93% of Indigenous Health Workers

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Despite the 2004 budget being $2.1 billion over 4 years, the goals outlined are no closer to being met. Considering Indigenous student profiles, females are double the number of males, and are mature aged students with a likelihood of increased family responsibility.

The literature does not adequately address the wider issues for this group. Therefore to adequately support students towards better outcomes, this needs further research to identify what the issues are for these students.

3.2 Research Question

What are the issues that impact on Indigenous student's tertiary studies, which are hindering graduation rates?

3.3 Research Design

As in the opening discussion in the literature review and is further shown in the results of this thematic analysis, there are clear parallels between Indigenous people accessing health services, Indigenous students graduation and cultural safety. If catering for Indigenous students needs are best cared for in the context of cultural safety, then in keeping with this model, the researcher has elected to pursue cultural safety as a means for improving the quality and capacity of the research being conducted. The use of this paradigm also ensured that the six principles outlined by the National Health and Medical Research Council (2003) in the "Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health research" were incorporated. The six principles are spirit and integrity, reciprocity, equality, survival and protection and responsibility.

The important components of Cultural Safety (Ramsden 2002) in conducting this research are an established trust relationship between participants and researcher, built over a number of years. The power dynamic needed to be balanced towards the participants. This has been a powerful issue for Indigenous people historically. Past experiences raise questions as to who gets this information. What will be done with it? Who will benefit from it? Who will own it once it is recorded? Who will access it? So the participants needed to feel empowered in the research? In addition to this the

participants needed to feel empowered enough to say whether the research and the researcher provided a culturally safe space to fully participate. Then by extrapolation, the participants had to feel ownership of the intended outcome that the research would contribute to the benefit of the wider Indigenous community for the coming generation of students by enhancing their chances of successful studies placing more Indigenous health professionals in the field.

To enhance the quality of the data provided, the issue of the feeling of safety was addressed by the researcher being an Indigenous person, who had shared the experience of tertiary health education. This feeling of safety facilitated a spontaneous offering of information by the participants

Further consideration to the components of cultural safety was adhered to in the conduct of this study by adding to the Indigenous researcher an established trust relationship between the researcher and participants. If the participants felt safe, then they would be more engaged and spontaneous in the sharing of their stories. The areas to address cultural safety in the design were utilizing existing trust relationship between the researcher and the participants. A careful explanation of the shared aims in conducting the research, which ensured both parties seeing benefits to flow on to their people, by participating in the study.

A qualitative design with thematic analysis was thought best to achieve the aims of this study, simultaneously enhancing cultural safety in the design. The data was collected in the form of verbal narratives of participants which were digitally recorded. The goal was to allow the participants to tell their stories, which described their experiences as Indigenous people having undertaken the educational process. In clearly articulating these experiences, the goal was to uncover new experiences or validate the meager existing knowledge around the issues for this group in mainstream tertiary educational processes. Underlying, undefined issues may be uncovered giving some new directions in educating indigenous health professional to improve graduation rates.

Connelly & Clandinin (1990) tell us "humans are storytelling organisms, who individually and socially lead storied lives." This broad generalization of the human species certainly translates to Australian Indigenous tradition of information sharing. Therefore the study of narrative is to understand the way humans experience the world (Connelly & Clandinin 1990). Labov & Walletsky go further to assert that understanding of complex narrative are found in the "oral versions of personal experience...by examining large numbers of narratives by unsophisticated speakers (in Paulston & Tucker 2003). This attempts to gain rich meaning in data undiluted by interpreting and reinterpreting through the lenses of "others" such as researchers who do not share in the experience. This was an important factor in selecting this method as much of the literature is from the point of view of others who do not share the Indigenous experience.

Ramsden (2002) explains that narratives are an appropriate method for Indigenous people because data collection by "Narrative is the lived experience of the narrator, and making it accessible to the lived experience of others." This approach engaged the participants in a genre long shared by Indigenous people of storytelling to share information. Toombs & Gorman 2009 espouse the effectiveness of this method for Indigenous people. Again this ensured cultural safety by facilitating the comfort and security of participants to relate their experiences in a very familiar format to the participants' cultural experience. The aim to make the participants lived experience accessible to others particularly those with the lived experience of tertiary educating in order to view the educating experience with fresh perspective and address any issues arising that are not currently being attended to.

3.4 Recruitment

The participants were selected as a purposive sample. The participants needed to identify as Indigenous. They needed to have undertaken some form of university health studies. The issue of whether they had completed or not completed their studies was not considered relevant. What was important was that they had the lived experience of

studying at university, in a health field, with an intrinsically, Indigenous perspective. Therefore only a small percentage of the population would have that desired knowledge.

In keeping with the cultural safety framework, the researcher invited participants from across established Indigenous health professional networks by inviting participation via network emails, telephone and face to face discussions with prospective participants with the stated criteria. When contact was made by participants on understanding the details of the study they referred other people they thought may also wish to participate that fulfilled the criteria.

So existing rapport between the participants based on shared work history in health situations and shared networks had already been established as the researcher is also part of this network as an Indigenous health professional having successfully navigated the tertiary education process. This meant established trust relationships built over time between researcher and participants would enhance cultural safety. This ensured a safe environment in which to share personal experience facilitating spontaneous unknown experiences to be shared with the researcher.

Participants felt safe speaking to the researcher about personal experiences as they had knowledge of the researchers' demonstrated commitment for clinical and service provision outcomes for Indigenous health care. They also trust that their opinions would be respected and represented faithfully, and together, contribute back to the health of the Indigenous community.

The final participants were spread across a 450 kilometer radius in North Queensland. They were provided with a cover letter and the consent form and a verbal explanation of their rights as supported by the Ethical clearance process of the University of Southern Queensland.

Three participants were able to be interviewed face to face when the researcher travelled to their locations. Face to face interviews were not possible for the remaining two but

they accepted telephone interviews. All of the interviews were recorded by digital recorder with the participants' permission.

Table 1: Age and Culture

	20-30	31-40	50-60	Aboriginal	TSI	Both
Female	1'	1',1*	1*	3		1
Male		1*			1	

NB: Age, Graduated (*), studies not completed(')

- All participants currently work in public Indigenous health positions in North Queensland
- 4 participants worked fulltime in public Indigenous health positions at the time of their studies
- 2 have not yet completed their studies but do wish to complete their studies
- 4 had child rearing responsibilities at the time of their studies
- 2 studied by block mode/ residential components
- 1 studied with an interstate university
- 4 studied with local universities
- 1 attempted both on campus and external
- 1 relocated from remote communities to study
- 2 lived in rural communities at the time of study
- 2 lived in a regional area serviced by a local university

Table 2: Previous Qualifications prior to University Health Degree attempted

Trade	Cert III	Cert IV	Diploma	Previous Degree
1	3	3	2	1

3.5 Data collection

Data was collected utilizing a verbal narrative, encouraged by unstructured interviews was chosen as the most effective, culturally safe means. The interviews where possible were conducted face to face at a time and location convenient to the participants. This meant the researcher travelling considerable distance to facilitate these appointments

which occurred over the North Queensland area. Notes were taken immediately after the interview. This meant that the researcher could maintain active engagement with the participants and avoided distraction by writing during the storytelling of the participants. The researcher has a mental health background, and drew on extensive experience in interviewing people gained prior to undertaking this study.

One of the underlying issues when analysing cultural safety is power. Traditionally power is held by healthcare providers, and in this setting the education providers. Van Maanen (1985) spoke of the cultural process of education, making it obligatory that students "fit in", thereby disregarding their own cultural notions. This notion is then extended as ones duties to the educational process to go on to maintain or improve it. This study strove to restore power balance by giving voice to Indigenous students' stories of their own education process. The philosophy of providing cultural safety to allow this to happen, then empower students to have a clear voice, the goal of sharing their stories, is *not* to maintain the current "educational processes but to *improve them"* for the benefit of the aspirations of the wider Indigenous community.

The digital recordings of the interviews were then independently transcribed. When the scripts were completed, each of the participants was contacted again to offer a review of their own scripts to check the accuracy of the transcription and the opportunity to make corrections.

3.6 Data analysis

Thematic Analysis was chosen to analyse the data to identify unknown knowledge that may have be volunteered. The digital recordings were listened to several times while waiting for the transcriptions to be completed. Listening in this way allowed the researcher to begin the immersion process. Themes began to emerge across the interviews.

Once the transcriptions were complete, the researcher commenced reading and re-reading. Sub themes within the themes began to emerge. Reconstructing the texts according to the themes and subthemes was done using usual word processing.

Although the sample was relatively small, a saturation point was reached with no new themes in the data after the third interview, just validation by repetition in the subsequent interviews.

Some of the emergent themes were anticipated, but there were new perspectives uncovered. Previously others mentioned in the literature superficially, emerged with meaty and emotive descriptions, all of which will contribute a greater understanding of this phenomenon. The task of the researcher at this point is to "preserve the uniqueness of each participant's lived experience while permitting an understanding of the phenomenon under investigation" (Grbch 2007 p.92).

During the immersion phase significant passages were extracted from the transcripts. These were then group under themes and their subcategories for results discussion.

Soft ware to conduct the analysis was not used after much discussion with other researchers at residential school and with supervisors. The rationale being the length of time needed to learn to use such software, for the length of transcripts in this Masters level research it was not considered against a time / benefit analysis to be worthwhile.

However as a novice researcher to analyse data manually and transcribe some of it was considered a beneficial endeavor for the size of the transcription material being processed.

3.7 Trustworthiness of the data

The measure of trustworthiness in presentation of qualitative data is whether the reader is able to *see what the researcher saw* when the data is articulated and analyzed (Giorgi

in Grbch 2007, p.92) whether or not they agree with it. Another is to ensure the participants can revise their transcripts and ensure they are correct.

The participants understood that they would have a copy of their own transcript to review for accuracy and to consider whether they had thought of anything else in the interim that they would like to add. This opportunity was in fact provided for each person.

The analysis of themes took place under the supervision of the research supervisors on several occasions. The supervisors did review the progress of the analysis and regularly discuss with the researcher relevant suggestions and recommendations.

3.8 Ethical processes

This research proposal was submitted to the ethics committee of the University of Southern Queensland in August 2008. Ethics approval was obtained in November 2008. When ethics approval was granted the proposal then went to the Faculty for approval in March 2009. The final faculty approval was received in May 2009. As previously discussed on page 15 the use of the cultural safety paradigm embodied the six principles outlined by the National Health Medical Research Councils' (2003) "Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Research".

Chapter 4 Results

During the data analysis, the transcripts were read and reread, and the interviews listened to several times. The main themes that could be identified were cultural safety, personal attributes of participants, Indigenous support units, family support, paid employment and resources. Cultural safety was the foremost and broadest theme which was then broken into six subthemes. These were personal identity inclusive of culture, language, merging academic knowledge with culture, challenging racism/ ethnocentrism, fitting into university and cultural support networks. The representative diagrams are therefore separated into one depicting the aspects of cultural safety. The second depicts the other five themes which were not related to cultural safety.

4.1 Cultural Safety

The theme "cultural safety", was not used verbatim by the participants. However, their descriptions clearly articulated issues of cultural safety. "Culture" was used verbatim in various descriptions about issues from the perspective of the participants' own culture in many of the extracted quotes. All of the subthemes which emerge under this heading directly related to occurrences, some of which made students feel unsafe or unwelcome or alienated in some way. But examples were also given how the students made themselves safe by challenging others with the support of academic staff. There are also examples of occasions which had brought these students to the point of ceasing studies due to the perception of being unsafe, unwelcome in the tertiary institution by both academic staff and other students. All of the issues relating to cultural safety are depicted in diagram 1 (p 43).

4.1.1 Personal identity inclusive of culture

Participants clearly expressed that what had sustained their determination to succeed was a strong personal identity inclusive of their cultural background. This was a strong self esteem, which acknowledged and valued their cultural background as part of themselves. The capacity to value themselves inclusive of their existing culture enabled them to "value difference" in others as necessary in cultural safety.

This was clearly expressed as a pre existing personal strength which the participants saw as a tool to weathering the cultural adversity they faced. When speaking of the personal journey and challenges faced during tertiary education this comment was made demonstrating the protective nature of your own cultural identity when undergoing the cultural process of tertiary education. The quote below demonstrated this.

> *You had to make sure your culture was intact, like you didn't lose sight of your culture.*

The comment below was made to illustrate further how utilizing the participants own cultural experience in the learning process by adapting the material being learned and apply it to clinical reality of the local area. This made the learning applicable. The known cultural perspective of that area's clientele to benefit other non Indigenous students in the class.

> *What I'd done was actually take it* [assessments] *from a cultural perspective, because Aboriginal and Torres Strait Islander people make up the majority of our clientele within our services.*

The participant felt that because he had a clear understanding of culture, this would be important in the future in health service delivery to assist in bridging the gap between mainstream health services and the cultural needs of the Indigenous community. A clear

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motivation in this participant's studies was the perception that gaining qualifications in the chosen health profession would assist the wider Indigenous community.

Me being an Islander person [Torres Strait Islander]... *I think studies will actually allow me to be a mediator for my own people between the culture and the mainstream* [health services].

4.1.2 Language

This participant clearly drew a comparison between the cultural safety of educational institutions and health care services. The use of jargon was described as alienating Indigenous health care users and new Indigenous students alike, making them feel they were in a "different world". This understandably conjures up emotions of not understanding, feeling different and certainly not feeling safe and welcome culturally simply by the use of language.

Because you know our people, when they come to mainstream services its very daunting, like studying is very daunting. Like your hit with all these big jargon that you've never heard of before and it's like you go into a different world.

4.1.3 Merging academic knowledge with cultural knowledge

The participants commenced studies with the strategy of building on pre existing cultural knowledge with academic knowledge, at no point was consideration given to abandon their own culture to absorb the educational and professional "cultural" process. The desire of participants was to merge the two under their professional education to then extend this new knowledge. The end goal, being to benefit the Indigenous community as a qualified health professional. This is how participants approach their individual educational process, always looking for practical ways to blend the two forms of knowledge.

You have high academic expectations, and you have your own cultural criteria. For me making sure that I was meeting the cultural criteria for myself so that I was able to understand from an academic point of view but also incorporate that into my cultural, my own culture.

Like some of the academic subjects we were doing was not really culturally appropriate. So what I did was actually question a lot of the stuff from the culture because there wasn't that cultural component to many of the subjects.

If we can come from the academic side of things [perspective] *if we actually have qualifications then we are able to change, move our culture forward like everyone else's culture.*

4.1.4 Challenging racism, ethnocentrism

One of the strong themes which emerged was being confronted with racism or ethnocentrism in the tertiary environment. At times the attitudes were from academic staff and at others from other students. These excerpts give some insight into the feelings of students about these incidences. They also give an insight into positive strategies in dealing with these situations. Indigenous people in general frequently experience racism and ethnocentrism as an intrinsic part of life. The issue that emerged was that the participants had perceived being in a place of higher learning would negate these experiences as the other individuals within this environment should have had their views effected by higher learning had been modified for the better. So, when the participants experienced these attitudes particularly from academic staff, this made them consider that education was also a waste, because they lost hope of progress in the wider professional health environment. For the participants it was this issue that in spite of academic success to that point had made them seriously consider discontinuing their studies.

When reading these excerpts it can be seen how the participants had the maturity and strong self esteem and determination to confront the issues. They did not in the first instance quietly shrink away but they attempted to challenge and resolve the issue. They were supported on occasions to work through the situations with the people involved, by academic staff with some ability and motivation to actively mediate and support Indigenous students.

The attitudes of other students was like, "well why should we have to learn about Aboriginal Torres Strait Islander type stuff?" I said, "well if you look when you actually go into the workforce, you will be working with Aboriginal and Torres Strait Islander people no matter what direction you go, south, west or north, you need to know these protocols and procedures when you actually go into these communities" and ensuring for myself that I was having that cultural input into these studies.

(cultural conflict from another student brought up a strong emotional response) So we got her aside after with the lecturer and told her how her comments had made us feel. (The issue was worked through to resolution with the lecturer facilitating). The lecturer said to her maybe you could do a cultural awareness course, and she did. Now, you couldn't ask for a better person and we still keep in contact today. But that situation made me want to give up everything, and made me question "what are we doing here if they are going to treat us like this?" Now she works in the Northern Territory and we regularly talk about the challenges that we have within our own work area now, we support each other.

(cultural conflict with a lecturer bought up a strong emotional response) When I tried to explain a scenario from a cultural perspective to make it real life (challenging mainstream), I was told I had "no right to do that" .... my response was, "We are in a place of world learning and a place of open challenges".........
Felt the need to challenge this as transposed to service usage, "challenging for us, people to come to mainstream or come into services, that's why people don't utilize

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a lot of the services, then people don't go until they're really really sick,"…. "sought assistance from head of school as " I was at the verge of quitting (in my final year)".

> *She* [the lecturer] *went on to fail me, but much later that grade was turned to a C* [pass] *I was really wild, but I had gone through so much to get through university, having to face this …. made me stronger "I tell you sister". It did take me weeks to get over this confrontation.*

> *"I nearly gave up one time, One of my teachers was really talking down to us, I just walked out, I was so annoyed with her talking to me trying to put me down. Being the elder in the group I tried to talk to her about it, but she just wouldn't listen to me. So I left really angry. But later the girls said "she must have listened because she talked to us good way" But I was still angry and did not want to continue the exam with her. But the others said "we want you to pass with us" so I did the exam."*

> *"My commitment to help my people* [kept me there] *otherwise I would have chucked it in, but I said "bugger you* [white woman teacher], *I'm not going to, And that, was my commitment to help my people."*

4.1.5 Fitting in to university

Under this theme the participants describe an awareness of the existing expectation to fit in to the "university community". They describe an awareness of the existing "university" having its own culture, and questioned how they as individuals would fit in, live up to this new cultural framework. They express an acceptance of this and share their concerns about how they would personally negotiate the two, Indigenous culture and University culture.

> *I found it hard because of my cultural background and because I had to live up to expectations.*

I didn't know where I would actually fit in with the university itself,

I had to live up to the family's expectations and I had to live up to the university's expectations.

One of our teachers was a relic [older person] *so he sort of understand us and he respects us because we were older than him and that was good*

One assessment piece I did globalization changes to culture, society within Australia because we had the Northern Territory intervention which was at the forefront at the time. I had it published in a journal and now it's a part of the core subject materials. Because we have to live up to expectations within our culture and protocols ourselves, this was a challenge for me because I really had to put myself out there.

4.1.6 Cultural support networks

Participants described one strategy they had all utilized to cope with negotiating university culture, building networks within the Indigenous student body to support each other. This was even described by participants who had studied by block and distance modes. The extracts describe the very strong bond, and the depth of support these networks offered each other. It was clear this was a strategy that gave a source of strength and resilience to the participants during their studies and all of the participants identified this as an enabling theme in successful studies.

> *Other students, we rang each other up to were where we were at, - one in Cairns, one in Mossman, Innisfail, Townsville, so that was more money on the telephone* [bill]. *I used to ring after hours because of cost, and everybody was home*

> *There was a group of us, so once we knew our way around we could access the library for research, I wasn't a computer whiz but one of our young friends knew how to do the computer.*

When we were way from home, this group became our little family.

When we used to arrive [at study block] *on the Sunday we would have a little gathering and go and see where we were going. Talk about our assignments, how were we coping that sort of thing? If I was on campus I would have had that all the time, have a little study group together, but we were in the outback, so we could (usually) only ring each other up.*

Yes that was the same with mine [experience of support]*, we had our own little family of university friends, so we stuck together.*

When we were on campus we would get together, sit down, do our homework, help one another.

4.2 Personal attributes

The participants were not asked about personal attributes that had contributed to their studies, but this was another area of rich information that was a broad identifiable theme. Participants described personal existing attributes that had assisted them to adapt and to rise to the challenges of tertiary education. People than articulated the personal growth that experience of tertiary education had afforded them the opportunity to undergo. They also discussed the personal motivating factors that drove them to succeed in their studies. All of the areas relating to personal attributes are depicted in diagram 2. (p. 48).

4.2.1 Adaptability, change and personal growth

I could actually see myself moulding into a different person. I mean still intact with my culture but also coming out from an academic level and people could actually see that.

I suppose uni has given me a really strong advocate for me to actually stand up for my culture, because there was not much that had a cultural core component to it, so I pushed a lot of stuff though to actually make it more culturally appropriate for those coming though after me.

When we first started off there were about 25 of us [Indigenous cohort], *by the end there were just two left.*

University has given me a whole set of tools I suppose to do something different and more challenging.

[My motivation] *was for the community as well as our family.*

I had to empower myself with education to get a better job, no one is going to help me, its got to come from myself.

Because of our involvement in the community we had that boldness in talking, we wasn't afraid getting up and speaking our minds, role play, standing up and talking, so that was one advantage we had.

It was difficult being away, but we had come this far and did not want to be failures.

4.2.2 Healing

Participants described further what they had personally gained by undergoing the tertiary process. They described the process as a healing process. A process that had help them to heal from extremely difficult life situations experienced prior to studying. Others described it as a personal development process which strengthened them as a person. There was a discernible awareness that as people they were undergoing positive development because of being in a challenging environment and the desire to succeed.

There are very clear explanations of how "self esteem" had been improved and their character and abilities strengthened.

There is a clear acknowledgement of the personal benefits gained from undergoing tertiary education as Indigenous people. The journey can be summed up as the initial feelings of "shame and shyness" giving way to "pride" and strong sense of achievement. The experience of success clearly built on the individuals' self esteem and perception.

Can I just say the whole process of going away and getting that extra education was like a healing for me too all the pain and grief was still there and with me going away [to study] *it was like a healing process for me and that sort of empowered me to be a very strong woman.*

You've got high expectations to live up to from an academic point of view to pass all of the subjects,

It made me a stronger person I suppose in actually putting myself down on paper to actually argue for social justice.

When I first started my studies, it was like that shame thing, "I'm black and I'm too dumb to do anything like this,"

Yeah I was the first person in my family to go to university?

I didn't know what to expect and it was challenging at the same time because I didn't know what was coming my way more or less or how to handle these challenges..I was really scared when I first started.

[fitting in?] *When I started challenging a lot of the stuff.*

...then I realized, that when it came to the end of my studies, I'm actually going to graduate with a degree, it was the proudest moment I've ever had within my life.

I found it really good because it was actually not only challenging others but challenging yourself. I could feel myself moulding into a different person. You know when I was growing up I was like a really shy person. You wouldn't think so [now].

From being the person that was so shy and a person coming out with a degree, was like a totally different person altogether.

Coming out of uni has opened my eyes to the world and to see what's really out there and to see where- and also to keep my culture in tact too.

To me it was the proudest moment of my life when I actually walked across the podium and received that degree from the Dean. It was the best feeling I've ever had.

4.2.3 Commitment

Another subtheme participants' identified as either an enabler or disabler of their studies was the ability or inability to personally commit to their study.

- Being able to commit fully
- Committing time to study, family and work.
- Committing enough time was difficult

4.2.4 Time Management

Most of the participants identified the subtheme of time management as being an important enabler of successful study they were solely responsible for implementing to

achieve not only success in their studies but maintain study/ life/ work balance during that time period.

I had to look at time management, I actually applied to study for two hours every afternoon, when I could go out to the university and do a lot of research.

Came home from work, prepared a meal, then from 9pm to 12am at night that was my study time from Monday to Thursday. Friday and weekend was my free time [family time].

...had three kids, all school age, having to come home and find time to sit down and study and do assignments.

4.2.5 Prior qualifications

This was another unanticipated theme that emerged. Most of the participants had prior qualifications. This was interesting and possibly a predictor of successful tertiary studies for a whole range of reasons or perhaps could be used by educators to build gradual success by stepped articulated pathways. Prior studies have enabled students to build academic skills, study skills, time management, confidence in their abilities / improved self esteem. This put them in good stead to build on prior success and complete a Degree.

I was a qualified chef and had another degree before last degree (in health).

I already had a Cert IV in early childhood and was working at the school, then I applied for a position [in health].

I was working for public health in the laundry and it was closing down. So I wasn't going back to do domestic [work] *I thought the only way I would go and help my*

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people was to go out and study, I did Cert IV then advanced diploma, the went into

the degree. It took me seven years to get where I am today.

4.3 Indigenous tertiary support units

Indigenous tertiary support units are situated in many universities, a direct result of the funding initiatives discussed in the literature. Their functions very across campuses, however they generally serve two functions. Provide literacy bridging programs to prepare Indigenous students to enter tertiary studies and to take the lead in teaching Indigenous studies. The centres usually auspice tutorial assistance funding of tutors for students, in some cases providing assistance with study resources such as access to computers and text books.

These centres have provided tangible on campus support to students in the short time of their functioning. Participants' perception of the relationship between the centres and their impact on their studies varied significantly. The two opposing views formed two separate subthemes.

4.3.1 Negative experience

Participants felt that the Indigenous Unit had been difficult to access in as far as accessing staff. They expressed that the assistance through the centre had not been reliable or of assistance with the study needs and were generally disappointed with the performance of the centre or its' staff.

I actually contacted the Indigenous Unit to see if I could get a tutor. The tutor they

gave me was a little bit unreliable and I think I lost faith in that sort of avenue so I

didn't bother to go back.

If I had some one that was able to give me a little bit more support and say to me, "Yeah your on the right track or No you're not on the right track, I did have tutors I didn't feel that I got that from them, and that kind of made me feel a little bit disheartened and not want to continue.

I wasn't able to access people who would be saying You're on the right track or You're on the wrong track.

More guidance around what's expected of you in terms of your study, your assignments.

Do they have a day where Indigenous people can come in and learn more about what happens in university? Have a mainstream orientation, but have separate Indigenous orientation. Have one that's specific to Indigenous, a class where you go and learn about what to expect from university life.

4.3.2 Positive experience

There were less of the positive experiences related regarding contact with the centres. Participants expressed the value of the centre as a gathering place of Indigenous students therefore a place where networking and informal support could take place by the students themselves. The other positive comment related directly to the Indigenous support worker as a factor in them feeling welcome on campus.

> *We would all get together* [indigenous students] *over there* [ISU] *at the end of the day and laugh together, Laughter heels us, we were very supportive of each other. If one was down or you had problems or anything you could go and sit down and talk to anyone there, that Murri circle, it helped me get through university often.*

...you know there are students out there that actually don't identify and I've seen them go through the system and come out wanting more and more culture.

...[Our university had] Indigenous [support] *workers, they were very helpful and made us feel welcome because they knew we had travelled a long way.*

4.4 Family support

Family support was another area participants discussed at length. It was clear the strong enabler family was, from enrolling to continuing studies to completion. One participant describes his mother as pushing him, as if to keep him going. Other participants discuss the encouragement received by actually studying together as a family. But difficulties arose when needing to leave family behind to go and study, especially children.

Another comment on reflection was how the lack of family/community support had hindered study, and the view that had they received it would have been an enabler to further study.

It did impact on my family because my family was very supportive. My mum was my strong link for me getting the degree in the first place because she was the one that just pushed and pushed and pushed, because I was a bit hesitant at first when I started my studies.

You know how family would never dream of someone actually going from our family going to university, because it was a big thing.

When I realized I'm actually going to graduate with a degree, was like the proudest moment of my life and the achievement that I've achieved with the support of my family.

My sister and I decided to study together as we had just lost our brothers to suicide and we thought by us doing it we would be able to help the community and it was to help us too. [Studying with my sister] *was a big help because we knew exactly, and help each other out.*

I had lost my husband and had four daughters so I've always worked, I was the breadwinner.

My gran taught me, "Don't let your mind go to sleep", so I'm going to keep busy in the community, its your way of impacting the community, "You can change the future, or the community".

A sacrifice I had to make was to leave my youngest daughter with her older sisters when I travelled interstate for study blocks.

The difficulty was mainly in leaving family at home [to travel away to study].

Our communities support would have made a difference. We were young but if our elders would have said, "you girls need to keep up your studies," we would have done what they said. We were passing everything.

4.5 Employment

4.5.1 Work

In vast contrast to the stereotypical " uni student" or the "lazy, unemployed Indigenous person", it was demonstrated clearly that participants as mature aged people not only had families to care for, but also worked for most, full time. But it did not end here; some did unpaid work in their communities running non government organizations in their spare time as well. Those who had participated in these whilst studying had continued with these other duties after studying.

Working fulltime and studying. It was very overwhelming for me and still trying to you know keep up with running the family and working fulltime as well.

Working and studying at the same time...

I was lucky my boys were grown up, but I went to work every day.

I've been doing a lot of community work.

I'm on [community run organization] *Boards; I'm the chairperson for the medical centre and a couple of other boards.*

Its good to be busy it keeps your mind occupied.

4.5.1.1 Employer support

This was an interesting slant on the discussion. As we saw all of the participants were employed in public health. They had tried to access study support scholarships with varying degrees of success. Some finding it difficult, one successful participant, did not receive any employer assistance (later finding she was entitled to apply) and self funded her study blocks for several stepped qualifications she had undertaken.

I work for Queensland Health, there's a bit of a process that you have to follow too in terms of putting in for SARAS leave and you're only entitled to a certain amount. I think the fact that you have this big paper trail too to actually get that permission to go and do it.

Work (QH) *gave me the opportunity to do that* [study leave]. *They gave me SARAS and support* [with leave] *from work itself.*

I had to travel for blocks so I had to travel away, stay away for two weeks and that was all leave without pay.

4.5.2 Resources

4.5.2.1 Textbooks

Textbooks were mentioned by most participants as a difficulty arising in their studies. Balancing the financial responsibilities to family was an issue when funding study and the need to purchase text books.

I know you can defer your HECS, but getting hold of those textbooks that you need and having the money to do that, when you've got the kids.

Being able to borrow them [text books] *rather than buy them, I don't know if the Indigenous Unit does that.*

We had copies of materials we needed so that saved us a bit

4.5.2.2 Access to technology, external tutors

Access to technology seemed to have not been an issue for most of the participants. Those who it had been an issue for were able to access technology with the assistance of tutors. Ready access to tutors was viewed as an enabler to study. Not having access to tutors was seen as a disabler to study.

I have my own computer and internet at home so it wasn't much of a drama for me.

I had a laptop which my son gave me, and we had internet at that time

I was lucky because the tutor was at school and we could use the computer there. I had never used a computer before so it was a learning process for me. [No computer at home].

We had a tutor to help us at the [local] *primary school.*

I didn't have anyone to help me like a tutor

4.5.3 ABSTUDY

ABSTUDY arrangements were mentioned as a side point during interviews and not attended to in any depth. One found it of assistance but felt it was insufficient for her actual needs. The other felt it had been absolutely a necessary resource that had made the difference between studying and not.

I was a single mum, ABSTUDY give you a text book allowance but that's not enough, I had to get it out of my own [money] *and I found that a bit of a struggle.*

If not for ABSTUDY I don't think I would have survived.
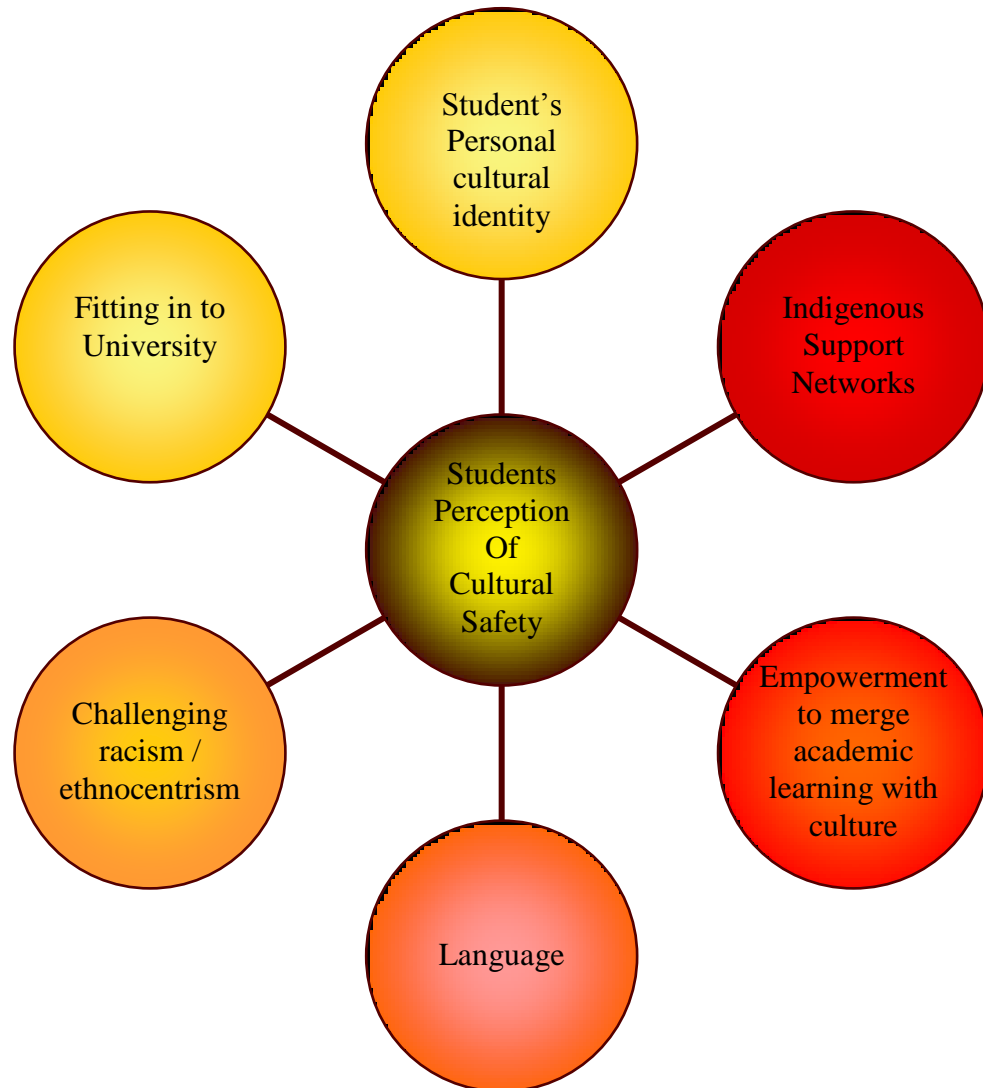
Chapter 5 Discussion of Results

Diagram 1: Culturally safe environment in Tertiary Education

Cultural Safety

The education process is a cultural process in its' own right. The Indigenous population experiences cultural conflict for most, as a part of life. So when students enter university education they are exposed to yet another cultural process. This mature aged

cohort articulated clear awareness of this unseen phenomenon. These experiences were the most outstanding difficulties during their studies and many described them as being catalyst moments. At that point did they quit, or push on and challenge the conflict? This was an unanticipated new area of knowledge, richly articulated by this group. Cultural safety is a mechanism which would facilitate "the recipient of care to say whether or not the service is safe for them to approach and use. "Safety is a subjective word deliberately chosen to give the power to the consumer." Participating in this study empowered these participants to give voice to their experience of cultural safety in the tertiary sector although it was not specifically part of the inquiry.

The content the participants chose freely to talk about in response to a broad opened ended question to describe their experience of tertiary study. This strongly correlated to the Maori experience which drove Ramsdens' research to describe cultural safety. This identified the Australian Indigenous experience as similar to the Maori experience making the model valid in the Australian Indigenous context.

The themes which described the importance of elements of cultural safety or lack of, were dwelt on at length by participants. They had a strong personal identity inclusive of their culture and this can be attributed to their personal maturity and life experience. The ability to value yourself inclusive of your own culture, gives others the opportunity to see your culture demonstrated and to have the opportunity to place value in it also. This acknowledged and the value participants clearly placed in their cultural identity was in contrast to the New South Wales cohort (Day & Nolde 2009) who were reported as not having that strong identity.

This difference may be explained by location and the attached chronology of colonization in these locations. And population size may also be part of the explanation. New South Wales is some one hundred years further down the process then Queensland, Northern Territory and Western Australia. These three states have higher Indigenous populations who are, particularly the latter two, more closely tied to traditional culture.

They acknowledged the barrier language can create, further alienating Indigenous students. It is well documented that for many Indigenous Australians, particularly in rural and remote areas, that English may not only be the second but third or fourth language children learn. While English proficiency is understandably crucial to successful tertiary study, even though most Indigenous people are proficient in English, the language usage jumps to a whole different level. This is so whatever field of study is undertaken. Each discipline has its own jargon students must be proficient in to work professionally. However the use of language in this way can also be an intellectual barrier to new students, particularly those of disadvantaged social backgrounds, which is the case for the majority of Indigenous students. This did not arise in the literature review and is interesting as all of the participants had previously completed tertiary study prior. This raises the question of how Indigenous people with no prior tertiary study experience this phenomenon.

It was a goal for these students to merge academic knowledge with their cultural knowledge to make application to the health provision to the wider Indigenous community. This is a reflection of an established maturity among these participants with which education was approached. The participants had a clear view of the goal of the educational process for themselves and the wider community.

These mature aged Indigenous students had an appreciation that university study was a cultural process and their goal was to merge the academic and Indigenous culture to have a tool to benefit the wider community at the end of that process (graduation). Traditionally the university education process expects individuals to align to the professional academic culture they are studying. This is where cultural conflict has profoundly affected the studies of Indigenous people undergoing this process because their goals are significantly different.

The themes relating to cultural safety were identified by participants as the most powerful in their experiences as evidenced by the depth and length of the information

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given in the transcripts. They are also powerful by the descriptions that these issues, particularly racism had brought the participants to the point of quitting their studies even though they were often at the end stages of their successful study programs.

In applying the principles of cultural safety to academic education there are significant ways this merging process can be facilitated / adapted to meet the needs of both cultures and assisting more Indigenous students to navigate through to graduation. The participants described cataclysmic moments of racism. In the resolution process it was of key importance that academic staff had the skill to support them in these challenges. The literature identified that strong relationships with educators were needed for successful studies. This data gives evidence how these relationships can support Indigenous students to succeed.

Institutionalised and individual racism were existing themes described by some authors in the literature review such as Wenitong as that an institutionalised culture (racism) in secondary education. The literature eluded to racism from teaching staff, other students and from consumers on clinical placement (Best & Nielsen 2003, & Usher et.al. 2005). So this remains an issue for students despite accreditation demands on curriculum and codes of conduct.

These themes were expanded on to great depth by the participants giving some insight to the meaning of these experiences to Indigenous students. When staff themselves demonstrated prejudiced attitudes this undermined trust in the learning environment. This is an area institutions can take responsibility for by improving strategies to identify problems and to provide recourse and support for Indigenous students to negotiate a satisfactory resolution.

This is a priority that should be supported by academic staff to ensure this goal is met in the delivery of curricula. Students needed support to challenge racism from staff and students. When this was achieved you could hear in the excerpts the empowerment the students gained. When they were not supported these were the catalysts for

discontinuing studies for these students, not academic failure or lack of motivation. Institutions need to have clear process to enable students to do this, but further there is a requirement to have staff with the skills to provide this support. This added a further dimension in understanding how crucial relationships with educators are in negotiating cultural challenges. This builds on previous literature Winkler (2004) & Sara (in Miller 2008) who outlined that strong relationships with educators are needed for successful education.

Fitting in to university life was another issue for people. There are many levels where this may be facilitated for people. Institutions must be prepared to acknowledge difference and welcome this. It is not an issue limited to Indigenous students as recent problems have been raised in the media for international students in Australia leading to them not feeling safe in their educational experience in Australia (News.com.au 2009).

These students identified value in support networks with other Indigenous students. These were developed at some personal cost to students, who described them as strong source of support even in off campus study. Some people had utilized Indigenous units as a place to meet with others studying on campus. All agreed the support of each other had been crucial to successful navigation of tertiary studies and all of the parallel cultural challenges they had experienced.

Ramsden (2002) describes "personal and institutional racism" and "power relations" in health care institutions are barriers to health care making the institution culturally unsafe. Other research has identified issues for tertiary students such as lack of Indigenous staff. Participants did not volunteer comments regarding Indigenous academic staff.

Present on all campuses are student associations who are at the forefront of representing student issues. Not one of the participants acknowledged this avenue of advocacy in their experiences. Was this avenue not accessible or had this mature cohort simply addressed issues independently?
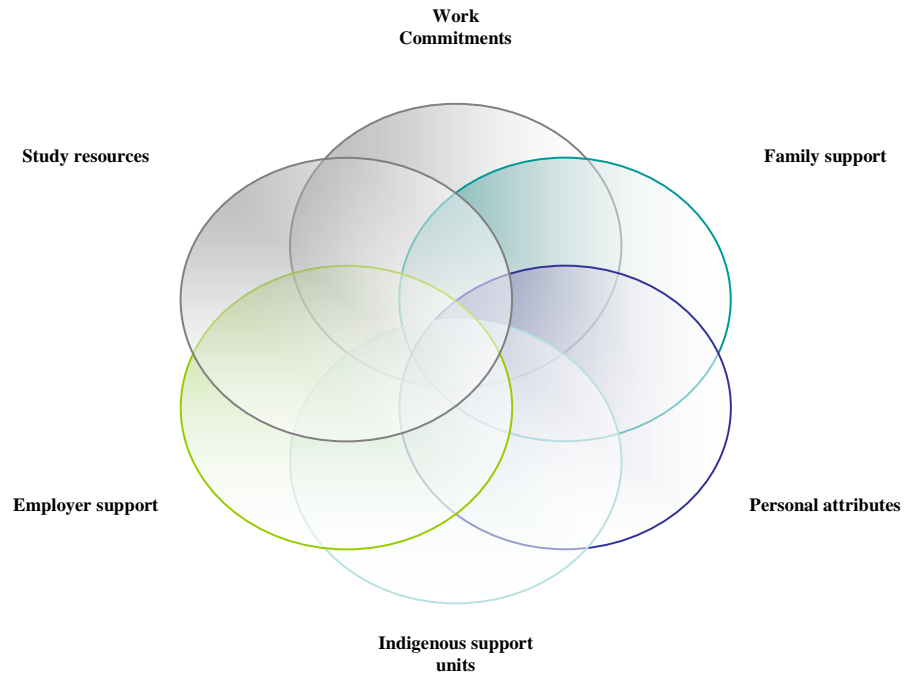
Diagram 2: Identified personal resources

A summary of this cohort is interesting as it gives a quite different picture of what may be expected of Indigenous students from the literature. They were:

- All in the mature aged category
- 80% female, 20% male
- Had dependant families
- Held permanent employment in public health at the time of their studies
- Had previous qualifications including a university degree
- Were balancing work, families and studies
- Had community roles in Non Government organizations on boards etc.
- All are currently employed in public health positions
- All had strong cultural and Indigenous community ties.

Additional factors described by this cohort were pre existing personal attributes. These were described as adaptability, commitment, time management, prior successful studies and qualifications.

This thematic grouping yielded further unanticipated information. It was made clear that successful tertiary studies are not solely dependent on others, tertiary educators. The participants clearly articulated factors they acknowledged they themselves were individually responsible for, such as time management and prior academic success. The participants also richly described personal benefits they had gained from the journey through tertiary education and from facing the challenges which arose.

Some of the pre existing abilities were gained by prior life experience by these mature aged participants. There were also personal motivations described by participants not related to the obvious ones of a career and financial success that are usually espoused in recruitment campaigns by institutions. It is of note that *neither* of these motivators (Career and financial reward) was mentioned at all. In fitting with Indigenous culture the ones described were family, community benefit, enhancing cultural pride, family advancement, and family expectation.

All participants felt they had experienced personal growth during the time of their studies. Participants made special mention on quiet reflection towards the end of the interview that they felt that progressing through their studies was personally healing for them having experienced many disadvantages and personal tragedies in lives lived prior to studying. This was a benefit they had not anticipated prior to studying.
The participants described an awareness of the personal changes and benefits they received from the study journey. They spoke of gaining the tools and confidence to merge culture with academic knowledge. This then enabled them to be a "strong advocate" for their culture. They developed tools which to challenge processes. Another benefit described was the empowerment to gain a "better job" and to be self sufficient.

The participants described eloquently the process of change as a healing process. They described feelings of shame, fear and shyness. But they could identify how over time these changed to feeling empowered, strong and proud. This expanded on knowledge in the literature.

The self perception of Indigenous people in science courses was found to be a factor for people not pursuing further study (Howlett et.al. 2008, O'Rourke & McInerney 2006). Anderson et.al. (2008) went further to assert that, to promote academic performance would require developing self esteem before success would be achieved

The literature spoke of the need to build self esteem and a positive self perception in Indigenous students. This data demonstrated a mature aged cohort with positive self esteem inclusive of their culture. This may be a factor separating a younger cohort from the mature aged students. This was a valuable personal resources used to enable them to challenge situations the students perceived to involve racist attitudes in both staff and other students. The ability they shared was to value themselves, they were then able to be valued by others. This is the core principle of cultural safety to value yourself and your own culture then to learn to value that of others.

The participants explained that personal commitment was a factor but not just to study. They explained commitment was needed to study and to maintain the commitment to other aspects of life such as family and work. This is a quality each student must have to endure and succeed in tertiary studies. The skill need to fulfill this commitment was time management. As this cohort was mature aged they needed the skill to manage study, care of children, family duties and work demands to continue providing for families during their studies. This provided further support to the existing literature documenting the demands on mature aged students.

Ramsdens' work also recommended that in Aotearoa/New Zealand that the training of Indigenous nurses should be taken to the areas of predominant Indigenous populations due to social and economic disadvantage. This catered for the larger portion of mature

aged people with families who would be attracted to nursing. Morgan (2001) found that females, mature aged, from government schools were the most likely to perform above average at and succeed in tertiary education. On the other hand, Young et.al. (2007) thought mature aged, external students to be vulnerable to not completing their studies.

This cohort had a demonstrated aptitude built on previous life experience in working and balancing family responsibilities. But the stand out finding was that all had successfully completed previous study. This is a key consideration in growing an Indigenous workforce for employers. Consideration should be given to supporting staff through articulated study paths, building confidence in people that they can succeed in higher level studies. It also builds successful study skills that form the keystone to tertiary academic success.

This cohort all had completed prior studies and qualifications. One had a trade qualification. The others had stepped through Certificate III and IV, Diploma prior to enrolling in Bachelors Degree studies. So they had built academic skill previously and had the confidence of previous success. The literature all pointed to literacy problems as a contributing factor. So this finding was a clear contrast and warns educators against assumptions of low literacy in Indigenous students. It also demonstrates building academic ability through articulated pathways from secondary, vocational, TAFE to university studies. The high school to university path is not going to fulfil the needs of all students.

Indigenous support units were not asked about specifically in the interviews but were raised as an identified issue for most students. It was commented on in less depth indicating to this group it was not a strong issue and the comments were both positive and negative. The issues were raised by users of these centers however, so warrant further consideration to accessibility of staff and the quality of the support being provided. This built on established issues found in the literature review that while these are identified by some as being of assistance (Kippen et.al 2006, Howlett et.al. 2008, Morgan 2001) others find difficulties in accessing these programs or lack knowledge of

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their very existence (Gorman et.al. 2008, Usher et.al.2005). The findings provided some reasons for ambivalence about the effectiveness of the units accessed by this cohort.

While the literature slants strategies at educators, institutions and students. There is another key area that students draw on for success, and that is family. The Indigenous community can be a powerful support for its students and this should not be underestimated. This is an area of self determination, elders and parents making a concerted effort to support students, encouraging them in their studies. This study showed what a powerful force family can be in empowering students to continue through the hardship of study. Some of the expressions articulate clearly the role of family in supporting students to succeed for the benefit of the wider community. For families it was a source of pride that a family member did enter university. An enabler for one participant was studying alongside her sister which was found to be a support for each of them in completing.

Conversely it was interesting to hear that lack of family and community support was identified by one participant as impacting negatively on studies and completion. So this gives an added understanding that the issues impacting success are also contributed to by the families and the wider Indigenous community. This needs to be considered as a major enabler coupled with student and institutional factors when planning retention strategies. The difficulty associated with family related by participants, were difficulties in leaving family to travel to study. Here is also an area where solutions need to be targeted to lessen the impact of this aspect on completing studies.

In the literature family obligations to provide care or support financially (Kippen et.al. 2006, Howlett et.al. 2008) was a pre-existing difficulty for many students trying to attempt tertiary study. Others identified family support of studies was crucial to undertake and continue with university study. Anderson et.al.(2008) found the lack of perceived family support inhibited motivation to complete studies.

Motivators described by the cohort were to take the qualifications and knowledge to benefit the Indigenous community. The other strong motivator was family. This was a contrast to the literature which articulated the motivation to succeed, as for other students, is aligned with the expectation of enhancing employment and financial opportunities (Day & Nolde 2009, Andersen et.al.2008).

The majority of the cohort was working in public health areas during the time of their studies. This is consistent of mature aged responsibilities as the majorities of Indigenous students are mature aged and hold corresponding family responsibilities. This detailed previously undescribed issues of this group. That work commitments were being juggled along with health studies. Added to this some were maintaining community responsibilities by involvement with community run organizations along with work and family responsibilities.

It is of note to employers that opportunities for study assistance such as study leave were an important factor for this group in completing studies. But the long term benefit of such employer assistance is not solely for the individual but also for the sponsoring organization in increasing the availability to include higher numbers of Indigenous qualified health professionals available to their workforce planning units. So the knowledge that study support is being accessed and identified as an enabling factor in successful studies should provide some feedback for workforce planning units to ensure knowledge of these provisions and access to them by their existing Indigenous workforce. This is one opportunity for organizations to nurture and grow their Indigenous workforce.

It was notable that most participants were juggling work, family and study commitments. Employers could consider existing ways to retain and advance their existing Indigenous workforce by supporting further education by study assistance arrangements by ensuring the staff are aware of these, and how they may be supported to access them. The benefits to employers and individuals are obvious by retaining and

nurturing their existing Indigenous workforce rather than hoping to recruit qualified people from the extremely limited pool.

Lastly resources were discussed briefly by this cohort indicating resources were less of an issue for their studies as they were working and had the means to access these. Some made mention of the difficulty in paying for textbooks even with ABSTUDY assistance.

Most of the cohort was working at the time of their studies in health fields. There are important comments about employer assistance towards their studies. Indigenous people were accessing supported study assistance such as SARAS (Study and Research Assistance Scheme) – a Queensland Health scheme, with varying degrees of success. Some had identified this as a support for their studies. Others had found it an arduous process to access the support. When it comes to recruitment and retention of Indigenous health staff this is definitely an area for consideration in workforce strategies. This was not an identified area in the literature which espoused financial problems are an identified disabler of tertiary study. Support in negotiating the ABSTUDY process is identified by many authors as a need of many students.

This cohort was managing financial obligations of raising families. So while Anderson et.al. (2008) thought of the Indigenous cadet programs as a viable financial support to students with assistance beyond the restrictions of ABSTUDY, are certainly an attraction for some, would not allow people to sustain financial obligations so continued to work. Young et.al. (2007) found work/ life balance issues were a reason for some people withdrawing from study and these findings demonstrated why this would be an issue for many.

Chapter 6 Conclusions

The main themes brought to light in the literature review were students not having academic merit, poor self esteem, racism at individual and institutional level, support of Indigenous academics, support of family, financial support in the form of ABSTUDY, and work / life/ study balance.

Findings in this study strongly focused on cultural safety drawing attention to this as a potential model for enhancing education success, but also drew attention to new areas such as personal attributes, and employer support.

6.1 Cultural safety- Conflict, racism and catalyst moments

Education is a cultural process that in Australia incorporates the dominant Anglo Saxon culture. This study cohort participated in the study in an effort to use it as a tool to adapt and change the process not to maintain the established equilibrium, which is consistently failing Indigenous health students. The predominant focus of the volunteered data was issues for cultural safety. The participants described the elements essential to them as derived from their own experiences in Australian contexts. Elements essential to students were issues of power balance. They described ways that they had been empowered to challenge issues such as racism and the right to make cultural application of the content.

This mature aged cohort had positive self esteem with particular value on their cultural background. This formed the strength to challenge issues during their studies. However the participants identified these conflicts as catalyst moments. Perceived racism by staff and or other students had undermined trust in the learning environment. Should they give up and discontinue study or challenge? So for this group the question of ceasing study was not brought about by academic ability or motivation but the issue of cultural safety in the tertiary learning environment.

The strength of institutions will be, not in acknowledging the existence of these problematic elements for Indigenous students but in the determination to address the issues to ensure the institution is culturally safe. The mechanisms to do this in a clear concise way already exists within policy documents.

The ability of educational institutions to respond to cultural safety for Indigenous health students is crucial in supporting Indigenous students through to successful graduation. This is a clear theme identified in this study, which was vaguely alluded to in the literature but not clearly described previously. The examples do describe the power dynamics in cultural safety. That sharing or balancing power in the environment makes it safe. There were clear descriptors where students were empowered to challenge racism and to negotiate a resolution. The students who were involved in that process are now strongly aligned professional colleagues who were not estranged from each other, although that was a possible outcome if it had not been handled with skill.

It would be an unreasonable expectation that issues regarding cultural safety, including racism would be eliminated from university experience. However the ability to make students feel safe in the face of racism by processes to address it should be progressed. Students explored ways they were assisted by the support of non Indigenous academics to challenge racism when it arose. There must be clear processes for students, not just an understanding of a code of conduct that it merely should not happen.

Code of Ethics for nurses (ANC 2002) has been discussed with regard to training non Indigenous nurses in curriculum, to attain cultural safety in their practice. This precept though needs to be extended to a higher level by institutions to the tertiary teaching environment to attain cultural safety to nurture Indigenous and other minority groups as a major retention strategy for Indigenous health students.

Academic staff need to be trained in fostering culturally safe environments. This may include mandated cultural awareness training. Of course greater representation of Indigenous academic staff in faculty teaching roles is ideal but in turn depletes the pool

of working clinicians given the numbers currently, which is opposed to the overarching goal of this research.

The continued embedding of Indigenous perspective across health curricula will convey the value placed on it to Indigenous students and promote avenues to merge academic knowledge with cultural knowledge in ways that will benefit their home communities.

Student Associations were not mentioned by any students in their experiences. Perhaps they were unaware of this avenue or how to access it. This may be something associations may consider in their outreach to Indigenous students as an avenue of support by the wider student community.

6.2 Goals of education

As stated in the literature review it was established that "education is a cultural process. Each new member of a society or a group must learn to act appropriately as a member and contribute to its maintenance and occasionally, *to its improvement" (Reeves in Van Manen 1985).* In the Australian tertiary setting what is an appropriate acculturalisation process is driven by the predominantly Anglo Saxon, professional perspectives? These participants demonstrated an awareness of this phenomenon. But they had their own perspective to incorporate to achieve their own goal for their education. This was the desire to merge their cultural perspective with the desired academic knowledge. They envisaged that this merger would allow them to assist the wider Indigenous community. By doing this they were unwittingly hoping to "contribute …. To its' improvement (the educational process)."

6.3 Motivators

Knowledge of family was built on as participants identified family and the wider Indigenous community both as a motivation to complete study. Added to this was family as a supportive enabler of completing study was a strong theme. So when Indigenous people speak of self determination, we need to bear in mind the powerful

influence we ourselves may have on family and other community members in mentoring and supporting continued study of others. This is an area we need to remain active in as Indigenous health professionals.

This also focused on key promotional strategies for Indigenous recruitment, such as those by the Office of the Chief Nurse, Queensland Health. This strategy is built on the slogan, "Nursing Our Mob". This data suggests this is indeed the correct slant as the usual motivators of career; financial reward and travel were not relevant to this cohort. However the outstanding motivator was indeed family and being of benefit to the wider Indigenous community when qualified.

6.4 Previous Qualifications / study

Literacy and numeracy was not raised as an issue by this cohort. Most had previous successful studies or other tertiary qualifications prior to studies as mature aged students. Here was an area for new knowledge. There was a demonstration of how academic merit and confidence could be built. The cohort had undertaken successive studies from Trade qualifications, Certificate 111, Cert IV, Diploma, Advanced Diploma and on to Degrees.

6.5 Pathways

This demonstrated the benefit of providing articulated pathways. People could see how studies built on each other. Whilst gradually building study skills and academic ability.

6.6 Grow workforce opportunities

Furthermore in the area of employer support, given that all of this cohort were working in public health, employer support of further study was a standout issue. Many had accessed study assistance such as Study And Research Assistance Scheme (Queensland Health), during their study. Some had tried but found it difficult to access. Employers need to encourage the progression of their existing Indigenous workforce by ensuring they are aware of the study assistance and are supported in accessing it. Newer schemes

such as the cadetships (Department Education Employment Workplace Relations 2009) are not widely known about by Indigenous employees, and may be a viable support to be engaged in education in a more sustainable and balanced way while continuing to support families. None of the participants spoke of this scheme.

The possibility when you consider the size of the Indigenous health worker force, as a pool for growing them into other health disciplines is immense. Also the prior training in health provides a platform of successful learning on which to build skills and academic confidence for further successful tertiary studies. Here may be the means to grow an Indigenous workforce from within health organizations rather than trying to recruit from the limited pool currently available.

6.7 Work/life balance

As mature aged students, participants were juggling tertiary study, employment, raising families, working in non government community run organization on boards. So work / life / study balance is a significant issue for this group. Strategies to support students by employers, families and academic institutions need to be employed as all of these parts of students' lives are important and if a choice is to be made, the one that has to go is study.

6.8 Recommendations

Academic Institutions particularly those serving larger Indigenous populations need to audit process and practices regarding cultural safety for Australian Indigenous students. Indigenous staff and students need to be part of this process, so that as the consumers they can measure if the institution is culturally safe. This goes beyond having the clause in the code of practice.

Teaching staff must be supported through cultural *safety* training (this is beyond *awareness)*. This will contribute towards making the learning environment a safe secure

place for Indigenous people. Process should also be in place for students to challenge environments/ issues which make them feel unsafe. There need to be skilled academic staff to facilitate these processes and guide students through them.

Academic Institutions should also work together to formulate clear education pathways across secondary, vocational, training and university sectors. This is another way to support academic ability and capacity for Indigenous students and may suit some people better than the secondary to university path.

Moving forward with self determination, *Indigenous community*, family and Indigenous health professionals need to be aware of the role as both motivators for students, and enablers to successful studies. Indigenous people themselves have a role in supporting and mentoring students through to graduation to the further benefit of their own communities.

Employers who have existing Indigenous health workers can target information alerting Indigenous people to support arrangements for further study within their organizations. Supervisors can ensure support in accessing these arrangements. This can assist in growing a workforce from inside rather that attempting to recruit from outside. The potential for developing some of a large untrained workforce into trained professionals sometimes goes unrecognized.

6.9 Recommendations for further research

- **Strengths**- this study provided a clear Indigenous perspective. It gave insights not previously documented in Australian literature. The methodology of the study allowed uninhibited expression for its' Indigenous participants to describe their experiences. In doing so to assist others coming behind them. Suggesting ways to improve the process for educators and benefit the wider community.

   It also demonstrated the issues for a small localized sample from the North Queensland area contrasted with other southern studies, again showing that

Australian Indigenous people are not a homogenous group and should not be treated as such by "one size fits all " approaches to this complex problem.

- **Weaknesses-** the small size of the sample. This gave a small snapshot of experiences but do not represent the entire Indigenous population even in this area.

Only one participant was Torres Strait Islander. This population will have specific experiences that should be explored more widely.

- **Replicate with larger cohort** to see if the findings are replicated in a wider sample.
- **Replicate in different locations** to see if the findings are transferrable to other locations particularly in Queensland, Northern Territory and Western Australia where educational facilities serve much larger Indigenous populations and require higher representative numbers in there health workforces.
- **More Torres Strait Islander data** because the needs of this group do differ from mainland Aboriginal people. So these need to be identified and documented.
- **Implement and evaluate a formal tertiary education cultural safety model as a retention strategy, bench mark with other states models.** Such a model needs to be devised by Indigenous staff and students. A change in educational practice such as this could be tracked as to changes in retention outcomes and researched both qualitatively and quantitatively.
- **Action research by employing organizations who are supporting the educational pathways for existing Indigenous employees to progress into higher health qualifications.**

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