



CATSINaM

**Congress and Aboriginal and Torres Strait
Islander Nurses and Midwives (CATSINaM)
Submission to the Review of Nursing
Education: Educating the Nurse of The Future
(The Review)**

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CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES AND MIDWIVES

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Unity and Strength through Caring

Introduction

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) welcomes the opportunity to make a submission to the Review of Nursing Education: Educating the Nurse of The Future (The Review).

CATSINaM is the sole representative body for Aboriginal and Torres Strait Islander nurses and midwives in Australia. CATSINaM's primary function is to implement strategies to increase the recruitment and retention of Aboriginal and Torres Strait Islander peoples into the nursing and midwifery professions. Aboriginal and Torres Strait Islander health professionals play a critical role in the delivery of improved physical, social and emotional wellbeing outcomes for all Australians. CATSINaM also provides comments and advice on national Aboriginal and Torres Strait Islander health programs and health workforce initiatives.

The National Aboriginal and Torres Strait Islander Health Plan NATSIHP) 2013-2023 (provides an evidence-based framework to guide future investment and effort in relation to Aboriginal and Torres Strait Islander health and wellbeing. Importantly, the NATSIHP has a focus on the health system' effectiveness and clinically appropriate care. This involves not only having a health system that is clinically appropriate and safe, but it is also culturally safe and one that is of high quality and is responsive and accessible for all Aboriginal and Torres Strait Islander people.

There are approximately 4,176 (1%) Aboriginal or Torres Strait Islander nurses and midwives among the 379,700 nurses and midwives registered in Australia.¹ Our General position towards the recruitment and retention of Aboriginal and Torres Strait Islander peoples into nursing are:

- ⑥ participation of Aboriginal and Torres Strait Islander peoples in the nursing and midwifery workforce is an essential element in closing the life expectancy gap for Aboriginal and Torres Strait Islander peoples within a generation; and
- ⑥ affirmative action by industry leaders, employers and other key stakeholders to increase the proportion of Aboriginal and Torres Strait Islander people is required to counter the inherent bias within recruitment processes within currently in the nursing employment practices.

¹ See: <https://www.aihw.gov.au/reports/workforce/nursing-and-midwifery-workforce-2015/contents/who-are-nurses-and-midwives> Nursing and Midwifery Workforce 2015, AIHW, Cat No: WEB 141, pp 1-7.

See also, *Choosing a nursing career: Building an Indigenous nursing workforce*, Derawin, L., Francis, K., Anderson, J., Journal of Hospital Administration, 2017 Vol 6 No 5.

On behalf of CATSINaM and the Leaders in Indigenous Nursing and Midwifery Education Network (LINMEN) we submit the following comments:

- ⑥ The primary reason for our members to become a nurse is to give back to their community and to contribute to good health outcomes. This desire is often due to their own family or community's experiences of a health system that often provides poor care to Aboriginal people. The call to be a nurse in this context is not defined by gender, however women dominant this profession within our membership as it does the profession as a whole.
- ⑥ Whilst the professions of nursing and medicine should be gender neutral they are not within out western culture. Nursing is considered by many within the medical profession and indeed policy makers as a subservient profession to the medical profession through the role of an assistant. This has rendered the nursing profession as not as equal and therefore as suitable for men and that influences recruitment.
- ⑥ The gendered perception of nursing also influences retention resulting in an undervalued profession and what they contribute to a health system and an underpaid profession. This is never more evident when policy makers ignore the advice of nurses.
- ⑥ The educational preparation required for nurses to meet future health, aged care and disability needs of the Australian community including clinical training is under strain due to the disconnect in priorities between the education sector and the service system. Nursing education an income stream for universities and VET providers yet nursing for health services is a cost drain. These two positions will need to be addressed in this review outcomes. The uncapped number of students is overwhelming the capacity of the service system to provide quality clinical placements, this is further compounded by the health and aged care systems reduction in the numbers of RNs and ENs and the increase in the use of lessor qualified staff. This cutting is placing an enormous strain on the remaining RNs and ENs to provide clinical placement support.
- ⑥ Quality of clinical placements re 4th year to enable focused 6 months stints in rural health, mental health, aged care, emergency care, alcohol and drugs, palliative care and other acute and particularly Aboriginal and/or Torres Strait Islander health. This type of clinical placement would enable more clarity around

the standard set of skills that a student nurse must graduate with if they were to go into these nursing areas.

CURRICULUM CONTENT REGARDING ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES' HEALTH, HISTORY ETC.

- ⑥ Aboriginal and Torres Strait Islander Peoples' history, culture and health must be taught from an Indigenous perspective as a discrete subject as well as threaded throughout the curriculum.
- ⑥ Aboriginal and Torres Strait Islander Peoples' history, culture and health teaching and learning should be based on both the National Aboriginal and Torres Strait Islander Health Curriculum Framework and the CATSINaM Nursing and Midwifery Embedding Document
- ⑥ Content relevant to health outcomes of Aboriginal and Torres Strait Islander Peoples should be embedded throughout nursing education programs.
- ⑥ Must be adequate Aboriginal and Torres Strait Islander teaching staff and co-teach.
- ⑥ Scaffolding through the curriculum is only successful if there are appropriate skills and experience of staff throughout the faculty, especially when content is being taught by non- Aboriginal and Torres Strait Islander teaching staff.
- ⑥ Consistency is critical across every element of the teaching and learning continuum, including assessment. Good work in the delivery of culturally safe content can be undone by culturally unsafe assessment processes and marking.
- ⑥ Curriculum content needs to be carried into post-registration continuing professional development which is mandated by the NMBA, so the embedding process continues for nurses.
- ⑥ Truth telling and agreement making needs to happen between Aboriginal and Torres Strait Islander Peoples and health professionals
- ⑥ Aboriginal and Torres Strait Islander People must be given a voice in nursing education and health care services – the voices of local Mob should be given priority especially when agreeing what is taught at the local education institutions.

CULTURAL SAFETY TEACHING AND LEARNING

- ⑥ Implementation of requisite cultural awareness training progressing to cultural safety for all nursing academic/educators (from TAFE through to University level) on an annual basis.
- ⑥ Implementation and monitoring of effective policies and strategies to ensure that the cultural safety of Indigenous nursing academics and nursing students is maintained and upheld throughout schools of nursing²
- ⑥ Cultural Safety content in nursing education to be robust enough to enable and support nursing students to take their own journey towards cultural safety, thereby meeting the cultural safety requirements of the NMBA codes of conduct.
- ⑥ Leadership in all spaces from Commonwealth down to individual teachers with an authentic recognition of the land on which we're teaching, and the place nurses have in the wider context of Aboriginal and Torres Strait Islander Peoples' history, culture and health.
- ⑥ Be clear what cultural safety is and its importance, and that it doesn't just apply to healthcare but across the whole of life – it's about power, the power nurses have, and the impact of that power on patients. Cultural safety means the prioritisation of the First People of Australia and talks to the relationship between health professionals and Aboriginal and Torres Strait Islander People.
- ⑥ Cultural safety needs to be thoroughly understood by academics, and not just a tick box. Racism and the lack of cultural safety within the health system, universities and VET sector continue to have an impact on the completion rates of Aboriginal and Torres Strait Islander students and the disparity in the completion rate between Aboriginal and Torres Strait Islander students and non-Indigenous students.
- ⑥ Consideration needs to be put to how cultural safety is scaffolded through the levels of nurse education from certificate level to Masters (and beyond).

⑥ ² Stuart, L. 2017. Maroochy Dreaming: The Stories of Aboriginal Nursing Academics Who Have Been Employed Within Schools of Nursing and Midwifery in Queensland Universities Between 2003 and 2013. Unpublished PhD Thesis, University of The Sunshine Coast, Australia.

- Nurses and midwives have never made an apology for their part in past practices in health care delivery to Aboriginal and Torres Strait Islander People. Any future curriculum design could look at a restorative justice approach.
- ⑥ Online teaching of cultural safety is not adequate. There also needs to be a face-to-face component to facilitate opportunities for testing of ideas.
- ⑥ Important that education providers form relationships with the local community; that Aboriginal and Torres Strait Islander People are part of the governance of education programs with real power to have a say, not just an advisory committee whose advice may or may not be taken.
- ⑥ The lack of real community engagement is compounded by a lack of consistent and structured support for Aboriginal and Torres Strait Islander students with the health system, universities and VET sector.
- ⑥ Suggest the Review team explore with Professor Roianne West at Griffith at the First Nations Peoples Unit, Griffith University, to learn what they do there as a model for successful design and implementation of cultural safety teaching and learning to nurses.

INDIGENOUS NURSING WORKFORCE

- ⑥ Support and mentoring for tenured Indigenous nursing academic positions within schools of nursing to lead the embedding of Aboriginal and Torres Strait Islander health and cultural safety content (with the support of their non-Indigenous colleagues) across nursing curricula (Stuart 2017).
- ⑥ The experience of Aboriginal and Torres Strait Islander students must be taken into consideration when they come into an education program that teaches Aboriginal and Torres Strait Islander health, history etc. Is the education experience traumatising students? Is resilience taught alongside? Teaching staff must be taught how to teach this subject safely to Aboriginal and Torres Strait Islander students.
- ⑥ The entry requirements within universities are misleading students regarding the level of science required in nursing and midwifery courses. A number of student's express concerns about the anatomy and physiology requirements within the nursing program that they were unprepared for and therefore set up to fail. Member advise there is a lack of:

- advice for Indigenous students on the pathways into nursing and midwifery from secondary schooling.
 - clarity around the different pathways across jurisdictions with differing requirements depending on the state or territory.
- ⑥ The quality of science teaching is the key to any perceived problems of student deficiencies rather than increasing the volume of science units. This quality relates to preparedness from high school to ensure students understand what is expected knowledge. This links to the:
- level of tutoring support available once at university to assist students to meet the requirements.
 - pathways from secondary school to vocational education and universities.
- ⑥ Transferring from EN to RN is difficult to understand, particularly as universities all have different approaches regarding Recognition of Prior Learning they will provide credit for.